



ValueAdded










This is the 105th 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 10, Issue 1

January 2008

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

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Announcing the 2008 Quarterly BHRS Provider Summits!

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@ValueOptions.com

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

Industry Best Practices Treatment Guidelines and Diagnostic Indicators

Helpful Tools for the Mental Health Practitioner

Since 2004, Value Behavioral Health of PA (VBH-PA) has been conducting a comprehensive provider chart auditing process. Since the treatment record is an important source of patient data and documents the quality of healthcare provided by the practitioner, VBH-PA feels this is a very important network management tool.

The *National Committee for Quality Assurance (NCQA)* sets forth a review summary which includes 24 elements that reflect a set of commonly accepted standards for documentation in behavioral health treatment records. We have added some additional elements that reflect regional standards. The chart auditing process included documentation standards, access to services and practice guidelines.

As an appreciated member of the VBH-PA provider network, we'd like to share the most recent version of ValueOptions Treatment Guidelines and diagnosis-based adherence indicators with you. The complete set of **Treatment Guidelines** can be downloaded from the VBH-PA website at <http://www.vbh-pa.com> (Click on **Provider**, then **Provider Information** and then scroll down to the **Quality Management** section). The guidelines are summaries of evidence-based, accepted approaches to evaluation and treatment in our field.

By virtue of the process ValueOptions uses to develop the guidelines, we view them as representing industry Best Practices. As such, they represent a helpful tool for us and our practitioners to consult when treating particularly difficult or complex problems.

In managing care, the Treatment Guidelines are applied by VBH-PA as an adjunct to our clinical criteria. Since the guidelines represent evolving, evidence-based Best Practices in the context of a continuous quality improvement process, we believe it is important that both managers and providers are aware of them. *These guidelines are not a substitute for the experience and judgment of a physician and are developed to enhance the physician's ability to practice evidence-based medicine.*

The **Adherence Indicators** are specific items that are reviewed during a treatment record review completed on targeted levels of care each year. These adherence indicators can be accessed by clicking on the VBH-PA website at <http://www.vbh-pa.com>. (Click on **Provider**, then **Provider Information** and then scroll down to the **Quality Management** section).

The targeted diagnoses are: **Major Depression, Bipolar Disorder, ADHD and Schizophrenia**. The list on the next page of this newsletter contains a complete description of each indicator by diagnosis. These indicators are reviewed at the time of a documentation chart audit. Each provider will receive a score based on the positive responses recorded in the medical record and will be asked to submit a corrective action plan when scores fall below the VBH-PA standard.

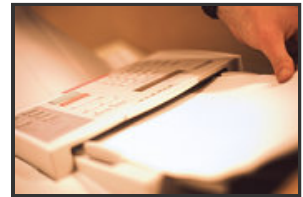
DIAGNOSIS	INDICATOR
MAJOR DEPRESSION	Mood symptoms and suicidality are assessed at every visit.
296.2 or 296.3 Series	Co-morbid problems are assessed upon initial evaluation by the MD for substance abuse, medical conditions, or other psychiatric diagnoses.
	If substance abuse is identified in the initial evaluation, a comprehensive substance abuse evaluation has been performed or recommended.
	If a substance abuse diagnosis is confirmed, then an active substance abuse treatment plan is developed or a documented referral is made for treatment.
	Has a medication evaluation or referral taken place within 30 days of the diagnosis if not initially diagnosed by a psychiatrist?
	If medication is prescribed, there should be a minimum of three follow-up visits in the first 12 weeks. (At least one of these being with the prescriber.)
	If a secondary antidepressant is prescribed, it must be from another class of antidepressants.
SCHIZOPHRENIA 295 Series	There is evidence of an assessment of positive signs of psychosis, e.g., delusions and/or hallucinations.
	Co-morbid problems are assessed upon initial evaluation by the MD for substance abuse, medical conditions, or other psychiatric diagnoses.
	Has a medication evaluation taken place within 14 days of the diagnosis if not initially diagnosed by a psychiatrist?
	When anti-psychotic medications are prescribed, there is evidence of observation for side effects including EPS such as dystonic reactions akathisia ("can't sit still") or akinesia.
ADHD 314.00; 314.01; 314.9	The record reflects the active involvement of the family/primary caretakers in the assessment and treatment of the enrollee, unless contraindicated.
	Co-morbid problems are assessed upon initial evaluation by the MD for substance abuse, medical conditions, or other psychiatric diagnoses.
	The record reflects education about ADHD.
	Has a medication evaluation taken place within 60 days of the diagnosis if not initially diagnosed by a psychiatrist?
	When medication is prescribed, there is evidence of an evaluation of the member's response to medication and adjustments as needed.
BIPOLAR	Mood symptoms and suicidality are assessed at every visit.
296.0x, 296.40, 296.4x, 296.5x, 296.6x, 296.7, 296.89 Series	Co-morbid problems are assessed upon initial evaluation by the MD for substance abuse, medical conditions, or other psychiatric diagnoses.
	Has a medication evaluation taken place within 14 days of the diagnosis if not initially diagnosed by a psychiatrist?

