

MINUTES
Stakeholder Conference Call
March 24, 2006

Attendees: Stakeholders, Regional Community Services Staff, HarmonyIS Milestone Oversight team, HealthCarePerspective LLC team, Mrs. McIntosh-Wilson, Fordyce Mitchel, and Daphne Rosalis

1. Update from last meeting
 - a. Timeliness of DHR funds for children used as local match. Mrs. Wilson spoke with the Deputy Director of DHR and indicated our concern with the timeliness of their local match dollars. They promised me that they will investigate and facilitate a system that will elevate concerns around this area.
 - b. Local match that may not be coming in on a timely basis from other donors. Some of you have requested that we contact your local donors to assure that they understand that federal funds in the new system can not be secured without that local match being available. What we intend to do is to draft a letter to all the donors that you are concerned will not provide local donations in a timely manner.
 - c. Training for end users has been moved back to the end of the year. The recommendation is that users receive training as close to the go live date as possible. Since our go live date is January 1, 2007 we anticipate training users close to the holidays.
 - d. Web site has been updated to include minutes from last meeting and a document has been added as a resource regarding high speed internet connection in Alabama. A survey will be posted requesting further information about current infrastructure and operating systems. We would like to get more detailed information about provider systems as well as visit providers that are interested to speak further about MRSIS and the possible impact it will have on day to day business.

2. The CSR edits and error messages.
 - a. In the previous conference call (March 10th) we stated there was a report on the Department's web site, containing those CSR error messages that selected providers had reported back to us as having received in the last four months. The purpose of this information is to configure the MRSIS billing system to be as helpful to billing providers as the current EDS CSR (Claims Submittal Report) is.
 - b. We asked that all billing providers go and look at that report, and compare it to their own experience. We then asked that if the provider had received other CSR error messages recently, to please send Daphne or Fordyce an email listing them. We asked for this information by the end of March.
 - c. The telephone transmission during the previous conference call was terrible, and we know many people could not hear us. We have not received any additional error codes from anybody during the past two weeks, so either no-

one heard our request on March 10th, or in fact our report on the web site is complete and we don't need to look any further.

3. Electronic Applications

- a. We have asked Harmony, and indications seem good that they can do this, to make the process of application as paperless as possible, given that Medicaid and CMS require us to look at and approve certain pieces of information. This will mean, for most cases, that the initial application for the waiting list, including the criticality assessment and the eligibility worksheet, will be completed on line and scored instantly when the case manager saves the work.
- b. The case manager will need to enter demographic and other information initially, including specific items of information from the Psychological Evaluation and the ICAP Compuscore. This information, plus the criticality assessment, will allow the MRSIS system to create a report, instantly, for the case manager, showing presumptive eligibility and criticality score. It will trigger a referral to the Community Service Waiting List Specialist, who can review it on line and approve, deny or pend the application for more information. Unless needed to make the determination, the Psychological and the Compuscore can be kept on file at the case manager's agency.
- c. We are also requesting electronic enrollment in the waivers. The necessary information will be in MRSIS and should only require update rather than re-entry, in most instances. We will need Medicaid to allow the removal of some required signatures, but if we get that, the process will become 90% electric, and instantaneous.
- d. Finally, re-determinations will become very easy. An advantage to everyone is the automated ticklers that will make the case manager aware of the need to re-determine the person. The information for the re-determination will need to be updated, but is basically already in the system.

4. Billing system for case management

- a. For those case management agencies that use a modified PES software system to collect data from case manager's progress notes and bill EDS, they will have an option. They can continue to use that software if it can be modified to send an 837 to MRSIS. Or, they will have to ability through MRSIS itself to collect progress note data and create the bill from that. The timing of this second option has not yet been determined but we believe it will be available before the go-live date.

5. Transition to the new system

- a. At this time the plan is to transition to MRSIS as follows: Providers will be given a three-month contract covering October through December 2006. They will receive the state payments in those three months.
- b. On January 1, 2007, contractors will stop submitting claims to EDS and instead submit them to MRSIS. Claims for dates of service prior to December 1, 2006 will not have a prior authorization, but will be processed

by MRSIS, sent to EDS, and paid by the Department in the same fashion as now – in other words, just the federal dollar will be paid.

- c. Claims with dates of service of 12/1/06 and later will have prior authorizations and will be processed in the new system, with the Department paying the provider the federal and associated state dollars in one check, and/or paying the provider the federal and a report of used local match dollars (which were prepaid), in one check. The report the provider gets will show all three funding sources.
 - d. There should be no claims submitted to EDS after January 1, 2007. However, if there are such claims, they will be treated in two ways. Those with service dates prior to 12/1/06, which have no prior authorization, will come to MRSIS from EDS, and through a special mechanism, the Federal dollar will be paid.
 - e. Those that are submitted in error to EDS after January 1, 2007, with dates of service 12/1/06, which DO have prior authorizations, will be denied. The provider will have to file a reversal with EDS, and then file the claim with MRSIS.
6. Questions and Answers:
South Central: No questions
Willodean: No questions
Indian Rivers: No questions
JBS: No questions
Petway: No questions
West AL: No questions
Greater Etowah 310: No questions
Cheaha: No questions
Southwest: No questions
Jerryln London: No questions
Jackson County: No questions
Tri-County: No questions
Independent Living Center: No questions
Spectra Care: No questions
Cahaba: No questions
Calhoun Cleburne: No questions
Chilton Shelby: No questions at this time
7. At the Division's sub-committee meeting Mrs. Wilson was presented with some concerns and issues that were to be discussed at the April 4th meeting. Mrs. Wilson does have a draft of responses to the concerns. They will be mailed out with the notice of the sub-committee meeting. We can put them on the web site at the same time they are mailed out to the sub-committee.
8. Thank you, our next call will be April 7th.