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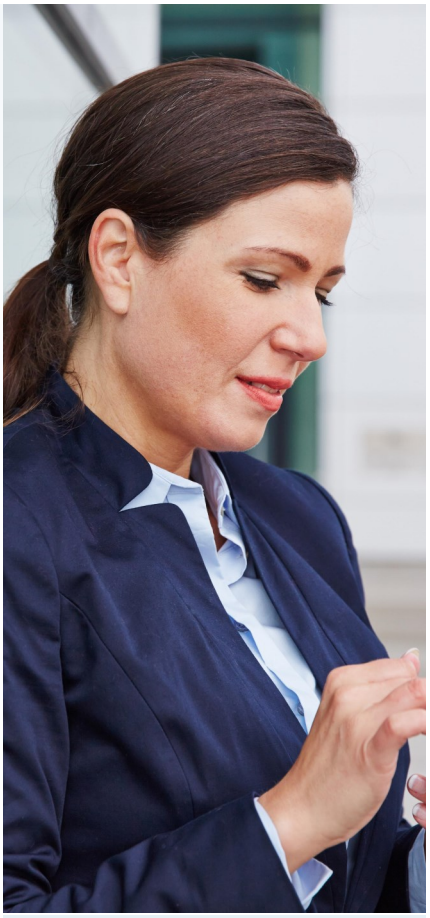
March 2017

# ValueAdded

This is the 213th 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.



## OMHSAS Policy Clarification on Critical Incident Reporting

**This article is intended to remind you that in 2007 OMHSAS issued a policy clarification (Code 255.5) regarding Drug and Alcohol providers' requirement to report critical incidents to their BH-MCO.**

Below is an excerpt of that clarification and Value Behavioral Health of Pennsylvania's (VBH-PA) expectation related to critical incident reporting. The policy clarification in its entirety can be found on the VBH-PA website for your reference: http://www.vbh-pa.com/provider/info/qual_mgt/Critical-Incident-Code-255-5-Clarification.pdf.

### Question

*Is there any guidance on adverse incident reporting requirements for Drug and Alcohol providers who deliver services under a BDAP license and are reimbursed in the HealthChoices program?*

### OMHSAS Answer/Response

*Section II. 5. G. (b) of the HealthChoices Program Standards and Requirements states that as part of the Quality Management Plan the BH-MCO should report adverse incidents. However, the information shared must be congruent with current PA State Regulation 4 Pa. Code 255.5. Therefore, D&A providers should report incidents but not provide any client names or other data which reasonably may be utilized to identify the client.*

VBH-PA does expect D&A providers to continue to follow the critical incident policy of categories necessitating a report and timelines for reporting. Detailed information can be found on our website on the Provider Forms and Provider Training pages. However, the report does not need to contain any member identifying information. If it is determined that the specific case requires an investigation, the provider may be asked to submit the clinical record to VBH-PA with all member identifying information redacted. The need for a clinical record will be determined on a case by case basis. Any questions can be directed to Tina Marshall, Quality Manager, at (724) 744-6585.

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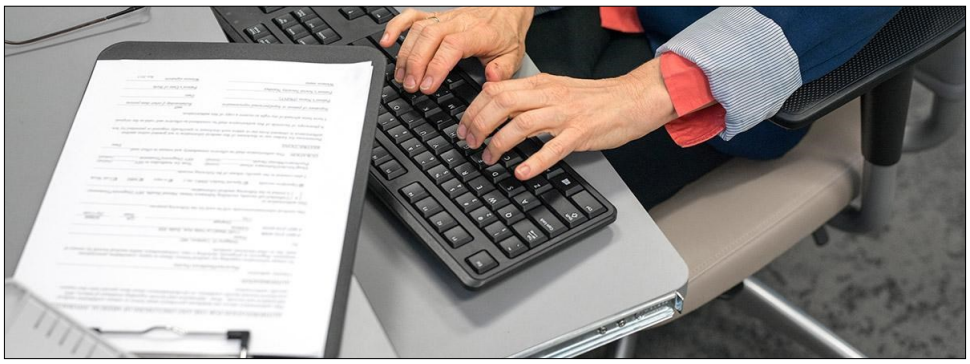
# Paper Claims Submissions Standards

"We are now holding paper claims to the same standards as electronic claims, so incomplete or incorrect claims will be rejected."



## Do you submit paper claims? Have you been getting rejections? Here's what's going on...

Beacon Health Options, our parent company, has entered into a valued partnership with FIS Global, a U.S.-based company that helps us leverage technology and industry-standard tools to shorten claims processing times and increase data quality of claims entry. The intended outcomes are to receive and enter all incoming paper claims via a single, standardized process, improving turnaround time and efficiency.

