

2020 Behavioral Health Provider Workshop

Presented by Pam Berger and Dan Thoma, LPC

Welcome



Agenda

- Commercial Networks
- Website Resources
- Contracting
- Credentialing/Unlicensed Providers
- Claims
- Billing
- Telehealth
- Medicare Advantage
- Applied Behavior Analysis (ABA) Services
- Coordinated Specialty Programs
- Utilization Management Program
- Contact Us

Commercial networks

2021 Commercial networks

2021 Commercial Networks -Group

Connexus

- State wide PPO plan
- PCP selection, referrals not required

Synergy

- Coordinated care plan for employer groups offered statewide

2021 Commercial Networks - Group

OHSU PPO

- OHSU employee plan.
- Tiered benefits
- Provider participation determined by OHSU

OHSU EPO

- OHSU employee plan.
- Tiered benefits; no out of network coverage.
- Provider participation determined by OHSU.

OHSU Tuality Health & Assoc.

- Tuality Hospital employee plan.
- Provider participation determined by Tuality.

CCN

Tier 2 benefit plan for OHSU PPO and OHSU EPO

2021 Commercial Networks - Individual

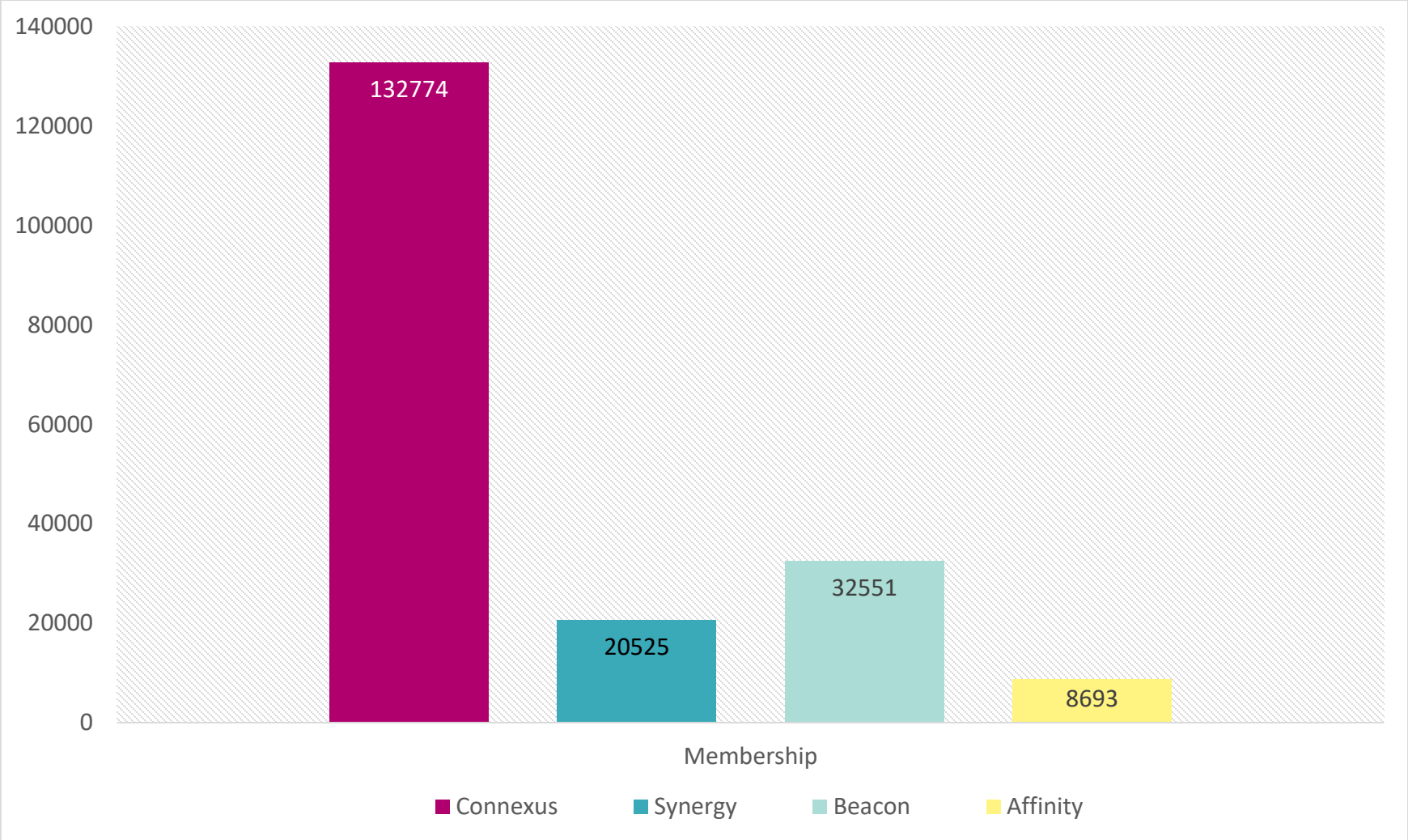
Beacon

- Individual Exclusive Provider Organization plan sold in/out of the Exchange
- Available in 13 counties

Affinity

- Individual Exclusive Provider Organization plan sold in/out of the Exchange
- Available in 18 counties.

Commercial Membership



Commercial PPO networks

Connexus

Small and Large Group plans

