Welcome to CareOregon's Billing and Admin Meeting!

June 27, 2024

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

Agenda

Behavioral Health Initiatives
- QDP 2.0
- LPC/LMFT Medicare enrollment
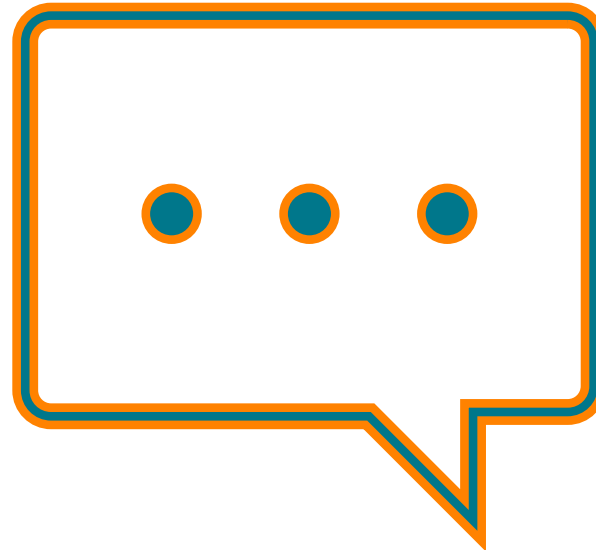
CareOregon Systems Updates
- Zelis Payment Delays
- 835 Updates and How-To
- Secure Messaging on Connect

Billing, Authorizations & Claim Submission
- Billing Updates and Resources
- Reminders
- CLSS/ICD Modifier Billing

Training and Resources

Q+A

Behavioral Health Initiatives

Cody Carlson: Program Manager – Provider Contracting
Maig Tinnin: Behavioral Health Provider Relations Supervisor

CareOregon®

LPC & LMFT: 2024 Medicare Eligible
2024 Update: LPC & LMFT Providers are now Medicare eligible!

What Has Changed?

- **Effective January 1st, 2024:** Licensed Professional Counselors (LPC) & Licensed Marriage and Family Therapists (LMFT) will be able to bill Medicare Part B and be reimbursed for approved services, in accordance with Medicare reimbursement rates.

If you are currently a **Medicaid** provider, the following is required:

- Obtain a National Provider Identifier (NPI) – nppes.cms.hhs.gov
- Complete the Medicare Enrollment Application – may take 60-90 days
- Online Application: pecos.cms.hhs.gov/pecos
- Paper Application – *CMS.gov/medicare/enrollment-renewal*
- Select a ***Specialty Designation***

Once Medicare enrollment is complete **notify CareOregon's Provider Data team** with enrollment letter **(BHproviderdataupdates@careoregon.org) so provider records can be updated**

We will **not** require a primary Medicare EOB for LPCs and LMFTs between 1/1/24 & 6/30/24.

EOBs required beginning 7/1/24

Answers to frequent LPC/LMFT Medicare Enrollment questions

Question	Answer
How will CareOregon know I am enrolled with Medicare when processing my claims?	Providers should inform BHProviderDataUpdates@careoregon.org of updated Medicare enrollment status. Please email with your PTAN number, effective date of enrollment, and include a copy of the confirmation letter from CMS.
What changes are needed in billing practices for providers newly enrolled in Medicare?	- If billing for members with CareOregon Advantage primary coverage: bill CareOregon and a secondary Medicaid claim will be created automatically after the COA benefit processes. - If billing for members with Noridian FFS Medicare, CareOregon will receive a crossover claim automatically - If billing for members with other Medicare benefits: bill the primary benefit plan first and then submit secondary claim to CareOregon with the EOB included.
What if my Medicare enrollment process is not completed by 6/30/24?	**Claims for dual members will deny due to lack of EOB.** Once enrollment is completed, providers can bill as described above.
Do I have to be contracted with CareOregon Medicare Advantage to be reimbursed for BH services?	No. Behavioral Health is an out-of-network benefit for Medicare members. However, eligible provider types must be enrolled with Medicare to receive payment. **Note:** Many CareOregon base contracts include a CareOregon Advantage exhibit. Current contracted providers should refer to their existing contracts.

