

Draft Notes from Tribal Billing Workgroup April 5, 2007

Attendees –

Tribal representatives: June O'Brien – Squaxin Island, ...

DSHS representatives: Colleen Cawston, Roger Gantz, Avreayl Jacobson, Rose Mary Micheli, Sheryl Hermanson, Rita Honc, Robin Torner, Brett Lawton.

Roger shared the impact that the implementation of the new billing instructions has had on HRSA. It has identified additional federal matching opportunities for the state reducing the need for state only funds.

- * Clinical Family Definition - applicability to chemical dependency treatment services
DSHS clarified that Clinical Family Definition is only applicable to mental health treatment services because it affords the tribe a mechanism to bill for treatment services of the “clinical family” as determined by the tribes.
Tribal representatives asked that DSHS clarify in the billing instructions that clients are still enrolled in the RSN system and have access to those services even though an individual is being served by the tribe. Representatives stated this would be helpful to refer to for their working with the RSNs.
DSHS discussed the possible need to put billing instructions clarification in WAC.
- * Co-Occurring Disorder billing –
Some tribal representatives stated they didn't have problems billing for co-occurring disorders. This led to a discussion around the billing instructions not including a list of possible acceptable diagnosis codes to use for mental health services. This was identified as a need in future iterations of the instructions. Avreayl will bring a list of the mental health diagnosis codes that are currently programmed in the system to the April 24th tribal mental health workgroup for review by tribal clinicians. This vetted list will then be incorporated in future B.I.
There was also a discussion about adding a section to the billing instructions that would clarify for co-occurring treatment that would clarify billing by appropriate provider for the appropriate service.
- * Clarification of billing tribal encounters and Fee For Service (FFS)–
DSHS clarified that previous instruction at billing trainings to bill either the encounter or FFS, whenever the FFS rate was higher than the tribal encounter rate was incorrect. Tribes should bill the tribal encounter when it is proper to do so and only use FFS reimbursement when appropriate (e.g. GAU clients, dental hygienists, etc.).

Next Steps:

Workgroup participants agreed there were not critical issues that would necessitate immediate correction and update of the billing instructions. Group agreed to meet again in June.