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## County-State Claims Payment Processing Improvement Task Force *Meeting Notes – June 9, 2008*

***Launched in January 2008, the California Department of Mental Health created a C/S CPPITF to improve the Specialty Mental Health claims payment processing and services between the county and state. This Task Force will evaluate and recommend processes, tools and systems that can help to improve the current claims filing and reimbursement process between counties and the state. The Task Force will engage partners such as the Department of Health Care Services, Department of Alcohol and Drug Programs, APS, and County Mental Health Directors to develop ways to improve the county claims payment processing system. These are the brief and summarized notes from our meeting.***

***Attendance: Fei Collier (DHCS), Toquen Collier (DMH), Bob Cutler (Consultant, DMH), Mike Geiss (DMH), Catherine Hendon (DMH), Rollin Ives (DMH by phone), Harriet Markell (CA Council of Community Mental Health Agencies; by phone), Gary Renslo (for Denise Blair, DMH), Vonnice Ryser (for Denise Blair, DMH), Loren Suter (DMH), Sean Tracy (DMH), Bill Ullom (APS Healthcare)***

### **New action items:**

- **The DMH (Catherine Hendon) is creating a DMH Webpage for Task Force activities, and will e-mail web page design to all Task Force members. Web Page design was reviewed by Task Force on May 12, 2008. Members are asked to provide any feedback to Catherine Hendon. Catherine is currently working with DMH Webmaster to get a link to what the page will look like. Link will be sent to Sean Tracy and Don Kingdon for approval.**
- **The DMH (Sean Tracy) will extend an invitation to Susan Lucier, Deputy Director of Admin. at ADP, to participate in the Task Force.**
- **The DMH (Marcelo Acob) will check with Stan Bajorin on the status of cost settlement recoupments.**
- **The DMH (Catherine Hendon) will coordinate with Mark Gustafson (DHCS) to present on the Medi-Cal Payment Error Study at a future meeting.**
- **Attendees are asked to provide feedback on the May 2008 Claims OSAE Update to DMH (Catherine Hendon) by Friday, June 13, 2008.**
- **APS Healthcare will forward information on the new CMHDA workgroup (formed to address State Behavioral IT Coalition, health information exchange, etc.) to CCCMHA in order to keep Providers informed.**
- **Next meeting, DMH will share an environmental scan of all know claiming system committees/workgroups/task forces/etc.**

**Old action items:**

- **The DMH (Denise Blair) will provide a Void, Correction, and Replace status report and summary at a future meeting once internal discussions have been resolved.**
- **The DMH (Catherine Hendon) will incorporate Task Force member suggestions into the Task Force Charter and post the updated version on the intranet.**
- **The Task Force decided on regularly scheduled meeting times. Meetings will be held on the 2<sup>nd</sup> and 4<sup>th</sup> Mondays of each month, from 2:30 to 3:30 p.m., beginning with April 28<sup>th</sup>.**

**Welcome, introductions, and updates:**

1. All members introduced themselves.
2. The DMH will extend an invitation to Susan Lucier (ADP Deputy of Admin.) to participate in the Task Force.
3. Sean Tracy explained the upcoming transition from Special Projects to the Strategic Planning and Policy Office. Roles will shift, however the office will continue to manage this Task Force.
4. After obtaining approval from Task Force members at the last meeting, May 12, 2008, Catherine Hendon has been working with the DMH Webmaster to compose a Task Force web page. The proof will be presented to Sean Tracy and Don Kingdon for approval early next week.

**Discussion Points:**

1. Void, Correct, and Replace (VCR):
  - a. The DMH has made changes to the HIPAA Companion Guide, and presented them to the Counties at a CMHDA meeting last week.
  - b. The VCR system will replace the disallowed claims system.
  - c. Counties will be able to void claims electronically in the VCR system
  - d. The VCR project has been delayed one month. Therefore, County testing will begin in the latter half of August rather than July 2008.
  - e. The DMH is currently producing a master timeline of claims projects including SDII, Client Identification Numbers (CIN), duplicate edits, etc.
  - f. The timelines of each claims project affects the others.
2. National Provider Identifier (NPI) Number:
  - a. The County conversion to NPI from social security numbers is continually addressed at the DMH SD/MC Claiming System Workgroup biweekly meeting.
  - b. There are currently 38 Counties NPI testing and 19 Counties NPI certified.
  - c. All Counties were required to be NPI compliant by May 23, 2008.

