DMH – OPR Project Information for the Business Users and Providers

History:

The Affordable Care Act requires that health care claims contain the NPI of the licensed practitioner who prescribed, ordered or referred the service. Missouri is several years behind in implementation of this requirement but has been implementing in stages. DMH providers are expected to comply by January 1, 2019.

The federal regulation at 42 CFR § 455.440 states, "The State Medicaid agency must require all claims for payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services." The federal regulation at 42 CFR § 455.410(b) states, "The State Medicaid agency must require all ordering or referring physicians or other professionals providing services under the State plan or under a waiver of the plan to be enrolled as participating providers."

The Center for Medicaid and Medicare Services (CMS) and MO Healthnet Division (MHD) will require the NPI (National Provider Identifier) for Ordering, Prescribing, Referring and Attending (OPRA) providers to receive payment on specific services submitted on Medicaid claims coming from the Department of Mental Health (DMH) in the Division of Developmental Disabilities (DD) and Division of Behavioral Health (DBH).

Several DMH staff and ITSD/DMH staff have been working to ensure the new data fields for Ordering, Prescribing and Referring (OPR) providers will be available in CIMOR and the Data Warehouse where necessary after January 1, 2019. DMH will not require the entry of the OPR information, but will allow entry and collection of the information in order to send the information to MHD. While DMH will not be implementing rules and verification of the data, MHD may require the information for claims processing.

CIMOR Screen Changes:

The following pages will display the CIMOR screens that have been changed due to this project and what changes are being made:

Add Non-Authorized Encounter Screen and Add Authorized Services

An Other Provider/Practitioner Information entry grid has been added below the Service Location field.

- Type will be a drop down with the following values: Ordering, Prescribing, Referring, Rendering. These are the only values acceptable and it is a required field.
- NPI is a numeric field that must be 10 digits. This field is required.
- Last Name allows up to 60 characters. This field is required.
- First Name allows up to 35 characters. This field is optional.
- Mid Init allows up to 25 characters. This field is optional.
- Taxonomy must be 10 characters if provided. This field is optional.

Rendering Provider previously displayed as a separate field under certain conditions (Procedure codes T1002, T1003, T1016). Rendering Provider will now be a choice in the Type drop down.

Development	Add Non-Authorized Encounter
Consumer	
Face Sheet	Save & Add Save
Demographics	From Date * To Date
 Benefit/Eligibility Consumer Res 	
Contact Log	List Contracts
Screenings	
View Assmt	
GPRA	Contract*
Episodes of Care	
Admission	Provider/Site V
	Service Category *
ATR Voucher	Procedure Code/ Modifier *
Authorizations	
Bed Assign	Units Provided * Unit Rate Dollar Amount*
Commitments	Adjustment Reason
Court Orders	Service Location *
Diagnosis	
Discharge	Other Provider/Practitioner Information Type NPI Last Name First Name Mid Init Taxonomy
EOC Summ Female Pres	
Furlough	
Medical Pres	
ISL Budget	
ORYX Initial Scr	
ORYX Discharge	
Problems	
Programs	
Services	

Development	Add Authorized Service	25		
Face Sheet				
Demographics				Save Cancel
Benefit/Eligibility	Consumer	Tester, Joe	DMH	ID 1234568
Consumer Res	Provider/SAM Code		Cont	ract Number ERXXXXXXXX
Contact Log	Provider/Site			
Screenings	Providensite			
View Assmt	Service Category	DD Community Supports		
GPRA	Procedure Code/ Modifier	T1002 TD RN SERVICES UP TO 15 MIN	UTES 15 Minute(s)	
Episodes of Care	Number Authorized Holtz	60 Unit Rate	\$9.02 Unb	lled Units 25
Admission	Number Authorized Units	50 Unit Rate	59.02 Onb	and online 20
 Assessments 	Authorized Dollar Amount	\$541.20 Authorization Date	12/01/2017 - 06/30/2018	
ATR Voucher				
Authorizations	No. of Units in a day			
Bed Assign	Month December	• Year 2017 •		Service Location
Commitments	Friday Saturda		day Wednesday Thursday	Office
Court Orders	(1) (2)	(3) (4) (5)	(6) (7)	
Diagnosis	(8) (9)	(10) (11) (12)	(13) (14)	Total Units 0
Discharge	(15) (16) (22) (23)	(17) (18) 5 (19) (24) (25) (26)	(20) (21) (27) (28)	Total Dollars
EOC Summ	(29) (30)	(31)		_
Female Pres				Calculate
Furlough				Carculate
Medical Pres				
ISL Budget				
ORYX Initial Screen				
ORYX Discharge S	Other Provider/Practitioner	Information		
Problems	Type NPI	Last Name	First Name Mid Init	Taxonomy
Programs	· ·			Add to List
Services Change Organization				
My Organization				
CO Functions	Tree	NDI Lasti	First Manua	Modela Terreserve
Administration	Type Ordering 123456	NPI Last Name 7891 Test	First Name Jane	Mid Init Taxonomy Delete Edit
Reports				

