



**Provider Meeting
Minutes
October 10, 2008
9:00am-12:00pm**

Attendees:

Jill Stephenson	PBH	Charles Funchess	CFM
Tracy Threatt	PBH	Gigi Williams	UMAR
John Giampaolo	PBH	Tyran Lennon	Horizon Care, Inc.
Ted Thomas	PBH	James W. Johnson	S.T.E.P.'s Dev Academy
Judy Uthe	PBH	Julie Kennedy	DDR
Robin Susser	PBH	Julie Hunter	YCM
Cynthia Benjamin	PBH	Janet Daniels Breeding	GHA
Kell Baven	ASMC	LaSheree Fullen	RHA
Daniel Brown	Monarch	Pam Rankin	PBH
Vera McRae	The Arc of Davidson	Diana Duncan	DHI
Winnie Fox	Daymark	Arlana Sims	SCCS Inc.
Dawn Allen	GHA	Jana Rollins	PBH
Wendy Campbell	BCH	Yvette Johnson	QFS
David Ashley	Bayada Nurses	Laurie Hibbert	Timber Ridge Treatment Ctr
April Llenza	Path of Hope	Alisa Russell	CSSI
Jane Jackman	The Arc of Rowan	Lisa Jones	RHA
Memory Gargiolo	Turning Point Services	Avis Edmond	Genesis Family Home
Reid Thornburg	PBH	Jeannie Armstrong	Turning Point Services
Heileigh Thompson	PBH	Sylvia Emafo	A&A Co/Serenity House
Carolyn Spence	Alexander Youth Network	Leslie Mussington	Excel
Flay Lee	Hope Haven, Inc.	Tara White	QCDS
Annie Ivey	Southwood Group & Dev Ctr	Tammy Gilmore	PBH
Johanna Kroth	Monarch	Rita Goodwin	PBH
Ola Cook-Mbah	CNC Access	Suzanne Storch	PBH
Karen Holst	UCPS	Dennis Murphy	PBH
Michelle Klutz	YACM	Dawn Kelley	ComServ
Minnie Funchess	C.F. Marketing	J.D. McDuffie	Ambleside
Niels Eskelsen	PBH	Michele Bell	CLC
Susanna Dean	A.D.E.P.T.	Dawn Lillard	PBH
Dawn Anderson	HomeCare Mgt Corp	Eliza Davis	PBH

Welcome and Call to order –Flay J. Lee - 10 minutes

The Meditation Reading shared by Flay was a reflection on what you are doing to use the best/worst of your time. As caregivers, we need to get enough rest – rest can be what makes you feel good and relaxed. Rest can affect how effective you are in life. Time is a gift that we can't get back. How do you spend your time and what will you do to rest?

Network Council Report - Flay J. Lee - 15 minutes

Network Council representatives were introduced:

Chuck Hill, Dr. Arlana Dodson-Sims, Dr. Robin Susser, James Johnson, Cynthia Benjamin, Diana Duncan and Flay Lee, President. If providers have any issues or questions, they may go to any of the Network Council representative who will take it to the Council for answers. James Johnson indicated if there any technical concerns, feel free to call upon him. Flay instructed providers to utilize the Council.

Network Council Nominations:

Two of the Network Council representatives are rotating off the council. These are mental health and developmental disability positions that will serve one, two and three years. The council meets monthly with agendas; a retreat was also scheduled in July 2008. The new Network Operations Director will help the council achieve goals in the new calendar year. Information flows better than before. Request for nominations must be in by next Provider Meeting, November 14, 2008. Diana Duncan, Council Secretary clarified nominations could be made this meeting, bios in by November 14, and vote on November 14. Flay opened the floor for verbal nominations.

Dawn Allen was nominated by Diana Duncan. Dawn Allen accepted the nomination. Diana Duncan nominated Leslie Mussington. Leslie Mussington accepted the nomination. There were no other nominations from the floor. Nomination process was closed.

Diana Duncan did indicate that if providers think they may be interested in a position, they may submit their bio by the deadline.

Provider Meeting schedule for 2009:

The bylaws state that the Provider Network must meet quarterly, although they have been meeting monthly since inception. The existing Provider Meeting Schedule has been monthly with either a Full meeting, break out sessions, and no meetings during the summer or December. We are discussing an every other meeting schedule to start in January based on feedback. Also, we would eliminate break out sessions and just conduct full meetings. Flay asked for provider input.

Provider Comment: If we start meeting in January every other month, then we would meet in July. We should consider a full meeting January and February, and then go to bimonthly. One other provider supported this comment.

Response: Flay stated this can be discussed at the Council meeting.

