MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

Meridian Park Hospital Health Education Center, Room 104
Tualatin, OR
January 18, 2006
8:30 – 11:30 a.m.

Members Present: Donalda Dodson, RN, MPH; Kathy Savicki, LCSW; David Pollack, MD; Casadi Marino, MSW; Carole Romm, RN; Larry Marx, MD; Michael Reaves, MD; Ann Uhler, Seth Bernstein, PhD.

Members Absent: Gary Cobb; Paul Potter, MSW, MAC.

Staff Present: Darren Coffman; Alison Little, MD, MPH.

Guests: Anita Miller, OMHAS; Laurie Theodorou, LCSW, HSC; John Custer, CareMark.

Review of November 16, 2005 meeting highlights

No changes suggested.

Early Childhood Mental Health Diagnostic System

Anita Miller reviewed a memo from Ralph Summers to Darren Coffman dated 1/17/06 and titled, "Request for Technical Correction to OHP Prioritized List effective April 1, 2006."

The Subcommittee unanimously approved the adoption of the OMHAS technical corrections requested by OMHAS for submittal to the Health Outcomes Subcommittee (HOSC) with the following modifications:

First page of attachment:
- Change diagnosis title to "Depression and Other Mood Disorders, Mild or Moderate"
- Change line number to 185

Second page of attachment:
- Remove addition of ICD-9-CM code 314.9
- Change line number to 187
- Change first filled bullet to read "When using 314.9, Unspecified Hyperkinetic Syndrome, in children 5 and under it is appropriate..."

- Change references of “under 3” or “under age 3” to “age 3 and under”
- Make fourth bullet a filled one, remove indent, and add the following sentence to end, “For children over the age of 3, psychosocial interventions are important, whether the child is on medications or not.”

Third page of attachment:

- Change line number to 264
- At the end of the sentence after the first bullet add, “…who display sustained patterns of disruptive behavior beyond what is developmentally appropriate.”

Fourth & fifth pages of attachment:

- Change line number to 301
- After first sentence of second to last filled bullet add the sentence, “These codes are to be used when the focus of treatment is on the alleged child victim.”
- Move ICD-9-CM code 309.89 from this line (301) to line 263, Adjustment Disorders
- Instead of this line, add V61.20 and V62.82 to line 263
- Add all guidance notes (first five filled bullet points) related to 309.89, V61.20, and V62.82 to line 263 instead of 301, and:
  - Under second filled bullet:
    - change “loss of primary caregiver” to “loss of a primary caregiver”
    - change “absent parent” to “absent caregiver” under first open bullet
  - Under fifth filled bullet, add same list of pairing limitations given for 995.52-995.54 (in last filled bullet)

All pages of attachment:

- Move “Family Interventions…” bullet of treatment limitations to 2nd, after “Assessment…”
- Change all references to “parent training” to “parent skills training”
- Where medication management is not listed as accepted treatment pairing (ICD-9-CM codes 312.9, V61.20 and V62.82, 309.82, and 995.52-995.54) add an open bullet stating, “Medication management, 90862, is not indicated for these conditions in children age five and under.”

Subcommittee will be updated on progress of training.

Other Interim Modifications

Alison Little presented a set of new CPT codes that are replacing old codes 96100 (Psych testing), 96115 (Neurobehavioral status exam), and 96117 (Neuropsychological testing battery).

Consideration was given to designating some of these new codes as diagnostic, but the potential for abuse based on past experience in the state and current experiences in other states was of too much concern.

Unanimously recommend the following changes to the HOSC:

- Replace all occurrences of 96100 with 96101 (Psych testing by psychologist/physician).
- Add 96118 (Neuropsych testing by psychologist/physician) to Line 455, Chronic Organic Mental Disorders Including Dementias.
- Do not add 96102 (Psych testing by qualified health care professional), 96103 (Psych testing by computer), 96116 (Neurobehavioral status exam by psychologist/ physician), 96119 (Neuropsych testing by qualified health care professional), or 96200 (Neuropsych testing by computer) to the List.

A discussion also ensued on a series of new HCPCS codes (G0110-G0116) representing NETT pulmonary rehabilitation, which the HOSC is considering adding to the COPD line.

Unanimously recommend the following to the HOSC:

- Instead of adding G-codes to COPD line, consider adding 96150-96151 (Health and behavior assessment) and 96152-96155 (Health and behavior intervention) to selected chronic disease lines (in addition to COPD line).

Alison Little will forward these recommendations to the HOSC for incorporation into the April 1, 2006 List.

HSC Update

While the Health Outcomes Subcommittee (HOSC) concluded from a recent study that acupuncture was just as effective for tobacco dependence as other treatments, Alison Little become aware that the state is currently not reimbursing for these services. She is awaiting the rational behind this policy decision and will keep the Subcommittee abreast of future developments.

Darren Coffman said that there is still no official word on the timeline of implementing ICD-10-CM, but federal legislation has been introduced in both houses of Congress that mandate implementation by October 1, 2009. This would call for notification being published in the Federal Register on October 1, 2006.

Mr. Coffman reported that at the HSC's December meeting, they spent the majority of their time determining the placement of new CPT on the Prioritized List. Four of the members did complete a homework assignment to re-rank the original 17 categories of care. Subsequently, the responses of eight members have been compiled. The results of the average rankings were distributed and briefly discussed. David Pollack found the new rankings appealing and Donalda Dodson felt that services for acute fatal conditions should be ranked higher (now 6th & 7th out of 17 instead of 1st and 3rd).

Biennial Review of MHCD Services on List

Darren Coffman redistributed the MHCD line items on the January 1, 2006 Prioritized List, along with their assignment to one of the original 17 categories of care. He cautioned that this work was done fifteen years ago and should be reviewed. Prior to the next meeting he will distribute this material electronically to all of the members and ask that they identify any line items whose category assignment needs to be discussed.

