

February 27th 2019 | 1:30-3:00pm | SNAP, 3102 W. Ft. George Wright Dr

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

- Early Warning System debrief
- VBP Toolkit
- Workforce & Credentialing
 - Update on earlier provider Qs
 - Legislation
 - MCOs – short term credentialing for locums?
- Provider Questions
 - Interpreter Services
 - IP notification
 - SERI
- Brainstorm – areas of need & change

2:45 NEXT STEPS

- Meeting schedule – quarterly?

3:00 ADJOURN

Early Warning System debrief

- look forward to seeing data over time

VBP Toolkit

- NEW Alliance -we'll take whatever we can get, but could use a lot of TA
- ABHS -at very ground level as far as contracts for VBP, we could use any TA, tech does not currently align with what's needed to capture the payment methodology that are available within our contracts
- already know that we're lacking and narrowing down the directions - some of these tools may be useful, but we need help specific to our organization
- knowing how to get there financially and with staffing

Credentialing

- Short term credentialing for locums – Kathleen Boyle, Megan Gillis needs to circle back, CHPW – generally do not credential if they are there less than 60 or 90 days, CC – will check and get back

IP auths

- MCOs – need to follow-up again

- SPS not getting notifications at intake, is there a way to communicate better
 - o ABHS - Encouraging our staff to work with MCOs on individual client care. MCOs say we have value add programs, continuity of care, case management. Potential for MCOs to play a role.
 - o SPS – back in the old days, we could look up in RainTree and find out where kids were. That is something that we’re missing now. No one place to go to look up those kinds of things.
 - o CHWP – two issues-kids going into inpatient and inpatient not contacting outpatient to coordinate services. Other issue-if outpatient could look up in P1 and contact the MCOs.
 - But could the MCOs divulge that information?
 - o SPS – when a kid got detained, had a certain amount of time to go up and see them if you were the primary. Has that gone away with IMC?
 - Excelsior – believe that was just a contract requirement from the BHO
 - BH-ASO – yes, was in contract. BHO didn’t actively notify, but it was updated in RainTree.

SERI

- Very close to finalized, top priority. Gail Kreiger is lead. She is resolving a couple of outstanding issues we’re working thru.
- Send any specific issues/questions to Gail
- Still on the same timeline – MCOs to accept old SERI thru July
- ABHS – will SERI guide be updated quarterly. Will that continue?

Other questions

- Excelsior – emailed all MCOs about WISe when person has Medicaid as secondary insurance, but haven’t heard back? In regards to submitting claims & encounters
 - o HCA – there may be something in the Question Tracker about that
 - o HCA working on updating a Duals Eligible billing guide, which may include this. Symposium information about
 - o Excelsior – this is in relation to commercial. Usual bill the primary and then the secondary if denial. Since WISe isn’t recognized by commercial, we don’t actually get a denial to be able to proceed to bill Medicaid.
 - o Molina – if it’s a situation where you know it’s never covered by primary (eg if Wise is never covered by commercial), if we can formalize a rule, then that’s something we can keep in house and know that in these circumstances we don’t need you to bill primary first.
 - o Excelsior – can’t say it’s a never, but in our experience they have not covered
 - o Jessica HCA – MCOs have WISe meetings to look at coordination of services. See if there’s an aligned response. Could report to this group from there.
 - o CHPW – There is some nuance from a contracting perspective - paid via invoice vs. claim/encounter level. Have referred to contracting folks to see how we’ve contracted with those providers.
- NEW Alliance – credentialing for locums-think that’s a very significant issue for MCOs not credentialing for shorter than 90 days. Would encourage MCOs to reconsider that policy
- NEW Alliance – the issue with getting paid for having to hire private interpreter services, have to get a denial to be able to bill Universal.
 - o Jessica HCA – if you’re not getting that denial, is there a process we can put in place so you can still bill for that.

Meeting schedule

- Continue monthly at least for now – especially with all the need for follow-up
- like the monthly meetings, continue another month or two, still haven’t sent out a lot of billing, this is helpful for us, like the in-person