

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.

CIMOR Development

Consumer

- Face Sheet
- Demographics
- Benefit/Eligibility
- Consumer Res
- Contact Log
- Screenings
- View Assmt
- GPRA
- Episodes of Care
 - Admission
- Assessments
 - ATR Voucher
 - Authorizations
- Bed Assign
- Commitments
- Court Orders
- Diagnosis
- Discharge
- EOC Summ
- Female Pres
- Furlough
- Medical Pres
- ISL Budget
- ORYX Initial Scr
- ORYX Discharge
- Problems
- Programs
- Services**

Add Non-Authorized Encounter

From Date * To Date

Contract *

Provider/Site

Service Category *

Procedure Code/ Modifier *

Units Provided * Unit Rate Dollar Amount*

Adjustment Reason

Service Location *

Other Provider/Practitioner Information

Type	NPI	Last Name	First Name	Mid Init	Taxonomy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Authorized Services

Consumer: **Tester, Joe** DMH ID: **1234568**
 Provider/SAM Code: Contract Number: **ERXXXXXXX**
 Provider/Site:
 Service Category: **DD Community Supports**
 Procedure Code/ Modifier: **T1002 TD RN SERVICES UP TO 15 MINUTES 15 Minute(s)**
 Number Authorized Units: **60** Unit Rate: **\$9.02** Unbilled Units: **25**
 Authorized Dollar Amount: **\$541.20** Authorization Dates: **12/01/2017 - 06/30/2018**

No. of Units in a day

Month: December		Year: 2017					
Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
(8)	(9)	(10)	(11)	(12)	(13)	(14)	
(15)	(16)	(17)	(18) 5	(19)	(20)	(21)	
(22)	(23)	(24)	(25)	(26)	(27)	(28)	
(29)	(30)	(31)					

Service Location

Office

Total Units: **0**

Total Dollars

Other Provider/Practitioner Information

Type	NPI	Last Name	First Name	Mid Init	Taxonomy	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add to List"/>

Type	NPI	Last Name	First Name	Mid Init	Taxonomy	
Ordering	1234567891	Test	Jane			<input type="button" value="Delete"/> <input type="button" value="Edit"/>

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.

Edit Non-Authorized Encounter

Save Cancel

Consumer Name: Tester, Joe

DMH ID: 1234567

Date of Service: 04/08/2016

Contract*: ADA-ER2001016A1 List Contracts

Provider/Site: [Dropdown]

Service Category*: [Dropdown]

Procedure Code/ Modifier*: T1002 RN SERVICES UP TO 15 MINUTES 15 Minute(s)

Units Provided*: 2 Unit Rate: \$19.23 Dollar Amount: 38.46

Service Location*: Office

Encounter Status: Ready to Replace

Other Provider/Practitioner Information

Type	NPI	Last Name	First Name	Mid Init	Taxonomy	
[Dropdown]						+ Add to List

Type	NPI	Last Name	First Name	Mid Init	Taxonomy	
Rendering	1234567893	Test	Jane			Delete Edit

Edit Authorized Service

Consumer Name: Tester, Joe

DMH ID: 1245678

Provider/SAM Code:

Authorization Dates: 12/01/2017-11/30/2018

Date Of Service: End Date:

Contract Number: ERxxxxxx

Provider/Site:

Service Category: DD Community Supports

Procedure Code/ Modifier: T1002 TD RN SERVICES UP TO 15 MINUTES 15 Minute(s)

Unbilled Units: 25

Number of Units: Unit Rate: 9.02 Dollar Amount:

Service Location:

Status:

Other Provider/Practitioner Information

Type	NPI	Last Name	First Name	Mid Init	Taxonomy	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add to List"/>
Type	NPI	Last Name	First Name	Mid Init	Taxonomy	
Referring	1234567897	Test	Jane			Delete Edit

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.

Consumer

Face Sheet

Demographics

Benefit/Eligibility

Consumer Res

Contact Log

Screenings

View Assmt

GPRA

Episodes of Care

Admission

Assessments

ATR Voucher

Authorizations

Bed Assign

Commitments

Court Orders

Diagnosis

Discharge

EOC Summ

Female Pres

Furlough

Medical Pres

Individualized Pack

ISL Budget

ORYX Initial Screen

ORYX Discharge S

Problems

Programs

Services

View Non-Authorized Encounter

Encounter Utility

Payment History

Cancel

Print

Void

Replace

Consumer Name

Tester, Joe

DMH ID

1234567

Date of Service

03/30/2016

Contract

Provider/Site

Service Category

ADA Test Service Adolescent

Procedure Code/ Modifier

T1002 RN SERVICES UP TO 15 MINUTES 15 Minute(s)

