DCF/DAC-Subcommittee Bi-Weekly JAD

Date: 1/12/2021

Start: 10:00

End: 10:51

Participants: Joseph Glidden, Joanne Szocinski, Jonathan Hall, Mike Lupton, Tom Rose, Nydia Neris, Richard Power, Greg Nix, Jesse Lindsey, Caren Longsworth, Steve Lord, William Garcia, Diego Wartensleben, Zachary Jimison, Debbie Stephenson, Nathan McPherson, Mark Granto, Victor Gaines, Cao Wen, Roderick Harris, Katie Morrow,

Jonathan opened the meeting by reviewing the two topics of discussion today. Discharge Reasons – where applicable where the code is consistent, no changes made but those that are would receive new code values with a commitment not to change the codes in v13. He reported that the new code values are both in the pamphlet and in FASAMS. He asked Mark if he had any concerns to which Mark said no concerns and everything working as expected. Jonathan said this leads in to the first topic which is service settings. He reviewed that v12 versus v14 where the v12 codes were most used by the providers. He reviewed the current status of the code values and the changes made to v14, but he wanted to get confirmation from the group. Diego asked if v12 codes could stay consistent and later make updates to the code values. Some discussion was had on this. No objections to the proposed codes were raised. Nathan had a question – "Do we have anybody in the meeting today from 5 Points? I don't know how this change is going to impact the MEs who are making the wholesale switch from v12 to v14." Jonathan asked those present if it would present a problem. No concerns raised. Jonathan said the codes would be entered into the pamphlet and FASAMS shortly.

Jonathan then brought up CR modifier as requested by Roderick and Debbie. He reported the code will be entered under the Service Code Modifier table as opposed to HCPCS. He reported that during this process QA found a CR legacy modifier code in the system and the rule will be turned off going forward. Discussion had with Roderick providing background as to reasoning for this code being entered into the system. Greg asked the participants to contact him directly if they run into any problems entering a service with CR added. He also confirmed the change to the system and pamphlet should be completed this afternoon or early tomorrow. Diego asked if there was a way to determine the type of modifier for each type of code. Jonathan acknowledged this is an area requiring further research. No other discussion.

Jonathan moved to final agenda item regarding the reporting database which would pull from all versions for SAMH reporting purposes. He reviewed current status of different EHRs purging v13 and reuploading in v14 format. He requested everyone go back to their people and discuss this issue and to email Jonathan on what strategy they are pursuing – purge v13 or move straight to v14. He said it did not need to be ironclad simply that SAMH needs to understand the current plans so the office could plan accordingly. Diego asked if it is not advisable to upload v14 historical data. Jesse responded that it would be ideal if people could wait till after 2/1/21 when the necessary changes to the system were made but it would not prevent uploads and purges. Jonathan reiterated that anyone encountering difficulties to contact SAMH for assistance. Jonathan stated SAMH could be malleable as needed and that the goal of getting switched over to v14 is primary. Jesse discussed the purge and upload issues

and clarified that he didn't have a full understanding of the issue at hand. Debbie said she would follow up with her technician regarding the deletion of duplicates and would get back to SAMH by the end of the week. Jesse asked her if the correct start date for the OCAs was included or not. Diego brought up prevention services. Jonathan reviewed that Ute had ordered the removal of all prevention services and that he needed to follow up with Suzette Fleischman to get clarity on the issue. Discussion was had with Steve reported current reporting practices for PBPS is significantly easier and moving it to FASAMS would create a pain point issue for the ME's and providers and he prefers to keep prevention data in PBPS. Jonathan brought up looking into whether PBPS and FASAMS can speak to each other to reduce duplicate data entry. Roderick stated that its difficult for them to determine is that PBPS does not identify specific OCAs which requires effort on their end to match the PBPS data to their expenditure reports. He reported that current setup allows for countless mismatches in the reconciliation process. Discussion was held about practices throughout the state when reconciling PBPS to their expenditures. General consensus that having FASAMS collect prevention data would be preferable.   Nathan said further discussion and investigation is warranted which Jonathan concurred. Jesse asked Debbie if he could speak with her after the meeting to which she agreed to discuss her OCA issues.

Meeting adjourned: 10:51 a.m.