



DIVISION OF MEDICAL ASSISTANCE PROGRAMS
Medicaid Policy & Program Section

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Administrative Examinations and Billing
Services (ADM)
Chapter 410, Division 150

August 2, 2022
1:00 pm – 2:20 pm

Type of Meeting: Provider Collaboration

Meeting Facilitator: Napua Rich, ADM Program Manager

Attendees: Napua Rich (ADM Program Manager), Shannon Jasper (ADM Program Analyst), Dustin Wyllie, Miranda Burkhardt, Anna Mohr, Shelly Watts, Elizabeth Wolfram, Dr. Jill Brenzier, Ada Osuna, Dr. Bruce Boyd, Christine Lawler, Marilyn Williams, Meghan Story, Brian Kirk, Dr. Veronica Vazquez, Lindsay Fredrikson, Elizabeth Schwarz, Leo Richards, Karen Grotjan, Dr. Freda Bax, Nathan Roberts, Dr. Dane Borg, Stacie Mullins, Dr. Cynthia Polance, Dr. Karen Hernandez, Dr. Maria Berman, Angelina Goldshteyn, Rebecca Smallwood, NW Family Psych, Dr. Villegas-Gutierrez, Patrick Ring, Chelas Kronenberg, Dr. Art Kowitch, Dr. Chris Corgett, Margaret Lucia,

503-260-1167, 503-480-4832

Minutes per transcripts recorded during the meeting

Napua Rich

Welcome, we are going to record this collaborative. We didn't get that recording done on the last meeting, so I'm sure people are sad that they missed that information. It was a great meeting. So with that said.

0:0:21.290 --> 0:0:30.860

Napua Rich

What I want to focus on during this meeting today is to address provider concerns that had come in from our June collaborative.

0:0:32.840 --> 0:1:3.570

Napua Rich

So during our June collaborative, we had a lot of questions and were able to get many of those answered and would like to provide that information to all of you. I'm not going to go through who asked the questions or that sort of thing. A lot of the questions there were some that were repetitive or asked in different ways. So obviously we needed answers to those. We put them all together and looked at the bigger scope of things. We will give you an opportunity at the end of the meeting in case we have not answered your questions or you feel that we may not have answered exactly what you were looking for. We want to make sure that you're getting the answers you need.

-The first question or situation that we would like to address is the automated payments. Previously there was no delay, claims just paid. Claims did not suspend, and there was no way to match against the approved codes authorized by the requested agencies. Instead the system paid admin claims based on the billing code, the recipient and the provider.

Without an established method for monitoring this program, we needed to implement a solution. The spending of state and federal funds must be monitored by program management, per our federal guidance.

So the suspension of claims and manual processing by our small claims team establishes a method for monitoring to follow through with that federal requirement for us and our guidance.

Please use the hand raising option if there are any questions that you may have or clarification you might need as I read through these.

Shannon if you could keep an eye out for any hands incase I missed it. Thank you.

-The next one was pertaining to code 99244 and there were specific questions around that code, so I hope we can capture the answer. Historically additional payment codes for admin services were authorized by a manager at local branches. After research and collaboration with our central offices for these different agencies, we were able to open this code within Medicaid for payment, up to the allowable amount, which is currently 2 units per episode of care. This limit is set forth by centers of Medicaid and services also known as CMS. This code is defined as office consultation up to an hour.

This code may only be used when all other psychological codes have been billed up to the allowable amount. This code also has limitations, and they're listed on the administrative exams fee schedule under the limitations column, which has been updated and will be posted shortly.

-So next is claim denial, with error code 2017 recipient services covered by HMO.

This denial occurs when the diagnosis indicator does not point to position 1 which is required for all Administrative Exam claims. Diagnosis Z0289 is only designated for administrative examinations.

The indicator cannot be left blank or it will give that error. I hope that helps those couple that asked that question.

Let's see.

-Who to contact if there was a billing issue or needs correction?

Our provider service department is always your go to. We spoke about provider services and provided the telephone number and e-mail and we're happy to put it in the chat if anyone needs that now.

They can't tell you how to bill, but they can assist you with your questions. I'm sure you're all familiar with that, but I just thought I'd mention it.

-There was also a question about the difference between child welfare and DD.

