Welcome to CareOregon's Billing and Admin Meeting!

January 25th, 2024

careoregon.org
twitter.com/careoregon
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CareOregon®

Thank you for joining us!

Please help us have a successful meeting:

There will be time reserved for Q&A at the end of the meeting.
Questions can be submitted in chat throughout the meeting.

Include your name & organization in your chat messages / questions

Please stay on mute, unless speaking up

During Q&A Wrap up, please raise your hand if you'd like to speak

This meeting is recorded -Feel free to keep your camera off

Welcome & Reflection

CareOregon

Agenda

- ❑ LPC/LMFT Updates
- ❑ CLSS/ICD Updates
- ❑ BHSI
  - *Overview*
  - *Claim Statistics*
  - *Issues, Mitigation, Guidance*
  - *Reporting Updates*
  - *Reminders*
  - *Poll-time!!*
  - *Wrap-Up*

General Updates

Selena Griffin: Provider Relations Supervisor

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LPC & LMFT: 2024 Medicare Eligible

2024 Update: LPC & LMFT Providers are now Medicare eligible!

What Has Changed?

- Effective January 1st, 2024:
  - Licensed Professional Counselors (LPC) & Licensed Marriage and Family Therapists (LMFT) will be able to bill Medicare Part B and be reimbursed for approved services, in accordance with Medicare reimbursement rates.
- Change is due to passage of ***Mental Health Access Improvement Act*** by Congress (S.828/H.R.432) in December, 2022
- This federal law is closing a gap which has historically prevented LPCs and LMFTs from being recognized as Medicare providers.

American Association for Marriage and Family Therapy: American Association for Marriage and Family Therapy (aamft.org) or Medicare (aamft.org)

American Counseling Association: American Counseling Association | A professional home for counselors or CMS Releases New Medicare Enrollment Information for Counselors (counseling.org)

LPC & LMFT Medicare Changes

How to Enroll in Medicare

As of November 2023, LPCs and LMFTs are now able to enroll as a Medicare billable provider through the Center for Medicaid and Medicare services (CMS).

If you are currently a **Medicaid** provider, the following is required:

- ✓ Obtain a National Provider Identifier (NPI) – nppes.cms.hhs.gov
- ✓ Complete the Medicare Enrollment Application – may take 60-90 days
  - Online Application: pecos.cms.hhs.gov/pecos
  - Paper Application – *CMS.gov/medicare/enrollment-renewal*
- ✓ Select a ***Specialty Designation***

For more information on how to become a Medicare provider:

https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers

LPC & LMFT Medicare Changes

CareOregon's Approach

CareOregon recognizes it may take time for LPC & LMFT providers to complete their Medicare enrollment.
Please continue to treat our dual members even if your Medicare enrollment is pending.
To support this transition & member access, please note the following:

- We will not require a primary Medicare EOB for LPCs and LMFTs between 1/1/24 & 6/30/24.

- Once Medicare enrollment is complete, notify CareOregon so provider records can be updated
  - Claims paid under the CareOregon Medicare Advantage (COA) plan automatically crossover to the CCO plan.

LPC & LMFT Medicare Changes

CareOregon's Approach

CareOregon recognizes it may take time for LPC & LMFT providers to complete their Medicare enrollment.

Please continue to treat our dual members even if your Medicare enrollment is pending.

To support this transition & member access, please note the following:

- Members with external Medicare, providers **must** bill Medicare first
  - FFS or Traditional Medicare will send CareOregon a crossover claim – no need to bill CareOregon separately.
  - For other Medicare Advantage Plans, include primary payer's payment info on the claim. Secondary claims should be billed electronically, if possible.
- Medicare rates may be lower than CareOregon rates. To reduce burden on our providers & ensure continued access for our dually eligible members, we are:
  - Reviewing our COB calculation method to reimburse providers at least up to the Medicaid rate when totaling payments for primary & secondary payers.
  - Discussing ways to address reimbursement during this transition period for providers who may experience less reimbursement for services provided to Medicare enrollees (e.g. claims adjustments or supplemental payments).