Following industry standards for paper claims submission allows Beacon and VBH-PA to achieve the improved turnaround times that this initiative is intended to realize. We are now holding paper claims to the same standards as electronic claims, so incomplete or incorrect claims will be rejected. The change took effect January 18, 2017. Since the change, some providers have seen an increase in rejections, so we wanted to provide a reference list of required fields for CMS-1500 and UB-04 to help you avoid the inconvenience of rejections. Please click on the links below for the required fields.

CMS-1500 Required Fields  UB-04 Required Fields

### Helpful tips:

- **Diagnosis Code:** To be placed as far left as possible within its box.
- **Referring Provider:** If referring provider is an individual, please use Last Name, First Name, Middle Initial. (Middle initial is optional.) If referring provider is a facility, just provide the facility's full name.
- **Patient Relationship to Insured:** When insured is different from patient and "Self" has been selected as the relationship, the system will make the insured's name the same as the patient's name.
- **Insured's ID:** This field should only contain insured's ID. No additional information.

Please use this list to help you as you navigate these changing times, and look for more updates and best practices in future editions of this newsletter.

Providers should continue to send your paper claims to VBH-PA. Information about how to submit claims electronically can be found on our website at http://www.vbh-pa.com/provider/info/prvmanual/6_ClmsPyt/clms_sub.htm or contact your Provider Field Coordinator.

# PA Get Help Now


**The Pennsylvania Department of Drug & Alcohol Programs (DDAP) has a new 800 hotline to help people seeking substance abuse help.** The number is **1-800-662-HELP** (1-800-662-4357). The service is called **PA GET HELP NOW**. It is staffed by a company called First Choice. This hotline began November 2016 in Pennsylvania. First Choice will be doing warm handoffs to local resources; First Choice staff are trained in crisis and many are in recovery. First Choice has this experience for the state of West Virginia.

The service also provides access to Chat Lines for those who like that method as well as texting. Chat is available on their website. Please visit the **PA GET HELP NOW** website at https://apps.ddap.pa.gov/gethelpnow/ for more detailed resources such as *Benefits Navigator* and *Care Provider Search* (how to connect to your specific county's D&A office and providers) and find local *Drug Take-Back* locations.

You may also locate drug and alcohol providers in the Value Behavioral Health of Pennsylvania's networks by viewing our Provider Directories and Resource Guides at: http://vbh-pa.com/member/mbr_prvDirect.htm.

## Email Communication

After a year-long successful migration, our email addresses have changed from "**valueoptions.com**" to "**beaconhealthoptions.com**". Please be sure to check that you have the correct email address of our staffs in your address books. The format is: firstname.lastname@beaconhealthoptions.com.

# Care Transitions in Behavioral Health

Value Behavioral Health of Pennsylvania (VBH-PA) hosted "Care Transitions in Behavioral Health" on Friday, February 3, 2017, at the Pittsburgh Marriott North located in Cranberry Township. Charles Ingoglia, MSW, Senior Vice President of Public Policy and Practice Improvement for the National Council for Behavioral Health in Washington, DC was the keynote speaker for the event. Mr. Ingoglia addressed 26 attendees, representing six inpatient and four outpatient facilities, along with four representatives from our Counties and OMHSAS.

Readmissions are common, expensive and frequently preventable. In 2012, CMS implemented the Medicare Hospital Readmissions Reduction Program (HRRP) that penalized hospitals for excessive readmissions involving six physical health diagnoses. As a result, CMS will be withholding $528 million in payments to 2,597 hospitals for FY2017[i]. Although these penalties are based on 30-day readmission for the six physical health diagnoses, behavioral healthcare is no longer on the backburner.

Nearly one in five adults in the United States (or 18%) experiences mental illness in a given year. Approximately one in 25 adults in the United States (or 4.2%) experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities[ii]. Tables one and two below illustrate the top five principal diagnoses for index hospital stays for 2010 and 2013. Ranked second for both years are mental health diagnoses.

