

NOTES

ALL PLAN SYSTEM TECHNICAL
 October 14, 2015
 8:00 a.m. – 10:30 a.m.
 HSB Conference Room 137 C-D
 Dial-in # 888-278-0296 PC: 310477
Workgroup Website:

<http://www.oregon.gov/oha/healthPlan/Pages/CCO-System-Technical.aspx>

Attendees:

Aleesa Ogden (PrimaryHealth); Angela Cenicerros (IHN CCO); Bill Guest (WVCH); Carla Jones (IHN CCO); Charles Sorgie (Health Share); Christy Sherren (IHN CCO); Cristie Lende (CareOregon); Cynthia Ackerman (AllCare); Dacia Farley (PacificSource); Dayna Steringer (WVCH/Advantage Dental); Del Texley (Trillium); Elizabeth Durham (CareOregon); Janice Heeter (ABCT); Johanna Watson (FamilyCare); John Eyman (AllCare); John Sanders (Health Share); Matt Sinnott (Willamette Dental); Michael (IHN CCO); Misty Mastin (GOBHI); Nancy Rickenbach (WVCH); Patricia Wilson (EOCCO); Patrick Anderson (AllCare); Rebecca (PH Tech); Rod Meyer (CareOregon); Tina Potter (Trillium)

Staff:

Amy McMahan (HSD); Bill Bouska (HSD); Cheryl Wood (HSD); Chris Norman (HSD); Delphina George (HSD); Karen House (HSD); Lisa Mallett (HSD); Mary Durrant (HSD); Michelle Benson (HSD); Patricia Krewson (HSD); Rhonda Busek (HSD); Richard Labarthe (HSD); Rosa Frank (HSD); Sarah Miller (OHA); Tiffany Reagan (HSD); Trudy Watson (HSD)

TOPIC	DISCUSSION	ACTION ITEMS
1. Introductions/Structure of meeting	Introductions were made in the room and with those attending by phone.	
<i>Review notes from Sept Mtg.</i>	September meeting notes were reviewed and approved.	
2. Encounter Data		

<p>Discussion</p>		
<p><i>Provider enrollment status</i></p>	<p>Encounter only enrollments – SDRU and PSU for FFS are working those received on 9/24/15.</p>	
<p><i>Encounter Accuracy issues/1% Withhold</i></p>	<p>No issues that would cause withhold.</p>	
<p><i>Provider revalidation</i></p>	<p>Expected to be completed by March 2016.</p>	
<p><i>Encounter Edits</i></p>	<ul style="list-style-type: none"> ▪ Edit 1011 (billing provider must be enrolled) was activated with ICD-10. It has caused 10,000 claims to pend. Sending in a taxonomy and zip +4 will fix this in many cases. Some will require a 3108 (ARC B7). Contact. After utilizing your Provider File, if you still are unsure, contact your liaison or the group Encounter Data email (Encounter.DataSupport@state.or.us) with any questions. ▪ Edit 231 (ARC 185) is on the 30 day pre-pend period so you will receive it as a report error in your 835. It will begin pending on November 16th. Liaisons are sending reports weekly to CCOs as these rendering providers must be enrolled per the Health Analytics team working on the Quality Metrics. ▪ Edit 381 and 382 will start on November 16th: Attending providers have to be enrolled and sent on encounters (per the 837I and ACA requirements), except on unscheduled NEMT. ▪ Edit 3360 is in pend status. The encounterThis will cause 	<p><u>Action Item (Mary):</u> Share more info on how this is done on the FFS side</p> <p><u>Action item (Mary):</u> Send all adjustment reason codes</p>

