

GCACH Provider Readiness Workgroup

August 8, 2018

2:00 PM to 3:00 PM

Board Room at Tri-Cities Community Health; 800 W. Court St. Pasco, WA 99301

Meeting Minutes

1. Attendees: Angie Balli, Matthew Kuempel, Cathy Pipes, Martin Sanchez, Jenna Shelton, Becky Kolln, Carol Moser, Megan Gillis, Joey Charlton, Dawn Anderson, Yolanda Mandrigal, Jeanette Hays, Kelly McCullough, Caitlin Safford, Courtney Ward, Dana Oatis, Marianne Oliver, Jaime Carson, Sara Clark, Ellen Christian, Samantha Zimmerman, Alicia Egan, Sela Barker, Teresa Aussem Lopez, Christine Mickelson, Mike Berney, Sam Werdel, Diane Halo, Lisa Richins, Caroline Wilson, Karen Richardson, Cicily Zornes, Mary O'Brien, Evelyn Sinsel, Luke Hoisington, Donna Arcieri, Penny Bell, Angelina Thomas, Jesse Flores, Chris De Villeneuve
2. Go over changes to GCACH Contract/Finalize Contract – Carol/Becky/Diane

Becky Kollns from GCACH went over the changes. The major changes are that we added deliverables.

In Section 4. Which includes paying the providers a stipend for completing the MeHAF and Billing Toolkit prior to the Transition plan. The MeHAF would be \$10,000 and the Billing Toolkit would be \$10,000. This would be coming from the total funds that the provider will be receiving from the incentive funds.

Section 13 was corrected to say, "The Contractor represents that it is familiar with, and shall be governed by and comply with, all Federal, State and local statutes, laws, ordinances, and regulations including amendments and changes as they occur."

Section 16 the Insurance section, add that each provider will provide a Certificate of Insurance to GCACH within ten days after receipt of the contract award showing the insurance companies, policy numbers, effective dates, and limits of liability.

Also, GCACH moved the Expectations as to what the funds could be used for to Appendix A.

Question: Do you want us to keep the stipend amounts in the contact?

Answer: Providers agreed that this was a good addition.

Carol asked Mike Berney if the contact was ok with the corrections. Mike agreed that it looks ok.

Mike Berney said they will have the funding formula completed by the end of the day 8/8/18.

Once GCACH receives the funding allocations and they are approved by the Board of Directors then GCACH can get the contacts going for each provider.

3. Go over questions on the Question Tracker – MCOs/HCA

Question: 28. Ideal Balance - Can Medicaid eligibility change from day to day or is it valid from the first of the month to the end of the month?

Answer: HCA - Eligibility is generally stable from the first of the month to the end of the month. Plan changes for existing clients or changes from FFS to managed care are typically only allowed going forward, and they take effect on the 1st of the following month. In some cases, retroactive changes may be allowed if there is a documented access to care issue. Where this exception occurs providers could see a mid-month change in either the plan assignment or the program assignment (managed care or FFS)

New Question: If someone becomes eligible mid-month they typically have an open medical coupon and it doesn't show what MCO or BHO they are assigned to until the beginning of the next month and will that stay like that? What would we do in this situation? Isabel wasn't sure. She said she will have to look into it.

Question: 29. Is there a higher fee rate available for CDP interns that require a supervising clinician? If so, how do you bill for it?

Answer: No, there is not a state designated higher fee. Negotiations can be presented at any time. Rates are negotiated with each MCO independently.

Molina: This question is not applicable to Molina based on the way we contracted (to replicate BHO reimbursement methodology). Our initial contract term is 1 year, which will allow time for Molina and providers to transition to IMC, collect data and gain experience working together. If changes are desired after the initial contract term, we will have data for both sides to make informed decisions and have those discussions.

Question: 30. The bi-directional billing codes for an IMC- can this fee schedule be negotiated with the MCO's or will they only be reimbursed at the published state Medicaid rate?

Any fee schedule is negotiable.

MCO's ask for further clarification on the question related to which billing codes specifically are being asked about within this question? Collaborative care codes?

Question: 31. Can MCOs unify their prior authorizations?

Answer: Current MCO UM Teams are meeting to discuss this topic and work is happening regarding this issue to gain better alignment. In the rare cases where there are some differences, MCOs will clearly outline what those differences are with providers.

Question: 32. How will patients be assigned to an MCO?

Answer: HCA - Clients will be assigned to their current MCO if it remains available in the region. If the plan is not available clients will be assigned to a plan that is available in the region beginning in late November for January coverage. Clients will receive letters advising them of the changes and they will be afforded the opportunity to change their plan assignment prior to January if it is incorrect. A small group of clients, those that we receive from the BHO's as being in active treatment will be worked manually by staff to ensure they do not experience any gaps in service and their information once assigned will be shared with the appropriate MCO to ensure continuity of care.

Question: 33. TCCH - What we are going to do when the third-party payers require a different CPT than what is in the SERI. An example is Premera wants 90853 for SUD group counseling but SERI requires 96153.

Answer: Answers Vary for each MCO:

AGP: The same code must be billed to a third-party payer and AGP. We understand this may not ideal and we are more than willing to work with through one off cases like this.

CHPW: recognizes that other health plans use different valid CPT codes (different from SERI). We will coordinate with the primary and process the claim as appropriate even if the two CPT codes are different. The system is set up to acknowledge both codes are acceptable for SUD group therapy in this case.

CC: As of today, CC does accept different codes for this issue as long as the codes are similar/related.

Molina: We understand that providers may submit secondary claims to Molina with the same code that was submitted to primary (e.g. 90853) which may be different than SERI (e.g. 96153). We are able to accommodate those situations and will work with the provider as needed.

Regarding the release of information that needs to be signed. Can we use our own release of information or does it have to have the one with all three, HCA, MCOs, and GCBHO. It is not 42CFR compliant. HCA and GCBHO will discuss this further and get updated information on this release. There will be an update one to go out. If there are concerns please contact the HCA.

4. MCO Introductory Meeting August 23rd 2-4pm – Springhill Suites - 7048 West Grandridge Boulevard, Kennewick
It will be a good time meet with each MCO team. It will give providers an opportunity to meet them face to face. MCOs would like each provider to bring who they feel would be best to come billing, clinical, or management.

Also, please complete your MCO survey's. If you don't have a reminder please contact the MCOs.

5. Provider Suggestion for future meetings
 - Deliverables around Value-Based Purchasing – Developing a baseline as to what the expectations of what will be measured in the future – MCOs will discuss it and get back to the providers
 - Interpreter Services Team Presentation – September 20th
 - Non-emergent Transportation Team Presentation – working on a date for this. – Carol said she can help providing some other resources for transportation especially for the Yakima area.
6. Next Meeting is August 23th 1-2 pm - Springhill Suites - 7048 West Grandridge Boulevard, Kennewick, WA
7. Future Provider Readiness Workgroup Meetings
 - September 6th 2-3pm
 - September 20th 3:30-4:30pm
 - October 4th 2-3pm
 - October 18th 3:30 – 4:30 pm
 - November 1st 2-3pm
 - November 15th 3:30 – 4:30pm
 - November 29th 2-3pm
 - December 13th 2-3pm
 - December 27th 2-3pm