
Division of Long Term Supports and Services ***BDS- Corrective Action Plan***

Stakeholder Meeting
September 13, 2019
10:00 am – 12:00 am
BDS, Tom Fox Chapel



Corrective Action Plan

In the fall of 2016, NH was notified by CMS of non-compliance with CMS conflict of interest regulations:

- Conflict of Interest (COI)- the direct service provider cannot also be the provider that develops and maintains the Person Centered Plan. The Case Manager cannot be the direct service provider or the organization cannot provide both to the same person.
- Other areas of non-compliance with Medicaid Requirements include Direct Billing, Provider Selection, and Rate Development.
- NH has until August 31, 2021 to be in compliance.



Division of Long Term Supports and Services

BDS- Corrective Action Plan

Provider Selection Subcommittee



Provider Selection

Goals:

- Identify a baseline for statewide requirements of provider agencies and the provider selection process.
- Standardize the process for provider selection across the state.
- Support families and individuals to find and choose provider agencies without losing the strengths of the current area agency system.



Workgroup Progress

The work of this subcommittee is being carried out by a number of smaller workgroups including:

- Developing a list of area agency contacts for the provider selection process. – **Done**
- Developing a list of provider agencies in the state including:
 - Agency name
 - Types of services provided
 - Locations currently providing services and areas willing to begin new services – **This work is being finalized**



Workgroup Progress

- Develop a process for what to do when there are no willing and able provider agencies-this group has completed its work.
 - BDS has developed a process and firewall policy and is currently piloting this with area agencies.
 - The expectation is that area agencies will build provider capacity within their regions.
 - The governance audit process will assure that area agencies have appropriate firewalls in place.
 - Development of a work flow is in process.



Workgroup Progress

- Develop a provider directory.
 - Individuals/Families will select a provider agency from those agencies offering the needed service in their desired location.
 - Provider agencies will not be able to opt out unless there is a lack of capacity (at which point they will receive no referrals) or if there is a conflict of interest.
 - The directory will be built on the NH Service Link platform and will allow sorting by service needs and geography.
 - Service Link came to a Subcommittee meeting and provided an overview of the website. There was dialogue around modifications that would need to be made to meet the needs of our system.
 - Some provider agencies are providing information which is being entered into the data base as a pilot.



Workgroup Progress

- Develop a provider agency outcomes report.
 - This group developed a draft survey which included certification and licensing data points, employment data and discussed the possible ways to get at quality/satisfaction data.
 - Research was done to see what other states are doing.
 - Families were surveyed to see what information they would like to consider when selecting a provider.
 - The workgroup developed various versions of an outcomes report but felt each one had significant drawbacks and did not achieve the goal of getting the kind of information families would want.



Additional Areas of Focus

- Develop a provider manual.
- Establish a vetting process for provider agencies.



Question and Answer

Other Questions, Comments, Considerations?

Next Provider Selection Subcommittee Meeting:

October 10th, 2019

1:00 pm – 3:00 pm

NH Hospital Association, 25 Airport Rd. Concord NH



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Direct Billing Subcommittee



Direct Billing Subcommittee

Goal:

Provider Direct Billing allows for the Provider of Services to bill Medicaid Directly.

This group will establish a process by which Provider Agencies are allowed to bill Medicaid directly within the existing service delivery system.



Direct Bill

- States must allow providers the option to directly bill the State Medicaid Agency.
- A provider is not required to, but must have this option.
- Any reassignment of Medicaid payments must be **voluntary on the part of the provider**.
- The State cannot mandate reassignment.

NH currently only allows the Area Agencies to bill Medicaid for waiver services.



Definitions that were previously drafted

- The subcommittee previously worked on definitions for Authorized, Certified and Designated Agencies.
- These definitions are not needed because direct billing will be made available within NH Medicaid's existing Medicaid Billing System.
- Providers will receive a provider number and specialty code, allowing them to bill Medicaid directly through Medicaid Management Information System (MMIS).



Organized Health Care Delivery System - OHCDS

- An OHCDS is a *function* offered by a provider under the State's Medicaid plan or waiver. Not a *provider* as was previously presented.
- The OHCDS function may be provided by a contractor that is identified by BDS.
- The OHCDS is not a Medicaid Service and will be paid for using a Medicaid Administrative Rate (similar to Designated Area Agency Delivery System (DAADS) rate).
- While the Area Agencies may offer this function, **a provider cannot be mandated to be paid through the Area Agency.**



The Direct Billing Subcommittee is working on:

- The development of an oversight process by which the Medicaid Billing Agency will ensure compliance with state and federal requirements by the Authorized Agency (Licensing and Program Integrity?)
- Identification of BDS oversight processes (Redesignation, Governance Audit, Service Review, etc.) and determination of what activities apply to Medicaid Billing Agencies.
- Make recommendations for action steps to open Medicaid Billing Process within BDS / DHHS and provider relations resources.



