

Meeting Notes

Date & Start Time: 10/11/07 10:00 am
Meeting Purpose: Providers Advisory Group Meeting
Teleconference Dial-in Number: N/A

End Time: 12:00
Meeting Location: OMS – CR 1B
Passcode/ID: N/A

HANDOUT/REFERENCE:	ATTENDEES:			
Agenda, IPR Weekly Snapshot, Stakeholders Msg. for HHS, Non Categorical Services Summary, Vendor Letter, Claim Status Report	Facilitator -	Patricia Negron	Notes By -	Cheryl Rod
	Meeting Attendees: Patricia Negron, Cheryl Rod, Cecile Eisenhart, Norman Curtis,			
	Robin Chacon, John Bertl, Pat Scheuerman, Jason Silberstein, Mary Lou Dyer, Rick Erb			
	Woo Lee, Mike Stair, Bethany Beausang, Koriene Low, Tina Flaherty, Paul McDonnell			
	Marcia Larkin, Eileen Cummings			

Item	Statement/Owner	Comments/Notes	Action #
1	Welcome & Introductions		
2	Outstanding Action Items	<ul style="list-style-type: none"> • Advantage ME missing Provider ID on EFT's – Efforts to correct this issue continue. • Information related to Audit Department cost settlements. – The implementation of the void functionality may result in subsequent changes to the paid claims data relied upon in previously issued final audit cost-settlement. Audit reopening criteria is described in the applicable Chapter III of the MaineCare Benefit Manual for all cost settled providers and is subject to the Principles of Reimbursement applicable to each type of facility. The rules regarding cost settlements are in the MaineCare Benefits Manual. The link to get to policy from the DHHS website is: http://www.maine.gov/bms/rules/provider_mcare_benefit.htm. Another question was raised by the group. How many times is a cost settlement re-opened? The group made the following recommendations: <ul style="list-style-type: none"> ➢ Cost settlements should be re-opened once after development to MeCMS is complete (June 08). June of 08 is the last major change to MeCMS. ➢ Recommend a timeline. Potentially calendar year 08. ➢ If there are programs that know they will be complete by a certain time it could be more flexible. • Send communication out on New & Restored Non-Categorical Services – Email was sent and letter to members attached. There was also a question about services being rendered and covered for non-categorical waiver prior to policy effective date. There was an email message sent and policy was effective October 10th. • Clarification was given for patch “claim header does not post error”. • Follow up with Rossi Rowe related to CDR – TPL will work with hospitals to address the pending voids related to CDR Credit Balance Audits, PCG and TPL Provider billing projects. CDR is also waiting to begin working current credit balances. 	1
3	MeCMS Operational Notes as of 10/09/07	<ul style="list-style-type: none"> • Robin Chacon provided an overview of a newly created claims report. Count of distinct claim headers by report type and total billed charges by report type were reviewed. <ul style="list-style-type: none"> ➢ There are currently 50,023 suspended claims to be worked. This amount had decreased by 17,240 and was partially due to voids that processed as well as additional staff that have been working these claims. ➢ Fund Allocation Failures were at 11,924. 	

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		<ul style="list-style-type: none"> Edits Processing Failures were at 24,358. <p>Robin reported that an aged claims report is in development.</p>	
4	Interim Payment Recovery	<ul style="list-style-type: none"> As of 09/28/07 interim payments made to providers were \$528.3 million. Total of \$403.8 million had been recovered; \$390.5 million in recovery plus \$13.3 million in claims hold. An additional \$31.4 million is in a recovery plan. <p>There was a question asked about who a provider should contact if they have complied with completing the online tool, have justified retentions, and are still getting collection calls. Norman suggested the provider should contact the Case Manager they previously worked with for any discrepancies.</p>	
5	MeCMS Repair Initiatives and Patches	<ul style="list-style-type: none"> Patch for Correct Coding Initiative(CCI) - November Comprehensive Waiver/Section 21 date has been changed to the end of December while the Support Waiver/Section 29 implementation date is under evaluation. Modifier and Other Repairs set for January 2008. This includes edits processing failure, cost of care, co-pay, & modifiers. Adjustments schedule has been moved to March 2008. Limits are scheduled for June 2008. Behavioral Healthcare ASO - TBD Radiology PA's –Proposals are under review. The State has received 2 bids. Mid-November will be the earliest timeframe for choosing a vendor. Code sets update – 10/29 <p>Group would like to track the status of system initiated adjustments on co-pays and cost of care.</p>	2
6	Implementation of Void Functionality	<ul style="list-style-type: none"> Woo Lee gave an update on the implementation of voids. Things seem to be going well. There have been a couple minor problems with remittances but nothing that was the result of voids. Woo also talked about the testing process and how it's had a dramatic improvement since July 2006. 	
7	Fiscal Agent Activity	<ul style="list-style-type: none"> Letter was sent to vendors on October 5th (attached). All four vendors were invited to continue participation in the procurement process. Phase II will consist of vendor presentations in Maine. Phase III will include selection of a vendor, contract negotiations and CMS approval. Award letter is scheduled for November 30th and vendor selection is schedule to occur by January 2008. Phase IV is implementation. Implementation of new claims processing system by January 2010. 	
8	Other Items Discussed	<ul style="list-style-type: none"> John Bertl talked about issues with some J-codes and getting a lower rate. Patricia will follow up with the pharmacy area. 	3
9	Next Scheduled Meetings	<ul style="list-style-type: none"> Combined PAG/TAG on Thursday, October 25 from 10:00 – 12:00 PAG Meeting on Thursday, November 8th from 10:00 – 12:00 	

Date Added	Action #	Assignee	Action	Notes
07/22/07	1	Brian Erdahl	Advantage ME Impact of missing provider ID on EFT's.	

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10/11/07	2	Patricia Negron	Track status of system initiated adjustments for co-pays and cost of care.	
10/11/07	3	Patricia Negron	Follow up with pharmacy with regards to J-codes and lower reimbursement.	