**Table 1. All-cause 30-day readmissions ranked by the most frequently treated conditions in U.S. hospitals, 2010[iii]**

| Rank | Principal diagnosis for index hospital stay | Number of index stays | 30-day all-cause readmissions | |
|---|---|---|---|---|
| | | | Number of Readmissions | Percent Readmitted |
| 1 | Pneumonia | 924,160 | 144,894 | 15.7 |
| 2 | Mood disorders | 883,245 | 131,125 | 14.8 |
| 3 | Osteoarthritis | 872,661 | 42,241 | 4.8 |
| 4 | Congestive heart failure, non-hypertensive | 847,073 | 209,017 | 24.7 |
| 5 | Cardiac dysrhythmias | 705,616 | 104,607 | 14.8 |

**Table. 2. High-volume conditions ranked by rate of readmission for all causes within 30 days, 2013[iv]**

| Rank | Principal diagnosis for index hospital stay | Number of index admissions | Number of all-cause readmissions | Aggregate cost of readmissions, $ millions | Rate of all-cause readmission |
|---|---|---|---|---|---|
| **Total index admissions for any cause** | | **28,124,869** | **3,900,556** | **52,398** | **13.9** |
| 1 | Congestive heart failure, non-hypertensive | 782,079 | 183,534 | 2,728 | 23.5 |
| 2 | Schizophrenia and other psychotic disorders | 366,256 | 83,245 | 772 | 22.7 |
| 3 | Respiratory failure, insufficiency, arrest (adult) | 290,892 | 62,684 | 961 | 21.5 |
| 4 | Diabetes mellitus with complications | 486,886 | 99,108 | 1,204 | 20.4 |
| 5 | Acute renal failure | 431,452 | 87,537 | 1,190 | 20.3 |

*Article continued on page 5.*

# Care Transitions in Behavioral Health (continued)

So how can we help our patients alleviate this reoccurrence? The adoption of an appropriate discharge management plan and the establishment of an Electronic Health Record (EHR) are just a few key components to increasing patient follow-up, while simultaneously reducing the readmission rate. Two care models, the Care Transitions Intervention (CTI) and the Transitional Care Model (TCM), were discussed at the forum that wove together the aspects of technology, patient-centered practice, and patient empowerment. Table 3 summarizes the key components of both the CTI and the TCM models of care.

Table 3.[v]

| Care Transitions Intervention (CTI) | Transitional Care Model (TCM) |
|---|---|
| Key Components:<br>• Electronic Health Record (EHR)<br>• Structured checklist of critical activities to empower patients pre-discharge<br>• Patient self-activation and management session with a Transitions Coach in the hospital<br>• Transitions Coach follow-up visits and phone calls | Key Components:<br>• Transition support beings in the hospital<br>• Heavy emphasis on patient education/ activation<br>• Home visiting components<br>• Accompany consumer to appointments<br>• Different than traditional case management |

Lastly, the attendees were offered to share their care transition experiences, challenges, and successes. Listed below is a brief synopsis of some of these challenges and accomplishments experienced by local providers and members.

Local challenges include:

- Access to Psychiatry
- Differing practice patterns between in/outpatient providers
- Formulary challenges
- Communication challenges between in/outpatient facilities
- Transportation issues

Accomplishments:

- Peer Support
- Collaboration of services
- Inviting community services to the unit for education
- Hospital or Emergency Department (ED) Liaison to assist with coordinating outpatient treatment, ED flow, and inpatient admission
- Supportive housing for homeless patients

Collaborative efforts and dialogue between inpatient and outpatient facilities is vital for our members to have a successful outpatient follow-up and reduction of readmission. VBH-PA holds this belief to be true and will continue to endorse and provide forums such as this one for our providers in the near future.

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[i] Rau, Jordan. "Medicare's Readmission Penalties Hit New High." KHN.org. http://khn.org/news/more-than-half-of-hospitals-to-be-penalized-for-excess-readmissions/ (accessed February 13, 2017).

[ii] National Alliance on Mental Illness. "Mental Health By The Numbers." NAMI.org. http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers (accessed February 20, 2017).

[iii] Elixhasuer, A. and Steiner, C. "Readmissions to U.S. Hospitals by Diagnosis, 2010." Hcup-us.ahrq.gov. https://www.hcup-us.ahrq.gov/reports/statbriefs/sb153.pdf (accessed February 15, 2017).

[iv] Fingar, K. and Washington, R. "Trends in Hospital Readmissions for Four High-Volume Conditions, 2009-2013." Hcup-us.ahrq.gov. https://www.hcup-us.ahrq.gov/reports/statbriefs/sb196-Readmissions-Trends-High-Volume-Conditions.pdf (accessed February 21, 2017).

[v] Charles Ingoglia, "Care Transitions in Behavioral Health" (lecture), National Council for Behavioral Health. Cranberry, Pennsylvania, February 3, 2017.

