

MEETING RECORD

PERSONAL CARE SERVICES STAKEHOLDERS MEETING



July 23, 2015 | 1:00pm-3:00 pm | Meeting Location: Cameron Village Public Library 1930 Clark Avenue, Raleigh, NC 27605

AGENDA TOPICS

1) Welcome/Introductions

Facilitator: Sabrena Lea, Associate Director, DMA and Cassandra McFadden, PCS Policy Analyst, DMA
Round-robin of individual introductions with name and agency representation
Handouts: ① Reference documentation is included in this meeting record/minutes

2) Program Updates

a) ICD-10 Transition Plan

Practitioners will use the transition form to provide Liberty with updated ICD-10 codes. This process is applicable at this time only to annuals. Effective 10/1/15 any new referrals coming into the system will have ICD-10 codes. Since there is not a requirement for physician reauthorization for annuals, we will use this method to get up to date codes. How that will work is that Providers will get advanced notice about upcoming annuals assessments through QiReport. When you see your notice in the queue, which will trigger engagement with your practitioner to have them complete the ICD-9/10 Transition Form. At that point, you can get the form from your practitioner in which he/she will have to sign it, you would then upload the form to QiReport or the practitioner can submit it directly to Liberty Health Care (LHC). We have a default built in our system that will allow the annual reassessment to move forward should in the likely event your request for information regarding the update of the ICD 9/10 code is not received in a timely manner. However, the window for that process is a bit limited and we will work with providers at the point of the annual assessment where the codes have not been updated in advance. This process will not slow down PA's but it will be a reminder for us to engage with you and help us to get the information from the provider.

At this point since this is a new process for all of us and we don't know how long it will take, we will not impose a cutoff date at this time. We will work with you to create on a monthly basis a list as to what codes are not updated and what's outstanding. We will begin messaging this information through special bulletins and webinars around mid-August. The delay in getting this information out was due to many things in our pipeline in advance of this. We have made the decision rightly or wrongly so, to wait until everyone has received word about the transition to the service plan and now it's time for us to take the next step towards gearing up for ICD-10.

Questions:

Stakeholder: The diagnosis code submitted in NCTracks system is a billable one for Medicaid; at present there is no lookback to see if the diagnosis code entered is in fact one of those on record at Liberty. Is that going to change? **DMA:** No it will not. From the NCTracks/Viebridge interface that is not going to change. It's the backend that we have to work on.

Stakeholder: Regarding current assessments from 10/1/2015 and forthcoming annuals what about the clientele that will have annuals for 3-5 months? **DMA:** The transition form will be requested at time of annual. Someone who is not due for an annual until December, your PA will continue until the point of an annual. If the annual assessment is due in December, then in October a notice will post in QiReport that alerts you as a provider that an annual is due in December. At that time you will be prompted to assist with completion of the ICD-10 transition form.

Stakeholder: Will we be able to bill through NC Tracks on an ICD-9 code through December 1st 2015?

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DMA: No. Viebridge uploads the information for your billing to NCTracks. That will continue to be managed through interface with Viebridge. NCTracks uses a default V-code that Viebridge provides to match the PA (this will allow PA's to bill).

Stakeholder comment: Stated to be careful submitting claims during that period as the date of services is what drives the set of codes used, not the time of billing. If you're billing claims prior to 10/1/2015, you will still use ICD-9 code, anything on or after 10/1/15, use the new code set. Claims that crossover, break those up over two (2) claims with identifier to determine ICD 9/10. **DMA** – Correct.

Stakeholder: Will the ICD-10 Transition form the practitioner has to sign be used every year? **DMA:** No, this is only during the ICD 9/10 transition period.

Stakeholder: What is the turnaround time the practitioner will have?

DMA: The plan is two (2) months. We are moving forward now. There may be some practitioners who will have a little less time that for annual assessments that happen on 10/1/2015. We are looking at the internal decision tree to see what we might need to do to eliminate any opportunity for things not to happen.

