

Welcome to CareOregon's Billing and Admin Meeting!

May 2nd, 2024

careoregon.org
twitter.com/careoregon
facebook.com/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 the Q&A throughout the meeting.



Include your name & organization in your comments and 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



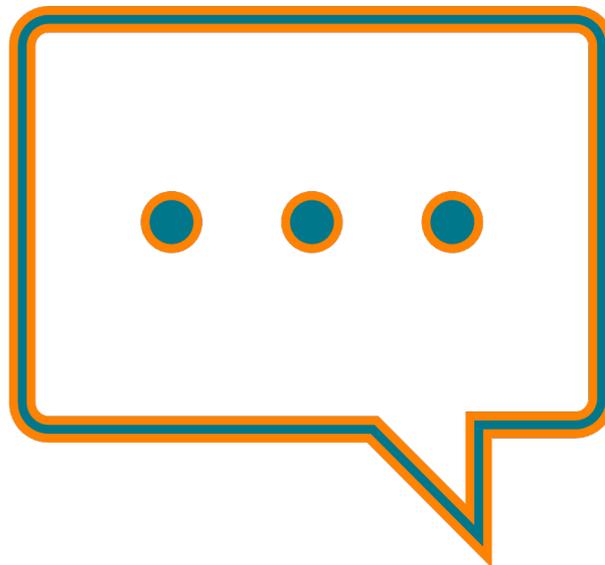
Welcome



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Agenda

- Qualified Directed Payments
- MH Interns
- LPC/LMFT Medicare Enrollment
- Electronic Claims Submission
- Claims Data and Guidance
- Training and Resources
- Q+A



General Updates

Selena Griffin: Provider Relations Manager



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Qualified Directed Payments 2.0

Updates as of 5/1/24

1

Currently reviewing OHA fee-schedule changes and performing analysis to determine rates

2

Still planning on methodology for reprocessing paid claims retro to 10/1/23 dates of service

3

This will be focused on both FFS and APM payment methods

4

Stay tuned for more updates

QDP 2.0 continued

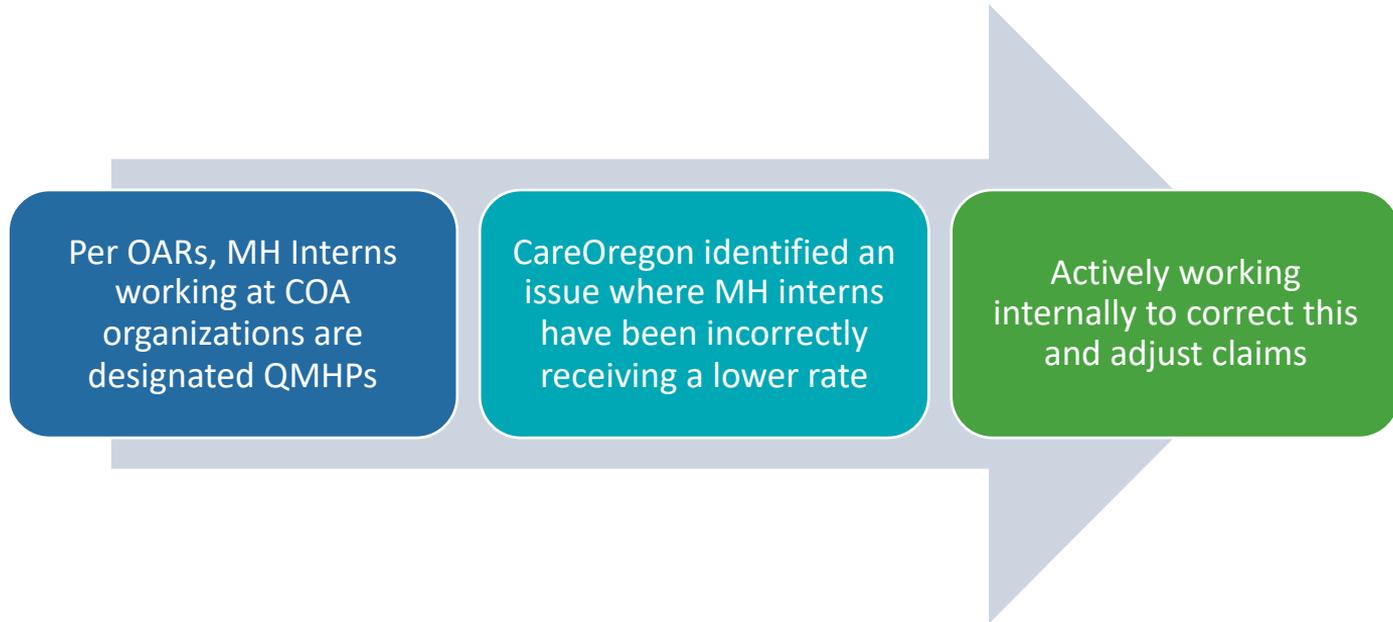
Assertive Community
Treatment (ACT)

