

# Family Planning Clinics Working with OHP

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# Health Care Transformation Update



We have two years of our CCO model behind us and we are well into our third. So, how is it going?

The big pieces of healthcare transformation are in place.

- CCOs are operating state wide. They are covering physical health, mental health, and dental. We are roll in other services like Residential Mental Health and Targeted Case Management. Currently 89% of OHP eligible individuals are served through a CCO.
- With Medicaid Expansion and the Qualified Health Plans of the Affordable Care Act more Oregonian's have health insurance than ever before.
- Is all this effort making a difference? Yes. Measurement is a big part of our model We have the numbers for numbers 2013 and 2014 and for the second straight year, the coordinated care model continues to show exciting improvements on state wide metrics. I encourage you to check out [Oregon's Health System Transformation Reports](#) for details. CCO metrics report <http://www.oregon.gov/oha/Metrics/Pages/index.aspx>

## **A Little About CCOs**

- Oregon has 16 CCOs
- CCOs have one budget and considerable flexibility at the community level for spending it.
- The model puts a strong emphasis on integration and coordination of care.
- The model includes strong accountability for metrics that measure quality, access, and outcomes.

- A big part of Oregon's transformation plan is to deliver Medicaid, as much as possible, through the CCOs.
- We are moving away from a fragmented Fee For Service model in which the money for MH, Dental, Medical, and support services used to flow to different contractors through separate funding streams and budgets overseen by separate agencies at state government.
- In the CCO model all the services they deliver under one funding stream
- The CCO model is designed to focus on quality care and has build in rewards for keeping people healthy.

# Billing



- Family Planning clinics potentially work with many different payers.
- I will present information on Medicaid FFS billing processes (FFS hasn't gone away just yet) and I will touch on billing CCOs.
- I acknowledge that you work with CCare and other payers as well but I will not be presenting on that aspect of your billing.

## OHA FFS Billing Rules:

<http://www.oregon.gov/oha/healthplan/pages/policies.aspx>

- Medical-Surgical Services (division 130)
- Family Planning Clinic Services rule is 410-130-0587



- Here is a link for the OARs for FFS family planning.



Fee For  
Service

## Family Planning Clinics

### Encounter Rate:

- Bill HCPCS code T1015 with the –FP modifier for all encounters where the primary purpose of the visit is contraceptive in nature.

Encounter includes the visit and any service performed including:

- |   |   |
|---|---|
| • Annual family planning exams;                 | • Diaphragm fittings;   |
| • Family planning counseling;                   | • Dispensing of contraceptive supplies and contraceptive medications; |
| • Insertions and removals of implants and IUDs; | • Contraceptive injections.   |

- Do not bill procedures, such as IUD insertions, diaphragm fittings or injections, with both CPT/HCPCS codes and T1015;
- Bill only one encounter per date of service;
- Reimbursement for educational materials is included in T1015. Educational materials are not billable separately
- Encounters where the primary purpose of the visit is not contraceptive in nature, use appropriate CPT codes and do not add modifier -FP.



Fee For Service

## Family Planning Clinics

### Family Planning Supplies and Medications:

- Bill separately using HCPCS codes.
- Bill at acquisition cost and add modifier –FP.
- Non-contraceptive medications are not billable under this program.

Spermicide: A4269 bill per tube

Contraceptive pills: S4993 bill per monthly packet

Emergency contraception: S4993 bill per packet



Fee For  
Service

## Family Planning Clinics

### Tests, Labs, and Samples:

- OHP FFS pays for labs on top of the all inclusive T1015.
- Laboratory CPT codes have to be billed under a laboratory NPI.
- They can only be billed by the performing laboratory.
- Collecting a sample (ex. for a Pap) is not paid separately from the laboratory procedure code.

Oregon Health Authority

Oregon Health Authority

CCO

Family Planning is a mandatory covered service for FFS and CCO enrolled members.

**Follow your contract when billing CCOs**

Member and Family Planning Clinic in same CCO	→	Bill the CCO
Member in a CCO Family Planning Clinic not	→	Bill the CCO Many CCOs will pay out of network for FP services.
Family Planning Clinic in a CCO Member not	→	Bill FFS

- Family Planning is a mandatory covered service for both FFS and CCO enrolled Medicaid recipients.
- CCOs cover the service and they understand that spending money up front on prevention, including family planning, saves them money in the long run and helps them achieve goals around the health and satisfaction of their membership.
- Both FFS and CCOs must make all contraceptive options available to members with no restrictions.
- The state funds CCOs to provide Family planning to their membership.
- There is a federal requirement that States make Family Planning available. This is sometimes called “open access.”
- That means clients may go to any Medicaid enrolled provider for these services.
- In Oregon “open access” should serve as a back up for our main CCO delivery system.
- If needed, open access claims can be billed FFS. Open access is allowed for; family planning services, elective abortions, and sterilizations.



Confidentiality

## Confidentiality : Mailing Explanation of Benefits

OHA withholds mailing out explanation of benefit documents and service verification letters for all confidential Family Planning Services regardless of the members age.

- Contact your CCO directly if you have questions about how they maintain confidentiality.



Confidentiality

## Confidentiality: Third Party Payers

- Per Federal Law CFR 433.147 Medicaid cannot bill a third party payer if there is good cause not to.
- Good cause means it would be against the best interests of the individual, there is anticipated reprisal, and there is anticipated physical or emotional harm.

Sometimes to protect confidentiality a provider may bill Medicaid even if the member has other insurance primary.

- For example, Oregon law does not prohibit a commercial insurers from sending an EOB to a teen's home.
- Medicaid normally has to be the payer of last resort but when a special confidentiality concern exists it is acceptable to only bill Medicaid to protect confidentiality.
- Contact your CCO directly if you have questions about how to bill them in these situations.



Confidentiality

## **Confidentiality: Third Party How to bill FFS?**

- Submit hard-copy claims only.
- Enter “N/C, Confidential” in box 9 on the CMS-1500 claim form.
- Submit claims directly to:

Attn: Judy Brazier

Division of Medical Assistance Programs

500 Summer Street, NE E-44

Salem, OR 97301.

## Contacting Health Systems Division

**Provider Services: 800-336-6016**

Claims, enrollment, Web Portal

Dmap.provderservices@state.or.us

**RN Hotline: 800-393-9855**

Codes and code pairing

Provider Contacts List for fee-for-service providers

<https://apps.state.or.us/Forms/Served/oe3046.pdf>



## Other Resources

FFS Billing Guides:

<http://www.oregon.gov/oha/healthplan/Pages/billing.aspx>

FFS Preferred Drugs: (contraceptive products are not included because they are unrestricted)

<http://www.oregon.gov/oha/healthplan/tools/Oregon%20Medicaid%20Preferred%20Drug%20List%20-%20July%201,%202015.pdf>

FFS Pharmacy PA Criteria:

<http://www.oregon.gov/oha/healthplan/tools/Oregon%20Medicaid%20PA%20Criteria,%20August%202015.pdf>

Oregon's Health System Transformation Reports:

<http://www.oregon.gov/oha/Metrics/Pages/index.aspx>

*Thank you*

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