- Connexus
 - Statewide PPO network
 - No PCP/Medical Home selection required
 - No referrals required
 - Member can see in-network providers in all counties in Oregon, and some areas of Washington and Idaho

OHSU and CCN networks

- OHSU PPO
 - Tier 1 benefit plan for OHSU employees only with statewide participation determined by OHSU (closed panel)
- OHSU EPO
 - Tier 1 benefit plan for OHSU employees in the Portland Metropolitan Area (closed panel)
- CCN
 - Tier 2 benefit plan for OHSU PPO and OHSU EPO only with participation determined by OHSU (closed panel)
- OHSU Tuality Health and Associates
 - Tuality employee plan (closed panel)

Value-based Care Networks

Synergy Network

- Statewide network
- Small group Synergy members need to pick PCP
 - PEBB Synergy members will need to pick a “PCP 360”

Individual Networks

Beacon Network

- What is the Beacon Network?
 - Clinically integrated network, which includes 10 health system partners and their referring providers
 - PCP selection is required
 - Exclusive Provider Organization (EPO)
 - No longer available in Deschutes, Marion and Polk County in 2021



Affinity Network

What is the Affinity Network?

- Clinically integrated network, which includes 15 health system partners and their referring providers
- PCP selection is required
- Available in Marion and Polk County in 2021
- Exiting Deschutes County in 2021
- Exclusive Provider Organization (EPO)

