Mental Health and Chemical Dependency Medicaid Provider Manual

Addictions and Mental Health Division

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The Addictions and Mental Health Division (AMH) designed the “Mental Health and Chemical Dependency Medicaid Provider Manual” as a resource for both Department of Human Services (DHS) approved providers and those interested in becoming an approved provider.

This manual contains information on how to request enrollment as a DHS approved provider of Mental Health (MH) or Chemical Dependency (CD) services, definitions of commonly used terms and acronyms, billing instructions, and other items useful for providers. The AMH provider manual is intended for use in conjunction with applicable Oregon Administrative Rules, state and federal statutes.

MH and CD providers should contact the Division of Medical Assistance Programs (DMAP) Provider Services with billing questions. Provider Services can be reached by calling toll free at 1-800-336-6016 or Salem direct line at 503-378-3697.

AMH endeavors to furnish providers with up-to-date billing, procedural information, and guidelines to keep pace with program changes and governmental requirements.

DHS Internet Addresses

DHS has implemented a subscription service that enables you to be notified by email whenever the content changes on one of our Web pages.

Among the pages you can subscribe to are the pages for relevant administrative rules, proposed rule changes, provider notices, client notices, Oregon Health Plan (OHP) eligibility reports, managed care enrollment reports, Fee-For-Service (FFS) fee schedule, quarterly reports, and many more. It's easy and free to use. Just click on the envelope icon on one of our pages, or on the "eSubscribe" button on the DHS home page: http://egov.oregon.gov/DHS/.

DIRECTIONS (aide in navigation) TO USEFUL INFORMATION		
From the DHS Home Page, Click On:	**Agency/Program Web Page:**	**Description/Information Regarding:**
Medical Assistance Program	OHP	• Data and Publications • Tools for Policymakers, Providers & Staff • OHP Policies
From Medical Assist Program, click on "Data and Publications"	OHP	• Policies/Reports • FAQs/Forms • Managed Care
From Medical Assist Program, click on "Tools for Providers"	OHP	• Contacts/HIPAA • Prioritized list, fees, & rates • Provider rules, reports, etc.
From Medical Assist Program, click on "Tools for Providers," then "New Providers"	OHP	• How to be an OHP Provider • Provider Rules & Guidelines • Billing Tips (Handbooks and Handouts); submission of claims, and claim forms

Mental Health	AMH	• Program contacts • Evidence-based practices • Publications & reports • Tools for Policymakers & Providers (user manuals) • Research & data
Addiction	AMH	• Treatment, Prevention & Gambling Services • Resource & Data Center • Tools for Policy Makers & Providers (user manuals)

Definition of Terms

Addictions and Mental Health Division (AMH)) – The Department of Human Services office responsible for the administration of the state's policy and programs for mental health and chemical dependency prevention, intervention and treatment services.

Automated Information System Plus (AIS) – A computer system that provides information on the current eligibility status for clients under the State of Oregon's Division Medical Assistance Programs (DMAP).

Chemical Dependency Services (CD) – Assessment, treatment and rehabilitation on a regularly scheduled basis, or in response to crisis for alcohol and/or other drug abusing or dependent clients and their family members or significant others, consistent with the ASAM PPC-2R criteria. Services provided by programs or individuals who have a current license or letter of approval from AMH.

Current Procedural Terminology (CPT) – The Physicians' Current Procedural Terminology is a listing of descriptive terms and identifying codes for reporting services and procedures performed by health care providers as published by the American Medical Association (AMA). CPT definitions are proprietary to the AMA, therefore, the definitions will not be included in the provider manual or its attachments.

Center for Medicare and Medicaid Services (CMS) – The federal agency under the Department of Health and Human Services, responsible for approving the waiver request to operate the Oregon's Medicaid Demonstration Project.

