

**Mental Health Provider Meeting**  
**Multnomah County**  
**Verity Integrated Behavioral Healthcare**  
**February 9, 2009, 10:00 – 11:00am**  
**Lincoln Building**

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Present:

Heidilyn Safe; DePaul Tx Center	
Diane Lacy; LifeWorks NW	Susan Salkield; OHSU – IPP
Janet Brandt; Central City Concern	Erica Albarran; Central City Concern
Sonja Ervin; Central City Concern	Stacey Zych; Cascadia BHC
Bobbie Sproul; Serendipity	Bev Wright; Serendipity
Leslie Stang; NARA	Sarah Carolus; Central City Concern
Michelle Burbidge; Outside In	Lori Gibson; Morrison Cntr.
Kathy Guido; CODA	Allison Faherty; Morrison Cntr.
Chris Larsen; Christie Care	Jamie Vandergon; Trillium Family
Howard Spanbock; Luke-Dorf	Yanna Shumaker; Lutheran Community Srvcs.
John Trinh; Luke-Dorf	Julie Berrigan; Morrison Child & Family
Julie Morris; NARA	Cherry Walters; Cascadia BHC
Bridget Rogers; Cascadia BHC	Michelle Fitz; Options Counseling
Penny Lamont; Cascadia BHC	Christine Lau; Asian Health & Srvcs. Cntr.
Bonnie DenOuden; Cascadia BHC	Donna Kauffman; Lutheran Community Srvcs.
Dennis Henderson; Western Psychological	Len Lomash; MHASD
Charmaine Kinney; MHASD – Verity	Sara Hallvik; MHASD
Courtney Bailey; MHASD	David Hidalgo; MHASD - Verity
Debbie Tombe; MHASD - Verity	Ron Lagergren; MHASD - Verity
Joan Rice; MHASD	Bruce Spilde; MHASD

**Announcements:**

Christina Gardner, MHASD Compliance Coordinator, introduced Len Lomash, the Division's new MHO Manager. Len filled this vacant position when David Hidalgo became the Division's Senior Operations Manager.

Sara Hallvik, Verity's Research and Evaluation Analyst, announced that the Quality Management team had identified an Adult Outcomes Tool that will be looked at for possible implementation across the adult system. The ACORN has flexibility to respond to different populations and can look at the type of outcome measures MHASD and others are looking to capture. Discussion began around those adult providers who have already implemented a tool – would they be required to start over? Sara explained that those providers would be taken into consideration and not be asked to move to a different tool immediately. The quality management goal is to be able to compare outcomes across systems.

Charmaine Kinney, Sr. Quality Management Coordinator, announced that Verity was looking at rolling out a new Practitioner Report template to capture needed information at the provider level concerning language capability and evidence-based practice proficiency. Charmaine distributed a copy of the template that showed a column that would auto-calculate FTE dedicated to Verity members. This template will not be required until July of this year, and will be posted to the Verity Provider web page at that time. Christina stated that this report would also be changing to a quarterly submission rather than monthly which is what is required currently.

Christina reminded the group that when using our two contracted interpreter service agencies (IRCO and Telelanguage) it is imperative to cancel by 12:00pm the business day before the appointment in order for Verity to avoid being charged. Also, Courtney reminded providers they must provide full client name and OHP or Raintree number. If Verity does not have this information to verify eligibility, providers risk being held responsible for payment of interpreter service. (These minutes clarify what was originally announced in the provider meeting; which was that cancellations were required 24 hours in advance.)

### **National Provider Identifier Coordination:**

For those individual practitioners who have an NPI number and taxonomy code(s) there are certain requirements when changing a practice address (when you move to another agency.) The NPI assigned to individual practitioners is housed in a national database; the National Plan Provider Enumeration System (NPES). Christina distributed a document from the CMS website that explained that practitioners (and agencies for that matter) must report changes to NPES within 30 days of the change. The document also reminded providers of their obligation to share their NPI number and taxonomy information with any and all new health plans and providers with whom they do business.

### **MMIS update:**

Courtney Bailey, Verity Business Operations distributed a Provider Alert newsletter issued by DHS on 1/16/09 addressing the on-going eligibility issues occurring with the MMIS portal. Listed were temporary protocols that providers should take when experiencing eligibility discrepancies. DMAP has dedicated staff working on manual changes to those children enrolled in BRS and ICTS services where discrepancies have been verified. DMAP Provider Services is the main contact for providers wishing to verify discrepancies. For claims questions, DMAP Provider Enrollment can be contacted. (See attachment to these minutes.) Courtney also announced that as of this date, client identification cards have not yet been sent to enrollees. Providers may ask for transitional payments as appropriate – information can be found at [www.oregon.gov/DHS/healthplan/mmis.shtml#transitional](http://www.oregon.gov/DHS/healthplan/mmis.shtml#transitional)

PHTech, Verity's third party administrator, has become a test partner with DMAP to do focused auditing of daily eligibility import files. Testing has started immediately.

DMAP has begun advertising Phase II MMIS Provider Training sessions. Courtney distributed the training calendar issued by DHS on 2/5/09.

There continues to be issues with the change over to MMIS. It was discovered that MMIS is currently not withholding co-payments where appropriate from open card provider payments.

Courtney introduced Chris Rentzel 503.988.5464 x26780, who replaced Marianne Merrell. Chris is your contact for children's authorization questions.

### **Medicare Billing:**

Joan Rice, Quality Manager for MHASD and Verity, stated there had been questions posed in the Verity Provider Review Committee as well as other venues concerning whether or not there were mandatory billing requirements for Medicare when billing for dual-eligible members. Joan stated the Division would be sending out a written statement separate from the minutes of this meeting in the hopes of clarifying what Verity's expectations were for dual-eligible billing. Joan wanted to stress that providers should contact Medicare (Noridian) at 1-888-608-8816 directly for billing advice. Just as we would not expect Noridian to give advice on how to bill Verity, we are not in the business of instructing providers how to bill Medicare. That being said, there are some situations where we feel confident in providing clarification.

All HCPC codes are non-covered Medicare services. Verity Providers should bill PHTech directly. QMHA claims can only be billed using non-covered Medicare HCPC codes; these should be billed to PHTech directly.

For providers using unlicensed QMHPs and licensed QMHPs that are non-approved Medicare providers i.e. LPCs – they should contact Noridian to determine their direction on submitting a For Denial Only letter and follow their instructions regarding billing Medicare as primary when submitting claims for Medicare covered services. There is no contractual obligation to bill Medicare when services are provided by non-approved Medicare providers.

For LCSWs and LMPs, all Medicare covered services provided by licensed/eligible Medicare clinicians should be billed to Medicare as primary. Providers should then submit a claim with EOB to PHTech to claim Verity as secondary payer.

Provider discussion began around the difficulty in taking Medicare clients in general; including not being able to predict from one client to the next what the secondary reimbursement may be from Verity. This is attributed to the many types of Medicare eligibility packages members may have. Joan stated MHASD was looking at creating incentive structures, or pay for performance for those agencies serving Medicare covered individuals.

**NEXT MEETING:** April, date and time TBA.