The codes are different and testing is different. It's different for each agency. The OHP 729 form that is an authorization form from the agency will state which agency requested the examination and which codes are being authorized by that agency. If the codes are not listed, they can't be billed.

-Denials that don't make sense. I think that was mentioned a couple times. We would need specific ICN examples or claim examples to help determine the issue and provide a resolution for those scenarios. This can be done through our provider services unit and they'll contact us if they cannot determine the issue or offer a resolution.

With denied claims, sometimes there's a system issue, or maybe it's a simple billing error. We wouldn't know unless we looked at those claims. We've had a lot of scenarios where we've run into those instances and it's not always a system issue. We can't determine that unless we look at these specific claims. I know it's not fun to call in and ask about those things, but sometimes it's the only way.

-We also wanted to talk about wait time to be paid.

Claims are currently being paid within a week, when an approved OHP 729 form has been received by the referring agency or department.

Basically, the referring agency should send the OHP 729 form to the OHP claims department at the same time they're sending it to the provider. We found referring agencies or departments sending these in one e-mail, with multiple forms attached after the service has already been rendered by the provider. If the provider bills prior to receipt of the OHP 729 form, the claim denies. This is the most common issue.

-I see a hand. Doctor Vasquez.

0:8:13.110 --> 0:8:43.60

Veronica Vazquez, PhD (Guest)

-What happens when you know an eligibility specialist, says that they emailed the 729 and it was done a week or two weeks before the service even happened. But then when the provider goes to bill and then the claim gets denied and then they're told it's because they didn't have the 729 form. When I recently ran into that, I went back to the eligibility specialist. She goes back and checks her e-mail and states, "I can see my e-mail that I sent it out. It didn't bounce back. I didn't get any kind of error message. Then was told to send it again. Certain counties may not work on Fridays, for example, which is typically when I do my billing. It's this type of example that add to the delays in processing. What happens in those situations, is anyone keeping track of that? That was something that I had specifically asked provider services. But that was never answered. You know whether anyone is keeping track of that and what is being done to minimize those kinds of instances happening?

Napua Rich

Thank you, Doctor Vasquez.

Thank you for bringing that up. That's a really great and important point and I appreciate you bringing it up. So again, it's really important that we receive the OHP 729 before the billing is submitted.

If you're calling and they're saying that it was sent, it would be good to find out what date the form was sent in, vs relation to the billing date. Check with Provider Services for receipt.

0:10:42.290 --> 0:10:50.220

Veronica Vazquez, PhD (Guest)

But even when I did that, I was basically still told, well, we're looking in the folder now. We don't see it. So just send it in again.

0:10:55.850 --> 0:11:19.280

Napua Rich

So I would need specific examples and I hate to keep saying that, but what we've seen in every instance that we've looked into, the OHP 729 is being sent in after the claim or the billing has come in. I don't know what the disconnect is there and that's what we're looking into and that's what we're trying to figure out.

0:11:20.950 --> 0:11:41.700

Veronica Vazquez, PhD (Guest)

So what's your advice for going forward? If again, if I have verified the eligibility specialist is saying I'm looking at my e-mail right now, and it shows the date and time that I sent it. She was saying they don't get any kind of response back to verify that it was received. And it makes it hard for them too. But then nobody can answer why.

0:11:58.10 --> 0:11:59.430

Napua Rich

Thank you.

0:12:1.170 --> 0:12:21.410

Napua Rich

I see Shannon vigorously taking notes over there and we definitely want to find a solution to this issue. I'm going to ask that we bookmark this and table it for the next meeting. So that between now and then, we can come up with a good resolution for that.

0:12:26.0 --> 0:12:56.420

Veronica Vazquez, PhD (Guest)

I've already had to go back and resend it. I thought that the last time that we met, I thought that that you guys had said that in those situations that we shouldn't have to wait an additional 2 weeks for the new claim to be reviewed, if the initial one was already denied because the 729 couldn't be located.

I thought that there was supposed to be some kind of process to kind of expedite those so that we're not getting back in line again and then having to wait another two weeks or so for it to be reviewed before it's processed. Is that correct? Or did I completely miss remember.

0:13:37.380 --> 0:13:42.210

Napua Rich

Phone off of mute and back on mute. I was actually asking Shannon if she could speak to that.

