



Click agenda item below to navigate to selected presentation section.

Contract Providers Transition Team (CPTT) Meeting Agenda

**January 15, 2013
10:00 a.m. – 12:00 p.m.**

- ✓ **Welcome and Announcements**
- ✓ **WebEx Instructions**
- ✓ **IBHIS Update**
- ✓ **Data Exchange Vision**
- ✓ **Establish a Client/Web Services Update**
- ✓ **Changes to Procedure Codes**
- ✓ **CPTNP Unit Update**
- ✓ **Open Discussion**

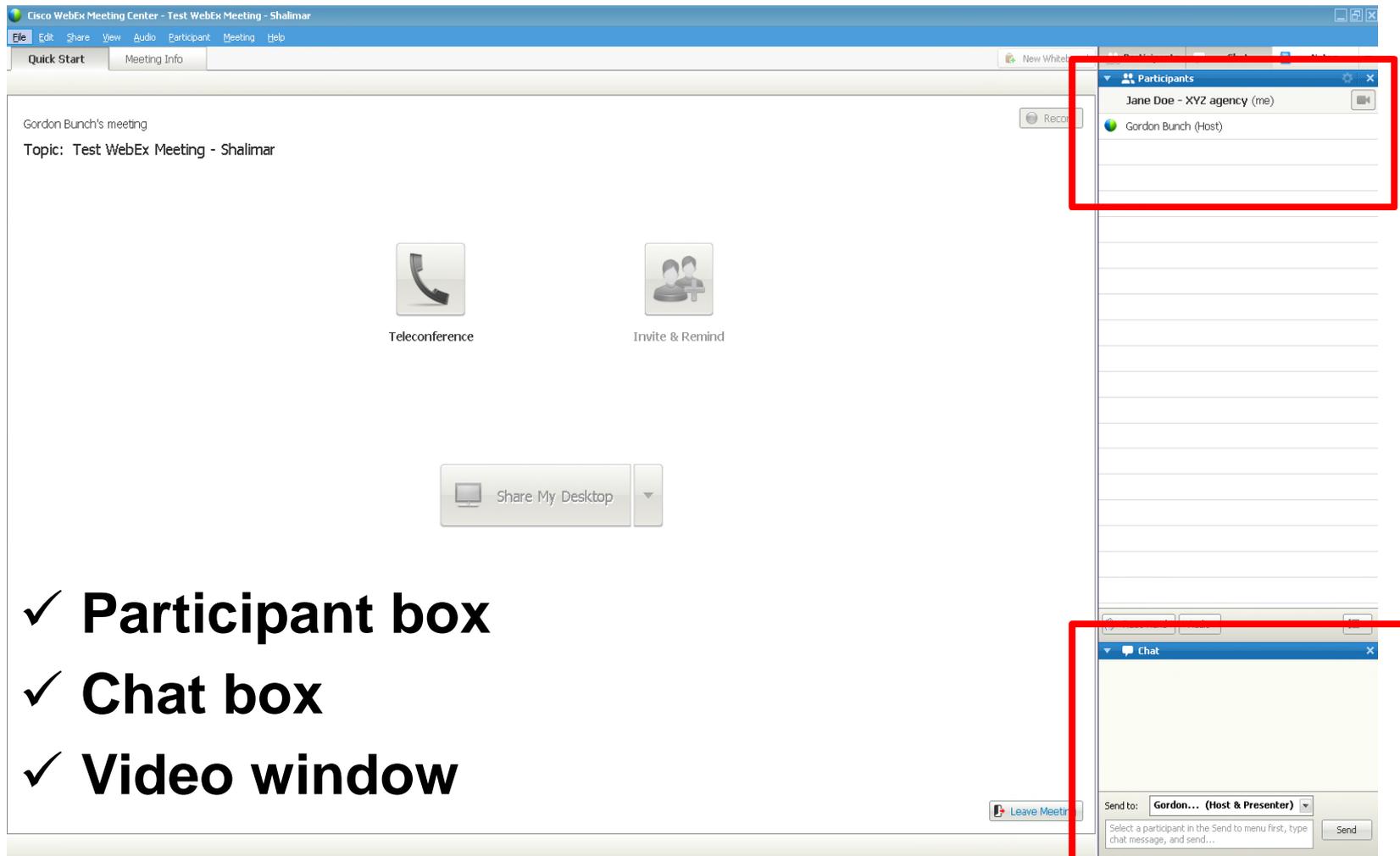
Next Meeting – April 16, 2013

“To Enrich Lives Through Effective And Caring Service”

