January 2013

VALUED PROVIDER eNEWSLETTER

SPOTLIGHT:

IN THIS ISSUE:

ALZHEIMER'S DISEASE: EARLY SIGNS

The first signs of Alzheimer's disease (AD) are often hard to detect. We often don't want to admit our own failings. This can make finding the illness even more difficult. What's more, insight into our own behavior is often further weakened as AD progresses. You might want to see your doctor if you spot one or more of the following early signs in yourself or a loved one.

Functioning or safety compromised by problems with recent memory or language

Most of us experience some difficulty with memory as we age. This difficulty can mean, for example, that we can't find the word that exactly expresses what we want to say. Or maybe we can't recall the name of someone we don't know very well or haven't seen for a long time.
In the beginning of AD, problems with recent memory can become more severe. This can make it hard to remember what was said during an important recent conversation or even recall that such a conversation took place. A grandparent might forget to pick up a grandchild from school although this was discussed with the child's parents. This grandparent might also forget to turn off the stove after a meal has been cooked. The person with AD might often lose needed items or neglect safety concerns; for example, leaving the keys in the car's ignition and the groceries in the car. The result, at work or home, might be failure to do what is expected; this can sometimes result in dangerous situations.

Familiar tasks become confusing

The person with AD gradually develops problems carrying out familiar tasks, such as driving, following a recipe, picking out clothes to wear, using the toilet properly, or (at a later stage) buttoning buttons or zipping a zipper.

Keeping track of time becomes difficult

Anyone who is not keeping track of the date might sometimes be off by a day. This is especially true of an elderly person who is retired or in the hospital. The person with AD, however, can be very confused about the day and even about the month or year. If she has wandered from home, a person with AD can become confused about a street that used to be familiar. Late in the illness, people may become "lost" within their own homes.

Problems with thinking making it difficult to carry out normal daily tasks

Household chores and tasks become harder in the face of reduced information processing, memory and problem-solving ability. Balancing a checkbook or paying bills, for example, can become impossible once AD begins to progress. The skills required for these activities include sustained attention, memory, the ability to calculate and the ability to sequence a series of behaviors. As the tasks become more frustrating, they can simply be ignored. Similar problems occur with many other usual tasks such as cleaning house.

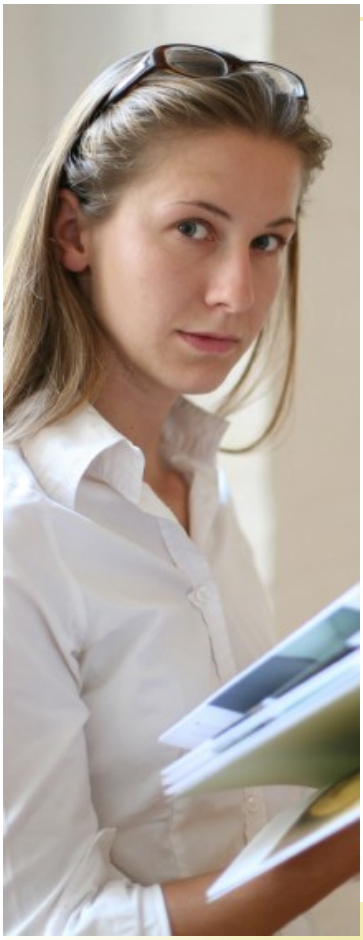
Personality changes

In early stages of mental decline, a person can seem "more like himself" because character traits can be made to be more extreme. Some of which (such as impatience) may be unpleasant for others. Early in AD, people can also develop unusual personality changes, such as becoming more anxious or easily annoyed. They can lose their zest for life and the initiative that formerly helped them take charge of daily tasks. Their moods can grow hard to predict. For example, they may be calm one minute and angry or tearful the next, without an apparent reason. Their good judgment can suffer. They might go out in the rain or cold, for example, dressed in very little. Mentally ill elders are more easily fooled, too, by scam artists who offer deals over the telephone or apparent opportunities to help others by sending "donations" to fake charities.