Question	Answer
How do I verify the current Medicare reimbursement rates?	-If providers are billing out-of-network, claims will process at rates outlined in the CMS Fee Schedule which can be found online: Search the Physician Fee Schedule | CMS -Providers contracted with CareOregon Advantage Medicare should reference their contract and fee schedule.
What happens if I officially "Opt-Out" of Medicare enrollment via CMS affidavit?	You will be ineligible to receive payment for services provided to Medicare-enrolled members, including those with Medicaid secondary benefits. Other than rare exceptions, the Medicaid benefit will **NOT** pay when a provider has opted out and is seeing a dual-eligible member. Providers who have opted out are required to inform their clients of their opt-out status and inability to bill Medicare. Opt out status lasts for 2 years. More info at: Opt Out Affidavits | CMS Data
If I primarily work with children, do I still need to enroll in Medicare?	If providers are seeing Medicare enrolled clients, they should enroll in Medicare. Most pediatric patients do not have Medicare. If the provider's primary specialty is pediatrics, Payment Integrity can grant a limited exception to allow the provider time to enroll in Medicare if they start seeing a new Medicare enrollee.

Provider Poll:

Where are you/your organization at in the process of enrolling newly eligible Medicare Providers (LPCs, LMFTs) with Medicare?

- Completed enrollment for all LPCs, LMFTs
- In-Process of enrolling these provider types
- Have not yet started Medicare enrollment
- Does not apply. We do not have these provider types.

CareOregon System Updates

Maig Tinnin: Behavioral Health Provider Relations Supervisor
Scott Knowlson: Claims Manager

Zelis & ePayment Center Delays

2024 expected payment delays due to bank holidays

- July 4th ~   Payment on Friday 7/5
- Labor Day ~ Payment on Friday 9/6
- Thanksgiving Day ~ Payment on Friday 11/29
- Christmas Day ~ Payment on 12/27

CareOregon response to unplanned delays

- *Most recent delay: May 16th*
- Updated process to provide quicker communication **to providers** when we are made aware of delays
- Exploring additional options to prevent these issues and improve response times when technical errors arise.

835 Troubleshooting

Correct CARC/RARC codes

835 from CareOregon

Sign up to receive 835 via sFTP by submitting request form available online

↓

Indicate the Clearinghouse responsible for retrieving 835 from the sFTP

↓

OR leave the Clearinghouse section blank and we'll provide you with direct login information

835 from ePayment Center (ePC)

(update) 835s are now being delivered to Change Healthcare

↓

Select delivery to designated clearinghouse in ePC portal

↓

Or download 835, PDF or CSV in ePC portal

www.careoregon.org/providers/support

careoregon.epayment.center

CareOregon®

🔒Log in to the CareOregon ePayment Center Portal

User Name

User Name

Password

Password

Login

Sign up Now!

Forget Password? (Reset Password)

ePayment Center Support

(855)774-4392
Help@epayment.center

Support Hours:
Mon – Thur   9am to 7pm   EST
Friday   9am to 5:30p   EST

Secure Messaging in Connect is here!

As of May 29th, Secure Messaging in Connect is now available in Connect!

-5 provider Customer Service Inquiry templates

-6 Provider Data Inquiry Templates available to use

Thank you to the 14 provider groups that partnered with us to test this and make it happen!

Message Center

- Click the Message Center button on the top right corner of the screen

- To send a secure message click on one of the templates

Message Center

Provider Customer Service Inquiries		Provider Data Inquiries
Eligibility Inquiries Authorization Inquiries Claims Inquiries Benefit Inquiries Other Inquiries		Oregon Medicaid ID Individual Enrollment form Oregon Medicaid ID Group Enrollment form Oregon Medicaid ID Hosp.Facility Enrollment form

careoregon.org

careoregon.org

17

New Portal Feature: Submit Claim Attachments

Use this feature
to submit additional
documentation
on pended
or finalized claims.

- Reconsiderations
- Appeals
- EOBS
- Proof of timely filing
- Medical Records

Tutorials available on the website

Secure messaging in Connect (careoregon.org)

Provider >

Provider Portal >

Provider Portal
Tutorials >

Secure Messaging
in Connect

Billing Updates & Claims Submission

Jonique Dietzen: Director, Payment Integrity

Colette French: Provider Relations Specialist II

Billing Updates & Resources

Topic	Current Status	Provider Guidance
CPT 96127 coverage is shifting back to Physical Health benefits only	**Brief Emotional/Behavioral Assessment** (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument. Code 96127 is considered a physical health benefit. CareOregon covered code 96127 under the behavioral health plan of benefits after the Behavioral Health Services Integration that happened on 10/1/2023. **CareOregon is returning code 96127 to the previous standard of coverage and will only cover this code under physical health benefits once again effective 7/1/2024.**	**Reference:** Oregon Health Authority : OHP Fee-for-Service Fee Schedule : Oregon Health Plan : State of Oregon
Ketamine & Spravato Billing Guidance	**June 2024 Updated Guidance** on CareOregon website The purpose of this guide is to establish policy on all forms of ketamine therapy for the treatment of mental health conditions. This applies to all providers, non-physician providers, and subcontractors who submit Ketalar (Ketamine) and Spravato (Esketamine) claims	**Reference:** Home Infusion Prior Authorization (Medicare only) (careoregon.org)

