

MINUTES
Stakeholder Conference Call
May 19, 2006

Please note: The “go live” date has been changed to February 1, 2007. This was not reflected in the minutes below. Update to #3: you will receive a standard contract for 4 months and exhibits for the remaining 8 months.

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

1. Apologies to everyone for the last conference call. Due to technical problems we were unable to hold the call on May 5th. We sent out by e-mail what we intended to talk about last time. I’m not sure if everyone received the e-mail. It was sent to all contractors. The things we were going to go over we’ll review now and you can ask questions if you like.
 - a. Questions about HIPAA compliance regarding MRSIS and scanning documents have surfaced. The Harmony software is extremely secure and is HIPAA compliant. There should be no problem with HIPAA and the use of MRSIS.
 - b. Some providers are under the impression that they will be required to bill every week. The truth is no one is required to bill every week. Anyone can bill every week if they want to. It is an option.
 - c. Case Managers may not have access to high speed internet in some areas. It does not seem to be a prevalent or widespread problem. This is a short term problem. In the mean time what can be done? You will have a license so you can use any computer with high speed internet access to sign on to your case load. Case manager without high speed internet could in fact travel to a base once a week to complete their paperwork on-line.
 - d. For those of you that have had a site visit from the Substance Abuse Division and/or the HealthCare Perspective consultant Becky Novak do you think that such a discussion could take place in a group setting? The reason for this question is that we intend and have scheduled regional meetings to try to discuss the same issues that have come up. We want to hear about your business infrastructure as it relates to MRSIS. If you are going to have problems we’d like to hear about it. Would any of the 310 agencies that have had a visit care to comment on the value of the visit and whether or not you believe this can be done in a group setting?
 - i. Pat Martin from Cahaba: We had the session with all of our clinicians and Substance Abuse. It was very helpful to be able to have the clinicians and the case managers in on the meeting because it helped them better understand where we are headed. There was a lot of insight that helped us make decisions so from a personal standpoint it helped having the meeting on site. Having the meeting in a group may limit the interaction because people may not feel as comfortable to

Speak out and discuss issues. We appreciated being able to have the individual attention. We did a lot of brain storming and we were able to talk through logistical problems and make some decisions.

Personally, I would prefer sight by sight.

- ii. Patricia Moore from West AL MHC: It was very beneficial to have the meeting here because I was able to have all the staff here. Often times it is hard to get staff to meetings so it was very beneficial to have it here. It provided an opportunity to address issues here from staff.
2. We have scheduled the regional meetings in June. The meetings will be held on the following dates: June 14th in Montgomery, June 26th in Mobile, June 27th in Birmingham and Tuscaloosa, and June 28th in Decatur. We are trying to keep it to 10 agencies per session and where we could we have scheduled 2 sessions. I agree it won't be as in depth and maybe not as useful as the visits to the individual sites. It will give us ideas where there are still problems, areas that need more development, and areas where we can anticipate problems. I would suggest that you bring your IT director and your fiscal manager. There will not be room for all the clinicians so try to keep it to 2-3 people from your agency if you can.
3. We are working on our contracts. You'll get the standard contract for 3 months of next fiscal year in addition we're working on exhibits to cover the remaining 9 months. There will be 3 new exhibits for: MR Waiver, LAH Waiver, and Targeted Case Management.
4. Required data elements for MRSIS: not all of these data elements need to be entered into MRSIS by case managers or providers by January 1st. We want to share with you what the data elements are. They are probably on the web site now so you can view them when you have a chance. The web master has been very involved in creating a new web page and we'll be migrating to that in the near future. That's not for you to worry about though. I would recommend you go to the web site and look at the data elements. The demographic elements are similar to the ones that are required for the Criticality Summary. Contacts is Relationships in MRSIS and Medicaid is particularly interested in those and so are we. We want family and guardian data. Currently we get this on paper. We'll ask for diagnosis, it's new but limited data. In MRSIS we'll ask for the Criticality Assessment. That is what the case manager currently does now they will just do it on-line with MRSIS. Under eligibility, currently the case managers try to complete an eligibility worksheet form the ICAP Compuscore and we've seen a number of errors so we've decided to do away with that form and have the case manger enter specific data from the Compuscore. The case manger will save the form and MRSIS will determine the eligibility and will tell the case manger whether the person is eligible or not. We will use drop down menus where we can to reduce work and error. The new forms have been posted on the MRSIS web page and they include: Contact, Eligibility/Criticality, Relations. In addition, case managers will continue to complete the Plan of Care, the Summary of Habilitation, and the Dissatisfaction of Services. The Certificate of Choice is now on the Plan of Care so that is no longer a form that needs to be completed.
5. The Critical Path has been posted on the MSIS web-page. Something important to look for is the end user training dates. The recommendation is that the end user is

trained as close to the “go live” date as possible. In addition, there will be screen validation, User Acceptance Training, and there will be pilot site testing for claims submission.

6. Question: Will we be scanning in the Summary of Habilitation and other items that are to be printed off of the computer?

Answer: I don't think we intend for you to scan in anything other than the Plan of Care and the Dissatisfaction of Services because both of these documents require signatures from the consumer and/or witness. The Summary of Habilitation will be a form in MRSIS and you should be able to complete the form and it will be part of the consumer's record. The Level of Care form will no longer need to be completed because MRSIS will automatically generate the form for the regional office and they then will sign the form and scan it into MRSIS. We intend for Medicaid to have a full license so that they can view everything on-line.

7. The next conference call will be June 16th.