CPAA IMC Provider Readiness Committee Agenda & Notes

Great Rivers and Thurston-Mason Regions

Date: Tuesday, September 17, 2019
Meeting Location: Cascade Mental Health, 2428 W Reynolds Ave, Centralia, 98531
By Computer: https://zoom.us/j/128271268
By Phone: 1-720-707-2699; Meeting ID: 128 271 268
Meeting Time: 1:00 – 2:30pm

TIME	AGENDA ITEM
1:00	Welcome and Introductions
1:15	Discussion – Forum on Main Topics • Interpreter services after 2020 integration • Non-Medicaid SERI codes of rehab case management and engagement & outreach • Audits • Outpatient and inpatient authorizations • Prior authorizations • Other discussion
2:20	Next Steps
2:30	Adjourn

Notes:

- CPAA has created a webpage as method of organizing and sharing the communications and tools necessary to support providers transitioning to IMC. You can visit the webpage here for more information: www.cpaawa.org/imc/
- MCO Symposium registration is open. See CPAA website for link. The purpose is to provide guidance on clinical and operational requirements and processes for BHAs making the transition to IMC.
    - 10/28 (Day 1): South Puget Sound Community College, Lacey
    - 10/29 (Day 2): Cowlitz Event Center, Longview
    - 10/30 (Day 3): Cowlitz Event Center, Longview
- Interpreter Services – Will be able to use HCA universal interpreter services. There will likely be a section on interpreter services during the MCO symposiums
- Currently Columbia Wellness does not employ a licensed MSW who can provide supervision. GRBHO sub-contracts with Staci Crochet and she bills them direct for the supervision services. Who will cover this in 2020?

    - BHOs pay for this service directly
    - Behavioral health enhancement dollars have changed and proviso language needs to show increased provider rates

- Prior authorizations – will there be audits?
    - Prior authorizations will not be audited. A dramatic outlier would trigger one however. All of the health plans have to have those mechanisms in place.
    - Amerigroup – if there is a facility that has a poor report of quality of care or poor safety reports, that will trigger a quality check and we reserve the right to move members to a new facility if necessary. May review patients' health status and require transfer of care if patient safety is at risk.
- ABD protocol – if someone doesn't meet criteria for service, do we as an agency provide notification, or do the MCOs provide that notification? (Notice of Action Letter) Historically BHOs have provided that notice.
    - The provider should let them know what is and is not medically necessary and let patients know if a service will be covered.
    - Routine outpatient services will be navigated between the client and the patient, will not trigger an adverse benefit determination when they are denied.
        - Grievance claim is still 'in play'

- MCOs do not direct or restrict outpatient or inpatient authorizations. Recommend to have authorization conversations internally and make sure you are in agreement about referrals. Whoever wants to get paid should make the authorizations.
- When you submit an authorization do not send the whole chart. Just send the concise clinical information which will help speed the process up. Everything that is submitted has to be reviewed.
- Biggest concerns or challenges:
    - Delay in Credentialing due to audits
    - Only have 5 provider readiness assessment turned in - please do so if you have not already.
    - EHR was set up for the BHO, now having to rebuild the finance sections and might delay testing. Need additional support placing priorities after WISE, and using modifiers.
    - Following the SERI Guide

Future topics:

- Standing Claims testing update
    - Have providers share what the process was like
- Combined grid ready for these regions?
- authorizations

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Next Meeting: October 22nd, 1:00 – 2:30PM