

**AMENDMENT NUMBER 1 TO AGREEMENT (CONTRACT #) BETWEEN  
THE STATE OF OREGON  
AND  
(MHO)**

1. This is amendment number 1 (“Amendment”) to that certain Agreement # (number) (the “Agreement”), by and between the State of Oregon, acting by and through its Department of Human Services (“DHS”), Division of Mental Health and Addiction Services (“AMH”), and (MHO). (“CONTRACTOR”). The provisions of this Amendment shall become effective May 1, 2007 and shall become enforceable on the date at which every authorized party has signed and, has been approved by the Oregon Department of Justice, if required.
2. The Agreement is hereby amended as follows:
  - a. Exhibit D, entitled “Encounter Minimum Data Set Requirements” is hereby replaced in its entirety with Attachment 1 to this Amendment. New language within the attached Exhibit D, is bolded and underlined, deleted language is struck through.
  - b. Reports D.1 and D.2, as attached to former Exhibit D, are hereby deleted in their entirety and replaced with the Instructions for Report Forms D.1, D.2 and D.3 together with Report Forms D.1., D.2 and D.3 which are attached to Exhibit D below. CONTRACTOR shall initially submit Report form D.1 within 30 days of effective date of this Amendment.
  - c. Exhibit K, entitled “Definitions” is hereby amended to add the following definitions:

**Atypical Providers:** are providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of Atypical Providers reimbursed by the Medicaid program.

**Provider Taxonomy Codes:** are a standard administrative code set, as defined under HIPAA in Federal regulations at 45 CFR 162, for identifying the provider type and area of specialization for all health care providers.
3. Except as expressly amended above, all other terms and conditions of the Agreement are still in full force and effect. CONTRACTOR certifies that the representations and warranties contained in the Agreement are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this Amendment.
4. The individual signing this Amendment on behalf of the CONTRACTOR hereby certifies and swears under penalty of perjury that he or she is authorized to act on behalf of CONTRACTOR, that he or she has the authority and knowledge regarding

CONTRACTOR’s payment of taxes, and to the best of his or her knowledge CONTRACTOR is not in violation of any Oregon tax laws. For purposes of this certification “Oregon tax laws” means the state inheritance tax, gift tax, personal income tax, withholding tax, corporation income and excise taxes, amusement device tax, timber taxes, cigarette tax, other tobacco tax, 9-1-1- emergency communications tax, the homeowners and renters property tax relief program and local taxes administered by the Department of Revenue (Multnomah County Business Income Tax, Lane Transit District Tax, Tri-Metropolitan Transit District Employer Payroll Tax, and Tri-Metropolitan Transit District Self-Employment Tax).

**5. Signatures**

**IN WITNESS, THE PARTIES LISTED BELOW HAVE CAUSED THIS AMENDMENT TO BE EXECUTED BY THEIR DULY AUTHORIZED OFFICERS.**

**Contractor:**  
**(MHO):**

**DHS, Addictions and Mental Health Division:**

\_\_\_\_\_  
**Authorized Signature**                      **Date**  
**Title**

\_\_\_\_\_  
**Authorized Signature**                      **Date**  
Madeline M. Olson, Asst. Administrator  
Addictions and Mental Health Division

**Approved as to Legal Sufficiency:**

\_\_\_\_\_  
Assistant Attorney General                      Date

Reviewed:

