Multnomah Other A&D Provider Billing Meeting

Thursday March 28, 2019 8:30am – 10am
501 SE Hawthorne Blvd, Room 315

Meeting Notes

1. Introductions
2. General Billing Reminders
3. DUII Changes
4. SUD Residential Treatment Changes
5. Child Residential Room and Board Reminder
6. Fee Schedule/Authorization Changes
7. Housing Request Form – Additional Question Added
8. Group Counseling and Case Management (H0005, H0006, and H0015) – Provider Discussion
9. Support Services Authorization – Provider Discussion
10. Timely Filing
11. Questions and Networking

Next Provider Meeting: Thursday April 25, 2019 8:30am – 10am
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Next BILLING Meeting: Thursday June 27, 2019 8:30am – 10am
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Handouts Available During the Meeting:

- General Billing Reminders
  - Use correct auth type (ie. children in res, etc)
  - New client form issues if more than two weeks: Contact billingsupport@multco.us
  - We will do a better job updating website: https://multco.us/mhas/addiction-provider-resources
  - See Multnomah Other Billing Reminders handout for additional reminders
- Multnomah Other Fee Schedule
  - New authorization type: MIP (under 21; 60-day default term)
  - Suboxone sublingual strips require UR (not covered under regular auths)
  - Vivitrol no longer requiring UR. Funded under regular MAT auth.
  - T1007/T1502 not covered for HSO clients
- Multnomah Other Summary of Changes
  - Timely filing: 90 days for Multnomah Other claims, except DUII which is 30
  - Authorization timely entry within 45 days (similar to HSO)
  - Authorization corrections: email billing support

    - ****Auto-approving auths could result in approved claims that shouldn't have been. Only way to catch that would be in an audit
    - Continued indigent services form – attach a copy of the form to the auth in CIM for members who have been a Mult Other member for more than 60 days (due every 60 days). Start as of 4/1 with the attachment in CIM. Will check about whether providers need to attach retro-actively since not all providers were aware.
    - ****45 timely filing deadline at HSO causing issues for members who are retro-actively enrolled (Sherry will follow up) **will Mult Other cover these services if HSO denies claims due to retro-active eligibility?

- Multnomah Other DUII Non-SUD Diagnosis
    - But must send email following a denial
    - ***Can a HSO diversion client use DUII funds, since HSO needs diagnosis (Zach will follow up)
- Multnomah Other Non-Formulary MAT Request Form
    - Only required for Suboxone sublingual strips - Only under non-formulary MAT auths
- Multnomah Other SUD Residential
    - Increasing child res rate
- Multnomah Other SUD Residential Authorization Request Form
    - Complete form within 2 days of intake or 5 days of initial auth expiration
    - Trina will be doing UR for both HSO and Mult Other residential auth
    - Client will need form for every episode of treatment, unless person is out of treatment for less than 24 hours
    - Child auth is always under parent (insured adult with children/indigent adult with child)
    - Use appropriate modifier: UX for insured adult, HB for indigent adult.
    - MAT could billed as "outpatient" in addition to SUD Resdiential Per Diem if needed to ensure continuity of treatment.
- Multnomah Other Withdrawal Management
    - Discussed changing to case rate, which we are not able to do
    - CCC pushing for single auth. for 7 days; step-down process (3.7 to 3.2) can't be authorized by billing staff.
    - ***Is CODA qualified for detox?
    - H0010 and H0011 rate increased; H0016,H0020,H2010 only covered by MAT or ambulatory withdrawal authorizations (H0016 addition of LMPs able to provide service)
- Multnomah Other Timely Filing Form
    - What other barriers besides waiting on HSO?
        - Z number issued but not received
        - Clearinghouse issues with paper claims
        - Internal process/capacity etc.
    - Recommendation: file claim even if denied to buy time to re-process
- CMS Limiting units of group and case management charges for same counselor
    - XE modifier being used as workaround
    - T1016 can be charged to HSO for additional units
    - ***Should we add T1016 and XE to Mult Other fee schedule?
- Questions
    - What is S5190? ~~MOTS data~~ ETSO Assessment

Documents are posted on the provider website: https://multco.us/mhas/addiction-provider-resources

For billing related matters or questions contact: billingsupport@multco.us. *Please mention your question/request is related to Multnomah Other (preferably in the subject line and body of the email).