0:13:44.950 --> 0:14:17.310

Jasper Shannon D

I do not recall that. But what I would recommend cause honestly, all I've done is claims reviews, is send me an email. If it's at all possible and I know it's a pain and I know you guys are waiting patiently for a resolution, I would love for you just to send me a quick e-mail and say this is the ICN. I would be more than happy to check. I want you guys to be really conscious of there's a lot of you. There's one of me and I will give an example. I just got finished doing claims reviews for one provider and it was hundreds of lines just to try to find out what was going on. I really just wanted to make sure that you guys do get the information. It may not be the exact same day, but I will do my best to make sure I track and find out exactly what is going on.

I'm going to put my direct e-mail in the chat. I would love for all of you guys to write that down. If you run into any situation whatsoever and provider services are unable to answer or they say there's no 729, reach out to me and then we'll take it from there.

A lot of the research that I found was, as Napua said, the 729 forms were actually submitted by the branches or those particular individuals after the services were rendered. The providers billed and then it got denied because there isn't it on hand.

I think that they are unable to program that e-mail box to give that auto response. Again, I will check into that. I'm going to put that in my notes real quick while I'm thinking about it. But I'm also going to put my e-mail address, Doctor Vasquez in the chat and all of the providers on here. You are more than welcome to reach out to me at any time.

0:16:59.600 --> 0:17:29.10

Veronica Vazquez, PhD (Guest)

Are either of you able to explain a little bit more just so that we can understand the process. So when you know eligibility specialists e-mail the 729 form and it goes to this particular mailbox, is it like one person who is then downloading it and putting it somewhere else? Is it multiple staff because that's also what I keep running into where maybe I'll speak to one person and they say "Oh well, it was denied because we didn't have it." But then I say, can you just check again and then this other person that I'm speaking to checks and they state "Oh no, I see it right here."

0:17:47.300 --> 0:17:49.60

Napua Rich

So it's a small group of individuals under Mary who is the manager. There are two other people that have access, from what I understand aside from the manager who are able to check and review the 729 inbox or e-mail inbox. They'll grab those and they save them for everyone that works those claims. I believe there's about three or four individuals in that group who actually process those claims.

0:18:24.620 --> 0:18:33.20

Veronica Vazquez, PhD (Guest)

So when you say process, they're literally the ones reviewing it? They go into this mailbox and search for whoever they're reviewing?

0:18:36.460 --> 0:18:57.460

Napua Rich

So we have a requirements that we have to follow as well. And that's what we're doing. We're having them check to make sure that what is authorized on the 729 form is in fact what is being billed in the time frame for that particular client. The episode of care.

0:18:56.750 --> 0:19:19.610

Veronica Vazquez, PhD (Guest)

The episode of care. Yeah. No, I understand that. I just wasn't sure if it was separate people. Maybe one person's job to go into this mailbox, save these 729 forms, then it was someone else who would actually go and review it. Every time we would call to talk to someone, it just seemed very vague.

0:19:30.190 --> 0:19:31.920

Jasper Shannon D

So I'm going to try to jump in really quick.

0:19:32.470 --> 0:20:2.690

Jasper Shannon D

A couple of things occur when you when the 729 form is sent into the claims e-mail address. There are three or four gals that go into the email box to save the forms. When you call provider services, it's random, I would guesstimate there's probably 10 individuals that work for provider services. These are not the individuals that process the claims. So my understanding is they have been trained and that they know where to search to make sure that we have received the forms. They have access to that folder. The 729 forms are saved by prime number. I don't know if they're not looking at the right year. The main folder has sub folders by year, 2000, 2021 and 22. Each sub folder contains A - Z folders and forms are saved by the prime number of the member, not the provider.

I know a couple of times the branch has put the wrong ID number of the client on the form. So it's saved under the wrong ID number. Sometimes we can track those and find them. It's not always the case. It's a back and forth as we search to find it. It's saved by that team. They're also the team that processes the claims. When you call, Provider services can look in those files to see if the form is saved, and maybe that's where the disconnect is, and maybe they're looking at the wrong folder. I don't know, but I will certainly address that issue as well. I will try to get the answers and put it in the notes when we send out minutes. Does that help at all? I know it's vague, but unfortunately we have several different departments.

0:21:35.840 --> 0:21:37.120

Veronica Vazquez, PhD (Guest)

Yeah. No, that helps. Thank you.

