



VHS NEWS

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Valley Hope Solutions has been providing billing and administrative services for behavioral health issues for more than 50 years, we are even more focused today on keeping our stakeholders informed of leading stories and issues pertaining to our ever-changing industry. We hope this serves to be an informative resource, while providing helpful tips, networking events and educational opportunities. Thank you for your continued support of Valley Hope Solutions - enjoy the journey with us!



UPCOMING  EVENTS

2018 American TeleMedicine Association Conference & Expo

April 29 - May 1, Chicago, IL



[Learn More on their website](#)

THE ROLE OF SCIENCE IN ADDRESSING THE OPIOID CRISIS

Article in: *The New England Journal of Medicine*

Opioid misuse and addiction is an ongoing and rapidly evolving public health crisis, requiring innovative scientific solutions. In response, and because no existing medication is ideal for every patient, the National Institutes of Health (NIH) is joining with private partners to launch an initiative in three scientific areas: developing better overdose-reversal and prevention interventions to reduce mortality, saving lives for future treatment and recovery; finding new, innovative medications and technologies to treat opioid addiction; and finding safe, effective, non-addictive interventions to manage chronic pain. Each of these areas requires a range of short-, intermediate-, and long-term research strategies

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NEW JERSEY'S TELEMEDICINE LAW: WHAT PROVIDERS NEED TO KNOW

Posted By Nathaniel M. Lacktman on 7 August 2017 Posted in Regulatory Developments; Telemedicine
New Jersey has a new telemedicine law, recently signed by Governor Chris Christie. The law cements the validity of telehealth services in the Garden State, establishes telemedicine practice standards, and imposes telehealth coverage requirements for New Jersey Medicaid, Medicaid managed care, commercial health plans, and other State-funded health insurance. After a year of debate in the New Jersey Legislature, the bill (SB 291 now P.L.2017, c.117) unanimously passed both the House and Senate before going to the Governor's Office. The law is effective July 21, 2017.

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TIME TO RAISE THE FLOOR: THE NAATP QUALITY CONTROL INITIATIVE

The National Association is pleased to announce a new initiative to address problematic business practices in the addiction treatment field. Illegal, unethical, and unprofessional practices have reached an all-time high, fueled in part by the opioid addiction crisis, creating a need for well-defined industry practice standards. While bad practices are committed by a minority of treatment providers, they cause serious public harm and damage the reputation of ethical, high-quality treatment operators.

The National Association has identified the following specific practices as most concerning:

Patient Brokering

Predatory Web Practices

Deceptive Web Directory Call Aggregation

Insurance/Billing Abuses

Payment Kickbacks

Licensing & Accreditation Misrepresentation

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being prescribed this counteractant, they know that the individual has either had an opioid overdose or is taking enough pain killers that an overdose is a real possibility. In either case, it indicates that the policyholder has a pattern of frequent opioid use, and most likely, dependence.

These drug utilization review initiatives are intended to both categorize and change prescribing behaviors. All major insurance companies have begun to review their quantity limits to capture data on every opioid prescription written for an individual, not just a single prescription. Then, they coordinate directly with the individual's healthcare provider to alert them to patients who may be abusing their opioid medications.

WHY CLAIMS ARE DENIED

Understanding the reasons why medical claims get denied by insurers can help limit the number of denials your facility receives. Your billing company or billing department rely on up to date information provided by the facility to process claims for payment. The only way to prevent claim denials is to be aware of what they are and to have procedures in place to ensure correct, updated information is submitted to receive payment. **Some of the most common mistakes** that can cause a claim to deny:

- The subscriber or patient's name is spelled incorrectly
- The subscriber or patient's date of birth on the claim doesn't match
- Incorrect Payer information
- Verification of Benefits not completed
- Patient needing to update COB (should get this during Verification)

- No authorizations on file or authorizing for incorrect Level of care.
- Incomplete records. (Records do not show medical necessity)
- Diagnosis does not match authorized visits.
- Incorrect Subscriber ID and/or Incorrect Main Subscriber

To improve your revenue cycle clean claim information and proper authorizations are required. **Valley Hope Solutions** provides Billing, Verification of Benefits, Training, Consulting and Reporting to ensure clean claims are submitted for payment and you can focus on what is important, the patients.

November 13th: World Kindness Day

Founded in 1998 by an organization called the World Kindness Movement, this international holiday encourages everyone to look deep into their hearts past religion, race, and other differences to do something nice for their neighbors and/or humankind.



Valley Hope Solutions

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Valley Hope Solutions' mission is to help with the quality of care for patients seeking mental and behavioral health treatment, by providing billing and support services led by industry experts, so healthcare providers can focus on the most important element of recovery: the patients.

Valley Hope Solutions Services include:

- Experts in Electronic Insurance Claim Submission
- Stringent Collection follow-up process
- Eligibility and Benefit Verification Services
- Insurance Contract Negotiations and SCA
- Administrative/Operational Consulting Services
 - Boutique Billing (Specialty Services)
 - Specialized Consulting For All Your Business And Accreditation Needs

