

PAC Minutes from 9/23/11 Meeting

- **ValueOptions Budget** – Budget Crisis versus Cost Cutting
 - The general sentiment is that Providers can't do it and we will lose some Providers if these cuts move forward.
 - Provider comment – there is no way we can pay a doc \$40
 - Question – did anybody see a clear description of the budget, what we are getting, and what is being cut?
 - VO – we put out the FY11 and the projected FY12 along with projected expenditures.
 - \$5.1M looks dismal, but Jim Pitts will speak to Tom Suehs to see what can be done.
 - Provider – This is disconcerting b/c I have heard the exact opposite – we will get the \$5.1M. The real problem is the uncertainty surrounding the \$5.1M.
 - PAC would like to see the final spreadsheet – to know clearly what the budget has been in previous years and what the budget is now.
 - VO is assuming the absolute worst case scenario – who budget's this way?
 - Provider clarified the difference between VO and NTBHA
 - VO controls the money – Eric has laid out a budget
 - NTBHA oversees the program and responsible for system redesign – not VO. What is NTBHA doing to look at system redesign?
 - Provider comment – VO is not responsible for outcomes – they just push it down to the Providers. What is VO's responsibility in maintaining the Provider network?
 - Provider comment – nothing is going to change until 2014 - there is no fiscal way.
 - Provider question – what can the PAC do collectively? Why do we continue to do nothing? Nobody emailed Alex when he requested feedback – why? Why can't Providers support one another? Alex needs to understand Providers are not happy with the direction VO is taking.
 - Going collectively has been discouraged for 12 years. Every SPN is out to survive and cutting their own deals. If you get too collective the response is you are colluding.
 - Does PAC really have a voice – there seems to be a sense of impotence.
 - Why don't we become a network outside of NorthSTAR?
 - SPN Contracts –
 - All SPN contracts run out Oct 31st
 - Can SPN's cut referrals to crisis to keep more \$\$\$ in outpatient?
 - **MOTION** – PAC will send a letter addressed to Mike Maples and Alex asking for 2 things –
 - Clarification on all budget elements for FY11 and FY12 including Medicaid.

- Collectively the proposed budget cuts create an untenable situation for Providers, consumers, and the community.
 - Would everyone be willing to sign this letter before leaving the PAC meeting today? All said yes.
- **Outcome Reconciliation** – How is this working?
 - Provider – it is not working. VO and Provider do not interpret contract language the same. VO's interpretation always costs Provider money.
 - Provider – the provider interpretation is what the contract language intent was originally, but VO has changed how they interpret it to meet their financial needs.
 - Provider – we met the outcome measures and now our outcome targets were raised making it more difficult to meet the target moving forward. You can only improve so much.
 - Provider – it is wrong to recoup – you are getting screwed twice.
 - Provider – the data is not good, it is dirty data. There are duplicates. Providers have to spend so much time cleaning up VO's data. The data is a mess and VO makes up their own rules as they go. How does the rest of the State collect data?
 - Provider – need to listen to the NTBHA BOD tapes – Jack stated he would not hold Providers to the reconciliation and recoupment.
 - NTBHA agreed to listen to the tapes.
 - Provider – we should want to see improved outcomes and continue to improve and arguing against improving outcomes sends the wrong message. It is a matter of what VO agreed to do and what they are doing now. They are going back on their word and that is the real issue.