



Community Mental Health Partnership
of Southeastern Michigan

REGIONAL FINANCE (RF)
MEETING MINUTES
 5/6/09; Towner #211 1-4pm

G. Noel, S. Holda, L. Brown, E. Kurtz, V. Bagherzadeh, D. Strayer, M. Miller, F. Boelter, S. Reitmeier, R. Hall, B. Leonard, J. Sproat, J. Burke, J. Nelson

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

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
1. Agenda & Minute Review	Review Minutes Agenda Review <ul style="list-style-type: none"> • PES Considerations (Psychiatric Emergency System) • Pharmacy Co-Pays • Medicaid Eligibility Negative Action Notification • CPT Code H0002 • Backing out Claims • Reports • PERS • Medicaid Reallocation • Data • Crystal Mountain Conference 	4/22/09 Minutes approved	
2. PES considerations	<ul style="list-style-type: none"> • Affiliation Access group is working on this. There is a standard that mandates direct routing- there might be dollars tied to this. Either answer direct line or send to PES which has a fee tied to it. There should be a trained person answering the phone. After hours calls are directed to qualified staff. Possibly need additional staff. PES is staffed 24/7 (might need a master's level clinician on staff.) ACCESS standards are what we put together and sent to the state. 	<ul style="list-style-type: none"> • Vicki will bring the PES concerns to the workgroup and report back to Finance. • Ask Affiliation Access Group what are the current practice, standards, costs for PES. 	
3. Pharmacy Co-Pays	<ul style="list-style-type: none"> • Question was asked as to how people are handling the collecting of co-pays and getting reimbursements. If people don't have Medicaid and are indigent-then Livingston will pay a few months. Deb has paid co-pays for some and then they charge the client/payees and get reimbursed for injectibles. Washtenaw doesn't pay co-pays. Affiliation wide-it should be a dire situation then you pay co-pays and will get reimbursement from client/payee. Sample programs are set up with pharmacies. Practical consideration is for the consumer to get and take the medication instead of hospitalization. 		

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	<ul style="list-style-type: none"> Does the affiliation have a boilerplate for this? 	<ul style="list-style-type: none"> Vicki will contact Kathy Dettling to get the contract language and will report back to Finance. 	
4. Medicaid eligibility	<ul style="list-style-type: none"> This is a list of consumers on Medicaid that are at risk of losing it. Jackie Sproat stated that this report was recently sent out-this list doesn't necessarily mean that these are all the counties consumers. This list might show a lot of false/positives. Encompass has this information-Report is called "view consumers with negative action" and this has the information. Staff should be working with consumers listed to ensure that they don't lose it. Reports go to case managers-they used to come via email. Jackie said that Board members wanted to know if the case managers know when their consumers are ready to lose Medicaid. She will keep this email notification on that shows current consumers. Suggestion was made to write a policy/procedure that entails this and take to senior management teams to enforce this is done. Each county needs to set up a process and have finance run report to ensure this is being done. Once report is generated then email info to case managers, supervisors and finance people only on open consumers. Get the eligibles and then that will show the funding. This is now being done to show only active consumers and this report will be sent out. Our process is contingent on DHS and their actions. 	<ul style="list-style-type: none"> All Finance group will go back and get a list of the staff that you want this report emailed and get to IM-this is limited to active consumers and can be sent out monthly.cc: supervisor, finance Finance group will bring information to any senior mgmt meeting and ask if the reporting process is being done. 	
5. H0002	<ul style="list-style-type: none"> Screening code for access. Opened up for MH-clinics to use this. ACCESS wants to use this code for screening. Used for a determination of a program. This one is not face to face. Access needs to take the recommendation and go from there. State wide edit committee said not to use this other than SA code-co-occurring site. Report 217 will show who is using this code. 	<ul style="list-style-type: none"> Finance does not want to use the H0002 code process is clarified. 	
6. Backing out claims	<ul style="list-style-type: none"> Original intent of backing out was when you voided a check-there were issues where claims were made and then a payment was done. This ended up losing all history of encounters and check #'s, Using the reconsider option on a paid claim is like an override. This will let you re-adjudicate the batch and then you can do a credit/debit memo. 	<ul style="list-style-type: none"> Jackie and June will test the reconsider and will write up the steps and processes on this. 	

