

MaineCare Children's Outpatient Mental Health Services

PROVIDER RESPONSES TO OPEGA SURVEY QUESTIONS REGARDING ADMINISTRATIVE BURDENS

The provider comments below were received in response to the following survey questions:

1. Do you believe there are unnecessary administrative burdens imposed by the State on providers of outpatient services?
2. If yes, what are these burdens? How do these burdens affect the operations of your organization? What are the financial implications of these burdens?

Time Consuming Nature of APS Reporting

- The APS data reporting is burdensome, and some of the information irrelevant to care. The report entails 12 -15 pages of material per client, requiring 45 minutes to 1 hour outside of the session. It would be much easier if MaineCare utilized the same CPT codes that are utilized by insurance companies.
- Additional time is required for support and billing staff to obtain and track APS information.
- The level of detail of the Continued Stay Request (CSR) itself makes completing it time consuming. APS has made some headway in reducing the length of the CSR for OP providers. However, there is still a section of the CSR that is lengthy (multiple questions regarding behaviors and duration/onset).
- The frequency with which Continued Stay Reviews (CSR's) must be done is what creates the administrative burden for OP services.

Duplicative Data Entry

- Oversight and licensing bodies (APS/DHHS/Licensing/MaineCare) often require redundant documentation of things like treatment plans, assessments, etc. Therapists must complete a treatment service plan as required by State of Maine licensing, but also need to complete a continued stay review for APS (which in essence is a treatment/service plan), but the APS documentation does not meet the licensing standards therefore causing double work.
- Providers currently have to duplicate information, taking down information once for their own assessment and record; and then inputting it again, along with even more clinical questions for the APS system.
- A client might have Case Management services at one provider and Outpatient services at a different provider, but both providers have to input the same client information into APS separately.

Issues with APS or DHHS Processes that Create an Administrative Burden

- MaineCare system denies many claims indicating that the authorization is not valid or there is no authorization on file when in fact after research with a MaineCare provider rep and billing staff there is an authorization in place that is current and correct.
- Multiple re-registrations required due to issues with APS' database.
- The nature of APS' proprietary database of clinical records results in manual and tedious tracking of authorizations and the need for significant clinical supervisory and administrative (IT & finance) oversight of the authorization process at the provider level.
- APS does not respond in a timely manner to calls/inquiries.