Training for Letters of Collaboration (LOC) and Termination (LOT) for Medicaid and ODMHSAS Outpatient Behavioral Health Providers (OPBH)

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Notice of all participants of the 7th Annual Prevention and Recovery Conference

- As we continue our discussions with providers about the LOC/LOT process, there are certain aspects of this training which will change.
- Please be willing to participate in the webinars which will be presented in early January 2014 for final policy and rules.

A few reminders before we start:

- The purpose of collaboration between providers is to coordinate clinical care to prevent duplication of services, and to provide services that are complimentary and result in good treatment outcomes for the member. Note that "An eligible SoonerCare member/parent/guardian will not be restricted and will have the freedom to choose a behavioral health case management provider as well as providers of other medical care." [OAC 317:30-5-596] It is a contractual requirement that providers will collaborate on behalf of the member's best interests and choice of facility and/or provider.

- Providers are reminded that neither provider should threaten the member with a withdrawal of services, but rather engage the member to see how the two providers can work together. This expectation is a contract requirement and a Federal law.

- Providers should note that a Letter of Collaboration is an administrative function to document the actual coordination of clinical care that should take place in a conversation between the designated LBHPs responsible for the member's care at each agency involved.

- A Letter of Collaboration may only exist between two agencies. If the third agency wishes to participate, an exception must be requested. This process can be initiated by calling the PICIS Helpdesk at 405-521-6444.

- When an individually contracted provider and an OPBH agency are providing services, the authorization does not need to be divided and a Letter of Collaboration form is not required. However, documentation of coordination of clinical care needs to be noted in the medical record.

- LOC/LOT will not be required on open authorizations with a start date prior to 1/15/2014. However, at the next request for authorization (CDC 42), a LOC/LOT will be required.

Outline

- Terminology
- Who has to participate?
- Why are LOC/LOT required?
- When does reporting of LOC/LOT start?
- What is the scenario when LOC/LOT is required?
- Possible work flow
- Email Notifications
  - When will you receive Email Notifications?
  - How often will you receive Email Notifications?
  - Email Notification Registration
- How to request
  - LOT
  - Courtesy Termination
  - Contest
  - LOC
- Reports

Heads up!

- Although the rules for LOC/LOT apply for all agencies, the screens shown in this training are designed for providers who use PICIS to enter CDC/PA data.
- If you have a vendor system, you may need to refer to their training documentation.

Terminology

- Letter of Collaboration (LOC): This will allow providers to share the authorization cap for each member. Each provider will deliver specific, agreed upon services.
- Letter of Termination (LOT): This document will end the member's open Level 1/2/3/4 authorization at other providers.
- Courtesy Termination: When a provider has an open Level 1/2/3/4 authorization for a member and chooses to end the open authorization for the member at their agency. This is done so that another provider does not need to do a LOC/LOT. A discharge CDC would have the same effect.
- Pending PA: When a provider requests a Level 1/2/3/4 authorization, but another provider already has an open Level 1/2/3/4 on the same member. This requires LOC\LOT, before authorization is approved and submitted to OHCA.
- Contest Termination: When a provider has had their open authorization terminated for one of their members and they would like ODMHSAS to work with the other provider and member to see if that was the appropriate action.

Who has to participate?

- Medicaid and ODMHSAS Outpatient Behavioral Health Providers
- Providers who request Level 1/2/3/4 Authorizations
  - Adult: PG042/PG043/PG044/PG045
  - Children Under 6: PG046/PG047/PG048/PG049
  - TANF/Child Welfare: PG034/PG035/PG036/PG037
  - Systems of Care: PG015
- PG001 is excluded from this process.

– Why are LOC/LOT required?

- To insure that members have coordinated clinical care; incorporating member choice and facilitating optimal treatment outcomes
- To minimize duplication of services
  - On 10/7/2013, over 2,400 individuals had open authorizations at two or more agencies. Sixty had open authorizations at three or more agencies.
  - It is estimated that up to $860,000 of services are duplicated each year.

When does reporting of LOC/LOT start?

