

The Valued Provider

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For more information about articles visit our website at www.valueoptions.com. You may also email the Editor at thevaluedprovider@valueoptions.com. *ValueOptions* is headquartered in Norfolk, VA.

Proving the Value of Behavioral Health Benefits with Outcomes Metrics

The impact of behavioral disorders on the workplace is tremendous, costing billions of dollars in lost productivity and absenteeism. The success of current treatments for behavioral disorders, by enabling individuals to participate more fully and productively in family life and at work, makes many of these costs avoidable. Conversely, restrictions on access to behavioral health services have been found to *increase* costs for medical services.

Results from an ongoing study conducted by *ValueOptions* demonstrate that, in addition to improving members' mental health, the company's managed behavioral health and employee assistance programs also improve functioning at work.

ValueOptions' researchers found that, at follow-up three months after calling for a referral:

- Members' workplace absenteeism was reduced 55 percent, and
- Members' workplace productivity improved by 63 percent.

ValueOptions gathers information from employees who seek assistance through their employer-sponsored behavioral health plan or employee assistance program (EAP) for a variety

of behavioral health issues, including depression, substance abuse problems, relationship problems, legal, financial, or workplace issues.

At the heart of the study is an assessment instrument designed by *ValueOptions*. The instrument was developed to meet the need for a brief but comprehensive work-related outcomes measure designed to assess the outcome of mental health and substance abuse treatment from the patient's point of view. This instrument is used to measure outcomes in three key areas. The first measure deals with workplace absenteeism. Another measure deals with lost productivity—the phenomenon known as presenteeism. Third, there's a measure of mental health status.

To learn more about this exciting study and to read the article in its entirety please visit <http://www.valueoptions.com/provider/news.htm>.

*By Sonny Phipps
MBA, CPHQ, Director of Outcomes, Employer Solutions Divisions*

Provider Trivia Inside



Personal Note



by Sabrina Houser, *LPC, LMFT, PA*
Vice President Corporate Provider Relations

Welcome Providers!

It is always a pleasure to communicate with you. We are excited that you are a part of our network and value your participation very much.

As you can see, we've changed the name, design and format of our newsletter. We hope you enjoy the new look and find the information of great benefit.

The redesign of the newsletter is one of many initiatives we have planned for this year. Please read the newsletter in its entirety to see what's in store. Also, visit our website at www.valueoptions.com to view the Provider Handbook, latest news, EAP highlights, regional updates, as well as other valuable *ValueOptions'* information.

Thank you for partnering with us and for serving our members.

Injectable Medications in Behavioral Healthcare

Use of injectable psychotropic medications in psychiatric practice is largely limited to hospital based interventions in emergency rooms and inpatient units with notable exception of long-lasting, depot-form antipsychotic medications such as Haldol Decanoate, Prolixin Decanoate and Risperidal consta that is used as an outpatient maintenance treatment.

These medications are indicated in patients requiring chronic use of medications who have significant problems with adherence to oral antipsychotic medications. Injections are given either by supervised nurses in medication clinics or by physicians in doctors' offices. Obtaining injectable psychotropic meds should not be much different from obtaining injectable antibiotics. Physician prescription is required and they are dispensed by pharmacies to individual patients to be taken to their doctor's offices. However when patient volumes call for it, the pharmacy may deliver injectable drugs to medication clinics for scheduled injections.

The cost of psychotropic medication is covered by major medical insurance or their designated PBM (pharmacy benefit management) company according to the subscriber's plan and benefits covered in accordance with their formulary policies. Risperidal consta as the newer and much more expensive medication may not always be covered, pre-authorization might be required, or higher co-pays may be applied. It is essential to verify (or ask a member to verify with his/her) pharmacy benefits by contacting the insurance company to clarify specific medication coverage.

By Dr. Stan Golec, Medical Director, Great Lakes Service Center

What's New?

View full articles online at www.valueoptions.com/provider/news.htm

- 2004 Provider Satisfaction Survey reveals that 91% of providers were satisfied with *ValueOptions* overall.
- *ValueOptions'* mega sites receives full URAC Accreditation for Health Utilization Management, v.4.2 effective March 1, 2005 - March 1, 2007. Visit our web site to view the sites.
- *ValueOptions* streamlines submission and payment of EAP services by combining the Case Activity and Billing forms. This means one form and less paperwork on your part. This new form is now available and accessible online at www.valueoptions.com/provider/handbooks/forms.
- *ValueOptions* is recruiting EAP providers. Please call 1-800-397-1630 to inquire about joining our EAP network. The criteria is posted online at www.valueoptoins.com/provider/news.htm. Be sure to read the criteria carefully as it has recently changed.





