Mental Health Adult Residential Standardized Rate Implementation

Billing and authorization processes effective July 1, 2019

May 21, 2019

HEALTH SYSTEMS DIVISION
Adult Mental Health Services

Updates for July 1 implementation

- The Centers for Medicare & Medicaid Services (CMS) approved Oregon's standardized rate methodology.

- All facilities must submit updated client rosters and LSI scores by **June 7, 2019**.
  - OHA will use the updated rosters and LSI scores to update all POCs for 7/1/2019 forward at the standardized rates.

- OHA has posted a new provider notice about billing rehabilitation services at www.oregon.gov/oha/HSD/OHP/Pages/MH-Rates.aspx.

Oregon Health Authority

Updates for July 1, continued

- OHA has filed a Notice of Proposed Rulemaking for the new rule that will implement the standardized rates (OAR 410-172-0705).
    - OHA will hold a public hearing 10:30 a.m. Tuesday, June 18 and accept written comments till 5 p.m. Thursday, June 20.
    - For details, see the rulemaking notice: https://www.oregon.gov/oha/HSD/OHP/Policies/Nprm-172-06182019.pdf

- All recent OHP rulemaking notices are posted at www.oregon.gov/OHA/HSD/OHP/Pages/Rule-Notices.aspx.

What we will cover today

Authorization and billing for services to Medicaid-eligible individuals:

1. Billing residential services per diem (T1020 only)
   - How to determine the per diem rate
   - How to bill for services

2. Billing for rehabilitation services
   - Transition from bundled to service-specific codes

3. Billing a retainer payment (formerly RSCP) for 0-30 days of medical or psychiatric treatment (T2033)
   - Requires prior authorization by OHA

4. Billing reminders and resources
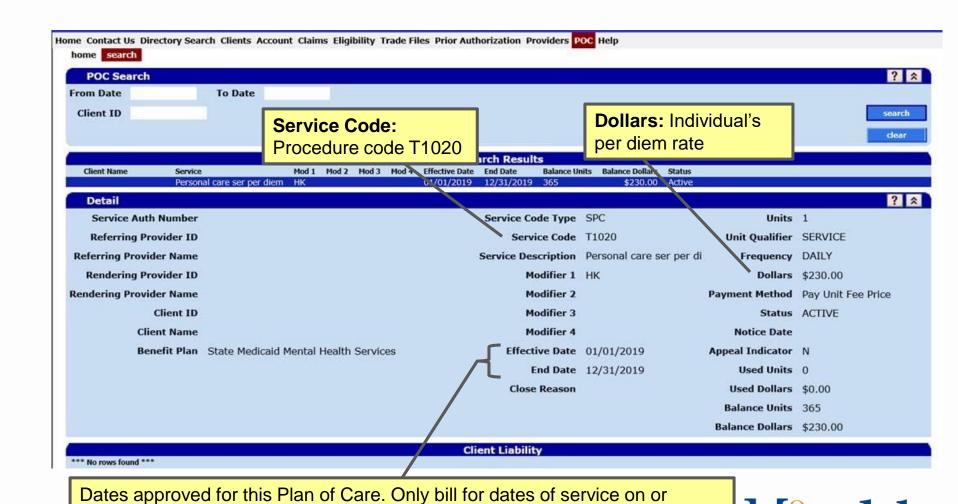
Oregon Health Authority

1. Billing residential services

- For Medicaid-eligible individuals:
  - Bill OHA for direct care once per day using code T1020 at the rate approved on the individual's current, approved Plan of Care.
  - Before billing, make sure the resident is still eligible for Medicaid and has a current, approved Plan of Care (see next slide to view the Plan of Care panel).

- For non-Medicaid individuals:
  - Invoice the CMHP at the standardized rates.

