

<b>Topic</b>	<i>Discussion and preliminary decisions and next steps</i>	<i>Final decisions</i>
<b>Practitioner Certification</b>	<p>Certification of Practitioners</p> <ul style="list-style-type: none"> <li>• 919 individuals have been granted early intervention certification. 19 applications are in review (awaiting for verification of credentials/satisfactory completion of the training modules)</li> <li>• The Part C Office is processing certifications within a day or two of receipt if the application is complete.</li> <li>• A request was made to communicate with local system manager if necessary information has not been received by the Part C Office. Part C Staff will do so.</li> </ul> <p>Personnel Regulations</p> <ul style="list-style-type: none"> <li>• The Part C Office is working with the Office of Policy and Planning to fast track permanent regulations, including a revision to allow practitioners who are permitted by their Code of Virginia regulations to become certified as long as they meet their discipline-specific requirements for practice in Virginia.</li> </ul>	
<b>Medicaid Early Intervention Providers</b>	<ul style="list-style-type: none"> <li>• There are 109 Medicaid EI Providers (Agencies, LLA, individuals)</li> </ul> <p>Medicaid EI Provider Survey</p> <ul style="list-style-type: none"> <li>• Responses have been received from all but one or two providers</li> <li>• The survey provides information that will be used for several purposes: <ul style="list-style-type: none"> <li>○ Provide list of services provided and locations served that can be accessed by interested persons (posted on the DMAS website).</li> <li>○ Gap analysis – compare number of kids to available providers in order to focus recruitment efforts</li> <li>○ Provide info for MCOs</li> </ul> </li> <li>• A variety of terms were used by providers in describing the services provided. These will be consolidated to be consistent with Part C service terminology.</li> <li>• A mechanism will be developed for providers to provide updated info</li> </ul>	
<b>Medicaid EI Claims</b>	<ul style="list-style-type: none"> <li>• The amount of paid Medicaid claims is steadily increasing. The numbers listed below are the amounts that were paid that month for Medicaid early intervention services. <ul style="list-style-type: none"> <li>○ October 2009 – \$0 – System not ready to accept claims</li> <li>○ November 2009 – approximately \$200,000</li> <li>○ December 2009 – approximately \$450,000</li> <li>○ January 2010 - approximately \$700,000</li> </ul> </li> <li>• Medicaid is also seeing an increase in claims paid for non-traditional services (services other than PT, OT, SLP). Claims paid for these services have doubled since November.</li> <li>• Claims denials have decreased dramatically</li> </ul>	

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	<ul style="list-style-type: none"> <li>• DMAS is looking at number of denials and reasons for denial in order to determine training needs.</li> <li>• TCM Claims are staying fairly steady at approximately \$260,000 to \$300,000 since October</li> <li>• Questions were raised about resubmitting claims:               <ul style="list-style-type: none"> <li>○ Should providers submit a new claim for services that were denied when the T 1023 and T1024 codes were denying payment for more than one individual listed separately for services provided on the same day? Tammy reported that the claims system has been corrected. <b><i>She will check how these situations should be handled and will send a note out.</i></b></li> <li>○ When should denied claims be re-submitted vs. appealed? Tammy suggested that the biller (provider) ask DMAS/Help line why the claim was denied and re-submit rather than appeal as a first step.</li> </ul> </li> <li>• DMAS is looking at other information from the claims reports including the number of children with claims, average amount billed per child, etc. A request was made that DMAS provide the number/% of children for whom TCM is billed for each system each month.</li> </ul>	

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<b>Enrollment of Children in VaMMIS</b>	<ul style="list-style-type: none"> <li>• 2943 children were enrolled in the Medicaid EI Program.</li> <li>• Discussion about Enrollment Issues               <ul style="list-style-type: none"> <li>○ Children transitioning from one local system to another: A request was made to keep these children enrolled in the VAMMIS system until the receiving local system alerts the Part C system that the child has arrived in the new system. At that point, the Part C system would change the NPI number in the VAMMIS system. Tammy indicated that this would be ok from DMAS's perspective. The Part C Office will develop the procedures to operationalize this.</li> <li>○ ITOTS populates the Medicaid/FAMIS screen when the child's IFSP date is entered in ITOTS.                   <ul style="list-style-type: none"> <li>▪ Stakeholders were asked if this has been an issue for providers since this could result in over a month's delay between when the provider participates in the child's assessment for service planning and when the child is enrolled in VAMMIS. Responses were mixed, though some providers reported that this has been a significant issue for them.</li> <li>▪ Stakeholders were asked if would be problematic from a local data entry perspective if an additional data element (child eligible, for example) was added with the requirement that this information, along with Medicaid/FAMIS information be entered in ITOTS within 10 days. This would then be the data element that would trigger the child's information to populate the Part C Medicaid/FAMIS screen to alert staff to enroll child in VAMMIS.                       <ul style="list-style-type: none"> <li>• Several local system managers stated that they did not think it would be a problem to make this change.</li> <li>• It was suggested that there would need to be a mechanism for local systems to let the Part C Office know if a family decided not to proceed with services so the child could then be discharged from VAMMIS. (This is currently true for children who are enrolled and then decline to proceed with services after the IFSP).</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Children who transition from one local system to another in Virginia will not be discharged from VAMMIS by Part C staff when they are discharged from the first local system. A procedure will be developed for local systems to notify the part C system when the child has arrived at the new local system so that the Part C Office can change the NPI number in VAMMIS.</li> </ul>
<b>FAMIS-Select</b>	<ul style="list-style-type: none"> <li>• FAMIS-Select helps cover the cost of premiums for commercial insurance. Though it is possible for children with FAMIS Select to have FAMIS as secondary insurance, it will only cover immunizations.</li> <li>• <i>Tammy will check to see how providers/local systems can know if the child's Medicaid coverage is FAMIS Select.</i></li> </ul>	<ul style="list-style-type: none"> <li>• FAMIS-Select has been added to ITOTS as one of the third-party payor options</li> <li>• This information will be provided in Part C Updates</li> </ul>
<b>Quality Management Reviews</b>	<ul style="list-style-type: none"> <li>• Part C Staff are progressing with developing the plans for Quality Management Reviews.</li> <li>• A Mini Audit will be conducted the end of February.</li> </ul>	