Supported Employment
Services (SE)

Outpatient MH
Treatment & Services
(OP MH)

Outpatient and Non-
inpatient withdrawal
management Substance
Use Disorder Treatment
and Services (OP SUD)

MH Interns at COA organizations



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.

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](https://cms.gov/medicare/enrollment-renewal)
- Select a **Specialty Designation**

Once Medicare enrollment is complete **notify CareOregon's Provider Data team** (BHproviderdataupdates@careoregon.org) so provider records can be updated

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

Provider Poll:

Where are you/your organization at in the process of enrolling newly eligible Medicare Providers (LPCs, LMFTs) with Medicare?

- Completed enrollment for all LPCs, LMFTs
- In-Process of enrolling these provider types
- Have not yet started Medicare enrollment
- Does not apply. We do not have these provider types.

Electronic Claims Submission

Maig Tinnin: Behavioral Health Provider Relations Supervisor

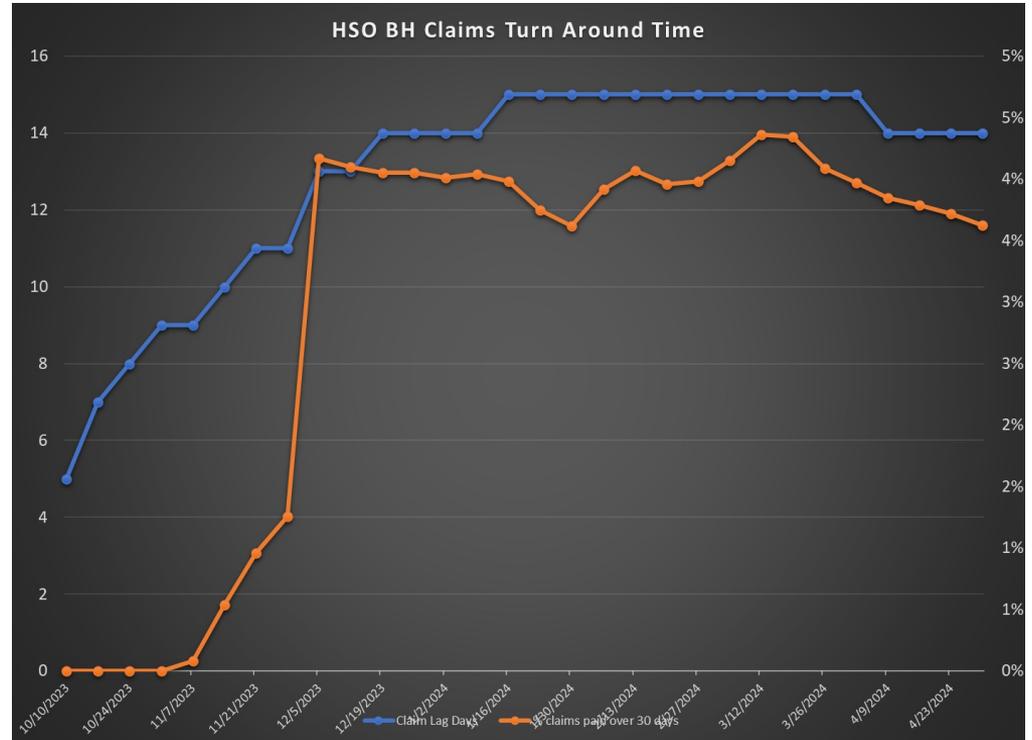
Jane Speyer: Director, Claims Operations