- d. The process is running smoothly. There were only four rejected files, and they were rejected for reasons other than NPI compliance.
  - i. The question was raised whether counties were withholding claims until they were certain the NPI system worked.
  - ii. Upon review of the claiming totals—March-270, April-399, and May-268—it appears that Counties are still submitting a normal amount of claims.
3. Duplicate Edits:
  - a. The DMH is producing feedback reports on potential duplicate edit rejections to the Counties. All County numbers appear nominal with one exception, and DMH is working with that County to troubleshoot the cause.
  - b. A DMH information notice to reinstitute duplicate edits is in the approval process and should be released by early next week.
4. The DMH will follow up with Stan Bajorin and Denies Blair on whether the CIN deadline can be moved from July to September 1, 2008.
5. The group approves Mark Gustafson to present on the Medi-Cal Payment Error Study at a future meeting.
6. The DMH SD/MC II Steering Committee continues their efforts to ensure that the SDII system design meets the needs of DMH and their County partners.
  - a. The Steering Committee is scheduled to continue meeting biweekly through Fall 2008.
  - b. A high priority is SDII project timeline concerns. The Steering Committee continues to work collaboratively with the Department of Healthcare Services (DHCS), the Department of Alcohol and Drug Programs (ADP), and the CA Health and Human Services Agency (CHHS).
  - c. The Steering Committee is also ensuring that counties have adequate time for system testing.
  - d. Recently, APS Healthcare attended the CMHDA SDII Workgroup run by the DMH SDII Project Manager, Bob Cutler.
    - i. The updated companion guide was helpful to the Counties.
    - ii. It is important for DMH to remind Counties to note any changes in the Companion Guide prior to any testing.
7. May 2008 update was sent to OSAE. The report includes:
  - a. Early warning sheet for claims corrective action plan. This notifies responsible parties of OSAE recommendations with approaching due dates.
  - b. Updated DMH corrective action plan in response to OSAE claims review.
  - c. Attendees are asked to provide feedback to DMH (Catherine Hendon) by Friday, June 13, 2008.
8. OSAE Issue 9: Regarding audit criteria, Stan is driving this corrective action. The DMH has disagreement with OSAE and is therefore planning to meet with DMH Legal Counsel regarding this matter.

9. The DMH provided an update on recent cost settlement meetings.
  - a. The Counties and DMH are working together to determine the amount of time Counties will have to submit a Good Cause form.
  - b. It is possible that DMH will need to develop regulations to proceed.
  - c. If audits are going to be expected to catch up to real time, DMH will need to increase staffing.
10. The CMHDA has created a workgroup to formulate ideas for the State Behavioral IT Coalition.
  - a. The purpose is to provide input as the State moves forward with health information exchange.
  - b. The actual implementation of the health information exchange is years away.
  - c. The workgroup looks at reporting requirements and health information.
  - d. APS Healthcare will forward the information on this group to CCCMHA in order to keep Providers informed.
11. Next meeting, DMH will share an environmental scan of all know claiming system committees/workgroups/task forces/etc.
12. The DMH Program Compliance Division shared PERM Audit updates:
  - a. The DMH and DHCS agreed on the data for the PERM audit. Thanks to Toquen Collier, Gary Renslo, and Kevin Tse from DMH IT.
  - b. Providers should know which charts will be selected for the PERM Audit in approximately one week.
  - c. The DMH Program Compliance Division (Rhonda Davis) will notify CMHDA and Providers if CMH is going to select their charts.
  - d. A total of 84 Providers will have 1-4 charts selected each.
  - e. Once the Center for Medicare and Medicaid (CMS) reviews the charts and makes decisions, CMH will send the findings to DMH for review.
  - f. The audit is two-fold: CMH will review Medi-Cal eligibility with DHCS, and documentation issues with DMH.

**3:30 p.m. Adjourn**

**The next meeting is scheduled on June 28, 2008, 2:30-3:30 p.m., Conference Room 250B.**