



**Value Behavioral Health of Pennsylvania,
Inc.**

Health Alert via ProviderConnect

Value Behavioral Health of Pennsylvania

Presenter

Jim Friend, Special Projects Manager

Pennsylvania Service Center

“What is ValueOptions® Health Alert?”

- ValueOptions® Health Alert is a program that gives members reminder calls about their upcoming outpatient appointments and/or medications (times to take medications and refills).
- Members decide if they prefer phone reminders or emails. Members also provide the best number or email address.
- If a member is inpatient then the provider can set up the reminders.
- However, Outpatient providers will have the most opportunity to set up appointment or medication reminders.

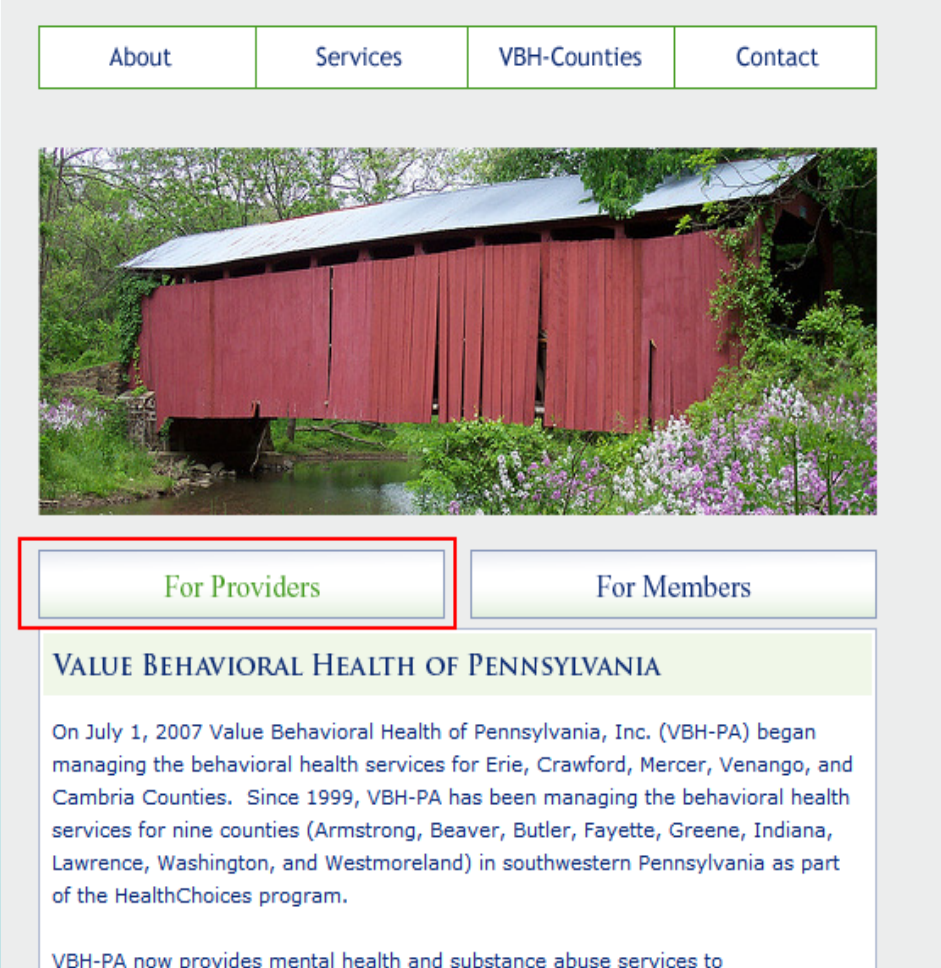
Why use Health Alert reminders?