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Claims by the numbers

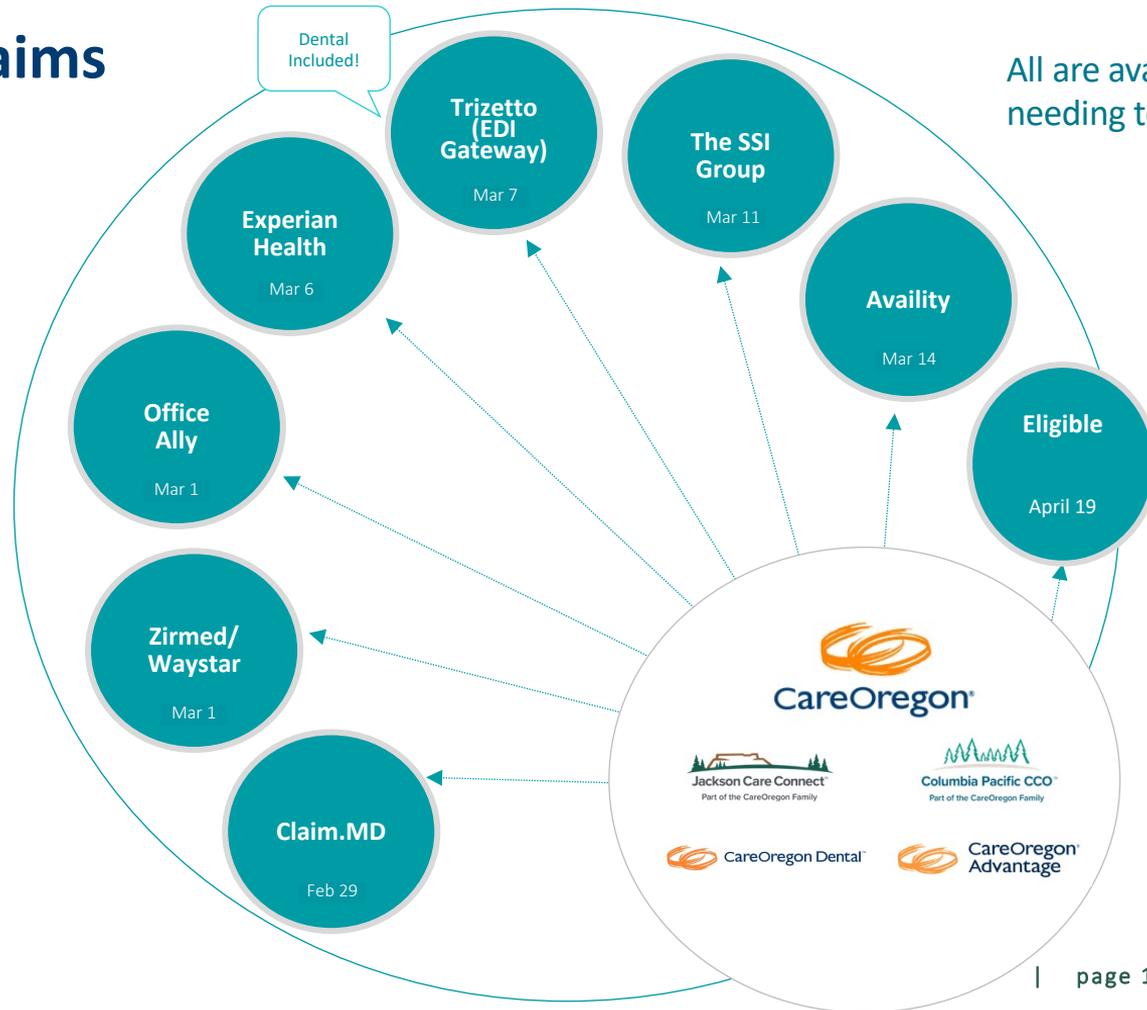
- 96.4%
 - % of claims paid or denied within 30 days
- 14 - 15 days
 - Average length of time from claim submission to payment



