

Minutes: Direct Billing Subcommittee

DATE	TIME	LOCATION
06/24/2019	1PM – 3PM	Lilac Conference Room – Main Building

Members:

X= In Attendance					
x	Adhikari, Sudip		Aiken, Sarah	x	Blaine, Sara
	Cordaro, Jennifer		Curelop, Jebb		DeScenza, Deborah
x	Donovan, Michelle		Gaudreault-Larochelle, Debbie		Goddard, Susan
	Hall, Erin	x	Howell, Kenda	x	Hunt, Sandy
	McCahon, Ellen		Milinder, Le'Ann	x	Nemeth, Melissa
	Potoczak, Ann		Pufahl, Carl		Trembley, Melissa
x	Vachon, Laurie		Weston, Kaarla		Wisell, Mary Anne
x	Bamberg, Janet	x	Routhier, Jonathan		

BDS Update on Direct Billing Implementation

- Mary and Robin from National Association of DD Directors visited in May
- Though we have bundled the three Subcommittees (Direct Billing, Provider Selection and FMS Rate) with our Corrective Action Plan, they are not part of the Conflict of Interest. The pieces that we have Subcommittees for are overarching Medicaid requirements that NH has to come in to compliance with
- If you provide a Medicaid service, you should be able to bill Medicaid or if you choose not to, you are Waiving your right
- We have been working to create a system for providers to bill Medicaid but there is already a system in place and a mechanism for providers to bill Medicaid. Some NH providers already bill Medicaid
 - Is it a matter of just opening that system up to providers by having them submit a provider application?
- We are looking into how the system is structured, currently there are existing codes that have certain rates. The four HBCS waivers bill under 063, and then have categories of service
We may want to move to a structure where we have a different number code for each waiver; it would
 - make it easier to search when pulling data
 - Having DAADS rate set will inform this process. Goal is to have completed by Jan. 1
 - Direct billing rates, do we move forward before rates set or wait?
 - DAADS rate will be what a person gets from AA no matter how many different providers they have
- Internal Steering committee had a conversation regarding Cost of Care
 - Need to develop a plan for collecting Cost of Care
 - Right now it works because AA is the lead of all billing and AA collects Cost of Care
 - There are ways to offset Cost of Care such as out of pocket costs
 - There is a need to educate on what offsets Cost of Care
- In the future, if the AA is just the DAADS then who is responsible for the Cost of Care, is it the first vendor to bill?
 - Service Coordinator or rep payee could be responsible. Could we bill Cost of Care to the family or Service Coordinator?

Minutes: Direct Billing Subcommittee

- Enrolled providers can bill through any Agency
- Medicaid to schools uses a Trading Partner that gets percentage of billed services
 - Providers hiring a trading partner need to be enrolled providers, billing is under their liability.
- For smaller providers it may cost more to build a billing infrastructure than to go through an AA or trading partner. This opens up a lot more choice and option
- Main incentive of direct billing is cash flow. They would have to wait for their AA to bill, direct billing they could bill the same day of service
 - Providers could apply and be approved but not have to utilize right away

Time Line

- Recommendations from the group on timeline. Where do you think we should update the current timeline and what should we update it with?
 - Finalizing the rules and finalizing the certified definitions
 - Medicaid provider qualifications, do we need to add any specific rules?
 - What would be appropriate criteria or perimeters that can be put in place to address specific circumstances? This would be to insure processes, not to mandate (ie, needs change and provider can no longer provide necessary services)
 - A good next place for the committee, review Medicaid Provider Agreement together
 - Pull different Provider Manuals (ie mental health) to use as a guide
- Next step was to look at Rate Sheet, Codes and Provider Agreements, what pieces can be done now?
 - Some things can be set up now without rates being set
 - Set up IHS DD and ABD provider types and associate the different services under each
 - Once rates are set we can develop Codes
 - Final DAADS and FMS Rate Oct 1
 - Service Rates Jan 1

Provider Status Definitions

- Do we need definitions? There is already a system in place and a mechanism for providers to bill Medicaid
 - Definitions should focus more on the functions and what falls under DAADS

Responsibilities of an Area Agency

- Designated Area Agency Delivery System (DAADS) rate will affect the rates of services – do we need the DAADS rate in order to have service codes in place?
- Working with Laurie, the Liaisons and PA's office
 - Liaisons are driving PA renewals
 - Looking at state plan first and Waivers second.
 - In NY, State Plan and Waivers are in the Service Agreement

Provider Manual Focus Group Update

- This has been put on hold, it will be more effective if we wait to gather more information

Minutes: Direct Billing Subcommittee

Next Steps

- Distribute Medicaid Provider Agreement to the Committee
- Committee to review Timelines and Definitions and provide feedback/recommendations
 - Conversation at the DAADS group meeting to get their feedback on collecting Cost of Care. Next Rate Subcommittee meeting July 19
- Provider Enrollment Agreement, what else do we want to add?
 - Biller Responsibilities List and Non-Biller Responsibilities List creation; this will help lead to Rules and Manual
- Develop Webpage
 - Include information for Agencies interested in becoming Providers

Next Meeting Time / Location: July 22, 2019 BDS Lilac Conference Room

Minutes taken by Jessica Kennedy