



**Network Provider Meeting Minutes  
November 13, 2009  
9:00 AM to 12:00 Noon  
Copperfield Training Facility**

**Attendees:**

Jeannie Armstrong, Turning Point Services  
Allan Azali, Independent Opportunities, Inc.  
Angie Banther, Path of Hope  
Renee Bellemore, Arc of Davidson County, Inc.  
Cynthia Benjamin, PBH - Provider Relations  
Chris Bennett, Elite Services  
Carlo Black, Youth/Adult Care Management  
Don Bovender, Rowan Vocational Opportunities  
Kelly Bowen, Autism Services of Mecklenburg County  
Brent Brandon, Quality Care Development Services  
Janet Breedey, GHA, Inc.  
LaRuth Brooks, Youth Villages  
Daniel Brown, Monarch  
Julianne Gold Brunson, Journey to Wellness  
Traci Butler, Developmental Disabilities Resources, Inc.  
Wendy Campbell, Baptist Children's Home  
Sheri Carter, MHA, Inc.  
Karen Clark, Old Vineyard  
Janet Connor, Client Care Web  
Ola Cook-Mbah, CNC/Access  
Dana Crosson, UCPS  
Mary Crump, Easter Seals UCP, Inc.  
Courtney Dabney, Children's Home Society of NC  
Susanna Dean, A.D.E.P.T.  
Sharon Debraffenreid, F & S Professional Services  
Dean Ewart, Easter Seals UCP, Inc.  
Lamont Ford, PBH - Network Operations  
LaSheree Fuller, RHA, Inc.  
John Giampaolo, PBH - Provider Relations  
Tammy Gilmore, PBH - PDS  
Carol Gouge, PBH - Consumer Affairs  
Helen Harrill, Substance Abuse Prevention Services  
Greg Henderson, Britton & Crump  
Tom Hibbert, Timber Ridge  
Chuck Hill, PBH - Network Operations  
Karen Holst, UCPS  
Annie Ivy, Southwood Group & Development Center  
Jane Jackman, The Arc of Rowan  
Chris Jacobson, PBH - Utilization Management  
James Johnson, S.T.E.P.S. Academy  
Pamela Johnson, Youth Care, LLC  
Yvette Johnson, Qualify Family Services  
David B. Jones, PBH - Utilization Management  
Lisa Jones, RHA Health Services, Inc.  
Dawn Kelley, ComServ, Inc.  
Jim Kelley, Monarch  
LaRue Kennedy, Arc of Davidson  
Sarah Leidy, McLeod Center  
Gina Lemons, Developmental Disabilities Resources, Inc.  
Tyran Lennon, Horizon Care, Inc.  
Jill Lineberger, RHA, Inc.  
Heidi Lloyd, Barium Springs Home for Children  
Erin McBride, Bayada Nurses  
Nadine McNair-Smith, Horizon Care, Inc.  
Vera McRae, Arc of Davidson  
Shelby Marlow, PBH - Community Relations/Provider Relations  
Dennis Murphy, PBH - IS  
Revella Nesbit, PBH - Community Relations  
Dee Pankey, GHA, Inc.  
Brigitte Perry, OmniVisions  
Paul Peters, Quest Provider Services, LLC  
Sharon Posey, Youth/Adult Care Management  
Debbie Rice, Family Services of Davidson County, Inc.  
Michelle Rieder, PBH - Community Relations  
Melissa Rivera, RHA/ Howell Care Centers, Inc.  
Jana Rollins, PBH - Provider Relations  
Alisa Russell, Community Specialized Services, Inc.  
Robert Savino, Easter Seals UCP, Inc.  
Bonnie Schell, PBH - Consumer Affairs  
Devon Smith, Developmental Disabilities Resources, Inc.  
Carolyn Spence, Alexander Youth Network  
Julie Stanaland, Union County Residential Services  
Jill Stephenson, PBH - Provider Relations  
Ted Thomas, PBH - Provider Relations  
Steve Tomlinson, PBH - Community Relations/Network Operations  
Heileigh Thompson, PBH - Network Operations  
Reid Thornburg, PBH - Provider Relations  
Tracy Threatt, PBH - Provider Relations  
Tara White, Quality Care Developmental Services  
Bobbette Willis, The Keys of Carolina  
Anna Yon, PBH - PDS  
Angela Yoo, Substance Abuse Prevention Services

**Welcome/Purpose** [Flay Lee]

Flay greeted our providers, welcomed them and introduced himself.