- 1/15/2014 will be the go-live date for reporting Letters of Collaboration/Termination.
- Email Notification Staff Registration – ASAP
- Email Notifications – ASAP
  - We will start with the PG038 & Level 1/2/3/4 notification at another agency. On 1/15/2014, all notifications types will be sent.
- Courtesy Termination – 10/20/2013

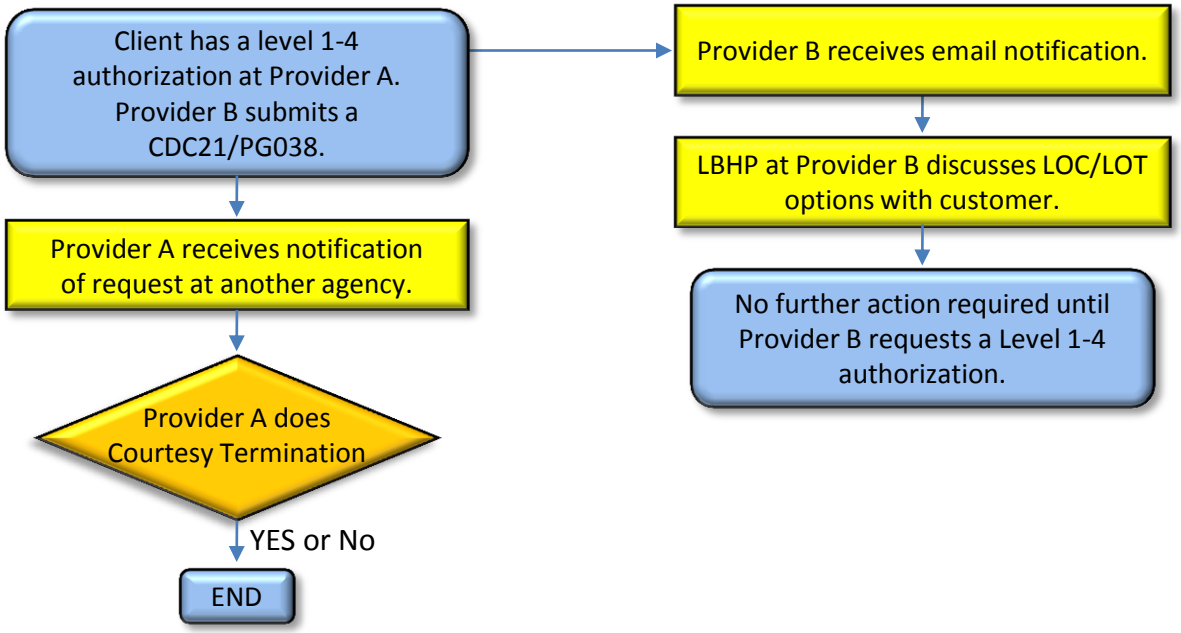
What is the scenario when LOC/LOT is required?

- Provider A has a Level 1/2/3/4 authorization and another provider wishing to request another Level 1/2/3/4 authorization.
- Level Prevention & Recovery Maintenance is excluded.

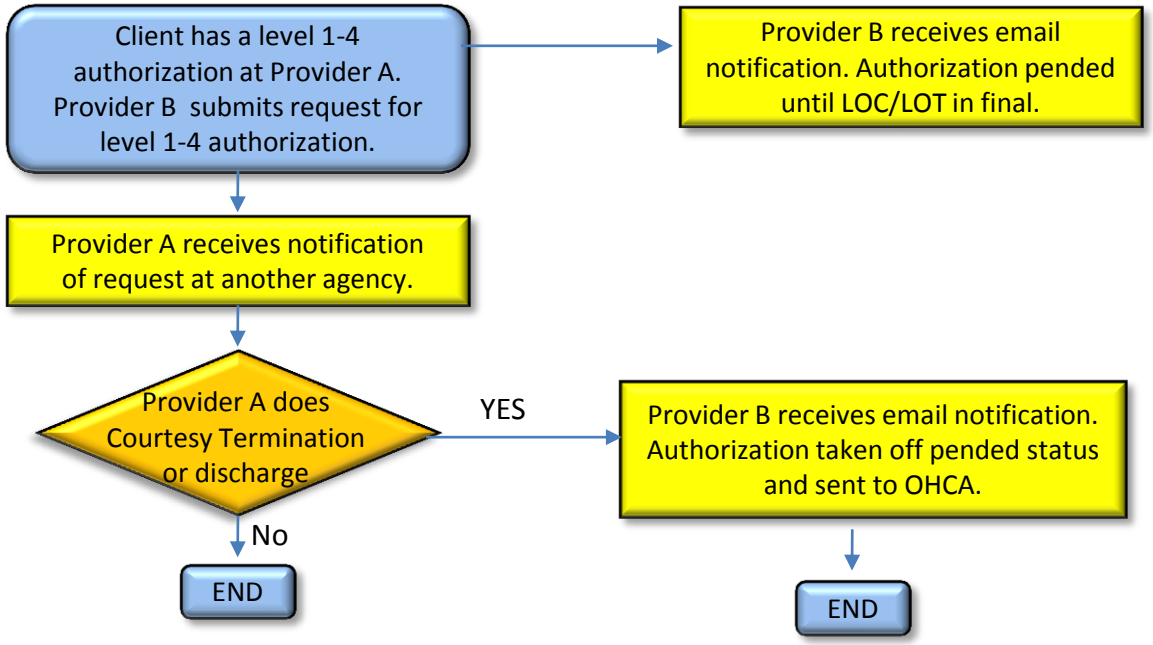
Considerations for examples in training

- Provider A: This is the provider who currently has an open authorization.
- Provider B: This is the provider who does not have an open authorization, but wishes to request one.

