

Provider eNews

FEDERAL MENTAL HEALTH PARITY (FMHP) UPDATES

ValueOptions® has made changes to the clinical processes for the ongoing review and management of your member's care for those accounts impacted by Federal Mental Health Parity (FMHP). This article describes in detail, the changes that have been made by ValueOptions® to the processes it employs to manage the mental health and substance abuse services provided to your members who are impacted by FMHP. These changes have been made to ensure compliance with the provisions of Federal Mental Health Parity (FMHP).

Inpatient and all Alternative Levels of Care

In place of past preauthorization provisions, ValueOptions® will require (in concordance with the medical benefits) that notification of a member's admission to an inpatient mental health or substance abuse treatment facility be made.

This notification of admission is a component of our Network Provider contracts. This notification requirement will apply to Inpatient and Alternative Levels of Care (ALOC), including partial hospitalization (PHP) and intensive outpatient programs (IOP) for the treatment of either mental health or substance abuse conditions. Notification of admission along with a review for medical necessity is the key to the appropriate management of these services. This process will allow shaping of care to assure that care of appropriate intensity and duration is delivered in the setting that is appropriate for the individual member. Network providers can submit this notification and the clinical information required via ProviderConnectSM.

If notification is not received, penalties may apply and reduce the rate of claims payment. ValueOptions® may request medical records for a retrospective review of medical necessity if the member's Plan allows this process. If records are not received, an administrative denial may be issued. Member and provider appeal processes are in place to support consideration of additional information. In the event of a denial, ValueOptions® network providers may not balance bill members until all levels of appeal have been exhausted, and then only if the member agreed to payment.

Outpatient Care

Prior to FMHP, ValueOptions® required that all outpatient services, provided after a member's pass through visits or registration requirement, be preauthorized. This process will continue for plans that are not required to implement FMHP at this time. We urge you to review each member's benefit on the benefits tab on ProviderConnectSM.

For plans impacted by FMHP, this pre-authorization requirement has been discontinued. ValueOptions® is currently utilizing three levels of outpatient outlier management:

- ⇒ Outlier management by diagnostic category
- ⇒ Complex and high cost cases
- ⇒ Provider outlier management

Outlier Management by diagnostic category: For cases with diagnoses that have extreme variability in treatment duration, intensity and outcome, ValueOptions® may request detailed information for review at multiple events in a member's course of treatment.

When a member's care appears to vary from the expected norm, the provider will be required to complete an Outpatient Review. This review will gather clinical information to establish medical necessity and will focus on your use of treatment practice guidelines and evidence based practices with this member. If you are a registered ProviderConnectSM user, this request for additional information will be in the form of a message in the "Message Center" named "Threshold Claim". This message will include a link for you to click to begin the review process. The screens in the system will allow us to gather all relevant clinical information. There is an additional section of the treatment plan screen where the provider is asked to endorse the specific treatment practice guidelines they are using with this member. These guidelines may vary based on the member's diagnosis. If you are not a registered ProviderConnectSM user, you will be mailed a letter that requests an Outpatient Review and offers the correct form to submit.

If a member presents in an Emergency room for a behavioral diagnosis, the member and provider may be contacted by a ValueOptions® Intensive Care Manager. This staff member will partner with the provider to ensure that the member/family have no additional service needs. This process of ICM outreach will also occur if the member presents in an Inpatient setting for behavioral care during their course of outpatient care.

Complex and high cost cases: For individual members with a complex illness, ValueOptions® will contact the treating provider early in the treatment regimen in order to develop, in conjunction with the provider, an individualized plan of care that incorporates treatment practice guidelines. The goal of this process is to help assure, in cooperation with the provider, the best possible outcome for your member. If you are a registered ProviderConnectSM user, this contact will be in the form of a message in the "Message Center" named "First Claim Submission". This message will include a link for you to click to read a letter that includes treatment practice guidelines. These guidelines will vary based on the member's diagnosis. If you are not a registered ProviderConnectSM user, you will be mailed a letter that offers the treatment practice guidelines.

Provider outlier management: If an individual provider's treatment patterns across his/her practice vary significantly from expected norms, additional information will be requested for review. Analysis of clinical information and/or claims submission may lead to review requests. Clinicians will be assigned to communicate the review requests to the provider and to gather additional information to establish medical necessity and justify unusual practice or billing patterns.

