MCO RESOLUTION PANEL

GA Mandated Workgroup

December 17, 2020

MCO Resolution Panel Kick-Off Meeting Agenda
December 17, 2020
10 am-11 am

- Welcome and Introductions –Dr. Alyssa Ward
- Purpose and Guidelines of the Panel-Pat Smith
- How issues are presented-Oketa Winn
- How issues will be prioritized-Oketa Winn
- Compliance Teams presentation-Jason Rachel

Budget Language 2020:

- The Department of Medical Assistance Services (DMAS) shall convene an advisory panel of representatives chosen by the Virginia Association of Community Services Boards (VACSB), the Virginia Association of Community-Based Providers (VACBP), the Virginia Coalition of Private Provider Associations (VCOPPA), Caliber, the Virginia Network of Private Providers (VNPP), and the Virginia Hospital and Healthcare Association. The advisory panel shall meet at least every two months with the appropriate staff from DMAS to review and advise on all aspects of the plan for and implementation of the redesign of behavioral health services with a specific focus on ensuring that the systemic plan incorporates development, and maintenance of sustainable business models. Upon advice of the Advisory panel, DMAS may assign staff, as necessary, to review operations of a sample of providers to examine the process for service authorization, the interpretation of the medical necessity criteria, and the claims processing by all Medicaid managed care organizations. DMAS will report their findings from this review to the advisory panel and to the Secretary of Health and Human Resources, and the Chairs of House Appropriations and Senate Finance by April 2021.

Behavioral Health MCO Resolutions Panel

- This group will fulfill the mandate of the budget language and meet in accordance with that language. As this is a new group, we will do a 6 month pilot to determine the best format and structure, but DMAS understands that the Associations desire for this to be a panel that functions past the date of the report in the language and is amenable to this.
- DMAS will establish the required forms for the provision of the narrative describing the issues of concern and evidence supporting compliance violation and will post these to the website. DMAS will establish an issues resolution log wherein concerns shall be documented in detail, including parties involved, dates of submission, and actions taken.

MCO Resolutions Panel Membership

Provider Associations:	DMAS Internal Partners:
Caliber	Behavioral Health Division
VABA	Healthcare Services Division
VACBP	Integrated Care Division
VCOPPA	
VNPP	* DBHDS as needed*
VACSB	
VHHA	

Please no more than 2 members per association

Meeting Schedule

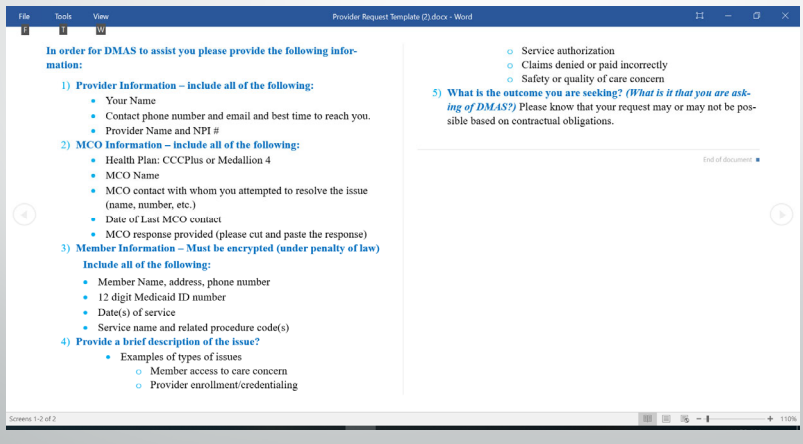
Bi-monthly meeting alternating with the Association Advisory Group

- March 2021: Discuss the Issues Log-Create the issues log and review with the panel for feedback
- April 2021: The report is due and it will summarize the structure set up
- May 2021: First sample run with an issue

Presenting Issues to the Panel

- The template must be completed and submitted via enhancedbh@dmas.virginia.gov
- The DMAS Internal Partners will meet to review submissions received and prioritize
  - Issues will be prioritized based on common themes/trends among the associations (i.e., TDT denials)
  - If there are no common themes/trends, it will be based on first come, first served
- For the first sample run, please submit issues by **January 15, 2021**

Template to Submit Issues



Issues Log

External Issues Log

Project Name: MCO Resolution Panel

Description of Issues:	CCCPlus/MED 4:	MCO(S)INVOLVED:	Status (Open, Closed, Parking Lot):	Action Plan:	Responsible Party:	DATE RESOLVED (DMAS):	DATE PANEL NOTIFIED:
Increase in TDT denials-out of 20 submissions, 15 have been denied	**Med 4**	**Anthem**	**Open**	**Reach out to Anthem regarding the denials**		**February 18, 2021**	**March 2021**

Timeframes for Resolution

- There are many factors that will influence the resolution of issues submitted. Some factors include the complexity of the issue, resources required to research the issue (i.e., DMAS and MCO staff), and having all of the needed information to complete the review.
- DMAS will work to provide updates on issues currently being worked on by the next panel session.

Overview on Compliance and Complaints

1. All plans must be NCQA accredited.
2. HSAG performs on-site reviews every three years. CMS preferred EQRO: third party for auditing look at networks, operations, credentialing provider access, UR, claims processing, auth. process, quality improvement and they certify health plans are doing all of these things.
3. DMAS has program dedicated Compliance Units and staff: DMAS looks at appeals, claims payment, quality improvement , member and provider complaints. Require monthly, annual and quarterly reporting from the plans and identify any issues or discrepancies
4. DMAS requires that each health plan goes through the MCHIP (Managed Care Health Insurance Plan) certification process which VDH oversees.
5. DMAS requires Bureau of Insurance licensure: National Standards: solvency, claims payment, profitability, profit cap, limit amount of profit Medicaid plans can make.
6. Weekly meetings with MCOs on operations and performance.
7. Complaints: Providers should work to resolve with MCO directly first, but may contact DMAS.

Email box for both CCC Plus and M4:

- CCCPlus@dmas.virginia.gov
- ManagedCareHelp@dmas.virginia.gov

Questions

enhancedbh@dmas.virginia.gov