\_\_\_\_\_  
DHS Contract Specialist                      Date

**Attachment 1****EXHIBIT D  
ENCOUNTER MINIMUM DATA SET REQUIREMENTS**

1. General Provisions:
  - a. Contractor shall submit data concerning OHP Member Encounters as described in this Exhibit and using submission requirements established by DHS.
  - b. DHS shall process Encounter data through the Medicaid Management Information System (MMIS). DHS shall “pend” all Encounters that cannot be processed because of missing or erroneous data.
    - (1) DHS shall notify Contractor of the status of all Encounter claims processed. Notification of all Pended Encounter Claims shall be provided to the Contractor each week that an Encounter claim remains Pended.
    - (2) Contractor shall correct all pended Encounters, within the time period identified in 1.c.(3), below.
  - c. Timelines
    - (1) Contractor must submit Encounter claims at least once per calendar month. The Encounter claims must represent at least 50% of all claim types (professional and institutional) received and adjudicated by Contractor that month.
    - (2) Contractor shall submit all original and unduplicated Encounter data to DHS within 180 days of the date of service. Circumstances not subject to the 180 day time frame include 1) Member's failure to give provider necessary claim information, 2) third party liability coordination, and 3) delays associated with resolving out-of-area claims, (4) hardware/software modifications specific to the mechanisms for processing encounter data and (5) Issues identified by AMH regarding DHS' encounter data processing system that make it problematic for Contractor to submit data (AMH will notify Contractor of such identified problems). Contractor shall structure its subcontracts and Participating Provider reimbursement arrangements to ensure timely submission of billings.
    - (3) Contractor shall submit all corrections to pended Encounters to DHS within 63 calendar days of the date that DHS mails Contractor a notice that the Encounters were pended. Claims for correction that are not submitted within 63 days are subject to Corrective Action. (See Part II, Section VII, Subsection F entitled “Remedies Short of Termination” of this Agreement.)
    - (4) Contractor shall submit Encounter data for Covered Services known to have been provided to OHP Members. Contractor shall submit such Encounters regardless of the reimbursement method used, claim payment status (the claim was denied), placement on the Prioritized List of Health Services, or Third Party Resource status.

## d. Data Transmission and Format

- (1) Contractor must submit all Encounter Data to DMAP electronically. For Encounter data submitted on and after the Encounter Transaction Implementation Date, Contractor must submit all data in an 837 HIPAA Compliant format and as set forth in HIPAA's Implementation Guides, DHS' 837 Companion Guides and system specifications supplied by DMAP.
- (2) Contractor shall submit all data in a format approved by DHS.
- (3) Contractor may have another entity submit Encounter data on its behalf, however, Contractor shall request approval of such arrangement from the Electronic Encounter Data Unit, Operations Section, DMAP, DHS. Contractor shall remain responsible for Encounter data accuracy, timeliness and completeness regardless of the entity submitting the Encounter data.

## 2. Data Set Requirements

- a. The data elements specified in this section constitute the required minimum data set. Contractor is required to submit all of the data specified in this section.
- b. Contractor shall submit the following identifying information for all Encounters:
  - (1) Contractor's DHS Prepaid Health Plan Provider Number
  - (2) OHP Member Name
  - (3) Medicaid Recipient Number, also known as the OHP Prime Number
  - (4) Disposition of the claim (accepted/rejected)
  - (5) Disposition Reason, valid Claim Adjustment Reason Code(s) (CARC) (Contractor's determination at the service line that a liability exists).
- c. For outpatient mental health Encounters, in addition to the identifying information listed in subsection 2.b., DHS requires a HIPAA 837 Professional Transaction (837P) Form and the following minimum data elements for DHS processing of Encounter data:
  - (1) DHS Performing Provider Number
    - (a) Contractor shall use the number assigned to the CMHP or AMH certified organization employing the Health Care Professional delivering Covered Services to the OHP Member. If Covered Services are rendered by Health Care Professionals not associated with a CMHP or AMH certified organization, then Contractor shall ~~request and~~ use a special performing provider number requested through AMH and beginning May 23, 2007, a National Provider Identifier (NPI) as required by 45 CFR 162.410 for submissions.
    - (b) The use of DHS default Provider numbers are not acceptable as a Provider number. Only a National Provider Identifier (NPI) and a Provider Taxonomy Code registered with DHS are allowed for use on Encounter data claims for

covered entities. Proprietary Provider numbers are allowed for DHS enrolled Atypical Providers only.

(2) Diagnosis Codes

Contractor shall submit diagnostic coding using the most current listing of the DSM/ICD. DSM/ICD codes shall be reported to the highest level of specificity.

(3) Date(s) of Service

(4) Procedure Codes (HCPC or CPT Codes or other codes approved by DHS for use in submitting Encounter data)

(5) Number of Units of Service Provided

(6) Line item charge(s) based on Usual and Customary Charges, even though a Third Party Resource has made a complete or partial payment.

d. For Acute Inpatient Hospital Psychiatric Care Encounters, in addition to the identifying information listed in subsection 2.b., Contractor is required to submit a HIPAA Compliant 837I Form and the following minimum data elements for DHS processing of claims:

(1) DHS Hospital Provider Number for the facility, and beginning May 23, 2007, the National Provider Identifier (NPI) as required by 45 CFR 162.412 for submissions

(2) Type of Admission Code

(3) Patient Discharge Status Code

(a) Contractor shall use discharge codes established by DHS in its Hospital Services Guide.

