



ValueAdded









This is the 145th 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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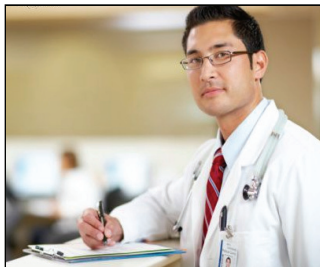
An information update from Value Behavioral Health of PA, Inc.

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Past issues of *ValueAdded* can be accessed at:
[VBH-PA - Provider Information Center](#)

Treatment Goals and BHRS Hours



Value Behavioral Health of PA (VBH-PA) is aware that there are families who are not receiving their full prescriptions of BHRS hours. In order for these children to make gains and reach their treatment goals, it is imperative that the hours prescribed by the psychologist/psychiatrist are adhered to and delivered. It is unacceptable for HealthChoices members to be waiting for services to start.

Therefore, please be sure to follow the policies and procedures below:

- a) Begin services within the seven (7) day access standard
- b) Inform VBH-PA if you cannot accept referrals
- c) **Do not accept a referral if you do not have the staff to immediately fill the full prescription hours**
 - encourage families to choose another provider that can fill the hours
 - refer the family back to VBH-PA for referral to another provider
- d) Set up a schedule, in writing, with the family to ensure all are aware of when services will be delivered

VBH-PA will be closely monitoring any HealthChoices members that are currently waiting for services to start.

If you have questions regarding these policies, please contact Karla Barger, Provider Relations Manager, Child and Adolescent Services at 724-744-6520.

Sign Up Online to Receive *ValueAdded*

Don't miss out on getting this provider newsletter delivered to you monthly. Upcoming provider forums and articles of general importance to the provider network are published in *ValueAdded*! Please click on the link below to be added to the *ValueAdded* email distribution list:

http://www.vbh-pa.com/provider/prv_information.htm#newsletters

Submitting Self-Audits

Value Behavioral Health of PA encourages providers to conduct periodic internal audits within their organization. In the event an issue is found, please use the form on our website under the Fraud/Abuse tab named **Provider Self-Audit and Referral Form** http://www.vbh-pa.com/fraud/pdfs/Provider_Self_Audit_Referral_Form.pdf. This form is intended for an internal audit finding which affects many claims, not for the occasional data entry error. Please follow the instructions and fax the form along with a spreadsheet to Sandra Leisifer, VBH-PA Fraud and Abuse Coordinator, at 724-744-6303.

Attention Case Management and Strength Based Treatment Providers

As Strength Based Treatment (SBT) includes a casemanagement component, it is expected that when a child/adolescent is receiving SBT and other casemanagement services, that all other non-SBT casemanagement activities will be performed at the minimum number of units allowable by regulation. This will avoid the duplication of casemanagement services with these HealthChoices members.

VBH-PA Staff Update



Rachel Lee-Price started on April 11, 2011, as a Care Manager in the Clinical Department. Rachel comes to VBH-PA from Westmoreland Community Action in Greensburg, where she was a Crisis Worker in the Pathways Division and Stabilization Unit. She also interned at Family Services of Western PA.

Vivian Duncan started on April 25, 2011, as a Claims Processor in the Claims Department. Vivian comes to VBH-PA from Community Counseling Center of Mercer County where she was a fiscal technician/clerk.

Lisa Jesih also started on April 25, 2011, as a Claims Processor in the Claims Department. Lisa comes to VBH-PA from Transcare Ambulance where she was a call taker and was responsible for setting up transports and verified patient insurance.

Welcome Rachel, Vivian, and Lisa!!



VBH-PA Staff On the Move

Dawn Mueseler is now a Provider Field Coordinator for the SW6 counties, Adult Service Providers. Beth Kostelansky has been promoted to Claims Liaison. *Congratulations, Dawn and Beth!*

Claims Corner Claims Corner



Claims with Primary Carrier's Explanation of Benefits

VBH-PA would like to point out some helpful information when providing and billing for services that are **not** TPL (Third Party Liability) exempt.

- **VBH-PA is payer of last resort.** It is important that the TPL information contained within ProviderConnect is reviewed at the time services are delivered to ensure that the primary carrier's procedures are followed with regards to obtaining authorization and timely submission of claims. You must also determine if there is a carve-out responsible for managing behavioral health benefits. If so, you must follow their rules and procedures for authorization and claims submission.
- Secondary claims can be submitted via EDI, ProviderConnect Direct Claims Submission and mail.
 - a. If submitting using EDI, please make sure that the following information is contained within your 837 file:

Identify Primary Insurance Information
Primary Carrier Allowed Amount
Primary Carrier Paid Date
Patient Responsibility (Deductible/Co-Pay/ Co-Insurance)
Denial Reason / Remark Codes
Date(s) of Service
Service Codes / Modifiers

- b. If submitting using ProviderConnect Direct Claims Submission, you must attach a copy of the paper EOB upon entry of your claim. Please be sure that the COB (Coordination of Benefits) information on the screen is completed. Make sure that the copy you attach is legible. Please see the Direct Claims Submission Guide on the Home Page of ProviderConnect for step-by-step instruction. **This is the preferred method of submission.**
- c. If submitting via mail, all initial paper submissions must include a copy of the primary carrier's explanation of benefits (EOB) behind each CMS or UB claim form. The claims must then be submitted to the appropriate claims address for processing.

