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| Project Meeting Name: **Individual/Group Provider Monthly Meeting** | | Date:  **December 1, 2023** |
| Meeting Location: Virtual | Start Time: 8:15 AM | End Time: |
| Facilitator: Francisco Escobedo | Note Taker: Jennifer Beck | Sponsor: Marcy Black |
| Meeting Attendees: Marcy Black, Francisco Escobedo, Meng Moua, Jon Rogers, Kathy Rexroat, Justin Jimenez, Blanca Godinez, Don Farris, Arlene Liles, Rosa Lucio, Michelle McWilliams, Rohina Fazil, Valerie Curley, Victoria Montufar | | |

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| **Meeting Summary** | | |
| **Topic/Deliverable** | CalMHSA EHR | |
| **I. Announcements:** | **Lead Presenter** | **Francisco Escobedo** |
| **Status/Update** | **Purpose of Meeting:** To communicate to Individual/Group Providers any new and upcoming events/significant system and process changes to our delivery system and address and issues/concerns that impact beneficiaries.   1. **Individual/Group Notification:** notice to all Individual/Group providers recently sent out with three items of focus.  * **Insurance -** Action for Individual/Group providers to submit Proof of Insurance to Managed Care * **Add-On Codes –** Action for Individual/Group providers to review, sign and submit to Managed Care * Interactive Complexity * Sign Language/Oral Interpretation  1. **DBH Contact:**  * **Compliance** – questions related to Payment Reform; [DBHCompliance@fresnocountyca.gov](mailto:DBHCompliance@fresnocountyca.gov) * **Managed Care** – if you need to reach out to Managed Care call (559) 600 – 4645. * Questions can be sent to email at [MCare@fresnocountyca.gov](mailto:MCare@fresnocountyca.gov) . |
| **Action Item(s)** | Individual and Group providers to submit ***insurance verification*** (proof of Insurance) and ***Signed Add-On Code Letter*** to Managed Care inbox |
| **II. Claims:** | **Lead Presenter** | **Marcy** |
| **Status/Update** | 1. **Other Health Coverage - Medi/Medi**  * Discussion of Medi/Medi and other Health Care Coverage letters along with the OHC EOB submission process be reviewed to ensure there are no questions. * We need all pages of explanation of benefits in order to process * CMS FAQ   **Attachments:**    **Note:** DHCS will send out a new/revised Billing Manual and note Medicare will cover mental health care services provided by Marriage and Family Therapist (MFT) and Mental Health Care Counselor (MHC). |
| **Action Item(s)** | Managed care will follow up with DHCS regarding Billing Manual - table 1-11 web page not updated.  Medicare eligibility |
| **III. Site Certification:** | **Lead Presenter** | **Jon Rogers** |
| **Status/Update** | 1. **Practice Location Moves**  * County Managed Care is requiring Individual/Group Providers relocating/moving their respective practice location to notify Managed Care at minimum, 30-days in advance to process documentation accordingly. * Managed Care is also requesting Individual/Group Providers to submit notification if/when a Practice Location is expanded. Notice can be submitted to Managed Care Provider Relation Specialist of request. |
| **Action Item(s)** | **N/A** |
| **IV. Q & A:** | **Lead Presenter** | **Managed Care** |
| **Status/Update** | **Q: I do the billing for the Resiliency, I am wondering why the fee chart says 120.60 yet we get 120.33. I realize this isn't a big discrepancy, but it just seems odd, nonetheless.**  **A:** The rate is correct. Please see snapshot below Amendment 1 Agreement 23-271; Exhibit B.    \*The minute rate is $2.01. If we do the math $2.01 x 60 = $120.60. This is where the $120.60 comes from. To take it a step further, $120.33/60 = $2.0055. This amount was rounded to $2.01, causing min rate and the hourly rate to not match.  **Q: Is it possible to put in the subject line if it applies to individual/group providers please? I ask because if an agency has an individual/group & an org provider agreement, it is clear who in our agency needs to respond.**  **A: This is a good suggestion that we will take into consideration.** |
| **Action Item(s)** |  |
| **V. OTHER Items:** | **Lead Presenter** | **Francisco Escobedo** |
| **Status/Update** | 1. **Call for Agenda Items:** 2. **Next Scheduled Meeting:**  * **Friday, January 5, 2024, 8:15 am** |
| **Action Item(s)** | Jennifer will send out the agenda along with letters shown to Providers |