February 2012 Medicaid Waiver Update

Western Highlands Network

Our Challenge

- Change the Behavioral & I/DD Healthcare Delivery System from an entitlement and unmanaged payment model to an Accountable and Quality Outcomes Driven approach which addresses the needs of Consumers.
- This must be done without adverse impact on Consumers or their families.
- This must be done in a manner that better utilizes the limited resources.

WHN Principles

- This must be about improving quality of care for our Consumers and Families.
- The provider network must remain stable.
- Reasonable oversight should increase savings and improve quality.
- We share and disclose openly.
- Standard processes must be the norm.
- Local control is critical / a Public LME/MCO.
- Linkage with Primary Healthcare will occur.

Staffing Changes

Staffing Activity as of February 1, 2012							
Program	Budgeted Positions as of Jan. 1, 2012	All Positions		New Waiver Positions		New Waiver Care Coordination Positions	
		Filled	Vacant	Filled	Vacant	Filled	Vacant
Administration	7	7	0	1.4	0	0	0
Human Resources	4	4	0	2	0	1	0
Information Systems	13	13	0	3	0	2	0
Business Department	24	24	0	9	0	1	0
Quality Mgmt	8	3	5	1	4	0	0
Consumer & Community Relations	15	14	1	9	1	0	0
Provider Network Operations	18	18	0	6	0	0	0
Access Department	19.35	18.35	1	3	1	0	0
Utilization Mgmt	39	38	1	14	0	0	0
Care Coordination	48	47	1	0	0	47	1
Total	195.35	186.35	9	**48.4**	6	**51**	1

106.4

New Staff Data*

- Retail / Business---------- 17
- Hospitals, Nursing, Schools ------ 11
- Un-employed or out-of-state ------ 23
- I/DD Provider ---------- 31
- MH/SA Provider ---------- 15

Total Waiver staff positions budgeted ------ 106

*Note: Some WHN LME staff transferred to Waiver positions and their position was filled with new staff.

Provider Network Development

- Prior to Waiver 221 Providers in Network
- Currently 494 Providers in Network
- Providers pending contracts --- 76
- Providers denied access to Network – 2

Prior to Waiver 312 Contracts

Currently 611 Contracts

Provider Network Development

- Some Providers use a “Clearinghouse” to submit their claims. Some of the clearinghouses are dealing with problems associated with Federal changes (5010 .. electronic submission).
- Some “Clearinghouses” want the MCO/LME to pay them a fee to process Medicaid Claims for their clients (providers).
- All Our Providers have the ability to bill WHN outside of the clearinghouses.
- We have offered accommodations to address this issue; DDE entry or paper.

Medicaid Claims Data *

- * Notes related to the following 3 Charts.
- Denied refers to claims that were received from the provider with error or issues that prevented payment.
- The Medicaid Allowable Rate paid for Approved Claims refers to the providers contracted rate paid for a particular service.

Medicaid Non-Innovations Data* 1/3/12 – 2/7/12

	Claim Amount	Claim Count
Total Billed Claims	$ 1,116,750.97	
Medicaid Allowable Rate Paid for Approved Claims	**$ 967,166.10**	**6209**
Denied Claims Due to Billing Issues	$ 25,604.72	186
Amount Billed in Excess of Medicaid Allowable Rate	$ 123,980.15	N/A
Grand Total	$ 1,116,750.97	6395

Medicaid Innovations Data*
1/3/12 – 2/7/12

	Claim Amount	Claim Count
Total Billed Claims	$ 914,287.11	
Medicaid Allowable Rate Paid for Approved Claims	**$ 841,655.27**	**8542**
Denied Claims Due to Billing Issues	$ 64,822.73	649
Amount Billed in Excess of Medicaid Allowable Rate	$ 7,809.11	N/A
Grand Total	$ 914,287.11	9191

Total Medicaid Data*
1/3/12 – 2/7/12

	Claim Amount	Claim Count
Total Billed Claims	$ 2,031,038.08	
Medicaid Allowable Rate Paid for Approved Claims	**$ 1,808,821.37**	**14,751**
Denied Claims Due to Billing Issues	$ 90,427.45	835
Amount Billed in Excess of Medicaid Allowable Rate	$ 131,789.26	N/A
Grand Total	$ 2,031,038.08	15,586

Top 5 Reason for Denied Claims

Duplicate Service	$ 53,399
Invalid Combo- Location NPI / Zip	$ 177,363
Contract or Insurance not on file	$ 118,043
No Authorization exist	$ 73,950
Service not in Benefit Plan	$ 15,881

On-going Issues

- System-wide resistance to concept of Waiver / Managed / Accountable Care.
- Contracts with Hospitals and State Facilities.
- Some providers unable to bill due to IT, Insurance, application requirements, clearinghouses.
- WHN staffing pattern to handle increased volume.

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