

## ValueAdded

This is the 84th issue of our VBH-PA information update. These updates will be faxed, emailed or sent by mail 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 8, Issue 5

May 2006

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

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## Plus a Provider Forum Announcement!

Suggestions or ideas for articles that you would like to see published in ValueAdded can be faxed to Kim Tzoulis, ValueAdded editor, at (724) 744-6370 or emailed to Kimberly.Tzoulis@ValueOptions.com

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

## **Mental Health Month and Coordination of Care**



May is Mental Health Month. The theme this year is MIND Your Health, focusing on the mind-body connection and the link between mental and physical health. Please remember the importance of coordinating care with the member's PCP. Provider record review data continues to show that the rate of exchange of information between behavioral health practitioners and PCPs remains low.

When treating a member for a behavioral health condition, any medical conditions or the need for medical care should be addressed in the member's treatment plan. With the member's consent, regular communication and coordination of care with the member's PCP is also an important component to treatment. It is also essential in promoting recovery.

Some mind/body connection facts to consider:

- Stress is linked to the six leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver and suicide. (American Psychological Association, 2004)
- Chronic stress can double a person's risk of having a heart attack. (Blue Cross Blue Shield Massachusetts, 2004)
- People who have untreated mental health issues use more general health services than those who seek mental health care when they need it. (American Psychological Association, 2004)
- People who have heart disease and depression are up to twice as likely to die within two years of being diagnosed with heart disease than people who have heart disease only. (Psychosomatic Medicine Journal, 2004)
- People who have depression are more likely than others to develop diabetes. (American Journal of Epidemiology, 2005)

An example letter which providers could use to exchange information with PCPs is on page 2 of this newsletter.

## Coordination of Care Example Letter

Behavioral Health Practitioner Address City, State, Zip				
Fax #				
Dear PCP:				
Your patient,, is being treated for symptoms of  I/We have recommended the following treatment (diagnosis):				
☐ Individual Therapy       ☐ Family/Couples Therapy         ☐ Group Therapy       ☐ Psychiatric Evaluation for Medication         ☐ Pharmacotherapy       ☐ No treatment recommended at this time				
The following medication(s) have been prescribed:				
Medication Dose/frequency				
☐ No medication at this time				
Please feel free to contact me at XXX-XXXX if you feel there are coordination of care issues that we should discuss.				
Sincerely,				
Behavioral Health Practitioner				
PCP Response:				
Diagnosis:				
Diagnosis.				
Medication Dose/frequency				
Medication Dose/frequency				
Medication Dose/frequency				

## **Software Systems and Technologies**

A summary of the ValueOptions Connections Administrative Systems' software and technologies is shown in the table below.

Any questions regarding these updates can be directed to Jim Kuemmerle, Special Projects Manager, at 724-744-6331 or Jim.Kuemmerle@ValueOptions.com

The ValueOptions Connections Administrative Systems Platform		
CAS Software and Technology Component	Application Formerly Called	Description or Use
Connections Administrative System	Integrated Managed Care Administration System	Back End architecture for all Connections Applications.
This is the current version of MHS that is in use.		
AuthLetterConnect Tentative Start Date:	ALA – Auth Letter Application	PC-based program that downloads data from Connections data extract files and merges the data using Crystal Reporting templates.
2006 Q2		
BenefitConnect  Tentative Start Date:	OneSource	Web-enabled application allows ValueOptions personnel to access accurate benefit information, increasing the quality of service
2006 Q2		to members.
CareConnect	MHS Plus Clinical	Web-enabled Care Management software accessed by providers and ValueOptions staff.
Tentative Start Date: 2006 Q2		
MemberConnect	e-Member	Web-based application developed and maintained by ValueOptions IT staff that
Tentative Start Date: 2006 Q2		allows our members to conduct transactions via a secured site including eligibility inquiries, claims inquiries and claims submission via the Internet.
NetworkConnect Start Date: 2005 Q4	Formerly used Provider Module of MHS and Vistar credentialing application.	Web-based credentialing software program including imaging, automated forms processing, on-line faxing, and ad hoc query capabilities.
ProviderConnect	e-Provider	Web-based application developed and maintained by ValueOptions IT staff that allows providers to conduct transactions via a secured site including eligibility inquiries,
Tentative Start Date: Phase I, 2006 Q2 Phase II, 2006 Q2		claims inquiries, claims submission and care registration via the Internet.
QualityConnect	Adverse Incident Tracking System	A secure, Web-based Adverse Incident Tracking System (AITS) used for reporting,
Start Date: 2005 Q4		tracking and investigation of all adverse incidents company-wide.
ReferralConnect	PRS – Provider Referral System	Web-based, searchable database of network providers; available to providers.
<b>Tentative Start Date:</b> 2006 Q4		
ServiceConnect	MHS Plus Customer Service also called	A Web-based, intuitive, user friendly, integrated customer service module.
Start Date: 2005 Q4	CRM	
TeleConnect  Tentative Start Date:	IVR – Interactive Voice Response	Interactive Voice Response (IVR) technology that utilizes automated speech recognition to allow providers without computer capabilities to check benefits, eligibility, claims status, and
Phase I and II, TBD		to register care telephonically.

