



Multnomah Other A&D Provider Billing Meeting

**Thursday September 26, 2019 8:30am – 10am
501 SE Hawthorne Blvd, Room 315**

Meeting Agenda

1. Introductions
2. General Billing Reminders
3. New Client & Housing Request Form – Update to program question
4. Child Room and Board Housing – New state reporting requirements
5. Timely Filing – Group discussion
6. Peer Services – Group discussion: What services are agencies encountering?
7. Voucher Viewer Review
8. December Billing Meeting
9. Questions and Networking

**Next Provider Meeting: Thursday October 24, 2019 8:30am – 10am
501 SE Hawthorne Blvd, Room 315**

**Next BILLING Meeting: Thursday December 19, 2019 8:30am – 10am
501 SE Hawthorne Blvd, Room 315**

No new handouts.

Provider website: <https://multco.us/mhas/addiction-provider-resources>

For billing related matters or questions contact: billingsupport@multco.us. *Please mention your question/request is related to Multnomah Other (preferably in the subject line and body of the email).

1. General Billing Reminders
 - a. Non-SUD Diagnosis for DUII Diversion: Providers must submit a request to billing support to have claims paid for DUII Diversion clients who do not meet ASAM criteria for a SUD Diagnosis by 9/30. Providers who do not submit a request by the deadline will not have their claims paid. Due to the closing of the fiscal year, requests received after the deadline will not be paid.
 - b. All DUII Claims 10/30 for quarter 1 claims (July – September)
2. New Client & Housing Request Form – Update to program question
 - a. The available answer choices have been updated to the program question on the Google request forms for new clients (to enroll in Mult Other/receive a z number) and to request housing assistance. It is very important to select the correct program on the housing form – this will determine from which funding source the housing fund will be deducted.
 - b. ACTION ITEM: Mult Other will look into having providers receive a confirmation when submitting the Google Form. They would like to receive the responses so that they can confirm that the data is accurate.

3. Child Room and Board Housing – New state reporting requirements
 - a. State now requiring whether or not the member is TANF eligible and the DOB(s) of dependent children. Do providers prefer to complete an additional roster with this in addition to submitting CIM data or should we connect with PH Tech about collecting the data in CIM? Report due 45 days after end of quarter.
 - i. FOLLOW UP: Providers will discuss internally preference: submit rosters in addition to CIM encounter data or would providers like to submit data directly to PH Tech?
 - b. Updates to timely filing? At least one provider holds encounters for the month until the start of the following month (e.g. September claims are submitted in the first few days of Oct). Concern that 9/1 claims would be denied for timely filing if timely filing match DUII. Would like to see timely filing start from d/c date or end of the month. Compromise of 45 day timely filing seemed amendable with the understanding that end of quarter claims would be submitted ASAP.
 - c. ACTION ITEM: Send providers a copy of the blank template, with meeting minutes.
 - d. ACTION ITEM: Quarter 1 – will likely send providers a pre-filled template with the names of members who have approved R&B claims in CIM at the end of October. Providers will have 7-10 days to add TANF info and DOBs and verify report accuracy.
4. Timely Filing – Group discussion
 - a. Finance department/state funding requirements would like to reduce the timely filing deadline. What would be the impact at agencies? What are scenarios that agencies encounter that would pose an impediment to changing the deadline to 30 or 60 days?
 - i. Staff Turnover
 - ii. PH Tech processing time
 - iii. Retro-term of Medicaid
 - iv. Current DMAP enrollment error (state is unable to enroll new providers in DMAP due to a glitch)
 - v. Concern about how long it takes secondary payer
 - vi. Configuration of a new EHR
 - b. Providers should reach out to billing support if they are having issues and anticipate they will with submitting claims within timely filing.
 - c. Most claims (89%) were submitted within 30-60 days of service date. 5% of claims were submitted within 60-90 days of service date.
 - d. Most Agencies present were given or shown their break outs. Program staff will provide a breakdown by auth type as well.
 - e. ACTION ITEM: Email VOA, Quest, LWNW theirs.
5. Peer Services – Group discussion:
 - a. What services are agencies encountering?
 - i. Groups
 - ii. Case management services (not billed as CM codes though)
 - iii. Individual sessions
 - iv. Taking them to support meetings, court appearances, food boxes
 - v. Preparing member for IOP services
 - b. Services that are not being encountered
 - i. Time spend without the member present
 - ii. Research on an issue for a member
 - iii. Transportation without engagement (e.g. the client is on their phone and the peer is just driving)

- iv. Alumni groups (providers haven't been encountering since the member is no longer in treatment)
 - c. Interest in providers in being able to encounter peer services pre-enrollment (i.e. before an assessment has been completed). Currently unable to do so because they have not had a formal diagnosis.
 - i. If it were possible, most providers would be willing to enter a separate pre-enrollment auth for these services
 - ii. One agency felt it would be administratively burdensome.
 - iii. Caution must be taken for agencies who have cost reimbursement for outreach/engagement peers that they should not also be encountering these services.
- 6. Voucher Viewer Review
 - a. Multnomah Other vouchers all start with MO (this will help distinguish between other carriers).
 - b. At least one provider would like to see voucher broken down by auth type.
 - c. From and to Service Dates added to the voucher
 - d. ACTION ITEM: Mult Other will follow up with PH Tech or look into alternatives
- 7. December Billing Meeting
 - a. Providers would like to meet, even if the agenda is light