



**Placer County Systems of Care**  
 Provider Relations Meeting  
 Facilitator: Marie Osborne and Twylla Abrahamson  
 Location: 11716 Enterprise Dr. Auburn, CA 95603  
 April 14, 2017

**MINUTES**

**ATTENDANCE**

Name	Title	Organization
Andy Reynolds	Admin Technician	Placer County ASOC QA
Annette Baker	Network Manager	Centene Corporation
Annie Hoover	Assistant Program Director	Turning Point Coloma
Bill Wright	LMFT	
Catherine Lazar	LMFT	
Dianne Murden	LMFT	
Jennifer Ludford	Staff Services Analyst	Placer County ASOC QA
Jennifer Wellenstein	Program Director	Turning Point Coloma
Judi Tichy	Sr. Admin Clerk	Placer County ASOC QA
Keith McCourtney	LMFT	
Lesley Adair	Network Relations Consultant Sr.	Anthem Blue Cross
Linda Shahin	LMFT	
Lorene Noack	Program Supervisor	Placer County CSOC
Marie Osborne	Assistant Director HHS ASOC	Placer County ASOC QA
Mary Starr	LMFT	M&F Therapy & Counseling, Auburn
Paul Cecchettini	Clinical Director	Uplift
Paulette Horner	CSP II	Placer County CSOC
Reina Hudson	Director of Service Coordination	California Health & Wellness
Roman Montague	LMFT	Affordable Counseling
Suzanne Skrabo	Permanency Clinical Manager	Sierra Forever Families
Twylla Abrahamson	Director HHS CSOC	Placer County CSOC
Vernell Shaw III	Community Liaison	California Health & Wellness

**MEETING LOCATION**

Building: Placer County CSOC, 11716 Enterprise Dr., Auburn, CA 95603  
 Conference Room: Large Conference Room

**MEETING START**

Meeting Schedule Start: <8:30 AM>  
 Meeting Actual Start: < 8:35 AM>

**MEETING END**

Meeting End Time: <10:00> AM  
 Meeting Actual End: <9:50> AM

**MEETING SCRIBE:** <Judi Tichy, Sr. Admin Clerk>

**1 INTRODUCTIONS**

**2 KEY DISCUSSION ITEMS:**

- I. CEUs are on their way following the closure of the online documentation training and verification of all "attendees."
- II. For the Organizational Providers, the up-coming Consumer Perception Survey period will be open from May 15 – 19<sup>th</sup>. This is a state requirement conducted every 6 months. No changes to the methodology from prior sending. Results will be communicated to providers.
  1. **ACTION ITEM:** Placer County to copy Reina Hudson (California Health & Wellness) on the Consumer Perception Survey.