OMHAS Update

David Pollack reported that major glitches are occurring with the rollout of the Medicare prescription drug benefits. There are 75 different plans participating in Oregon and 30 of them servicing OHP clients. It is estimated that 10-20% of dual-eligibles were auto-enrolled in the program but were not identified as Medicaid recipients at the pharmacy when they went to pick up prescriptions. In addition, the appeals process is not a transparent one. Oregon is one of 20 states that have agreed to cover the cost of the drugs for these dual eligibles until the matter is resolved. DHHS Secretary Mike Leavitt is to meet with Governor Kulongoski on the subject in the evening.

Other Business

The next meeting is tentatively scheduled for Wednesday, March 15, 8:30 - 10:30 am pending availability of members.

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE
Meridian Park Hospital Health Education Center, Room 104
Tualatin, OR
March 15, 2006
8:30 – 11:30 a.m.

Members Present: Donalda Dodson, RN, MPH; Kathy Savicki, LCSW; David Pollack, MD; Casadi Marino, MSW; Gary Cobb; Carole Romm, RN; Michael Reaves, MD; Ann Uhler, Seth Bernstein, PhD.

Members Absent: Larry Marx, MD; Paul Potter, MSW, MAC.

Staff Present: Darren Coffman, Alison Little, MD, MPH.

Guests: Lloyd Duncan, Cascade Behavioral Healthcare; Kevin Earls, Oregon Association of Hospitals and Health Systems.

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of January 18, 2006 meeting highlights	No changes recommended.		
HSC Update Darren Coffman noted that data still has not been received from the expert who was to substantiate the position of the Health Division not to provide acupuncture for the treatment of tobacco dependence. This will not be put on the agenda again unless the information shows that this treatment is ineffective or less effective than other services, since that is the HSC's criteria to take something off of the list.	None	None	
Darren reported that at their January meeting the HSC approved a reordering of the original 17 categories of care, moving preventive services	Subcommittee will continue to be updated on work of HSC so that they can work in parallel on MHCD lines.	Darren Coffman	4/19/06 meeting

TOPIC	ACTION	RESPONSIBILITY	DATE
HSC Update (cont'd) higher and acute fatal conditions lower. The HSC then formed a workgroup of 4 members that met in early February. They began development of a revised prioritization methodology that collapses and redefines the categories and rates a condition-treatment pairing on different population and individual health measures in ranking line items within the categories (see Attachment A). Dr. Eric Walsh and Dr. Som Saha then met with staff to assign ratings for about 60 lines.			
Review of MHCD Lines The rest of the meeting involved the Subcommittee beginning to work through the new methodology for the 50 MHCD line items. They reviewed the ratings given for three lines previously reviewed by Drs. Walsh and Saha on tobacco dependence, anorexia nervosa, and schizophrenic disorders. They then gave ratings for five additional lines items.	See Attachment B for the ratings given for the eight MHCD line items reviewed. Values in parentheses were previously given by Drs. Walsh and Saha. 10 lines involving child-hood mental health disorders were identified for review by Dr. Larry Marx.	The eight MHCD lines reviewed will be looked at by the HSC in combination with physical lines reviewed to access the strength of the new methodology. Darren and Alison will meet with Dr. Marx since he is unable to make the scheduled meetings.	4/13/06 HSC meeting 4/5/06

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of MHCD Lines (cont'd)			
During discussions, the Subcommittee felt that the methodology worked best when following these guidelines: • For the vulnerability measure, only account for the vulnerability of the populations that are disproportionately affected by the disease, not the vulnerability of the population created once the disease/injury occurs. • While the vulnerability measure should look at all populations at risk for a disease, the commonness measure will capture any disproportionate risk to the OHP population due to socioeconomic status.	Report these suggestions to the HSC for incorporation into the definition of the measures for commonness and vulnerability.	Darren and Alison will discuss this with HSC members as other line items are reviewed.	Sessions with HSC members over next two months
During the review of the line for chemical dependency, Ann Uhler reported that studies have shown the effectiveness of A&D treatment to be as good as that for type II diabetes.	Effectiveness for A&D treatment was given a score of 3. Suggest that rating for type II diabetes be changed from 4 to 3 to reflect compliance issues.	Darren and Alison	4/13/06 HSC mtg
The Subcommittee liked the assignment of tobacco dependence to category 2, but wondered if it truly fit there given the category's current definition.	Suggest changing the definition of category 2 to reflect the inclusion of such diseases as tobacco dependence and cervical dysplasia.	Darren and Alison	4/13/06 HSC mtg

TOPIC	ACTION	RESPONSIBILITY	DATE
Other Business It was suggested that another three hour meeting be scheduled in April to continue working through the remaining MHCD lines and a tentative date be reserved in May if necessary to complete the work prior to the May 25, 2006 HSC meeting.	The next meeting will be held at the Meridian Park Health Education Center, Room 104, on Wed., April 19, 2006 from 8:30 - 11:30 am. A subsequent meeting will be held at the same time and location on May 17, 2006 if necessary.	MHCD Subcommittee	4/19/06 & 5/17/06 mtgs

ATTACHMENT A

DRAFT PRIORITIZATION METHODOLOGY OF 2006 HSC BIENNIAL REVIEW WORKGROUP

Revised Definitions for Categories of Care

1) Maternity Care & Disorders of the Newborn - Obstetrical care for pregnancy. *Prenatal care; delivery services; postpartum care; newborn care in the first 60 days of life; treatment of congenital abnormalities.*
2) Primary Prevention and Secondary Prevention - Effective preventive services used prior to the presence of disease and screenings for the detection of diseases at an early stage. *Immunizations; fluoride treatment in children; mammograms; pap smears; blood pressure screening; well child visits; routine dental exams.*
3) Chronic Disease Management - Predominant role of treatment in the presence of an established disease is to prevent an exacerbation or a secondary illness. *Medical therapies for diabetes mellitus, asthma, and hypertension.*
4) Reproductive Services - Excludes maternity and infertility services. *Contraceptive management; vasectomy; tubal occlusion; tubal ligation.*
5) Comfort Care - Palliative therapy for conditions in which death is imminent. *Hospice care; pain management.*
6) Fatal Conditions, Where Treatment is Aimed at Disease Modification or Cure - *Appendectomy for appendicitis; medical & surgical treatment for treatable cancers; dialysis for end-stage renal disease; medical therapy for stroke.*
7) Nonfatal Conditions, Where Treatment is Aimed at Disease Modification or Cure - *Treatment of closed fractures; medical therapy for chronic sinusitis.*
8) Self-limiting conditions - Treatment expedites recovery for conditions that will resolve on their own whether treated or not. *Medical therapy for diaper rash; medical therapy for acute conjunctivitis; medical therapy for acute pharyngitis.*

