



# ValueAdded

This is the 102nd issue of our VBH-PA information update. These updates will be faxed or emailed to all network providers monthly. Please feel free to share our newsletter with others, and be sure your appropriate clinical and financial staffs receive copies.

Volume 9, Issue 10

October 2007

An information update from Value Behavioral Health of PA, Inc.



### In this Issue:

- Requests for Auths/Retro-Auths Evaluator
- Participation at ISPTs
- VBH-PA Staff Update
- New Process for All Claim Adjustment Requests
- Announcing the New BHRS Authorization Correction Request Form
- Domestic Violence Article

### New Forms for Providers:

- BHRS Authorization Correction Form
- Claim Adjustment Form

Suggestions or ideas for articles that you would like to see published in *ValueAdded* can be faxed to Kim Tzoulis, *ValueAdded* Editor, at (724) 744-6363 or emailed to [Kimberly.Tzoulis@ValueOperations.com](mailto:Kimberly.Tzoulis@ValueOperations.com)

Articles of general importance to the provider network will be considered for publication.

## Requests for Authorizations/Retro-Authorizations

*The procedures below were in effect, without exceptions, beginning September 1, 2004. Let this serve as a reminder to all of our providers.*

### Requests for Authorizations/Retro-Authorizations:

Upon a request for authorization for services, by phone or fax transmittal, a letter confirming authorization of the requested service(s) should be received at the provider's designated mailing address no later than ten (10) business days from the date of the request. If the provider is not in receipt of an authorization letter within ten (10) business days, the provider is to contact VBH-PA Customer Service at 1-877-615-8503 between 8:00 a.m. and 5:00 p.m. Monday through Friday.

If, for **any reason**, the provider finds it necessary to request a retro-authorization for service(s), the request must be received in writing **no later than forty-five (45) calendar days from the date of service or date of discharge**. The request for retro-authorization must be faxed (724-744-6329) to the attention of the **Clinical Director** or mailed to the attention of: **Clinical Director, VBH-PA, 520 Pleasant Valley Rd., Trafford, PA 15085**. The request for a retro-authorization only guarantees consideration of the request. The provider will receive written notification within thirty (30) calendar days from VBH-PA's receipt of the request, approving or denying the service. **Any requests for retro-authorization(s) received beyond forty-five (45) calendar days from the date of service or date of discharge will not be given consideration.**

### Payment for Retro-Authorizations:

If the provider received **written approval** for the retro-request for service(s) and has not previously submitted a claim, the provider should follow the procedures as outlined in the VBH-PA Provider Manual for submission of claims adjustments. **The claim must be received by VBH-PA within ninety (90) calendar days from the date on the approval letter**. If the retro-authorization request is billed as an initial claim, it may fall outside the timely filing requirements and will be automatically denied. **If the provider has previously billed for the retro-authorization request and it was denied for "no authorization", no action is necessary**. VBH-PA will adjust the claim according to the authorization within thirty (30) calendar days of the retro-authorization approval.

*(Please see page 2 for a helpful form providers may use to request a retro-authorization.)*

# REQUEST FOR RETRO-AUTHORIZATION

VBH-PA  
Attention Clinical Director  
520 Pleasant Valley Road  
Trafford PA 15085  
Fax: 724-744-6329

Dear Clinical Director:

Please consider this request for a retro-authorization for the following member:

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Member's ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ SS # \_\_\_\_\_

Explanation for Retro-Authorization:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Class Requested	Start Date	End Date	Units

Thank you for your attention and consideration to this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Providers:

Please print out  
this page and  
use when  
requesting  
Retro-  
Authorizations.

# Evaluator Participation at ISPTs

Effective September 15, 2006, all evaluators that participate in an ISPT (either by phone or in person) will be required to fax a Request for Authorization to VBH-PA within seven business days of the ISPT. **Please fax all requests to the BHRS fax line at 724-744-6557.** Please use the following form.

## ISPT Participation Authorization Request Form

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Member DOB: \_\_\_\_\_

Date of ISPT Meeting: \_\_\_\_\_

Name of VBH-PA CAFS Coordinator: \_\_\_\_\_

**Please fax all requests for authorization for ISPT attendance to 724-744-6557 within seven business days of the ISPT.**

## VBH-PA Staff Update

**Fran McCourt** started on September 17, 2007 as a **File Clerk** in the **CAFS Department**. Fran comes to VBH-PA from the Radisson Hotel where she was a waitress and Kaufmann's where she was a sales specialist.



**Gina Gerlick** started on October 1, 2007 as a **CAFS Coordinator (Venango County)** in the **CAFS Department**. Gina comes to VBH-PA from Associates in Counseling and Child Guidance where she was a Behavior Specialist Consultant, Mobile Therapist and Clinical Supervisor. She also held various positions with Human Services Center in New Castle, PA.

**Pat Tesone** started on October 1, 2007 as a **Care Manager** in the **Clinical Department**. Pat comes to VBH-PA from Westmoreland Regional Hospital where she was an RN. She was also a MISA Therapist with SPHS Behavioral Health.

**Theresa Wray** started on October 1, 2007 as a **Care Manager** in the **Clinical Department**. Theresa comes to VBH-PA from Family Services of Western PA where she was a Field Instructor Supervisor and Family Based Therapist. She was also a Family Specialist with Pressley Ridge.

## New Process for All Claim Adjustment Requests

In order to streamline the process for claim adjustment requests for our providers, the **Adjustment Request Form** found on **page 7** of this newsletter (and on our website at [www.vbh-pa.com](http://www.vbh-pa.com)) can be used in place of a corrected paper claim form. Please submit this form along with a copy of the provider summary voucher (or ProviderConnect screen print). A CMS-1500 or UB-04 claim form is NO LONGER REQUIRED if you are using this form.