Contract Providers Transition Team (CPTT) Instructions for WebEx Participants

January 15, 2013

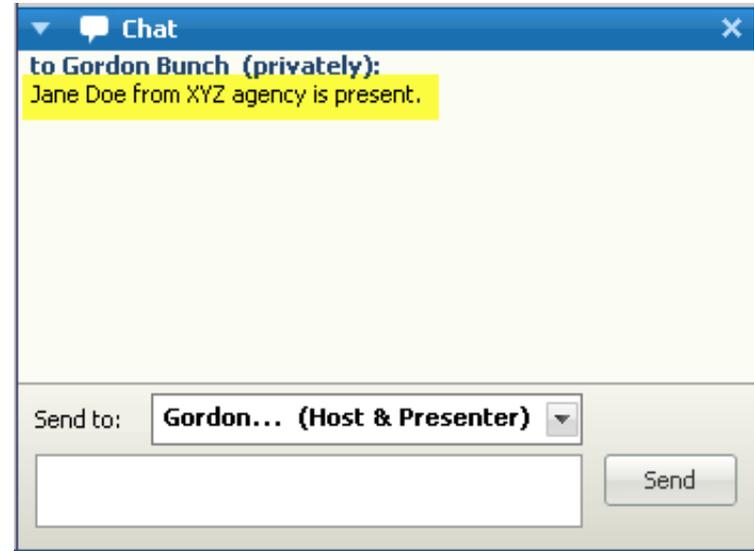




- ✓ Participant box
- ✓ Chat box
- ✓ Video window

Submitting Questions

- Type in your question in the text box in the bottom of the Chat box then press the 'Send' button.
- All questions submitted through the Chat box will be monitored, shared, and given to the presenter to be answered during the meeting.
- Ensure that your question is clear and can be understood by those of us monitoring and repeating your question within the meeting.
- **Ensure that you are sending your questions to the Gordon Bunch (Host & Presenter) and not to Everyone.**



Final Notes/Comments

- If you are experiencing technical difficulties using WebEx during the meeting, please note that we are limited in the amount of support we can provide you while the meeting is in progress.
- In the event that you cannot view the presentation in WebEx, you can still listen to the audio portion via the conference call number.
- **We will do our best to answer all submitted questions during the meeting however if we run out of time and cannot answer your question, we will provide a response to your question via email after the meeting.**
- **IMPORTANT: The conference call line will be muted for all participants attending via WebEx therefore the only way to ask questions for this meeting is through this chat window.**



IBHIS UPDATE

CPTT Workgroup Meeting

January 15, 2013



CURRENT STATUS

- 2-3 months behind baseline schedule
- Currently working with Netsmart to revise the schedule – projecting Pilot 1 in October, 2013
- Have added and are continuing to add resources to our integration team to accelerate development of provider-facing interfaces and web services

CURRENT STATUS

- Tentatively established last day to submit new claims to the IS will be June 30, 2014
- After June 30, 2014 contract provider claims must be EDI to IBHIS.

WHAT'S NEXT FOR CONTRACT PROVIDERS

- Identification of Contract Providers for Pilot 1
- Proposed Contract Provider Sites to EMT Jan 15, 2013
- Once approved by EMT Contract Providers will be contacted to determine if they are interested in participating

WHAT'S NEXT FOR CONTRACT PROVIDERS

- Pilot 1 Rendering Provider Data Clean Up and Capturing Additional Data Elements Needed by Avatar Starts February 4, 2013
- Release of Companion Guides for Initial Set of EDI Transactions - TBD



QUESTIONS/COMMENTS



FUTURE DATA EXCHANGE WITH LAC DMH



PRESENTATION OUTLINE

- Background
- Key Business Requirements
- Long Term and Short Term Data Exchange Vision
- Define Short Term EDI Solutions
- Describe Data Exchange Approaches
- Communication Plan
- Questions/Comments

BACKGROUND

- DMH is moving toward a decentralized business model with the implementation of the Integrated Behavioral Health Information System (IBHIS)
- Contract Services Providers (CSPs) will not have access to the IBHIS as they do now to the Integrated System (IS)
- The IBHIS will rollout in phases beginning in FY 2013-2014 with selected CSPs included in each phased rollout
- The IS will be shutdown for new claims in mid-2014 with full shutdown by 12/31/2014

