

# CPMS Messenger

A timely newsletter for those completing the CPMS forms  
JUNE 2013 Prepared by Piet Vermeer & the CPMS Data Team, AMH



Vol 20, No 6

**Questions?  
Problems?  
Just give us a call**



**Mary Herrle**

503-945-6673

A&D CMHPs 20, 26, 27

MH CMHPs 12-19

[mary.c.herrle@state.or.us](mailto:mary.c.herrle@state.or.us)

**Cecelia Labi**

503-945-5764

A&D CMHP 29-39

MH CMHPs 1-10,

20-25, 27, 29-75

[cecelia.labi@state.or.us](mailto:cecelia.labi@state.or.us)



**Justin King**

503-945-7821

A&D CMHP 01-19, 21-25

[justin.d.king@state.or.us](mailto:justin.d.king@state.or.us)

## Why data is important?

*Written and contributed by Christopher Hamilton, AMH's Lead Treatment Policy Analyst.*

Oregon's behavioral health system is on the cusp of a new era of understanding. In a few months, behavioral health treatment providers will transition from an antiquated data system to a modern system; a new system that will provide useful interfaces and reports for the user. With the change, questions will arise around the need for and purpose of specific data fields. To that end, I wanted to share a data success story that will change the lives of many of the individuals you serve.



House Bill 2385 recently passed through both legislative chambers. The bill aligns private insurance with the Oregon Health Plan to pay for substance abuse treatment associated with driving under the influence of intoxicants when the treatment is medically necessary. The legislation is effective as soon as it is signed by the governor.

As with most legislation, legislators have data questions. Specific to HB 2385, several legislators were interested in the proportion of court mandated individuals served by substance abuse providers. Statewide, 42.2% of those participating in outpatient and residential treatment are court ordered. Although it had not been requested, it was the next piece of data that potentially influenced the 39 ayes, 20 nays in the Senate vote. In addition to the proportion of court mandated treatment we were able to share with legislators that 96.4% of the treatment, including the court mandated treatment, was medically appropriate. This was determined comparing the level of care received to the level of care assessed.



Please keep in mind as we transition to the new data system, that the coding you do now to map data fields and the diligent data entry performed by your staff does make a difference; a difference that may not be obvious in the immediate, but a difference that can change lives.



NEED THIS IN AN ALTERNATE FORMAT? PLEASE CALL 503-945-5763.

**Notice: New Data Collection System will Require Oregon Medicaid Provider Number**

Moving forward with the new data system MOTS (Measures and Outcomes Tracking System) to replace the CPMS system, will require all providers to register and set up profiles within the new system. We anticipate registration to begin in August, which is the first step. One requirement of the new system is that every facility with a unique physical location will need a unique Oregon Medicaid Provider number. The COMPASS project staff are currently discussing with the Division of Medicaid Assistance Programs (DMAP) staff the best way to facilitate the process of acquiring these numbers for providers (facilities) that currently do not have one. At the end of June a special mailing will be sent to all CPMS providers further explaining this new requirement and the request process. Please look for this special mailing and make sure the notice gets to the correct person within your organization in a timely manner.



**10 REASONS WHY SOME PROVIDERS HAVE ALREADY MADE THE SWITCH TO OWITS AND NO LONGER HAVE TO USE CPMS**



1. The OWITS EHR has edits in place to ensure the data are accurate.
2. It's your data, with automatic reporting to the state.
3. It saves money, because OWITS is a free EHR system.
4. You can access reports in real time. Unlike the Monthly Management Report that AMH mails to providers once a month and is 2 months old, you can see who is enrolled in a program instantly – Any other special reports that you may need run against day old data.
5. No filling out multiple forms for the same client if that client is in multiple programs. And client's basic information stays the same when you re-open a client. You have the ease of noting what program the client is in without having to terminate them in the old program first and re-open them in the new program.
6. Web-Based – Can access your client records and reports from anywhere as long as you have an internet connection and a valid user ID and password.
7. Meets Federal EHR requirements.
8. There is user group participation in modifying the system.
9. You have to transition from CPMS to the new reporting system, whether it's MOTS client entry or EDI exchange or OWITS. You might as well start now.
10. You won't have to remember what CPMS form, provider number, or eligibility code to use when enrolling clients.



Thank you for taking the time to read through this newsletter. If you have ideas or questions you want addressed in future newsletters, please let me know. – Piet Vermeer, Senior Systems Analyst, AMH, 503-945-5960 or [piet.j.vermeer@state.or.us](mailto:piet.j.vermeer@state.or.us)