

MINUTES
Stakeholder Conference Call
January 27, 2006

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

1. Every other Friday during the development phase of the MRSIS (Mental Retardation Services Information System) project we will have these conference calls to discuss decisions being made in the JAD (Joint Application Design) sessions. In addition, each conference call will have a question & answer segment.
 - a. Please place your phone on mute after the conference call has been opened by the moderator.
 - b. Communication regarding MRSIS will be via e-mail and/or postings on the DMHMR website.
 - c. Each conference call will allow for a questions and answers segment.
 - d. Please forward questions via e-mail to Daphne Rosalis at Daphne.Rosalis@mh.alabama.gov or Fordyce Mitchel at Fordyce.Mitchel@mh.alabama.gov
2. Similar to the project that Substance Abuse Services has undertaken known as ASAIS (Alabama Substance Abuse Information System), the Division of Mental Retardation is developing a new information system known as MRSIS that will cover a broad scope of information needed to provide and reimburse services.
 - a. Included in the MRSIS system: applications, waiting list, enrollment into services, case management quarterly narratives, Plan of Care, IPMS (Incident Prevention Management System), Certification, and Advocacy.
 - b. We will make electric forms and stream line paper work as much as possible.
 - c. Data collected will be used to meet Alabama Medicaid requirements as well as CMS (Centers for Medicare & Medicaid Services) federal requirements (see CMS Quality Framework).
 - d. Aggregate incident data will be available for providers to view.
3. MRSIS will also cover billing. The prior authorization will largely replace our contracting.
4. We conceive this project development in 2 phases: first the financial segment will be developed then the clinical segment.
 - a. The financial phase will be done first to ensure that it works because money flow is critical.
 - b. The intent was to go live October 2006 but we have moved that date back to January 2007 to allow Substance Abuse to go live October 2006. This will give us additional time to work out any bugs in the system.

- c. We will go live with the Enrollment and Prior Authorization November 1, 2006 and the billing will go live January 30, 2007.
5. Due to the fact that phase 1 is being pushed back we will begin work on phase 2 (clinical phase) sooner than anticipated.
 - a. This is the more complicated phase because we must begin to agree on forms and data requirements.
 - b. We will begin having meetings about forms sooner rather than later.
6. The formal process that we are going through to make decisions is called JAD (Joint Application Design) sessions.
 - a. MRSIS will be designed based on information that is generated in the JAD sessions.
 - b. Participants of the JAD sessions were selected based on what they knew and what they could contribute. In addition, the people selected represent different stakeholder interests. Representations includes: Arc, State Arc, Comprehensive MHB, MR 310, regional office, and Central Office, and the Office of Consumer Empowerment.
 - c. JAD sessions are long and intense.
 - d. Some people are present for all JAD sessions and some people are asked to join when their area of expertise is needed.
7. Decisions that have been made in the JAD sessions so far are: who will be included as consumers in MRSIS and what services will be included in billing.
 - a. 3 groups that will be included in MRSIS: waiver and waiting list, all participants in a DMHMR certified program for which funding is received from DMHMR or Medicaid, and participants in a DMHMR certified program or non-state operated ICF-MR.
 - b. If a service is identified for an individual than it should be in the new billing system. This includes waiver services, case management, and ineligibles.
 - c. Educational Trust Fund will not run through MRSIS.
8. The PA (Prior Authorization) will be generated from the regional office from the POC (Plan of Care).
 - a. The POC should be electric. If the POC goes to the regional office via the web then the regional office should be able to approve (or not) the POC and generate an electronic PA.
 - b. One issue at hand is who will send the POC? Logically the case manager should send the POC. In some cases the provider will need to send the POC into the regional office for PA. In this case the case manager must have input in the development of the POC.

9. Updates to DMHMR website.
 - a. There will be a unique icon or link on the homepage of the DMHMR website (www.mh.state.al.us) that will take the end user to page 1 of HarmonyIS and will allow the user to choose from DMR or SA for more specific information.
 - b. If you choose the DMR link you will be taken to page 2 that will allow you to choose from information such as MRSIS background information, MRSIS project information, or stakeholder conference call information.
 - c. There will be a Q&A page that will post questions and answers based on the stakeholder conference calls.

10. Questions presented to Mrs. Wilson:

Question: Was there any consideration of the authorization going through the central office and not going through the regional offices?

Answer: The reason for the PA going to the regional offices is because the plan of care needs to be reviewed and approved (or not) based on the appropriateness of the plan, that it meets AL Medicaid requirements and that we have money in the budget to support the plan. In short, the staff is in the regional offices. We don't have the staff in Central Office to perform those functions.

Question: For those of us that already have a billing system how will the two systems interface so that we don't have to enter billing information into two different systems?

Answer: This question has been taken into consideration. Please make sure that your representative from the Council understands your concern and can address it in JAD sessions. More research will be done in order to answer this concern by next conference call.