By James M. Ellison, MD, MPH

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

VALUEOPTIONS®
Innovative Solutions. Better Health.



LEARN ABOUT THE UTILIZATION MANAGEMENT PROGRAM

ValueOptions strives to enhance the well-being of the people we serve. We see ourselves as an integral part of the communities in which we provide service and understand that many factors impact the state of a person's health. To best serve a given population and ensure the relevant design of appropriate programs and services, we seek to learn from, and work with, individuals in those communities. In managing the behavioral health benefits of millions of people, we are acutely aware of our responsibility to afford each individual every opportunity to achieve optimal outcomes.

ValueOptions is proud of its focus on quality care and best practices. The primary responsibility of the utilization management staff is to guide and oversee the provision of effective services in the least restrictive environment and to promote the well-being of the members. We are very committed to supporting individuals in becoming responsible participants in their treatment.

Decisions:

Utilization management clinicians are appropriately licensed behavioral health care professionals who work cooperatively with practitioners and provider agencies to ensure member needs are met. Providers and practitioners are always afforded the opportunity to discuss and review any decision regarding inpatient admissions or other levels of care.

Criteria:

ValueOptions utilizes internally developed behavioral health clinical criteria for mental health and substance abuse based on nationally established clinical practice guidelines including the American Psychiatric Association (APA), the American Academy of Pediatrics (AAP), and the American Society of Addiction Medicine (ASAM). Criteria is assessed, and if necessary, revised annually, and in some cases more often, by the ValueOptions' National Executive Medical Management Committee.

The criteria are available for review in the Provider Handbook. If you are in need of a provider handbook, or would prefer the handbook on a Compact Disc, please call the ValueOptions Provider Services Line at **800.397.1630**, 8AM - 5PM ET , Monday - Friday.

Financial Incentives:

ValueOptions does not provide rewards or incentives, either financially or otherwise, to any of the individuals involved in conducting utilization review, for issuing denials of coverage or service, or inappropriately restricting care. Utilization-related decisions are based on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientific based criteria and treatment guidelines, in the context of provider or member-supplied clinical information, guide the decision-making process.

"The primary responsibility of the utilization management staff is to guide and oversee the provision of effective services in the least restrictive environment and to promote the well-being of the members."

CLINICAL PRACTICE GUIDELINES

ValueOptions clinical practice guidelines are adopted from recognized sources such as professional behavioral health care organizations and professional literature. The clinical guidelines incorporate content from clinicians who are considered specialists in their respective fields, as well as feedback from practitioners in the community.

ValueOptions has adopted our clinical practice guidelines from the American Psychiatric Association (APA) for:

- Bipolar disorder
- Eating disorders
- Major depression
- Panic disorder
- Schizophrenia
- Stress and post-traumatic stress disorder
- Substance abuse disorders
- Assessing and treating suicidal behaviors

ValueOptions has adopted our Attention Deficit Hyperactivity Disorder (ADHD) guidelines from the American Academy of Child and Adolescent Psychiatry, Generalized Anxiety Disorder from the Canadian Psychiatric Association, and Suboxone Treatment and Opioid-Related Disorders from the Substance Abuse and Mental Health Services Administration (SAMHSA).

ValueOptions has developed clinical practice guidelines for Co-occurring Related Disorders and Autism Spectrum Disorders. These guidelines are compilations of best-practice information based on a national review including journal articles, outcomes research, provider advisory feedback, and related practice guidelines (sources attached to each guideline). Practice guidelines are available on the ValueOptions website in the Provider Handbook section.

If you would prefer a paper copy of any ValueOptions clinical practice guidelines, please call **800.397.1630,** 8AM - 5PM ET , Monday - Friday**.** The APA guidelines and AACAP guideline on ADHD can be downloaded from the their website. Please call APA customer service line if you do not have Web access at: **800.368.5777.** Please call **202.966.7300, x137** if you do not have Internet access.

"ValueOptions clinical practice guidelines are adopted from recognized sources such as professional behavioral health care organizations and professional literature."

