



Provider Members Present:

- Ramona Graham, Substance Abuse Department Director, Center for Human Services (CHS)
- Meredith Guich, Accounts Receivable Manager, CHS
- Kathie McMillan, Catholic Community Services (CCS)
- Michael Cunningham, Director/Chemical Dependency Professional (CDP)/Quality Manager, Ideal Balance
- Jana Jeffs, CCS
- Cindy Ferraro, Director of Clinical Quality Improvement, Bridgeways
- Aidra Frazier, Data Integrity Specialist/Accounting Clerk, Bridgeways
- Bonita Criswell, Behavioral Health Operations Manager, Unity Care NW (UCNW)
- Jay Miller, Information Technology (IT) Program Director, Compass Health
- Erika Hansen, Compass Health
- Christopher Lanphear, IT, Sunrise Services
- Karryn Dean, Information Systems (IS) Manager, Sunrise Services
- Allen Bones
- Seong-ja Garza, Sea Mar
- Jane Jisun Kim, Administrator, Asian Counseling and Treatment Services (ACTS)
- Tae Son Lee, Chief Executive Officer, ACTS
- Leslie Blake, Program Director, Sea Mar Visions
- Lesa Gilbert, Staff Accountant, CCS
- Jessica Kincaid, Operations Manager, CCS
- Tim Fisk, IT Director, Unity Care Northwest
- Selvi McKay, Telecare
- Kathy Kain, Evergreen Recovery Services
- Andreas Macke, G-42 Systems, LLC
- Andrew Kreis, Pioneer Human Services (PHS)
- Ben Jedd, Database Coordinator, CHS
- Brett Parker, Skagit IT Solutions

North Sound Behavioral Health Organization (North Sound BHO) Staff Present:

- Steve Lyon, Information Technology/Information System (IT/IS) Provider Liaison
- Eddie Wai, Database Administrator
- Greg Arnold, Integrated Healthcare Analyst
- Darren Martin, Network Security Analyst/HIPPA Security Officer
- Ethel Steinmetz Marmont, Administrative Assistant 2
- Bill Whitlock, Fiscal Officer



Members via telephone:

- Stephanie Zapien, Lake Whatcom Residential Treatment Center (LWRTC)
- Kelly Anderson, Clinical Informaticist, Menon Group
- Martyna Madej, Volunteers of America (VOA)
- Ron Rispens, Database Administrator, Pioneer Human Services (PHS)
- Skye Newkirk, Behavioral Health Coordinator, Island County Human Services
- Terra Dehler, Sunrise Services
- Annamarie Harper, Telecare Corporation
- Cassie Shove, Legal Assistant, Snohomish County ITA
- Clayton Bouldin, Administrative Assistant, Evergreen Recovery Centers
- David Wang
- Don Burton
- Elaine Lopez, Billing Specialist I/RHIT, Unity Care NW
- Jace Angelly, Clinical Director/Quality Manager, Canyon Park Treatment Clinic – Acadia
- Jason Wuori, Technology Support Specialist, Snohomish County
- Joy Collins, Data Analyst II, PHS
- Lori Auriemma

Members excused:

- Robert Sullivan, Director III, Skagit Crisis Center, PHS
- Rowell Dela Cruz, Assistant Director, Skagit Crisis Center, PHS
- Santana White, Mental Health Clinical Supervisor, Skagit Crisis Center, PHS

I. This meeting is being recorded to ensure the content of the notes are as accurate as possible.

Steve convened the meeting at 1:30 and announced the meeting was being recorded.

Please be aware the Go to Meeting connection and recording went down shortly after the meeting began due to Internet failure. Steve and the committee reviewed all that was missed with those on the phone after the initial meeting was finished.

II. Automation of Outpatient Authorizations

Steve reviewed the transaction flow via the Visio document he prepared and distributed to the group. He said internally the BHO is looking at authorizations from a Provider One perspective. He acknowledged the Visio document shows the flow at North Sound BHO regarding authorizations. He mentioned North Sound plans on adding transaction changes to Provider One with the addition of 270 & 271 transactions to be able to find out the status for individuals going through the Medicaid process. He mentioned this will be monitored and one ramification may be referral back to clinical staff for further evaluation and determine if the individual meets criteria.



