

Meeting Minutes

March 11, 2021

10:00 am-11:00 am

Welcomes & Introductions:

- Dr. Alyssa Ward noted that we were unable to use WebEx this week due to not having access and we will resume with WebEx on the next meeting in May 2021.
- Dr. Ward thanked everyone for sending in samples and that we will review the scope of the work that lies ahead with this forum.

TOPICS	MINUTES
<p>Overview of the Panel</p>	<ul style="list-style-type: none"> • The GA mandate is to develop a mechanism to look at potential contract violations and figure out how to address/track the issues- SA process, MNC criteria and claims processing. The Panel started as a pilot to develop a workable structure to address the concerns, with plans for this to be an ongoing panel. The Issues log has been developed and issues are being tracked as they come in. We are looking at more global concerns across provider groups and monitoring trends. Individual provider concerns should be sent to enhancedbh@dmas.virginia.gov.
<p>Overview of the Submission Process & Priority</p>	<ul style="list-style-type: none"> • You can submit complaints to the enhancedbh email box. If we should need more information such as member specific information, we will reach out to you to obtain the information. If you do not have the template, send an email and we can send the template to you. Prioritizing of submissions will go based on trends across associations, otherwise we go first come, first serve. Right now, TDT and Covid-19 response is a priority right now for the agency. We are working on training for TDT and Covid-19 response as kids start to return to school and the continuation of the pandemic.
<p>Example Issue Submission & Resolution Process</p>	<ul style="list-style-type: none"> • An example issue from Laura Easter with Elk Hill was submitted in October 2020 regarding TDT denials from 3 MCO's; this was an ongoing issue that spanned over a year. To address this concern, multiple divisions were pulled in to include Integrated Care and Health Care Services which prompted a meeting with VA Premier, DMAS leadership and Elk Hill. It appears after this meeting, things are moving forward to a resolution. • Dr. Ward validated provider frustration with timeliness of resolutions as well as contextual challenges for agency staff. Credited creation of this forum to bring up issues to get them resolved.

	<p>Dr. Ward thanked everyone for their patience during this process.</p> <ul style="list-style-type: none"> • Laura E. reported that she found the meeting with VAP and DMAS was helpful and productive. She noted that she feels they reached a level of leadership who are interested in the issues and able to make the system changes. • Ashley Harrell discussed TDO/Crisis Stabilization Unit Issue- BH Division was able to collaborate and clarify numerous policy matters around TDO's. DMAS has established a new procedure code for TDOs within CSUs; they are able to bill with this code as of March 1, 2020. DMAS collaborating across divisions to implement. DMAS processes TDO's from the state fund for Medicaid members and uninsured members. This has been resolved and we are able to do retroactive payments to those providers and we are creating a supplemental manual to provide clear instructions.
<p>Review of the Tracker</p>	<ul style="list-style-type: none"> • The summary chart submitted by Mindy Carlin of VACBP was shown and briefly reviewed as this was the basis of the issues on the tracker. • The tracker was reviewed to highlight the current issues. Discussion was held around Covid-19 response, business practices, authorization issues, and the administrative burden on providers. <ul style="list-style-type: none"> ○ Mindy highlighted COVID is exacerbating mental health everywhere and this has not been factored in when MCO's review the service authorizations. It also might be that the providers are not appropriately documenting the impacts of COVID on individuals. • Dr. Ward provided input around developing training on TDT and the Covid-19 response. The training can focus on providing a clinical overview and level setting for providers and MCOs which can be housed on the website. <ul style="list-style-type: none"> ○ Helping to identify what people should be looking for in regards to traumatic responses and on the MCO side be clear that the MNC for TDT does require that 30 days of behavior be documented in the classroom prior to eligibility. • Authorizations: Providing training to MCOs to ensure they have an understanding of CMHRS and how the services were intended to be provided.

Discussion, Questions, Closing

- Dr. Ward mentioned the SRA form and making it as easy as possible to allow providers to know exactly what needs to be included on the form. Pointed out parity analysis and how the specificity of the forms is very high and does not seem to align with processes on the medical side. With BHE we are looking at what we need to do regarding updating the forms.
 - Laura E. expressed concern with the documentation not being read and the text boxes do not expand to allow them to add the information they feel is appropriate to submit. The reviewers are not reading the entire SRA and asking for information that is already included.
 - Dr. Ward suggested maybe we could look at a revised SRA form within the group or pilot the forms with the first set of services.
 - Mindy C. explained she wants to be mindful that we do not create a situation where the MCO's can delay the response by saying they need more information. She is seeking balance between providers and the MCOs. VACBP members are saying there is great disparity between MCO's as far as the additional information they request.
- Next steps: DMAS to work on the TDT and Covid-19 training for MCOs and providers