



# The Valued Provider

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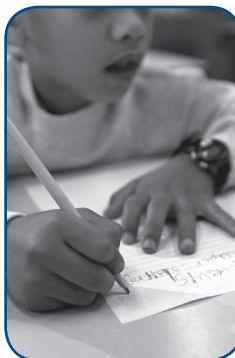
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For more information about articles, visit our Web site at [www.valueoptions.com/providers/ProNews.htm](http://www.valueoptions.com/providers/ProNews.htm). You may also e-mail the Editor at [thevaluedprovider@valueoptions.com](mailto:thevaluedprovider@valueoptions.com). ValueOptions is headquartered in Norfolk, VA.

## ValueOptions Identifies Seasonal Trends in Psychiatric Hospitalization of Children and Adolescents

Children and adolescents with psychiatric or substance abuse issues are more likely to be hospitalized during peak months in the school year. This was the finding of a recent ValueOptions study, which included both Medicaid-eligible children as well as children covered under employer-sponsored benefit plans. The study analyzed 28,000 specific episodes of treatment where psychiatric hospitalization occurred for over 5,000 children in the 17 and under age group.



It is no secret that most hospitalizations occur during the school months of September through May. However, the data from this extensive study narrowed the peak months of psychiatric hospitalization to October, November, March, and May.

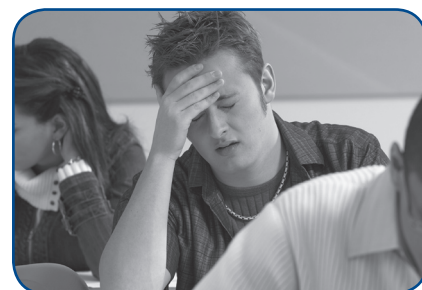
"With these findings, it is clear that these months bring added pressures to children and teens. Once hospitalization occurs, children miss more school, which can impact performance further. Also, children and adolescents who are hospitalized must endure stigmatization and sometimes prejudice upon their return to the student population," says Hal Levine, D.O., ValueOptions' Chief Medical Officer.

Reasons for the spike in these months certainly vary on a case-by-case basis.

However, because these months are typically times of more intense academic evaluation in the school year, added pressure regarding performance most certainly plays a prominent role in establishing these trends.

Other statistically significant findings follow:

- The most frequent diagnoses are anxiety, stress and mood disorders.
- Boys and girls are admitted almost equally.
- Although the average length of stay for boys and girls is about a week, boys are likely to be hospitalized about one day longer than girls.



For more information on this topic and available resources, visit Achieve Solutions at [www.achievesolutions.net/providers](http://www.achievesolutions.net/providers).

## Provider Trivia Inside

### Provider Forum Information

Visit <http://www.valueoptions.com/providers/Training.htm> to view and register online for our provider forums.

## Personal Note



Sabrina Houser, Ph.D.  
*Vice President, National Provider Relations*

### Dear Provider Community,

At last, we come to the end of another great year.

This year, over 8,000 additional providers registered for ProviderConnect. ProviderConnect has received over three (3) million hits. If you haven't signed up, please find time to do so.

Over 40 provider forums (face-to-face, Web cast, and telephonic) were held across various networks with over 6,000 registrations. Providers are using our online Provider Forum Registration tool to sign up for these events. This year we joined forces with Virginia Commonwealth University and offered our first CME Provider Forum. Read more about it on this page.

ValueOptions launched a new Web site making it more appealing, user-friendly and easier to navigate (see p. 3).

Above are only a few highlights for 2006. There is still much to do as we prepare for the NPI (see p. 5), help providers stay compliant by issuing information on our policies and procedures (see p. 4), and offer clinical information to help benefit you and your practice (see p. 1).

Stay tuned for exciting 2007 events and coverage of important topics.

