***County Representatives:***

* *Francisco Escobedo, Jennifer Beck, Katherine Rexroat, Meng Moua, Karla Boyd, Joseph Rangel, Mary Johnson, Brian Fenne, Gregory Wongsing, Laura Luna, Sandra Nelson*

*Kannika Toonnachat*

***Individual/Group Providers:*** Mae Johnson, Rohina Fazil, Blanca Godinez, Juan Garcia, Tony Quintanilla, Adrian Jones, Gerardo Madrigal, Victoria Cole, Laura Romero, Curtis Donovan, Victoria Montufar, Michael Danovsky, Valerie Curley, Serena L

1. **Purpose:**

To communicate to Individual/Group Providers of status updates due to CalAIM and Payment Reform. We will discuss a few recent/past topics and allow for a Q&A.

1. **Executive/Leadership Statement:**

**Introduction:**

Thank you for partnering with DBH to continue providing SMHS to County beneficiaries and coordinating with MC team members to meet the BOS, Board date of June 20, 2023. Two things I would like to emphasize on behalf of the Department: ***County Payments*** & ***Claims Submission***

***Payments*:**

* + DBH Finance would like me to emphasize to all individual/group providers approved claims for treatment services will be paid accordingly and timely without disruption. The department would like to encourage individual/group providers to continue to focus on serving clients.

***Claims Submission***

* **Option 1 – Limited EHR User** 
  + Only applies to Bio Behavioral Health Medical Clinics
  + County will provide, a “How To Guide”, training and technical support to access SmartCare and enter claims.
  + DBH, IT requires, IT Contact person to act as a liaison between County and Bio
* **Option 2 – CMS 1500 Forms**
  + ***CMS 1500 Forms:*** effective July 1, 2023, Individual/Group Providers are to continue utilizing CMS 1500 Forms.
  + **TBD** – whether CMS 1500 Forms utilize CPT or SmartCare Procedural Codes; DBH will communicate directions. County is working with CalMHSA and Streamline (SmartCare).
  + **Option 3 – MCO Module** *Mechanism that allows Individual/Group Providers to enter claims into County’s EHR – SmartCare.*
  + ***Anticipation Date:*** Operational mid-July 2023.
  + ***Testing & Approval:*** will require testing and approval prior to being released/accessible to Ind/Group Providers. DBH, Finance, Contracts, Managed Care, and IT will assess for approval.
  + ***Individual/Group Provider Transition:*** Once approved and implemented, Managed Care team members will assist and provide technical support to individual/group providers to transition from CMS 1500 Forms to SmartCare – MCO Module.

***Continued Meetings*:**

* DBH, Managed Care Division, will seek to continue Individual/Group Provider meeting on a regular basis or as needed to communicate with all providers. Topics may include *payment for claims*, *claims process*, *technical support*, *credentialing*, *site certifications, contracts,* and other ancillary items related to deliverable services.

1. **Questions & Answers**

***Send Questions To:***

Questions related to the contract: [mcare@fresnocountyca.gov](mailto:mcare@fresnocountyca.gov)

Questions related to CPT coding: [DBHCompliance@fresnocountyca.gov](mailto:DBHCompliance@fresnocountyca.gov)

**Q**: I switched over from a Sole Proprietor to Incorporated, do I need to report or inform County?

A: Yes, if there is a change in Employee Identification Number (EIN), change in service location or deliverable services, you are to notify Managed Care team members. You may also be required to additional information on documentation such as PAVE and/or credentialing application. Please contact County Managed Care, Contracts Division or Business Office.

**Q**: What if our org is a limited user, can we get moved over to whatever will be consistent with Avatar Lite for our Group Provider?

A: Yes, that is correct. County will need to test and approve prior to releasing it to the individual/group providers.

**Q**: Do we need to meet the mid-point to claim the G2212 code?

A: If you are using code G2212, you have used 60 minutes and maxed out the code, G2212 code will add on 15 min. you can claim multiple G2212 after you maxed out the first code. A good way to tell whether you need to hit a halfway point for a specific code is by looking at the billing manual. If a code has a flat time associated with it, you must hit the midway point to claim that code, i.e., with G2212 it says, "each additional 15 minutes." Because it just has the flat 15 minutes, you must hit the midway point. The codes that you don't need to hit the midway point are the codes that have a time range, i.e., with 99347 Home Visit of an Established Patient, 10-20 minutes, if you are within that range, you can claim that code.

**Q**: Regarding CPT and Smart Care Codes when will the date be finalized what codes we will be using?

A: We are hoping to have it before June 20th.

**Q**: Can you clarify duplication of services under CalAIM? For example, can clients attend an individual therapy session AND a group therapy session with the same provider on the same day?

A: You can refer to the billing manual on page 24 it discusses duplicate services. If all data elements are the same all 4 points. if two services were provided in the same day you can combine them into one you would add modifiers so it would not be considered duplicate services are the same service, by the same provider, to the same person served, on the same day. To avoid denial for duplicate services, you roll the minutes together. For example, two 30-minute sessions would be submitted as 1 claim for 60 minutes. Individual therapy and group therapy wouldn't be considered a duplication, as they would be claimed with different CPT codes. When using 90853 (group psychotherapy other than a multiple-family group), the modifier HQ (group setting) is required. There is a separate procedure code for group therapy from individual therapy, collateral may no longer be a stand-alone service, this code will always be used as an add on. what we were trying to explain is that if you're using in, if you're providing individual psychotherapy, you're probably going to use 90837. And then if you're providing a group therapy, that would be this CPT code which is 90853 with the modifier HQ, because you're noting it's in a group setting and because you're using two different CPT codes and you're adding this modifier, it would not be considered a duplication of service.