**Announcement:** Recycling bins are now available here at Copperfield. We encourage you to use them.

**Meditation** [Flay Lee]

Flay read "Are You Expecting Someone?" (Get author from Flay)

**Network Council Report** [Flay Lee]

Flay asked the Network Council Members to stand and introduce themselves.

Diana Duncan, Secretary of the Network Council has been sick recently and is having surgery on the 18<sup>th</sup>. Please keep her in your thoughts and prayers.

Provider meetings are now held quarterly instead of monthly.

Bring your provider concerns to the Network Council.

**Open Positions on Council**

We have positions open in areas of SA, DD, MH and Licensed Independent Practitioner. If you are interested, submit your request and biography information to Steve Tomlinson.

Flay extended the invitation for providers to come sit and observe at the Network Council meetings.

**Nominations and Elections Committee**

The Nominations and Elections Committee met regarding the next officers for the Network Council.

**New Network Council Officers 2010**

The new President will be Dawn Allen from GHA, Inc.

The new Vice President will be Leslie Mussington from Horizon Care, Inc.

The new Secretary will be Jeannie Duncan, President of RHA/Howell Centers, Inc.

**Proposed Electronic Medical Records System**

Steve Tomlinson - The State Division of Mental Health is exploring ways of moving towards electronic medical records. All medical records will be electronic and will allow us to access medical information immediately. The Division requested PBH to consideration of having EWITS. They have asked several LME's to participate. At the last Network Council meeting, EWITS gave an extensive presentation. This program will interface very well with the Division's medical information and will allow the transfer of data which is part of our contract with the Division. It may alleviate our need to do NCTOPPS. The presentation was a very impressive performance of that system. They are looking for 10 providers per LME to participate in this program. They want provider agencies to participate but we are not sure of the criteria at this time. It is free. We are thinking PBH is likely to participate in this. We encourage you to look forward positively. Let Steve know and he will provide information about the webcast next month.

**Question:** Robert from EasterSeals UCP, Inc. - Do the providers need special equipment?

**Answer:** Steve - We have not been advised that special equipment be necessary.

**Question:** Angie Banther Path of Hope - Is this a web based server system?

**Answer:** Yes, it is web-based.

**2010 Dates for Provider Meetings:**

February 12, 2010

May 14, 2010

August 13, 2010

November 12, 2010

**PBH Department Updates** [COO/Directors/Staff]

Steve – The Credentialing process involves an application. There are a lot of checks that we go through to ensure the applicants meet certain criteria. We have not been allowing you to bill until the practitioners are credentialed. We have changed this so when you bring on a practitioner once they are credentialed we will backdate the service start date to the date the complete application was received.

**Town Hall Meetings** - We have been going out into the community and holding Town Hall Meetings regarding the implementation of the budget cuts. We will be in Stanly and Davidson Counties next week. We encourage you to let consumers and family members know about these meetings. The Stanly County meeting will be held Tuesday, November 17th at the library at 5:30pm. The Davidson County meeting will be held Wednesday evening, November 18<sup>th</sup>, at the governmental building at 5:30 pm. Bring your items for discussion.

**UM** – David Jones opened the discussion for Utilization Management questions. There were no questions.

**Finance** – There were no updates from Finance.

**PBH Website Update** [Ted Thomas]

The Provider website was projected onto the screen for all to view. Ted Thomas and Michelle Rieder are recruiting providers for their input. We have a basic format, a template if you will, to say maybe this is the direction we may be going towards. We want to see a website that has functionality, organization, which is easy to use, easy on the eye. We want three, four or five of you to join us and commit to over the next couple of months to have something to present at the next Provider Meeting in February. Who would like to join us in this endeavor? Robert Savino with EasterSeals UCP, Tom Hibbert with TimberRidge Dee Pankey with GHA, Inc. and later on in the meeting Sharon Debraffenreid from F& S Professional Services volunteered. If you are interested in joining Ted and Michelle, please contact Ted at 704-721-7109 or [ted.thomas@pbhsolutions.org](mailto:ted.thomas@pbhsolutions.org)

**Question:** Angie Banther – The last couple of e-mails you sent have come with pbhsolutions.org in the e-mail address. Do we need to change the addresses in our address books?

