

# Behavioral Health Systems Integration (BHSI)

Billing & Admin Meeting  
March 30<sup>th</sup>

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# Objective and Benefits

CareOregon will transition Metro behavioral health claims and authorization administration from CIM/PH TECH to CareOregon's internal operating systems in 2023. This change includes behavioral health and all other services on CIM (e.g., dental, BMT).

Several of your current processes will be impacted by this change, including eligibility, authorization, claims, payment and reporting.

## Top benefits:

- Ease of benefit integration with physical health, whole-person view
- Efficiency gains through elimination of parallel workstreams/systems
- Reduced number of authorizations by decreasing the number of levels of care that are required to be submitted in CareOregon's portal, and eliminating other uses of authorizations from the CIM environment

**Provider impact  
analysis underway**

- Different groups of providers will experience different impacts
- More detailed impacts and benefits to be shared

# Key dates and activities

Activity	When
System development and testing	<i>In progress through August</i>
Provider change management campaign (provider collaboratives, newsletters, town halls with Q&A, informational webpage)	<i>In progress through December</i>
Provider impact analysis	<i>February/March/April</i>
Dashboards, reporting, analytics development	<i>In progress</i>
CareOregon delivers technical changes and requirements to providers	<i>Beginning in April</i>
Provider Testing Options	<i>July through September</i>
Provider training	<i>August through September</i>
Cutover from CIM to QNXT, Connect	<i>October 1, 2023</i>
Run out period	<i>Following cutover, exact dates TBD</i>

# Provider network change management

A comprehensive provider network communication and change management program is underway.

## Provider Change Management and Communication Timeline of Key Activities



Activity	Jan-Mar	Apr-Jun	Jul-Sep	Oct	Nov-Dec
Network Awareness Campaign	■				
Provider Collaboratives	■	■	■	■	■
Provider Impact Analysis	■				
Monthly E-News, FAQs, and website updates	■	■	■	■	■
Provider Town Halls	■	■	■	■	■
Specs Delivered to Providers / Provider System Configuration		■	■		
Provider Training			■		
Provider Readiness Assessment			■		
Provider Support (financial, technical)			■	■	■

# BHSI Question Tracker - Top 10 Themes

1. Authorizations
2. Claims Submission and Processing
3. Payment Processes
4. Connect Access and Training
5. Eligibility
6. Case Rate Process
7. Facility claims
8. Training Plans for Providers
9. Reporting
10. Support

# Top 10 Questions

1. What happens to active CIM Auths? Will we need to get new auths for each client or will CareOregon honor the current auth?

*CareOregon will honor the existing auth. Auth numbers will change from CIM to CareOregon. Work is currently underway to determine the most efficient way to move existing data from CIM into CareOregon Connect.*

2. What is the correct electronic payer ID # that Behavioral Health Claims should be routing to effective 10/1/22023?

*CareOregon's Payer ID # is 93975 through Change Healthcare*

# Top 10 Questions

3. If we already have EFT with CareOregon, do we still need to update that for BH payments?

*Providers will need to transition to CareOregon EFT enrollment if currently enrolled through PaySpan. CareOregon is transitioning our EFT administration to a vendor and will have more details available for you in our April 27<sup>th</sup> BH Billing & Admin meeting. There will continue to be a no-fee EFT option available to providers.*

4. Is the Connect portal what's available through OneHealthPort?

*Yes, CareOregon Connect is available through OneHealthPort. If you don't have access, you can setup a login at any point.*

# Top 10 Questions

5. Is eligibility pulled out of CIM?

*CareOregon Connect is updated daily with current OHA eligibility data and can provide up-to-date eligibility information. CIM eligibility will continue to provide Health Share level information (IDS, ICN) if needed.*

6. Are you going to change how you pay case rates? Right now, we never know what encounter you will pay the case rate on?

*We are not intending to make significant changes to the case rate process, We are currently testing case rate payment functionality and are always looking for ways to enhance timeliness and predictability. We will share submission and payment details as soon as they are finalized.*



# Top 10 Questions

7. Will Facility claims still have to be billed under rendering provider rather than the facility?

*We recognize the issues with requiring a rendering provider on Facility claims. Our build team is working on validating claims system options and will provide details as soon as finalized.*

8. Is all of this new information being provided already updated in the BH Provider Manual or would we refer to this PowerPoint to set ourselves up to access Connect?

*Provider training materials and updates to the BH Provider Manual will be completed as tools and workflows are finalized and tested. Connect access is available today please register through [OneHealthPort.com](https://OneHealthPort.com)*

# Top 10 Questions

9. Where will we get claims and auth reports after the transition?

*CareOregon is reviewing and evaluating existing reporting available in CIM to determine best methods and tools. The goal is to ensure providers have the data they need. Providers Collaboratives will help assess needs.*

10. How are you going to support us to support EHR reconfiguration?

*CareOregon continues to evaluate the impact of this system change on our provider partners to fully understand the support needs. We will continue to share information and provide training and support to providers through this transition. Provider Collaboratives will help assess needs.*

# Questions?

What else do you want to know?

# How can you Stay Up to Date?

## You have many options:

- Question Tracker Submission Process
- Monthly Billing & Admin forum
- Monthly E News
- Provider Survey
- Provider Collaborative
- Metro Area Behavioral Health Provider Page on CareOregon Website

# Next steps

*Your success is our success! We look forward to partnering closely with our provider network to ensure a successful transition.*

## What's next?

- Provider collaborative groups Kicking off
- Provider Impact Analysis work continues
- Monthly e-news and informational webpage posts
- Provider Survey
- Regular provider Town Hall opportunities at billing and admin meeting

## If you have questions:

- [Submit them using this online form](#)
  - *Questions submitted will inform future communications and town hall focus-areas*
- Review the CareOregon System Integration (BHSI) section of our [Metro BH webpage, here!](#)

# Appendix

Following slides were previously shared at 2/23/23 Billing and Admin Meeting

# Claims and Payment – What We Know

Claim processing will move from PH TECH CIM to CareOregon's QNXT.