**Q**: About the rationale not to raise rates for unlicensed providers given that CalAIM no longer pays for documentation time?

A: Finance response: The new contracted unlicensed provider rate is $1.71/min ($102.60/hr). This rate is for ALL services, of which the majority of service types are currently paid at a lower rate. Assuming all service types were paid at $1.71/min instead of the current rate, that equates to a 11% increase in overall rate.

**Q**: Question about collateral services. I thought I heard that collateral is no longer a covered service. However, I see that CPT code 90887 is for "Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family

or Other Responsible Persons, 15 minutes". Isn't this the same as collateral services?

A: To simplify this code 90887, which is interpretation of or explanation of results of psychiatric or other medical procedures to family or other responsible persons, who 15 minutes, that is a long way of saying collateral. We do have a CPT code to acknowledge collateral activities. However, beginning July 1st, you may not claim collateral as a standalone service. It must use of CPT code. 90887 is dependent on Ace. so, the person was saying we can't bill collateral anymore and the answer is no, that's incorrect. We do have this code, but it must be it is dependent on a different service of the same claim. You may not build collateral as a standalone and please capture from the morning meeting. There is this wonderful slide from the Cal Mesa training that kind of explains that when you're doing a collateral activity with a family member, please consider the type of intervention you are providing because you may not be providing what we think of as collateral. You might be doing an assessment and gathering assessment material information from a family member, or you might be doing planned development with a family member, and in those cases, you would Bill for the assessment or the planned development, not just assume that because you were speaking with a significant support person, it must be called collateral.

**Q**: CMS 1500 forms, can there be a place I can go to make sure they are correctly filled out, is there a faster way to get that information as it is taking 2-3 weeks to get notice of error.

A: We are looking at a change in our processes, but we won't know that until we figure out exactly if we're going to utilize the MCO and or if there's going to be any changes to our entry for claims from Smartline streamline smart care.

Q. Metal health assessment form was still locked.

A: The website is updated, and you will no longer need the password.

Q: We had a rejection since the patient had Medicare as well as medical. Do we bill Medicare first then once we receive a rejection, would we rebill Medical?

A: Yes, we would like you to bill Medicare first get a denial then bill us. Medical is the last to be billed as a secondar insurance Finance response: MC is correct. DBH must have a denial letter from Medicare before we can bill Medi-Cal.

1. **Board Agenda Item/Amendment I to Agreement No. 20-236**

* BOS Date: **June 20, 2023**
* Beginning July 1, 2023, there will be a total of 41 Individual/Group Providers; (four (4) discontinued and three (3) new providers added to Amendment).
* Amendment
  + Extends the agreement for an additional 12 months (7/1/23 - 6/30/24)
  + Includes new BHQIP, CalAIM, and County contract language
  + New rates (revised exhibit B)

1. **Rate Sheet**

* Payment is based on the type of license, program type, and select the code
* Rates are by licensure and program Type – Face-To-Face Time (Transportation/Documentation services is already built into Rates)

|  |  |  |
| --- | --- | --- |
| **Provider Type** | **Provider Rate Per Minute** | **Provider Rate Per Hour** |
| Psychiatrist | $4.88 | $292.95 |
| NP (Nurse Practitioner) | $4.65 | $279.00 |
| Psychologist (Licensed/Registered/Waivered) | $2.01 | $120.33 |
| LICENSED - LCSW/ASW, LMFT/AMFT, LPCC/APCC, RN - MS | $2.01 | $120.33 |
| UNLICENSED - LCSW/ASW, LMFT/AMFT, LPCC/APCC, RN - MS | $1.71 | $102.60 |

1. **Trainings**

* ***May 4, 2023 Training*** – Service Coding and Documentation Coding – General Power Point
* ***May 11, 2023 Training*** – Introduction to Procedural Codes
* ***Expert User Training*** – SmartCare Self-Paced/Moodle Training for Super User Trainings (now available) Expert Users to go back and refresh as needed.
* ***June 1, 2023 – CalMHSA*** CPT Trainings
* CPT Codes Moodle training is now available and can be accessed at:

<https://moodle.calmhsalearns.org/login/index.php>

* ***End User Training*** – to begin ***June 6, 2023***
* ***June 20, 2023*** – Q&A with CalMHSA/Streamline

1. **Additional Resources**

***Individual/Group Provider******Q&A***

For up to date Individual/Group Provider Q&A please go to the Department of Behavioral Health, web page CalAIM section click on the link: [Cal AIM | County of Fresno](https://www.co.fresno.ca.us/departments/behavioral-health/providers/calaim) Office Hour Recordings can be found at: <https://www.fresnocountyca.gov/Departments/Behavioral-Health/Providers/CALAIM>

***DHCS Library of Resources****:*

<https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx> (contains latest billing manual) or [Billing Manual](https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx)

**Transportation:**

Transportation is transporting the person served. The Managed Care Plan (CalViva and BlueCross) are responsible for transportation. MCP’s contact info: <https://mss.anthem.com/california-medicaid/benefits/medi-cal-plan-benefits/transportation.html>

[How-to-Get-a-Ride-for-Health-Care-Services-Brochure.pdf (calvivahealth.org)](https://www.calvivahealth.org/wp-content/uploads/2022/08/How-to-Get-a-Ride-for-Health-Care-Services-Brochure.pdf)

<https://www.calvivahealth.org/wp-content/uploads/2022/08/How-to-Get-a-Ride-for-Health-Care-Services-Brochure_SPA.pdf>

<https://www.calvivahealth.org/wp-content/uploads/2022/08/How-to-Get-a-Ride-for-Health-Care-Services-Brochure_HMG.pdf>

**Documentation Manual:**

<https://www.fresnocountyca.gov/Departments/Behavioral-Health/Providers/Contract-Provider-Resources>