



# ValueAdded

This is the 115th 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.






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



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## Involuntary Admission Best Practices

The rate of involuntary admissions is one of the indicators tracked by OMHSAS in the Quarterly Monitoring Report (QMR). The report is disseminated state-wide on a quarterly basis. Voluntary treatment is preferable to involuntary treatment. Clients treated involuntarily lose some of their rights to choose treatments that best suit their needs and may be adversely affected by the experience. Involuntary treatment (302 commitments) can be a breakdown of the treatment alliance between consumers and service providers. As we as a community continue to foster and grow in a recovery paradigm, voluntary hospitalization becomes more in alliance with our goals and beliefs.

### Quality Improvement Initiative:

Four counties were chosen for comparison due to the impact they have made in lowering or maintaining a low involuntary rate during a seven-year span (2000-2007). These are **Armstrong, Beaver, Greene, and Washington** Counties. Information on specific county practices was gathered via interviews with representatives from the counties. The purpose of the comparison is to attempt to identify best practices or benchmarks that may be able to be duplicated in other counties that experience a higher involuntary rate.

### Some Best Practice Highlights:

- ☛ Armstrong and Washington Counties both have a **face-to-face** assessment by a delegate for every 302.
- ☛ Beaver County implemented the **Justification for Involuntary Treatment** form.
- ☛ Greene County uses a high utilization of **blended case management** for intervention.
- ☛ All counties state that **everybody** involved in the process needs to work together and become vested.
- ☛ Use of **CTT, Psych Rehab, and Peer Specialists**.

### Results:

- ☑ Involuntary rate for Armstrong County was at its highest in 2002 at 26% where it started to decrease with a 13.2% rate in 2007.
- ☑ Involuntary rate for Beaver County went from 43.8% in 2000 to 20.8% in 2007.
- ☑ Greene County has maintained a low involuntary rate since 2002. Their 2007 rate was 12.8%, next to the lowest.
- ☑ Washington County has the lowest involuntary rate. Their 2007 rate was 6.5%.

## Kudos to Family Counseling Center of Armstrong County and Washington Communities for Their Excellent Monitoring Practices of Metabolic Risk Syndrome!

### **The Problem:**

Literature supports that weight gain is associated with atypical anti-psychotic medication and that some medications, such as Second Generation Atypicals (SGA's), are more likely to be associated with weight gain than others. Overweight/obesity along with high cholesterol, high blood pressure and elevated fasting glucose are the risk factors associated with metabolic syndrome. Individuals with metabolic syndrome have an increased risk of diabetes and cardiovascular disease.

### **The Best Practice:**

A Consensus Statement on Antipsychotic Drugs and Obesity and Diabetes published by the American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, North American Association for the Study of Obesity established 16 indicators for monitoring risk of metabolic syndrome.

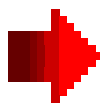
### **The Quality Improvement Initiative:**

In 2006, VBH-PA conducted a baseline study among psychiatrists prescribing SGA medications to establish a baseline of monitoring practices for the 16 risk indicators for metabolic syndrome. The baseline measurement showed very little monitoring being documented. Re-measures of prescribers' monitoring practices in 2007, and most recently in 2008, show continuing improvement for monitoring and providing consumer education regarding the risks and benefits of treatment with SGA medications.



### **Hats off for outstanding monitoring:**

The best performances for following the Best Practice Guidelines came from **Family Counseling Center of Armstrong County** who had a 99% accuracy rating and **Washington Communities** who had a 90% accuracy rating during the chart audit re-measure in 2008. Congratulations to the prescribers and other staff at Family Counseling Center of Armstrong County and Washington Communities!



## **IMPORTANT NOTICE REGARDING PHYSICAL HEALTH PLANS (UPMC, GATEWAY Health Plan AND UNISON Health Plan ) FORMULARY CHANGE**

VBH-PA has been notified that as of October 1, 2008, all three physical health plans have deleted Oxycondone HCL (OxyContin) from their formularies. Considering a 30-day prescription, this would mean that members will be out of this drug by November 1, 2008. VBH-PA network providers should be aware that this may impact behavioral health service utilization.

# Claims Corner Claims Corner



## Financial Health of Your Practice

Medical billing can prove to be a challenge since there can be remarkable differences between the insurance companies; however, management of revenue is critical to the survival of any practice.

