Objectives

1. Overview of ValueOptions® & Operational Areas
2. Michelin’s Culture
3. Michelin’s EAP Benefit Overview
4. Michelin’s Mental Health and Substance Abuse (MHSA) Benefit Overview
5. On Track Outcomes
6. Claims Payment
7. ValueOptions.com & ProviderConnect®
8. Contact Information
9. Questions and Answers
Overview of ValueOptions
Founded in 1983
Largest independent behavioral health company
Serving over 32 million members; contracts with 20 health plans
More than 50 Medicaid contracts in 14 states
Committed to principles of recovery and resiliency
Diverse client base
  • Commercial Division - Employer Groups, Health Plans
  • Federal Division
  • Public Sector Division
Provider Relations

- Ensures members’ behavioral health care needs are met through a geographically and clinically robust network of providers
- Ensures maintenance of network composition by engaging in assertive retention strategies;
- Engages in timely and appropriate recruitment
- Engages in professional, consistent, and educative communications with provider community and staff

Provider Credentialing

- Completion of Credentialing Application required for network participation
Provider Recredentialing (every three years)

Notifications

- 4 months prior to due date (telephonic), 1 week later (email/fax), 15 and 30 days prior to due date

*Failure to respond to requests will result in disenrollment from the network*

Process

- Complete online, prepopulated recredentialing application
- Attach updated license, certification and malpractice information
- Electronically sign the application (once signed, it is automatically submitted)
Provider Contracting

- ValueOptions Provider Agreements

Questions about Contracting and Credentialing?

- Call (800) 397-1630
  8:00 a.m. – 5:00 p.m. ET
  - Hours will extend to 8:00 a.m. – 8 p.m. ET beginning 1/1/14.
Quality Management Program Oversight provided by Medical Director

Key Quality Indicators include but are not limited to:

- Satisfaction Survey measures
- Access/Availability of Services – geographic access, phone statistics, appointment availability, etc.
- Complaints/Grievances - tracking and reporting
- Patient Safety – adverse incidents and quality of care
- Coordination of Care
- Quality Improvement Activities/Projects
- Compliance with URAC and NCQA Standards
Operational Areas: Quality Management

Ongoing Quality Improvement Activities (QIAs)

- Clinical QIAs
- Ambulatory Follow-up
  - Time in the Community – Depression Management
  - Risk Tracking – Referral for Urgent and Emergent Treatment
- Service QIAs
  - Average Speed of Answer
  - Provider Satisfaction with Utilization Management
Operational Areas: Customer Service

- Committed to providing our members and providers with the most accurate and informed benefit, eligibility, claims, and certification information in the most effective, efficient, and compassionate manner
- Puts our members’ needs and concerns first and is committed to resolving inquiries promptly without the need to make a re-contact
- We value our members’ questions and concerns and place member satisfaction at the heart of our Customer Service philosophy
### Operational Areas: Customer Service (cont’d.)

<table>
<thead>
<tr>
<th>Clinical Customer Service</th>
<th>Claims Customer Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides the following services to Members and Providers as the front end to the Clinical Department:</td>
<td>Provides the following services to both Members and Providers:</td>
</tr>
<tr>
<td>- Responds to routine eligibility questions</td>
<td>- Responds to routine claims, benefits and eligibility questions via telephone, correspondence and web inquiries</td>
</tr>
<tr>
<td>- Responds to requests for authorizations</td>
<td>- Facilitates the resolution of complex claims issues via telephone, correspondence and web inquiries</td>
</tr>
<tr>
<td>- Responds to referral requests</td>
<td>- Responds to all Administrative Complaints and Appeals via a dedicated Appeal and Complaint Unit</td>
</tr>
<tr>
<td>- Education assistance</td>
<td>- Provides dedicated Liaisons to investigate and resolve complex client and provider issues</td>
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</tbody>
</table>
Operational Areas: Care Management

Key Components of the ValueOptions® Care Management Paradigm

- Authorization and care management recommendations are individualized for diagnoses and level of care requests.
- Collaborative approach with treating providers.
- Symptom complex based review processes.
- Utilization of treatment guidelines, level of care criteria and treatment algorithms.
- Intensive care management programs for high risk high cost members.
- Intensive care management activities to impact:
  - Acute Inpatient
  - Residential
  - Partial Hospital
- Special protocols based on client nuances.

