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June 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 [Pathways Provider Manual](#) 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 [Health Share website](#).

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

Changes to Provider Manual Appendices

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

- ⇒ Appendix B: Inpatient Mental Health / Acute Care Guidelines
 - Corrected phone number for the Washington County Continued Stay Contact

Changes to Sections within the Pathways Provider Manual

The following sections have had **ADDITIONS** or **UPDATES**:

Billing, Service Authorization, and Claims Management / Third Party Liability

- ⇒ Added additional clarifying information regarding TPL and reimbursement when Health Share is the secondary payor.

Provider Data Management / Roster Submissions

- ⇒ Added clarifying information regarding which practitioners must be included on Quarterly Provider Rosters.

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Helpful Things to Know

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.

Finding Medicaid IDs/DMAP Numbers

Have you hired new staff, but are unsure if they have an Oregon Medicaid ID (aka DMAP number)? If you want to know if your staff have Medicaid IDs and what they are, send the following information to providers@healthshareoregon.org, and we can send you the current Medicaid Enrollment information.

Data to Send:

- ◇ Practitioner's Name
- ◇ License/Certification
- ◇ NPI

Provider Reporting Requirements

Feedback Informed Treatment (FIT)

Applies to: All Case Rate and FFS Level of Care Mental Health Providers

Feedback Informed Treatment (also known as Outcomes Based Care) is *“a pantheoretical approach for evaluating and improving the quality and effectiveness of behavioral health services. It involves routinely and formally soliciting feedback from consumers regarding the therapeutic alliance and outcome of care and using the resulting information to inform and tailor service delivery”* (Bertolino, B., & Miller, S. (eds.) (2011). The ICCE Feedback Informed Treatment and Training Manuals. Chicago, IL: ICCE Press)

All Pathways Providers who are contracted for outpatient mental health services with a **FFS Level of Care or Case Rate** Agreement are required to engage in Feedback Informed Treatment and regularly administer an approved client rated outcomes tool with all Health Share members. Information gathered from outcomes tool should then be used to inform the provision of services.

All providers who are required to engage in FIT may choose to attend a **1 hour FIT introduction**. Agencies are welcome to send more than one person to the FIT introduction, but you are encouraged to send a member of leadership who is responsible for overseeing the implementation of initiatives and/or someone responsible for training clinical staff.

Furthermore, providers are welcome to send staff to one of the **quarterly FIT foundations trainings**, which occur in February, May, August, and November.

Please contact **Stacy Bancroft**, the Regional Outcomes Coordinator at bancrofts@careoregon.org to schedule your trainings or for more information.

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Provider Reporting Requirements (continued)

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 [Health Share website](#). Completed form(s) and supporting documents should be sent to providers@healthshareoregon.org 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 [Health Share website](#). Completed form(s) and supporting documents should be sent to providers@healthshareoregon.org 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.**

Organizational Provider Quarterly Provider Roster Submissions

Applies to: All Organizational Providers

All **organizationally contracted providers** must use the current version of Appendix H1: Organizational Roster Information Template (available online and upon request) to submit practitioner information to Health Share in Excel format. **All other versions and formats cannot be accepted.**

If changes to the Organizational Provider Roster have occurred since the Q2 2019 roster submission in April, a new Organizational Provider Roster must be submitted to Health Share **between June 24 and July 5.**

Roster submission is a **contractual obligation**. For more information about Provider Roster Reporting, please review the [Pathways Provider Manual](#) or contact providers@healthshareoregon.org.

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 [Pathways Provider Manual](#) or contact providers@healthshareoregon.org.