HIPAA Security Rule

The final HIPAA Security rule was published on February 20, 2004 and becomes effective on April 21, 2005. This rule pertains specifically to electronic Protected Health Information (ePHI) and defines standards that require covered entities to implement basic protective safeguards. The regulations cover PHI in electronic form that is maintained or transmitted regardless of format and without distinction between internal or external communications. **Electronic PHI includes magnetic tape, disk, compact disk, optical disk, digital memory card, machine-readable media, transmissions over internet and extranet, leased lines, dial-up lines, private networks, and information at rest or in storage.** Telephone voice response, faxback systems and fax returned by that machine, copy machines, fax machines, telephones, video teleconferencing are not covered.

The regulations are divided into three major sections – Administrative Safeguards, Technical Safeguards, and Physical Safeguards and have 18 standards and 36 implementation specifications. The regulations provide Addressable Specifications which are approaches to meeting the standard. The entity has the responsibility to decide whether they are reasonable and appropriate based on the organization's technical environment and its security framework.

The Security Rule requires covered entities to ensure confidentiality, integrity, and availability of all electronic PHI the entity creates, receives, maintains, or transmits; protect against any reasonably anticipated threats or hazards to security/integrity of information; protect against any reasonably anticipated use/disclosures of PHI not permitted in Privacy Rule; and ensure compliance by its workforce

Please take a moment to review the HIPAA Security Rule in its entirety by visiting <http://www.hipaa.org>.

Education

Make plans to attend a 2005 Provider Forum in your area. Our Forums offer administrative updates, continuing educational credits (CMEs/ CEUs), as well as hot topic presentations. If you have any questions about our Forums please visit www.valueoptions.com/provider/education.htm or contact your local *ValueOptions'* service center.

ValueOptions' Top 10 Reasons for Delay in the Recredentialing Process

1. Application incomplete.
2. W-9 not completed correctly.
3. Curriculum/Vitae not current and/or does not provide history from the point of graduation of the highest degree.
4. Provider agreement and reimbursement schedules altered, missing, or not signed/dated.
5. Professional Liability Facesheet does not list applicant as the insured and/or policy period and coverage amounts.
6. Continuing Education Units are not submitted.
7. Admitting Privileges for MD applicants are not clearly identified.
8. Malpractice claims, pending or settled, are not fully explained or documented.
9. If applying for a Specialty Network (EAP, FFD, or Disability) – application page not completed in its entirety. EAP section must include substance abuse experience information.
10. Procrastination, waiting until the last minute to fill out the form.

Please visit www.valueoptions.com/provider/news.htm for more information.





ValueOptions Soon to Introduce New Telephonic and Web-based Self-Service Applications

TeleConnect (Interactive Voice Response) – coming Summer 2005.

TeleConnect will offer easy-to-navigate voice response self-service. This new system will give you 24/7 access to conduct authorization approvals, claims inquiries, eligibility and benefit inquiries - that is, the ability to retrieve information at your convenience. Learn more about this initiative in our next issue.

ProviderConnect (Provider Online Service) – coming Summer/Fall 2005.

ProviderConnect provides an online alternative to the telephonic services of TeleConnect, giving providers a 24/7 available, easy-to-use tool for completing everyday service requests. The system will allow users to check eligibility, benefits, authorization and claims status, claims history, claims payment and view correspondence on-line. ProviderConnect will also allow single and batch claims submissions, and will enable providers to view their demographic information and submit changes online. Look for more information about this initiative in our next issue.

Treatment Records: Lasting Evidence of the Care You Provide ...

The treatment record continues to be a critical tool utilized in managing patient care for the health care provider. It is the method by which practitioners communicate about treatment and patient care management.

The behavioral healthcare setting continues to be an ever-changing environment; however, the old adage of “if it’s not documented, it did not happen” continues to be the clear message from state and federal regulatory agencies.

The “gold standard” adopted by many providers are the guidelines published by the National Committee for Quality Assurance (NCQA). Here are some key “Do’s and Don’ts” to remember as you maintain your treatment records:

DO:

- Write legibly
- Chart the patient’s history, past and current health status
- Include copies of advanced directives
- Chart information about referrals to other providers or community resources
- Chart patient education

DON’T:

- Alter or change a treatment record
- Chart outside of margins
- Chart your opinions or the opinions of others
- Use the names of other patients
- Chart care that you specifically did not provide

(For more visit our web site)

There continues to be increased emphasis on accountability and outcomes in managing quality patient care. *ValueOptions* encourages providers to review the documentation standards and Treatment Record Review (TRR) audit tool available in the *ValueOptions’* Provider Handbook. The Handbook can be accessed on-line at www.valueoptions.com/providers.htm.

By Michael D’Amario, ACHE, Director, Provider Relations &

Sandra Nuttall, Quality Management Specialist II, New York State Empire Plan

Provider Trivia

Question:

Per our Handbook, what forms must be completed to become an Online User? Send the correct response to thevaluedprovider@valueoptions.com by May 30, 2005 to enter a prize drawing. One entry per person. The prize is a Palm Pilot. The winner will be notified and announced in our next newsletter. Good Luck!