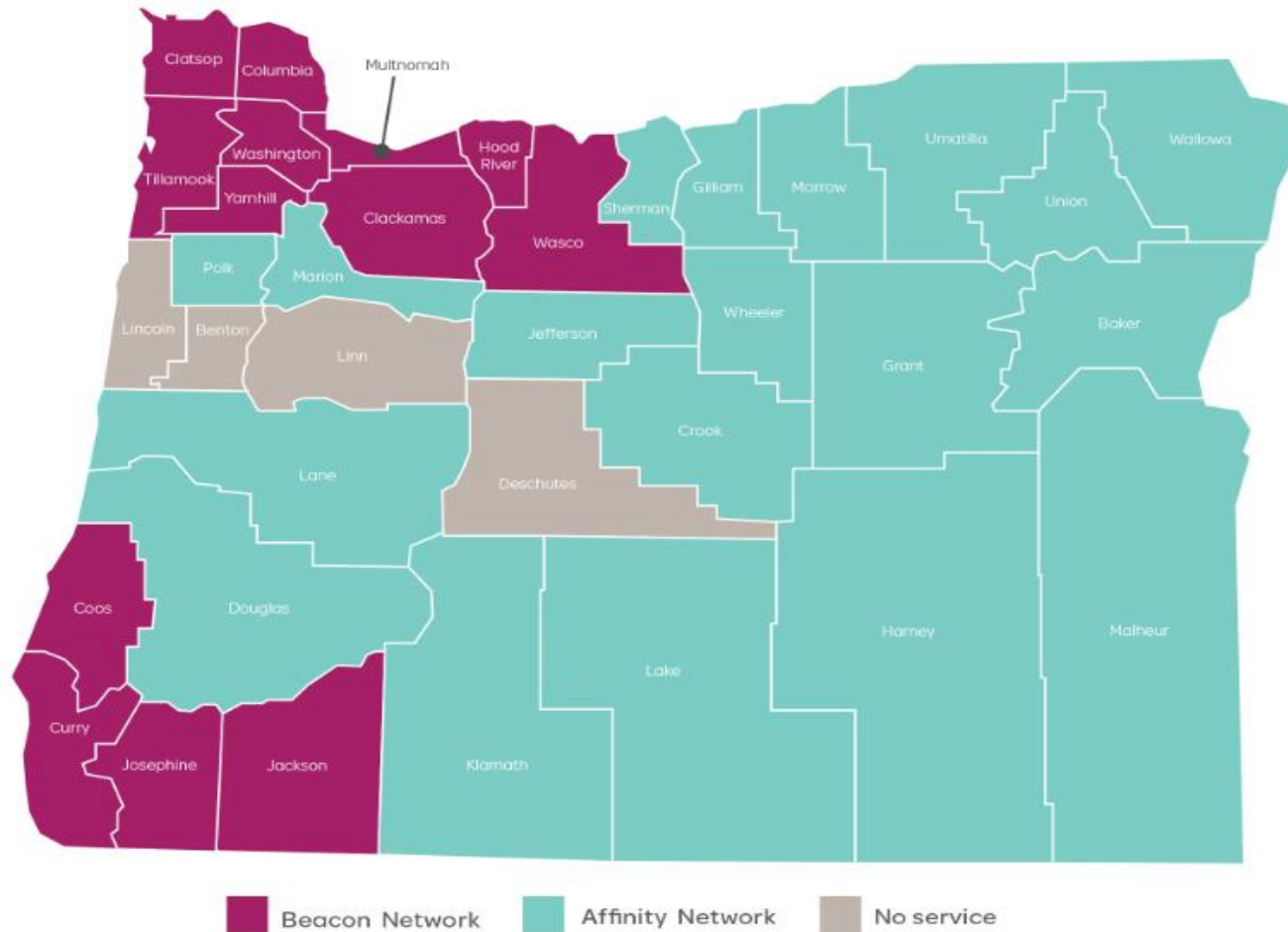


Commercial benefits




Beacon/Affinity

- Reduced copay for virtual care: \$10 copay
- 24/7 Virtual Care Chat (CirrusMD): \$0 cost share
- Out of area coverage for dependent students 18-26 years of age living out of state
- Digital Wellness Program, Human Coaching, Challenges (Fitbit): Scalable and provides customized support across membership base
- Digital Mental Health Benefit: 12-week app based program (Meru) with daily support from licensed clinicians to treat common mental health conditions
- Diabetes Management Program (Livongo): enhanced diabetes management program for diabetic members including digital monitoring and nutrition support

Individual Network Service Area 2021



www.modahealth.com



Delta Dental of Oregon & Alaska

Oregon

Contact us

FAQs

Medical provider overview

Benefits & eligibility

Authorization & referrals

Patient care programs

Join our network

Provider resources

Claims and appeals

Policies and manuals

Clinical guidelines and tools

Contact us

Behavioral health

Preventive services

Medicare compliance

Forms

Samples

Workshops

Provider news

OEBB Reference Price Program

Behavioral health

Thanks to all who attended our 2018 Moda Health Behavioral Health Provider Webinar. As a valued partner, we want to give you access to the tools, resources and information you need to continue providing the best care for your patients. We appreciate your partnership and support in helping our members find a way to better health. Together, we can be more. We can be better.

If you were unable to attend the webinar, but would like to review the information, you will find our presentation below. We also have provided a Reference Materials Guide that we think you will find useful.

- 2018 Behavioral Health Provider Webinar

To stay up to date with provider news and future webinars, please join our email list!

Feedback?

If you would like to share your comments or suggestions for future workshop topics or locations, please email behavioralhealth@modahealth.com.

Forms

General forms

- Behavioral Health Authorization Request Form
- Behavioral health treatment plan
- W-9 (Required if you change your Tax ID)
- Moda Health Behavioral Health Specialties form

Clinical guidelines

Depression

Moda Health has adopted the Institute for Clinical Systems Improvement guideline for treatment of [major depression in adults in primary care](#).

