GCACH Provider Readiness Workgroup
November 29, 2018
2:00 PM – 3:00 PM
Meeting Minutes

1. Attendees: Dana Oatis, Marianne Oliver, Caroline Wilson, Cody Nesbitt, Cathy Pipes, Matthew Kuempel, Anthony Gonzalez, Rick George, Sam Werdel, Carol Moser, Diane Halo, Martin Sanchez, Jenna Shelton, Yolanda Madrigal, Kristy Needham, Pat Flores, Jesse Flores, Jennifer Flores, Chad Anderson, Gordon Cable, Rachel Flecter, Dimita Warren, Mary O'Brien, Shereen Hunt, Samantha Zimmerman, Sara Gillard, Jamie Carson, Claudia Torres, Corey Cerise, Alicia Egan, Angie Balli, Jesse Giulio, Sara Clark, Michele Key, Nancy Freitag, Danika Gwinn, Donna Arcieri, Chris DeVilleneuve, Melody Roy, Megan Gillis, Cathy Neiman, Penny Bell, Isabel Jones, Lindsey Underwood, Ken Dorais, Mariana Sital, Molly Mathis

2. Review Question Log

   Question: Regarding the Consent for Release of Confidential Information, what is the status of this? It was mentioned that it needed to be starting November 1st, but have not heard anything else regarding it. Also, is the HCA ready for the spreadsheets to be sent to the site address: https://sft.wa.gov/ in the folder titled GREATER_COLUMBIA_ASO?

   Answer: BHO -The SUD ROI is signed by all clients that are going to be in SUD residential services past January 1st. Once the ROI is signed, the providers send the client information to the BHO and we upload this information every week to the HCA. We started this process on November 5th. This is not for outpatient services, only for inpatient or residential services.

   Question: Regarding the Minutes vs Units list and QA document that describes the changes to CPT codes' units and minutes: CPT code 90853 – "now reported as 1 unit, allows up to one," and 90853 will be 1 unit for 50-minute increments. How do we report a longer visit? What does "allows up to one" mean?

   Answer: The AMA does not designate a time associated with this code. I acknowledge this is a bit strange to me, but following coding rules one reports 1 unit regardless of time spent. If there is a residual comment about 50 minutes in the draft, I will be removing it in the final. If there are group sessions that vary in time, across the providers, we welcome the input that. We should use 1 unit to mean 50 minutes of time and to allow more than 1 unit as indicated for longer sessions, for example, 1 unit equals 50 minutes and allow 2 for 100 minutes etc. If needed, we can consider that.

   Comment: Washington is moving to a new requirement starting with the new IMC SERI. They will now require encounters to have both a Billing Provider NPI (agency level) and a Rendering Provider NPI (clinician level) – in the past, they have only required the Billing Provider NPI to be submitted on encounters. The draft IMC SERI has a section for "Crisis Services – ASO Only" that references that Crisis Hotline Services (HCPCS code H0030) should be reported. I'm not sure that ProtoCall has or can get a Billing Provider NPI assigned to them; my understanding is that CMS won't issue NPI numbers to an agency unless they are a health care provider – they must "render health care as defined in 45 CFR 160.103." Additionally, all clinical staff (or staff populated in the Rendering

Provider NPI field of the 837P) must not only have an individual NPI number assigned to them by CMS, but they also must have their individual NPI number registered with HCA (this is a separate process) in order for these encounters to not error at the State. Clinical staff would include ProtoCall staff to answer the Crisis Hotline and provide the warm transfer to our crisis agencies. HCA has already warned us all that it's very important to go through the clinician NPI registration process now – before 1/1/2019 – as they have hired temporary staff to help process these applications, and will not have these additional staff after the end of the year.

Question: Who should be reporting these H0030 services? Only crisis provider agencies? The crisis provider agencies would theoretically not receive any Behavioral Health Crisis Hotline calls, as the ASOs are the entity required by contract to have these crisis hotlines in place. I'm not sure that anyone else can report them (ASOs or their delegates). Is there a different way besides encounter reporting that Behavioral Health Crisis Hotline calls be reported?

Answer: HCA will address this in the next meeting.

Question: Is there a reason for the change in the way these calls are being handled?

Answer: Yes, because the ASO is required to have a regional hotline. It doesn't replace the provider hotline. It is addition to the provider hotline. The ASO wants to make sure we are all very clear on what needs to be where.

Question: Is there any way the providers can get preliminary version of the SERI Guide?

Answer: HCA is trying to get it out by the end of November 2018.

3. Update from GCBH Provider Meeting/Contingency funds

The last meeting GCACH had mentioned that they had met with their Board of Directors and they talked about having the contingency funds disbursed to the Providers. GCACH was informed that the Provider Group had a meeting and decided they wanted to hire a consultant for the transition in 2019.