0:21:39.240 --> 0:21:45.140

Napua Rich

Thank you, Shannon. So Dustin and then Dane and then I wanted to address a suggestion from the chat box. So go ahead Dustin.

0:21:50.160 --> 0:22:18.270

Dustin Wyllie

My question was similar to the previous one, whether you know if the 729 forms just kind of go to a void and we never get anything back when we send them in. Whether they've been processed or even received. And so that piece makes it a little tricky for us because I've had a few times where I have sent them in at the same time to you and to the psychologist and they haven't been processed. And then I have to send it again.

0:22:23.370 --> 0:22:27.260

Napua Rich

Thank you. And I'm sorry, Dustin. I'm not familiar with you. I apologize. Are you a doctor or are you a staff?

0:22:35.180 --> 0:22:41.660

Dustin Wyllie

I'm an eligibility specialist for the development of disabilities program with Morrow, Wheeler, Gilliam, Grant and Lake counties. I'm on the sending side of those that she was just talking about. So I've had a couple of those and it also puts us at odds with the psychologist because we want to make sure that they're paid on time as well. So it would be great if we could figure out a way to get some sort of a response back that those were received or processed.

0:23:11.790 --> 0:23:15.570

Napua Rich

Thank you. That's excellent feedback. I appreciate you. I'm going to ask Shannon to jot down your e-mail so that we can be in touch with you. Thank you. We've heard it from Becky who speaks with most staff from your agency. I'd like to hear from others. Thank you, Dr. Borg.

0:23:42.120 --> 0:23:56.450

Dane Borg (Guest)

Hi, Dane Borg. I was listening to Veronica and now Dustin. One of the things that really strikes me is that this system that you all have implemented to try to make this happen, feels very person driven, human driven in a way that is a couple decades ago versus what other systems are using technologically to make this kind of process much more automated that authorizations get electronically linked centrally. There's not this manual sending of things back and forth. I know on our end at Mindsights, we've developed a practice of sending in our copies of 729's with a lot of claims just because then we know that they get where they need to go. That's a lot of administrative burden that's being created for people in OHA, but is also getting passed on to psychologist providers and that burden is not insignificant. So I was just curious if OHA has plans or processes in place to actually develop technological solutions rather than these really cumbersome sounding workarounds that are clearly not working very consistently. So that's my question. Or just be reassuring to you.

0:25:1.900 --> 0:25:29.730

Napua Rich

So thank you and that pretty much ties in with what Dr. Freda Bax is talking about here in the chat. Thanks for asking that. Actually, we have put in a change order to get our system changed, but we are a state system and we have to go through the process. It's going to take some time before we can get that automated in our system. One thing I've asked is to be able to have that 729 attached to one of the claims when a claim is submitted. We're looking at different options and methods that we could mitigate this situation better for now, as we do this archaic workaround manual process, so I am hearing you. I absolutely agree with you, and I'm sure several others do as well. So thank you for bringing that up.

Did you have another question, Doctor Borg?

0:26:16.560 --> 0:26:19.10

Dane Borg (Guest)

No, that was it.

0:26:21.120 --> 0:26:38.550

Napua Rich

OK, thanks. I'm going to move on. That was a really great discussion and that's just the thing I'm looking for in these collaboratives. So thank you so much for that.

-So next was provider service wait times.

We verified with management the average wait time on the phone is approximately 5 to 8 minutes. That's the average. I'm not saying that's always the case. We brought it to their attention also that the system is hanging up after a period of time. They were unaware of that and are looking into that. I wanted to let you know.

-Limitation on codes and episode of care limitations are set by CMS. These are the allowable quantities that were set in the system, that's where our limitations come from.

-Length of services, an Episode of Care is 6 months and this includes the initial intake interview to determine the battery of tests, to the report submission upon completion. From start to finish is an episode of care up to a six month period.

-We spoke last time about bilingual limitations and culturally responsibility. HSD is currently reviewing this subject. We have a team that's trying to determine how to pay bilingual providers a higher rate, potentially with a modifier once registered with provider enrollment as bilingual.

Details are coming once the process is defined and options are available. This is also for cultural responsible, such as referring clients to an appropriate and or responsible provider for review. There is a conversation that will take place with our admin providers specifically, and we've done some outreach and we'll be in touch with those of you who have shown interest in being a part of that as soon as we can.

So more to come on that.

