Welcome to CareOregon's Billing and Admin Meeting!

January 30th, 2025

careoregon.org
twitter.com/careoregon
facebook.com/careoregon

CareOregon

Thank you for joining us!

Please help us have a successful meeting:

Questions can be submitted in the Q&A throughout the meeting

Include your name & organization in your comments and questions

Please stay on mute, unless speaking up

During Q&A Wrap up, please raise your hand if you'd like to speak

This meeting is recorded -Feel free to keep your camera off

Welcome

CareOregon

Agenda

- Behavioral Health Updates
  - Contracting and networking change
  - Qualified Directed Payments
- Billing Updates and Guidance
  - Telehealth Services
- Authorizations & Notifications of Treatment
- Connect Portal Functionality
- Administrative Reminders
- Upcoming Trainings & Resources

Behavioral health contracting and networking change

*Changes with **non-contracted** board registered associate providers without Certificate of Approval*

Website

FAQ & Additional Information

Click Here

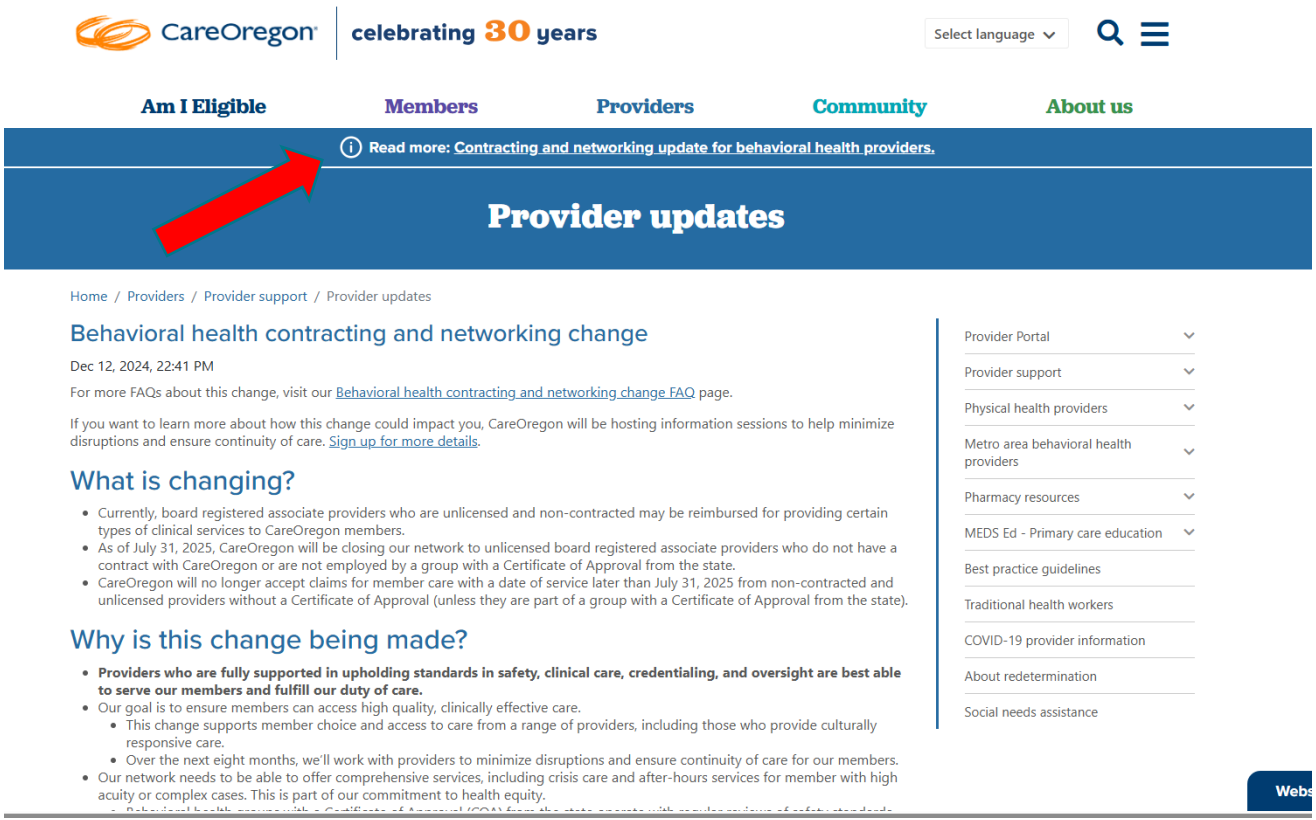
Info sessions

Feb 13th & Feb 18th

Sign up for updates here

INFO SESSION

REGISTRATION FORM


CareOregon
celebrating 30 years
Select language
Am I Eligible
Members
Providers
Community
About us
Read more: Contracting and networking update for behavioral health providers.
Provider updates
Home / Providers / Provider support / Provider updates
Behavioral health contracting and networking change
Dec 12, 2024, 22:41 PM
For more FAQs about this change, visit our Behavioral health contracting and networking change FAQ page.
If you want to learn more about how this change could impact you, CareOregon will be hosting information sessions to help minimize disruptions and ensure continuity of care. Sign up for more details.
What is changing?
Currently, board registered associate providers who are unlicensed and non-contracted may be reimbursed for providing certain types of clinical services to CareOregon members.
As of July 31, 2025, CareOregon will be closing our network to unlicensed board registered associate providers who do not have a contract with CareOregon or are not employed by a group with a Certificate of Approval from the state.
CareOregon will no longer accept claims for member care with a date of service later than July 31, 2025 from non-contracted and unlicensed providers without a Certificate of Approval (unless they are part of a group with a Certificate of Approval from the state).
Why is this change being made?
Providers who are fully supported in upholding standards in safety, clinical care, credentialing, and oversight are best able to serve our members and fulfill our duty of care.
Our goal is to ensure members can access high quality, clinically effective care.
This change supports member choice and access to care from a range of providers, including those who provide culturally responsive care.
Over the next eight months, we'll work with providers to minimize disruptions and ensure continuity of care for our members.
Our network needs to be able to offer comprehensive services, including crisis care and after-hours services for member with high acuity or complex cases. This is part of our commitment to health equity.
Provider Portal
Provider support
Physical health providers
Metro area behavioral health providers
Pharmacy resources
MEDS Ed - Primary care education
Best practice guidelines
Traditional health workers
COVID-19 provider information
About redetermination
Social needs assistance

Behavioral Health Updates

Liz Wintczak
Vice President, Behavioral Health

Maig Tinnin
BH Provider Relations Supervisor

CareOregon

Qualified Directed Payments (2024)

1. 2024 **rate increases** will apply **to** Out **of Network Fee Schedule** and MH & SUD Contracted Fee Schedules
2. **Updated fee schedules** have been released **with tabs** indicating 1/1/24 – 6/30/24 rates **and** 7/1/2024+ rates
3. **Check** Connect / **OneHealthPort** for the most updated fee schedules
4. Reprocessing **of claims** from **1/1/24 dates** has **begun and** will continue over the coming months

Qualified Directed Payments (2025)

No rate increases planned for 2025

All 2025 rates will be based on the OHA BH Fee Schedule that was posted & effective on Jan 1st, 2025

