July 25 2018 | 1:00-2:30pm | Navigator Office, 1206 N. Lincoln

* In addition to organizational staff needing to be credentialed with MCO’s the providers will also need to submit their NPI numbers as well.  An agency can submit the NPI agency # if multiple staff are providing services to the client for services such as day treatment, residential, and Inpatient.

* If interns are providing services the Supervisor then submits under their number.

* Within the next two weeks there will be a tool kit released specific around how to register an NPI number with HCA, all provider levels with taxonomy codes.

* A question around Third party liability (TPL) on 837’s? Answer: TPL info. Submitted electronically.

* Symposiums-fall, half day operations, half day clinical.  As many staff as possible attend-so multiple days.  Back office, front office, clinical staff.  MCO’s are currently creating the symposium deck. Will cover multiple areas including claims, clearing houses, auths., billing, concurrent reviews.  In January/early 2019 the MCO’s will do a refresher for organizations.  The BH-ASO also presents as to what they need and what is required from providers.  MCO’s are trying to align as much as possible to increase consistency and decrease burden on providers.  Currently a FAQ is being developed.  MCO’s will share the PowerPoints of their presentations as well.  There will be examples of forms and how to access each website and portals.  A key component for BH organizations is that Access to Care goes away and transitions to medical necessity as determined by the appropriate leveled clinician.  All WAC’s and licensing requirements are still applicable.

* Workgroup participants would like the Billing/companion guides/ Transaction rules from MCO’s if possible to review and be able to have questions ready for next meeting.

* There was a request from workgroup participants to receive a sample 837 batch file from each MCO.  All MCO’s agreed to share a sample prior to the August meeting.  (Coordinated Care, Molina, Amerigroup, and CHPW)

* 835, electronic transaction that provides claim payment information. Files are used to auto-post claim payments into their systems.

* 277ca files, claims acknowledgement to provide a claim-level acknowledgement of all claims received in the front-end processing system before claims are sent into a payer's adjudication system.  835 when claim is adjudicated. Amerigroup-835’s need to request remittance from Amerigroup.

* Cleaning houses, intermediary between organizations-validation before sending it to the MCO.  Molina uses “Change Healthcare” as their clearinghouse. Organizations need to check to see if their clearing house works with change healthcare-for Molina.  Coordinated Care-claims and encounters is the same.  For Coordinated Care the clearing houses that they work with is on the CC health.com website.  Amerigroup-don’t split encounters or claims-also on website.  If organizations have questions please call each specific MCO that you’re contracted with.

* Providers/organizations do need to go through the MCO clearinghouse.  Cleaning house to cleaning house and have to register with the MCO.  If no clearing house is used-837 direct and then only send back 277ca.

* CHPW & Amerigroup use “Availity” clearing house.

* All MCO’s have portals to submit claims-don’t have to go thru a clearing house.  All MCO’s will work with paper claims but organizations will need to set that up and work with the MCO’s immediately.  Organizations can manual enter into each MCO’s specific portal which then generates an 837.  Large volume 837 needs to go through the clearinghouse.

* If individuals on an Apple Health plan change plans in the middle of the month it will go into effect the first of the following month when individuals change plans.  When individuals first sign up the plan/benefit goes to retro to the first of the same month.

* MCO’s are working towards provider testing starting on 10/1/2018.