IMPORTANT: 2013 MAJOR CHANGES TO CPT® CODES

Annually, in October, the American Medical Association defines and releases a new set of Current Procedural Terminology (CPT®) codes. ***This new code set took effect on January 1, 2013***. Treatment providers use these CPT codes when submitting claims for services provided to their patients. The 2013 code set included many changes that impact provider billing. Many codes were either deleted or modified.

We encourage providers to read the most recent **2013 CPT Code Change Provider Alert** located under the "Spotlight" section for additional information.

Please continue to refer to the **ValueOptions Provider Website** for timely updates. Additional resources such as a Frequently Asked Question document and training materials are also available on the website.

SUBSTANCE USE MEDICAL NECESSITY CRITERIA CHANGE

"The substance use criteria are now structured to be consistent with our mental health medical necessity criteria which have not been affected."

ValueOptions has updated our medical necessity criteria set for substance use cases. The revised criteria went into effect on January 1, 2013 subject to specific contract requirements. The substance use criteria are now structured to be consistent with our mental health medical necessity criteria which have not been affected.

Why did we make a change? This change provides an easier way to navigate framework for making clinical decisions. The change also enhances our ability to explain the rationale for these decisions using a framework that translates ASAM terminology into more readily understood language for both providers and members.

How do the ValueOptions substance use criteria relate to the American Society of Addiction Medicine (ASAM) placement criteria? We have historically used and will continue to use ASAM as the source of our clinical decisions related to substance abuse services. We are repositioning the ASAM criteria as a 'back end' decision support resource rather than the front end decision tool. ASAM is a nationally recognized organization with expertise in the area of addiction treatment. ValueOptions will continue to use the ASAM information as a national criteria reference tool in the same way we use the American Psychiatric Association (APA) treatment guidelines with our mental health decisions. ValueOptions clinicians seeking to differentiate levels of care may still use the ASAM 6 Dimensions as needed to further determine the appropriate level of care. The ValueOptions Substance Use criteria will be the decision tree and decision outcome explanation.

The ValueOptions Substance Use Medical Necessity Criteria is now available on our **Clinical Criteria** web page.

MEMBER RIGHTS & RESPONSIBILITIES

ValueOptions is committed to respecting our enrollees' rights and responsibilities.

Enrollees have a right to:

- ⇒ Receive information about the organization, services, practitioners and providers, and the enrollees' rights and responsibilities.
- ⇒ Be treated with respect and recognition of their dignity and right to privacy.
- ⇒ Participate with practitioners in making decisions about their health care.
- ⇒ A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- ⇒ Voice complaints or appeals about the organization or the care it provides.
- ⇒ Make recommendations regarding the organization's enrollees' rights and responsibilities policies.

Enrollees have a responsibility to:

- ⇒ Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- ⇒ Follow plans and instructions for care that they have agreed on with their practitioners.
- ⇒ Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

To print the ValueOptions members rights and responsibilities follow this link:
http://www.valueoptions.com/providers/Handbook.htm

"ValueOptions is committed to respecting our enrollees' rights and responsibilities."

CONFIDENTIALITY

ValueOptions has written policies regarding protected health information (PHI). These policies address disclosure of PHI, restrictions on use of PHI, the ability to amend PHI and the accounting process for disclosures, as well as internal/ external protection of oral, written and electronic information across the organization.

To read additional information about Confidentiality, Privacy, and Security of Identifiable Health Information please access our **Provider Handbook**.

To view the ValueOptions Privacy Statement follow this link:

www.valueoptions.com/providers/ProPrivacy.htm

PROVIDERCONNECT: HOW TO ENTER AN AUTHORIZATION REQUEST

"The Enter an Authorization Request function on ProviderConnect enables users to electronically submit requests for services (RFS) for Outpatient, Inpatient, and Medication Management services."