Electronic Claims

Submission

Pathways

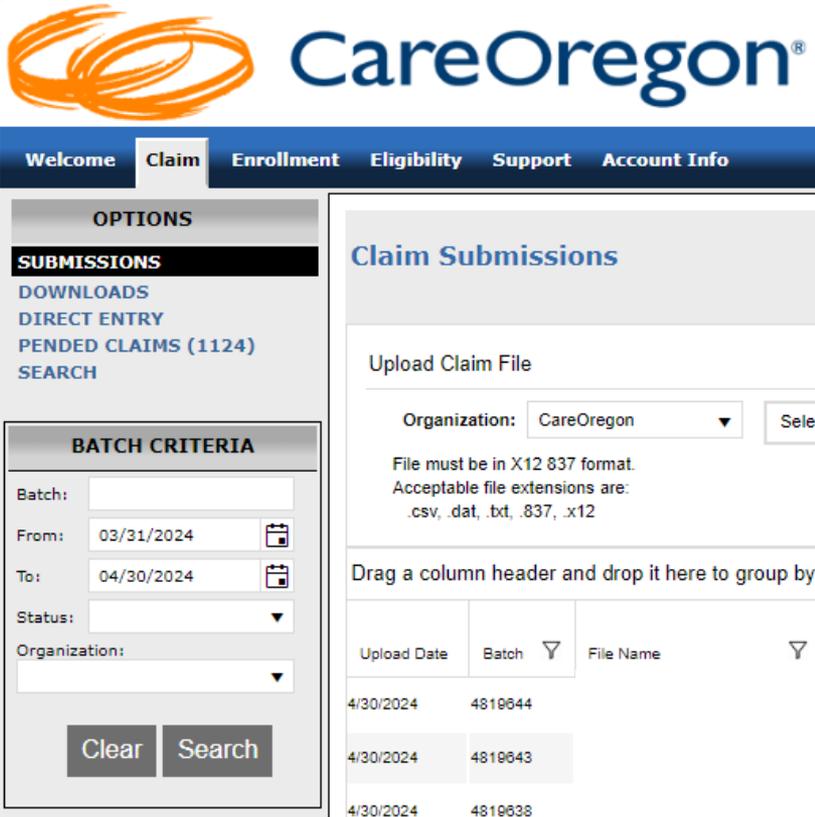


All are available to any provider needing to submit claims!

Electronic Claims Submission Pathways Cont.