Tier 2 Providers (≥ 50% Medicaid Revenue) must re-attest in 2025 to maintain Tier 2 status & rates. Details to follow.

Billing Updates and Guidance

Liz Wintzcak
Vice President, Behavioral Health

CareOregon

Billing Updates & Guidance

Topic	Provider Guidance
Claims processing of secondary claims when rendering provider is unlicensed	- If the rendering provider is licensed and eligible for reimbursement from commercial payer, the secondary claim must include EOB - If the rendering provider is not licensed and ineligible for reimbursement from commercial payer, CareOregon will process the claim as primary without EOB. (*Note: if other requirements for reimbursement are met)* - Work is happening to align CareOregon claims processing with this policy. If you experience denials, please contact MetroBHPRS@careoregon.org with a claims list for reprocessing.
COB Recoveries – when member has commercial insurance for their primary coverage	- Check member eligibility at the start and regularly throughout services - Once identified, bill the primary commercial insurance and submit secondary claim to CareOregon as corrected claim. *(Note: Timely filing for corrected claims is 365 days)* - If the provider-type is ineligible to bill commercial insurance but claims were still recouped (Registered Associate, QMHA, Peer Support Specialist, etc.) please email your Provider Relations Specialist at MetroBHPRS@careoregon.org for support with claims reprocessing.

Telehealth Billing Guidance

Modifier Required on ALL Telehealth Claims

- Use of One of the following Modifiers is required:
  - 95, G0 (G+zero), GQ, GT – Audio and Video Communications
  - 93, FQ – Audio Only Communications
- OAR 410-120-1990 requires a modifier even when POS 10 or 02 is used to bill Telehealth Services
- Which BH services are allowed via telehealth
  - Services on the Oregon Behavioral Health Fee Schedule with allowable modifier GT
  - Services listed by the Health Evidence Review Commission (HERC) guideline Note A5
  - Services listed by CMS as payable via telehealth List of Telehealth Services | CMS
  - For telephone allowed: Services listed on CareOregon fee schedules with Telephone mode
- Previously the place of service (10 or 02) was sufficient to indicate a telehealth service

Point of clarification:

- 95 is the preferred Telehealth modifier to indicate that service is preferred during video conference. As indicated by OAR and sited in recent Memo from CareOregon.

- However, CareOregon will not deny telehealth claims if modifiers G0 (G+zero), GQ, GT is paired with Place of Service 02 or 10

Memorandum

To: All CareOregon Medical Providers who bill for Telehealth Services
From: CareOregon Payment Integrity Department
Date: December 18, 2024
Subject: Telehealth modifiers required on all telehealth services

The purpose of this memo is to notify providers of the requirements to append a telehealth modifier when billing all telehealth services to Oregon Medicaid health plans.

Per OAR 410-141-3566, the Oregon Health Authority Health Systems Division: Medical Assistance Program, Chapter 410, Division 141, 3566 Telemedicine and Telehealth Delivered Health Service and Reimbursement Requirements:

"(10) (d) All physical and behavioral telemedicine and telehealth and oral teledentistry telehealth services except School Based Health Services (SBHS) shall include Place of Service code 02 when the client or member is located in a location other than their home. When the client or member is located in their home, the claim shall include Place of Service code 10."

"(10) (e) All claim types except Dental services, shall include modifier 95 when the telemedicine or telehealth delivered service utilizes a real-time interactive audio and video telecommunication system. When provision of delivered using real-time interactive audio only telecommunication system, the encounter submissions shall include modifier 93."

CareOregon will implement an update to the claims processing system that requires a telehealth modifier on any non-dental procedure code that is billed with place of service 02 or 10.

Please be aware that submission of telehealth services without an appropriate telehealth modifier will result in a denial of the service.