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	<ul style="list-style-type: none"> Reconsider tab is only available after a batch has been paid. Invoice # is new because this is a new batch. This should go to the original adjustment account-Ben is checking with Sven on this. After the testing process has been completed present this to Sally's committee to view. 	<ul style="list-style-type: none"> Jackie and Ben will take to the claims meeting. Sally's group meets on the 21st. Florice will email Trish and Louise regarding National Deaf Academy's rate being lowered. 	
7. Reports	<ul style="list-style-type: none"> Suggested to get an active report on consumer financials and when they are due. There are 3 self pay reports but they don't show the future dates. We might need to add some specific narratives on Encompass. 	<ul style="list-style-type: none"> Ask Snow to compile a report with the consumer financials and when they are due on current consumers. Mac will ask Kathy to bring the standards to the EIC group regarding Encompass standards. 	
8. PERS	<ul style="list-style-type: none"> Gerry presented a report showing the pricing for PERS. Consumer capacity is around 55. Phase 2 was set to start in August-not able to do that due to AT&T issues. If fully implemented at 120 consumers the cost goes down at 96 lines. PERS is a huge savings for the affiliation if we use it instead of CLS. This is also a less restrictive service than CLS. Livingston will lose money for the 1st part of the year. Original agreement was that Livingston would not suffer any financial costs penalties. The new rate is effective May 1. Re-examine costs at the end of the fiscal year and re-evaluate rate effective Oct 1st. CLS clients might want to go to PERS. Initially there were a number of slots assigned, but there are some that aren't being used Rate is per client/per month so that the rate is the same no matter how many times they use it. PERS must have a land line and it has to be a separate line. They can disconnect the service for a certain amount of time-these are local calls within all 4 counties. More cost effective than CLS. 	<ul style="list-style-type: none"> Mac is bringing their report to AEC on Monday and asking for agreement for the \$991.97 figure for the remainder of 2009 and to look at the other rate in September 2009. Do this as first come-first serve basis instead of allocating to certain counties. Check the contract and make the amendments Get statistics for the return on the investment analysis. 	
9. Medicaid reallocation	<ul style="list-style-type: none"> Committee agreed to the change and it will go to the board on so it will be going midyear this year 		

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10. Data	<ul style="list-style-type: none"> • Pulled Washtenaw data-looked at most expensive CPT codes of what they were receiving. Looked at the majority of consumers and the amounts that we could save. Should be trying to move people towards the bottom of the curve. Monitoring certain consumers that bounce from one community hospital to another one. • The other report she is working on is the borderline-talking with Dan Healy about next steps before coming back to finance. • Livingston will take the required training to use the new DBT code. This report has lots of potential. Maybe chart some step downs and use this as a financial model • Work on process benchmarking between groups-look at successful consumer. • Spend time with clinical folks at the next meeting reviewing the report? 	<p>Jessica will compile reports as follows:</p> <ol style="list-style-type: none"> 1. Only state and another one that has only community that shows services that are provided. 2. Another report with top 10 for each county 3. Anyone that has been in the hospital <ul style="list-style-type: none"> • Linda will send out the new DBT code via email. • Fy 08 final costs • Finance and clinical to sit down together & work towards a successful consumer. 	
11. Finance conference in June at Crystal Mountain	<ul style="list-style-type: none"> • Due to budget issues Vicki will be the only one attending this year. 	<ul style="list-style-type: none"> • Vicki will attend and bring back information for the group. 	
Next Meeting	5/13/09; Towner Room #211, 1-4p (cancelled) 5/20/09 next meeting		