Provider eNews

FEDERAL MENTAL HEALTH PARITY (FMHP) UPDATES

As many of our providers learned during the December 2010 and January 2011 Webinars, the FMHP Act requires that ValueOptions® change its processes related to the clinical management of mental health and substance abuse services. It is important that providers verify a patient's benefit plan prior to requesting services via the ProviderConnect℠ benefit tab or by calling the appropriate telephone number located on the back of the member's benefit card. All care and services must continue to meet medical necessity requirements.

In case you missed the educational Webinars you can download the presentation slides by going to the following link: **http://www.valueoptions.com/providers/ProNews.htm**

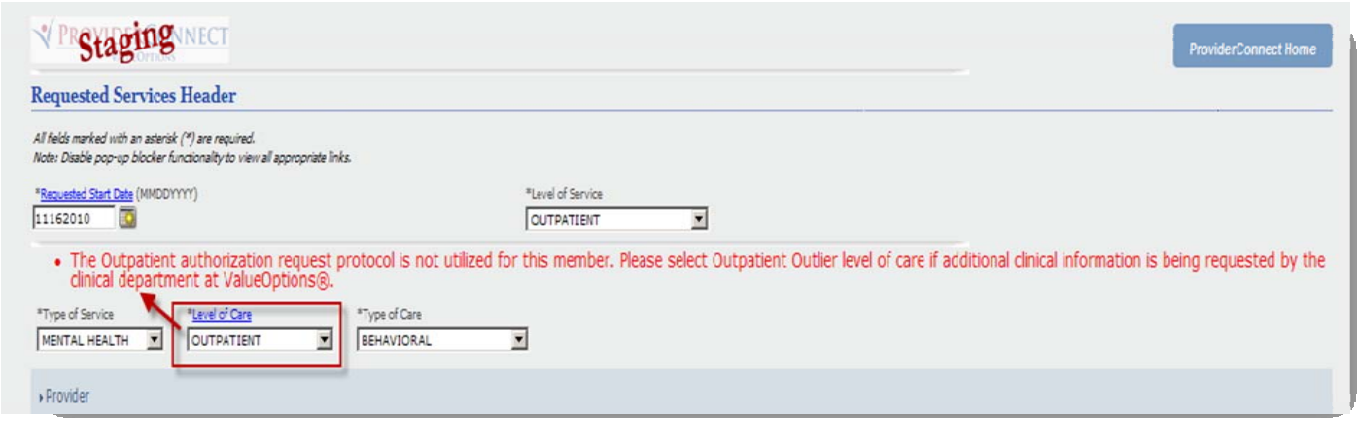
Listen to one of the FMHP Webinar recordings at:
http://www.valueoptions.com/providers/Training/Training_Workshops_Archives_2010.htm.

We also wanted to include recently asked questions about FMHP. Please read the frequently-asked questions (FAQ) listed below and be sure to read our FAQ document on a regular basis to learn more about the changes associated with FMHP at:
http://www.valueoptions.com/providers/Files/pdfs/Mental_Health_Parity_FAQ.pdf

FREQUENTLY ASKED QUESTIONS

Q: When we look at benefits online, can I tell that the new parity benefit applies to that patient?
A: Parity and other benefit updates are available online via "Benefits at a Glance". Online benefit information is uploaded based on information received from the client. If you would like more extensive information on benefits, please call the number on the back of the member's card. Valueoptions® is in the process of updating all benefit information for 2011. You may ask your member/patient if he/she has received updated benefit information from his/her company. Valueoptions® is committed to ensuring that benefits are available to you as soon as possible.

Q: Am I supposed to receive a red error message when I go to the "Outpatient Review" screen on ProviderConnect℠?
A: If you are receiving a red error message indicating to select the Outpatient Outlier level of care when initiating an "Outpatient Review" on ProviderConnect℠, that is the system's way of alerting you that NO authorization is required and you do not need to continue with the review, unless you have received a specific request for an outlier review, as the member's plan has moved to Parity. The member's benefit information can be obtained in ProviderConnect℠ on the member's benefit tab.



