

IDS Advisory Committee
Meeting Minutes
January 09, 2012

Present:

Cary Moller, CAPS
Christina McCollum, CAPS
Debby Davis, Options
Dwight Bowles, CAPS
Janice Veenhuizen, VMH
Kathleen Boyle, VMH
Lona O'Dell, ESCTC
Marcus Berglund, CCS

Paul Logan, NWHS
Rod Calkins, MCHD
Scott Richards, MCHD
Steve Allan, Options
Steve Kuhn, CAPS
Terry Dethrow, NPC
Tim Markwell, NPC
Tim McGee, ESCTC

Absent: Geoff Heatherington, PCMH, Sandy Stewart, MCHD, Tim Murphy,
BRS, Vicki Steinley, Options

Guest:

I. Announcements and Introductions

- Marcus Berglund from Catholic Community Services announced that there prescriber still has openings.
- Debby Davis from Options announced that they have started a parenting program. There will be a day class and an evening class.
- Polk County Clinic will be opening on January 17th. The hours will be Monday thru Friday from 8:30am-6:00pm. The address is 1520 Plaza Street NW Suite 150, Salem OR 97304. The phone number is 503-585-3012.
- This will start Phase 1 of services with Adult Mental Health and Adolescent Addictions
 - Polk will reimburse at IDS rates with the exception of billing code H0004
- Phase 2 will include children in early April
 - Within Polk County's new offices, it is anticipated that Trillium will have treatment classrooms for day treatment serving ages 5-18 year olds.

MTM – Statewide Data Warehouse – Implementation State Wide

- Original proposal had 3 primary components

- Provider Data Analysis
- Standardization of forms
- State Wide Data Warehouse
 - New Perspective, Valley Mental Health, Health Department, and Bridgeway should be contacted regarding the warehouse
 - Roy Deede will contact all of the agencies to find out who their IT contact person is.
 - Marion County is undecided about supporting the data warehouse.
 - PhTech said they would not be able to do the things the warehouse claims to be able to do.
 - Marion County is going to try to do a data pull this January. As a demonstration to see what we can do and if the data will be useful.
 - Marion County is working with MTM to see if they can pull the data needed from PhTech's Data.

II. Review Minutes

- Approved

III. Health Care Transformation – Local Perspective – All

- House Bill set a priority for turning fully capitated managed care plans into CCO's
 - Level of community involvement has been variable.
 - Provider Participation/Solicitation
 - MCO's right now are largely insurance based when CCO's have been described as community-based.
 - There has been some discussion about broadening the governing structure of CCO's by moving away from representatives being strictly insurance-based and having other community partners on board.
 - Advisory Council – anticipated to include a board structure of a non-profit
 - Percent of voting rights would most likely correlate to the percent of who has most insurance risk
- Meeting to define navigator functions and roles is to be scheduled
 - MIVIPA has already started training navigators
- Integration conversation with the BCN will continue. Marion County is trying to accomplish true integration

Primary Care Homes

- Cost savings has been focused on managing people with chronic disease
- If there is a high enough payment then it might be able to help fund integration

Senate Bill 238

- Draft is out for review of the ISSR.

- Lots of push back
- The new rule will be reviewed at next legislative session.

IV. AMH – Variances for QMHPs – Scott Richards/Rod

- AMH through COA visit has determined that credentialing of Interns does not meet the AMH variance expectation.
- QMHP's for Interns mostly
 - Masters Candidates
 - Those still in school
 - Marion County will need to keep track of all adjunct providers who are providing Mental Health services
- Adjunct providers – defined scope of work
- All agencies that use Adjunct QMHP's must send a request for a variance through Marion County Health Department in addition to the BCN adjunct provider form.
- Christina has requested a list of each of the IDS provider's adjunct staff. Each agency will identify adjunct providers monthly when they submit their Monthly Practitioner information to CAPS.
 - Agency will identify the number of QMHP's or QMHA's
- Variance is for 1 year or less. If the provider is at an agency for over a year the agency will have to submit variances annually.
 - AMH variances must be submitted to CAPS and CAPS will submit to AMH

V. Fraud Waste and Abuse – BCN/PhTech – Data Mining

- Been working for almost a year with the BCN and PhTech to get some agency level reports
- Continue to evaluate the data and determine its utility
- The information is to help identify and “flag” areas for review
- First look at the reports – they are still a work in progress
 - This is a snap shot from claims data from 3 quarter 2011 and comparing it to 3rd quarter 2010
- There will be further development of reports concerning group services and frequency
 - Units of group instead of hours
 - How long are the groups? – compare using time data
- Dwight will clarify if the RVU used is a local or national standard.
 - Will remove New Solutions Services for a more comparative numbers.
- Individual Service
 - The report focus is on billing over 6 hours per day.

VI. Reports

Monthly IDS Reports – Dwight

- No reports due to the changes in the system
 - If you have questions about if a client is enrolled or claimed by another agency call Dwight and he can look it up.
 - Should be able to enter authorizations this week
- Congratulations to all the agencies over 70% of the LOC were turned in

Anticipated LOC Reports

- Members by level
- # of contacts
- Cost to date
- Agency roll up

2012 Incentives

- Incomplete data to date. Will have completed data by the March Advisory meeting.

VII. Level Of Care - Cary

Access and LOC – Christina

- Cary briefly discussed how to read the handout regarding Access.
 - The data represents then number of available intakes reported, unique members inquiring about service and the percentage of members who were offered an appointment. This information was broken down monthly for the year 2011.
 - Other information on the handout discussed some changes that occurred throughout the year within the IDS system and how access reporting evolved in the year.
- Cary Moller will work though IDS Clinical Management to address these areas:
 - Access
 - How we are measuring staffing increases
 - Utilization Review
 - Transition out of care, with particular sensitivity to PCP handoffs
 - Planned and unplanned discharges

Next Meeting February 13, 2012

Minutes by Janette Cotton