



## **AUTHORIZATION PROCESS FOR MVBCN MEMBERS IN RESIDENTIAL PROGRAMS OUTSIDE OF OUR REGION**

*Updated: 03/31/2011*

***Mid Valley Behavioral Care Network (MVBCN) is committed to our members receiving the mental health services they need. It is our intention to expedite the delivery of these services in a timely and efficient manner.***

### Working with the MVBCN mental health provider system

- We are the Mental Health Organization (MHO) for five counties: Linn, Marion, Polk, Tillamook and Yamhill.
- In our region, outpatient mental health services are authorized by the local county mental health program.
- We have chosen to continue this practice for adults included in the Adult Mental Health Initiative who are living in a residential setting outside of our region. We expect the mental health program in the county of capitation to collaborate with out-of-region mental health and residential providers to address mental health needs now and through any transitions in care. Each MVBCN county has an Exceptional Needs Care Coordination (ENCC) staff assigned to individuals who are enrolled with the Adult Mental Health Initiative.

### Becoming a qualified provider to serve MVBCN members in residential placements

- MVBCN will provide a central credentialing process for the region, and maintain a list of approved agencies. This involves outpatient agencies outside of our region completing an ***OUT OF AREA AGENCY AGREEMENT FOR MENTAL HEALTH SERVICES***. Questions about this process go to Kathy Savicki, 503-585-4985, or [kathys@mvbcn.org](mailto:kathys@mvbcn.org)

### Eligibility for mental health services from Mid-Valley Behavioral Care Network

- Individual must be enrolled in MVBCN as their Mental Health Organization (MHO), with care being managed by one of our counties: Linn, Marion, Polk, Tillamook, Yamhill
- Individual must have a primary mental health diagnosis that is on the OHP prioritized list and is the focus of the needed treatment.

- Services that are billable using HK codes are excluded from capitation and from this management process.

### Authorization for services

#### **ROUTINE OUTPATIENT SERVICES MUST BE PREAUTHORIZED**

- Either the Exceptional Needs Care Coordinator from the MVBCN county coordinating care for the individual or the residential provider will initiate a dialogue regarding the needs of the individual for outpatient mental health services.
- An outpatient provider in the community where the individual is living will be identified to provide appropriate services. The ENCC will fax a Treatment Authorization specifying the services to be provided and billing instructions to the outpatient mental health provider agency.
- Utilization Management: Renewal or modification of a Treatment Authorization follows the same process, and is initiated by either the mental health provider or the Exceptional Needs Care Coordinator. The ENCC may request review of clinical records to assist in assessing treatment needs.
- HIPAA and Oregon statutes allow exchange of information necessary to authorize services and provide claims without a release of information.
- Emergency mental health assessment and stabilization services may be provided when medically necessary. Call the ENCC the next business day to arrange for retroactive authorization and on-going services.

#### **PSYCHIATRIC HOSPITAL CARE**

- Transfer of an individual in a residential placement to psychiatric hospital care requires that the individual meet MVBCN criteria for hospitalization.
- Hospital care is authorized by Roger Givens, MVBCN Hospital Liaison. He is available during business hours at 503-551-7847 (cell). If a crisis hospitalization occurs outside of business hours, Roger should be contacted the next business day. Roger will talk with the ENCC from the home county mental health program to plan for post-discharge treatment.

### Billing and payment

- Provider will need to submit a *CMS 1500 for 08/05* claim form to the individual's home county using the address listed below. Clean claims shall, under normal circumstances, be submitted within thirty (30) calendar days of the initial date of service, and in no case later than one hundred and twenty (120) calendar days after the date of service. These periods may be extended for coordination of benefits. A clean claim matches the services authorized and includes all information needed

for payment processing. MVBCN is not responsible for payment for services provided for which clean claims are not submitted within the aforementioned time period.

- Provider must submit accurate diagnoses in claims and shall insure that claims include more than one diagnosis code when applicable.
- Each MVBCN county will pay claims based on their own payment schedule. We expect counties to make payment within 45 days after receipt of clean claims.
- If MVBCN is the supplemental or secondary carrier to Medicare, or other third party payor, the claim should be accompanied by an EOB from the member's primary insurer. The county will pay the provider for the deductible and coinsurance and any other patient liability portion on that claim, up to the county's established payment schedule.

### LOCAL MENTAL HEALTH CONTACTS

**County:**

Contact person:

Telephone:

Fax:

E-mail

Mailing address

Address for claims

submission (if different):

**Linn**

Marydale Salston

541-924-6916 ext. 2305

541-926-6271

[msalston@co.linn.or.us](mailto:msalston@co.linn.or.us)

P. O. Box 100, Albany, OR 97321

Attn: Sue Justus

Address above

**County:**

Contact person:

Telephone:

Fax:

E-mail

Mailing address

Address for claims

submission (if different):

**Marion**

Patrick Brodigan

503-361-2776

503-361-2782

[pbrodigan@co.marion.or.us](mailto:pbrodigan@co.marion.or.us)

2421 Lancaster Drive NE, Salem, OR 97305

Attn: Christina McCollum

Address above

**County:**

Contact person:

Telephone:

Fax:

E-mail

Mailing address

**Polk**

Judi Morehead

503-623-1886, ext. 436

Cell: 503-910-6259

503-623-7560

[MOREHEAD.JUDITH@co.polk.or.us](mailto:MOREHEAD.JUDITH@co.polk.or.us)

182 SW Academy St., Suite 304, Dallas, OR 97338

**County:** Tillamook  
Contact person: Frank Hanna- Williams  
Telephone: 503-842-8201 ext. 336  
Fax: 503-815-1870  
E-mail: [FrankHW@tfcc.org](mailto:FrankHW@tfcc.org)  
Mailing address: 906 Main Ave., Tillamook, OR 97141  
Address for claims submission (if different): Attn: Lori Johnson  
Address above

**County:** Yamhill  
Contact person: Marie Bellisario  
Telephone: 503-434-7523  
Fax: 503-434-9846  
E-mail: [bellasm@co.yamhill.or.us](mailto:bellasm@co.yamhill.or.us)  
Mailing address: 627 NE Evans St., McMinnville, OR 97128

**We look forward to working with you to ensure the best care for our members!**

Although this process looks complex, we hope you will see the benefit of collaborating with the home community mental health system. If you are having difficulties, feel free to contact us:

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