

Reynolds, Mark A

From: Reynolds, Mark A
Sent: Monday, June 03, 2013 1:12 PM
To: Reynolds, Mark A
Subject: PICIS Updates - 06/03/2013

Dear Providers,

1. PICIS Changes

Diagnoses will not be allowed to be duplicated on the same axis anymore.

Axis IV questions will all be required for all authorizations except testing and instant authorizations.

Axis II requires a diagnosis. If no diagnosis is identified, you may use 799.9 (without the decimal in PICIS).
V71.09 is OK, too.

2. Nursing Home clients

Current Long Term Care Facility policy states that nursing facility care includes routine items and services that must be provided directly or through appropriate arrangement by the facility when required by SoonerCare residents. These routine services include medically related social services needed to attain or maintain the highest practicable physical, mental and social well-being of each resident. Reimbursement for these routine services is made directly to the facility in the form of a per diem amount that encompasses the costs of providing these services. Fee for service reimbursement for outpatient behavioral health services directly to SoonerCare contracted outpatient behavioral health providers by or from OHCA or its contracted fiscal agent is not allowed. In fact, the Medical Necessity Criteria Manual specifically states "Nursing Home Residents or Residents of a Skilled Nursing Facility: Payment is not made directly from SoonerCare (Oklahoma Health Care Authority) to outpatient behavioral agencies or individually contracted behavioral health providers for SoonerCare members who are residents of nursing facilities."

While this policy is not new, OHCA and ODMHSAS have recently identified through a review of claims data that direct FFS reimbursement to outpatient behavioral health providers is currently occurring for nursing facility residents. OHCA and ODMHSAS have an obligation to control the utilization of behavioral health services that are not authorized by the Medicaid State Plan or administrative rules and must take actions necessary to ensure that inappropriate reimbursement is not made. As such, ODMHSAS will stop allowing Prior Authorizations on these customers beginning June 3rd, 2013. If you feel that the customer is not in a nursing home, or you feel that there is an error you can call the PICIS help desk at 855-521-6444. It is important to note that just because an authorization was given and payment was made, does not mean medical necessity was being met and those services could be subject to recoupment.

3. ICF/MR

Customers identified as being in a ICF/MR facility will only be allowed the PG038 and the PG019. Conversely, customers not identified as being in a ICF/MR facility will not be allowed to get the PG019.

4. PG033

PG033 (BH Service Plan Development, Low Complexity) has been expanded. The PA is now good for \$185 and has additional services which can be billed against it. The PA is for agencies when the client didn't get their PA extended before the end of the PA period. It will pay for the Low Complexity BH plan and a few of other services. We will closely watch the utilization of this PA. The list of billable services is available at:
<http://www.odmhsas.org/PA%20Groups%20Spreadsheet%2001-15-2013.xls>

5. PICIS helpdesk

As all of us are aware, the recent bad weather has impacted many citizens in the state of Oklahoma. One of our

helpdesk staff suffered a great deal of damage to their home and has been working towards obtaining permanent housing. Also, one of our first helpdesk staff has recently resigned to move to Washington. Due to understaffing at the moment, if you are unable to reach our PICIS Helpdesk by phone, I would encourage you to email them at gethelp@odmhsas.org. I am hopeful that our opening will be posted soon and that we will have someone new hired by 7/1/2013. I apologize if during this time you are not able to receive the high level of care which you have become accustomed to. We should be able to resolve our staffing issue soon.

In order to improve customer service and reduce unneeded call transfers between the OHCA and ODMHSAS helpdesks, we would like you to collect call tracking numbers from OHCA. This should allow us to trace the source of the transfer and provide training to prevent future occurrences. When calling OHCA, please ask for a call tracking number in case this information is needed.

6. Letters of Collaboration/Termination

We have started the process to solicit provider input regarding Letters of Collaboration and Termination. The initial process will only involve two agencies which are providing service to the same client at the same time. Clients who are seen at two privately-contract psychologist/LBHPs or at an agency and at a privately-contract psychologist/LBHP will still require that collaboration is done, but in neither situation will they have to share the PA cap or report to ODMHSAS the collaboration agreement. The topics I have heard the most concern about are timeliness of response, lack of cooperation and agencies who terminate without member feedback. If you would like to provide suggestions to enhance the process, you can email those to me. We are hoping to start the process by August 1, 2013, but a more likely date may be September 1, 2013.

Sincerely,

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