REPORTS COMMITTEE MEETING

CONTRACT PROVIDERS ONLY

JUNE 21, 2017

10AM-12PM

AGENDA

1. CBO Dispatch
2. DOB and Gender Info
3. rpt_DCFS_Alerts_to_DMH update
4. Q&A

CBO DISPATCH

The California Department of Health Care Services (DHCS) requires providers to indicate whether a client is a member of the Katie A. subclass on all claims for that client.

CBO DISPATCH

Contract providers that are live in the Integrated Behavioral Health Information System (IBHIS) must include the indicator KTA in the Demonstration Project Information (DPI) segment of the claim for all services delivered to a member of the Katie A. subclass.

CBO DISPATCH

Additional information on using the Katie A. indicator can be found in the CBO Dispatch No.: NGA 17-007, Indicating Katie A. Subclass Status on Claims for IBHIS Providers:

- http://file.lacounty.gov/SDSInter/dmh/1020968_IndicatingKatieASubclassStatusonClaimsforIBHISProviders.pdf

CBO DISPATCH

The Los Angeles County Department of Mental Health (DMH) has analyzed fiscal year (FY) 16/17 claims that were submitted through May 8, 2017, to verify that claims for Katie A. subclass clients contain the Katie A. indicator.

CBO DISPATCH

Each Legal Entity's claiming results have been provided in the Electronic File Transfer (EFT) Legal Entity Extracts folder.

CBO DISPATCH

Each Legal Entity that provides services to members of the Katie A. subclass or have used the KTA indicator on claims has a file named LE#####_KatieA_Ind_Status in the root of their EFT Legal Entity Extracts folder.

- For instance, Legal Entity 19's file would be named LE00019_KatieA_Ind_Status.xlsx.

CBO DISPATCH

The Department looked at all likely claims for Katie A. subclass members as well as all claims that contained the Katie A. indicator and put each claim in one of four tabs:

CBO DISPATCH

1 - DPI_KatieA_SubClass: Claims for Katie A. subclass clients that contain the Katie A. indicator.

- *These services were most likely claimed **correctly**.*

CBO DISPATCH

2 - DPI_Non_KatieA: Claims for clients who are members of the Katie A. class, but not the subclass, that contain the Katie A. indicator.

- *These services most likely were claimed **incorrectly**.*
- The Katie A. indicator should not be included on claims for clients who are members of the Katie A. class, but not members of the Katie A. subclass.

CBO DISPATCH

3 - DPI_Not_KatieA_DW: Claims for clients who are not a member of either the Katie A. class or subclass, that contain the Katie A. indicator.

- *These services most likely were claimed **incorrectly***. The Katie A. indicator should only be included on claims for clients who are members of the Katie A. subclass.

CBO DISPATCH

4 - NoDPI_KatieA_SubClass: Claims for Katie A. subclass clients that do not contain the Katie A. Indicator.

- *These services were most likely claimed **incorrectly**.*
- All claims for clients who are a member of the Katie A. subclass must include the Katie A. indicator.

CBO DISPATCH

Please review the claiming results for your Legal Entity claims.

Each provider's Electronic Health Record (EHR) works differently. Work with your software vendor and billing teams to insure that you are using the Katie A. indicator correctly.

CBO DISPATCH

DMH will provide an update to this data extract in the coming months to insure correct claiming.

DOB AND GENDER

Reminder: DOB and Gender information are located in the SIFT folders.

RPT_DCFS_ALERTS_TO_DMH

Two additional fields have been added to rpt_DCFS_Alerts_to_DMH on the Legal Entity Extracts.

RPT_DCFS_ALERTS_TO_DMH

Class

- Indicates whether the client is a Katie A. Class member

Subclass

- Indicates whether the client is a Katie A. Subclass member

Q&A

Q: Who do we contact to find out where our MCA is at?

A: IBHIS MCA's are provided in the weekly EFT/SIFT LE extracts. This includes the P-Auth #, Funding Source, MCA and how much is currently claimed. Please refer to the documentation on the IS Reports Committee. If you have any questions on the data, email reporting@dmh.lacounty.gov

Q&A

Q: If a client is a Katie A. subclass or class receiving DMH services regardless of the funding, their claims should include the indicator? For example: clients receiving residential services.

A: Yes, IBHIS claims should include the indicator for all claims when the client is a member of the Katie A subclass. Regardless of funding.

Q&A

Q: On the KatieA_Ind_Status report, tab #4, I see claims for clients that are not Katie A. eligible. Why should they be Katie A.?

A: DMH has identified these claims as Katie A. subclass, but the claims do not contain the Katie A. Indicator. These services were most likely claimed *incorrectly*. You will need to review and confirm.

Q&A

Q: All of this applies only to Katie A. subclass and not the Katie A. class?

A: Correct.

Q: How are you determining whether or not they are a Katie A. subclass member? If we are doing the evaluation and our determination is different than yours, how can we rectify this if we do not know how DMH is making this determination?

A: DMH takes all clients and matches them with open DCFS cases. Please refer to CBO Dispatch No: NGA-17-007 issued 4/4/17.

Q&A

Q: Are there funded programs that are solely for Katie A. kids (ex: SFC treatment FC, SFC Wrap)?