REMINDERS

Summary	Resource

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.*
 Providers who signed an agreement with CareOregon to delegate their credentialing are <u>contractually obligated</u> to send a complete roster.
	• Provider Roster Template:
	   • Updated in October 2023
	   • Located online: <u>Delegated Provider Roster</u>
	   • Please replace old versions!
	
	 • Rosters must be **emailed by the 10th calendar day of each month**. If updates need to be expedited, please send bi-weekly
	 • Send to:
	   • <u>BHProviderDataUpdates@careoregon.org</u>

Providers who meet the following requirement are **not** required to submit Authorizations/NoTs: • Hold only one Behavioral Health contract with CareOregon for Health Share members • The one contract is for outpatient mental health services • The one contract is reimbursed fee-for-service • The one contract is NOT for A-C levels of care	**How do you know if this impacts your organization?** • Email notification went out in Spring and Fall 2023 to impacted providers. • A list of impacted providers is included in the 10/1/2023 auth/NoT rules/fee schedule

Organizational Provider Roster Monthly Update

Auth/NoT Not Req'd for Some Providers

REMINDERS

Summary	Resource
Providers should always bill their usual and customary rate. CareOregon, like all Medicaid plans, sets claims to pay at the contracted rate, or the provider's billed rate (usual and customary), whichever is lower. Providers should have their charges independently reviewed to ensure they are accurate and appropriate according to usual and customary rules and guidelines. CareOregon cannot pay more than what is listed on the charge of the claim. This impacts CMS rate setting and reprocessing projects like QDP.	Oregon Health Authority : How to Submit and Adjust Claims to OHA : Oregon Health Plan : State of Oregon Oregon Medicaid Professional Billing Instructions
This will be available via SFTP (estimated timeline July) More information to come.	CareOregon will reach out to impacted providers with next steps. This will include a request for IT contact at your organization to coordinate SFTP setup.

Usual & Customary Billing

Risk Corridor and Utilization Reports

CLSS and ICD Modifiers

Only Contracted providers will be paid for the CLSS and ICD Modifier differential. Rate differentials can be found on the Fee Schedule on Connect under Resources.

CLSS MODIFIERS

- U9: Culturally and Linguistically Specific Services for non-rural providers.

- TN: Culturally and Linguistically Specific Services for rural providers.

- Reminder: CareOregon's claim processing system cannot accurately process CLSS claims when two lines are billed as stated in the OHA Billing Guide. **Please bill your CPT code and CLSS modifier one line.**

ICD Modifiers

- HH: Integrated Co-Occurring Disorders (ICD) Program, services rendered by QMHAs, Peer Support Specialists and SUD Treatment staff. ICD claims must contain at least 2 OHA approved ICD diagnoses.

- HO: Integrated Co-Occurring Disorders (ICD) Program, services rendered by QMHPs, LMPs, and Mental Health Interns. ICD claims must contain at least 2 OHA ICD approved diagnoses.

- U2: Integrated Co-Occurring Disorders (ICD) Residential Treatment services. ICD claims must contain at least 2 OHA ICD approved diagnoses.

Training and Resources

Maig Tinnin: Behavioral Health Provider Relations Specialist Supervisor

Provider Input:

POLL

Help us help you! What topics would you like to see covered in future provider trainings?
*One word response or add details in Q/A section

We value your feedback! Please let us know what is still needed

Provider Resources: Training & Online Materials

Stay Up To Date! Visit us online at:
CO Metro BH Provider Website

Connect Training
Provider Connect Portal Tutorials

Meds Ed
https://careoregon.org/providers/meds-ed

Provider BHSI FAQs
careoregon-bhsi-provider-faqs.pdf

Stay Connected

Medicare Behavioral Health Demystified → August 29th @ 3pm

Next Billing & Admin Meeting → Sept 26th @ 3pm

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*

CareOregon Website

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

Questions

Provider Relations

Training requests

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

Contracting questions

Metro Bh Provider Relations: MetroBHPRS@careoregon.org

Phone Numbers & more!

***Provider Customer Service:* 800.224.4840 (option 3)**
***Metro BH provider Relations* email:**
MetroBHPRS@careoregon.org

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!