

Contract & Financial Issues Committee, September 17, 2020, 1:00pm

EDIT Update – Stacia Chick

Stacia Chick was not in attendance. Bruce Bridges reported there has not been another EDIT meeting since the last update given to this group.

GF Negotiations – Lisa Morse

Lisa Morse reported that the negotiations group met on July 28th and again on August 25th. Amendment #1 has gone out to CMHs. A discussion was held on EGRAMS recently and the Department has agreed to provide a flowchart on this. COFR was not discussed with the Department at their last negotiations meeting due to Kendra Binkley being out on extended LOA. Lisa asked if COFR could be removed from the grid for negotiations. Group agreed by consensus this could be removed. Lisa reminded everyone that there is a new reporting requirement for children in Special Education. She also reported that currently CMHs are receiving medical bills from State Facilities and this is being investigated. The next meeting of the negotiations team will be on September 22nd. Lisa spoke on compliance requirements on CMHs ability to pay. She stated that CMHs are being cited for not doing an “Ability to Pay Determination”. Lisa has spoken with Richard Carpenter, and feels the citations are appropriate in that the CMHs would not be in compliance if they did not do them, however, the problem is that there are a couple of scenarios where the CMH does not do the determination because they know the Medicaid is coming back to them. She stated that it is a LOT of work to do the determination to find/enforce that you will get \$10. When clients come in and they are in crisis would be another scenario where it would not make sense to do the determination. Lisa would like to see this removed from the Compliance Review and asks support from the group on this. Bob Sheehan would like to see an exemption for Medicaid clients for this requirement as well. Lisa will work with Bob Sheehan and Richard Carpenter on this issue and keep the Committee informed of movement on this issue.

Legislative Update – Alan Bolter

Bob Sheehan reviewed the update that was provided in the packet to this group. He stated that the projected deficit for the FY21 Budget is now \$1.7 Billion, which is down from the original projections of about \$3 Billion. The House and Senate look to have reached an agreement on a proposed budget for FY21 to present to the Governor. Bob reported on the 4 opioid package of bills that would allow organizations to receive naloxone through the state’s standing order, clarify legality of syringe programs, require EMS to carry naloxone, and require hospitals to have a post-overdoses protocol for patients who have been treated for an overdose (specifically administer MAT – buprenorphine). Bob then spoke about SB 672 & 673 regarding the Certificate of Need process. SB 672 would eliminate the CON process, and SB 673 would require 50% be public access beds. The Association does not support these bills, citing that removing the CON process does NOT remove barriers to access, and the process serves a needed oversight function.

Funding Issues – Bruce Bridges

Year to Date Funding Advance Compared to Revised Actuary Certification Values

Bruce reviewed the charts showing what funding is projected versus what funding is available. Group reviewed numbers in the chart, stating that we continue to tell the actuaries that they must be more accurate with their projections. They did adjust, and now the projections are lower, and participants are higher, so more dollars are being made available and advanced to PIHPs.

Medicaid population comparing first 6 months to most recent 5-month period

Bruce reviewed the percentage change for DAB, TANF, TANF – Children HK CHP & HK FMAP, TANF MI Child, and HMP from the first 6 months as compared to the most recent 5-month period.

HSW funding comparison for FY20

Bruce stated that previously, under the Hab Waiver, you were not paid for a member unless they received a service during that month. Currently, payment is only based on enrollment, so there should not be as many adjustments as there were in the previous years under the old system.

Rates for FY21

Bruce gave details on the capitation rate development document provided to the group. Of concern, actuaries are using old data for FY19, and are not reviewing or using incurred experience past February of 2020 for benefit expense analysis. Milliman feels there is less than a 3% difference when compared with the MUNC report, and they can work with that. Group discussed going on record with the Department to note that the second half of the year trends may make a difference. Bruce stated that he felt we should trust that actuaries have this correct and have gotten this within the 3%. Bruce then reported that the actuaries are letting us know that if we have a lot of new DABs there are going to have to be adjustments in the future to the rates. Bruce continued to review information in this report on prospective trend rates, projected enrollment and morbidity adjustment factors, and a summary of the capitation rate development. He stated that an increase

of 3.8% overall is projected in PMPM rate excluding HRA/IPA. Group discussed if the risk factor included the LOCUS scores, which Bruce confirmed they did use. Group wondered if the templates that were used in this scoring was released. Leslie Thomas will look to see if she received this information and if she does have it, she will share with this group.

Discussion of Key Issues

Section 928 Upper Payment/Medicaid Match – Chip Johnston

Chip stated that he would like for everyone to keep an eye on Section 928 Medicaid draw down and monitor this. When a CMH is unable to come up with the local match, the Department is taking the GF from that agency, and this is against boilerplate.

Requesting interest from Board Member appointees for Co-Chair position of this committee – Discussion

The position must be filled by a Board Member. Those who may be interested should email Monique.

Meeting adjourned at 2:28pm.