



Community Mental Health Partnership
of Southeastern Michigan

G. Noel, S. Holda, **L. Brown**, E. Kurtz, V. Bagherzadeh, D. Strayer, M. Miller, F. Boelter, S. Reitmeier, R. Hall, B. Leonard, S. Dickson

(Bolded name indicates present at meeting; non-bolded name indicates absent at meeting)

REGIONAL FINANCE (RF)
MEETING MINUTES
4/22/09; Towner #211 1-4pm

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Agenda & Minute Review	Review 4/15/09 Minutes Agenda Review <ul style="list-style-type: none"> • Minutes 	4/15/09 Minutes approved with changes. Agenda approved	
II. Billing/Claims	<ul style="list-style-type: none"> • This is the first of several meetings that Sally will be attending. • Collections process. Finance would like to see a draft of notifications that are consistent. Not necessary to send them to collection agency/small claims court-not worth the effort/time. Sally will work on questions/recommendations and bring them back to the committee. Possibility of a smaller group to look at them prior to coming to regional finance. • It was suggested that Sally look at the write-off policy instead of collections. Who is authorized to do write-offs, denials, rebilling after write-off? • The group would like a detailed <u>online</u> manual outlining the billing/claims process in Encompass (detailed enough for someone new to the process to understand). Don't make it County specific-combine each Counties process into one binder. Start with the basics and then add the Encompass piece. • PCE is supposed to be working on a billing procedure (find out what they are using to update the billing process). Possibly June before we would know about Encompass. Linda mentioned that this needs to be a priority-finance wise. We need to receive regular updates and specify what we want in the program. (The terms and numbers have to be consistent with each other and make sense compared to reports, clarify names of reports, data consistent with what 	<ul style="list-style-type: none"> • Sally will start working on prioritizing a list of billing/claims manual suggestions and bring input back to the group. The billing/claims group meets monthly. 	<ul style="list-style-type: none"> • Florice will bring the formula from the auditors write off to the next meeting.

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	<p>you are wanting to capture) Linda was assured that we wouldn't lose what we have now with the new system, the data content will not change, only the way it is displayed. Navigation might be simpler.</p>		
<p>III. Reconsider</p>	<ul style="list-style-type: none"> When using pullbacks this resulted in lost audit trails, check #'s. Re-consider is where you can pull up a batch and change the rate; this re-adjudicates the transaction. This process will either enter another check number or will do a credit memo-(corrects the units). To be used only after you have a check number. You would also keep the transaction history. This process can be implemented right away. 	<ul style="list-style-type: none"> Sven is here on Monday and will discuss with him then. 	
<p>IV. HSW slots</p>	<ul style="list-style-type: none"> There are empty slots. Keep submitting applications for these. Applications are good for a certain amount of time and people tend to not reapply (frustrating to consumers)-look at consumers with DD that might be eligible. Daryl is the point person for the affiliation to submit the applications. Who is the point person for monitoring open slots, filling slots, clinical, etc? Also, is there a procedure written out for this? Who gets the report that shows # of eligible's, # open, service? This might be information that finance should keep-big billing revenue enhancement. Finance does have the eligible's report so we could come up with an average monthly amount. Haps waivers-finance is accountable for the process. Jessica created a CW report- compares Medicaid \$/compared to age group. Linda can have her do one for DD folks too. And HSW group too. She will use 08 year end MUNC. 		
<p>V. Data</p>	<ul style="list-style-type: none"> Jessica is still working on the data that we asked for recently. Pulling info from Counties clients who are receiving DBT services and how they impact borderline costs. 		
<p>VI. GF Questions</p>	<ul style="list-style-type: none"> Asking to apply GF, not asking to re-apply GF. Re-allocate GF among counties. This is new this year. Right now you can't use GF for Medicaid unless the State agrees. Get March numbers together and then use that report as a basis for the directors to look at. Due this Friday (4/24/09). 	<p>Get March numbers to Linda by this Friday (4/24)</p>	

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VI. CLS	<ul style="list-style-type: none"> • AEC on Monday conversation-Mike needs a decision as to what will change. Group of selected folks chosen to look at issues, proposed solutions and then go to AEC. Their goal is to fix CLS issues-biggest problem being auths are not clear communication to the providers. Look at problems, look at fixes and get this rolling. The group will be working out who talks to whom for what. People are not getting how managed care works and that auths are actually spending money. Finance can't do this on their own-group effort. Might want to look into staffing patterns. Put this back in the contracts-criteria is listed. 	<ul style="list-style-type: none"> • Sandy Keener is pulling a team together that will coordinate clinical speak and provider speak. 	
VII. NMC	<ul style="list-style-type: none"> • NMC developed an ongoing working work plan. Lots of areas have been identified. Wanting to refine and move closer to collaboration with different groups (finance, IM, etc.). Shauna highlighted objectives/tasks that need collaboration. • Key area look at is provider network. Ultimate goal is to have standardized rates. Allowed amount table-claims only-no title nothing in it-run schedule which excludes CMHP to do a comparison. RFP-use fidelity scales-use more of those if they exist. Buying supported employment but doesn't result in actual employment. RFP-good clinical description, philosophy, rates that are fair market. For future when people apply they have already agreed upon the contract. Supported employment, pre-voc, non-voc, need a process to bring in content-core functional teams. Pilot would be comprehensive content. Do we start with a range of rates and use this as a stepping stone to get to the consistent rate-gives us some negotiation room? • AEC decided that we would start with OT, PT and Speech and work on them from the panel. Which one has been the highest utilized so far and looking to Finance for a methodology for setting rates. Shauna is looking for guidance from Finance on how to get this information. She is willing to do the process, just wants some guidance. • Quality monitoring piece: separate admin review. 		

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	<p>Network capacity study is connected to this. It looks like we have a lot of everything on the panel. Should have looked at who we are contracted with compared to who is on our panel. Look for gaps so that NMC should be looking at filling those gaps. Do directors agree that we should have a limited # of LIP's? If possible, we need to avoid competitive bidding. We might be able to open/close panels(open until we are filled and then close paneling). Ambition is to choose a service or two and layout what the model is from beginning to end.</p>	<ul style="list-style-type: none"> • Shauna will email out to the group 	
<p>Next Meeting</p>	<p>Wednesday, April 29, 2009 meeting is cancelled.</p> <p>5/6/09; Towner Room #211, 1-4p</p>		<p>Parking Lot</p>