- Free to VBH-PA providers
- Offers members a choice on the reminders
- Decreases no-show rates
- Increases staff productivity
- Allows multiple appointment reminders
- Allows multiple medication reminders


Value Behavioral Health of PA Homepage

For Providers Only

- Go to: www.vbh-pa.com
- Click on: For Providers
- Click on: ProviderConnect
- Enter: User ID
- Enter Password



About	Services	VBH-Counties	Contact
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For Providers	For Members
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VALUE BEHAVIORAL HEALTH OF PENNSYLVANIA

On July 1, 2007 Value Behavioral Health of Pennsylvania, Inc. (VBH-PA) began managing the behavioral health services for Erie, Crawford, Mercer, Venango, and Cambria Counties. Since 1999, VBH-PA has been managing the behavioral health services for nine counties (Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland) in southwestern Pennsylvania as part of the HealthChoices program.

VBH-PA now provides mental health and substance abuse services to

Value Behavioral Health of PA Web-Site



About	Services	VBH-Counties	Contact
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- Home
- **Provider Home**
- Provider Manual
- Provider Forms
- Provider Information
- Medical Necessity Criteria

Provider Online Services

Welcome to Value Behavioral Health of Pennsylvania (VBH-PA) Provider Online Services!



To better serve HealthChoices members, VBH-PA remains committed to providing education, information, and resources for providers.

Our comprehensive [Provider Manual](#) provides a quick reference for most questions including a detailed program overview, claim and billing information, and important forms providers use on a daily basis. Here you will be able to find details on each departmental area managed by within the VBH-PA service center.

For network-specific information regarding claims and billing, provider enrollment, quality management and other materials that providers and staff may find very useful, visit the [Provider Information Center](#).

Once again, welcome to VBH-PA Provider Online Services. If you have any questions, please don't hesitate to contact VBH-PA at the **Toll-Free Provider Line at 1-877-615-8503** or by email at VBHPAWebMaster@valueoptions.com for assistance.

ProviderConnect Logon Homepage

ProviderConnect - Providers - Login - Windows Internet Explorer

http://pcr1stg/pc/review/RFSToProviderHome.do?clinicalReviewEntry.requestedStartDateStr=03162010&clinicalReviewEntry.levelOfService=

File Edit View Favorites Tools Help

Convert Select

ProviderConnect - Providers - Login

ValueOptions Home Provider Home Contact Us Log In

Home

EDI Homepage

Specific Member Search

Register Member

Authorization Listing

Enter an Authorization Request

View Clinical Request Drafts

Claim Listing and Submission

My Online Profile

View Practice Profile

Provider Data Sheet

Compliance

Handbooks

Forms

Network Specific Information

Education Center

ValueSelect Designation

Contact Us

Unable to confirm your current logged in status. Please log in again.

Please Log In

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

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line

*Password [Forgot Your Password?](#)

Log In

The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing services to their patients. No information or resource provided through the ValueOptions site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through ValueOptions is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

New User?

Please register for access.

Register

Done

Local intranet 100%

Start

3 Micro... TEST ME... Microsoft... 2 Micro... Provider... Microsoft... untitled... 2:46 PM

Click I Agree on the User Agreement Page.

Liability. NEITHER VALUEOPTIONS NOR ANY OF ITS OFFICERS, DIRECTORS, EMPLOYEES, LICENSORS, CONTRACTORS OR SUPPLIERS ARE RESPONSIBLE TO YOU OR ANY THIRD PARTY FOR DAMAGES (WHETHER, DIRECT, INDIRECT, COMPENSATORY, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, OR PUNITIVE) SUFFERED AS A RESULT OF: (1) ACCESS TO, USE OR MISUSE OF OR DIFFICULTY OR INABILITY TO USE (AND/OR RELATED THERETO) PROVIDERCONNECT AND/OR ANY ONE OR MORE OF THE ONLINE TRANSACTIONS OR SERVICES AVAILABLE THEREUNDER WITHOUT LIMITATION COMPUTER VIRUSES, MALICIOUS CODE OR COMPATIBILITY ISSUES; (2) ANY INACCURACY OR INCOMPLETENESS OF INFORMATION OR DATA SUBMITTED OR TRANSMITTED BY YOU; (3) ANY INAPPROPRIATE OR ILLEGAL ACCESS OR USE OF PROVIDERCONNECT AND/OR INFORMATION OR DATA OR MATERIALS CONTAINED THEREIN; (4) UNAUTHORIZED ACCESS TO OR ALTERATION OF YOUR TRANSMISSIONS OR DATA; (5) ANY LOSS RELATED TO OR ARISING FROM ACCESS OR USE OF PROVIDERCONNECT AND/OR ANY ONLINE TRANSACTIONS OR SERVICES THEREUNDER.