Referred by Health Plan Care Manager

Members Who Seek Care Via the ValueOptions® Clinical Referral Line

Members Identified As High Risk (Multiple Channels)

Members Identified By Health Plan Disease Management Screening

Referred From Employer EAP Provider

Members Identified By ValueOptions® PharmaConnect Application

Members Identified By Predictive Modeling Software – High Risk Physical Potential Co-morbid Behavior

Members Entering the Behavioral Health System In Crisis
Licensed care management staff is available 24 hours a day/seven days a week for referral and utilization management.

**Member referral process:**

- Emergencies are followed until disposition
- Urgent referrals are offered appointments within 48 hours and are called to ensure appointment is kept
- Providers can contact ValueOptions for referral assistance if needed
- Providers should contact ValueOptions 24 hours a day/seven (7) days a week if members require higher level of care or increased visit frequency
- Care Management staff will assist with referral to inpatient or specialty programs
Operational Areas: Utilization Management

Inpatient

- Requests are completed via the web, fax or telephonically by calling the number on the back of the members Identification card
- Requires notification for HLOC
- ValueOptions staff are available 24 hours a day/ seven (7) days a week

Outpatient

- Since pass through or registration no longer applies to outpatient services impacted by federal parity, authorization cannot be required
- It is important to check benefits and authorization requirements on each member via the web or by calling the number on the member’s identification card
Outpatient

Outpatient care management will be conducted primarily through front-end claims or claims extracts, and will emphasize four areas:

1. Complex Diagnoses
2. Outlier cases
3. Outlier Providers
4. Intensive Care Management
Clinical information on www.valueoptions.com:

- ValueOptions Medical Necessity criteria
- Treatment Practice guidelines
- PCP consult line 9:00 a.m. to 5:00 p.m. (ET)
- Intensive Case Management Services
- Health Alert
- Federal Mental Health Parity
- On Track
- Achieve Solutions®
- Outpatient Detoxification/Buprenorphine (Suboxone® or Subutex®) Maintenance Program
Michelin’s Culture
Michelin’s Culture

The Michelin Mission...

Michelin’s mission is to contribute to progress in the mobility of people and goods, by facilitating the freedom, safety, efficiency and enjoyment of travel.

- Respect for CUSTOMERS
- Respect for PEOPLE
- Respect for SHAREHOLDERS
- Respect for the ENVIRONMENT
- Respect for FACTS
Manufacturing in the United States:
15 plants in 11 manufacturing locations

OKLAHOMA
Ardmore

ALABAMA
Dothan
Tuscaloosa
Opelika

KENTUCKY
Louisville

INDIANA
Fort Wayne

NORTH CAROLINA
Norwood

SOUTH CAROLINA
Spartanburg
Greenville (3)
Anderson (2)
Lexington (2)
Michelin Employees...

- 22,300 employees in North America
- 18,000 in the US
- 75% (13,500) are production employees
  - 7 day – 24 hour production schedule
  - Multiple rotating shift schedules including 12 hour shifts
- 82% of males vs. 18% females
- Average age is 44
  - Ages 18 – 29 = 10%
  - Ages 30 – 49 = 55%
  - 50 and above = 35%
- Average entry level production wage is $14/hour (excluding benefits)
Michelin Employees Experience...