GIVING VALUE BACK TO THE PROVIDER WEBINAR SERIES

ValueOptions® is proud to announce the return of our “Giving Value Back to the Provider” Webinars. The educational Webinar series will be offered to our providers twice a quarter. The presentations will introduce and discuss our new and exciting initiatives for you, the provider.

What information will the Webinar include?

- Overview of ValueOptions®
- Credentialing and contracting Information
- Overview of clinical operations and Initiatives
- ProviderConnectSM overview
- And much more!

Upcoming Dates and Times of Webinars:

Date	Time
Thu, June 9, 2011	2 PM to 4 PM EDT
Fri, June 10, 2011	11 AM to 1 PM EDT

Who should attend the Webinar?

All providers affiliated with ValueOptions® are invited to attend.

How to Register for the Webinars:

Register for the Webinar that best fits your schedule by clicking on the corresponding registration link.

Date	Registration Link
Thu, June 9, 2011	https://www2.gotomeeting.com/register/731308954
Fri, June 10, 2011	https://www2.gotomeeting.com/register/118829099

ATTENTION NEW YORK PROVIDERS: E/M CODES

In compliance with the NYSDOI Circular Letter #17 (2010), ValueOptions® will accept and process E/M codes submitted by practitioners where the codes are within the scope of practice of the practitioner's license (i.e. MD/DO, APRN/APN and Physician Assistants). If you would like further information regarding the reimbursement for these codes please speak with a provider relations representative.

CEQuick: An Online Training Portal for Providers

As a busy professional it is hard to find the time and the money to invest in your professional development and earn continuing education credit. ValueOptions® has partnered with CEQuick which provides you affordable, relevant and research-informed online courses created by content experts. CEQuick is a convenient way to earn continuing education credit through engaging courses that provide concise, comprehensive information that will help you acquire new skills and learn about current research. Take courses at your own pace, any time of the day or night -- whenever you have the time.

It's easy to get started! For more details about CEQuick or to get started, go to:

<http://www.cequick.com/myeln/valueoptions/default.asp>

Once you have entered the CEQuick site above, you are able to do the following:

- ⇒ Browse courses by selecting an accreditation and subject area on the left of the screen.
- ⇒ Select the \$99 All-Access Package.
- ⇒ Place the courses you want in your shopping cart then check-out to make your purchase.
- ⇒ Pass the course test and complete the course evaluation.
- ⇒ Print your credit certificate.

MINI WEBINAR SERIES - OUTPATIENT SERVICES - FEDERAL MENTAL HEALTH PARITY (FMHP) OUTPATIENT OUTLIER MODEL REFRESHER

This Webinar is a shortened version of the Parity Webinar presentations completed in December 2010 and early January 2011. This mini Webinar series will familiarize outpatient providers and administrative staff with information about Federal Mental Health Parity. Providers will learn about procedural updates and clinical model changes associated with outpatient services under Parity that went into effect January 1, 2011.

How to Register for the Webinars:

Register for the Webinar that best fits your schedule by clicking on the corresponding registration link.

Date & Time	Registration Link
Mon, June 13, 2011 1:00 -2:00 PM EDT	https://www2.gotomeeting.com/register/314350178
Tue, June 14, 2011 10:00 -11:00 AM EDT	https://www2.gotomeeting.com/register/547577739

CONTRACT FOR SAFETY

The ValueOptions[®] utilization management staff and Clinical Care Managers strive to partner with providers to ensure members' well-being. A member's safety is of utmost importance to both providers and ValueOptions[®]. When a member is admitted to the inpatient level of care with a presenting problem of suicidality our primary focus is on safety planning. In addition to "contracting for safety" and frequent checks or precautions, there's much more that our Clinical Care Managers will inquire about in order to get the full picture of the comprehensive safety plan. For example:

- ⇒ What healthy coping skills will the member learn in the inpatient setting to deal with his/her stressors?
- ⇒ What other internal resources does the member have that he or she can build on? What has helped in the past? How will the provider help the member with this?
- ⇒ What external resources are available for the member as part of his/her safety plan (family, friends, and clergy)?
- ⇒ What community resources are available (Outpatient team, Outpatient provider referrals needed, Community support groups, and Crisis numbers)?