Approved on 04/29/10

INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES

COMMITTEE: Policy Topics Committee

RECORDER: Anastacia Byrne-Reed, DDS **DATE**: February 25, 2010

COMMITTEE MEMBERS

PRESENT: Tony Anderson, Susan Burger, Bev Ching, Stephanie Pringle-Fox, Laurie Jordan, Dwight Lee, Mara McGrath, Robin Millar, Elaine Fogel-Schneider

ABSENT: Brigitte Ammons, Kathleen Colvin, Toni Doman, Toni Gonzales, Kat Lowrance, Peter Michael Miller, Letha Sellers

GUESTS: Patric Widmann, Claudia Norris, Bethaney Kavrik

LIASONS: Erin Paulsen (DDS), Michael Zito (CDD)

MEETING NOTES

INTRODUCTIONS AND WELCOME
Elaine Fogel Schneider welcomed everyone and self introductions were made.

AGENDA REVIEW
February 2010 agenda was approved.

REVIEW AND APPROVAL OF MINUTES:
November 2009 notes approved noting that the standing committee's new title was "Policy Topics Committee".

CHAIRS REPORT:
No chair report given.

NEW BUSINESS:
Elaine Fogel Schneider urged committee members review and prioritize the discussion from November 2009 and items discussed in the Executive Committee earlier in the day. The discussion focused on families accessing services and the use of private insurance. PTC brainstormed the following issues:

- In some areas regional centers are avoiding using the term "insurance *denial"* and are discussing more appropriate wording (i.e. notification of benefits, explanation of coverage, etc.),

- Some families are being impacted by expensive co-pays and deductibles. As a result, some families are opting out of services.
- Providers need to learn the process for filing Medi-Cal TARS including terminology.
- Trailer bill language is silent on whether regional centers can pay for co-pays and deductables. Cost effectiveness is the guiding principle. However, there is wide interpretation on the definition of *cost effectiveness* amongst regional centers.
- Families and professionals are confused by Medi-Cal codes .
- At what point is a denial sufficient (verbal vs written) enough to authorize Regional Centers to pay for the service?
- Timely delivery of services is required under IDEA (45 days from signing the IFSP). Regional centers must fund services if insurance authorization is not received in time
- The coordination of services between insurance providers and regional center, vendored providers is problematic
- There should be standardization among regional centers regarding how they deal with private insurance explanation of benefits (both approvals and denials)
- Vendored Programs are closing! Elaine has received emails from early intervention programs, across the state, that are worried about their ability to "stay afloat". Several have already closed their doors, and others may not be able to stay open past the summer. Many early intervention program providers are not able to navigate the insurance system and most of them do not have trained personnel.

<u>PTC Recommendations regarding accessing private insurance….</u>

1) Develop informational brochure for families on how to access insurance and file appeals.
2) Survey Regional Center EI Managers to identify insurance practices, differences and commonalities (appeals, when is a non-authorization final?)
3). Benefits to gather information quickly for cost savings.
4) Medi-Cal Aid Codes require a letter of guidance.
5) Establish a regional center Medi-Cal liaison that families can contact for guidance on EOMBs
6) If a regional center provides payment for services pending insurance determination, and the insurance company authorizes payment for services, the regional center should be reimbursed for services provided in the interim. This may require legislative action.
7) An evaluation of the cost effectiveness of accessing private insurance is needed.
8) Provide training to vendors on how to apply to be an insurance provider and to access insurance companies' billing codes/language using ICD-9 codes and TARs, etc).