

Instructions for Obtaining an OHP Single Case Agreement

Please note: The instructions below were created by individual LPCs in Oregon, based on our own experience applying for and receiving authorizations for single case agreements in the **PORTLAND METRO AREA** with Care Oregon/HealthShare and **should not be considered official statements, instructions or rules from the Oregon Health Authority.**

Step 1: Get a Medicaid (DMAP) Number:

You must have a Medicaid/DMAP number to be able to receive payments from OHP agencies.
If you already have a Medicaid/DMAP number, you may skip to Step 2 (next page).

The forms and instructions below are for the following licensures:

LPCs, LMFTs, registered interns and LCSWs:

FORMS TO COMPLETE:

Be sure to download the form and save it BEFORE you complete it (otherwise you may lose any information you add). Then, open it, fill it out, save it again and print it.

- [MSC 3970](#): EDMS Coversheet
- [OHA 3972](#): Provider Enrollment Request
 - ★ *The effective date for enrollment should be the date you began treatment with the OHP-insured client.*
- [OHA 3974](#): Disclosure Statement of Ownership and Control Interest
- [OHA 3975](#): Provider Enrollment Agreement
- [OHP 3114](#): Provider Enrollment Attachment
 - ★ *If you are employed by a clinic, group or other facility that bills on your behalf, you do not need to complete the Provider Enrollment Attachment (OHP 3114) above. Instead, complete the **Non-Payable Provider Form** ([OHP 3113](#)) only.*

DOCUMENTATION NEEDED:

- Copy of current LPC or LMFT license
- Social Security Card and/or W-9
- Liability Insurance Certificate

FAX FORMS AND DOCUMENTATION:

- Using the checklist above, fax all forms and documentation to:
503-378-3074 (Salem)

For further information or questions go to the [OHA Provider Enrolment Page](#) or call 1-800-336-6016

Step 2: Obtaining a Single Case Agreement:

After you have completed Step 1 above (or if you already have a Medicaid/DMAP number), follow the instructions below for requesting a single case agreement.

- You may fax the single case agreement documents *and* the DMAP number request documents at the same time, but **you will not be able to bill for services until you receive a DMAP number.**
- It typically takes several weeks to receive a DMAP number.
- **Once you have your DMAP number, you can back bill** to whatever *effective date for enrollment* you listed on the *Provider Enrollment Request* (OHA 3972).
- If you have any questions, contact Care Oregon at **503-416-4100**. THEY ANSWER THE PHONE and are very helpful.

FOR INITIAL SINGLE CASE AGREEMENT AUTHORIZATION ONLY:

The forms and documents below only need to be provided with your initial single case agreement request (i.e., you only need to provide these forms once, not each time you request a new single case agreement):

- [ADD PROVIDER TO CIM REQUEST](#)
- ★ *CIM is the online database for, PH Tech – the third party claims administrator for Care Oregon/HealthShare.*
- W-9
- DMAP NUMBER** (you can write it on your fax cover sheet)

SINGLE CASE AGREEMENT REQUEST FORM:

The Mental Health Treatment Authorization Request must be provided with each new single case agreement request you make:

- [MENTAL HEALTH TREATMENT AUTHORIZATION REQUEST](#)

INSTRUCTIONS:

FOR AN ESTABLISHED CLIENT WHO IS NEWLY INSURED THROUGH OHP:

- If this is a client you've already been treating and you wish to continue care with this client under a single case agreement through Care Oregon/HealthShare: Check "**Initial Authorization Request**"
- If you have already submitted a single case agreement form for the initial assessment (below) and you are now accepting the client into your practice: Check "**Continued Stay Request.**"
- **Stay/admit date** is the date that the client began treatment with you using OHP as their insurance provider (i.e., the date that the client transitioned to OHP coverage)
- **Level of Care:** see "how to designate the level of care" on the following page
- You must fax a **full assessment** and **treatment plan** with each single case agreement form.
- Review the [Behavioral Health Documentation Standards](#) prior to faxing the assessment and treatment plan.

FOR AN INITIAL ASSESSMENT WITH A NEW OHP INSURED CLIENT:

- If this is the first time you are meeting with the client: In the “*brief clinical reason for the request*” field (page 2), type: “*Assessment*” and a brief note about client to help explain why they are requesting treatment
- ***If this is the first time you are meeting with the client, you do NOT need to give a diagnosis or include documentation for a Full Assessment and Treatment Plan on your initial single case agreement form.***
- You may use up to 3 appointments to complete the initial assessment, diagnosis and treatment plan.
- When the assessment is completed and you have accepted the client into your practice, you will ***then*** need to complete and submit a second *single case agreement form* for a “continued stay request.” At that time, you must determine a diagnosis and include the full assessment and treatment plan documentation with your form (see above: “for an established client...”).
- Review the [Behavioral Health Documentation Standards](#) prior to faxing the assessment and treatment plan.

HOW TO DESIGNATE THE LEVEL OF CARE:

- The Level of Care Charts can be found in the Behavioral Health [Utilization Management Procedure Handbook](#).
 - See pages 14-24 for the Youth and Family Outpatient LOC chart
 - See pages 25-36 for the Adult Outpatient LOC chart

FAX THE COMPLETED FORMS AND DOCUMENTATION:

- **Fax to: 503-416-3713**
- If this is your first single case agreement request make sure note your DMAP number on the fax cover sheet and include the [Add Provider to CIM Request](#) form and your W-9
- Make sure to include the full assessment and treatment plan for established clients
- Response will be faxed and will take about 14 days
- Call Care Oregon for if you do not receive a faxed response withing 14 days: **503-416-4100**.

BILLING/CLAIMS PROCESSING:

- After you are approved for a single case agreement, you can begin submitting claims as you usually do using the 1500 Health Insurance Claim Form (Simple Practice EHR uses “VMMH1” as the insurance payer code, “Health Share of Oregon.”)
- The mailing address for claims is: Care Oregon Behavioral Health, PO Box 5490, Salem, OR 97304
- For claims questions, contact PHTech at 503-584-2151
- Go to the [PH TECH Help Center](#) to register as a new user in CIM.

Additional Links and Notes:

- The [CIM Webpage](#) is used to view member eligibility, authorizations, and adjudicated claims through PH TECH for Care Oregon/HealthShare.
- Click here for the [Metro Area Behavioral Health Provider Manual](#).
- Click here for the [Care Oregon Provider Guide](#) issued on 4/20/20 re: billing out of network during COVID-19
- Single case agreements are fee for service (paid per session, not case rate)
- You will typically be given a total dollar figure and a year-long authorization for each single case agreement.
- If you need to go beyond one year with the client, you must update your treatment plan and include all of your individual session notes when you resubmit the single case agreement form.
- Couples therapy is not authorized.
- Click here for the Behavioral Health [Utilization Management Procedure Handbook](#).
- [Click here for the CIM quick guide](#)
- Click here for the [Care Oregon Metro Area Behavioral Health Providers Website](#)
- Click here for [OHP Fee for Service Rates](#)

Questions? Call Care Oregon 503-416-4100

THEY ANSWER THE PHONE!!!