BACKGROUND

- CSPs will be required to submit clinical and administrative data, and claims to DMH via Electronic Data Interchange (EDI)
- Some data exchanges will be direct between DMH and CSPs and others will be passed through our local Health Information Exchange (LANES)

BACKGROUND

- DMH is currently determining business and data exchange requirements
- DMH is establishing the information exchange processes and building the infrastructure to support EDI upon IBHIS implementation and post go-live



BACKGROUND

- DMH will disseminate information broadly to ensure CSPs and their EHR vendors are aware of new and modified electronic data exchange requirements and give sufficient time to meet implementation deadlines
- DMH will approach electronic data exchange in stages that will be manageable for us and should be manageable for our CSPs and their vendors

BACKGROUND

- Per Legal Entity Contract provisions effective 7/1/12 new EDI transactions will be released via Companion Guides or other similar guides
- CSP(s) will have 180 days from release of guides to develop, test, and implement new transactions
- CSP(s) will have 90 days from release of guides to develop, test, and implement modified transactions

KEY BUSINESS REQUIREMENTS

- Twelve key business requirements were identified through the Interoperability Framework Project:
 - Exchange of Client Information
 - Exchange of Treatment Information
 - Referral-In
 - Referral-Out
 - Search for Prior Providers of Care
 - Exchange of Outcomes

KEY BUSINESS REQUIREMENTS

- Exchange of Assessments
- Exchange of Treatment Plans
- Requests for Authorization
- Claims and Remittance Advice
- Exchange of Rendering Provider Information
- Community Outreach Services

KEY BUSINESS REQUIREMENTS

- Current operational processes for meeting these key business requirements vary
 - EDI
 - Direct Data Entry into IS
 - Direct Data Entry into ancillary DMH systems
 - Manual processing

KEY BUSINESS REQUIREMENTS

- Contract Service Providers (CSP) currently access the Integrated System (IS) to:
 - Search for existing clients
 - Modify existing client information
 - Establish a new client
 - Enter Community Outreach Services
 - Claim for client services rendered
 - Search for prior providers of care

DATA EXCHANGE VISION

- **Long Term Vision**

- Establish a data exchange solution for all twelve key business requirements

- **Short Term Vision**

- By IBHIS Pilot 1 establish a data exchange solution for high priority business requirements

- Those currently met by DDE or EDI transactions to the IS
- Those with substantial revenue impact



SHORT TERM EDI SOLUTIONS

- Exchange of Client Information
- Claims and Remittance Advices
- Community Outreach Services
- PEI Outcomes

SHORT TERM EDI SOLUTIONS

- Exchange of Client Information
 - Search for Client
 - Get Client Information
 - Update Client Information
 - Create Client
 - Register Client
 - Deregister Client
 - Client History of Care

SHORT TERM EDI SOLUTIONS

- Claims and Remittance Advices to provide claims data to payers and acknowledgements and remittance information to non-DMH billing sources
 - 837P (Outpatient and Residential Claim)
 - 837I (Inpatient Claim)
 - 835 (Remittance Advice)
 - 277CA (Claims Acknowledgement)
 - 999 (Implementation Acknowledgement)

SHORT TERM EDI SOLUTIONS

- Community Outreach Services: Submit documentation to support invoices for services rendered
 - Provider Information
 - Target Population(s) Reached
 - Duration of Service
 - Number of Participants
 - Funding Source



SHORT TERM EDI SOLUTIONS

- PEI Outcomes: Submit PEI outcomes directly to DMH from CSP EHR systems
 - Not critical to IBHIS implementation
 - Prioritized outside of interoperability framework effort
 - Not mandated by DMH at this time
 - CSPs may use DDE into the Outcomes Measures Application (OMA) in lieu of EDI

DATA EXCHANGE APPROACHES

- HIPAA compliant X12N Transactions
 - Claims
 - Remittance Advice
 - Acknowledgements
- Web Services
 - Exchange of Client Information
- File Transfer
 - PEI Outcomes (XML)
 - COS (undecided)

HIPAA X12N TRANSACTIONS

- Pros
 - Industry standard
 - Only minor modifications to some transactions may be needed to meet IBHIS requirements
 - Majority of CSPs are in production for EDI claiming and receipt of remittance advices
- Cons
 - None identified