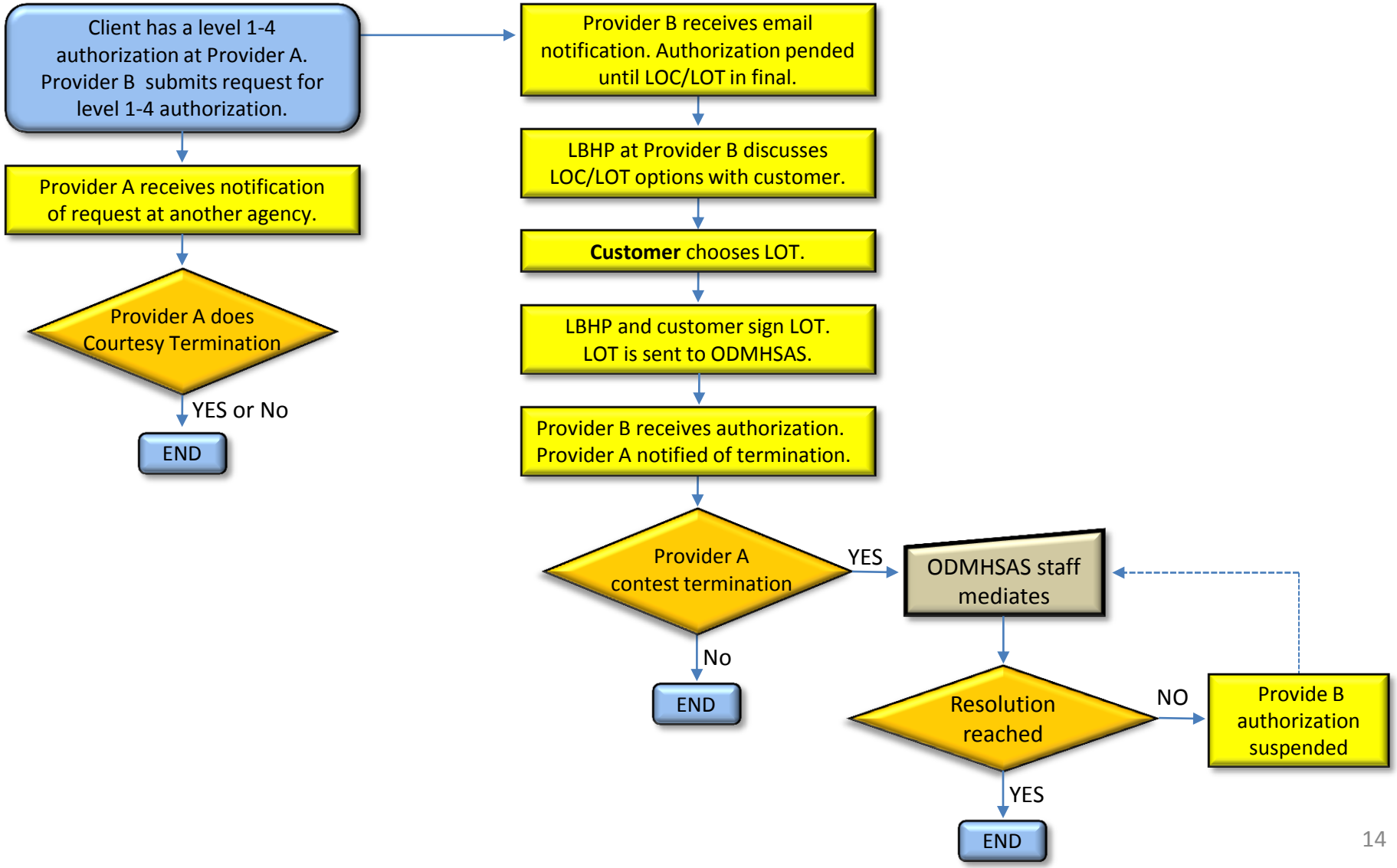
Possible work flow – Scenario 1 CDC21/PG038



