

DAYMARK Recovery Services, Inc.
Minutes from Information System and Connectivity Planning Meetings
Attachment II PBH LBP 2007

Topic	Description	Person(s) Responsible	Status Date	Status/Plan
CDW	Existing clients payable by the Piedmont contract must have a two-stage data set collected and transmitted to Piedmont for Piedmont to fulfill state reporting requirements.	Daymark IS Piedmont IS Practice Managers	08/2/2004	Received file specification with requirements from Piedmont
			09/08/2004	Submitted 9000+ admission records with minimum data set—SSN, County, Income, Number of Dependents. This data set represents all clients receiving services through 8/31/2004 and fulfills Piedmont’s requirement to the state.
			09/28/2004	Online data form to be created by Daymark IS to capture remaining requested elements. Once the form is operational, timelines will be established for completing data.
			10/19/2004	Met with David Jones and Kevin Ennis to discuss eCura registration processes—to what degree is information required and how does the information relate to authorization and payment. Kevin indicated that authorizations will be generated automatically on the PBHC side from the claims data until control of authorizations has passed from Value Options to PBHC. PBHC will invite Daymark, along with other providers, to an EDI workgroup to

				<p>discuss efficient protocols for data transfer between PBHC and their providers. Established end of December as deadline for Daymark to transfer elements of the “Membership Event” for PBHC to meet a January deadline for reporting.</p>
			11/01/2004	<p>Implemented a series of electronic chart audits to alert practice managers on a Daily basis when the following conditions apply:</p> <ul style="list-style-type: none"> a) Client has primary or secondary SA diagnosis with no drug of choice information recorded. b) Client is had Adult MH target pop DX with no GAF score c)
			11/09/2004	<p>Met with Kevin Ennis and David Jones to learn that the state has mandated the reporting of CDW data for fiscal 2005 by 11/19/2004. The deadline for Daymark submission of this data was moved from its original December timeline to 11/17/2004. Since</p> <ul style="list-style-type: none"> a) PBHC’s reporting is tied to encounters and b) Medicaid claims cannot be submitted due to the OTR corrective action process <p>Daymark will separate state-only claims from Medicaid claims and submit to PBHC.</p>
			11/10/2004	<p>State claims for period 07/01/2004 – 10/31/2004 submitted to Piedmont.</p>

			11/10/2004-11/18/2004	Approximately 11,000 charts pulled from shelves to extract any additional information required for the completion of the membership event registrations.
			11/16/2004	Since a full electronic submission of a membership event had not yet been, 500 test cases transmitted for review by PBHC.
			11/18/2004	Transmitted membership event data for 8,500 clients to cover any client that could possibly have a PBHC billable charge for the period 7/1/2004-10/31/2004, as well as separate files containing data beyond the scope of the membership event such as diagnosis, primary language, race, etc.
			11/30/2004	Began the process of working the PBHC claim exception “Unable to Match a Member” by registering clients into eCura that had not been registered at the time of claim submittal.
ECura	ECura Provider Connect is a Web-portal client registration facility that Piedmont has implemented to collect CDW information for new clients.	Daymark IS Practice Managers	09/23/2004	Finance and IS agree that the redundant entry of this registration information into the Web Portal would best be handled as a centralized function with a dedicated staff person. The Online data form that is necessary to complete the old CDW registrations will be the communication mechanism from the remote sites to the central function
			10/7/2004	Scheduled date for the implementation of the centralized staffing structure to maintain eCura data.

			11/30/2004	Implemented a system to identify when any additional clinical information has been coded into the CMHC/MIS system that is relevant to the ECura registration process and notify the centralized staff of the additional information that must be recorded through the provider portal.
Medicaid Denials	Various issues have resulted in an increasing rate of denial of Medicaid claims from 01/01/2004 Through 06/30/2004	All Staff	06/30/2004	Identification of a trend in decreasing percentage of collections to charges billed largely due to issues surrounding authorizations.
			07/15/2004	Created action plan to electronically post payments and denials to establish a corrective action plan to identify reasons for denials—a complicated endeavor since payment and denial information since Medicaid mixes Piedmont’s and Daymark’s payment and denial information.
			09/13/2004	Identification that Requests for Authorizations at some locations had a provider number inconsistent with the provider number used for submitting claims—EDS will not recognize the claims As authorized with the authorization on file with another provider number.
			09/13/2004	Received specific instructions from EDS and Value Options regarding the process of resubmittal to ensure payment of the claims with incorrect authorizations. Need to electronically post remittances to identify