-Clarity for program improvements rules, state agency provider experiences, client experience. So all areas are going to be reviewed for improvement or are being reviewed for improvement and all discussions are welcome. It will take time to implement if proved by program managers and leadership. So that's the entirety of this collaboration. That's the point of it. Such as Doctor Vasquez and Doctor Borg and Dustin speaking up, those are exactly the type of conversations we are looking for here.

-Let's see what codes are bumping up against which codes. The administrative exams fee schedule has been revised and I'll give you a little peek at it here for those of you who can see the screen, I don't see that anyone is joining by phone. So this revision has not yet been published, but we will be doing that shortly. We've been a little more specific about limitations over here for NCCI edits. What cannot be billed on the same date of service? What would need a modifier 59 and that sort of thing to be able to bill codes with other codes. You will all have that available to you on our website shortly.

0:30:34.470 --> 0:30:36.800

Napua Rich

I see a hand up.

Doctor Vasquez.

0:30:44.160 --> 0:30:45.170

Veronica Vazquez, PhD (Guest)

Yes, it's me again. With code 90785, which is the interactive complexity, on the last revision of the admin exams,

the allowable unit was bumped up to three. I have never been paid for three units. It will just completely deny the entire line. If I only bill for one unit, it ends up paying. This was something I already emailed. Judy Brazier, Arwen Wolf and Renee Perkins a couple weeks ago. I think it was July 14 and they said that they were looking into it. Has there been any change in that code? Do you know why it won't pay for three units, but it will for one, even though the 729 allows for three units?

0:31:49.110 --> 0:31:57.300

Napua Rich

So again, thank you we really appreciate all this feedback. So please don't feel like you're saying too much at all. Could you mention that code one more time or did you get that Shannon?

I am going to ask Shannon to reach out to you about specifics that you've been in touch with, Judy, about she's been doing a lot of investigation on our claims and codes and such. And I like to look at specific examples. We want to make sure that there is no error in the system that needs to be changed.

If it's OK, we'd like to email you directly. And then of course, if you're asking the question, I'm sure there's others that are interested in knowing as well. We'll bring that back at the next meeting.

-Random denials, again we need specific claims examples in order to review those so that we can be sure that we're capturing everything that needs to be captured, and correcting accordingly.

-Delay in payments not receiving clarity on denials.

If it sounds like I'm just reading, I am because I want to make sure I don't miss any of the information that we've captured from our last meeting.

-The system issues. Weird denial reasons. Is there a document with all of the denial codes to help with communication. There is not. There is hundreds in the system. We might be able to give a list of the most common denial reasons for your claims.

-NCCI edits is an acronym. It stands for national Correct coding initiative and it's issued through CMS. These are hard coded to the system. We are updating the administrative exams fee schedule with a limitation's column. Sometimes it's difficult because the NCCI edits are backdated by CMS and it is another department that submits those and we're not notified about them right away.

We do have new employees that they're training, so we're really excited about that. Things are going to get done a little more timely.

-Compensation rates. There's a current work group that's researching and submitting rate increases for all admin codes through CMS and we did talk about that at the last meeting. Providers will be informed with the updated rates and when they're implemented. We are still waiting for CMS approval for the bigger scope of things on that one.

-Unknown what codes are needed for testing and evaluations until meeting the client. The issuing agency can update the OHP 729 form to include codes needed up to the allowable amount and limitations. If there's a visit that takes place and codes needs to be updated based on the visit, then you would contact the agency and they would update the 729 form for you and send it in so you can be bill for that.

0:37:14.170 --> 0:37:43.660

Veronica Vazquez, PhD (Guest)

Is there a way, because I've had some situations you know where again for some reason the 729 form needed to be updated. Maybe the client you know cancelled at the last minute, they just completely failed to show. So then it was rescheduled when the new 729 form is sent in. Is there a way to let anyone know that this is the new, correct and updated one? Because I have some claims where it was denied because they didn't seem to have the new updated 729.

0:37:49.390 --> 0:37:50.960

Napua Rich

Go ahead, Shannon.

0:37:52.910 --> 0:37:53.70

Jasper Shannon D

On the 729 form there is a box which says new or revised that the branch can check. I will be honest with you, the date that is on there should be the date that the branch submitted the 729 form. The agency issues you the 729 because we want you to provide the services. You guys are so busy that it could be anywhere from a month to four months before you're able to actually schedule and do the assessment for clients. The date is when the branch actually submits the form, not when you're doing the actual work.