<p><i>Transgender member encounters</i></p> <p><i>Licensed massage therapists</i></p> <p><i>Traditional Healthcare Workers</i></p> <p><i>Child Abuse Medical Assessment & Related SVS</i></p> <p><i>Open group discussion</i></p>	<p>claims to pend if you don't have a paid amount is present and no valid reason for the lack of a paid amount. Plans were asked to send any examples to Mary, she will research. We met previously and hopefully identified all appropriate cases for a zero paid amount, but if you receive the pend and feel you should not have, please send the example to Mary and your Liaison.</p> <ul style="list-style-type: none"> ▪ Edit 3601 – now split adjudication date – missing versus invalid <p>Currently in design with the vendor and being reviewed by the Office of Equity and Inclusion. They anticipate this will take several months to review.</p> <p>Currently in conversations with CMS, as this provider type is not in our State Plan Amendment (SPA) prohibits reimbursement of these services.</p> <p>Traditional Healthcare Workers (provider type 13 with multiple specialties) are now being tested in MMIS. We hope they will be available for enrollment by the next meeting.</p> <p>A fact sheet from the Policy Unit pertaining to billing for child abuse medical assessment and related services; was distributed and reviewed.</p> <p>The group discussed the possibility of having a training on</p>	<p><u>Action Item: (Mary)</u></p>
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	<p>encounter data, creating a subgroup meeting to discuss encounter data, or conducting a webinar w/ materials that can be referenced.</p> <p>Questions on how to bill bundled versus unbundled services</p>	
<p>3. EDI Transactions <i>Social Security #'s on the 834</i></p> <p><i>Foster Care info on 834</i></p> <p><i>Race and Ethnicity Info</i></p>	<p>Targeting for January implementation date, but it might take longer. Removal of the social security #'s will not change the format in any way. After the change, the SSN will continue to be on "adds" and changes (where the change is the SSN).</p> <p>Mary to look into this and see what exactly the change is. She will reach out to Health Analytics and will have an update for the November meeting.</p> <p>Technical info will be sent out. OEI would like to attend a future meeting to discuss further.</p>	<p><u>Action Item (Mary):</u> Send out loop and segment, and a hard definition of the change.</p> <p><u>Action Item (Mary):</u> Foster Care info on 834</p> <p><u>Action Item: (Mary)</u></p>
<p>4. Phone numbers missing on change records</p>	<p>Plans were asked to send examples Patricia or their respective account reps</p>	
<p>5. Duplication of Members/Overlapping Eligibility</p>	<p>Information was sent out to the group after the September meeting. Plans were asked to send examples to Patricia, she will continue to research.</p>	
<p>6. Maternity PERC codes (not being updated in a timely manner)</p>	<p>Several Plans reported these not being updated in a timely manner. HSD wants to look into this to make sure there isn't a system error. Plans were asked to share examples with their account reps.</p>	
<p>7. OHA Update</p>	<p>Delphina George was introduced as a new account rep for the</p>	

	Delivery Support Services unit.	
8. Enrollment Project Update	Redetermination project was given. Letters were sent out, which has resulted in an increase in phone call volumes. Ten day notices will be going out. Working to get caught up by Nov 1 st .	
9. ONE System Update	Karen House and Sarah Miller gave an update on the progress of the ONE System, and a debriefing of the system demonstration which was conducted in September.	Action Item: (Sarah) Responses to take make issues
10. Discussion on how Plans are able to encounter dual diagnosis treatment claims because of the requirements to separate the provider types	Can a dual provider type be created? This question was originally brought up during an OPS bench meeting by Deb Friedman w/Health Share. Mary needs additional information, and will reach out to Deb to get specific examples. Provider types 03 and 33.	Action Item: (Mary)
11. ICD-10 Update	<ul style="list-style-type: none"> ▪ Per Mary, CMS is asking how the Plans are doing. ▪ There have been minimal issues on the FFS side, processing since 10/1. ▪ There was one issue with the HSC list. HSC related lists are posted, and a diagram created by HERC has been posted to the workgroup website. ▪ Outreach is being done with providers. ▪ 3 CCO's still need to complete self-testing; and 2 Plans with 1 submitter need to test. ▪ Webinars were created and FAQ's have been posted on the ICD-10 website. ▪ Plans asked whether the ICD-10 list can be done in a range 	Action Item: (Mary) FAQ/webinar Action Item: (Mary)

	<p>and be consistent with the lists being sent by ASU. Mary will look into this.</p> <ul style="list-style-type: none"> ▪ New translator installation 	Change to format?
12. Proposed Contract Language Change	Timely processing of claims handout was reviewed and discussed. Dave Fischer is working with CMS to obtain clarification. This topic will be kept on the agenda for further discussion at the next meeting. Request was made for CFR language to be provided as a handout for the next meeting.	Action Item (David): Follow-up in November
13. Members who are auto assigning to a different Plan once a TPL exemption has been added to their record	Richard Labarthe provided an update on the issue with auto assignment look backs with regard to re-enrollments from the CCO-A to the CCO-G but different Plan. Per Richard, additions were added to the task list which is run each month. The task will be modified, and a change order expected around December. This will make the coverage date seamless and will be covered on CCO G until it's determined that the member has active TPL. This will allow HIG to catch up on their back log.	Action Item: (Richard)
14. Standing Agenda Items: — <i>Issue Tracker (handout)</i>	Issue tracker was not reviewed as time did not allow. Issue tracker will be reviewed at the November meeting.	
15. Public Comment/ Adjourn (Ending at 10:30am)	Meeting was adjourned at 10:30am	
<u>Future Agenda Items/Parking Lot :</u> — Incentive Measures Update — HERC — Fee Schedule Presentation by Jean Hutchinson and Nathan Roberts (December)		

- Common Terminology (Language Barriers)
- Health Plan ID Update
- Suggested contract changes for enrollment process (*Continue discussion from July meeting*)
- SharePoint usage for revalidation

Next Meeting:

November 18, 2015

8:00am-10:30am

HSB Conference Room 137 A-B

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