

**NC Providers Council** **Regulatory/ Business Practices Committee Meeting**

**June 3rd @ 10:00 a.m. – 12:00 p.m.**

**AGENDA**

**Join Zoom Meeting:**

<https://zoom.us/j/92920235375?pwd=UVdPdU0zTy9hSWMvTmR6V1liRDFadz09>

Dial In: 1-646-558-8656

Meeting ID: 929 2023 5375

Passcode: 171652

**Welcome and Introductions –** *Kerri Massey & Wilson Raynor, Co-Chairs*

**Attendance -**Devon Cornett, Kerri Massey, Robin Devore, Teri Herrmann, Dan Zorn, Dawn Allen, Margaret Mason, Ann Newsome, Kelly Husn, Joel Maynard, DeVault Clevenger, Lee Dobson, Lindy Davis, Gina Lemons, Chris Brigman, Jessica Boles, Julie Bowden, Helen Austin, Stacey Garnett, Sandy Feutz, Anthony Devore, Sarah Pfau, Fontine Swinson, Sheryl Zerbe, Seslie Roughton, Laurie Urland, Donna Heatherly, Lisa Jackson, Petra Mozzetti (10:35-10:40), Kenneth Bausell (10:05-10:40), Lisa Jackson (10:30-10:53), Christopher White

**Approval of Committee Meeting** **Minutes** (*see attachment*) Minutes finalized with no changes.

**New at DHB –** *Kenneth Bausell*

* Appendix K – Retainer Payments – it was extended until 6 months after the PHE ends. Kenneth will take back the feedback from providers that the additional 3 (30) day periods would be helpful. Kenneth will also work with CMS.
* CCP-8P is up for public comment again until 7/2/21. They attempted to incorporate public feedback that was already submitted.
* EVV – New JCB
* Version 4 did not have a requirement for diagnosis codes, but version 5 does. Are diagnosis codes stored in HHA then why are our claims getting rejected?

(If we are not required to utilize version 5, then that shouldn’t be an issue.)

* + Will HHA at least supply us with the codes that they are comparing to?
  + Version 4 reason for denial scenario: Patient diagnosis is required
  + Version 5 reason for denial scenario: Diagnosis code is coming from the auth at the MCO (some MCOs have different codes).   And the MCO needs to clean up the records that is for version 5.
* HHA is still having issues with correct rates. – Provider is giving HHA everything that they need so why can’t HHA get the rates correct? It is our understanding that HHA is taking the 14 units we send in and using the HHA rate table that is incorrect.  MCOs need to make sure the correct rates are in HHAs system.
* Sandhills doesn’t have issues with Appendix K, but the rest are still having issues.  Per the JCB once the codes and modifiers are added, will this fix the issue?
* There is constant follow up needed from providers to HHA to ensure that things are getting done. There is not automated system in place. – Kenneth would like if you can send him specific examples so that they can actually point to when it happens, it will be easier to move forward.
* Is the geofence currently at 200 miles? Where can we find this in writing? The modifiers should solve a lot of issues as well. HHA should have this and Kenneth will get confirmation.
* Testing (either in sandbox or production modes) is not yielding a regular volume of ‘round trips’ for claims from submission to payment and 835 notification
  + Testing providers are sending very low volume of claims with high error rates
  + Providers need reassurance that they will have cash flow support if they push higher volumes of claims into production.  The Vendor needs to commit to greater resources and higher turnaround times for testing files.

**Kenneth will take this information back to the appropriate parties (HHA, MCOs) for more information.**

**New at DMH/DD/SAS –** *Lisa Jackson*

* High Fidelity Wrap Around JCB#394 -Petra Mozzetti –
  + There is not cost for the training at this UNC Greensboro is funding the training and credentialing of team members unless they have lost a team member for a long period of time. This could potentially change in the next few years but it currently is all funded.
  + Re-credentialing is required every 2 years.
  + There is an hourly cost to the training program right now for hourly provisions of coaching. It would be more of a consultant role. There is discussion surrounding $100/hour but nothing is set yet and they are going to discuss after a 60 day trial.
* JCB#393- ACT – reviewers are Margaret Herring 984-236-5057 Justin Turner 984-236-5055.
  + If score more than a 3 wrong than you can only contest 3.
  + If score is less than 3 than you can contest up to 3.
* Vaya/Cardinal – they are planning to form a consolidation plan. They plan to have the plan ~~implemented~~completed by 6/30/2022. There will be a committee of board members and staff from both to form and implement.
* 988 – crisis line go live date is 7/2022 – the committee on this is focused on how ~~tit~~ to implement the new line and communication and messaging.
* Deepa Avula – just started at the division as the temporary COO in May. Previously served at SAMSHA and they are happy to have her.