Provider Comment: I would hate to lose the valuable DD meetings.

Response: Agree, we could probably still do that but after every other month meeting. Flay reported that the SA group meets outside of the Provider Meeting and input/issues are brought back to the Provider Meeting. Flay suggested providers get with their groups to discuss.

Provider Comment: Is there other meeting spaces for the groups to break apart during the Provider Meeting?

Response: Flay indicated there is Council support to the groups but we don't want to lose the Network camaraderie. It is a good option. We will bring this back to Network Council for discussion.

Thinking Green:

We want to make sure that information is shared but we are asking that you bring the agenda and attachments to the meetings. Most other meetings tell you to bring what they emailed to the meeting in an effort to cut down. We should be mindful that handouts may not be as fluent in upcoming meetings.

Network Council Goals:

To date, Network Council has accomplished their goals. We have worked pretty hard. It is this time of year when a council representative begins to feel informed about what is going on with the council and a feel for the other representatives. Flay admitted he did not feel comfortable at first but as he got a feel for the operations, the Network, bylaws, familiar with PBH admin and fellow officers in place, he felt it was good that he stayed active for another year. The Council agreed, and is stated in the bylaws that if a representative feels comfortable with another year term, it would be helpful. The continuing council members' terms allow for smoother operations and follow through. The Council is nominating current officers for another year term. Flay will work it out with them. Relationship helps in the long run to explain the provider's prospective.

Arlana Dodson-Sims advised the Council is looking at how to get the Licensed Independent Practitioners involved - maybe a newsletter. We want to increase their attendance.

Diana Duncan provided a correction to the bio deadline date - November 6 is the due date. Bios are to be sent to Judy Uthe at judyu@pamh.com.

Network Operations Updates – Cynthia Benjamin/Chuck Hill – 10 minutes

Chuck Hill did not have any updates.

Cynthia Benjamin indicated the Global CQI Committee is coordinating training with UNCC Urban Institute. Sean Langley, representative from UNCC Urban Institute is meeting with the committee next week about training in January. The committee will then get with PBH Community Relations Department. The training will assist providers with trending, patterning, collecting data, and data analysis for State and PBH requirements. A Flyer will be distributed and information provided at the next provider meeting

If providers have additional trainings, the Global CQI Committee will be glad to schedule. These trainings should be communication to PBH Network Operations directly. Ann Taylor and Ann Wilson, both former PBH staff, offer provider based trainings which are sent out in e-mail blasts.

As of October 1, 2008, PBH as Additional Insured has going away. Our thanks go to Natasha McKenzie, PBH Attorney, who has ended employment with PBH as of yesterday. Contract amendments were sent out a week ago but due to some

last minute changes, revised amendments are here today. Please pick up your contract amendment, review, and sign so that we may process.

There is a flyer in your Provider Meeting folder about Cultural Competence trainings set for November 7 and December 5. These trainings will focus on development of your Cultural Competency Plans. In early 2009, PBH's Quality Management Department will begin monitoring providers' plans. Wilma Townsend will be training PBH staff on Oct 30 and October 31 so that Network Operations staff will be able to assist providers with their development plans. We are beginning to look at trainings in relations to this piece. The criteria for certification is a 4 (four) year college degree and Q status. The members of the Provider Cultural Competency subcommittee present at the Provider Meeting were Leslie Mussington, Alisa Russell, Karen Holst, Sylvia Emafo, and Diana Duncan, Committee Chair.

Network Operations Overview/Power Point- Dr. Robin Susser, Cynthia Benjamin, and Chuck Hill – 20 minutes
A departmental overview was provided since there has been a lot of change over the last year. Dr. Robin Susser is the Director of Network Operations. The department is responsible for the management of PBH Network Providers contracting, reviews, ongoing collaboration, application and enrollment of network providers, endorsement. We also coordinate Communication Bulletins pertinent to contracts, training communications and E bulletins that provide time-sensitive information. The development of the Provider Network for necessary needs/services requires Network Operations to perform analysis and recruitment. Through a joint collaboration with the Network Council, Network Operations host the monthly Provider Meetings. A PowerPoint presentation outlined detailed roles and responsibilities. Each Department member introduced themselves.

Provider Relations Unit is supervised by Cynthia Benjamin. Members of the unit are:

- Jana Rollins - Contract Data Manager
- Ted Thomas – Network Development Specialist
- Reid Thornburg – Provider Relations Manager and Waiver Oversight Team member
- Jill Stephenson – Provider Relations Manager and Waiver Oversight Team member
- John Giampaolo _ Provider Relations Manager and Work First Program liaison (This was awarded to Sims Consulting.)
- Tracy Threatt – Provider Relations Manager and newest PRM working with the Licensed Independent Practitioners.

