

ALAMANCE-CASWELL-ROCKINGHAM
LOCAL MANAGEMENT ENTITY
Provider Input Meeting
2-14-07

The Alamance-Caswell-Rockingham Local Management Entity and Providers met Wednesday, February 14, 2007 at 1:00 at the Alamance County Human Services Center, 319 N. Graham-Hopedale Road, Burlington, NC.

PROVIDERS PRESENT:

Jim Pardue, Ralph Scott Lifeservices
Julie Ewing, Ralph Scott Lifeservices
Tom Wilson, Orange Enterprises
Rob Jordan, Triumph, LLC
Ann Wood, Caring Family Network

Ron Osborne, Residential Treatment Services
Hassani Monsanto, Psychotherapeutic Services
Kirk Gohsman, Alcohol and Drug Services
Carolyn E. Carter, Residential Treatment Services
Harold Carelock, Youth Haven

LME STAFF PRESENT:

Daniel S. Hahn, Executive Director
Amy Stevens, QI/Prov. Relations Manager
Alicia Graham, UR/STR/Crisis Manager

Karen Webb, Provider Relations
Marilyn Meeker, QI

I. Dan Hahn welcomed and thanked everyone for participating in the Alamance-Caswell-Rockingham Local Business Planning Workgroup for Providers. Introductions were made and Amy Stevens gave a brief overview of the day.

II. Karen Webb facilitated a workgroup task exercise to promote group input..

III. Provider Agenda Items

A. Input:

1. Decrease use of paper system/Increase use of electronic system (Authorizations, billing, IT)
2. Timeliness of Communication (email, website postings, notice of changes or amendments **prior to** enactment day, all areas)
3. More collaborative relationship between Providers and the LME
4. Inform Providers of economic stability for future financial planning
5. Better managed Provider network
6. Accredited Provider process that will enhance some and “weed out” some
7. Fewer monitorings if meet certain standards (i.e.: no complaints filed against provider or no incidents within a certain period of time, no POC at previous monitoring, etc.)
8. Dedicated Provider Liaison is a plus
9. Internal communication with Provider through Liaison is prioritized.
10. Results communicated from complaint and incident tracking
11. Providers need to assemble, as needed, for collaboration and advocacy input
12. LME website needs to be updated to include (Provider sections, Provider status, Financial status)
13. COMMUNICATION in all forms, but especially on website. Need for more detailed listing on web and only communicate what is needed (target communication)
14. Standardized Authorization process
15. Increased training for LME UR/STR on Provider information, appropriate referrals (marital, MH,DD,SA, etc)
16. Need for more clarity with billing denials and report process
17. Increase internal LME communication between departments so Providers are not doing all of the resolution “footwork”
18. Payment received promptly and with clear denial explanations
19. More timely and consistent financial reporting. Providers need to know status of LME fund availability to decrease consumers’ impact.

20. Allow Providers to do their own proactive financial planning (cuts/shifts)
21. Providers are appreciative of LME flexibility with some services
22. Need a clear understanding of knowing "who" to call at the LME for all issues
23. LME needs an internal system to address Provider concerns
24. Need for securing more money to enhance services (i.e.: Housing, supported employment, community education)
25. Proactive group issues: MARKETING (adds, presentations, schools, word of mouth, private MD.s,

ACTION: The LME:

- **Will complete minutes and submit to Providers in order for the information covered to be reviewed.**
- **Send out survey on website suggestions to Provider Network**
- **Continue meeting on a regular basis with Providers to discuss Local Business Plan.**
- **A Local Business Plan Team is being established and any interested Provider can take part. The next meeting is February 23, 2007, 10:00 in the 1st floor training room at the HSC. Contact**

Respectfully submitted,

Marilyn Meeker, Recorder