Stakeholder: Will providers be able to bill for time spent getting Practitioners to sign form?

DMA: No

Stakeholder: Regarding initial requests is there going to be a cutoff for initial requests going in with ICD 9 codes?

DMA: I was hoping to have an answer to that today, I was on the phone with Chip Pate today and his is getting an answer to that. We don't know, please stay tuned.

Stakeholder: Let's say it's October 1st and we haven't received a response from the doctor regarding the ICD-10 information to invoice with NCTracks. It's our responsibility to get with that doctor to be sure he/she puts down the correct ICD-10 information to invoice with NCTracks. Is that what I'm hearing?

Viebridge: Providers have to provide a valid code when submitting a billing claim. Viebridge sends a v-code for PCS for prior approvals so claims would not be kicked out.

Stakeholder: When will the ICD-10 Transition form be available to view?

DMA: We anticipate posting the form mid-august. Once it's posted you may be proactive and work with the practitioner to get the form completed and submit prior to 10/1/2015.

Stakeholder: Is there any particular category or classes that are sensitive from ICD-9 to ICD-10?

DMA: We've looked at those that are already in our system and it varies. I have not looked at all of them, but viewed a few to identify the anomalies. I have not identified a pattern.

Stakeholder: In our population I have two that have a 1:1 conversion. I have others that have 1: many. When this transition happens, and we haven't been able to contact the doctor to give us the information and we put in an ICD-10 code, will VieBridge be able to override that with the v-code so that it pays?

DMA: We have a backend default code that we will be using to ensure that happens. We know that this person qualifies for PCS so we will have a default code available to us until you're able to get that information. Right now our systems are going to be monitoring the submission of transition forms on a monthly basis. We will run a report the first part of November to see the individuals who received annual assessments in October where we see the default codes. We will be working with Stakeholders to get the information.

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Stakeholder: Our practitioner states that she does not know the ICD-10 codes and she would not know them unless her computer converts them automatically. So if that starts October 1st she wouldn't know any of those codes until after that.

DMA: This is why we are allowing the possibility that the practitioner will not have that information 10/1/2015. It will not slow down but once he/she knows, they need to complete the form. There is a crosswalk available in NCTracks but the diagnosis is the responsibility of the practitioner. In some cases we've identified instances where the practitioner used the header code and when the conversion takes place you will not find that header code. Practitioners will have to do a little more work to determine what diagnosis they want to use. DMA is calling on our colleagues at CCNC to help us get this message out to practitioners about what we're doing and how we need their help. We are doing some internal testing to make sure that every foreseeable variation, we explore.

b) Fall PCS Provider Trainings and Provider Training Survey Results (Lyneka Judkins, Liberty Director of Operations and Beth Oakley, Liberty Training and Development Manager)

Training dates have been finalized. Training was scheduled for October but was bumped up to September. The dates and locations are posted on the Liberty website and are as follows:

Sept 9th-Fayetteville
Sept 10th- Raleigh,
Sept. 17th – Greenville
Sept. 23rd – Charlotte
Sept. 28th – Asheville
Sept. 29th – Greensboro

The agenda is currently in draft and will be posted on the website in the upcoming weeks. Sabrena Lea (DMA) asked for assistance in building a panel to talk about the quality improvement program in each setting of care. Questions were asked about the Provider Manual, Liberty informed the group that it will be posted today and the announcement will be posted on the provider portal. Liberty provided a summary of the survey results. Registration will be open on August 7, 2015 for upcoming trainings. Liberty discovered opening the registration before the time has an impact on the numbers. Feedback was provided on the results from the Spring trainings on each location and what was actually done. We had 1,357 to register and 1,053 to attend. Liberty happy with numbers and hope that stakeholders are as well. One thing she learned is getting the agenda out on the website as early as possible so people know what is on the agenda.