Certified Alcohol and Drug Counselor (CADC) – As defined in OAR 415-051-0057, a certified or licensed person who meets the following minimum qualifications as documented by the provider:

(a) 1,000 hours of supervised experience in alcohol/drug abuse counseling;
(b) 150 contact hours of education and training in alcoholism and drug abuse related subjects; and
(c) Successful completion of a written objective examination or examination or portfolio review by the certifying body.
(d) Licensure/Registration: For treatment staff holding a health or allied provider license, such license/registration shall have been issued by one of the following state bodies and the staff person must possess documentation of at least 60 contact hours of academic or continuing professional education in the treatment of alcohol and drug-related disorders:
    (1) Board of Medical Examiners;
    (2) Board of Psychologist Examiners;
    (3) Board of Clinical Social Workers;
    (4) Board of Licensed Professional Counselors and Therapists; or
    (5) Board of Nursing.

Community Mental Health Program (CMHP) – The organization of all services for persons with mental or emotional disorders and developmental disabilities operated by, or contractually affiliated with, a Local Mental Health Authority (LMHA), operated in specific geographic areas of the state under the intergovernmental agreement or direct contract with the DHS, AMH.

CPMS

The Client Process Monitoring System (CPMS) was implemented by AMH during the 1981-83 Biennium. CPMS provides documentation that services are being delivered by community providers supported by public funds in compliance with Legislatively approved budget and statutory mandates. The system also provides data on the performance of community programs, and data for program evaluation. Data collected is used in

determining reimbursable services days and offsetting revenue sources in various mental health programs. Additional information about CPMS is located at www.oregon.gov/DHS/addiction/resource_center.shtml#cpms.

Diagnostic Statistical Manual (DSM) – Diagnostic and Statistical Manual published by the American Psychiatric Association.

Division of Medical Assistance Programs (DMAP)–A division of the DHS responsible for coordinating Medical Assistance Programs, including the OHP Medicaid Demonstration and the Children's Health Insurance Program (CHIP). DMAP writes and administers the state Medicaid rules for medical services, contracts with providers, maintains records of client eligibility and processes and pays DMAP providers.

Electronic Eligibility Verification Service (EEVS) – Vendors of medical assistance eligibility information that have met the legal and technical specifications of DMAP in order to offer eligibility information to enrolled providers of DMAP.

Fee-For-Service Provider (FFS) – Health care providers who bill for each service provided and are paid by DMAP for services as described in the DMAP rules.

Fully Capitated Health Plan (FCHP) – Prepaid Health Plans that contract with DMAP to provide capitated services under the Oregon Health Plan.

International Classification of Diseases (ICD) – A revision of the International Classification of Diseases Clinical Modification, including volumes, as revised annually.

Health Care Common Procedure Coding System (HCPCS) – This system is a uniform method for health care providers and medical suppliers to report professional services, procedures, and supplies.

Health Services Commission (HSC) – The HSC is an eleven member commission that is charged with reporting to the Governor the ranking of health benefits from most to least important, and representing the comparable benefits of each service to the entire population to be served.

Licensed Medical Practitioner (LMP) – Defined in OAR 309-16-0005 (36) as a person who meets the following minimum qualifications:

(a) Holds at least one of the following educational degrees and valid licensures:
    (A) Physician licensed to practice in Oregon;
    (B) Nurse Practitioner licensed to practice in Oregon; or
    (C) Physician's Assistant licensed to practice in Oregon; and
(b) Whose training, experience and competency demonstrate the ability to conduct a Comprehensive Mental Health Assessment and provide medication management.

Mental Health Organization (MHO) – A prepaid Health Plan under contract with AMH to provide mental health services as capitated services under the OHP. MHOs can be Fully Capitated Health Plans, community mental health programs or private behavioral organizations or combinations thereof.

Mental Health Services (MH) – Assessment, treatment and rehabilitation on a regularly scheduled basis, or in response to crisis for mental health issues for clients or their family members. Services provided by programs or individuals who have a current license or certificate of approval from the AMH.

