

**OHA Advisory Committee Meeting**  
**November 20, 2015**  
**12:00-12:50 pm**  
**Meeting Summary**

Meeting convened at 12:05 pm

Attendance: Members Present –Mark DeWaele, Dina Berlyn, Steve Karp, Gary Collins, Susan Halpin  
Members Absent – Keith Stover  
OHA Present – Laura Morris, Demian Fontanella, Vicki Veltri, Valerie Wyzykowski, Dori Peruccio  
One Vacancy

1. Welcome & Approval of Agenda and Meeting Minutes of August 18, 2015

- Agenda and Minutes approved
  - Vicki asked for a motion to approve. Mark deWaele so moved. Dina Berlyn seconded the motion.

2. Data Reports

- Laura presented 3<sup>rd</sup> Quarter 2015 Data Report. She:
  - highlighted on slide 1 that number of cases opened and closed has increased and has doubled since 2013
  - highlighted on slide 2 that Savings for Consumer Core Cases is almost \$2.2 million. This is an increase from 2014.
  - highlighted on slide 3 there was a big increase in savings in the 3<sup>rd</sup> Quarter of 2015 compared to the 3<sup>rd</sup> Quarter of 2014. We attribute this increase to AHCT/Husky cases. OHA is pleased with the increase.
  - highlighted on slide 4 the clinical categories of Education/Counseling and Medical. The reason for the increase in the Medical category is unclear at this point.
  - reviewed slide 5 regarding referral sources
  - reviewed slide 6 regarding complaints by carrier. She noted that the number of complaints regarding BCBS decreased substantially compared to prior years. AHCT accounted for 968 opened cases in the 3<sup>rd</sup> Quarter 2015. OHA opened 149 coaching cases in the 3<sup>rd</sup> Quarter 2015.
  - reviewed slide 7 regarding complaints by issue. Enrollment/eligibility category is the highest. Denial of claim as an issue has decreased in comparison to the 3<sup>rd</sup> Quarters of 2012, 2013 and 2014. We attribute this decrease to staff focusing on proper data collection and looking at more appropriate fields such as medical necessity.
  - reviewed slide 8, 3<sup>rd</sup> Quarter 2015 AHCT Case Type. These are application issues and errors. Medicaid accounts for 63% of these application issue cases.
  - reviewed slide 9, 3<sup>rd</sup> Quarter 2015 AHCT Issue Type. Almost 40% of the issues are due to notifications/verification inquiry.

- lastly, reviewed slide 10, 3<sup>rd</sup> Quarter 2015 AHCT Application Channel type and most individuals (74%) going through the AHCT call center to apply for coverage v. other means of enrolling
- Questions? Gary asked for clarification in relation to slide 10 re the “call center,” and Laura clarified that AHCT is the call center. Then followed a discussion regarding dramatic increase in cases. OHA staff explained that the office is attributing the increase to Husky application issues, AHCT issues, the increase in outreach activities and our media commercials. Mark deWaele suggested we try to release savings information quarterly as well as annually including a cumulative number since inception and team agreed this was a great idea and would be profound to see. Vicki also noted that OHA was highlighted in the November 2015 issue of Health Educated magazine.
- Valerie Wyzykowski presented an AHCT update. Call volume is up. Over the last two weeks calls have decreased from 30-50 calls per day to 15-20 calls per day. We have refined the process with AHCT in assisting with urgent cases. We have been able to decrease the amount of time for assistance from weeks to 2-3 days. We continue to have weekly calls with AHCT. OHA was also involved in ongoing discussions with DSS and AHCT related to changes in HUSKY eligibility.

### 3. Administration Report

#### a. Budget

- Vicki reported that the budget is solid. We are matching exactly where we are supposed to be.

#### b. Personnel

- Vick reported that OHA is almost at capacity. There are two vacancies. We are currently working toward filling those positions. Due to vacancies, staff is stretched and it is a stressful, busy time. We need to fill vacancies.

#### c. Project reports

- CAP Grant –OHA able to keep Staff Attorney on through September 2016.
- DCF and DDS – DDS project has been slow to start. Education provided to DCF staff to make sure commercial, private insurance being used first.
- Duals Ombudsman Program – Laura noted that this is on hold, contingent on budget. DSS was trying to work with CMS to get plan approved. Laura to follow-up with DSS to see what they are doing.
- BH Clearinghouse – Demian presented that we are working diligently getting all pieces in place. Have funding for two positions only. Looking for additional funding sources. We have applied for 5-6 grants. Another 5-6 are in the pipeline about to be applied for. We have increased our consumer/provider outreach and are getting more hits on the website. More providers are signing up for the directory. Focus groups are scheduled to start after the holidays.

### 4. Legal/Legislative Report

- Vicki highlighted SB 811 (Public Act 15 – 146)
- Vicki also highlighted that OHA staffs the Health Care Cabinet which is charged with a cost containment study. Cabinet has put out an RFP to try and get a consultant to help Cabinet with study.
- Vicki noted she is on the statewide HIT council. She also noted we have a seat on the BH partnership.

- Vicki noted with the upcoming session we are not looking at many proposals on our own. It would have to be a zero cost proposal. We may be called on to testify. We are watching the implementation of bills passed last year. 1085 amended. Off-label. Focusing on mental health parity.

5. Other Business

- It was suggested that an additional slide be included that highlights the 3 key issues/challenges that slow OHA. For instance, is it personnel or resources? Laura agreed to include an additional slide moving forward.

Vicki motioned to adjourn. Seconded by All. Meeting adjourned at 12:50 pm.

DRAFT