WEB SERVICES

- Pros
 - Real time integration
 - Meaningful message acknowledgement
 - Ease of implementation
 - Standardized technologies (XML notation and HTTP/S protocol)
- Cons
 - Customization of EHR systems required to transfer necessary information

FILE TRANSFER

- Pros
 - Ease of implementation
 - Contractor familiarity with method
- Cons
 - Customization of EHR systems required to transfer necessary information

RELEASE OF GUIDES

- HIPAA X12N TRANSACTIONS
 - April 2013
- Exchange of Client Information
 - April 2013
- Community Outreach Services
 - April 2013
- PEI Outcomes
 - TBD

RELEASE OF GUIDES: COMMUNICATION

- IS ALERTS
- BULLETINS
- PROVIDER MEETINGS TO REVIEW GUIDES
 - CPTT WORKGROUP
 - ALL PROVIDER MEETINGS
 - WebEx

QUESTIONS/COMMENTS



ESTABLISH/UPDATE CLIENT WEB SERVICE



CURRENT STATUS

- Defining the Data Elements
 - Team is working to gather the necessary data fields for searching, updating, registering and deregistering the Client.
- Working Model (Proof of Concept)
 - Team has successfully tested the various technical components of Web Services

TIMELINE

- Data Elements Defined
 - February 1, 2013
- Develop Guide
 - February through March, 2013
- Release Guide
 - April, 2013

PROCESSES IMPACTING CONTRACT SERVICES PROVIDERS

- Testing Establish/Update Client transactions
- Agency Certification/Provisioning

QUESTIONS/COMMENTS



2013 PROCEDURE CODE CHANGES

FOR DIRECTLY-OPERATED AND CONTRACTED AGENCIES

Quality Assurance Division
Program Support Bureau

Overview

- Effective January 1, 2013 CPT procedure codes changed at the Federal Level
- Includes significant changes to psychiatric CPT procedure codes
 - Assessment
 - Psychotherapy
 - Medication

Overview

- **CPT Procedure Code Changes at the Federal Level include “add-on” codes for:**
 - “Interactive Complexity” service status
 - Additional psychotherapy time with Evaluation & Management (E&M) codes
 - Additional time during psychotherapy in crisis
- **“Add-on” codes would require:**
 - Significant changes to the IS
 - The use of two (or more) procedure codes on a claim

Overview

- **LAC-DMH Changes:**
 - **Inactivating old and adopting new procedure codes for:**
 - Assessment
 - Psychotherapy
 - **Inactivating the procedure code for:**
 - Individual Medication Support (use E&M Codes)
 - **Added new procedure codes for:**
 - Psychological Testing
 - Evaluation & Management
 - Psychotherapy in Crisis
 - **Will not be implementing:**
 - Add-on codes
 - Assessment with Medical

Assessment

- **Inactive procedure codes:**
 - 90801 (Psychiatric Diagnostic Interview)
 - 90802 (Interactive Psychiatric Diagnostic Interview)
- **New procedure code:**
 - 90791 (Psychiatric Diagnostic Interview)
- **Comments:**
 - 90791 may be used as a direct replacement for 90801 and 90802
 - See page 1 of the Guide to Procedure Codes

Psychological Testing

- **Inactive procedure codes:**
 - None
- **New procedure codes:**
 - 96105 (Assessment of Aphasia by Qualified Health Care Provider)
 - 96110 (Developmental Testing, limited, by QHCP)
 - 96111 (Developmental Testing, extended, by QHCP)
 - 96116 (Neurobehavioral Status Exam by Licensed Psych/Trained MD/DO)
 - 96118 (Neuropsychological Testing by Licensed Psych/Trained MD/DO)
 - 96119 (Neuropsychological Testing by QHCP)
 - 96120 (Neuropsychological Testing administered by computer by QHCP)
 - 96125 (Standardized Cognitive Performance Testing by QHCP)

Psychological Testing

- **Comments:**
 - 90889 will no longer be used along with psychological testing
 - Qualified Health Care Professional (QHCP) includes:
 - Waivered PhD/PsyD
 - Doctoral psychology students w/co-signature
 - Psychological Assistants (Registered with the Board)
 - See pages 2 and 3 of the Guide to Procedure Codes

Psychotherapy

- **Inactive procedure codes:**

- 90804 (Individual Psychotherapy 20-44 min)
- 90806 (Individual Psychotherapy 45-74 min)
- 90808 (Individual Psychotherapy 75+ min)
- 90810 (Interactive Psychotherapy 20-44 min)
- 90812 (Interactive Psychotherapy 45-74 min)
- 90814 (Interactive Psychotherapy 75+ min)

