

Welcome to CareOregon's Billing and Admin Meeting!

November 30th, 2023



careoregon.org
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Thank you for joining us!

Please help us have a successful meeting:

There will be time reserved for Q&A at the end of the meeting.
Questions can be submitted in chat throughout the meeting.



Include your name & organization in your chat messages / 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 & Reflection



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General Updates



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CLSS / ICD Billing

QDP Modifier Reminders and Updates

- All CLSS & ICD modifiers must be listed on a single line (up to 4)
 - *List pricing modifiers first*
 - *Claims submitted with modifiers on multiple lines will need to be (re)submitted as a corrected claim with modifiers listed on a single line.*
- Effective 10/1 CLSS payments are now claims-based (Q3 reporting not required)
 - *If you are a sign language or bilingual provider with a case rate or capitation agreement – ICD/CLSS add-on payment(s) will continue via checks/EFT.*
- The OHA facilitated a BHDP/QDP "Tri-County" webinar 10/20/23 & will post online in the next few weeks.

Behavioral Health Systems Integration (BHSI)



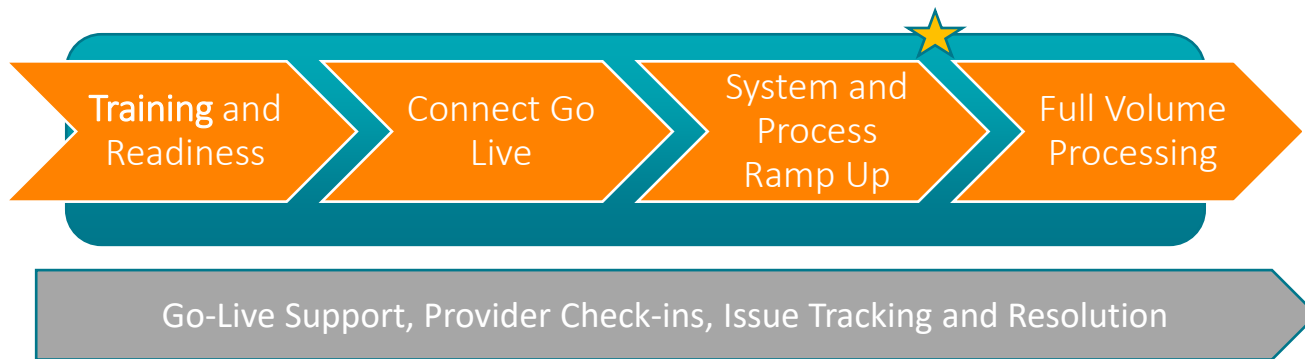
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BHSI Agenda

- Go-Live and Transition Progress
 - Claims Processing Overview
 - Post-Live Updates:
 - Tips + Education
 - Work in Progress
 - Checklist & Reminders
- Provider Resources
- Polls!!
- Wrap up & Questions



Go-Live and Transition Progress



- We are up and running on new systems and processes
- Volumes are continuing to ramp up as providers submit more claims
- Our claims team has some data to share about claims processing times
- Go-live issues are being tracked closely and moved to resolution as quickly as possible

We appreciate your partnership and patience as we move through the go-live and transition process!

Claims Statistics

BH Claims Status

	Cumulative	10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28
Claim Lag Days	10	5	7	8	9	9	10	11	11
% claims Denied	9.25%	5.90%	7.10%	11.90%	7.00%	9.50%	9.88%	10.70%	9.43%
% of pended 30+ days	0%	0%	0%	0%	0%	1.33%	5.30%	10.55%	13.97%
% paid >30 days	0%	0%	0%	0%	0%	0.08%	0.54%	0.96%	1.26%
Claims Received	137,910	1,883	9,064	20,534	20,247	19,643	22,359	22,444	21,736

