

North Sound BHO CIS Committee

October 25, 2017

1:30 – 3:30

Chair: **Jennifer Whitson**, North Sound BHO
 Minutes by: **Rebecca Pate**

Members Present: *Karryn Dean*, Sunrise Services; *Michael S. White*, Volunteers of America (VOA); *Bobbi Bellusci*, Compass; *Erika Hansen*, Compass; *Stephanie Zapfen*, Lake Whatcom Residential Treatment Center (LWRTC); *Lesa Gilbert*, Catholica Community Services (CCS); *Jessica Kincaid*, CCS; *Aidra Frazier*, Bridgeways; *Becky Beardsley*, Phoenix Recovery Services;(PRS) *Brett Parker*, PRS; *Meredith Guich*, Center for Human Services (CHS); *Eddie Wai*, North Sound BHO; *Steve Lyon*, North Sound BHO; *Seong Se Garza*, Sea Mar

Members via GTM: *Andreas Macke*, Compass; *Andrew Kreis*, Pioneer Human Services (PHS); *Anne Marie Harper*, Telecare; *Christopher Lanphear*, Sunrise Services; *Diane Briggs*, PHS; *Jerry Schneider*, Jet Computer Support; *Kathy Kain*, Evergreen Manor; *Kelly Anderson*, Menon Group; *Martyna Madej*, VOA and *Selvi McKay*, Telecare

Agenda Item	Discussion	Action
1. Call for Additional Agenda Items	Jennifer convened the meeting at 1:40. Jennifer asked for any agenda items and nothing was added.	Informational
2. Using the Provider One Identification in the RDEM (Consumer Demographics) and RSERV (Outpatient Services)	Jennifer said when an individual has a ProviderOne Identification to use that when entering demographics information. When the individual does not have a P1 ID use the agency PN (provider client identifier).	Informational
3. Error Message in the Electronic Data Interchange (EDI) Response File	Jennifer addressed Bobbi's issues regarding 278 and was told by Eddie anything goes as long as it makes sense. Bobbi stated they received an error message that said EAUTER < SAUTPER which they did not know what this meant. This initiated some research to figure what that meant. Bobbi said if 'start date is less than end date' were used it would be more helpful. She stated if the error was more descriptive it would be helpful. It was mentioned it is difficult for new agencies to figure out what these codes mean. Andreas said once you become more familiar with the codes it is not so difficult. Jenn said she would address Bobbi's issue regarding auth rejection errors. She added if an error comes up and providers have a suggestion for clarity send it to the cis@northsoundbho.org email and it can be addressed. Discussion followed. Andreas stated if some clarification could be added to the description about warnings and if this could be added to the initial error conditions going forward it would be helpful. He added if something along the line of "if condition x and condition y" exist there is a problem here. He acknowledged if this showed up on the initial error report versus some other quality review would be helpful. He said sometimes a report will	Informational

	<p>come back via Consumer Information System (CIS) extract that states this many services of this type with that modifier were found which should never occur. He stated if this could be added to the edits North Sound runs it would help so if it occurs again it can be caught up front rather than after data has been accepted. Steve asked if this involved duplicative services and Andreas stated duplicative services is another issue. Discussion followed.</p> <p>He asked if “primary key” in RSERV (refers to outpatient services) could be changed so the Reference Identification (REFID) is no longer a part of the key, which would help prevent errors due to a Global Unique Identifier (GUID) being used multiple times due to an error on the part of the provider. He said if the REFID could be taken out that would aid in the prevention of duplicative services occurring. Bobbi said blocking services right away will not allow provider to fix the problem in advance which could cause a problem. Bobbi mentioned National Provider Identifier (NPI) numbers differ from facilities which make it difficult to prevent errors. She stated she would rather receive the error and be able to fix it versus never knowing about the problem. Steve said the 837P has a loop which allows for other information input. Discussion followed.</p> <p>Bobbi stated she would rather receive a warning regarding demographic, so she can fix it rather than have the demographic rejected. She added if the demographic is rejected the whole transaction is rejected. For the RADDR (Address Transmission) Steve asked if an edit of 5-10 numbers were present in the zip code to reject it and the group said “no” just have it show as a warning so it can be fixed without rejecting the whole transaction. Further discussion followed.</p> <p>Jenn mentioned some things are allowed into North Sound’s system but get rejected by the State and that is why the separate reports are sent to providers.</p> <p>Jenn said if the group wanted something officially done to let her know via the cis@northsoundbho.org. Until that happens she is not going to change anything currently happening.</p>	
<p>4. Diagnosis (Dx) Code Updates 10/1/17</p>	<p>Jenn stated these codes are still in draft in Access to Care (ACS) which is why all the in-house work has not been completed. These were sent out via the draft Access to Care and will eventually be added to North Sound’s system. She asked for any questions and Seong mentioned substance use disorder (SUD) encounter 1999. Jenn mentioned some received errors around the 1999 code and Eddie fixed that and all should be good now.</p> <p>Jenn stated she would look up the ACS after the meeting, so she could address Seong’s issue.</p>	<p>Informational</p>
<p>5. Place of Service for Telehealth</p>	<p>Jenn said as of January 1, 2018, this will be rejected if providers have not modified it to 02.</p>	<p>Informational</p>
<p>6. Place of Service 11 vs 53</p>	<p>Jenn stated North Sound still receives a lot of 11 codes versus 53 for community mental health services. She stated a lot of back and forth discussion has taken place to discover what the difference is between 11 versus 53. Some have provided opinions, but no one has provided a clear explanation as to why 11 is still being used. Jenn stated if it continues to be used it might be the next code to be rejected. Jenn said code 11 is for an office setting whether in your actual office or at another location. Jenn stated she is searching for the definition of 11. Andreas said the state has accepted 11 submissions in the past and if it is a definitional issue the definition needs to be addressed. He asked if guidance from the state for this issue should be sought out. Jenn said she has spoken to the state with</p>	<p>Informational</p>

