

Provider Advisory Council Meeting
October 22, 2008
Mediation and Facilitation Services Center – Augusta

Networking Lunch - Noon

Welcomes & Announcements – Kelly Bickmore

- Results for Retrospective Reviews are going out today. Providers will receive copy of the review form filled out by APS Staff. Call Kelly Bickmore with any questions.
- January will be the 1 year anniversary for the Provider Advisory Council. Please let Kelly Bickmore know if you would like to remain active on the council.

State of the ASO – Eric Meyer

- September 1st was the year mark for the start of the ASO. We are currently at a transitional point. APS and its partner agencies are moving from an implementation to routine practice and sustain ability.
- We have both experienced in the system; including construction and corrections. We have reached a point where we can be more mindful and planful about changes.
- We are now fully staffed at APS. A lot of data has been collected and is ready to be presented. IT changes will be more infrequent and you will have more time to prepare for changes.

Staff Updates

- Priscilla Seimer – Member Services: Priscilla work with the member community. She is making sure the member community understands what we are here for. If there are agencies that would like the Member Services Team to visit your facility please let us know. Member handbook is currently being updated and is available online. Bed hold days are a huge concern for the member community. There is still a question of what is going to happen to services for clients. A lot of members are still unaware of who APS is and what we're doing.
- Kathy Ray – Medical Director: Dr. Ray began work with APS in April. She has worked with many agencies in Maine. She does many tasks and has a team of Physician Advisor's that will help with reviews. She will be determining LOC and medical necessity. She will transition most of those questions to the PA's. The recruiting process for physicians has been challenging due to the fact that it is a new territory. We now have 4 people that have signed on a PA's and they will be joining us in November. We will always try to be recruiting more PA's. We are working also with the Medical Directors at DHHS.

Data Reports – Pat Caporino

- About 60 reports were run in the month of August. We know there is a lot of interest in data and we will be working with the state to hold a Data Forum. This will be an opportunity to better explain what we have for data. Providers request for reports to be divided out into CSN's. Providers are wondering when there will be a published report on the savings throughout this process. APS is not contracted to form that report however the state is currently working on a report. Providers would like to see the data about reviews that are put on hold for more clinical information. They would like to see the progress that they make with the holds each month. APS can submit a list of items that are needed in a review in order to keep it from being put on hold.

Administrative Impact – Kelly Bickmore

- The eligibility issue between CareConnection and Mainecare feed is holding up Providers who need to submit billing and cannot. Providers are hoping that the amount of information and the number of questions is sometimes decreased instead of constantly increasing.
- Prior Authorizations and CSR: even though information is carried over with CSR's the information still needs to be reviewed and there are several sections that need to be updated which is a very lengthy process. Providers feel the

character limit in certain sections of the review is too small. The system will not stop you if you have gone over the character limit nor will it tell you what the character limit is. A possible count-down for characters would be helpful.

- DLS Services are only approved for 2 hours initially. This is not enough time for the 30-day authorization period. This is making for a lot of extra work for providers. The 30-day time period is not useful to providers. Eric would like some time averages from providers that they would find useful. Please e-mail those suggestions and averages to him.
- TCM can bill for APS data entry time. Providers are wondering why this is not the same across the board.
- We need to keep track of questions that are commonly asked and the answers that we provide. APS still needs the start-up questions but also a more updated list including CareConnection questions. FAQ's will be posted on www.qualitycareforme.com
- CareConnection information changes regarding changing a DSP to a UM or vice-versa needs to be a written submission to APS. This process cannot and will not be done over the phone. APS will develop a written form for this purpose.
- Backdating issues are still being addressed by Kelly Bickmore. She is the only person at APS that will make a determination regarding backdating.
- Reviews that are on hold for more clinical information always contain the name and phone number of the clinician who put it on hold. If that specific information could be always passed along that would cut down on the phone calls that providers had to make.
- APS Healthcare is always available to come to a facility that is requiring assistance or has specific clinical/technical questions. Those requests should be made to Kelly Bickmore
- Providers would still like more time to enter in a PA/CSR. The time frame is currently still at 5 days however this request is still under consideration. The 5 day window is tight for agencies that have a large case volume and they are continuing to find it difficult to get those reviews in.
- Reviews that are put on hold will not show up on the occupancy report and will result in a vacancy listed on the occupancy report. The system was designed this way due to the fact that the report only picks up on reviews that have a current authorization.
- Any fixes that will be coming up we will notify the providers about the changes, when they should be occurring and what will be changing.
- A manual workaround process for the limited eligibility reviews will be coming up at the end of this week. We will manually enter the information for certain review into MeCMS to produce an Authorization number so that providers can bill as they need to. This information will be updated into Care Connection when this fix is corrected.
- TCM providers are submitting their reviews early in order to stagger the dates to align with their ISP's. APS will send out an e-mail regarding the rules and standards for these as well.
- Providers should be asking for the units that reflect the services being provided when they submit the CSR. Most providers are not aware that you can change the number of the units on the CSR.

Joint Provider Advisory Council & Member Advisory Council Meeting

- APS would like to have both councils meet in a joint meeting. We would also like to celebrate people that have served on the PAC that will be ending their term.
- Meeting date will be January 21st with a snow date of January 28th.
- Presentation – Louise Haddock and Kathryn Vezina will present and the joint meeting on behalf of the PAC.