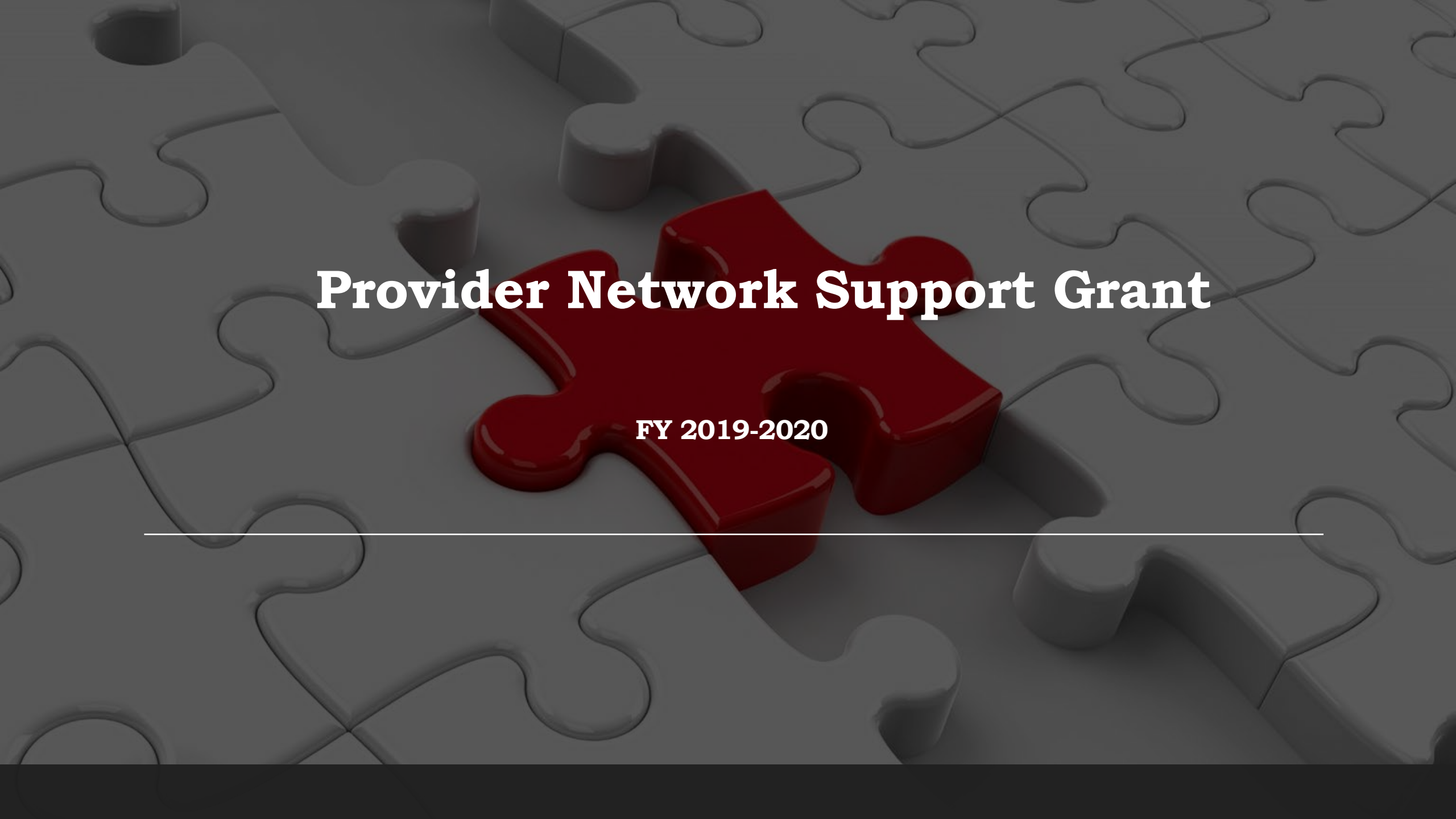

# Provider Network Support Grant

**FY 2019-2020**

# A Collaboration between HCPF, El Paso County DHS and Left Hand Management

El Paso County DHS

History and Context:

# A Collaboration between HCPF, El Paso County DHS and Left Hand Management

FY 2018-2019:

El Paso, Park and Teller Counties~

RAE Region 7

# A Collaboration between HCPF, El Paso County DHS and Left Hand Management

FY 2019-2020:

El Paso County invited other DHS departments to participate:

Park, Teller, Bent, Crowley, Otero, Pueblo, Alamosa, Costilla, Gilpin, Saguache

A total of 11 counties

# Goals of the Project:

1) Increase the number of medical and behavioral health providers in the participating counties

2) Support new and existing providers by offering training, consultation, and technical assistance across all relevant business areas

# Goals of the Project:

Support new and existing providers by offering training, consultation, and technical assistance across all relevant business areas:

- HCPF and RAE enrollment
- Billing, Coding and Claims Management
- Clinical Documentation
- RAE Communication and Troubleshooting

# Implementation:

## Assessments

We conducted initial assessments one-on-one with each of the DHS Directors to get a feel for issues or challenges specific to their communities.

