

Behavioral Health Systems Integration (BHSI)

Provider Town Hall
February 23rd

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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

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

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">• ACH / EFT payments (can enroll directly for ACH / virtual credit card)• Paper checks (ACH / EFT preferred) | <ul style="list-style-type: none">• Providers will need to reenroll for ACH / EFT• APM payment processes still being finalized |

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

Eligibility – What We Know

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

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

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</i> |
| Dashboards, reporting, analytics development | <i>In progress</i> |
| CareOregon delivers technical changes and requirements to providers | <i>April</i> |
| Providers given access to test environment | <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 | Progress bar from start to mid-March | | | | |
| Provider Collaboratives | | Progress bar from mid-March to mid-October | | | |
| Provider Impact Analysis | Progress bar from start to mid-March | | | | |
| Monthly E-News, FAQs, and website updates | Progress bar from start to end of Dec | | | | |
| Provider Town Halls | | Progress bar from mid-March to end of Dec | | | |
| Specs Delivered to Providers / Provider System Configuration | | Progress bar from mid-April to mid-September | | | |
| Provider Access to Test Systems | | | Progress bar from mid-July to mid-September | | |
| Provider Training | | | Progress bar from mid-August to mid-September | | |
| Provider Readiness Assessment | | | Progress bar from mid-August to mid-September | | |
| Provider Support (financial, technical) | | | Progress bar from mid-July to end of Dec | | |

Provider Collaboration

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

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!*

Questions?

What do you need to know?

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?

- Establish provider collaborative groups
- Monthly e-news and informational webpage posts
 - *Survey link coming in 2/27 BH Newsletter. The survey will be brief and will have questions to help us understand provider impact, inform approach, training, etc.*
- 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!](#)

Thank you!