The Provider Relations Managers have cross disability case loads. Cynthia collaborates with Daymark Recovery Services, RHA Health Services, Arc Services Inc dba Monarch, Excel Tutoring and Personal Development, Union County Department of Social Services. The Provider Relations Unit is provider's first point of contact. They assist Providers with contract and general conditions development/review, PBH system navigation, billing liaison, field claims or service questions – this unit overlaps with many PBH departments. They conduct face to face meetings with providers and become familiar with the client the provider serves.

Chuck Hill is the supervisor of the Data Unit staff. Members of the unit are:

- Judy Uthe – Data Manager
- Heileigh Thompson - Credentialing Specialist

PBH is a data driven organization. The Data Analysis Unit assists with development decisions, outcome measures, reporting requirements, Provider Satisfaction Survey, GeoMapping (where providers are located geographically to consumers standards: rural 30 minutes or 30 miles, urban 20 minutes, 20 miles), and the NCQA Accreditation process. In addition, the Contract template is developed and maintained by this unit. PBH's contract process is different from other LMEs due to being a part of a pilot project and part State law indicating LMEs can do a different contract. Any major changes to the contract template must be sent to Secretary for approval before implementation. The Provider Satisfaction Survey feedback from providers helps improve PBH's relationship with providers. The National Provider Identifier (NPI) was implemented into the PBH system before a mandatory requirement and before North Carolina Medicaid's system was up and functioning. The Data Unit maintains and updates NPI, Provider applications, data integrity in the PBH system, and the Provider manual (a new version is available on PBH Provider website). Also, provider endorsements and credentialing are monitored by this unit.

Eliza Davis, Administrative Assistant, assists with the preparations of the Provider Meeting. Flay expressed how helpful this was. Dr. Robin Susser stated if there are any questions regarding the presentation to call your Provider Relations Manager, Cynthia Benjamin, Chuck Hill, or herself to get clarifications.

Network Operations Educations Initiatives - Dr. Robin Susser – 5 minutes

Dr. Susser is drafting a Policy for awarding CEU's and Continuing education credits. She has contacted boards to get this plan in place and would like to have the training agenda prepared by January 2009. Initially, the workshops will be in Concord, but the long range plan is to hold trainings in all counties to reduce provider travel. This is a good way to meet/greet and increase the Provider Network. Dr. Susser asked providers to submit topics for the workshops to add to the list she is compiling. Ethics and Confidentiality trainings are in place. Submit trainings to address your specific needs.

Providers have different interests. Dr. Susser asked the Providers to send recommendations on topics or presentations that they would like to see at Provider Meetings. She is looking forward to input on the topic suggestions.

Please submit suggested topics for trainings to Eliza Davis eliza.davis@pamh.com

Future Provider Meeting program topics, please submit to Eliza Davis eliza.davis@pamh.com

******* Break to network with other Providers *******

Highlighting a Provider – Flay Lee – 5 minutes:

Flay asked if there were any new providers attending their first Provider Meeting. April Llenza with Path of Hope indicated she was a replacement representative. Flay encouraged providers to come to the meetings.

PCP Conference – Suzanne Storch – 10 minutes

Suzanne stated that for the past six months 'Save the Date' communications have been provided regarding the Person Centered Planning Conference on October 23 and October 24, which is right around the corner. There is a pre-conference that Bonnie Schell wanted Suzanne to announce that all are Welcome to attend the pre-conference – it is FREE. The pre-conference will be October 22 at the Salisbury Holiday Inn and registration is still available. The deadline is October 17 – registration can be done by calling Consumer Affairs or on the PBH Website. On Wednesday, consumers and providers will be attending. Suzanne indicated there was still space for vendors. This year the vendors will be located in a separate room (food will be in same room). Vendors can share a table. Sign up at the PBH website. Doorprize donations are still being accepted. Door prizes are a huge deal for attendees. Boxes for the donations are at PBH sites or you may contact PBH for pick up. The latest count of attendees is 300 people. There will be a balance of consumers and professionals. Bev Marrow asked Suzanne to express the need for Provider support - it matters to consumers. Again, it is FREE.

Navigation of the Provider Direct Software – Rita Goodwin - 20 minutes

At the last Provider Meeting, there were questions on how to navigate provider direct. Rita asked for specific questions. No questions were provided. Diana Duncan interjected stating some of the issues indicated at last meeting were getting to the Provider Direct page and going to the billing page to create a claim. Rita noted the home page has changed and it does not require an agreement acceptance and email address any longer – now, when you click on current PBH providers tab, you are taken directly to Provider Direct. Rita demonstrated navigation.