Claims Statistics

Top Claim Denial Reasons

Denial Reason	% of all Denials
Invalid or Missing Notification Number	21%
Missing COB payment info	15%
Provider not enrolled with OHA	11%
Duplicate Claim	10%
Missing Rendering Provider	9%
Payment included in Facility Payment	6%
Benefit Limits exceeded	3%
Claim sent to wrong contractor	2%

Post-Live: Work in Progress

Topic	Current Status
Some Case Rate claims being paid FFS in error	<ul style="list-style-type: none">• We are investigating root cause, and making claims corrections as we identify them.• Please provide claims examples to your PRS if you are experiencing this issue.
Some Authorizations / NoT Pending when should Auto-approve	<ul style="list-style-type: none">• We continue to investigate root cause as claims examples are reported• The NoT CPT Pend issue was identified and has been fixed as of 11/22<ul style="list-style-type: none">• NoTs with CPT codes should auto-approve moving forward• If you have Auths/NoT examples which should be auto-approved but are going into a pending status, please provide account examples to Customer Service or your PRS.• <i>Please note:</i> once an auth/NoT hits pend status, it may take up to 14 days to process.
Reporting tools	<ul style="list-style-type: none">• Connect Enhanced Auth report & Claims Report are under development• Risk Corridor reporting anticipated in Q1 '24

Post-Live: Tips and Education

Topic	Current Status
Delegated Organizational Provider Roster Updates	<ul style="list-style-type: none"><li data-bbox="357 252 1760 330">• The Delegated Organizational Provider Roster is a tool used by CareOregon's Provider Data team for terming, updating and adding providers.<ul style="list-style-type: none"><li data-bbox="426 339 1630 418">• The Provider Roster Template was updated in October 2023 and can be found online: Delegated Provider Roster. <i>(Please replace old versions)</i><li data-bbox="357 426 1808 547">• Providers who signed an agreement with CareOregon to delegate their credentialing are contractually obligated to send a complete roster. Information provided in the roster is used to ensure accurate rate assignment for this subset of Providers.<li data-bbox="357 555 1792 634">• Rosters should be emailed to BHProviderDataUpdates@careoregon.org by the 10th calendar day of each month. If updates need to be expedited, please send bi-weekly.
No need to include AF Modifier	<ul style="list-style-type: none"><li data-bbox="357 705 1773 825">• AF can be included on a claim but is not required and does not drive rate of reimbursement. Providers status/credentials are built into claims system and claims will pay based on their status.

REMINDERS

Auth/NoT # in Connect: Confirmation vs. Request

Auth/NoT Not Req'd for Some Providers

Summary	Resource
<ul style="list-style-type: none">• In Connect: The Confirmation # equals the Request #, just missing the “CC”.<ul style="list-style-type: none">• If you have received an auto approved Confirmation number, this is the true Request # (Auth/NoT) and providers can just add the “CC” to the beginning of this number. Providers do not need to check back in 4 hours for the Request number.• Reminder: Standard Authorizations take up to 14 days to process on average.	See Section 3 in the BHSI FAQs for additional details and Q&A: BHSI FAQs
<ul style="list-style-type: none">• Providers who meet the following requirement are not required to submit Authorizations/NoTs:<ul style="list-style-type: none">• Hold only one Behavioral Health contract with CareOregon for Health Share members<ul style="list-style-type: none">• <i>The one contract is for outpatient mental health services</i>• <i>The one contract is reimbursed fee-for-service</i>• <i>The one contract is NOT for A-C levels of care</i>	How do you know if this impacts your organization? <ul style="list-style-type: none">• 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