Indemnification. In addition to your obligations under this Agreement and your provider agreement with ValueOptions, you agree to indemnify, hold harmless ValueOptions, its affiliates, subsidiaries, licensors, officers, directors, employees and contractors against any claims, losses, damages, penalties, judgments, expenses or costs (including without limitation reasonable attorneys fees and costs) arising from and/or incurred as a result related to your breach of this Agreement and/or your use or misuse of ProviderConnect and/or any online transactions or services available there information contained within or transmitted through ProviderConnect by you or your authorized designee.

Updates & Modifications. ValueOptions, in its sole discretion, may update or modify this Agreement from time to time. ValueOptions will provide updates or modifications to this Agreement on this website. If you continue to use or access the ProviderConnect site following such notice, you have accepted the updated or modified Agreement and agreed to all of the terms and conditions contained therein. This Agreement is available on the ProviderConnect site. You agree to review this Agreement periodically.

Assignment & Governing Law. You may assign this Agreement only with the prior written consent of ValueOptions. This Agreement and all disputes and claims relating to this Agreement shall be governed by the laws of the Commonwealth of Virginia, excluding its conflicts of law rules.

Termination. You may terminate this Agreement by providing written notice to ValueOptions and discontinuing your use of ProviderConnect. ValueOptions may terminate this Agreement and your right to access or use ProviderConnect at any time, with or without cause.

123456
PETER TUMNUS
14 BEAVER TRAIL
NARNIA, VA 12345

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com

Click on [Enter Member Reminders](#) link on the menu bar

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Claim Listing and Submission
Enter an Individual Plan
Enter a Referral
Review Referrals
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Mv Online Profile

Demographics Enrollment History COB Benefits Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member		Eligibility	
Member ID	987654321	Effective Date	
Alternate ID		Expiration Date	
Member Name	ASLAN, SUSAN	COB Effective Date	?
Date of Birth	12/02/1979	View Funding Source Enrollment Details	
Address	5 WARDROBE WAY NARNIA, VA 12345	Subscriber	
Alternate Address		Subscriber ID	1111111
Marital Status	-	Subscriber Name	ROBERT
Home Phone	703 123-4567 X 12345678	Additional Information	
Work Phone		CSP Type	AD04 - GMH/ARIZO
Relationship	1 - Self	Primary Agency	123456 - DEMO SER
Gender	F - Female	Effective Date	03/01/2007

Click on "Enter Member Reminders"

Enter a member ID number in the **Member ID** field.

Enter a date in the **Date of Birth** field. Note: Enter information in MMDDYYYY format only.

Enter the member's first and last names to further refine the search (this step is optional).

Click **Search**.

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- Enter a Treatment Plan
- View Clinical Drafts
- Enter a Special Program Application
- Claim Listing and Submission
- Enter an Individual Plan
- Enter a Referral
- Review Referrals
- Enter Bed Tracking Information

Eligibility & Benefits Search

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

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text" value="987654321"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	(MMDDYYYY)
As of Date	<input type="text" value="08112005"/>	(MMDDYYYY)

Search

Confirm Member Demographics

ValueOptions Home Provider Home Contact Us

Demographics Enrollment History COB Benefits Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member?