**Please be sure that all denial reasons are resolved prior to requesting an adjustment.**

For any questions regarding this process or the new form, please contact the Member and Provider Services Department at 1-877-615-8503.

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## Announcing the New BHRS Authorization Correction Request Form



Recently VBH-PA emailed a copy of our new **BHRS Authorization Correction Request Form** to our BHRS providers. This form should be completed in as much detail as possible identifying the corrections needed on the authorization. If you have not received a copy of this form, you may access it from our website at [www.vbh-pa.com](http://www.vbh-pa.com) or see **page 5** of this newsletter.

**Fax all authorization correction requests to 724-744-6557.** Please allow 10 business days from the date you fax the form to VBH-PA for the authorization correction to take place.

Please use this form for BHRS authorization corrections for all HealthChoices members from Armstrong, Beaver, Butler, Cambria, Crawford, Greene, Indiana, Lawrence, Mercer, Venango, Washington and Westmoreland Counties. For **Fayette** and **Erie County HealthChoices members, you should continue to address your corrections as you previously have been.**

Thank you for your cooperation in this matter. This process will help us better address your requests.

# Value Behavioral Health of PA BHRS Authorization Correction Form

Member Name: \_\_\_\_\_ Member DOB: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Plan of Care Dates: \_\_\_\_\_

Please Enter the Prescription Hours Below:

Service	Hours Prescribed
TSS	
MT	
BSC	
Site Based Autism (social skills groups)	
CRR Host Home	
Other	

Please provide a brief description of what is incorrect with the authorization:

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Please fax all BHRS authorization correction requests to 724-744-6557.

**BHRS Providers:**  
Please use this form for BHRS Authorization Corrections as mentioned in the BHRS Authorization article on page 4 of this newsletter.

# Most Men Will Support Efforts to Prevent Domestic Violence, Sexual Assault

More than half of men think it is very likely that, at some point in their lives, they will know a victim of domestic violence or sexual assault, and most are willing to take action to raise awareness, help victims, and promote healthy, violence-free relationships, according to a poll conducted for the Family Violence Prevention Fund (FVPF) and released in June.

According to the poll, 56% of men – and 60% of those age 18 to 34 – have reason to believe a member of their family, a close friend or acquaintance has been in a domestic violence or sexual assault situation. More than half (57%) think they can personally make some difference in preventing violence, and 73% think they can make some difference in promoting healthy, respectful, non-violent relationships.

And, it finds, men are taking action. Two in three fathers (68%) have talked to their sons about the importance of healthy, violence-free relationships, and 63% have talked to their daughters. Fifty-five percent of the men surveyed have talked to other boys who are not their sons.

“There has been significant change in men’s attitudes toward domestic, dating and sexual violence, and especially in their willingness to take action to stop it,” FVPF President Esta Soler said. “That’s one reason domestic violence has been declining in this country. But it’s still a tremendous problem. We need many more individuals and institutions to get involved. It is within our reach to dramatically reduce violence against women, but we all need to be part of the solution. That so many men say they are willing to act gives us real hope.”

For more information on the poll visit [www.endabuse.org/07menspoll](http://www.endabuse.org/07menspoll).

If you or someone you know needs help, call:

## National Domestic Violence Hotline

1-800-799-7233 (SAFE)  
1-800-787-3224 (TTY for the Deaf)  
[www.ndvh.org](http://www.ndvh.org)



Help is available in English and Spanish and many other languages. All contact with the hotline is free and confidential.

If you want to join other men in helping to stop violence against women and children, visit the **Family Violence Prevention Fund** website at [www.endabuse.org](http://www.endabuse.org).

Value Behavioral  
Health of PA, Inc.  
520 Pleasant Valley Rd  
Trafford, PA 15085

Phone:  
(877) 615-8503

Fax:  
(724) 744-6363

Past issues of  
*ValueAdded* can be  
accessed at:  
[http://www.vbh-  
pa.com/provider/prv\\_info  
rmation.htm](http://www.vbh-pa.com/provider/prv_information.htm)

**VBH-PA Claim Adjustment Form – Please check:**

**Adjustment**
                 
  **Reversal**
                 
  **Payment Increase**
                 
  **Payment Decrease**

Provider Name:	Enrollee Name:
VBH-PA Provider #:	Recipient/Member ID#:
Provider Address:	Claim Number:
Contact Name:	Paid Date:
Contact Phone Number:	

**Reason for Adjustment**

**Member Name:** \_\_\_\_\_      **Member DOB:** \_\_\_\_\_

Invalid ID#: _____	Correct ID#: _____
Date of Service:	
Incorrect Date: _____	Correct Date: _____
Billing Code Error:	
Incorrect Code: _____	Correct Code: _____
Units Incorrect:	
Incorrect Units: _____	Correct Units: _____
Provider / Vendor Paid:	
Incorrect Provider #: _____	Correct Provider: _____
Incorrect Vendor #: _____	Correct Vendor: _____
Primary Carrier's EOB (A COPY MUST BE ATTACHED TO THIS REQUEST):	
Source: _____	Amount: _____
Diagnosis:	
Correct ICD-9 Diagnosis Code: _____	
Other: (Please Explain)	
_____	

If there are any questions regarding this adjustment request, please contact the Member and Provider Services Department at 1-877-615-8503  
 Please fax this along with attachments to **724-744-6379**

**THIS FORM MUST ACCOMPANY A COPY OF THE PROVIDER SUMMARY VOUCHER  
 OR PROVIDERCONNECT SCREEN PRINT**  
 Incomplete or Invalid information will be returned