REMINDERS

Auth/NoT #
required on
Claims

Summary	Resource
<ul style="list-style-type: none">• If an Authorization / NoT is required for the service provided, then the authorization number must be submitted on the claim for appropriate processing and payment.• Claims must be billed with one authorization number per claim. If there are duplicate or overlapping auths and no auth on the claim, this will result in a claim denial• Interim Transition Support:<ul style="list-style-type: none">• CareOregon has developed an interim solution to attempt to find an auth match if an no auth is submitted in the claim. The interim solution will be in place through June 2024• <i>If you have a high volume (10+) of these specific denials, providers will be able to submit a spreadsheet with authorizations to the PRS team for resolution.</i><ul style="list-style-type: none">• <i>Please reach out to Provider Customer Service or Provider Relations for support with this spreadsheet process option</i>• <u>Providers should continue to work towards accurate authorization submission to ensure the most seamless processing and payment.</u>	<p>If you have questions or need support with duplicate or overlapping authorization issues, please contact:</p> <p>PRS: MetroBHPRS@careoregon.org Or Provider Customer Service: 800.224.4840 (option 3)</p>

REMINDERS

Med Management Only

Summary

- Effective 10/1/23, CareOregon is changing the method of payment for Medication Management services for Case Rate providers. The new method of payment **will be a capitated payment and move away from fee-for-service (FFS) reimbursement.**

Resource

See the Section 3 in the BHSI FAQs for additional details and Q&A: [BHSI FAQs](#)

****Impacted Providers received an email from Provider Relations on 11/28/23 with additional guidance.*

Telehealth Modifiers

- Additional modifiers have been added as payable as of October 2023.
- Any claims denied with GT, FQ, 93 or 95 modifiers that are appropriate for telehealth have been reprocessed by CareOregon as of 11/24/23.
- *Providers do not need to resubmit.*

Newly published online: [Telehealth Billing Guide](#)

See Section 5 the BHSI FAQs for additional details and Q&A: [BHSI FAQs](#)

Fee Schedule Posting

- 10/1 and forward, access Contracted Fee schedules via Connect
- For rates for DOS Prior to 10/1 Fee schedules remain in CIM

If you need help locating your fee schedule reach out
PRS: MetroBHPRS@careoregon.org
or
Provider Customer Service:
800.224.4840 (option 3)

BHSI CHECKLIST



Claims

- ✓ Make sure to submit claims with dates of services 10/1 and forward to CareOregon:
 - CareOregon EDI#: 93975
 - Address:
Claims, CareOregon
PO Box 40328
Portland OR 97240
- ✓ PH Tech Claims with dates of service prior to 10/1 will continue to go through CIM

Payment

- ✓ Ensure you are enrolled for electronic payment through the ePayment Center or Zelis
- ✓ If you are not enrolled in the ePayment Center, please refer to [Electronic Payment & Electronic Remittance Advice FAQs](#) (careoregon.org) for details on how to sign up & how to get assistance.

Authorizations

- ✓ Submit authorizations for dates of services 10/1 and forward through CareOregon Connect
- ✓ Reference the Service Level Crosswalk for changes to the service levels in the [BHSI FAQs](#)
- ✓ Make sure you have set up access login to Connect

BHSI Post-Live Poll

We value your feedback! Please share how things are going since our 10/1/2023 BHSI Go-Live

Rate your experience since go-live on 10/1/23

1 - Poor

2 - Unsatisfactory

3 - Satisfactory

4 - Good

5 - Excellent

BHSI Post-Live Poll

We value your feedback! Please share how things are going since our 10/1/2023 BHSI Go-Live

What areas do you need more support in related to BHSI?

- Auths / NoT
- Claims
- Payments
- Connect system navigation
- None
- If “Other” please provide us with details

Provider Resources: Training & Online Materials

Stay Up To Date! Visit us online at:
[CO Metro BH Provider Website](#)