The Enter an Authorization Request function on ProviderConnect enables users to electronically submit requests for services (RFS) for Outpatient, Inpatient, and Medication Management services. (This process is based on the member's contract.) Using this process a provider can be assured that their authorization request is received by ValueOptions clinical staff. Additionally, providers can download a summary or complete transcript of the authorization request for their electronic file or print out a copy of the information.

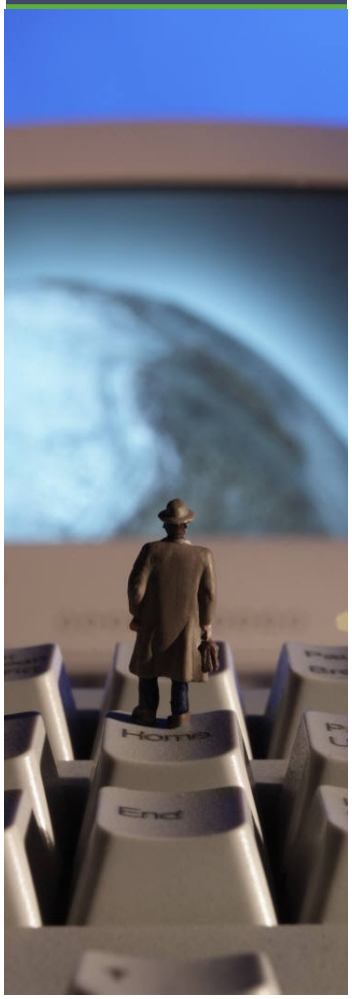
These authorization requests once submitted can then be reviewed in a timely manner by the clinical staff. Providers can track the status of the request by viewing the related authorizations for their members. For many services there may be an automatic approval upon submission of the request on ProviderConnect and the provider will immediately receive notification of the number of units that have been approved for a service.

Authorization requests can be saved as a draft and updated prior to final submission if needed. ProviderConnect sends automatic e-mail reminders to providers who have saved drafts for an authorization request. The e-mail reminder is sent 25 days after the authorization request was saved. Draft reminder e-mails will not be sent if a user does not have an e-mail address on file in the user's ProviderConnect account/profile record. Also, ProviderConnect will send reminder e-mails for only those authorization request drafts that are in a "Saved" status, not an "Expired" or "Deleted" status.

Additionally, clinicians have the ability to electronically send a message to a provider's inbox with a request for any missing clinical information if needed. The message, which is in the form of a web response, will display to the provider with a read-only history of the authorization request that was submitted by the provider and allow the provider an opportunity to respond back with the missing information within a defined turnaround time. The provider's feedback will be clinical information and will display in the CareConnect review. Providers can attach clinical documents and enter notes. However, messages not responded to within the allotted time frame will be disabled.

Utilizing ProviderConnect to submit authorization requests provides many advantages. It allows providers to submit information 24/7 without worry that mail is lost in the postal system or that faxes do not go through successfully. All in a green paperless and HIPAA secure environment.

ValueOptions provides several video tutorials on how to enter an authorization in ProviderConnect. All video tutorials are found on our How-To Resources page. The specific video that highlights entering an authorization in ProviderConnect is How Do I View and Submit an Authorization?



STEPS TO SUBMITTING A CORRECTED CLAIM

Direct Claim Submission allows the provider/submitter to enter a claim directly into our ProviderConnect portal without using any special software. This expedites both the processing of the claim and the payment being sent to you. Direct Claim Submission is recommended for providers submitting a low volume of outpatient claims. If you are a high volume claim submitter, please contact the EDI Helpdesk to discuss your options for batch submissions. ProviderConnect is best compatible with Internet Explorer. For all web browsers, please make sure you have your browser set to allow JavaScript, cookies, and pop-up windows from the **ValueOptions website**.

You must have an electronic account set up before you are able to log in to ProviderConnect and access the Direct Claim Submission module. You will need to submit a completed **Account Request Form** if you do not currently have an electronic account.

Once your account is set up, go to the **ValueOptions Providers Home Page**. Please log in to ProviderConnect and access the Direct Claim Submission module.