- III. Maureen Bauman Director of ASOC for 18 years will be retiring on May 19<sup>th</sup>. We should be announcing the new Director of ASOC within the next week or two.
- IV. Floor open to the Managed Care Plans: California Health & Wellness represented by: Reina Hudson, Director of Service Coordination and Vernell Shaw III, Community Liaison, and Annette Baker, Network Manager, from Centene Corporation; and via conference phone Anthem Blue Cross represented by: Lesley Adair, Network Relations Consultant Sr.
- V. Provider issues:
  - 1. Enrolling on the Managed Care Organizations' panels via website unproductive. Interested providers are not receiving responses after completion of their online application.
- VI. California Health & Wellness trying to enlarge their network in the more rural areas such as Placer County through improvements in the user friendliness of their website. They will be giving a presentation on ABA services for autism spectrum individuals at the July meeting as this is a service covered by the managed care plans (MCPs).
  - 1. *Join Our Network* is a new process put in place on their website. Check the Cenpatico website <http://www.cenpatico.com/providers-states/california/> for the list of all of the licenses that are accepted in order to be a network provider (i.e. LCSW, LMFT, etc.)
  - 2. There you will find an application called the Provider Specialty Profile Form. Providers must have been tested for the credentialing process within the year by CAQH (Council for Affordable Quality Healthcare).
  - 3. Annette Baker offers solutions to providers encountering difficulties filling out their applications online:
    - i. Annette Baker will email the California Health & Wellness PowerPoint that guides Providers step-by-step through the online application process.
    - ii. Call California Health & Wellness Member Provider Customer Service at: (877) 658-0305.
  - 4. The Behavioral Health plan for California Health & Wellness (Northern California) was called Sympatico, and that of HealthNet (Central Valley and Southern California) was called MHN. Following Centene Corporation's acquisition of HealthNet, they have merged HealthNet and California Health & Wellness. Now the Behavioral Health plan representing this merger is called Envolve People Care.
  - 5. The acquisitions and mergers have produced a need to grow their network for additional services, such as in the ABA-type services (Applied Behavior Analysis) in the treatment of autism and other related disorders and psychiatric services. To comply with "network adequacy" requirements, Centene will be bringing on new providers and psychiatrists and sharing providers and psychiatrists. Centene Corporation has moved to sharing psychiatrists for such services as med management, for example.
  - 6. In-Paneled Timeline: expected timeframe from beginning to end of credentialing process: 60 – 90 days. After your initial submission, if providers do not receive a confirmation of receipt within 48 hours, call Member & Provider Services at (877) 658-0505. Be sure to get your call's reference number.
  - 7. Providers do not have to be contracted with the State as a Medi-Cal provider, but be aware that all California Health & Wellness referred clients will be Medi-Cal beneficiaries.
  - 8. Annette Baker will work personally with some of the providers, present at the meeting, who have voiced experiencing issues enrolling online.
  - 9. California Health & Wellness Contacts:  
Annette Baker – [Annette.Baker@EnvolveHealth.com](mailto:Annette.Baker@EnvolveHealth.com)  
Vernell Shaw – [Vernell.ShawIII@cahealthwellness.com](mailto:Vernell.ShawIII@cahealthwellness.com)  
Reina Hudson – [rhudson@cahealthwellness.com](mailto:rhudson@cahealthwellness.com)
  - 10. One benefit of being a California Health & Wellness network provider is that about 99% of services do not require prior authorization or an outpatient treatment request, except for ASD services, neuro-psych and psych testing.
  - 11. Placer County CSOC has struggled in referring those who require ABA services as it does not fall into a specialty mental health category and is classified as an educational service, so we now have the stated ability to refer our clients out to California Health & Wellness as it is a covered service by the MCPs.
  - 12. **ACTION ITEMS:** 1. Annette Baker to send the step-by-step PowerPoint guideline to enroll online. 2. Reina Hudson to communicate the list of CEU trainings and the list of billable services.
- VII. Anthem Blue Cross provider enrollment process and timelines are very similar to that of California Health & Wellness. Anthem Blue Cross also seeking to expand their provider network. Anthem contact: Lesley Adair (916) 589-3077 (office telephone) or [Lesley.Adair@anthem.com](mailto:Lesley.Adair@anthem.com)
  - 1. Lesley Adair, Network Relations Consultant Sr., for Anthem Blue Cross reminds providers experiencing issues to submitting their profiles online to ensure that their CAQH (Council for Affordable Quality Health Care) is updated. A possible process gap identified during the meeting was that the Anthem Blue Cross website does not issue providers any receipt confirmation. Leslie states that should anything be missing in the online application, Anthem's credentialing department or data management will notify providers, This has not

been the experience of any of the providers present at the meeting. None of the providers present at the meeting have ever received a welcome letter or any email confirmation that they were part of the Anthem Blue Cross network.

2. Once a provider's credentialing has been cleared, they will receive a welcome letter that they are now effective in the Anthem Blue Cross network.
3. All provider resources are available on the Anthem Blue Cross portal.
4. In-Panel Process takes about 60 days.
5. Pre-authorization is not required for individual or group outpatient psychotherapy services.
6. For ABA, BHT services and psychological testing do require prior authorization.
7. For Behavioral Health issues, please contact Lesley who can refer you to the best BH contact at Anthem who will be able to assist you.
8. Lesley looks forward to attending the July meeting and will extend the invitation to Anthem Blue Cross Behavioral Health Director Nick Osterman who can further elucidate provider questions concerning specific BH issues.
9. **ACTION ITEM:** Lesley Adair will send Marie Osborne the Reference Guide.