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He introduced Bill Whitlock, Fiscal Officer, and Dennis Regan (not present yet) to aid in clarity to this process. He also introduced Eddie Wai, IT Support; Margaret Rojas, Contracts Manager; and Darren Martin, IT Manager.

Bill stated the reason for checking on Medicaid eligibility is because to have an outpatient episode approved two (2) elements are required:

- 1) Financial eligibility; and
- 2) Medical eligibility.

Once an authorization is received, North Sound will review to ensure the individual meets the two (2) requirements above. For medical eligibility, an assessment must be done to ensure requirements are met. This is where the new transactions of 270 and 271 will come into play.

In the month of May, North Sound had 9,885 individuals added and/or subtracted to our Medicaid rolls. This equates to 325 people per day going through our system. He added the only way to ensure an individual is eligible is to manually look them up in Provider One and/or put the automated process of 270 and 271 into play. Therefore, North Sound is adding 270 and 271 transactions into the process to help identify eligibility more quickly to ensure the individual is medically eligible. It was stated that Provider One updates monthly. She asked if the 270 and 271 transactions updated in real time or monthly. Bill stated updates are done the beginning of the month, per State policy. He stated only Provider One can change an individual's address. Therefore, it is important to have the individual contact Provider One to change address/information necessary so services can be authorized and continue in another region. He stated if an individual is eligible for services out of our region an assessment can still be done but services cannot be provided until the changes are done in Provider One and the individual becomes eligible within our region. He clarified an assessment can still be done because the assessment drives the authorization which must be in the appropriate BHO. He added there are only two (2) exceptions to this: 1) Foster children and 2) hidden address individuals (domestic violence protected or individuals that have addresses hidden for reasons). He added if a kick back is received from 270 or 271 than a manual look-up would have to be done. These might occur but would be rare.

All will be approved if Medicaid eligible automatically. Two (2) exceptions are the WISE and SUD residential which is a longer process. These processes have to be done manually because of the work required. The outpatient authorization will be automatically approved but inpatient/residential takes longer.

Steve said one intent of (a) was due to the time required by clinicians to perform this process. He added for the 80% of things just written, North Sound is working hard to push it out as quickly as possible.



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Bill stated auth requests will be returned the next day automatically with two exceptions: SUD and WISe due to manual processing on North Sound's end.

Residential services will still be authorized it will just take a little longer for authorization.

If individuals are non-Medicaid, it will just take a little longer.

It was asked if children 4 and under would be automatic approval and Bill said he does not know but will check and get the information out.

III. **Mid-Adopter/MCO Status**

Greg stated North Sound BHO is transitioning into a new entity beginning January 1, 2019, North Sound will become Behavioral Health – Administrative Services Organization (BH-ASO). This will result in several changes around data collection within the BHO.

The BH-ASO will have a contract with the Health Care Authority (HCA) for crisis and non-Medicaid services and with the Managed Care Organizations (MCO) for delegated functions during the transition year. He acknowledged this can be confusing but the BHO is not transitioning all services January 1, 2019.

Greg mentioned negotiations are ongoing with the MCOs regarding contracts and what that looks like for the transition year. The BHO has board agreements with all five (5) MCOs with Memorandums of Understanding (MOU) and now the contract negotiations are commencing with the goal of finalizing those contracts by the end of August.

He added how this will affect data transmissions is still unknown at this time. He mentioned the data elements and what is required could change with these contracts because those elements are not yet finalized.

Greg stated on July 11th the North Central Region Behavioral Health Agencies (BHA) are hosting a site visit in Wenatchee and have invited North Sound BHO. He expressed he was sure BHAs could be included in that visit in order to talk to that region that went mid-adopter early to gain some lessons learned from that early transition. He mentioned if someone within the provider agencies would like to go, contact him directly at greg_arnold@northsoundbho.org because we can only take 8 people and there is still some room.

Greg mentioned the Interlocal structure is starting a workgroup regarding data and contract support with the focus on what the needs are from the BHAs. This will be another opportunity to learn about this process.



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Bill asked if all agencies have signed up with the Accountable Community of Health (ACH). He added some transition funding was given to the ACH to help pay for the IS/IT conversion, so all agencies will be able to bill the MCOs for payment. He mentioned an email was sent to all agencies and hopefully everyone signed up. Greg stated the North Sound BHAs are enrolled in the portal.