Explanation of Benefits submitted as an adjustment request via fax must also be legible. Fax images typically transmit darker. Consider mailing the adjustment request to the corrected claims address:

VBH-PA
Attn: Corrected Claims
520 Pleasant Valley Road
Trafford PA 15085

Remember, explanation of the primary carrier's remark codes must also be included.

Following these guidelines will help prevent delays in reimbursement of secondary claims.

Claims Corner Claims Corner



Definition of a “Clean Claim”

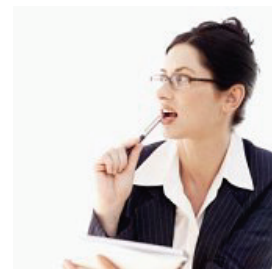
A clean claim is defined as a UB04, CMS-1500 or 837 file submitted by a provider or facility for healthcare services rendered to a covered member which accurately contains information including, but not limited to:

- Patient name and date of birth
- Covered member’s identification number
- Date(s) and place of service or purchase
- Services and supplies provided
- Diagnosis narrative or ICD-9 code
- Procedure narrative or CPT-4 code
- Provider name, address, NPI number and tax identification number
- Provider charges
- Other information or attachments that may be mutually agreed upon by the parties in writing

In addition, the claims must be free from defect or impropriety (including lack of required substantiating documentation) or circumstance requiring special treatment that prevents timely payment.

Third Party Liability (Coordination of Benefits) Reminder

The Pennsylvania (PA) HealthChoices Behavioral Health Standards and Requirements specify that providers submit claims for payments to all potential other third-party payers, including Medicare, prior to submitting claims to VBH-PA for payment from PA (Medicaid) HealthChoices. After the providers receive the explanations of benefits (EOB) from the other third-party payers that deny part or all of the claims, then the provider may submit the claims to VBH-PA for payment from PA (Medicaid) HealthChoices. Furthermore, providers must remember that the Centers of Medicare and Medicaid Services (CMS) require that all Medicare psychologists and psychiatrists must submit claims to Medicare under their Medicare provider numbers prior to submitting to VBH-PA for payment from PA (Medicaid) HealthChoices. Medicare should be the secondary payer to other insurances, and PA (Medicaid) Health Choices always should be the last payer even to Medicare.



If VBH-PA determines that coordination of benefits was not completed with Medicare or the other insurances, VBH-PA will deny payments or recover overpayments for claims submitted or paid.

Answering the Call

Redefining Service Providers' Roles

Click on the link below to be added to the ValueAdded email distribution list:

http://www.vbh-pa.com/provider/prv_infor_mation.htm#newsletters

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.

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"Change is hard. Change is scary." ~ Said to a consumer by a therapist during a psychotherapy session.

How often do you, as a service provider, remind the individuals with whom you work of this? Chances are, a lot more frequently than you remind yourself. However, in the face of the system-wide changes brought about by the recovery movement, it's worth recognizing. Not only is the conceptualization of service delivery changing, your role is as well. You are being asked to change the longstanding role of "expert" to the role of "recovery guide." And that can be a difficult and unnerving change to make.

This change may be easier for substance abuse providers, given that substance use recovery has long been viewed as being in the hands of the person who is using. In mental health, however, the idea that recovery is what the person with the mental health issue does is a less commonly accepted notion. Historically, the focus has been on what practitioners can do to and for the person to alleviate his or her symptoms and suffering and enhance overall functioning.

It is important to note that defining recovery as what the person does in no way diminishes the importance of professional competence or the role of practitioners. What it does, instead, is shift the responsibility for making the best use of services from being primarily the mandate of the educated and caring people who provide services to a responsibility that is shared equally with the client. Rather than devaluing professional knowledge and experience, this approach moves mental health much closer to other medical specialties in which it is the specialist's role to assess the person, diagnose the condition, provide education around the risks and benefits of the most effective interventions available, and then provide those interventions which the individual chooses.

There is no less of a need for practitioners, services, and supports in mental health and substance use care than in other forms of health care. We know that while broken bones may heal of their own accord – with or without detriment to the person's functioning – they are more likely to heal completely with timely and effective care. The person with a broken leg is less likely to suffer unexpected setbacks with the guidance of competent and experienced practitioners. The same can be said for people with mental health or substance use issues.

What the person in recovery is most in need of is information about the nature of his or her difficulties, education about the range of effective interventions available to overcome and/or compensate for these, access to opportunities to utilize these interventions in regaining functioning, and supports in order to be successful in doing so. As a result, your role as a service provider shifts from that of all-doing caretaker to that of coach, architect, cheerleader, facilitator, mentor, and shepherd – roles that may not always be consistent with training or experience, but are powerful and rewarding in their own right. Change is hard. Change is scary. And change is the catalyst of recovery for providers and consumers alike.

For questions or suggestions, please call or email the Quality Management Department at 724-744-6523 or Theresa.Wray@valueoptions.com.