## ValueOptions Launches Its First CME Provider Forum for In-Network Providers

ValueOptions, in conjunction with the Office of Continuing Professional Development & Evaluation Studies (CPDE), Virginia Commonwealth University (VCU) School of Medicine, presented its first CME Provider Forum entitled, "Depression in the Medically Ill: New Concepts, New Data, New Tools." The event took place on December 14, 2006 via a Web cast. Steven Cole, M.D., Professor of Clinical Psychiatry, Stony Brook University Medical Center, Stony Brook, N.Y., was the guest speaker. The presentation lasted one hour followed by a 30 minute question and answer session. Physicians who attended were able to claim up to 1.5 hours in Type 1 or Type 2 CME on the Virginia Board of Medicine Continued Competency and Assessment Form required for renewal of an active medical license.

Dr. Cole provided an update for mental health providers on new developments related to the assessment and management of depression in patients with general medical co-morbidity. He also spoke about new assessment methods and tools, as well as new data on treatment. At the conclusion of the presentation, participants were able to:

1. State the prevalence of depression in patients with medical illness;
2. Outline the use of a new assessment and outcome (severity) tool for depression;
3. Explain the impact of depression on the outcome of medical illnesses;
4. Identify the treatment of depression in the medically ill; and
5. Describe the importance of treatment until remission.

"We couldn't have done this without VCU and Dr. Cole," says Sabrina Houser, Vice President of Provider Relations. "We partnered with VCU to provide credits for this program and were delighted to have Dr. Cole speak on such an important clinical topic."

The Provider Forum evaluations indicated high markings, stating that the presentation was either good or excellent. To view the presentation go to [www.valueoptions.com](http://www.valueoptions.com), select Provider, and click on Education Center. The presentation can be found in our Provider Forum archive. Only those who attended the live event can receive CME credit.

*Congratulations to Provider Misty Pearson, of Chesterfield Mental Health Support services in Chester, VA., winner of the Palm Pilot.*

### Provider Trivia

**Provider Trivia Question: True or False. In accordance with ValueOptions' Availability Standard, in an urgent situation, a member must be offered the opportunity to be seen within 48 hours of the request or on the next business day.**

Please submit the correct response to [thevaluedprovider@valueoptions.com](mailto:thevaluedprovider@valueoptions.com) by March 15, 2007 to enter a drawing for a Palm Pilot. One entry per person. The winner will be notified and announced in our next newsletter. Good luck!

**Answer to the Summer 2006 Provider Trivia question:** For most individuals and small organizations, the online NPI application is the fastest and most efficient way to obtain your NPI. The on-line application can be found at the NPPES Web site at <https://nppes.cms.hhs.gov/NPPES/Welcomedo>.

*Note: There is no purchase necessary to participate in this drawing. All taxes are the responsibility of the winners. Employees of ValueOptions or its affiliates are not permitted to participate in this drawing.*

## What's New?

### ValueOptions Launches New Web Site

The ValueOptions Web site has a new graphic design with enhancements to its navigational structure that make it more appealing and easier to access information. The new Web site is user-friendly, easy to navigate and filled with a wealth of information. Save time by finding what you need on the Web.

#### User-Friendly

Each section is color coded and provides a roll-over description of each area. For example, the provider button on the front page and its corresponding Web pages are highlighted in red.

#### Easy Navigation

To access provider information, click on the red "Providers" box located on the front page. The link will take you to our Provider Online Services page where you'll have a wealth of information and resources at your fingertips.

#### What's Available Online?

From the Provider Online Services page, you can:

- Log in to or register for Provider-Connect and perform many administrative tasks online (i.e. claims submission, update addresses, etc.);
- Access the online provider handbook;
- Review and register for provider forums;
- Download forms;
- Read the latest news that affect the provider community; and
- Access articles and helpful resources via our Education Center and Achieve Solutions.



Just click on the menu selections located on the left side of the page. Click on the plus (+) signs to display sublinks for that category. It's that easy!

Visit [www.valueoptions.com](http://www.valueoptions.com) today!