**Answer:** Ted – Yes, you can change them but the old addresses at pamh.com will still come to us.

**Peer Support Specialist Services** [Bonnie Schell]

How many people here work with adults with SA or MH challenges? (Providers raised their hands.) Peer Support is based on the recovery model. It is a B-3 service which is under utilized. PBH has trained around 50 Peer Specialists who are employed by the ACTT teams under MHA, Inc., clubhouses, RHA, Inc. and Monarch.

A Peer Support Specialist is an adult who has at least one year in recovery from SMI or dependence on substances. They have at least 40 hours training by PBH on state competencies which came from the State and were laid out by UNC Chapel Hill School of Social Work in a grant to Behavioral Health Recovery Program (BHRP).

Peer Support is for adults with SPMI, MH/SA challenges. It started in GA, spread to SC, NM and AZ. NC statewide is working on a service definition.

Peer Support is the act of people who have had similar experiences with mental health illness, giving each other encouragement, hope, guidance and understanding that aid in recovery. It is a different services that may be perfect for some individuals who have or had have Community Support.

Peer Support is for an individual who...

...is receiving or has recently received crisis intervention services

...is experiencing functional problems in the residence, community, church, school, their job or volunteer activity.

...is missing appointments or being late

...is in active recovery from substance abuse/dependency and is in need of mutual support from a peer for relapse prevention support (peer modeling)

...is experiencing money management programs

...needs to develop self advocacy skills in order to decrease dependency on the mental health system of care

Medicaid covers the following areas of work by Peer Support Specialists. PS includes:

-Self-help and mutual support

-System advocacy, writing HR, phone call about problems

-Individual Advocacy – Side effects and overall wellness

-Maintaining Housing – Bill paying, organizing

- Education and Employment
  - Peer Social Activities – Building relationships
  - Support to facilitate recovery and resiliency
  - Goal Setting and Problem Solving
  - \_Coping and Self-Management Skills
  - Community re-entry following hospitalization
  - Pre-crisis and post-crisis plans including psychiatric directives
- MHA is using Peer Support for Bridgers.

The Peer Support Staff to Consumer Ratio is 1 – 9; Qualified Professionals Supervising ratio is 1-6. An initial authorization is 90 days up to 15 hours/week; Step down after 180 days; Step down to 10 hours/week; intermittent support 5 hours/week. 80% of the time must be face to face. Peer Support Specialists work side by side with mental health professionals to assist consumers of MH and SA services on the road to recovery. A Peer Support Specialist is grounded in a belief, the fact of recovery.

Service Exclusion (Not the same hours of day as PS): Partial hospitalization, ACT Team, Community Support Team, SAIOP, SACOP, and 18-21 year olds still living in a child facility.

“Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in and individual’s recovery.” –The President’s New Commission on Mental Health Report

“Recovery is a process by which an individual regains their self-esteem dreams, self worth, pride, choice, dignity and meaning.” - Wilma Townsend, “Recovery: The Heart and Soul of Treatment”, Psychiatric Rehabilitation Journal, 2003.

**New providers that are in attendance today:**

- ▲ Paul Peters with Quest Provider Services, LLC
- ▲ Helen Harell with Substance Abuse Prevention Services

Later in the meeting Flay asked Helen Harrell to give a brief description of their services. Helen introduced Angela Yoo who was with her representing Substance Abuse Prevention Services. Helen said they provide prevention services for youth, parents, incarcerated individuals and an array of others. If you have needs and would like to contact them, Angela’s e-mail address is [yoo@preventionservices.org](mailto:yoo@preventionservices.org) Prevention, help individuals to say “no” when they have to and with relapse.