Batch Upload
Claim Direct Entry
sFTP Site

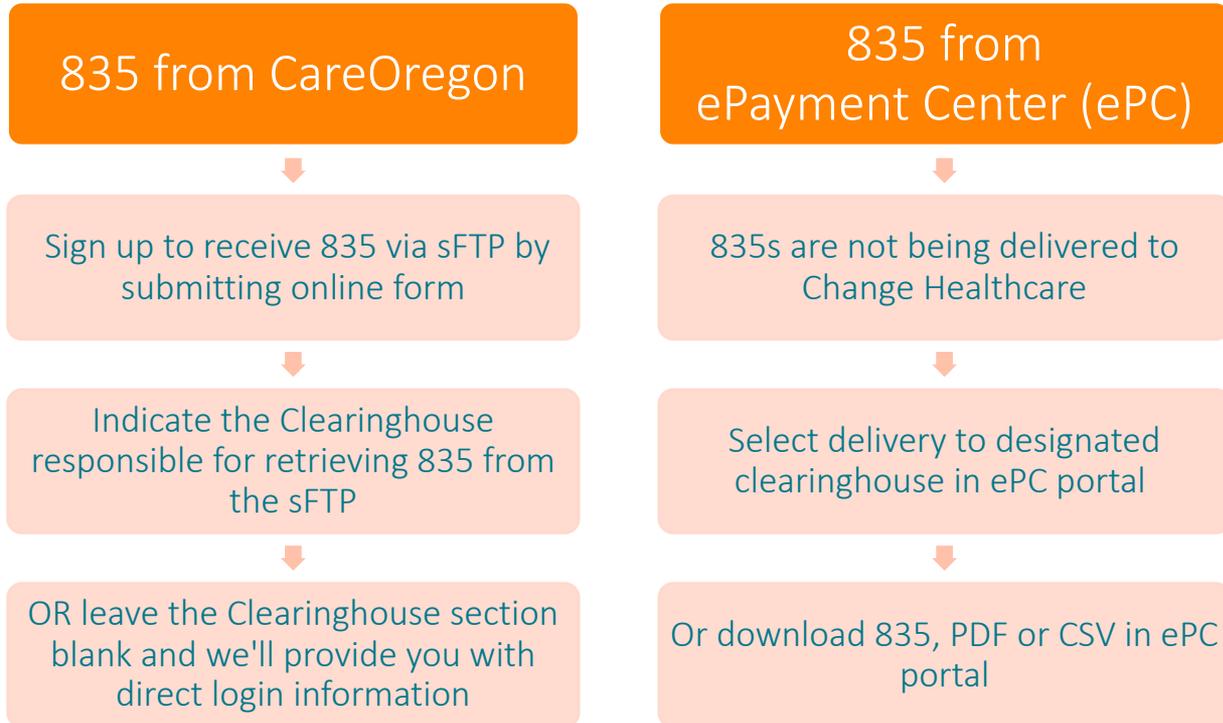
Available through



The screenshot shows the CareOregon website interface. At the top is the CareOregon logo. Below it is a navigation bar with tabs for Welcome, Claim (selected), Enrollment, Eligibility, Support, and Account Info. The main content area is divided into two columns. The left column has a header "OPTIONS" and a sub-header "SUBMISSIONS" with links for DOWNLOADS, DIRECT ENTRY, PENDED CLAIMS (1124), and SEARCH. Below this is a "BATCH CRITERIA" section with input fields for Batch, From (03/31/2024), To (04/30/2024), Status, and Organization, along with Clear and Search buttons. The right column has a header "Claim Submissions" and a section "Upload Claim File" with a dropdown for Organization (CareOregon) and a "Select" button. Below this is a note: "File must be in X12 837 format. Acceptable file extensions are: .csv, .dat, .txt, .837, .x12". At the bottom of the right column is a table with the instruction "Drag a column header and drop it here to group by".

Upload Date	Batch	File Name
4/30/2024	4819644	
4/30/2024	4819643	
4/30/2024	4819638	

835 Troubleshooting



www.careoregon.org/providers/support

https://www.careoregon.org/providers/support

Submitting claims and receiving payment

You can find instructions and options for various methods of submitting claims, receiving payments and remittance advices.

How to submit claims, claim reconsiderations, and claim appeals

Electronic transactions (EFT)

The AMA recognizes electronic health care transactions as a cost saving, efficient way to do business and allows physicians to refocus resources on patient care. The links below provide information regarding various electronic transactions such as submitting claims, receiving payments and remittance advices.

To access your remittance advice electronically:

- Remittance advice FAQ

To receive payments via Electronic Funds Transfer (EFT):

CareOregon provides a couple of options for electronic payment.

- Enroll with CareOregon ePayment Center, administered by Zelis** for ACH direct deposit payment, at no cost. Please contact the ePayment Center customer service team at 855-774-4392 or help@epayment.center for instructions on how to register and enroll. Please note, TIN verification is required for registration and enrollment.
 - EFT and ERA Online FAQs
- Enroll with Zelis Payment Network** for ACH direct deposit payment or virtual credit card for a small fee (this is separate from CareOregon's free ePayment ACH option noted above). To enroll with the Zelis Payment Network, go to their website at <https://www.zelis.com/providers/provider-enrollment/>, or you can call them at 855-496-1571.
 - Please note:** CareOregon is not involved in any relationship with providers and Zelis Payments. It is strictly between Zelis and you, the provider.

To receive electronic remittance advice:

- 835 form:** Please complete and fax back to the number listed on the bottom of the form
- 835 information guide
 - Important:** 835 enrollment is available through CareOregon ePayment Center, administered by Zelis. If enrolling with the ePayment center, please do not submit this form. Instead, select the option for 835 enrollment upon registration through the ePayment center.





