MHO CONTRACTS & RULES WORKGROUP
April 18, 2008

MHOs Attending: Seth Bernstein (ABHA), Kim Burgess (Washington Co), Julie Carpenter (FCI), Jim Russell (BCN), Mary Rumbaugh (Clackamas MHO)

AMH Attending: Jon Collins, Alondra Rogers, Kellie Skenandore, Ralph Summers, Jay Yedziniak

Item	Discussion	Decision / Action	Due Date
1. ISA Progress Review Instrument	▪ <u>Data elements</u> The "form" document and the "instrument" document were reviewed. On the "instrument", interventions and demographics should be distinguished from outcomes. How do you EVALUATE this other type of data (demographic information, treatment interventions)? Kim explained that confusion arose in previous meeting where there were two "Version 5" instruments brought to the meeting, one by AMH, the other by Kim. We recognize the value of all of this data (e.g., "is the child on an IEP?"), but must weigh it against the administrative burden each new element imposes. Care Coordinators already feel swamped by administrative requirements. Kim suggested that a "not known" response should be available for most questions, since early in the treatment process, there will be many unknowns. There was discussion on what language should be in the contract: the "instrument" or the data elements? The	Non-outcome data will NOT be evaluated, but it may be important to gather. The elements, not the "form" will be in the contract. It is up to the individual Plans to determine how to most cost-effectively gather the data and then communicate it to AMH	Revised language to be sent by AMH prior to May meeting

	"instrument" dictates how data should be collected, not just what data should be collected Jon agreed that the focus should be on data elements. ▪ <u>Administration / Data collection</u> Jon Collins described AMH having a database to collect the elements. Queries will be developed to do basic data analysis and prompt users to enter missing data elements. Jim discussed the need for multiple stakeholders to enter data for each case. The form creates a burden for all of them. Kim noted the BERS is intended to be completed by a caretaker, not a child welfare worker. If the child is in residential this might be construed to mean a Res Staff person. There may be kids for whom it is not possible to complete the BERS if there is not an identified caretaker that knows the child that can be accessed. Contractors pointed out the advantage of having a mechanism set up for secure transmission of data using the State's secure email system. Advantages of different frequencies of reporting discussed. Every 90 days? Beginning and end only? Is the purpose to gather data and/or drive outcome-informed care? Seth proposed beginning and end plus a third measurement point for kids who exceed an 'outlier' threshold (e.g., more than one year in ISA).	AMH will provide Contractors with a copy of an Access Database. This will be used for data entry and the generation of required contractual reports. Contract will be rewritten to reflect data elements, but leave frequency blank for now. A decision regarding frequency of administration will be made at the May meeting.	

2. July 1, 2008 Amendment	Draft language sent to DOJ will be the language sent to CMS for review. If Congress passes legislation restoring Graduate Medical Education funding there will be a rate increase effective July 1. The increase for MHOs will be less than 1%. Depending on timing, this could occur as a stand-alone amendment.		Amended rates will be sent to each MHO
3. Enrollment validation	A workgroup will be formed with MCOs, AMH and DMAP to discuss the technical aspects of the enrollment validation process. The goal is to have the group meet once to produce a definition that will result in a report that can be produced through an automated process. Federal requirements are not specific and the process used by MCOs in Oregon will be dependent on local enrollment processes and information systems.		Kellie will coordinate the AMH and MHO representation in the work group
4. 2008 contract interpretation issues	#1 – Conflicting language re grievances and actionable items: language to be revised to be similar to FCHP/DCO contract language regarding "actions" and "actionable items" #29 – Member ability to file grievances with AMH concerning non-compliance with advance directives seems to conflict with Grievance System requirements: determined there is not a conflict, no change required #30 – Inconsistency in length of time required to retain Grievance logs: AMH agrees there is an inconsistency that needs	Remaining items are housekeeping in nature only and will be incorporated into contract revisions for 2009.	AM H to bring response to items #30 & 32 to May meeting

	to be resolved. #31 – Ability of member to participate in the appeal process: "in person" does not necessarily require face-to-face (video conferencing could meet the requirement, for example). However, should the member want to participate in person, the MHO must provide that opportunity. #32 – Conflicting language regarding retention of financial records: AMH response pended to May meeting		

Next meeting: **May 14, 2008**
1:15 – 2:30 (NOTE change in meeting time)
HSB 456

Agenda: **Finalize ISA Progress Review Instrument administration and Exhibit O language**
AMH response to 2008 Contract interpretation questions #30 & 32
Telemedicine rule