

Provider Update March 2019

In this Edition

- Provider Manual Updates
- Fee Schedule Updates
- Helpful Things to Know
 Changes at Health Share
 - Illing & Admin
 - Provider Onboarding/Training
- Provider Reporting Requirements
 - Or Provider Rosters
 - ◊ Behavioral Health Access Reporting
 - ◊ Changes to Billing Data



March 2019

Health Share Pathways Provider Update

Health Share Pathways Providers are contracted directly with Health Share to provide Behavioral Health services. This quarterly Pathways Provider Update is the place where contracted providers will be provided official notification of upcoming updates to the Pathways program, including updates to the Pathways Provider Manual which is part of your agreement with Health Share.

Regional Provider Manual Updates

The <u>Pathways Provider Manual</u> includes critical contacts, claims management information, compliance and quality assurance guidance, and the most current reimbursement rates and fee schedules. **Providers are contractually obligated to comply with all policies and procedures set forth in the Pathways Provider Manual.** Providers can find the *Pathways Provider Manual* on the <u>Health Share</u> <u>website</u>.

The following updates will be made to the Provider Manual, effective April 1, 2019.

Changes to Provider Manual Appendices

The following Appendix has been UPDATED in the Pathways Provider Manual:

⇒ Appendix H1: Organizational Roster Information Template has been modified to accommodate required reporting elements

The following Appendix has been ADDED to the Pathways Provider Manual:

⇒ Appendix I: Appendix I: Multnomah County Quality Management Critical Incident Report

Changes to Sections within the Pathways Provider Manual

The following sections have had ADDITIONS or UPDATES:

<u>Glossary</u>

- \Rightarrow 'Action' has been replaced with 'Adverse Benefit Determination'
- $\Rightarrow~$ 'Denial' has been removed and replaced with 'Adverse Benefit Determination'
- \Rightarrow 'Notice of Action' has been replaced with 'Notice of Adverse Benefit Determination'

All incidences of these words have been updated throughout the Provider Manual

Changes to Sections within the Pathways Provider Manual (continued)

The following sections have had ADDITIONS or UPDATES:

Abuse Reporting

 \Rightarrow OARs updated to be in line with new rules

Access / Mental Health

 \Rightarrow Clarified that an initial appointment date which falls in the appropriate time frame must be offered

Grievances

 \Rightarrow Added contact for the OHA Ombudsperson

Critical Incident Reporting

- ⇒ Clarified that provider can use form of choice when submitting for Washington & Clackamas Counties, but that Appendix I: Multnomah County Quality Management Critical Incident Report must be submitted when reporting Critical Incidents to Multnomah County.
- \Rightarrow Updated Multnomah County contact information.

Billing, Service Authorization, and Claims Management / Member Billing Regulations

- \Rightarrow Updated rules regarding member billing regulations.
- \Rightarrow Added clarification regarding instances in which a Member can be billed.

<u>Credentialing & Re-Credentialing Requirements / Organization's Responsibility to Oversee Licensed</u> and Unlicensed Practitioners

⇒ Added requirements which are included in the Covered Services and Compensation Addendum(s)

Mental Health Outcomes

- ⇒ Updated information regarding Mental Health Outcomes included changing the name from Outcomes Based Care (OBC) to Feedback Informed Treatment (FIT).
- \Rightarrow Included more information regarding available Outcomes Based Tools.

Pathways Provider Fee Schedule Updates

The most current versions of the **Regional Mental Health and SUD Fee Schedules** can be located in the Behavioral Health Resources section on our website.

<u>The following changes to the BH Fee Schedules will be effective March 1, 2019.</u> Changes to the Regional SUD Fee Schedule

- \Rightarrow Updated the Permissible Staff for H0006 HF/HG and 90853 HF/HG
- \Rightarrow Added H0034 HF/HG, T1016 HF/HG, 90791 HF/HG, 90832 HF/HG, 90834 HF/HG, 90837 HF/HG, 90846 HF/HG, and 90847 HF/HG
- \Rightarrow Increased reimbursement rate for 90853 HF/HG
- \Rightarrow Updated Service Description, Units and Criteria/Tips & Guidelines for J2315 HF/HG

Changes to the Regional Mental Health Fee Schedule

⇒ Updated Guidelines in POS 02 Note: Remove 0364T-0371T; Added 0362T, 0373T, 97151-97158

Continued on next page

Helpful Things to Know

Changes at Health Share

On February 8th, Health Share of Oregon's Board of Directors voted to move forward with a single CCO application to serve Oregon Health Plan members in Clackamas, Multnomah, and Washington Counties. This is exciting news for Health Share and the tri-counties, and with the application for CCO 2.0, we recognize that this process will create opportunities for change, which can also create uncertainty for our provider networks. Our intent is to share updates and information as it becomes available.