### Provider Summary Voucher: New "Precert Penalty" Field

As many of you have noticed, ValueOptions added a new field labeled "Precert Penalty" to our Provider Summary Voucher. A sample of this form is located online in the Administration section of the Provider Handbook. While this field will not contain any information on a majority of our client's claims, some of you may see data calculated in this section. Several of our clients require authorizations for all rendered services, but if an authorization is not obtained prior to the service, many still want ValueOptions to pay for the services. When a client requests that ValueOptions pay the claim, the payment is penalized (for the lack of the authorization). The client determines the percentage of the penalty, which is then deducted from the payment amount to the provider. When this situation occurs for these specific clients, the amount penalized will be recorded in the "Precert Penalty" field on both the claim and the Provider Summary Voucher. Should you have questions regarding this information, please contact Claims Customer Service at (800) 888-3944. If you have any concerns regarding pre-authorization requirements, contact ValueOptions by calling the 800 number on the back of the member's insurance card.

### Deficit Reduction Act

The Deficit Reduction Act of 2005 (PL109-171) became effective on January 1, 2007, and requires health care organizations, such as ValueOptions, receiving five million dollars or more in annual Medicaid reimbursement to educate employees, contractors, and agents about fraud and abuse, false claims, and whistleblower protection laws and regulations.

We will continue to update our providers and post information regarding the Deficit Reduction Act on our Web site (March 2007 timeframe). Information will include ValueOptions':

- Deficit Reduction Act policy,
- False Claims policy,
- Anti-Fraud Plan,
- Fraud and Abuse Investigation policies,
- Fraud and Abuse training,
- Revised Agent and Vendor Compliance Program Notification, and
- Web site references

For more information you may also visit:

- [www.cms.hhs.gov/FraudAbuseforProfs/](http://www.cms.hhs.gov/FraudAbuseforProfs/)
- [www.cms.hhs.gov/MCAIDFraudAbuseGenInfo/](http://www.cms.hhs.gov/MCAIDFraudAbuseGenInfo/)

## Provider Recruitment: ValueOptions' Speakers Bureau

ValueOptions is looking for qualified mental health and substance abuse providers to join our Speakers Bureau. The Speakers Bureau will help ValueOptions provide continuing educational opportunities for our valued providers. Presentation topics and materials must follow the guidelines of a national accrediting body such as the American Psychological Association (APA) and the Accreditation Council for Continuing Medical Education (ACCME).

If you are interested in joining our Speakers Bureau or would like more information, please send an e-mail to [thevaluedprovider@valueoptions.com](mailto:thevaluedprovider@valueoptions.com) and include the words "Speakers Bureau" in the subject heading. We are asking all interested providers to submit the following items:

- Letter of interest (include name, address, and contact information);
- Resume or curriculum vitae (CV);
- Specialty topic(s) and reason your presentation will add value to our provider and member communities;
- PowerPoint presentation (presentation to be presented in a virtual environment); and
- Type of credit presentation should provide (i.e., CME, CE, CEU, etc.).

Upon receipt of your e-mail, a ValueOptions staff member will contact you.

We look forward to your participation.

## What You Should Know About HIPAA Compliant Revenue Codes and Improper Billing

During a recent internal claims audit, we discovered that many providers were submitting claims using non-compliant HIPAA (Health Insurance Portability & Accountability Act of 1996) Revenue Codes.

What follows is an overview of ValueOptions' policies and procedures regarding the claims process as well as an update about the new claims forms to accommodate NPI.

### Use of Non-Compliant Codes

For both paper-based and electronic claims, HIPAA compliant codes are required. An example of such improper billing is submitting a claim as "124" versus "0124." Effective October 1, 2006, ValueOptions no longer accepts any claim submitted with non-approved codes; it will be deemed a non-clean claim. Such submissions will be denied. Under HIPAA, all covered entities were required to switch to the new transaction and code standards that were effective October 16, 2003. Technical instruction, implementation, and companion guides for these transactions can be found on the ValueOptions Web site at [www.valueoptions.com/providers/ProCompliance.htm](http://www.valueoptions.com/providers/ProCompliance.htm). A letter along with acceptable HIPAA Compliant Codes are located at [www.valueoptions.com/providers/ProNews.htm](http://www.valueoptions.com/providers/ProNews.htm).