**Agency Spotlight: “Journey to Wellness” Julianne Gold Brunson, Ph.D.**

Julianne is the program director for Journey to Wellness, a mental health and consultation/advocacy agency for deaf, hard of hearing, deaf-blind and late-deafened consumers in nine counties surrounding the Charlotte area. Julianne received her doctorate in clinical psychology from the University of Greensboro (UNCG). She completed her clinical psychology pre-doctoral internship at the University of Rochester Medical Center (URMC) at Strong Hospital in Rochester, New York where she won the coveted Pre-doctoral Award for Excellence in the Psychology Training Program at URMC.

Upon completing this internship, she was a staff therapist at the renown and internationally recognized Deaf Wellness Center (DWC), a psychology clinic for deaf individuals in Rochester, New York with Dr. Robert Pollard, Ph.D. and Amanda O’Hearn, Ph.D. At the DSC, she provided clinical services to deaf and deaf/blind patients, assisted in psychological research projects and co-starred in two Dialectical Behavioral Therapy (DBT) skills training films produced by DWC and Marsha Linehan and the DWC-CDC’s health-education films project.

Dr. Brunson had a very impressive PowerPoint Presentation which will be posted on the Provider website. The presentation displayed a Population Overview which consisted of Pre-Lingually Deaf (Early-onset, congenital, culturally Deaf and Late-Deafened, Hard-of-Hearing, Acquired Hearing Loss, Sudden Severe Deafness, Adult-Onset. The presentation included the following topics:

- Mental Health Issues re: Late-Deafened
- FAST FACTS ON TRAUMA AND DEAFNESS

- Substance Abuse among the Deaf and HH Pop
- SA Statistics among the Deaf and HH Pop.
- At Risk Characteristics
- Obstacles to Treatment & Recovery cont...

We are state-contracted to provide you with free advocacy, consultation, intake assistance to all SA & MH agency and consumers in AMH, PBH, and Pathways LME areas.

Journey to Wellness provides information, education and referral services (e.g., how to hire state-funded interpreters, AA/ NA meeting coordination, disability rights, cultural competence training, adapting treatment plans, adaptive equipment, relevant ASL websites for the deaf re SA, medical topics, etc...) They also provide ASL-fluent outpatient therapy services for all ages.

Dr. Brunson provided a wealth of information. She is willing to come into your agencies, assist you with your cultural competency programs, fine tune the treatment goals, lend her assistance on how to obtain interpreters and more. Journey to Wellness is contracted by the State. Contact Dr. Brunson at 704-926-5030 to assist you.

### **Break [Network with other Providers]**

#### **Topics of Interest:**

Darlene Steele, Director of Quality Management is no longer with PBH. Deanna Campbell is currently in that role. Please contact her at 704-721-7114 or [Deanna.Campbell@pbhsolutions.org](mailto:Deanna.Campbell@pbhsolutions.org) if you have QM questions/issues.

#### **Critical Access Behavioral Healthcare Agencies [Steve Tomlinson]**

The Secretary of State has identified PBH as a pilot agency for critical care. Community Support will be eliminated as of June 30, 2010. We have managed our Community Support well. The Division of Mental Health has put together transition plans. As a result they convened a subcommittee to look at what will happen to consumers and what services will be available. They developed standards as to what Comprehensive Community Providers should be. PBH has had CCP's in place for some time and have made recommendations to the Division. The Division has released its policy. This does not impact DD providers but it does impact MH and SA providers. Clinical competency, fill in the fragmented areas, preparation for the waiver. At FARO they talked about PBH waivers coming up in different parts of the State. This Critical Access Behavioral Health Care is to prepare for the waivers to come. Qualified, competent clinical assessments are being done. They are looking at case management and how this is a very important part. Peer Support will be going throughout the state. CABHA's will have a three year accreditation from an accrediting body recognized by the Secretary of the Department of Health and Human Services (DHHS). Agencies will be given time to accomplish this.