Every employee in the organization is responsible for ensuring that there is an accurate flow of information for a patient's eligibility, authorization process, and billing requirements for an insurance company. ***Please keep in mind that staff from the provider office should be contacting VBH-PA with all questions about eligibility, authorizations or billing, and not the members.***

Whether you are an individual provider doing your own billing or in a large organization with a department dedicated to billing and collections, the financial health of the organization is what keeps the organization open for business.

VBH-PA wishes to take this opportunity to speak to you as a provider, office managers, and financial officers and accounts receivables supervisors who are responsible for properly training staff on internal procedures which includes billing and bookkeeping processes. It is also your responsibility for ensuring that outstanding accounts are billed and followed up in a timely manner if payment isn't forthcoming. All payments must be posted to prevent an inflated amount on the accounts receivable report. It is imperative that you communicate any changes for billing procedures or changes with an insurance company to your employees.

When new staff is hired, you are responsible for properly training the new employee(s). Training new employees is a costly effort which is why VBH-PA highly suggests that the practice owners along with other staff are familiar with billing procedures. As a practice owner or financial officer, you should also be able to run reports to determine the main reasons why claims are denied in order to take the necessary steps to reduce these denials in the future. Denials on a claim may indicate that a billing error was made which leads to additional costs for resolution. The additional costs lead to paying one or more employees needed to resolve the denial along with operational expenses such as completing the claim form and postage.

Following standard business practices assists the practice owner and office manager in recognizing trends in billing so appropriate actions can be taken. Setting standards within your practice is an essential internal process to ensure consistent and prompt reimbursement so that the quality of care for patients is not interrupted.

**\*\* Claims Corner Continued on Next Page \*\***

# Claims Corner Claims Corner



## Duplicate Claim Denials

Duplicate claim submissions cause claim tracking issues and result in bookkeeping errors. In order to prevent duplicate claim errors, please follow these tips:

- Billing the same date of service, same place of service code, same procedure code and modifier on multiple claims or claim lines will cause duplicate denials.
- Ensure claim reconciliation time takes into account VBH-PA claims processing turnaround time, as well as your internal resolution time.
- Verify your clearinghouse or billing office does not re-cycle claim batches or individual claims.
- Use ProviderConnect or IVR to check the status of claims before submitting repeat claims.
- Create corrected claims when appropriate.

## Make the Adjustment Requests for Claims Easier!

Please discontinue using the adjustment request form. VBH-PA has noted that this is causing extra paperwork for the providers. There is no need to submit unnecessary information such as copies of the authorization letters, screen prints from ProviderConnect or Promise information unless it is specifically requested.

**All corrected claims must be submitted on a UB-04 Claim Form or a CMS1500 Claim Form only.** Please make a notation on the claim what was changed from the original submission. If possible, include the claim number on the claim form.

In the past, adjustment requests that did not require any changes were requested with a notation on the VBH-PA provider summary voucher or in any form the provider was able to submit. Please begin to use this process again. If you choose not to use the provider summary voucher, please be sure to include the following identifying information:

- Provider Name
- TIN or NPI #
- Member Name
- Member ID
- DOS that is being requested for an adjustment
- Notation as to why the claim needs adjusted

Please be sure that the corrected claims represent the actual service provided and includes all claim lines that were submitted with the original claim. Excluding or including new services will delay processing. New dates of service must never be submitted on a claim with corrections.

**\*\* Article Continued on Next Page \*\***

ProviderConnect Web Inquiries may continue to be used for claim adjustments as long as the documentation is clear and concise. A contact name and phone number must also be included.

A copy of the provider summary voucher is needed only with PAUNKNOWN denials that are past the timely filing limits for initial claim submissions or unless requested.

### Service Facility Location Address

The Service Facility Location Information, also referred to as loop 2310D on the 837 Professional Form, is necessary to ensure prompt and correct payment. Even if your service address matches your billing address, please include this information. This loop should contain:

- Your full street address
- Your agency NPI number



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](mailto:Kimberly.Tzoulis@ValueOptions.com)

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

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[http://www.vbh-pa.com/provider/prv\\_info\\_rmination.htm](http://www.vbh-pa.com/provider/prv_info_rmination.htm)

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## VBH-PA Staff Update



**Yvonne Hall** started on October 27, 2008, as a part-time **Administrative Assistant** in the **Quality Department**. Yvonne comes to VBH-PA from ValueOptions, where she worked in various temp assignments in the IT and HR departments. She has also worked as a property manager for Lance Tillman, Inc., and as an administrative assistant for Forbes Regional Hospital.

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## Help Us Update Our Distribution List

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