



## Financial Directors Peer Group Meeting

### August 25, 2022

<b>Peer Group Members Present</b>	Jackie Choto, Family Healthcare Anna Pardee, Fourth Street Clinic Sonja Levesque, Midtown CHC Eric Johnson, Mountainlands Family Health Center Stormy Scharp, Utah Partners for Health Linda Rock, Wayne Community Health Center
<b>AUCH Staff Present</b>	Courtney Pariera Dinkins, AUCH Kaitlynn Drollinger, AUCH Rachel Craig, AUCH
<b>Other Presenters Present</b>	N/A
<b>Top Issues / Best Practice Sharing (Roundtable)</b>	<p>Round Robin:</p> <ul style="list-style-type: none"> <li>• Medicaid Dental Wrap-Arounds <ul style="list-style-type: none"> <li>a. Health Centers with APMs are getting Dental Reconciliations in their wrap-around payments and CHIP</li> <li>b. All others were unsure and advised to confirm</li> </ul> </li> <li>• Medicaid Cost-Settlements <ul style="list-style-type: none"> <li>a. Health Centers are having missing claims from their cost settlements, the most significant among SelectHealth (SH) claims.</li> </ul> </li> </ul> <p>Debbie/Stormy from UPFH are currently working through their missing claims on their wrap reconciliation and found claims missing across all payers. When they filled out the missing claim template and sent it to Bradey, it was forwarded to Justin West (jlwest@utah.gov).</p> <p>Justin responded that none of the claims UPFH sent on the dispute template were found in the state encounter system (that included ALL SH claims). He went on to say, "In order for a claim you dispute to be identified as "In Encounters", it must match on ALL 3 of the following fields:</p> <ul style="list-style-type: none"> <li>i. Medicaid ID (of the recipient) (SH sometimes has a different subscriber #, not the Medicaid ID # - these had to be changed by hand on the template)</li> <li>ii. Service Date</li> <li>iii. Billing NPI (later clarified that this must be the CLINIC NPI not the Provider NPI)</li> </ul> <p>Almost all the disputes we have received are fine as far as the first two fields are concerned, but the billing NPI submitted to the state is wrong. In these cases, either the provider has not submitted the correct billing NPI to the payer or the payer has not submitted the correct billing NPI to the state.....You should take one claim for each payer and work with that payer to confirm that all three fields for the claim in question were submitted correctly. Once you get this confirmation, we can</p>

