



# ValueAdded

This is the 131st 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 12, Issue 3

March 2010

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

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Auto Approval for Outpatient and Clozapine Support Services

Join us at VBH-PA's  
10<sup>th</sup> Annual  
Consumer Recovery  
Forum on April 16,  
2010!!

## Requests for Authorizations and Retro-Authorizations

### Requests for Authorizations/Retro-Authorizations

Upon a request for authorization for services via online, phone or fax transmittal, a letter confirming authorization will be **uploaded to ProviderConnect** within 48 hours after approval. **Authorization letters are no longer being mailed effective March 1, 2010.**

If the provider is not able to obtain an authorization letter after fourteen (14) 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**. The request for retro-authorization must be faxed to the attention of the **Clinical Director** at **(724) 744-6329** or mailed to the attention of the **Clinical Director, VBH-PA, 520 Pleasant Valley Rd., Trafford, PA 15085**. (Please see page two of this newsletter to view the "Request for Retro-Authorization" form for your use and convenience.) 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 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.

### BHRS Retro-Authorizations

For BHRS retrospective authorizations, please submit the following information in addition to the retro auth form:

- A copy of the packet, including the evaluation, and
- Any fax transmittal sheets which confirm previously faxed documents.

# REQUEST FOR RETRO-AUTHORIZATION

This form is also available on the VBH-PA Website. Click here:

[Retro Auth Form](#)

VBH-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 ID#

Provider Address:

Phone #:

Fax#:

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

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

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

Diagnosis \_\_\_\_\_ M/H \_\_\_\_\_ D/A \_\_\_\_\_

Explanation for Retro-authorization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Class Requested	Start Date	End Date	Units

Thank you for your attention and consideration to this request.

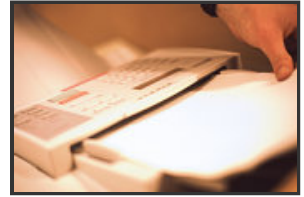
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 08/06/08

## Please Fax Your Member Discharge Summaries

For collaboration, aftercare and reporting requirements, it is essential that VBH-PA receives your member discharge summaries within 10 days of discharging a member. Please fax your discharge summaries to the appropriate fax number below:



**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**



## Resources for Providers

Please remember to consult The Pennsylvania Code [www.pacode.com](http://www.pacode.com) and The Pennsylvania Bulletin [www.pabulletin.com](http://www.pabulletin.com) for regulatory requirements. These resources are available for easy reference online at the links above. Here, providers have direct access to a wealth of information to include areas of service delivery, record keeping, staffing and billing.

## Progress Notes

Progress notes should include:

- Services provided as they relate to the goals and objectives in the treatment plan
- Detailed description of the service
- Special status situations such as risk of harm, suicidal ideation or elopement potential
- Member's response to intervention, changes in behavior and mood and outcome of intervention/services
- Mental status evaluation
- Plans for continuing treatment
- Date and time of service, as well as length of service
- Member name or ID number
- Clinician signature and credentials





Coming soon, a special edition of *ValueAdded* all about Act 62! Stay tuned!

# Customer Service Corner

## Customer Service Corner



### ACT 62 Alert

Please be advised that it is ***imperative*** that the Commercial Insurance Plan details (Group Plan Renewal Date) be provided to VBH-PA in order for our records to be reflective of the date that ACT 62 may be applicable to your client.

Our information reflects the majority of Group Plans Renewed as of ***January 1, 2010***. It is very important that the benefits are verified as of the Group Plan Renewal Date by the servicing provider. If ACT 62 did not apply during the previous benefit year and continues to not apply as of the Group Plan Renewal Date, this information must be forwarded to VBH-PA immediately to ensure no disruption in reimbursement for services provided.

If ACT 62 did not apply during the previous benefit year and the group plan has renewed and the member has ACT 62 coverage under the private health plan, you don't have to do anything. VBH-PA will process your claims and coordinate benefits based on the private insurance explanation of benefits.

***At this time, there are large numbers of claims that are being submitted for these members with no explanation of benefits even though the Group Plan Renewed as of January 1, 2010. These claims submissions will result in denials until we are advised that there are no ACT 62 benefits.***

Please fax pertinent coverage detail information to the Customer Service Department at **724-744-6379**.

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## For Changes to Summer Therapeutic Activities Programs (STAPs)



This is a reminder to all Summer Therapeutic Activities Programs (STAPs) that are considering or planning to make changes to an approved service description.

Any substantial changes to previously approved service descriptions must be submitted to DPW for review/approval. These changes include, but are not limited to, changes in actual services provided, staff qualifications, staff ratios, service site location (e.g., the office out of which the program operates), supervision and counties served.

For additional information on submitting changes to the Children's Bureau, please contact Todd Jukes (814) 878-1675 or [todd.jukes@valueoptions.com](mailto:todd.jukes@valueoptions.com) or you may contact DPW OMHSAS Children's Bureau at (717) 705-8289.

