

Understanding Changes to Psychiatric Residential Treatment Facilities

Last Day of Prior Authorizations & Billing

September 15, 2016



DISCLAIMER

The information provided in this presentation is for demonstration purposes only and is subject to change.

This information is current as of September 2016.

AGENDA

- What are the changes?
- Eligibility
- Prior authorization status
- Claim submission
- Resources
- Questions

WHAT ARE THE CHANGES?

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- Effective 10/03/16, OHCA will begin the protocol of modifying the last prior authorization issued that coincides with the member discharge from the facility.
- When the Discharge Notice is received by OHCA, the number of approved units on PA will be modified to reflect the actual number of days used by the facility, as well as adding a non-billable day so the claim can be correctly coded to reflect the discharge date of the member.

WHAT ARE THE CHANGES?

Why are we making these changes?

- To encourage providers to correctly code the claim so the claims system will recognize that the member has discharged from the facility and pay appropriately.

ELIGIBILITY

ELIGIBILITY

- Verify member's eligibility each visit
- Don't use span dates when verifying eligibility
- Don't assume a member has eligibility just because they have a SoonerCare ID card
- PAs are not a guarantee of payment; the member must be eligible on the date of service

ELIGIBILITY

Effective/End dates are shown only for the period of time requested.

Verification Number 14223GH2LW - 8/11/2014 - Status: A

[Expand All](#) | [Collapse All](#)

Eligibility [-]		
Coverage	Effective Date	End Date
Non Emergency Transportation	08/11/2014	08/11/2014
Title 19 	08/11/2014	08/11/2014
Mental Health and Substance Abuse	08/11/2014	08/11/2014
EPSDT [+]		
TPL [+]		

ELIGIBILITY

Eligibility Verification Request ?

* Indicates a required field.
Enter the patient information. If neither Member ID nor Case Number is known, enter SSN and Date of Birth or Name and Date of Birth.

Member ID	<input type="text"/>	Case Number	<input type="text"/>	SSN [?]	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>	Date of Birth [?]	<input type="text" value="09/11/1959"/>
*From Date of Service [?]	<input type="text" value="08/26/2016"/>	*To Date of Service [?]	<input type="text" value="08/26/2016"/>		

Verification Results

 There are no coverage details to show based on the search criteria selected.

PRIOR AUTHORIZATIONS

PRIOR AUTHORIZATIONS

- Provider sends request and documentation to OHCA
- Analyst reviews information and approves/denies request
 - Information is keyed in to OHCA system, and provider can view on the SoonerCare Provider Portal

VIEW AUTHORIZATION STATUS

View Authorization Status ?

Prospective Authorizations | **Search Authorizations** | Authorization Notices

Enter at least one of the following fields to search for an authorization.
For Advanced search PA or Member ID/day range is required.

Authorization Information

Prior Authorization Number

Assignment Code

Code Type

Advanced Search

Code

Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.

Authorized Day Range **OR** **Authorized Service Date** 

Member Information

Member ID

Provider Information

Provider NPI

This Provider is the

- Servicing Provider on the Authorization
- Referring Provider on the Authorization

Search **Reset**

VIEW AUTHORIZATION STATUS

View Authorization Status ?

[Prospective Authorizations](#) | [Search Authorizations](#) | [Authorization Notices](#)

Enter at least one of the following fields to search for an authorization.
For Advanced search PA or Member ID/day range is required.

Authorization Information

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Code Type

Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.

Authorized Day Range **OR** **Authorized Service Date**

Advanced Search

Code

Member Information

Member ID

Provider Information

Provider NPI

This Provider is the

- Servicing Provider on the Authorization
- Referring Provider on the Authorization

Search Results

The Search criteria selected in the Search Authorizations panel reflect the Search Results displayed. Total Records: 1

Prior Authorization Number	Authorized Service Date <input type="text" value="v"/>	Member Name	Member ID	Assignment Code	Requesting Provider	Servicing Provider
1234567890	06/28/2016 - 08/02/2016	SoonerCare, Susie	000000009	GATEKEEPER - IP MENTAL HS		

[Export results...](#)