Calling All Providers



How many calls does it take to verify *ValueOptions*' provider network files? More than 300,000!

The Network Operations team has completed a comprehensive review of the provider network and validated the accuracy of referral information housed in the Provider Referral System (PRS). Each provider in the *ValueOptions*' provider network was personally contacted to confirm demographic and discipline information. All *ValueOptions*' network facilities were also contacted to confirm facility levels of care (or programs), practice addresses and phone numbers.

ValueOptions national network now stands at approximately 50,000 independent practitioners at 70,000 locations and more than 2,000 facilities at more than 6,000 service locations.

In addition to evaluating the impact of this effort on members' access to providers, an independent auditing firm was engaged to confirm the accuracy of the provider file database. Using a representative random sample, the independent auditing firm verified that we are achieving a better

than 90 percent accuracy rate on key demographic/referral information. The goal is to maintain this level of accuracy and evaluate our compliance with this self imposed standard at a minimum on a semi-annual basis.

To maintain the accuracy of your provider file, you have a contractual responsibility to notify *ValueOptions* when you have:

- Name changes
- Address and phone changes (mailing, service locations and or billing)
- TIN or W-9 changes
- Practice changes (unable to accept new patients, closing practice temporarily, practice less than 20 hours a week).

Additionally, *ValueOptions* has implemented several strategies including: (1) regular outreach to providers to confirm data that may change (e.g., demographic, billing address, practice address, etc.); (2) timely response to address change requests from providers and service center staff; (3) implementation in Summer 2005 of new Web-based transactions where providers can complete a "change of address" form and submit online or view their provider profile data in PRS and submit change requests; and (4) implementation of technology enhancements that reduce human error (ex. a new system feature auto-populates many of the required fields). *ValueOptions* knows of no other

managed care organization that has made this commitment to provider file accuracy.

Read the full story at <http://www.valueoptions.com/provider/news.htm>.

2005 Participating Provider Handbook Available Online!

This Handbook is prepared as a guide to *ValueOptions*' policies and procedures for individual providers, affiliates, group practices, programs and facilities. It provides important information regarding the managed care features incorporated in the *ValueOptions*' provider contract; and also reflects the policies that are applicable to our "general" commercial product lines.

Please visit www.valueoptions.com to access the Participating Provider Handbook. Remember that our Web site is a vehicle for communicating with you any changes to this Handbook, member educational materials, news and other online services.

Note: Pursuant to the Amendment Section of your existing Provider Agreement, *ValueOptions*, Inc. is providing you with notice that the Provider Handbook has been amended. Written objections to this Amendment may be mailed to: *ValueOptions*, Attention: Provider Relations, 1701 Will-O-Wisp Drive, Virginia Beach, VA 23454 within 30 days or your receipt of this newsletter. Once the 30-day notice period has lapsed, *ValueOptions* will consider your non-response as acceptance of the amendment.





NETWORK-SPECIFIC INFORMATION

Great Lakes Service Center

New Postpartum Depression Program

The Great Lakes Service Center in Southfield, MI, is developing a program to help new mothers recognize the signs and symptoms of Postpartum Depression. The program will include: the distribution of information packets to new mothers and various practitioners; helpful information posted to our Web site; on-call assistance from *ValueOptions* to assist with questions and referrals. Please watch for more details in the near future.

Texas Service Center

ValueOptions Texas Service Center's 2005 Member Satisfaction Survey (1st Quarter) revealed in 2004 that 89% of our members expressed overall satisfaction with Mental Health Services. There continues to be a steady increase in Member satisfaction when compared to 88.6% in 2003 and 86.9% in 2002. Thank you for all you do to make a difference in the quality of our Members lives.

Attention Pennsylvania and New York CDPHP Providers!

In order to provide excellent services to our Health Plan providers, Provider Relations services for those listed below will now be provided by a specific Provider Relations Department located in the Troy, New York office. If you have any questions, use the following numbers and select the prompts to connect you to the correct department.

Health America: 1-866-834-1717

Health Guard: 1-866-221-6785

Capital District Physicians Health Plan: 1-800-235-3149.

All other PA commercial providers call: 1-800-322-4824.

Provider Relations

1701 Will-O-Wisp Drive

Virginia Beach, VA 23454

California

New Claims Submission Address for All California Providers

Effective January 1, 2005, the address for claims submission is no longer Long Beach, California. Please mail all claims to:

ValueOptions, Inc.

P.O. Box 1290

Latham, NY 12110

Note: If you are mailing an appeal, complaint or grievance, or a request for Personal Health Information (PHI), please continue sending to:

ValueOptions, Inc.

340 Golden Shore

Long Beach, CA 90802

