December 12th 2018 | 1:00-2:30pm | GoToMeeting

DISCUSSION

* New questions from providers
  + See questions and answers below
* Rapid Response calls
  + - Call schedule & expectations
      * M/W/F through January, 9:30-10am (first call January 2)
      * Call on first two Saturdays as well, 1/6 and 1/12 from 9:00-9:30
      * Calendar invitations coming soon from HCA
      * See webpage for more information: <http://www.betterhealthtogether.org/bold-solutions-content/rapid-response>
    - Designate champion
      * Recommend that each agency designate a “champion” - One person who is regularly attending calls on behalf of org, acting as point of contact to collect questions, etc.
* Other discussion

NEXT STEPS

* Continuing into 2019
  + - IMC Workgroups - Interest in continuing this call in January (in addition to Rapid Response)?
      * Wait until January to decide
    - Xpio support
      * Will continue to provide TA to providers through January 31, 2019
      * BHT is looking at additional TA for providers in 2019 – stay tuned!

**NEW QUESTIONS FROM PROVIDERS – updated 12/31 with responses from HCA & MCOs** (in red)

*Client assignment / ProviderOne*

1. Has there been discussion of how providers will be notified of which clients will be assigned to which MCO?  And if that decision has already been made, where do we find that information?
   1. **Answer:** (HCA) Provider One shows a recipient’s current eligibility, provider cannot view future eligibility or MCO assignment. Will see those assignments starting January 1. Providers can call the ProviderOne call center if they want to get that information before Jan. 1.
2. Do we have any confirmation from Provider One on when Dual Eligible Medicaid/Medicare Recipients will start showing up in Provider with which MCO they have been assigned to? If I recalled, it was supposed to be the end of November/first part of December and residents are still not coming up under Provider One assigned to an MCO.
   1. **Answer:** (HCA) Provider One shows a recipient’s current eligibility, provider cannot view future eligibility or MCO assignment. Will see those assignments starting January 1. Providers can call the ProviderOne call center if they want to get that information before Jan. 1.
3. What is the best way for providers to check eligibility and determine which MCO has their client? We are attempting to figure out a workable process for our office.
   1. **Answer:** (HCA) Clients most likely to change are those currently assigned to MCOs leaving region in 2019 - Coordinated Care (except foster kids) or UnitedHealthcare. If a client is with an MCO that is staying in the region, they will not be reassigned by HCA (Reminder: Clients can still elect to change MCO at any time, so it’s still important to check at every visit). HCA receiving client information from BHO right now on services authorized to carry over on January 1. HCA matches those clients with future MCO provider, sends authorization information to new MCO. MCO can then upload into system to know which clients are in treatment.
   2. (Molina) Information exchanged only refers to patients needing authorization, high-level services. Will not receive information on standard outpatient services.
   3. HCA can share document with which service levels are included – will send to BHT to share
   4. (BHO) Will receive 834 eligibility information from MCOs on December 27, BHO then can make information available to providers – still determining what that process will be for sharing.
   5. **Updated 12/31:** (HCA) See “Continuity of Care-Provider Sheet”, posted on the IMC webpage (<http://www.betterhealthtogether.org/imc-transition>)
4. I was wondering how Providers find out the Insurance ID. For example, we are running eligibility checks out of ProviderOne and using the ProviderOne ID as the client's MCO ID in our EHR. Come Jan., when we (hopefully) have access to MCO Portals, we will have to go back into each client's profile and update to the proper number. Is there anywhere in Provider One or any other portal the MCO ID number can be found?
   1. **Answer:** (HCA) ProviderOne only uses client ID, SSN, DOB, does not track MCO ID numbers. Would need to access the MCO portals or the client’s ID card when they come in.
5. And part 2 to that is.... if a client switches MCOs...does their ID number change as well or are they given an ID number the stays with them permanently and the coverage is the only thing that changes.
   1. **Answer:** (HCA) ProviderOne client ID number *does not* change. It is a lifetime number (like an SSN)
   2. (Molina) Molina will accept either MCO ID or ProviderOne client # ID when providers submit
   3. (Other MCOs) Will need to check if they can accept ProviderOne client ID or if need MCO-specific ID
   4. **Updated 12/18: (**CHPW) We prefer the CHPW ID number to be used
6. I was attempting to add our interns into ProviderOne. That system asks for a license number for the intern. When talking with our clinical manager about getting our interns licenses, she referred me to [this link](https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/AgencyAffiliatedCounselor/LicenseRequirements) which states that in order to get an agency affiliated license one must be employed or have an offer of employment as the first condition. Our interns are with us for a school year. There is no employment offer. I am not sure that I can add interns into ProviderOne because they will not have licenses. They practice under the license of their supervisor. What does the HCA recommend?
   1. **Answer:** Enter “N/A” where asking for license number.
7. How to enroll interns/students with no NPI:
   1. **Answer:** (HCA) Need to speak directly with provider enrollment, these are special cases. Contact [providerenrollment@hca.wa.gov](mailto:providerenrollment@hca.wa.gov) or 1-800-562-3022 (extension 16137)
8. How are dual eligible clients (Medicaid and Medicare) impacted by IMC changes?
   1. **Answer:** (HCA) Dual-eligible lives will be assigned to MCOs for behavioral health services only. They remain fee-for-service for medical coverage.
9. If a dual-eligible client has a Medicaid spend down, will it interfere with Medicaid like with the BHO?
   1. **Answer:** (HCA) If they have spend-down, treated as not having Medicaid. Benefits start when spend down is met and are retro-active to 1st of the month. Also, check the benefits dates in ProviderOne. Sometimes client’s benefits are retro-active, based on the docs are dated vs. when clients turn those docs/receipts in.