## **EDI Submission**

Did you know that over half of SWPA claim receipts are transmitted by our providers electronically, and that <u>80% to 90% of these claims are auto-adjudicated</u>? That means they receive payment between two to four working days from the date of submission. If you are one of our EDI submitters, you have noticed that you are receiving payment within a few days of billing for the majority of your claims.



If you are not yet submitting claims electronically, and would like to receive payment within days of submission, please contact the **Member and Provider Services Department** at **877-615-8503** to request a free CD or visit our website at <a href="https://www.valueoptions.com">www.valueoptions.com</a> to download a copy of our free software.

You have everything to gain by becoming an EDI submitter. Your claims will be processed more efficiently, and most importantly, you can receive your payment within a few days of billing.

## **ICD-9 CM Diagnosis Codes**

The Health Insurance Portability and Accountability Act (HIPAA) requires the use of ICD-9 CM diagnosis codes for claims payment.

If you are not already billing in the HIPAA compliant format, please be advised that all claims <u>received</u> by VBH-PA on or after July 1, 2006, MUST contain a valid ICD-9 diagnosis code. Failure to comply will result in <u>claim denials</u>.

For your convenience, a list of compliant ICD-9 Diagnosis Codes are available on the VBH-PA provider website in the Claims Department Section.

www.valueoptions.com/provider/contractspecific/pahealthchoices.htm

## **Save the Date!**

VBH-PA is pleased to present an internationally acclaimed clinical expert in the field of thought field therapy. New treatment trends will be discussed as well as treatment options.



Provider Forum Announcement



### "EMDR – THOUGHT FIELD THERAPY"

Presented by: Dr. Gregory Nicosia Thursday, July 20, 2006

More details will follow in future issues of ValueAdded.

# Customer Service Corner

#### When Calling VBH-PA

Our goal at VBH-PA is to service your call in the most efficient manner possible. In order to do this we need your assistance! When calling the Trafford Service Center's toll-free Provider Line (1-877-615-8503), please have the following information ready: VBH-PA provider number and/or your federal tax



identification number and your Medicaid Identification Number(s). (To find out your VBH-PA provider number, please call the Customer Service Department at 1-877-615-8503.) Having this information readily available when you call our toll-free Provider Line will enable our Customer Service Representatives to provide you with accurate information whether you are calling for claim status, eligibility, authorization status or a general question.

#### When Submitting Claims

Initial paper claim submissions must be mailed to:

VBH-PA HealthChoices Program 516 Pleasant Valley Road Trafford, PA 15085

Corrected claims, claim adjustment requests and all other inquiries regarding a claim must be mailed to:

VBH-PA HealthChoices Program 520 Pleasant Valley Road Trafford, PA 15085

## When Sending in Requests for a Claim to be Reconsidered or a Corrected Claim

A detailed reason for reconsideration must be included. If a corrected claim is sent, a notation on exactly what is to be corrected is necessary. It is very helpful to include a copy of the voucher with the corrected claim noting the reason for the adjustment.

If a claim has been denied for "SWPA Unknown", please verify that the individual is eligible for VBH-PA. If a corrected claim is being submitted for this denial reason, a copy of the voucher showing the denial must be attached to the claim. If the voucher copy is not attached, the claim will be processed as new.

Please remember that there is a <u>90 day timely filing limit on all adjustment</u> requests. All adjustment requests must be received by VBH-PA within 90 days from the date of the Provider Summary Voucher, regardless of the error.

Initial claims must be received within 90 days of the date of service, date of discharge or date of explanation of benefits.

## **Consumer/Family Satisfaction Teams** (C/FST) - 2005

Member satisfaction is measured in two different ways. VBH-PA, through a research company, conducts an annual telephonic member satisfaction survey. In addition, VBH-PA tracks results of each county's Consumer/Family Satisfaction Team (C/FST) activities. Both collect data on members' satisfaction with access to care, quality of care, improvement due to treatment and VBH-PA services.

In 2005, the Consumer/Family Satisfaction teams from the nine counties conducted approximately 4355 surveys. Areas in which providers consistently score very well include: respectfulness to members, confidentiality, overall satisfaction, provider conveying the possibility of recovery, services helpful to consumers and location of provider.

#### Medication Education (Performance Improvement Plan for 2005):

In 2005, several providers were asked to implement action plans to improve scores on medication education to members based on their 2004 score. Most of these providers realized improvements but the overall scores on this question are not yet consistently above the 85% standard. VBH-PA would encourage all providers to assure that medication education is provided regularly to consumers.

#### Survey tool:

Most of the Consumer/Family Satisfaction teams (the Southwest Six Counties, Greene County and Fayette County) use the same survey tool. This tool is developed based on requirements of DPW. In addition to the formal question, there is also a data definition attached to questions that may be confusing or may require explanation. The teams use these definitions to make questions clear to the interviewee and to assure uniformity. Following is an example:

**Question**: Has your provider made you aware of the support services available in your community?

**Data Definition**: Support services are other agencies or programs that help people with things like housing, food, utilities, parenting or getting a job. Did your provider ever talk to you about any of these agencies? Some people do not need any agencies like this — if you do not or have not since you've been at this provider, then this question is NA for you.

