

MHO CONTRACTS & RULES WORKGROUP
November 19, 2008

MHOs Attending: Dave Bast (JBH) Seth Bernstein (ABHA), Susan Fillmore (FCI), Deborah Friedman (CMHO), David Hidalgo (Verity), Jim Russell (BCN)

AMH Attending: David Fischer, Tracey Robichaud, Kellie Skenandore, Ralph Summers

Guest Appearance: Tammy Hurst (DHS), Mari Jones (LaneCare)

Item	Discussion	Action
1. CMS approved contract for 2009	<ul style="list-style-type: none"> ▪ "Complaint" changed to "grievance" through out contract for consistency with CFR. However, educational materials to member can continue to use term "complaint" ▪ "Prior authorized" changed to "pre-approved" again for consistency with CFR but does not impact plan ability to use term "prior authorize" ▪ "Upon request" references will be checked for consistency with CFR and within MHO contract ▪ Ex J – Prevention and Detection of Fraud and Abuse, new reference to "mandatory compliance plan" does not add a new requirement (current Fraud and Abuse programs meet the requirement), brings language into alignment with CFR ▪ Issues Tracker items reviewed (see document) 	Tammy will make housekeeping changes in the 2009 contract where appropriate; others will wait until 2010
2. 2009 contract signature process	<ul style="list-style-type: none"> ▪ Changing to the electronic submission process ▪ Signature page can be scanned and sent as a PDF file, or faxed ▪ Fully executed contracts will be sent as PDF files ▪ Kellie has provided Tammy with a list of contract contacts; if there are any changes, both Kellie and Tammy should be updated 	Contracts will be sent in PDF format no later than the end of November with a due date of December 22
3. 2010 contract development	<ul style="list-style-type: none"> ▪ Tammy is the contact for housekeeping changes (punctuation, spelling, etc) that are not material in nature and do not require discussion ▪ Contract alignment will continue in 2010, with a focus on consistency in definitions and financial reporting language and format ▪ AMH anticipates there will be a mid-year contract amendment to 	Kellie will start a matrix for the next contract review cycle

	address the revenue/budget deficit and any action DHS must take to respond to it	
4. Disclosure of Ownership forms	<ul style="list-style-type: none"> ▪ Forms for individuals and corporate entities already in use by DHS and can be used by plans ▪ Governmental entities form still in draft ▪ There has been no policy decision at DHS regarding the question of whether governmental entities have a Board of Directors equivalent that requires disclosure ▪ AMH would like to collect any remaining questions or comments for additional consultation by Linda Grimms 	<p>Kellie will send link to forms</p> <p>Send questions or comments to Deborah</p>
5. OAR 410-141-0120	<ul style="list-style-type: none"> ▪ AMH agrees that plan responsibility to report license or certification end dates is limited to "encounter only" providers ▪ Plans can use the "encounter only" request form with end dates noted to meet the requirement for "timely and accurate reporting" to DMAP (that language applies to submission of the form, does not add a new reporting requirement) 	
6. OHP 3001 revisions	<ul style="list-style-type: none"> ▪ DMAP has not been responsive to the revisions proposed by the MHOs ▪ Agreed that it is preferable to move forward with a revised form that is responsive to the needs of our members 	Ralph and Kellie will move the issue forward; Tammy to assist
7. Performance Measures	<ul style="list-style-type: none"> ▪ Mari Jones, chair of the QI Coordinators Committee, reported on the status of development of proposed performance measures (draft document distributed by email on 11/18) ▪ QI Coordinators are recommending measures be developed in four areas: <ul style="list-style-type: none"> ○ Percentage Rate of Served (penetration rate) – with a focus on underserved populations ○ ICTS/ITS ○ Peer Delivered Services ○ Hospitalization ▪ QI Coordinators are also recommending development of a dashboard reporting tool that would be produced quarterly for each plan and with statewide data ▪ Discussion points included: 	Next step is for Mari to check with Jon Collins about the availability of data for each proposed measure; this information will be taken back to the QI Coordinator for further refinement of the proposed measures and a final recommendation to the MHO Contractors, who will in turn make a recommendation to AMH

	<ul style="list-style-type: none"> ○ Need to differentiate between quantitative measures and measures of performance ○ Also need to determine what is a good outcome, i.e., depending on the measure an increase could be good or bad ○ Suggested early childhood population be added to the penetration rate measure as an underserved population ○ Possible measures of performance in ISA could include % of youth receiving ICTS services who then need a higher level of care; # in facility-based services vs # in community-based services – issue again is what is the measure of underlying performance ○ Any measure related to peer delivered services would necessarily be a narrow component of peers certified and working within the Medicaid reimbursement system; concern expressed regarding peers who do not want to be part of “system” and how they would respond; agreed that there needs to be a measure that reflects the adult system as it exists with peer delivered services as a component of that system ▪ There was general discussion about the availability of data for several of the measures proposed; the QI Coordinators were given a set of parameters to use in developing recommended measures and one was ready availability of data 	
8. Status of discussions at AMH regarding changes in LTC policy	<ul style="list-style-type: none"> ▪ No discussions are occurring at this time and no changes in policy are being contemplated 	

Next meeting: TBA

Agenda: No items identified