



Managed Mental Health Care Organization for Coos, Curry, Jackson, Josephine, and Klamath Counties  
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# Cross-County Authorization & Billing Policy and Procedures

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Revision History:

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## **I. POLICY DESCRIPTION**

Jefferson Behavioral Health (JBH) recognizes that some Members in the region may need to receive routine mental health services other than from a Community Mental Health Program (CMHP) in which they are enrolled. JBH Members may access routine mental health services from any JBH Community Mental Health Program with prior authorization

## **II. APPLICABILITY**

For the purposes of this policy, the term Jefferson Behavioral Health (JBH) includes the Jefferson Behavioral Health staff and its authorized representatives. JBH shall follow this policy as it applies to the OHP mental health services governed by the OHP Mental Health Organization Contract between the State of Oregon and JBH. Contractors and subcontractors follow this policy to the extent that it applies to the mental health services that they provide to JBH Members. The responsibilities outlined in this policy shall also include, but not be limited to, the Local Mental Health Authorities (LMHA) in the JBH service area and any agency delegated with the responsibility for managing mental health services for JBH members in the LMHA's county.

## **CONTINUITY OF CARE**

If a Member moves from one county to another, then services should be effectively transitioned to the new county of residence. A transition plan should be developed between both counties to ensure effective continuity of care. CMHPs shall adhere to the MHO agreement related to Accessibility and Continuity of care; Contractor shall meet, and require Providers to meet, OHP standards for timely access to care and services, taking into account the urgency of need for Services. Contractor shall comply with OAR 410-141-0220, Oregon Health Plan Prepaid Health Plan Accessibility and OAR 410-141-0160, Oregon Health Plan Prepaid Health Plan Continuity of Care.

In circumstances in which there is a transfer of services without change in county of enrollment, both CMHPs assume responsibility for exchange of relevant clinical information and continuity of care. For quality of care reasons members are not able to divide services between counties unless there is compelling clinical indication.

### **REQUESTS FOR SERVICES FROM ANOTHER CMHP**

As per the MHO Agreement; Contractor shall provide each OHP Member with an opportunity to select an appropriate Mental Health Practitioner and Service site. When an enrolled member is presenting for services out of county, that county will complete an access screening. Following the screening the Authorization Request for Mental Health Services Form will be completed and faxed to the County of enrollment.

### **AUTHORIZATION**

If the CMHP in which the JBH Member is enrolled determines that the Member may receive routine mental health services from another CMHP, then the referring CMHP will need to contact the receiving CMHP to ensure that mental health services could be adequately provided. If routine mental health services can be provided by another CMHP then the referring CMHP will enter a prior authorization in PHTech. The usual authorization period will be for a limited time not to exceed 6 months.

If mental health services cannot be delivered by another CMHP, the JBH Member may continue to receive services in the county in which they are enrolled. If the JBH Member disagrees with this decision, the JBH Member may appeal the decision to the CMHP or JBH.

In the event that services are delivered by a CMHP without prior authorization from the county in which the JBH Member is enrolled then receiving CMHP should inform both the JBH Member and their CMHP of enrollment that the JBH Member has been receiving services and that the JBH Member will need to have a prior authorization to receive services.

### **BILLING AND REIMBURSEMENT**

#### ***Billing***

For JBH Member Counties: It is the responsibility of the CMHP delivering services to submit encounter data to PH Tech for the JBH Member.

For Non-JBH Member Counties: It is the responsibility of the CMHP delivering services to submit claims to PH Tech for the JBH Member within 90 calendar days from the date of service.

#### ***Reimbursement***

Mental health services will be reimbursed according to the JBH fee schedule. Payment for the out of county outpatient services will be debited to the enrolled member's county's capitation payment and credited to the county's capitation payment that is providing the services.

### **MONITORING PERFORMANCE**

The CMHP in which the JBH Member is enrolled should monitor the mental health services that are being delivered to ensure that they are adequately meeting the needs of the JBH Member.