



PROVIDER NEWSLETTER

SPRING 2021

Welcome Tower Health Greater Philadelphia Hospitals

Effective January 1, 2021 Quest Behavioral Health will manage the behavioral health benefits for the following Tower Health Entities. Please call Quest at 1-800-364-6352 to verify your credentialing status.

St. Christopher Hospital
Drexel Medical Group
Tower Health Partners
Tower Health Direct
Tower Health Urgent Care
Tower Health at Home

Brandywine Hospital
Jennersville Hospital
Phoenixville Hospital
Pottstown Hospital
Chestnut Hill Hospital

Please call 800-364-6352 to verify benefits and eligibility for all Tower Health employees and family members, including Reading Hospital employees and family members, before billing for services.

PROTECTED HEALTH INFORMATION

Sending Protected Health Information by Email

Quest receives numerous emails regarding members (such as status reports, benefit and claim inquiries). Many of these emails contain patient identifiers like name, date of birth, date of service and provider. To best protect your patients' privacy, and to abide by federal privacy regulations, we would like to remind you of some tips for sending emails containing PHI.

- **NEVER** put patient identifiers in the subject of an email.
- **ALWAYS** include the least patient identifiers required to process the request.
- **SECURE/ENCRYPT** emails which contain patient information.
- **NEVER** name file attachments using patient identifiers.
- **PROTECT** files containing patient identifiers with a password and send the password in a separate email.

Your Information Technology department or email service provider are great resources for determining how to secure your emails. Fines, loss of licensure, and sacrificing patient privacy is never worth the risk. For more information, see our [Sending PHI via Email flyer](#).

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TELEMENTAL HEALTH ATTESTATION

FOLLOWING COVID STATE OF EMERGENCY

While Telemental Health services are currently being covered during the COVID-19 Pandemic, Quest will **REQUIRE** a Telehealth Attestation form for each provider and/or group practice once the state of emergency is lifted. If you have not yet submitted a Telehealth Attestation for Quest, please complete at your earliest convenience.

Please note that the Group Attestation covers all practitioners considered employees of the group. Any practices with independent contractor(s) will need to provide an attestation form for each independent contractor.

Please review the [*Telemental Health Standards packet*](#) for Quest Behavioral Health on our [website](#). Included are the requirements necessary to participate, as well as an attestation form.

In order to qualify, **ALL REQUIREMENTS** on the attestation must be met.

Please complete and email the attestation form to: provider@questbh.com. Our provider relations department will then review your information and notify you via email with approval or request for additional information.

If you have any questions or concerns, please contact Provider Relations via email provider@questbh.com or phone 800-364-6352 and ask for Provider Relations.

TELEMENTAL HEALTH CLAIM SUBMISSION

When submitting claims for telemental health, please include modifiers **GT, GQ or 95** in addition to indicating **02 place of service** on your claim form.

Provider Relations



NOTIFY PROVIDER RELATIONS FOR THE FOLLOWING PRACTICE AND/OR PROVIDER UPDATES

- TAX IDENTIFICATION NUMBER CHANGES
- PRACTICE STATUS UPDATES
- BILLING ADDRESS CHANGES
- OFFICE HOUR UPDATES
- PRACTICE LOCATION ADDITIONS AND DELETIONS
- NAME CHANGES (PRACTICE OR PROVIDER)
- LICENSE STATUS CHANGE
- PHONE OR FAX NUMBER CHANGES
- CREDENTIALING CONTACT EMAIL CHANGES
- OFFICE CLOSURES
- RETIREMENT

800-364-6352

provider@questbh.com

www.questbh.com/providers/forms-and-documents/provider-change-addition-form/

****IMPORTANT****

Notify Quest immediately regarding billing address updates.

Address updates must be entered manually into our billing system

Ensure claims reflect the updated address in
Box 33 on a HCFA 1500 claim form or Box 2 on a UB04 claim form

**REMEMBER TO INFORM QUEST WHEN A CLAIM IS SUBMITTED
WITH AN UPDATED BILLING ADDRESS**

If you do not inform Quest, checks will continue to be mailed to inaccurate billing address and reimbursement turn-around-times will be affected.