To curb administrative costs and ensure greater overall efficiency, some administrative management, including management of the Pathways Provider Network will be assumed by CareOregon. Existing contracts with Health Share will continue to be held at Health Share through 2019. Any change in management or oversight of contracts beginning in 2020 will be communicated well in advance to the Pathways Provider Network. Providers should continue to make use of the existing Health Share Pathways resources, communications, and staff throughout 2019. New administrative management roles take effect January 1, 2020. The counties will operate under their current scope of work and responsibilities until that time without any immediate changes.

We know that there will be many questions over the coming months as this transition moves forward. Please do not hesitate to reach out and talk to us directly. You can best contact our Behavioral Health provider services by email at <u>providers@healthshareoregon.org</u>, or contact Jeremy Koehler, Director of Behavioral Health at <u>Jeremy@healthshareoregon.org</u>. More information available on the Health Share website.

We will be in communication with our Pathways Providers as information becomes available.

Bi-Monthly Billing & Admin Meeting

As a contracted Pathways provider, you may attend our bi-monthly (in the odd months) **Billing and Admin** meeting to hear about upcoming changes to billing procedures (code changes, rate changes, and rules changes.). We strongly recommend that your **billing staff** attend this meeting, but any of our staff members may attend. You may either attend this meeting in person at Health Share or via a webinar.

Please email providers@healthshareoregon.org to be added to this invitation and distribution list.

Quarterly Onboarding/Provider Training

Did you know that Health Share offers a quarterly Provider Training for new and existing Pathways Providers? The next training is offered on **Friday April 26, 2019**. This training is for providers who provide **Outpatient Mental Health Services**. If you are new to the Pathways Provider Network, have new staff at your clinic who have not worked with Health Share, or would like a refresher course in Health Share authorization and billing basics, please consider attending an upcoming training.

Please email providers@healthshareoregon.org to request an invitation!

Continued on next page

Provider Reporting Requirements

Organizational Provider Quarterly Provider Roster Submissions

Applies to: All Organizational Providers

All **organizationally contracted providers** must use Appendix H1: Organizational Roster Information Template to submit practitioner information to Health Share in Excel format.

All organizationally contracted providers must submit a complete roster which includes ALL CLINICIANS who are providing services to Health Share members between March 29, 2019 and April 5, 2019.

Roster submission is a **contractual obligation**. For more information about Provider Roster Reporting, please review the <u>Pathways Provider Manual</u>.

Access Reporting

Applies to: All Outpatient Behavioral Health and ABA Providers

Providers who are contracted with Health Share to provide **Outpatient Mental Health, SUD, or ABA Services** must complete the Regional Mental Health Access report **monthly**.

The Regional Mental Health Access Report measures access to non-urgent outpatient mental health assessment and treatment services for Health Share Members. The report captures how many days out providers are scheduling their 3rd next available non-urgent outpatient mental health assessment appointment.

This report is due by the 15th of each month (or the next closest business day).

Access Reporting is a **contractual obligation** for most Pathways Providers. For more information about Access Reporting, please review the <u>Pathways Provider Manual</u>.

Reporting Changes to Provider Addresses and Billing Data

Applies to: All Contracted Providers

All changes to providers' office or administrative offices must be reported to Health Share in advance of the change. Forms to report these changes are available on the <u>Health Share website</u>. Completed form(s) and supporting documents should be sent to <u>providers@healthshareoregon.org</u> at least **30 calendar days** prior to your address change or addition. **Failure to notify Health Share of changes to service addresses may result in inaccurate data in the Provider Directory.**

Any changes to providers' billing data (TIN, NPI, Legal Name) must be reported to Health Share in advance of the change. Forms to report these changes are available on the <u>Health Share website</u>. Completed form(s) and supporting documents should be sent to <u>providers@healthshareoregon.org</u> at least **45 calendar days** prior to your address change or addition. **Failure to submit notice in advance of a change may result in claims or authorization processing errors.**