VIII. Summary of California Health & Wellness and Anthem Blue Cross discussion:

1. Representatives from both California Health & Wellness and Anthem Blue Cross have stated that they will attend the July meeting as well to clarify and/or elaborate on certain provider issues/concerns.
2. Both Managed Healthcare Plans are expanding their networks for both individual network providers and organizational providers.
3. CA H&W has outpatient/mild to moderate services open to organizational providers. Organizational providers may provide an array of services, but not all services may not be billable (i.e. case management, etc.).
4. Providers do not need to use an evidence-based practice.
5. SMI (Severe Mental Illness) criteria would not be reimbursable.
6. Both provide services for the Autism Spectrum d/o.
7. No reimbursement for SU, except in specific documented cases (i.e. dual diagnosis where c/t qualifying primary condition falls into a reimbursable mental health category).
8. CEU trainings are provided free of charge. Both Managed Healthcare Plans offer support to their Network Providers for both the mild to moderate clients.
9. You get the benefit of case management; you can refer clients into the health plan for this.
10. For practitioners who are not yet licensed (interns) they can only bill through a licensed supervisor.
11. Both provide autism-spectrum d/o services.
12. Substance Use services are carved out; therefore, such services are not reimbursable. Under cases where there are dual diagnoses, the primary behavioral health condition will often determine whether the condition is considered qualifying for reimbursement or not (i.e. creating coping skills in the treatment plan to address the substance use within the primary BH condition for treating mild/moderate depression).

IX. Other Meeting Topic Items

1. DSM-5 trainings completed. All treatment started and delivered as of April 1st, all clinical documentation must now support the new DSM-5 diagnoses. The Placer County form has not yet reflected this change, but is in process of being updated to accommodate the DSM-5 diagnoses. Fill out the principal (remember to put parenthesis around the word "principle") for the primary diagnoses (Axis 1) and fill in the rest according to DSM-5. List the DSM-5 in a row. For this month, please ignore the other axes.
2. Treatments started prior to April 1st, continue using DSM-IV, but close with both DSM-IV and DSM-5. The GAF has been eliminated entirely. We are still ICD-10 for the billings. This has not changed. For assessments and psych-socio, please put DSM-5 and ICD-10.
3. To org providers: quarterly QA report info posted on our website. 1st reports for FY17 Q3 (Jan-Feb-March) are due at the end of the month + Attestation + Internal Chart Audits.
4. Quarterly QA report info can be found on our website. For the Provider Attestation and the Provider Audit Tool see: <https://www.placer.ca.gov/departments/hhs/managed-care/managedcareforms>  
For the MH Provider QA Plan Requirements, see the document entitled: Requirements for the Quarterly and Annual Report at <https://www.placer.ca.gov/departments/hhs/managed-care/networkprovidernewsletter>
5. Continuum of Care continues. Many elements started on January 1st and are ongoing. Group homes transitioning to STRTPs (Short Term Residential Therapy Program). The State is reviewing the first group of seven Group homes in the process of converting to STRTPs.

Foster Families changing to Resource Families. This whole approval process will be changing as well. We are monitoring how long the Resource Family approval takes as it can impact providers who have clients who are in FFAs. FFAs must deliver specialty health services or contract with outside providers for this service. CSOC has an FFA Collaborative meeting on a quarterly basis to help develop some of these processes and put some of these services in place.

6. CSEC (Commercial Sexual Exploitation of Children)

Reminder – our local provider Stand Up Placer received a large SAMHSA grant to communicate services to the community. Examples of the services they offer: drop-in services, resources, legal issue counseling, etc. For more info see their website at <http://www.standupplacer.org/>

Providers who come across a client either directly or indirectly who may have been involved in sex trafficking call Stand up Placer to make a referral and they will take it from there.