A: Programs/Subprograms that are solely for Katie A. DCFS kids

- <u>Specialized Foster Care</u>
  - i.   Multi-Disciplinary Assessment Team (MAT)
  - ii.   Wraparound (including Wrap-FSP)
  - iii.   Treatment Foster Care (TFC)
  - iv.   Intense Field Capable Clinical Services (IFCCS)
  - v.   Enhanced Mental Health Services

Q&A

Full Service Partnership (FSP) can serve all kids with or without a DCFS case

Providers can use Enhanced Mental Health Services when the DCFS client is not yet enrolled or pending to be in one of the programs mentioned above, or if the client does not need intensive program like Wrap or IFCCS.

Q&A

Q: We are not on IBHIS yet. However, we do submit Katie A. claims, but there is no excel file in our EFT SIFT Extract.

A: If you're referring to the KatieA_Ind_Status report, it's because the DPI indicator data is only for IBHIS Claims. If you want to view all the combined data from DCFS and DMH, you can view the table rpt_DCFS_Alerts_to_DMH in the extracts.

Q&A

Q: What can you do when a client has denied claims due to DOB or Gender, but there is no MEDS info?

A: Verify that CIN is correct. Check with the eligibility worker to confirm DOB and Gender. Also, check rpt_finClaimList in your weekly extract files for the claim in question. The last three fields (MEDSDOB, MEDSGENDER, AND MEDSCIN) are the MEDS data we found for this client. The MEDS data available to us only includes LA County clients, we will not have the MEDS data for anyone residing outside of LA County.

Q&A

Q: What if the clients DOB and Gender matches, but was denied?

A: Check the EFT/SIFT data for that claim in rpt_finClaimList in your weekly extract files. It will provide you with the MEDS DOB and Gender on file at the state.

Q: How often is the information received or when does it get updated?

A: Monthly.

Q&A

Q: In the report, there is Class Yes or Subclass No. What is the difference?

A: This indicates whether the claim is a Class and/or Subclass. If you have any specific questions on what is a Class or Subclass, attend your provider meeting with the Child Welfare Division. Otherwise, the official criteria is as follows:

Q&A

Members of the class include children and young adults living with their parents, relatives, or in a variety of placements, such as group or foster homes. The Settlement Agreement defines class members as all children and young adults who:

- Are in the custody of the Los Angeles County Department of Children and Family Services (DCFS), or have been referred to or are subject to referral to DCFS;

- Have a behavioral, emotional, or psychiatric impairment; and

- Need individualized mental health services, including but not limited to professionally acceptable assessments, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting, to treat or ameliorate their disabilities or impairments.

Q&A

Subclass Members are children and youth who are full scope Medi-Cal eligible, meet medical necessity, have an open child welfare services case, and meet either of the following criteria:

- Child is current in or being considered for: Wraparound, therapeutic foster care or other intensive services, Therapeutic Behavioral Services (TBS), specialized care rate due to behavioral health needs or crisis stabilization/intervention; or

- Child is currently in or being considered for a group home (RCL 10 or above), a psychiatric hospital or 24 hour mental health treatment facility, or has experienced his/her 3rd or more placement within 24 months due to behavioral needs.

Q&A

Q: Will the hospital data be provided ongoing?

A: Yes, it will be updated weekly.

Q: Is the denial code we receive based on what you're saying CO- 181 (Procedure code was invalid on the date of service)?

A: Yes, denial code CO-181 is the generic HIPPA related error code.

Q&A

Q: If a denial has been resubmitted and corrected, does the denied MSO claim get removed from SIFT? If so, when?

A: No, it stays.

Q: If we have claims that are denied due to MCA, when we get more MCA by our funder, can we resend these claims on "submit as original"?

A: Yes

Q&A

Q: In IBHIS I know that the DMH rendering provider ID is not necessary to submit claims. If we no longer bill in IS do we have to still process the providers for a DMH rendering provider ID?

A: Provider Id is not used while claiming to IBHIS. In the 2310 B loop of the EDI file should contain the rendering provider name and NPI (Practitioner).

Q&A

Q: How many times is the Avatar report updated?

A: Weekly. For clarification, this comes as an Access database, not a report. You will be able to write queries to produce reports from the Access database.

Q&A

Q: We are transitioning data from IS to IBHIS. Some of the fields which we entered in IS are not extracted in SIFT such as contact name, emergency name, birth name, and mother's name. Is there a way you can give us some data on those tables?

A: These names are now included in the Avatar Extract. You can review the Avatar Data Dictionary for the tables on the IS Reports Committee Website. (Legal Entity Extract Avatar Data Dictionary)

Q&A

Q: We started submitting claims in IBHIS and noticed that we're not receiving a 999 response file for some of our 837 files. What do we do in this case?

A: You should receive a +999 if the file is accepted by our IBHIS system for processing and a -999 if the file cannot be processed. If it is a -999, you should look for HIPAA errors, correct and resubmit with a new control number. If you do not receive a 999 file, please open a HEAT Ticket for the Data Integration group. (They are identified in the HEAT System as "Integration"). They will research the problem and get back to you.