	<p>no clear explanation. Andreas asked about code 57 being used as an outreach and Jenn stated code 57 (non-residential psychiatric) is no longer allowed as an outreach code but was given a change in payment structure. Jenn stated 11 is paid at the in-facility rate. She added 11 vs 53 is not a difference in outreach or in-house but has to do with definition, which she is still trying to get a clear definition for. Discussion followed.</p> <p>Jenn stated this might come down to putting a definition in Service Encounter Reporting Instructions (SERI) to use this code (unknown now) for this place of service.</p> <p>Andreas asked once the problem is clarified with the state will clean up need to be done to past entries and Jenn stated no to the clean-up. Jenn said nothing will be announced until January, which will give her two more meetings down at the state to seek clarification.</p> <p>Ann Marie with Telecare asked if people are doing Medicare billing as primary. Jenn stated Medicare is who she is seeking a definition. Ann stated they pay code 11 (office) as out-of-facility, which is a lower rate and community mental health center as a facility, which is lower. She stated they have always billed 53 for their community mental health centers because they do not view their centers as a private office but as a clinic practice.</p>	
<p>7. Service Encounter Reporting Instructions (SERI) Updates 1/1/18</p>	<p>Jenn said the state is working on things</p> <p>There was some discussion regarding NPI numbers and Steve stated the state rejected some NPIs as being invalid; however, Eddie made an edit, so the number entered will be accepted no matter whether it is a valid NPI or not. Steve suggested the report be removed or make it useful. Michael suggested filter out the per diem which should eliminate the problem. Steve asked if this would prevent the error check for everyone. Discussion followed.</p> <p>Jenn stated she would have an in-house discussion about this at the next meeting. Steve added he will make sure this gets addressed. Steve added he has had numerous conversations with providers to address report issues and he appreciates all the input that has been provided. Steve mentioned the SUD error has been removed but will be reinstated with the upcoming changes. More discussion followed.</p>	<p>Informational</p>
<p>8. Data Dictionary Updates from State 2018</p>	<p>Jenn mentioned the state is working on wordage for Designated Mental Health Professionals (DMHP) and straightening those up but does not know where that stands. She said there are some changes coming involving investigations where they might begin as mental health (MH) and changing to substance abuse. She added North Sound is looking at ways to have to track these without looking at people's notes to clarify whether it is co-occurring disorders (COD), MH, SUD, etc. She stated if/when any changes need to be made to North Sound's transactions they will come through this committee meeting for discussion. Discussion followed.</p> <p>Jenn said DMHP designation will be going away and changing to Designated Crisis Responder (DCR). She stated it is currently scheduled for April 1st and she will inform providers as soon as she receives information about the change. Bobbi said they are going on to a new system again and talk is it will take a full month to implement. She added the more notice they can give for the specs right up front of these changes becoming effective the better. She stated this would allow them to put the word out that this will be what will happen before we go live so all are fully informed. She mentioned they are slated to go live June 30th. Jenn acknowledged State meetings occur once a month and once she knows for sure what the changes will be she will inform the committee.</p>	

<p>9. Data Dictionary Updates, North Sound BHO announced at July Meeting</p>	<p>Jenn mentioned the November 1st changes that went out have been tested by Compass Health and all went well. Jenn asked Kelly if she had any input and said for issues regarding American Society of Addiction Medicine (ASAM) that episode GUID is being submitted twice but for two (2) different episode types. She stated this could be for facilities that provide all services under one (1) umbrella. Shelli asked if two (2) ASAM are submitted under two (2) different episodes will that be okay. Kelly said they have not encountered any issues on their side. Discussion followed.</p>	
<p>10. Open Discussion</p>	<p>Erika asked if Triage errors will go away. Steve stated he expects they will but does not know how that will be approached. Steve said of all the authorization letters sent out only 10% seem to get to individuals. He wanted to know if there was a way to address this issue within provider parameters. Discussion followed.</p> <p>Erika mentioned National Provider Identifier (NPI use of a dummy number) and asked if error reports regarding these would go away. Steve said no information has been received from the State regarding NPIs, but the reports should eventually go away. He added providers are not being dinged on them. Steve said Eddie currently has a work around for this until clarification comes from the State.</p>	
<p>11. Next Meeting</p>	<p>The meeting adjourned at 3:30.</p> <p>The next meeting will be January 24, 2018, from 1:30 – 3:30 pm.</p>	