Each CABHA is required to offer the following Core Services: Case management for MH/SA not included in a bundled service (may only be provided by CABHA's), Comprehensive Clinical Assessment, Medication Management and Outpatient Therapy. They must also provide two additional services which serve to create a continuum of care for the age/disability of the consumers to be served. These services are: Intensive In-home (IIH), Community Support Team (CST), Substance Abuse Intensive Outpatient Program (SAIOP), Substance Abuse Comprehensive Outpatient treatment (SACOT), Child Residential Levels II, III and IV, Therapeutic Family Services (TFS), Day Treatment, Psychosocial Rehabilitation (PSR), Assertive Community Treatment Team (ACTT), Multi-Systemic Therapy (MST), and Mobile Crisis Team. Then you can be considered to be a CABH Agency.

**Question:** What about those who are not qualified?

**Answer:** They will allow a 2-year ramp up and you will be able to affiliate with other providers to be considered. The affiliation part has not been released yet.

**Question:** Does affiliation mean merger?

**Answer:** We do not really know yet. They will be releasing more information in a few weeks about the process and the criteria to become a CABH Agency. The NC Provider Council is working closely with the Division to see how this is going to look. Providers who do not provide these services, this does not affect you.

Brigitte Perry with OMNIVISIONS said that CMS stated that Therapeutic Family Services are stand alone and do not have to be a part of CABH.

Tammy Gilmore – PBH/PDS - CMS stated that Therapeutic Family Services is now a stand alone service.

David Jones – We do not have all of the answers right now. This information came out in a memo and there is more information to come.

**Question:** James Johnson – About the two year ramp up, what time does it really start and once you partner up, is there a number of partnerships which you can establish?

**Answer:** January 1, 2010 will be the start of the application process. Agencies have to meet criteria for CABHA by July 1, 2010.

We are waiting to hear what the components will be for the application process. We do know that they have been discussing that affiliations can be two or three but only one would be designated as the CABH Agency and the other providers that enable them will be the support group.

**Question:** The Service Definition indicates that you may be submitting an application in the process and have not been approved yet, what happens?

**Answer:** We are not sure about that yet.

David Jones – There are specific dates mentioned in the memo January already endorsed but do not meet the criteria, then there is the July date. Who knows if those dates will stand or not?

Sometimes the dates are adjusted. We do not have the official information.

Angie Banther recommended that you go daily to the Division website. There is a place where you can go in and put your comments. That is where some of the changes are coming from. It would be highly beneficial for you to do that.

**Question:** Tom Hibbert – Timber Ridge - Case management can only be provided by CABH. Is this implication true?

**Answer:** David Jones – Yes, in order to provide those services, you have to meet the criteria.

**Question:** Deborah Rice – Family Services of Davidson County, Inc. - The CCP's are the examples throughout the state?

**Answer:** Yes, that is correct with a few changes.

The CABHA seems very prescriptive and is a tighter process, coming from the State's lessons learned from putting out other services and are going to design it with more standards and more processes. This is how they talked when they rolled it out.

**Question:** Deborah Rice – Family Services of Davidson County, Inc. - So does this mean that providers who do not provide those services will not be able to continue after July without affiliation?

**Answer:** The whole affiliation part is new. It does not say that.

### **Transition for Community Support [Cynthia Benjamin]**

Cynthia thanked the network for their willingness to respond to our need to transition Community Support. We had a great response. E-mails were sent to about 70 providers asking if they could accommodate more services.

Pam Rankin was instrumental in this process. These services are involved: MST, Intensive In-home, Day Treatment, Residential Levels II and III, Supported Employment, Peer Supports and Psychosocial Rehab. The greater majority of the providers we e-mailed are able to assist us by bringing on additional services. We met with the CCP's and Youth/Adult Care Management to let them know that the response was really good. They will be receiving calls about transitioning consumers. We do not want a lapse in services for our consumers. We commend you and thank you for stepping up. If you have any questions, please contact us.

### **Service Endorsement Process - [Cynthia Benjamin]**

As of December 1, 2009 we are no longer going to participate in the service endorsement process. Originally we were told we had to. We will continue to do Corporate Endorsement. If you are asked for a copy of the services you are endorsed for, send them a copy of your contract. It lists all the services you provide. They are all loaded into the body of your contract.

