Trialliance Meeting with Wellcare/HN1
4-5-2013

A meeting was held with representatives from Wellcare, Health Network One (HN1), and members of the Georgia Therapy Trialliance to discuss the proposed transition of therapy services to Wellcare's new vendor HN1. Those in attendance from HN1 included Martin Bilowich, President and Chief Operating Officer, Luis Mosquera, Chief Executive Officer, Karen Chewing, Vice President of Network Operations, Rose Franks, Vice President of Utilization Management, and Sue Snover, therapy reviewer.

HN1 President indicated that the company has been in business for 10 years and manages 6-7 different disciplines of services including therapy, gastrointestional, etc. In Florida they have partnered with a company called ATA but in Georgia HN1 will operate independently as Therapy Network of Georgia (TNGA). They already operate separately from ATA in both New Jersey and Puerto Rico.

HN1/TNGA then began explaining the authorization/payment system. The following definitions were provided:

- A "case" is considered an episode of care from evaluation to discharge. A patient would have a separate "case" for each discipline of service.
- A "visit" is considered any therapist/patient encounter with no regard for duration.
- An "upgrade" is moving the reimbursement up to the next level of payment. Provider would receive the difference between the current level and the next level.
- An "additional level" is another full payment of the same level rate.

The steps in the process include:

1. Providers complete an evaluation (no auth needed) and then submit an intake form (i.e., a one page form with key information)
2. Providers can immediately begin providing services. A reviewer will assign a level based on the severity of the patient's needs. Levels included:

Levels	Examples	Reimbursement Rate	# visits for rate	Rate
1	1 time visit/eval only	60.00	1	$60.00 per eval
2	Mild Disorder	180.00	5	$30.00 per visit
3	Moderate Disorder	300.00	8	$33.33 per visit
4	Dev Delay	400.00	12	$30.76 per visit
5	Severe Disorder	540.00	15	$33.75 per visit

3. Provider will be paid the assigned case reimbursement rate after the first treatment session is billed. This rate will include payment for the evaluation. TNGA does not recoup money if the patient stops coming for therapy or changes Medicaid plans.

4. For nondevelopmental delays such as orthopedic kids, the case rate will be valid for 3 months. For developmental delays the case rate will be valid for 6 months. Developmental delays included articulation and language delays. Providers will be allowed to ask for upgrades or additional levels during the 6 month period if needed.
5. A separate case rate will be assigned for each discipline.
6. Once providers have provided the number of visits associated with each rate level, they can request additional visits. If more visits are needed during the first 6 months then the provider can request an upgrade (i.e., they would move from a lower level to a higher level and would get the difference between the two – an upgrade from a level 4 to a level 5 would give the provider an additional 140.00) OR a provider could also request an additional level– for example if they previously got a level 4 (400.00) they can request another level 4 (400.00).
7. Provider will be required to submit documentation to process the request for additional visits. Paperwork would include most recent evaluation, plan of care, and progress notes. Therapy discipline specific reviewer will look at the information and approve or deny the request. Providers can request a peer to peer conference to discuss the case if not satisfied with the request decision. If a satisfactory agreement cannot be reached between the therapist and the reviewer then the therapy request will be considered a denial and will be reported as such.
8. A new evaluation is required every 6 months.
9. If you do not discharge the patient, this process will continue over and over again. They expect that only more complex cases would need an upgrade or an extra level. They are also looking to make sure that the patient is coming regularly for their appointments.

TNGA asserted the following:

- Data from Georgia shows an average therapy rate of 6-8 visits per Medicaid client. This data included approximately 80% children and 20% adults
- HNGA insists that when you average the case payment for patients who don't show for therapy with the case payment for patients who do show that Georgia providers will average 77.00 per visit.
- They state that the average patient has 2 cases and is only seen a total of 8 times between the two cases giving an average rate of reimbursement under their program of 77.19 per visit. They also state that currently the average reimbursement rate per visit for GA is 66.00.

The Trialliance expressed the following concerns:

1. The data provided did not accurately represent the CIS population and therefore the payment rate would average closer to 33.00 per visit. Providers cannot survive on rates of 33.00 per visit. The Trialliance's biggest concern with the data is that the data lumped all OT, PT and SLP visits together (adults and children) and did not appear to weight the OT and PT 45 and 60 minute visits. Additionally we believe that the data over estimates the number of patients that drop out of therapy early in the CIS population; especially in the early intervention population.
2. We are concerned that moving from a fee for service model to the model currently being used in Florida will result in decreased services for the children. Providers in Florida indicate that the reimbursement scale and sequence only supports therapy 1x/week for 30 minutes so ethically it is challenging for providers to serve children whose needs are greater than 1x per week for 30 min. Providers in Florida indicate that they frequently encourage families with this type of insurance to change to a different insurance plan.