CLSS / ICD Billing

QDP Modifier Reminders and Updates

- All CLSS & ICD modifiers must be listed on a single line (up to 4)
  - *List pricing modifiers first*
  - *Claims submitted with modifiers on multiple lines will need to be (re)submitted as a corrected claim with modifiers listed on a single line.*
- Effective 10/1 CLSS payments are now claims-based (Q3 reporting not required)
  - *If you are a sign language or bilingual provider with a case rate or capitation agreement – ICD/CLSS add-on payment(s) will continue via checks/EFT.*
- Updates to the OHA BHDP/QDP rate increase can be found on the OHA's Behavioral Health Rate Increase webpage (*including Fall 2023 webinars).*

Behavioral Health Systems Integration (BHSI)

Erik Carter: Operations Manager, Provider Network
Jane Speyer: Director, Claims Operations

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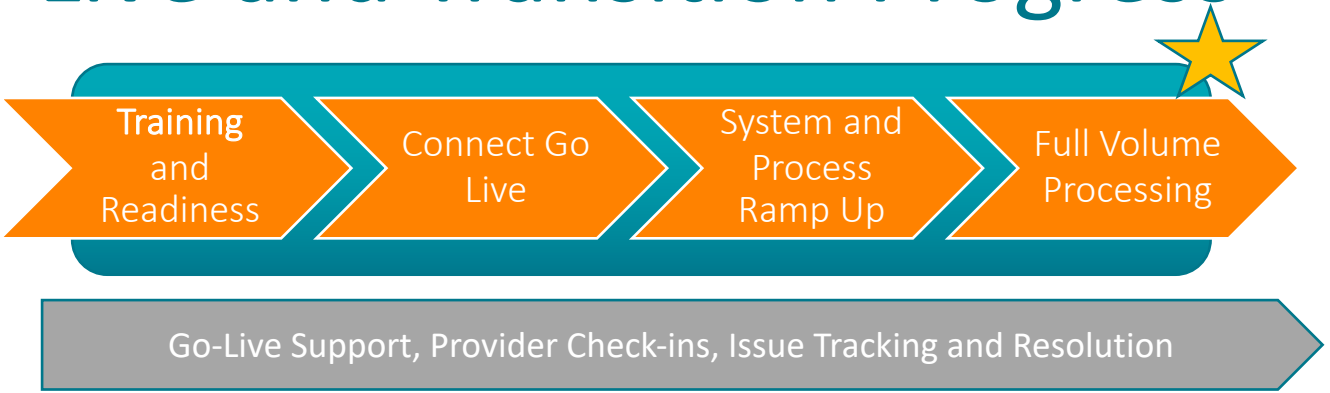
Go-Live and Transition Progress



- We are up and running on new systems and processes!
- Our claims team has some data to share today about claims processing times
- Claims and system issues are being tracked closely as identified, and moved to resolution as quickly as possible

We appreciate your partnership and patience as we move through the go-live and transition process!

BHSI Post-Live Poll

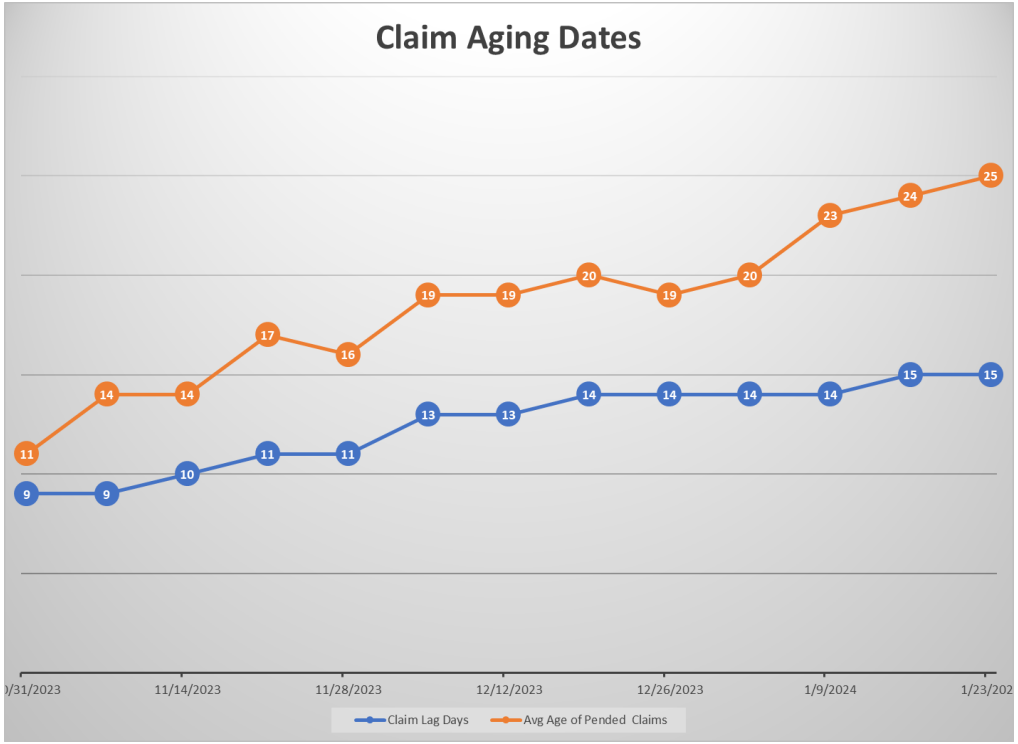
We value your feedback! Please share how things are going since our 10/1/2023 BHSI Go-Live