835 Request Form

Provider information
Provider billing name: _____
Provider tax ID number: _____
Billing address : _____
City: _____ State: _____ ZIP: _____
NPI: _____ Check #: _____ <small>(any check number previously issued by CareOregon)</small>
Clearinghouse information - CareOregon EDI Payer ID 93975 I authorize CareOregon to work directly with the following clearinghouse for retrieval of our 835 files. <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of clearinghouse: _____
Contact name: _____
Email address : _____
Phone: _____ Trading partner ID*: _____ <small>*Also referred to as a submitter id used in order to exchange electronic transactions.</small>
Please note: it is the provider's responsibility to notify CareOregon if they no longer want us to share files directly with the clearinghouse.
Contact Information/Authorized Signature (835 recipient)
Last name, first name: _____
Phone: _____
Company title: _____ Fax #: _____
Email addresses: _____
1. _____
2. _____
3. _____
Authorized signature: _____
Print name: _____ Date: _____
When this form is complete:

careoregon.epayment.center



🔒 Log in to the CareOregon ePayment Center Portal

User Name

Password

Login

[Sign up Now!](#)

[Forget Password? \(Reset Password\)](#)

ePayment Center Support

(855)774-4392

Help@epayment.center

Support Hours:

Mon – Thur 9am to 7pm EST
Friday 9am to 5:30p EST

Provider Poll:

What issues/barriers are you still dealing with related to claim submission and payment?

- Electronic claim submission
- Lingering revenue impacts
- Related Timely Filing Denials
- 835 / Electronic Remittance
- No further support needed
- Other: Please share in chat

Claims Data and Guidance

Maig Tinnin: Behavioral Health Provider Relations Supervisor



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Behavioral Health Systems Integration (BHSI)



- Over 6 months since GoLive , BHSI is transitioning to be business as usual
- Future Billing and Admin meetings may include occasional updates on the wrap-up of this transition, but it will not be a primary focus of continued provider education and support.



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

Guidance & Updates

Topic	Current Status	Provider Guidance
Denials for Notification of Treatment (NoT) number/Auth number missing on claim	<p>Majority of claims denied had multiple notifications on file, but <u>none were listed on the claim.</u></p> <p>CareOregon developed an interim solution to attempt to find an auth match if no auth was submitted on claim:</p> <ul style="list-style-type: none">• <i>Interim solution in place through June 2024</i>• <i>Please <u>do not rely on this interim solution!</u></i>	<p>Bill claims with notification number listed</p> <p>Split service lines into separate claims if multiple notifications apply</p> <p>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.</p>
Provider Reports	Claims Reports in Connect are under development	Risk Corridor reporting anticipated in Q2 of 2024
Telehealth Guidance	Current Telehealth guidance is being updated	Keep an eye on the website for these updates soon

REMINDERS

Delegated Organizational Provider Roster Monthly Update

Summary

- 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.

Resource

- 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:
 - BHPProviderDataUpdates@careoregon.org

