

Kate Brown, Governor

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

September 6, 2022 1:00 pm – 2:20 pm

Type of Meeting: Provider Collaboration

Meeting Facilitator: Napua Rich, ADM Program Manager

Health Authority

500 Summer Street NE, E35 Salem, Oregon 97301-1077

Voice: (503) 945-5772 Fax: (503) 947-5221 TTY: (800) 375-2863

Attendees: Napua Rich (ADM Program Manager), Shannon Jasper (ADM Program Analyst), Marcy Murdock, Dr. Dane Borg, Dr. Freda Bax, Dr. Anna Mohr, Dr. Art Kowitch, Miranda Burckhardt, Chelas Kronenberg, Mary Durrant, Linsay Fredrikson, Brian Kirk, Lea Brophy, Dr. Rebecca Marcin, Nathan Roberts, Rebecca Smallwood, Meghan Story, Laura Ward, Shelly Watts, Marilyn Williams, Dr. Cynthia Polance, Dr. Erik Sorensen, Angelina Goldshteyn, Patrick Ring, PH: 503-480-4832

- Napua started the meeting.
- Asked for the hand raising option when questions arise.
- First topic of discussion OHP 729 form and related billing
 - Requesting agencies are required to submit the completed form to OHA's claim division.
 - Providers will not perform any services without receipt of completed 729 form.
 - Reduce denials by having providers email their copy of the 729 form at the time they bill their claims.
- Dr. Borg stated even though their office is sending them in now, it is an administrative task and should not be considered the permanent work around. It is a system's issue with OHA.
- Napua stated we are currently trying to make sure claims are not denied for missing 729 forms.
- Dr. Kowitch stated he could see the process of following the paperchain, but he still calls in to verify 729 received prior to billing.
- Napua stated if sent at the same time as billed, providers would not need to call in to verify receipt
 of form.
- Dr. Bax stated emailing the 729 form by their biller is not the current issue, it is other system
 issues of denials. (ie: No contract for billed procedure) When these forms are generated they
 should automatically get connected to the system, like other preauthorizations.
- Marcy (OHA) asked about attaching the form the claim like a few providers do.
- Shannon explained the process to attach the form, they must first submit the claim, then fill out the form for IRMS () with the ICN (Internal Control Number), then fax to the their department to have them attach the form to the claim. It is a huge administrative burden for providers.
- Shannon stated again we are working with our BSU team on a change order for the system that
 would allow a provider to attach the form to the claim when they are billing so all documentation is
 present. It is still being tested behind the scenes.
- Dr. Kowitch stated the frequency with which he encounters this issue is relatively low. More concerned about more administrative time to process instead of doing evaluations.

- Shannon asked approximately how many OHP 729 forms do you receive per week? (Dr. Kowitch, Mindsights?)
- Dr. Kowitch stated 2 4 evaluations a week, and forms are dependent on the agency submitting.
- Dr. Borg stated he didn't know if he could guess, possibly as high as 20, but probably fewer right now. I know we are already sending the 729's electronically, but am hesitant to continue this as a work around as a permanent basis. It's already a lot of administrative burden that has shifted to the providers, this is the job of the payer and authorizing body.
 The CCO's do not ask us to submit anything beyond the claims at that level because they are
 - tracking internally what levels of services are authorized The technology exists in both commercial and private sector. It should be the states problem to solve and not asking providers to complete additional steps.
- Napua thanked the providers for their input, very helpful.
- The next topic brought up in August was code 90785. The code allows up to 3 units, but concerns
 were stated the code was only reimbursing for one unit and questions about the use of the code.
 We asked one of our certified coders, and was told this not a time based coded, its an add on
 code and used for a single event.
 - We also learned there was a coding error in the system restricting to one unit, which has now been updated.
- Dr. Borg asked about it pairing with some of the therapy codes. (96136-96137, 96130-96131)
- Shannon stated the new Administrative Exams Fee Schedule has a column on the right that states what can and cannot be billed together on the same date of service. She also stated there have issues in the past when CMS sends the NCCI edit files and they get loaded into the system. This creates billing issues as they typically back date. Hopefully this report is small and does not affect our codes for this program.
- Next topic are outstanding items from our June meeting.
- Complex cases, bilingual limitations, and culturally responsible limitations.
 HSD is still working on those topics and working towards solutions
- Next topic is provider types for the Administrative Exams program.
 The provider type for Admin Exams is 53

Provider type for general mental health or behavioral health would be 33. We learned that when this provider type was entered into the system, the enrollment team added the Admin Exam contract. This mixup has caused incorrect payments.

Shannon asked per the email received, if Dr. Bax would be willing to speak to the example submitted.

Dr. Bax stated she worked with Arwen (Provider Service Manager) regarding those claims and the difference between the two provider types. We don't differentiate between the two provider types, the claims are entered by NPI, even if changed while submitting the claim, it still did not pay correctly.

Mary Durrant spoke to the enrollment of the provider types using one NPI, two provider types, and each should have a different taxonomy, which in some cases has not happened, hence the payment issues. We will work with Shannon and the enrollment team to determine the behind the scenes issues and then present to you all the findings.

Napua stated we will work behind the scenes to fix the issues with the contracts (Admin added to provider type 33), and the unique taxonomy per provider type.

- We will continue to keep the bilingual and culturally responsible limitations on the agenda until we can get that sorted out.
- Napua thanked all participants and attendees. There was no further discussion so the meeting was ended.
- Helpful Tools:
 - ADM Webpage: https://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Admin-Exam.aspx
 - Provider Service Phone Number: 800-336-6016
 - Email: dmap.providerservices@state.or.us
 - Email: NapuaAnn.K.Rich@dhsoha.state.or.us
 - Email: Shannon.D.Jasper@dhsoha.state.or.us
 - ***Added just in case, Email: Medicaid.programs@dhsoha.state.or.us