Member ID	987654321
Alternate ID	
Member Name	ASLAN, SUSAN
Date of Birth	12/02/1979
Address	5 WARDROBE WAY NARNIA, VA 12345
Alternate Address	
Marital Status	-
Home Phone	703 123-4567 X 12345678
Work Phone	

Eligibility

Effective Date	08/01/20
Expiration Date	
COB Effective Date?	

[View Funding Source Enrollment Details](#)

Subscriber

Subscriber ID	987654321
Subscriber Name	ASLAN, SUSAN

Click next

Member Reminders

Appointments, Medications, Refills

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Enter a Special Program Application
Claim Listing and Submission
Enter an Individual Plan
Enter a Referral
Review Referrals
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports

Welcome PETER TUMNUS . Thank you for using ValueOptions ProviderConnect.

Header Info

Member ID	987654321	Member Name	SUSAN, ASLAN
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Enter Member Reminders

▶ [How would you like to receive your Appointment and Medication reminders?](#)

▶ [Appointment Reminders](#)
(After Clicking SAVE another reminder can be added.)
Current Appointment Reminders

Physician Name	Appointment Date	Appointment Time
No records found.		

▶ [Medication Reminders](#)
(After Clicking SAVE another reminder can be added.)
Current Medication Reminders

Phone or Email Option

(Can only choose one)

Header Info

Member ID	987654321	Member Name	SUSAN, ASLAN
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Enter Member Reminders

How would you like to receive your Appointment and Medication reminders?

Choose one

Phone Email

Email Address

TEST@hotmail.com

Validate Email Address

TEST@hotmail.com

*Preferred Time of Day for Reminders

Afternoon (noon - 5pm)

Phone #

Ext

*Time Zone

Eastern

Save

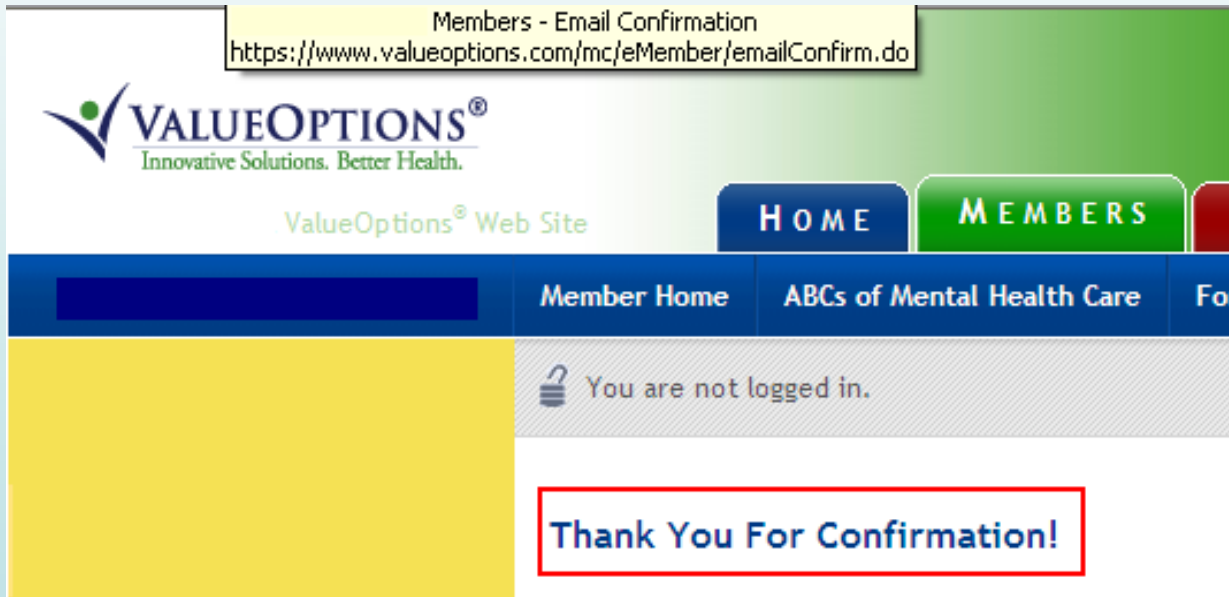
Email Confirmation

(The member will receive the following email in their inbox)

“You have signed up for either Email Articles or Reminders. Please click the link below to confirm that you have requested one of these services.
Thank you.”