** Infertility Services - Services to aid in conception. *Medical therapy for anovulation; microsurgery for tubal disease; in-vitro fertilization.*

9) Inconsequential care - Services that have little or no impact on health status due to the nature of the condition or the ineffectiveness of the treatment. *Repair fingertip avulsion that does not include fingernail; medical therapy for gallstones without cholecystitis, medical therapy for viral warts.*

** A previous decision by the HSC to remove infertility services from the Prioritized List and classify them as non-OHP services would make this category unnecessary.

It was felt that the dysfunction lines will have to be handled separately as they were in the prioritization of the initial list.

Population & Individual Impact Measures

Commonness - the expected incidence of the injury or illness in the potential OHP population.

Impact on Health Life Years - to what degree will the service improve the health of the individual, considering the duration of benefit likely (i.e., does the condition affect mainly children, where the benefits could potentially be realized over a person's entire lifespan)?

Impact on Suffering - to what degree does the condition result in treatable pain and suffering? Effect on family members (e.g. dealing with a loved one with Alzheimer's disease or needing to care for a person with a life-long disability) should also be factored in here.

Population Effects - the degree to which individuals other than the person with the illness will be affected. Examples include public health concerns due the spread of untreated tuberculosis or public safety concerns resulting from untreated severe mental illness.

Vulnerability of Population Affected - to what degree does the condition affect vulnerable populations such as those of certain racial/ethnic decent or those afflicted by certain debilitating illnesses such as HIV disease or alcohol & drug dependence?

Tertiary Prevention - in considering the ranking of services within new categories 6 and 7, to what degree does early treatment prevent complications of the disease.

Effectiveness - to what degree does the treatment achieve its intended purpose?

Net Cost - the cost of treatment for the entire population (including lifetime costs associated with chronic diseases) minus the expected costs if treatment is not provided -- including costs incurred through safety net providers (e.g., emergency departments) for urgent or emergent care related to the injury/illness or resulting complications.

Each line item will be given a rating of 0 to 5 (with 0 being low and 5 being high, except in the case of net cost, where 5 will represent a cost savings, 4 a low net cost, and 0 a high net cost) for each of the seven measures (eight in the case of categories 6 and 7). The ratings for commonness are as follows:

0: < 1 in 25,000
1: < 1 in 2,500
2: < 1 in 500
3: < 1 in 250
4: < 1 in 50;
5: >= 1 in 50

To arrive at a total score for a line item the ratings for the first five measures (six for categories 6 and 7) will be summed and then multiplied by the effectiveness rating. The rating for net cost can be considered in making "hand-adjustments" after the initial computer sort by category and total impact score.

ATTACHMENT B

MHCH LINES REVIEWED ON 3/15/06

Tobacco Dependence
Commonness: 5
Impact on Healthy Life Years: 3
Impact on Suffering: 0
Effects on Population: 2 (0)
Vulnerability of Population Affected: 2 (1)
Effectiveness: 2
Net Cost: 4
Total Score: 24
New Category: 2

Abuse/Dependence, Psychoactive Substance
Commonness: 5
Impact on Healthy Life Years: 4
Impact on Suffering: 3
Effects on Population: 5
Vulnerability of Population Affected: 1
Effectiveness: 3
Net Cost: 4
Total Score: 54
New Category: 3 (6)

Schizophrenic Disorders
Commonness: 4 (3)
Impact on Healthy Life Years: 4
Impact on Suffering: 4 (3)
Effects on Population: 4 (3)
Vulnerability of Population Affected: 0 (5)
Effectiveness: 3
Net Cost: 5
Total Score: 48
New Category: 3

Major Depression, Recurrent
Commonness: 4
Impact on Healthy Life Years: 4
Impact on Suffering: 3
Effects on Population: 1
Vulnerability of Population Affected: 0
Effectiveness: 4
Net Cost: 4
Total Score: 48
New Category: 3

Bipolar Disorders
Commonness: 4 (3)
Impact on Healthy Life Years: 4
Impact on Suffering: 3 (3)
Effects on Population: 1 (3)
Vulnerability of Population Affected: 0 (5)
Effectiveness: 4
Net Cost: 4
Total Score: 48
New Category: 3

Anorexia Nervosa
Commonness: 1 (0)
Impact on Healthy Life Years: 3
Impact on Suffering: 2
Effects on Population: 0
Vulnerability of Population Affected: 0
Effectiveness: 2
Net Cost: 2
Total Score: 12
New Category: 3

Major Depression, Single Episode/Mild
Commonness: 4
Impact on Healthy Life Years: 2
Impact on Suffering: 2
Effects on Population: 0
Vulnerability of Population Affected: 1
Tertiary Prevention: 3
Effectiveness: 4
Net Cost: 4
Total Score: 48
New Category: 6

Chronic Depression
Commonness: 4
Impact on Healthy Life Years: 2
Impact on Suffering: 2
Effects on Population: 0
Vulnerability of Population Affected: 1
Tertiary Prevention: 1
Effectiveness: 2
Net Cost: 3
Total Score: 20
New Category: 7 (3)

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

Meridian Park Hospital, Health Education Center, Room 104
Tualatin, OR
April 19, 2006
8:30 – 11:30 a.m.

Members Present: Kathy Savicki, LCSW; David Pollack, MD; Ann Uhler; Carole Romm, RN; Seth Bernstein, PhD.

Members Absent: Donalda Dodson, RN, MPH; Larry Marx, MD; Gary Cobb; Michael Reaves, MD; Paul Potter, MSW, MAC.