VIEW AUTHORIZATION STATUS

View Authorization Response for										Back to View Authorization Status ?	
Expand All Collapse All											
Prior Authorization Number											
Submission Date 06/27/2016				Media Type ONLINE				Date Received 06/27/2016			
Decision Date 06/27/2016				Update Received _				Date Mailed _			
Requesting Provider Information											+
Member Information											+
Other Information											+
Diagnosis Information											+
Service Provider / Service Details Information											-
Provider ID			ID Type NPI			Name					
Zip Code		Contract Code _			Taxonomy		SC Provider Number				
Line	Authorized From Date	Authorized To Date	Requested From Date	Requested To Date	Units	Units Used	Dollars	Dollars Used	Code	Remarks	Status
A	06/28/2016	07/05/2016	06/28/2016	07/05/2016	8	8	_	\$2,288.64	101-ALL INCL R&B thru 219-CCU/OTHER	_	Approved
Payment Method 1-Pay System Calculated Price											

CLAIM SUBMISSION

CLAIM SUBMISSION: PROVIDER PORTAL

Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	Contract Code	ID Type	NPI	Name
Zip Code		Taxonomy	SC Provider Number	
Institutional Provider ID	<input type="text"/>	ID Type	<input type="text"/>	
Attending Provider ID	<input type="text"/>	ID Type	<input type="text"/>	
Operating Provider ID	<input type="text"/>	ID Type	<input type="text"/>	
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>	

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID

Last Name	First Name	Middle
Birth Date		

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

*Covered Dates	<input type="text"/>	Covered Days	<input type="text"/>
*Admission Date/ Hour	<input type="text"/>	Discharge Hour	<input type="text"/> (hh:mm)
*Admission Type	<input type="text"/>	*Admission Source	<input type="text"/>
*Admitting ICD Version	<input type="text" value="ICD-10-CM"/>	*Admitting Diagnosis	<input type="text"/>
*Patient Status	<input type="text"/>	*Type of Bill	<input type="text"/>
Patient Account Number	<input type="text"/>	Other Insurance	<input type="text" value="None"/>
HMO Copay	<input type="text" value="No"/>		

Total Charged Amount \$0.00



CLAIM SUBMISSION: PROVIDER PORTAL

Claim Information

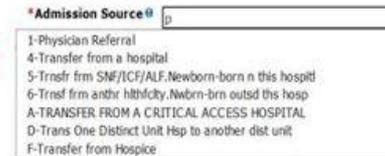
1. Enter the beginning and end dates of service in the Covered Dates fields.
2. Enter the number of eligible days in the Covered Days field.
3. Enter the admission date and hour (in military time convention, such as 14:30 for 2:30pm) in the Admission Date/Hour fields. (This field is required for all inpatient/crossover claims.)
4. Enter discharge time in military time convention in the Discharge Hour field. (This field is not editable for outpatient claims.)
5. Enter the type of admission in the Admission Type field. (This field is required for all inpatient/crossover claims.)
6. Enter the source of admission in the Admission Source field. (This field is required for all inpatient/crossover claims.)
7. Select the admitting ICD type from the Admitting ICD Version drop-down list. (This field is not available for outpatient/crossover, home health, and long term care claims.)
8. Enter the diagnosis in the Admitting Diagnosis field. (This field is not editable for outpatient/crossover, home health, and long term care claims.)
9. Enter the patient's current status in the Patient Status field.
10. Enter the three-digit bill code number in the Type of Bill field as follows.

- First digit identifies type of facility.
- Second digit identifies level of care.
- Third digit identifies frequency.

Note: See UB04 Uniform Codes www.nubc.org.

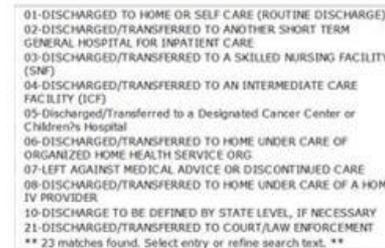
The patient account number (provider's internal ID) is captured and appears on the remittance advice if entered into the Patient Account Number field.

