

ACE LME Provider Forum
ALAMANCE/CASWELL/ROCKINGHAM LOCAL MANAGEMENT ENTITY

September 18, 2008

LME Staff Present: Linda Jones, LME Provider Relations Specialist; Bonnie Hill, LME QI Specialist; Teresa Arrwood, LME Billing Department; Helen Feroli, QI/PR Manager; Victor Armstrong, LME Care Coordination Manager; Jean Gibson, LME Provider Liaison; Barbara Docimo, LME QI Specialist; Alicia Graham, LME Clinical Director and Carmen Morrow, LME Provider Support.

Provider Staff Present: Daystar, Ambleside, Therapeutic Alternatives, A New Vision, Never Give Up, Alcohol & Drug Services, Easter Seals, Fran's Family Care Home, Mental Health Association, Psychiatric Solutions, Wright Care Alternative Services, NC Mentor, Children's Home Society of NC, Rockingham MHC, ACT Medical Group, Solutions CSA, Visions, Ralph Scott Life Services, Harvest House, Rockingham Opportunities, Inc., Residential Treatment Services, The ARC of NC, Tri-Care, Carefocus, L & J Homes, Save Our Children Coalition and Triumph.

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
<i>Item number and name</i>	<i>Detailed reflection of discussion and any conclusions from discussions. Include pertinent data wherever possible.</i>	<i>Any decisions, recommendations and/or steps the committee takes.</i>		<i>Open or Closed</i>
Welcome	Ms. Linda Jones welcomed all providers to the forum.			Closed
Billing Updates	<p>Ms. Teresa Arrwood, LME Billing Department presented Billing Updates. The following handouts were distributed:</p> <ol style="list-style-type: none"> 1. Submission of Billing memo 2. ACR LME Billing Steps 3. Denial Procedures 4. Communication Bulletin #54 – Standardized Billing Formats 5. 7 Successful Keys to Billing <p>Ms. Arrwood discussed with providers some important billing tips: <i>The LME does not accept any billing tracking forms – Please Do NOT use.</i></p> <p>There are three acceptable ways to submit billing:</p> <ol style="list-style-type: none"> 1. HIPAA Compliant 837 (electronic) 2. HCFA-1500 (mailed) 3. Standardized Excel Spreadsheet Billing format (supplied by DMH/DD/SAS) – (Electronic) 			Closed

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	<p>We understand that Medicaid does not require a TARGET POP for billing, but the LME does require due to some consumers received IPRS dollars for service as well.</p> <ul style="list-style-type: none"> • Please do NOT update diagnosis from Target Pop • Consumer ID does not require hyphens – Please submit without hyphens. • Billing Account Representatives have been assigned to providers – please see provider website for your representative. <p>Account Representatives are:</p> <ul style="list-style-type: none"> • Leverta Carethers • Tameka Enoch • Kara Brown <p><u>Denials</u> – <i>How to Prevent Common Claim Denials</i> –</p> <p>Common Issues are:</p> <ul style="list-style-type: none"> • Funding Source Eligibility • Service & Diagnosis compatibility • Authorization • Staff Certification • Incorrect Policy, Record number or Consumer name • Duplicate services • IPRS specific denials <p>(Please see handout for complete details on the above for explanation)</p> <p>If providers receive a denial from the LME, it is up to the provider to correct And send back to LME.</p> <p><u>Simplification of the Integrated Payment & Reporting System (IPRS)</u> – please see memo.</p> <p>Please see important components:</p> <p><u>Elimination of 23 IPRS Target Populations</u> – For consumers who are in a target population that has been eliminated, providers will be required to reassign consumer eligibility, and LMEs will be required to reenroll these</p>			