(b) If the OHP Member is found Appropriate for Long Term Psychiatric Care during the Acute Inpatient Hospital Psychiatric Care stay, Contractor shall use a discharge code of 05.

(4) Dates of Service (dates from admission through discharge)

(5) Revenue Codes

(a) Contractor shall use revenue codes specific to the services provided. If Contractor has a limited number of special "package" services for which it pays an all-inclusive fee and is unable to provide specific revenue codes for those services, Contractor may use revenue codes approved in advance by the DHS Technical/Encounter Data Services Subunit, Program Operations Unit.

(b) Contractor shall submit a list and description of packaged services to DHS for which Contractor is seeking a special revenue code. DHS may request additional information about "package" services or Encounters using "package" revenue codes at any time and may discontinue the use of "package" revenue codes at its discretion with 30 calendar days notice to Contractor.

- (6) Line Item Charges
- (7) Total Charges
- (8) Diagnosis Code(s) at the highest level of specificity.
- (9) ICD-9 Procedure Codes when a procedure is performed
- (10) Attending Physician DHS Performing Provider Number and beginning May 23, 2007, the National Provider Identifier (NPI) as required by 45 CFR 162.412 for submissions. The Provider's license number is not acceptable as a Provider number.

e. For Outpatient Hospital Encounters, in addition to the identifying information listed in subsection 2.b., DHS requires an 837I format and the following minimum data elements for DHS processing of claims:

- (1) DHS Hospital Provider Number for the facility and beginning May 23, 2007, the National Provider Identifier (NPI) as required by CFR 162.412 for submissions
- (2) Revenue Center Code(s) (National Uniform Billing Committee (NUBC) Rule)
- (3) Date of Service for each line item
- (4) Quantity of units of service provided
- (5) Line-item Charge(s) based on the usual and customary fee even though a Third Party Resource has made complete or partial payment.
- (6) Diagnosis Code(s) at the highest level of specificity
- (7) Procedure Codes for the Revenue Center Codes
- (8) Attending Physician DHS Performing Provider Number and beginning May 23, 2007, the National Provider Identifier (NPI) as required by 45 CFR 162.412 for submissions. The Provider's license number is not acceptable as a Provider number.

f. Contractors must submit one claim per hospitalization. The claim must represent all hospital services delivered to the OHP Member. Interim and late billings are prohibited. Additional services or revisions to the original claim must be handled through the adjustment process.

g. Contractors must make adjustments to claims when any required data elements change or Contractor discovers the data was incorrect or no longer valid.

h. Contractors must delete any duplicate claims within 63 calendar days of the date DHS notifies Contractor that the claim is a duplicate.

### 3. Data Certification and Validation

a. Contractor or designee must certify, based on best knowledge, information, and belief that the Encounter data submitted for OHP Members is accurate and complete.

- b. Contractor shall submit the Data Certification and Validation Signature Authorization Form, Report D1, within 30 days following the effective date of this Agreement, and immediately following any changes.
- c. Contractor shall submit a Data Certification Form, Report D2, with each Encounter submission.
- d. Contractor shall submit a Claim Count Verification Acknowledgement and Action form, Report D3, within ten (10) business days of receipt of the Out of Balance Data Verification Claim Count Verification Report Notice.

Attachments 1 through 4, entitled “Instructions for Report Forms D.1, D.2 and D.3” and Report Form D.1, Report Form D.2 and Report Form D.3 are attached hereto and incorporated herein by this reference.

**EXHIBIT D – Attachment 1**  
**Instructions for Report Forms D.1, D.2 and D.3**

1. Contractor shall demonstrate to DHS through proof of Data Certification and Validation that Contractor is able to attest to the accuracy, completeness and truthfulness of Information required by DHS. The requirements in this Exhibit are intended to implement the requirements of 42 CFR §§ 438.604 and 438.606.

The Data and Information that must be certified include, but are not limited to, Encounter Data. Contractor shall submit to DHS all reports specified in this Agreement and this Exhibit.

2. Required Data Certification and Validation Report Forms

Contractor shall submit the report forms listed below to DHS in the manner described in this Exhibit and on each form or report.