- **New procedure codes:**

- 90832 (Individual Psychotherapy 16-37 min)
- 90834 (Individual Psychotherapy 38-52 min)
- 90837 (Individual Psychotherapy 53+ min)

- **Comments:**

- Will no longer distinguish interactive psychotherapy
- Face to face time limits have changed
- See page 4 of the Guide to Procedure Codes

Psychotherapy in Crisis

- **Inactive procedure code:**
 - None
- **New procedure code:**
 - 90839
- **Comments:**
 - Staff must be qualified to provide psychotherapy
 - See Guide to Procedure Codes for a listing of staff qualified
 - Includes use of psychotherapeutic interventions to minimize the potential for psychological trauma
 - See page 5 of the Guide to Procedure Codes

Psychotherapy (E&M)

- **Inactive procedure codes:**

- 90805 (Psychotherapy w/E&M 20-44 min)
- 90807 (Psychotherapy w/E&M 45-74 min)
- 90809 (Psychotherapy w/E&M 75+ min)
- 90811 (Interactive Psychotherapy w/E&M 20-44 min)
- 90813 (Interactive Psychotherapy w/E&M 45-74 min)
- 90815 (Interactive Psychotherapy w/E&M 75+ min)

- **New procedure codes:**

- None

- **Comments:**

- See page 6 of the Guide to Procedure Codes



Group Psychotherapy

- **Inactive procedure codes:**
 - 90857 (Interactive Group Psychotherapy)
- **New procedure codes:**
 - None
- **Comments:**
 - Will no longer distinguish interactive group psychotherapy
 - See page 10 of the Guide to Procedure Codes

Medication Support Services

- **Inactive procedure code:**
 - 90862 (Individual Medication Service)
- **New procedure codes:**
 - Appropriate Evaluation & Management Services (E&M)
 - See E&M codes slide to follow

Evaluation & Management (E&M)

- **Comments:**
 - Must be an MD, DO or NP
 - Procedure Code depends on:
 - Severity of the problem
 - Presence of different components (must be documented)
 - New or Established client
 - New is defined as not having been seen in the past 3 years
 - E&M procedure codes are considered medication support services
 - See the Guide to Procedure Codes for the components and severity descriptions for each procedure code
 - Medication Notes will be updated to reflect these procedure codes
 - See pages 11, 12 and 13 of the Guide to Procedure Codes

Evaluation & Management (E&M)

- New vs Established Client:
 - CPT Manual states: “A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice within the past three years
 - LA County has defined a new client as:
 - A client who has not been seen by an MD/DO/NP within the past three years at the same Billing Provider/Reporting Unit
 - It does not have to be the same MD/DO/NP
 - Client’s are only considered new for one visit

Evaluation & Management (E&M)

Office or Outpatient

- 99201 (New Client: E&M 1-15 min)
- 99202 (New Client: E&M 16-25 min)
- 99203 (New Client: E&M 26-37 min)
- 99204 (New Client: E&M 38-52 min)
- 99205 (New Client: E&M 53+ min)
- 99212 (Established: E&M 1-12 min)
- 99213 (Established: E&M 13-20 min)
- 99214 (Established: E&M 21-32 min)
- 99215 (Established: E&M 33+ min)

Home

- 99341 (New Client: E&M 1-25 min)
- 99342 (New Client: E&M 26-37 min)
- 99343 (New Client: E&M 38-52 min)
- 99344 (New Client: E&M 53-67 min)
- 99345 (New Client: E&M 68+ min)
- 99347 (Established: E&M 1-20 min)
- 99348 (Established: E&M 21-35 min)
- 99349 (Established: E&M 36-52 min)
- 99350 (Established: E&M 53+ min)



Evaluation & Management (E&M)

- Time for E&M Codes:
 - CPT Manual states:
 - History, Examination and Medical Decision Making are the key components in determining the E&M code, NOT TIME.
 - “The specific times expressed in the visit code descriptors are averages, and therefore represent a range of times which may be higher or lower depending on actual clinical circumstances

Evaluation & Management (E&M)