# Implementation:

And we found some similar themes:

- Due to a lack of nearby providers, Core Services funds are being used for services that are covered under Medicaid
- Counties are routinely overspending on their Core Services budgets

# Implementation:

And we found some similar themes:

- Medicaid networks don’t have the comprehensive services and provider diversity needed to serve the clients effectively
- Spanish-speaking providers are not readily available in many areas
- In-home services are rare and typically only available in extreme outlier cases
- UA screens are infrequent or announced ahead of time because testing is not available locally, making them ineffective
- Child trauma services with experienced providers are unavailable; regulations under the Family First Prevention Services Act need to be followed

# Implementation:

And we found some similar themes:

The quality of care in the CMHCs pushes DHS away from referring out to them for specialized services

- Some counties reported the CMHC not offering any child welfare or family preservation services
- Domestic violence and sexual assault victims are referred to agencies farther away because they have the knowledge and expertise to handle these cases that the CMHCs do not
- Patients have reported receiving sessions of only 15 minutes every other week due to staff shortages at CMHC's
- Several counties have no access to CACs or other SUD services

# Implementation:

Data Mining

Compiled lists of eligible medical and behavioral health providers:

Licensed, not already HFC enrolled, and within our participating counties

Harvested from DORA's database

LPC, LMFT, LCSW, LAC's

MD, PA, NP's

Cross-referenced with HCPF's "Find a Provider" database

# Implementation:

## Outreach

Sent hard-copy outreach letters to providers to recruit them to participate

- Cover Letter from DHS Director
- Flier from Left Hand Management describing services and providing contact info
- No Charge to the provider

# Implementation:

## Outreach

Additional outreach and recruitment efforts

- Word-of-Mouth referrals from providers
- Referrals from DHS Directors
- Facebook Groups in R7

# Implementation:

Provider Recruitment

Assessment with provider at initial contact

- Explain services offered through the grant project
- Discuss specifics about enrollment-type (Bx)
- Coaching based on enrollment-type
- Explain the enrollment process

# Implementation:

Provider Recruitment

Assessment with provider at initial contact

Discuss specifics about enrollment-type (Bx)

- Non-Physician Group Practice vs. Billing Individual
- SUD Facility requires Supes be enrolled as well

# Implementation:

Provider Information Collection

and Review

- Worksheet to fill out
- Collection of Supporting Docs

# Implementation:

Enrollment with HCPF

- Online portal
- 2-4 weeks for NPG
- 1-2 weeks for IWIG
- 2-4 weeks for SUD Facility

# Implementation:

Enrollment with RAE

Application Materials

- CCHA has 3 docs~ 12 pages
- Beacon has 2 docs~ 110 pages

RAE enrollment typically takes 6 months

(Total enrollment time-frame from
Initial HCPF application to fully credentialed with the
RAE ~7-9 months)

# Implementation:

Resource Center

Available for questions by:

- Facebook groups
- Email
- Phone call

# Implementation:

Resource Center

Typical Questions include:

- Covered Diagnoses/Codes
- Treating families/Couples
- Submitting Claims
- Payment Rates

# Implementation:

Advocacy

Provider challenges with the RAE's

- Some were just provider confusion
- Others we escalated to the RAE leadership
- Those that seemed to lag in resolution we escalated to HCPF

# Implementation:

## Training Sessions

Group training sessions provided by Zoom

- 3-class training series
- Each class offered in evening session or morning session
- All offered as close to enrollment date as possible (May)
- Updated to include new Covid info

# Implementation:

Training Sessions

1) Overarching Medicaid model

- RAE's and their role
- Medical Necessity
- Covered Diagnoses
- Determining "Best Practices"

# Implementation:

Training Sessions

2) Billing and Coding

- How to read the coding manual
- Time-based codes vs Per-encounter codes
- Modifiers
- How to handle “overbilling”

# Implementation:

Training Sessions

3) Clinical Documentation Requirements

- Documenting Medical Necessity
- The requirements noted in the coding manual for each service
- How to incorporate these requirements into a DAP Note
- Treatment Planning

