

## PAC Minutes from 12/16/11 Meeting

- **Old Contracts** –
  - **Reconciliations** –
    - VO reported they are up to date on through the 2<sup>nd</sup> quarter of this calendar year. Some SPN's have requested extensions to review their data, but otherwise everyone should be up to date through May 2011.
    - VO reported the first set of outcomes (either penalties or incentives) has been completed.
    - December recoupment included 2<sup>nd</sup> quarter case rate and 1<sup>st</sup> and 2<sup>nd</sup> quarter outcomes.
    - VO is currently working on baseline numbers for the new outcomes in the new contracts. December, January, and February will not be subject to penalties or incentives, but numbers will still be provided to SPN's. Penalties and incentives will resume for both encountering and outcomes during the 2<sup>nd</sup> quarter.
    - Some SPN's reported being surprised recoupment occurred around outcome measures. Some felt better communication should've occurred before recoupment occurred. Many SPN's felt they were still in the middle of negotiations and discussing/disputing outcome measure numbers when the recoupment occurred. SPN's reported receiving letters in late November the recoupment would happen and a few SPN's reported they began the appeal process because they were still disputing the numbers. Many SPN's also agreed they did not receive outcome measure numbers to review at all for March, April, or May.
      - NTBHA looked into this and was provided email communication from ValueOptions to Provider dated on September 15<sup>th</sup>, which did include the March, April, and May outcome measure numbers for your review.
    - SPN's requested that payments (encounter and outcomes) not be lumped together in one check or at least have a detailed breakdown accompany the check. ValueOptions agreed to provide such detail so SPN's know what amount is attributed to what action.
- **New Contracts** – Has everyone signed their new contracts?
  - ValueOptions reported everyone, but three Providers have signed their contracts. The remaining three signed extensions.
  - Some Providers felt the major concern was more the structure – specifically around outcomes and admin burden and less about rates.
  - Provider stated that when all Providers entered into the blended case rate contracts in the Fall of 2009 that Providers would be doing less and therefore outcomes would not be as good yet outcomes are still being held at the same levels with the same expectations even though there is still less and less will continue to be provided. There needs to be a much clearer understanding concerning outcomes and expectations. How will it be tracked, how will it be monitored, and most importantly how will it be verified. VO agreed to hold a meeting to review the outcome measures and answer all the Providers questions regarding how they will be tracked, monitored, and verified. This meeting is scheduled to take place during the next VO SPN Quality Meeting to be held in February.

- VO reported they will be sending out monthly rosters to SPN's showing their active case rate users with an active UA by the 15<sup>th</sup> of each month.
  - This is just another administrative burden on the Providers shoulders.
- **SPN ED Meetings** –
  - Providers would very much like to have these meetings reconvened in January. Providers requested NTBHA host the meetings and invite Eric Hunter to attend. It was decided that Green Oaks, Timberlawn, and Homeward Bound should be included in these SPN ED Meetings. Many Providers reported these face to face meetings are imperative and many did not appreciate the email to email contract negotiations that took place this time around. This style does not work for many Providers.
  - VO has scheduled a SPN ED Meeting for January 9<sup>th</sup>, but it does not include non-SPN ED's as requested at the PAC meeting.
- **Other Discussions** –
  - **Lost UA's and Financials** – Please send examples to NTBHA to be looked into. This issue has cropped back up recently for many SPN's while others feel this has always been a problem.
  - **Medicaid versus Indigent** – NTBHA requested Providers send examples of denied claims by TMHP. This would be due to the member being non-NorthSTAR Medicaid at the time of service, but by the time the claim reaches TMHP the Medicaid is reflecting a NorthSTAR County and therefore TMHP denies. NTBHA would like to follow-up on such claim denials.
  - **Provider Connect Discrepancies** - Providers reported showing members fully authorized in Provider Connect, but later receiving denials due to no enrollment. NTBHA and VO will look into and discuss at the next PAC meeting.
  - **Refresher Meetings** – Providers would like to see an annual billing and authorization meeting occur at ValueOptions to stay on top of policies and procedures as well as to resolve any outstanding issues.