**Save the Date for the VBH-PA Quarterly BHRS and RTF Provider Summits!**



<b>2010 BHRS VBH-PA Quarterly Summits</b> <i>(Providers, please plan on attending one meeting per quarter)</i>	
<b>April 2010</b>	
<p><b>April 9, 2010</b> 8:30 am – 12:00 pm Registration from 8:30 am – 9:00 am <i>Hampton Inn &amp; Suites, Grove City</i> 4 Holiday Boulevard Mercer, PA 16137</p>	<p><b>April 22, 2010</b> 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>
<b>July 2010</b>	
<p><b>July 9, 2010</b> 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>	<p><b>July 14, 2010</b> 8:30 am – 12:00 pm Registration from 8:30 am – 9:00 am <i>Hampton Inn &amp; Suites, Grove City</i> 4 Holiday Boulevard Mercer, PA 16137</p>
<b>October 2010</b>	
<p><b>October 7, 2010</b> 8:30 am – 12:00 pm Registration from 8:30 am – 9:00 am <i>Hampton Inn &amp; Suites, Grove City</i> 4 Holiday Boulevard Mercer, PA 16137</p>	<p><b>October 13, 2010</b> 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>

<b>2010 RTF VBH-PA Quarterly Summits</b>	
<ul style="list-style-type: none"> <li>• <b>Wednesday, March 3, 2010</b></li> <li>• <b>Thursday, June 3, 2010</b></li> <li>• <b>Wednesday, September 15, 2010</b></li> </ul>	<p><b>Four Points Sheraton North</b> 910 Sheraton Drive Mars, PA 16046 <b>9:00 am to 11:30 am</b> <i>(Registration starts at 8:30 am)</i> <i>A continental breakfast will be served.</i></p>

**RSVP Information for the BHRS and RTF Summits to follow in future mailings.**



Value Behavioral Health of Pennsylvania is pleased to present the

## **10th Annual Consumer Recovery Forum Realizing Recovery: How Other Possibilities Emerge**



**Friday, April 16, 2010 at  
Westmoreland County Community College  
145 Pavilion Lane  
Youngwood, PA 15697  
[www.wccc.edu](http://www.wccc.edu)**

**Featuring: Keynote Address, Workshops, Exhibits,  
Leadership in Recovery Awards and much more!**

### **Exhibitors**

If you are interested in reserving exhibit space at this year's forum, please complete the **2010 Exhibitor Reservation Form** found on our Website at [www.vbh-pa.com](http://www.vbh-pa.com) or [click here](#). Space is limited, so please sign up early to secure your place at the forum.

### **Nominate an Individual for the 2010 Leadership in Recovery Awards**

To encourage consumer empowerment and recovery, VBH-PA will publicly acknowledge HealthChoices' consumers who have demonstrated courage, creativity, and leadership in their community. We need your help nominating such individuals. Please complete the **2010 Award Nomination Form** found on our Website at [www.vbh-pa.com](http://www.vbh-pa.com) or [click here](#) and fax it back to Sue Klaus at 724-744-6363 or email at [Suzanne.Klaus@ValueOptions.com](mailto:Suzanne.Klaus@ValueOptions.com).

### **Registration & More Information**

If you would like to attend this year's forum\* or for more information about this uplifting event, please see the **2010 VBH Consumer Forum Brochure** located on our Website at [www.vbh-pa.com](http://www.vbh-pa.com) or [click here](#) and return by April 1, 2010.

*\*Please note: All are welcome to attend; however, due to limited space, HealthChoices' consumers and providers or family members bringing consumers will be given priority registration.*

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Heart 2 Heart Parent Support Network, Inc. Presents:

## **Re-Connecting the HEART – "Pieces of HOPE for Families"**

**March 10-12, 2010**

**[Quality Inn & Conference Center](#)**

**1411 Liberty Street • Franklin, PA 16323 • (814) 437-3031**

Please visit <http://www.heart2heartpsn.org> for more information and how to register.

## Two New Enhancements for ProviderConnect

Starting on March 1, 2010, providers will be able to **view their recent authorization letters** with a simple click! All authorization letters within the last **30 days** will be accessible on the ProviderConnect provider homepage. (See below, outlined in red, entitled **“View My Recent Authorization Letters”**)

**PROVIDERCONNECT**  
ValueOptions Home Provider Home Contact Us Log Out

Welcome LINDA MANANSALA. Thank you for using ValueOptions ProviderConnect.