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	<p>consumers in IPRS using an 834 record in one of the remaining target populations. All reassignments and reenrollments may begin on October 1, 2008 and should be completed no later than December 31, 2008.</p> <p><u>Elimination of the Target Population Hierarchy</u> – Discussions continue at the State level due to some Directors feel the hierarchy is necessary. Once the LME receives the final word, we will inform providers.</p> <p><u>Expansion of the Covered Array of Services</u> – Services will be expanded effective October 1, 2008 to include a larger number of services that will be available to consumers within age/disability target population groups.</p> <p><u>Elimination of the Child & Adult Eligibility Matrix</u> – They are being eliminated in order to reduce the burden on providers of completing these voluntary eligibility documents. Effective October 1, 2008, the Division of MH will issue a revised LME Consumer Admission & Discharge Form that will include the identification of the consumers IRPS target population. The old matrix will be archived on the Division website for reference, but will not be updated on an annual basis.</p> <p><u>Question/Answer Session:</u></p> <p><u>Question: What is a target pop?</u> <i>Answer: The State calls it the legibility matrix to determine eligibility of service by diagnosis.</i></p> <p><u>Question: What is turnaround for payment reports?</u> <i>Answer: Finance & Billing department have a meeting schedule to determine a new payment schedule report and will share with the providers once finalized.</i></p>			
<p>Care Coordination Updates</p>	<p>Mr. Victor Armstrong, LME Care Coordination Manager reported on the following:</p> <p><u>Transportation</u> – Mr. Armstrong discussed with providers as a part of the LME Crisis Committee – Transportation Sub-Committee emerged as a part of the Crisis Committee to address the increasing need for transportation of consumers for voluntary commitment as an alternative to Law Enforcement. The sub-committee sent out a Transportation Vendor Survey</p>	<p>Action: More to come on 1st Responder & Transportation.</p>		<p>Open</p>

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	<p>to providers, but we did not receive a lot of response.</p> <p>Mr. Armstrong reported he did receive information from two transportation vendors that are willing to come and present to Crisis Committee to discuss what is needed within community regarding 24/7 transportation availability. The availability would only be for voluntary commitments, not involuntary 24/7 coverage.</p> <p><u>10% High Risk Consumers</u> – As a reminder, to those providers who received letters for 10% High Risk Consumers, if you have not responded to the Plan of Correction, please do so NOW.</p> <p>If you have any questions, please contact Victor Armstrong.</p> <p><u>Reduction of Hospital Bed Days -</u></p> <p><u>First Responder</u> – We need to increase first responder responsiveness - this will help offset the “frequent flyer” hospital bed days. The LME is monitoring all frequent flyers at local hospitals and we are trying to coordinate with first responder. Action: More to come – the LME plans to share resources with providers – such as information cards, etc.</p> <p>Ms. Jones added as QI/QM function the LME QI Department does conduct “Mystery Shopper” calls to providers to see if calls are being answered. Please make sure that messages give some directions “In Case of Emergency/Crisis”.</p> <p>Also, when monitoring occurs the LME will look at Crisis Plans.</p>			
LME Updates	<p>Ms. Bonnie Hill reported the following –</p> <p><u>Consumer Satisfaction Surveys</u> – It’s that Time Again for the Fall 2008 Consumer Satisfaction Surveys. This survey is to be administered to MH and SA clients only. There is a separate document for DD consumers.</p> <p>The survey will be administered for seven days beginning Sunday, October 19th and ending on Saturday, October 25th.</p>	Next Steps: Surveys will be distributed to provider network.		Open

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	<p>The number of forms that each LME receives is based on 5% of MH/SA active caseload, not to exceed 500 surveys.</p> <p>As a reminder:</p> <ul style="list-style-type: none"> • Do not use OLD Forms • The forms are to be scanned, so please make sure all are legible. <p><i>TIP: As an incentive, provide snacks/refreshments for consumers.</i></p> <p>Ms. Hill will distribute surveys to providers once we receive from the Division.</p> <p>If you have any questions, please contact Bonnie Hill at ext. 4172.</p>			
<p>Provider Spotlight</p>	<p>This is the portion where providers can spotlight their agency. The following providers gave brief presentations regarding the services they provide.</p> <p style="text-align: center;">ACT Medical Group Psychiatric Solutions Inc.</p>	<p>Action: See brochures.</p>		<p>Closed</p>
<p>Next Meeting:</p>	<p style="text-align: center;">Thursday, November 20, 2008 @ 1:30pm in Rooms A & B on 1st Floor Human Services Building</p>			

Respectfully Submitted By:

_____ Date _____
Carmen Morrow