Units Provided

2

Dollar Amount

\$38.46

Service Location

Office

Status

Paid in Full

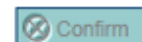
Other Provider/Practitioner Information

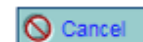
Type	NPI	Last Name	First Name	Mid Init	Taxonomy
Rendering	1234567893	Test	Jane		

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 - Bed Assign
 - Commitments
 - Court Orders
 - Diagnosis
 - Discharge
 - EOC Summ
 - Female Pres
 - Furlough
 - Medical Pres
 - Individualized Pack
 - ISL Budget
 - ORYX Initial Screen
 - ORYX Discharge S
 - Problems
 - Programs
 - Services**

Void Non-Authorized Encounter

You must select a void reason before confirming

 Confirm

 Cancel

Consumer Name Tester, Joe

DMH ID 1234567

Date of Service 03/30/2016

Contract

Provider/Site

Service Category ADA Test Service

Procedure Code/ Modifier T1002 RN SERVICES UP TO 15 MINUTES 15 Minute(s)

Units Provided 2 Dollar Amount \$38.46

Service Location Office

Encounter Status Paid in Full

Void Reason

Other Provider/Practitioner Information

Type	NPI	Last Name	First Name	Mid Init	Taxonomy
Rendering	1234567891	Test	Jill		

View Authorized Service

Encounter Utility

Payment History

Cancel

Consumer Name Tester, Joe
 DMH ID 1234568
 Provider/SAM Code
 Date of Service 06/25/2018
 Contract Number ERxxxxxx
 Provider/Site
 Service Category DD Community Supports
 Procedure Code/ Modifier T1002 TD RN SERVICES UP TO 15 MINUTES 15 Minute(s)
 Number of Units 5 Unit Rate \$9.02 Dollar Amount \$45.10
 Service Location Office

Status Ready to Approve Claim

Other Provider/Practitioner Information

Void Authorized Service

You must select a void reason before confirming

Confirm

Cancel

Consumer Name

Testers, Joe

DMH ID

12345698

Provider/SAM Code

Date Of Service

04/23/2018

Contract Number

ERxxxxxx

Provider/Site

Service Category

DD Community Supports

Procedure Code/ Modifier

T1002 TD RN SERVICES UP TO 15 MINUTES 15 Minute(s)

Encounter Status

Paid in Full

Number of Units

5

Dollar Amount

\$45.10

Service Location

Office

Void Reason

Other Provider/Practitioner Information

Service Notes

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

Problems

Programs

Services

Change Organization

My Organization

Acct Paybl/Recv

Allocations

ATR

Authorizations

Bed Assignment

Community Agy

Consumer Bank

Consumer Grp

Diagnosis Master List

FI Timesheet

Health Inv

Human Res

Individualized Package

Insurance Plans

MHCPP Waiver

Org Search

Prop/Bed Mngt

Provider Profile

SATOP

SCL Statements

Serv - Consumer

Delete Non-Authorized Encounter

Are you sure you want to delete this information?

Confirm

Cancel

Consumer Name

Tester, Joe

DMH ID

12346859

Date of Service

01/26/2016

Contract

Provider/Site

Service Category

ADA CSTAR General Adult Enhanced

Procedure Code/ Modifier

T1002 RN SERVICES UP TO 15 MINUTES 15 Minute(s)

Units Provided

3

Dollar Amount

\$57.69

Service Location

Office

Encounter Status

Hold Encounter

Other Provider/Practitioner Information

Type	NPI	Last Name	First Name	Mid Init	Taxonomy
Rendering	1234567894	Test	Jane		

- ORYX Discharge
- Problems
- Programs
- Services
- Change Organization
- My Organization
 - Acct Paybl/Recv
 - Allocations
 - ATR
 - Authorizations
 - Bed Assignment
 - Community Agy
 - Consumer Bank
 - Consumer Grp
 - Diagnosis Master Li
 - FI Timesheet
 - Health Inv
 - Human Res
 - Individualized Packa
 - Insurance Plans
 - MHCPP Waiver
 - Org Search
 - Prop/Bed Mngt
 - Provider Profile
 - SATOP
 - SCL Statements
 - Serv - Consumer

Delete Authorized Service

Are you sure you want to delete this information?

 Confirm

 Cancel

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
Service Location	Office		

Other Provider/Practitioner Information

Service Notes

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.

Add Multiple Non-Authorized Services

[illegible]