

IDS Advisory Committee
Meeting Minutes
December 10, 2012

Present:

Cary Moller, CAPS	Paul Logan, NWHS
Christina McCollum, CAPS	Phil Blea, CBH
Debby Davis, Options	Rod Calkins, MCHD
Dwight Bowles, CAPS	Terry Dethrow, NPC
Geoff Heatherington, PCMH	Tim Markwell, NPC
Janice Veenhuizen, VMH	Steve Allan, Options
Marcus Berglund, CCS	

Absent: Donna Waller, ESCTC, Kathleen Boyle, VMH, Sandy Stewart, MCHD, Scott Richards, MCHD, Sue Hunter, ESCTC, Tim Murphy, BRS

Guest: Noelle Carrvil, PCMH, Patrick Brodigan, CAPS, Sally Daly, VMH

I. Announcements and Introductions

- Valley Mental Health's Dr. Janice Veenhuizen, is requesting an updated agency referral list for the Mid Valley Pain Clinic. She passed a document to each of the representatives to update. CAPS is available to talk to community partners about how to access services.
- Catholic Community Services is working on hiring a male therapist, who is currently one of their interns.
- Options added a therapist
 - They are also locating outpatient services at Silverton health clinic
 - Access for Woodburn clients are going to the Mt., Angel clinic
 - There is another clinic in Silverton that has expressed an interest in hosting a clinician
 - Their lobby will be remodeled to be more HIPPA compliant starting the end of December and into January.
 - Question was asked on how to access the care Options provides outside of the Salem offices. Debby will get information to CAPS to share with the providers.
- New Perspectives has hired a NP two days a week for adult mental health
 - They started bilingual therapy services
 - They hired a bilingual receptionist to assist with the monolingual Spanish calls they anticipate having.
- **AMH No Smoking in Licensed Residential Care**

- Policy Effective January 1, 2013
 - No smoking anywhere on the property
 - This also includes in cars
- Does not include Licensed Adult Foster Care
- **Request for Mental Health Service at Santiam Hospital**
 - Request for interest solicited, handout
 - If you are interested please talk to Cary
- **WVCH Contract Termination with Walgreens January 1st**
 - Only 24 hour pharmacy in town
 - Approximately 50% of members have prescriptions through Walgreens
 - Walgreens is more expensive. For WVCH to cut cost, they are terminating the contract.

II. Review of Minutes

- **Approved**

III. Polk County & IDS Interface

- This is in regards to the letter that was sent in November to direct all Polk county members back to Polk County
- Agency's that would like to continue with clients through April 1st must have a contract with Polk County
 - There will be a Utilization review on each case you intend to keep.
 - There is no intention to set up out of panel contracts with individual therapists in the IDS system.
- There are approximately 250 Polk members in service with Marion County
- There are approximately 240 Marion members in services with Polk County
 - PhTech claims data indicates approximately 50 of the members are currently active. Total population to be determined
- Dwight will provide the individual agencies with their member list who will need to transition back to Polk
- If there is a client that has capitation with Marion, but has an address that is in Polk, there will need to be further communication before services can be offered
- Polk will not be using CIM for authorizations. PhTech has offered to update enrollments within a 24 hour period
- In regards to members being informed of these changes to their care;
 - Polk would like the current agency to start the conversation
 - Polk is designing a brochure to handout
 - Polk is trying to not disrupt the services as little as possible
- As of April 1st, IDS agencies will need a contract and authorization to serve Polk County members.
- Members who don't want to return to the county of capitation
 - BCN will handle all of the Notices of Action for Polk members who don't want to return back to Polk County for service.

IV. IDS Reports – Dwight

- **Level of Care Performance 2012**
 - By each level as a system agencies did very well
 - Dwight will provide all agencies with a summary of how they moved individuals through care
- **Reimbursement Restructure & Incentives**
 - Consideration has been given to resetting IDS rate to match DMAP
 - CAPS is exploring options to use part of the difference between previous IDS rates and the new DMAP reimbursement and use it as a bonus pool for opportunities to offset the DMAP changes
 - Looking at bringing in a consultant to help with the payment reform
 - Ideas for incentives:
 - Non traditional health workers (NTHW) to help with people using a lot of care
 - Need to work on our interface with them
 - Real time communication between acute care, PCC and providers.
 - Case management or assessment code
 - Billed to have communication between providers
 - Non billable code
 - Time between first and second appointment
 - Different language between PCP's and Mental Health. Need to work on how we interface to get the results that are needed
 - MVP is working to develop a small poll of non traditional health workers to intervene with potentially avoidable ER services
 - A certification curriculum is being developed and required to provide these non traditional services
- **CPT Code Changes**
 - Handouts to include new E/M codes, interactive complexity description, E/M use examples, and Coding algorithm worksheet
 - NP, MD's and Psychiatrist will be using E/M codes
 - In some examples, it will be possible to bill up to 3 codes (E/M, therapy add-on codes and interactive complexity)
 - Services where multiple codes will need separate service notes unless each service is separately and distinctly identified within a single service note.
 - All changes are effective January 1, 2013
- **IDS Changes for 2013**
 - CAPS will be implementing a year long authorization system for Children and Adults
 - To accomplish, CAPS will be working with PhTech to accomplish an automatic rollover for all existing authorizations at the end of 2012.
 - Individuals will no longer be re-leveled at annual visit. They will only be re-leveled as a result of clinical review where individual has decompensated from their current LOC.

- Will be focusing on number of contacts rather than money
- Admin Performance
 - CAPS has taken into account the issues that happened with the advent of the new CCO and has adjusted the incentives accordingly
- Access
 - 10 of 11 months met access incentives
- **Out of Clinic (OOC)**
 - Handout of agency services indicating (OOC) discrepancies in billing through 2012
 - Identified errors need to be corrected by each agency, and if refunds are required, these will be initiated by PhTech.
 - Looking to have these corrected by the February IDS Data Managers meeting

V. WVCH Coordinated Care – Committee Member Reports

- **Clinical Advisory Panel**
 - Looking at high service users and non traditional health workers

Next Meeting January 14, 2013
Minutes by Janette Cotton