Rita asked if there were any problems.

- 1) Daniel Brown suggested saving the Provider Page as a favorite, which will take you directly to Provider Direct. Rita did not recommend this suggestion as it may cause error messages. It is good to go to the Provider Page to get communications.
- 2) Diana Duncan stated she gets timed out and she thought her billing had gone through. It is more secure if you don't save as favorite.
- 3) Arlana Dodson-Sims stated the services page of the tar refresh feature refreshes after each change. Rita indicated she will need to take this issue back to the committee to discuss the concern.
- 4) Arlana also stated that she has asked why do you have to select the provider each time but was explained this was due to Community Support.

Rita noted that Provider Direct is a web based application. If you have passwords still active for staff that have left employment of your agency, they can still log into the Provider Direct system. It is important to inactive passwords and not share passwords – passwords are free.

5) James Johnson asked if you can still combine services on a claim. Rita's response was on the 1500 claim form, you can put multiple services on that claim form. The auth number used to be put on the claim – that is no longer required. If you have additional services, you add rows.

6) Diana Duncan asked if you can only bill one month at a time. Rita stated you can bill the way you want but she will get a definite answer from PBH Finance Department. Arlana indicated she has not had any problems for outpatient billing.

7) James asked if you can add by duplicating the row. Rita's response was no - you can copy. You need to make sure you delete the row if you are not completing it.

8) Another provider problem indicated was when exiting Client Gateway, it takes you to an error message of 'Page cannot be found' – instead can it go back to PBH's Provider website? Rita will check to see if we can do that. It could be a break in code link.

9) Arlana asked when is the best time to submit claims – she usually bills on Tuesdays at 3 and the system is always slow. Rita recommended providers bill whenever they see the consumer. Many providers wait to the last minute. Niels Eskelsen suggested submitting claims in smaller increments each day. Billing cut off is at 5 p.m. on Tuesday.

- 10) What is the actual timeframe before Provider Direct times out? Rita stated 15 minutes.
- 11) Question regarding the Remittance advice. A preview was shown. The last line has totals. Denial reason codes are at the bottom. You may call the Help Desk or Finance Customer Service representative with further questions.

Dennis Murphy, Director of PBH IS Department, stated auth letters will be eliminated from folders at the end of December.

Communication Bulletin FY-0809-UM-06: Print Authorization Letters on Demand – Pam Rankin - 5 minutes

The bulletin is about a change where authorization letters will be found. It is now easier and simple with step by step instructions located within the bulletin. Pam asked providers to get this information to the right people within their agencies. Starting next Wednesday, auth letters will no longer be downloaded to the old files. You will select the Print authorizations button, select a Print by date range which pulls all authorizations or pull authorizations by client. Pam and Rita provided a demonstration on accessing auth letters within Provider Direct. Question was asked if this starts Wednesday. Pam and Rita stated the new process is already in place. They also noted the 'Revise Date' field shows the original authorization has been changed.

GAST Geriatric Adult Specialty Team – Dawn Lillard - 10 minutes

Dawn asked providers if they have heard about the GAST – no providers raised their hands. Dawn provided an overview of the team. GAST is a team of 3 people (a nurse, a Master's level, a Bachelor's level) who offer training in the adult care home environment, for family caregivers, and at nursing homes for staff. We are increasing the knowledge of staff about mental illness to help them work with their patients. Our goal is to prevent hospitalization. We teach staff on how to be more therapeutic with residents. Also, we provide consultation and education to family caregivers. The patient/consumer is 60 years of age or above, lives at home with an adult child or elderly parent with a psychiatric diagnosis and at risk for psychiatric hospitalization or a geriatric illness/disorder. Information cards were handed out. Scenarios were presented to show how GAST can assist with training/consultation. We can tailor the training for problem behaviors. The more information the team receives about a situation, the better equipped they are to train. If you have contact with a geriatric person and identify that the caregiver needs help, we suggest you advise the caregiver to call GAST.

Our role is not to provide assessment or clinical assistance – our target is the caregiver. Providers are welcome to be present at any of the GAST trainings/consultations. Crisis Plans are important – the more specific, the better off the resident and staff will be with focused GAST training. Most times the staff are not professional staff, have limited education about mental health and communication skills. If your crisis plan uses medical terminology/technique names, we recommend you use descriptive detail about what will help the patient. A hand out of trainings was provided. Dawn asked if providers had any situations. There was no response. GAST phone numbers are on the card and newsletter.

