GCACH Provider Readiness Workgroup
November 15, 2018
3:30 PM – 4:30 PM
Meeting Minutes

1. Attendees: Jenna Shelton, Martin Sanchez, Pat Flores, Jennifer Flores, Jess Flores, Cody Nesbitt, Yolanda Madrigal, Manana Marquez, Dana Oatis, Gordon Cable, Candice Welch, Mary O'Brien, Shereen Hunt, Dimita Warren, Rachel Flecter, Megan Gillis, Corey Cerise, Alicia Egan, Julian Thompson, Courtney Ward, Donna Arcieri, Michele Key, Danika Gwinn, Chris DeVilleneuve, Claudia Torres, Jesse Giulio, Joey Charlton, Ken Dorais, Janis Luvaas, Leslie George, Cicily Zornes. Samantha Zimmerman, Isabel Jones, Diane Halo, Jamie Carson, Nancy Freitag; Lindsey Underwood

2. Go over Question Log- HCA/MCO

   Question: We are finding that the Taxonomies that the HCA sent out to use for claims or encounters to the MCOs that the Clearinghouses are not accepting those that are not in the NPPES system, such as all the codes with an "L" at the end. Would like to know if this has been addressed by HCA or the MCOs. They have tried Ability and Availity and neither of these clearing houses will accept the HCA taxonomies.
   Answer: CHPW: We would defer to the HCA on this issue. Molina: Agree with CHPW.
   HCA: We brought this to our internal team. The issue with the clearing houses only accepting the Federal NPPES taxonomies rather then the HCA taxonomies that we created, HCA will send out an email to address this. Verbal update to resolve this issue: clinicians with the L taxonomies should enroll their NPI under the local taxonomy as well as the NPPES taxonomy. When you submit claims and encounters to the MCOs the clinicians should use the NPPES taxonomy. This is different from the previous guidance. Since the clearinghouse is not accepting the HCA taxonomies when you submitting claims and encounters to the MCOs you should the NPPES taxonomies. If you have already registered your NPI under the HCA taxonomies, please also go back and register with HCA with the NPPES taxonomies as well, so that HCA knows. If you have not registered your NPI numbers yet please be sure to register with HCA for both local taxonomies and NPPES taxonomies. HCA is hoping that this will help resolve this issue. HCA will be sending out an email summarizing this change. They will also update the NPI fact sheet updating this change.

   Question: I need to know from each of the MCO's if we can bill encounters and claims through Ability. (not Availity) It looks like we can for all of them, but the payer ID's don't match up for a couple.
   Molina – Ability only has the claim payer ID not the encounter payer ID
   Amerigroup – comes up under payer ID 28804 but the payer ID Amerigroup gave us (26375) shows Amerigroup of Iowa on Ability's payer list
   CHPW – looks good
   Coordinated Care – looks good
   Answer: AGP: This was addressed with specific provider. You are able to bill encounters through Ability.
   Molina: We have requested confirmation of this and will circle back ASAP. They are working on this and will get back to the providers as soon as it is complete.

Question: Is there a uniform provider roster for all MCO's that can be made available for the providers?
Answer: CHPW: The MCOs have created a Joint MCO Roster which is in the process of being finalized and will be used by all the MCOs. We will start using this once it is ready and will work with providers on using it.
Molina: Yes, joint roster was recently finalized and will be distributed.

Question: Is there a "contract" or agreement to offer "priority clients" (youth, IV drug user, pregnant) a scheduled assessment within a certain time frame? Previous contractual requirements have been 3 days.
Answer: CHPW: No, we do not have contract language prioritizing clients. Please refer to our provider manual for appointment wait time standards which are based on the level of care needed.
AGP: I believe this requirement comes from SABG funding, which MCOs do not receive. They agree with CHPW.
Molina: Agree with CHPW.