Rate your experience since go-live on 10/1/23

1 - Poor
2 - Unsatisfactory
3 - Satisfactory
4 - Good
5 - Excellent

Claim Statistics

- Average TAT for claim payment has stabilized at about 14 days
- While pend volume remains low, the age of pended claims has increased in the last 30 days
- 96% of clean claims are paid within 30 days (exceeding our goal to pay 90% of claims within 30 days)



Claims Statistics

Top Claim Denial Reasons

Denial Reason	% of all Denials
Provider Issue (OHA Enrollment 50%, Missing Rendering Provider 33% Provider not eligible to bill service 4%, Missing or invalid NPI 3%)	29%
Duplicate Claim or Service	25%
Authorization Issue	14%
Noncovered service or exceeds benefit limits	11%
COB Denial	8%
Bundled payment	8%
Coding Error – Procedure or Modifier code	3%

Post-Live: Issues, Mitigation, Provider Guidance

Issue	Current Status/Mitigation plan	Provider Guidance
DMAP Enrollment issues	• Lapses in enrollment will likely result in claim denials.	• Monitor your individual providers enrollment status with OHA.
Missing rendering provider	• Most behavioral health services require a rendering provider – and that provider must be a person, not an organization.	• Report the rendering provider at the claim level, not at the line level
Notification number missing	• Majority of claims denied had multiple notifications on file, but none were listed on the claim. • CareOregon attempts to locate a valid auth/NoT, but if more than one to select from, claim may be denied	• Bill claims with notification number listed • Split service lines into separate claims if multiple notifications apply
Duplicates	• If performing the same service multiple times a day (such as H0004 or H0005) use an appropriate modifier to indicate it separate and distinct or populate the time of service in the NTE field (Box 19)	• For corrected claims, use frequency code "7" and list the original ICN in REF F8 segment (Box 22)

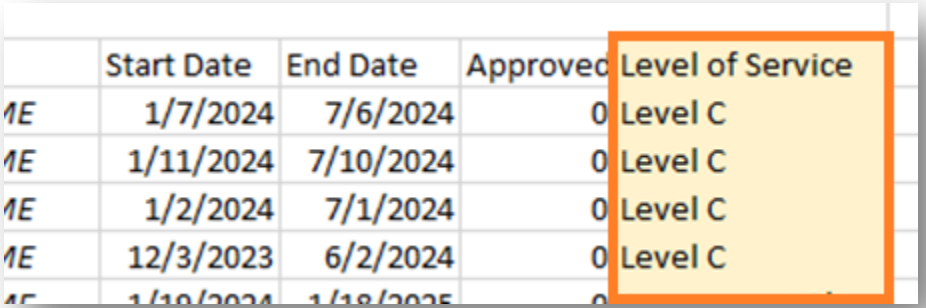
Reporting Updates

Report	Current Status
Claims Report (Connect) & Risk Corridor	• Claims Report are under development • Risk Corridor reporting anticipated in Q1 of 2024
Authorization Report (Connect) *UPDATED December 2023*	• Connect Enhanced Auth report (UPDATED with Level of Service info!) • Education and updates up next!

