**Individual/Group Providers – OFFICE HOUR**

**Question/Answers as of May 26, 2023**

Send questions to mcare@fresnocountyca.gov

Please access the document via the link. This is a living document and will be updated as necessary. Q&A document can be accessed at [DBH CalAIM Q&A](https://www.co.fresno.ca.us/departments/behavioral-health/providers/calaim) . Q&A will be updated weekly and will be included in communication to Individual/Group providers. Q&A are categorized by date received and new information, updated follow up or items that require additional follow up will be noted in **RED**.

***Friday, April 28, 2023 (4:00pm)***

**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 manuals 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 look at the form to see if others can edit/personalize.

***Friday, May 5, 2023 (8:15am & 4:00pm)***

**Q**: Why Org provider rates by the Hour and Ind/Group Rates by the Minutes?

**A**: All providers are billing by the minute = 1 CPT unit is 15 minutes; round up by whole CPT

**Q**: Will Rates improve the reimbursement time, is there is discussion that this will improve the reimbursement for payment?

**A**: DBH, is discussion, hope is that the mechanism will be available to enter claims and process in a timely manner. (*MSO, MCO, Provider Connect* – SmartCare). DBH, Contracts Division will map out claims/payment process. DBH is transitioning to a new EHR System and working with CalMHSA. DBH will provide a training regarding process for claims. DBH goal is to improve the current process.

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

**A**: There is a CPT Code for Transportation. Individual/Group Providers Agreement doesn’t provide for transportation as a deliverable service. Documentation and Travel Time billing is already built into new rates.

**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. Existing Agreement does not allow for Transportation. Individual/Group Providers can access Managed Care Plans to assist with transportation.

<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**: Are we only allowed to bill for an Hour?

**A**: CPT codes are based on a Unit (15 minutes), ensure that you are billing appropriate codes, <https://www.co.fresno.ca.us/departments/behavioral-health/providers/calaim> Manual identifies maximum number of codes you can bill for services (Add On Codes). Ind/Group providers encouraged to attend trainings to get a better understanding on Codes. Billing is specific to CPT

**Q**: Will grant funds be available to providers to assist with this transition?

**A**: No. DBH encourages ind/gp providers to utilize alternative ways to be more effective and efficient.

**Q**: Any changes to Telehealth and location?

**A**: No changes to Telehealth and Location, there will be a new CPT Codes as it relates to Telehealth

**Q**: When will the Draft contract be ready for review?

**A**: DBH, Managed Care will try to send out Amendment I to Agmt No. 20-236 to all ind/gp providers, week of May 8th for review and signature.

**Q**: Trainings – are invites going out to all individual/group providers?

**A:** Trainings will be recorded and links will be available to all individual/group providers, link <https://www.co.fresno.ca.us/departments/behavioral-health/providers/calaim> will take you to those trainings.

**Q:** Were or how will this Q&A be communicated?

**A:** Suggest on CalAIM page, Compliance follow up with E.V.

**Q:** Where or can we send notification to add providers to mailing list?

**A:** Suggest providing name to Provider Relation Specialist to add them to the distribution list, PRS, *Dee Howell, Arlene Liles and Melinda Garcia*.

**Q:** Are there any samples to utilize for documentation?

**A:** Documentation Reform, manuals available can be referenced for documentation. Documentation related to CPT Coding, CalMHSA to provide additional information and require the same elements. Keep an eye out for tools and guides to assist with documentation.

***Friday, May 5, 2023 (8:15am & 4:00pm)***

**Q**: Will providers bill per minute?

**A**: No, providers will bill per unit based on CPT.

**Q**: County to Provider, how do you rate the transition to CPT codes?

**A**: Not sure yet, will be easy as they are familiar, as they currently utilize CPT Codes. County to provide a Crosswalk.

**Q**: Are Ind/Group Providers to use a CPT/HCPCS or SmartCare Procedural Codes?

**A**: Unsure. Once it determined, MC team will reach out to Individual/Group Providers of the flow process and Codes to be utilized within the CMS 1500 Forms

***Friday, May 12, 2023 (8:15am & 4:00pm)***

**Q**: Do you know if the contract will include an increase in the number of associates? Currently we are allowed 3 each (*Navjot K. Grewal, LCSW*)

**A**: MC Team members will look further into the matter, although AB690 allows for six associates, as for now the Agreement and Amendment I only allow for three associates. We cannot change the Amendment I to Agreement No. 20-236 going to the Board of Supervisors, June 20, 2023, and will consider for future Amendments. Note: any change to existing Agreement language will reflect current regulations and Board of Behavioral Health Sciences.

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

**A**: Managed Care Team Members will follow up with *Navjot Grewal, Omid* for further clarification, regarding Nurse Practitioner and reach out to DBH Medical Team for interpretation of AB 890 which spells out supervision for Nurse Practitioners. We cannot change the Amendment slated for 6/20 board date and can consider for the future.

**Q**: Does transportation mean 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>

**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.

**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.

***Friday, May 19, 2023 (8:15am & 4:00pm)***

**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 of the system right now so we can assure accurate payment is made. Come June, the department and all our providers will be focusing on receiving training so that we can utilize the system. It is recognized that group providers have a different process than the individual providers. We want you to rest assure, all providers will get paid timely. No matter what, the focus point right now is the partnership between the department and the provider. As we walk through this journey every single day between now and July 1, and even after that.

* This week the Department 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 received the Amendment, 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.