				all of the claims.
			09/15/2004	Instructions issued to Practice Managers to change OTR form with correct provider number.
			09/17/2004	Program created to electronically post payments and denials back to billed charges to isolate problem areas. In the process of accumulating all of the files that have been received since Daymark billing began.
			10/1/2004	A significant number of the denials have been identified as eligibility expired...these denials in the past have been offset to a degree by the discovery of newly acquired eligibility through SIPPS inquiries. Since the inception of Daymark, the ability to inquire about Medicaid eligibility with the existing population served has been lost—leaving a possibly significant Medicaid balance in private pay.
			10/4/2004	Received confirmation from other NC agencies that they believe EDS has silently started enforcing OTR limits and preauthorization requirements and are suffering the consequences of the newly enforced rules through significantly increased denial rates.
OTRs	Systems must be in place to ensure that requests for authorizations be submitted at the		09/13/2004	Through discussions with EDS, Value Options, and state authorities, we identify that both Piedmont and Daymark have been using incorrect protocols for counting

	appropriate point in care			sessions related to authorizations, far underestimating the time of both initial authorization and reauthorization.
			09/24/2004	Began pilot testing an electronic counter consistent with the complex state algorithm. Cumulative numbers appear on the reports produced at the Front Desk each day and distributed to clinical staff.
Productivity	Reporting processes must be in place to keep management and front-line staff abreast of productivity levels at all times		05/01/2004	Instituted a weekly auto-generated E-Mail report that informs therapist, supervisor, clinical site director, and practice manager of year to date productivity.
			08/01/2004	Instituted a real-time Web-based access model for productivity reports accessible by most staff (limited only by computer configuration), including peers and managers. Allows detail drill down.
			09/28/2004	A few changes in policy require some adjustments to the productivity calculation algorithm.
Piedmont Billing-- Medicaid	Medicaid services dated on or after 7/1/2004 must be billed to the Piedmont eCura system instead of		08/15/2004	Daymark submits July claims for processing

	direct billing to Medicaid			
			09/21/2004	Results of a test run of the July processing received. Minor exceptions due to unit errors and absence of client registrations through eCura. Scheduled resubmittal to correct units error for 10/1/2004.
			10/4/2004	Received billing procedure codes to use for emergency services...all ES services would have been mis-coded if bills were submitted prior to this date.
			10/4/2004	Established 10/6/2004 as the date to submit 16 files for state and Medicaid services covering the months of July and August. Two files submitted for week of date of services, one for expected state coverage, one for expected Medicaid coverage, with the last weekly file extending beyond the 7 day window to capture the remainder of the month.
			10/5/2004	Review of contract amendments indicate that Piedmont must have at least a monthly refresh of Medicaid eligibility to ensure services are not misallocated to capitated state funding.
			10/19/2004	Following a discussion with David Jones and Kevin Ennis, Daymark determines that submission of Medicaid claims under a new provider number effective 7/1/2004 will result in significant denials due to the pre-authorization of services obtained on 7 different provider numbers used previously

				by Daymark facilities, including authorizations obtained while still operating under PBHC. The provider number specified on the authorization must match the authorization number used on the claim.
			10/26/2004	Issued instructions to Practice Managers to use Piedmont’s newly acquired Medicaid provider number on all authorizations.
			10/26/2004	<p>Established plan of action to with Lynda Ball of EDS to accommodate provider number issues with authorizations.</p> <ul style="list-style-type: none"> a) Lynda to provide a printout of all authorizations on file for the 7 provider numbers impacting 7/1/2004 claims submissions b) Daymark to establish an action request plan for each authorization scenario, including requested modifications to PBHC authorizations that impact pre-7/1/2004 services. c) Each authorization will be cross-referenced to each scenario on the action plan. d) Based on the requirements of each scenario, Lynda will take each authorization and convert them to multiple authorizations, prorating the authorized units based on the dates. When finished, she will fax the results back for our review.