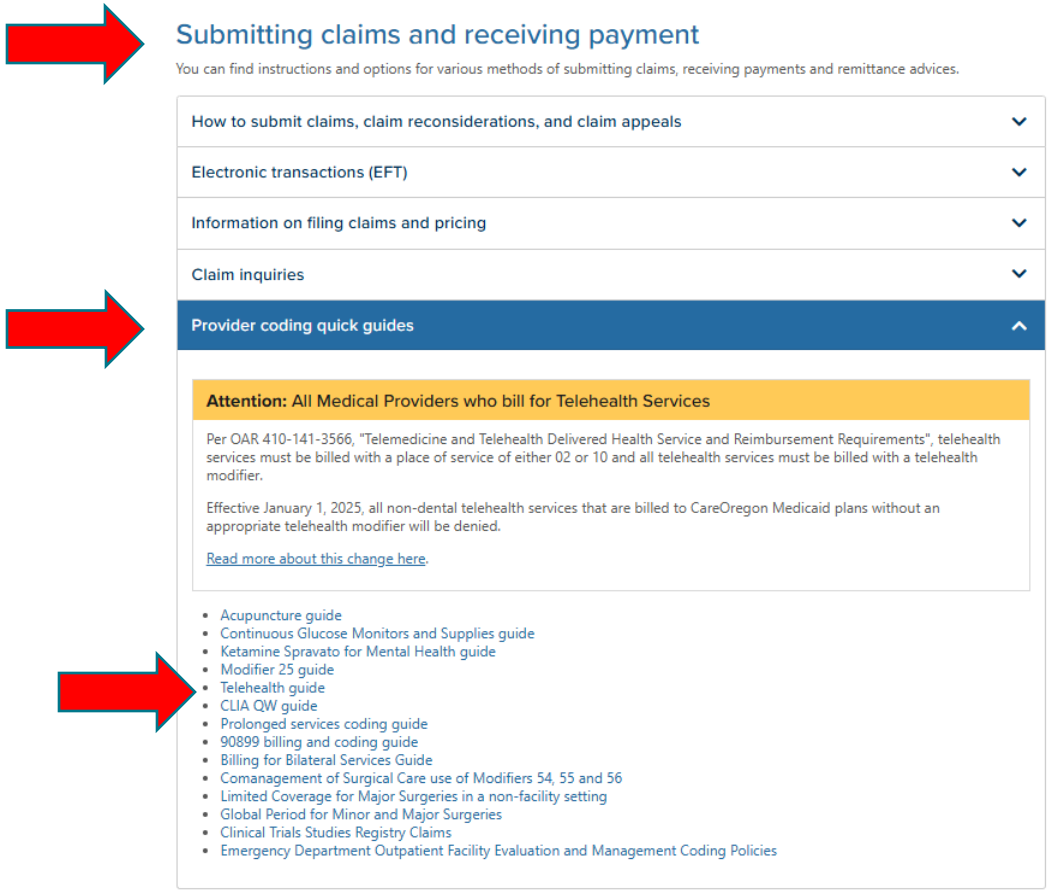
Sincerely,
The Payment Integrity Department

Future Telehealth Updates

Possible changes to telehealth regulations & guidance

- Decisions by congress, CMS, and OHA inform CareOregon's process and telehealth requirements.
- Previously proposed changes to telehealth rules (including use of new e/m codes and reduction of CMS telehealth allowed services) have not yet been finalized or implemented.
- CareOregon is monitoring these proposed changes and will update our policies and guidance once there is clarity from CMS and OHA.
- Please monitor CMS and OHA guidance and check for updates on CareOregon's website. CareOregon's Telehealth/Telemedicine Guide can be found on our Provider Support page.

Finding our **Provider Coding Quick Guides** on the Provider Support Webpage



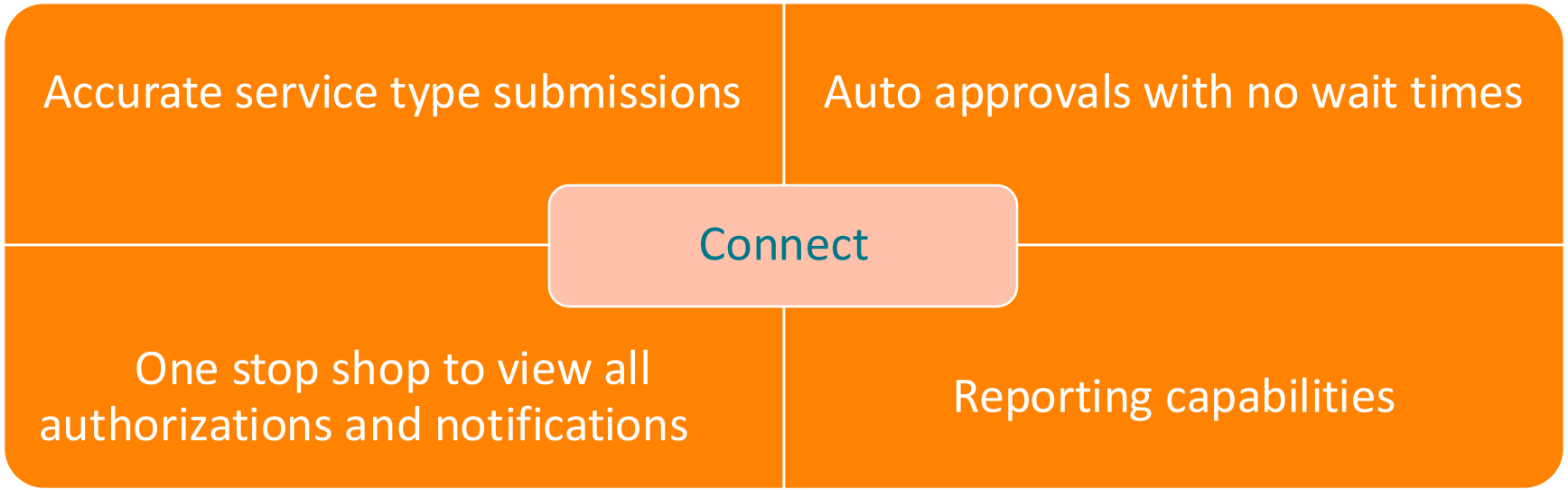
Authorization & Notifications of Treatment

