

Personal Care Services Stakeholder Meeting | April 20, 2022

[Informal Meeting Notes]

1. Welcome
2. Agenda
3. Introductions
4. Stakeholder Feedback
 - a. **Question 1** - PCS Rates – Lakeya Williams: What rates are to be expected in the future?
 - i. **Follow up response – Reggie Little:** The current PCS rates will remain in effect through June 30, 2022.
 - b. **Question 2** - Follow up to the rate issue – Lee Dobson/Bayada: Will the department be including in the Medicaid rebase a funding request to the governor to keep the rate at \$23.84 so that it goes beyond June 2022? The temporary rate was helpful, but it does not allow for permanent wage increases and difficult for providers to plan- their able to do for recruitment.
 - i. **Follow up response – Reggie Little:** The Medicaid rebase funding request for the governor’s budget is still under development and the department is not at liberty to provide any additional information at this time.
 - c. **Question(s) 3** – Richard Rutherford
 - i. Any dates on the independent assessment rebid?
Renee Stapleton response: The RFP has not yet been posted so an award date cannot be specified at this time.
 - ii. Plans on MMIS system to be rebid?
Action 3: Renee to follow up. A response to this question is still pending.
 - iii. Are we going forward with tailored plans on Dec. 1, 2022?
Renee response: Tailored Plan go-live is scheduled for Dec. 1, 2022.
 - iv. Request to have monthly PCS reports provided to the Stakeholders.
Renee response: Yes, monthly PCS reports can be posted.
 - v. Wondering if Mr. Piggott could provide a copy of the report that he shared today so that they could share it with providers?
Follow up response: Patrick Piggott - I do not have a report to share. I was providing an update. Note: The information shared is found below in Section 5, Reports/Updates.
 - vi. PCG has been doing site visits for PCS providers virtually and wondering if that is going to end at the same time as the other flexibilities?
Follow up Response: Darryl Frazier - PCG will be resuming onsite visits. PCG’s timeline may be sooner than the timeline for the other flexibilities. Seeking to confirm a date. More to come.
 - d. **Question 4** – Willie Hill Jr.: Switching to other insurances without being notified and cost sometimes to provide care without being reimbursed. Why are providers not being notified before being switched? Is there a way that it can come to the provider at that time?
 - i. **Renee Stapleton response:** PHPs should notify current providers when a transition is anticipated.

- ii. Providers are reminded it is a best practice to check for PA and the individual's status before providing services and billing. The instructions and link to verify the eligibility and plan are included in the [Managed Care Quick Reference Guide](#).
- iii. Providers should be able to bill managed care organizations for medically necessary, authorized services rendered while the individual was enrolled in a PHP.

5. Report/Updates:

- a. Regina Johnson (BCBS) informed providers that there are monthly provider PCS hours on Healthy Blue website. Providers can sign up on the website at healthybluenc.com.
- b. Patrick Piggott (DHB/OCPI) provided updates regarding the pre-payment member review and the post-payment member review.

Pre-Payment review

- i. There was one new CAP/PCS provider on pre-payment review last fiscal year and eight new CAP/PCS providers on pre-payment review this fiscal year.
- ii. A total of 15 providers are currently on pre-paid review.
- iii. Top five most common issues: 1) service notes do not follow the prescribed plan of care; 2) unqualified staff; 3) failure of the RN to perform timely supervision; 4) missing service documentation after two requests; and 5) billing for more services than provided.
- iv. Best practice is to comply with the process and ask questions.

Post-Payment review

- i. Last fiscal year total reviews: 96 providers
- ii. Most common issues: Missing criminal background, registry check, policy required training, skills validation by RN, billing errors, billing more service units, not submitting time sheets. Occasionally, missing signed service plans for the DOS and missed supervisory visits.

6. Questions received in the PCS Email Box:

Question 1 - When will in-person PCS assessment begin?

Renee response: In-person PCS assessments begin again on July 1, 2022. Please reference [SPECIAL BULLETIN COVID #237](#).

Question 2 - With managed care polices, what is the first step agencies should tell the beneficiary to take to initiate services? We used to tell them to have their doctors send a referral to Liberty, but if they have switched to managed care, I'm not sure what direction to point them.

Renee response: Providers enrolled in a PHP network should have access to that information through the posted PHP website or by calling the PHP directly. The [Managed Care Quick Reference Guide](#) provides the contact information for provider portal and provider services, as well as links to their quick reference guide location.