National Provider Identifier (NPI)- The NPI is the standard unique health identifier for health care providers. The NPI was mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Oregon Health Plan (OHP) – The Medicaid demonstration project, which expands Medicaid eligibility to eligible OHP clients. The OHPlan relies substantially upon prioritization of health services and managed care to achieve the public policy objectives of access, cost containment, efficacy, and cost effectiveness in the allocation of health resources.

Prepaid Health Plan (PHP) – A managed health, dental, chemical dependency or mental health care organization that contracts with DMAP and/or AMH on a case managed, prepaid, capitated basis under the OHP. Prepaid Health Plans may be Dental Care Organizations (DCOs), Fully Capitated Health Plans (FCHPs), Mental Health Organizations (MHOs) or Chemical Dependency Organizations (CDOs).

Prioritized List of Health Services – The listing of condition and treatment pairs developed by the Health Services Commission for the purpose of implementing the OHP Demonstration Project. See OAR 410-141-0520, Prioritized List of Health Services, for the listing of condition and treatment pairs.

Provider – An individual, facility, institution, corporate entity or other organization that supplies medical, dental, mental health or chemical dependency services or medical and dental items.

Qualified Mental Health Associate (QMHA) – Defined in OAR 309-16-0005 (58) as a person delivering services under the direct supervision of a Qualified Mental Health Professional (QMHP) and meeting the following minimum qualifications:

(a) A bachelor's degree in a behavioral sciences field; or
(b) A combination of at least three years' relevant work, education, training or experience; and
(c) Has the competencies necessary to:
  (A) Communicate effectively;
  (B) Understand mental health assessment, treatment and service terminology in order to apply the concepts; and
  (C) Provide psychosocial skills development and implement interventions prescribed on a Treatment Plan within the scope of his or her practice.

Qualified Mental Health Professional (QMHP) – Defined in OAR 309-16-0005 (59) as a Licensed Medical Practitioner (LMP) or any other person meeting the following minimum qualifications as documented by the provider:

(a) Graduate degree in psychology;
(b) Bachelor's degree in nursing and licensed in Oregon;
(c) Graduate degree in social work;
(d) Graduate degree in a behavioral science field;
(e) Graduate degree in recreational, art, or music therapy; or
(f) Bachelor's degree in occupational therapy and licensed in Oregon; and
(g) Whose education and experience demonstrate the competencies to identify precipitating events; gather histories of mental and physical disabilities; alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and

work relationships; conduct a mental status examination; document a multiaxial DSM diagnosis; write and supervise a Treatment Plan; conduct a Comprehensive Mental Health Assessment; and provide individual, family and/or group therapy within the scope of his or her practice.

Introduction

DMAP is the DHS division responsible for coordinating the Medical Assistance Programs, including the OHP Demonstration.

AMH is the DHS division responsible for the administration of the state's policy and programs for mental health, chemical dependency prevention, intervention, and treatment services.

OAR 410-120-1210 describes OHP's benefit packages and delivery system.

Most OHP clients have prepaid health services, contracted for by the DHS through enrollment in a Managed Care Organization (MCO). A managed care organization may be a FCHP, MHO, DCO or a CDO.

Clients who are not enrolled in a PHP, receive services FFS. Outpatient mental health services are provided through CMHPs or their subcontractors; and chemical dependency treatment services are provided through local alcohol/drug treatment providers, subject to limitations and restrictions in individual program rules. The provider will bill DMAP directly for any covered service and will receive a fee for the service provided.

The current month's Medical Care Identification card specifies the client's status.

General Information for Mental Health (MH) and Chemical Dependency (CD) Services

Provider Enrollment

Consistent with OAR 410-120-1260, providers must obtain a billing or performing provider number to receive reimbursement from the DMAP OAR 410-120-1260 (4) states an individual or organization must meet applicable licensing and/or regulatory requirements set forth by Federal and State Statutes, Regulations and Rules to be enrolled and to bill as a provider.

DMAP enrolled providers may submit claims for services provided to Medicaid eligible clients. Prospective providers should call DMAP Provider Enrollment at 1-800-422-5047 for assistance with the application process. Providers should not serve Medicaid eligible clients prior to issuance of a DMAP provider number.

