

MEETING RECORD

PERSONAL CARE SERVICES STAKEHOLDERS MEETING



September 21, 2017 | 1:00pm-3:00pm | Meeting Location: Dix Campus, Kirby Building, Conference Room 297

AGENDA TOPICS

1) Welcome/Introductions

Facilitator: Shannon Spence, Program Manager

Round-robin of individual introductions with name and agency representation

2) Program Updates

a) Liberty Updates (Lyneka Judkins, Liberty)

Liberty Healthcare provided updates regarding Fall Provider Trainings, which will be held October 3-23rd. The training dates, registration, and a draft agenda is available on Liberty Healthcare's website. Registration is required and is currently open, there is no cost to attend training. Suggestions for the agenda were made by the Liberty Focus Group. The agenda will include 'peer to peer discussions' on topics such as navigating through the QiRePort portal and provider resources such as the Stakeholder group, Liberty Focus Group, the Provider Manual, etc. Liberty welcomes volunteers to assist with leading the peer to peer conversation at the provider training held in their region; potentially discussing provider experiences, best practices, and available resources. Several Stakeholders offered to assist with this. Liberty will send an email to communicate details to these volunteers.

Liberty heeded participant feedback that Liberty Focus Group meetings should be held on the same day as PCS Stakeholder Meetings as a convenience for those that must travel to attend. The next focus group meeting will be held on November 16th from 10am to 12 noon. If interested in participating in the focus group, please email Chamel@Libertyhealth.com.

b) DMA Quality Initiatives (Shannon Spence, DMA)

- **Surveys** -In July 2017, DMA conducted quarterly Customer Satisfaction Surveys from a random sample of 100 beneficiaries who had recently received an assessment from Liberty Healthcare. Ten percent of the beneficiaries surveyed currently reside in licensed residential facilities while the remaining 90% are serviced by home care agencies. The goal of these surveys is to obtain feedback from beneficiaries on Liberty's overall performance with the assessment process. DMA reports that survey results have been favorable.
- **Assessment Joint Visits**- DMA shared that the PCS Policy Analyst and PCS Nurse Consultants are in the process of conducting joint assessment visits with Liberty Healthcare's Nurse Assessors. This quality initiative is also to ensure that assessments are being conducted consistent with Clinical Policy 3L and DMA's guidance.
- **Internal Audits**-Beginning October 2017, internal audits of supervisory visits and aide training documentation will begin. DMA Nurse Reviewers will evaluate files from a random selection of providers and those found to be out of compliance with policy requirements will be referred to the Office of Compliance and Program Integrity.

c) Outstanding Service Plans (Shannon Spence, DMA)

The PCS Service plan was implemented in June 2015. All PCS Providers must complete Service Plans in accordance with Clinical Coverage Policy 3L. Prior approval for PCS hours or units is not granted until the on-line PCS service plan is entered and validated by the Provider Interface. Currently there are 581 outstanding Service Plans that are 7 days or more overdue and 450 Service Plans that are 14 days or more overdue. DMA is exploring educational opportunities for providers who do not meet the PCS Service plan requirement including potentially sending out educational letters, having face-to-face

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meetings, and impacting the provider's billing. To facilitate knowledge of Service Plan processes, Liberty Staff will be conducting a demonstration at Fall Provider Trainings on QiRePort, which will walk Providers through the process of completing the service plan in the system as well as demonstrate how to upload a manual service plan.

d) Daily Billing Cap (Shannon Spence, DMA)

DMA shared information regarding proposing that Providers are to be limited to billing PCS services up to a maximum of 8 billable hours per day in NCTracks. Currently there are ACH providers that have been billing over 24 hours per day and may be billing for the entire month in one day. DMA will create an edit in the system to cap billing at 8 hours per day. DMA asked for provider feedback on any potential situations that a provider would need to bill over 8 hours per day. There was a concern that EPSDT beneficiaries may receive more than 8 hours per day of PCS services. DMA will likely be doing a Medicaid Bulletin to address the issues. There is no effective date at this time and feedback regarding EPSDT hours will be taken into consideration.

e) PCS Rate Increase- Update (Christal Kelly, DMA Provider Reimbursement)

Christal Kelly from DMA Provider Reimbursement shared that DMA has submitted a State Plan Amendment to CMS requesting that the rate per 15-minutes billing unit for PCS be increased from \$3.47 to \$3.88 effective August 1, 2017 and increased to \$3.90 per 15-minutes effective [January 1, 2018](#).

Once CMS approves the rate increases, DMA will initiate the rate change in NCTracks and a memo to systematically reprocess claims impacted by the rate change. The systematic reprocessing will likely not begin before the Spring of 2018, however providers may submit adjustment claims. The systematic reprocessing will not automatically reprice all claims at these revised rates. The systematic reprocessing will reprocess claims based on the previous paid amount and the billed charges submitted on their claim. For example, a claim with a date of service of 9/2/15, billed amount of \$3.47 and paid amount of \$3.47 will not be reprocessed during the systematic reprocessing. Providers are advised to bill their usual and customary amount.

Any additional questions regarding the rate increase should be directed to DMA Provider Reimbursement at [919-814-0060](tel:919-814-0060).

f) Office of Compliance / Program Integrity (Pat Meyer, OCPI)

Program integrity conducts onsite audits (announced and unannounced) and reviews data analytics information to determine trends as staff seeks to prevent Medicaid fraud, waste, and program abuse. DMA Clinical Policy and OCPI meet quarterly to review trends and discuss audit processes as well as compliance issues.

Pat Meyer explained that providers should ensure that all of their information in NCTracks is up to date (phone and fax numbers, addresses, etc.).

3) Reports from Other Divisions

a) DAAS

No reports

b) DMA/DD/SAS

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No reports

c) **DSHR**

No reports

4) Stakeholder Feedback

Stakeholders shared their concerns regarding assessment scheduling and scoring. Liberty confirmed that assessments are always scheduled with Beneficiaries via phone and during an hour window to allow for any unforeseen circumstances in the Nurse Assessor or beneficiary's schedule. Liberty also confirmed that they must reschedule an assessment if a beneficiary requests a third party to be present and the third party does not show. Liberty advised that providers not wait until the mediation phase to get clarity about assessment scoring. If there is an error or oversight, providers should contact Liberty directly as they work hard to rectify these circumstances timely.

Liberty encouraged Providers to proactively go into QiRePort portal daily to check for upcoming assessment alerts and to ensure that service plans are completed timely after the assessment has been completed.

DMA listened to the concerns of providers regarding the length of time it takes to make edits or changes in NCTracks, concerns about receiving post payment review record requests, as well as concerns about billing for the rate increase. DMA instructed providers to contact DMA individually with specific concerns. DMA will continue to address concerns raised by the Stakeholder group and will work with Stakeholders on potential resolutions to issues raised.

5) Meeting Adjourned

Next meeting: November 16, 2017