- D.1 Signature Authorization Report Form
- D.2 Data Certification and Validation Report Form
- D.3 Claim Count Verification Acknowledgement and Action Report Form

**Form D.2** – A Data Certification and Validation Report Form must be submitted concurrently with each Encounter Data submission. DHS will notify Contractor if Form D.2 does not meet the requirements.

Contractor shall submit missing or erroneous Report Form D.2 Data Certification and Validation Report Forms immediately upon notification from DHS that the Data Certification and Validation Report Form was not complete or not received.

Submission of each complete and accurate Data Certification and Validation Report Form is a material requirement of this Exhibit and this Agreement, as specified in 42 CFR §§ 438.604 and 438.606. Contractor non-compliance as specified above will be considered a breach of Contract and subject to sanctions as described in Section VII, F- Remedies Short of Termination in the MHO Agreement.

After MMIS processing, DHS will return the following reports, as applicable, to provide detail information identifying any claim counts out of balance and claim counts that will not be used for

Rate or Risk Calculations:

- Data Validation – Claim Count Verification Form
- Data Validation – Weekly Balancing
- Data Validation – Cumulative Pends
- Data Validation – Duplicate Check Criteria
- Data Validation – OMART (data system maintained by DHS)

**EXHIBIT D – Attachment 2  
Report Form D.1 – Signature Authorization Form**

This form is due within 30 days of effective date of this Agreement and immediately upon changes thereafter.

**Contracted Plan**

Name \_\_\_\_\_ OHP Assigned Plan Number: \_\_\_\_\_

Encounter Data information submitted to DHS must be certified by one of the following:

1. Chief Executive Officer, or similar top executive officer of the Contractor, however designated (CEO);
2. Chief Financial Officer, or similar top financial officer of the Contractor, however designated (CFO); or
3. An individual who has delegated authority to sign for and reports directly to the CEO or CFO.

Print name and title of CEO or CFO	Signature	Date
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As CEO or CFO I authorize the following designated person(s) to certify Encounter Data Transactions:

Full name and title of the person(s) other than the CEO or CFO identified above who has delegated authority to sign for and who reports directly to the CEO or CFO and to certify the data and information submitted to DHS:

Print Name and Title	Print Name and Title
Signature	Date
Telephone number	Telephone number

(Submit more than one form if more than two persons are delegated to complete the Data Certification and Validation Report Form)

Content and Timing of Certification: The Data Certification and Validation Report Form must attest, based on best knowledge, information and belief, as follows:

1. To the accuracy, completeness and truthfulness of the data and/or information submitted to DHS,
2. To the accuracy, completeness and truthfulness of the information contained in the Form D.2, Data Certification and Validation Report Form and
3. The Data Certification and Validation Report Form must be submitted concurrently with Contractor’s certified data.

Send this complete, original Signature Authorization Form to your OHP Mental Health Specialist, Contractor must complete a new Signature Authorization Form immediately each time there is a change to any one of the designated certifying person(s).

**EXHIBIT D – Attachment 3  
Report Form D.2 –Data Certification and Validation Report Form\***

This form must be submitted concurrently with each Encounter Data submission, if by facsimile to phone number 503-947-5359. If you experience any difficulty faxing this form to the number indicated contact your Encounter Data Liaison.

Plan Name: \_\_\_\_\_  
Week Ending: \_\_\_\_\_  
Month/Day/Year

Plan DMAP Number: \_\_\_\_\_  
Type of submission: \_\_\_\_\_  
Encounter/Pharmacy

Total Claim Count**		Total Billed Amount **	\$	
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I, the undersigned, hereby attest that I have authority to certify the data and information on behalf of Contractor, as authorized by Form D.1, Signature Authorization Form; and I, the undersigned, hereby certify based on best knowledge, information and belief that the data and information submitted to DHS are accurate, complete and truthful; and that the data and information contained in this Form D.2, Data Certification and Validation Form, are accurate, complete and truthful.

\_\_\_\_\_  
Print Name Print Title

\_\_\_\_\_  
Authorized signature (from Form D.1) Transmission Date

Contractor may, at Contractor’s discretion, submit more detailed submission totals than the minimum necessary required above. To do so contact your designated Encounter Data Liaison.

\* If you have the ability to send an “electronic signature document” please contact your Encounter Data Liaison  
\*\* Total Claim Count and Total Amount Billed includes all claims sent to DHS for processing (new, adjustments or deletes)