# 2017 Annual Fraud and Abuse Training
# Mandatory Training for Providers

The VBH-PA Program Integrity Department is offering the **2017 Annual Fraud and Abuse Training** in two different formats for providers. The first format is for established providers that were in the VBH-PA Provider Network or have been paid for services prior to the beginning of 2017. The second format is for new providers that have recently joined the VBH-PA Provider Network or started to be paid for services in 2017. **Please keep in mind that all providers that provide services for VBH-PA are required to attend the Annual Fraud and Abuse Training.** If a provider is unable to attend the Annual Fraud and Abuse Training, the provider is responsible to independently review the mandatory training and document within their records when the training is completed. However, VBH-PA recommends providers attend the live webinar training since additional information will be available from the questions and answers during the training.

If you are an established provider prior to 2017, the Annual Fraud and Abuse Training will be available on the following dates. Please choose a date and register at the link provided.

| Established Providers Annual Fraud and Abuse Trainings | | |
|---|---|---|
| **Webinar Date** | **Time** | **Registration Link** |
| **March 10, 2017** | 1:00–2:00PM | https://beaconhealthoptions.webex.com/beaconhealthoptions/onstage/g.php?MTID=e2eb9cae73d5eff86f5cf32453f7dfbdb |
| **March 16, 2017** | 10:00–11:00AM | https://beaconhealthoptions.webex.com/beaconhealthoptions/onstage/g.php?MTID=e30ffada788f8894f4395c5192024127e |

If you are a **new provider in 2017**, the New Provider Fraud and Abuse Trainings will be available on the following dates. Please choose a date and register at the link provided.

| New Provider Fraud and Abuse Trainings | | |
|---|---|---|
| **Webinar Date** | **Time** | **Registration Link** |
| **March 31, 2017** | 1:00–2:30PM | https://beaconhealthoptions.webex.com/beaconhealthoptions/onstage/g.php?MTID=ea2453a91f5de72c3fe696e28d88aef90 |
| **June 8, 2017** | 1:00–2:30PM | https://beaconhealthoptions.webex.com/beaconhealthoptions/onstage/g.php?MTID=ef75efe6ab1d2219fbbc6af553c49e86a |
| **September 28, 2017** | 1:00–2:30PM | https://beaconhealthoptions.webex.com/beaconhealthoptions/onstage/g.php?MTID=ebaa3dc3f205f6a9f26618c5c847a4778 |
| **December 14, 2017** | 1:00–2:30PM | https://beaconhealthoptions.webex.com/beaconhealthoptions/onstage/g.php?MTID=ea02398aff45f43e08ded2c59b1b8bc8e |

If you have any questions on which training to attend, please feel free to contact Jennifer Putt, Manager of Program Integrity, by email at Jennifer.putt@beaconhealthoptions.com.

## Employees on the Move

**Jason Mangold** accepted the position of CAFS Supervisor for our Trafford Office.

Congratulations, Jason!

# Intensive Outpatient Programs

**Both mental health and drug and alcohol services have a level of care called Intensive Outpatient Program (IOP).**

### Mental Health Intensive Outpatient Program:

The Intensive Outpatient Program (IOP) provides time-limited, multidisciplinary, multimodal structured treatment in an outpatient setting. On the treatment continuum, IOP is less intensive than a partial hospitalization program but significantly more intensive than outpatient psychotherapy and medication management. While Partial Hospitalization Programs provide at a minimum of 12 hours of treatment per week, IOP clinical hours do not exceed 10 hours. IOPs require a comprehensive treatment plan that is individualized and include realistic, specific goals and objectives. Treatment modalities include individual counseling, group therapy, family and/or couple's therapy and psychoeducational services. To ensure the individual needs of a member are being met, adjunctive therapists may assist with vocational, educational, and financial issues. Additionally, special issues or expressive therapies can be provided.

All treatment modalities should be billed under the code H2012 SC (1-hour unit) for Mental Health Intensive Outpatient Programs. **If a member is receiving intensive outpatient services, a provider cannot bill a lower level of care such as individual outpatient therapy**. All therapy components are delivered and billed through the intensive outpatient services.

### Drug and Alcohol Intensive Outpatient Program:

The Intensive Outpatient Program in drug and alcohol is a Level 1B, non-residential treatment service. It provides structured psychotherapy and stability through a planned program consisting of regularly scheduled treatment sessions at least three days per week for at least five hours, but less than 10 hours. This service can be provided by any DDAP-licensed drug and alcohol facility as stipulated in 28 PA Code under the outpatient regulations. Treatment in a drug and alcohol IOP includes psychoeducation, structured social activities, occupational and vocational counseling, case management services that assist the member with attendance monitoring, child care, transportation to treatment services, housing and basic needs. There is a collaboration between the treatment team and various agencies for the coordination of care and services.