Maig Tinnin
BH Provider Relations Supervisor

CareOregon

Updates

Effective Jan 1st, 2025 all Authorization and NoT requests must be completed in Connect. Faxed authorizations and notifications will no longer be accepted.



Requesting additional days for existing Prior Authorization

- How?
  - Make the request via Connect Portal
- What has changed:
  - A new Prior Authorization number will be given for the extended dates of service.
  - Change effective November 18th, 2024.
- Remember:
  - Claims submission should include the appropriate Auth number for the DOS being billed

EXAMPLE:

· Existing authorization effective 8/1/24 - 8/10/24: use initial authorization number on claims for these DOS

· Extension request for the same member and service, days 8/11/24 - 8/14/24 will receive a new authorization number.

- Add this to member profile in EHR and ensure submission of new # on claims for these DOS.

Note: This is the process only for Prior Authorizations. Process for Notifications of Treatment continues as-is.

Provider Connect Portal

Yumi Wong
BH Lead Provider Relations Specialist

CareOregon

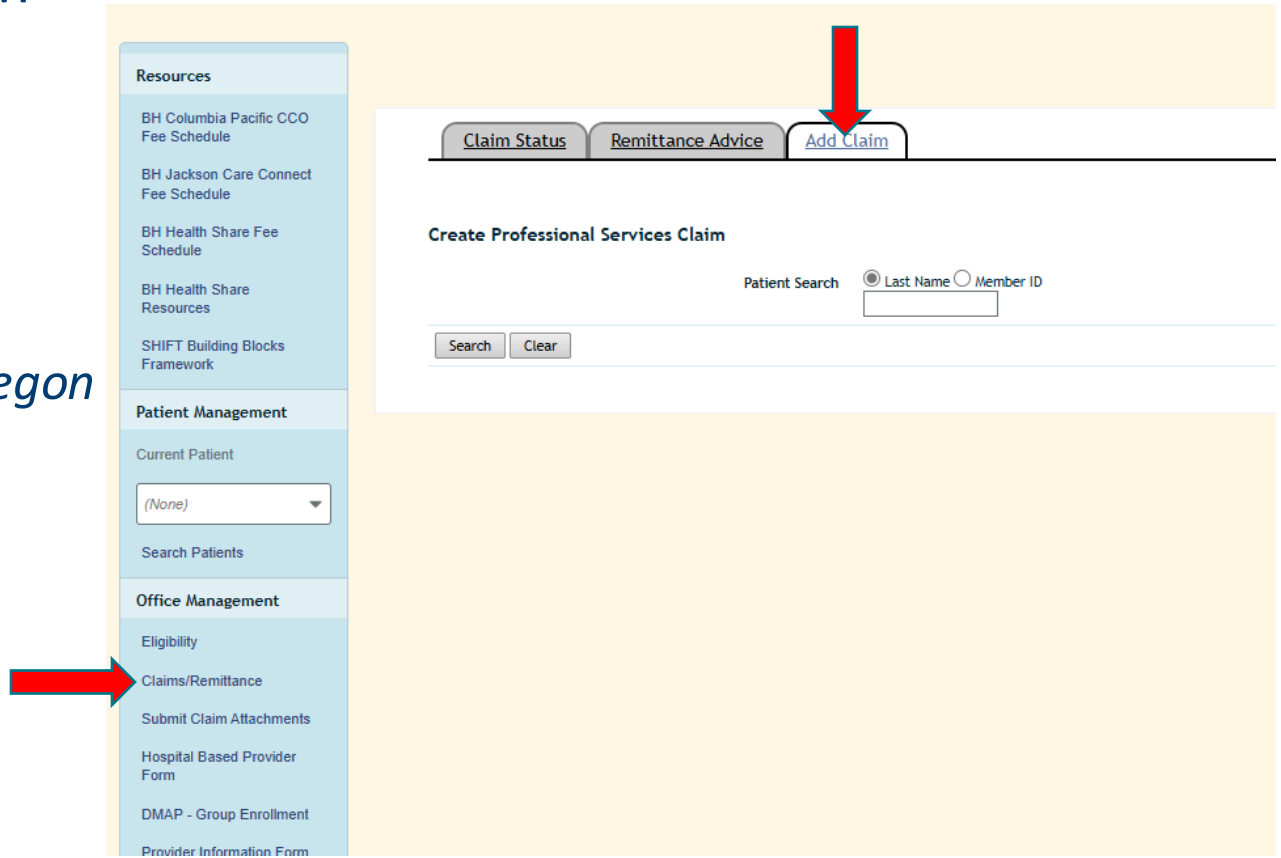
Claims Submission

Direct Data Entry

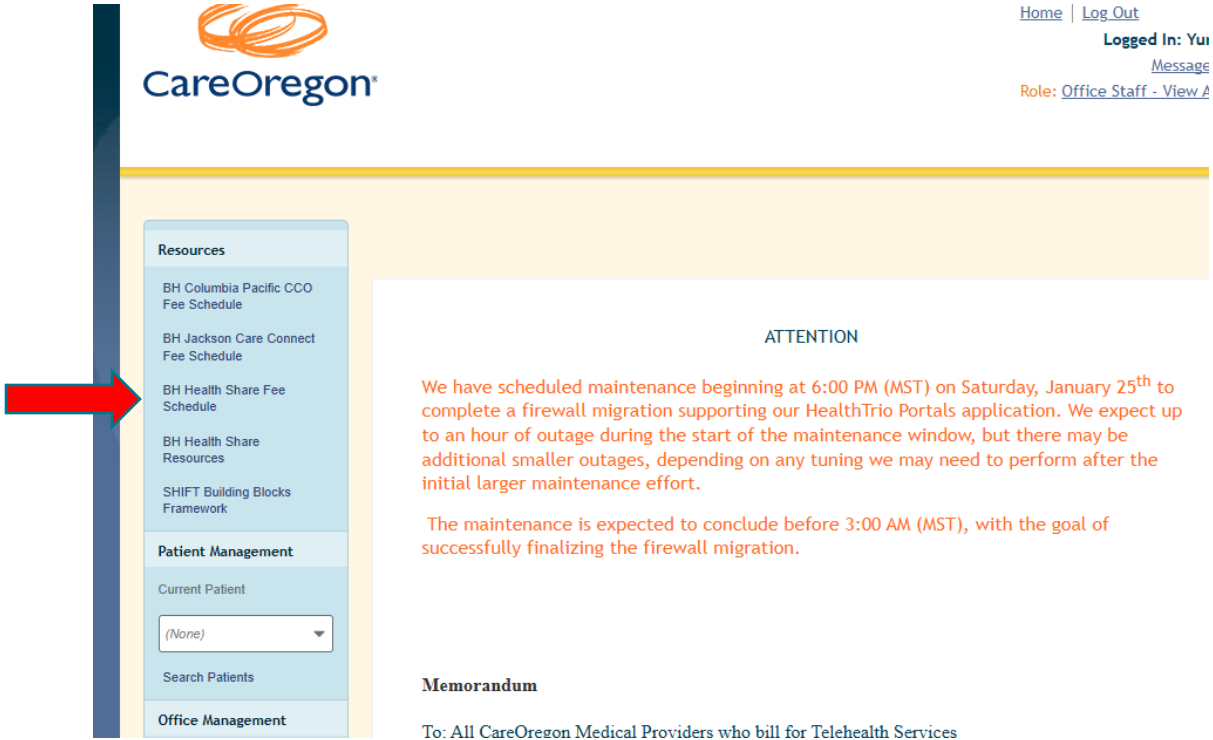
~ New on Connect

effective 12/17/24

~ Tutorial on CareOregon Provider website



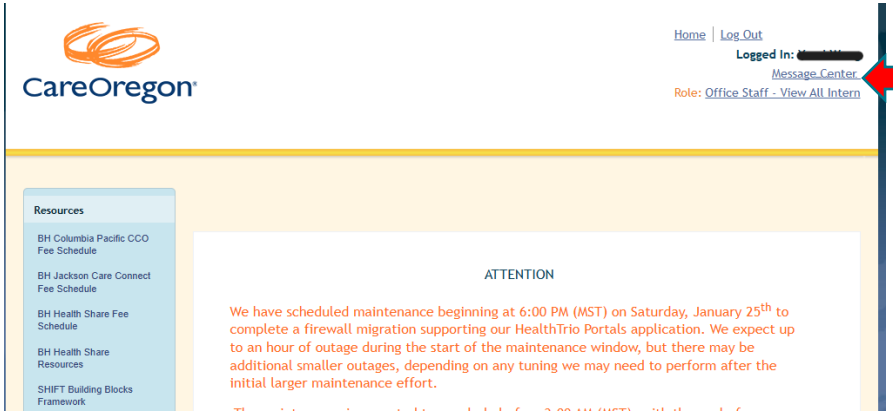
Fee Schedule



Fee schedule is located under Resources Menu

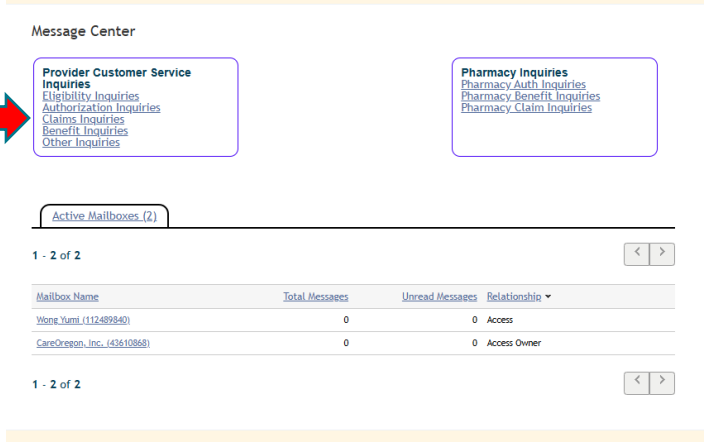
Note: If you have questions about the fee schedule loaded in Connect contact: careoregonconnect@careoregon.org

