

August 29th 2018 | 1:00-2:30pm | Navigator Office, 1206 N Lincoln

By computer: <https://global.gotomeeting.com/join/832680141>

By phone: (571) 317-3112 • Access Code: 832-680-141

1:00 WELCOME: Charisse Pope, Better Health Together

1:15 DISCUSSION

- Companion guides & 837 samples
 - Available on BHT website: companion guides from CHPW, Molina, Amerigroup; 837 Batch samples from CHPW and Molina
 - Questions from MCOs wanting to know what providers need from 837 – batch samples are helpful and specifically needed by billing folks
 - Kelli: think of these batch samples as data dictionaries from each MCO
 - Can see nuances between what is standard and what is required in WA (HCA Provider 1 and specific MCOs)
 - BHT will follow up with Amerigroup and Coordinated Care for samples not yet received
 - Question on CHPW companion guide, link provided is standard
 - Donna/Evelyn: all MCO guides should be pretty standard, usually very little individualized
- NPI Toolkit update from HCA
 - FAQ sheets and crosswalk being released soon
 - Which NPIs must be enrolled with HCA?
 - 2 types, individual and organizational – BH providers have historically used organization NPIs for billing, CMS requirement from now on that servicing and billing providers must have NPI enrolled with state agency
 - Individual NPI as a non-billing provider, “servicing only”
 - What is the difference between billing and non-billing?
 - Non-billing provider is not submitting claims under own NPI, still enrolled because they order or provide services
 - When?
 - Should be enrolled by December 31, maybe earlier if it impacts testing
 - Which taxonomy code to enroll under?
 - FAQ sheet from HCA will include an identifying table when officially released
 - More detailed FAQ sheet will include screen shots of how to enroll non-billing
 - Large agencies (over 200) may have option for batch process for enrolling (NPI Toolkit will have contact info included for how to do that)
 - Questions:
 - Kurt: For certain individuals that provide multiple services (i.e. peer), how to register?
 - Was formerly dependent on level of care provided, how does that impact?
 - Registered by role or degree?
 - How will multiple taxonomy numbers impact 837 billing? No way to transmit taxonomy code specific to service rendered
 - A: HCA to follow up with Kurt to dig into this more; see also Q in SERI guide discussion below
 - Kurt: When will this document be finalized/distributed?

- A: Hoping for next week, waiting for taxonomy codes to go live in system
- Updates to the SERI guide from HCA
 - Updates will be released soon to make sure SERI guide is compliant with HIPAA
 - All plans planning to standardize
 - Key updates:
 - Encounters reported in units instead of minutes
 - Some modifiers being changed or removed, will be identified in updates
 - Providers must enroll NPI for all servicing-only providers
 - Some modifiers will need to include principle diagnosis for services rendered
 - Questions:
 - Kurt: Can add table for NPI topic? Key piece of SERI is provider information.
 - A: May be ways to fix other issue if dealing with SERI, perfect opportunity to look at alternative methodologies
- IMC Workgroup Question Tracker
 - Borrowed from Greater Columbia, applicable questions
 - Review of relevant questions from GCACH tracker:
 - Will there be sliding fee scales for Medicaid?
 - No – may have spend-down requirements, no sliding fees
 - Re: Question 3 – dual eligible individuals, are there nuances between MCOs?
 - Molina: w/limited information, some are paid by primary biller first unless primary is Medicare and Medicare won't cover
 - **Revisit this question next month + add to BHT Question tracker**
 - How often are claims and encounters submitted (weekly, monthly, etc.)?
 - Pre-delegation work grid describes all this information, pretty consistent at MCO level
 - CHPW shared Draft Claim/Encounter Delegation Grid, BHT will post on IMC webpage
 - Encounters sent from BH-ASO on weekly basis, nuances among what they do with that info (directly to HCA, loaded into system)
 - Will still be a delay (~1 week) in BH-ASO getting return files
 - Kurt: re: Q6 – demographic data is necessary and will ultimately be required, even though not currently required by HCA or MCOs – suggest keeping what data is tracked
 - i.e. class standards need culturally and linguistically appropriate services
 - GC tracker example will be available online, BHT-specific tracker has been started and we are communicating questions to MCOs and HCA
 - Will be continuously updated
- Other discussion
 - Workgroup is flexible to what providers need – meet more or less often as needed
 - Workgroup can extend into January if needed
 - Kelli: Payment issue around translation services
 - Jason from HCA will speak next month about interpreter services
 - Isabelle: Providers can use HCA interpreter broker system starting Jan 1
 - HCA will host 4 statewide webinars

2:15 NEXT MEETING/STEPS

- MCO Meet & Greet – Sept. 12 at Enduris
 - BHT hosting, opportunity for MCOs to bring clinical/billing folks for questions and familiarity
 - 9-11am, breakfast provided
 - Communication hopefully coming out later this week
 - Joey: Greater Columbia was quick intros, lots of time for interactions
- Provider symposiums
 - Joey: dates are almost finalized, expect those to be announced next week
- 10/1 Claims Testing on track
 - Process for folks who are ready to begin claims testing date of?
 - Molina process in the works for submitting claims, will release before 10/1
 - CHPW will give contact info for providers to reach out
 - Amerigroup working on materials, ensuring usefulness/usability for providers
 - Coordinated Care in similar situation
 - Charisse: how do MCOs select providers for feedback?
 - Coordinated Care trying to contact everybody, ensure preparation
- REMINDER: BHT has contract with XPIO, ready to assist providers directly or through BHT with billing/claims
- Meeting agenda items?

2:30 ADJOURN