## **Network Dashboard Report [Chuck Hill]**

Chuck displayed a copy of the PBH Network Council Dash Board Report and referred providers in attendance to reference the handout in their folders. As of October 29<sup>th</sup> we had a total of 252 providers including CCP's, LIP Groups, Hospital Inpatient, Hospital Outpatient, LIP's, LME, ADATC State Institutions, ICFMR State Institutions, Neuro Behavioral Center State Institution and Psychiatric State Institutions. There was a graph illustrating percentages of Providers by Type in the PBH Network.

**-Discharge TAR Summary by Provider** - If you submit a discharge TAR, this information was included in this report. It is very important for us to get that because we use a lot of the information on the discharge TAR for system outcomes, managing out authorizations that are outstanding, authorizations that are not used. About 65% - 75% of the authorization is actually used.

**Question:** James Johnson, S.T.E.P.S. Academy – Is it the provider's responsibility or the case management's responsibility to do the discharge TAR?

**Answer:** The support is to submit the TAR.

**Question:** What if the service is not ending but the consumer has elected to go to another provider?

**Answer:** You have to have a discharge TAR. We do an update to the ISP. Anna Yon – PBH/PDS - An update to the ISP or the plan.

Paul Peters - Quest Provider Services, LLC – In Provider Direct training we were told that when services are discontinued, we need to complete a discharge TAR before another provider can bill for services.

Susanna Dean with A.D.E.P.T. commented that they have had several cases where discharge TARs had not been completed by other providers so A.D.E.P.T. could bill for services.

**Answer:** The support coordinator's responsibility. It is the responsibility of the family to let you know that have chosen another provider.

**Question:** What if this is a temporary thing, say this person loses their job, do we discharge them even then?

**Answer:** Yes, if they are going to use another service you would discharge them because you don't know if they are coming back or not.

**Question:** So we would un-enroll that person, not just that TAR that takes that person out?

**Answer:** When/if they come back, you can do a new authorization request.

Angie Banther – I asked the SA Provider Association about the discharge TARs. They do not give us any place other than typing out long handed to tell what has happened to that consumer.

David Jones - We are working on that.

Unidentified Provider – It is difficult if you do not do this on a regular basis. It is easier if you this regularly.

Chuck - The report is based on unduplicated count of consumers.

**Question:** Karen Holst – Union County Public Schools – What is the best way?

**Answer:** David Jones – We can do a TAR but it will be denied although we would capture that information. The easiest way to do that is to call our 800 #: 1-800-939-5900

**-Timeliness of TAR Submissions** – David – There negative numbers on the report – issue is with copy forward TARs. Copy forward TARs and do not change the dates, they are copied forward with the original dates. That could be why this is happening.

**Question:** Angie Banther – Path of Hope – Change the dates to what?

**Answer:** David Jones - Change the dates from the initial assessment to the present.

We are supposed to have at least 14 days prior notice to provide the service or continuation of the service, most of the time we are getting a few days or needed to start yesterday. If you feel these numbers are not reflective of what your agency is doing, give us a call. Call me (David Jones) or Chris Jacobson.

**-TAR Review Compliance** - Lists the average days to review a TAR; The total number unapproved does not necessarily mean a denial, it means some of them may not have been approved yet.

**-Trending Reports** - Limited finite amount of money for state-funded services.

**-Registry of Unmet Needs** – The numbers do look static and low. We were concerned about that and spoke of it with Network Council and the Clinical Advisory Committee. Even though there are folks out there that may need that service, we do not know about that. They know there is a freeze so they do not ask about it. It may be a normal reaction. If you do have someone that comes to your agency and they really need a state-funded service, we need to know about it so when we do have funding and open up those services their needs can be met.

**-Number of Consumers Served by Agency** - The Number of Revenue Generated

**-Medical Expense Ratio** - What PBH's actual revenues are versus what our expenses are in terms of paying you as a network.