Secure Messages

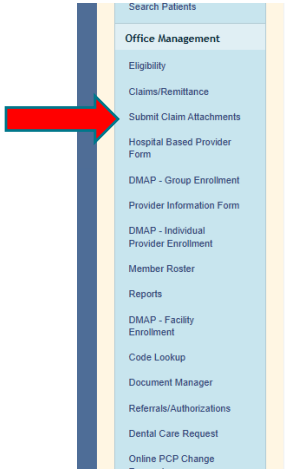


Link to Message Center is on the top right corner under Username

Once in the Message Center, you can Select the type of inquiry you have



Attachments



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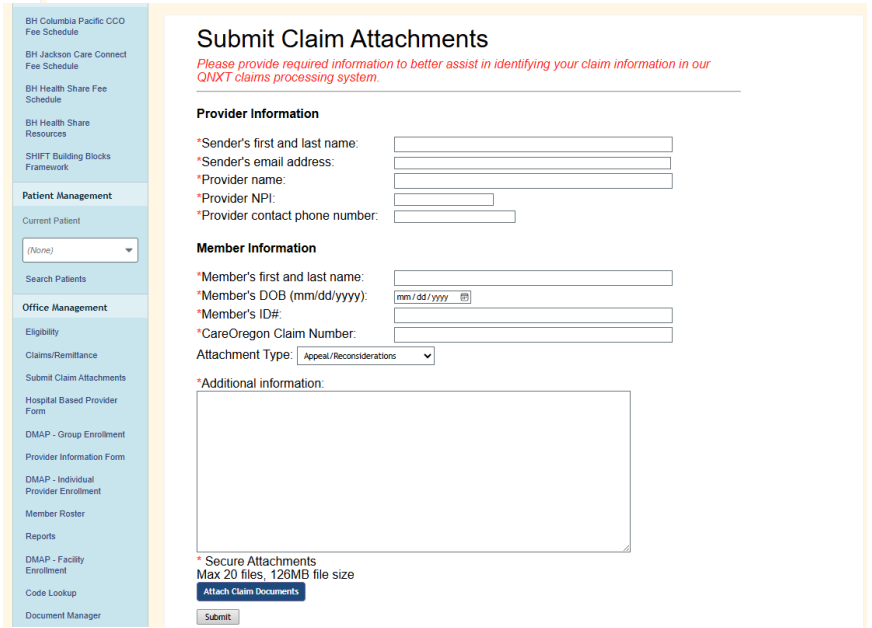
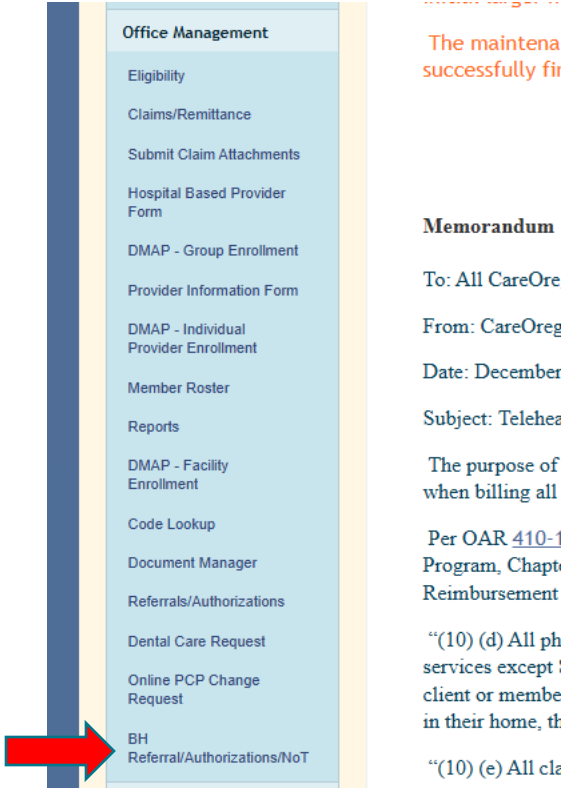
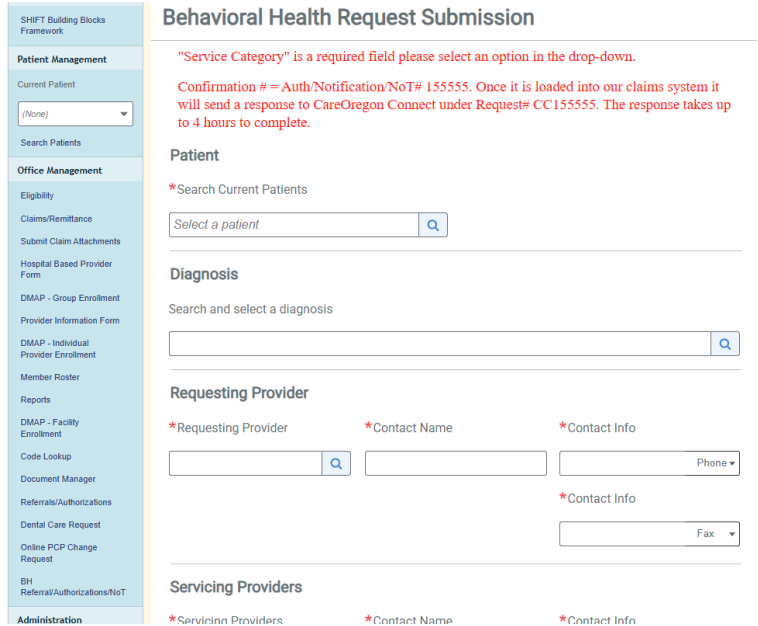
Link to submit attachments is under Office Management menu



Fill out all relevant information,
Attach documents and click on 'Submit' button.