Focus Groups

2 Focus Groups have developed out of this Subcommittee:

Provider Billing Manual Development – There is already a manual in place and must be updated with waiver services

Rules Development – Draft Rules are due by 5/1/20



NH Billing Manuals:

Volume 1: For all Medicaid billing agencies

Volume 2: Specific to provider type

These manuals are under review and will be revised to include all requirements related to serving as a provider agency in NH.

A review of current manuals from North Dakota and Vermont was conducted to identify similarities and best practice.

Rule development will inform how this manual is developed.



Rules Development

PART He-M 505 ESTABLISHMENT AND OPERATION OF AREA AGENCIES

Statutory Authority: RSA 171-A:3; 171-A:18, I, IV

This set of rules will be reviewed to determine what needs to be added or changed to comply with direct billing.

This rule will be reviewed first and will inform changes to the remaining rules to include: He-M 517, He-M 503, He-M 1001 and He-M 507.



Timelines for this Subcommittee

6/1/19: Finalize Roles - Done

6/1/19: Finalize Certified Definitions - Done

9/1/19: Develop Certification Process for Authorized Agencies –
Licensing and Provider Integrity Review

11/1/20: Develop Governance Audit / Certification or Licensing for
Medicaid Billing Agencies

11/1/20: Amend the Governance Audit to include expectations for COI

3/1/21: Finalize and Distribute process for Governance Audit /
Certification Process for Medicaid Billing Agencies



Timelines for this Subcommittee (cont.)

6/30/21: Finalize Area Agency Governance Audit for SFY 23

9/1/21: Distribute Governance Audit for SFY 23

7/1/22: Implement revised/new Governance Audit



Outstanding Questions / Considerations

- What happens when Medicaid goes down?
- Who will collect the cost of care payment?
- Who is provider of last resort?
- What agency will be responsible for managing the Prior Authorizations?



Question and Answer

Other Questions, Comments, Considerations?

Next Direct Billing Subcommittee Meeting:

September 23rd, 2019

1:00 pm – 3:00 pm

Lilac Conference Room: BDS Main Building, Concord NH



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Rates Workgroup
Fiscal Management Services - FMS
Designated Area Agency Delivery
System - DAADS



Workgroup Activities

- Continue to refine the functions that are performed by Area Agencies that are exclusive of Case Management and Direct Services. These will be known as the Designated Area Agency Delivery System “DAADS” functions.
- Area Agencies have been working on a rate-building model which identifies Fiscal Management Services “FMS” and DAADS functions to be covered by the new rate structure.
- The model incorporates a data inventory that allows for consistent rate-building processes in all Area Agencies.
- Area Agencies are submitting their individual rate builds to Community Support Network Inc. (CSNI) so a system-wide rate can be developed for FMS and DAADS. No rate data is being shared among Area Agencies.



Workgroup Activities

Next Steps:

- Finalize FMS rate build for PDMS (9 of 10 regions complete).
- Finalize DAADS rate build for PDMS and Traditional Services (5 of 10 regions complete).
- Begin working on Service Rates.



Outstanding Questions / Considerations

- Where will OHCDS functions reside in the rate structure?
- How often will rates be re-examined and re-based?



Question and Answer

Other Questions, Comments, Considerations?

Next Rates Workgroup Meeting:

September 20th, 2019

10:00 am –12:00 pm

Lilac Conference Room: BDS Main Building, Concord NH



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Communication Subcommittee



Communication Subcommittee

- Presented at the Family Support Council on April 27, 2019
- BDS Website is updated: <https://www.dhhs.nh.gov/dcbcs/bds/coi-cap.htm> - Frequently Asked Questions are available
- Informational Podcast through NH Family Voices
- Upcoming statewide presentations have been scheduled



Statewide presentations

Keene

October 22nd 4-6pm

Keene Public Library

Nashua

October 24th 6-8pm

Nashua Public Library

Seacoast

October 17th 6-8pm

Dover Public Library

Littleton

October 15 or 21st - pending confirmation

Littleton Regional Hospital

Manchester

October 23 6-8 - pending confirmation

Amoskeag Health

Concord

October 23rd 2-4pm

IOD large conference room