# Outcomes:

## Outreach by County

| County | Bx Health | Px Health |
|---|---|---|
| El Paso | 1561 | 1170 |
| Park | 18 | 8 |
| Teller | 35 | 25 |
| Pueblo | 245 | 259 |
| Bent | 3 | 3 |
| Otero | 16 | 12 |
| Crowley | 2 | 3 |
| Saguache | 5 | 6 |
| Alamosa | 38 | 19 |
| Gilpin | 32 | 13 |
| Costilla | 1 | 1 |
| Totals | 1956 | 1519 |

# Outcomes:

## Engagement

Engaged by 150 provider entities for something

- Comprised of several hundred providers
- Some were already enrolled but needed training, resource center or advocacy
- In many cases this allowed the entities to expand services with new programs or locations

# Outcomes:

Enrollments

| County | # of Enrollments |
|---|---|
| El Paso | 70 |
| Park | 6 |
| Teller | 4 |
| Alamosa | 2 |
| Bent | 2 |
| Otero | 2 |
| Pueblo | 2 |
| Totals | 88 |

Which required 171 applications and 491.5 hours

# Outcomes:

Resource Center

- Provider: Can you bill Medicaid for any V Codes??
- LHM: Mmmm, off the top of my head, I don't think so. These are diagnosis codes?
- Provider: The DSM says they are other conditions that may be a focus of clinical attention.

Examples are:

V61.20 (z62.820) Parent Child Relational Problem

V61.03 Disruption of Family by separation or Divorce

V60.1 Inadequate Housing

V62.4 Acculturation Difficulty

# Outcomes:

Resource Center

- LHM: Well then, yes and no.

I have attached a list of covered diagnoses and these V codes are not listed there. So, you cannot use one of these V codes as your diagnosis for the purposes of billing Medicaid.

Now, that said, if client has a covered diagnosis, then you can also provide case management or peer services that address some adjunct issues other than the services for the actual diagnosis. Meaning, if for example, a client has PTSD, but they are really high-needs in areas other than just counseling, you can use Case Management or Peer Services to help client to address those other needs.

# Outcomes:

Resource Center

- Total of 270.5 Hours

# Outcomes:

Advocacy

Example: SUD Facility that enrolled themselves with both HCPF and the RAE without their supervisors being enrolled.

- Claims denied but the RAE couldn't figure out why, so began paying the claims. These paid out for 8-9 months.
- LHM figured out that Supes were not enrolled, completed the enrollments and backdated them.
- RAE still wanted to recoup the money from the claims they had paid. $84,000

Total of 104 Advocacy Hours

# Outcomes:

## Group Training

Sent out training fliers to 168 grant participants with description and dates of training sessions

| Training | # of Attendees |
|---|---|
| Overarching Medicaid model | 77 |
| Revenue Capture Tips | 75 |
| Medicaid Doc Requirements | 89 |
| Total | 241 |

# Outcomes:

On Site Training

LHM met with Provider entities that were already fully enrolled to provide training in person

- Program development to help them figure out how to integrate new processes
- Provide group training customized to their specific practice-type
- Review clinical documentation and offer feedback about compliance with Medicaid requirements

Total of 85.5 hours

# Outcomes:

Meetings with System Stakeholders

- Planning meetings with EPDHS
- Initial Assessments and outreach planning with County Directors
- Planning meetings with HCPF

Total of 110.50 Hours

# Outcomes:

Tracking and Reporting

- Monthly Check-ins with HCPF
- Updating logs and data pulls
- Monthly meetings w CCHA Leadership
- Bi-Weekly meetings with enrollment teams at CCHA and Beacon

Total of 165.25 Hours

# Outcomes:

Totals

- Advocacy 104 hours
- Data Mining 13 hours
- Enrollments 491.5 hours
- Outreach 68.75 hours
- Planning 110.5 hours
- Reporting 160.25 hours
- Research 14.5 hours
- Resource Center 270.5 hours
- Training (in person) 85.5 hours

**Total of 1318.5 hours Hours**

# Missed Opportunities:

We scaled back services in January due to concerns about the budget

Stopped doing larger tech assist projects for existing enrolled providers

- Customized In-house Training
- Doc review
- Revenue capture/Coding review

# Missed Opportunities:

The changes that came with Covid limited our ability to engage in program development with DHS Directors and providers

- Some providers went dark
- Connecting providers with needed service offerings in other areas
- Working with Directors on billable services
- Engaging more referrals from Directors in rural areas

# Missed Opportunities:

Long enrollment time-frames create challenges to training new providers

- If we offer a training in May and they are fully credentialed in October…

Questions: