

# MCO Resolutions Panel Meeting

## Meeting Minutes

Date: 09/09/2021

Time: 10:00 am-11:30 am

Link: <https://covaconf.webex.com/covaconf/j.php?MTID=m8f7681a617768d7f098e455632776498>

## Meeting Minutes

### Attendees:

Sharita Outlaw Oketa Winn Keven Schock Jennifer Fidura Beth Ludeman-Hopkins Angel Clark	Ashley Harrell Alyssa Ward Patty Smith Michael Triggs Mindy Carlin Laura Reed	Shamika Ward Kim Moulden Laura Easter Stefanie Pollay Sue Klaas	Jason Rachel Dan Plain Christy Evanko Emily Bebber
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### Agenda Items:

#### Welcome and Introduction - Patty Smith

Purpose of the meeting is to come together with members of the panel in one space to discuss agenda items

#### Tracker Review - Oketa Winn

Discuss and reviewed the updated MCO Resolution Panel Tracker

Confirmed statuses for identified issues.

- **Denials and processes for appeals – Elk Hill** - Laura Easter confirmed resolution
- **Covid-19 response-VACBP** – Closed and TDT Training was recorded and posted to DMAS website, Mindy Carlin has requested to keep the issue open due to ongoing concerns. Suggested that issues be sent to the enhancedbh mailbox.
- **Authorizations-VACBP/Caliber** – maintain an open status – previewed the MST SRA
- **Administrative requirements-VACBP** – Closed; Mindy C asked if it had been resolved, nothing has changed as far as administrative requirements. There is still an inconsistency across all MCOs. There is a need to provide consistency and streamline processes.
  - Dr. Ward suggested a further conversation around processes to include:
    - updated forms
    - Forms posted to portal
    - Version of forms
    - Outline and specify processes and workflows
  - Mindy offered to gather processes specifics/examples.
- **Network VACBP/Caliber** – Closed per last meeting where Dan Plain with HCS provided an update on the GA mandated committee who will take over reviewing the network terminations
- Jennifer F asked if it was an appropriate time to mention variability, lack of consistency, and addressing past claims due to the 12.5% adjustment issue in the forecast.
  - Dr. Ward will provide an update at the end of the meeting to address the rate increase.

Oketa emphasized sending any issues to the [enhancedbh@dmass.virginia.gov](mailto:enhancedbh@dmass.virginia.gov)

- Dr. Ward mentioned DMAS receiving a report that Molina changed the duration of the Crisis Stabilization registrations from 7 days to 3 days. There is an ongoing investigation into this issue to determine why? Was there an actual change? Dr. Ward has asked the group to please direct any issue related concerns involving Molina to our enhancedbh@dmas.virginia.gov.

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## MST/FFT Service Authorization Forms - Dr. Alyssa Ward/Panel

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- BRAVO services are to address:
  - Unpredictability
  - Lack of standardization
  - Variability
- Our goal is to clearly outline requirements for everyone involved.

### OPEN FORUM - Panel

- Any issues heard from phase 1? **No responses**
- Services - different than the first time
- Registration – Eliminate as much paperwork as possible

### MFT/FFT Overlap

- Working with developers/providers to streamline processes.
- Feedback from lessons learned in ISP

### Implementation

- Approved alignment
- Full analysis in ISP to identify discrepancies

### Plan

- Feed into the MCO processes
- Focus on the Whole Workgroup (Agency Alignment between DMAS, DBHDS, and MCOs)
- Implementation
  - What we need?
  - ISP Process Improvement
  - Structure – providing guidance/direction for compliance purposes.
- Mental Health/ARTS
  - Removing the signature requirement around ISP
  - Focus on other important drivers, liability and audit
- ISP Process
  - Standardization?
  - Have they improved yet?
  - Where are they in the process?
  - What is needed to achieve goals?
  - Utilization of available resources
  - Expectation of Clinical Care
  - MFT is working with ISP on process improvement to help MCOs understand processes.
  - Crisis terminology updated to reflect the changes coming in phase 2
  - MCO Training
  - Outline the Treatment Developer roles – What do they do?

Beth - audio issues and simplifying the process would be helpful

- MCOs
  - Clarification of roles (Licensing Agency/Payor)
  - Alignment
  - Goals/Roles
  - Dealing with Operations

\*\*\*Bravo provides a good opportunity for multi-agency involvement

Dr. Ward mentioned that there has been some discussion with DBHDS looking into hiring a third party/consultant to alleviate burden of paper work. She thought it would be a great idea to have them facilitate and drive the process.

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## MCO Required Training - Dr. Alyssa Ward

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Oketa and Shamika reached out to all 6 MCOs to obtain training requirements.

Feedback was provided and results showed:

- Model Care Consistency amongst all MCOs

Beth shared that this has been an ongoing issue.

“Why is Standardization So Difficult”.

- In model care MCOs preference is to still be slightly different than other MCOs
- Individuality – to outline specialty points (We can offer Better Care, We are the Better Plan)

Focus should be on

- What are the Roles/Goals of the MCO?
- How can goals be achieved without affecting the way they deliver care?

Mindy – Our hope is to talk and understand to set some guidelines around efficiency. Find a way to provide care without creating barriers. Trust and respect for the clinical recommendations for what an individual needs is not happening with the MCOs as my members believes it should.

- What are we looking for from the MCOs?
- Is DMAS looking to the MCOs to be defining the model of care, etc.?
- What criteria do we use in evaluating the MCOs? And in selecting them?

Dr. Ward -

- 15 minute model of care for branding purposes
- Creating a database for EBP Credentialing (MCOs can use this one database to obtain information for verification purposes)
- Depository of State Base trainings- ability to build universally

Contractual Obligations

- What that looks like
- Who is involved
- Training – Repository

Jason R –

- Opportunity to gain some efficiencies
- How do MCOs ask their members to be cared for?
- How do we respect those things?
- Create efficiencies while maintaining individuality.

- How much can we standardize?
- If we can't agree on one centralized training, perhaps create a 2 part training to incorporate how they approach the Model of Care.

Dr. Ward –

- What does this really mean for our members?
- Is your way of care based on the provider or the patient?
- What is driving how you deliver care?
- What expectations are you trying to fulfill?

Beth –

- What does the individual person need?

Mindy –

- Better Health for the members
- Guidelines
- Outcome measures
- Defining the Model of Care

Jennifer –

- Insurance Company value vs Clinical and moral obligation to the patient
- How do we make the system work? Evidence Based
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## Conclusion/Next Steps

- Beth will send each MCOs Model of Care-Dr. Ward has agreed to take the Model of Care training for each MCO and report out at the next meeting
- Ashley requested to involve the associations on the call to take the trainings as well. Let them engage in the dialogue.

Ashley updated panel on the 12.5% rate increase.

- Provider and reimbursement rate increase
- Provider re-billing claim options and dates.
- Concerns about billing and charge rather than a rate increase.
- Understanding MCO resubmittal to adjust the rate
- Will MCOs be onboard
- Expectations
- Working with MCOs on Reimbursements and Allowance of more time to resubmit claims

Mindy-

- Ask MCOs – How they want providers to go to them?

Beth –

- Requirement for reprocessing of claims

\*\*\*Process is led by the Provider Reimbursement Team

**Next Meeting: November 11, 2021**