We're not questioning the date on the form. It could be issued six months ago and that's when you've had the time frame to be able to schedule to do this actual interview. I wouldn't get caught up on the date of the actual form because we just want to make sure we receive the form with the allowable codes that you need to use. I hope that makes sense.

0:39:21.240 --> 0:39:25.470

Veronica Vazquez, PhD (Guest)

Can I just clarify? So on the 729 form, are you talking about where it says date of service?

0:39:27.260 --> 0:39:53.650

Jasper Shannon D

It says date of request. Let me look really quick.

0:40:1.490 --> 0:40:5.280

Veronica Vazquez, PhD (Guest)

So I just looked at one and I see where it says date of request.

0:40:5.720 --> 0:40:10.690

Jasper Shannon D

That's from the agency. That's not when you're actually doing the services.

0:40:11.730 --> 0:40:12.260

Veronica Vazquez, PhD (Guest)

OK.

0:40:34.60 --> 0:40:35.110

Napua Rich

Thank you.

0:40:36.110 --> 0:41:5.300

Napua Rich

That's what we had so far for answers. I want you to know that we are still looking into some of the questions from the first meeting. If you did not have your question answered, I know that there are some outstanding provider concerns and we will continue to research and bring those back to you. So with that said, I wanted to start a round table of anything new or anything that we did go over today, but that we needed a little more clarification. I'm going to say that there probably is none because we really had a great discussion throughout the meeting, but any new items that you may have, we have a bit of time left and we'd like to open it up to you if you could use your hand raising option so that we could call on you. I've got Doctor Kowitch and then Shannon, if you could keep track of who is next.

0:41:45.190 --> 0:42:7.410

Art Kowitch

Yeah, I came in late and if this is already covered, just say that and I'll check out the Minutes on this. But it had to do with 90785, which has been bumped up I think to three units of authorization and I don't know what a unit is of 90785 is that amount of time or is that a subjective? The estimate of how complex the interaction was. Thank you. That's what one of my questions.


0:42:17.660 --> 0:42:34.290

Jasper Shannon D

I can answer that. I pulled that code this morning from encoder Pro because I was actually going through old emails. I'm still trying to get some of the claims analysis done and it does not specify a time frame.

Nowhere does it say 15 minutes, half an hour, one hour. It literally says complexity and then it gives the description of maybe some of the experiences that one may have and what I mean by that is it could be.

The description states there a communication barrier where you have to take additional time to be able to work with an individual. I believe that's what the description is. What I'll do is I'll copy and paste the description of that code and I will put it in the Minutes so that you guys have it, because that's what we're going by.

Lay Description (Code): 	
This code is reported in addition to the code for a primary psychiatric service. It is reported when the patient being treated has certain factors that increase the complexity of treatment rendered. These factors are limited to the following: the need to manage disruptive communication that complicates the delivery of treatment; complications involving the implementation of a treatment plan due to caregiver behavioral or emotional interference; evidence of a sentinel event with subsequent disclosure to a third party and discussion and/or reporting to the patient(s); or use of play equipment or translator to enable communication when a barrier exists.	
Tips	
<input checked="" type="checkbox"/> Coding Tip	Report this code with psychiatric evaluation services (90791-90792), psychotherapy services (90832-90834 , 90836-90838), and group psychotherapy (90853). Do not report this code with psychotherapy for crisis (90839-90840), psychological and neuropsychological testing (96130-96134 , 96136-96139 , 96146), or adaptive behavior assessment/treatment services (97151-97158 , 0362T , 0373T). Do not report this code with E/M services provided without psychotherapy.

0:43:48.440 --> 0:43:55.760

Napua Rich

Thank you, Shannon. We will continue to look for a time frame for that and provide any information.

0:43:56.550 --> 0:44:2.450

Napua Rich

In addition to that, so I have next Elizabeth Wolfram.