### Use of Standardized Claim Forms

ValueOptions requires the use of standardized claim forms, which are the CMS 1500 and UB-92 (CMS-1450). The only acceptable claim forms are those printed in Flint Red, J6983, (or exact match) ink. Providers should not submit photocopied claims. Paper claims sent to ValueOptions are scanned using Optical character recognition (OCR) technology. This scanning technology allows for the data contents contained on the form to be read while the actual form fields, headings, and lines re-

main invisible to the scanner. Photocopies cannot be scanned and therefore may delay payment. Claim forms can be purchased from the U.S. Government Printing Office at (202) 512-1800, local printing companies, and/or office supply stores. Each of these vendors sells the CMS-1500 claim form in its various configurations (single part, multi-part, continuous feed, laser, etc.).

### Updates to Claims Forms to Accommodate NPI

With the implementation of the NPI, new claim forms will be updated to accommodate the reporting of this number. The major difference between the new and old forms is the ability to capture the provider's NPI and legacy number identifier.

### For information on the CMS-1500, please go to:

- <http://www.cms.hhs.gov/transmittals/downloads/R1058CP.pdf>
- <http://www.cms.hhs.gov/MLNMaterialsArticles/downloads/MM5060.pdf>

### For information on the UB-92 (CMS-1450), please go to:

(Note: The new claim form will be called the UB-04 and will incorporate the NPI, taxonomy and additional codes.)

- <http://www.cms.hhs.gov/transmittals/downloads/R1104CP.pdf>
- <http://www.cms.hhs.gov/MLNMaterialsArticles/downloads/MM5072.pdf>

Watch for future newsletter articles, correspondence and Web site updates regarding the new forms. More information about the filing of clean claims can be found in ValueOptions' Provider Handbook, Claims Payment section. This is located at [www.valueoptions.com/providers/Handbook/PDFs/Administration/Claims\\_Payment\\_2006.pdf](http://www.valueoptions.com/providers/Handbook/PDFs/Administration/Claims_Payment_2006.pdf).



## Now Is the Time to Submit Your NPI to ValueOptions

ValueOptions continues to encourage our provider community to obtain their NPIs as soon as possible to avoid the last minute rush and to ensure that we have your NPI on file before the compliance date.

ValueOptions began sending correspondence to our providers mid-December in an effort to obtain NPI information. The mailing includes a letter providing instructions on how to obtain and submit required information to ValueOptions, a submission form, and contact information should you have any questions.

### If you already have your NPI:

Make sure you complete the NPI Submission Form enclosed in your mail packets. Return the completed NPI Submission Form along with a copy of the NPI confirmation letter or e-mail you received from the National Plan and Provider Enumeration System (NPPES) to the following address:

ValueOptions, Inc.  
Attention: NPI  
P.O. Box 4080  
Virginia Beach, VA 23454

**If you do not submit a copy of your NPI confirmation letter or e-mail, we will not consider your record complete and this may impact our ability to process your claims accurately and in a timely manner.**

### REMEMBER

The NPI is Federal Government required of all providers/practitioners who provide ANY patient information in any format other than direct hand transmissions. This includes authorization forms, faxes, e-mails, and paper or electronic claims.

### If you have already submitted your NPI to ValueOptions:

Please know that you must also submit the appropriate documents as indicated above. **We are not able to process your information without these documents.**

### If you do not have your NPI:

Please apply now. Providers can apply through a Web-based application or by submitting a paper application that can be found at <https://nppes.cms.hhs.gov>. A paper copy of the application can also be obtained by **calling the NPI Enumerator at (800) 465-3203**. Once you obtain your NPI, you must complete the form included in the mailing and follow ValueOptions' submission process.