**-Number of Days to Process and Pay Claims** - Top Five Reasons for Denied Claims:

1. Duplicate Claim
2. Missing/invalid treatment authorization code
3. Claim received after billing period
4. Missing/invalid place of service
5. Missing/invalid diagnosis or condition

You have 90 days from the date the service was provided to submit your claim; you have 180 days to resubmit your claims.

### **New Appeals Process for Consumers [Chris Jacobson]**

Chris thanked the DD workgroup who established that the denial letters are hard to understand. Eighty percent of the language in the denial letter is state mandated approved language. We crafted a table and put it into our denial letter then sent it to the State of NC and got it approved. We are going to list the services originally requested, the services PBH approved and the services PBH denied with the reason for denial. This is effective Monday, November 16, 2009.

In August the legislature passed new laws regarding appeals. For a request for service, UM has 14 days to approve, deny or extend. If approved that is good. If extended we have another 14 days to gather more information to get it approved based on medical necessity. By day 28, we have no choice, we have to make a decision based on our NCQA accreditation. So if it is denied, PBH is the only LME in the state that has a Reconsideration Process, another one of our reviewers looks at the case with more information. Denial process, consumer receives a Reconsideration Form which states that they disagree with the denial and wants reconsideration. If they submit within 10 days they can receive their services in tact up to their original authorization. This does not apply to new services. It applies to the reduction, termination, suspension of existing services.

**Question:** Tom Hibbert – Didn't we say at the last meeting that there was a grace period?

**Answer:** David Jones – The date of action, reduction, termination, suspension or denial, you now have 10 days. It used to be 30 days. You used to have to give 30 days of services but they changed that law to back to 10 days. You still have 30 days in order to request a review or appeal but you have 10 days – not necessarily be a break in service. You can still ask for it 20 days out but those services between day 10 and day 20 would not be paid for. From the 20<sup>th</sup> day that service can be reinstated.

Tom Hibbert – I'm trying to relate that to the reports of gaps in authorizations but that may not be the case. Tom said he will go back and research this because it may not be.

**Question:** What if an authorization birthday is in May with a new start date of June 1<sup>st</sup> then a denial May 5<sup>th</sup>, is the authorization good to May 31<sup>st</sup>? What if services were performed until June 1<sup>st</sup> but authorization comes in 15 days later, does that mean we will not get paid for that?

David – From the date of action. That is what is being changed from the 30 day mark to the 10 day mark. Remember that applied to PBH as a managed care organization under our Medicaid waiver.

That does not apply to the rest of the state at this time. Under the code of federal regulations we are not required to continue services during that time. You have until the end of the original authorization to continue services.

10 days from the date of the letter is what we go by. Call us and let us know that it is coming. Call Keisher Young, Appeals Coordinator. Her number is on the Communication Bulletin.

**Question:** What happens after the appeals process?

**Answer:** An impartial reviewer looks at the information that was submitted the first time then they may talk to the doctors or providers involved. They either overturn the decision or uphold the original decision. If the decision is upheld and the provider still disagrees, it would then to Mediation. They must attend at least one mediation session. If then it is not successfully negotiated they have a right to go to court.

Beginning November 23<sup>rd</sup> the Appeals Department will upload the denial letter into your provider folder. If a consumer asks for reconsideration, we will upload information into your folder. You will also see a Reconsideration letter with the decision. These will be kept into your folder for two weeks.

**Question:** Does this apply to Relative As Provider as well?

**Answer:** No, that is not a state process.

### **Provider Updates, Questions, Request, Comments**

Susanna Dean with A.D.E.P.T. – We are partnering with the Men’s Warehouse to provide suits. We are accepting women’s suits as well. Call Susanna at 704-537-9135 for more information.

Steve Tomlinson praised Flay J. Lee for all of his assistance with Network Council and the Provider Meetings and expressed his appreciation for everything he has contributed to PBH and our provider network.

Flay thanked everyone for their support. He wished us all happy holidays and ended with a quote from Yogi Berra, Hall of Famer and catcher for the Yankees: “If you don’t know where you’re going, you will wind up somewhere else.” Appreciate your current situation and learn to live.

### **Meeting Adjourned**

**Next PBH Provider Meeting: February 12, 2010 at 9:00 AM**