0:44:7.120 --> 0:44:37.630

Wolfram, Elizabeth

Yes. Hi. I realized this question maybe should have been asked earlier on when we were at the 99244 code part, but I wasn't certain if I was supposed to ask questions at that time or not. So we are still having trouble getting a second unit of that code paid. We've tried all of the different things that have been recommended to us. We've tried not billing it with the 59 modifier. We've tried killing it with the 59 modifier. We just at this point, we're not certain what to do to make it happen. And basically when we call in and say "What's going on? Why isn't this code paid?" We get. Oh, that's weird. We don't know why it's not being paid.

So if we could, I mean at this point, I think we have 15 to 20 clients that are sitting out there with one code of 99244 that just hasn't been paid yet. If we can find out some sort of better system by which we can get paid for that, that would be fantastic.

0:44:59.300 --> 0:45:31.270

Napua Rich

Thank you. For code 99244 it cannot be billed on the same date of service with 90791,90792,99172. I don't know if that's your specific solution but what I can ask is that you can contact Shannon Jasper with a couple of ICN examples so that she can take a closer look at it.

0:45:36.120 --> 0:45:49.350

Wolfram, Elizabeth

OK. Yeah, because I know that 90791 is not the problem because it's always on a separate date and then the other two codes. I don't think we use. It sounds like that part isn't helpful. But OK, we can bother Shannon some more.

0:45:50.540 --> 0:46:11.730

Napua Rich

Well, I hate to put everything on Shannon, but really this is the only way that we're going to get to the bottom of all of these situations is to look at specific claims and you know, decide if there is training that needs to happen or if we need to fix system issues. So appreciate you bringing that forward and we'll look into it further. Doctor Borg.

0:46:32.640 --> 0:46:35.870

Dane Borg (Guest)

Yeah. Hi again. Thank you for giving me yet more airtime. So I don't want to take away from conversation around billing issues and glitch processing issues and 729 coordination issues because I think those are all hugely important and I also.

0:47:9.850 --> 0:47:13.410

Dane Borg (Guest)

OK, you can hear me. OK. OK, now let me go back to that.

0:47:14.320 --> 0:47:44.100

Dane Borg (Guest)

That's totally fine. I don't know where I was, but I just wanted to also keep the question about scope of evaluation services in the conversations and some of the unsolved problems related to that, particularly with evaluations referred by child welfare. I realized that it's a different situation with DD services, but some of those child welfare and OYA requests get pretty huge. A little over a month ago, I know I sent you and Shannon a total verbatim transcription of a list of referral questions that we received for one evaluation. I hope you received that.

0:48:3.0 --> 0:48:5.720

Napua Rich

We lost you again, Doctor Borg.

0:48:9.980 --> 0:48:10.740

Dane Borg (Guest)

And my back at all.

0:48:11.680 --> 0:48:15.670

Napua Rich

That that helps for me when I turn off my camera. Yes, I can hear you. Thank you.

0:48:15.90 --> 0:48:19.420

Dane Borg (Guest)

I just turned off my camera. I I'm getting a little messages of network instability. I apologize. And that scope of work being.

0:48:36.0 --> 0:48:39.510

Napua Rich

Apologize, I don't know if it might help to call in.

0:48:41.250 --> 0:48:41.560

Dane Borg (Guest)

Yep.

0:48:49.730 --> 0:49:9.730

Napua Rich

OK, so I think what Doctor Borg was trying to say was in relation to an e-mail that he had sent to Shannon and I. Shannon has been doing a lot of work in research looking into claims and following up on emails. And Doctor Borg has sent us an e-mail. I believe it was June 30th with a specific example he's referring to, and I don't want to assume that I know what he's going to say in regard to that e-mail. I'm sure he has more specific information, so we'll let him get back to that when he can join us by phone.

I don't see any other hands up. Is anyone else have anything that they would like to bring to our roundtable or new business for us to look into?

0:50:14.870 --> 0:50:17.150

SMALLWOOD Rebecca

Napua, this is Becky Smallwood with ideas.

0:50:18.700 --> 0:50:19.930

Napua Rich

Hi, Becky.

0:50:20.230 --> 0:50:38.680

SMALLWOOD Rebecca

Hi there. Hey, I just wanted to point to a question in the chat about emailing questions and responses that have been brought up during meetings. And I know that we've brainstormed some ideas on that. Is that something you can speak to for everybody?

0:50:43.280 --> 0:50:48.430

Napua Rich

Thank you, I didn't see that question. I'm looking for it.

0:51:1.350 --> 0:51:5.830

Jasper Shannon D

Are you speaking to the one from Doctor Villegas Gutierrez?