Question: How can you effectively work with the caregiver and there has not been ongoing care, what would you do since you do not provide assessment?

Response: GAST would recommend formal assessment. The team is usually involved when there has been a diagnosis or primary care.

Cultural Competence Provider Sub-Committee – Diana Duncan - 5 minutes

The committee met last month and will be meeting today. We are working on a check list to be used by PBH Quality Management to monitor providers' cultural competency plans. Network Council has approved the list with a few minor changes. Today, the committee will finalize the check list.

There is Provider quarterly training – it is imperative that we have our plans in effect next year. It is important for providers to get trained – you may bring your plans to the training so that you can get assistance, suggestions. This is a State requirement and we are going to have to abide. This is not an LME mandate – it is a State mandate. As providers of the PBH Network, we are in a great position to be under PBH who is assisting with plan development. Other LMEs are following other tools. The PBH network is one of the top in the state. At the council meeting, there have been concerns from PBH partners/executives about them providing training for us (we asked for the trainings) and then we don't show up. We have to be mindful of the fact that they are going out of the way for us. The bulletins on the web page - we need to read them to see what we need to know. Instead of reacting – be proactive. Providers need to come to the trainings – we are in it for one goal: provide quality service for our consumers.

What are the barriers to Providers in using state funds to provide services - Niels Eskelsen – 15 minutes

There is a State level group that meets with providers, LMEs and the Division (PAAC). For the last couple of years, we have reviewing funds at the end of the year and why are we not spending down all our service dollars in State funded services. Two years ago, there was 40 million dollars that were not spent. Legislators are asking why they should allocate funds when we are not spending them. Leza Wainwright asked why we are not spending down our mental health dollars. The Legislative Oversight Committee (LOC) wants the Division to them why the service dollars are not being spent down. A subcommittee has been formed to respond with the barriers. Niels asked providers opinions/feedback so that he can take it back to the PAAC meeting on Monday for development of our LOC response. Unlike other LMEs, PBH

spends all its state dollars. In fact, last year we overspent. The year before, PBH spent 96%. PBH is an anomaly in the State partially because of our single stream funding – we have more latitude.

Provider Input:

1) PBH limits who can use state dollars.

Response: PBH has always used State dollars for people on waiting list. The problem is there is not enough state dollars.

2) Is this an issue of education? Tell providers that may not know about the state dollars availability. Provider: service denials.

3) Contract amendments – they get approved but you can't provide it because it is not in your contract.

4) Access to care is slow, by the time it is in place, the person has moved on to higher level of care.

Response: If you have 40 million dollars to spend Statewide, but there is a higher demand in specific areas, it could be an allocation issue.

5) They need to shift money middle stream.

Response: They have cut PBH dollars by 3.6 million, fund administrative mandates. PBH was the only LME to get cut, which is illegal and we are actively working with the State to get the funds reinstated. Allocation of dollars to PBH is an issue. It is not helpful to consumers who need service. A funding dilemma.

6) Do other LMEs put out request for services statewide?

Response: It is understood they could not find services in the area. They need to reach out to other providers across the State to get that type of service.

7) For Level III residential, there are so many restrictions and requirements for a child to be eligible to access State funds. You can't go back in time to get reimbursement.

Response: There are a lot of administrative barriers for accessing State funds.

8). Denials are a concern. IPRS is a barrier to report use of dollars.

Provider Questions/Updates/Concerns/Suggestions

1) Going back to what Niels was talking about, what can PBH do to help the Level III providers? To get authorizations, change rule made in 2006.

Response: When you are accepting a consumer, make sure the guardian knows the timeframe.

2) Diana Duncan announced the Network Council vacancy bios are to be given to Judy Uthe by November 6. Her email address is judyu@pamh.com.

3) Contract Amendments are at back desk, please pick up.

4) Announcement that came out from Congress about the approved Mental Health Parity Bill. This is a landmark decision for our field. We should send our thanks for getting us the Mental Health Parity Bill and Substance Abuse Acquisition Act

5) Taste of Hope – 25 restaurants, \$25 eat all you want. Tuesday, October 14, at 3815 N. Tryon Street.

6) This is your meeting for you to get as much information as you want. Please encourage cohorts to come and be part of the meetings.

7) Providers can contact Network Council representatives with issues/concerns. You are welcome to voice concerns at the Network Council meeting, which is held the first Thursday of each month beginning at 1 p.m. at this building.

The next Provider meeting is November 14, 2008. This will be a breakout session meeting with sessions as follows:

Mental Health	9:00 a.m.
Substance Abuse	10:00 a.m.
Development Disabilities	11:00 a.m.

Dismissal