

Instructions for Completing the HSTAR_PA

General Information

This form is for

- **Outpatient Mental Health Fee for Service Level of Care Providers** when requesting additional funds under a Level of Care Fee for Service authorization.
- **Outpatient Fee for Service Mental Health Providers** when requesting *Prior Authorization* for mental health assessments and on-going treatment services
- **Non-contracted providers** when requesting *Prior Authorization* for any mental health treatment service.

Note: This form is not to be used in place of a Single Case Agreement form.

Please review the Covered Services and Compensation Addendum(s) included as part of your contract if you are unsure of your contract type.

Member Eligibility

Providers are to verify client eligibility prior to each session and before submitting the HSTAR form.

How to Submit a Valid Prior Authorization Request

Sections of the HSTAR form must be completed as indicated below, and clinical documentation indicated must be submitted with the form. The request is not considered valid if the form is not complete, or if clinical documentation is missing.

Submit the following required documentation to the appropriate BHPP:

- **For an initial *Assessment* authorization request:** Completed HSTAR page one + Part A + Part C Care Coordination Form
- **For Initial *Treatment* authorization request:** Completed HSTAR page one + Part B + Part C Care Coordination form, a current mental health assessment and treatment plan (with measurable goals) + progress notes from last 60 day period (if applicable)
- **For an *Concurrent* authorization (renewal) request:** Completed HSTAR page one + Part B + Part C Care Coordination form, a current mental health assessment and treatment plan (with measurable goals) + progress notes for the last 60 day period.
- **For additional sessions in a current authorization period,** Completed HSTAR page one + Part B + the current mental health assessment + an **updated** treatment plan (with measurable goals) + progress notes for the last 60 day period demonstrating the need for services beyond the assessed Level of Care (LOC) authorization.

Please note: Payment is not guaranteed for services provided without active authorization. Requests for extensions of authorizations or for additional sessions within a currently active authorization *must be submitted prior to the end date of the authorization and/or before the authorized sessions are fully utilized.* Providers may be notified of an incomplete request. Providers will receive notification of authorization approval, denial, or the need for additional clinical material within **14 calendar days of receipt of a valid request.**

Reimbursement and Claims Submission

Health Share of Oregon will pay contracted providers according to the contract terms agreed upon between provider and Health Share. When Health Share is the primary payor, providers must submit detailed claims using the CMS 1500 claim form to PH Tech within **120** days of the date services were delivered.

When the member is covered by other insurance, Health Share is not the primary payor. Providers must submit detailed claims using the CMS 1500 claim form and the primary payor EOB to PH Tech within 365 days from the date services were delivered. Claims submitted outside of these time frames may be denied. Claims can be submitted on paper or electronically. Information about how to submit claims to Health Share can be found on our [Behavioral Health Resources](#) web page.

For members with dual eligibility, provider must bill and follow the rules of primary insurance provider (including any authorization requirements) prior to submitting claims for Health Share of Oregon to receive payment that aligns with Health Share's responsibility as secondary payor.

Provider must use due diligence in collecting third party resources to offset the cost of the member's mental health treatment. Provider are required to make all reasonable efforts to collect from payors (specifically government programs, commercial insurance, or other third party payors, private or otherwise), for all eligible and contracted costs associated with the member's care.

Additional Provider Billing Questions may be answered by referencing the [Health Share Provider Manual](#), billing support FAQ documents, or by communicating with the appropriate county's Billing Support team via email.

For questions regarding the completion of the HSTAR form, please contact the member's assigned Behavioral Health Plan Partner:

- Clackamas County: 503-742-5348
- Multnomah County: 503-988-5887
- Washington County: 503-291-1155