

**GCACH Provider Readiness Workgroup**  
**October 18, 2018**  
**3:30 PM – 4:30PM**  
**Meeting Minutes**

1. Attendees: Pat Flores, Jennifer Flores, Jesse Flores, Yolanda Madrigal, Cody Nesbitt, Martin Sanchez, Courtney Ward, Mathew Kuempel, Cathy Pipes, Jenna Shelton, Marianne Oliver, Dana Oatis, Gordon Cable, Sam Wardel, Dimita Warren, Rachel Flecter, Sara Clark, Rick George, Shereen Hunt, Michele Key, Leslie George, Alicia Eagan, Sela Barker, Donna Arcieri, Mary O' Brien, Isabel Jones, Samantha Zimmerman, Jamie Carson, Corey Cerise, Joey Charlton, Cicily Zornes
2. Go over Question Log

Question: Completely new auth request? Or do MCOs have an agreement to share auth information for continuity of care and do we necessarily honor what was approved by the prior MCO?

Answer: Molina: For those BH services/levels of care that we do not require authorization for: Outpatient, Intensive Outpatient...we would simply assume financial responsibility beginning with the date of eligibility for that member, assuming the provider is contracted. If non-network, we would follow the standard Continuity of Care process allowing time to transition to an in-network provider or the completion of care, whichever makes sense.

For those higher level of care BH services that we do require authorization for (Detox, RTC), we would look at the last authorized date by the original MCO and then we would apply our concurrent review for medical necessity process from that date. Given the close alignment of all participating MCOs authorization segment timeframes and processes, this shouldn't be unduly disruptive.

CHPW: This response pertains to members changing between MCOs. (Generally, agree with Molina response.) See Prior Authorization grid for BH services requiring PA. For inpatient level of care, MCO at time of admission will cover entire stay. For other levels of care MCOs will need to coordinate care and exchange of information. Members and providers should be aware there is the potential for disruption of payment for services when changing MCOs, and members and providers can help mitigate this risk by communicating with MCOs.

AGP: Agree with statements above.

Comment from HCA: On January 1<sup>st</sup> when you have authorizations in place that have carried over from the BHO, HCA has a process for the BHO to provide the HCA data on clients who are actively in high care level services that are expected to care over on January 1<sup>st</sup>. Such as patients in residential, WISE Program, and high levels like that. Beginning in November HCA will start getting the first round of this information and will continue up until January. HCA will match what the BHO gives them and the client's MCO and push that information to the MCOs. The MCOs are required in their contracts to honor those authorizations for services. This whole process is so that the MCOs starting on January 1<sup>st</sup> should have a good idea of what members of theirs are in an active course of treatment and which provider they are with. Just be cautious that although there is a plan sometimes it is not 100% accurate. So, the provider will still want to reach out to the MCOs as of January 1<sup>st</sup> to make sure.

Question: In relation to billing with the MCO's When a client comes in, how is the unit methodology going to look? Is each unit for all services going to be for 15 minutes? If a client comes in at 8:00 a.m. and is seen for 50 minutes, are clinicians allowed to bill for 1 hour to allow for paperwork time? Can transportation for clients to and from services be billed with the service time?

Answer: CHPW: Providers should refer to the SERI guides, CPT and HCPC books, and the HCA MH and SUD guides and fee schedules. Many services are 15 minutes but many are untimed as well so it depends on the code billed. Therapy codes are generally 90832 to 90838 depending on who the therapist is seeing (patient only, patient and family, etc.). These codes are timed starting at 30 mins up to 60 minutes face to face with the parties being treated. The CPT instructions state only to bill based on your face to face time. Paperwork and transportation time are not included in these codes. Depending on their CHPW contract additional services may be allowed but that is subject to negotiation.

AGP: Units will follow the IMC SERI guide. No, transportation for clients to and from services cannot be billed.

Question: On the transportation, Sometimes the case managers will go pick up a client and bring them in for treatment. They are providing case management, checking in with them is this not a billable service?

Answer: AGP: This is not a common practice with the MCOs.

Question: In our office we don't necessarily bill for transportation only, our providers are providing a therapeutic service while transporting the client and discussing treatment during that transport time just as if they were sitting in an office. Can we bill for this?

Answer: AGP: It is up to the providers to determine if you are providing therapy with an untraditional setting that can be a billable service.

CHPW: They agree that as long as there is therapy provided and it is documented it can be billable.

Question: When patients switchover from the BHO to the MCOs for their behavioral health care, has there been any processes developed to help those patients find a PCP if they do not have one already? Some providers expressed concerns that there are not a lot of PCPs that are taking new patients.

Answer: CHPW: We assign all Managed Care members to a PCP upon enrolling them into the plan. If a PCP has not been selected by the member, we will auto-assign them to a contracted provider nearest their residential address with an open panel. We do not foresee any issues finding providers with capacity.

CHPW makes welcome calls to all new members. We use this call as an additional opportunity to make the member aware of the PCP they are assigned to and to help them select a different PCP if they are not satisfied with their current assignment.

AGP: Every Medicaid client is assigned a PCP and it is listed on their insurance card.

Question: Will there be a requirement of patients to get a referral for SUD services?

Answer: CHPW: No referrals are needed for outpatient and emergency SUD services. More intensive levels require prior authorization, which will require SUD assessment recommending this level of care.

AGP: Align with CHPW.

Question: If a provider has more than one clinic – with the IMC transition will they be able to take Medicaid patients at their Ellensburg clinic?

Answer: CHPW: Need more clarification around this question.

AGP: This depends on which locations have been loaded per your application/contract and contracted for services.

3. Any questions on the FAQ from the IMC SERI/NPI Webinar - HCA  
See attached FAQ from the Webinar

Question: The cross-walk for rendering providers does not include administrative staff. So, when a provider wants to submit a claim for request for service, which is a reimbursable Non-Medicaid code how do they do that when it is admin staff or clerical staff who are processing that service?

Answer: For those codes put in the agency NPI, or the billing NPI for that field.

4. Provider Enrollment NPI Process – HCA

Lourdes – All providers have NPI numbers they are working on uploading inputted

TCCH – All providers have NPI numbers they are working on getting them inputted

Blue Mountain Counseling – All providers have NPI numbers they have been putting them in. There is one they are having issues with. Please reach out to the provider enrollment email for help.

Serenity Point – They just have one that still needs an NPI number

Lutheran Community Services – In the process of getting all their NPI numbers in

Somerset – All providers have NPI numbers and all have been registered

First Steps- Have almost all of the NPI numbers and are getting numbers registered.

Triumph – In the process should be done soon

Yakima Valley Farmworkers – In the process

Sundown – Almost all have been uploaded

Comprehensive – Most are in and processed

Merit Resources – All registered in provider one just

Quality Behavioral Health – All have NPI numbers and have been registered

Comment: If there are any issues please reach out to the HCA

5. Update on the IMC SERI Guide – HCA

They are still working on it and should be release soon.

6. Next Meeting is November 1st 2-3pm

7. Future Provider Readiness Workgroup Meetings

November 15<sup>th</sup> 3:30 – 4:30pm

November 29<sup>th</sup> 2-3pm

December 13<sup>th</sup> 2-3pm

December 27<sup>th</sup> 2-3pm