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Administrative Examinations and Billing
Services (ADM)
Chapter 410, Division 150

January 11, 2023
1:00 pm – 2:20 pm

Type of Meeting: Provider Collaboration

Meeting Facilitator: Shannon Jasper, ADM Program Manager

Attendees: Shannon Jasper (ADM Program Analyst), Beverly Dart, Christine Lawler, Annette Van Riper, Melissa Castilleja, Julie Pugh, Anna Mohr, Erica Jauregui, Miranda Burckhardt, Dr. Jill Brenizer, Dr. Maria Berman, Jennifer Carpenter, Marit Thompson, Dr. Martha Villegas-Guitierrez, Marilyn Williams, Dr. Keli Dean, Shelly Watts, Chelas Kronenberg, Mary Durrant, Meghan Story, Linsay Fredrikson, Dr. Veronica Vazquez, Margaret Lucia, Dr. Jim Powell, Becky Smallwood, Dr. Art Kowitch, Dr. Freda Bax, Bryan Hutchison, Doug Sannes, Vicki Partridge-Hiland,

Meeting Minutes:

Previous Business:

- Introductions, staff updates, Administrative Exams program was transferred to Shannon Jasper.
- Quarterly Collaboratives will remain on the Microsoft Teams platform.
- Rate increase project thru CMS has been approved and will be discussed further after announcements.
- During the previous meeting, it was brought to our attention the expense of materials, such as bilingual documents, Shannon asked for those providers to send her examples.

New Business:

- Updated rates approved by CMS the following codes: 90785, 90791, 90792, 96130, 96131, 96132, 96136, 96137
- Shannon has submitted all of the other codes listed on our fee schedule (other than physical health codes) to our budget team for a fiscal impact for rate increases. Once the research is complete, budget will send the analysis to our leadership team to review for a response and outcome. This group will be informed and we will post in Provider Matters. If you do not received updates thru "Provider Matters", here is the link to sign up.
<https://www.oregon.gov/OHA/HSD/OHP/Pages/Provider-Matters.aspx>
- The fee schedule for the Admin Exam program has been updated with the increased rates approved by CMS and is posted on our Policy Page.
<https://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Admin-Exam.aspx>
- Shannon explained there are two options to adjust claims to be paid the higher rate.
 1. Providers can adjust their paid claims with dates of service 7/1/22 forward using the new rates. These claims will follow the same process and suspend. New claims will be processed first in the order received. The adjusted claims will be reviewed once all new claims are processed. We do not have an exact time frame because we do not know how many claims we are speaking of.

2. As a provider you can wait and the state will adjust the claim for you in a SMAP (system mass adjustment process). The date has not been determined for this yet, but we are currently requesting a report of all the claims. I will update the group on this second option when I have further details.
- CLSS – Culturally and Linguistically specific services. This project is still being reviewed. The team involved in both the rate increases and the culturally and linguistic services are working on the application process, manual, and direction on how to apply for the differential rate for these services. There is a website designed for the rate increase project.
<https://www.oregon.gov/OHA/HSD/OHP/Pages/BH-Rate-Increase.aspx>

Roundtable:

Dr. Kowitch asked when they can start adjusting claims?

- Now. Rates have been updated in MMIS.

Dr. Freda Bax asked when we have claims not being paid correctly (for reasons that are still a little unclear), would you recommend resubmitting everything else until the other claims are resolved?

- Yes, rebill and we will discuss offline the other issues with the taxonomy and your staff.

Mary Durrant the manager of OHA Claims explained the time delay for the adjustments. The adjustments take a considerable amount of time, they have to pull the original paid claim to compare. Each claim is worked manually, so when the claims are adjusted, they will need to be compared and worked manually again. Adjusting a claim is fine, do not submit a new claim because it will deny as a duplicate.

Dr. Freda Bax when OHA did their webinar about this stuff, they implied that they would catch those in the mass reproduction if they were billed at our regular rates vs billed DMAP rate. Is that true or are you guys going to catch those even if they were billed at the previous DMAP rate?

