

**HAMILTON COUNTY ALCOHOL AND DRUG
ADDICTION SERVICES BOARD
BOARD OF TRUSTEES MEETING**

Tuesday, June 13, 2006

TIME AND PLACE OF MEETING:

The June 13 Meeting of the Hamilton County Alcohol and Drug Addiction Services Board of Trustees convened at ACT, Inc., 1005 Walnut Street, Cincinnati, OH at 9 AM.

PRESENT:

Ms. Mary Allen	Ms. Diana Harris
Mr. William Baldwin	Judge John O'Connor
Mr. Leroy Birch	Mr. Eric Ruffin
Mr. H. Richard Duval	Mr. James Slattery
Ms. Carol Gibbs	

EXCUSED:

Mr. White Bourland	Mr. Gerardo Torres
Mr. Robert Cantlon	Dr. Frank Welsh
Mr. Patrick Fischer	Ms. Gwendolyn Womack
Ms. Gina Moore	

STAFF PRESENT:

Dr. Sherry Knapp-Brown	Ms. Linda Gallagher
Mr. Rob Fredericks	Mr. Jeff Vogt
Ms. Jan Hancock	Ms. Fran Lopomo
Mr. John Roberts	

GUESTS:

Janice Bishop, Crossroads	David Logan, Prospect House
Sandra Kuehn, CCAT	Ron Sauer, First Step Home
Charles Kelly, Recovery Link	Bill Epps, CCHB
Neil Tilow, Talbert House	Bill Kaiser, CCHB
John Earls, Prospect House	

CALL TO ORDER: Gibbs called the meeting to order at 9:05 AM.

MINUTES: In the absence of the Secretary, Gibbs presented the May 25, 2006 Minutes for approval. Duval moved to approve the minutes as written. Slattery seconded the motion. There was no discussion. The motion carried.

REPORT FROM CLARK, SCHAEFER, HACKETT & CO.

Denice Hertlein stated that CSH&Co was hired to reconcile payments from the ADAS Board to Talbert House. With the assistance of Gay Vincent at the ADAS Board and a software program called IDEA, they matched the claims line by line and came up with differences. Differences can be created by several things, such as a change in the rates paid. They were unable to match 130 items and had to go back and do a second run to try to figure out why. Some were claims that needed to be paid, some were duplicates, and some were claims with errors. They were unable to do the reconciliation line-by-line with the information originally given to them by Talbert House because the claims did not have an identifier. She reviewed how data is manipulated and adjudicated through MACSIS. She stated that IDEA software automatically goes line-by-line and matches up the claims, but only if there is an identifier. The identifier is the only way to reconcile. When they started the reconciliation, they were given an amount of \$1.4 million that Talbert House could not reconcile. Talbert House was subsequently paid \$700,000 - \$800,000. The reconciliation by CSH&Co found that a \$76,000 payment was made twice, and the double-payment was used to offset the amount owed to Talbert House, leaving a discrepancy of less than \$50,000. She will give Tilow a list of the outstanding claims and follow up with Gay Vincent to reconcile the discrepancy. She stated that the reconciliation was difficult and, even with the identifier, Talbert House would have to do a lot of work to reconcile.

Duval asked if the reconciliation problem is unique to Talbert House or if it applies to other providers. Hertlein responded that the record of payments is given to the providers on a disk copy of the Access database. About eighteen months ago, the identifier was dropped as a field and, therefore, the agencies were not able to match up the claims. Talbert House had particular difficulty because of the number of claims they submit. Vogt explained that the database has a funding source (identifier) on each claim line, but the field was missing from the data extraction (the disk given to the provider). The field was added 18 months ago. Knapp-Brown explained that the disks are copies of the database and since the identifiers were in the database, it was assumed they were on the disks.

Neil Tilow, Talbert House, stated that they may be caught up now, but they do not want to end up back in the same position. He asked if the current system is efficient and effective. Hertlein stated that with the new process effective July 1, providers will input their own data. She stated that ADAS makes changes that are not communicated to the providers and then the Access database is very complex and difficult to use. She had to take the data out of the Access database and put it into another system in order to match up the claims. She stated that providers may not have Access software or they do not understand how to use the program. Other boards and counties have their providers submit data directly to MACSIS and then they reconcile monthly at the board level, or they reconcile in arrears at the end of the year.

