

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

Present:

Heidilyn Safe; DePaul Tx Centers	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
Cris Riley; OHSU – IPP	Heather Berry; OHSU- IPP
Tiffany Miller; Project Quest	Sonja Ervin; Central City Concern
Sarah Carolus; Central City Concern	Janet Brandt; Central City Concern
Thomas Esparza; Catholic Comm. Svc.	Flori Hall; CODA
LaNae Black; Catholic Community Svc.	Julie Morris; NARA
Russ Fowell; Trillium Family Svcs.	Ron Telles; Trillium Family Svcs.
Diane Lacy; LifeWorks NW	Leslie Stang; NARA
Caryna Burks; Mult. Co. Health	Kirk Porter; Central City Concern
Judith Harrigan; CODA	Howard Spanbock; Luke-Dorf
John Trinh; Luke-Dorf	Andrew Axer; CODA
Katherine Eschman; Morrison Child & Family	Julie Berrigan; Morrison Child & Family
Annmarie Ritacca; OHSU	Sandra Cohen; NARA
Christine Lau; Asian Health & Svc. Cntr.	MaryAnne Plumb; NARA
Sean Derrickson; MHASD	Bruce Spilde; MHASD
Debbie Tombe; MHASD	Joan Rice; MHASD
Courtney Bailey; MHASD	

Announcements:

Courtney Bailey, Verity Business Operations, distributed information regarding the State's on-going initiative to re-open Oregon Health Plan Standard. She encouraged all providers to look at current Verity Plus consumers and move forward with applying for OHP Standard as most will qualify. As a reminder; not all applicants will be accepted – they will be screened, then entered into a lottery.

Courtney distributed a State memo clarifying the practice of “rounding” that some providers currently use. The memo states that this is an acceptable practice when looking at units of time assigned to any given mental health service.

Christina Gardner announced that as of January 1, 2008 providers would no longer be required to submit a C2 report (Third Party Resources). This means December data, due January 15th would be the last month's report. This item will continue to appear on your Required Reports Summary until all months through December 2007 have been submitted.

2008 Specialized Services Provider Manual updates:

Christina announced that the 2008 Verity Provider Manual was now available on the Verity website. The manual itself has been reduced in size because most forms and/or policy and procedures are now offered as live links on the Verity Provider page. The Manual includes the following substance changes:

- 1) Interpreter Services contact number is changed (please see below)
- 2) Verity Member Complaint/Grievance/Appeal section and Notice of Action section brought in alignment with the State's 2008 requirements.

The Practitioner Report is being looked at for revisions. This report will continue to be a requirement, however the type of data requested may be changing in the future.

Courtney stated that as a result of several providers' concern and frustration with Telelanguage, which is the County's contracted interpreter service provider, a meeting was held between County staff and representatives from Telelanguage. The discussion centered on communicating essential information both from providers and to Telelanguage operators in order for billing to be routed correctly (directly to Verity).

Courtney reminded the group that if providers have internal bilingual staff available for interpretation services they are expected to use these individuals when serving Verity clients and bill accordingly before contacting Telelanguage. As long as the staff is NOT the same individual doing the clinical service, providers are able to bill for time spent interpreting.

The County was able to obtain commitments from Telelanguage staff to better communicate required information and to be responsive to requests as outlined in their County contract. Courtney distributed posters and other material that should help providers navigate to the most appropriate operator at Telelanguage.

Verity Fee Schedule changes:

Courtney announced that she had been prepared to distribute the revised Fee Schedule until a meeting was held with the State just days ago, resulting in information being given that the State would be opening some codes up for telephonic mode. Since Verity's Fee Schedule has always been based on the State's minimum requirements, both with mode and description, we were not able to present a finalized schedule. Joan reminded the group that for the most part Verity's Fee Schedule has already incorporated the State's changes.

Courtney emphasized that there were no rate changes, but the ACT code, H0039 (and all modifiers associated) and the Supported Employment code, H2023 (and all modifiers associated) will no longer be available on the Verity Fee Schedule as of January 1, 2008. The state has decided to take over payment for these two codes in order to analyze true costs of these Evidence-based Services. Those providers involved with these services should have been contacted by the state prior to this meeting in order to coordinate.

Courtney also distributed the Mental Health and Addiction Services Division policy and procedure number BA040, titled "Verity/Verity Plus Claims Timelines and Secondary Payments". This policy reflects Verity's timely filing parameters both as a primary insurer and secondary insurer. This policy also clarifies that if providers are resubmitting claims that have previously been denied, they have 120 days from date of service OR 30 days from the date of first denial, whichever is longer to resubmit in order for the claim to be considered for payment. Even though this policy was expanded to include re-submission language last year – all providers will be held to this standard **starting February 1, 2008**.

There was short discussion among some providers around PhTech's response to email requests for re-processing of corrected claims. One provider commented that PhTech has stated that if it has been more than 5 working days the provider should call and follow-up. PhTech has stated that each email request for reprocessing of claims will be answered.

Adult & Children's Outcome Measurement Tools:

Joan began discussion about providers' progress toward choosing an outcomes instrument. She stated at least 6 children serving agencies are currently using the CANS, while on the adult side tools ranged from the BERS, and BPRS to the OQ45 and the Ohio MH. There are still 4 providers who have not identified any tool as of January 2008. Joan encouraged all providers to look at your internal programs and populations and select a tool. She recognized that while on the clinical level, measuring outcomes seems good in of itself, the process of implementation may be stalled because of a long management or board approval process. However, the importance of showing outcomes not just on the children's side but on the adult side has become increasingly apparent at the Board Chair level. The County Commissioners want to see that our OHP members receiving Medicaid funding are showing improvement in their functioning and symptoms.

The idea of standardizing a tool and requiring it contractually may have to be brought to the CEO meeting that Division Director Karl Brimmer facilitates. Joan stated that Verity wants to help providers make this happen and that her goal would be to standardize and have the ability to purchase a tool for the providers to implement. We would then share in the responsibility of analyzing the data and publishing the results as a System of Care.

Questions from the group included what about culturally specific programs that may not be able to use standard tools because of unique populations that have not been tested. Joan stated those providers need to contact her directly to discuss options. What is NOT an option, she stated, was to simply ignore this requirement.

NEXT MEETING: TBA