

Lois A Day, Administrator

Authorized Signature

Number: CW-AR-10-001

Issue Date: 01/15/2010

Topic: Administrative Examination and Drug
Testing Authorization (Admin/Other
Medical)

Due Date: 02/15/2010

Subject: Process and procedure for authorization of case planning evaluations

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Action Required: The Legacy Collection Site Registration Form (CSRF) is now obsolete. Clients who present to the collection site with a CSRF after February 15, 2010 will be turned away. Effective immediately, please fax the following authorization form to the UA collection site:

- A completed DMAP 729 for clients with one of the OHP benefit packages: BMH, BMM, BMD, KIT, CWX, or the limited administrative exam coverage "ADM" (See Snap Shots 1 and 2).
- A completed CF 501A (Medical Service Authorization and Invoice) for all other clients without an OHP package or current ADM coverage, described above

For Every Administrative/Other Medical Service Authorization:

- Verify OHP coverage. For current coverage, MMIS will show the new infinity end date 12/31/2299. If there is an "end date" you may only use the DMAP 729 when the end date is after the date-of-service requested (Snap Shot 1).
- Verify you have the most current rate of reimbursement. Search for "max fee" in the MMIS Reference panel (See Snap Shot 3).
- Rates are also listed in the WIKI space for Medical Assistance Specialists:
<http://wiki.hr.state.or.us:8080/display/FCU/Administrative+and+Other+Medical>

DMAP 729 Tips For Completion:

Look in Provider search for the DMAP Provider # and complete box 10 with that number (See Snap Shot 4 for looking up a provider number in MMIS)

Include the procedures requested by the ART/CADC in the “Description of Service” section of the DMAP 729:

- H0048 – collection fee
- 80100 – regular panel testing
- 80101 – for additional drug classes to test (i.e. ETG, methadone)
- 80102 – drug confirmation (this service is authorized when results are positive)

NOTE: Omit the reimbursement rates on Form DMAP 729. Providers will bill DMAP at their usual, customary rates and DMAP will reimburse according to their fee schedule.

CF 501A Tips For Completion:

The Child Welfare vendor number is required in Section E (See Snap Shot 5 for where to search for a provider number in IIS)

Include a detailed description of the authorized services as requested by the ART/CADC:

- H0048 – collection fee, \$16.08
- 80100 – regular panel testing, \$23.59
- 80101 – for additional drug classes to test (i.e. ETG, methadone), \$23.59
- 80102 – drug confirmation (this service is authorized when results are positive)

NOTE: Do not list the 80102 reimbursement rate on the 501A. When Legacy returns the 501A they will attach a CMS-1500 listing all procedures performed, their usual customary charge, and the number of confirmations performed. The Medical Specialist will determine the total amount payable and submit to CAF disbursements office.

Snap Shot 1: Look up eligibility through the MMIS Recipient Information panel

Address: https://mmis.oregonmmis.com/ProdMMIS/Recipient/Information/tabId/118/Default.aspx?sak_recip=3069492

InterChange Government Health Portfolio

Home Claims Financial Managed Care MAR POC Prior Authorization Provider **Recipient** Reference TPL CTMS Site EDMS Help

home search **information** related data add recipient buyin edb search case search other ids search service usage

Next search by: Current ID Case ID search

Recipient Information	
Current ID	567000000
Medicare ID	
SSN	600-57-4950
Name	ROSE, VIVIANA
Prev Name	ROSE, VIVIANA
Address	57400 SW SHAW ST #1
Address 2	
Active	Active
Linked ID	
Benefit Plan	BMH 04/20/2009 - 12/31/2299
Medicare Coverage	

Snap Shot 2: Limited exam coverage "ADM" located in same place as OHP package

Recipient Information - Microsoft Internet Explorer

Address: https://mmis.oregonmmis.com/ProdMMIS/Recipient/Information/tabId/118/Default.aspx?sak_recip=1268017

InterChange Government Health Portfolio

Home Claims Financial Managed Care MAR POC Prior Authorization Provider **Recipient** Reference TPL CTMS Site EDMS Help

home search **information** related data add recipient buyin edb search case search other ids search service usage