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<b>Medicaid Manual Revision</b>	<ul style="list-style-type: none"> <li>• Medicaid EI Services Manual revisions will be made in coordination with Part C Practice Manual revisions.</li> <li>• Thanks to Jennifer McElwee for pulling together and organizing the input from stakeholders!</li> </ul>	
<b>Working with MDs, including Info from ABCD Teleconference</b>	<ul style="list-style-type: none"> <li>• Several system managers reported on their experience with working with physicians with the new procedures. For the most part, they reported that things were going well. There have been a few physicians who have expressed concerns including the volume of paperwork being faxed to them or the requirement for signatures for IFSP reviews. Other challenges include logistical issues related to getting the paperwork to/from physicians.</li> <li>• Mary Ann and Tammy reported on a presentation by Illinois regarding the Medical Home and early intervention (Assuring Better Child Health and Development/ABCD follow up. Points made included: <ul style="list-style-type: none"> <li>○ Training is needed for Medical Home staff about early intervention and training is needed for early intervention staff about what happens in the Medical Home so that each can understand how the other operates in order to be more effective.</li> <li>○ A summary form was developed to provide IFSP information to physicians.</li> <li>○ Illinois will be developing trainings that will be posted on the internet.</li> </ul> </li> <li>• DMAS/VDH/DBHDS representatives are discussing possibilities for trainings in Virginia including the possibility of including a Medical Home Module as an EI Certification Module.</li> <li>• Tammy is interested in looking at how many of the physicians for the children enrolled in the Medicaid EI Program billed for developmental screening, then do a gap analysis and use this information to target training about early intervention.</li> <li>• Stakeholders expressed interest in the summary form developed by Illinois. <b><i>Beth, Mary Lou, Deana, Susan Sigler and Nancy Butts will take a look at Illinois' form and develop recommendations for a Virginia specific summary form.</i></b></li> </ul>	
<b>Family Perspective</b>	<ul style="list-style-type: none"> <li>• Stakeholders reported there has been minimum feedback (either positive or negative) from families related to the System Transformation implementation; most of the change is behind the scenes impacting providers/service coordinators.</li> <li>• Comments were made that some families were not choosing developmental services due to the cost. However, another local system manager reported that she thought this was the case until she looked at the data and it did not bear out a significant change in the number of families declining developmental services.</li> <li>• A suggestion was made to review declining services data to see if any trends are seen. At this time ITOTS doesn't provide reasons for declining services.</li> </ul>	

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<b>Training</b>	<ul style="list-style-type: none"> <li>• DMAS and Part C met today to begin planning a webinar for LLA about the Medicaid reports, including how to read the reports, how to interpret data and how to utilize the information in forecasting revenues and how the Part C Office is using the information for forecasting.               <ul style="list-style-type: none"> <li>○ Three reports will be provided to local systems monthly: an enrollment report and an “Open-Close” report (both in excel) and a Claims report (in text). The enrollment and “open-close” reports for December have been sent to the local systems. The claims report has not gone out yet.</li> <li>○ Stakeholders reported that these reports are very helpful.</li> </ul> </li> <li>• DMAS/Part C prefers to have one training for local system managers so that everyone hears the same information.</li> <li>• A note will be sent to local systems to coordinate a date for the training. Will send a request about dates – prefer one training so folks all hear the same thing. Let us know if there are other topics.</li> </ul>	
<b>Billing Codes</b>	<ul style="list-style-type: none"> <li>• A question was raised about billing developmental services when provided by a nurse. <b><i>DMAS and Part C will check on this and send out a response.</i></b></li> </ul>	
<b>Family Cost Share</b>	<ul style="list-style-type: none"> <li>• One of the stakeholders requested that the Family Cost Share be revisited.</li> <li>• Part C reported that revision to Family Cost Share will be weaved into the practice manual revisions.</li> </ul>	
<b>Commercial Insurance</b>	<ul style="list-style-type: none"> <li>• One of the stakeholders requested that work occur now with commercial insurance companies.</li> <li>• The Part C Office has begun the process and will continue.</li> </ul>	
<b>Next Meeting(s)</b>	<b>Tuesday, March 23 at 1:00.</b> Teleconference	