Staff Present: Darren Coffman, Alison Little, MD, MPH.

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of March 15, 2006 meeting highlights	No changes were suggested.		
OMHAS Update Darren announced that Anita Miller had taken a position working on the new MMIS project.	Darren will follow up on a message he left with Ralph Summers to find out who will be representing OMHAS at future meetings since Ralph has a standing meeting on the third Wednesdays.	Darren	
HSC Update Darren reported on the April 13th HSC meeting. The Commission voted unanimously to continue with the methodology that is being developed, but may consider removing the 'commonness' criteria from the formula as it may lead to legal challenges as being discriminatory. The	The Subcommittee will continue to be apprised of the Commission's progress so that they can work in parallel using the same methodology for the MHCD lines.	Darren	Ongoing

TOPIC	ACTION	RESPONSIBILITY	DATE
HSC Update (cont'd) HSC asked Darren to run the scores both with and without the commonness factor as it was felt that it may be accounted for in the other criteria. He also reported that he and Alison are continuing to meeting with physicians to review physical line items using the new methodology and currently have completed about 250 of the 710 lines.			
Review of MHCD Lines The remainder of the meeting involved the Subcommittee continuing to review the MHCD lines using the new prioritization methodology. This included a review of the 10 lines for childhood mental health disorders that Alison and Darren reviewed with Larry Marx earlier in the month at his office.	See Attachment A for the category assignments and criteria ratings given to the lines reviewed.	The Subcommittee will continue the process until all MHCD lines have been reviewed.	Ongoing
Other Business David Pollack indicated that he wouldn't be able to meet on the third Wednesday of May. The Subcommittee agreed to stay as long as it took at the next meeting to complete the review of the MHCD lines.	The next meeting will be scheduled at a location to be determined, on Wed., May 10, 2006 starting at 8:30 and lasting until approx. 1:00 pm.	Dorothy	ASAP

ATTACHMENT A

MHCH LINES REVIEWED ON 4/19/06

Attention Deficit Disorders w/Hyperactivity
Commonness: 4
Impact on Healthy Life Years: 6
Impact on Suffering: 2
Effects on Population: 1
Vulnerability of Population Affected: 0
Effectiveness: 4
Need for Service: 1
Net Cost: 3
Total Score: 52
New Category: 3

Borderline Personality Disorders
Commonness: 3
Impact on Healthy Life Years: 7
Impact on Suffering: 4
Effects on Population: 1
Vulnerability of Population Affected: 0
Effectiveness: 3
Need for Service: 1
Net Cost: 2
Total Score: 45
New Category: 3

Posttraumatic Stress Disorder
Commonness: 4
Impact on Healthy Life Years: 7
Impact on Suffering: 3
Effects on Population: 1
Vulnerability of Population Affected: 2
Effectiveness: 2
Need for Service: 1
Net Cost: 3
Total Score: 34
New Category: 3

Bulimia Nervosa
Commonness: 2
Impact on Healthy Life Years: 6
Impact on Suffering: 2
Effects on Population: 0
Vulnerability of Population Affected: 0
Effectiveness: 1
Need for Service: 1
Net Cost: 2
Total Score: 10
New Category: 3

Eating Disorder NOS
Commonness: 3
Impact on Healthy Life Years: 3
Impact on Suffering: 1
Effects on Population: 0
Vulnerability of Population Affected: 0
Effectiveness: 2
Need for Service: .5
Net Cost: 3
Total Score: 7
New Category: 3

Stereotypy/Habit Disorder/Self-Abuse
Commonness: 1
Impact on Healthy Life Years: 2
Impact on Suffering: 3
Effects on Population: 0
Vulnerability of Population Affected: 2
Effectiveness: 1
Need for Service: .3
Net Cost: 4
Total Score: 2.4
New Category: 3

Schizotypal Personality Disorder
Commonness: 1
Impact on Healthy Life Years: 4
Impact on Suffering: 1
Effects on Population: 0
Vulnerability of Population Affected: 0
Effectiveness: 1
Need for Service: .2
Net Cost: 4
Total Score: 1.2
New Category: 3

Dissociative Disorders
Commonness: 1
Impact on Healthy Life Years: 3
Impact on Suffering: 2
Effects on Population: 0
Vulnerability of Population Affected: 0
Tertiary Prevention: 0
Effectiveness: 2
Need for Service: .8
Net Cost: 3
Total Score: 9.6
New Category: 6

Conversion Disorder, Child
Commonness: 0
Impact on Healthy Life Years: 4
Impact on Suffering: 3
Effects on Population: 0
Vulnerability of Population Affected: 0
Tertiary Prevention: 1
Effectiveness: 4
Need for Service: 1
Net Cost: 4
Total Score: 32
New Category: 7

Oppositional Defiant Disorder
Commonness: 4
Impact on Healthy Life Years: 4
Impact on Suffering: 3
Effects on Population: 1
Vulnerability of Population Affected: 0
Tertiary Prevention: 3
Effectiveness: 2
Need for Service: .7
Net Cost: 4
Total Score: 21
New Category: 7

Panic Disorder/Agoraphobia
Commonness: 2
Impact on Healthy Life Years: 4
Impact on Suffering: 2
Effects on Population: 0
Vulnerability of Population Affected: 0
Tertiary Prevention: 2
Effectiveness: 3
Need for Service: .7
Net Cost: 4
Total Score: 21
New Category: 7

Separation Anxiety Disorder
Commonness: 3
Impact on Healthy Life Years: 3
Impact on Suffering: 2
Effects on Population: 0
Vulnerability of Population Affected: 0
Tertiary Prevention: 1
Effectiveness: 4
Need for Service: .5
Net Cost: 4
Total Score: 18
New Category: 7

Reactive Attachment Disorder of Childhood
Commonness: 2
Impact on Healthy Life Years: 6
Impact on Suffering: 4
Effects on Population: 0
Vulnerability of Population Affected: 2
Tertiary Prevention: 3
Effectiveness: 1
Need for Service: 1
Net Cost: 2
Total Score: 17
New Category: 7

