

# OSPHL BILLING CHANGES

WELCOME!

THERE IS NO SOUND ON THE LINE RIGHT NOW.

WE WILL CONDUCT SOUND CHECKS PERIODICALLY.

PLEASE CONNECT YOUR COMPUTER SPEAKERS OR HEADSET AND AWAIT THE TEST. ENSURE YOUR VOLUME IS SET TO AN ACCEPTABLE LEVEL.

**Webinar for Billing Staff**

November 2014

# iLinc Webinar Basics

- All participants are in listen only mode.
- This webinar may be recorded.

- **Get session control:**



Move your mouse to the top of your screen. This toolbar will appear.

Use “Containers” to bring the Chat box to the front.

- **Ask a question:**



# Objectives for Billing Staff

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- Describe to colleagues why the OSPHL will be performing more billing.
- Understand how the information submitted to the OSPHL translates to your organization's charges.
- Be able to implement the changes for invoicing, payment, and adjustments at your facility.

# Webinar Outline

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- Current Billing Work Flow
- Why Change?
- What's Changing?
  - ▣ For Sample Submission
  - ▣ For Invoicing and Payment
- Summary of Changes
- Resources
- Questions & Answers

# Current Billing Work Flow

- Only tests on Region X IPP Forms can be billed to OR Medicaid/CCOs
  - ▣ These go through a series of verifications to determine the payer, some delays
- Tests on Microbiology or Virology forms are billed to the submitter only.
- Little tracking/reports capacity
- Invoices to submitters are sent from state Office of Financial Services.

**Chlamydia Test Region X - IPP**  
GREY AREAS: LAB USE ONLY

410100547882

Client name: \_\_\_\_\_ Lab number: \_\_\_\_\_ Date received: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Client number: \_\_\_\_\_ Clinician: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Client ZIP code: \_\_\_\_\_

M M D D Y Y Y Y M M D D Y Y Y Y

Date specimen collected: \_\_\_\_\_ Specimen site: \_\_\_\_\_

M M D D Y Y Y Y M M D D Y Y Y Y

Service site: \_\_\_\_\_ Client sex: \_\_\_\_\_

1 □ F 2 □ M 1 □ Cervix 2 □ Urethra 3 □ Urine 7 □ Rectal 6 □ Vaginal-patient 4 □ Other: \_\_\_\_\_

PROVIDER/CLINIC ADDRESS: \_\_\_\_\_ Frozen: \_\_\_\_\_

1 □ Yes 2 □ No FPEP: 1 □ Yes 2 □ No

Submitter code: \_\_\_\_\_ LAB COPY ICD code: \_\_\_\_\_

ETHNICITY: 1 □ Hispanic 2 □ Non-Hisp. RACE (check all that apply): 1 □ White 2 □ Black 3 □ Amer. Ind./AK Native 4 □ Asian 6 □ Hawaiian/Pac. Islander EXAMINATION, Client examined: 0 □ Yes 1 □ No FINDINGS, FEMALE (check all that apply): Cervical findings: 1 □ Normal appearance 3 □ Mucopurulence FINDINGS, MALE (check all that apply): Signs: 8 □ Normal discharge 9 □ Urethral appear 0 □ GC on gram stain 2 □ Epididymitis

1-Yes 2-No 3-Unk  
1-Yes 2-No 3-Unk

No, unlikely  
81 (11/12)

Oregon State Public Health Laboratory  
3150 NW 229th Ave., Hillsboro, OR 97124

0805067864

Oregon Health Authority

**GENERAL MICROBIOLOGY REQUEST**  
Oregon State Public Health Laboratory (OSPHL)

Ordering location: \_\_\_\_\_

0906196921

Oregon Health Authority

**VIROLOGY/IMMUNOLOGY REQUEST**  
Oregon State Public Health Laboratory  
P.O. Box 275, Portland, OR 97207-0275  
Information: 503-693-4100