Notification of Treatment and Authorization Requests



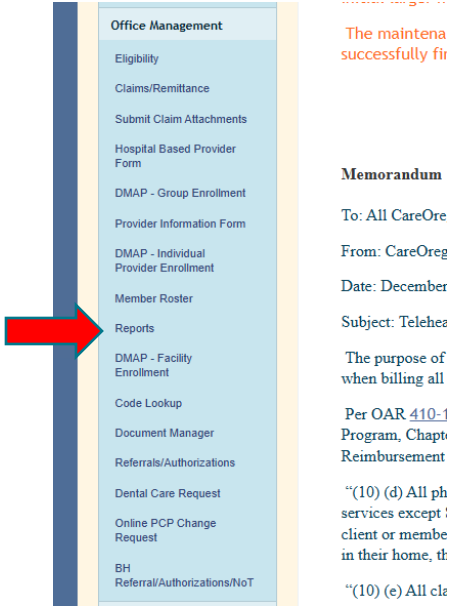


For more information on Authorizations, please refer to the UM Handbook on the Provider website.

CareOregon - Metro area behavioral health providers

Reports

Link for Reports is under Office Management menu



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Memorandum

To: All CareOre

From: CareOreg

Date: December

Subject: Telehea

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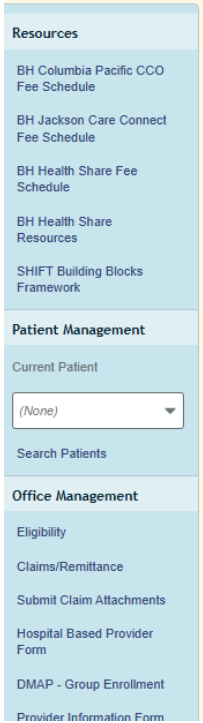
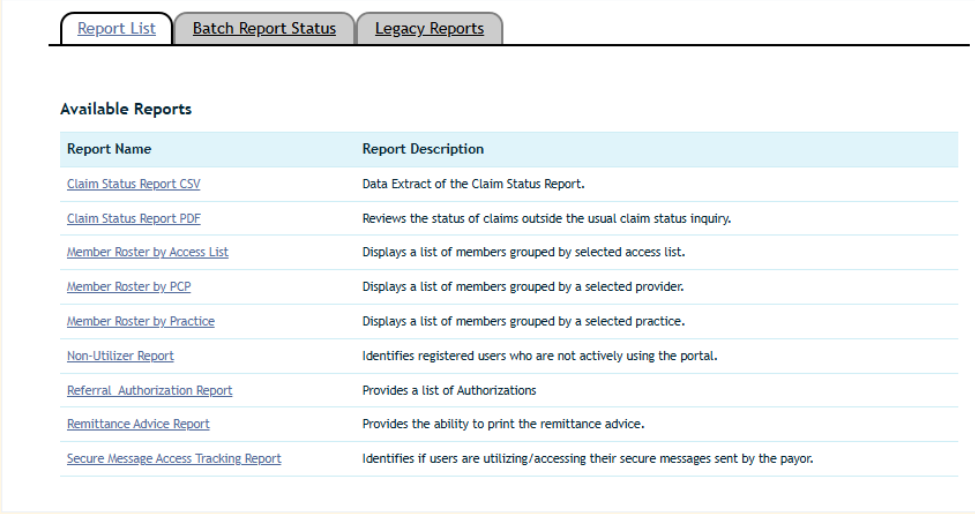
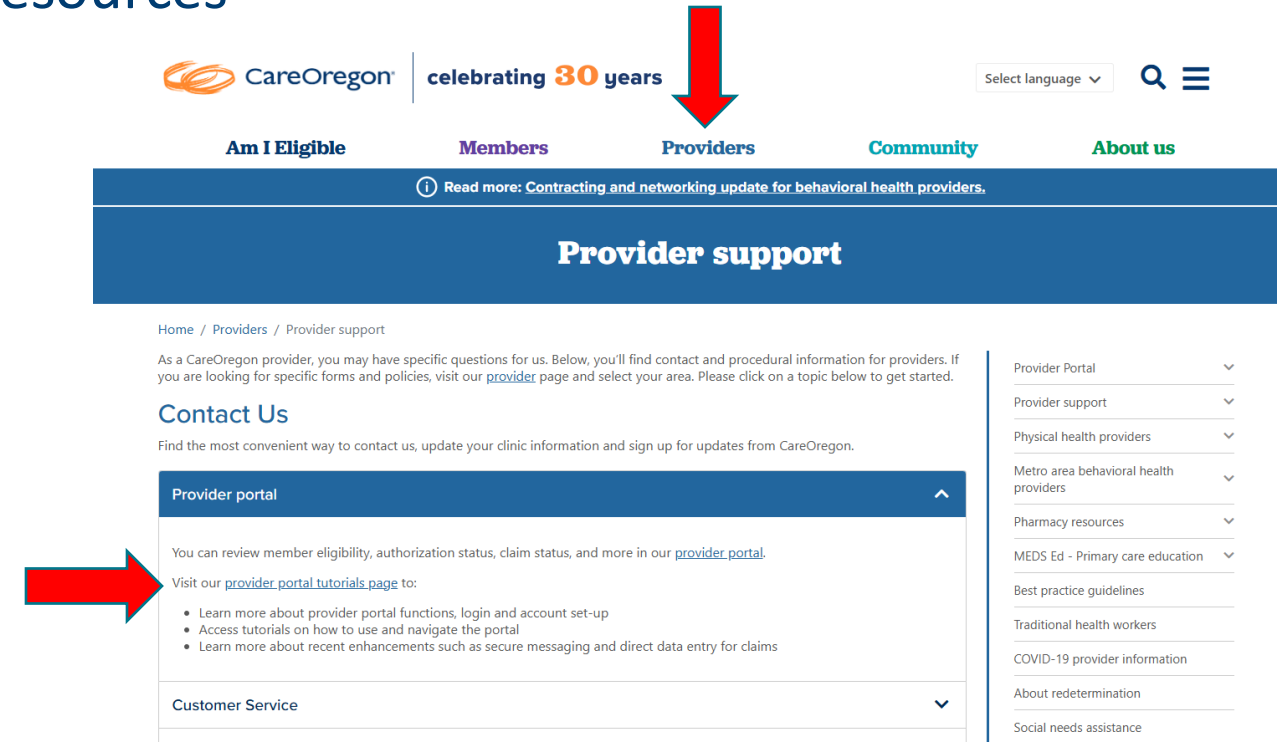