VALUEOPTIONS®

VALUEOPTIONS® INTRODUCES PROVIDER PULSE℠

ValueOptions® introduces Provider Pulse℠, a convenient, up-to-the-minute ValueOptions® provider network news system designed to enhance communication with network providers. The technology sends automated telephonic messages to provider phone numbers. Provider Pulse℠ is a telephonic technology that alerts providers about upcoming events, training opportunities and credentialing reminders. With this, ValueOptions® will enhance the ability to keep our provider community aware of all that is up and coming.

ValueOptions® started using Provider Pulse℠ in December 2010. Providers should have already started to receive Provider Pulse℠ messages regarding Federal Mental Health Parity. Stay Tuned for additional Provider Pulse℠ messages in 2011.

If you have any questions regarding Provider Pulse℠ please contact us via email at

prelations@valueoptions.com.

VALUEOPTIONS® PROVIDER HANDBOOK UPDATE

ValueOptions® has posted the 2011 Provider Handbook. This handbook replaces in its entirety the previous version dated September 2009 and is available electronically at ValueOptions.com.

Providers can find the following information within the ValueOptions® Provider Handbook:

- ⇒ Claims Procedures
- ⇒ Office Procedures
- ⇒ Clinical Criteria
- ⇒ Treatment Guidelines
- ⇒ Forms
- ⇒ Resource Documents

Please copy and paste the following URL into your Internet browser, which will take you to our Provider Handbook page: http://valueoptions.com/providers/Handbook.htm.

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
- ProviderConnect℠ overview
- And much more!

Upcoming Dates and Times of Webinars:

Date	Time
March 10, 2011	2:00 PM - 4:00 PM EST
March 11, 2011	11:00 AM - 1:00 PM EST

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
March 10, 2011	https://www2.gotomeeting.com/register/430818851
March 11, 2011	https://www2.gotomeeting.com/register/943165875

2011 UPDATE ON PLANS ADMINISTERED BY VALUEOPTIONS® FOR THE BOEING COMPANY

Effective January 1, 2011, there will be some changes for Boeing plans administered by ValueOptions®. Please note these changes in regard to benefits and claims administration. ValueOptions® will continue management of the mental health and substance abuse benefits for most Boeing plans. As always, please contact ValueOptions® at (800) 892-1411 or log on to ProviderConnect℠ to check benefits and member eligibility.

There are several changes to benefit plan coverage and design -- some in compliance with Federal Mental Health Parity and the Patient Protection and Affordable Care Act legislation, others a result of Boeing's annual review process. Some key reminders are:

⇒ **Behavioral health claims paid by ValueOptions®** -- Effective January 2011, ValueOptions® is the claims administrator for Boeing behavioral health claims. Many Boeing plans' behavioral health claims have previously been submitted to the local BCBS Plan or to a designated Regence BlueShield PO box. Behavioral health claims for dates of service after 1/1/11 should be submitted to ValueOptions® electronically or to the address below. All claims appeals for 2011 dates of service forward are also handled through ValueOptions® at **ValueOptions® P.O. Box 1290 Latham, NY 12110.** Claims for dates of service prior to 1/1/11 for plans previously administered through Regence BlueShield should continue to be submitted to Regence. There is no change in claims submission for the CIGNA HMO plan and UHC plans with MHSA benefits managed by ValueOptions®.

⇒ **No precertification for Outpatient care** -- A primary change will be the removal of requirements for precertification of routine Outpatient care for dates of service 1/1/11 forward. Precertification will still be required for some services provided on an outpatient basis such as Outpatient ECT. Please continue to contact ValueOptions® to confirm benefits and eligibility. For more information about ValueOptions® management of outpatient care , click on the Federal Parity FAQ on the Provider tab at **www.valueoptions.com**.