Edit Non-Authorized Encounter Screen and Edit Authorized Services

An Other Provider/Practitioner Information entry grid has been added below the Service Location field.

- Type will be a drop down with the following values: Ordering, Prescribing, Referring, Rendering. These are the only values acceptable and it is a required field.
- NPI is a numeric field that must be 10 digits. This field is required.
- Last Name allows up to 60 characters. This field is required.
- First Name allows up to 35 characters. This field is optional.
- Mid Init allows up to 25 characters. This field is optional.
- Taxonomy must be 10 characters if provided. This field is optional.

Rendering Provider previously displayed as a separate field under certain conditions (Procedure codes T1002, T1003, T1016). Rendering Provider will now be a choice in the Type drop down.

Development	Edit Non-Authorized En	counter			
Face Sheet					
Demographics				0	Save 🚫 Cancel
Benefit/Eligibility	Consumer Name	Tester, Joe			
Consumer Res		1234567			
Contact Log	DMH ID	1234307			
Screenings					
View Assmt	Date of Service	04/08/2016			
GPRA	Contract*	ADA-ER2001016A1	•	List Contracts	
Episodes of Care	Provider/Site				
Admission					
Assessments	Service Category*	A	•		
ATR Voucher	Procedure Code/ Modifier*	T1002 RN SERVICES UP TO 15 M	/INUTES 15 Minute(s)		•
Authorizations	Units Provided*	2 Unit Rate	\$19.23	Dollar Amount 38.46	
Bed Assign	Units Provided	2 Onic Rate		Dollar Amount 30.40	
Commitments					
Court Orders	Service Location*	Office	•		
Diagnosis	Encounter Status	Ready to Replace			
Discharge	Other Provider/Practitioner	nformation			
EOC Summ	Type NPI	Last Name	First Name	Mid Init Taxonor	ny
Female Pres	•				Add to List
Furlough					
Medical Pres					
Individualized Pack		NPI Last Name	First Marra	Middle A. Tourse	
ISL Budget	Type Rendering 123456		First Name Jane	Mid Init Taxon	Delete Edit
ORYX Initial Screen					
ORYX Discharge Si					
Problems					
Programs					
Services					

CIMON	Edit Authorized Service					
Consumer						
Face Sheet					0.000	
 Demographics 					Save Save	S Cancel
Benefit/Eligibility	Consumer Name	Tester, Joe				
Consumer Res	DMH ID	1245678				
Contact Log						
Screenings	Provider/SAM Code					
View Assmt	Authorization Dates	12/01/2017-11/30/2018				
GPRA	Date Of Service	04/23/2018	End Date 04/2	23/2018		
Episodes of Care						
Admission	Contract Number	ERXXXXXX				
Assessments	Provider/Site					
ATR Voucher	Service Category	DD Community Supports				
Authorizations						
Bed Assign	Procedure Code/ Modifier	T1002 TD RN SERVICES UP TO 1	15 MINUTES 15 Minute(<u>(</u> S)		
Commitments	Unbilled Units	25				
Court Orders	Number of Units	5 Unit Rate 9.02	Dolla	ar Amount 45.10		
Diagnosis						
Discharge						
EOC Summ	Service Location	Office	•			
Female Pres	Status	Ready to Replace	•			
Furlough		Tready to Treplace				
Medical Pres	Other Provider/Practitioner Info	ormation				
ISL Budget	Type NPI	Last Name	First Name	Mid Init	Taxonomy	
ORYX Initial Screer	T					Add to List
ORYX Discharge Si						
Problems						
Programs	Type N	PI Last Name	First Name	Mid Init	Taxonomy	
Services	Referring 1234567897		lane		Taxonomy	Delete Edit
Change Organization	L			'		·