- Type of work (physical and mental stresses)
- Shifts and impact on life and health
- Impact of absence (personal or sick) on the team
- Breaks and lunches
- Production environment
  - Continuous change
  - Safety
- Impact of meetings on production and cost
- Current access to health and wellness facilities
Michelin’s EAP Benefit

- ValueOptions will continue to manage the EAP benefit for Michelin in 2014
- The clinical and claims phone number will remain the same – 800-537-5221
Michelin Employee Life Services

- 8 session EAP model
- Unlimited telephonic support
- 24/7 Access to Services
- Achieve Solutions Web Site: www.achievesolutions.net/mels
- Work/Life Services
  - Adoption
  - Childcare
  - Eldercare
  - Special Needs
  - Educational Support
- Legal and Financial Services
  - Mediation
  - 30 minute free consult with attorney or financial advisor
  - Debt management
  - Identity Theft support
- 100% Follow up on EAP referrals
- Full complement available of other medical and wellness services, like Weight Watchers.
Types of Concerns Addressed by the EAP

- Significant Life Events
- Emotional Difficulties
- Relationship Issues
- Personal Goals
- Addiction Problems
- Work-related Concerns
- Work/Life Balance
- Legal and Financial Issues
- Health concerns
Achieve Solutions: Key Features

- Convenient, private access
- Key navigational elements and “pathways” guide users
- Breadth and depth of content
- Changing home page features continue to engage site visitors
- Content credibility
- Integration with other program resources
- Provider self search tools
- Multiple points of contact
Michelin’s MHSA Benefit
ValueOptions will begin to manage the MHSA plan for Michelin on January 1, 2014.

MHSA levels of care include:
- Inpatient
- Outpatient
- Residential, Partial and Intensive Outpatient

Services will be provided to active employees and retirees
Transition of Care

- **Inpatient**: The current carrier will be responsible for authorization of treatment begun prior to 12/31/13, and through transition to a less restrictive level of care or for 30 days, whichever comes first. ValueOptions will assume management of these Inpatient cases when the patient discharges or steps down to a lower level of care, or in 30 days, whichever comes first.

- **Residential, Partial, and Intensive Outpatient levels of care**: ValueOptions will assume management of all Residential, Partial Hospitalizations and Intensive Outpatient cases. This would include any cases that the previous carrier is managing prior to 12/31/13. Actual date ValueOptions assumes case is 1/1/14.
On Track Outcomes
The On Track Outcomes program is **required** for Michelin Preferred providers.

Providers are **required** to attend an On Track Outcomes program webinar to become a Michelin Preferred provider.

- Upcoming On Track Outcomes webinars are scheduled in January and February 2014.
- For more information and to register for the upcoming On Track webinar training visit us at:
On Track Outcomes

- A client-centered outcomes management program
- Supports clinicians as they help clients achieve their goals
- Utilizes a standardized, client-completed questionnaire
- Provider receives rapid feedback

Disclaimer: The ValueOptions On Track Outcomes program does not make recommendations or decisions about appropriate clinical care or service. Any questionnaires, reports, guidelines and other material related to this program are intended as an informational aid to network clinicians. They do not substitute for or limit in any way the use of other resources and the clinician’s own professional judgment in the delivery of counseling services.
Network providers authorized to perform EAP services can now submit their one-page version of the CAF-1 billing forms via ProviderConnect.
MHSA and EAP claims for services rendered by participating providers with dates of service on or after January 1, 2014 should be submitted to ValueOptions at:

ValueOptions
P.O Box 1347
Latham, New York 12110

Claims questions on or after January 1, 2014 should be directed to ValueOptions at (800) 537-5221 between 8 AM and 6 PM ET, Monday through Friday.
Advantages:

- It’s better, faster, and cheaper!
- Reduced Paper Files.
- Reduced Labor and Postage Expenses.
- Reduced potential of error or mishandling.
- Faster claims processing improves cash flow.
ValueOptions is preparing for the 10th modification to International Classification of Diseases (ICD) codes