11. Select whether other insurance was used in the Other Insurance drop-down list.



*Admission Source@

- 1-Physician Referral
- 4-Transfer from a hospital
- 5-Trnsfr frm SNF/ICF/ALF.Newborn-born n this hospid
- 6-Trnsfr frm anthr hlthfcly.Nwbrn-brn outsd this hosp
- A-TRANSFER FROM A CRITICAL ACCESS HOSPITAL
- D-Trans One Distinct Unit Hsp to another dist unit
- F-Transfer from Hospice



01-DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)
02-DISCHARGED/TRANSFERRED TO ANOTHER SHORT TERM GENERAL HOSPITAL FOR INPATIENT CARE
03-DISCHARGED/TRANSFERRED TO A SKILLED NURSING FACILITY (SNF)
04-DISCHARGED/TRANSFERRED TO AN INTERMEDIATE CARE FACILITY (ICF)
05-Discharged/Transferred to a Designated Cancer Center or Children's Hospital
06-DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORG
07-LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
08-DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER
10-DISCHARGE TO BE DEFINED BY STATE LEVEL, IF NECESSARY
21-DISCHARGED/TRANSFERRED TO COURT/LAW ENFORCEMENT
** 23 matches found. Select entry or refine search text. **

Drop-down
on portal

CLAIM SUBMISSION: EDI

- The following criteria is for an inpatient claim submitted via Electronic Data Interchange (EDI) for a residential treatment center:
 - Type of bill: CLM in loop 2300
 - Admit date: Loop 2300, DTP segment
 - Admission type: Loop 2300, CL1 segment
 - Patient status: Loop 2300, CL1 segment

(criteria continued on next slide)

CLAIM SUBMISSION: EDI

- The following criteria is for an inpatient claim submitted via EDI for a residential treatment center: *(continued from previous slide)*
 - Principle diagnosis: Loop 2300, HI*ABK segment
 - Admitting diagnosis: Loop 2300, HI*BJ segment
- This information is needed for claims to process correctly

RESOURCES

RESOURCES

OHCA Call Tree

- Toll-free: 800-522-0114
- OKC area: 405-522-6205
 - **Claims:** Option 1
 - **Internet Help Desk:** Option 2,1
 - **EDI Help Desk:** Option 2,2
 - **Behavioral Health Authorization**
 - Outpatient: Option 6,2,1
 - Inpatient: Option 6,2,2

RESOURCES

SoonerCare Provider Portal

- [http://www.okhca.org/providers.aspx?id=110
&parts=7557_7559](http://www.okhca.org/providers.aspx?id=110&parts=7557_7559)

Electronic Data Interchange (EDI)

- [http://okhca.org/providers.aspx?id=286&me
nu=60&parts=666R_7511_7507](http://okhca.org/providers.aspx?id=286&menu=60&parts=666R_7511_7507)

RESOURCES

Quick Reference Guide:

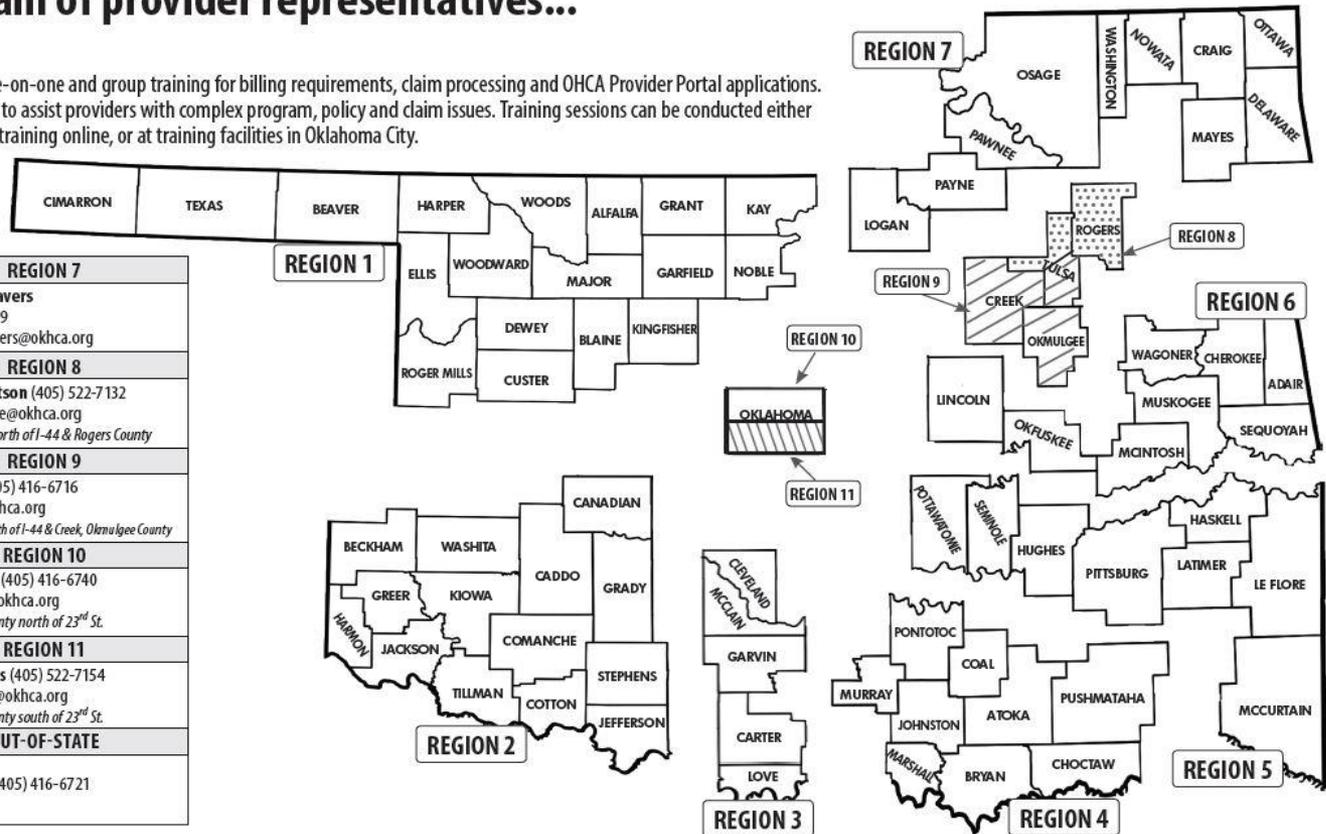
Meet your expert team of provider representatives...

SoonerCare Representatives

SoonerCare representatives are available for one-on-one and group training for billing requirements, claim processing and OHCA Provider Portal applications. They are designated by region and are available to assist providers with complex program, policy and claim issues. Training sessions can be conducted either at the provider's office location, through virtual training online, or at training facilities in Oklahoma City.

Use the table and map provided to locate the provider representative and contact information for your area.

REGION 1 Mark Bowman (405) 416-6715 mark.bowman@okhca.org	REGION 7 Brandon Beavers (405) 416-6739 brandon.beavers@okhca.org
REGION 2 Ebony Bolds (405) 522-7847 ebony.bolds@okhca.org	REGION 8 Amanda Watson (405) 522-7132 amanda.mcrac@okhca.org <i>*Tulsa County north of I-44 & Rogers County</i>
REGION 3 William Roberts (405) 416-6720 william.roberts@okhca.org	REGION 9 Jeff Mims (405) 416-6716 jeff.mims@okhca.org <i>*Tulsa County south of I-44 & Creek, Okmulgee County</i>
REGION 4 Rebecca Wroblewski (405) 416-6763 rebecca.wroblewski@okhca.org	REGION 10 Pam Raisley (405) 416-6740 pam.raisley@okhca.org <i>*Oklahoma County north of 23rd St.</i>
REGION 5 Kay McSpadden (405) 522-7349 kay.mcspadden@okhca.org	REGION 11 Nicole Collins (405) 522-7154 nicole.collins@okhca.org <i>*Oklahoma County south of 23rd St.</i>
REGION 6 Rebecca Stone (405) 522-7034 rebecca.stone@okhca.org	OUT-OF-STATE (405) 416-6721



QUESTIONS