New Fee Schedule Info

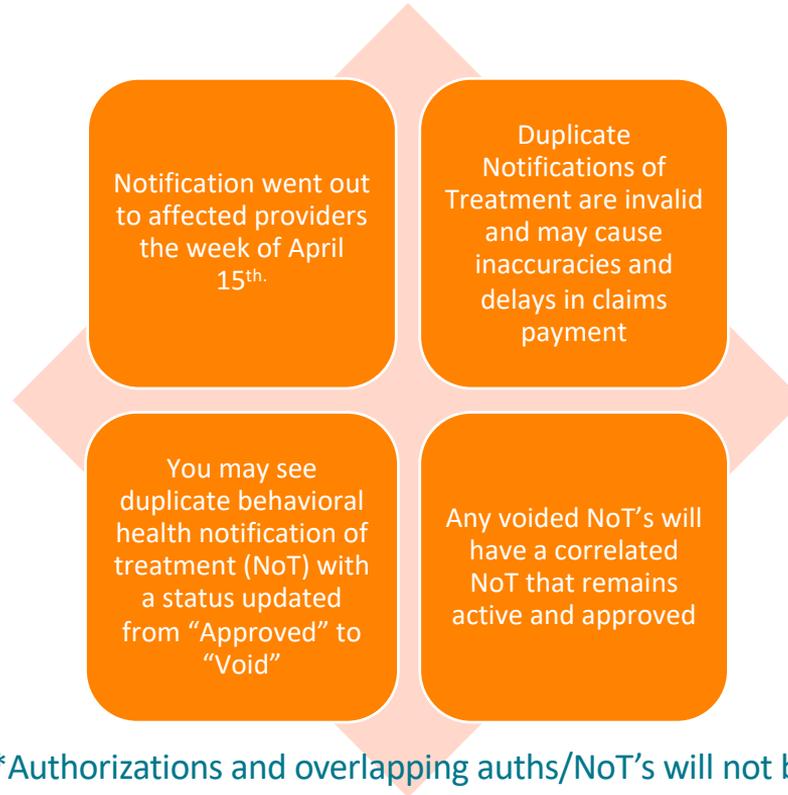
New Fee Schedule dropped eff. April 1st

- 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)

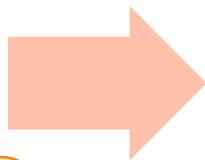
Duplicate Authorization Clean-up Effort



Duplicate Authorization Clean-up Effort

NoT's should meet specific criteria and will void NoT's as long the following fields match another active NoT

- Member
- Level of Care (LOC)
- Servicing Provider
- Effective Date
- Termination Date



How to prevent duplicate NoT's?

- Review any active NoT's in Connect before submitting a new one
- Allow 2 hours from when a NoT was submitted for it to appear
- If you are unable to locate a NoT that you submitted, you can reach out to Provider Customer Service for support

Medicare COB Updates

10/1/23 and forward DOS: Claims that meet at least 1 of the following criteria should process as primary without requiring a Medicare denial EOB or reject letter:

All claims for these procedure codes regardless of provider type:

- H-codes, all T-codes, 90849 22, 90853 22, 90882, 90882 HN, 90887, G0176, G0176 GO, G0176 HQ, G0177, G0177 HQ, and S9480.

All claims from provider types that are ***not*** MD, DO, NP, PA, Psychiatrist, or LCSW regardless of procedure code.

Through 6/30/24 DOS: All claims from provider types LPC and LMFT regardless of procedure code.

- **Reprocessing** of previously denied claims is in process

Training and Resources

Selena Griffin: Provider Relations Manager



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Provider Resources: Training & Online Materials

Stay Up To Date! Visit us online at:
[CO Metro BH Provider Website](#)



Connect
Training
[Provider
Connect Portal
Tutorials](#)

Meds Ed
<https://careoregon.org/providers/meds-ed>



Provider BHSI
FAQs
[careoregon-bhsi-provider-faqs.pdf](#)

Medicaid Essentials trainings

Put on by CareOregon's Clinical Quality Specialist (CQS) Team

What is it?

- A series of trainings that are designed to demystify outpatient behavioral health clinical work. Designed by a team of former Behavioral Health (BH) clinical auditors, these trainings are meant to help providers gain knowledge of requirements for Medicaid documentation, clinical best practices, and help avoid common pitfalls noted in past BH audits.

Who can attend?

- Our contracted outpatient BH provider network across JCC, CPECO, and Health Share.
- The EventBrite fliers outline the target audience for each training (links for trainings on next slide).

How will this help providers?

- The trainings are designed to provide an overview of clinical best practice standards and assist in the alignment with required Medicaid regulatory standards.
- Free CEUs are available for all individuals who attend the full training.

Upcoming trainings

Summer 2024

- [Medicaid 101](#)
- [Case Management](#)
- [Internal Auditing](#)
- [Assessment](#)
- [SPMI I](#) and [SPMI II](#)

[How do I register?](#)

All training listed to the left are linked to the EventBrite page for that event. Simply click the link and register!

Stay Connected

Next Meeting:
June 27th
3-4:30



Slide Deck will
be available on
the website
next week

Coming soon:

Quarterly
Billing &
Admin
Meetings

Virtual
Drop-In
Hours

Lunch n
Learn
Sessions

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!



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