ValueOptions will be in compliance by May 23, 2007 and encourages all providers to submit their NPIs 10 business days after you receive the letter to avoid the last minute rush and to ensure that all information is received and updated in our database prior to the compliance date.

If you have not received the mailing, please access the information online by going to [www.valueoptions.com](http://www.valueoptions.com) and selecting "Providers." You can download the material, complete the required forms and submit to ValueOptions by using the same mailing address provided in this article.

**It is important to note, if you submit a claim without a valid NPI number on or after the compliance date, your claim may be denied and returned.**

If you have any questions, please visit [www.valueoptions.com/providers/ProNews.htm](http://www.valueoptions.com/providers/ProNews.htm) to read ValueOptions' Frequently Asked Questions about the NPI or contact our National Provider Line at (800) 397-1630, Monday through Friday, 8 a.m. to 5 p.m. EST.

## ValueOptions' Top 10 Facts About the NPI

ValueOptions would like to remind providers of the following as it relates to the NPI.

1. All providers/practitioners who are part of managed health care organizations, and/or work with Health Care Clearinghouses, will be required to have an NPI.
2. Most health plans, including Medicare, Medicaid, private health insurance issuers and clearinghouses, accept and use NPIs in all HIPAA-covered transactions.
3. Share your NPIs with other entities in which you do business.
4. ValueOptions will be in compliance by May 23, 2007.
5. If you submit a claim to ValueOptions without a valid NPI number after the compliance date, your claim may be denied.
6. ValueOptions must have a copy of your NPI confirmation letter or e-mail on file.
7. A health provider who is a sole proprietor is considered an individual and can only have one NPI.
8. NPIs are free. You should obtain your NPI now to avoid the rush.
9. For NPI application assistance, call the enumerator at (800) 465-3203.
10. The ValueOptions Provider section of the Web site contains FAQs about the NPI.



## Network-Specific Information

### Great Lakes Service Center (GLSC)

#### Available Online

#### Article: “The Challenge of Ambulatory Follow-up Care” by Ann Curtin Ward, MD

Treating patients discharged from an inpatient stay is challenging, especially patients new to your practice. It is important that care be continued on an outpatient basis to prevent readmission and increase the potential for a successful long-term outcome.

In this article, Dr. Ward shares her approach to ambulatory follow-up care during the critical post-discharge time period. She offers steps that will provide the patient with a standard of care that is comprehensive and responsible.

ValueOptions understands that each clinician or practice may vary somewhat, but please use this as an opportunity to revisit and evaluate your practice protocol.

Take a few moments to read this article in its entirety. The article is located online at [www.valueoptions.com/providers/ProArticles.htm](http://www.valueoptions.com/providers/ProArticles.htm).

Dr. Ward is a practicing psychiatrist in New York who has participated with ValueOptions for over 12 years. She is also a member of the ValueOptions Practitioner Advisory Committee.

## The Dangers of SSRI Combination Therapy

There have been a substantial number of changes to the pharmaceutical market in recent years and these changes have had a dramatic impact on the availability of drug therapy, and ultimately, quality of life. Among these changes is the expansion of options within a drug category as new drugs are discovered and brought to market along with the ever-increasing availability of generic products. With the benefit of therapeutic options associated with the expansion of the market, comes the potential increase in therapeutic duplication.