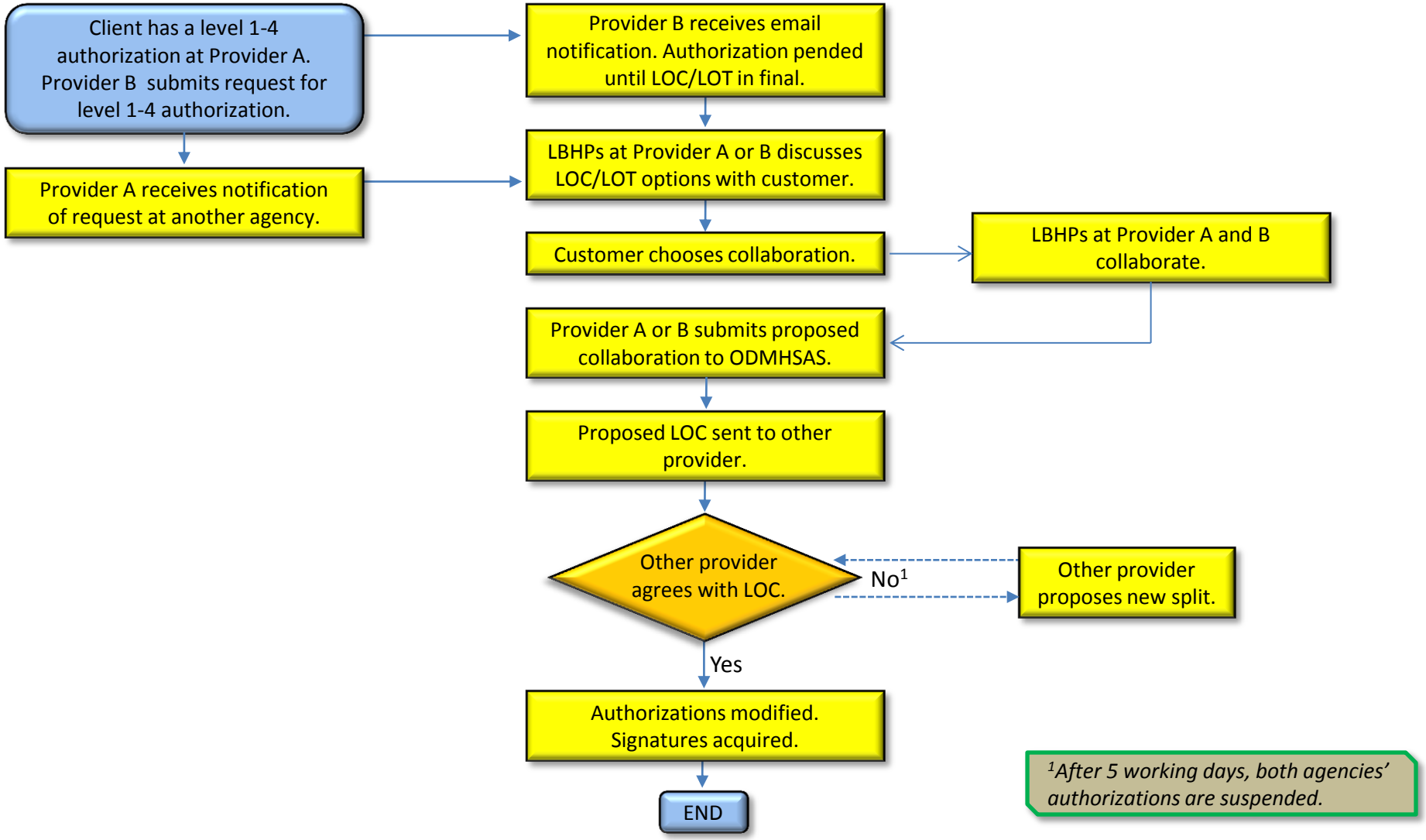
Possible work flow – Scenario 2 Courtesy Termination/Discharge



Possible work flow – Scenario 3 Letter of Termination



Possible work flow – Scenario 4 Letter of Collaboration



How was the PA Modified for LOC?

- If your PA was on pended status and has never been to OHCA the whole PA is adjusted
- If you have an active PA and the amount goes down, then all PA lines that start on/after today will be modified with new amount
- If you have an active PA and the amount goes up (you renegotiated the collaboration), then all PA lines with an end date greater than or equal to today are modified

