Meeting Notes

Chair: Sheila Anders (AllCare)
Co-Chair: Dacia Farley (Pacific Source) stand in chair

Attendees: (Phone conference only) Tech; CCO representatives
Chris Wilson (Advanced Health); Aida Connor Coesh (AllCare); Rebecca Lotten (AllCare); John Eyman (AllCare); Vinnie Rapasarda (AllCare); Joe Reidenhouer (AllCare); Laura McKeene (AllCare); Leanne Rose (CHA); Johnathan Ladd (EOCCO); Michael Bates (IHN); Haley Kolstrom (IHN); Dacia Farley (PacificSource); Brad Temple (PH Tech); Jane Speyer (VisibilEDI); Cody Foster (CareOR) Amy Barnwell (Coumbia, JCC, CareOR); Dana (Willamette Dental); Colleen Grace (CareOR); Tammy Hernan (Providence);

OHA Staff and Public:
Mary Durrant (HSD); David Ballantyne (HSD); Elaine Hasty (HSD), Lisa Mayhew (HSD), Dawn Roeper (HSD), Lydia Gutierrez (HSD); Shauna Redman (OHA); Lisa Mallett (OHA); Rosa Frank (HSD); Michel Miller (HSD); (OHA); Kory Gardner (OHA); Nate Cimino (OHA)

TOPIC/SPEAKER	DISCUSSION	ACTION ITEMS
1. Introductions/Structure of meeting (Sheila Anders)	Introductions were made and roll call for attendees via phone	
—— *Review notes from September meeting*	September meeting notes were reviewed and approved as written.	

2. Transition of Care (David Ballantyne)	Released 3 recommendations on file formatting issues for sharing data between plans. The state is continuing to work on additional process improvement plans.	
3. Integrated Eligibility Updates (David Ballantyne)	In the process of developing a dashboard to share with CCOs and internal/external stakeholders that may have members affected by IE. The state would like to start this information monthly. Applications and processing – DHS is currently processing more tasks and applications per day than are being received. Tasks are separated into 3 groups. P1 – People not receiving benefits. P2 – People who are in danger of losing benefits are responding to some type of notification. P3 – Members have benefits and are not in danger of losing anything, responding to something. P1 & P2 should be resolved within 48 hours and P3 is the largest body of work and can take longer. Call center performance – A change DHS has made with the expansion of IE is for the call center to be a "one stop shop" which could affect call wait times. In November there will be another expansion of eligibility that will be pushed out through the state. A large population of the State's APD members will be a part of the expansion taking place on November 2nd. There will be a packet of information to help with specific details regarding the transition.	
4. Retro Termed Eligibility (David Ballantyne)	Defects in the ONE system that deleted eligibility and the CCO enrollment history, some cases up to 2 years. OHA is working with systems to get the issue resolved. Still	**Follow up items – David will investigate getting a list of members whose eligibility**

	experiencing some outliers that were not resolved. Large quantity of the ones identified have been resolved. Creating a data map of what is in ONE and what is in MMIS. David will investigate getting a list created on who is being affected (eligibility or enrollment), other than what is on the 834. Incarcerations is a part of the work being done at OPAR. There were some that were found to have been done incorrectly. David will have a follow up conversation with OPAR regarding the incarceration errors.	**or enrollment is being affected by the issues with ONE.** **David will have a follow-up conversation with OPAR regarding incarcerations over a year old.**
5. MOTS CCO Survey (Steve Westberg)	Modernizing Behavioral Health Data. OHA will be sending out a survey to collect information from CCOs on how they currently interact with or what they would like to see in the future from the data information system. OHA will be sending out the survey to the Behavioral Health Directors of the CCOs and would like to get it to the people in the CCOs that work with Mental Health Data. OHA is requesting that this work group help get that survey to the correct people. It will be coming out next week. (MOTS - Majors Outcome and Tracking System)	
6. Encounter Data Discussion (Mary Durrant)		
— *Provider Enrollment Status* — *Application submission issues*	Encounter Only – Oldest date 10/12/2020 FFS – Oldest date is 10/01/2020 Starting 1/1/2021 - All newly enrolled or re-enrolled network or ongoing encounter only providers are required to have a completed provider enrollment agreement with OHA. The agreement must be included with all 3108 or any revalidation requests for all providers, both rendering and billing. The Provider Enrollment Agreement (PEA, OHA 3975) can be found at:	**Action Item – Provider Enrollment Agreement can be found online at** https://www.oregon.gov/oha/HSD/OHP/Pages/Encounter-Data.aspx

	https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx. Any enrollment requests that come in after 1/1/2021 will be withdrawn without the PEA/OHA 3975. Revalidation- A report was emailed to the CCOs this week for the providers that have been "unclaimed." Please review this list to verify if any of the providers are ones that your CCO works with regularly and needs to be updated. If revalidation is completed by 12/31/20, CCOs will not have to provide a signed Provider Enrollment Agreement until the provider either terms or is revalidated again in five years.	
— *Encounter Accuracy Issues/1% Withhold* — *Error Codes/Edits Update – CCO sharing*	Related to NDC and J Codes – OHA has shared some resources on what to use based on what makes the most sense. Please send any additional questions to Mary. Edit 4024 is targeted to change from a report error to a pend error 1/1/21. Encounter Edits on Diagnosis Codes – Most diagnosis code errors are related to codes that are "unspecified." The edit is based on information from three sources – the HSC list, the Medicare Code Editor and the diagnosis code resource Ingenix/Encoder Pro. Mary is working on determining if a one-time data pull can be done from MMIS with the specifics on what diagnosis codes cannot be primary on professional or institutional claims. The edit will not be activated until 60 days after the information is provided to the CCOs. Hospital based ambulance providers – A hospital cannot be paid for ambulance services on an institutional claim. If appropriate, they would have to enroll as a separate	

	transportation provider, Provider Type 01, and bill for those services on a professional claim form according to the OARs that govern transportation services.	
7. EDI Transactions (Mary Durrant)	No updates.	
8. OHA Updates (David Ballantyne)	Introduction of the new Managed Care Delivery Systems Unit, Shawna McDermott.	
9. System Tracker (Cheryl Ellison)	Both the manual and task CCOG rollovers were updated last week. A defect was identified where maternity kicks were not being paid on inpatient claims because the Claim Detail FDOS and TDOS was being used to trigger the kick rather than the Header Detail FDOS and TDOS. A task will also be run to identify and correct payments that should have been made retroactive to June 2020.	**Action Item – System tracker posted to the APST website.**
10. Public Comment	There was no public comment during this meeting.	
11. Adjourned	Meeting adjourned at 10:30 a.m.	
Next Steering Committee:		
November 13, 2020 9:00am-9:30am Conference Dial-in # 541-465-2805 Pin 167980		
Next Meeting:		
November 18, 2020 9:00am-12:00pm Phone Conference Only Conference Dial-in # 541-465-2805 Pin 167980		