Update from the Provider Meeting – the last Provider Meeting, which is made up of the current 17 providers of the BHO and included Barth Clinic, discussed the plan for the contingency dollars. They came to a decision. They had previously been looking at purchasing consultation by a couple different consultants. This last meeting on November 15th was to decide which one to go with. They have preliminary selection. Mike Berney and Danika Gwinn followed up with Carol Moser to discuss the next steps. They will be working with Carol. They met with Carol and Diane this week to talk about the next steps. They want to make sure all providers know that the Provider Meeting meets on the third Thursday of the month at 1:00 pm and it has a call-in option. There is a set email that goes out the main contact for each Provider Organization, the person who is assigned with the BHO. If there is anyone who feels there should be a different person part of this meeting, please contact Cheryl at the BHO, so she can change that information. They understand that sometimes that information could have changed.

Question: Can you explain what the consultant would be doing? What are the plans for the consultant?

Answer: A couple things were discussed at the Provider Meeting. One of the pieces they will be looking at when they made this decision is the timing—is it too late for a consultant to be hired, will they be prepared for the transition? The purpose of the consultant is to assess each provider and look for areas of improvement as they continue to contract with MCOs.

Question: Would the consultant meet with each provider and go over what their specific needs?

Answer: Yes, the consultant would conduct an initial assessment to see how the provider is doing and identify the provider's strengths and recommend improvements. Then after January 1st, the consultant will assist with contracting and ensure smooth transitions.

Question: Would each of the providers be paying for the consultant themselves or would this be a master contract the GCACH would hold and complete and MOU between the provider, consultant, and GCACH?

Answer: When we followed up with Carol this was discussed but not decided. This would be something that Mike Berney and Danika Gwinn wanted to bring back to the next Provider Meeting asking providers how they want to set up agreements.

Question: How much would it be to hire the consultant?

Answer: One of the consultants gave a general amount. The other one did not give an amount. This is something that still needs to be discussed with Carol. They plan to send an email verifying the amount of contingency funds that are available and what direction they want to go.

Question: Is there going to be an RFP process? GCACH Board of Directors likes to have them vetted and a full understanding as to the scope of the work that will be provided. Is this something that you need to have provider input for or is Danika and Mike going to come up with an RFP?

Answer: Carol had mentioned and suggested the RFP process. After talking with Mike yesterday, the biggest concern is that an RFP process would extend things quite a bit. So, we will have to discuss other options with Carol.

Comment from Carol Moser: There has been a lot of confusion around the funds that come from the Medicaid Transformation Project, originally the thought was that it was the providers' money. GCACH had a special meeting with HCA and some providers to confirm how these funds flow. These funds are part of the Transformation Project funds and actually flow through GCACH. They don't flow through the BHO. The funds were released because the BHO voted to become a Mid-Adopter but it is actually up to the GCACH Board of Directors to manage and be responsible for these funds. GCACH is the only ACH that has allowed the Providers a say in how the funds would be allocated. North Sound put all their IMC funds in with their pot of money and distributed them based on their Board of Directors decisions. So, it was a unique opportunity for the Greater Columbia Providers to have influence as to how the funds would be spent. In the contract it is very specific as to the use of the contingency funds. We thought the consulting would come at the front end of this process to help the providers get ready. The contract also states that if a provider would need extra funds in order to get ready

for IMC, then that would be the use of the contingency funds. Not to say that a consultant isn't a good idea, because I really think it is. We hadn't realized that the providers had made this decision before our Board meeting. I have asked Danika to at least include GCACH on the emails, so that we know what is going on. There has been confusion with communication. Danika has agreed to include GCACH on the Provider Meeting invites so we know who is invited and when they are occurring. All the other BHOs have invited the ACHs a seat at the table. Our BHO is the only BHO that has not included the ACH, so that creates a lack of communication. When we are responsible for the funds, we feel like we should be informed as to what is going on with the providers.

The other thing is because this Provider Workgroup is the same set of the providers that receive the funds from the contingency funds, the Board of Directors want to make sure that there is a transparent and open process. They want to make sure decisions made by a smaller provider group is the same as what this provider workgroup would want. That way the Board of Directors can make a decision and they have confidence that this is coming from a consensus of all of the providers. I think that at the next Board of Directors meeting in December, since it is before the next Provider Meeting, we will put the decision on the continency funds on hold. The Washington Financial Executor Portal is down until the end of December, so no payments can be made until then anyways. This will give us an opportunity for the providers to get back together and figure out what they want to do in regards to the consulting contract. Then we can work out an arrangement that will be most beneficial for all providers. GCACH has heard independently from a few providers that there is still some need for the contingency funds. Since it is in this workgroup's charter, I would ask if we are going to spend all the contingency funds on the consultant or is there going to be any consideration of individual requests from a provider for other needs?

Question: It sounds like a decision for a consultant isn't a final decision or is it?