Ordering location: \_\_\_\_\_

Ordering clinician: \_\_\_\_\_  
Contact number: \_\_\_\_\_

**PATIENT INFORMATION**  
Patient last name, first, middle initial: \_\_\_\_\_  
Date of birth (mm/dd/yyyy): \_\_\_\_\_ Sex:  Female  Male Race: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Patient ID/Chart number: \_\_\_\_\_  
Patient street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
County of residence: \_\_\_\_\_

**PATIENT INSURANCE INFORMATION**  
Insurance/Health plan name: \_\_\_\_\_  
Member ID/Medicare number: \_\_\_\_\_ Group ID: \_\_\_\_\_  
Diagnosis/ICD-9 code: \_\_\_\_\_

Date of collection: \_\_\_\_\_ Outbreak number: \_\_\_\_\_ Study: \_\_\_\_\_

# Why Change?

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- Allow OSPHL to:
  - ▣ increase revenue to further support the public health system
  - ▣ bill for testing regardless of the form used
  - ▣ bill a greater number of payers
  - ▣ better track payments
  
- Only the laboratory performing the laboratory test may bill Medicaid. (OAR 410-130-0680)

# Why Change?

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- IPP Program ended January 2014
  - ▣ STD Program still pays for some tests, with limited eligibility criteria.
  - ▣ Series of verifications has meant delayed invoices to you.

# In General, What's Changing?

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- Contract awarded to Public Consulting Group, Inc. (PCG) through state RFP process.
- **Starting December 1, 2014 Dates of Service –** OSPHL is requiring payer and additional patient information on test request forms
  - ▣ What if a clinic doesn't use insurance information at all?
- OSPHL will provide an electronic file of tests performed to PCG

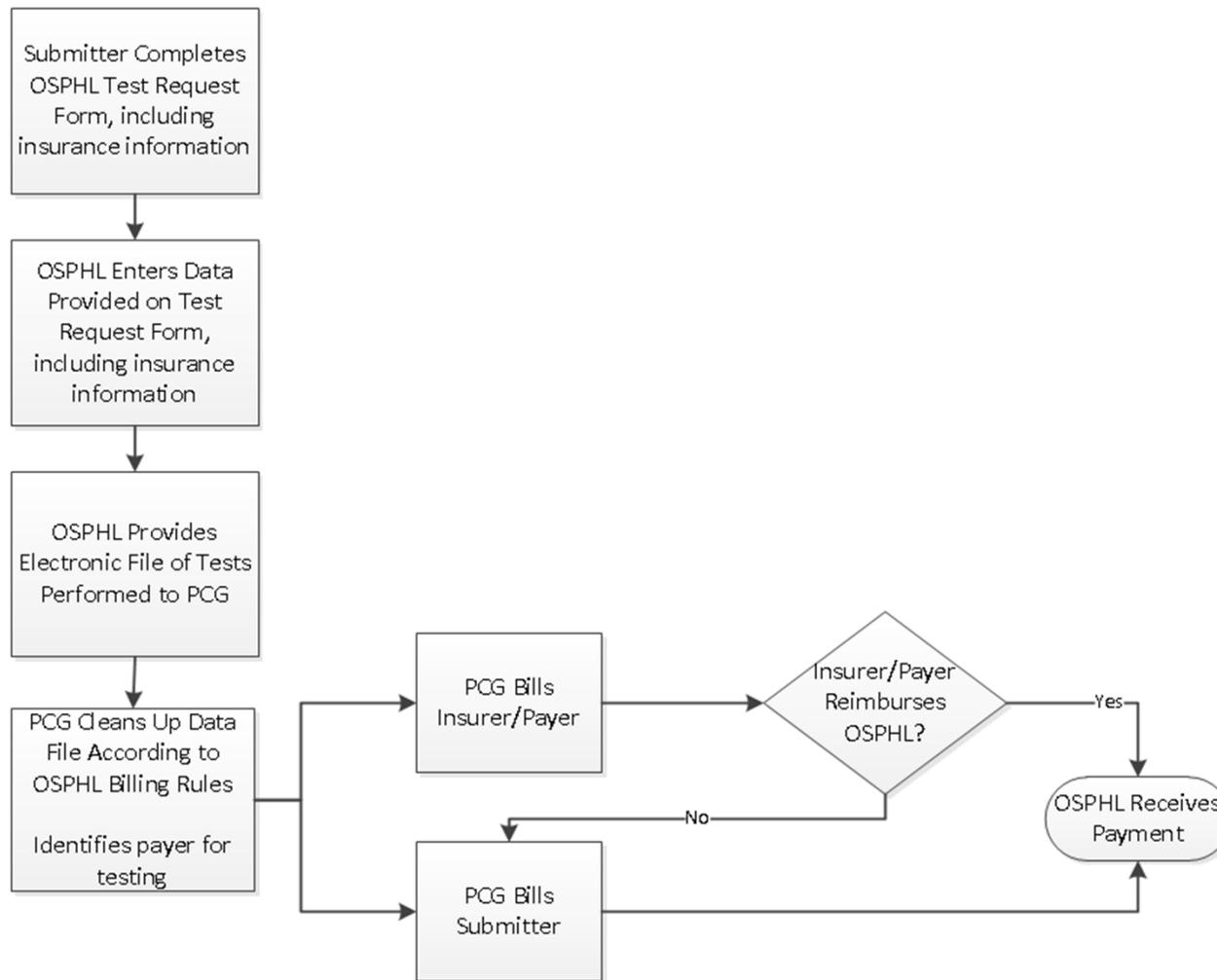
# In General, What's Changing?