CREDENTIALING PROCESS

Quest Credentialing Committee Meetings are held monthly. We meet the fourth Friday of each month with the exception of November and December, when we meet the third Friday.

Applications are processed regularly. Our provider relations team discontinues processing applications on Wednesday the week prior to the meeting to prepare documents for the meeting and ensure newly credentialed providers are uploaded to our website in a timely fashion.

Please allow sufficient time to process applications and refrain from sending status update emails within two weeks of submitting your applications.



WWW.QUESTBH.COM

**** WEBSITE INFORMATION IS AVAILABLE FOR PROVIDERS ****

Did you know you can access information on electronic claim submission and payment options, update provider information, and request claims statuses on our website – www.questbh.com/provider?

- [Claim Submission Instructions](#)
- [Electronic Payment Options](#)
- [Claim Status Inquiries](#)
- [Update Provider Information](#)

Explore how we're making information for providers more accessible online. At Quest, our goal is taking care of you, the caregivers. Don't see what you need?

Send suggestions for content to qm@questbh.com.

EAP AUTHORIZATIONS REQUIRED

Call 800-364-6352

OR

Visit our website <https://www.questbh.com/employees-families/my-employee-assistance-program-eap-counseling/eap-authorization-request-form/>

RETRO AUTHORIZATION will be granted if the date of service has not yet billed and/or processed **AND** if the claim is within one year from the date of service.

However, if the claim has been adjudicated, a retro authorization **CANNOT** be granted.

Please remember to submit EAP claims to:
Quest EAP PO Box 864 Arnold, MD 21012 Payer ID: **10956**

CLAIMS

ORNER

CLAIM PROCESSING

In 2019 Quest Behavioral Health converted to an electronic EHR system
The following requirements are crucial for the system to accurately process claims:

FULL SIZE HCFA 1500 and UB04 CLAIM FORM

LEGIBLE CLAIM FORM, TYPEWRITTEN

COMPLETE CLAIM FORM (See instructions on the page 5)

FONT SIZE = 10 pt

ARIAL OR TIMES NEW ROMAN

ALL CAPITAL LETTERS

NO SPECIAL CHARACTERS

BLACK INK

The electronic system cannot accommodate handwritten nor illegible claim forms.

***QUEST RECOMMENDS CONVERSION FROM HANDWRITTEN TO
TYPEWRITTEN CLAIM FORMS WITHIN THE NEXT 6-9 MONTHS.***

Effective 1/1/2022, Quest will no longer accept handwritten claims.

TIMELY FILING

ALL claims must be received within ONE (1) YEAR from the date services are rendered to the member.
Claims submitted after one year will be denied reimbursement.

DUPLICATE EOP REQUESTS

Please forward a copy of the Explanation of Payment (EOP) to billing agency representatives responsible for posting payments. Quest will not send out duplicate EOP.

CLAIMS INSTRUCTIONS

CMS 1500 REQUIRED FIELDS

NOTE: If any of the below fields are missing or incomplete, a claim will be rejected and returned to the provider.

| BOX | REQUIRED INFORMATION |
|--------|--|
| 1a | Insured's ID number – <i>No specific number required by Quest – SS# or Member ID# from the insurance card are recommended.</i> |
| 2 | Patient's Name (Last, First, Middle) |
| 3 | Patient's Date of Birth (MM, DD, YY) |
| 4 | Insured's Name (Last, First, Middle) – <i>If same as patient, can indicate "Same"</i> |
| 6 | Patient Relationship to Insured |
| 7 | Insured's Address |
| 11 | Insured's Policy Number |
| 11a | Insured's Date of Birth (MM, DD, YY) and Sex |
| 12 | Patient or Authorized Person's Signature – <i>Can indicate "Signature on File" or "SOF"</i> |
| 13 | Insured's or Authorized Person's Signature - <i>Can indicate "Signature on File" or "SOF"</i> |
| 21 A-L | Diagnosis |
| 24 B | Place of Service (POS) |
| 24 D | CPT/HCPCS |
| 24 E | Diagnosis Pointer |
| 24 F | Charges |
| 24 G | Days or Units |
| 25 | Federal Tax ID – SSN or E/N |
| 28 | Total Charge |
| 31 | Signature of Physician or Supplier Including Degrees or Credentials |
| 32 | Name, Address and Zip Code of Service Location |
| 33 | Billing Provider Address and Telephone # |
| 33 A | Billing Provider NPI |