To Submit a corrected, replacement or voided Claim via Direct Claim Submission, obtain the claim number from your original claim. Follow the instructions for submitting a new claim, with the following changes:

1. On the screen labeled "Step 2 of 3," select the "Frequency Type" as either "Replacement" Corrected" or "Void".
2. Enter the original claim number in the "Original Reference Number" fields.
3. Submit COB information (if needed) and all service lines on the next page as if this was a brand new claim.
4. After the claim is submitted, a summary page will display including your new claim number.

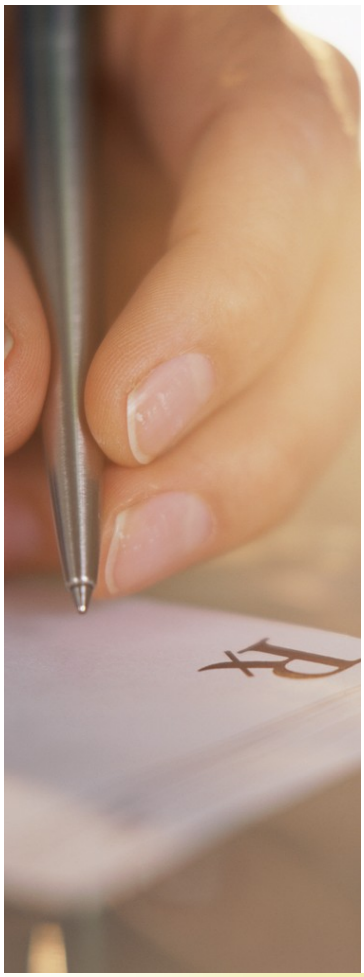
If you have any questions or need technical assistance, please contact us at the e-Support Helpdesk at 888-247-9311, Monday through Friday, 8am – 6pm ET. For additional information regarding Direct Claim Submission please access our Compliance page or **How-To Resources Page**.

"1099s are only issued for providers who were issued total payments of $600 or greater in 2012."

1099 QUESTIONS?

It is tax season! ValueOptions will be mailing 1099's no later than January 31, 2013. 1099s are only issued for providers who were issued total payments of $600 or greater in 2012.

In order to answer your questions regarding your 1099, ValueOptions has set up a specific 1099 Hotline. Please call **703.390.4936**. This is a voicemail box that is monitored by our Finance Department. All calls will be returned within 3 business days.



MVP HEALTH CARE: CLINICAL CARE ALERTS

Beginning January 2013, ValueOptions as the behavioral health vendor for MVP Health Care, will begin to provide physicians with **Clinical Care Alerts**. ValueOptions is the manager of behavioral health management for MVP members.

Clinical Care Alerts improve the quality of care and reduce total medical expense by notifying physicians of potentially adverse medication-taking behaviors by patients.

Clinical Care Alerts notify physicians to patient-specific current risks of early discontinuation, under-compliance, poly-pharmacy, drug/drug or drug/disease interactions, absence of ongoing laboratory or clinical monitoring, and other risks of medication misadventure for patients receiving medication therapy for chronic behavioral health conditions. Physicians act on these alerts by working with the patient to close the care gap identified. The result is increased restoration of successful medication regimens and reduced emergency room visits and inpatient hospitalizations.

Patients with a 30 day or more gap in antipsychotic medication are five times more likely to be admitted than patients with a 10 day or less gap in care (American Health & Drug Benefits, Jan 2009). Prompt identification and closure of care gaps can dramatically improve patient care.

Each month ValueOptions will analyze behavioral health and pharmacy claims to identify care gaps. ValueOptions will in turn generate and distribute alerts to each prescriber related to each patient-specific care issue.

In the absence of Clinical Care Alerts, only about 15% of the identified care gaps are typically closed. With the implementation of Clinical Care Alerts, 60% of care gaps are typically closed.

Clinical Care Alerts employs over 11,000 alert rules to screen medical and pharmacy claims for potential care gaps. The rule sets are continuously updated and refined. Based on field-tested results, high value alerts are retained and low yield alerts are disabled to provide a high yield rate of actionable alerts.