Question: When a client is on a 2-year Deferred Prosecution program, they will not meet ASAM criteria for SUD services for this length of time, will insurance cover these types of lengthy programs or will the client need to be placed on a sliding fee when they no longer meet ASAM?
Answer: CHPW: Any court agreement is separate from meeting medical necessity criteria for treatment. That said, lower levels of SUD treatment do not require pre-authorization or meeting access to care standards, so outpatient SUD treatment could continue for two years. If during the two-year deferred prosecution, the SUD provider comes to believe treatment is no longer necessary, the SUD provider should inform the court of this, or provide a letter to the patient to share with the court. Courts should not require treatment that is not recommended by a treatment provider. Deferred prosecution may include a number of requirements, but should not include treatment that is not recommended by a treatment provider.
Molina: Agree with CHPW

Question: Who are they going to be contracted with for inpatient mental health facilities and inpatient SUD treatment facilities?
Answer: AGP: Our Provider Directory and online directories will include everyone that is included in our provider network. Inpatient facilities will be included. This will be given to the providers.
Question: Do you know when this will be available?
Answer: They will ask their internal group and get back to the providers as to when the directories will be available. Should be in December.

Question: Are they currently working on contracting with inpatient facilities and when will be getting a list of who is contracted with who to give to our Crisis workers (DCR's) and CDP's?
Answer: AGP: The MCOs had to keep the BHO network. So, anyone that the BHO was contracted with Amerigroup is contracted with for IMC. The provider directory should be posted sometime in December.
CHPW: Also has the same standard. They are in the process credentialing the providers. It's a 2-part process, contracting and credentialing. Their provider directory will also be available in December.
Molina: Similar to AGP and CHPW. In other regions they provided a cheat sheet with providers they are contracted with and she will start working on that internally as a resource to share.

Question: At the symposium there were questions put on the parking lot, when are they going to get response to those questions? AGP: The MCOs have been working on them collectively and should be available shortly.

3. Go over Rapid Response Calls – HCA

- These will begin on 1/2/19. There will be set call in times for the regions transitioning in 2019. This is a daily check in calls to see how things are going. The purpose is to have a platform to check in on emerging systemic issues or questions needing immediate attention. They haven't sent out the calendar invites yet. Please mark your calendars.

Washington State Health Care Authority

Integrated Managed Care: Regional Rapid Response Calls

The Health Care Authority (HCA) invites you to participate in Rapid Response Calls related to the implementation of Integrated Managed Care.

PURPOSE:

The purpose of these calls is to respond to emerging systemic issues or questions needing immediate attention or resolution. Our goal is to provide support for issues arising from the implementation of Integrated Managed Care in affected regions.

LOGISTICS:

Beginning January 2, 2019, HCA will have set call-in times for each 2019 implementation region. Key players will be on the phone to answer questions, work to address issues, or set up necessary follow-up meetings. ***See page 2 for the call schedule by region.***

While issues may not always be resolved during the call, it is the place to bring forward questions or concerns. The group can then determine a rapid response plan, which could include follow-up calls/emails/technical assistance, etc.

Please note: *These calls are **not** the appropriate venue for providers to bring forward: individual contract questions; claims inquiries; disputes with a single health plan; or issues unrelated to integration.*

AGENDA:

The standing agenda for these calls will be as follows:

- Roll Call by Organization
- Client Eligibility or Client Enrollment Issues
- Provider encounter/claims/billing/authorization questions or issues
- Crisis System Check-in
- Opportunity for any other topics

Examples of questions/issues:

- *We are seeing a group of clients whose ProviderOne eligibility seems incorrect. What do we do, and who do we reach out to for help?*
- *We are having a problem accessing interpreters for a client. Can we get some technical assistance?*
- *We submitted claims to MCOs yesterday who denied them all due to errors. Who can help us figure out how to fix them?*
- *We are trying to refer clients to providers outside our region and they won't accept the referral. What should we do?*
- *We saw a non-Medicaid client who needs a specific services and navigate some complexities with serving them. Who can work with us on this?*
- *We need help at the juvenile justice center finding out which MCO a youth will be assigned to upon release. How do we find this out?*
- *As the Ombuds, I have been seeing similar issues being reported in a large-than-usual volume. I want to bring it to the attention of the group.*

REGIONAL CALL SCHEDULE:

Monday (Core Group*)		Tuesday (Core Group*)		Wednesday (Extended Group**)		Thursday (Extended group**)		Friday (Core Group*)	
Pierce	8:30 – 9:00	King	8:30 – 9:00	Pierce	8:30 – 9:00	King	8:30 – 9:00	Pierce	8:30 – 9:00
Gr. Columbia & Klickitat	9:00 – 9:30	North Sound	9:00 – 9:30	Gr. Columbia & Klickitat	9:00 – 9:30	North Sound	9:00 – 9:30	Gr. Columbia & Klickitat	9:00 – 9:30
Spokane	9:30 – 10:00			Spokane	9:30 – 10:00	Okanogan	9:30 – 10:00	Spokane	9:30 – 10:00

***Core Group Participants:**
HCA
Managed Care Organizations (MCOs)
Accountable Community of Health (ACH) Representatives
Behavioral Health Providers
Behavioral Health Administrative Services Organization (BH-ASO)

****Extended Group/ Early Warning Systems Participants:**
HCA
MCOs
ACH
BH Providers
BH- ASO
Ombuds
PH Providers
Criminal Justice

WEEKEND CALL SCHEDULE WITH CORE GROUPS - JANUARY 5/6 AND JANUARY 12/13 AND EXTENDED DURING JANUARY AS NEEDED

Saturday		Sunday	
Pierce	8:30 – 9:00	King	8:30 – 9:00
Spokane	9:00 – 9:30	North Sound	9:00 – 9:30
Gr. Columbia & Klickitat	9:30 – 10:00		

4. Early Warning System Indicators – Diane/HCA
   The Early Warning System Workgroup has been working on the indicators that Greater Columbia region will be tracking. The HCA has provided a really good set of standard indicators. There really aren't a lot of other indicators that we felt needed to be collected. There are just a couple indicators that we are going to as the Providers to give input to. These indicators are number of screenings and the type of assessments per month. Providers will provide this information to Diane on a monthly basis. Starting in February there will be monthly webinar to go over the data from these indicators.

GCACH Early Warning System Indicator Matrix

Indicator Category	Indicator Sub-Category	Specific Indicator Tracked	Owner for Reporing Baseline Data	Owner for reporting after January 2019	Frequency of Reporting
Provider Payments Note: HCA may be modifying the way we report these metrics. Finalized method TBD.	1. Behavioral Health Claims Status (Reported by each MCO for each BH provider individually)	a. # or rate of BH claims received by MCOs b. # or rate of BH claims rejected by MCOs	1a. N/A - Baseline is not collected on this metric 1b. N/A - Baseline is not collected on this metric	1a. MCOs 1b. MCOs	1a. Monthly 1b. Monthly
	2. Measure of top 5 reasons for BH claim or encounter re-submission	a. Top 5 reasons a BH claim or encounter is rejected and sent back to the provider	2a. N/A - Baseline is not collected on this metric	2a. MCOs	2a. Monthly
EDIE Data	1. ED Utilization	a. ED Utilization b. ED Utilization for client with past BH diagnosis	1a. HCA/AIM 1b. HCA/AIM	1a. HCA/AIM 1b. HCA/AIM	Monthly
	2. Percentage of ED visits with BH diagnosis	a. Portion of ED visits with BH diagnosis	2a. HCA/AIM	2a. HCA/AIM	Monthly
Crisis System	1. Crisis Hotline Calls	a. # of incoming calls b. # of calls answered c. # of call answer timeliness (within 30 seconds) d. Average speed of answer (sec) e. Abandonment Rate	1a. BHO 1b. BHO 1c. BHO (if available) 1d. BHO(if available) 1e. BHO (if available)	1a. BH-ASO 1b. BH-ASO 1c. BH-ASO 1d. BH-ASO 1e. BH-ASO	1a. Monthly 1b. Monthly 1c. Monthly 1d. Monthly 1e. Monthly
	2. # ITA investigations and outcome	a. # of Mental Health ITA Investigations b. # of SUD ITA Investigations c. # Detained d. # Voluntary Admit e. # Discharged with Referral	2a. BHO 2b. BHO 2c. BHO 2d. BHO 2e. BHO	2a. BH-ASO 2b. BH-ASO 2c. BH-ASO 2d. BH-ASO 2e. BH-ASO	2a. Monthly 2b. Monthly 2c. Monthly 2d. Monthly 2e. Monthly
	3. DMHP	a. DMHP response time	3a. BHO	3a. BH-ASO	3a. Monthly
	4. Bed Availability	a. # of No Bed reports b. # of Single Bed Certifications	4a. RDA 4b. RDA	4a. BH-ASO 4b. BH-ASO	4a. Monthly 4b. Monthly
State Hospitals- WSH &	1. Bed Census	a. Average Daily census b. Forensic Flips census c. Discharges d. Waitlist	1a. RDA 1b. RDA 1c. RDA 1d. RDA	1a. RDA 1b. RDA 1c. RDA 1d. RDA	1a. Monthly 1b. Monthly 1c. Monthly 1d. Monthly
Provider Input	1. Encounter Data	a. # Screening b. Type of Assessements	1a. Providers to GCACH 1b. Providers to GCACH	1a. Providers to GCACH 1b. Providers to GCACH	1a. Monthly 1b. Monthly