⇒ **Detox covered under behavioral health benefits for all plans** -- Previously under the Selections, Selections Plus and Select Network plans, Detox was covered under medical as opposed to behavioral health benefits. Beginning in January 2011, Detox will be covered under the behavioral health portion of the benefit plan for all plans managed by ValueOptions® and will require the associated precertification or notification.

⇒ **Precertification or Notification required for Inpatient and alternative levels of care** – It continues to be expected that as a ValueOptions® contracted provider, you contact ValueOptions® to provide clinical information upon which medical necessity determinations can be made.

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Contact Us: *Please send your comments, ideas and suggestions for upcoming editions of* Provider eNews *to PRelations@ValueOptions.com.*

FREQUENLTY ASKED QUESTIONS - HIPAA 5010

What is HIPAA 5010?

In January 2009, the Modifications to HIPAA Electronic Transaction Standards Final Rule were published as part of Health Insurance Reform. The Final Rule replaces current Version 4010 standards with Version 5010 standards and takes effect January 2, 2012.

With the Version 5010, the formats currently used must be upgraded from X12 Version 4010A1 to 5010. Formats that must be upgraded include:

- ⇒ Claims (837-I, 837-P)
- ⇒ Remittance Advice (835)
- ⇒ Claim Status Inquiry/Response (276/277)
- ⇒ Eligibility Inquiry/Response (270/271)
- ⇒ Requests for Authorization (278/278)

Some changes with 5010 standards include:

- ⇒ A physical street address must be reported for the billing provider's service address. A PO Box will not be accepted.
- ⇒ Only provider Pay-to addresses can be a PO Box address
- ⇒ Require 9 digit zip code
- ⇒ Enhanced NPI Reporting rules
- ⇒ Expansion of the number of Diagnosis Codes to 12
- ⇒ Strong emphasis on COB information

Who is impacted by HIPAA 5010?

Entities impacted by HIPAA 5010 standards include:

- ⇒ Providers, such as physicians, alternate site providers, rehabilitation clinics and hospitals
- ⇒ Health plans
- ⇒ Health care clearinghouses
- ⇒ Business associates that use the affected transaction, such as billing/service agents and vendors.

Why HIPAA 5010?

The purpose of Version 5010 is to improve upon Version 4010 which was widely recognized as lacking certain functionality that the health care industry needs.

The new standards:

- ⇒ Standardize business information related to transactions.
- ⇒ Use Technical Reports Type 3 guidelines that represent data consistently and are less confusing.
- ⇒ Provide more specific requirements for data that is needed, collected and transmitted in a transaction.
- ⇒ Accommodate reporting of clinical data such as ICD-10 diagnosis codes.
- ⇒ Address unmet business needs that are not supported by Version 4010.

When does HIPAA 5010 take effect?

General timeline for 5010 implementation:

- ⇒ January – December 2011 – Trading Partner testing period (Level II) in which covered entities perform end-to-end testing with each of its trading partners. Testing must be completed by December.
- ⇒ Goes Live in 2012.

MEMBER SCREENING TOOLS AND EDUCATIONAL MATERIALS ARE AVAILABLE

It is understood that members referred to treatment are likely to be very concerned about the stigma of a behavioral health diagnosis and may be reluctant to trust your evaluation and treatment recommendations. It is always useful to engage them actively in considering their symptoms from a diagnostic point of view and to help them understand and manage them. For this reason ValueOptions® has available member self-screening tools for Addictions, Depression, Post-Partum Depression, and Post-Traumatic Disorder. Self-screening can support your assessment. The supplemental educational materials available may help to reduce stigma and encourage a member proactive approach to their treatment. For members reluctant to take psychotropic medications, information is provided on their safe use and the way members can work along with their treatment providers to receive maximum benefit. If you think that your member can benefit from these self-assessments and educational materials, please refer them to www.valueoptions.com and direct them to select the *Member* tab where they can click *Tips and Resources* on the left side menu.

CONTRACT FOR SAFETY

ValueOptions® utilization management staff, 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)?

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