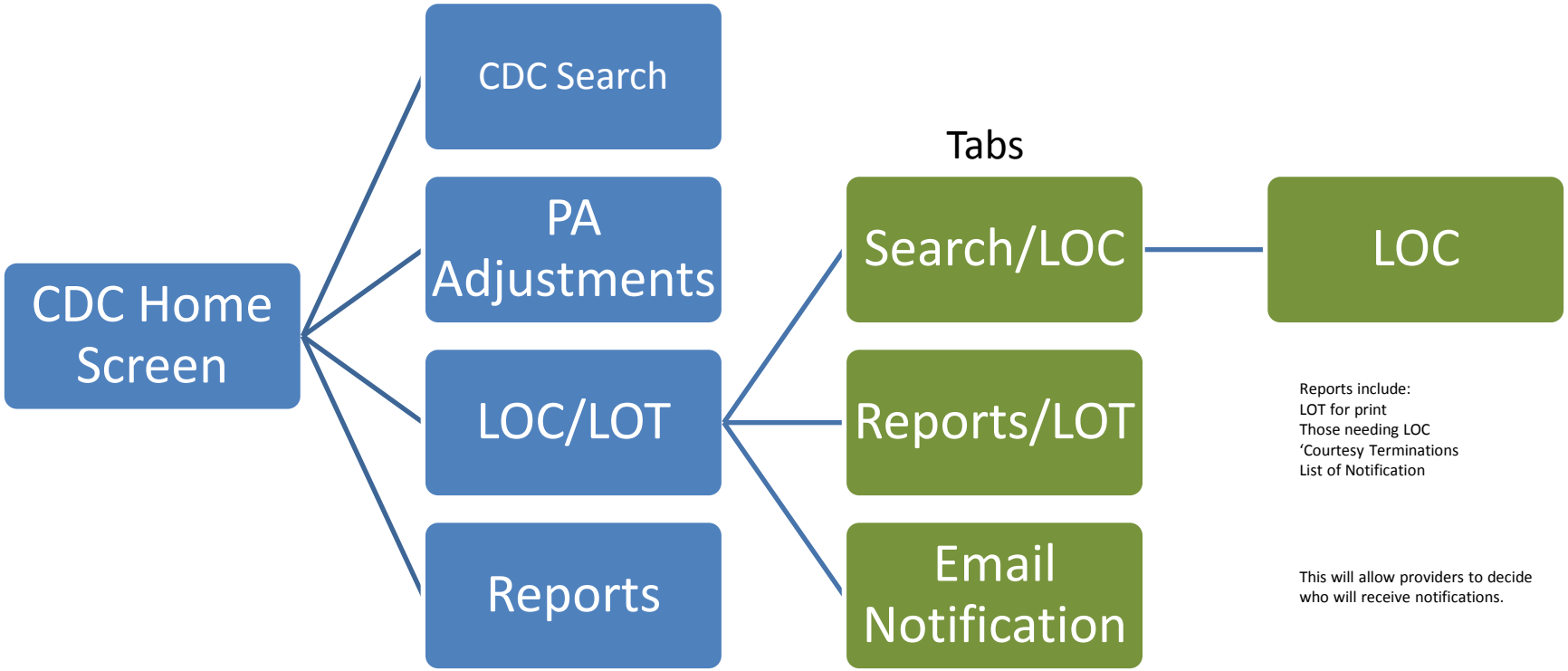
When will you receive Email Notifications?

- PG038
  - If you have an open Level 1/2/3/4 authorization and another provider request PG038.
  - If you submit a PG038 and an open Level 1/2/3/4 authorization is open at another provider.
- Level 1/2/3/4
  - If you have an open Level 1/2/3/4 authorization and another provider request a Level 1/2/3/4.
- Termination
  - If you have an open Level 1/2/3/4 authorization and a Letter of Termination is submitted to close your open authorization.
  - If you have an open collaboration and the other provider terminates their authorization.
  - Once we have review a faxed collaboration, you will be notified that your pended authorization has be approved
- Contest
  - If a provider contest the termination of the member's Level 1/2/3/4 authorization.
- Collaboration
  - If a provider proposes or accepts a collaboration.
  - If a provider terminates a proposed or open collaboration.
- Courtesy Termination
  - If you request a PG038 or Level 1/2/3/4, another provider has an open Level 1/2/3/4 authorization and the other provide chooses to do a Courtesy Termination

How often will you receive Email Notifications?

- PG038 – Once a day, all in one email
- Level 1/2/3/4 – Once a day, all in one email
- Terminations – Once a day, all in one email
- Contest – As they happen
- Collaboration – As they happen
- Courtesy Terminations – Once a day, all in one email

PICIS Screens
(New Screens in Green)



ODMHSAS
Creating Healthier Oklahoma Communities

Entering data into PICIS

https://ww1.odmhsas.org/AccessCor

Access Control

DMHSAS\MAReynolds | Log Off

AccessControl | Go To: AccessControl Administration | Idle Time: 148:38

Agency: ODMHSAS Test Agency --- 000000092A

Navigation

- Home
- CDC Search
- PA Adjustment
- LOC/LOT
- Reports

For assist with Client Information System (PI-CIS), call 855-521-6444 or email at gethelp@odmhsas.org.

Collaboration | Reports/LOT | Email Notifications

Agency Site: --Select--

Recipient ID:

Last Name:

First Name:

Completed | Pending | All

Search

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Email Notification Staff Registration

https://ww4.odmhsas.org/A PICIS Report

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AccessControl Go To AccessControl Administration Idle Time: 148:39

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Collaboration | Reports/LOT | Email Notifications

First Name | Last Name | Location

E-Mail Address | Phone Number w/ext.