[Click to confirm that you have signed up for Email Service](#)

Click and you will get the message below



Appointment Reminder

Enter Member Reminders

▶ [How would you like to receive your Appointment and Medication reminders?](#)

▼ [Appointment Reminders](#)

(After Clicking SAVE another reminder can be added.)

Provider Name

PETER TUMNUS

Provider Type

Other

Appointment Date (MMDDYYYY)

10152010



Appointment Time (hh:mm)

AM PM

Save

Save

Current Appointment Reminders

Physician Name	Appointment Date	Appointment Time	
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Medication and Refill Reminder

No records found.

▼ [Medication Reminders](#)
(After Clicking SAVE another reminder can be added.)


Medication Name
TEST


Medication and Refill Reminder Medication Reminder Only

I am supposed to take this medication at the following time(s):
(enter up to 4 times)

Reminder Time1 7:00AM ▼	Reminder Time2 12:00PM ▼	Reminder Time3 5:00PM ▼	Reminder Time4 Select... ▼
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Days Supply
30

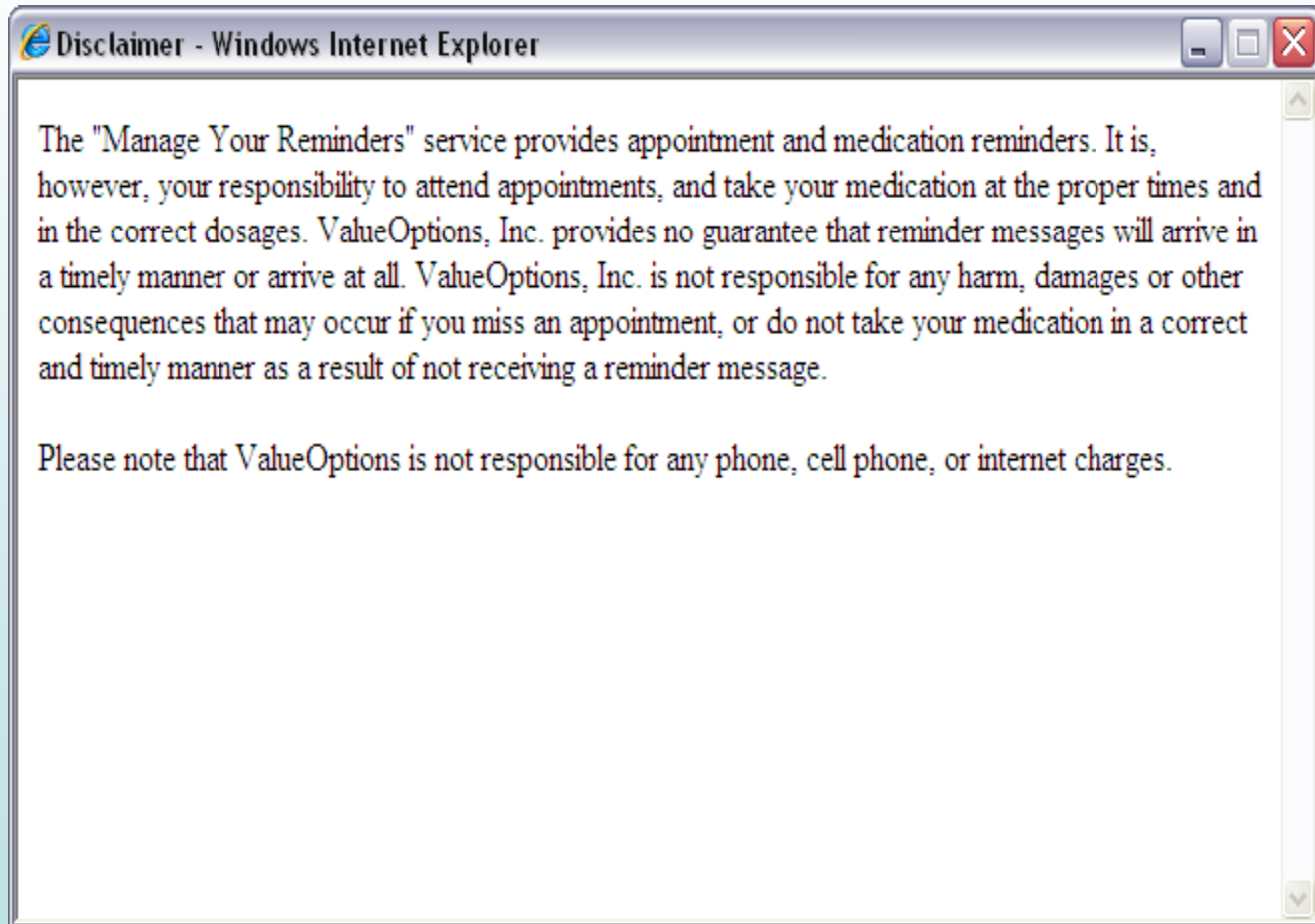
Last Date Filled (MMDDYYYY)
09172010 

Save 

Current Medication Reminders

Four reminder times are permitted

Disclaimer given on Appointment and Medication reminders



Change or Delete Options

Enter Member Reminders

▶ [How would you like to receive your Appointment and Medication reminders?](#)

▶ [Appointment Reminders](#)

(After Clicking SAVE another reminder can be added.)

Current Appointment Reminders

Physician Name	Appointment Date	Appointment Time	
TEST	10/15/2010		<input type="button" value="Change Reminder"/> <input type="button" value="Delete"/>

▶ [Medication Reminders](#)

(After Clicking SAVE another reminder can be added.)

Current Medication Reminders

Medication Name	Reminder	Time 1	Time 2	Time 3	Time 4	
	Refill	Days Supply		Last Date Refilled		
