***County Representatives***

* Executive/Leadership Team:  ***Maryann Le***
* Managed Care: Francisco Escobedo, Natalie Armitstead, Meng Moua, Katherine Rexroat
* Business Office: Sean Patterson
* Contracts Division: Joseph Rangel
* Admin/Staff Development: Laura Luna, Julie Thao
* Compliance: Elizabeth Vasquez

***Individual/Group Providers:***

* Alejandra Perez, Juan Garcia, Gregory Wongsing, Adrian Jones, Victoria Cole, Laura Romero, Ana art, Elizabeth Barreneche, Greg Johnson, Brian Fenne, Fazil Rohina, Curtis Donovan, Godinez Blanca, Justin Jiminez, Tony Quintanilla, Valerie Curley, Lawrence Seymour, Don Farris, Donna Luc, Mark Popper, Victoria Montufar, Michael Muro, Bertha Ramirez, Rosalva Rivera, De Kimberly Kones, Michael Danovsky, Avila Imelda

1. **Executive/Leadership Statement:**

* On Wednesday 5/17/2023 Susan Holt, DBH Director, expressed her gratitude and shared information related to the rates. Today, Maryann Le is speaking on behalf of the Executive team, She emphasizes DBH’s gratitude to our network of care, recognizes the remarkable partnership and provides assurance that the department is committed to make payment to all our contracted service providers timely.
* The department has been working very diligently, thinking of different options and possibilities, and committing to walk with DBH’s partners on this journey of new changes.
* At this time, the focus is prioritizing training and the *front-end* part which are providing the services, documenting services provided accurately in accordance with CalAIM and Payment Reform requirements and understanding the system to assure successful implementation of new system/process.
* We have heard through network of care that a question arose on the purpose of DBH retaining funds from the rates that the department received from the State; perhaps for making a profit or for covering DBH’s overhead costs. Maryann states that although DBH needs some of the funds for covering overhead costs, part of the retained funds is utilized for providing various types of services that the State’s reimbursement rates are not covered. Maryann also states that there are various types of behavioral health services that will need to be provided to the people we serve and yet the costs are not covered. The department had approached calculating the rates carefully. We are all in this together; this is a shared vision and shared value in our network of care.
* We will continue to assess, review data, and strategize. We are taking a systematic approach for the implementation that takes effect on July 1stwith a new method of reimbursement for services provided (fee for service instead of cost reimbursement as was in the past).
* We will monitor the data and communicate with our network of service providers.

1. **Board Agenda Item/Amendment I to Agreement No. 20-236**
   * This week we sent out the Pre-approved County Council approval for review and signature, that item is going to the Board of Supervisors for final approval on June 20th, 2023. You can request via Managed care inbox if you did not receive one.
   * We request signatures for Agreements by May 26th. (PDF scanned copy OK).
   * Without signed Agreement(s), no contract is in place which would prevent payment processing
   * Managed Care will compile a list of outstanding items on May 26th afternoon
2. **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. **CalAIM Forms**

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



* ***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. Tools and training is available online and on our website.
* ***End User Training*** – to begin ***June 6, 2023***
* ***Online Trainings*** – available to Expert, Super User and End Users

1. **Questions & Answers & 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.co.fresno.ca.us/departments/behavioral-health/providers/calaim>

***Where to Send Questions:***

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

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

Any questions relation to contracts go to the contracts division dbhcontractedservicesdivision@fresnocountyca.gov

***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.co.fresno.ca.us/departments/behavioral-health/home/for-providers/contract-providers>

Q: What is the process of how we are going to process our claims, do we have a procedure right away?

A: The Department is working with Streamline and CalMHSA as to how Individual/Group Providers will process claims through the Departments Managed Care Division. This will involve two separate phases. The initial Phase 1) Individual/Group Providers to continue CMS 1500 Forms process for payment, and 2) Allows the Individual/Group Provider the option to submission of CMS 1500 Forms for claims or Direct Data (Claims) Entry by the Individual/Group Provider. Direct Data (Claims) Entry will require an approval by the County and a transition and training process. County will provide technical support. Details for both processes continue to be worked out between DBH, CalMHSA and Streamline.

We will provide a finalized procedure as soon as possible. We do not have a I final decision now. More than 20 California counties area part of SmartCare implementation. We will provide the training materials accordingly. Please be prepared that June will be a heavy month of training. DBH commits to having support mechanism for after Go Live on July1st. CalMHSA will also have support structure for questions and training. We are on this journey together. The department is committed to receive, process and pay claims in timely matter.

Statement from leadership: Lets focus on the *front-end* part so that we can assure accurate payment is process timely. Come June, the department and our contracted providers will be focusing on receiving training so that we can utilize the SmartCare system effectively and efficiently. It is recognized that group providers have a different process than the individual providers. We want you to rest assured that all providers will get paid timely. We focus on the partnership between the department and the contracted providers as we walk through this journey between now and July 1, and after that.

* This week we sent out the pre-approved County Council approval for review and signature, the item is going to the Board of Supervisors for final approval on June 20th, 2023, it is nonnegotiable. If you did not receive it, you may request it via email managed care inbox. May 26th is the deadline to receive signatures, without a signature the county will not have a mechanism to pay for services after July 1st.

Q: Did the group talk about the letter sent out yesterday?

A: No, here it is verbally, and the letter was just signed yesterday and it's going out this morning, you should be receiving it later today via email and via mail will be going out.

Q: As we transition to Smart Care is this replacing Avatar for claims submission?

A: Yes, Netsmart Avatar electronic health record is transitioning to Streamline SmartCare electronic health record and it will go into effect July 1st.

Q: Why are we transitioning

A: The new EHR system will be beneficial for workflow purpose and ensuring that we are in compliant with CalAIM implementation.

Q: Are inpatient rates changing.

A: Yes, rates will change and vary. We are communicating directly with providers, and they are being contracted individually.

Q: Is there an update on individual contracts transition to EHR.

A: Yes, we are encouraging the use of it now and we will update providers with information on use of it.

Q: Can you elaborate on the quality improvement plan requirements for individual and group providers?

A: Leadership speaks on quality improvement stating that it is a continuous process to continue improving efficiency and effectiveness, we will continue to walk together through the process as we reach challenges. Another comment is that the state ensures that we hit milestones and CalAIM goals with universal measures and trainings that they have in place.

Q: When individual contracted providers transition to EHR, will we need to keep a physical record also pertaining to patients such as Consent Form, MHA notes etc., or will all of that will be in EHR only?

A: The goal is that EHR will be where the record lives and will be accessible to other providers including the patient portal. The goal is to become electronic so an individual can access clinical documents rather than paper charts avoiding repetitious data entry. If a form is unavailable, it can be scanned in. When you were talking about the portal and usage of electronic health record, that would be only if they had full access to the EHR

Q: Will more trainings be offered.

A: Yes, more training will be offered. We can also continue to build into what we are already doing and get the benefit from learning from each other.

Q: will you need specific access to access EHR?

A: Yes, specific access will be needed.

Q: Regarding transportation. When a client is commuting is there a cap on distance?

A: It is covered under Managed Care Plans (CalViva and Anthem Blue Cross) you can direct questions to them.

Q: Will it take longer to receive payments for providers with the new EHR system in place?

A: It will help streamline our process and should cut the time down.

Q: We have been doing CPT codes for other counties and insurances, will we not be

done by minutes anymore or will we be doing the 15 minute, 30 minutes.

A: By units, each unit is equivalent to 30 minutes.

Q: For trainings would we all be going through the Kelly MHS LMHS website?

A: Yes, the training would have to be accessed through their Moodle system.