Question: My concern is the cost swift to local government. Is there a way to monitor the people being incarcerated? Why can't we use the JDRS reporting system? They are told two things, that it reports instant and that their benefits will be there as soon as they get out. But then no we can't get that information to get track how many people are going into jail in a certain period of time. Both of these can't be true. There's got to be a way to get the raw data on how many suspensions that are in a given month that would help us identify do we see a serge in Medicaid cover people penetrated into the legal system.

Answer: Not sure about the database you mentioned. HCA does get information through Provider One on some eligibility and enrollment data from a vendor that gathers this data from all the jails in WA state. Instead of terminating their eligibility we just suspend it now. HCA does get limited data such as their booking data. There were several reasons why HCA aren't able to use that data and so they couldn't move forward with that. One is HCA couldn't determine from the data who had behavioral health needs. Also issues with data sharing. HCA had to get data share agreements and there just wasn't enough time to get those all in place. The major issue was the data was skewed because of the way it calculates when they are incarcerated and wouldn't give accurate data. In North Central they tried to collect the jail data and it was difficult to get the data. The early

warning is a short-term system for just the first 6 months. There is a long-term jail indicator that will be measured.

Question: On the DCR response time, how is this going to be collected? Is it going to be collected and reported the same with all the DCR providers?
Answer: This needs to be worked out with the BH-ASO between the Crisis Providers. The BH-ASO will be the one reporting the data to HCA.

5. Contingency Funds
   The GCACH met with the GCACH Board of Directors to discuss the contingency funds. It has been decided that the contingency funds be distributed to the 17 BH Providers. This will require a contract amendment and also would have to submit a new budget including the new funds.

   Comment: So, the provider network met today at 1pm. They decided as to what they were going to do with the contingency funds. They agreed to use some of the funds for consulting. They just decided on who they were going to go with. They are going to send an email to Carol letting her know this. But now knowing what the Board of Directors have decided, Mike Berney and Danika will get together to compose an email to Carol to see how this is going to work.

   Comment: GCACH has not heard of anything regarding a consultant. This is news to GCACH. There are providers that have already paid for consultants. There wasn't an overall encompassing agreement with all the providers that is why we decided as a Board to distribute the funds to all the providers.

   Comment: I'm not against that. We as a provider group chose two different people to look into for the entire group and it took us a little bit longer to get a print out from the two consultants we were looking into. The meeting was today to make that decision as a group as to which one we wanted to go with. Mike and Danika will meet tomorrow and send an email out to Carol.

   Comment: I am just letting you know what the GCACH Board has approved. We would have to bring it back to the board in December if you are proposing something different. IMC is only a month and half away. Wanting a consultant now is kind of late in the game.

   Comment: Our thought process was that the consultant could help us throughout because our other concern is the coming year after and that that way the consultant could help us go through the process and the following year 2020 as well. We understand we will have to talk to Carol.

   Question: Who was part of this provider meeting? Did all providers participate in this meeting?
   Answer: Yes, everyone was invited to the meeting even Barth Clinic. They were all aware what was going to be discussed.
   Comment: It is concerning that GCACH had no idea you were even discussing a consultant. We can discuss this outside of this meeting.

6. Next Meeting is November 29th 2-3pm
7. Future Provider Readiness Workgroup Meetings
   December 13th 2-3pm

December 27th 2-3pm