

ValueAdded

This is the 205th issue of our VBH-PA information update. These updates will be emailed to network providers monthly. Please feel free to share our newsletter with others, and be sure your appropriate clinical and financial staffs receive copies.

Individual Preferred Provider Criteria for the Treatment of Trauma

Value Behavioral Health of Pennsylvania, Inc. (VBH-PA) and our county partners believe that the treatment of trauma is fundamentally different from traditional psychotherapy in a number of ways. Many members who seek traditional psychotherapy are not having their needs met due to a significant history of trauma. Therefore, trauma providers must have the specialized experience, training, and supervision beyond that of the traditional psychotherapist. They must be able to demonstrate significant knowledge about:

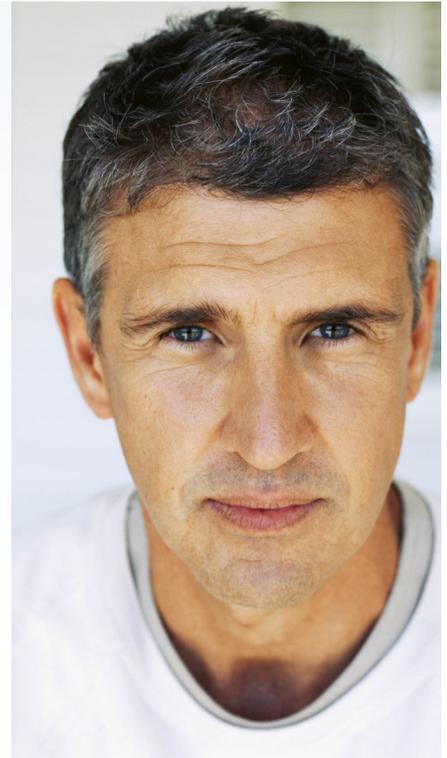
- Human behavior and development
- Comprehensive mental health evaluations/clinical interview
- Psychosocial assessment
- Specific treatment techniques for specific age groups
- Treatment protocols that include Cognitive Behavioral Therapy (CBT), skill building for emotional regulation and a Trauma Narrative component

In an effort to develop a preferred provider network, VBH-PA began a workgroup of interested county representatives and cross-departmental representatives from VBH-PA in 2013. This workgroup adopted criteria for acceptance as a preferred provider for the treatment of trauma.

The minimum standards for preferred providers treating trauma:

- Credentialed with VBH-PA
- Licensed and/or Licensed Eligible Professional (LPC, LCSW, LSW, LMFT, Psychologist, Psychiatrist)

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Upcoming BHRS Summits

(Your choice of two locations per month.)

September 9 —
Hampton Inn & Suites
Mercer, PA

September 16 —
Courtyard by Marriott
Greensburg, PA

December 2 —
Courtyard by Marriott
Greensburg, PA

December 9 —
Hampton Inn & Suites
Mercer, PA

Upcoming RTF Summits

Friday, October 7th
9:00 a.m.—11:00
a.m.

Location:
Doubletree by Hilton
910 Sheraton Drive,
Mars, PA 16046

View all of our
upcoming trainings
on the Provider
Trainings webpage:
http://www.vbh-pa.com/provider/prv_tm.htm

Individual Preferred Provider Criteria for the Treatment of Trauma (continued)

- Evidence Based Practices: Utilizes Trauma-Focused CBT, certification and/or documentation supporting the completion of a SAMHSA-approved training program or course.
 - ◊ For practitioners based in the NW3 and SW6 counties, it is preferred that this certification be accomplished via the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) National Certification Program.
- Screening Tool: Utilizes the trauma symptom checklist for adults and children
 - ◊ VBH-PA welcomes the use of additional screening tools but is requesting that the practitioner submit the tool to VBH-PA for prior approval. The screening tools used should be culturally sensitive and appropriate.
- Clinical supervision minimum one (1) time per month, for a minimum of one hour, by a trauma trained supervisor. VBH-PA prefers that the supervision is provided by a trauma trained/certified supervisor, but it is not required.
- Practitioner must provide documentation of twelve (12) hours of trauma-focused training every two (2) years.

To become an individual preferred provider for the treatment of trauma, submit all of the above to Andrea Poole, Provider Field Coordinator, at andrea.poole@beaconhealthoptions.com or you may call her at (724) 430-1377.

For additional resources please visit the following websites:

- ⇒ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) National Certification Program: <https://tfcbt.org/>
- ⇒ National Traumatic Stress Network: www.nctsn.org
- ⇒ SAMHSA: <http://www.samhsa.gov/nctic>
- ⇒ Child Welfare Information Gateway: www.childwelfare.gov
- ⇒ Chadwick Center on Children and Families: <http://www.chadwickcenter.org>

Physical Health/Behavioral Health Release of Information

In December 2015, VBH-PA began formal care coordination with the MCOs that manage our members' physical health plans. As part of that coordination and with the focus of promoting more efficient treatment access and communication among providers, our members, and the MCOs, the **Physical Health/Behavioral Health Release of Information** (PH/BH ROI) is utilized. This ROI, for adult members only, allows both MCOs to share information with permitted treatment providers responsible for a member's care. So that we may begin a more intensive and efficient care coordinator for our members, VBH-PA asks providers to assist members in completing the ROI and then faxing it to VBH-PA at 1-855-660-0338. The ROI is on our website here: http://www.vbh-pa.com/provider/info/clinical_ut/Integrated-Care-Release-of-Information.pdf.