Bill added XPIO is out in the field right now performing their readiness assessment. He added sometime in 2019 agencies will be billing the MCOs for Medicaid probably after October 1st. The agencies will be billing the five (5) MCOs and North Sound BHO and possibly the State of Washington. There will be a total of seven (7) people to deal with regarding billing.

Steve said XPIO is assisting North Sound in developing how our data systems will be moved and what the future holds. If any providers had any questions, please do not hesitate to ask if you have questions.

IV. Any plan for all the authorizations ending 12/31/18

Eddie stated current authorizations will continue until 12/31/18 but if an authorization has an ending that is beyond the end of 2018, internally those will be changed to end 12/31/18. He stated it is unclear if North Sound will continue to do the authorizations so for right now all authorizations are entered to end 12/31/18 until further notice.

Kathy, Evergreen Recovery, mentioned CJTA authorizations in Snohomish are being returned with an end date of June 30th and the provider wanted to know why. Bill stated that was an error on the part of North Sound and he would investigate that and get back to the group.

Someone stated their Executive Director told them authorizations would continue through June 2019 per a meeting she attended. She requested clarification, so clinicians can be informed when to cut off authorizations. Greg stated North Sound has broad agreements right now via MOUs with the MCOs which states North Sound will continue to provide outpatient services for the first half of the year. He added the problem with that is contracts are not established yet. He mentioned because contracts are not in place North Sound cannot approve authorizations beyond 12/31/18 until those contracts are in place. He stated even though there is an agreement that North Sound will authorize there is not a process in place to perform authorizations. Greg clarified current authorizations need to end 12/31/18 because a process is not in place and negotiations are ongoing. He acknowledged hopes are to have something in place before the last month of 2018. However, North Sound is operating under a very tight timeline. He stated contract negotiations are going through August. He hopes to have data elements by then due to the volume of information to be set up. He clarified until contracts are established the authorizations will end 12/31/18. Further discussion followed.



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Bill stated North Sound loses all Medicaid contracts 12/31/18 and they go to the MCOs. This is the result of current contract negotiations going on with the MCOs. He added the MCOs were not selected until 5/25/18; therefore, negotiations could not begin until 5/26/18.

V. Health Care Authority (HCA): ALCS License Number will be changed to new numbers (HCA) will be issuing all new license numbers. There will be a cross-walk to join to old data. Do not have format yet. Also, do not have the timeline of when they will be issued or what the application process will be.

The HCA is thinking and working on new licensing via the state. Steve mentioned addresses for the 837P licenses were gone through a while back but will be changed to the new licenses in the future. Margaret Rojas is working on these with the providers and the state. There is no timeline for this but a cross walk will be provided for North Sound to validate the 837P license addresses with what is submitted by the agencies. This will result in changes again. It was asked if there would be a cutoff and Steve said there is no timeline yet. Jennifer wanted to make sure the providers were preparing for this occurrence.

VI. New Transaction RELIG for eligibility of clients used to show that verification has been done and to show the expected placement of residential placement

Eddie said the providers will continue to submit to North Sound until the end of the year. Medicaid and non-Medicaid checks will be verified via the 2 new transactions of 270 and 271.

In January things will change but it is unknown what those will be at this time. Bill stated Medicaid and non-Medicaid will be two (2) separate transactions.

Eddie stated North Sound will no longer pay for Medicaid services in January. For non-Medicaid you need to specify which contract information applies to [i.e., Criminal Justice Treatment Act (CJTA), Substance Abuse Block Grant (SABG), State Targeted Response (STR) and Mental Health Block Grant (MHBG)] so monies can be allocated appropriately. He said you can submit via 270 or send additional transaction. This information will be required for your Medicaid to be paid. This will begin soon, and information will be communicated once the decision on how to do it is made.

Bill stated there will be separate funding sources. Medicaid will be for Medicaid individuals and State funding will be for Western State Hospital discharges only which will be three (3)-month authorizations. He mentioned the substance abuse side there will be the SABG priority populations which are: 1) Pregnant Parenting Women (PPW); 2) Injecting people; and 3) children according to North Sound Policy. He mentioned currently we do not know how much funding we have for each because these are not broken out right now and all fall under the State. Authorizations will be given for these individuals and then providers will identify the priority population the individual falls under.