Answer: It sounds like from the provider group it is a final decision. This came from the Provider group. There is representative from each of the 17 providers part of this group. There were 10 Providers at the meeting in November to decide.

Question: Is it this workgroup that has the final decision and signs off of the consultant or the scope and roll of the consultant?

Answer: As far as GCACH is concerned, this is where the confusion is. We are authorized to convene this workgroup and we are not part of the other group. If the Board of Directors hears one thing from one group and another thing from the other group, they will go ahead and distribute the money to the providers. Carol talked with Rhonda Hauff, the Director of the Board, and they really have to have confidence that all the providers want the consultant. Otherwise they will just make the decision themselves.

Question: Is there timeline for when the money needs to be dispersed by? If we start talking about RFPs this could really push it out quite a bit. Is there a deadline?

Answer: I believe the contract says the end of the year. We can't push any funds out because the Financial Portal is down until the last week of December. If we do have a consultant, we will have to get them set up in the Washington Financial Executor Portal. The money all resides in the Financial Portal. There is a lot of things that will need to happen in order to have a consultant. GCACH understands the need for a consultant for the beginning and into 2019. We want you guys to be successful.

Question: Do we need to assess further? We have spent a lot of time on assessments. Now we need to have more assessments?

Answer: It's never a bad thing to get someone else to come in and re-evaluate. That way we are more prepared for the coming year. Depending on the agency it will be individual needs that's the reason for the assessments.

Comment: We took in considerations from North Central agency that have already started this and part of the reason we talked about having a consultant after the initial transition was because several other issues arose after the process began. It wasn't centered on the pre-transition. Most agencies that participated in the Provider Meetings were giving feedback about already moving ahead with the pre-transition information. We felt that it would be a waste of funding to have a consultant before we transition. There are things that are going to happen in January, February, and March that we can't fully anticipate. Having a consultant to help get through this would be very valuable.

Comment from Carol: If this is the case then maybe an RFP isn't going to be as pertinent. The process won't start until the beginning of the year; having the consultant start at the beginning of the year would be more useful.

Comment: The issues for each provider will vary.

Comment: That is why assessments will take place. As the Provider group develops the RFP it will be important to know the scope of work. This will have an effect on the cost.

Comment: We should have the consultant start sooner rather than later. That way they can get the assessments done before January. We would be pro-active instead of re-active.

Question: If the next provider meeting isn't until the 3rd Thursday in December, how are we going to make this decision sooner?

Answer from Danika: We have some questions on how to make this a quicker process. After we get some questions answered from GCACH, we will try to have a meeting with the providers sooner.

Question: Is there a way you can meet before the GCACH Board of Directors meeting on December 13th?

Answer: Danika will try the best they can to get their questions asked to GCACH and set up a provider meeting before the Board Meeting.

Question from Carol: Can I get a general consensus from this Provider Workgroup if a joint consulting contract seems to be in the best interest for the providers? I know that the Board of Directors are going to ask me what did this group say and what did the other provider group say?

Comment from Jamie from Somerset- I think it is appropriate to develop a group contract because when spoke at the provider level, we talked about the assessments being pretty much the same for everyone just the

outcome will look different. Then if the personal agency has an ongoing need for continued services, they could then develop their own contract with them.

Question: Are there experts out there that have experience in this type of transition?

Answer: Yes, both the consultants (XPIO and Jet Computers) that the Provider Group are looking at have experience in this area. The providers wanted to chose one that is very active in our region.

Comment: Most the providers shook their heads as this was a good idea.

Comment from Ken from Yakima Valley Farmworkers Clinic: He does not believe they have a need for a consultant, but that is not his decision to make. He feels that the Provider Group meeting should meet as soon as possible to decide on this.

Comment: Comprehensive already has a consultant, would they need one in the upcoming year that has yet to be determined.

Comment – We assessed in the last provider group meeting the need for assistance with the billing processes and helping to navigate through some of the lessons learned from North Central in making sure that the billing is going through correctly. It would still benefit to have a consultant to look at the data and make sure it gets sent correctly to all the different MCOs. It would absolutely be different for each agency.

Comment from Carol: There is nothing that would prohibit a group of providers coming together to pool their resources together to hire a consultant. To me this doesn't sound like it is a final decision. We are still hearing from some organizations that they wouldn't have need for this kind of consulting agreement. If there were a group of providers that wanted to come together and pool their contingency funds, they could do that. GCACH would be happy to work with providers that would want to do something like this. We would like to honor what the providers want to do.

Next step: Danika will email Carol with her questions and set up a provider meeting as soon as she can.

4. NPI registration and testing – Please let Diane know where you are in the process of registering your NPIs. Also, please let her know where you are with testing.

5. Next Meeting is December 13th 2-3pm

6. Future Provider Readiness Workgroup Meetings
   December 27th 2-3pm
   January 10th 2-3pm
   January 24th 2-3pm
   February 7th 2-3pm
   February 21st 2-3pm