Task	New Process (10/1 Forward)	Things to Keep in Mind
To Submit Claims	<ul style="list-style-type: none"><li>• Submit through clearinghouse<ul style="list-style-type: none"><li>• Includes secondary claims and corrected claims</li><li>• Includes professional and institutional</li></ul></li><li>• Paper claims – okay for existing paper providers</li></ul>	<ul style="list-style-type: none"><li>• Providers will need to map clearinghouse to CareOregon Payor ID (93975) for claims with dates of services 10/1 and forward</li><li>• Check to ensure your clearinghouse connects to CareOregon's (Change Healthcare)</li><li>• Paper claims for 10/1 dates of services forward will need to be mailed to CareOregon</li><li>• Standard claim requirements apply, no changes</li></ul>
To Check Claim Status	<ul style="list-style-type: none"><li>• Claim status can be viewed on CareOregon's Connect Provider portal</li><li>• A phone option will also be available</li></ul>	<ul style="list-style-type: none"><li>• Further portal enhancements in review</li></ul>

# Claims and Payment – What We Know

Claim processing will move from PH TECH CIM to CareOregon's QNXT.

Task	New Process (10/1 Forward)	Things to Keep in Mind
Payment	<ul style="list-style-type: none"><li>• ACH / EFT payments (can enroll directly for ACH / virtual credit card)</li><li>• Paper checks (ACH / EFT preferred)</li></ul>	<ul style="list-style-type: none"><li>• Providers will need to reenroll for ACH / EFT</li><li>• APM payment processes still being finalized</li></ul>



# Authorizations and Notifications – What We Know

Authorizations will move from PH TECH CIM to CareOregon’s Connect system. The preferred method to access Connect is through OneHealthPort.

Task	New Process (10/1 Forward)	Things to Keep in Mind
Prior Authorization Requests	<ul style="list-style-type: none"><li>• Will be submitted through CareOregon’s Connect system prior to service being rendered</li><li>• No changes to current prior auth requirements</li></ul>	<ul style="list-style-type: none"><li>• Documentation can be attached through Connect</li><li>• Fax prior auth requests still accepted</li></ul>
Notifications (Level of Care) (no clinical review required)	<ul style="list-style-type: none"><li>• Refined and streamlined service types</li><li>• Services / levels of care requiring notification may be reduced</li></ul>	<ul style="list-style-type: none"><li>• Final details are in testing and will be communicated.</li><li>• Level of care forms will be available online</li><li>• Fax notification requests still accepted</li></ul>
System Transition	<ul style="list-style-type: none"><li>• Continue to submit notification and pre auth requests in CIM</li><li>• The transition plan for approved pre auths and levels of care is in process with PH TECH</li></ul>	<ul style="list-style-type: none"><li>• More information on the transition plan will be shared as finalized</li></ul>

# Eligibility – What We Know

Task	New Process (10/1 Forward)	Things to Keep in Mind
Member eligibility verification	<ul style="list-style-type: none"><li>• Eligibility can be verified through CareOregon’s Connect portal (preferred method to connect is through OneHealthPort)</li><li>• Eligibility can be verified through Health Share CIM<ul style="list-style-type: none"><li>• <i>Can continue to access directly for eligibility information</i></li><li>• <i>270 / 271 can continue to be sent to Health Share CIM</i></li></ul></li></ul>	<ul style="list-style-type: none"><li>• Connect will only return eligibility information for members enrolled in CareOregon PH, BH, or dental services.</li><li>• Connect will provide details on PCP, COB history, etc. Connect does not provide IDS information.</li></ul>

# Reporting – What We Know

- Reporting will move to CareOregon Connect and SFTP
- An analysis of current reports and use is underway
- Reports will be prioritized and built out. Reports related to reimbursement will be highest priority.
- Detailed report transition details will be shared as available

# Provider Collaboration

Provider Impact Analysis	Provider Collaborative Groups	Provider Questions
<ul style="list-style-type: none"><li>• Provider impact analysis underway</li><li>• Provider impact varies by services provided, current payment method, tools providers currently use, etc.<ul style="list-style-type: none"><li>• <i>Case Rate-only providers</i></li><li>• <i>Previous QNXT billing history and Connect experience</i></li></ul></li></ul>	<ul style="list-style-type: none"><li>• Solicit participants and convene regular Provider collaborative groups to review and provide input on questions, process, procedures, tools and training</li><li>• Let us know if you are interested – we want your input</li></ul>	<ul style="list-style-type: none"><li>• Processes in place to capture, review, and address questions submitted</li><li>• Questions and responses will inform future communications, training and tool development</li><li>• Submissions reviewed regularly and themes elevated to leadership team to support project planning and system build</li></ul>

# Q&A – Provider Questions Submitted

- *“Will you allow paper claims to be billed beyond the October 1st transition?”*
  - *Yes, paper claims will still be accepted beyond October 1st!*
- *“Will we be able to submit requests for ABA online after the transition?”*
  - *Yes! This will be an option on the online form*
- *“If I already access OneHealthPort, do I need to update my sign-in details to get into Connect?”*
  - *Yes, please reach out to OneHealthPort directly to update your access*
- *“Submitting auths over fax is cumbersome-will there be a better way in this new system?”*
  - *You can access Connect as both a contracted, or noncontracted provider*
  - *You can submit authorizations in Connect – no need to fax!*

# Thank you!