Default (no contact)
Primary for location
Secondary for location

--Select--

Add

	First name	Last Name	Email Address	Phone Number	Primary/ Secondary	Location
Delete	Robert	Smith	Rsmith@odmhsas.org	405-522-3829 x23	Default	
Delete	Nancy	Howard	Nhoward@odmhsas.org	405-522-3829 x33	Secondary	000000092A
Delete	Randy	Ice	Rice@odmhsas.org	405-522-3829 x99	Primary	000000092B
Delete	Monica	Sampson	Msampson@odmhsas.org	405-522-3829 x20	Secondary	000000092B
Delete	Larry	Rossman	Lrossman@odmhsas.org	405-522-3829 x87	Primary	000000092C

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This screen is similar to the Staff information screen in Provider Enrollment.

Instructions

1. Type in information in each field and select a location. All fields are required.
2. Select a contact type, either Default, Primary, or Secondary. See following page for rules.
3. Click on 'Add' Button.
4. If staff member is no longer employed at provider or responsibilities changes, please add new staff then delete that staff.

Email Notification Staff Registration Rules

- Default Contact
  - Default Contact is necessary when ODMHSAS is unable to contact the Primary or Secondary Contact.
  - Initially, this will be the PICIS Contact.
  - If a LOC request has gone over 5 working days, the Default Contact will receive notification.
  - Providers may change this at any point, but there must always be one Default Contact.
  - Providers may choose to have multiple Default Contacts.
- Primary Contact
  - This will be the individual who will receive email notifications for all location they are associated with.
    - Only exception is on a LOC, when a contact has been specified.
  - Providers may choose to have multiple Primary Contacts. Each will receive the email notifications.
  - Primary Contact is assigned by location. Providers may choose for the Primary Contact to be assigned to multiple locations.
  - Primary and Default Contact can the same.
  - If no Primary Contact is assigned to a location, the Default Contact will receive the email notifications.
- Secondary Contact
  - This individual will only receive LOC email notifications.
  - Primary and Secondary Contact cannot be the same, however, Secondary and Default Contact maybe the same, unless the Primary and Default Contact are already the same.
  - If no Secondary Contact is assigned to a location, the Default Contact will act as Secondary Contact.
- These individuals do not necessarily need PICIS access, but they may find it helpful to access reports available in PICIS.

Courtesy Termination

- Report will be available under the Reports/LOT tab

- Report will show a list of members:

  Sub-report 1: Who have an open authorization at the agency and has an PG038 or Level 1/2/3/4 request at another provider

  Sub-report 2: All open authorization

- If provider clicks on 'Terminate' next to the member's name:
  - A screen will appear to confirm the termination
  - The member's authorization will end with today's date
  - If there is a PG038 or Level 1/2/3/4 request at another provider, the other provider will be notified a collaboration or termination will be not required for that member.

- Note: If provider will submit a discharge, this will terminate an open authorization, too.

Letter of Termination (LOT)

- In PICIS, the LOT will be available after a PG038 requests.
- Each LOT has an unique identifier which is specific to the customer.
  - For each LOT, you will have to print individually.
- As a courtesy to
- LOT cannot be submitted until Level 1/2/3/4 request is made.
- Once LOT is received by ODMHSAS, most should be processed within 5 working days.
- Start of authorization will still be based on request date, not the date the other provider's authorization is terminated.

LOT Form

- The LBHP is expected to explain the LOT to the customer/guardian to a degree they can make and informed choice, and sign the LOT along with customer/guardian.
- As a courtesy to other providers, the LBHP should ask the customer/guardian to check the boxes on the form regarding the reason for ending services.

What happens if my authorization is terminated?

- You will receive notification
- Your authorization will be ended on the date the LOT is processed, not the start date of the other providers authorization.

BEHAVIORAL HEALTH SERVICES LETTER OF TERMINATION

Member Name: ***FirstName LastName*** Recipient ID: ***123456789***

I, ***FirstName Lastname***, have discussed my services with the clinician identified below and understand that the billing system reflects that I have been receiving services at another agency. After discussing my service options with the clinician, including the possibility of receiving designated services from both agencies, I have decided that I would like to discontinue receiving services from the other agency, and begin receiving services from ***AGENCY NAME*** as of _____ *(MM/DD/YY).*

My reason for ending services with the other agency is as follows (check all that apply):

- ☐ Inconvenient location/hours
- ☐ Concerns about the quality of services received
- ☐ Does not have a good relationship with staff
- ☐ Unaware of other agency
- ☐ Provider doesn't offer all desired services
- ☐ Moved or new provider is closer or more convenient
- ☐ Declined to respond
- ☐ Other (fill in blank) _____

SAMPLE

☐ Other (fill in blank) _____

I understand that by signing this form I will be ending all of the services previously received at the other agency (including any medication services).

