

**I. Provider Questions regarding UM**

- A. Please define Medical Necessity, especially as it pertains to I/DD, and whose version of Medical Necessity is used (Provider Doctor versus UM).
- B. Could we have access to a person in UM who will answer our questions and follow-up with responses in a timely manner? This request was made many times by many providers in regard to many issues.
- C. We are told by our Network Specialist to email UM but that is not successful because we don't get feedback.
- D. We have been given authorizations with contradictory numbers and have denials because of it but are unable to meet with/discuss with anyone who can get it fixed. (Example: person authorized for 8 hours/day and 148/month has a 20 hour per week max on the auth and we get denials because of it. Obviously it's just a human error in calculations.) Issue was spoken of by numerous providers regarding numerous members.
- E. DX are not accepted by UM but those same DX are mentioned in the Service Definition.
- F. ISP meetings are unrealistic 5 months in advance – so much changes over time.
- G. We request enhanced rates, continue to provide the service per Cardinal Innovations' request, but then receive a denial at day 60 – 70 of service provided.
- H. Often the UM explanations are unclear but there is no one from whom to get clarification.
- I. Could you show us in practice how one titrates services when a DX does not change?
- J. The turn-a-round time for appeals is way too short.
- K. Could you share with us the checklist you use to deny services please so we can understand your justification for denials?

**II. Provider Spotlight – ARCA – Thom Elmore, Presenter**

- A. History of Services provided
  - a. Began in the 60's, men only, primarily for alcohol use, using a Minnesota Model of treatment
  - b. 70's - added women
  - c. 80's - shifted to crack/cocaine as the largest issue of use
  - d. Now it's Opioids
- B. Cannot accept Medicaid, but accept State Funds, Self-Pay, Private Pay...
- C. Currently 67 beds
  - a. 24 for detox
  - b. 43 for treatment
- D. As the area covered in the State grew, so did the challenge of providing a safe place for members in early recovery when they return to their home communities
- E. Data Regarding Need:
  - a. 2009
    - i. 66% of members were seeking alcohol use treatment
    - ii. 31% were for Opioids
    - iii. Average age range was 35-45

- b. 2016
    - i. 30% was alcohol based
    - ii. 62% was Opioids
    - iii. Average age range was 22-35
- F. Historically many members would return for treatment because they weren't ready to accept it the first time, or re-lapsed...
- G. Now far fewer members return because of the high incidence of overdoses.
- H. Challenges which make members ineligible to attend ARCA
  - a. Outstanding Court Date
  - b. History of Violence
  - c. Registered Sex Offender
  - d. Active Warrant
- I. Recent Changes
  - a. Can only request 14 day service then request additional 7 days
  - b. Detox is typically 3 – 5 days
  - c. Working to get back to the 28 day Minnesota Model (14 days is just too short)
- J. Expansion/Future
  - a. Goal of creating 100 new beds
  - b. Feasibility study nearing completion
- K. Handouts provided

### III. **EHR/EMR – Darrell Boyles, presenter (ARCA personnel)**

NO endorsement of any product!

Information only, Opportunity for Questions to be Asked, and the Sharing of Ideas

- A. No cost to join HIEA – Health Information Exchange Authority
- B. Review of State Timeline
- C. Free or Very Reasonable Resources – including the Cardinal Innovations website
- D. Clarification that Cardinal Innovations is not endorsing/promoting anyone or any system, but simply offering resources
- E. Considerations for your EHR/EMR:
  - a. Must be ONCHIT certified
  - b. Where will the program site – at your site, in the cloud...
  - c. How much Internet Bandwidth will be needed
  - d. Start-up Implementation Costs
  - e. The Number of Users
- F. Group Discussion
  - a. Some states have one vendor that covers the whole state
  - b. It can be very expensive, so ask lots of questions and know what you are getting
  - c. Leasing equipment (updated regularly) versus Purchase (technology always changing)
- G. Office 365 is an example for hosting an EHR.
- H. PowerPoint presentation will be emailed to the group. To be done by Jim Harner per Andy Hines.

**IV. Cardinal Update – Karen Dingwall**

- A. Every provider has a QM person assigned to them
- B. Always contact QM when you wish to add a service
- C. Use QM as a resource especially in regard to compliance
- D. As you prepare your EHR/EMR, please remember;
  - a. The Service Records Manual Requirements for documents and all documentation

**V. Nominations for Council**

- a. Andy Hines said the forms were available on the table by the exit
- b. When asked which categories of service were needed on the Council this year, no one present was able to answer that question.

**VI. Added Item: Legislative Breakfast – Jenny Gadd**

- A. Handouts provided
- B. Encouragement to attend, and to register due to limited space
- C. Integrated Healthcare is the theme this year.