GREATER COLUMBIA BEHAVIORAL HEALTH, LLC. BH-ASO
Management Information Systems (MIS) – Minutes - DRAFT

DECEMBER 17, 2024, 1:30 PM

CHAIRMAN: KELLY NORTROM (INTERIM)

ATTENDANCE VIA ZOOM: CAROLINE WILSON; CODY NESBITT; FAWN WAGNER; KAREN RICHARDSON; KELLY NORTROM; LORI THOMPSON; MARTYNA TIMMERMAN; MICHAEL WHITE; RENE LEGLER; ROBERT LUKE; HILDUR GUDMUNSDSDOTTIR

	Item	Type	Description	Discussion Leader(s)
1.	**Call to Order**		Kelly called the meeting to order at 1:35pm	
2.	**Introductions**		Fawn called roll for phone introductions.	Fawn Wagner
3.	**Agenda Additions/Changes**		MIS Committee application will be tabled until next meeting.	
4.	**Approve Meeting Minutes**	Action	Approval of minutes from October 15, 2024.	Robert Luke moved to approve the October 15, 2024 meeting minutes as presented; Lori Thompson seconded; motion approved.
5.	**Contract Deliverables**	Update	Business Continuity and Disaster Recovery Plan Deliverable – **Due to GCBH by January 31, 2025** Please send a copy of your agency's Business Continuity and Disaster Recovery Plan and also the signed attestation for this deliverable as soon as you are able to Kelly. Per sections 15.1 and 15.2 of your contract we must have it no later than 1/31/25. GCBH has a deliverable with HCA that is dependent upon our getting these from all providers timely, and your help with this is much appreciated.	Kelly Nortrom

6.	**BHDG Updates**	Update	We expect a new BHDS Supplemental Data Guide v. 6.0 to be distributed by HCA by the end of the year; as soon as we get that, we will forward that to the provider network. Providers will have 120 days to implement changes in the guide. This guide will move forward on a semi-annual publishing schedule ongoing.
			
			 HCA will be pulling in the DOH license number from the encounters for use in data completeness reports. Currently, we have don't have many of our providers who are sending the DOH license numbers in encounters, so this will cause issues for us soon. HCA will start following up with ASOs/MCOs with claims missing this DOH license number in their claims. This should be reported in loop 2310A. Here is an example of what it should look like:
			
			 `CLM*241216001234*0.00***99:B:1*Y*A*Y*I~`
			 `REF*EA*999988777~HI*ABK:F99~`
			 `NM1*82*1*Mouse*Mickey****XX*1111222333~`
				Kelly Nortrom

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PRV*PE*PXC*101YM0800X~
NM1*77*2*VOAWW*****XX*1083830285~
N3*2802 Lombard Ave~
N4*Everett*WA*982010000~
REF*G2*60872716~
LX*1~
``` Data Quality Reports for 2023Q4 and 2024Q1 are still being worked on; there are currently only a couple of ASOs who have completed these and it is a large problem. Per HCA this is jeopardizing SAMHSA funding. We still have some outstanding as well, and have been diligently been working with the provider to get these wrapped up as soon as possible as well. | |
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7.	**SERI Updates**	Update	CMS codes dropped in mid-November, but there were no code changes that affected behavioral health.	Kelly Nortrom
8.	**GCBH Updates**	Update	We have been working with one provider on finalizing our Data Quality Report corrections and have been making progress. We hope to get this finalized before HCA issues us an Issue number or CAP.	Kelly Nortrom
9.	**GCBH – Provider Data Submissions**	Update	Reminders about data submissions: • We need submissions at least monthly (supplemental data and encounters); per contract, these should be submitted every 30 days at a minimum. • We need monthly attestations for supplemental data and encounter data submitted (whether it's batch file submissions, or batch data entry submissions). • All encounters that GCBH funding pays for, must be submitted to us. This includes Block Grant funded services and Special Proviso dollar services. • Encounters provided by a clinical staff with their own NPI must have their NPI registered with ProviderOne in addition to having it listed in NPPES with the correct/accepted taxonomy. We've been getting a lot of errors lately on encounters submitted and the Rendering Provider NPI is not recognized/registered with ProviderOne. • Per provider contract and HCA contract, we have a shorter deadline for: o 162 ITA Hearing transactions o 160 DCR Investigation "The transactions identified and defined in the BHDG as DCR Investigation and ITA Hearing must be submitted by the Contractor within 24 hours of the event (excluding weekends and holidays) in accordance with RCW 71.05.740." • Transactions required for types of treatment (found on pages 17-18 of the BHDS Supplemental Data Guide v.5.9): o Mobile Crisis Response only – 020, 022, 165 o MCR with DCR Investigation – 020, 022, 160	Kelly Nortrom

			- DCR Investigation that resulted in an ITA – 020, 022, 160, 162 - SUD Assessment – 020, 022, 121 (for clients 13+), 030, 140, 035, 060, 170, 036 - MH Intake – 020, 022, 121 (for clients 13+), 140, 035, 060 (if enrolled in a program), 170 - Supplemental Data and Encounters match - Supplemental data transactions with effective date need to match up to encounters/dates of service There is a 165 MCR Data Transaction requirement of a completed 165 that can be matched up with the first H2011:HA:UB or H2011:HB:UB encounter for that client's current crisis episode.	
10.	**Other Business**		MIS Committee Application – John French, Comprehensive – **This will be tabled until the February 2025 meeting** MIS Committee Chair election – No volunteers, will table until next meeting.	Kelly Nortrom
11.	**Adjournment**		Meeting adjourned at 1:54pm	