better
health together

January 30th 2019 | 1:30-3:00pm | Spokane Health District, 1101 W College
By computer: https://zoom.us/j/911995757
By phone: +1 720 707 2699 • Access Code: 911 995 757

1:30   WELCOME & INTRODUCTIONS

1:45   DISCUSSION
- Check in - how's IMC going?
- Claims submissions
- Brainstorm – Areas of need & change
  - Let's hear your ideas for what this group might impact
  - Areas we've heard from providers:
    - WISe payment
    - Changes from BHO to MCOs – e.g. authorization timelines
    - Care coordination reimbursement/ Z-codes
    - Troubleshooting – where can we bring in more lessons learned from IMC early adopters
- Early Warning System

2:45   NEXT STEPS
- February meetings
- UA Feedback

3:00   ADJOURN

NOTES

Claims & Billing update – How's it going?
- Riverside – Denials from Molina on 99214 (Molina will follow-up directly), getting new system, otherwise going okay
- NHCC – claims are easy to enter, already getting some back and paid for inpatient, no impact on internal structure and providers

Credentialing & Provider Rosters
- SPS – credentialing challenges – shared roster helped (wish it had been earlier), what the MCOs will accept has been very different than the BHO. E.g. audits. More of a unified information about what is accepted from providers for audits, etc. Could use some help on that going forward. Terms – contracting is very different form credentialing.
- NEWACS – still a little bit of a mystery for us – we're credentialed at agency level, how often do we need to update the provider roster, etc.
  - MCOs - In order to process correctly in system, need to see rosters updated as you have changes. Would accept monthly, but would rather have them as they come. If we don't have one of your providers loaded for the correct facility, then run the risk of being rejected. Without having the

provider loaded, it won't connect back to the correct location for payment. Let the MCO know as soon as you have someone new coming on. Need rendering provider and taxonomy for claims processing with the new SERI.

- o Once you're credentialed, you're good for 3 years. Only need updates to roster if there are changes.
- Riverside- we have a new rendering provider, submitted new provider back in August, but didn't get covered until January
  - o Molina to follow-up individually
- NEWACS – would be great to know where the rosters need to go. Advantage of BHO was the one-stop shop.
  - o **BHT will collect this info from MCOs and post to IMC webpage**
- NEWACS – how to deal with locums providers. They come and go on short-term. How to expedite credentialing for locums.
  - o **MCOs will have to follow-up on this.**
- YFA - What taxonomy to use for providers when they have more than one that can apply to them.
  - o Use the taxonomy that is related to the service provided. Can submit multiple taxonomy codes when you submit claims to MCOs. All of those taxonomy codes would need to be in provider roster.

Request for uniformity
- MCOs – we've worked to streamline some services. Work some of those processes to streamline.
- BHT – If you have specific areas where you want to look at building uniformity, let us know and we can bring it to this group.
- NEWACS – when we go to the MCO leads, we get the answers we need. But sometimes as we push those changes down to staff, things have changed by the time it's shared. But having the right lead contact has helped.
- MCOs – When providers bring things to us, we are trying to adjust to make things better for providers.

Inpatient referrals
- SUD IP referral process has been difficult – we locate a bed, do the paperwork, then we sit. We used to be able to get an approval within 2-3hrs, but now it's days and we may lose the bed by then or have to
- Residential providers not wanting to give authorization without the auth and and the auth not getting w/o the bed
- POCC - Information that MCO is wanting is info that the inpatient provider has, not the referring partner.
- NHCC – getting auth vs. bed date first – what is working well for us, providers are submitting provider auth to MCO with roughly expected bed date, get auth in place to confirm that they will get authoriznged. While we're waiting for the auth to get, work with the IP to get an actual bed date secured, and then when that happens, updating the auth with the MCO
- SPARC - Hardest are the immediate placements, when the patient is there in the office and the provider is calling around. But if they find one, can't get the auth in time.
- Submitting and marking urgent
  - o Amerigroup – when you mark it as urgent, will turn it around faster. But now everything is marked urgent, so not sure what is actually urgent. Need to be able to do that prioritization. Getting ahead of issues from other regions that
  - o SPARC – part of that is that we heard 7-10 days for auths, so they all are urgent on that timeline.
  - o YFA - When it's marked "urgent" what is the timeline?
    - MCOs - It depends on the number of requests we get that day and information we need to complete.
  - o Elyn – MCOs all held to the same turn around time.
    - Urgent – held to 24hrs or next business day, can be extended up to 72 hours if we have inadequate information to get auth