*Roster Template*

1. Our peer support counselors do not have bachelor’s degrees.  There is no option for HS diploma or AA degree on the “Key Degrees” tab, nor is there an option for Peer Support Counselor.  What should I put in Column L for Peer Support Counselors?
   1. **Answer:** (Molina, confirmed by Amerigroup, CHPW) The “Key-Degrees” tab is likely not an exhaustive list of every option IMC providers may need.  I think we can add this as a MCO “to do” item down the road, to expand the key with more options.  For the time being, providers can write in what is most applicable (High School, AA, Peer Counselor, etc.) in the “Title/Degree” column and MCOs will reach out if we have any questions/concerns.
2. Do providers need to complete the “BehavioralHealth” tab in the shared roster template?
   1. **Answer:** (Molina, confirmed by Amerigroup, CHPW) I believe Coordinated Care is the only MCO that needs the BehavioralHealth tab completed at this time. Molina, Amerigroup, and CHPW do *not* need this tab filled out.
3. Do clinicians need to be entered for each location/clinic site they serve in the roster (aka one row per site)? If yes, and they have not been entered in all locations in the roster, will their claims for that location be denied? (David Nielsen at NEW Alliance)
   1. MCOs will need to check with their subject experts and follow-up.
   2. **Updated 12/18:** (CHPW) Yes- they need to be entered for each location/clinic site they service in order to be listed in the Provider Directory at each …. and no, their claims would not deny as long as the Clinic location/ clinic site has been added since we are paying at the group level.

*Other questions*

1. Concerns about the long timeline to get newly-hired providers enrolled/credentialed: To enter a new provider in ProviderOne, must have DOH credential first. Takes approx. 45 days to get that number, then 1-10 days to register with HCA, then registering with MCO can take up to 60 days. Could be a 5-month period to credential a new clinician? New clinician can’t be billed under until credentialed with the MCOs (David Nielsen at NEW Alliance)
   1. HCA will look into
   2. **Update 12/31:** This concern is noted and we are taking this in to consideration. HCA can bring this to the MCOs’ attentions during one of our upcoming HCA/MCO calls and see if there is anything they can do to process the credentialing packets faster. Providers could also try to see if they can submit their credentialing packet to the MCOs during the same time they are waiting on their DOH credential/HCA registration.
2. Update on SERI timeline?
   1. **Answer:** (HCA) No solid release date, but MCOs will accept current SERI format until July 2019 to give providers time to configure their systems to new SERI.
3. Is the group unit size per 15 minutes, or per 50? Listed inconsistently.
   1. **Answer:** (HCA) Will get clarity and report back to BHT to share with group.
   2. **Update 12/31:** HCA is working on resolving this and the answer will be reflected in the IMC SERI Guide when it is released.
4. Update on MCO FAQ 2.0?
   1. **Answer:** (HCA) Will be released soon, still finalizing and getting approved by some MCOs
5. Claims testing: expected time frame between submitting test file and getting results?
   1. **Answer:** (Molina) Should be approximately a week, is a little bit longer currently but will hopefully get faster as process gets smoother
   2. (CHPW) Same – approximately 1 week