				Lynda indicated that this is a task that will take at least 3 weeks.
			11/30/2004	Received an update from Lynda Ball that she is still working on the authorization adjustments. Issues extending the time frame include additional authorizations with wrong provider numbers received from Value Options.
Piedmont Billing-State	Services provided to clients at a reduced fee were previously billed by Piedmont as aggregate numbers. Daymark must now bill fee-for-service to Piedmont.		07/1/2004	New contract requirements eliminate minimum fees for clients that meet certain criteria, instead working from a pure sliding fee scale formula, creating much confusion surrounding clients that have mandated minimum fees and clients for which the clinical criteria for allowing a sliding fee have not yet been established.
			08/1/2004	Removed all minimum fees from rate schedules.
			08/1/2004	Created a new Funding Source 430 in which receivables can be tracked for state dollars. IS generates this new FS on all private pay accounts.
			09/1/2004	New algorithm established to calculate a client fee as a copay of funding source 430 to pre-print on daily Front Desk reports to aid in collections.
Piedmont Billing-Other Contracts				

Medicare Billing			09/01/2004	Received Medicare provider number for Daymark.
			11/29/2004	Having already established a mailbox for the submission of electronic claims, submitted what Daymark expects to be the final test file before final approval for retroactively submitting claims from 1/1/2004.
Private Insurance Billing			11/05/2004	The ability to diversify funding streams has been hindered by the opinion of the attorney general's office received today that their interpretation of 42 CFR 447.325 requires Medicaid to pay no more to a provider than a provider would accept as full payment under a contracted relationship with an insurance carrier.
			11/12/2004	Received approval to submit electronic claims to Blue Cross/Blue Shield.
			11/22/2004	Established relationship with Blue Cross to use the Blue-E web portal to for online inquiries into eligibility for Medicaid, Blue Cross and Health Choice.
			11/30/2004	Random audits of Daymark's eligibility data against Blue-E find that many cases have no current coverage. All Blue Cross and Health Choice clients receiving services on or after 7/1/2004 are now being investigated to see if these services need to be re-categorized as PBHC billable.
Billing	Through the contract		09/15/2004	Diagnosis inserted into the character-based

Diagnosis	negotiations we learn that the determination of the funding of the service will be made in part by the billing diagnosis. Historically at Piedmont and Daymark, only the first diagnosis on file was used for billing.			charge entry screen to track on a per-service basis. Practice managers forewarned that this will be come a required entry field on a near future date and to prepare the clinical staff now by sending back charge tickets that do not have the diagnosis indicated.
			09/17/2004	Diagnosis inserted into the browser-based check-out screen that generates charges as checkout
			09/20/2004	Diagnosis added to clinical service note entry system under pilot testing.
			11/15/2004	Diagnosis designated a required input field for all processes that generate charges to prepare for session-based diagnosis billing 1/1/2005.
			11/22/2004	Implemented an audit control to daily notify Practice managers of any charges recorded in the last 45 days with diagnosis inconsistent with treatment plan.
Electronic Health Records	Implementation of Electronic Health Records will be instrumental in engineering clinical efficiency, enhancing continuity and quality of care, and ensuring standards compliance.		09/01/2004	Began pilot project of recording service notes as an integrated component of the billing with several clinical staff.

			11/09/2004	Forms Committee approves the standardized hard-copy progress note that is generated from the system that will be signed and placed in the paper medical record until complete paperless systems are developed. Form forwarded to oversight to seek approval for unlimited expansion of the staff involved in the electronic service note project.
			11/23/2004	Forms Committee meets to discuss options for accelerating the integration of clinical intake documentation into the electronic health record. Committee members all participate in completing sample Web-Enabled clinical forms created in a rapid development environment. Committee unanimously agrees that a full working prototype of the clinical intake should be developed in this environment for presentation at the next scheduled face-to-face meeting.