Please fax your questions to 877.709.9867 or email ron.lyons@valueoptions.com

"New Health Plan For the Great Lakes Service Center Effective January 1, 2013"

NEW HEALTH PLAN FOR GREAT LAKES SERVICE CENTER EFFECTIVE JANUARY 1, 2013

New health plan for the Great Lakes Service Center effective 1/1/2013:

⇒ Total Health Care headquartered in Detroit, MI.

Please access the Network Specific page for Great Lakes Service Center on the ValueOptions website for details regarding these and other Great Lakes clients.

DUTY TO WARN WEBINAR SERIES

ValueOptions is committed to collaborating with providers to promote safe clinical practices. In the wake of recent high profile incidents of violence, ValueOptions presents the Duty to Warn webinar series. This presentation will review the legal and ethical issues and obligations faced by mental health providers when such events overlap clinical practice. We will begin with a review focusing on danger to self, which is more familiar to most practitioners and provides a basic set of guidelines that can then be used to understand the analogous principles involved in danger to others.

The basic legal and ethical tenet is that "Confidentiality ends where Public Safety begins." By reviewing clinical practice guidelines in tandem with legal mandates, the presentation will clearly present the obligations of the provider in situations where emergent action is warranted or required. The reasons for such action, the specific action required, and the potential consequences for failure to act will be discussed. Finally, high profile case examples will be discussed to illustrate the issues raised in a discussion of Duty to Warn.

January

⇒ **January 10th 11 a.m. - 12 p.m. ET - Click here to register.**

⇒ **January 11th 3 p.m. - 4 p.m. ET - Click here to register.**

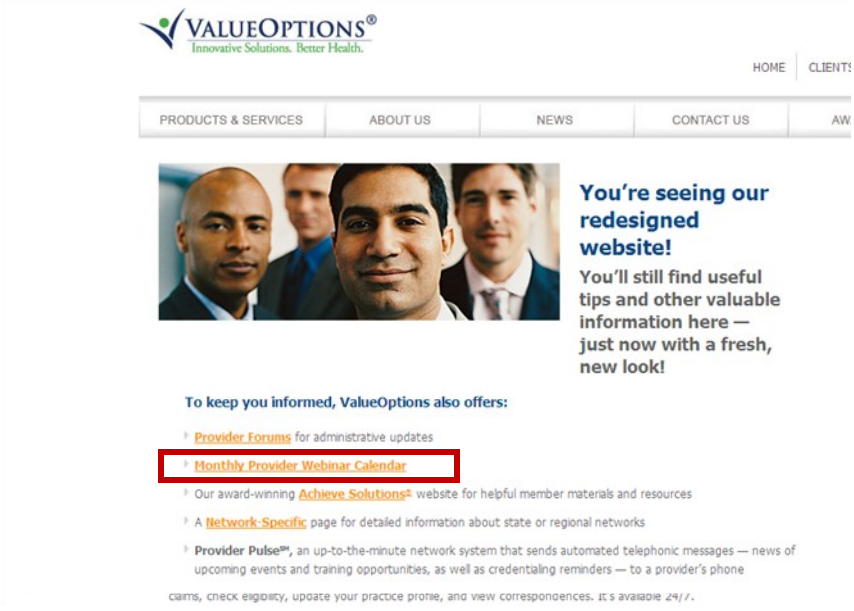
⇒ **January 15th 1 p.m. - 2 p.m. ET - Click here to register.**

⇒ **January 16th 10 a.m. - 11 a.m. ET - Click here to register.**

In the wake of recent high profile incidents of violence, ValueOptions presents the Duty to Warn webinar series.

MONTHLY PROVIDER WEBINAR CALENDAR

Each month ValueOptions creates a Monthly Webinar Calendar announcing upcoming webinar trainings for our provider network. The calendar is posted on our Provider Home Page.



VALUEOPTIONS®
Innovative Solutions. Better Health.