Medicine1	Y	7:00AM	12:00PM	5:00PM		<input type="button" value="Change Reminder"/> <input type="button" value="Delete"/>
	Y	7:00AM		09/12/2010		

What are the words of the actual reminder

- **Appointment reminder – phone:** “Hi. This is a call for (member name) to remind (member name) of an appointment with your healthcare provider on (appt date) at (appt time). If you have any questions about this appointment, please call your outpatient provider. Goodbye.”
- **Medication reminder – phone:** “Hi. This is a call for (member name) to remind (member name) that it’s time to take the medication that you or your provider specified is due at this time. If you have any questions about this medication, its effects or side effects, please call your outpatient provider. Goodbye.”
- **Refill reminder – phone:** “Hi. This is a call for (member name) to remind (member name) that it’s time to refill the medication that you or your provider specified is up for refill. If you have any questions about this please contact your outpatient provider. Goodbye”
- **Appointment reminder – email:** “This is an email for (member name) to remind (member name) of an appointment with your healthcare provider on (appt date) at (appt time). If you have any questions about this appointment, please call your outpatient provider”
- **Medication reminder – email:** Hi. This is an email for (member name) to remind (member name) that it’s time to take the medication that you or your provider specified is due at this time. If you have any questions about this medication, its effects or side effects, please call your outpatient provider.
- **Refill reminder – email:** “This is an email for (member name) to remind (member name) that it’s time to refill the medication that you or your provider specified is up for refill. If you have any questions about this please contact your outpatient provider. “

Thank you!