Multnomah Other
A&D Provider Billing Meeting Follow Up

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Follow Up Items

Indigent Continued Eligibility Form

The Continued Indigent Services Funding Form must be completed for any member who needs treatment services after their initial 60 day eligibility period and attached to authorizations in CIM. If a member transfers providers, the new provider should ensure that the Continued Indigent Services Funding Form is completed after the member's initial 60 day enrollment period and every 60 days thereafter.

There was some confusion among providers regarding the attachment of the form to CIM. All authorizations effective on or after 4/1/19 in CIM must have the form attached if the member has been receiving services for more than 60 days. Providers will not need to go back retroactively for authorizations that ended before 4/1/19 and attach the form. Documentation of eligibility (either the Continued Indigent Services Funding Form or agency forms documenting insurance/income) should still be in the client chart and available to plan staff upon request.

Any audits to verify that the Continued Indigent Services Form is attached to the CIM auth will only include authorizations that were effective on or after 4/1/19.

Health Share Retro-active Coverage

When Health Share extends coverage retroactively more than 45 and 120 days so that providers are unable to meet timely entry/filing deadlines providers should reach out to Health Share billing support via CIM. If a member had coverage during the service date through Health Share – those services should be billed to Health Share, not Multnomah Other. According to Health Share billing support staff, it would be unlikely that a denial would be issued for missing timely entry/filing deadlines when coverage notification was given more than 45/120 days after the eligibility date. Providers would still need to contact billing support via a message in the referral in CIM with an explanation or complete the timely filing waiver form for claims (found on the HSO website). If Health Share is denying requests in these circumstances, please document these. If you have questions, you may contact billing support at billingsupport@multco.us.

Health Share Members – DUII Services and non-SUD Diagnoses

Plan staff will reach out to the State of Oregon to determine if HSO members who do not have a SUD diagnosis but need DUII services will be eligible for DUII funding. We anticipate having a determination by the next quarterly billing meeting in June.

S5190

Multnomah Other plan staff reviewed the historical purpose for procedure code S5190. This code is not for MOTS outcomes but was added for providers to administer an outcomes assessment called 'ETSO'.

Providers are no longer using this assessment, so Multnomah Other will be removing the code from our fee schedule.

Child Room And Board Increase

The rate has been adjusted in CIM from $43.80 to $62.44 effective retro-actively to 7/1/17 per OHA. PH Tech will retro-actively adjust any claims in CIM paid under the old rate. Many providers are already at the maximum funding level (i.e. over-utilized) therefore we are not able to guarantee that all prior claims will be paid at the new rate above provider's annual funding level. Contracted annual funding level for housing of dependent children may be raised if funding is available. Program staff will be reaching out individually to discuss any funding changes.

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Multnomah Other Billing Reminders

Documents and Forms

As a reminder, the most recent documents and forms for Multnomah Other will be posted on our provider website. Please bookmark the site (https://multco.us/mhas/addiction-provider-resources) itself and not specific documents on the site. When a document is updated, the newest version of the document will be posted with a new URL. Archived versions of prior versions may remain accessible but not visible on the website – so make sure that you are not inadvertently bookmarking an old version of documents or forms.

Timely Filing

Claims (except DUII) must be submitted within 90 days of the service date. Claims may be corrected or reprocessed within 90 days of the original claim adjudication date. Do not delay filing claims if it is close to 90 days – even if the claim will deny. Denied claims can be corrected for another 90 days.

DUII claims must be submitted within 30 days of the service date. Claims may be corrected or reprocessed within 30 days of the original claim adjudication date. This is unfortunately due to state funding/reporting requirements.