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- Immediately, PCG will:
  - ▣ bill Oregon Medicaid/CCOs on behalf of the OSPHL
  - ▣ send invoices to submitters
  - ▣ track payments and provide billing reports
- As soon as possible, PCG will:
  - ▣ bill some private payers on behalf of the OSPHL
- Considering:
  - ▣ enroll as a provider with Washington Medicaid

# New Billing Work Flow – The Basics

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# What's Changing for Sample Submission?

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- On a rolling basis, the OSPHL will implement new test request forms. You may begin seeing these come to your clinic. Please use your old stock.

 <b>VIROLOGY/IMMUNOLOGY REQUEST</b> Oregon State Public Health Laboratory P.O. Box 275, Portland, OR 97207-0275 Information: 503-693-4100			
<b>PATIENT INFORMATION</b>			
Patient last name, first, middle initial:			
Date of birth (mm/dd/yyyy):		<input type="checkbox"/> Female <input type="checkbox"/> Male	Patient ID/Chart number:
Race:		Ethnicity:	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-race <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Declined	
Patient street address:			
City:	State:	ZIP:	
County of residence:			
Date of collection:	Outbreak number:	Study:	
<b>PATIENT INSURANCE INFORMATION</b>			
Insurance/Health plan name:			
Policy no./Member ID:		Group ID:	
Diagnosis/ICD-9 code for test:			

Required fields cheat sheets available at:  
[www.healthoregon.org/phlbilling](http://www.healthoregon.org/phlbilling).

# What's Changing for Sample Submission?

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## IPP/STD Program Sites

- ❑ Stop using Region X IPP form
- ❑ Begin using Virology (green) form
- ❑ Consistently provide Race and Ethnicity data
- ❑ Answer Pregnancy Status question for CT/GC tests.

**Chlamydia Test Region X - IPP**  
GREY AREAS: LAB USE ONLY

Client number: 410100547882

Lab number: \_\_\_\_\_ Date received: \_\_\_\_\_

CT/GC test:  
 Probe     CellCult     PCR  
 SDA     SA     TC-TMA

Test results:  
 Unsatisfactory Specimen  
 Negative CT     Negative GC  
 Positive CT     Positive GC  
 Equivocal CT     Equivocal GC

Comments: \_\_\_\_\_

Date reported: \_\_\_\_\_ By: \_\_\_\_\_

Medical aid number: \_\_\_\_\_

ICD code: \_\_\_\_\_

Submitter code: \_\_\_\_\_ LAB COPY

**VIROLOGY/IMMUNOLOGY REQUEST**  
Oregon State Public Health Laboratory  
P.O. Box 275, Portland, OR 97207-0275  
Information: 503-693-4100