AUTISM CLAIM REQUIREMENTS

Autism services must be authorized. Claims are paid under the practice name and NPI number, not the individual rendering provider. The appropriate modifier is required on a claim form to identify the credentials of the rendering provider.

| Providers with this credential | Please use this modifier |
|--------------------------------|--------------------------|
| BCBA or BCBA-D | AH |
| LBS | AJ or HO |
| MT | AJ |
| RBT/BT | HN |
| TSS | HM |



REIMBURSEMENT OPTIONS

****GET PAID SOONER AND IMPROVE YOUR CASH FLOW****

MORE INFORMATION ON ELECTRONIC PAYMENT
AND EOP OPTIONS IS AVAILABLE AT:

<http://questbh.zelisenroll.com>

Please call/email Zelis with questions or concerns related to:

- Method of Payment Inquiries
- Zelis Payer Portal Navigation
- Providers changing enrollment
- 1099 Questions
- Copies of cashed checks
- EOP viewing/printing
(Must be opted-in to receive payments via virtual credit card through Zelis portal
or direct deposits into providers account)

CustomerService@ZelisPayments.com

877-828-8770





QUEST BEHAVIORAL HEALTH CARE MANAGEMENT

A Balanced Approach to Assisting Members and Providers

The Care Managers of Quest Behavioral Health uniquely serve members and providers in a variety of ways:

- Assess, acknowledge and address the unique needs of our members and provider
- Daily care management team huddles for members being treated in higher levels of care, e.g. inpatient, partial hospitalization, Intensive Outpatient
- Focus on treatment with specialized services, e.g. Autism, Eating Disorders, etc.
- Concurrent review with providers for higher levels of care and specialized services
- Daily reviews of supervisory referrals, fit for duty evaluations, psychological testing
- Reviews for requests of TMS and ECT treatment
- Telephone consultations with providers and members
- Consult with Quest non-clinical staff throughout the day
- Periodically review research of Best Clinical Practices

Our Quest Care Management Team:

- Tad Santos, PhD, LPC, Director of Care Management
- Tammy Caiazzo, PsyD, LPC, CAADC, CSP
- Kameron Carmina, MS, LPC
- Shelly Duckworth, PhD, LPC, CTS, CCT
- Steven Fetrow/Kiehl, PhD, PsyD, LMFT
- Jessica Miller, MSW, LPC
- Peter Ocsodal, PhD, NCC, LPC

Quest 2021-2022 Holiday Administrative Office Closures:

Monday, May 31, 2021 – Memorial Day

Friday, July 5, 2021 – Independence Day

Monday, September 6, 2021 – Labor Day

Thursday, November 25, 2021 – Thanksgiving Day

Friday, December 24, 2021 – Christmas Day

Friday, December 31, 2021 – New Year's Day

****NOTE****

Care Management Staff

Available for Emergency Admissions

and

Urgent Clinical Issues

24-hours a day, 7-days a week

800-364-6352

PRIVACY AND CONFIDENTIALITY

In order to do our job, we receive and use protected health information or PHI about members. This information could be in the form of medical records, claims and other administrative data that are personally identifiable. Privacy and confidentiality are very important to us. We send out privacy notices to our members. We follow strict policies and procedures to protect privacy and confidentiality in all settings. Our policies and procedures are available on the web at www.questbh.com. If you have questions and would like additional information, you may contact Quest at 800-364-6352.

**Quest Behavioral Health
PO Box 1032
York, PA 17405**

**Administrative Hours:
8:00 am – 6:00 pm Monday-Friday**

**Care Management Hours:
24 hours a day; 7 days a week**

**Phone: 717-851-1486
Toll-free: 800-364-6352
Fax: 717-851-1414**

Contact Us:

PROVIDER RELATIONS:
provider@questbh.com

MEMBER SERVICES:
membership@questbh.com

QUALITY MANAGEMENT:
qm@questbh.com

CLAIMS:
claims@questbh.com

SALES:
sales@questbh.com