



## Operations Committee - Meeting Minutes

DATE AND TIME OF MEETING: Date March 6, 2015 Time: 2:30 -3:45 PM Location: Hartford Room – ValueOptions	Internal	External	Recorder: Jane Matyszyk	Draft	Final
	x				X
TOPIC	DISCUSSION/RECOMMENDATION				
IOP Chart Reviews & Quality Improvement Plans	<ul style="list-style-type: none"><li>Committee Members had questions regarding the process for IOP Chart Reviews and letters for Quality Improvement sent by VO to providers</li><li>Lynne R (VO) explained that the Chart reviews are done as part of State Contract to identify gaps in LOC and Quality of Care management and to identify any concerns that would put members at risk.<ul style="list-style-type: none"><li>VO visited 37 high volume providers made up of:<ul style="list-style-type: none"><li>Adult- Mental Health;</li><li>Adult Substance Abuse</li><li>Children</li></ul></li></ul></li><li>Visits showed areas of concern in:<ul style="list-style-type: none"><li>Documentation</li><li>Identifying Progress</li><li>Assessment for medication</li><li>the timeliness of member seeing a provider</li></ul></li></ul> <p>VO sent Chart Review results letters to all 37 providers as below:</p> <ul style="list-style-type: none"><li>20 – everything going well with suggestions for possible improvement</li><li>10 – Identified areas of concern and requested feedback on implementation plans towards solution.</li><li>7 – Received a request for a formal Improvement Plan be sent to VO (a response due date given)</li></ul> <p>Note: VO can assist providers in developing and writing action plans.</p> <ul style="list-style-type: none"><li>Question regarding sharing “Best Practices” with providers:<ul style="list-style-type: none"><li>VO to compile results, review with State Partners and discuss how to disseminate results</li></ul></li><li>Recommendation/Suggestion: Chart Reviews and Quality Improvement plans should be consistent with the provider’s other governing bodies(accreditation, licensing, Joint Commission, CMS)</li></ul>				
Outpatient Rate Increase Follow-up	<ul style="list-style-type: none"><li>Per Bill H. (DSS) Outpatient 2012 rates for clinics are still in the process of being approved (Upper payment demonstration to CMS). Rates cannot be increased until 2012 rates are approved.</li><li>Question raised: due to State budget, is there a possibility that after approval is obtained from CMS that the rates may not be increased? Per Bill H. (DSS) All efforts will be made to prevent the erosion of outpatient services in the community.</li></ul> <p>Note: Chris Levine from the Rate Setting Unit will be at the next Oversight Council Meeting.</p>				
Update on VO Report on Out-Patient Level of Care Status	<ul style="list-style-type: none"><li>Report will be reviewed at next Operations Sub-Committee Meeting (4/10/2015)</li></ul>				



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<b>Out-Patient Adult Grant Reduction &amp; ECC Requirements</b>	<ul style="list-style-type: none"><li>• Concern raised regarding the reduction in DMHAS Grant money and the effect on the ECC's service standards. Providers feel the ECC criteria cannot be met and they may lose their ECC certification and loss of the ECC program altogether. Requesting some relief by re-examining and reducing some of the ECC criteria</li><li>• Bill H (DSS) State needs to look at all the measures for ECC's and how they are defined and also look at what is written in the State Plan.</li><li>• Question raised on how to handle budget cuts in local Mental Health &amp; DMHAS Funding and Home Care. Per Bill H.(DSS) an overview of budget will take place at the next Oversight Council Meeting. (3/11/2015)</li></ul>
<b>DRG &amp; Impact on Hospitals</b>	<ul style="list-style-type: none"><li>• Question raised regarding substantial payment shift from case rate to DRG per diem Rate. (For Lengths of stay of 4 or less days, the Per Diem rate would decrease payment; For Lengths of Stay 10 or more days, reimbursement would be higher)</li><li>• Per Bill H. (DSS) DRG is true per diem without Reconciliation (no reimbursement waiting period).</li><li>• Auth from VO is necessary to initiate per diem rates – as long as member meets medical necessity guidelines, the per diem rate continues. Note: Per VO, initial auths and concurrent reviews can be accessed through the Web.</li><li>• Suggested that DRG be kept on agenda for a few months.</li></ul>
<b>Backlog in Inputting Husky Membership Eligibility</b>	<ul style="list-style-type: none"><li>• Concern raised regarding backlog in member certification/recertification paperwork at DSS. Although hospitals are still providing services, they must keep checking the status of the member on the DSS website. Members are not able to receive some benefits (i.e. Logisticare) until they are active.</li><li>• Bill H. to check into what may be causing the delay</li></ul>