



## DSPN Member Town Hall

10/25/24

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- Progress
  - 1200 amendments/contract agreements to do by legal entity
  - 6000 lines of data to analyze
  - Manual process from creation, signing, emailing
  - 500 signed
  - 400 out the door
  - 230 returned
  
- Order of priorities
  - Supportive Home Care Providers with 15-minute unit services only were out first
    - Least intensive to complete
      - Price change only
      - No authorization changes
  - Residential providers who had member-specific rates
    - Intensive staffing – those with 1:1 care
    - Ended the Letter of Agreement process for these members & moved to member specific rates within the contract
  - Remaining residential providers
  - 1-2 bed OOAFHs
    - Care Teams completed an IHAT for each member
    - Reviewing care needs & comparing to ensure MFS is met
  - Daily supportive homecare
    - Care Teams completed an IHAT for each member
    - Reviewing care needs & comparing to ensure MFS is met
  
- What to expect once signed contract is returned
  - Providers should continue to bill based on current contracted rates until the contract is returned to CCI
  - Once new contract amendment is returned:
    - Internal systems are updated
    - Authorizations are updated
    - Claims submitted for 10/1/24 forward will be reprocessed for you. You do not need to resubmit claims.
      - Claims will be reprocessed by Legal Entity after all authorizations are entered within 60 days
    - Once our system is updated, any future claims submitted will be paid at the MFS

- All MCOs are submitting a bi-weekly report to DHS
  - Reporting claims processed at MFS & at original rates during that timeframe
  - Reporting contracts sent to providers & date returned within that timeframe

Questions:

- Clarifying timeframe from contract return to claims processing
  - CCI is committed to paying these claims within 60 days of receiving the signed contract from the provider
- Supportive Home Care daily code – will CCI have multiple daily rates for a member depending on the tasks the member needs?
  - not our intent to use multiple codes/tiers on an authorization
  - we will use the average hours per day for the member
- Will providers be notified of rate changes
  - Yes, this will be on the contract amendment
- Will CCI have one single rate or will room & board be separate?
  - CCI will continue to have combined rates for care & supervision and room & board in contracts
  - Minimum Fee Schedules are for care & supervision only
  - CCI is taking the Minimum Fee Schedule and adding the 2025 HUD rates for a daily rate by tier.
    - “Each MCO will pay the MFS plus the Member’s R&B obligation to each facility”
      - CCI will not be setting a member specific rate based on each member’s individual obligation, we will follow the HUD rate.
- Letter of Agreements
  - not being done for intensive staffing any longer
  - These will be member specific rates in the contract
- Will a fee table be given?
  - Will be in all contracts
- Will “Leave of Absence” still be in the contract?
  - Yes, we call these a “room retainer”
- Will CCI be including the “T” Codes in contracts?
  - There are things that MCO’s have to submit to the state for encounters and things that are required to be on the authorization for providers
  - CCI will include these elements on the authorizations:
    - The Revenue Call (4 digit number – 0240, 0241, 0242, 0243, 0670)
    - Member’s Tier
    - U4 Modifiers (if member is receiving 1:1 care 24 hours per day)
    - Internal Modifier hours
      - “IS” for example
      - C\_ (with a number)
  - T2031 or T2033

- We are not including these on the authorizations for Providers
- CCI will do this behind the scenes
- Other State required modifiers will also be handled behind the scenes