



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: March 22, 2017

Department: Health Agenda Planning Date: March 16, 2017 Time required: 10

Audio/Visual aids

Contact: Mai Cao, Billing Supervisor Phone: 503.361.2648

Department Head Signature: Scott Richards

TITLE Intercommunity Health Plans, Inc. Amendment #1

Issue, Description & Background Consider approval of Amendment #1 to the agreement with Intercommunity Health Plans. This is an incoming funds agreement averaging \$88,400 per year. Amendment #1 retroactively adds H2036 HF to the agreement to allow Marion County to receive funds for services previously rendered.

Financial Impacts: Approximately \$4350.00 for services rendered back to September 1, 2015 and \$265,000.00 for services provided over the next 3 years.

Impacts to Department & External Agencies The Health Department anticipates no impact on other departments.

Options for Consideration: 1. Approve Amendment 1 to Agreement 565 with Intercommunity Health Plans, Inc. 2. Deny approval of Amendment 1 to Agreement 565 with Intercommunity Health Plans, Inc. 3. Take no action at this time

Recommendation: The Health Department recommends approval of Amendment 1 to the Agreement 565 with Intercommunity Health Plans.

List of attachments: 1. Amendment 1 to the Agreement 565 with Intercommunity Health Plans, Inc.

Presenter: Ryan Matthews

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)

Copies to: Dwight D Bowles - dbowles@co.marion.or.us

**AMENDMENT #1
TO THE AGREEMENT
BETWEEN:
INTERCOMMUNITY HEALTH NETWORK, INC.
AND
MARION COUNTY, a political subdivision of the State of Oregon,
on behalf of the Health Department**

WHEREAS, the parties agree to amend the agreement as follows:

1. Schedule C is updated to include Code H2036 HF for Residential SUDs services.
2. The effective date of this amendment is effective as of September 1, 2015

All other provisions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have executed this Amendment on the date(s) indicated below.

INTERCOMMUNITY
HEALTH NETWORK, INC.

MARION COUNTY ON BEHALF OF
HEALTH DEPARTMENT

By: _____
Kelley Kaiser, MPH

By: Scott Richards
Scott Richards,

Title: Chief Executive Officer

Title: Interim Administrator

Date: _____

Date: 3/9/17

Agreement #565

MARION COUNTY SIGNATURE PAGE



Ryan Matthews, Date
Administrative Services Division Director



Mai Cao, Billing Supervisor Date
3/9/17

APPROVED AS TO FORM:

Marion County Legal Counsel Date

Marion County Contracts & Procurement Date

MARION COUNTY BOARD OF COMMISSIONERS

Chair

Commissioner

Commissioner

Date

SCHEDULE C

REIMBURSEMENT SCHEDULE FOR PROVIDERS OTHER THAN PHYSICIANS

PROVIDER shall be reimbursed by IHP for properly authorized COVERED SERVICES, when such authorization is required, less applicable co-pays, according to the following schedule or billed charges, whichever is less (if any other services are capitated, PROVIDER shall submit encounter documents to IHP for such capitated services in accordance with IHP's policies and procedures):

MEDICAID

Marion County, on behalf of the Health Department

TIN: 93-6002307

NPI: 1386706919

Services not listed shall be reimbursed at: 60% of providers billed charges

OUTPATIENT CHEMICAL DEPENDENCY

A. Service Categories

PROVIDER agrees to provide services covered under the chemical dependency benefit, for IHP members, as defined by the State of Oregon's Office of Medical Assistance Programs (OMAP) and as subject to change by OMAP.

B. Measurement Standards

PROVIDER agrees to comply with all chemical dependency measurement standards as defined by OMAP in the Prepaid Health Plan Standards and Required Responses for Phase II of the Oregon Health Plan. PROVIDER also agrees to comply with all changes made to these standards by OMAP. IHP agrees to update PROVIDER with all information/revisions pertaining to said standards.

C. Payment for Covered Chemical Dependency Services

BA Code	Description	Frequency Limitation	IHP Max Fee/Unit
H0001	Alcohol/Drug Abuse Assessment		\$174.40
H0002	Behavioral Health Screening to determine eligibility for admission to treatment program		\$87.19
H0004	Behavioral Health Counseling and therapy, per 15 minutes		\$21.80
H0005	Group Counseling by clinician		\$43.63
H0006	Alcohol and/or drug case management. Reviews and evaluates progress in relation to the plan, per 15 min		\$21.80
H0016	Alcohol and/or drug services: medical/somatic	1 physical per 12 mo	\$108.68
H0020	Methadone administration and/or service by licensed program	Up to 30 doses per month	\$5.23
H0033-HG	Oral Medication Administration, Direct Observation	4 doses/week	\$8.77
H0048-HG or HF	Alcohol and/or drug testing: collection and handling only, specimens other than blood		\$11.71
J3490	Unclassified Drug – Billing must include name of drug, NDC# and dosage unites. This code may only be used for Buprenorphine dosing by an "AC" provider type.	Maximum 16 units per day (1 unit = 2 mg)	Actual Cost per dose
T1006	Alcohol and/or substance abuse services; family/couple counseling pt present		\$130.80 per session

BA Code	Description	Frequency Limitation	IHP Max Fee/Unit
90887-HG or HF	Interpretation or explanation of results of psychiatric, other medical examination and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient		\$43.61
90849-HG or HF	Multiple-family group	4/mo	\$43.62
97810	Acupuncture w/o electrical stimulation, initial 15 min	1	\$14.51
97811	Acupuncture w/o electrical stimulation, each additional 15 min	1	\$7.26
97813	Acupuncture with electrical stimulation, initial 15 min	1	\$14.51
97814	Acupuncture with electrical stimulation, each additional 15 min	1	\$7.26
80100-90	Drug, screen qualitative; multiple drug classes chromatographic method, each procedure	4/mo	\$8.45
H2036 HF	Residential SUDs services	Per Diem	\$120.00

SCHEDULE D

REIMBURSEMENT SCHEDULE FOR FEE FOR SERVICE PROVIDERS

PROVIDER shall be reimbursed by IHP for properly authorized COVERED SERVICES, when such authorization is required, according to the following schedule or billed charges, whichever is less.

MEDICAID

Marion County, on behalf of the Health Department

TIN: 93-6002307

NPI: 1528147782, 1124186531

Reimbursement rate: \$35.00 RBRVS to be multiplied by the RVU Year

RVU Year: Most Current

Services not listed will be paid at: 60% of providers billed charges