3. Concerns regarding therapy duration were discussed. Many Georgia OT and PT providers operate under a 1x per week 1 hour per visit model. Although TNGA indicated that it is up to the provider to decide how long and how frequently the child is seen, the payment does not seem to support this type of model and could encourage unethical behavior. TNGA indicated that they will be monitoring the therapy data to determine if providers are decreasing services just because of a change in the authorization/payment system.
4. We also briefly discussed contract language concerns that indicate if providers ask for additional levels and are denied that it would be considered a denial and providers would not be required to continue treatment without additional payment.
5. At the Trialliance's initial meeting with Wellcare it was discussed that this episode of payment model would result in decreased administrative time for providers/therapy companies. However, it appears that providers currently operating under HN1 are required to get 3 or more authorizations/levels during a 6 month time period. Currently, Georgia Wellcare providers are only required to get one authorization during a 6 month time period. Therefore, this would actually be an increase in administrative time for Georgia providers. TNGA indicated that they would explore ways to identify more severe children with intensive needs to reduce the number of authorization requests required.
6. We also discussed ensuring that Wellcare would be financially responsible in the case that TNGA went bankrupt or did not pay providers. Wellcare indicated that they understand their financial responsibility and it is in writing in their contract.

After listening to Trialliance concerns, Therapy Network of Georgia agreed to check their data. They will be taking a sample of pediatric practices we felt represented the populations that would be effected by this new system the most and will run the numbers on how those patients would fair under the new system case rates. We plan to hear back from them late next week and will continue discussions at that time.

TNGA emphasized they are open to all providers for enrollment and they will not be closing their network. This being the case, providers do not have to worry about rushing back the signed contract to TNGA (although they are hoping to have all contracts back by the end of April). We would advise all providers to make sure they have all the information on how these contracted rates will affect the patients and your practice's average per rate payment before signing the contract. Having contracts signed by providers will allow TNGA to prove to Wellcare and the State of GA that they will have enough providers to serve the membership. We were told by providers in Florida that some regions of Florida had so many providers that would not contract with TNFL that Wellcare had to continue contracting directly with providers in those regions in order to prove to the State that they could service the membership properly.

Additional technical information was gathered during our meeting and is provided below.

Credentialing:

- Providers will be required to contract directly with TNGA. They will do all credentialing, authorizations and process all payments. Initially all providers will be grandfathered in to TNGA.

- Providers will operate under the Wellcare Network for the first few months of transition. However, by the end of the year all TNGA providers will need to be credentialed under TNGA.
- Wellcare will try to work it out to send provider info directly to TNGA to cut down on credentialing time.
- TNGA will use CAQH.
- Brand new Medicaid providers can apply to be credentialed under all Medicaid/CMO programs through the new Dept of Community Health Portal. Providers who already have a Medicaid number must apply to each CMO separately
- TNGA has assured us that they will pay their bills but Wellcare also stated that they will pay if TNGA does not.

Authorizations:

- The target date for TNGA to start managing therapy services is July 1, 2013.
- All new authorization requests submitted on or after July 1, 2013 will go to TNGA
- TNGA/Wellcare will work through a plan to transfer current Wellcare auths to TNGA auths

Billing

- TNGA does not have a web portal but will look into one
- They will allow electronic billing through a clearing house – they use Emdeon
- Paper claims will bill allowed

Transition of Care

- Wellcare and TNGA will work out the logistics to meet the 30 day transition of care requirements when a child switches from another CMO to Wellcare or from non-CMO Medicaid to Wellcare

Contract

- TNGA would like contracts back by April 30th but this is not a definite date
- The trialliance is waiting on TNGA to get therapy data back to the group so that a determination can be made as to the true payment rates that would be received by providers under this new system.
- **The trialliance advises that providers get all information regarding this new type of payment system before making a decision about whether to sign a contract with TNGA.**
- The Trialliance will continue to provide information to our members as it becomes available.

General Wellcare information:

- Initially Medicaid recipients have 60 days to select a CMO. Once they choose a CMO they are allowed a 90 day trial period. They must choose whether to stay with the CMO or to switch to a different CMO during the 90 days. Then, they must remain with the CMO for 1 year.
- **As of May 1st Wellcare's non-acute therapy services will move out of hospitals to independent care.** Wellcare expects over 2000 children to move to independent care.

How the switch to HNGA could impact the other Georgia CMO's

- Following the recent Navigant assessment of the Georgia Medicaid program, it was recommended that the state end their Fee for Service program and move the entire Medicaid

program into managed care. They recommended increasing the GA managed care options to at least five different companies. The state has chosen to table most of the recommendations for the time being except the recommendation to move all children in the foster program into a single managed care organization. All three current CMOs are applying for this contract and a final decision has not been made. Currently Wellcare has the largest membership of all the CMOs. It is possible that they may obtain the contract to serve the foster population. It is also possible that in the near future, all Georgia Medicaid recipients will be placed into managed care. This will include patients currently in Deeming Waiver, SSI, and CMS (the ADB or aged, blind and disabled).

- Therapy Network's Florida company currently contracts with five of the ten or eleven managed care organizations that contract with the state of Florida to provide managed health care coverage for its Medicaid population. Their hope in Georgia is to be successful and have other "payors" hire them as well. Currently in Georgia these other payors would be Amerigroup and Peach State. We were told that if a provider contracts with TNGA they will automatically be credentialed for any other CMO they may contract with in the future.