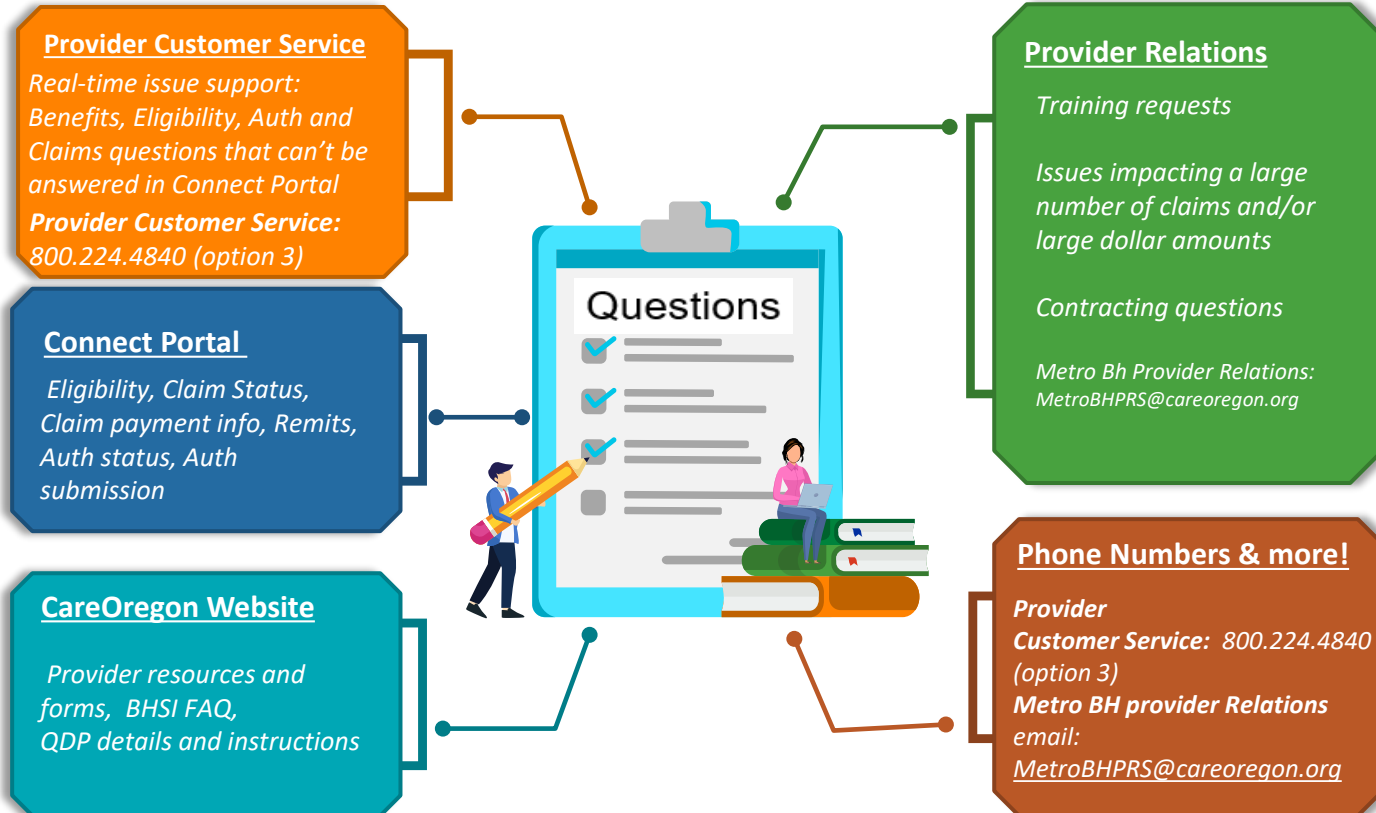


Connect Training
On-Demand
[Provider Connect
Portal Tutorials](#)

Provider BHSI FAQs
Updated Monthly
[careoregon-bhsi-
provider-faqs.pdf](#)

Who to contact when you need help

BHSI Provider Resources, post 10/1/23 go-live



Planning Ahead

Support for our Providers



Ideas for additional support moving into 2024:

- Adjust Billing and Admin cadence
- Individualized support
- Monthly office hour
- Topic focused drop in hours
- Exploring other options

PLEASE NOTE:
December
Billing and
Admin will
be canceled due
to holidays

Alternative support options:

- PRS Team
- Customer Service
- BH Enews
- FAQ updates

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!



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