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**Q&A Resulting from April 6, 2010  
Act 62 Webinar**

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**Q. Can the provider wait for the appeal process of the primary insurance before billing VBH-PA?**

A. Providers should submit the results of the final appeal to VBH-PA. The 90-day timely filing starts from the date of the EOB from the primary.

**Q. Can the provider bill VBH-PA if they failed to follow the primary insurance authorization or billing process?**

A. No. Providers must follow the rules of the primary insurance for authorization and billing. As “payer of last resort” VBH-PA must coordinate benefits for all TPL.

**Q. Can a provider bill VBH-PA if the family does not appeal a denial from the primary insurance?**

A. No, as “payer of last resort” VBH-PA cannot pay claims unless all options of payment from the primary insurance have been exhausted. Providers are encouraged to assist families with the appeals process of the primary insurance.

**Q. If the family chooses not to appeal the decision of the primary insurance, can the provider appeal on their behalf?**

A. The provider must contact the primary insurance company for information on their appeals process.

**Q. Is the Act 62 Webinar PowerPoint available?**

A. Yes, at [www.vbh-pa.com](http://www.vbh-pa.com)

**Q. Do primary insurers cover social skills group or Summer Therapeutic Activities Programs (STAP)?**

A. Providers must ensure that they attempt to receive payment from primary insurance for all services for children for whom Act 62 applies. Payment for these services could be retracted by VBH-PA at a time when it is too late for the provider to obtain payment from the primary insurer.

**Q. Must the diagnosis of Autism be the primary diagnosis?**

A. No, it does not have to be the primary diagnosis. Please ensure that the claim is submitted with the same diagnosis that was given for the authorization.

**Q. What should the provider submit if the primary insurance does not send an EOB?**

A.. If the provider makes every attempt to obtain an EOB from the primary insurance, but the insurance company will not put the information in writing, VBH-PA will accept written information from the provider including the individual they spoke with, the date they spoke with them and the explanation for why the service is not covered.

**Q. What should the provider do if the PROMISe system is showing a primary insurance, but the family reports they do not have that insurance?**

A. The provider should assist the family in contacting their County Assistance Office to have this insurance removed from their record. Once this occurs, VBH-PA's system is updated and claims will pay without an EOB. Another option is for the provider to bill the insurance, receive the denial, and submit that to VBH-PA. VBH-PA cannot accept a verbal report from the provider or from the family.

**Q. Explain the use of the fax coversheet.**

A. For VBH-PA members who have primary insurance and an Autism Spectrum diagnosis the fax cover sheet should be faxed to Christina Bowman for all counties except Fayette at 724-744-6557. It should also include the Plan of Care and any documentation you have from the primary insurance carrier.

If Act 62 applies for the member, the fax cover sheet must be sent in with every new BHRS cycle.

If Act 62 does not apply for the member, the fax cover sheet must be sent annually on the plan renewal date.

Please notify VBH-PA of any changes with your members' Act 62 coverage.

**Q. When the \$36,000 cap is met, can the provider submit the documentation through a ProviderConnect inquiry?**

A. Yes, but be sure to upload all related documentation. The inquiry will come in to Customer Service who will forward it to Christina Bowman.

**Q. Sometimes the EOB from the primary insurance takes a long time. Will the provider be held accountable to the 90 days from date of service timely filing rule?**

A. No, TPL rules apply in this instance, 90 days from the date of the EOB.

**Q. Does Act 62 apply for all Autism Spectrum Disorders?**

A. Yes, any diagnosis that begins with a 299.

**Q. Does the provider have to submit an Act 62 coversheet if the member has no primary insurance.**

A. No, the Act only applies to members with primary insurance coverage.

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**Q&A Resulting from April 7, 2010  
Act 62 Webinar**

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**Q. Will the PowerPoint slide show be available?**

A. VBH-PA will be posting the slide show on our website ([www.vbh-pa.com](http://www.vbh-pa.com)).

**Q. Do Erie County fax sheets get faxed to Trafford?**

A. Yes, VBH wants all fax sheets sent to the Trafford Service Center. You will put them to the attention of Christina Bowman (724-744-6557).

**Q. What happens when a commercial insurance company authorizes a different amount of service than what VBH sees as medical necessity?**

A. As the commercial insurance company is paying as primary, the provider will be able to deliver services in accordance with their authorization. If the commercial insurance exhausts their benefits, VBH will follow Medical Assistance Procedures.

**Q. Do primary insurances pay initial evaluations and re-evaluations?**

A. Yes

**Q. What fax sheets do providers use to send in Act 62 information?**

A. Providers should use the cover sheets on the VBH-PA website listed under ACT 62 Cover Sheets. There are two, however cover sheets for Fayette County Members

should use the Fayette cover sheet, and members for all other counties should use the “All Other Counties” cover sheet.

**Q. Do providers need a denial from a primary insurance in order for VBH-PA to consider payment for Summer Camp?**

A. Providers MUST verify if primary insurance carriers will cover summer camp. Please ask for something in writing, but if you cannot obtain anything, note the name of the person you spoke with, the date and time you spoke with them, and the details of why this service is not covered.

**Q. Are Partial Hospitalization Programs covered under Act 62?**

A. No. Partial Hospitalization Programs are not covered under ACT 62, and normal Third Party Liability applies when billing with a primary insurance carrier.

**Q. What should providers do if a member is identified to have primary insurance, but the parents refuse to give the provider their primary insurance information?**

A. If a provider knows that a member has primary insurance (but needs more information) and the parents refuse to provide it, the provider should refuse to perform services unless they receive the information. This is because VBH-PA cannot pay without verification of the primary insurance.

**Q. What should providers do when they receive a copy of a denial from a primary insurance, and VBH-PA advises the provider it is not a proper denial?**

A. Providers should be sure that they have the primary insurance information, including the group plan renewal date and denial/EOB from the primary insurance. They can contact VBH-PA and find out what further information is needed.

**Q. How does a provider submit a claim for a co-pay to VBH-PA?**

A. Once the primary insurance company pays, submit a claim to VBH-PA with a copy of the primary insurance explanation of benefits attached so that VBH-PA can coordinate benefits with the primary insurance. Please be sure to attach the portion of the EOB that shows all of the remark codes as well.