

14 August 2019 | 1:30-3:00pm | Philanthropy Center, 1020 W. Riverside Ave.

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

- Worker Enhancement Funds (6032 Funds)
- SUD Peer billing
- Provider questions, new & outstanding – see following pages
- Trueblood update - TBD
- Other discussion

2:45 NEXT STEPS

3:00 ADJOURN

Attendee organizations: HCA, Amerigroup, Coordinated Care, CHPW, Molina, NEWACS, Spokane Public Schools, Pioneer, IFD, SRHD, Pend Oreille County Counseling, Adept, Xpio, Spokane County Jail, The NATIVE Project, Spokane County, Excelsior, SPARC, New Horizon, Catholic Charities, Children's Home Society

NOTES

6032 Enhancement funds

- Question from NEWACS: when originally came out, provider understanding was that this was going in perpetuity. Went thru process and vetting with ASO, and we funded agency with expectation this was in perpetuity including increasing salaries for retention and expanded office hours. But that became unclear with IMC. Now posing a 6 month threat. Going into 2020 budget – do we budget for this money? Concerned about “having a fire drill” every 6 months, and if not continuing, need much advanced notice.
- Also want to thank MCOs for quick response when we found out this would be extended to end of 2019
- CHPW – expect to be part of 2020 contracting process, can get sense of timeline
- Molina – legislature approved through June 2021, intention to continue until that is up for consideration by the legislature again
- Alice Lind – presentation tomorrow for BH-ASOs about this, will share with group after

SUD Peer Billing – has anyone begun, how is it going?

- Excelsior– excited about it, but trying to figure out layers of things to untangle around outpatient SUD/months of claims to sort through. Look forward to hearing lessons learned from others.
- SPARC – have started sending billing but haven't received payment, but good so far

Provider Questions

- New question on Provider Rosters (CHSW): I heard that there might be a new roster coming out from the MCO's? If there is it would be helpful to have that. I am also curious how often providers are turning in their rosters to the MCO's and how they are delineating the changes on the roster. I am hearing differing reports from the MCO's so it might be a good idea to get everyone on the same page:
 - New roster template? – MCOs have made slight modifications around providing detail for mapping what fields correlate with fields in claims form for an ACH doing mid-year IMC. Working on some additional roster updates around start date, and some other things considering. But continue using existing roster for now.
 - Excelsior – have run into technical issues around personal information providers don't want sent out without encryption. Also, ProviderSource, do we have to submit to there as well? Hasn't impacted claims, but some confusion about doing both roster and ProviderSource.
 - Megan – don't need to update ProviderSource bc licensing at org level
 - Some of our providers we do want individually credentialed so clients can find them, for example prescribers
 - Submitting monthly – you can just send the terms and additions/deletions?
 - Yes – we can take a roster with just adds/terms
 - Do you need license updates?
 - Claims can get denied if there's a license expiration
 - But you can just send adds/terms/changes
 - Suggestion for separate tab for changes and additions
 - CHPW – told that I should turn in a roster at every change, which seems like every other day
 - Monthly is fine for MCOs, but recommend sending changes more often if it will impact billing/claims being submitted
- Outstanding question on Billing for Rehabilitation Case Mgmt (SPS) – see Q on next page
 - Molina, Cordinated Care, CHPW – still waiting on answers from leadership, will check on when/where rehab case mgmt. can be used
- Answer received on Reporting data breaches – see Q and A on next page

Trueblood update

- Gave overview of Trueblood settlement and work BH-ASO SCRILS (Spokane County Regional Interlocal Leadership Structure) has been doing to draw down dollars to region
- Question - Medicaid or state-only dollars?
 - Alice Lind will follow-up

IMC going forward

- Given that IMC is going smoothly and workgroup agendas and questions are getting shorter and shorter, proposal to incorporate this group into Learning Cohort
- Learning around topics relevant/of interest to billing, claims, contracting, etc.
 - Excelsior - Lunch & learn in July was useful. Structure worked really well, starting high level, then service level and roles, and all the way down to specific codes, way it was put together was really useful. Would like to see this in future learning events
- Ad hoc meetings if specific topics/issues arise
- Continue to send questions to Sarah as needed
- Suggested topics of interest, please email Sarah!
 - Adept: billing mental health in an Sud facility and what that is going to look like as we move forward with bring on metal health practitioner or tele med.

Thank you everyone!

Provider Questions

New questions

1. Provider Roster (CHSW): I heard that there might be a new roster coming out from the MCO's? If there is it would be helpful to have that. I am also curious how often providers are turning in their rosters to the MCO's and how they are delineating the changes on the roster. I am hearing differing reports from the MCO's so it might be a good idea to get everyone on the same page:

Outstanding questions & Answers from last meeting

2. Billing for Rehabilitation Case Mgmt (SPS) - I was emailed these questions yesterday. Not sure if they have been answered already. The main question seems to center around when a adolescent is incarcerated: 1) Are their Apple benefits suspended as mentioned in the above attachment? 2) Can a MH or SUD therapist provide services to a client who is either incarcerated or hospitalized? My thought was that they could bill for Rehabilitation Case Mgmt but is this only for discharge? Thanks
 - a. HCA – need to check if suspension is also true for adolescents, but believe it is suspended for them as well
 - i. *From HCA 6/5: Outreach Services to individuals in jails or hospitals, including youth: Rehabilitation Case Management modality is outlined on page 65 of the SERI guide. https://www.hca.wa.gov/assets/billers-and-providers/SERI_v2019-1EffectiveJuly1_2019.pdf*
Per the SERI guide:
Rehabilitation Case Management (RCM) can is the only service to be encountered when a client is in Jail/Prison, Juvenile Detention Facility, CLIP Facility, Evaluation & Treatment Facility, Medical or Psychiatric Inpatient Facility for the purposes of discharge planning and coordination of care. Services provided in a Skilled Nursing Facility are not covered in this modality, but can be reported in other modalities as appropriate. RCM may be used to provide mental health services when an individual is in a substance use disorder treatment facility.
 - *RCM provided in an IMD, jail/prison, or juvenile detention facility is funded as a non-medicare service. This includes mental health services provided to individuals with Medicaid as the pay source.*
 - *All RCM services delivered in an IMD will be reported as non-medicare services.*
 - *This modality may be provided prior to an intake.*
 - b. Amerigroup – Yes you can bill Amerigroup for this service under Rehab Case Mgmt
 - c. Molina, Cordinated Care, CHPW – need to take this one back and check on when/where rehab case mgmt. can be used
3. Reporting data breach - Who (if anyone) do we report data breaches to? Is there a format and/or timeline for the report. Under the BHO we were required to submit reports for any violation of HIPAA or 42CFR which was then forwarded to DBHR. I can't find any information about the process now.
 - a. HCA response: You can send them at HCA HIPAA-HELP HIPAA-HELP@hca.wa.gov
 - b. The requirement for reporting actually falls on the MCOs. https://www.hca.wa.gov/assets/billers-and-providers/ipbh_fullyintegratedcare_medicare.pdf (See Exhibit G starting on page 347 – Section 7 talks about notifications – page 361). However, I would also recommend checking your provider contract, as they may have passed this down.
 - c. *Follow-up from HCA:* so if it is NOT a managed care provider the response below is correct: The best way to report a data breach would be to contact our Privacy Officer, Matt King PrivacyOfficer@hca.wa.gov. The first email address (HIPAA HELP) I gave you would also get the right place but this one is more specific.