National Provider Identifier (NPI)

The NPI is required by HIPAA. It creates a national, standard set of unique health identifiers for health care providers. All providers of medical services are required to obtain an NPI. The NPI also allows for indicators of a providers specialty or focus in the treatment provided. The most up to date information on the NPI is available at the DHS NPI website: http://www.oregon.gov/DHS/admin/hipaa/npi/main.shtml.

Chemical Dependency Provider Enrollment Process

For a provider to receive reimbursement for chemical dependency treatment of Medicaid eligible clients, it is necessary to obtain a specialized provider number with an "AC" designation from DMAP. To request enrollment as a provider of chemical dependency treatment services to OHP members, and an "AC" designation provider number, providers must submit the following to DMAP. Completed DMAP Provider Application Form 3119 for Chemical Dependency

- Copy of current Letter of Approval or Licensure issued by AMH to provide chemical dependency services.

The AMH standards for the Letter of Approval or Licensure of a chemical dependency provider may be found in OAR 415-12-0000 to 0090. Prospective providers should contact AMH at 503-947-5349 to obtain an application packet. Providers must obtain an AMH License or Letter of Approval prior to completing the DMAP Provider Application Form 3119.

Mental Health Service Provider Enrollment Process

For an individual or organization to provide services and bill for Medicaid eligible members, the provider must have a contract with either a managed MHO, the CMHP/LMHA within a county, or a direct contract with AMH. The MHO or the CMHP/LMHA provides oversight and assures compliance with applicable administrative rules and standards.

Information required for enrollment as a provider of mental health services is outlined below.

Providers who want to provide services for Medicaid eligible members enrolled with a MHO must submit the following information:

- Completed DMAP Provider Application (form 3117-Agency; 3114-Professional)
- Copy of current licensure or Letter/Certificate of Approval issued by AMH.
- Copy of signature page of contract with the MHO
- Cover referral letter from the MHO requesting enrollment asa DMAP Provider.

Providers who want to provide services only to Medicaid eligible fee-for-service clients, i.e., those who are not enrolled in managed care MHOs, must submit the following information:

- Completed DMAP Provider Application (form 3117-Agency; 3114-Professional)
- Copy of applicable license(s) or AMH Certificate of Approval
- CMHP referral cover letter requesting your enrollment as a DMAP Provider of Fee-For-Service billing

- Copy of signature page of contract with the CMHP
- Description of Medical Supervision process, per OAR 309-016-0075
- Description of Clinical Supervision process, per OAR-309-016-0077
- Description of Clinical Record standards, per OAR 309-016-0080
- Fee Schedule based on cost allocation plan
- Quality Improvement and Utilization Review procedures
- Procedures for billing third party resources prior to Medicaid
- Assurance of adherence to requirements of the 1964 Civil Rights Act and the 1990 Americans with Disabilities Act
- Procedures for retaining clients records seven years and financial records for three years after the ending of services
- Procedures for maintaining the confidentiality of client records, in accordance with applicable state and federal laws, rules, and regulations
- Agreement to comply with applicable provisions of OAR 309-016-0000 *et seq*, OAR 309-032-0950 *et seq*, and OAR 410-120-0000 *et seq*.
- Signature of individual applicant or organization's Director certifying accuracy of the information submitted

Application forms are within the 3100 series and can be accessed at: http://egov.oregon.gov/DHS/healthplan/forms/main.shtml

Program contacts for both MHOs and CMHPs can be found on the DHS website: http://egov.oregon.gov/DHS/mentalhealth/contacts.shtml

Please send the enrollment packet to:

Medicaid Policy Analyst
Addictions and Mental Health Division (AMH)
500 Summer Street NE, E86
Salem, OR 97301-1118

If you have questions about the enrollment process, please call (503) 947-5528.

Eligibility Verification

Providers must verify the following client information prior to providing services:

(1) Eligibility for Medical Assistance coverage;
(2) Eligibility for the proposed service, based on the Medicaid benefit package;
(3) Whether the client is enrolled in a PHP or FFS.

