

State of New Hampshire
Department for Health and Human Services

**CAP Subcommittee: Provider Direct Billing and FMS/DAADS
Rate Development subcommittees**

DATE: 02.21.20

TIME: 10:00 - 12:00

CONFERENCE LINE: 1-866-951-1151 #716-610-122

LOCATION: Main Building Tom Fox Chapel



Committee Members: Ann-Marie Miller, Cris Philipson, Deborah DeScenza, Denise Doucette, Diane Martines, Frank Lossani, Joel Fitzpatrick, Kenda Howell, Maureen Rose-Julian, Sandrine Iyizire, Sara Blaine, Sarah Aiken, Shelley Kelleher, Stephanie Patrick, Suzanne Bagdasarian
DHHS STAFF: Jen Doig, Laurie Vachon, Dee Dunn-Tierney, Kathy Gray, Jessica Kennedy
Call In: Ellen McCahon

Agenda

Ground Rules: Please be present and actively engaged; please hibernate technology.

<i>Time</i>	<i>Topic</i>	<i>Lead er(s)</i>	<i>Key Takeaways & Action Items</i>
10:00 - 10:10	Welcome, Agenda Review & Introductions	Jen Doig	
10:10 - 11:55	AA Feedback on Rate Modeling	Jen Doig	<p>Committee discussion on what worked well, what didn't work, what do we need to do in the next round to make the system whole? The first round was a good start, need to make sure we are implementing this appropriately</p> <p>Committee Feedback -</p> <ul style="list-style-type: none"> • Modeling on the existing service rates showed a large revenue coming in, which will not be the case with the new service rates • Need to look at the modeling of case management in a different way • Outside vendors are losing money, they were at a loss even before the 3% • This exercise was only adjusting rates, not units. If we're adjusting rates and units, needs to be modeled differently • With independent rates, the numbers can be deceiving and we need to ensure (in the definitions) that all area agencies are doing it the same way • ESS with low budgets are going to be impacted more when going from a percent to a flat rate, a percent of a high budget will be a higher number • There were significant variances from year to year • Independently determined needs to be further narrowed down to a smaller number of choices

		<ul style="list-style-type: none"> • Need to make sure we are all counting in the same way and are on the same page as to how we are defining • FMS works and makes sense • In order to set rates we need to know available funding • Number of clients served is the reason for the year to year variance, how can this be taken into account? • PDMS numbers were submitted in spring, the data had PMDS focused on the spring. FMS and DAADS should be redone • Operational focus, ex. Redo budget template to recognize that GM will not be in the templates but FMS and DAADS will • New approach to GM - it used to be a percentage applied to an individual budget, now will be FMS • Need to consider implementations of the change • Taking 3% across the board will leave some programs underfunded and some overfunded, need to have the ability to shift funding • We need specific rates in order to see how this will actually impact individual budgets <p>BDS updates -</p> <ul style="list-style-type: none"> • Business managers met to do a deeper dive to understand the DAADS rate. The next round will have a smaller variation. As we learn we need to reflect the findings and update the DAADS rate. • Weren't anticipating ESS, PIH and FS. We are working to understand the funding and figuring out the right blend • In the DAADS document we need look into ESS PIH and FS functions and look at those areas in a different way <p>Scope of Case Management -</p> <ul style="list-style-type: none"> • Wendi and Sandy will present next meeting. Need a group to look at the scope, tease out and discuss feedback with Sandy and Wendi. Erin Hall has been working on it. Pam Dushan from region 9 and Celia Caulkins region 7 will join <p>Sequencing of Direct Billing -</p> <ul style="list-style-type: none"> • Part of direct billing includes Prior Authorizations (or service auth.) in MMIS. MMIS has been working to clean up issues from conversion, part of the process will allow providers to enter their own service auths, including options for uploading docs and adding notes. A barrier has
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			<p>been reporting, common reports will be formatted in MMIS and reports will be automatically sent. This will be piloted soon.</p> <ul style="list-style-type: none"> ○ Will there be dual data entry entering PAs into MMIS or will it interface with other software? • BDS is meeting internally and with MMIS to make look at all aspects and the implementation of direct billing • All providers will need to be enrolled regardless of if they direct bill or not
11:55 - 12:00	<p>Closing -</p> <ul style="list-style-type: none"> • Next Committee Meeting: March 20, Main Building Tom Fox Chapel • Action Items & Next Steps: 		<ul style="list-style-type: none"> • Group to review Scope of Case Management & discuss feedback with Wendi and Sandy -Erin, Pam, Celia <ul style="list-style-type: none"> ○ Update at next meeting • Subcommittee to review DAADS document for ESS, PIH and FS - Sue, Kathy, Ellen, Dee, Shelley • How will EVV play into this? <ul style="list-style-type: none"> ○ Update at next meeting (Kerri King?)