Different terminology may be used in different counties or providers. The Consumer/Family Satisfaction teams of the above counties are aware that they can individualize the data definitions (not the question or the intent of the question) for their counties or providers where they survey frequently in order to use terminology that will be understood by interviewees. For example, an agency may use the term "service plan" instead of "treatment plan".

VBH-PA would like to thank providers who participate in the Consumer/Family Satisfaction team survey process and encourage providers who have not yet participated to do so. The survey results provide a valuable resource for agencies to identify strengths and to target areas for improvement.

\*Please see the next page for a Program Building Seminar coming in July.

## **Juvenile Fire Setters Program**

VBH-PA's Special Projects Manager, Jim Kuemmerle, recently attended a workshop sponsored by the state fire commissioner's office which focused on the statewide development of a juvenile fire setters program. The fire commissioner's office received a fire prevention grant from FEMA, U.S. Department of Homeland Security. Workshops are being held regionally throughout the state. The workshop for the western portion of the state should be scheduled over the next few months. Jim will be assisting the state fire commissioner's office with establishing a regional program for southwestern PA.\*

National data indicates that over 80% of children will continue with inappropriate fire play if no specialized interventions are put in place. The same data indicates that the recidivism rate is reduced to three to eight percent with completion of these interventions.

Please contact Jim at 724-744-6331 or <u>jim.kuemmerle@valueoptions.com</u> for further information or if interested in serving on this work effort.

#### **The Facts on Juvenile Fire Setters**

- There is no particular "type" of child that will set a fire. Any child can be a potential fire setter regardless of race, religion, gender or family background.
- 4 Young fire setters usually range in age from 2 to 16.
- 4 The average age of a child setting an intentional fire is 3 to 7 years old.
- A Recent statistics show that 50% of those arrested for arson were juveniles.
- On average, children start nearly 100,000 fires per year.
- In child-started residential fires, 9 out of 10 deaths are to children, with 3 out of 4 deaths to children under the age of 6 years old.
- 40% of children admit to playing with fire

### Why do children set fires?

- A The principal reason that most children play with fire is out of curiosity. Troubled children may act out their anger or frustration by setting fires.
- Experts believe that there are two basic types of children who start fires, curiosity fire setters and problem fire setters.
- Curiosity fire setters usually are 2 to 16 years old whose fascination with fire leads them to "play" with it to find out how it feels, how it burns and what it does.
- A Problem fire setters are generally between the ages of 5-17. In contrast to the curiosity fire setters, however, these youngsters light fires because of emotional or mental disturbances ranging from mild to severe. A crisis in the child's life could trigger fire-setting behavior.

### What can you do?

- Teach your children to respect fire.
- Keep matches and lighters out of the child's sight and reach. Use only child resistant lighters.
- Be sure your child understands that fire is not a toy; fire can kill; all fires even smaller ones - can spread quickly; even adults must follow special safety rules when using fire.
- A Please make sure your home is as fire safe as possible: install and maintain smoke alarms; plan and practice home fire escape drills; and regularly inspect your home for fire hazards.

# Juvenile Fire Setter Program Building Seminar

July 17-18, 2006 • 9:00 am to 4:00 pm Both Days Butler County Community College Succop Theater, College Drive, Oak Hills Butler, PA 16003

### Who Should Attend This Workshop?

This uniquely structured seminar is ideal for fire service, law enforcement agencies, mental health practitioners, social service agencies, juvenile justice system proponents and other agencies and professionals who work with juveniles. DON'T MISS THIS GREAT OPPORTUNITY to learn what components are needed to create or improve a juvenile fire setter intervention program in your area.

#### **HOW TO REGISTER**

No fee required.

#### Register via USPS:

Complete registration form below, mail to: JFS Workshop Registration, Office of the State Fire Commissioner, 2605 Interstate Drive, Harrisburg, PA 17110

#### Register via Email:

Email all information included on form below with subject line "JFS Workshop" to: preichenba@state.pa.us

#### Register via Fax:

Complete registration form below and fax this page to: (717) 651-2210

Register via Telephone: Call (800) 670-3473, ext. 2203 -or- (717) 651-2203

#### JFS Workshop Registration

Last Name	First	MI
Title		
Profession		
Department/Agency		
Address		
City	County	
State Zip		
Telephone ( )	Fax ( )	
Email		

22 Targeted Counties: Allegheny, Armstrong, Beaver, Butler, Cambria, Clarion, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, Westmoreland.

Value Behavioral Health of PA, Inc. 520 Pleasant Valley Rd Trafford, PA 15085

Phone: (877) 615-8503

Fax: (724) 744-6370

Past issues of ValueAdded can be accessed at: http://www.valueoptions.com/provider/contractspe cific/pahealthchoices.htm