- Time for E&M Codes:
 - LA County has determined for Directly-Operated that:
 - Time ranges, although provided with each E&M code in the Procedure Codes Manual, DO NOT determine which E&M code to choose
 - Yes, this is different from the way other codes (e.g. psychotherapy) are associated with time
 - The actual time spent (face-to-face and other) must be documented on the note even if it does NOT coincide with the time ranges provided in the Guide to Procedure Codes for the particular E&M code chosen

Evaluation & Management (E&M)

- Implementation of E&M Codes for Directly Operated:
 - The new medication forms MUST be used (revision date 12/11/12)
 - Staff MUST choose from one of the codes listed on the form
 - M0064 will no longer be used (it is still an active procedure code that may be used by Contractors)
 - The E&M codes do NOT require a prescription to be made (unlike 90862 and M0064)
 - H2010 should be used instead of an E&M code when using the Brief Medication Form for a prescription refill over the telephone

Implementation

- **Changes made in the IS:**
 - New codes available for Dates of Service starting January 1, 2013
 - Inactive codes still available in IS, but will not be available for Dates of Service on or after July 1, 2013
- **Directly-Operated Agencies:**
 - Implemented new codes beginning January 1, 2013 service date
 - Not using inactive codes
- **Contract Agencies:**
 - Must implement within six months of January 1, 2013 (grace period)
 - Please be aware Medicare or other Private Insurance will not provide this same grace period which may result in rejected claims if the inactive codes are used after January 1, 2013



Implementation

- Discussed in December/January QIC meetings
- Discussed in December EDI User Group meeting
- Powerpoint will be posted on-line
- QA Bulletin available at:
http://file.lacounty.gov/dmh/cms1_187555.pdf
- Revised Guide to Procedure Codes available at:
http://file.lacounty.gov/dmh/cms1_159845.pdf

Questions

- **Questions may be referred to:**
 - Service Area QA Liaisons
 - QA Email Address: QA@dmh.lacounty.gov

Contract Provider Technological Needs Project Unit: Status Report

As of 01/08/2013



CPTNP Unit: Status Report



CPTNP Unit: Status Report

• Projects Proposals Under Active Review	9*
• Projects Proposals Inactive	10**
• Amount awarded in TNFA(s)	\$12,074,750
• Amount encumbered for projects	\$11,102,032
• Amount reimbursed to date	\$5,711,298

* Most recent submission within past 8 weeks

** Most recent submission > 8 weeks ago



Agencies with TNFA(s)

Contractor	Contractor
Asian American Drug Abuse Program	Alcott Center for Mental Health Services
Bayfront Youth and Family Services	Braswell Rehabilitation
Child and Family Center	Child and Family Guidance Center
ChildNet Youth and Family Service	Children's Bureau of S. California
David and Margaret Home	Didi Hirsch Psychiatric Service
Drew Child Development Corporation	Dubnoff Center
D'Veal	El Centro de Amistad
ENKI Health and Research Systems	Ettie Lee Homes
Exceptional Children's Foundation	Families First Inc.
Five Acres	Florence Crittenton
Gateways Hospital and MHC	Hamburger Home (Aviva)
Hathaway-Sycamores	Heritage Clinic



Agencies with TNFA(s)

Contractor	Contractor
Hillsides	Hillview Mental Health Center
IMCES	Jewish Family Service
Junior Blind	Koreatown Youth and Community
LAMP, Inc.	Masada Homes
Mental Health America Los Angeles	Olive Crest Treatment Centers
Optimist Boys' Home and Ranch	Pacific Clinics
Pacific Lodge Youth Services	Pediatric and Family Center (Eisner)
Providence Community Services	Rosemary Children's Services
San Fernando Valley Community MHC	SHIELDS for Families
Social Model Recovery Systems	St. Anne's Maternity Home
St. Francis Medical Center	St. Joseph



Agencies with TNFA(s)

Contractor	Contractor
Sunbridge Harbor View	
Tessie Cleveland Community Services	The Guidance Center Long Beach
The Help Group Child and Family	The Institute for Redesign of Learning
The Village Family Services	Tobinworld
Trinity Youth Services	VIP Community Mental Health
Wise & Healthy Aging	
AGREEMENTS	PENDING
South Bay Children's Health Center	



Agencies with Proposals Under Review

Contractor	Contractor
Bienvenidos	Exodus Recovery
For The Child	Korean American Family Service
Para Los Ninos	Penny Lane
Pasadena Unified School District	Special Services for Groups
Sterling Behavioral	



Questions

