***County Representatives***

* Executive/Leadership Team: AM: Susan Holt, DBH, Director, PM: Marcy Black, DBH, Deputy Director
* Managed Care: Francisco Escobedo, Natalie Armitstead, Meng Moua, Karla Boyd, Kathy Rexroat
* Business Office: Sean Patterson, Tamara Defehr, Lawrence Seymour
* Contracts Division: Joseph Rangel
* Admin/Staff Development: Laura Luna, Julie Thao
* DBH, Information Technology: Kannika Toonnachat
* Compliance: Elizabeth Vasquez

***Individual/Group Providers:***

1. **Executive/Leadership Statement:**

* Thank you for providing services to our person served. We have a tight timeline to review, sign, and get the agreement approved by the Board of Supervisors (BOS). The agreement is non-negotiable. It must be reviewed and signed to meet the deadline for the new contract. We have been extended it as far as we can. Without a signed agreement, we cannot pay you for services on and after 7/1/23.
* Susan is not able to join the afternoon session. Thank you for all the services you provide to the person served and the community. We are meeting with you due to the changes in CalAIM regulations and CPT codes. We have an amendment to the Board of Supervisor for the individual and group master agreement. We have a tight timeline. Everybody received a draft rate and contract. An anticipated finalized contract will be avaible soon. We hope to send it out the week of 5/15/23. The timeline to the Board is non-negotiable. Our board date is 6/20/23. If we do not get a signed contract, we cannot pay you starting 7/1/23. Thank you for meeting and working with us to comply with new billing and coding.
* The purpose of office hours is to have a mechanism to communicate between DBH and individual and group providers.

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

* CalAIM language, payment structure
* Current agreement is fee for service, but part of CalAIM is switching to CPT coding and require new rates.
* Short turn around time to receive signature. Mid-May. Board Date of 6/6/23.
* Now looking at a 6/20/23 board date
* Draft Amendment was sent earlier this week for providers to review
* If you do not sign the amendment, you will not be paid for service starting 7/1/23
* Amendment
  + Extends the current contract
  + Includes language for BQIP, CalAIM, and County contract language
  + New rates (revised exhibit B)
  + Extends the agreement for an additional 12 months (7/1/23 - 6/30/24)

1. **Rate Sheet**

* Make sure you are familiar with the billing manual. CalAIM made changes to the assessment requirements. Documentation Manual are on County website (<https://www.co.fresno.ca.us/departments/behavioral-health/home/for-providers/contract-providers>).
* 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 |

* Have a Q&A that will be posted on our CalAIM website
* Meeting is recorded, have SME for different DBH areas. If we do not have a response, we will look into it and get back to you.
* Rate sent 1st week of May. Any questions on the rates?
* The old rate is paid based on the type of service. Now it does not matter what type of service you provide. Payment is based on the type of license and program type, select the code

1. **CalAIM Forms**

* Recommend downloading the assessment form. It is compliant with CalAIM. CPT codes are all inclusive of documentation and travel. Will not code doc time separately. Makes doc time quicker and easier.

1. **Trainings**

* ***May 4, 2023 Training*** – Service Coding and Documentation Coding – General Power Point
* ***May 11, 2023 Training*** – Introduction to Procedural Codes
* ***Super User Training*** – SmartCare Self Paced/Moodle Training for Super User Trainings (now available) Super Users to go back and refresh as needed.
* ***June 1, 2023 – CalMHSA*** CPT Trainings
* ***End User Training*** – SmartCare (*June 6th, 13th, 20th and 27th*) all trainings 10-2pm; CalMHSA, every Tuesday in June,
  + *CalMHSA sent out the trainings*
  + *Trainings are Q&A sessions for end-users*
  + *CalMHSA recommends end-users start training 6/6/23. If they start now, SmartCare will not look the same. Will change by 6/6/23.*
* ***Online Trainings*** –
* Staff Development has developed a scheduling Matrix for listing a series of upcoming trainings
* Only Bio Behavioral Health enters data into the EHR
* Will follow up with our super-user next week. Trainings are self-pace. Want everybody to be able to navigate SmartCare
* Can include previous trainings in our next week meeting
* Recoding and slides will be posted on DBH CalAIM webpage: <https://www.co.fresno.ca.us/departments/behavioral-health/providers/calaim>
* DBH is moving from Fresno specific codes to universal codes. This also allows billers to use CPT tools and resources beyond the Fresno County created documents
* The current trainings are focused on EHR end-users and only for those that will utilize SmartCare on 7/1/23. Currently, the trainings are not pertinent to individual and group providers.

1. **Questions & Answers (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)

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

**DHCS Library of Resources**: <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx> (contains latest billing manual))

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

Additional **Information** and **Resources** can be found at:

**Q**: Will CPT Codes allow for Billing for Transportation?

**A**: ~~New Rates include Documentation/Transportation time, claims are based on Face-to-Face Time~~. Correction 5/8/2023; Documentation and Travel Time billing is already built into new rates. CPT coding is inclusive of travel and documentation and is avaible for all providers. Transportation service is not a billable service for individual and group providers because it is not part of their agreement. CPT codes do not include anything other than the face-to-face time. Travel and documentation have been rolled into the rates for face-to-face time.