Submitting facility: \_\_\_\_\_

Ordering clinician: \_\_\_\_\_

Contact number: \_\_\_\_\_

**PATIENT INFORMATION**  
 Patient last name, first, middle initial: \_\_\_\_\_  
 Date of birth (mm/dd/yyyy): \_\_\_\_\_  Female  Male    Patient ID/Chart number: \_\_\_\_\_  
 Race:  American Indian or Alaska Native     Hispanic or Latino  
 Black or African American     Not Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander     White     Unknown  
 Multi-race     Other     Unknown     Declined     Declined  
 Ethnicity:  
 Patient street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 County of residence: \_\_\_\_\_  
 Date of collection: \_\_\_\_\_ Outbreak number: \_\_\_\_\_ Study: \_\_\_\_\_

**PATIENT INSURANCE INFORMATION**  
 Insurance/Health plan name: \_\_\_\_\_  
 Policy no./Member ID: \_\_\_\_\_ Group ID: \_\_\_\_\_  
 Diagnosis/ICD-9 code for test: \_\_\_\_\_

**CT/GC**

CCT/GC: CHLAMYDIA/GONORRHEA BY NAAT (Nucleic Acid Amplification Testing)

VAG/Patient     VAG/Clinician     CERVICAL     URINE

URETHRAL     RECT/Clinician     PHARYNGEAL

OTHER: \_\_\_\_\_

Is the patient pregnant? (Based on patient report or medical record)

Yes     No     Unknown

# What's Changing for Sample Submission?

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All Sites – Complete the Patient Insurance Information

*If patient is on Medicaid, this information is required.*

*May be attached, with this information highlighted (all other patient information still provided on OSPHL form)*

PATIENT INSURANCE INFORMATION	
Insurance/Health plan name:	
Policy no./Member ID:	Group ID:
Diagnosis/ICD-9 code for test:	

# What's Changing for Sample Submission?

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- Clients Requesting Confidential Services
  - ▣ Write “*Confidential*” in the *Insurance/Health Plan Name* box.
  - ▣ The charge for this test will be on your facility’s invoice.
  
- ▣ Reminder for billing staff: Consider this possibility if you discover that a patient listed on your invoice has insurance.

PATIENT INSURANCE INFORMATION	
Insurance/Health plan name:	
Policy no./Member ID:	Group ID:
Diagnosis/ICD-9 code for test:	

# How Does Sample Submission Relate to Invoicing?

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- If no insurance information is provided...
  - ▣ Bill to submitter
- If correct billing information is provided...
  - ▣ Option 1 - Successful billing, OSPHL reimbursed fully
  - ▣ Option 2 – Successful billing, OSPHL partially reimbursed, no balance bill to submitter.
  - ▣ Option 3 – Unsuccessful billing due to non-covered service or similar, bill to submitter
- If incorrect billing information is provided...
  - ▣ Unsuccessful billing, bill to submitter

# What's Changing for Submitter Billing?

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- Note: The OSPHL is not sending invoices or bills directly to patients.

# What's Changing for Submitter Invoicing?

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- Cover page similar to current
  - ▣ Invoice number, date of invoice, how to send payments, amount due, etc.
- Patient and testing detail
  - ▣ CPT, date of collection, amount due, etc.
  - ▣ Sorted by patient name

Insurance: Secondary ID: 1105025562				Date of Birth:		Insured: Self				
Billing	Date	Code/CPT	Billed	Amount	Current	31-60	61-90	91-120	> 120	Total
102494	05/05/2014	83655/83655		17.67	17.67	0.00	0.00	0.00	0.00	17.67
<b>Patient Total:</b>				<b>17.67</b>	<b>17.67</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>17.67</b>

Insurance: Secondary ID: 1102433150				Date of Birth:		Insured: Self				
Billing	Date	Code/CPT	Billed	Amount	Current	31-60	61-90	91-120	> 120	Total
103331	05/15/2014	83655/83655		17.67	17.67	0.00	0.00	0.00	0.00	17.67
<b>Patient Total:</b>				<b>17.67</b>	<b>17.67</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>17.67</b>