View or Void Non-Authorized Encounter and Authorized Services

An Other Provider/Practitioner Information view grid has been added below the Status box.

Type, NPI, Last Name, First Name, Mid Init and Taxonomy will be displayed.

If Rendering Provider existed before the grid, the Rendering Provider information will now display in the grid.

Development □ Consumer	View Non-Authorized E	Encounter				
Face Sheet						Sencounter Utility
Demographics						
Benefit/Eligibility				Payment History		🚫 Cancel
Consumer Res	Consumer Name	Tester, Joe				Print
Contact Log	DMH ID	1234567				
Screenings						⊘ Void
View Assmt						Replace
GPRA	Date of Service	03/30/2016				
Episodes of Care	Contract					
Admission	Provider/Site					
 Assessments 						
ATR Voucher	Service Category	ADA Test Service Add	lescent			
Authorizations	Procedure Code/ Modifier	T1002 RN SERVICES	UP TO 15 MINUTES	15 Minute(s)		
Bed Assign	Units Provided	2	Dollar Amount	38.46		
Commitments	onitarrovided		Donal Amount	330.40		
Court Orders	Service Location	Office				
Diagnosis						
Discharge	Status Paid in	n Full				
EOC Summ						
Female Pres						
Furlough	Other Provider/Practitioner	Information				
Medical Pres	Туре	NPI	Last Name	First Name	Mid Init	Taxonomy
Individualized Pack	Rendering 123	4567893 T	est	Jane		
ISL Budget						
ORYX Initial Screen						
ORYX Discharge S						
Problems						
Programs						
Services						

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CIMOR Development Consumer	Void Non-Authorized E	ncounter			
Face Sheet	You must select a void reaso	n hafara confirmina		0	
Demographics	You must select a void reaso	on before confirming		🛞 Confirm	O Cancel
 Benefit/Eligibility 	Consumer Name	Tester, Joe			
Consumer Res	DMH ID	1234567			
Contact Log					
Screenings	Date of Service	03/30/2016			
View Assmt	Contract.				
GPRA	Contract				
Episodes of Care	Provider/Site				
Admission	Service Category	ADA Test Service			
Assessments					
ATR Voucher	Procedure Code/ Modifier	T1002 RN SERVICES UP TO	15 MINUTES 15 Minute(s)		
Authorizations	Units Provided	2	Dollar Amount \$38.46		
Bed Assign	Service Location	Office			
Commitments	Service Eduation	Onice			
Court Orders	Encounter Status	Paid in Full			
Diagnosis					
Discharge	Void Reason		T		
EOC Summ					
Female Pres	Other Provider/Practitioner	Information			
Furlough	Туре	NPI La	st Name First Nam	ne Mid Init	Taxonomy
Medical Pres		4567891 Test	Jill		,
Individualized Pack					
ISL Budget					
ORYX Initial Screen					
ORYX Discharge S	1				
Problems					
Programs					
Services					

Development	View Authorized Service	9			
Consumer					
Face Sheet					Sencounter Utility
Demographics				44C-2707 / A-43476-4	
Benefit/Eligibility			(2) Payr	ment History	S Cancel
Consumer Res	Consumer Name	Tester, Joe			
Contact Log	DMH ID	1234568			
Screenings	Child Control of Contr				
View Assmt	Provider/SAM Code				
GPRA	Date of Service	06/25/2018			
Episodes of Care					
Admission	Contract Number	ERXXXXXX			
Assessments	Provider/Site				
ATR Voucher	Service Category	DD Community S	Supports		
Authorizations	Scince category				
Bed Assign	Procedure Code/ Modifier	T1002 TD RN SE	RVICES UP TO 15 MINUTES 15 M	Ainute(s)	
Commitments	Number of Units	5	Unit Rate \$9.02	Dollar Amount \$45.10	
Court Orders					
Diagnosis					
Discharge	Service Location	Office			
EOC Summ				_	
Female Pres	Status Ready t	o Approve Claim			
Furlough					
Medical Pres					
ISL Budget	Other Provider/Practitioner I	nformation			
ORYX Initial Scree	-				4
ORYX Discharge S					
Problems					
Programs					
Services					