Oregon Health Authority

Residential Plan of Care

Home Contact Us Directory Search Clients Account Claims Eligibility Trade Files Prior Authorization Providers POC Help

home search

POC Search ? ⌃

| From Date | | To Date | |

Client ID

Service Code: Procedure code T1020

Dollars: Individual's per diem rate

search
clear

Search Results

Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars	Status
	Personal care ser per diem	HK				01/01/2019	12/31/2019	365	$230.00	Active

Detail ? ⌃

Service Auth Number		Service Code Type	SPC	Units	1
Referring Provider ID		Service Code	T1020	Unit Qualifier	SERVICE
Referring Provider Name		Service Description	Personal care ser per di	Frequency	DAILY
Rendering Provider ID		Modifier 1	HK	Dollars	$230.00
Rendering Provider Name		Modifier 2		Payment Method	Pay Unit Fee Price
Client ID		Modifier 3		Status	ACTIVE
Client Name		Modifier 4		Notice Date	
Benefit Plan	State Medicaid Mental Health Services	Effective Date	01/01/2019	Appeal Indicator	N
		End Date	12/31/2019	Used Units	0
		Close Reason		Used Dollars	$0.00
				Balance Units	365
				Balance Dollars	$230.00

Client Liability

*** No rows found ***

Dates approved for this Plan of Care. Only bill for dates of service on or between the **Effective date** and **End date.**

Oregon Health Authority

6

How to bill at the individual's per diem rate:

- OHA will update POCs with the appropriate rate for the resident's acuity tier (based on the resident's LSI score).
  - Tier 2: LSI 40 or below
  - Tier 3: LSI 41-60
  - Tier 4: LSI 61 and above

- The table below shows how to bill for Tier 3 and Tier 2 individuals for July 2019 at the per diem rate (refer to the POC for the rate).

Roster	LSI	Tier	Per diem rate	From Date of Service	Thru Date of Service	Units	Total Billed
Individual 1	43	3	$246.80	7/1/2019	7/31/2019	31	$7,650.80
Individual 2	38	2	$160.07	7/1/2019	7/31/2019	31	$4,962.17

2. Billing for rehabilitation services

Use the bundled codes:

- To bill services approved under bundled codes on current authorizations, to the end of the six-month service authorization.

- Do this only for the current 6-month authorization period.

Use service-specific codes:

- On all new authorization requests, and

- On all claims for services approved under service-specific codes.

Billing for rehabilitation services, continued

- The changes do not affect Enhanced Care Services (ECS) for individuals in DHS long-term care settings.
  - On and after July 1, ECS providers should bill and request authorization as they do today.

- As of April 5, KEPRO, OHA's Independent and Qualified Agent (IQA), is only approving new and pending authorization requests that use bundled codes through June 30, 2019.
  - All authorization requests going forward must use service-specific codes.
  - Find service-specific codes in the Behavioral Health Fee-for-Service fee schedule.

Oregon Health Authority

3. How to bill Retainer Payments for Medicaid-eligible individuals

- For 0-30 day absences for medical or psychiatric treatment:
  - Submit a prior authorization request for code T2033 and the required number of days to OHA using Provider Web Portal; attach all required documentation.
  - If approved, you can then bill T2033 for the approved days at your facility's Tier 1 per diem rate.
  - If you don't know how to submit Web Portal requests, email MentalHealth.ResidentialTransition@dhsoha.state.or.us to get training slides about the Provider Web Portal process.

- For temporary absences for legal jurisdiction reasons:
  - Contact your local CMHP to invoice at the Tier 1 rate.

How to bill Retainer Payments, continued

- For non-Medicaid individuals:
  - Contact your local CMHP to invoice at the Tier 1 rate.

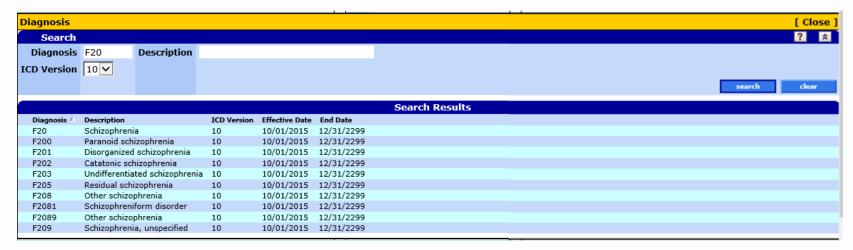NOTE: Invoice Tracker training (gotowebinar): June 24, 2019 10:30-12 noon

4. Billing reminders and resources

- Bill OHA through the Provider Web Portal at https://www.or-medicaid.gov.
  - **If you need a PIN:** Email your provider name and Oregon Medicaid provider number to Provider Services (800-336-6016).
  - **If you are a current user and need access to certain features, or need your password reset:** Contact your office administrator or Provider Services.
  - **If you need to change your office administrator:** Login as the administrator and update using Account Maintenance. If you cannot login as the administrator, contact Provider Services.

