

Provider Advisory Council Meeting  
October 14, 2009  
Community Health & Counseling Services – East Winthrop

*Networking Lunch - Noon*

*Appeals & Denials – Kathryn Ray, MD*

- Changes in Mainecare policy resulted in significant volumes of denials and appeals.
- The denial rate is currently 1%.
- APS was hired by the department to really look at UR and that process has evolved. The Care Managers are looking at the right service, the right length of time, the right amount of units. When there are questions the review is place on hold for Physician review.
- There are 10 Physician Advisors (4 are Maine doctors, 2 of them are in Maryland, and PREST Associates) Dr. Ray has been working hard to recruit Maine-based doctors to join our team.
- The member is the only one that can appeal a denial. They have 10 days with Mainecare Rule. After the appeal, it's out of the clinical realm and into the legal realm. The appeal gets assigned to a hearing officer. Roughly within a month or two the hearing is scheduled. The hearing is for the member to question the decision that APS has made. Dr. Ray presents why the decision was made. The hearing officer makes a recommended decision that takes about 30 days. Both sides can appeal the hearing officers recommendation. The commissioner will then make a decision. The time frame for an appeal is about 4-6 months. The commissioner's final decision will come after that.
- The additional information section should have a 3-sentence sketch of the primary problems. It needs to be clear for acute LOC. More detailed is appropriate for other services. If you ask for the amount of units for the services that you are providing it will paint a better picture for the clinicians reviewing.
- Members have been educated through the Member Advisory Council about specifics regarding denials and appeals.
- If there is an appeal the service will be authorized per rule until the date of the hearing.
- The Department has asked us to do Prior Authorizations for general hospitals. The Mainecare rules are clear and follow the ASAM criteria. Most Adverse decisions surround opiate withdrawal which does not prove life-threatening. We are authorizing these if there is no alternative.

*CareConnection*

- There needs to be several clinical indicators added to CareConnection for TCM. Carla Stockdale has taken the lead on this and there will be some training offered regarding this. Carla and Kelly are coordinating that currently with a target date of November.
- Please do not leave comments/notes for Kelly Bickmore in the review as she does not review them. Comments, notes and backdating requests should be e-mailed to her at [kbickmore@apshealthcare.com](mailto:kbickmore@apshealthcare.com)

*Provider Comments- Feedback on Denial/Appeals Process*

- Getting a Doc-to-Doc can be difficult.
- During the appeals process for crisis services there is a significant time period when the person is being discharged and transferred to a different service. What needs to happen if the person is homeless?

- What can be done about the issue of giving providers adequate time for transitioning services when they receive a Termination of Services letter?
- If there is a need to discontinue CI services and knew about the need for additional time the provider needs to clarify that in the CSR that indicates what the plan is.
- There are several Disabilities Rights Attorneys that are available for members if they need legal assistance.
- If providers are going to be responsible for re-entering all of their information into MIHMS that will be an extremely huge administrative burden.
- Thanks to APS for all the work on the AC-OK

### *State of the ASO*

- There are significant changes in Mainecare policy, both criteria and procedure codes changed for many services. The new procedure codes were cause for providers to re-register. The volume was large and we fell behind in our contract requirements. We are now caught up and back in compliance.
- The 10-day grace period is very important to utilize to avoid potential glitches.
- We have been planning with UNISYS regarding the MIHMS system that will be introduced March 1, 2010. This system will be replacing MeCMS. APS IT people from around the country have been working with UNISYS to develop the MIHMS systems so that it meets our needs and the needs of all of the providers. They will develop a cut-over strategy for authorizations currently in MeCMS.
- The PA Number's once MIHMS is operational will not likely stay the same throughout the course of treatment. Each authorization that is entered in will be given a new PA Number.
- There will be a web portal available for providers to check their own authorization numbers and claims.
- As of January Providers will need to have AC-OK information in order to register. This will not be set up as a required field for providers that need to register prior to seeing the member. There will, however, be a report generated to measure compliance that will be sent to the department. If the tool is not administered then the provider will want to document that in CareConnection so the clinical team will not be looking for it.
- Child ACT/Adult ACT may change to daily rates instead of monthly.

### *APS Healthcare - Conference*

- APS Healthcare will be hosting a conference in the Spring.
- We will be having corporate APS staff as speakers.
- We will be partnering with the department and other community departments. There are no specifics at this time. This conference will replace the provider forums in the springtime.
- Any thoughts on speakers/vendors please let Kelly Bickmore know.
- Our Member Liaison and MAC members may present in breakout sessions for this conference.

### *Next Meeting Date/Time/Locations*

- Next Meeting Date: January 20, 2010 12:00pm – 4:00pm
- Snow Day: January 27, 2010 12:00pm – 4:00pm
- Location TBA – most likely will be held in Augusta.