Resources



Link: CareOregon - Provider support

Administrative Reminders

Maig Tinnin
BH Provider Relations Supervisor

CareOregon

REMINDERS

	Summary	Resource
Informing CareOregon of NPI Changes	**NPI Changes** - NPI changes can be completed with support of CareOregon's Provider Data team and typically do not require a change to provider contracts - Please ensure necessary updates have been implemented in CareOregon's claims processing system prior to submitting claims with the updated NPI. - Provider Data or Provider Relations can confirm these updates.	Please initiate requests by contacting the Provider Data team BHProviderDataUpdates@careoregon.org Provider Relations can also support questions or verifying updates: MetroBHPRS@careoregon.org
Informing CareOregon of TIN Change	**For contracted providers:** - TIN changes require a new contract and therefore cannot be retroactively completed. - Updates to the contract and CareOregon claims processing system must be completed prior to claims submission under a new TIN. - Please anticipate contract and claims processing updates may take 30-60 days to complete.	Please contact your Provider Relations Specialist regarding TIN change requests: MetroBHPRS@careoregon.org

REMINDERS

	Summary	Resource

Organizational Provider Roster Monthly Update	Organizational Provider Roster:
	• ***A critical tool used by CareOregon's Provider Data team*** *for terming, updating and adding providers.*
	• *Information provided in the roster is ultimately used to* ***ensure accurate rate assignment*** *for this subset of Providers.*
	
	COA Organizations with MH Interns should identify interns as "MH Interns" provider-type when submitting their rosters.
		• Provider Roster Template:
		  • Updated in October 2023
		  • Located online: Delegated Provider Roster
		  • Please replace old versions!
		
		• Rosters should be **emailed by the 10th calendar day of each month**. If updates need to be expedited, please send bi-weekly
		• Send to:
		  • BHProviderDataUpdates@careoregon.org

Sign-Up CareOregon Alerts	CareOregon Alerts is an email distribution list that provides critical updates to CareOregon's provider network for example: - *CHC Cybersecurity information and* - *Zellis related ACH delays* - *Billing and coding updates like Telehealth modifier use* - *Others* **Please ensure staff at your organization have signed up**	To sign up for these alerts, email: careoregonalerts@careoregon.org and include your name and job title.

Trainings and Resources

CareOregon

Upcoming Meds Ed Training

Trauma-informed conversations around deprescribing

"Xanax is the only thing that works," and other tales of woe: Trauma-informed conversations around the difficulties of deprescribing

Tuesday, February 11 · 7:30 - 10am PST

Enroll here (you can share with anyone you think might benefit from attending): https://shorturl.at/cVSY4

CME and CEU Credits are approved, available at no cost!

Any Providers, Prescribers, and Clinical Teams

In the wake of the opioid overdose epidemic, providers often find themselves at the crossroads of declining to prescribe controlled substances as a matter of course, and starting or continuing medications as clinically indicated. Many times, providers find themselves in situations where their clinical judgment is at odds with what the patient wants - and sometimes demands.

Join psychiatric nurse practitioner Lydia Bartholow, DNP, PMHNP, CARN-AP, as we explore how to have these conversations with patients using patient-centered and trauma-informed communication tools. The use of these forms of communication, including a conversational map, can improve the patient experience and lessen the emotional burden on providers to improve health outcomes for vulnerable Oregonians.

Upcoming Events

February Info Sessions on Network and Contracting Changes	February 13th & February 18th
Next Billing & Admin Meeting	**April 17th**

Who to contact when you need help

Provider Customer Service

Real-time issue support: Benefits, Eligibility, Auth and Claims questions that can't be answered in Connect Portal

Provider Customer Service: *800.224.4840 (option 3)*

Connect Portal

****NEW* Secure Messaging and Forms**, Eligibility, Claim Status, Claim payment info, Remits, Auth status, Auth submission*

Provider Relations

Issues impacting a large number of claims and/or large dollar amounts

Misc. operations questions you otherwise cannot find resources to / need direction

Provider Relations: MetroBHPRS@careoregon.org

CareOregon Website

Provider resources and forms, BHSI FAQ, QDP details and instructions

Questions?

What else do you want to know?

We value your input!

Providers can submit questions or insights to our team of experts here 24/7:

Online Question Intake Form

Thank you!

CareOregon