

A decorative border of palm trees surrounds the page. The trees are arranged in a grid-like pattern, with a row of 15 trees at the top, a row of 15 trees at the bottom, and vertical columns of 15 trees on the left and right sides. The trees are stylized with green fronds and brown trunks.

## Quick Guide for POMS

The POMS forms pertain to only Mental Health Services. If you are providing services as a licensed Drug & Alcohol provider please refer to the Bureau of Drug & Alcohol Programs process for POMS reporting.

If you are providing services as an inpatient provider, VBH-PA will complete POMS reporting as part of the assessment process.

The Consumer Registration Form (CRF) is to open a new plan of care. If the member has received services from a HealthChoices provider within the last 6 months, a CRF report should already be on file. If you are uncertain as a provider if a CRF has already been submitted, please submit a form and VBH-PA will review internally.

If the member presents as a priority population (03, 04, 54, 55) please complete the Quarterly Status Form (QSF) and submit with the CRF or at least by the end of the current quarter. In the following quarter no form needs to be submitted if the status has not changed. If you prefer for record keeping, you can check, "No Change" and fax the form to VBH-PA. If you are in doubt as to whether to submit a form or not please submit and VBH-PA will address the issue.

After completing the CRF form, if the member does not present as one of the priority target populations of Adult Codes 03, 04 or Child/Adolescent Codes 54 or 55 no future forms need to be completed. If the member's status changes, to a reportable priority population type or the case is closed an updated CRF or a closure must be submitted.

When a provider closes a case, a CRF form indicating the date of closure needs to be faxed to VBH-PA at 724-744-6363.

The POMS Quarterly Update Status Form should be submitted when you become aware that information regarding the patient has changed.

POMS CRF and QSF can be mailed to 520 Pleasant Valley Road, Trafford, PA 15085 or faxed to 724-744-6363.

If you would like to inquire about how to submit POMS via email please contact customer service 877-615-8503 and ask to speak with a network service representative.

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## Key Points to remember:

Please be sure to verify the following information is correct and complete prior to submission of all POMS data.

1. All POMS forms must include the member's identification number or a valid social security number
2. Include a contact name in case a follow up call is necessary to obtain further information
3. Make sure that all required fields are completed
4. Be sure to use the corresponding codes that match the member's age
5. In the field labeled Provider's Name this is the facilities or individual practitioner not the person filling out the form.
6. Last but not least please ensure all information is legible.