Looking at Vapes Beyond a Way to Quit Smoking

The Food and Drug Administration (FDA) has joined other health experts to warn consumers about potential health risks associated with electronic cigarettes (e-cigarettes) commonly referred to as “Vapes.”



Sold online and in many shopping malls, the devices generally contain cartridges filled with nicotine, flavor and other chemicals. They turn nicotine, which is highly addictive, and other chemicals into vapor that is inhaled by the user.

While Vapes (or e-cigarettes) eliminate some of the health risks associated with regular cigarettes, they deliver pure nicotine with the same effects on the brain as cigarettes.

Vapes are generating a great deal of research. Recently, the New England Journal of Medicine suggests that e-cigarettes serve as a “gateway drug.” This means that individuals using e-cigarettes are more likely to use and become addicted to substances such as cocaine and other drugs.

While the typical e-cigarette smoker is described as a long-term smoker, e-cigarette use is gaining popularity among teens and young adults. Prevention programs have worked diligently, successfully reducing the rate of smoking in the United States. However, there is growing concern that with the introduction of e-cigarettes, the progress that has been made may be destroyed.

Sources: www.fda.gov and New England Journal of Medicine <http://www.nejm.org/doi/full/10.1056/NEJMsa1405092>.

Fighting Childhood Obesity



The childhood obesity epidemic is getting more and more widespread. As we watch the current numbers of those affected by obesity rise, the question remains: What are we doing to help improve this problem? We know that two-thirds of the population is affected by being overweight or obese. Because of that, we know that effective treatment programs are just as necessary as prevention programs.

Childhood obesity also has considerable consequences on a child's mental health and self-esteem. Overweight children report to be more likely to be teased at school, have difficulties playing sports, are fatigued and have sleep apnea. The children who were picked on because they were physically different, such as being obese, will suffer emotional scars throughout their childhood and most likely into their adulthood.

What Can Parents Do?

- Let your child know how much they are loved and appreciated whatever his/her weight, and support and encourage them daily.
- Emphasize and model healthy eating, keeping fatty and sugary snacks to a minimum.
- Increase physical activity—take your child for a brisk walk, play catch, get outside!
- Be a good role model for your child. If they see you eating and enjoying healthy food and physical activity, they will be more likely to do the same now and for the rest of their lives.
- Promote more water intake and use yourself as an example for your children. Try to dissuade the intake of soda or beverages with lots of sugar.

Information reference: www.usda.gov

Welcome!

Tina Smouse joined the VBH-PA Program Integrity Department on June 20th as a Program Integrity Auditor. Welcome, Tina!

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@beaconhealthoptions.com

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

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Claims Corner

Duplicate Claims

Processing duplicate claims submissions causes additional work and expense for both VBH-PA and our providers.

In a recent article published by HGSA, Medicare expects duplicate submissions to be less than one percent of all claims processed. The article emphasizes that “patterns of filing duplicate claims are considered a form of program abuse.” According to the Centers of Medicare and Medicaid Services, abuse is defined as: **“Intentionally or unintentionally filing duplicate claims, even if it does not result in duplicate payment.”**

Below are some helpful hints that may prevent duplicate claim denials:

- Do not resubmit claims until you have received confirmation from ProviderConnect or a Provider Services Representative that the initial claim is not on file.
- If your software automatically generates a resubmission, please keep in mind that VBH-PA has thirty (30) days to process a claim. Program your software to allow sufficient time for receipt of payment and posting to patients’ accounts.
- Claims received with the identical date of service, place of service code and procedure code/modifier of an existing claim will be denied as a duplicate.
- If you need to increase or decrease units for services already submitted and paid, please use the Change/Reprocess module in ProviderConnect for all claims submitted via 837 Professional/CMS-1500 forms. EDI Batch Submission is the preferred method for services billed on a 837 Institutional/UB-04 form.

ACT 62 Alert

Please be advised that it is **imperative** that the Group Plan Renewal Date of the private insurance policy 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. Based on data exchanges from the private insurance plans and our providers, the majority of Group Plans renew on **January 1st or July 1st**. It is very important that the benefits are verified by the servicing provider on an **annual** basis.

If there was no Autism coverage by the private insurance plan during the previous benefit year, and there is no Autism coverage as of the Group Plan Renewal Date, VBH-PA must be notified immediately to ensure no disruption to reimbursement for services provided.

If there was Autism coverage by the private insurance plan during the previous benefit year and the group plan has renewed and the member continues to have Autism coverage under the same private health plan, **NO ACTION IS REQUIRED**. VBH-PA will process your claims as secondary and coordinate benefits based on the private insurance explanation of benefits.

Please fax all documentation related to ACT 62 updates to the Claims Department at 855-842-1285. Feel free to contact VBH-PA Customer Service at 877-615-8503 for assistance if you have any questions.