1:35 PM – Meeting called to order by Brent McGinty, Chair, National Council Association Executives Committee

Roll Call
Brent expressed appreciation for the Association Execs retreat held on Sept. 17 – 19.

Approaches to Developing Relationships with Managed Care Organizations – Kyle Kessler, Executive Director, Association of Community Mental Health Centers of Kansas
Kyle shared information about the Kansas Program of Medical Assistance—Medicaid (KanCare) Process and Contract Requirements bill, which changed the Kansas Program of Medical Assistance (KMAP) program by amending the law to create processes for managed care organizations (MCOs) providing Medicaid services to create processes for an external independent third-party review for managed care organizations (MCOs) who provide Medicaid services. It requires MCOs to provide accurate and uniform patient encounter data to participating health care providers; quarterly education by the managed care organizations to participating health care providers regarding billing guidelines, reimbursement requirements and program policies and procedures; the KDHE Secretary to develop standards to be utilized uniformly by each KanCare managed care organization for credentialing, prior authorization, denials, and the appeals process; creates an independent third-party appeals process; and procures the services of an independent auditor to review, at least once per calendar year, a random sample of all claims paid and denied by each MCO and the MCO’s subcontractors. Budget negotiations were hostile and there was an attempt to kill a bill but it provided for more transparency and presented an opportunity to negotiate the profit/loss. It also led to MCOs abandoning denials. Medical necessity is causing the biggest consternation, especially for early childhood. For the Association, medical necessity was non-negotiable since early childhood mental health services are where they believe they can have the biggest impact. Any statement of medical necessity must be endorsed by a practicing entity in state of Kansas. Kyle was asked for language to include in RFPs and contract language related to managed care. The National Council also has information available on negotiating contracts with MCOs. Several handouts on the Kansas experience were distributed and are available on the Association Execs website.

Developing State Parity Legislation – Tim Clement, Senior Policy Advisor, ParityTrack Project, The Kennedy Forum
Tim explained the ParityTrack program, which tracks compliance with the federal parity law requiring health insurers that offer mental health and addiction benefits to do so on par with medical and surgical benefits. Health insurers and managed care organizations can no longer apply financial requirements and treatment limitations that are more restrictive for mental health and addiction benefits than those applied to medical and surgical services. The federal parity law applies to most commercial and to all Medicaid Managed Care plans in America, and state insurance commissioners and Medicaid Directors have the authority to enforce it. Unfortunately, the law’s protections designed to safeguard individuals and health care providers from unfair restrictions remain unrealized. Individuals and their employers are still paying for insurance coverage of mental health and addiction care that is far more restrictive than insurance coverage of other medical care, including more restrictive treatment limitations, more stringent and frequent authorization requests, fail-first or step therapy requirements for more intensive levels of services or prescription drug access, and more restrictive policies and procedures for paneling providers in provider networks and determining reimbursement rates. It’s a complex law that
complicates compliance. In general, the state of parity is not good, especially with Medicaid. Insurers are required to design their behavioral health care in a way that is no more restrictive than their physical care. The only way to know whether this is happening is by doing comparative analyses, which many have not been doing and it’s not really being enforced. Most investigations that are done are riddled with violations. A key to the bill is a provision that requires data to determine compliance with the law but that data is not being handed over voluntarily. Another issue is that federal law does not define mental disorders so there is a reliance on state-based definitions that are generally very restrictive. Several handouts were distributed and are available on the Association Execs website.

**National Council Member Benchmarking Initiative – Dana Foney, PhD, Director, Data & Evaluation**

National Council for Behavioral Health

Dana highlighted some of the findings from the survey related to revenue, staffing, membership, and compensation. Her slide presentation is available on the Association Execs website. The next steps for the survey are to analyze the state-specific data and the CEO salary averages by state, region, and gender. There was interest expressed in having a salary overview, which execs are asked for frequently. While it’s not helpful to compare certain salaries, it might be helpful to provide salary information to individuals who think nonprofit CEOs are making too much. Dana will compile information by each state and will send it out. She also asked for help in cleaning up the list of tax ID’s.

**Revenue Diversification – Brent McGinty, Chair**

Brent discussed an agreement his organization has with the state department of mental health to serve as the administrative agent for training and project management to support the behavioral health system in care coordination, population health management, performance and outcome measurement, and alerts in pharmaceutical care. The total contract is for about $6M. He was able to secure the contract because every year, the state has been cutting its workforce losing bandwidth and capacity. However, the programs still need to be run and so they stepped in with a contract to do data analytics works. It was one way to diversify revenue. A copy of the contract is available on the Association Execs website.

**Update on AE webinar series – Dennis Alexander, Director, State Policy & Advocacy, National Council for Behavioral Health**

Three topics were suggested for a webinar series for Association Execs: using social media more effectively for non-profits, the value proposition for membership their return on investment, and MCO relationships. A concern expressed about the webinars is that we want to be sure that if the webinars are for Execs only, they are not promoted to provider members. Dennis will follow-up with Association Exec leadership to set a date, select a topic, and recruit a presenter for the first webinar.

**Feedback & other business**

Next meeting – The Association Execs will be back together in April for NatCon/Hill Day and a meeting like this one could be scheduled again but be shorter. Some expressed that we need a more time between the retreat and another meeting. Last year, execs were surveyed about future meetings for the entire year and we could consider doing that again.

The California associations will be honoring Rusty Selix on November 16th in Sacramento. Video tributes will be accepted. The Association Execs might consider a gift for him.

**Meeting adjourned by Brent McGinty, Chair**