Authorization Report – Update!

Connect Auth report Updates - Effective 12/19/2023

- Added ***Level of Service*** field

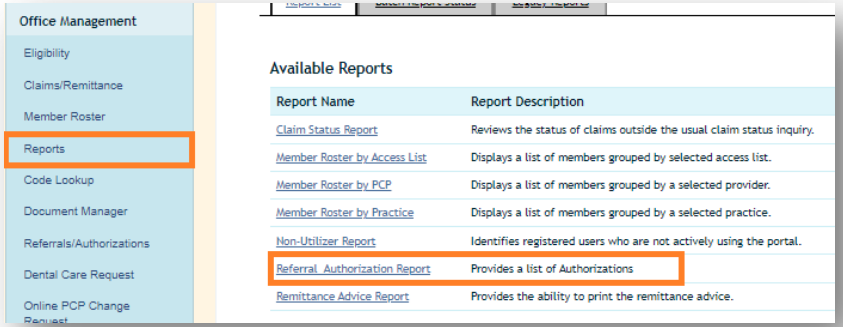


	Start Date	End Date	Approved	Level of Service
ME	1/7/2024	7/6/2024	0	Level C
ME	1/11/2024	7/10/2024	0	Level C
ME	1/2/2024	7/1/2024	0	Level C
ME	12/3/2023	6/2/2024	0	Level C

Authorization Report

How to access the report

1



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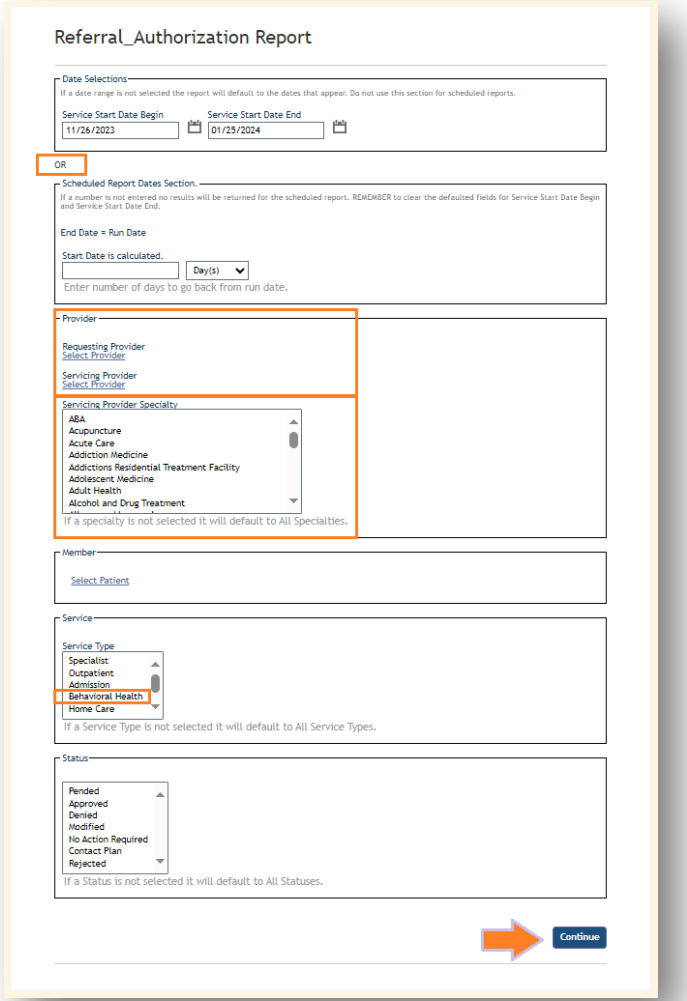
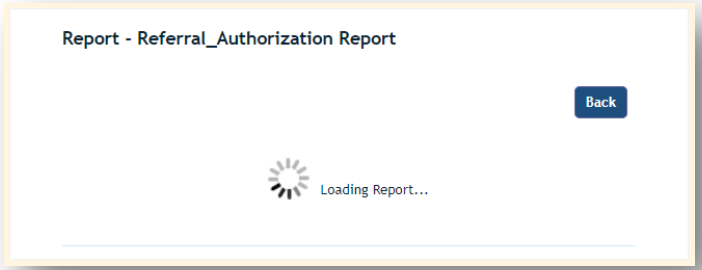