This list contains a complete description of each indicator by diagnosis as mentioned in the article on page 1 of this newsletter. These indicators are reviewed at the time of a documentation chart audit. Each provider will receive a score based on the positive responses recorded in the medical record and will be asked to submit a corrective action plan when scores fall below the VBH-PA standard.

The article below was originally run in the December issue of *ValueAdded*. Please note there have been some corrections and clarification to this article. We are re-running this revised article for your information.

Family Based, BHRS and RTF Providers, Please Fax Your Member Discharge Summaries

For collaboration, aftercare and reporting requirements, it is essential that we receive your member discharge summaries within 10 days of discharging a member. Please fax your discharge summaries to the following:



Fax # 724-744-6557 For **BHRS and RTF** members residing in **Armstrong, Butler, Beaver, Cambria, Greene, Indiana, Lawrence, Washington and Westmoreland Counties.**

Fax # 724-744-6522 For **Family Based** members residing in **Armstrong, Butler, Beaver, Cambria, Greene, Indiana, Lawrence, Washington and Westmoreland Counties.**

Fax # 724-962-8042 For **BHRS, RTF & Family Based** members residing in **Mercer, Crawford and Venango Counties.**

Fax # 724-437-5907 For **BHRS, RTF & Family Based** members residing in **Fayette County**

Fax # 814-528-0603 For **BHRS, RTF & Family Based** members residing in **Erie County**



Save the Date!

Greene County Consumer Support Program
In Partnership with Value Behavioral Health of PA

Present the first

Wellness & Recovery Forum
Friday, March 14, 2007

Featuring: Keynote Address, Workshops, Art/Activity Recovery Room,
and much more!

More details will follow in future issues of *ValueAdded*.

Are You Familiar with our new Prevention, Education & Outreach Staff?

VBH-PA expanded on July 1, 2007, with the addition of five new counties to our service area (Cambria, Crawford, Erie, Mercer and Venango). Not only did this expansion add approximately 130,000 covered lives to our existing membership, but the VBH-PA network of providers continues to grow as well. This expansion has also provided the opportunity to add new staff to assist our members along their path to recovery.

VBH-PA has hired staff to provide Prevention Education & Outreach (PE&O) coordination in Crawford, Mercer and Venango Counties (also known as the Northwest Behavioral Health Partnership) and Cambria County. These individuals are available to assist members with "navigating the system", answering HealthChoices' related questions and assisting with referrals to other community providers for additional support services. Below is the contact information for these staff members.

Cambria County Members and Providers, please contact:

Sue Miller
Prevention, Education, and Outreach Coordinator
Cambria County
Value Behavioral Health of PA
411 Main Street
Johnstown, PA 15901
(814) 534-4505
suzanne.miller@valueoptions.com

Crawford, Mercer and Venango Counties (Northwest Behavioral Health Partnership) Members and Providers, please contact:

Shelley A. Thomas
Prevention, Education and Outreach Coordinator
Crawford, Mercer and Venango Counties
Value Behavioral Health of Pennsylvania
1485 North Hermitage Road
Hermitage, PA 16148
(724) 962-8032
shelley.thomas@valueoptions.com

In Erie County, VBH-PA has entered into a unique partnership with the Mental Health Association of Northwestern Pennsylvania, (MHANP). Under the direction of William Grove, along with coordination and consultation with VBH-PA PE&O, the MHANP has developed a HealthChoices Support Team. For more information on the HealthChoices Support Team in **Erie County** please contact:

Ida Jean Holman
PE&O Coordinator
814-452-4462 ext 44
814-456-6593 Fax
idaholman@mhanp.org

- Or -

Kathleen Lutz
Recovery & Resiliency Specialist
814-452-4462 ext 27
814-456-6593 Fax
kathylutz@mhanp.org

VBH-PA looks forward to our expanded role in continuing to coordinate and support recovery-oriented services for our members throughout Western and Northwestern Pennsylvania.

Claims Corner

Claims Corner



Please be sure to review member information before submitting claims. Due to HIPAA confidentiality guidelines, accuracy has become more important than ever. Pay special attention to the member's date of birth and spelling of first and last names. If we receive member information that does not match what DPW has given VBH-PA, your claim payment will be delayed or possibly denied under PAUNKNOWN.

To alert you to discrepancies, you will notice informational hold codes on your voucher when these claims are processed. Please pay special attention to these hold codes; they will identify members that you are billing with either date of birth or name discrepancies. The informational hold codes are as follows:

X10 – Check member date of birth on future submissions

X11 – Check spelling of name on future submissions

Helpful hint: Submit the member's name exactly as it appears on your vouchers or on your authorization letters. This will ensure that your submission matches the eligibility data we receive from DPW. Pay special attention to nicknames and initials!!