- Will be compliant with regulation and only accept ICD-10 codes on or after the official compliance date confirmed by CMS to be October 2014
- Will cease to accept ICD-9 codes following the time parameters of the regulation.
- All providers should read the latest ICD-10 Frequently Asked Questions (FAQs) at http://www.valueoptions.com/providers/Files/pdfs/ICD-10_FAQ.pdf
Electronic Resources: PaySpan® Health

A tool enabling you to:

- Receive payments automatically
- Receive email notifications immediately upon payment
- View your remittance advice online
- Download an 835 file to use for auto-posting purposes

Visit the PaySpan Health website at www.payspanhealth.com
Overview of ValueOptions.com & ProviderConnect
One in four U.S. adults will have a mental illness this year—25 percent of our population, making this illness more common than most diseases we talk about. The good news is that there are many effective treatments, for those who seek care...but not everyone does due to stigma.

ValueOptions® is committed to removing the stigma that surrounds mental illness. Join us as we stamp out this too-frequent barrier to seeking care.

Provider Services

ValueOptions® touches the lives of more than 30 million people. Integral to the services we offer are our more than 127,000 national network provider locations.

As a provider, your expertise furthers our company’s mission of helping people live their lives to the fullest potential. To help you assist others, ValueOptions provides secure, reliable, online tools for your use.

Interested in joining the network? Please call (800) 397-1630.

Please browse through this list of some of our online tools:

- **ProviderConnect®** is a secure application created with your needs in mind. It allows you to submit and review claims, check eligibility, update your practice profile, and view correspondences. It’s available 24/7.
- Our **ProviderConnect Helpful Resources** link connects you to a user’s guide, HIPAA information, software downloads, important forms and helpful phone numbers.
- Our **Provider Handbook** contains information about our policies and procedures. Handbook topics include administrative procedures, clinical criteria, and employee assistance programs (EAPs).
- Through our **Forms** section, you can download forms whenever you need them.
- Our **Education Center** contains useful tools and resources to aid you in your practice.

To keep you informed, ValueOptions also offers:

- **Provider Forums** for administrative updates
- **Provider News**
- **Provider Connect**
- **Provider Connect - Help Resources**
ValueOptions.com

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Provider Forums for administrative updates

Network Specific

Stamp Out Stigma

Overview

- Provider’s Home
- Provider Handbook
- Forms
- Education Center
- Compliance
- Network-Specific
- News
- Provider Contact
- Practice Profile
- How-To Resources
- ProviderConnect Helpful Resources

ProviderConnect

- Sign In
- Capabilities and Benefits
- Getting Started
- Helpful Resources
One in four U.S. adults will have a mental illness this year—33 percent of our population, making this illness more common than most diseases we talk about. The good news is that there are many effective treatments, for those who seek care, but not everyone does due to stigma.

ValueOptions is committed to removing the stigma that surrounds mental illness. Join us as we stamp out this too-frequent barrier to seeking care.

More Information

Provider Services

ValueOptions touches the lives of more than 30 million people. Integral to the services we offer are our more than 137,000 national network provider locations.

As a provider, your expertise further our company’s mission of helping people live their lives to the fullest potential. To help you assist others, ValueOptions provides secure, reliable, online tools for your use.

Interested in joining the network? Please call (800) 397-1620.

Please browse through this list of some of our online tools.

ProviderConnect is a secure application created with your needs in mind. It allows you to submit and review claims, check eligibility, update your practice profile, and view correspondences. It’s available 24/7.

Our ProviderConnect Helpful Resources link connects you to a user’s guide, HIPAA Information, software downloads, important forms and helpful phone numbers.

Our Provider Handbook contains information about our policies and procedures. Handbook topics include administrative procedures, clinical criteria and employee assistance programs (EAPs).

Through our Forms section, you can download forms whenever you need them.

Our Education Center contains useful tools and resources to aid you in your practice.