Avoidant Disorder of Childhood/Adolescence
Commonness: 0
Impact on Healthy Life Years: 2
Impact on Suffering: 1
Effects on Population: 0
Vulnerability of Population Affected: 0
Tertiary Prevention: 1
Effectiveness: 4
Need for Service: .4
Net Cost: 4
Total Score: 6.4
New Category: 7

Conduct Disorder, Age 18 or Under
Commonness: 3
Impact on Healthy Life Years: 6
Impact on Suffering: 3
Effects on Population: 2
Vulnerability of Population Affected: 1
Tertiary Prevention: 1
Effectiveness: 1
Need for Service: .3
Net Cost: 2
Total Score: 4.8
New Category: 7

Functional Encopresis
Commonness: 1
Impact on Healthy Life Years: 2
Impact on Suffering: 1
Effects on Population: 0
Vulnerability of Population Affected: 0
Tertiary Prevention: 1
Effectiveness: 2
Need for Service: .4
Net Cost: 4
Total Score: 4
New Category: 7

Rumination Disorder of Infancy
Commonness: 0
Impact on Healthy Life Years: 1
Impact on Suffering: 1
Effects on Population: 0
Vulnerability of Population Affected: 0
Tertiary Prevention: 3
Effectiveness: 4
Need for Service: .1
Net Cost: 4
Total Score: 2
New Category: 7

Delusional Disorder
Commonness: 0
Impact on Healthy Life Years: 1
Impact on Suffering: 1
Effects on Population: 1
Vulnerability of Population Affected: 0
Tertiary Prevention: 0
Effectiveness: 1
Need for Service: .2
Net Cost: 4
Total Score: 0.6
New Category: 7

PICA
Commonness: 2
Impact on Healthy Life Years: 1
Impact on Suffering: 0
Effects on Population: 0
Vulnerability of Population Affected: 0
Effectiveness: 0
Need for Service: 0
Net Cost: 4
Total Score: 0
New Category: 8

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE
Clackamas Community College, Wilsonville Training Center, Room 218
Wilsonville, OR
May 10, 2006
8:30 a.m. – 1:00 p.m.

Members Present: Kathy Savicki, LCSW; David Pollack, MD; Ann Uhler; Seth Bernstein, PhD; Paul Potter, MSW, MAC.

Members Absent: Donalda Dodson, RN, MPH; Larry Marx, MD; Gary Cobb; Carole Romm, RN; Michael Reaves, MD.

Staff Present: Darren Coffman, Alison Little, MD, MPH.

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of March 15, 2006 meeting highlights	They will be reviewed at the next meeting.		6/20/06
Review of MHCD Lines The majority of the meeting involved the Subcommittee completing their work of using the new methodology to assign categories and criteria ratings for the remaining MHCD line items. Some values for 'Need for Medical Services' were revised when the definition of the criterion was clarified as 'The percentage of patients who meet DSM-IV diagnostic criteria and who are recommended treatment.'	See Attachment A for the complete list of categories and ratings given for the MHCD line items. Shaded lines were reviewed for the first time. Values in boldface type are new values for previously reviewed lines.	Darren and Alison will take this work to next HSC meeting to be reviewed along with physical health lines.	5/25/06 HSC meeting

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of MHCD Lines (cont'd) Some changes to the structures of the lines were also made, including: • Splitting out pathological gambling from the impulse disorders line. These services are currently covered by non-OHP funds, but it was felt these services should still be included on the list in case that funding source is eliminated. • Move premenstrual tension syndrome out of the somatization disorders line and into the physical line for dysmenorrhea. • Move hysteria out of the factitious disorders line and into the adult conversion disorder line. • Change 'Elective Mutism' to 'Selective Mutism' in title for current Line 426.	Recommend these changes for 07-09 Prioritized List. Topics identified for future work included: • Reducing the heterogeneity of Line 455, Chronic Organic Mental Disorders including Dementias • Look into combining current lines 263, Substance-Induced Delirium and Psychosis, and 460, Substance-Induced Delusional and Mood Disorders/Intoxication.	Darren forward to HSC Subcommittee	5/25/06 HSC mtg Fall 2006
Comparison of Scores for MHCD Lines Upon completion of the review of all MHCD lines, Darren resorted them according to: 1) their new categories; and, 2) the total score calculated as [commonness + impact on healthy life years + impact on suffering + population effects + vulnerability + tertiary prevention (for categories 6 & 7 only)] * effectiveness * need for medical services.	Report to the HSC that the MHCD lines are sorted better when the commonness criteria is removed from the formula.	Darren	6/29/06 HSC meeting

TOPIC	ACTION	RESPONSIBILITY	DATE
Comparison of Scores for MHCD Lines (cont'd) It was noted that Reactive Attachment Disorder of Childhood was sorted too low and many currently non-funded lines were sorted too high. The driving factor in this juxtaposition appeared to be the rating for commonness. Darren recalculated the total scores without the use of the commonness criterion and the sorting appeared to better represent the comparative importance of the services.			
Comparison of Scores of MHCD Lines with Physical Health Lines Darren then resorted all line items reviewed to date (about 550) using the formula for total score without the commonness rating.	The MHCD lines seemed to sort appropriately when compared to the physical health lines.	None	
Other Business It was concluded that a June meeting be held to review any changes to the methodology and how they affect MHCD lines and to develop recommendations on the hand adjustment of lines.	The next meeting will be held at the Meridian Park Health Education Center, Room 104, on Wed., June 21, 2006 from 8:30 - 10:30 am.	Dorothy	6/20/06

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

Meridian Park Hospital, Health Education Center, Room 104
Tualatin, OR
June 21, 2006
8:30 – 10:30 a.m.

Members Present: Kathy Savicki, LCSW; David Pollack, MD; Ann Uhler; Carole Romm, RN; Seth Bernstein, PhD.

Members Absent: Donalda Dodson, RN, MPH; Larry Marx, MD; Gary Cobb; Michael Reaves, MD; Paul Potter, MSW, MAC.

Staff Present: Darren Coffman, Alison Little, MD, MPH.