Insurance: Secondary ID: 1025900398				Date of Birth:		Insured: Self				
Billing	Date	Code/CPT	Billed	Amount	Current	31-60	61-90	91-120	> 120	Total
104603	06/03/2014	83655/83655		17.67	17.67	0.00	0.00	0.00	0.00	17.67
<b>Patient Total:</b>				<b>17.67</b>	<b>17.67</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>17.67</b>

# What's Changing for Submitter Payments?

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*Basics of this information will be provided on your invoice cover page.*

- Send payment to PCG
  - ▣ Include copy of invoice
- Requesting adjustments
  - ▣ Must be received within 30 days of the invoice date.
  - ▣ Short pay the invoice. Send the partial payment with a reason for your request. PCG will consult with OSPHL.
- Updating insurance information

# Summary of Changes

Topic	Current Procedure	New Procedure (start Dec. 1 services)
Test Request Forms	Region X IPP, Virology, Microbiology, and HIV	Virology (new), Microbiology (new), HIV (no change), <u>no</u> Region X IPP
Required Fields on Test Request Forms	Patient demographics, ordering location and provider, specimen source, test ordered, county of residence	Add: Insurance name, Policy number, diagnosis/ICD-9, address if private insurance. For IPP, add: race, ethnicity For CT/GC, add: Pregnancy Status (on new Virology form)
Invoices	From OFS Sorted by Test Type Lists test abbreviation	From PCG Sorted by Patient Name Lists CPT code
Payment	To OFS	To PCG

# Resources

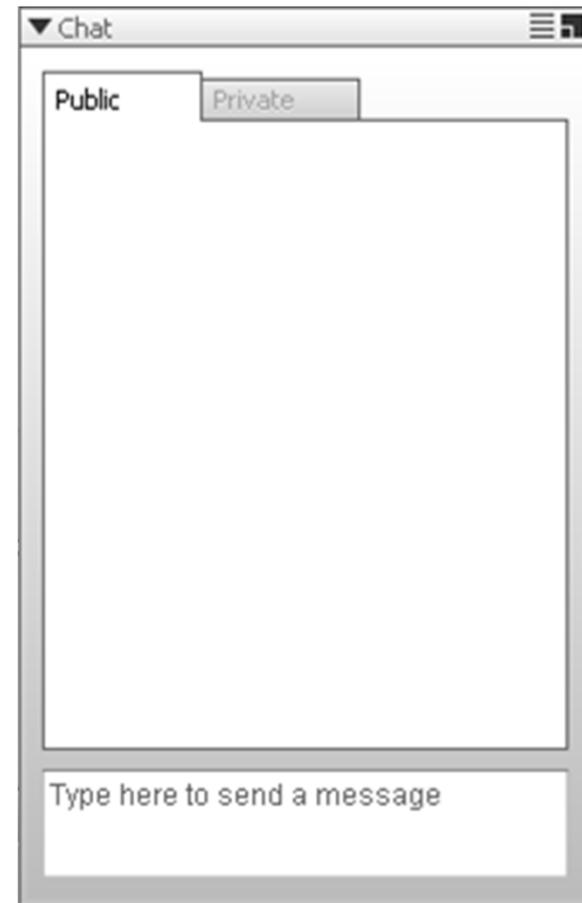
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- OSPHL Webpage: [www.healthoregon.org/phl](http://www.healthoregon.org/phl)
  - ▣ Stockroom Order Request Form: *Communicable Disease Testing > Forms and Collection Kits.*
- OSPHL Billing Changes Webpage: [www.healthoregon.org/phlbilling](http://www.healthoregon.org/phlbilling)
  - ▣ Today's presentation slides
  - ▣ Required fields "cheat sheets"
  - ▣ OSPHL Fee Schedule

# Questions & Answers

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- Type your question in the “Chat” box in the webinar.



# Thank you!

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- Contact Information at PHL:
  - ▣ Sarah Humphrey, Client Services Coordinator  
Phone: 503-693-4124  
E-Mail: sarah.m.humphrey@state.or.us
  - ▣ Contact me if you need any additional support for these changes.
- Vendor Contact Information:
  - ▣ Public Consulting Group (PCG)
  - ▣ Contact information will be on the invoices