Mary asked what do you mean by catch those?

Dr. Freda Bax explained if they billed above the allowable rate previously, if they adjust the claim will it pay the difference? **Yes**

If the claim was billed at the older allowable rate, will the adjustments pay the difference? We were told the system won't catch those.

Mary stated unfortunately the system would capture it as needing to be adjusted but the ultimate payment wouldn't change because we can't pay more than the billed amount.

If you know there are claims that were billed at the lower rate, those are the claims you might want to adjust with the higher rate.

Dr. Freda Bax asked about the taxonomy if they have provider type 53 and type 33, both enrolled with the same taxonomy, the system is defaulting and capturing the wrong provider type? That would mean all our providers enrolled that way would have the same problem. That problem seems sporadic.

Shannon explained that part of the challenge with enrollment in MMIS is it will default to the original enrollment, with the same taxonomy, in most cases provider type 33 (Mental Health Provider). If that box was originally checked in the system, then even when billed under provider type 53 (Psychologist), the system pays at the lower rate. The MMIS system looks at NPI, then taxonomy, then zip code +4, and lastly at the box checked for default.

There are probably 8 – 10 different taxonomies listed for psychologists. They can be used for both a mental health provider or a psychologist is why it becomes a problem when billing for these services.

Shannon stated she will need to go thru all of the providers enrolled at Mindsights to verify the taxonomy and enrollment types to verify any changes that need to be made. We cannot just change something in the system without texting it and two informing all providers of any changes. I will speak with you Dr. Bax offline to see if we can fix the one provider we have been discussing.

Dr. Jill Brenizer asked to verify what Dr. Bax had asked above about claims billed at the original allowable amount, would they need to adjust those claims because the SMAP would not be able to pay higher than what was entered?

Mary Durrant stated she does not know the answer to that question. They are investigating and looking for the technology to be able to change the billed amount. We have never been able to do that before. If you want your claims paid sooner than the potential SMAP, those would need to be manually adjusted by each provider.

Dr. Jill Brenizer asked for a step by step process of an adjustment. Do they go into the claim line by line and put in the new rates and push the adjust button at the bottom?

Mary asked if she was speaking of the MMIS portal or through their software? If they are in the web portal, we can share guides that PSU (Provider Services Unit) has about how to do step by step adjustments. I want to state again, because I know we will get questions, is once you enter the adjustment, the claim will suspend so you won't see a final payment until my team works the claim. My team is trying to keep all new claims around the 2 week processing time and then working the adjusted claims. There is no new staff for this work, so we can only process so many claims per day and will essentially be reworking each claim again manually for the past 5 months. The biggest priority is to process new claims first.

Annette Van piper asked if the providers need to initiate anything if the agency is going to pull claims data for the SMAP if they do not go with the first option of adjusting their own claims?

Shannon answered yes, that is correct. The only change again would be what Mary stated which is whether the system can update the rate to pay the difference and not have the manual process for that.

Dr. Jill Brenizer asked how they would receive the guide on how to adjust claims?

Shannon stated she would email the guide.

Dr. Kowitch asked if there are any differences in how they enter adjustments?

Shannon state no, just enter the new dollar amount for the detail line in the claim and push the adjust button in the web portal.

Lastly, I spoke of CLSS (Culturally and Linguistically specific services). The team behind the scenes is creating an application process for both. They will give guidance and a manual for this process when implemented. There is also the discussion about providing rural services, which is still under review.

Both services would use a modifier to determine the higher rate when billing for bilingual or culturally responsible service/ exam. Once it has been finalized and the process is mapped out, I will share

with this group. I know several of you asked to be involved in that process, but this was moved forward at a higher level.

Dr. Kowitch asked about the rural part and travel for completing an evaluation in a Correctional Facility. The extra time has previously not been billable. Is there a modifier for that?

Shannon stated at this time no, but it has been under review to be considered part of the rural modifier option. If a provider is asked to travel to a rural area, can they use that modifier? I will share that information upon receipt.

The next Provider Collaborative is April 12th at 1:05 pm.