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of April 19 & May 10, 2006 meeting highlights	No changes were suggested.		
OMHAS Update None given.			
HSC Update Darren reported on the May 25th HSC meeting and the subsequent work of an interim workgroup. The Commission voted to remove the *Commonness* criteria from the methodology. An interim workgroup was asked to develop a method for final hand-adjustments to the list. The workgroup has determined that a method using weights for each of the categories will result in a good job of moving the items from the top of one category up among services in higher	None		

TOPIC	ACTION	RESPONSIBILITY	DATE
HSC Update (cont'd) ranked categories and moving items at the bottom of a category further down.			
Review of MHCD Lines The interim HSC workgroup asked the MHCD Subcommittee to review some of the ratings given for certain criteria for a number of the MHCD lines. The workgroup felt that the ratings given early in the process for some of the MHCD lines might not follow the same ratings scale used for the physical health lines.	See Attachment A for the revisions made to the criteria ratings for certain MHCD lines (underlined) and those ratings that were reviewed but not changed (boldfaced italics). This represents the final recommenda-tions on the placement of MHCD services. See Attachment C of the May 25, 2006 HSC minutes for definitions of the categories and individual and population measures (criteria).	Darren will transmit the changes made to the HSC. Kathy, David, and possibly Ann, will attend the June 29th HSC meeting to answer any questions.	6/29/06
Other Business The Subcommittee will take the remainder of the summer off.	The next meeting will be held September 20, 2006 if there is a sufficient agenda.	Darren will work with Donalda	August

ATTACHMENT A

Old Line	Diagnosis	Category	Impact on HLY	Impact on suffering	Population effects	Vulnerability	Tertiary prevention	Effectiveness	Need for Services	Net Cost	Total Score
159	SCHIZOPHRENIC DISORDERS	3	8	4	4	0	-	3	1	5	3600
184	ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE	3	6	3	5	1	-	***3***	1	5	3375
160	MAJOR DEPRESSION, RECURRENT	3	7	3	1	0	-	4	1	4	3300
161	BIPOLAR DISORDERS	3	7	3	1	0	-	4	1	4	3300
418	SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION	6	5	3	4	1	0	5	1	3	2600
419	BORDERLINE PERSONALITY DISORDER	3	6	4	0	0	-	***3***	1	2	2250
187	ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED	3	4	2	1	0	-	4	1	3	2100
301	POSTTRAUMATIC STRESS DISORDER	3	6	3	1	2	-	2	1	3	1800
455	CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS	3	5	5	1	0	-	2	1	3	1650
185	MAJOR DEPRESSION; SINGLE EPISODE OR MILD	6	5	2	0	1	2	4	1	4	1600
	PATHOLOGICAL GAMBLING	3	2	3	2	0	-	3	1	4	1575
427	PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION	6	4	3	0	1	3	3	1	4	1320
186	OTHER PSYCHOTIC DISORDERS	3	4	3	1	0	-	2	1	3	1200
142	ANOREXIA NERVOSA	3	6	2	0	0	-	2	1	2	1200
241	ACUTE STRESS DISORDER	6	2	2	0	1	5	4	0.7	5	1120
424	CONVERSION DISORDER, CHILD	7	4	3	0	0	1	4	1	4	640
502	SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER; PREMENSTRUAL TENSION SYNDROMES	3	2	2	0	0	-	2	1	3	600
591	HYPOCHONDRIASIS; SOMATOFORM DISORDER; NOS AND UNDIFFERENTIATED	3	2	2	0	0	-	2	1	3	600

ATTACHMENT A

Old Line	Diagnosis	Category	Impact on HLY	Impact on suffering	Population effects	Vulnerability	Tertiary prevention	Effectiveness	Need for Services	Net Cost	Total Score
373	BULIMIA NERVOSA	3	5	2	0	0	-	1	1	2	525
242	SEPARATION ANXIETY DISORDER	7	3	2	0	0	1	4	1	4	480
337	PANIC DISORDER; AGORAPHOBIA	7	4	2	0	0	***2***	3	1	4	480
453	EATING DISORDER NOS	3	3	1	0	0		2	0.7	3	420
454	DISSOCIATIVE DISORDERS	6	3	2	0	0	0	2	1	3	400
420	SCHIZOTYPAL PERSONALITY DISORDERS	3	4	1	0	0	-	1	1	4	375
264	OPPOSITIONAL DEFIANT DISORDER	7	4	3	1	0	3	2	0.8	4	352
417	CHRONIC DEPRESSION	7	4	2	0	1	1	2	1	3	320
467	STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION	3	2	3	0	3	-	1	0.5	4	300
263	ADJUSTMENT DISORDERS	7	1	1	0	0	4	4	0.6	4	288
265	TOURETTE'S DISORDER AND TIC DISORDERS	7	2	3	0	2	0	2	1	4	280
143	REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD	7	5	4	0	2	3	1	1	2	280
590	FACTITIOUS DISORDERS	6	4	2	0	0	0	1	***1***	***5***	240
520	SIMPLE AND SOCIAL PHOBIAS	7	1	2	0	0	0	4	1	4	240
302	OBSESSIVE-COMPULSIVE DISORDERS	7	2	2	0	0	0	3	1	3	240
372	OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED	7	2	2	0	0	0	3	1	3	240
	SELECTIVE MUTISM	7	1	1	0	0	1	4	0.8	4	192
371	CONDUCT DISORDER, AGE 18 OR UNDER	7	5	3	2	2	***1***	1	0.7	2	182
547	SEXUAL DYSFUNCTION	7	0	2	0	1	1	3	0.7	3	168
425	FUNCTIONAL ENCOPRESIS	7	2	1	0	0	1	2	1	4	160
592	CONVERSION DISORDER, ADULT	7	2	2	0	0	0	2	1	4	160