Therapeutic duplication occurs when the same person uses two drugs from the same therapeutic class, at the same time. It is routine to have a patient on more than one medication within the same class while tapering from one medication and starting another. This process can take as long as two months, but after that weaning period, it is generally inadvisable to maintain a patient on duplicative therapies because it is rare that two drugs from the same category with the same mechanism of action are needed to treat a medical condition. Sometimes therapeutic duplication results when two doctors are prescribing medications for the same person. These providers may not be aware that the patient is receiving care for the same condition from another physician. It can also result when a doctor changes from one medication to another within the same therapeutic class and the patient is not aware that they are to discontinue one of the agents. In either situation, the individual may end up unnecessarily taking two drugs with similar actions, leading to potentially serious side effects. One of the therapy classes that has been identified as problematic in regards to duplication of therapy is the selective serotonin reuptake inhibitors (SSRIs). Patients receiving multiple antidepressants with the same or similar mechanisms of action are likely to experience increased side effects with little or no increase in efficacy. In fact, it is possible for the drugs to compete, interfering with the efficacy of either or both drugs.

In addition, ingestion of multiple SSRIs has been associated with serotonin syndrome. Serotonin syndrome encompasses a range of clinical findings from mild to life-threatening. In mild cases, the patient may present with tachycardia, shivering, diaphoresis, mydriasis, intermittent tremor or myoclonus, as well as hyperreflexia. Moderate cases involve vital-sign abnormalities such as tachycardia, hypertension, and hyperthermia, along with physical findings such as mydriasis, hyperactive bowel sounds, and diaphoresis. These patients may also have changes in mental status, including mild agitation or hypervigilance and slightly pressured speech. Severe serotonin syndrome is manifested by severe hypertension and tachycardia that may abruptly deteriorate into frank shock and possibly death. The onset of symptoms of serotonin syndrome is usually quite rapid. The clinical findings often occur within minutes after a change in medication, with approximately 60% of patients presenting within 6 hours of initial use, overdose or dosage change. Serotonin syndrome is not thought to resolve spontaneously as long as the precipitating agents continue to be administered.

*Article contributed by Care Choices. You can read this article in its entirety at [www.valueoptions.com/providers/ProArticles.htm](http://www.valueoptions.com/providers/ProArticles.htm).*



## Empire Plan

### Drowning in Paperwork? No Time for Office Work? Quick and Easy, Low Cost Organizational Tips

Here are a few tips from experienced office managers and network practitioners at busy behavioral health offices to help get you organized.

#### Obtain Patient Insurance/Demographic Information

Be sure to obtain key patient information prior to the first visit, which includes managed care plan, insured's name, employer and insurance ID#, patient's full name (no nicknames), address, and date of birth. This information can be obtained over the phone but be sure to make a quick copy of the front and back of the insurance card when the patient arrives for the initial visit.

#### Verify Eligibility with the Managed Care Plan

Cindy Ambrose, Billing Officer for the Paul J. Cooper Center for Human Services, says this can be done easily by checking the managed care company's Web site. Most plans allow providers to verify if the member is enrolled and covered under the plan, check co-pays and confirm benefits. You can also call the managed care company directly. The best way to find the phone number for most plans is to look at the back of the member's insurance card.

#### Create a Payer Profile

Compile a profile of each managed care plan, which summarizes the key information including plan name and phone number, Web site, mailing address for claims, address for correspondence, coverage limits, any pre-authorizations required, co-pay, and claim filing deadlines. Ambrose suggests keeping the profiles handy in a binder. Sandy Singh, Office Manager for Thomas Cullinan, PhD, says that you can also include them in the inside cover of the patients' chart or use color-coded index cards for each plan.

#### Track Number of Sessions Authorized and Used

Create a form by hand or in Excel to avoid a denial of services due to lack of authorization. Be sure to track the following information: visit #, date of appointment, visit type (individual, family), authorization #, authorization dates, number of visits authorized, patient payment, insurance payment and comments (i.e., ORF due after 7th visit). A sample form is shown below:

ENCOUNTER FORM							
<b>Patient Name:</b> John Smith		<b>Insurance Plan:</b> ValueOptions/Empire Plan					
		<b>Co Pay:</b> \$15					
Visit #	DOS	Visit Type	Pt Paid	Auth.#	Auth Date Range	Comment	Ins.Paid
1	1/5/2006	Individual	\$15	1234567	N/A	10 pass-throughs (new pt)	✓
2	1/10/2006	Individual	\$15	1234567	N/A		✓
3	1/15/2006	Individual	\$15	1234567	N/A		✓
4	1/20/2006	Individual	\$15	1234567	N/A		✓
5	1/25/2006	Family	\$15	1234567	N/A		✓
6	1/27/2006	Individual	\$15	1234567	N/A		✓
7	2/1/2006	Individual	\$15	1234567	N/A	Prepared ORF 2/1/06	✓
8	2/4/2006	Individual	\$15	1234567	N/A		✓
9	2/8/2006	Family	\$15	1234567	N/A		✓
10	2/12/2006	Individual	\$15	1234567	N/A		✓
1	2/14/2006	Individual	\$15	6789122	2/1-12/31/06	New Auth. Provided	✓
2	2/15/2006	Individual	\$0	6789122	2/1-12/31/06		✓
3	2/21/2006	Individual	\$30	6789122	2/1-12/31/06		✓
4	2/25/2006	Individual	\$15	6789122	2/1-12/31/06		
5	2/27/2006	Individual	\$15	6789122	2/1-12/31/06		
6	3/1/2006	Individual	\$15	6789122	2/1-12/31/06		
7				6789122	2/1-12/31/06		

Incorporate the four suggestions listed above into your routine until they become habit. It will keep you organized, increase your insurance cash flow and allow you more time to spend with your patients. As noted by Jane Putnam, LCSW-R, never making the same mistake twice and attention to detail goes a long way in organizing your practice!

*Many thanks to Jane Putnam, L-CSW-R, Cindy Ambrose, and Sandy Singh for contributing to this article.*

## Northeast Service Center (NESC)

Mohegan Sun's contractual agreement with ValueOptions and the MHSA management for their members terminated January 2007. ValueOptions is working collaboratively with Mohegan Sun to transition all members to the new carrier. For information on this transition, please contact Wellpoint at (888) 604-7533. We strongly encourage you to submit claims for any services provided to Mohegan Sun members to ValueOptions immediately following delivery of care.



## California Service Center

### Immediate Attention Required Regarding Claims Submission for Services Rendered to Boeing Members

Effective immediately, all mental health and substance abuse claims, specific to Boeing members who have a Regence BlueShield member card, should be mailed to the following address:

Regence BlueShield  
P.O. Box 30271  
Salt Lake City, UT 84130-0271

EAP billing for Boeing members is not affected by this change and should continue to be sent to ValueOptions at:

P.O. Box 1347  
Latham, NY 12110

Mental health and substance abuse claims sent to the local BlueCross BlueShield address after January 1, 2007, will be processed for a period of 90 days. After the 90-day grace period, claims sent to the incorrect address will be denied and will need to be resubmitted to the new address noted above in order to be processed and paid.

We encourage you to click [here](#) to read the correspondence sent to providers and the corresponding “Frequently Asked Questions” document.

If you have any questions regarding this article, please call Regence BlueShield at (800) 422-7713.

#### Provider Relations

1701 Will-O-Wisp Drive  
Virginia Beach, VA 23454

### Are You Submitting Your Recredentialing Applications to ValueOptions on Time?

ValueOptions wishes to remind all providers to submit Recredentialing Data Form/Applications in a timely manner. Failure to do so could result in disenrollment. If a provider is disenrolled, s/he must wait six (6) months before rejoining the network, at which point the provider will need to enroll as a new provider. Recredentialing packets mailed to our providers indicate the date in which the application is due. Please be sure to get your information in on time.

### Trouble Receiving E-mails from ValueOptions?

E-mails may be blocked by your Outlook client Junk Mail settings. Go into the Junk Mail settings and find the E-Mail options. Click the allowed senders tab and add the e-mail address of the sender. If the e-mail is being blocked by an Enterprise level application, ask your IT staff to add the valueoptions.com domain to the White List.