Feedback was given regarding adding a category for other; that will be added. Some people were a bit frustrated that their names were not on the registration; if the original registrant did not list all the potential attendees, it will not show in registration. The data still can be captured via the old fashion way, handwriting it out and added to the database to send post survey. Another point is the registration list is ran a few days ahead so if you register late, your name will not be on the list. However, do don't ever turn anyone away, we will certainly accommodate anyone who walks in. Liberty went on to share the overall rating of the venue and trainings were very good, Charlotte came in with the fair percentage as that venue was very crowded, our apologies. Liberty mentioned we had a lot more folks than anticipated, however we are working on better accommodations in the future. The meeting was very well organized. There were positive feedback concerning the structure of the training, described as user friendly and informative. Positive comments regarding the accessibility of

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DMA/Liberty from the provider community via the training, There were separate requests to provide ACH and IHC training sessions needed to address regulation and protocol differences. Concerns were expressed about the reading of PowerPoint presentations and engagement were made and noted. Q&A's were also addressed with positive feedback as the post-it note program was used. We will continue to use that as it gets the entire audience engaged. All questions will be posted for review on our website. The Q&A session was recorded so that we can capture all the questions asked and responses given. That will be available when review of the transcript is complete. There were request from new providers to be cognizant of audience mix and different levels of experience.

Overall comments were positive. Liberty asked if anyone had any questions or feedback, no response. Presentation closed with thanking stakeholder's for their time.

c) Service Plan Completion for Maintenance of Service (MOS)

DMA is developing a bulletin to address and clarify the requirement for completion of the Maintenance of Service (MOS) Service Plan. If providers are receiving MOS for a beneficiary a MOS Service Plan **must** be completed within QiReport. We have been made aware of instances where the MOS Service Plan was not completed and the adverse decision was settled during mediation or at hearing. Once the adverse decision is settled, Liberty will update the system with the results. If the MOS service plan was not submitted prior to the settlement, the system will invalidate the MOS Service Plan step. If this step is invalidated, the prior approvals to bill for MOS will not be sent to NCTracks. If you have experienced this you must contact Liberty Healthcare Corporation.

Questions:

Stakeholder: Is the MOS Service Plan the previously approved assessment?

DMA: Yes, the previously authorized assessment. If you receive an adverse notice when you have your MOS it will pull form the previous year's assessment so you can complete the service plan.

Stakeholder: How long does the MOS process take now with the new format? I have someone who appealed by fax and I have not seen it come up as an MOS yet?

DMA: It may take a week or more. It should not take too much longer, if you have not received the MOS notice, you may contact DMA or Liberty Healthcare to see if the form was received.

Stakeholder: Once the MOS Service Plan is created will the provider have to obtain the patient's signature and upload?

DMA: Yes, it is required to have a signature as well as upload the signature page.

Stakeholder: In the frequently asked questions for the PCS Service Plan there was a comment that the stakeholder believes suggests that providers wait for a number of days to assist the beneficiary in filing an appeal. Stakeholder does not agree with the statement.

DMA: DMA has reviewed the comment and DMA agrees to refine the comment. The intent of the statement is to allow providers time before completing the adverse Service plan to see if the beneficiary will appeal the adverse decision. The suggestion to wait 10 days after the adverse decision is before completing the adverse service plan, not to suggest that providers wait 10 days after the adverse decision to assist beneficiary with filing an appeal. Providers should offer their assistance immediately if needed in assisting beneficiaries with filing an appeal.

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d) Service Plan Update (Viebridge)

Viebridge provided the Service Plan Implementation and Support Status Report (See Page 7). Some of the highlights listed in handout were the June 10th rollout of the Service Plan Implementation at the same time the EPSTD Service Plan Development and Review Functionality was released. Per the handout, section 2.0 update of the Service Plan Completion Status, as of July 21st total referrals requiring Service Plans since June 10th is 6,465. The number of Service Plans awaiting is 1,577. We are finding out from providers that once you start the plan, it's easier to complete it all at once rather than saving and returning to complete it later. The Service Plans completed to date is 5,030. The number of Providers that have completed at least one (1) Service Plan is 786; there was an increase as of last night bringing the total number to 802 Providers that have completed at least one Service Plan. There is about 53.8% completed Service Plans that are uploaded with uploaded consent forms. We are seeing that people are making sure that they are getting the consent forms signed, uploaded and that Providers are keeping up with the Service Plans that are completed.