To keep you informed, ValueOptions also offers:
Electronic Resources: ProviderConnect

<table>
<thead>
<tr>
<th>A HIPAA-secure online tool where providers can:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Verify member eligibility</td>
<td>▪ Access ProviderConnect Message Center</td>
</tr>
<tr>
<td>▪ Access and Print Forms</td>
<td>▪ Submit EAP Case Activity Forms (CAF)</td>
</tr>
<tr>
<td>▪ Request Payment for EAP Services</td>
<td>▪ Request and View Authorizations</td>
</tr>
<tr>
<td>▪ Download and Print Authorization Letters</td>
<td>▪ Submit Claims and View Status</td>
</tr>
<tr>
<td>▪ Access PSVs</td>
<td>▪ Submit Customer Service Inquiries</td>
</tr>
<tr>
<td>▪ Submit Updates to Provider Demographic Information</td>
<td>▪ Submit Recredentialing Applications</td>
</tr>
</tbody>
</table>

**INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES**

Disclaimer: Please note that ProviderConnect SM may look different and have different functionalities based on individual contract needs, therefore some functions may not be available or may look different for your specific contract.
ProviderConnect: Claim Submission

- Accept claims files from any Practice Management System outputting HIPAA formatted 837P or 837I files, and from EDI claims submission vendors

- Offer Direct Claims Submission on website to providers who do not have own software or who wish to submit certain claims outside their batch files
  - These claims are processed immediately, and you are provided the claim number
  - You may submit batch claims files or Direct Claims interchangeably

- No charge for electronic claims submission

- Access to support:
  - http://www.valueoptions.com/providers/Provider_Connect.htm
  - Helpdesk: (888) 247-9311 between 8:00 a.m. – 6:00 p.m. ET
How to Access ProviderConnect

- Go to www.ValueOptions.com, choose “Providers”

- In-network providers can self register for using provider ID number

- Multiple logons from same provider ID number available
  - Fax completed Provider Services Account Request Form to (866) 698-6032

- Contact Information:
  
  ValueOptions EDI Helpdesk
  (888) 247-9311
  e-supportservices@valueoptions.com

  Monday to Friday, 8:00 a.m. - 6:00 p.m. ET
Role-Based Security: Features

- New level of ProviderConnect access to enhance security as required by HIPAA guidelines
- Level of ProviderConnect access defined by role
- Roles defined by user type and/or VO business rules
- Users assigned roles with access to certain functions i.e. claims
- User Types: Super User, Managed User *(managed by Super User)*, Standard User
ProviderConnect Resources

- Free demonstration: http://www.valueoptions.com/PMC_prototype/ProviderConnect/pvd.html
- Quick Start Guide and Comprehensive User Guide
- Short Video Tutorials:
  - Viewing Member’s Eligibility
  - Viewing and Submitting Authorizations
  - Direct Claim Submission Process
  - Batch Claim Submission Process
  - Re-credentialing
ProviderConnect Training Webinars

- Scheduled Monthly

- Topics include: Authorizations, Claim Submission, Member Eligibility and much more.

- Upcoming Dates –
  - January 14, 2014
  - February 11, 2014
  - March 11, 2014

- Webinar Calendar can be found on our website at
  - http://www.valueoptions.com/providers/Providers.htm
Contact Information
Provider Contacts

- **Clinical and Claims Questions:**
  (800) 537-5221 (8 a.m. – 6 p.m. ET Monday - Friday)

- **Provider Relations, Credentialing and Contracting Questions:**
  (800) 397-1630 (8 a.m. – 5 p.m. ET Monday - Friday)

- **Electronic Claims & ProviderConnect Technical Questions (EDI Help Desk):**
  (888) 247-9311 (8 a.m. – 6 p.m. ET Monday - Friday)
  e-supportservices@valueoptions.com

- **On Track Outcomes Questions**
  OnTrackOutcomes@valueoptions.com

- **For PaySpan Registration Provider Support contact:**
  (877) 331-7154 (8 a.m. to 8 p.m. ET  Monday – Friday)
  providersupport@payspanhealth.com
Questions?