Authorization Report

How to access the report

3



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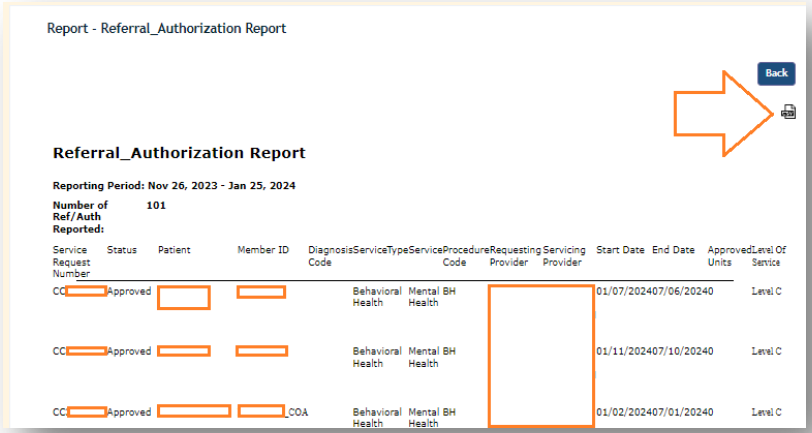

Authorization Report

How to access the report

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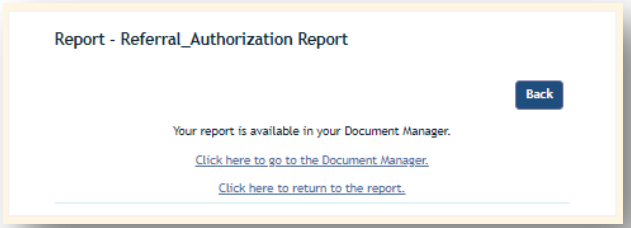

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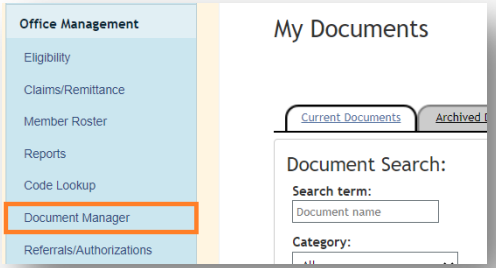

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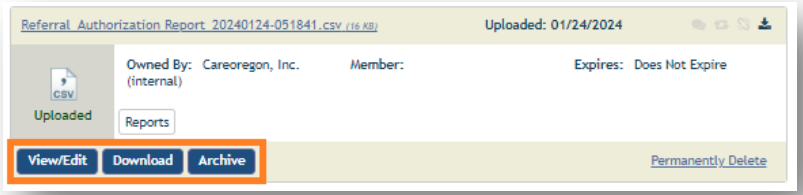
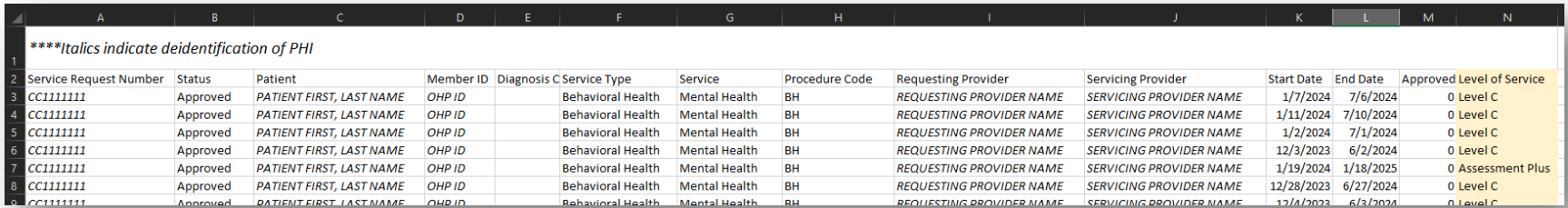