Benefit Tracker

Check benefits and eligibility

[Log in](#)

[Account help](#)

[Request an account](#)

Provider Reports

For value-based provider programs, including Synergy, Summit, Beacon, Affinity, CPC+, and EOCCO

[Log in](#)

Join our email list

EMAIL ADDRESS

Find Care

Find a doctor, dentist, pharmacy or clinic

Our medication list

Benefit Tracker

- Access BT from two platforms-
 - ModaHealth modahealth.com/medical/mbt.shtml
 - OneHealthPort onehealthport.com/sso
- Access to detailed patient benefit information
- Moda Website contains additional information that OneHealthPort may not capture
- Login required for each site
- Information and questions: ebt@modahealth.com

Contracting

- Contracting and credentialing are two separate processes:
 - Adding credentialed provider to contracted group
 - Adding a non-credentialed provider to a contracted group
- Starting your own practice?
 - modahealth.com/medical/join/overview.shtml
- Moving from a group practice to an individual practice:
 - Own contract and bill under own TIN
 - or
 - Bill under the TIN of a contracted group
- Updating TIN associated with an existing contract:
 - providertinchange@modahealth.com

Credentialing Requirements Provider

Licensed Behavioral Health Providers who require credentialing:

PMHNP/ARNP

PhD

LPC

MD/DO

LMFT

BCBA

LCSW

BCBA-D

PsyD

BCaBA

LMHC

Re-credentialing required every 3 years

Credentialing inquiries: credentialing@modahealth.com

Credentialing Requirements Organization

- Chemical Dependency program
- State Approved Program (SAP) – includes organizational and individual provider credentialing
- Community Mental Health Program (CMHP)

Unlicensed providers

- Unlicensed providers such as interns cannot bill “incident to” for commercial members.
- Psychology resident can be reimbursed with a valid Contract for Supervision of a Psychologist Resident form on file.
- State-approved programs allow billing of unlicensed providers such as QMHP or QMHA.
- Certified Alcohol and Drug Counselors provide services and can bill claims under a state-licensed facility.

Claims

Claims

New remittance design

- Explanation of Payment (EOP) to highlight info pertinent to the provider
 - Previously known as Payment Disbursement Register (PDR)
- Access to EOP copies through Benefit Tracker
 - Non-contracted providers must request copies through Moda Customer Service

Claims

Corrected claims

- CMS-1500 (Professional)
 - Box 22 of the claim form should have resubmission code 6 (corrected), code 7 (replacement) or code 8 (Void/cancel)
 - Indicate “corrected claim” in box 19
- UB-04 (Facility)
 - Bill Type XX7 (in field 4) indicates a replacement of prior claim or corrected claim
- Address for corrected claim submission:
P.O. Box 40384
Portland, OR 97240

Billing

- CPT 96156-96171 (Health Behavior Interventions):
 - For BH treatment of medical conditions
 - Must be billed with a medical diagnosis
 - Will deny with a MH/CD diagnosis
- Chemical Dependency claims:
 - Commercial claims: bill under the facility
 - Medicaid claims: bill under the rendering provider
- Codes not in fee schedule need prior authorization

Telehealth – Temporary COVID-19

- Moda's website has the most up-to-date reimbursement policy for telehealth/telemedicine
 - Expanded telehealth policy valid during the Public Health Emergency (PHE)
modahealth.com/pdfs/reimburse/RPM073_COVID-19TelehealthExpansion.pdf
 - Original telehealth policy
modahealth.com/pdfs/reimburse/RPM052_TelehealthTelemedicine.pdf
- Expanded telehealth policy valid until 12/31/2020 for commercial plans (subject to change)
- Medicare Advantage plans – until directed by CMS that the temporary expanded coverage has ended

Telehealth – Temporary codes for BH

- Health behavior assessment or intervention: **96156; 96158 - 59; 96164 – 96171**
- Behavioral Health partial hospitalization: **H0035**
- Behavioral Health intensive outpatient: **H0015; S9480**
- Behavioral Health case management: **T1016**
- Mental Health or Chemical Dependency service added codes: **H0001-05; H0014; H0031; H0039; H0050; H2001; H2010-12; H2014-15; H2017; H2019; H2021; H2025; H2028; H2033, H2035**
- Neuro/Cognitive Services: **96130-96139**
- ABA Services: **97151-97158**

Medicare Advantage updates

Medicare Advantage

- If you don't have a Medicare contract, we encourage you to get one.
- If you don't know if you have a Medicare contract check Find Care directory
- Medicare excludes these providers, so they are not eligible for a Medicare contract:
 - LPCs
 - LMFTs
 - Chemical Dependency Programs

Medicare Advantage updates

2021 plan changes

- Several regional Medicare Advantage plans available
- Moda Medicare Advantage plans no longer available in Clatsop County or Eastern Oregon Counties
- New option for Eastern Oregon members

Medicare Advantage updates 2021 plan changes

- Summit Health Plan
 - New Medicare Advantage Plan available in Eastern Oregon Counties
 - Four HMO plans available
 - Summit Health will utilize the Moda Medicare Advantage network

