

**Mental Health Provider Meeting**  
**Multnomah County**  
**Verity Integrated Behavioral Healthcare**  
**April 14, 2008, 10:00 – 11:00am**  
**Lincoln Building**

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Present:

Tom Argent; OHSU – IPP	Marcus Kroloff; Cascadia BHC
Kathy Moore; Albertina Kerr Cntrs.	Traci Parsons; Albertina Kerr Cntrs.
Donna Kauffman; Lutheran Community Svcs.	Sherry Sofich; Cascadia BHC
Bobbie Sproul; Serendipity	Bev Wright; Serendipity
Jackie Trussell; Serendipity	Holly Hermes; Albertina Kerr
Windee Clement; Morrison Child & Family	Sonja Ervin; Central City Concern
Michelle Fitz; Options Counseling	Rob Sederstrom; DePaul Treatment Cntrs.
Brad Huber; Western Psychological	Flori Hall; CODA
LaNae Black; Catholic Community Srvc.	Joe Hromco; LifeWorks NW
Anthony Kramer; LifeWorks NW	Loren Wampler; Portland DBT
Diane Lacy; LifeWorks NW	Amberly Martinson; Portland DBT
Heather Brown; Outside In	Kirk Porter; Central City Concern
Maureen Brennan; Outside In	Howard Spanbock; Luke-Dorf
John Trinh; Luke-Dorf	Julie Berrigan; Morrison Child & Family
Katherine Eschman; Morrison Child & Family	Annmarie Ritacca; OHSU
Christine Lau; Asian Health & Srvc. Cntr.	Anne Emmett; Mult. County EASA
Sean Derrickson; MHASD	David Hidalgo; MHASD
Debbie Tombe; MHASD - Verity	Courtney Bailey; MHASD - Verity

**Announcements:**

Charmaine Kinney; Senior QM Coordinator announced the return of the consumer satisfaction survey for May 2008. An email has already gone out with actual dates in May as well as other information that will be useful for the success of this year's survey. Survey boxes are available for pick up today after the provider meeting. For those programs whose service is delivered primarily in the consumer's home or in a place not conducive to a survey box, surveys can be placed in postage-paid envelopes to be sent back directly to the County for analysis. Providers present were asked to indicate whether they would need envelopes and for which programs. Charmaine also stated that she had packets of hard copy surveys for distribution today, but would also be sending them electronically. One question has been added to the survey this year, "How long have you been in service."

Charmaine reminded providers that it is extremely important that we get good survey returns as we are moving to one survey period per year.

Christina Gardner; Compliance Coordinator for MHASD/Verity stated they have partnered with PhTech, the Division's Third Party Administrator to create a Provider Directory based on claims dates within the last 6 months billed by individual NPI to PhTech. This is a tool that the Division will use to look at real time provider capacity and case management load size by provider. In order to do this, it obviously relies on the submission of individual NPIs on provider claims. For those agencies that have continued to submit claims with your agency number only, Christina reminded the group that there is contract language that requires that you request

individual numbers for all those clinicians that qualify and them to bill all appropriate services with those individual NPI numbers.

Christina announced that the name VERITY PLUS would be changing to Multnomah Treatment Fund in order to distinguish it from Verity, OHP. This term will be used in all upcoming contract renewals beginning July 1, 2008. All Division Policy/Procedure as well as website modifications will be made before the July 1 implementation date.

### **MHO Updates:**

David Hidalgo; MHO Manager announced that at the April CEO Provider meeting held on April 11th, facilitated by Division Director Karl Brimner, a letter was distributed outlining upcoming changes to the Verity fee-for-service business model. **The first** was that the children's authorization process would be mirrored with the adult process – one open outpatient authorization at any given time. **The second change** would implement dollar caps to all lower levels of care for both adults and children. According to utilization data, David and other managers have begun to see consumers assessed at a lower level of care only to be billed more service than would be appropriate for their assessed need. **Third**, care coordinators in the Call Center would now be performing all utilization review for the children's Intensive Service Array. This process should be seamless for providers, however David would like to be contacted with specific questions or concerns providers may have moving forward. **Fourth**, rates on the Verity Fee Schedule, particular to per occurrence were being looked at for reduction. At this point, however, options on the table include global reductions as well as those associated with specific CPT codes. **Lastly**, timely filling for initial claims submission of Verity Primary is being looked at for a quicker turn around for claims submission. Currently, Verity's timely filling rule for Verity Primary is 120 days after service date. David stated that a recent look at provider claims submission showed that the majority (85%) of claims are being submitted within the first 60 days, while the remaining 15% are not being submitted until over 120 days have expired. David opened the floor for comments or concerns of providers:

Morrison stated that the need for additional time is helpful for an agency that has many outstationed clinics that all need to process their own paperwork, then submit to the centralized billing office for submission.

Outside In, being in a subcontract with another agency must rely on pulling out information from their Electronic Medical Record only to have it entered into another agency's system to submit by paper claim.

LukeDorf stated that PhTech and their ability to respond to providers electronic submissions needs to be considered when making a change to timely filling.

Cascadia echoed their concerns with the added coordination that is sometimes needed between their billing office and PhTech in reconciling claims that should have been paid based on authorization or eligibility errors.

Morrison added that for Multnomah Treatment Fund (MTF) consumers, the provider must rely on Verity to distribute written authorizations before claims can be sent. If timely filling was shortened, would Verity then allow claims submission after authorization is received rather than after service date?

All providers stated that even if their claims fell outside the 120-day window, they were still submitting in order to receive credit for the encounter.

David, responding to a provider question about why Verity was looking at making this change, stated that Division leadership was looking at moving toward quarterly cap reviews for all providers. In order to do this successfully, real time claims information becomes essential to managed Incurred But Not Reported (IBNR) dollars. He stated that while there was a large "bump" in the submission and subsequent payment of "old"

claims, the providers as a whole have gotten better at submitting claims more efficiently. David stated that we couldn't get you the information you need to manage your caps in the future if there is too long a lag in claims submission.

David reminded the group in relation to the discontinuation of multiple authorizations open in the children's system, consumers would still be allowed three assessments performed by different providers per year. This would not be considered an overlapping authorization that would be denied.

**Medicaid Audit Environment (excerpts from webinar):**

Charmaine showed a short PowerPoint pulled from the National Council for Community Behavioral Healthcare's March webinar. The focus of this presentation (see attachments in email) was to begin changing the way providers see Medicaid audits – the first Payment Error Rate Measurement (PERM) review will take place this summer. Centers for Medicare and Medicaid (CMS) will be looking at all fee-for-service (Open card) as well as managed care programs. She encouraged providers to begin building their compliance firewall including keeping up on changes made in federal false claims regulations as well as state statute. Verity wants to partner with providers in creating opportunities for internal auditing and utilization review in preparation for any federal review. (Please see email for link to Verity's Quality Management Workplan)

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