If the timely filing deadline was missed due to extenuating circumstances, a timely filing waiver may be submitted to billingsupport@multco.us. Even under extenuating circumstances, a waiver may be denied due to a lack of funding.

Review Denials

Vouchers are accessible through Voucher Viewer in CIM. Please review the vouchers for claim status. The EOB code for approved claims is usually '24'. Review the EOB Code to determine why a claim was not approved. Corrected claims may be filed 90 days from the initial adjudication date (30 for DUII).

If you are unable to determine why a claim was denied, please reach out to the billing support team (billingsupport@multco.us) for assistance.

Authorization Entry Timeline

In general, authorizations must be submitted in CIM within 45 days of the service start date. Authorizations which require utilization review (e.g. SUD residential treatment) must have request forms submitted within 2 business days of intake. Authorization entry may not have been strictly enforced previously – however we will be looking more closely at timely entry for authorizations from this point forward.

Authorizations that are entered after 45 days from the start date will Pend (as a Retro-Authorization). Plan staff will adjust the start date to 45 days prior to the submission date and re-process the authorization.

Authorization Corrections

If you have made a mistake entering an authorization into CIM (e.g. incorrect start date, selected the wrong procedure code group, etc.) please contact billingsupport@multco.us to request a correction. Please do not enter a new authorization and ask for the incorrect authorization to be corrected.

Continued Indigent Services Funding Form

Any Multnomah Other member who needs treatment services past the initial 60 days must complete a Continued Indigent Services Funding Form to verify the member's income and continued eligibility. This form must be attached to the corresponding authorization in CIM. The form can be found on the provider website (https://multco.us/mhas/addiction-provider-resources). Providers must also maintain a copy of this form in the patient chart.

Failure to attach the form to the authorization may result in repayment of any approved claims linked to the authorization.

Multnomah Other members who are ONLY receiving support services (and no treatment services) do not require a Continued Indigent Services Funding Form. Support services are services that are allowed for non-Indigent members (as indicated in the Multnomah Other fee schedule). Currently:

- H0019 HX + UN/UP/UQ/UR/US (Residential Insured Adult Child Room and Board)
- S5190 HF/HG (Evaluating Treatment & Social Outcome Assessment)
- T1009 HF/HG (Childcare While Individual Receiving Treatment)
- T1012 HF/HG, T1012 HF/HG +HQ (Skills Training – Individual/Group)
- T1013 HF/HG (Interpretation Services)

Members receiving support services must still continue to meet the Multnomah Other eligibility criteria while receiving services even though the form is not required.

Oregon Health Plan (OHP) Coverage

Multnomah Other is the payer of last resort for members who have no other coverage for SUD services. Providers who are enrolling members into Multnomah Other should be assisting the member in applying for OHP coverage. If the member is approved for OHP coverage, make sure to verify the effective date of their OHP coverage – OHP is sometimes retroactively approved. In these instances it is important to ensure that claims are submitted to the appropriate carrier.

ALL claims for SUD treatment services on and after the OHP effective date should be submitted to OHP.

If a claim was approved and paid for by Multnomah Other and the member receives retroactive OHP coverage, the claim must be refunded to Multnomah Other and then submitted to OHP. Please ensure that these types of claims are reviewed regularly to ensure that you are meeting the timely filing deadline for the OHP carrier. Some OHP carriers have very rigid deadlines and strict policies regarding timely filing waivers. For instance, typically Health Share will not approve a claim filed after 120 days from the service date simply because it was inadvertently submitted to Multnomah Other.

Multnomah Other may periodically review claims to ensure that claims were submitted to the correct carrier. If they claim should have been submitted to another carrier, Multnomah Other will have PH Tech refund those claims and it will be the provider's responsibility to ensure the claim is submitted to the appropriate carrier (e.g. Health Share).

Support service claims (H0019 HX + UN/UP/UQ/UR/US, S5190 HF/HG, T1009 HF/HG, T1012 HF/HG +HQ, T1013 HF/HG) may still be submitted to Multnomah Other even after their OHP takes effect.