0:51:7.250 --> 0:51:7.620

SMALLWOOD Rebecca

Yes.

0:51:6.770 --> 0:51:20.120

Jasper Shannon D

And yes, just so you're aware that would be in the minutes and anything that has any sort of questions, we are going to try to get through and then it'll be within the minutes with answers as soon as we get those. So yes.

0:51:24.300 --> 0:51:26.990

Napua Rich

Thank you, Shannon. Did that answer your question? Yes, thank you for asking. Anyone else?

0:51:41.560 --> 0:52:4.220

Veronica Vazquez, PhD (Guest)

You had mentioned earlier that I think you said OHA/HSD was reviewing the possibility of having some reimbursement or pay increases for bilingual providers who provide bilingual services. Do you know if they are open to allowing a psychologist to be a part of that conversation?

0:52:7.190 --> 0:52:25.670

Napua Rich

Yes, thank you. They are reviewing it. We do need actions answered from CMS before we can continue with that conversation. But I do believe Shannon has you on a list of individuals to bring to that discussion. Thank you for asking that in case anyone else missed it as well.

0:52:28.110 --> 0:52:29.260

Veronica Vazquez, PhD (Guest)

OK, wonderful. Thank you.

0:52:30.940 --> 0:52:32.350

Napua Rich

Thank you for asking. I see Doctor Borg has come back on. Are you able to speak with us, Dr. Borg?

0:52:51.950 --> 0:52:54.0

Dane Borg (Guest)

Can try. Am I coming through it all?

0:52:54.320 --> 0:52:55.670

Napua Rich

Yay, yes.

0:52:55.550 --> 0:53:28.320

Dane Borg (Guest)

OK, I did some resetting of things, so we'll see what happens. I don't know even how far I got, but it's just commenting again on the scope of some of those child welfare evaluations and how the services that the state is requesting often cannot just fit within the NCCI initiative or NCCI limits that are associated with admin exams and there hasn't been any progress towards work arounds. It feels like there's only been barriers. Every door is the wrong door for figuring out how Child welfare can get the services that they're deciding they need because the state is blocking them from getting those. I just want to have that piece being the conversation, whether that's a conversation that happens between your team and child welfare or somewhere else. It's a problem. And I just don't want to lose sight of that. And I think that list of referral questions I sent the two of you is just a great illustration of that scope. Sorry to derail.

0:54:4.140 --> 0:54:15.930

Napua Rich

That is not a derail. Thank you for bringing that forward. We've actually wanted to move on to you. We did receive your e-mail back on June 30th and it was a great e-mail and attachment and I want you to know that we are not ignoring you. We've been in conversation both with DD and child welfare about those. The scope of work that doesn't fit in the normal criteria in the scheme of things. So I want you to know, I'm sorry I don't have an answer for you today. I want you to know that we have not forgotten the email. That is a discussion that we are having with other agencies to see how we could work out those details, obviously Shannon and I are not child welfare or DD individuals and wouldn't have that criteria. We're not the experts of that criteria. Those

individuals are the experts. It's really partnering and coordinating with those other agencies and departments and trying to get that all worked out. And I thank you for your patience, all of you, as we work through these questions and the scope of what can be covered under an exam, what is outside of the normal criteria and so on and so forth that falls into admin and the complexity of an admin exam.

And thank you for bringing that forward.

So we have about 20 minutes left and I would like to extend the opportunity for feedback on having these admin exam collaboratives since we've talked through some new scenarios and really the focus hasn't changed much, there are still some outstanding questions still which we knew there would be, but we are working on those and I feel like we've gotten quite a few answered. I feel we've made great accomplishments having these provider collaboratives. I think it gives us a good perspective of provider experiences and being able to have those conversations. I invite you to either speak to or type in the chat about your thoughts on having these admin exam collaboratives if you feel the same that we do. Or not.

So with that, I see no more questions, no more feedback. This is your time. I'm going to go ahead and give your time back to you. Before I do, I want to apologize for the last minute cancellation of our last collaborative. As I said, I feel these are very useful and I was sad to have had to cancel that and I appreciate the emails that came in about the reasoning for missing that meeting. So thank you all for your time and your feedback and I appreciate all of you and I appreciate you being here. Thank you so much. Have a wonderful rest of your day.