_____ _____

Member Signature (14 and over must sign) Date Signed

_____ _____

Legal Guardian Signature Date Signed

_____

Name of Clinician, Credentials

_____ _____

Clinician Signature Date Signed

SAMPLE

Options for Submitting LOT

1. Submit via fax at one of the following phone numbers: TBD
2. Submit via vendor system.

- Paper and email submission will NOT be accepted.
- Multiple LOTs can be submitted in single fax transmission.

Contest Termination Process

- Step One: Open ‘Contest Termination’ report in PICIS.
- Step Two: Locate terminated authorization.
- Step Three: Click on ‘Contest’. You will be asked to verify.
- Step Four: Send justification to gethelp@odmhsas.org within 5 days and a review will be initiated.
- Step Five: If PICIS Helpdesk staff identify the explanation as reasonable, the helpdesk will contact Van Rhodes to begin an arbitration process.

Contest Termination Process

- When one provider contests a termination, the other provider will be notified.
- If reason is not sent with in five days of the contest, process will be closed for that customer. Can be reinitiated, if needed.
- Providers who submit request to gethelp@odmhsas.org before a contest is request in PICIS, will be ask to start the request process in PICIS first.
  - We need to be able to track which providers are getting contested against and which providers are submitting a contest.

Collaboration Screens

- Once the two LBHPs have come to agreement on the collaboration, the following screens will be filled out.

Letter of Collaboration

https://ww4.odmhsas.org/A PICIS Report

DMHSAS\MAReynolds Log Off

AccessControl Go To AccessControl Administration Idle Time: 148:39

Agency: ODMHSAS Test Agency --- 000000092A

Navigation
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- Reports

For assist with Client Information System (PI-CIS), call 855-521-6444 or email at gethelp@odmhsas.org.

Collaboration | Reports/LOT | Email Notifications

STEP ONE:
Your Contact information:
Name:
Phone
Email:
Other Agency Contact (optional)
Email:

STEP TWO (verify):
Recipient ID: 123456789
Location: 000000092A
PA Group: ZZ045
PA Amount: $1171
Last Update: 8/26/2013
PA Number: 4513693827

STEP THREE:

This Agency		Other Agency	
Dollars			Dollars
NPI			NPI (if known)
Services to be provided (check all that apply):		Services to be provided (check all that apply):	
Individual Psychotherapy	☑	☐	Individual Psychotherapy
Group Psychotherapy	☐	☑	Group Psychotherapy
Family Psychotherapy	☐	☑	Family Psychotherapy
Individual Rehab	☐	☑	Individual Rehab
Group Rehab	☐	☑	Group Rehab
Case Management	☑	☐	Case Management

Propose Accept Cancel

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Step One:

Similar to the PA Adjustment screen, this is “who do we contact?” if we have questions or who should receive the response.

If you know the other agency contact, you can put in the email address. If not, just leave it blank.

Letter of Collaboration

https://ww4.odmhsas.org/A PICIS Report

DMHSAS\MAReynolds Log Off

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Email:
Other Agency Contact (optional)
Email:

STEP TWO (verify):
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Group Psychotherapy	☐	Group Psychotherapy	☑
Family Psychotherapy	☐	Family Psychotherapy	☑
Individual Rehab	☐	Individual Rehab	☑
Group Rehab	☐	Group Rehab	☑
Case Management	☑	Case Management	☐

Propose Accept Cancel

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Step Two:

This shows the provider what we know about the PA they are going to collaborate on. This is their information, not the other provider.

Letter of Collaboration

https://ww4.odmhsas.org/A PICIS Report

DMHSAS\MAReynolds Log Off

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Collaboration | Reports/LOT | Email Notifications

STEP ONE:
Your Contact information:
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Group Psychotherapy	☐	☑	Group Psychotherapy
Family Psychotherapy	☐	☑	Family Psychotherapy
Individual Rehab	☐	☑	Individual Rehab
Group Rehab	☐	☑	Group Rehab
Case Management	☑	☐	Case Management

Propose | Accept | Cancel

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Step Three:

Enter the amount of the monthly each provider will have the NPI of the responsible LHBP at each provider. If the provider doesn't know the other provider's NPI, it can be left blank.