ATTACHMENT A

Old Line	Diagnosis	Category	Impact on HLY	Impact on suffering	Population effects	Vulnerability	Tertiary prevention	Effectiveness	Need for Services	Net Cost	Total Score
639	GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS	7	2	4	1	0	1	1	1	2	160
384	DELUSIONAL DISORDER	7	2	3	***1***	0	0	1	1	4	120
545	IMPULSE DISORDERS	7	1	1	2	0	0	1	1	4	80
426	AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE; SELECTIVE MUTISM	7	0	1	0	0	1	4	0.4	4	64
91	RUMINATION DISORDER OF INFANCY	7	1	1	0	0	3	4	0.1	4	40
682	ANTI-SOCIAL PERSONALITY DISORDER	7	1	1	4	0	0	1	0.2	3	24
638	PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL	7	1	1	2	0	0	1	0.3	2	24
609	PICA	8	1	0	0	0	-	0	0	4	0
705	MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	9	1	2	0	0	-	0	0	0	0

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE
Meridian Park Hospital Health Education Center, Room 106
Tualatin, Oregon
November 15, 2006
8:30 – 10:30 a.m.

Members Present: Kathy Savicki, LCSW; David Pollack, MD; Ann Uhler; Seth Bernstein, PhD; Ann Uhler; Michael Reaves, MD.

Members Absent: Donalda Dodson, RN, MPH; Larry Marx, MD; Gary Cobb; Carole Romm, RN.

Staff Present: Darren Coffman.

Guests: Jay Yedziniak, Addictions & Mental Health Division of DHS; Monica Herrara, Division of Medical Assistance Programs (DMAP); Sudge Budden, MD, Oregon Pediatric Society.

TOPIC	ACTION	RESPONSIBILITY	DATE
HSC Update Darren gave an update on HSC activities including: • The new reprioritized list was accepted and submitted for pricing. • A workgroup, chaired by Bruce Goldberg, was established to examine the possibility that the OHP Standard population could be expanded by using the new list to draw a second benefit line.	None		

TOPIC	ACTION	RESPONSIBILITY	DATE
AMHD Coding Recommendations Darren Coffman reports that the new medical procedure codes will be reviewed at the next Health Service Commission meeting December 8, 2006. Jay Yedziniak presented a document dated 11/1/2006 (see Attachment A) outlining AMHD's recommended coding changes.			
1) Add HCPCS code H2010 for medication training where other medication management codes already appear.	Item 1 is accepted in its entirety. In addition, add Code H2010 to the A&D line (line 184).		
2) Add H2033 for Multisytemic Therapy (MST) to lines where family therapy currently resides. Kathy Savicki stated that this has no proven efficacy for early childhood (under age 5) treatments and should not be added to guidelines notes 14, 15, 19, 20 and 24.	Item 2 is accepted with the exception of adding the code to the early childhood guidelines.		
3) Expands the number of diagnosis codes that are paired with residential treatment codes (H0018, H0019) and respite care (H0045, T1005).	Item 3 is accepted in its entirety. Codes will be listed in 5-digit format and not include the HA modifier.		
4) Adds a code to pair a day psychiatric health facility to anxiety disorder and psychological factor aggravating physical conditions.	Item 4 is accepted in its entirety.	Darren will present these recommendations to the HSC.	12/8/06

TOPIC	ACTION	RESPONSIBILITY	DATE
AMHD Coding Recommendations (cont'd) Also discussed: The benefits and need to add behavioral services codes 96150-96155 to physical health lines. Jay mentioned that there would be new costs associated with adding these codes. David stated that some health plans have started to provide services this way, either by seeking grant money to pay for what Medicaid does not, or by waiving fees. Kathy suggested making this coverage mandatory for managed care and addressing fee-for-service costs for the next biennium.	The subcommittee recommends that codes 96150-96155 be added to the chronic physical illness lines, for managed care plan use only.	Darren will discuss this issue at next HSC meeting.	12/8/06
Other Business Dr. Pollack mentioned that as a DHS medical director he found a number of children and adolescents were being prescribed high doses of amphetamines for ADHD. Upon investigation, it was confirmed that there were correlating factors that might be an issue in the children's home or past such as adult meth-users and/or fetal exposure to drugs/alcohol. Dr. Pollack suggests that perhaps this issue should be studied further as it may be a continuing factor when prescribing medication for AHDH patients.	**ACTION** None	**RESPONSIBILITY**	**DATE**

TOPIC	ACTION	RESPONSIBILITY	DATE
AMHD Update Jay reported that effective January, 1, 2008, there will be an evidence-based practice program paid for on the fee-for-service side, for ACT and Supportive Employment. Also, the case-management code for A&D will be paid for on the fee-for-service side. Further, Jay shared that 93% of eligible children are enrolled in the health plan and effective July 1, 2007, will change enrollment practices of kids enrolled in behavioral rehabilitative setting (BRS). No longer will require the child to switch MHOs to the program in their area, if both the MHOs are in agreement.	None, although loud cheers erupted over the announcement involving FFS reimbursement for A&D case management.		
Membership Vacancies Darren reported that there are a few vacancies on the subcommittee. He asked for suggestions.	Members will contact prospective members.	Members	Next meeting

Attachment A

DATE: November 1, 2006

TO: Darren Coffman, Director
Office for Health Policy & Research
Health Services Commission

FROM: Ralph Summers, Manager
Addictions and Mental Health Division
Medicaid Policy Manager

Jay Yedziniak
Addictions and Mental Health Division
Oregon Health Plan Coordinator

RE: Request for Technical Correction to OHP Prioritized List effective January 1, 2007

On the recommendation from the Mental Health Organizations, AMH is requesting the following adjustments be made to the Prioritized List of Health Services.

The following recommendations can be grouped into two categories. Items #1 and #2 request that Procedure Codes, not currently on the HSC List, be listed and paired with specific diagnoses. Item #2 requests the addition of Procedure Code H2033, which would provide the code for a specific evidence-based practice. This is consistent with recent legislative direction to increase the utilization of evidence-based practices (ORS 182.515 and 182.525).

The second category, items #3 and #4, expand the diagnoses for which residential treatment services can be provided. AMH believes children in need of these services receive them under currently paired diagnoses. The MHO Contractors have expressed the opinion that the current pairings limit the use of these services more than is clinically justified.

