

## Timeline 2018

Feb. 6 - Mailed in MAP 811 application to become a Medicaid Behavioral Health Multi-Specialty Group. MAP 347 was attached for a LCSW (Licensed Clinical Social Worker) to provide BH services.

May 7 - Called or emailed each MCO and requested application packets.

May 26 - Received email confirmation that our application had been approved and our new number had been assigned. Our goal was to begin services on July 1.

May 31 - Our FEIN number was written incorrectly on the application & had to be corrected before we could contract with MCOs.

June 29 - The number was corrected. Our goal was to begin services on Aug. 13.

July - Wellcare & Anthem were the only MCOs to respond and send applications.

Aug. 7 - Re-contacted AETNA, Passport, and Humana to find out why we had not been sent applications. AETNA sent us a contract packet on 8/10.

Humana informed us that all of their behavioral health services were done through Beacon. So now we had to contact Beacon which sent us a letter of interest form to fill out on 8/17.

Aug. 6 - We were informed that our LCSW had died of a massive heart-attack the prior weekend. Without him, we could not begin our program. We had to notify MCOs to remove his number from our group. We had to find someone to replace him quickly.

Aug. 7 - Our contract with Wellcare was approved and ready for a site evaluation.

Aug. 10 - I hired a new LCSW. We called to let Medicaid know what was going on. They asked us to submit a MAP 347 which could take up to 6 weeks to process.

Aug. 14 - Our contract with Anthem was approved. New goal to begin services on Sept. 24.

Aug. 22 - AETNA requested information and sent contract for us to fill out.

Aug. 28 - We returned the contract to AETNA; Beacon accepted our letter of intent.

Sept. 4 - Passport responds from request on 8/7. They can't find that we'd ever applied. After sending verification emails, they acknowledged that the person handling our application had left the company and our case was "lost". They only needed 2 pieces of information and our paperwork would be submitted.

Sept. 19 - AETNA requests more information.

Sept. 24 - We started our new "Explore" program. I contacted program integrity to find out the status of our LCSW's number. They said they could not find it. I told them I had the receipt for sending it through registered mail.

Oct. 2 - I called Program integrity and was told that they had received the MAP 347 on Aug. 14 but that it was on an older form (2016) instead of a new form and they would not accept it. I would have to resubmit it on a new form. This could take longer. My LCSW submitted her information and faxed it that day. I got an email telling me that they had received it and that it was being sent to be imaged prior to processing. Then I was told that in the future if I wanted a faster processing time I should mail the documents. (Which I had done in the first place, and look where it got me).

Oct. 4 – I received an email from program integrity asking me to resubmit the MAP 347 because my LCSW had placed the group number & NPI number in the wrong place. The email stated that if I resubmitted it to her email address that she would process it right away.

Oct. 18 – After waiting two more weeks, I emailed program integrity to make sure everything was resubmitted correctly and if there was any way to find out when it is processed. Our payroll is coming and we need to be able to bill for services. The response was that if I wish to receive a faster response time, contact the call center. I've been waiting two months for this to be corrected.

Oct. 30 – Beacon finally requests information about our application.

Nov. 12 – My monthly board meeting. I had to tell my board that I was going to have to shut down the program because I could not bill. I had contacted Melinda Prunty to tell her about all the problems I was having. She was going to try and help me. My board approved that I get a \$50k loan to make payroll until the Medicaid issue was fixed.

Nov. 16 – I got an email saying that our problem had been fixed and that our LCSW was approved. It took 3 long months.

Nov. 19 – I started billing for services all the way back to Sept. 24. My claims were being denied. What now? I'm taking a Thanksgiving break.

Nov. 26 – I contacted the Medicaid billing dept. and two wonderful ladies helped me determine codes and modifiers so that I could bill. Some of the claims were going through!

Nov. 30 – The billing service we started using can't process the claims. I need to call EDI help desk.

Dec. 4 – EDI help desk says I need to submit 2 forms so they can give permission for the billing service to bill MCOs & Medicaid. It will take a few days to process.

Dec. 7 – EDI sends email that billing has been approved.

Dec. 10 – Medicaid claims went through. We will receive our first payout on Dec. 13.

Dec. 11 – Still no contracts with AETNA, Passport, or Beacon/Humana

So many times I was ready to throw in the towel. My greatest fear was that I was going to have to tell my staff that we couldn't pay them and that the program was going to end until all the problems got worked out. I was facing losing the faith and trust of all the people who work for me and the Opportunity Center.

There's got to be a better way to organize this system so that others, like myself, don't have to tackle all the obstacles that I've had to to empower the people who society has forgotten.

This program is such a blessing for so many clients who have never received any services since high school. The 1-1 ratio of client /CSA is changing lives. The behavioral issues that surround these intellectually disabled folks are improving. Their parents/guardians are amazed at the changes that have happened in just a few weeks.