DRAFT - Community Services Reimbursement Rate Commission
Mental Hygiene Administration, Catonsville, Maryland
November 26, 2012

MINUTES

Present

Commissioners – Jillian Aldebron (Chair), Kia Brown, Rebecca Fuller, Jeffrey Richardson, Thomas Sizemore (Vice-Chair), Timothy Wiens

Open Minds: John Talbot, Exec. Vice President (team leader for CSRRC contract); Rejan Carlson, President; Beth Tschopp, Vice President; Rennie Joshi, Research Analyst

DHMH: Brian Hepburn, Exec. Director; Marion Katsereles, CFO

DDA: Frank Kirkland, Exec. Director, Gerald Skaw, CFO

Herb Cromwell, Exec. Dir., CBH; Brian Frazee, Dir. Public Policy, MACS; Laura Howell, Exec. Dir., MACS; Erin McMullen, Policy Analyst, DLS

Absent: Commissioner Patsy Blackshear

Proceedings

The meeting was called to order at 6:05 p.m. and the agenda approved. Because this was the first meeting with the new contractor for technical services, Open Minds, commissioners and Open Minds representatives introduced themselves. Open Minds will provide technical and advisory support to the CSRRC for the period November 15, 2012 – November 14, 2015.

1. Update on DDA/MHA FY 2012 Wage and Salary Surveys

DDA Wage Survey

The DDA Wage Survey was revised based on CSRRC and provider comments and sent out, with a due date for both the survey and cost reports of December 1. Extensions will be given until Dec. 31 on an individual basis upon request. DDA held three conferences calls, on which a total of about 70 provider representatives participated, to answer questions and clarify instructions. A list of FAQ's based on these conversations was posted to the DDA website after the calls. The cost report was not modified this year, to minimize the burden of reporting changes for providers.

MHA Wage Survey

MHA and the CSRRC have worked together to revise the salary survey for mental health service provider. A final version that incorporated provider feedback is now with Brian Hepburn for approval. In the past, the MHA salary survey was sent out in the Spring, but it is better to send it out now because it will facilitate data analysis and providers will have the benefit of assistance from their CPAs. It is hoped that the survey can be released soon, with a deadline of January 31. The MHA CFO will review the final version with Dr. Hepburn to determine next steps and timeline.

2. CSRRC 2012 Annual Report – Response to Recommendations

CSRRC submitted a request for response to its 2012 Annual Report to the directors of DDA and MHA. Under the statute, a response is due within two weeks of annual report submission. The CSRRC sent its annual report out on Sept. 24. At issue, in particular, is use of the weighted average cost structure of providers in development of the FY 2014 budget and the expected change in reimbursement rates. There was also some discussion of the study required by the non-codified section of SB 633 (Ch. 497, 2010 Maryland Public Laws) on provider financial condition, proposed methodologies for setting rates, and the future role of the CSRRC. Preliminary findings are due to the General Assembly by Dec. 1. To date, there has been no communication or collaboration with the CSRRC on this study.

3. Update on BHI and SIS – Brian Hepburn, Frank Kirkland

MHA

The Secretary has not made a final decision on BHI integration organization and payment system, but one is expected by the start of the 2013 Session. In any event, there will be no budget impact—and, therefore, no impact on CSRRC data collection and analysis—until FY 2015 (and the 2014 Session). Nevertheless, we need to think about including representatives of substance abuse services in CSRRC meetings.

Dr. Hepburn raised the issue of payment changes under the ACA that incentivize primary care for Medicaid patients. Primary care physicians delivering services to Medicaid patients under CPT Codes 99201-99205 and 99211-99215, in particular, would receive reimbursement premiums—that is, they would be paid at the (higher) Medicare rate. In Maryland, a decision was made to reimburse specialists as well billing under these codes at the Medicare rates. CMS has since eliminated CPT codes and replaced them with E/M codes, which has required the Department to prepare a crosswalk to determine reimbursement rates. Dr. Hepburn will send this proposal to the CSRRC

Because mental health providers do not use CPT codes, they have been left out of the incentive scheme. The FY 2014 budget has already been submitted and, therefore, does not allow for comparable increases to psychiatrist reimbursement. The issue is still under review.

There are additional concerns regarding the rate changes and how to implement them equitably. For one, Medicaid wants to simplify payment schedules to the greatest extent possible, which means a single rate for both adults and children; currently these services are billed at different rates. A new rate that splits the difference would benefit providers that principally serve adults, but disadvantage those providing care to children.

It is important that MHA keep CSRRC informed so that it can respond, provide additional information for consideration, or consider changes in its own focus and methodology, as necessary.

Another recent development is the proposed takeover of MHA financing by Medicaid. Currently, MHA has total control of public mental health services financing, including defining the terms of the RFP, selecting the ASO, monitoring administration, and establishing reimbursement rates. Under the suggested scheme, Medicaid would be responsible for these functions, in consultation with MHA. This move is strongly opposed by the Maryland Mental Health Coalition. We need to learn more about this and, eventually, to have someone from Medicaid at the CSRRC meetings.

DDA

The final assessment for implementing the Supports Intensity Scale (SIS) has been completed, and next steps are under consideration. The timeline for contracting with a consultant to develop a payment system based on the new matrix depends on approval of the FY 2014 budget by the General Assembly. The CSRRC will contribute to preparation of the RFP. In any event, there will be no impact on the FY 2014 budget. DDA will

be meeting with stakeholders next week to discuss revised rates and supported employment, and will include and advise the CSRRC accordingly.

4. Technical Support to CSRRC – Open Minds

John Talbot, project leader for support to the CSRRC, presented Open Minds and introduced the other members of the team. Open Minds presented its proposed 2012-2013 work plan. The role and schedule of advisory group meetings was discussed—an issue held over from the last CSRRC meeting and that has implications for the work plan. It was decided that advisory groups would meet on the same day as CSRRC meetings during the two hour period preceding those meeting. The topics addressed by the advisory groups would be determined as our work progresses. Depending on the nature of the issues addressed, the groups will meet as one large group (where the topic concerns both sectors) or separately but concurrently (where the topics are unique to one sector only—e.g., psychiatrist reimbursement, which would only interest mental health service providers)

The 2012-2013 work plan was approved. An orientation for Open Minds with MHA, DDA, and providers will be scheduled.

5. Roles and Responsibilities of CSRRC Members

A draft of roles and responsibilities of CSRRC commissioners was distributed for discussion (the statute does not define commissioners responsibilities apart from attendance at meetings). The CSRRC approved the draft. This will be posted on the CSRRC website.

6 Meeting Schedule for 2012-2013

The CSRRC will meet from 6-8 p.m. (and advisory group(s) from 4-6 p.m.) in the MHA conference room, Dix Building, Spring Grove Hospital Center, on the following dates:

January 22, 2013
March 12, 2013
May 14, 2013
July 9, 2013
September 10, 2013
November 12, 2013

The meeting adjourned at 8:30 p.m.

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