How to Determine Client Eligibility

(1) Verify and copy current month's medical care identification card or;
(2) Call DMAP's Automated Information System (AIS) at 1-800-522-2508 during normal business hours or;
(3) Contract with a vendor to confirm eligibility. DMAP contracts with vendors to provide Electronic Eligibility Verification Services (EEVS) for Medicaid Providers. You may obtain a list of current DMAP contracted EEVS vendors at: http://egov.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml
   - ✓ Please contact each vendor for information on available services and associated costs.

Prior Authorization

- FFS Mental Health and FFS Chemical Dependency outpatient services do not require prior authorization, unless specified in the Oregon Health Plan MH/CD Medicaid Procedure Codes and Reimbursement Rates Tables.

- For PHP enrolled clients, providers must contact the appropriate PHP for program coverage, prior authorization and billing information before providing services. Failure to follow the rules established by the PHP for mental health or chemical dependency services may result in a denial of payment. See OAR 410-141-0420 (5) and (6).

- DMAP will not pay a provider for provision of services for which a PHP has received a capitated payment unless otherwise provided for in OAR 410-141-0120.

Procedure/Billing, Place of Service (POS) and Type of Service (TOS) Codes

Procedure/Billing Codes

Providers must use the current procedure codes that are in effect on the date of service. Providers are also required to use the current DSM or ICD code when billing for mental health or chemical dependency services.

Current procedure codes and service criteria are located in the Oregon Health Plan MH/CD Medicaid Procedure Codes and Reimbursement Rates Tables. The provider is responsible for selecting the procedure code that describes the type of service provided. Specific levels of coverage, frequency limitations and modifiers, when applicable, are also included in the tables. Modifiers listed are used in order to differentiate between similar services in different programs, and may only be used with those codes indicated in the table.

Current and prior versions of tables can be accessed at:
http://egov.oregon.gov/DHS/mentalhealth/publications/main.shtml

Place of Service (POS) Codes

The POS identify the location where the service was provided. POS codes can be found on the last page of the mental health table, and in the footer of the chemical dependency table.

Payment for Services

- According to OAR 410-120-1280 (1)(a), a provider enrolled with the DMAP or a managed care plan under the OHP must not seek payment from a client eligible for Medical Assistance benefit, or from a financially responsible relative or representative of that individual, for any services covered by Medicaid fee-for-service or through contracted managed care plans, including any co-insurance, co-pays, and deductibles, except under the circumstances cited in the rule.
- OAR 410-141-0420 (6), Billing and Payment under OHP, states payment by the PHP to Providers for Capitated Services is a matter between the PHP and the Provider.

- A Third Party Resource (TPR) is an alternative insurance resource, other than Medicaid, available to pay for mental health or chemical dependency services on behalf of the medical assistance client. Medicaid is the "payer of last resort". This means other health insurance named in the “Managed Care/Private Insurance/Restrictions” section of the client’s Medical Care Identification card must be billed prior to billing DMAP.

Employee Education about False Claims Recovery

The Federal Deficit Reduction Act (FDRA) of 2005 requires providers establish written policies for all employees (including management) and of any contractor or agent of the entity that include detailed information about the False Claims Act and other provisions named in Section 1902(a)(68)(A) of the FDRA. The Act requires entities provide written policies detailing information about the entities policies and procedures for detecting and preventing waste, fraud, and abuse. If there is an employee handbook, it should include a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity’s policies and procedures for detecting and preventing fraud waste, and abuse. These requirements will be incorporated into each provider enrollment agreement.

Medicare/Medicaid Medical Assistance Program Claims (Dual Coverage)

In accordance with federal regulations, and as described in OAR 410-120-1280, providers must bill third party resources prior to billing the DMAP. If a client has both Medicare and Medicaid coverage, providers must bill Medicare first for Medicare covered services. Once Medicare adjudicates the claim, the provider may bill DMAP for amounts that are the patient's responsibility.