**Q**: Some clients are out of town, up to 60 minutes, has DBH identified how services will be reimbursed?

**A**: Travel/Documentation is already built into new rates. New standards does not allow for Transportation or Documentation. Correction 5/8/2023;. Documentation and Travel Time billing is already built into new rates.

**Q**: Does transportation meant you have to have a person served in the car?

**A**: Transportation is a covered service. It is not the same as travel. Travel is when the provider travels to the person served. 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>

**Additional Resources:**

[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>

**Q**: Do you know if the contract will include an increase in the number of associates? Currently we are allowed 3 each (BBS does not have a limit) (*Navjot K. Grewal, LCSW*).

**A**: No change to the number of associates. The contract limit is still 3.

**Q**: Will the new contract include the ability to hire Nurse Practitioners under the new AB 890 change? (*Navjot K. Grewal, LCSW*)

**A**: DBH will need to review but it is not part of this amendment.

**Q**: How do we determine the duration? Is it based on severity or diagnostic. We usually complete the assessment and provide the treatment.

**A**: Time is still the main factor. The duration of the session does not need to be exactly 30 minutes. It needs to be at least half of the time. Where there is a range, must be within the range. Severity or diagnostic does not matter, it’s purely based on time. You can use CPT codes plus add-on codes to extend time.

**Q**: With new contract, will we still have yearly audits and what will be involved with audits?

**A**: CalAIM does not change the fact that we still need to monitor contracts. DBH is moving to bi-annual audits. The minimum requirement for monitoring is every 3 years. DBH decided on a 2-year cycle. CalAIM did changed the auditing tool. A copy of the tool was sent out about 2 months ago. Some services are no longer recoupable. We are mainly looking at fraud, waste, and abuse. We can resend the tool.

**Q**: For those that do not have AVATAR, will they have an opportunity to join SmartCare. Is there a licensing fee? Can providers have AVATAR-lite like access?

**A**: DBH would love for everybody to join SmartCare. For now, we can only convert providers who are already using our EHR. We cannot add others who are not using the EHR at this time. Will review and discuss after we launch on 7/1/23. More information will be sent out as it developed. We are still working with CalMHSA and SmartCare to see if providers can have AVATAR-lite like access. For now, please continue the current process of submitting 1500. We will explore if AVATAR-lite is possible in the future. MSO and Provider Connect will allow providers to enter claims directly instead of the 1500 form.

Q**:** If I have a minor that needs service, can I refer her for transportation?

**A**: That’s a question for the MCP.

**Q**: Is it possible to get a "cheat sheet" of the most frequently used CPT codes for various services and scenarios for certain disciplines e.g., LCSW, AMFT, Case Managers.  We got the frequently used Z-codes from these trainings, and it was very helpful for our providers

**A:** Please check the [Billing Manual](https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx). A cheat sheet is helpful, but we do not want to limit you to these codes only. CalAIM allows you to use a code to a higher level of specificity.

Please access the document via the link. They are living documents and will get updated. Fresno [DBH CalAIM Q&A](https://www.co.fresno.ca.us/departments/behavioral-health/providers/calaim) will be updated every Friday. New info will be in red.

**Q:** Can you explain the codes when there is a limit to the max duration?

**A:** The max unit is based on a 24-hour clock. If the duration is longer than allowable time on the code, than use add-on codes until you get to the total duration of the service. Example: Therapy has a max unit of 1, with 1 representing 60 minutes. You completed a 70-minute session. You will use a code for 60 minutes and add-on code to capture the remaining 10 minutes.

**Q**: I see a lot of minors; the sessions are usually longer than normal. What codes do I use?

**A**: Select primary code to cover the first block of time and then use add-on code to capture the remaining minutes. Justify the session with documentation and use codes to capture the time.

Example: 90837 - psychotherapy, 60 minutes with patient; G2212 - prolonged service each additional 15 minutes

**Q:** Is coding is different from SmartCare? If I use the 1500 forms, will I stop using the Fresno’s codes and start using the CPT codes?

**A:** Yes, on 7/1/23, DBH will start using SmartCare, you will need to switch to CPT codes. SmartCare uses descriptors. Fresno will have crosswalk codes available. The services you provide must algin with CPT codes. The Medi-Cal Billing Manual effective 7/1/23 outlines all the codes/services that are covered

**Q:** Is there a training for those not in SmartCare on how to code?

**A:** There are trainings for how to code. DBH will have further trainings available. DBH recommend individual and group review the Billing Manual and look up the codes you already use. The purpose of CalAIM is to streamline service. We want to mirror what happens on the physical health side. 1500 is a universal code. You will complete the 1500 like any other health care provider. You will no longer use Fresno’s code. It will be similar to how you bill insurance. We also don’t want to tell providers what codes to use because there are multiple codes, add-on codes, you can use.

**Q**:

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