	<p>engage an internal resource to search for that claim based on the three fields that were previously confirmed. Usually, whatever problems are identified with that "test claim" will be the same for the rest of the claims. Then, whether it be the provider who submitted incorrect information to the payer or the payer that submitted incorrect information to the state, the provider works with the payer to resolve any issues identified and has the payer resubmit the claims with the correct information." Thanks, Justin West, Actuarial Specialist O: 801.538.7113 <a href="mailto:jlwest@utah.gov">jlwest@utah.gov</a></p> <p>Justin later suggested: "Please get the TCN number for one of these claims that you show was submitted correctly (the payer will have this number). I can then look up the NPI that was actually submitted."</p> <p>It has been UPFH's responsibility to get the payers to submit the claims correctly to the state system to resolve the issue. The payers need information from you all first to do that, they were not aware there was a change or problem.</p> <p>In working through the SH missing claims, what the SH believes is happening is that Medicaid stopped 'accepting' provider NPI's and are now only looking at organizational NPIs, and if the Organizational NPI is not submitted by the payer and not submitted in the correct location, it is not included in your wrap.</p> <ul style="list-style-type: none"> <li>b. It is recommended to audit your wrap reconciliations for missing claims from ALL your payers.</li> <li>c. Points of Contact to resolve the issue from their side. <ul style="list-style-type: none"> <li>i. MOLINA <ul style="list-style-type: none"> <li>1. Terri Nehorai <a href="mailto:Terri.Nehorai@molinahealthcare.com">Terri.Nehorai@molinahealthcare.com</a></li> </ul> </li> <li>ii. UNIVERSITY OF UTAH HEALTH PLANS <ul style="list-style-type: none"> <li>1. Julie Ewing, JD   <a href="mailto:Julie.Ewing@utah.edu">Julie.Ewing@utah.edu</a>   Phone: 801-213-0178   Fax: 801-281-6121</li> </ul> </li> <li>iii. HEALTH CHOICE <ul style="list-style-type: none"> <li>1. Nicole 'Nikki' Gilliam   <a href="mailto:Nicole.Gilliam@healthchoiceutah.com">Nicole.Gilliam@healthchoiceutah.com</a>   C: 801.646-7276   F: 1.602.829-3243</li> <li>2. Chase Montgomery <a href="mailto:chase.montgomery@healthchoiceutah.com">chase.montgomery@healthchoiceutah.com</a></li> </ul> </li> </ul> </li> <li>• Third Party Credit Plans <ul style="list-style-type: none"> <li>a. Has anyone used third party credit plans to cover medical/dental expenses</li> <li>b. Wayne Dental Director was looking at this for a resource to cover expenses</li> <li>c. No other health center is using</li> <li>d. There was thought it was not allowed under the Health Center program; <i>Kaitlynn was going to confirm if allowable or not.</i></li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>• FIN/OPS Module <ul style="list-style-type: none"> <li>a. Midtown- claims data not coming in correctly</li> <li>b. Family- data brought in as numbers</li> <li>c. UPFH- struggling with data validation</li> <li>d. AUCH followed up with Azara, and they are looking into onboarding processes and how to resolve these issues. More to come.</li> </ul> </li> <li>• PHE <ul style="list-style-type: none"> <li>a. The Public Health Emergency (PHE), declared in March of 2020, is extended through mid-January 2023.</li> </ul> <p>Prior to the PHE, all Medicaid beneficiaries went through an annual review process to determine if a beneficiary was still eligible for the Medicaid program. While the State has completed eligibility reviews for some beneficiaries during the PHE, no coverage was terminated if the beneficiary was deemed ineligible. When the PHE ends, so will the continuous coverage policy. The State released an initial “unwinding plan” to outline how the Department of Workforce Services (DWS) will restart the annual review process and refer ineligible cases to the healthcare.gov Marketplace.</p> <p>AUCH provided health centers with outreach materials urging patients to update their contact information with DWS. These materials can be found <a href="#">here</a>. The state also released their unwinding plan and other outreach materials related to the PHE. Those materials can be found <a href="#">here</a>.</p> </li> <li>• Build Back Better Act <ul style="list-style-type: none"> <li>a. Allows Medicare to negotiate drug prices <ul style="list-style-type: none"> <li>i. Impacts 10 medications through 2026, with additional medications on the list through 2029</li> <li>ii. Caps out-of-pocket drug spending to \$2000 per year</li> </ul> </li> <li>b. Three-year extension on Marketplace subsidies</li> </ul> </li> <li>• 340B <ul style="list-style-type: none"> <li>a. Boehringer Contract Pharmacy Restrictions to Health Centers <ul style="list-style-type: none"> <li>i. Impacts Diabetes and COPD Medications. See Attachment- Rx Substitution Options.</li> <li>ii. Colleen Meiman creating a 340B prescribing cheat sheet; more to come.</li> <li>iii. Some Health Centers are exploring delivery and telepharmacy options. <ul style="list-style-type: none"> <li>1. Wayne and Green River have a telepharmacy program</li> </ul> </li> <li>iv. Some Health Centers are contracting with individual Rx Company for prescriptions, but painfully cumbersome.</li> </ul> </li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>• Express Scripts <ul style="list-style-type: none"> <li>a. Express Scripts is request 340B Claim Data</li> <li>b. This is against State Law, and Department of Insurance is investigating</li> <li>c. Form Response to Express Scripts' request for data available through Rachel- <a href="mailto:rcraig@auch.org">rcraig@auch.org</a>.</li> </ul> </li> <li>• Billing for MAT <ul style="list-style-type: none"> <li>a. Registration is now open for our upcoming billing training, Billing for Medication Assisted Treatment (MAT). Shellie Sulzberger will be the trainer for this virtual event. <b>Link to register:</b> <a href="https://auch.org/training-events/billing-for-medication-assisted-treatment-mat">https://auch.org/training-events/billing-for-medication-assisted-treatment-mat</a></li> </ul> </li> <li>• UPDATES <ul style="list-style-type: none"> <li>a. Funding opportunity through the American Academy of Pediatric Dentistry. <a href="#">AAPD Foundation Access to Pediatric Dentistry Grants</a> are due October 3, and offers matching grants to community-based initiatives for children with <a href="#">limited access to oral health care</a>. Use of funds must be under direct supervision of a dentist and may include salaries, dentist recruitment, purchasing supplies, and special health care needs.</li> <li>b. Good Faith Estimate Sample Policy is available- attached</li> <li>c. A Commitment to Quality Webinar (AZARA)- September 8, 2022 from 12:30pm to 1:30pm MT. Providers are encouraged to participate. <b>Link to register:</b> <a href="https://auch.org/training-events/training-and-event-calendar/operations/1040-a-commitment-to-quality-creating-a-culture-of-data-transparency-using-azara-drvs">https://auch.org/training-events/training-and-event-calendar/operations/1040-a-commitment-to-quality-creating-a-culture-of-data-transparency-using-azara-drvs</a></li> </ul> </li> </ul>
<b>Next Meeting</b>	VIRTUAL, September 23 <sup>rd</sup> at 10am to 11am