- Standard turnaround time - 5 days. Can be extended up to 14 days if need more information, but would be notified if that was the case.
    - o Err on the side of doing the right thing for the client. We will honor your clinical judgement if you put a person in a bed before you have the authorization.
- NEWACS - As outpatient, feedback we're getting from SUD IP is that we can't get those beds without the auth in hand.
    - o SPARC - From IP perspective, if we admit that person without the auth in hand, even for a day, there is a chance we won't get reimbursed if that claim is denied.
    - o NHCC – As residential, If we admit a patient without an auth, it is still our obligation to provider services to that patient even if the auth is denied. Taking the gamble that we might provide 30 days of free service
    - o MCOs - Use urgent when you need to, and you can use your contact and call – we can hand walk those authorizations thru in certain situations that warrant. If there are folks who have brought people in who have been denied, let the MCOs know.
- SPARC - For same day placement – if they fax the form and doc to MCO, and followed with an immediate phone call, could they be given an auth number on the phone?
    - o MCO – can't promise that we would have someone available to pull the fax off the machine right there. We are onboarding additional staff, and expect to be better flowing by mid/end February. We are laying down processes as well.

Transfering from BHO/ASO to MCO
- Providence – when BH-ASO issues an auth, thought that that auth has to be honored? Patient part of the crisis gropu with the BH-ASO, get an auth for them, get discharged, sign up for MCO plan, and BH-ASO says that the auth is no longer good and have to get with the MCO to get that paid back to the beginning of the month. Would you retro pay to the beginning of the month? Would their MCO date be set back to the beginning of the month?
- MCO – we've worked with the ASO to get that back to the beginning of the month in specific cases. Can look at what we did in SWWA/North Central regions about that
- ASO – We talked about this in a Rapid Response call, that there would be many changes to eligibility in the first 30-60 days. Once they have retro-eligibility, the ASO can't pay for that client bc they are on Medicaid.
- **Need to look for process. We have a process for MCO to MCO. Would need to look at for ASO to MCO.**
    - o Update from Molina 1/31 - Process in SWWA region for moving inpatient responsibility between ASO & MCO. Would have to look at establishing similar here.
      If the member was Beacon (ASO) and then enrolled in an MCO during the course of the stay, it depends on the retro date of enrollment. HCA uses the 28th of the month as the demarcation date for when a move to MCO responsibility becomes effective.

      Examples:
      Admit date 1/2/19
      Beacon covered as of 1/2/19
      MCO enrollment on 1/18/19 retro to 1/1/19
      Beacon voids the auth, MCO covers auth from 1/2/19 to present

      Another scenario:
      Admit date 1/28/19
      Beacon covers as of 1/28/19
      On 2/15/19, MCO enrollment, retro to 2/1/19
      Beacon covers 1/28/19-1/31/19, MCO covers 2/1/19-present

If for some reason the MCO enrollment was not until the following month, Beacon would cover up until the enrollment becomes effective with the MCO.

One more note:
Some Medicaid is quick in terms of enrollment and some takes a while if all the paperwork is not clear, so the ASO always just considers an application pending until they get the clarification from the facility or provider one that someone is enrolled with Medicaid. They tend to not void out the previous auth until they know for sure that the Medicaid is effective and from which date.

Other questions
- Providence – to MCOs bill based on the NPI? Is the auth number attached to a certain NPI? Or tax ID?
  - **Will email specific question to Sarah to share out with the MCOs.**
- SPARC - I had a clinician come into my office just now. She is stating that she is seeing that MCO's are sending approved auths directly to the IP providers but not to the requesting provider. Is it possible for both providers to receive the auth? She is having to call the MCO's to follow-up only to find out that auth has been approved and sent out.
  - Molina form has both, so both referring and receiving facility should get it.
  - CHPW and Amerigroup only asks for where you are sending the patient, not information about the referring entity.
  - **MCOs will look into getting a system for that.**
- Frontier – WISe questions
  - Payments notification forms, are we required to send notifications for clients enrolled as of 12/31, or will the roster take care of that?
    - CC – roster would meet criteria.
    - CHPW – roster would meet criteria.
  - We're getting quite a few different messages about who to send the WISe roster to. Would like to get that on the BHT site, and have one consistent place to send.
    - **MCO will send information to BHT to post on webpage.**
- Frontier – new service codes for psych testing. Don't know where those new codes go.

Care coordination/Z codes
- Frontier – we are recording those internally
- Excelsior – for homeless youth we are capturing those codes, among others
- Providence/STHC
- Connect with Anne Shields – AIMS has been collecting some data
- Interest in workgroup to discuss opportunities

Attendee Organizations
American Behavioral Health Systems
Amerigroup
Catholic Charities
Children's Home Society
CHPW
Coordinated Care
Excelsior
Frontier Behavioral Health
Institute for Family Development
Lutheran Community Services
Molina
NEW Alliance
New Horizon Care Centers
Partners with Families & Children
Passages
Pend Oreille Councy Counseling
Pioneer Human Services
Providence
Riverside Recovery
SPARC
Spokane BH-ASO
Spokane County Jail
Spokane Ombuds
Spokane Public Schools
Spokane Regional Health District
STARS
Xpio
YFA Connections