



VAS Request Form

Value-Added Services (VAS) Request Form Instructions

MCOs with the State of Rhode Island providing managed care health care services to qualified Program recipients must submit the Value-Added Services (VAS) Request Form in accordance with the Contract and with the instructions below. EOHHS will use the data in the VAS Request Form for comparison charts for managed care Members. Ad Hoc reports may be requested as needed.

General Value-Added Services is defined in the Contract.

VAS Request Form:

The VAS Request Form must be completed according to the instructions below. EOHHS will provide the VAS Request Form to the MCOs in PDF format. Document integrity is critical to the automated compilation of this data.

MCOs must follow the instructions in the bullets below:

- VAS Request Forms are required for each MCO. MCOs should submit individual VAS Request Forms for each program or Service Area.
- The MCO must fill out a VAS table of the correct type (i.e., Physical Health, Behavioral Health, Medicaid Dental, or CHIP Dental) for each VAS they are offering.
- MCOs will submit one table for each VAS submitted for that particular type (Physical Health, Behavioral Health, or Dental).
- MCOs must add additional tables for general categories with more than one VAS item.
- MCOs must enter “N/A” if it does not offer the VAS from a general category or for a specific program.
- MCOs may not add additional general category descriptions.

Data Entry Instructions:

Please follow the instructions for each section listed below. The data should be submitted at the Program level.

1) MCO Information:

MCOs must fill in the blank spaces at the top of page 1 of the form.

Period Covered: Date the VAS as applicable. Please note whether the period applies to the beginning of the state fiscal year (SFY) or midyear.

MCOs may propose to either add new value-added services or to enhance its approved value-added services during midyear submissions. MCOs may not propose to delete, limit, or restrict any of its SFY approved value-added services during midyear submissions.

MCOs can submit any number of VAS proposals--to do so, MCOs must submit separate PDFs for each proposal.

2) VAS Tables:

Please follow the instructions below for the following tables.

- VAS Summary – Physical and Behavioral Health Services

- a) General Category

The General Category row describes general categories used in the Program comparison charts for managed care clients. MCOs may submit multiple VAS submissions for each general category as long as a new table is created for each VAS. If a new table is created, the MCOs must include the General Category to which it belongs. This row will repeat at the top of each table for identification purposes.

- b) Description of Value-added Services and Members Eligible to Receive the Services

The Description row includes a detailed description of the VAS offered.

- c) Applicable Service Areas - List all service areas the VAS applies to for each program/subtype.

- d) Limitations or Restrictions

Please list any limitations/restrictions for each program including but not limited to:

- o Age, for ages please specify whether it applies to a specific age group. If the VAS applies to a range, please specify if it is up to a certain age by using this format, “age x through y”. HHSC will interpret this to mean that the VAS applies to Members until the last month of their y birthday. Do not use the terms “under” or “over” in your age limitations.
 - o Gender;
 - o Dollar amounts;
 - o Time limits;
 - o Visits;
 - o Program level restrictions.

- e) Proposed Comparison Chart Language

Provide proposed comparison chart language that includes a description of the Value-added service as well as limitations. The proposed language should be written at a sixth grade reading level and should not exceed 170 characters including spaces.

- f) Is this a new VAS or previously approved VAS?

The MCO should describe whether or not the proposed was previously approved. If not, please insert “new”. If previously approved, please note whether or not there have been any changes made. If no changes have been made, please insert “unchanged”. If changes have been made, please insert “changed” and describe changes.

- g) Date initially approved

If this VAS was previously approved, state the period (SFY or midyear SFY) it was approved by HHSC staff. Please use the date the MCO received the approval email from EOHHS staff.

- h) Describe whether or not the VAS is included as a Medicaid covered service or is similar to a Medicaid covered service or benefit. Refer to the managed care contracts and/or Medicaid Provider Manual for covered services. MCOs should respond “yes” if the VAS is the same or similar to a service in one of the above-mentioned locations. Otherwise mark “no”

i) If so, how is the VAS different than the covered benefit? If a MCO responded “yes” to h), describe how the VAS goes above and beyond what is already covered, or if there are different prior authorization requirements that apply.

j) Entity Responsible for Providing this Service (if there is a difference by Program, make sure it is noted)

Describe which entity is responsible for providing this service including any subcontracted vendors.

k) How and when will Providers be notified about the availability of VAS (if there is a difference by Program, make sure it is noted)

Describe how and when providers will be notified about the availability of the VAS.

l) How and when will Members be notified about the availability of VAS (if there is a difference by Program, make sure it is noted)

Describe how and when Members will be notified about the availability of the VAS.

m) How may a Member obtain or access the VAS? (if there is a difference by Program, make sure it is noted)

Describe how a Member may obtain or access the VAS. Provide responses to the following questions:

- Is there a trigger (e.g., claim filed, or Member referral) that notifies the MCO that a VAS needs to be provided to a Member?
- Describe when the Member will receive the VAS.
 - o Does the Member need to submit a voucher to obtain the VAS?
- How long after the request will a Member receive a VAS?
 - o Can the Member receive a VAS if they meet all conditions in one month, but are disenrolled from the plan the next month?



Value-Added Services (VAS) Request Form

1) MCO INFORMATION

SUBMISSION DATE: _____

MCO: _____

PERIOD COVERED: _____

MCO CONTACT NAME: _____

MCO CONTACT EMAIL: _____

MCO CONTACT PHONE NUMBER: _____

2) VALUE-ADDED SERVICES (copy and repeat this table for each Value-added Service)

Physical Health and Behavioral Health Value-added Service
a) General Category:
b) Description of Value-Added Services and Members Eligible to Receive the Services
c) Applicable Service Areas

Physical Health and Behavioral Health Value-added Service

d) Limitations or Restrictions

e) Proposed Comparison Chart Language

f) Is this a new or previously approved VAS?

g) Date initially approved

h) Are any of these services in the managed care contract or Medicaid provider manual?

i) If so, how is the VAS different than the covered benefit?

Physical Health and Behavioral Health Value-added Service

j) Provider Responsible for Providing this Service (if there is a difference by Program, make sure it is noted)

k) How and when will Providers be notified about the availability of VAS (if there is a difference by Program, make sure it is noted)

l) How and when will Members be notified about the availability of VAS (if there is a difference by Program, make sure it is noted)

m) How may a Member obtain or access the VAS? (if there is a difference by Program, make sure it is noted)