



North Carolina Providers Council

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What could be adjusted to improve administrative efficiencies and reduce overhead?

Utilize the principals put forward by the NC Providers Council:

- A unified system of MH/DD/SA that assures consistent and statewide implementation of policies and procedures for Medicaid and state funded services (Policies and procedures interpreted and implemented consistently statewide could be trained, implemented and monitored more efficiently.)
- Clear accountability for the divisions of DHHS, local systems and providers through segregation of duties and the unduplicated delegation of responsibility and authority (If more than one person (entity) is responsible, no one (entity) is responsible. In the absence of established responsibility, there is no accountability. Increased accountability throughout DHHS and local systems would substantially increase effectiveness and efficiency.)
- Assurance of effective and efficient (identical/uniform/statewide) processes for authorizations and payment including uniform billing and payment procedures for Medicaid and State funded services. (Having more efficient authorization, billing and payment protocols would lower costs and increase cash flow. Increase in case flow would result in increased service capacity and access to services.)

Administrative functions specific to Case Management (CM) needing increase efficiencies

- PCP template too cumbersome
- Concurrent review by LME and VO
- Inefficiencies resulting from administrative requirements, i.e. running around collecting signatures
- Authorizations – too many – too often
- No discernable outcomes for CM
- Higher costs by frequent face-to-face visits requirement when CM separate from service (integrated w/direct service lowers costs)
- CM managing the Payee Representative process
- CM agency managing the durable medical equipment and supply process
- Frequency of documentation
- MD signature required for all service orders
- Redundancy of paperwork, i.e. PCP, PCP Admission Form, CTCM Form, ITR Form, STR Form, ORF Form are all repetitive
- VO, CareLink, etc... not using efficiencies of a web-based system
- Variable electronic systems
- Endorsement/Accreditation/Licensure/ Monitoring have duplicative, overlapping and often repetitive functions. Increased role clarification, responsibilities and accountability would increase efficiency and effectiveness. Current inefficiency increases costs and detracts from the quality of services

Are we required to create unusable data? NCTOPPS – Need to increase the usefulness of the data by increasing the speed/access to the data

*Advocating for Providers and Those They Support
Service Quality • Choice of Supports • Ethical Conduct*