

MINUTES  
Stakeholder Conference Call  
February 24, 2006

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

1. Meeting with Barry Hartman of Unified Software Solutions
  - a. Barry spoke about the possibility of moving his clients from the USS software to MRSIS.
  - b. Discussed a way to bridge the two systems until MRSIS is able to support USS software users without his clients losing any billing functionality.
  - c. Barry will look into the possibility of upgrading his software to be able to send a HIPAA compliant 837 electronically and receive an 835 response electronically as a way to bridge the two systems during the transitional phase.
2. We have largely completed the JAD process for phase 1. The JAD process brought out many questions, a fair number of which remain unanswered at this point. We think that at least we now know the right questions, and will spend much of March answering them. Some of the questions that are identified are:
  - a. With the new system, federal and state money will be combined in one check, paid after the service has been delivered. This means our present system of paying 1/12<sup>th</sup> of the contracted state funds per month will go away. How will the Department handle billing that arrives in one year for services provided in the prior year?
    - It is a cash flow issue and we are working on methods to understand and compensate for it.
  - b. The demise of the 1/12<sup>th</sup> payment may also cause problems for providers. For instance, one scenario has a provider spreading day services over an increased number of clients, using the float from absentees. An example would be, if the state gave him enough match for 45 people, but the 45 people have an 11% absentee rate, the provider is able to serve 50 people. If the new system ties up all the money in fully loaded authorizations for the 45 people how will the provider be able to serve the other 5?
    - There are several avenues to solve this problem, and we are exploring each one. We are thinking that by building enough flexibility into the prior authorization mechanics, we can move unused units to cover gaps as needed. For instance, rather than fully loading the prior authorization, we may be able to reduce it by the amount of expected absenteeism. Then we might require a standard census report on some routine basis, for day programs and residential programs. The vehicle for this report could be something called TELEFAX, which would let the data get into the system without having to enter it by hand. With this census data, we could un-encumber unused units and put them into a pool to cover gaps that occur because someone comes more often than we expected.

3. Local Match also presents some questions. We will continue to have donations sent to the MR Community Service Account, and to quickly send those amounts to the specified provider, just as we do now. The new system, however, will have a code for services matched with local funds, the prior authorization will be specific as to source of match, and as these services are billed and paid, the MR Community Services account will be debited. If there is not enough local match in the MR Community Service Account when the claim is submitted, it will be rejected. This should not typically present a problem, but it could become a problem if the local donor is late in sending the contribution, or if the contribution is routinely sent at the end of a quarter.
  - a. We want eventually to get to a point where local match is all associated with specific people, and state match is all associated with other people. However, there will be a transition period, in which some people will have to be funded by both sources of match.
  - b. We are considering setting a rule in the prior authorization system that would, in such cases of hybridization of match funds, automatically seek the state match first, and only after that is gone, go for the local match.
4. We want to invite providers to send us specific concerns, in writing, related to these issues. We ask that you be precise in specifying what the anticipated problem is, why it is a problem, and how many people do you think will be affected by the problem.
5. We will try to incorporate all this information into our answers to the questions posed by the current configuration efforts. We may not be able to solve all problems, but we will try.
6. Finally, we are fairly sure at this point that all problems and issues are of a transitory nature – in other words, if we can make the change without losing anybody, either client or provider, the process will prove to be “faster, better and smoother” in the long run.