

DRAFT
IDS Advisory Committee
Meeting Minutes
November 9, 2009

Present:

Steve Allen, Options
Dean Andretta, MVIPA
Roderick Calkins, MCHD
Terry Dethrow, NPC
Stacy Fennell, CCS
Paul Logan, NWHS
Tedra Mandell, ESCTC
Patrick Brodigan, MCHD, CAPS
Jim Russell, BCN

Tim Markwell, NPC
Christina McCollum, MCHD CAPS
Cary Moller, MCHD, CAPS
Dwight Bowles, MCHD, CAPS
Tim Murphy, BRS
Lona O'Dell, ESCTC
Scott Richards, MCHD
Gloria Thetford, VMH
Gwen Welch, Options
Christine Pahl, MCHD, CAPS

Meeting called to order at 11:08 am

I. Announcements:

- ❖ Bridgeway Recovery Services has added a Nurse Practitioner to their staff.
- ❖ Options has added a Child Psychologist, Dr. Soto, to their staff; beginning October 29th they are adding two new therapists.
- ❖ Easter Seals is starting a group for 14 to 17 year olds. Bilingual staff has decreased by 1.25%.
- ❖ Cary confirmed CAPS is completing the final phases of the Secondary Authorization Policy updating and expect to bring a more finished product to the November meeting.
- ❖ Cary offered members Fraud & Abuse training PDF and Power Point presentation materials to take back to their staff.
- ❖ Rod discussed OR House Bill 2009. He felt folks weren't paying attention to its contents because they didn't think it would pass, but it did. Changes include DHS' Child Welfare merging with Senior and Disabled Services. The OHA (Oregon Health Authority) consists of stakeholder groups. Not a lot of details available yet but an anticipated difficulty will be the "single payer" issue.
- ❖ Jim Russell added, the OHA came out of the 2005 Health Care Delivery Consortium. It will attempt to make the process more transparent. The state is purchasing ¼ of all health care for Oregon citizens. He discussed possible impacts on insurance rates and said some things have been punted forward from June 2011.

- ❖ Dean Andretta stated “Healthy Kids” will be first program to go through the OHA. Some will not pay anything for services and some will pay on a sliding scale.
- ❖ Rod commented there is some skepticism surrounding the successful reorganization of DHS.

II. Review of Minutes

- ❖ Minutes of September 14, 2009, were reviewed and approved with correction to attendee list to show Tim Murphy of Bridgeway and Dean Andretta MVIPA were in attendance.

III. Fee Setting - Jim Russell

- ❖ 2010 and 2011 set on data sets actuarial from 2005 to determine capitation rates. For hospital charge the Actuary looks at Medicare cost reports; 60% is more the actual.
- ❖ Tim Murphy asked if the private sector has done a similar study. Mr. Russell doesn't know.
- ❖ Paul Logan commented setting our fees according to DMAP based on cost alone is not realistic, there are other “real issues” involved in setting fees. There was agreement on these comments by other committee members.
- ❖ Careful review and application of Jarvis Fee Setting is needed. Cary commented that one of our providers asked for some variation to computing the fee schedule and was apparently supported by Dale Jarvis.

IV. Reports – Dean Andretta

- ❖ Presented detailed handouts through September 2009. In 9,000 authorizations there were only 9 errors, and only 141 billing errors. Great turnaround, 1 to 2 weeks average, the hospital billing turnaround averages 35 to 45 days.

V. Integration Efforts

- **Cary**
 - ❖ Generating lots of meetings on all levels.
 - ❖ Need formal commitment from providers.
 - ❖ There is a need to formalize IDS Agency participation in co-locating services.
- **Rod's Comments:**
 - ❖ Looking for devotion of time at the front end. MCHD, CAPS will be contributing start-up money for Integration Projects.
- **Committee Comments:**
 - ❖ Tim Murphy noted they are adding a PCP to their staff. Rod felt it was more difficult to get PCPs into our clinics.

- ❖ Paul said they are looking at the Quadrant IV people, seriously ill – physically and mentally. Expressed concern: “We don’t know how this is going to work, but please sign up”.
- ❖ Lona O’Dell said that Easter Seals has a concern about sticking a Mental Health Provider from a Clinic out in a Physical Health setting, also wondering what support will be available once “out” in Physical Health Clinic; trying to understand how this will work.
- ❖ Rod said we need a real person to help people get hooked up – a ‘Patient Navigator.’ Asked group if someone stationed in their Clinic would help, received affirmative agreement.
- ❖ Dean believes a big part of the issue is the doctors themselves, he has observed frustration from doctors to deal with straight Medicare.
- ❖ Cary closed this discussion asking for volunteer clinics to submit application forms by end of the week.

VI. Access – Christina and Cary

- ❖ Report on Secret Shopper – Cary introduced topic asking for an attitude of reform and improvement.
- ❖ Christina will provide individual results of each agency via email by next week.
- ❖ **Secret Shopper Results:**
 - i. 35 calls were made, only 2 appointments were offered. The callers consisted of 3 members of CAPS and 2 OHP members
 - ii. Some callers referred to PCC to get referral information.
 - iii. One caller was referred to the ER if they go into crisis. The caller was told to do this because the member would receive faster service than at PCC.
 - iv. Seven calls were to a voice mail of several agencies and there were no return calls.
 - v. Overall experience – Very hard to gain access. Members had a difficult time remembering the different requirements for each agency’s intake process.
 - vi. Voice mail systems were difficult to navigate.
 - vii. Families looking for services for their children received excellent customer service. Providers were thought of as polite, respectful and went “above and beyond” in customer service.
 - viii. Recommendations for better service: Front Line Staff- slow down their speech, to be more understandable; know referral information to make an appropriate referral. Provide a listening ear for the adult callers. When there are designated intake times for agencies, make a alternative time for those who cannot make those times (i.e. bus schedule conflicts)
 - ix. Member Recommendations: More training for Front Line Staff – knowledge of Resource Guide. Be connected to a live person instead of going directly into a voice mail system.

VII. Future Topics

❖ ISSR Training Plan

- i. AMH cross-training on new Rules 16 & 32; suspension of audits for 12 months while training is completed.
- ii. New Rule is not finalized, expected mid-week.

❖ N/S Budget Implications – follow-up

- i. A budget change, Jan '09, allowed for expansion of New Solutions Wraparound services by lowering CASSIE eligibility scores, and allowing significant expansion of New Solution services. As a result of the budget windfall, Skills Training and Wraparound Facilitation has been added.

Meeting closed at 12:55.

Next Meeting on November 9th, 2009

Minutes to L. Welch