Next search by: Current ID Case ID search

Recipient Information	
Current ID	
Medicare ID	
SSN	
Gender	
Birth Date	
Death Date	
Age	
Race	W
Other Race	
Ethnicity	00 Not Hispanic
Citizen	U
Language	ENG
Correspondence Language	ENG
Worker ID	
Name	
Prev Name	
Address	
Address 2	
Address 3	
City	
State	
Zip	
Phone	
Phone Type	Home
Add Phone	
Add Phone Type	No Phone
County	067 - Washington
County Office ID	C
Alternate Contact Name	
Active	Active
Linked ID	
Benefit Plan	ADMIN 09/01/2009 - 09/29/2009
Medicare Coverage	BMH 09/30/2009 - 12/31/2299 CRN 09/30/2009 - 12/31/2299 SMHS 09/30/2009 - 12/31/2299
Managed Care	ADM 09/01/2009 - 09/29/2009
TPL Good Cause	
Lockin	
Level of Care	
Patient Liability	
Medicare Buy-in	
Case/Certification	12/14/2
Pregnancy Due Date	
Medical Case Management	No
Disease Case Management	No

Snap Shot 3: All reimbursement rates are found in Reference-Procedure--Max Fee

Home Claims Financial Managed Care MAR POC Prior Authorization Provider **Recipient** **Reference** TPL CTMS Site EDMS Help

home diagnosis drg drug error disposition modifier procedure revenue related data benefit administration hsc prioritized list

Next Search By: Procedure **STEP 2. Enter procedure code, click <SEARCH>** **STEP 1. Go to REFERENCE** search clear adv search

Procedure Information	
Procedure	80100
Description	DRUG SCREEN, QUALITATE/MULTI
CMS Add Date	03/01/1987
Long Description	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES CHROMATOGRAPHIC METHOD, EACH PROCEDURE
CMS TOS	
Lay Description	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES CHROMATOGRAPHIC METHOD, EACH
CMS Termination	
EDMB	DRUG, SCREEN; MULTIPLE DRUG
Medicare Coverage	

Procedure Maintenance	
Select an area to add or modify	
Base Information	ASC Payment Group
Contract Billing Rules	Group
Max Fee	MedB Noncovered
NDC	Note
Reimbursement Rules	
Benefit Plan Coverage Rules	Lab Fee
	Modifier
	RBRVS

STEP 3. In Procedure Maintenance, CLICK

Snap Shot 3.5: Results show under Max Fee subpanel (be sure to pull up the most

current rates by CLICKING *twice* on "effective date":

Modifier	Modifier2	Modifier3	Modifier4	Rate Type	Allowed Amount	Relative Value	Effective Date	End Date	Inactive Date
				Admin Exam Rate	\$23.59	0.001/01/2009	12/31/2299	12/31/2299	12/31/2299
				Admin Exam Rate	\$22.79	0.001/01/2008	12/31/2008	12/31/2008	12/31/2299
				Admin Exam Rate	\$22.00	0.004/01/2002	12/31/2007	12/31/2007	12/31/2299
				Default	\$14.87	0.011/01/2001	12/31/2299	12/31/2299	12/31/2299
				Default	\$19.95	0.007/01/1997	10/31/2001	10/31/2001	12/31/2299

Select row above to update -or- click Add button below.

Modifier: Effective Date:

Modifier2: End Date:

Modifier3: Inactive Date:

Modifier4:

Rate Type:

Allowed Amount:

Relative Value:

delete add

Snap Shot 4: Look up DMAP Provider # in Provider search

Address: https://mmis.oregonmmis.com/ProdMMIS/Provider/Information/tabId/108/Default.aspx?SAK_PROV=100606262&SAK_PROV_LOC=500606454

Government Health Portfolio

Claims Financial Managed Care MAR POC Prior Authorization **Provider** Recipient Reference TPL CTMS Site EDMS Help

Provider search by: Business OR Sounds-like Tax ID search clear

Provider Information

Provider Identifier: 100606262

UPIN:

Ownership: No

Restriction: No

Gender: N/A

Priority Notes: Notes Pre

Service Location: 500606454 - LEGACY LABORATORY SERVICES, LLC

Provider IDs: 1902059538 MPI 01/01/1900-12/31/2299

Address Type: Service Location

1225 NE 2ND AVE

PORTLAND

Multnomah

OR 97209

Phone: 503-413-5050

Fax: 503-413-5048

Managed Care: No

Organization: Corporation

Provider Type: 29 - Independent Labs

License:

Specialties: Independent Lab 01/01/1900-12/31/2299

Taxonomies: 291U00000X - CLINICAL MEDICAL LABORATORY

Tax ID: 260597257 06/04/2009-12/31/2299

Contract: LABORATORY 04/01/2009-12/31/2299

Medicare Certification: SURS

Specialty Board:

The DMAP Provider # will always be listed here

Snap Shot 5: Use Provider Search screen in IIS to look up the CW Vendor Number

K/IPDA BUS=LEGACY 01/14/10 PAGE: 002

POTENTIAL PROVIDER DISPLAY

PROV #	NAME	BUILDING	STREET ADDRESS	CITY	ST
PCG635	LEGACY EMANUEL HOSPITAL		2801 N GANTENBEIN	PORTLAND	OR
R83072	LEGACY GOOD SAM		1015 NW 22ND AVE, #3	PORTLAND	OR
P64688	LEGACY HEALTH SYSTEM		P O BOX 5135	PORTLAND	OR
K12225	LEGACY INFUSION SVCS	SUITE 148	2701 NW VAUGHN	PORTLAND	OR
004911	LEGACY LABORATORY SERV		1225 NE 2ND AVE	PORTLAND	OR
J18661	LEGACY LABORATORY SVCS		P O BOX 5337	PORTLAND	OR
S13298	LEGACY LONG DISTANCE INC	SUITE 150	10833 VELLEVIEW ST	CYPRESS	CA
S96996	LEGACY MANAGEMENT GROUP	SUITE B	11627 AIRPORT RD	EVERETT	WA
J06757	LEGACY MERIDIAN PARK HOSP		PO BOX 4037	PORTLAND	OR
122499	LEGACY MERIDIAN PARK HOSP		19300 SW 65TH AVE	TUALATIN	OR
H83983	LEGACY METRO LAB		235 N GRAHAM	PORTLAND	OR
069526	LEGACY MT HOOD MED CTR		24800 S E STARK ST	GRESHAM	OR
K20458	LEGACY PEDIATRIC		2801 N GANTENBEIN	PORTLAND	OR

TRAINING PROVIDED: Training on client eligibility and completion of the administrative exam authorization is underway. MMIS training designed for all CAF

CW MMIS users continues to be offered through the MMIS Training Unit. Child Welfare subject matter experts are on hand. Workers may access course availability, dates and times through the DHS Learning Center: <https://dhslearn.hr.state.or.us>, Course # C01452. Additional training and consultation is provided through the CW Federal Compliance Unit on a quarterly VCON basis, and on occasion, through ad hoc lessons with smaller groups. Individuals may access related training materials through the Medical Assistance Specialists' WIKI space: <http://wiki.hr.state.or.us:8080/display/FCU/MAS+Training+Manual+-+Under+Construction>

Reason for Action: Staff handling Admin/Other Medical referrals for drug testing have not consistently looked at eligibility therefore the right program was not billed. There is an enormous amount of administrative work that has to be done after the U/A is completed and this is done by Central Office. The impacts have been felt not only by Central Office staff, but by you, our customers. The impacts have been:

- Your Child Welfare Medical Assistance Resource Coordinator is unable to provide timely training and technical assistance..
- Since the new MMIS go-live December 8, 2008 administrative claims issues intensified.
- Providers were not being paid for months. This impacted our relationship with the provider and jeopardized the Department's ability to receive the prompt pay incentive payment from the federal government.

While reviewing claims over the last year serious issues with the Child Welfare Admin/Other Medical authorization process were revealed. While form DMAP 729 is the only authorized and appropriate form for claims payment under the DMAP administrative exams budget, Child Welfare used the Legacy Lab Collection Site Registration Form (CSRF). The Medical Assistance Specialist was not always looking up Medicaid eligibility before sending the clients to the collection site. This is why we took action.

The CSRF form was determined a necessary form at the time of its inception. However, it's use was not intended to eliminate the first step in the process, and that is to look up client's Medicaid eligibility. As the years progressed, continued use of the form by caseworkers unfamiliar with the client billing process helped build a culture of expectation of payment for services without any knowledge of the impact down stream. In addition, there were opportunities for providers to bill DMAP administrative exam budget without approval authority from the Child Welfare program. Without a proper review of eligibility and billing information at the front end of the claim process, provider claims were suspended for months at a time while Department staff spent countless hours researching and resolving aged claims. Instances of duplicate payments to providers were also discovered (providers paid by DMAP and Child Welfare Other Medical budget). As the administrative burden on providers and Department staff grew

significantly in the last year, the Child Welfare authorization process had to be re-examined and redirected to come into compliance.

Applicable policies and rules:

- DMAP Worker Guide:
http://www.oregon.gov/DHS/healthplan/data_pubs/wguide/2008/viii_wg_0508.pdf
- Administrative Examination Services Rulebook, Update Information January 1, 2010: <http://www.dhs.state.or.us/policy/healthplan/guides/adminexam/150rb0110.pdf>

Field/Stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s):	Tamara Hammack-Ryan		
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