

## Arkansas OBH Program Configuration Guide

### Effective July 1, 2017

While Credible makes every effort to ensure the most up-to-date configuration plan to support the OBH program transition, Partners will need to thoroughly review the AR Medicaid documentation regarding billing business rules to ensure configuration accuracy. This document is utilized as a supplemental tool for guiding configuration needs within a Partner's Credible Domain.

### Overview

Effective July 1, 2018 the Rehabilitative Services for Persons with Mental Illness (RSPMI) Program, Licensed Mental Health Practitioner (LMHP) Program, and the Substance Abuse Treatment Services (SATS) Program will cease to exist. The transition of consumers to Outpatient Behavioral Health Services (OBH) Program will begin on July 1, 2017, and is contingent upon the approval of the OBH Program per Agency. Services for RSPMI, LMHP, and SATS programs with Dates of Service after June 30, 2018, will not be paid by Arkansas Medicaid.

### Outpatient Behavioral Health Services Billing Rules

- Daily Limit: Maximum of 8 hours per 24 hour day of OBH services.
- Counseling Level Services are rendered in a behavioral health clinic, healthcare center, physician office, and/or school.
- OBH is not TPL exempt.
- Outpatient Services are billed in 15 minute units and billed on a per unit basis: daily total, per consumer, per service.
  - 1 unit = 8-24 minutes
  - 2 units = 25-39 minutes
  - 3 units = 40-49 minutes
  - 4 units = 50-60 minutes
- No 'carryover' of time is allowed from one day to another.

### Configuration Considerations

- Billing Matrix
  - For each Service Type (i.e Individual Counseling, Family Counseling, etc.) utilize a unique roll code to merge service types together for a single consumer per day.
  - Configure an Over Production Cap of the maximum allowed units hours per day per service types. The Over Production Cap should be configured on all billable OBH service billing matrix lines.
  - Utilize Credential Groups as a matching criteria to address varying rates and modifiers based on credential level.
  - For Billing Matrix lines where the Credential Group supports non-licensed and credentialed employees, select 'provider for rendering' = True to send the Agency's NPI.
- Licensed/Credentialed staff will need to send the Employee's NPI as the rendering Provider > Billing Group: Provider For Rendering = False.

- Referring Physician and his/her 9-digit Arkansas Medicaid provider ID number is required after the first 3 Counseling sessions.
- Telemedicine Billing Matrix lines: Default the POS = 99

## Process for Transitioning to OBH in Credible

1. **Billing tab > Provider Config:** Create New Provider Config Entry using the OBH determined taxonomy code (as provided by Medicaid), Use Rendering = True. Remaining items in the Provider Config line will mirror existing lines (Tax ID, Remit to Address, etc.).
2. **Billing tab > Billing Group:** Create a new entry, linking the Provider to the Provider Config line added in step 1 above. Provider for Rendering = False
3. **Admin tab > Programs:** Create an OBH Program
4. **Admin tab > Service Types:** Create new service types for the allowed billable CPT/HCPC codes (see Medicaid Provider Manual for OBH)
5. **Billing tab > Billing Matrix > Add New Entry** for the OBH program addressing the considerations outlined above. Please note that you can mass import billing matrix changes rather than manually updating/copying new entries. To find instructions on how to import to the billing matrix, please see: [https://help.crediblebh.com/CredibleHelp/page.aspx?pageid=export\\_import\\_for\\_billing\\_matrix\\_rate\\_changes](https://help.crediblebh.com/CredibleHelp/page.aspx?pageid=export_import_for_billing_matrix_rate_changes)
6. **Admin tab > Geo Areas:** ensure that each geo area has the facility address, 9 digit zip code, and NPI populated.
7. **Admin tab > Locations:** ensure that all locations are assigned a corresponding geo area
8. **Employee > Employee Record:** Ensure all licensed staff have an NPI and Arkansas Medicaid Provider ID populated.
9. **Billing tab > Custom Red X > Predefined Red X List:** Red X primary visits with unapproved secondary = true for Batching.
10. **Billing Payer:** Some Partners choose to configure a Medicaid Payer for each Program billed, while others utilize 2 Medicaid Payers for (adult vs. child). Please review your agency's configuration to determine whether adding a new payer is truly needed. Should your agency decide to add a new Payer, please note that the client will need to also receive new insurance records and new authorization records prior to services. Billing Matrix and RCM lines will also need to be updated to support the new Payer.
11. **Billing tab > Revenue Code Matrix:** Add the additional RCM lines needed to support a new OBH Program. Depending on the agency's current RCM configuration this could entail multiple new lines.

## Resources

- [https://help.crediblebh.com/CredibleHelp/default.aspx?pageid=billing\\_step\\_by\\_step](https://help.crediblebh.com/CredibleHelp/default.aspx?pageid=billing_step_by_step)
- [https://help.crediblebh.com/CredibleHelp/page.aspx?pageid=export\\_import\\_for\\_billing\\_matrix\\_rate\\_changes](https://help.crediblebh.com/CredibleHelp/page.aspx?pageid=export_import_for_billing_matrix_rate_changes)
- [https://help.crediblebh.com/CredibleHelp/default.aspx?pageid=assigning\\_programs\\_teams\\_via\\_an\\_import&SearchHighlight=program&condition=exactphrase](https://help.crediblebh.com/CredibleHelp/default.aspx?pageid=assigning_programs_teams_via_an_import&SearchHighlight=program&condition=exactphrase)
- [https://help.crediblebh.com/CredibleHelp/default.aspx?pageid=importing\\_authorizations](https://help.crediblebh.com/CredibleHelp/default.aspx?pageid=importing_authorizations)

For additional support, please enter a task ticket and a Billing Specialist will be happy to assist you.