* **Introductions** – County Representatives
* Managed Care: Meng Moua, Francisco Escobedo, Marcy Black, Karla Boyd, Kathy Rexroat, Jon Rogers
* Business Office: Lawrence Seymour
* Contracts Division: Joseph Rangel
* Admin/Staff Development: Jua Thao
* DBH, Information Technology: Kannika Toonachat
* Compliance: Elizabeth Vasquez
* Individual/Group Providers: David Johnson, Pat B., Zoua, Xiong, Christina Ramirez, Curtis Donovan, Gerardo, Laura Romero, Alejandra Perez, Judith Dickey, Lucky Siphongsay, Victoria Montufar, Juan Garcia, Sonia Arreguin, Mae Jonson, Michael Danovsky, Prodigy Healthcare, Rohina Fazil, Tony, Erene Soliman, Nikki Khan, Analicia, Alejandra Perez, Mitchel Casado, Hector Cabrera
* **Office Hours (Purpose)**
* Communicate changes related to CalAIM initiatives
* New amendment
* New rates
* Tight turn around time. If unable to return signature page for the 6/6/23 Board date, won’t have a way to pay providers because we do not have an agreement.
* Will have office hours after providers receive rate sheet
* **Board Agenda Item/Amendment I to Agreement No. 20-236**
* County Counsel will need to review amendment before providers can view
* CalAIM language, payment structure
* Current agreement is fee for service, but part of CalAIM is switching to CPT coding. Will need new rates.
* Meng: Cross out sections of the agreement that does not apply. Amendment will tell you what changed.
* Short turn around time to receive signature. Mid-May. Planned board date of 6/6/23.
* Most changes are to include standardized boilerplate language.
* **Rate Sheet**
	+ Rate will be coming out next week. Based on DHCS rates.
* Rate will be effective 7/1/23, go along with amendment.
* **Trainings**
* Staff Development created a training plan. Hope to roll out in June. Mix of CalMHSA training. Will include external and internal providers.
* Possibility of going through the training plan at next meeting.
* May not require training for all activities except the 1500 form.
* For AVATAR users, will need to attend end user training. Currently only Bio and JDT are individual/group providers with AVATAR access.
* Plan for general CPT coding, especially for providers not using SmartCare EHR (for providers that submit 1500). Will align with DHCS billing manual.
* Training on 5/4 (1-2PM) and 5/11 (1-2:30PM) for CPT coding: appropriate for individual/group providers.
	+ Introduction to procedural code/CPT codes.
	+ 5/4 training has been forwarded to providers.
		- Will resend invites.
* **FAQ**
* Will start a FAQ document.
* Send questions to mcare@fresnocountyca.gov

**Q**: Will there be a chance for group providers to do a data dump instead of doing the 1500’s.

**A**: Yes, we should have more info for you in a few weeks.  We last heard (this morning) we should hear more on this in a few weeks (from our lead – CalMHSA team) as far as (1) what format and (2) what fields will be included.  In sum, the system (new EHR, called SmartCare) will support this functionality at the go-live (July 1, 2023).

**Q**: Do County recommend using SmartCare program?

**A**: Yes, we would like all to use SmartCare. However, we can only transition providers who currently use our EHR on 7/1/23. Next step is to see if others can utilize the EHR.

**Q**: Recommend for individual providers to use EHR?

**A**: Plan is to have all use EHR, but will need to evaluate at a later date. How do we get all to use SmartCare. How do we onboard providers. Will need to implement for current users first. Will need to work with SmartCare and CalMHSA to set up users. Scheduled for FY 2024-2025.

**Q**: Will the rate go up or down?

**A**: Will find out next week when the rate sheet goes out. Not going down, but cannot provide the rates until next week.

**Q**: Those who bill AVATAR can transition 7/1/23. Can those who bill via 1500 work towards using EHR? ETA for transition?

**A**: There are different levels of access. Those with access will convert to SmartCare. Right now, providers submit paper claims and Managed Care enters the claim. Continue to submit paper claims. Do not have a timeframe when we can onboard new providers.

**Q**: Will the rates released next week be final or will they just be draft like the org rates were initially?

**A**: Rates will be final.

**Q**: will all counties involved in smart care be using standardized forms for things like assessments?

**A**: Yes, all will use the same forms.

**Q**: Assessment form changed. Assessment form is 2 pages. Was told to use whatever was online.

**A**: Make sure you are familiar with the billing manual. CalAIM made changes to the assessment requirements. Make sure to hit the 8 domains required by CalAIM. Documentation manual are on County website (<https://www.co.fresno.ca.us/departments/behavioral-health/home/for-providers/contract-providers>). 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.

**Q**: So looking at the assessment from your website, is that identical to what will be in SmartCare?

**A:** No, SmartCare is different.

**Q:** Cannot edit the assessment to use my heading.

**A:** County will take a look at the form to see if others can edit/personalize.

* **Other Formalities:**
* Office Hours – Dates and Times.
	+ Will present new information during each office hours.
	+ What is the best time for providers?
	+ Only until we go over the rates and amendment.
	+ Two meetings: Early Friday and late Friday (will only need to attend one or the other).
		- 8:15AM or 4PM.
		- Recommend coming to meeting so the County can address questions.
* Waiting for more info from CalMHSA on if there are alternatives to submitting .1500s.
* MS Teams or Other alternative venues (In-Person).