Development Consumer	Void Authorized Service	
Face Sheet		
Demographics	You must select a void reason	before confirming Sconter
Benefit/Eligibility	Consumer Name	Testers, Joe
Consumer Res	DMH ID	12345698
Contact Log	Provider/SAM Code	
Screenings		04/00/0040
View Assmt	Date Of Service	04/23/2018
GPRA	Contract Number	ERocococ
Episodes of Care	Provider/Site	
Admission	Remise Ontenen	DD Community Surgests
Assessments	Service Category	DD Community Supports
ATR Voucher Authorizations	Procedure Code/ Modifier	T1002 TD RN SERVICES UP TO 15 MINUTES 15 Minute(s)
Bed Assign	Encounter Status	Paid in Full
Commitments		
Court Orders	Number of Units	5 Dollar Amount \$45.10
Diagnosis	Service Location	Office
Discharge		
EOC Summ	Void Reason	▼
Female Pres		
Furlough	Other Provider/Practitioner Info	rmation
Medical Pres		
ISL Budget		
ORYX Initial Screen		
ORYX Discharge S		
Problems		
Programs	Service Notes	
Services		

Delete Non-Authorized Encounter and Delete Authorized Services

An Other Provider/Practitioner Information view grid has been added below the Status box.

Type, NPI, Last Name, First Name, Mid Init and Taxonomy will be displayed.

When the Delete button is selected, the normal CIMOR process to delete the encounter/services has been modified to also delete all OPR information.

If Rendering Provider existed before the grid, the Rendering Provider information will now display in the grid.

ORYX Discharge	Delete Non-Authorized	Encounter				
Problems	Denete Hon-Authorized	Lincounter				
Programs	Are you sure you want to d	elete this information	2			
Services	All you sure you want to u		•		🚫 Confirm	S Cancel
Change Organization	Consumer Name	Tester, Joe				
My Organization	DMH ID	12346859				
Acct Paybl/Recv						
Allocations	Date of Service	01/26/2016				
• ATR						
Authorizations	Contract					
Bed Assignment	Provider/Site					
Community Agy	Service Category	ADA CSTAR Ger	neral Adult Enhanced			
Consumer Bank						
Consumer Grp	Procedure Code/ Modifier	T1002 RN SERV	ICES UP TO 15 MINUTES 1	15 Minute(s)		
Diagnosis Master Li:	Units Provided	3	Dollar Amo	unt \$57.69		
FI Timesheet	Service Location	Office				
Health Inv	Service Location	Once				
Human Res	Encounter Status	Hold Encounter				
Individualized Packa						
Insurance Plans						
MHCPP Waiver						
Org Search	Other Provider/Practitioner	Information				
Prop/Bed Mngt	Туре	NPI	Last Name	First Name	Mid Init	Taxonomy
Provider Profile		34567894	Test	Jane		
SATOP						
SCL Statements						
Serv - Consumer						

