"Hot" Information Notices

CIBHS Fiscal Leadership Institute
June 5, 2019

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Panelists:

- Kara Anguiano - Stanislaus
- Sharon Mendonca – Merced
- Jeffrey Nottke – Orange
- Paula Wilhelm – CBHDA

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Agenda

1. **Deep Dive Discussion Topics**
   - Co-practitioner claiming
   - Final Rule out-of-network and continuity of care requirements
   - AB 1299 presumptive transfer and related issues
   - MHSA prudent reserves and related issues
2. **Whirlwind Tour: 2019 Fiscal Information Notices**
3. **Additional Q&A**

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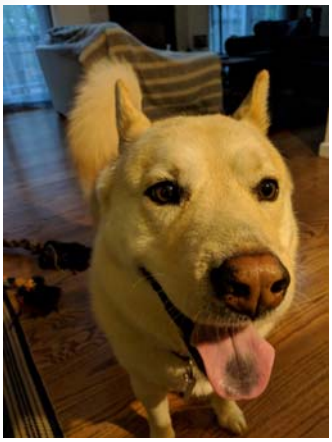

CO-PRACTITIONER CLAIMING

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I.N. 18-002: Co-Practitioner Claim Submission Requirements

- Response to 2013 OIG finding of payments rendered to providers excluded from Medicaid program in CA
- NPI numbers for all rendering providers must be identified on MHP claim submissions (837P or 837I)
- MHPs must:
  - Submit a separate claim for each rendering provider using his/her assigned individual NPI number; or
  - Submit one claim with two or more service lines (one for each rendering provider). Each service line must contain the NPI number for each rendering provider.

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Implementation status

- CBHDA submitted letters to DHCS outlining implementation questions/concerns in June 2018 and March 2019
- DHCS intends to issue another Information Notice to address outstanding questions and further guide implementation
  - ETA: end of June
- Key issue: effective date
- Other challenges?

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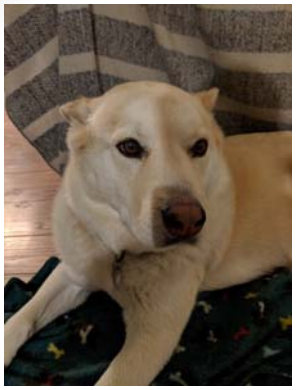

FINAL RULE OUT-OF-NETWORK & CONTINUITY OF CARE REQUIREMENTS

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Relevant Information Notices:

- **19-024: Federal Out-of-Network Requirements for the DMC-ODS**
  - When a DMC-ODS plan is unable to comply with time, distance, or timely access standards for network adequacy, beneficiaries are entitled to care from an out-of-network provider.
- **18-059: Federal Continuity of Care Requirements for MHPs**
  - A beneficiary that has an existing relationship with an out-of-network provider may request continuing care with that provider for a period of up to twelve months, pending MHP approval.
- **18-051: DMC-ODS Transition of Care Policy**
  - A beneficiary transitioning between counties/plans may continue to receive covered services from an out-of-network provider with whom they have an existing relationship if the beneficiary would suffer serious detriment to their health or be at risk of hospitalization or institutionalization in the absence of continuing care. Limited to 90 days, but may extend to 12 months if medically necessary.

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Implementation challenges

- Reconciling DMC-ODS and MHP requirements
- Negotiating terms and rates with out-of-network providers
  - Single case agreements? Or contracts?
- Quality and monitoring
  - Recoupment risk?
- Claiming for new, out-of-network providers
  - Medi-Cal eligible/certified?

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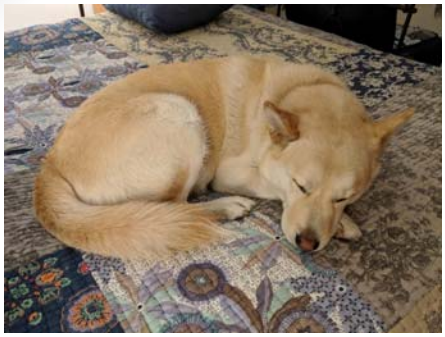

AB 1299 PRESUMPTIVE TRANSFER . . . AND RELATED ISSUES

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Presumptive Transfer & EPSDT POS Information Notices

- 19-025: STRTP updates in the data collection reporting system
- 19-010: County responsibility to pay for children's room-and-board at crisis residential treatment programs (CRTs)
- 19-004: MHP program approval of child CRTs
- 18-049: Delegation of MHP program approval of STRTPs
- 18-048: EPSDT performance outcomes system (POS) functional assessment tools for children and youth
- 18-029: Sharing CANS assessments between county placing agencies and MHPs
- 18-027: Presumptive transfer policy guidance
- 18-017: MHP claiming for participation in child and family team assessment of children prior to STRTP placement
- 18-007: Requirements for implementing the CANS within a child and family team

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Implementation challenges

- CalMHSA banking pool
- Presumptive transfer and inpatient hospital services
  - See p. 12 of IN 18-027
- CANS/PSC-35 data entry claiming
- Others?

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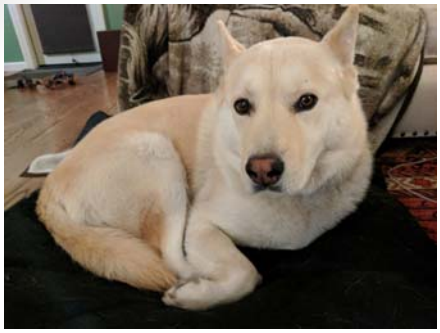

MHSA PRUDENT RESERVES . . . AND RELATED ISSUES

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Recent MHSA Notices

- 19-019: MHSA program review implementation
- 19-017: MHSA – Implementation of WIC sections 5892 & 5892.1
  - Prudent reserve: 33% maximum
  - Proposed MHSA fiscal regulations specify 23% minimum
  - Must submit prudent reserve calculations & forms to DHCS by June 30, 2019 (see p. 4 of 19-017)
- 19-012: MHSA revenue and expenditure report withhold process
- 18-045: MHSA reporting veterans spending
- 18-040: MHSA Annual revenue and expenditure report for FY 17-18
- 18-038: MHSA Allocation methodology for FY 2018-19
- 18-033: Implementation of MHSA reversions & reallocations
  - 19-017 modifies the prudent reserve portion only of this Notice

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Implementation questions & challenges

- Calculation of prudent reserve and PEI balance
- Proposed regulations: excess reserve funds can only be transferred to CSS
- 2019-20 state budget proposal: county match for WET funds/OSHPD five-year plan
- Others?

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WHIRLWIND TOUR: OTHER 2019 INFORMATION NOTICES

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2019 MHSUDS Info Notices – Fiscal Implications

- 19-026: Authorization of Specialty Mental Health Services
- 19-023: Reporting Negotiated Rates for Psych Inpatient Hospitals Services for FY 19-20
- 19-022: Certification of Document & Data Submissions for DMC-ODS Counties
  - Final Rule requirement that will also affect MHPs
  - Outstanding questions on submissions requiring certification
- 19-016: Revisions to DMC-ODS County Interim Rates
  - Counties must submit proposed rate revisions to DHCS by February 1 for the coming fiscal year
- 19-015: Short-Doyle County Contract Rates for FY 19-20

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2019 MHSUDS Info Notices – Fiscal Implications, cont.

- 19-013: 2019 ICD-10 Codes
- 19-011: Electronic Funds Transfer for County Payments
- 19-008: 2018-19 Administrative Day Rate for fee-for-service Medi-Cal Hospitals
- 19-005: Drug Medi-Cal NTP Cost Reporting
  - Beginning with fiscal year 2019-20, NTPs will submit annual cost reports directly to DHCS.
- 19-001: FY 2017-18 Behavioral Health Services Growth Special Account Allocations

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QUESTIONS OR DISCUSSION?

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Contacts:

Paula Wilhelm, Senior Policy Analyst, CBHDA
pwilhelm@cbhda.org

Kara Anguiano, Stanislaus
KAnguiano@stanbhrs.org

Sharon Mendonca, Merced
Sharon.Mendonca@countyofmerced.com

Jeffrey Nottke, Orange
jnottke@ochca.com

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