Moda Medicare Advantage Participation

=

Summit Health Medicare Advantage participation

providerrelations@yoursummithealth.com

yoursummithealth.com



Medicare Advantage updates

Summit Health Plan Sample Card



Summit Health Premier + RX
(HMO-POS)

CMS H2765-004

Subscriber
Jane Test

Issuer: 80840-10017515
ID number: M00624074
Group number: 10017515
Mobile PIN code: 0168

RxBIN: 610602
RxPCN: NVTD
RxGrp: MDHP

MedicareRx
Prescription Drug Coverage

yoursummithealth.com

Customer Service: 844-827-2355
24-hour Nurse Line: 866-321-7580
TruHearing: 844-277-6322
VSP: 844-820-8723
TTY users, please dial 711

Send claims to:
Medical Claims:
P.O. Box 820070
Portland, OR 97282

Pharmacy Manual Claims:
P.O. Box 1039
Appleton, WI 54912-1039

Navitus
provider inquiries:
866-270-3877



Summit Health Premier + RX
(HMO-POS)

CMS H2765-004

Subscriber
Jane Test

Issuer: 80840-10017515
ID number: M00624074
Group number: 10017515
Mobile PIN code: 0168

RxBIN: 610602
RxPCN: NVTD
RxGrp: MDHP

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yoursummithealth.com

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Medicare Advantage updates

2021 Benefit changes

- Opioid Treatment Program (OTP)
- CMS requirements to provide Opioid Treatment services:
 - Enrolled in Medicare
 - Certified by Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Accredited by a SAMHSA-approved entity
 - Approved by the Oregon Health Authority
- OHA has a list of state approved facilities
oregon.gov/oha/HSD/AMH/Pages/UMATR.aspx

ABA Services

- 1/1/2021 Member cost share same for office setting, work, school, or home
- Previous benefit design
 - Different cost share for office setting on some plans.
 - Was created for Parity compliance; subsequently determined to not be necessary for compliance.
 - Led to confusion and higher claims processing errors.

Coordinated Specialty Programs

- A new benefit category for standard insured plans effective 1/1/21 with zero member cost share to cover certain programs of specialty care for at-risk individuals.
- Programs would be approved in advance by Moda and services require prior authorization.
- Types of programs that could qualify:
 - Crisis and Transition Services (CATS)
 - Early Assessment and Support Alliance (EASA)
 - Assertive Community Treatment (ACT)
 - Pain Schools
 - Intensive Children's Treatment Services (ICTS)

Utilization Management

Services requiring prior authorization

- Inpatient treatment: mental health and chemical dependency
- Residential treatment: mental health and chemical dependency
- Partial Hospital Program: mental health and chemical dependency
- Intensive Outpatient Program: mental health only
- Applied Behavior Analysis (ABA)
- Transcranial Magnetic Stimulation (TMS) Therapy
- Nutritional Therapy
- Services not on your fee schedule
- Authorizations:
 - modahealth.com/pdfs/medical/Behavioral_Health_Authorization_Request_Form.pdf
 - Fax (503) 670-8349 Phone (855) 294-1665

Utilization Management

Prior authorization process

- For emergency inpatient admissions, or if authorization cannot be obtained prior to admission, contact Moda BH at 855-294-1665 within 2 business days.
- If initial authorization is approved, an appropriate number of initial days will be authorized.
- Information required:
 - Diagnosis, symptoms, functional impairment
 - Relevant psychosocial and treatment history
 - Alcohol and other drug use history
 - Current medical status and relevant medical history
 - Current medications
 - Risk assessment
 - Treatment plan
 - Specific goals for stabilization
 - Plan for outpatient follow-up following discharge

Provider responsibilities

As part of Moda's utilization review program, providers are expected to:

- Request prior auth when required by the member's plan
- Request additional days prior to the last authorized day
- Provide a treatment plan and/or other clinical information in a timely manner when requested by Moda
- Clearly express the member's diagnosis, symptoms, measurable treatment goals, and tools for measuring progress, progress made and indicators of treatment completion.

Providers cannot bill members for claims denied due to lack of medical necessity if prior auth was not obtained or required utilization review for the service was not submitted.

How to update your info and contact us

- General BH questions and utilization management questions:
 - behavioralhealth@modahealth.com
- To update provider demographics:
 - BHUpdates@modahealth.com
- Questions regarding your existing contract or fee schedule:
 - providerrelations@modahealth.com

 **Be better**