If you are unsure of the correct date of birth or spelling, or if you have an update to the demographics of a member, please call the Provider Line at 1-877-615-8503 and speak to a Member and Provider Service Representative.

Bill in the HIPAA Compliant Format

The Health Insurance Portability and Accountability Act (HIPAA) requires the use of ICD-9 CM diagnosis codes for claims payment.

If you are not already billing in the HIPAA compliant format, please be advised that all claims received by VBH-PA on or after July 1, 2006, **MUST** contain a valid ICD-9 diagnosis code. Failure to comply will result in claim denials.

For your convenience, a list of compliant ICD-9 Diagnosis Codes are available on the VBH-PA provider website in the Claims Department Section. Please visit www.vbh-pa.com.



"Claims Corner" Continued on Next Page

Adjustment Request Form

In order to streamline the process for adjustment requests for our providers, the attached "Adjustment Request Form" can be used instead of a corrected 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.

This form has been modified to add corrections for the total charge amount. A copy of the form is attached to this newsletter. Please remember that when increasing units or changing the provider/vendor number combination, the total charge amount on a claim may need increased.

VBH-PA is hoping that this will reduce confusion with the adjustment requests.

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.

Customer Service Corner

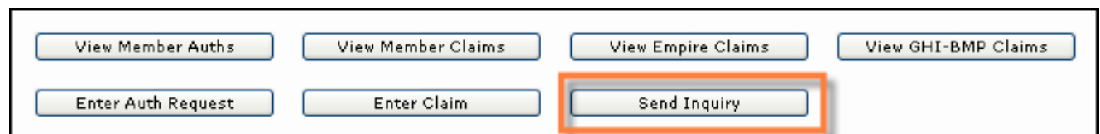


VBH-PA would like to introduce a new service available through ProviderConnect. The "Submit Inquiry" button is acceptable for submitting an adjustment request with this option. Please make sure the documentation is clear and concise for all adjustment requests. **A contact name and phone number is required.** Please reference the following directions for entering an inquiry:

Send Inquiry

A user can submit an inquiry about a specific member to the VBH-PA Customer Service Department electronically.

1. Click the **Send Inquiry** button on the **Demographics** tab. *Note: This button is also located on the Enrollment History, COB, and Benefits screens.*



Article Continued on Next Page

The **Customer Service Inquiry** screen will display.

1. Review the information in the **Current Member** section for accuracy.
2. Review the **Claim** in question.
3. Enter a name in the **Contact Name and Phone Number**
4. Enter the reason for the inquiry in the **state your reason for the inquiry** text box. *Note: This text box contains up to 1,500 characters.*
All adjustment requests must have concise documentation. It is not necessary to attach a document for adjustment requests.
5. Hit **SUBMIT**

PROVIDERCONNECT
ValueOptions

ValueOptions Home | Provider Home | Contact Us | Log Out

Home
EDI Homepage
Specific Member Search
Authorization Listing
Enter an Authorization Request
Claim Listing and Submission
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
Contact Us

Customer Service Inquiry

Required fields are denoted by an asterisk (*) adjacent to the label.

Member information has been captured for this inquiry. Please provide additional information below before submitting the inquiry.
Please note, inquiries are responded to within 5 business days. The response from ValueOptions will appear in your Inbox in ProviderConnect.

Current Member

Member ID	130
Effective Date	09/01/2003
Expiration Date	
Member Name	ROOK,
Alternate ID	0004
Date of Birth	01/20/19
Client	NEW YORK STATE EMPIRE PLAN

Contact Details

Provider ID	01
Provider Name	BARRY
Contact Name (if other than provider)	<input type="text"/>
*State your reason for the inquiry.	<input type="text"/>

Maximum characters: 1500
You have 1500 characters left.

Attach a Document

[Click here to attach a document](#)

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The inquiry will be sent to the VBH-PA Customer Service Center. A confirmation of the submission and a number will be displayed. If further follow-up is necessary, you will be contacted. If the information provided is sufficient, the adjustment request will be forwarded for reprocessing.

Thanks to all of our providers currently using ProviderConnect and the inquiry system!

Providers: Please post this at your facility to advise your patients on where they can turn for help. Feel free to add your local crisis phone numbers at the bottom of this article.

Domestic Violence and Immigration

An abused woman does not need to be a US citizen or legal resident to get a protection from abuse order. However, many immigrant or refugee women hurt by domestic violence don't get help because they fear immigration officers.

It is not just undocumented women who are scared. It affects women who do not know their legal rights. They worry that they can't get permanent residency without their husband's help.

