

CMS Transition Plan Workshop: Contracts, Payment and Billing, and Quality Management

July 14, 2014 (2:00 – 3:30):

Participants: Mary Smith, Linda Mabile, Deborah Linton, Diana Flynn, Jose' Hernandez, Charmaine Pillay, Christine Call, Pam London, Beth Mann Pace, Dylan Gale, Leslie Petty, Steve Coleman, Cheryl Aldridge, Edwin DeBardeleben

Topics Discussed:

- Contracts, Payment and Billing in relationship to the Center for Medicare and Medicaid Services (CMS) Assurances and Sub-assurances that states are to meet. The recent Department of Labor's Wage and Hour rule change is not included in the discussion. APD is in the process of contracting with an Actuary to assess wage and hour based for Personal Care Assistance and Companion Services.
- Provided update on the Community Assessment (Residential / Day Programs) – The provider Residential Setting self-assessments are currently taking place. The self-assessments for residential settings that providers are to complete is due by 8/25/14.
- CMS's "Modification to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers" memorandum dated March 12, 2014 pertaining to Financial Accountability was reviewed. The following Assurance was modified:
 - Assurance – The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program
 - Sub-assurance – The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.
 - Sub-assurance – The State provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle.
- Documenting support for billable activities:
 - Billing Activity – What are we paying for? Activities or Outcomes?
 - Should billing be tied to employment outcomes
 - Billing documentation – How will we know outcomes are achieved?
 - Rate methodology – incentives and disincentives for compliance.
- Provider Scorecard Recommendations:
 - Provider Scorecards should be meaningful with clear and measureable goals and objectives.
 - Should focus on quality outcomes, health and safety
 - Explore if scorecard should be tied to billing
 - Need to look at multiple aspects of provider performance
 - Factor what other states review. Specific reference to Kansas and Massachusetts were identified.
 - Set up a workgroup to develop recommendations for a provider scorecard
- To help with efficiency and provider compliance to the CMS requirements, it was recommended that standardized forms be created as best practice tools for providers to use and have them placed on the APD website.
- AHCA will host trainings / reviews of the CMS Transition Plan and its implementation for stakeholders, providers and agencies to participate via video conference. The next training is to be held on Tuesday, July 15th, at 2:00.
- APD has established an email account for public comments and question to be made. The email is CMS.Transition@apdcares.org