

ASD Advisory Committee Notes – July 13, 2016 Meeting

Notes compiled by Lauren Prole, Clinical Project Manager

Recap of Committee Charge

- No questions

BCBA Stakeholder Communication

- ECA (HAB-M) will they match up with BCBA rates/codes?
 - Dr. Love – she will check the rates
 - Dee – the community is receiving BCBA services through their private insurance and through AHCCCS – how do we ensure that services are not duplicated?
- Dr. Blitz – Private insurance and DDD ALTCS – How do families with co-pays afford to have multiple visits a week?
 - There should be no co-pay
 - AHCCCS will work with private insurance to coordinate benefits
- Dr. Bartos – the networks are not the same, so how do they play? Some agencies take private vs. AHCCCS
 - Dr. Blitz recommends that DDD ensure contracting with providers – there are so many plans that we may have multiple contracting entities.
- Dee – In the community, providers are recommending members drop private insurance if they are on ALTCS DDD – DDD needs to do provide provider education to clarify that there should be benefit coordination
- Dr. Salek - for future direction we need to ensure providers are contracted with private and AHCCCS insurance

Specialized ASD Diagnosing Provider

- Dr. Bartos – Flowchart for providers needs to be update and the current referral forms need to be updated (we need to work with provider network)
 - Need to update the AHCCCS website referral form as it correctly is not working, the health plans do have a link on their websites
 - Dr. Salek – we will be meeting with the medical directors in August and be discussing this topic

DDD Currently Recognized ASD Diagnosing Providers

- We would need to update state rule to expend list of diagnosing providers

Integration of BH/PH Services under Acute Health Plans

- What is the committee's recommendation on moving forward with interim approach?
 - Dr. Bartos – Anxiety, ADHD, and depression is paid for by the acute care providers
 - Dr. Salek – This is a different model as we need to ensure pediatrician are comfortable with diagnosing ASD
 - Dr. Blitz – members need to have medical home with understanding the child's needs
 - Dee – pediatrician is the family's main contact for health care services, require that all specialties for referrals report back to pediatrician.

- Dr. Laurie Brown – she is Deputy medical director and pediatrician – one of the difficulties for pediatricians more members with ASD – the PCPs are going to need to change how they change their practice
- Don Fowls – integration is good, but are the plans on acute ready and can have a successful transition. We need to think ABOUT ADDITIONAL RESOURCES FOR PEDIATRICIANS SUCH AS CASE MANAGEMENT.

DDD Update – Ask for additional language from Laura, Joanna, and Kim

- RFP Update
 - RFP to be released October/Nov 2016
 - RFP due January 2017
 - October 1, 2017 would go into effect
- DDD Eligibility is governed by state rules in Arizona Administrative Code
 - Updating rules 3 & 5 – Eligibility and Re-determination - they will be posted for public comment
 - Updated policy to include DSM and developmental pediatrician
 - Are there recommendations from the committee?
 - Dr. Goldman – in Mohave there is a limited number – it would be helpful to have psychologist/psychiatrist/provider sign off on nurse practitioners, even better if they could diagnosis without sign off
 - Dr. Salek wants to hear about recommendations and how to ensure quality
 - Terry Matteo – He has had patients come to him for another evaluation after DDD has denied the report from the first provider for eligibility determination – Do we know the percentage of denials due to report inadequacy?
 - Providers need to know what information needs to be supplied to DDD
 - How can we get well trained provider to have availability and pay them for high quality evaluation?
 - Dr. Kowalik - She agrees with most of denials as they are inadequate information
- Dr. Salek – reiterates that she understands there needs to be access to care and quality to ensure there are not multiple evaluations for eligibility. We will continue to work with Value Based Purchasing in the future to measure high quality reports and sooner services – shift to rewards providers that deliver services
 - Dr. Blitz - NP training – national society for developmental pediatrician – looking to have a year-long fellowship for ASD diagnosing.
 - She wanted to let the group know that she is having patients asking for redetermination with new DSM 5 criteria, when they were initially eligibility with DSM 4 criteria because their case manager told them to because they don't have level of severity.
 - Dr. Salek – Dr. Blitz needs to reach out to DDD when this happens so we can address
- Redetermination
 - Prior to age 6
 - Need to clarify - does not require re-application, but may require additional information, redetermination does not mean reevaluation
 - Dee – Do support coordinators assist members with in-network providers

- Can DDD put together a list of credential requirements?
 - Dr. Kowalik - DDD is planning quarterly meetings with providers and members
- HAB Consultation – Kim Skrentny
 - Update with new or current research, removed out of date or unsupported research
 - Reviewed HBM-ACM average usage – reviewed fiscal impact
 - 7 data resources reviewed
 - Summarized each and submitted to DDD operations for review
 - Fiscal estimate will be submitted to AHCCCS by Friday July 15, 2016

RBHA/CRS Updates

Dr. Don Fowls – MMIC

- They are working to streamline the process
- Once the referral is received then they determination within 7 days

Dr. Aaron Goldman – HCIC

- 21 diagnosing providers in network (2 NP, 2 pediatricians trained by Dr. Blitz) able to diagnosis, mostly they are psychiatrist (60% adult, 40% child trained)
- AzEIP – working
- Working with other health plans

Dr. Leslie Paulus - CRS

- CRS has asked if the provider has any expertise when credentialing – 20 groups identified
- Dr. Salek will share links from all the health plans with committee members

Dr. Tatyana Farietta-Murray - CIC

- 33 providers to diagnosis ASD – child psychiatrist are the majority
- Dee - How do we ensure members in DCS receive appropriate services?
 - Dr. Salek – shares about our other operational team and tracking requirements for 7 day and 23 day, physical health home for acute care, we are working to ensure services are wrapped appropriately – RBHAs are responsible for DDD ALTCS members, the ALTCS E/PD health plans manage both physical and behavioral health

EAC/AZ Presentation – Dr. Robin Blitz

- See attached presentation

Delivery System Reform Incentive Payment (DSRIP) Initiative – George Jacobson & Mark Carroll

- Funded through CMS
- 5 year program
- The projects are going to ask for proposals to include VBP/Models
- Detailed meeting to come in the future

Next Meeting – Quarterly for 2 hours