VieBridge is looking at generating timeliness reporting as a refinement to track compliance with the uploading of the documents. For the QiReport Support Center, we are getting a good number of calls. It's not as many as we anticipated, about 1,591 calls to date. As you recall we now have four (4) options for QiReport, the bulk of the calls have been related to registration and access and that's with new Provider's that have been registering from the beginning that have not been using QiReport prior. We do expect the call volume to remain about the same during the fall. Please encourage anyone who may have questions to call, we do have staff available to answer questions about the Service Plan or QiReport. Some of the typical questions we received were general ones regarding clarification on what's required, what needs to be done and what needs to be added. Regarding refinements. We have discussed adding the Compliance Reporting and Service Plan Completion information. We are looking at a possible refinement or enhancement to develop a tool to see the monthly hours much like a calendar, of what the hours would be for that particular month. Also, we are looking at some refinements to the consent upload process; possibly giving more information and reclassifying some of the options available. I am not sure all of those are actually being used so we may do some refinement to that list.

Liberty updated the group on questions that Liberty receives regarding claim denial. She mentioned the reason it's denied is someone did not do their Service Plan. Liberty also received over 100 calls indicating that Providers were not aware of this new requirement. The information has been well communicated via announcements on the portal, webinars.

Question asked to stakeholders – Are there any suggestions on how we can get this message to Providers?

Response - Possibly communicate requirements through NCTracks.

3) Announcements

- The PCS Stakeholder Group Meeting for August 2015 will be return to the third Thursday of the Month (August 20, 2015). The meeting will be held on Dorothea Dix Campus in the Brown Building at 801 Biggs Drive, Raleigh.
- Beginning in August we will be taking some annual assessments out of sequence, meaning they will be assessed earlier. What is DMA's and Liberty's authority to do that? The policy states the annuals must be assessed annually. We can assess or reassess individuals with whatever frequency we deem to be

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appropriate. We have full authority to do that. We are simply trying to even out what their workflow is and the number of folks being assessed over a quarter. It may be six months ahead, but that's going to help us even things out. We appreciated your cooperation with that. I have received feedback from Liberty that some Providers feel they have a right to decline.

- The Quality Improvement Program attestation form due December 31st will be discussed during Regional Provider Trainings. DMA is requesting that stakeholders reach out to providers who would be interested in participating in a panel discussion on their individual Quality Improvement measures during Provider Trainings. Interested parties should contact Liberty.
- DMA addressed stakeholder's concerns regarding discrepancies with Service Plans. Providers are to call Liberty immediately. Liberty added that there are processes in place where the assessment is verified to see if indeed it is an error. The turnaround is 24-hours. If it is truly an error, the Service Plan will be pulled back for correction.

4) Reports from Other Divisions

- a) DAAS – No updates provided
- b) DMA/DD/SAS – No updates provided

5) Stakeholder Feedback

Stakeholder addressed a concern that was reported to him that an IA nurse assessor was in the facility and had not made themselves known. Liberty informed that there are quality checks in place to be sure the IA nurses are making calls per protocol and procedures before arriving to conduct an assessment and are appropriately identifying themselves. DMA wants to be sure from a safety perspective that providers have sufficient security as people can come in facilities at times and that staff should be trained to know who comes into the facility. There are risks on all fronts. It is a shared responsibility.