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

**A:** Yes, ***Netsmart, Avatar***, electronic health record (EHR), will transition to ***Streamline, SmartCare*** EHR, effective July 1, 2023.

**Q**: Why are we transitioning

**A**: The new EHR system will be more beneficial making workflow easier and ensure Department meets CalAIM requirements and compliance standards.

**Q**: Are inpatient rates changing.

**A**: Yes, rates will change and vary. As we are communicating directly with the providers, and they are being contracted individually.

**Q**: Is there an update on individual/Group Providers transitioning to EHR.

**A**: Yes, all individual/Group Providers are encouraged to use the County’s EHR. Once MSO/Provider Connect is built into SmartCare, Managed Care will assist Individual/Group Providers in the transitioning, support and training requirements. Individual/Group Providers will be notified in advance to properly prepare for transition into the County’s EHR.

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

**A**: “*Department’s Quality Improvement Team will work with Executive/Leadership Team to identify outcomes measures specific to Individual/Group Providers and will work with providers expected outcome measures*”.

**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**: With full SmartCare EHR Access, 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 their clinical documents rather than paper charts avoiding repetitious data entry. If a form is unavailable, it can be scanned into EHR system.

**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. Request to be approved by Department IT.

**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 received payments for providers entering paper claims?

**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 15 minutes.

**Q**: For trainings would we all be going through the CalMHSA LMHS website?

**A**: Yes, the training would have to be accessed through CalMHSA Moodle application.

***Friday, May 26, 2023 (8:15am & 4:00pm)***

**Q**: When will CPT and HCPCS codes go into effect?

**A**:They will take effect as of July 1st.

**Q**: Where can we find CPT and HCPCS codes?

A:In the billing manual.

**Q:** Will all services be paid at the same rate?

**A**:Yes, services are paid by license type and location.

**Q**: Is case management CPT coding the same as Psychotherapy?

**A**:Look in billing manual for HCPCS codes on page 133, code # T 1017 = 1 unit for each 15 min. if you provide at least 8 min. of service you can bill for 1 unit of case management.

**Q**: What happens if the signature page is not returned by the deadline?

**A**:The individual group or provider will not be a part of the contract meaning we will not have a way to pay you as of July 1st. We will follow up to ensure transition of all persons served to another provider within the network.

**Q**: Will we be notified if our signature was received or not?

**A**:Yes, a confirmation email will be sent once received, also an alert was sent if not received.

***Friday, June 2, 2023 (8:15am & 4:00pm)***

**Q**: A master service agreement question—-the agreement sent out with track changes a few weeks ago is different than the original agreement executed in 2020. Will the agreement & amendment #1 both execute with an effective date of July 2023?

A: Yes, both the amendment and agreement will be considered one document and only one signature page will be added, in addition any time we add or remove a provider it must go to the Board of Supervisors for approval, we will not need a new signature from everyone. Managed care division will be prepared to go to the Board of Supervisors monthly. For any significant changes we will go to the Board of Supervisors, and we will require signatures from individual and group providers.

**Q**: Are you aware if all other counties will be updating their fee schedules as well? We are an inpatient provider, so we bill other counties besides Fresno.

A: The agreements between the county and the state are changing however it does not mean that the contracts between the county will change, as each county will make their own agreements with the State.

**Q**: Regarding CalAIM, I have a new client going to Mexico for two months. Do I keep them open or close them out?

A: It is up to you; two months is not too long. There is not a requirement to provide a certain number of services per month to keep them open, so it is an option to you as a provider whether you would like to keep the case open or close it out.

**Q**: In the assessment form for service providers, will travel time be the same?

A: The travel time and documentation time are still being collected. While they are not paid activities, the state is still collecting the info to inform future rate setting down the line.

**Q**: The assessment form was not usable.

A:We are addressing the need to make sure the form is downloadable and accessible.

**Q**: Are we required to use the county templates, or can we use our own?

A: No, we are not required as it was provided as a guide. The requirements are in the CalMHSA manual. You can modify the template just make sure that you capture what is required within the seven domains.

**Q:** How does collaborative documentation play into the person served.

A: Collaborative documentation at the end of a session should be utilized as part of the therapeutic intervention and included in time spent with the person served.

**Q**: If you have a provider not used to practice and it takes them longer to complete, are their restrictions on the time used.

A: It takes the time that it takes, the collaborative documentation needs to be part of the therapeutic intervention and needs to take place in front of the client and completed together. The CPT codes are very descriptive and if used correctly, will handle the billing side.

**Q**: Is there an online training for collaborative documentation.

A: live training is provided in house only.

**Q**: Is there a new client record audit checklist for individual/group providers that addresses the CalAIM requirements?

A: Yes, we have sent it out a couple of times and we will attach it again.

**Q**: I get clients already assessed by the county within a week, therefore billing twice for the same thing if I do another assessment. Can I agree with the County’s assessment to cut time, or do I need to bill the entire time for the same assessment?

A: Yes, you can agree. If you get a complete assessment from the County, you can agree with the assessment, review, and make a note agreeing with diagnosis or of anything noticed differently, therefore cutting time down and not repeating services. Making sure that we provide a good example of quality of serviced. There is not a need to do a new assessment. (We will get back to providers on which CPT codes to use in this instance)

**Q**: Are the contracts/agreements we signed for CalAIM or for the Fresno County Behavioral Health?

A: Contracts are Fresno County only.