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| Project Meeting Name: Managed Care – Office Hours | Date: 7-7-2023 |
| Meeting Location: Virtual  | Start Time: 8:15 AM | End Time: 9:49 AM |
| Facilitator: Marcy Black | Note Taker: Jennifer Beck | Sponsor: Marcy Black |
| Meeting Attendees: Karla Boyd, Kathy Rexroat, Meng Moua, Marcelia Black, Francisco Escobedo, Jon Rogers, Jennifer Beck, Joseph Rangel, Esmeralda Mendoza, Laura Romero, Melissa, Amanda Rosen, Bernice Beck, Laura Luna, Elizabeth Vasquez, Gerardo Madrigal, Nancy, Curtis Donovan, Arlene Lyles, Victoria Cole, Denise King, Victoria Montufar, MikeT, Sarah Thomas, Alejandra Perez, Cori Rains, Mor Popper, Vanessa-housepsychiatricclinic, Dr. House, Tony Quintanilla, Jaime Dean, Serena L, Valerie Curley, C-Zoua Xiong, Jairo Lozano, Blanca Godinez, Alma Moreno, Gregory Wongsing, Rohina Fazil, Nancy Lynch, EQuintanilla, Valerie curley, Dr Kimberly Jones, Sarah Thomas, Christina Ramirez, FYCH- Tehzin Alarakhia (HOS/MHRS), M. Begley, Ron Steele, Julie Thao, Mary Johnson, Sandra Nelson, Elizabeth Barreneche |

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| **Meeting Summary** |
| **Topic/Deliverable** | CalMHSA EHR  |
| **I. CalAIM Payment Reform: SmartCare Procedure Code Tutorial**  | **Lead Presenter** | **Kathy Rexroat – PowerPoint Presentation**  |
| **Status/Update** | 1. **CalAIM Payment Reform: SmartCare Procedure Code Tutorial (***Power Point Presentations***)**
2. **Questions**
* If client is at home, what code would we use?

**Answer: In Med-Cal Billing Manual, if service is telehealth: 10 is Telehealth Provided in Patient’s Home; 02 is Telehealth Provided Other than in Patient’s Home.** *Place of service codes are located on pgs. 45-46 of the Specialty Mental Health Billing Manual Version 1.4** Request for more information on collateral and group services

**Answer: DBH is working on developing guidance for internal and contacted providers.** * Can we include the units in 24.G. on CMS-1500 instead of minutes?

**Answer: No, always use minutes.*** If a patient has CalViva Medi-Cal, or Anthem Blue Cross-Medi-Cal, do we bill the State of California Fresno County Medi-Cal?

**Answer: You would either claim to CalViva or Anthem Blue Cross if the condition is mild to moderate and you are contracted with those Managed Care Plans. If the condition is severe, you would claim to Fresno County Specialty Mental Health Services.** * Would a ten-minute phone call be claimable?

**Answer: If it is a claimable procedure and it meets the threshold for that procedure, then it will be claimable**  |
| **Action Item(s)** | **Who: DBH****What Develop guidance for internal and contacted providers regarding collateral and group services.****When: July 2023** |
| **II. Individual & Group Provider Avatar to SmartCare Crosswalk** | **Lead Presenter** | **Marcy/Managed Care – Shared Crosswalk Spreadsheet**  |
| **Status/Update** | 1. **Questions**
* No questions
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| **Action Item(s)** | **Who:** No action items at this time**What:** **When:** |
| **III. SmartCare Procedure Code Definitions - Full CalMHSA Crosswalk** | **Lead Presenter** | **Marcy/Managed Care – Shared full CalMHSA Procedure Code Crosswalk**  |
| **Status/Update** | 1. **Questions**
* No questions
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| **Action Item(s)** | **Who:** No action items at this time**What:** **When:** |
| **IV. Finance****Managed Care - Individual Group Provider Avatar to SmartCare Crosswalk (6-29-2023) FINAL\_ (version 1) Formulas**  | **Lead Presenter** | **Finance – Formulas – Shared Spreadsheet**  |
| **Status/Update** | 1. **Questions**
* For Family Psychotherapy, do we not use the prolonged code of G2212? For example, if we provided 58 minutes of family psychotherapy, wouldn't it be 1 unit of 90847 and 1 unit of G2212?

**Answer: yes, you would use the SmartCare code and enter the total number of minutes. SmartCare will automatically calculate. You must meet 51 % of the primary code for SmartCare to add the prolonged code of G2212.** * If I provide a service of 55 min to a minor child for therapy, then meet with parent after for another 43 min. how would I calculate billing on the claim form?

**Answer: Collateral engagements can be claimed depending based on the actual procedure that you are engaged with. Psychosocial rehabilitation can also be used when providing information to caregiver.*** For physicians and prescribers, regarding CPT codes - we have a choice of choosing, time or medical decision making, if we code based on medical decision making. How do we bill when it is not based on time when, we must use only minutes.

**Answer: Currently, the State has decided to use the codes only based on time. There are three add-on codes that can be used: interpreter, interpretation of labs, and medical complexity. Chapter 10 Service Tables in the DHCS Specialty Mental Health Service Medi-Cal Billing Manual states:*****Time: Each code is associated with a length of time or time range as part of the service description. DHCS policy will only consider the time it takes to provide direct services associated with that code as part of time. (p.59)*****Unlike Medicare or other payers, E/M services under Specialty Mental Health Medi-Cal will be based on time, not medical decision-making criteria (MDM). Therefore, at utilization review/audit, DBH will not require documentation of MDM.** * If we are not sure about the final calculations on the CMS-1500, can we leave it blank? **Answer: SmartCare Smart Care will automatically calculate the charge. You may leave the charges section of the CMS 1500 form blank if you prefer.**
* How will audits be handled?

**Answer: If you are scheduled for a compliance medical records review in the upcoming months, those audits will be claims submitted during the 2022-2023 Fiscal Year, before payment reform and the implementation of SmartCare. Thus, these audits will focus on past claims. We will be issuing audit guidelines in the future that pertain to the new standards.**  |
| **Action Item(s)** | **Who: No action items at this time****What:** **When:** |