Authorization Report

How to access the report

8



	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	****Italics indicate deidentification of PHI													
2	Service Request Number	Status	Patient	Member ID	Diagnosis C	Service Type	Service	Procedure Code	Requesting Provider	Servicing Provider	Start Date	End Date	Approved	Level of Service
3	*CC1111111*	Approved	*PATIENT FIRST, LAST NAME*	*OHP ID*		Behavioral Health	Mental Health	BH	*REQUESTING PROVIDER NAME*	*SERVICING PROVIDER NAME*	1/7/2024	7/6/2024	0	Level C
4	*CC1111111*	Approved	*PATIENT FIRST, LAST NAME*	*OHP ID*		Behavioral Health	Mental Health	BH	*REQUESTING PROVIDER NAME*	*SERVICING PROVIDER NAME*	1/11/2024	7/10/2024	0	Level C
5	*CC1111111*	Approved	*PATIENT FIRST, LAST NAME*	*OHP ID*		Behavioral Health	Mental Health	BH	*REQUESTING PROVIDER NAME*	*SERVICING PROVIDER NAME*	1/2/2024	7/1/2024	0	Level C
6	*CC1111111*	Approved	*PATIENT FIRST, LAST NAME*	*OHP ID*		Behavioral Health	Mental Health	BH	*REQUESTING PROVIDER NAME*	*SERVICING PROVIDER NAME*	12/3/2023	6/2/2024	0	Level C
7	*CC1111111*	Approved	*PATIENT FIRST, LAST NAME*	*OHP ID*		Behavioral Health	Mental Health	BH	*REQUESTING PROVIDER NAME*	*SERVICING PROVIDER NAME*	1/19/2024	1/18/2025	0	Assessment Plus
8	*CC1111111*	Approved	*PATIENT FIRST, LAST NAME*	*OHP ID*		Behavioral Health	Mental Health	BH	*REQUESTING PROVIDER NAME*	*SERVICING PROVIDER NAME*	12/28/2023	6/27/2024	0	Level C
9	*CC1111111*	Approved	*PATIENT FIRST, LAST NAME*	*OHP ID*		Behavioral Health	Mental Health	BH	*REQUESTING PROVIDER NAME*	*SERVICING PROVIDER NAME*	12/4/2023	6/3/2024	0	Level C

REMINDERS

	Summary	Resource

Delegated Organizational Provider Roster Monthly Update	• Delegated Organizational Provider Roster:
	  • ***A critical tool used by CareOregon's Provider Data team*** *for terming, updating and adding providers.*
	  • *Information provided in the roster is ultimately used to* ***ensure accurate rate assignment*** *for this subset of Providers.*
	• **Providers who signed an agreement with CareOregon to delegate their credentialing** are contractually obligated to send a complete roster.
		• Provider Roster Template:
		  • Updated in October 2023
		  • Located online: Delegated Provider Roster
		  • Please replace old versions!
		• Rosters must be **emailed by the 10th calendar day of each month**. If updates need to be expedited, please send bi-weekly
		• Send to:
		  • BHProviderDataUpdates@careoregon.org

Auth/NoT Not Req'd for Some Providers	• Authorizations/NoTs are **not required** for Providers who meet all the following criteria:
	  • *Hold only one Behavioral Health contract with CareOregon for Health Share members*
	  • *The one contract is for outpatient mental health services*
	  • *The one contract is reimbursed fee-for-service*
	  • *The one contract is NOT for A-C levels of care*
		How do you know if this impacts **YOUR** organization?
		  • Email notification went out in Spring and Fall 2023 to impacted providers.
		  • A list of impacted providers is included in the 10/01/2023 auth/NoT rules/fee schedule in Connect (our online provider portal)

REMINDERS

	Summary	Resource
Med Management Only	• Effective 10/01/23, CareOregon is changing the method of payment for Medication Management services for Case Rate providers. • New method of payment **will be a capitated payment, moving away from fee-for-service (FFS) reimbursement.**	See Section 3 in our BHSI FAQs for additional details and Q&A: BHSI FAQs ****Impacted Providers received an email from Provider Relations on 11/28/23 with additional guidance.*

Telehealth Modifiers	• As of October, 2023:
	  • *Additional modifiers have been added as payable*
	• As of November 24th, 2023:
	  • *Any claims denied with GT, FQ, 93 or 95 modifiers that are appropriate for telehealth were reprocessed by CareOregon*
	  • *Providers do not need to resubmit.*
		Newly published online: Telehealth Billing Guide
		