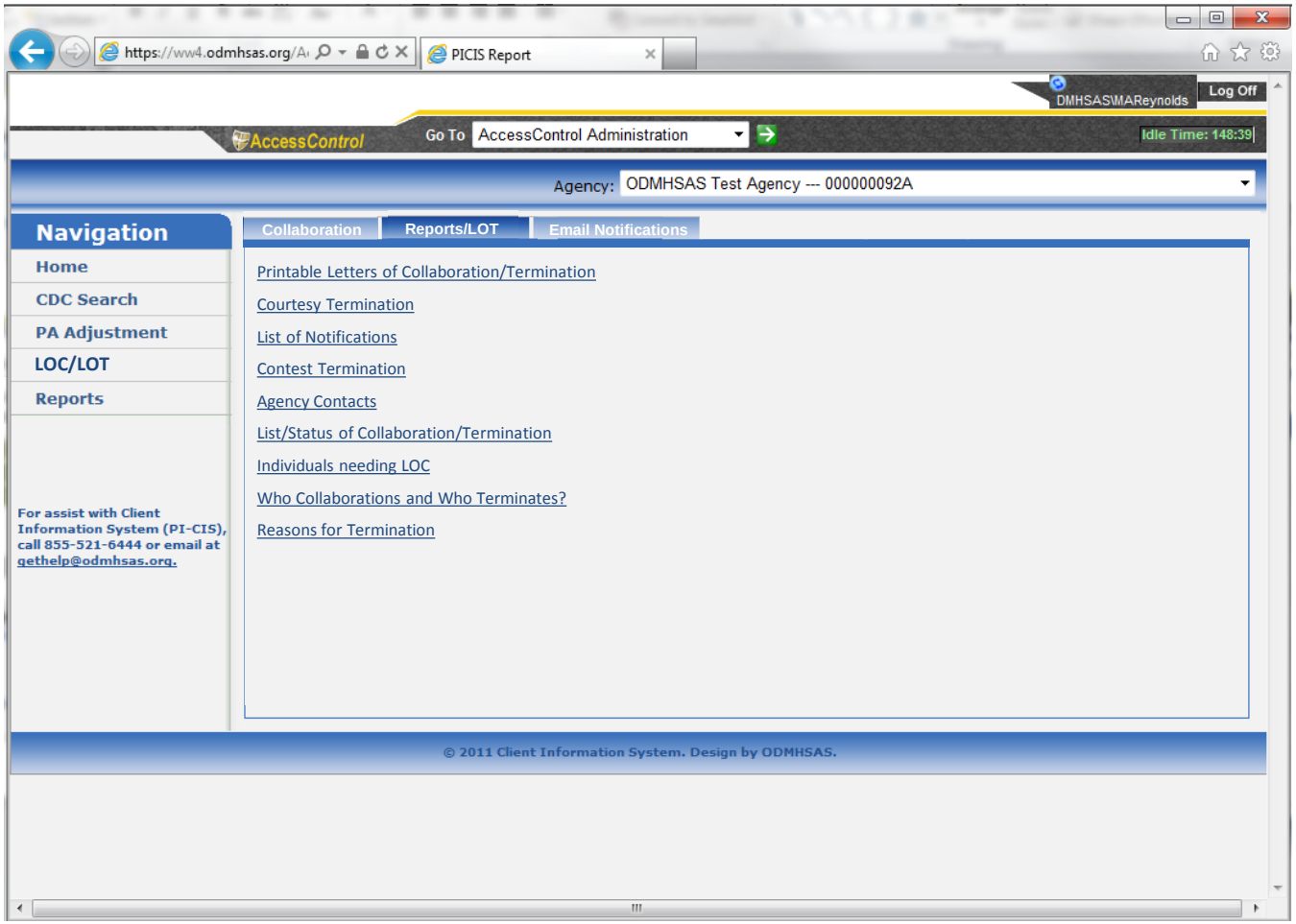
Check the boxes of the services each provider will render. (The check boxes will not be automatically checked. This is just there as an example.)

If you are the first to enter the proposal, click on 'Propose'.

If the other Provider's proposal is acceptable, click on 'Accept'.

If you make a change to the dollar amount after a proporal, you will have to click on 'Propose' again, so that the other provider can review your new proposal.

REPORTS



1. Letters of Termination (LOT) is where providers can get the printable versions of the LOT.
2. Courtesy Termination is where providers can go to end their own PA, so that the other provider does not have to collaborate or terminate.
3. Lists of Notification will show them the email we have sent and to whom.
4. Contest Termination will notify the other provider that this provider does believe their PA should have been terminated.
5. Agency contacts is a list of contacts at ALL agencies.
6. List/Status of Collaboration will show every collaboration this provider has open, closed or is pending , or all the terminations which have been implemented.
7. Individuals needing LOC might not be needed – just a sub-report of #6.
8. Count of terminations and collaborations by provider. Also will add courtesy termination counts, as well as contests.
9. Show why clients are terminating other agency or from your agency.

END