6) Meeting Adjourned at 3:00pm

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Service Plan Implementation and Support Status

QIRePort July 21, 2015

1.0. QIRePort Release as Of June 10th

1.1. Implemented QIRePort service plan functionality;

- All referrals accepted as of June 10, 2015 require a service plan

1.2. Implemented special EPSDT service plan development and review functionality;

1.3. Implemented PA generation tied to completed service plans; and,

1.4. Implemented several optional features as well.

2.0. Statewide Service Plan Completion Status as Of July 21, 2015

Status	Residential Providers	In-Home Providers	All Providers
Service Plans			
Total Referrals Requiring Service Plans Since 06/10/15	2,020	4,445	6,465
# Service Plans in Queue Awaiting Completion To Begin	601	976	1,577
# Service Plans Started But Not Complete	5	76	81
# Service Plans Completed To Date	1,414	3,393	4,807
# of Service Providers Completing At Least 1 Service Plan	370	416	786
Service Plan Consents			
# of Consents Completed and Uploaded To Date	784	1,800	2,584
% of Completed Service Plans With Uploaded Consents	55.4%	53.1%	53.8%

As can be seen, even at this early stage of implementation, PCS providers are keeping up with the referrals in terms of service plan completion. Note: service providers have additional time to upload the service plan consents once the service plan is completed.

3.0. Completion Timeliness as of July 21, 2015

3.1. Timeliness Benchmarks

Service plan completion -- PCS policy calls for the completion of PCS service plans in QIRePort within seven (7) business days of provider acceptance of the referral.

Service plan consents -- PCS policy stipulates that beneficiary/legal representatives consents must be obtained and uploaded within fourteen (14) business days of the service plan completion.

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QiRePort tracks the status of all PCS referrals and, for each referral, service plan completion.

3.2. Service Plan Completion Timeliness to Date

Metric	Residential Providers	In-Home Providers
Service Plan Completion		
Average Business Days to Complete Service Plan	3 days	3 days
% of Service Plans Not Completed Within 7 Business Days of Referral Acceptance (Late)	10.34%	10.67%
Service Plan Consent Uploads		
% of Completed Service Plans With Uploaded Consent Forms	54.37%	50.88%
Average Business Days to Upload Service Plan Consent	4 days	5 days
% of Consents Not Uploaded Within 14 Business Days of Service Plan Completion (Late)	2.94%	3.45%

4.0. QiRePort Support Center Metrics since June 10th Release

4.1. QiRePort Support Center Setup -- Providers are able to place calls to the QiRePort Support Center or send in e-mail questions via QiRePort. In addition, providers can email DMA via QiRePort. The QiRePort Support Center has handled 1,591 calls and e-mails to date. The QiRePort Support Center has four separate queues. The distribution of in-bound calls by queue is as follows:

- QiRePort Registration and Access – 32.2%
- Service plans – 25.6%
- Appeals/ESPDT –5.0%
- Other –37.2%

Already 786 providers have completed at least one service plan. That number will gradually increase as smaller providers receive their first referral since June 10th and undertake their first service plan. Consequently, we expect the call volume to continue at the current level until well into the Fall.

5.0. Update on Typical Questions and Emergent Issues

The types of questions received by the QiRePort Support Center continue to focus on QiRePort registration and service plan completion. Typical service plan completion questions:

- Clarification of what aide tasks export to the service plan;
- Clarification of the required sections ;
- Clarification of the weekly hours calculation; how done/rounding;
- Treatment of weekly hours service plan specification in different months – relative to the fixed PCS hours allotment and being “over or under”;

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- Supporting documents upload questions;
- Printing the service plan – how and when;
- Completion timeliness -- what happens if the service plan is not completed on time;
- Treatment of service plans for MOS/settlements.

6.0. Potential QiRePort Refinements

At this early stage of implementation, VieBridge is beginning to assess progress and also providers' questions and suggestions for system refinements. In the near term, three refinements are under consideration:

- 6.1. Development of a tool in the service plan module that will help providers determine the impact of the service plan weekly schedule for each calendar month in the PCS plan period.
- 6.2. Development of refinements to the consent upload process.
- 6.3. Timeliness reports for use by service providers to track compliance with the service plan completion and consent upload requirements.