Crisis and Information Line 24/7: 800.575.5352

Auburn Direct Services Offices: 530.885.0443

Roseville Direct Services Office: 916.773.7273

For more information on Stand Up Placer, contact Eric Branson (Child Welfare/Mental Health CSOC)

[EBranson@placer.ca.gov](mailto:EBranson@placer.ca.gov) or Nancy Huntley (Probation) [NHuntley@placer.ca.gov](mailto:NHuntley@placer.ca.gov)

7. Affordable Care Act – if the ACA does get repealed or replaced, it will affect Placer County Medicaid/Medi-Cal funding. We have no other specific information at this time.

8. Mega Regs (federal managed care regulations) – We will give updates as the state implements the Mega Regs which should be operational July 1, 2017. This will affect a number of areas in the appeals and grievance processes, access to services, managed care rules, network adequacy, timeliness to services grievances, mental health parity, etc.

Counties will have to implement Time or Distance standards.

This may affect Network Providers and Organizational Providers who may have to enter in contracts with the State as well.

Placer County is opting in for the DMC-ODS (Drug Medi-Cal Organized Delivery System) which provides a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services. This should enable more local control and accountability, provide greater administrative oversight and create utilization controls to improve care and the efficient use of resources through the implementation of evidenced based practices in substance abuse treatment through the coordination with other systems of care. For more info see

<http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>

9. Thanks to our partners at Turning Point who have continued to support the ASOC by contracting with Nurse Practitioners and psychiatrist to work at the Cirby Hills Clinic. This is extremely helpful, especially after our Chief of Psychiatrist resigned. At this time, Dr. Rob Oldham, the County's Public Health Officer will be filling the role as Interim Medical Director. The County is current receiving applications for psychiatry positions.

Psychiatrist Dr. Nguyen continues to practice with Placer County CSOC.

10. Provider requests for updates for July meeting:

- i. ABA as presented by the MCPs
- ii. ODS to be determined.
- iii. List of the Organizational and Private Providers services, specialties and locations.

To update your provider profile for this listing, please make any updates on the annual Provider Satisfaction Survey sent to you via email which is sent out usually in the fall.

For any major changes (change of address, withdrawing as a network provider, etc.), please send Judi Tichy an email [jtichy@placer.ca.gov](mailto:jtichy@placer.ca.gov)

**3 PROVIDER QUESTIONS**

1. Network Provider procedural question: If in the course of treatment you identify other areas that need to be addressed that are not in the initial referral or service authorization, what is the proper course of action to get that area/those areas of service approved and reimbursed?

ANSWER: To include new symptoms that come up that were not noted in the initial service authorization, update your treatment plan adding the date that the new symptom was identified and adding the goal to address this new symptom. Inform the case manager of any update in the treatment plan or any update to the diagnosis. There is no need to get a new authorization since you are still treating the client.



**4 NEXT STEPS**

POST MEETING ACTION ITEMS

Action	Assigned to
Copy Reina Hudson (California Health & Wellness) on the Consumer Perception Survey and Eric Branson and Nancy Huntley contact info	Marie Osborne and Twylla Abrahamson
Send to Marie Osborne the step-by-step PowerPoint California Health & Wellness guideline to enroll online to be distributed to the Providers.	Annette Baker (Envolve Health)
Communicate the list of CEU California Health & Wellness trainings and the list of billable services.	Reina Hudson (CA Health & Wellness)
Send the Anthem Blue Cross Reference Guide to Marie Osborne for distribution to the Providers	Lesley Adair (Anthem Blue Cross)
ABA presentation for July meeting	California Health & Wellness

**5 NEXT MEETING** Next Meeting: Friday, July 14, 2017 / 8:30 AM – 10:00 AM / Placer County CSOC, 11716 Enterprise Drive, Auburn, CA in the Large Conference Room