**Visitation and COVID Restriction Updates:**

* Clifford’s Law (HB351) and No Patient Left Alone (SB191) bills – *Sarah Pfau*
  + Both are sitting in H/S Rules committee. 191 – ensures rights for people with IDD or would normally have care are hospitalized or in other types of facilities so that they would not be left alone during this time.
* The guidelines at this point pretty much align with CDC guidelines and not state guidelines.

**Tailored Care Management**

* workgroupupdate – email request out to Sean Schreiber from Alliance to come to a meeting and review the process that they are utilizing with providers that are CMAs. He has not heard back at this time. The plan is to also reach out to some other MCOs as well to see their vision of how CM will roll out. If you are not in the workgroup, but would like to be please email Joel Maynard [joel.maynard@gmail.com](mailto:joel.maynard@gmail.com)
* Potential LME representative to speak at next meeting

**ASAM Update**

* Progress – Joel has sent an email to Kody about the concerns surrounding this. Kody forwarded the email to someone in his dept and Joel received a brief response. It has changed from ASAM was an annual training requirement and that everyone in the facility had to be trained in ASAM. It seems that there is a little bit of leniency. It is not an annual recurring cost. The person that has the ASAM training has to be in the facility. There is still some confusion surrounding this, but with Sandhill it seems like a second ASAM certified clinician could be a second person to review and sign the assessment or do a part two of the assessment and can do the train the trainer this will be more doable.
* Link to Sandhills ASAM training (thank DeVault)
  + [https://www.sandhillscenter.org/for-providers/trainings-events/provider-forums](https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.sandhillscenter.org%2ffor-providers%2ftrainings-events%2fprovider-forums&c=E,1,bK3vUQT_Oj6WySyFE1vMRrJOt1By_OWMrcRFsOU0D7W1Z6u026miLdaTY52VgwMj07pYrYyp_xPCHBB_onO3_Vuet-91x7Nosz8KZvfYUI_7F6NvmF4,&typo=1)

**County Disengagement**

* News and Discussion

**Legislative Update-**  *Joel Maynard and Sarah Pfau*

* NCGA Budget status update
  + Background: The money has to be agreed upon between the house and the senate. The house has vocally said that they plan to spend a good part of that money. The senate has a plan to cut it down and try to give it back to tax payer’s of NC. There is about an $800 million difference in the budgets that they are looking at.
  + Stay tuned in the next few weeks for a new budget to be tweaked more appropriately.
* S.L. 2021-26 re: HIE connectivity signed by Gov. 5/27
* HB128 – An Act to Reemploy NC’s Workforce
* HB914 asks for $165 million to give to DSPs. Some feedback from providers -
  + The 80% pass through is too high and makes it financially unsustainable because it does not incorporate the ability to increase across the board (DSPs, Trainers, QPs, etc….)
  + In doing the math the math doesn’t work – is there any effort to change it.
  + The role of govt is to set actuarily sound rates and the role of business is to set a fair market value wage for employees
  + There is a lot of administrative burden that goes along with providing the services and it is not factored in with rates.
* HB453 - Continues to move forward. It is on the house floor for vote next week. Human life non eugenic act. This is a potential bill of interest regarding reasons for abortion.
* HB453 - Human Life Nondiscrimination Act/No Eugenics and HB654 - Statewide Contracts/Nonprofits for the Blind

**DSP Wage Increase Initiative**

* Advocating for a DSP wage increase (for Innovations, ICF, and State-funded services)
* Innovations Study and one time money (ARP bill)
* Meeting with Rep. White re: HB665 – this bill is a smaller more targeted approach to address the same problem of DSP rates. This starts on a smaller scale.
* June 9th LOB Press Conference and rally for HB914

**NCPC Network Council [LME/MCO] Update –** *Wilson Raynor*

* <https://medicaid.ncdhhs.gov/blog/2021/03/22/special-bulletin-covid-19-163-temporary-provider-rate-increases-and-clinical-policy> - added this surrounding conversation when telehealth flexibilities end for enhanced services.
* Alliance
* Partners – they are doing state funding contracts quarterly – providers should check the numbers on the amendments that they are receiving.
* Sandhills
* Eastpointe
* Trillium
* Vaya
* Cardinal-there are some increases that providers seem to be seeing from Cardinal.

**Next meeting:  Thursday, July 1, 2021**