Delete Authorized Ser	vice						
Are you sure you want to d	lelete this information?					S Cancel	
						V Cancer	
Consumer Name	Tester, Joe						
DMH ID	123456						
Provider/SAM Code	Test Provider 152454	42					
Date Of Service	04/16/2017						
Contract Number	MRERXXXXXXX						
Provider/Site	New Test Site						
Service Category	Service Category DD Community Supports						
Procedure Code/ Modifier	H0045 Respite not-ir	n-home per diem 1 Day					
Encounter Status	Hold Encounter						
Number of Units	1	Dollar Amount	\$195.93				
Service Location	Office						
Other Provider/Practitioner	r Information						
	Are you sure you want to c Consumer Name DMH ID Provider/SAM Code Date Of Service Contract Number Provider/Site Service Category Procedure Code/ Modifier Encounter Status Number of Units Service Location	DMH ID123456Provider/SAM CodeTest Provider 152454Date Of Service04/16/2017Contract NumberMRERXXXXXXProvider/SiteNew Test SiteService CategoryDD Community SuppProcedure Code/ ModifierH0045 Respite not-inEncounter StatusHold EncounterNumber of Units1	Are you sure you want to delete this information?Consumer NameTester, JoeDMH ID123456Provider/SAM CodeTest Provider 1524542Date Of Service04/16/2017Contract NumberMRERXXXXXXProvider/SiteNew Test SiteService CategoryDD Community SupportsProcedure Code/ ModifierH0045 Respite not-in-home per diem 1 DayEncounter Status1Number of Units1Service LocationOffice	Are you sure you want to delete this information?Consumer NameTester, JoeDMH ID123456Provider/SAM CodeTest Provider 1524542Date Of Service04/16/2017Contract NumberMRERXXXXXXProvider/SiteNew Test SiteService CategoryDD Community SupportsProcedure Code/ ModifierH0045 Respite not-in-home per diem 1 DayEncounter Status1Number of Units1Dollar Amount \$195.93	Are you sure you want to delete this information? Consumer Name Tester, Joe DMH ID 123456 Provider/SAM Code Test Provider 1524542 Date Of Service 04/16/2017 Contract Number MRERXXXXXX Provider/Site New Test Site Service Category DD Community Supports Procedure Code/ Modifier H0045 Respite not-in-home per diem 1 Day Encounter Status Hold Encounter Number of Units 1 Dollar Amount \$195.93	Are you sure you want to delete this information? Image: Confirm Consumer Name Tester, Joe DMH ID 123456 Provider/SAM Code Test Provider 1524542 Date Of Service 04/16/2017 Contract Number MRERXXXXXX Provider/Site New Test Site Service Category DD Community Supports Procedure Code/ Modifier Hold Encounter Number of Units 1 Dollar Amount \$195.93 Service Location Office	

Service Notes

SCL Statements Serv - Consumer

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Add Multiple Non-Authorized Services

An NPI, Last Name, First Name, Middle Init and Taxonomy fields has been added for Ordering, Prescribing and Referring providers. Fields added will include:

- Rendering NPI
- Rend Last Name
- Rend First Name
- Rend Mid Init
- Rend Taxonomy
- Ordering NPI
- Ord Last Name
- Ord First Name
- Ord Mid Init
- Ord Taxonomy
- Prescribing NPI
- Pres Last Name
- Pres First Name
- Pres Mid Init
- Pres Taxonomy
- Referring NPI
- Refer Last Name
- Refer First Name
- Refer Mid Init
- Refer Taxonomy

Provider information will be saved to the database as per CIMOR standards.

ORYX Initial Scr								Logout												
ORYX Discharge	Add Multiple	Non-Author	rized Services																	
Problems																				
Programs																				
Services																				
Change Organization																				
My Organization																				
Acct Paybl/Recv																				
Allocations				Rend					Ord					Pres					Refer	
• ATR	ing NPI Rend L	ast Name	Rend First Name	Mid	Rend Taxonomy	Ordering NPI	Ord Last Name	Ord First Name	Mid	Ord Taxonomy	Prescribing NPI	Pres Last Name	Pres First Name	Mid	Pres Taxonomy	Referring NPI	Refer Last Name	Refer First Name	Mid F	Refer Taxonom
Authorizations				Init					Init					Init					Init	
Bed Assignment											-									
Community Agy							-		-				+							
Consumer Bank											-						-			
Consumer Grp																				
Diagnosis Master Li:																				
FI Timesheet						[
Health Inv							-		-				+				-	-		
Human Res					<u></u>		-		-		+									
Individualized Packa																				
Insurance Plans																				
MHCPP Waiver																				
Org Search			-				-	-	-				-							
Prop/Bed Mngt								-												
Provider Profile						[<u></u>			
SATOP][
SCL Statements																				
Serv - Consumer																				