Both Medicare-eligible and non-Medicare eligible Mental Health providers are required to submit claims using the DMAP 505 billing form (rather than the CMS 1500 billing form). If you are not a Medicare-eligible provider AMH asks that you state this information on the form (i.e. not covered by Medicare, or not a Medicare provider).

Under the circumstances wherein Medicare would never cover the service, not billing Medicare and billing Medicaid using the appropriate 2-digit TPR code would be acceptable. Box #9 "Other Insured's Name" on the CMS 1500 is the correct place to enter the appropriate 2-digit TPR code. Providers continue to be responsible to document and bill Medicare when the physician was present on site and when the physician was not present on site.

Providers may contact DMAP Provider Services at 1-800-336-6016 for assistance in completing the DMAP 505 billing form or other questions regarding a claim.

Medicare providers can ensure claims for Medicare-Medicaid dual eligible clients are processed correctly by notifying DMAP Provider Enrollment Services at 1-800-422-5047 of your Medicare provider number.

- ***Denied payment?*** If you are denied payment for a claim that has crossed-over from Medicare to Medicaid, you must use DMAP Form 505 to be paid correctly.

  If Medicare transmits incorrect information to DMAP, and DMAP

denied payment on the claim; or if you billed an out-of-state Medicare carrier or intermediary a provider must use the DMAP 505 form.

- ***Overpayment received? Claim paid incorrectly?*** If you receive an overpayment or a claim has been incorrectly paid by DMAP, for a claim that has crossed-over from Medicare to Medicaid, you must use the DMAP 1036 Individual Adjustment Request form. The DMAP 1036 form has specific requirements for completion so that DMAP staff can process the adjustment request correctly the first time.

"*Helpful Tips*" that will assist you in completing and submitting your DMAP 505 or 1036 claims correctly the first time can be found at: http://egov.oregon.gov/DHS/healthplan/tools_prov/tips/main.shtml

HIPAA Billing

Providers doing business electronically with DHS are required to be Health Insurance Portability and Accountability Act **(**HIPAA) compliant**.** Information related to the requirements may be found at the DHS website at: http://egov.oregon.gov/DHS/admin/hipaa/index.shtml

DHS uses the Website as our main vehicle to communicate HIPAA related information to you. DHS will accept, test and process only the mandated versions of the HIPAA Electronic Data Interchange (EDI) transactions.

Paper Billing

The testing requirement does not apply to paper submitters. DHS will continue to accept paper (manual) claims and other transactions.

Additional information regarding billing instructions, helpful "tips," and contact information can be found at: http://egov.oregon.gov/DHS/healthplan/tools_prov/tips/main.shtml

Electronic Billing

DMAP's FFS providers may bill electronically. PHP's must submit encounter claims electronically. Electronic billing submitters must access the DHS website to download the electronic billing format and requirements. DHS will accept, test and process only the mandated versions of the HIPAA Electronic Data Interchange (EDI) transactions as specified in the website.

Claims may be submitted electronically or over the telephone via modem. For more information contact the Office of Information Systems (OIS) at:

DMAP – Electronic Claims Coordinator
500 Summer St. NE
Salem, Oregon 97310-1014
Telephone: (503) 945-6563, or 1-800-527-5772

OR-DHS Electronic Data Interchange (EDI)

DMAP is currently accepting electronic claims using Oregon's version of the National Standard Format (NSF) version 1.04 and the Universal Billing-92 (UB-92) formats. DMAP is not accepting newly enrolled providers as electronic submitters in either of these formats.

DMAP is also accepting electronic claims using the HIPAA compliant 837 P and I Fee for Service. DMAP will only establish new submissions for the HIPAA compliant formats.

If you are interested in submitting claims via EDI, the EDI packet (Trading Partner Agreement and related forms) can be found at: *http://egov.oregon.gov/DHS/admin/hipaa/testing_reg.shtml*

If you have specific registration or EDI testing questions, please contact the HIPAA EDI Registration and Testing HelpDesk at (503) 947-5347.