AMH believes the budget effect will be minimal and a more detailed analysis can be provided. If you would like to have this presented at the upcoming meeting, please provide me with the details you would like to see

in advance.

Our request is itemized by line and procedure code as follows:

1. Add Procedure Code H2010 (Comprehensive Medication Services, per 15 min) to all mental health Diagnoses which allow for Procedure Code H0034 (Medication Training and Support, per 15 min). These include:

Line 142	ICD-9: 307.1
Line 143	ICD-9: 313.89
Line 159	ICD-9: 295, 298.4, 299.1, 299.9
Line 160	ICD-9: 296.30-296.36, 298.0
Line 161	ICD-9: 296.0-296.1, 296.4-296.8, 296.99, 301.13
Line 185	ICD-9: 296.2, 296.90, 298.0, 311
Line 186	ICD-9: 297.3, 298.1-298.3, 298.9, 299.8
Line 187	ICD-9: 314
Line 241	ICD-9: 308
Line 242	ICD-9: 309.21
Line 263	ICD-9: 309.0, 309.1, 309.23-309.29, 309.3-309.4, 309.82, 309.83, 309.89, 309.9, v61.20, v62.82
Line 264	ICD-9: 312.9, 313.81
Line 265	ICD-9: 307.0, 307.2
Line 301	ICD-9: 309.81, 995.52-995.54
Line 302	ICD-9: 300.3
Line 337	ICD-9: 300.01, 300.21-300.22
Line 371	ICD-9: 312.0-312.2, 312.4, 312.8
Line 372	ICD-9: 300.00, 300.02-300.09, 307.46, 313.0
Line 373	ICD-9: 307.51, 307.54
Line 384	ICD-9: 297.0-297.2, 297.8-297.9
Line 417	ICD-9: 300.4-300.5
Line 419	ICD-9: 301.83
Line 420	ICD-9: 295.0, 301.22
Line 424	ICD-9: 300.11
Line 425	ICD-9: 307.7
Line 426	ICD-9: 313.2
Line 427	ICD-9: 316
Line 453	ICD-9: 307.5, 307.54, 307.59
Line 454	ICD-9: 300.10, 300.12-300.15, 300.6

Line 455 ICD-9: 290, 291.2, 292.82-292.84, 293.8, 294, 299.00, 299.10, 299.8, 310.1
Line 467 ICD-9: 307.3
Line 502 ICD-9: 300.81-300.82, 307.80, 307.89, 625.4
Line 520 ICD-9: 300.23, 300.29
Line 545 ICD-9: 312.31-312.39
Line 590 ICD-9: 300.10, 300.16, 300.19, 301.51
Line 591 ICD-9: 300.7, 300.9, 306
Line 592 ICD-9: 300.11
Line 609 ICD-9: 307.52
Line 638 ICD-9: 301.0, 301.10-301.12, 301.20-301.21, 301.3-301.4, 301.50, 301.59, 301.6, 301.81-301.82, 301.84, 301.89, 301.9
Line 639 ICD-9: 302.0-302.4, 302.50, 302.6, 302.85, 302.9
Line 682 ICD-9: 301.7

2. Add Procedure Code H2033 (Multisystemic Therapy for Juveniles, per 15 min) to all mental health Diagnoses which allow for Procedure Code 90847 (Family Psychotherapy (conjoint psychotherapy) (with patient present). These include:

Line 241 ICD-9: 308
Line 242 ICD-9: 309.21
Line 263 ICD-9: 309.0, 309.1, 309.23-309.29, 309.3-309.4, 309.82, 309.83, 309.89, 309.9, v61.20, v62.82
Line 372 ICD-9: 300.00, 300.02-300.09, 307.46, 313.0
Line 417 ICD-9: 300.4-300.5
Line 419 ICD-9: 301.83
Line 426 ICD-9: 313.2
Line 502 ICD-9: 300.81-300.82, 307.80, 307.89, 625.4
Line 520 ICD-9: 300.23, 300.29
Line 590 ICD-9: 300.10, 300.16, 300.19, 301.51
Line 591 ICD-9: 300.7, 300.9, 306
Line 638 ICD-9: 301.0, 301.10-301.12, 301.20-301.21, 301.3-301.4, 301.50, 301.59, 301.6, 301.81-301.82, 301.84, 301.89, 301.9
Line 639 ICD-9: 302.0-302.4, 302.50, 302.6, 302.85, 302.9

GUIDELINE NOTE 14, Mood Disorders in Early Childhood

- Family interventions and supports

.

GUIDELINE NOTE 15, ADHD in Early Childhood

- Family interventions and supports

GUIDELINE NOTE 19, Adjustment Reactions in Early Childhood

- Family interventions and supports

GUIDELINE NOTE 20, Disruptive Behavior Disorders in Early Childhood

- Family interventions and supports

GUIDELINE NOTE 24, Mental health Problems in Early Childhood Related to Neglect or Abuse

- Family interventions and supports

3. Add Procedure Codes H0018HA [Behavioral Health; Short Term, residential (non-hospital residential treatment program) without room and board, per diem], H0019HA [Behavioral Health; residential (Hospital residential Treatment Program) without room and board, per diem], H0045 (Respite care services, not in the home, per diem) and T1005 (Respite care services, up to 15 min) to pair with Obsessive Compulsive Disorder diagnosis, Panic Disorder, Anxiety Disorder, and Psychological Factors Aggravating Physical Condition.

   Line 242 ICD-9: 309.21
   Line 302 ICD-9: 300.3
   Line 337 ICD-9: 300.01, 300.21-300.22
   Line 372 ICD-9: 300.00, 300.02-300.09, 307.46, 313.0
   Line 427 ICD-9: 316

4. Add H2013 (Psychiatric health facility service, per diem) to pair with Anxiety Disorders and Psychological Factors Aggravating Physical Condition

   Line 242 ICD-9: 309.21
   Line 372 ICD-9: 300.00, 300.02-300.09, 307.46, 313.0
   Line 427 ICD-9: 316