All treatment modalities should be billed under the code H0015 (15-minute unit) for Drug and Alcohol Intensive Outpatient Programs. **If a member is receiving intensive outpatient services, a provider cannot bill a lower level of care such as individual outpatient therapy.** All therapy components are delivered and billed through the intensive outpatient services.

Both mental health and drug and alcohol IOPs are an excellent stepdown from partial hospitalization or a step-up from outpatient treatment should the admission criteria be met. The medical necessity criteria for both programs can be found on our website at http://www.vbh-pa.com/provider/medNecCrit.htm. This is also an all-inclusive service that does require prior authorization.

If you are interested in delivering the service in one or more of the open networks, please contact your Provider Field Coordinator with your request and an accompanying program description so that we may review the specifics of your program.

## Upcoming BHRS Summits

*(Your choice of two locations per month.)*

**March 8** — Hampton Inn & Suites Mercer, PA

**March 16** — Courtyard by Marriott Greensburg, PA

**June 15** — Courtyard by Marriott Greensburg, PA

**June 23** — Hampton Inn & Suites Mercer, PA

**September 13** — Hampton Inn & Suites Mercer, PA

**September 20** — Courtyard by Marriott Greensburg, PA

**December 13** — Hampton Inn & Suites Mercer, PA

**December 20** — Courtyard by Marriott Greensburg, PA

## Upcoming RTF Summits

**April 20** — Doubletree by Hilton, Mars, PA

**October 13** — Doubletree by Hilton, Mars, PA

# **Join Us!** 2017 Mental Health Awareness Walk

VBH-PA is pleased to announce the 2017 Mental Health Awareness Walk. On **Tuesday, May 9, 2017**, the Transition Age Advisory Group ("TAAG") and the Family Advisory Committee ("FAC") will be hosting a walk around Twin Lakes Park in Westmoreland County to observe Mental Health Awareness Month. Youth, young adults, families, and adults with behavioral health challenges are resilient and need support from family, friends, and providers. Come and show your support for our neighbors and friends! The walk will consist of one lap around the lower lake. Please view the Save the Date flier for more information.

If you would like to exhibit at this year's walk, please complete the exhibitor registration form. Exhibit space is free, but limited, so please register early! Visit our homepage at www.vbh-pa.com and click on the **Mental Health Awareness Walk Exhibitor Registration** form which is listed under both the Provider and Member News and Events sections.

If you have any questions, please contact Karan Steele, Prevention, Education and Outreach Coordinator, at (724) 744-6537 or karan.steele@beaconhealthoptions.com. We look forward to seeing you on May 9th!

## "FAC" Membership

From sharing stories of lived experiences, to disseminating information from the local, state, and federal initiatives, Family Advisory Committee ("FAC") members are truly a family that joins together to help each other and other HealthChoices families. If you are a family member or you know of a family member that might be interested in joining "FAC", please contact Karan Steele at karan.steele@beaconhealthoptions.com or at 724-744-6537 for an application.

**"FAC" Brochure**

## "TAAG" Membership

Transition Age Advisory Group ("TAAG") members represent youth and young adults who have personal experience with the mental health system and are between the ages of 16-29 years old. "TAAG" members provide active support to the Family Advisory Committee ("FAC") to ensure transition age individuals' voices are heard. If you are interested in joining "TAAG", contact Karan Steele at karan.steele@beaconhealthoptions.com.

**"TAAG" Brochure**


# Join Us

## Value Behavioral Health of Pennsylvania

*Presents the*

## 17th Annual Adult Recovery Forum

## Realizing Recovery: Coping with Emotions

Friday, April 21, 2017

Pittsburgh Marriott North

Cranberry Township

### Register Now!

If you are interested in attending this year's forum, please see the Recovery Forum Brochure. Register early, as space is limited.

This year we are proud to feature keynote speaker Jordan Corcoran, founder of *Listen, Lucy*. Jordan is a graduate of Mercyhurst College. During her freshman year, she was diagnosed with General Anxiety Disorder and Panic Disorder. After going through a very difficult struggle coming to terms with and learning to cope with her illness, Jordan created an outlet where people can openly and candidly share their own challenges and personal struggles. Her mission is simple: she wants to create a less judgmental, more accepting world to live in. Jordan will motivate and inspire the audience to share their emotions and stories freely, creatively, and anonymously through *Listen, Lucy*. The day also includes two plenary sessions, many vendors, the ever-inspiring Recovery Awards Ceremony, lunch, and a gift basket raffle.

We look forward to seeing you on April 21st!

*HealthChoices members residing in Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland counties are eligible. Mercer, Crawford, and Venango HealthChoices members will have the opportunity to be nominated at other regionally located VBH-PA Forums in 2017.

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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