A federal law called the Violence Against Women Act (VAWA) creates two ways for women married to US citizens or permanent residents to get residency.

The first option allows an abused immigrant woman to apply for her own and her children's residency without the help of her abusive husband. He plays no role in the process. He does not have to know the petition has been filed.

The law is complicated. Ask for help from a domestic violence program before going to the Immigration and Naturalization Service (INS).

The second option is called "cancellation of removal." This choice is only open when a woman is in or can be placed into deportation proceedings. If a woman is eligible for this option, the court may stop the proceedings and grant residency.

If someone can't get help under VAWA, there may be other ways to get immigration status such as a new visa that has been created for crime victims.

The laws are confusing. It is important to reach out for help. Talk to a domestic violence program.

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)

or visit: www.ndvh.org

Help is available 24 hours a day in English and Spanish and many other languages.

All contact with the hotline is free and confidential.

Consumer/Family Satisfaction Team Participation

This is a reminder to all agencies who have yet to reach a working agreement with their Consumer/Family Satisfaction Team (C/FST). You are needed!

A primary responsibility of the C/FST is to collect data and measure member satisfaction from those members who are receiving services from our mental health and substance abuse providers. Member satisfaction is measured in two ways. VBH-PA, through a national research company, conducts an annual telephonic member satisfaction survey. In addition, VBH-PA tracks results of each county's C/FST activities. Both collect data on members' satisfaction with access to care, quality of care, improvement due to treatment and VBH-PA services.

If you have yet to begin participating with your local C/FST, please contact them. They will love to hear from you. Please call the number below for your county:

Armstrong 724-548-1151	Beaver 724-775-7650	Butler 888-223-7620	Cambria 814-535-3166 (Jennifer McDade)
Crawford 814-336-2152	Erie 814-452-4462 (Claudette Sadler)	Fayette 724-438-6738	
Greene 724-852-5395	Indiana 724-349-8230	Lawrence 724-657-0226	Mercer 724-962-2690
Venango 814-678-7766	Washington 724-225-9550 x405	Westmoreland 800-871-4445	

2008 WPIC VideoConference Series



VBH-PA is pleased to announce that once again our Service Center will be a videoconferencing site for the WPIC Office of Education and Regional Programming videoconference series. These programs are free of charge; however, there is a fee for continuing education credits.

January's videoconferences are: **"Obsessive Compulsive Disorder: Diagnosis and Treatment"** on **January 16, 2008**; and **"Interpersonal and Social Rhythm Therapy for Bipolar Disorder"** on **January 30, 2008**. The videoconferences are held from **9:00 a.m. to 11:00 a.m.**

These programs are free of charge. Attendees requiring continuing education credits, however, will be asked to complete an attendance form and submit it with payment (\$10 for general CEUs; \$25 for ACT 48, CAC, CME, CPRP, NBCC, personal care home administrators, psychologists and social workers) after attending the program.

Please Join VBH-PA for Our Next Quarterly BHRS Provider Summit

Offering Two Dates and Locations for Your Convenience:

<p>January 16, 2008 8:30 am – 12:00 pm Registration from 8:30 am – 9:00 am <i>Hampton Inn & Suites, Grove City</i> 4 Holiday Boulevard Mercer, PA 16137</p>	<p>February 8, 2008 8:30 am – 12:00 pm Registration from 8:30 am – 9:00 am <i>Four Points Sheraton (Greensburg)</i> 100 Sheraton Drive Route 30 East Greensburg, PA 15601</p>
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Space is limited, so please no more than three representatives per provider.

REGISTRATION

Please call Kim Ferguson at 724-744-6309 or Toll Free: 877-615-8503 ext. 346309 or email: kimberly.ferguson@valueoptions.com

Please let her know which date and location you plan on attending and if you need directions to any of these facilities.

Trainings are free of charge and are open to all of our BHRS providers.

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_information.htm

VBH-PA Staff Update

Janice Champion returned on January 7, 2008 as a **Care Manager** in the **Clinical Department**. Janice comes back to VBH-PA from Conemaugh Memorial Medical Center, where she was a Staff RN. She was also Head RN at the PA Sexual Responsibility and Treatment Program. Janice was a Care Manager with VBH-PA from 2000 to 2004.



Abigail Shafer starts on January 14, 2008 as a **Claims Clerk** in the **Claims Department**. Abigail has been working with VBH-PA through Sterling Office Professionals as a BHRS File Clerk since October 2007. Prior to that, she held several positions in retail.

VBH-PA Adjustment Form – Please check:			
<input type="checkbox"/> Adjustment	<input type="checkbox"/> Reversal	<input type="checkbox"/> Payment Increase	<input type="checkbox"/> 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/Charges Incorrect:	
Incorrect Units/Charges: _____	Correct Units/Charges: _____
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)	
<hr/> <p>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</p>	

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