

## **PAC Minutes from 8/26/11 Meeting**

- **Nominations of Officers** – It was announced that Liam Mulvaney will remain the PAC Chair and Carol Lucky will serve as PAC Vice-Chair in Liam’s absence. This information will be updated on the PAC page of the NTBHA website.
- **CMBHS** – CMBHS implementation has been pushed back. The pilot should begin in June 2012 with full roll-out September 2012. This is to coincide with the implementation of the CANS (to replace the C&A TRAG). Some speculated whether the push back from most NorthSTAR Providers contributed to the delay while others wondered if the resignation of the chief architect also played a role in the delay.
- **ValueOptions Budget** – VO’s position to date is a potential \$13M shortfall that must be addressed now. VO has reached out to the Provider community to get recommendations on how to handle this potential shortfall. Once recommendations have been made VO will bring the final recommendations to the NTBHA BOD for approval.
  - **SPN Question** – Is \$13M the right number? Should an outside auditor look at it as NTBHA has proposed? It seems not many Providers are willing to donate funds to have an outside auditor to look at this.
  - **Provider** – VO is looking at worst case scenario and trying to plan ahead. This is tricky and complicated. What if savings do come to pass? The changes have already been made so the horse is already out of the gate so to speak – it is unlikely to reverse changes once they occur if savings do come to pass.
  - **Provider** – VO is trying to deal with this programmatically and not through rate cutting. It was suggested that VO focus on those line items that are way over budget (ie, crisis). VO **must** live within its budget.
  - **Provider** – Worst case scenario is always looked at and creates an “us versus them”. Why not just think there isn’t this \$13M cut for change of pace?
  - **SPN Question** – Can we collectively say that we have a shared commitment to give VO their 12% so quit making threats (ie, if we can’t come up with recommendation for programmatic changes there will be across the board rate cuts). Let’s work together on coming up with programmatic changes and focus on the known \$2M shortfall. VO is hired at risk to run the system. This is really a fight to be had between DSHS and VO – so why involve the Providers.
    - **NTBHA** – Previously, VO didn’t involve Providers and it was perceived that the case rate was derived in a back room at VO and shoved down the Providers throat and therefore VO is making every attempt to include the Provider community in this decision making process. This is why Providers are being involved.
  - **Provider** – This should be clinically driven and not financially driven.

- **Provider** -The solution is to collectively agree to fund the \$2M shortfall that was cut from the NorthSTAR budget and guarantee VO their 12% in admin.
- **VO** – Must also take into consideration there will be \$900K less in the DSHS payment to VO beginning in December. NTBHA also confirmed this fact.
  - **Provider** – It’s not the Providers responsibility to fix VO’s cash flow problems.
- **Provider** – Let’s look at history –
  - ACT reduction – there was a big push, but Providers pushed back and it went away.
  - Tiered benefit – Providers pushed back and this went away.
  - CMBHS – Providers pushed back and this went away – for now.
    - There are lessons to be learned from the past. Can we come together to work out changes.
- **Provider** – Admin Burden
  - It costs double to run NorthSTAR than the Private side and all this additional admin doesn’t do anything to assist/improve patient care. Why can’t we focus on admin that doesn’t matter instead of clinical aspects that do.
- **Provider** – VO’s budget
  - We know VO received a \$2M shortfall
  - It seems VO is at risk for losing a total of \$13M if all assumptions come to pass.
  - There will be a cash flow problem come December
    - What do we do?
- **Provider** – We must get over the anxiety of saying no to the MCO. There are ramifications of saying no, but the truth is you can say no. What is so awful if VO left? There would not be this huge void many fear. Maybe VO should tell DSHS, “I can’t get Providers for this price so we quit” and leave it up to DSHS and VO to hash it out.
- **MOTION** - “The PAC is requesting the NTBHA BOD support the fact that VO received a \$2M budget shortfall that is known at this point. The PAC is committed to partnering with VO to address the known \$2M shortfall in the system as well as ensuring VO receives its full 12% admin”.
- **ValueOptions** – There was a brief discussion about whether VO should or should not attend the PAC meeting. It was decided that VO will continue to attend, but may be asked to step out from time to time.
- **SPN Contracts** – There was a discussion about how SPN contracts can be fairly constructed. There is a perception that the largest SPN contract always gets done first and ends up laying the groundwork for everyone else. The perception is that only 1 SPN really gets to negotiate what the contracts will look like.
  - **Provider** – Can Providers construct one single contract for the entire system? There seemed to be thoughts/opinions on this one that varied widely.

- **Provider** – Should Providers meet with and work directly with Metrocare to ensure the contract they sign will have all Providers interest in mind? Again, lots of discussion and thoughts/opinions on this that varied widely.
  - There did not seem to be any real solution or conclusion to this discussion.
- **Janssen Pharmaceuticals** – Janssen has many speakers bureaus that would offer continuing education if the PAC was interested. Information was passed out for the PAC to consider.
- **Other Discussions** –
  - **Pharmacy /Labs** – Do Providers believe there is a lab problem? Is this as big a problem as the PLAG is leading us to believe it is?
    - Yes, Psychiatrists have lost faith in the labs and their validity and this must be addressed.
    - There was a meeting recently that did seem rather productive and another meeting is forthcoming – hopeful this issue will get resolved.
    - **Provider** – The docs are focusing on this because they are not empowered to talk about other areas.
  - **CANS** – DSHS will be coming to the October VO SPN meeting to discuss the CANS in more detail. NTBHA did provide some initial information and materials to Providers that chose to stay and receive them.