DMAS MCO Resolution Panel Meeting Minutes

Date: 3/10/2022
Time: 10:00 AM – 11:30 AM
Link: https://covaconf.webex.com/covaconf/j.php?MTID=m8f7681a617768d7f098e455632776498

Meeting Minutes

Attendees:

Alyssa Ward Helen Holz Christy Evanko Lakeisha Churchill-Noel Mindy Carlin Oketa Winn Patty Smith Rhonda Thissen Emily Reynolds Alice Nichols Angel Clark Shamika Ward Sharita Outlaw Stefanie Pollay Sarah Hitchings Jason Rachel Jen Sherman Jennifer Faison	Beth Ludeman-Hopkins Emily Bebber Krystal Davis Kim Moulden Dan Plain Demario Adkins Frank Valentine Justin Creech Laura Easter Sue Klaas Bevin Lovelace Christy Evanko Lisa Jobe-Shields Garrett Hamilton Gretchen Wilhelm	

Agenda Items:

- Level Set
- BRAVO Update
  - Utilization Update
  - Summary of Issues DMAS is Tracking
  - Clinical Reviews
  - Crisis Utilization
    - Mobile Crisis Response (H2011)
    - Community Stabilization (S9482)
- Community Stabilization Discussion
- Conclusion and Next Steps

Welcome and Introduction –

Level Set

- Updates to providers regarding the purpose of the panel, updates from the end of General Assembly, catching up with new features and events
- Panel's purpose was to be a space to communicate higher level issues, either specific to a single MCO or across all MCOs, so that we could coordinate and plan around it.
- BRAVO Implementation Updates
- Future panel plans: Continue the panel structure

  - We could have real utility if we use the panel as a way to communicate DMAS observations with Project BRAVO.
  - Accounting for the overwhelming amount of overlapping crises between mental health, Covid, opioids, and more.
    - This panel can be a way to get input from multiple levels and help us to see the bigger picture
  - Concerns about ensuring that we retain a venue for MCO specific issues
  - Policies and priorities moving forward will adapt accordingly
- Venues for MCO Issues
  - (Page 4 on the slide show)
  - Highlights scheduled venue spaces and permanent appeals spaces and email accounts
  - Delineation of when a member should contact DMAS, their MCO, or another agency
  - Note that each MCO has a slightly different process for handling issues raised to them
  - How do we communicate changes (either at DMAS or from MCOs) to members?
  - We can invite members to specific member-communication spaces
  - We would like to request a single space for communication of updated/changed policies because we need to have a way for MCOs and members to be held accountable to their expectations
  - Administrative goals: Simplicity and communicating expectations
  - Some providers struggle to get in network with some MCOs, do we have a process to get providers added to a network?
    - Network adequacy, transparency, and improvements are all things which will be addressed in the Cardinal contract. We understand the concerns and it is something we are always working to improve upon.
  - Sometimes providers get a license and then can only serve one MCO? Is there a way to license them in such a way on a provisional status until the networks do eventually get opened up?
    - DMAS may be able to address this by expanding our communication to reach multiple audiences in order to (at least) keep everyone on the same page. Ideally, this will help networks work more cooperatively while we are in the middle of this transition phase.
- At the moment, DMAS-BH Division is engaged in multiple topic-based meetings with different interest groups, along with many one-off meetings to discuss and plan around new events. We would like to involve more MCOs in specific meetings that could help them stay up to date on ongoing and expected changes within DMAS.
- Note that we currently have *a lot* of data. This means that while we have enough data that everyone will find something useful within our data sets, we also expect that there are going to be data errors. If you find data that looks suspect within the dashboard, please alert DMAS so that we can improve and iterate on our data presentation to improve the tool for both the MCOs and for DMAS.
  - BH Dashboard: https://www.dmas.virginia.gov/data/behavioral-health/behavioral-health-service-utilization-and-expenditures/
  - MCO Dashboard: https://www.dmas.virginia.gov/data/mco-expenditures/
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- GA Reports: Please check up on them. The GA Reports outline what changes DMAS will have to plan and develop around.
  - GA Reports: https://rga.lis.virginia.gov/
  - Can these be disseminated to the various groups/leads? Or can we have notifications made for them when new ones get added?
  - Can sort by year, state agency, and more
- MCO Oversight and Accountability?
  - Communication, communication, communication
  - Share data, be transparent about collecting it, sharing it, and improving upon it

- Document solutions for future use
- Be clear about MCO expectations, Provider expectations, and DMAS expectations
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Project BRAVO Updates

- BRAVO Utilization
- Phase 1 Services, a 6 month window with services and costs tracked and measured
  - Lower number of claims for IOP and PHP?
    - Possibly related to pandemic, exacerbated by staffing difficulties
  - Newer services are still being tracked
- Project BRAVO global issues update
  - Communication on what problems MCOs have experienced with Project BRAVO
  - MST and FFT credentialing spreadsheet on the DMAS website
    - https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements/
  - ABA Service authorizations and claim denials issues being worked on
  - GT Modifier claim denials
- Clinical Reviews
  - Making use of our clinical experience at DMAS
  - Reviewing specific clinical treatments
  - In general, our clinically experienced staff have been able to leverage their experience to improve our ability to improve care across a wider area (eg. Child psychology)
- Crisis Services Trends
  - To date, only 3 months of data
    - Mobile Crisis Response is developing, we expect it to improve over time as people get more familiar and aware of it

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Community Stabilization Discussion

- Community Stabilization has had nearly $20 million spent on it, discuss
  - Community Stabilization may be being utilized as a way to keep people out of hospitals
  - Licensure to provide Community Stabilization doesn't require too many new requirements
  - Community Stabilization is also being used to fill in the gaps of other services cut by MCOs
  - Community Stabilization may also be filling a preventative role
  - General consensus: we need more data and we need to investigate further
    - Sometimes community stabilization gets someone outside of crisis, but then they aren't able to get other services to keep them out of crisis, so they reenter a state of crisis and then fall back into Community Stabilization Services
- Policy manuals need to be revised and redistributed
- Also, we need to make sure that people aren't billing for Community Stabilization when they provide group stabilization (the billing rate isn't intended for a group setting)
- Community Stabilization may also be being utilized as a form of primary care rather than as a form of crisis care. Community Stabilization is intended to get people to a state where they can transition into more stable long-term care.
- Overall, expect changes to come to the Community Stabilization policy so that it fulfills a more specific role to encourage providers to make use of more applicable services, rather than using Community Stabilization as a catch-all service
- We encourage data collection from Crisis Staff through surveys or other data collection efforts
- Overall, we're looking into how we can improve Community Stabilization use and make sure that it doesn't end up pushing out other services which might be more applicable to patients in need. We don't want community

stabilization services to end up keeping people in a cycle of crisis-stabilization-crisis, and we would rather it be used to transition people into more applicable services

- Also, Mobile Crisis Response has been very good.
- Questions and comments to be added in the chat.