**YOUR MESSAGE CENTER (1 New Message)**

DATE RECEIVED	SUBJECT	MEMBER NAME	STATUS
02-20-07	VERIFY MEM ENROLL	SUSAN ASLAN	COMPLETED
02-09-07	AUTHORIZATION STATUS	SUSAN ASLAN	COMPLETED
02-05-07	CLAIMS STATUS	SUSAN ASLAN	COMPLETED
02-05-07	CLAIMS STATUS	SUSAN ASLAN	COMPLETED
02-04-07	VERIFY MEM ENROLL	SUSAN ASLAN	COMPLETED

**WHAT DO YOU WANT TO DO TODAY?**

- Eligibility and Benefits
  - Enter or Review Claims
  - Find a Specific Member
  - Register a Member
- Enter or Review Authorization Requests
  - Enter an Authorization Request
  - Enter a Care Plan
  - Enter a Special Programs Application
  - Review Authorizations
  - View Saved Clinical Request Drafts
- Enter or View Referrals
  - Enter a Referral
  - View Referrals
- View My Recent Authorization Letters

**CLINICAL SUPPORT TOOLS**

- View My Outcomes with On Track

**YOUR NEWS & ALERTS**

- IMPORTANT! VERIFY YOUR CONTACT INFORMATION
- NEW TO DIRECT CLAIM SUBMISSION?
- AUTHORIZATION SUBMISSION GUIDE

The second enhancement enables providers to **run their own weekly authorization reports** via ProviderConnect (see screen shot below). The reports can be run from any time period, but the **“Activity Date From”** and the **“Activity Date To”** range cannot exceed seven (7) days. To begin, click on **“Authorization Listing”**. Your Provider ID will be pre-loaded at sign-on. **Clear** Effective Date, **Clear** Expiration Date. Enter date in **“Activity Date From”**, and enter date in **“Activity Date To”**. Click on the **Download** tab. The file will generate as a CSV (Comma Separated Value), and save as an **Excel file** to your computer.

**PROVIDERCONNECT**  
ValueOptions Home Provider Home Contact Us Log Out

**Search Authorizations**

Required fields are denoted by an asterisk (\*) adjacent to the label. Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

\* Provider ID: [Dropdown menu]

Vendor ID: [Text field]

Member ID: [Text field]

Authorization #: [Text field] (No spaces or dashes)

Client Authorization #: [Text field]

Effective Date: [Text field] (MMDDYYYY)

Expiration Date: [Text field] (MMDDYYYY)

Activity Date span cannot exceed seven (7) days.  
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From: [Text field] (MMDDYYYY)

Activity Date To: [Text field] (MMDDYYYY)

Delimiter Type: [Radio buttons] Comma | Pipe |

View All Search Download

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.

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:  
[VBH-PA - Provider Information Center](#)

# Value Behavioral Health of Pennsylvania

Presents A Webinar Series On

## Auto Approval for Outpatient and Clozapine Support Services Through ProviderConnect

We will review enhancements to our provider portal, ProviderConnect. This presentation will specifically show providers how to submit requests for Outpatient, Medication Management, Evaluations, and Clozapine support services online and answer any questions you may have about the process. The new enhancement will auto approve 72 units of Outpatient Services and 104 units of Clozapine support services for a 12-month period for the consumer.

### Pre-registration is Required

*Please register no later than the day prior to the date of the Webinar you plan to attend.*

For more information, email [James.Friend@valueoptions.com](mailto:James.Friend@valueoptions.com) or call us at **877-615-8503**.

### Dates, Times, and Webinar Registration Instructions

FORUM	DATE & TIME	WEBINAR INFORMATION
<b>Online: VBH-PA Auto Approval for Outpatient and Clozapine Support services on ProviderConnect</b>	<b>March 18, 2010 10:00AM--11:30AM EST</b>	1) An invitation will also be emailed to you to register at: <a href="https://www2.gotomeeting.com/register/289530475">https://www2.gotomeeting.com/register/289530475</a> 2) You will then be prompted to enter registration information at the bottom of the page. 3) A confirmation email with both the call in number and webinar instructions will be sent to you after you successfully register. 4) For the audio component the call in number is <b>1-877-329-0172, and the participant code is 9429776</b>
<b>Online: VBH-PA Auto Approval for Outpatient and Clozapine Support services on ProviderConnect</b>	<b>March 23, 2010 1:00PM--2:30PM EST</b>	1) An invitation will also be emailed to you to register at: <a href="https://www2.gotomeeting.com/register/777289330">https://www2.gotomeeting.com/register/777289330</a> 2) You will then be prompted to enter registration information at the bottom of the page. 3) A confirmation email with both the call in number and webinar instructions will be send to you after you successfully register. 4) For the audio component the call in number is <b>1-877-329-0172, and the participant code is 9429776</b>
<b>Online: VBH-PA Auto Approval for Outpatient and Clozapine Support services on ProviderConnect</b>	<b>March 26, 2010 10:00AM--11:30AM EST</b>	1) An invitation will also be emailed to you to register at: <a href="https://www2.gotomeeting.com/register/233933123">https://www2.gotomeeting.com/register/233933123</a> 2) You will then be prompted to enter registration information at the bottom of the page. 3) A confirmation email with both the call in number and webinar instructions will be sent to you after you successfully register. 4) For the audio component the call in number is <b>1-877-329-0172, and the participant code is 9429776</b>