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14-540-344

Kroh, Karen

From: Patrick DeMico <patrickdemico@prolificdynamics.com>
Sent: Tuesday, February 07, 2017 10:10 AM
To: Thaler, Nancy; Kroh, Karen
Cc: 'Ed Picchiarini'
Subject: The Provider Alliance comments to Chapter 6100 review process

2017 FEB -8 PM 2:12

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Nancy and Karen,

Thank you for offering the opportunity to address some of the TPA comments and priorities resulting from the Chapter 6100 publication and comment process at your recent meetings. Here are the items that I would have covered after conferring with Ed.

The need to incorporate a market index to prevailing fee schedules. While it is recognized that there is also a potential downside risk to such a model, providers would be willing to accept the potential implication if factors modifying rates were tied to a reliable and appropriate market index (Chapter 6100.571(b)). The current fee schedule has not been modified for five consecutive years, and area assignments are based on 2010 BLS data. Even a refresh of BLS data under the current model would -have produced a greater number of counties qualifying for Area 1 or 2 premiums, versus the current condition of 47 counties at the bottom of the area assignment map. Also addressing 6100.571 a, b, and c; ODP informational memo 075-12 defines a composite wage for each county that was developed using BLS occupation codes. As a foundation for the residential fee schedule and application of the ODP SIS levels, this would provide a basis that is data driven, consistent with CMS guidance, and establish a basis for a DSP living wage.

Array of issues that impact efficacy of regulations and provider monitoring practices. Specific regulations addressing (and mandating) QM plan (6100.45(a)), Training Plan (6100.141), and Documentation of Support Delivery (6100.226) defy the spirit of the regulations, and produce detailed mandates that override intent. The regulations should not go beyond ensuring system integrity, and the attempts to promote the system toward progressive ideals should be channeled through the Everyday Lives process. Elimination of as many specific mandates as possible within regulation are recommended to retreat from this tipping point, that converts good ideas and best practices to checklists that have limited efficacy, and that produce penalties and greater administrative burdens for providers.

Specifically with respect to Provider Billing (6100.484 (c)) that currently incorporates by reference Documentation of Support Delivery (6100.226), it is recommended that the forthcoming billing requirements be included and detailed only within 6100.484, and be kept separate and distinct from 6100.226. Otherwise, BFO and others will be in a position to legitimately deny claims due to the lack of a progress note.

Community Participation feedback from The Provider Alliance. Ed had polled membership on this issue at the most recent meeting of The Provider Alliance on January 27 in an effort to generate productive recommendations for ODP. Some of the main ideas proposed as potential solutions to implement an effective Community Participation service code included: (1) use of a modifier to existing chapter 2380 and 2390 codes that would incentivize and enable these otherwise facility-based services to be provided and billed in community settings, (2) incorporation of a Community Participation Plan into each consumer's PSP to hold everyone accountable to focusing on individual desires and overcoming obstacles to succeed in community inclusion.

Thank you very much, and please feel free to contact Ed or me with any questions.
Patrick

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