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Bill mentioned another category is CJTA in San Juan and Snohomish Counties because their funding was left with North Sound. Island, Skagit and Whatcom Counties took their funding out effective July 1st. The Legislature gave counties the option to take their funding back so three (3) or our five (5) counties opted to take their funding back. This requires providers to go directly through Island, Skagit and Whatcom Counties for these services. He added there is a small STR grant (\$24,000) which will be for community services which are very specific. There will also be State funding for mental health. This breakdown provides a way for North Sound to identify the source of the money and how it is being expended.

Bill stated North Sound was \$667,000 in the hole as of March 1st in state funding.

He mentioned some sort of band aid (manual authorization process) will have to be done between July - September to continue to function until the system is up and running. Steve mentioned Jennifer has been working hard on that transaction to define the buckets where funding is coming out. He added there may be a gap in this process and North Sound may seek assistance from the providers on updating information.

The 270 and 271 transactions might be a useful tool for providers before submitting transaction to North Sound. Steve asked if any providers are using the 270 and 271 and a few are using it. It was mentioned it was done manually. Bill added as of January 1st if an individual is not Medicaid eligible the MCOs will not pay either. Steve mentioned providers might want to discuss this with XPIO and be part of IS/IT plan for this area.

Bill added an exception is if an individual is in an Institution for Mental Diseases (IMD) facility their Medicaid will be temporarily suspended, but services will continue to be paid with state funds, which the MCOs will continue to do beginning January 1st. The individual's Medicaid will be reinstated as soon as they leave the IMD facility; however, if they have been in the IMD facility for more than 16 days their Medicaid will not kick back in until the next month, but services will be paid for with State funds until that time.

Bill stated if providers have all the information in an individual's file their authorization will continue to be done automatically, if Medicaid eligible. North Sound will continue to check eligibility via 270 and 271.

Bill mentioned there are two (2) exceptions: 1) Wraparound with Intensive Services (WISe) individuals must go through a separate process and 2) SUD Residential have a longer process to go through. All other individuals will be authorized. However, if you have a WISe individual just coming into the program, they will get an outpatient authorization but not for WISe. If you get a SUD individual, they will also get an outpatient authorization, but to get the residential facility authorization it must be done manually because more processes are required for that authorization. Bill clarified that more work for WISe is required on the back side for North Sound BHO.



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Steve added nothing is changing for the provider steps. He stated providers continue to submit as usual and North Sound does more on the back side. Bill added WISE and SUD require more manually work is required by North Sound; therefore, those authorizations take longer.

Dennis stated preliminarily the service is identified monthly but if they go beyond one (1) month then submitted. It was asked when this was to begin, and Bill stated that is not known but will probably be 90 days after implementation which will probably by October. Steve stated Jennifer is working on the parameters around this and is working diligently with providers to define all the information needed to implement.

Steve mentioned providers will receive a different 278 back with the added work required and if authorization is not approved the clinician will need to review and identify the error and fix it. Bill mentioned the 270 and 271 processes might give a false negative/positive; therefore, there is still a manual step to ensure accuracy.

Bill stated Dennis needs these four (4) elements for payment to be done are:

- 1) Master CID;
- 2) Start Date;
- 3) Stop Date; and
- 4) Program.

VII. Open discussion due to system failure

Kelly said they do not have fields yet and in talking with Jennifer it appears it might be a new transaction. Steve said Jennifer will probably work on this upon her return.

Kelly asked about non-Medicaid and expected placement of residential. Bill stated the automated process for Medicaid will begin July 9th as long as providers have all the data elements present the authorization will be approved. However, two (2) exceptions are: 1) SUD residential facility because more manual work is required by North Sound; and 2) WISE children. He added it will take a few extra days to process those authorizations. If an individual is going into mental health residential, authorizations will be automatic.

For children under four (4) information must be faxed before authorization. Is that something that will go into the automatic system? Bill stated he would have to investigate that. She stated the usual process is the submit a 278-authorization request, then fax assessment to North Sound for review before approving authorization. Bill stated he is not sure how that process is going to go.

VIII. Next Meeting

The next meeting is **July 25, 2018.**