- Learn more about using the Provider Web Portal at http://www.oregon.gov/OHA/HSD/OHP/Pages/webportal.aspx.

Diagnosis code requirements

- The ICD-10-CM primary diagnosis code:
  - Is required on all claims, and
  - Must be the code that most accurately describes the individual's condition.

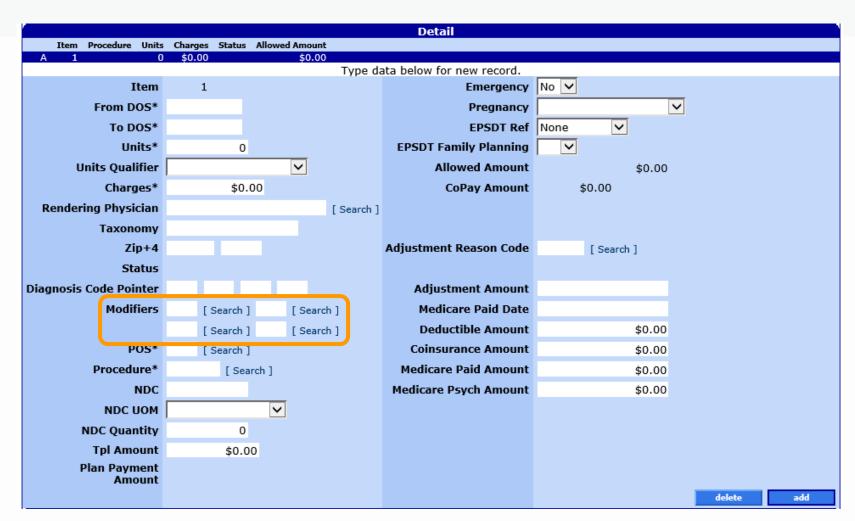- All diagnosis codes must be at the highest degree of specificity.

Modifiers

- Please use the appropriate procedure code modifiers when requesting services and submitting claims.
  - **HK**: For all services provided in OHA-licensed residential treatment programs use as modifier 1 on the claim.
  - **HE**: For services provided in non-secure settings licensed for 6-16 individuals use as modifier 2 on the claim.
  - **TG**: For services provided in any setting licensed as secure, use as modifier 2 on the claim.
  - **HW**: For services provided to 1915(i) HCBS individuals use as modifier 3 (when reported with HE) or modifier 2 (when reported with HK only).

Oregon Health Authority

Modifiers

Enter modifiers from left to right on the Provider Web Portal claim form.

Billing resources

- **For detailed instructions on how to complete a web portal claim,** view the Professional Billing Instructions posted at:
    - The OHP Billing Tips page at www.oregon.gov/OHA/HSD/OHP/Pages/Billing.aspx or
    - The Behavioral Health provider guidelines page at www.oregon.gov/OHA/HSD/OHP/Pages/Policy-BHS.aspx.

- **If you need help with billing or resolving claims,** contact Provider Services:
    - Phone: 800-336-6016
    - Email: DMAP.ProviderServices@dhsoha.state.or.us

Oregon Health Authority

Next steps: Preparing for July 1

May 2019
- Rates/billing training
- Early adopter lessons
- Finalized rates 5/31/2018

June 2019
- Webinar 6/6/2018
- Pilot and roll out provider-reported capacity data
- Rulemaking hearing 6/18/2018
- Webinar 6/25/2018

July 2019
- Contracts for non-Medicaid only invoicing
- Technical assistance on engagement, documentation
- Monthly check-ins going forward

Oregon Health Authority

Technical assistance

- June 6, 2019 webinar:
    - Final rates
    - LSIs
    - Engagement and documentation

- June 25, 2019 webinar:
    - Billing refresher
    - Details on Retainer Payment billing
    - July 1 readiness

- June 24, 2019 webinar
    - Invoice Tracker training

- July-October 2019
    - Monthly provider check-ins
    - Encourage and facilitate best practices development among providers

Oregon Health Authority

For more information

Questions?

Email:

- MentalHealth.ResidentialTransition@dhsoha.state.or.us.

Website:

- https://www.oregon.gov/oha/HSD/OHP/Pages/MH-Rates.aspx

HEALTH SYSTEMS DIVISION
Adult Mental Health Services