Gibbs asked if Hertlein had recommendations on how to make the billing/payment operation run more smoothly. Hertlein recommended that (1) the providers be trained on using the system, (2) that ADAS provide exception reports, and (3) there be a specific ADAS staff person for providers to contact. She had to go to several ADAS Staff members to get answers to questions. She explained that the ADAS Board makes sure everything is right on the front end, but the Clermont County Board takes the position

that if there are minor errors they will reconcile them on the back end. They have a “*due to/due from*” process at the end of the year. The time it takes ADAS to process claims is lengthened because ADAS scrubs the claims on behalf of the providers up front, but there is a need to balance preventative controls with the needs of the providers. Some of the providers have zero-based budgets and live day-to-day and payroll-to-payroll. She stated that every level of review is specific to an ADAS staff member and they are not cross-trained. If a person is on vacation, that part of the review may be deferred until they return. ADAS lost an employee and tried to proceed without her, but she needed to be there to keep the process going.

Sandy Kuehn stated that if the claims pull is done every two weeks, they should get a check for previous claims every two weeks, but that has not been the case this year. Vogt stated that ADAS is currently processing claims weekly and checks should have been received every two weeks for the past two months. John Earls, Prospect House, stated that the last three payments they have received have been every two weeks, but before that they could go three months without a check. There has also been better communication from ADAS. He believes the new system effective July 1 will speed up payments by ten days.

Tilow stated that once a payment goes past a certain point, they may not get paid. Medicaid only allows 300 days for submission. If it is a levy fund and the claim has been held up for sixty days, all of the levy money might be expended. These issues cause a reduction in total revenue. Kuehn stated that when they submit the claim, there may be money in the fund but if the turnaround is not timely, someone else could get paid and they will not.

Harris questioned how far back the claims were submitted for the checks that are now coming in every two weeks. Kuehn responded that some of the payments are for claims from six months ago. Vogt stated that the majority of the claims are current. The system pulls all eligible claims every two weeks, but any claim that does not have the required information will kick out of the system. Gibbs asked if ADAS calls the providers about those claims. Vogt responded that there are IS meetings and a realtime report in CMHC.

Knapp-Brown stated that ADAS staff looks for every funding source. When providers bill to a funding source that is not there any more, ADAS looks for another funding source. Harris stated that the delay may be the reason why the initial funding source is not available and now those funds are lost. The funds from the found funding source could have been available for additional services.

Allen stated that some of these issues are common to healthcare billing. A claim being held up for six months because a code was wrong is common in healthcare billing. Tilow stated that the problem is not knowing there is a problem. Allen stated that time might be well spent getting together with the people at the Mental Health Board and finding out what our providers need to do now in order to get into their system. Knapp-Brown stated that the process effective July 1 gets ADAS closer to how the Mental Health Board processes claims. The Mental Health Board also has more staff to do the work.

Duval stated that the providers should get an exception report. Vogt stated that what goes up to MACSIS and what comes back is never the same. ADAS never sees the claim

again when it is an out-of-county resident being served by one of our providers. All other claims show up on an RA eventually. Hertlein suggested Vogt write a program like the IDEA program she uses that would allow the providers to do the match. The providers need to know what went up and what came back and what they have to write off, or they are never going to reconcile. She stated that the providers would need programming experience to use Access and most of them are trying to download the information into excel and match it. She stated that if the data is there, the providers are not getting it in a usable format. Vogt recommended that the providers meet with ADAS staff to discuss exactly what they want and then ADAS will create the reports they need. He stated that the providers and staff have changed over time and training would be useful. Gibbs asked Vogt to meet with the providers prior to the June 22 Board Meeting and be prepared at that time to discuss the results with the Board.

OTHER BUSINESS – POTENTIAL MERGER WITH MENTAL HEALTH BOARD

Gibbs stated that the merger will be announced the last week in June or at the July 12 BOCC meeting. This Board will then have thirty days to prepare a report addressing the merger needs. The merger will occur sixty days from the date of the report. She asked the trustees and providers to think about what this Board needs to make sure happens in the merger and email their ideas to her. Recommendations for Board members and staff members should be emailed to Gibbs. She will not share that information. She recommended that the Board meet prior to June 22 in order to prepare a preliminary report. She stated that Pat DeWine is interested in this Board's recommendations for Staff and Trustees. Pat Tribbe will make the hiring decisions, but the Commissioners can make recommendations. She stated that there will be ADAS staff involvement in looking at services, but there will be no ADAS staff involvement in recommendations for Board trustees and staff. The Board will meet again on Tuesday, June 20 at 8:30 AM at ACT, 1005 Walnut Street. The meeting will be open to the public.

ADJOURNMENT There being no further business to come before the Board, Slattery moved, seconded by Duval, that the meeting be adjourned. The meeting adjourned by unanimous consent at 10:26 AM.

Respectfully submitted by

Gerardo Torres, Secretary

Date

Jan Hancock, Recorder

Date

The next meeting of the Hamilton County Alcohol and Drug Addiction Services Board of Trustees will be on June 20, 2006 at 8:30 AM at ACT, 1005 Walnut Street