		See Section 5 in our BHSI FAQs for additional details and Q&A: BHSI FAQs

Fee Schedule Posting	• Rates for October 1st, 2023, and forward:
	  • *Access Contracted Fee schedules via Connect*
	• Rates prior to October 1st, 2023:
	  • *Fee schedules remain in CIM*
		If you need help locating your fee schedule, reach out to:
		
		Provider Relations: MetroBHPRS@careoregon.org
		- OR -
		Provider Customer Service: 800.224.4840 (option 3)

REMINDERS

Auth/NoT # are REQUIRED on Claims

Summary	Resource

• If Authorization/NoT **is required** for service provided:
  • Auth number must be submitted on the claim for appropriate processing/payment
  • Claims must be billed with one authorization number per claim
  • *If there are duplicate/overlapping auths and no auth on the claim, this will result in a claim denial!*
 	
• **Interim Transition Support:**
  • CareOregon has developed an interim solution to attempt to find an auth match if no auth is submitted on claim:
  • *Interim solution in place through June 2024*
  • *Please do not rely on this interim solution!*
  • If you have a high volume (10+) of these specific denials, you may submit a spreadsheet with authorizations to our Provider Relations team for resolution.
  • *Please reach out to Provider Customer Service or Provider Relations for support with this spreadsheet process option*
	Have questions or need support with duplicate or overlapping authorization issues? Please contact:
	
	Provider Relations: MetroBHPRS@careoregon.org
	- OR -
	Provider Customer Service:
	800.224.4840 (option 3)

REMEMBER! *Please ensure you add 1 authorization to each claim (when required) to ensure seamless processing, payment, and to help avoid denials.*

BHSI CHECKLIST

Claims

✓Make sure to submit claims with dates of services 10/1 and forward to CareOregon (details also available online):

- CareOregon EDI#: *93975*
- Address:
  Claims, CareOregon
  PO Box 40328
  Portland OR 97240

✓PH Tech Claims with dates of service prior to 10/1 will continue to go through CIM

Payment

✓Ensure you are enrolled for electronic payment through the ePayment Center (administered by Zelis)

✓If you are not enrolled in the ePayment Center, please refer to Electronic Payment & Electronic Remittance Advice FAQs (careoregon.org) for details on how to sign-up & how to get assistance.

Authorizations

✓Submit authorizations for dates of services 10/1 and forward through ***CareOregon Connect***

✓Reference the ***Service Level Crosswalk*** for changes to the service levels in the BHSI FAQs

✓Make sure you have setup access to log into ***CareOregon Connect***

BHSI Post-Live Poll

We value your feedback! Please share how things are going since our 10/1/2023 BHSI Go-Live

What areas do you need more support in related to BHSI?

- Auths / NoT
- Claims
- Payments
- Connect system navigation
- None
- If “Other” (or to provide more information on what support you need) please add details here

BHSI Post-Live Poll

Planning Ahead: Ideas for additional Provider Support Options

Which additional support options would you be interested in?

- Virtual drop in hours
- Topic focused educational sessions
- Other suggestions?

Provider Resources: Training & Online Materials

Stay Up To Date! Visit us online at:

CO Metro BH Provider Website

Connect Training
Provider Connect Portal Tutorials

Provider BHSI FAQs
careoregon-bhsi-provider-faqs.pdf

Who to contact when you need help

BHSI Provider Resources, post 10/1/23 go-live

Provider Customer Service

Real-time issue support: Benefits, Eligibility, Auth and Claims questions that can't be answered in Connect Portal

Provider Customer Service: *800.224.4840 (option 3)*

Connect Portal

Eligibility, Claim Status, Claim payment info, Remits, Auth status, Auth submission

CareOregon Website

Provider resources and forms, BHSI FAQ, QDP details and instructions

Provider Relations

Training requests

Issues impacting a large number of claims and/or large dollar amounts

Contracting questions

Metro Bh Provider Relations: MetroBHPRS@careoregon.org

Phone Numbers & more!

Provider Customer Service: *800.224.4840 (option 3)*

Metro BH provider Relations *email: MetroBHPRS@careoregon.org*

Questions?

What else do you want to know?

We value your input!

Providers can submit questions or insights to our team of experts here 24/7:

Online Question Intake Form

Thank you!

CareOregon