

## Health and Human Services Committee - 4/22 at 1:00pm

Good afternoon Senator Gratwick, Representative Hymanson and members of the Human Services Committee,

My name is Rob Noble. I am the Executive Director for KEPRO's Maine and New Hampshire programs. I have been working for KEPRO for over 11 years and dedicated nearly my entire career to utilization review in the state of Maine. I was in attendance at the public hearing on the 9th and understand the committee had several questions for KEPRO. I would be happy to answer those and any additional questions the committee may have, but first I would like to give an overview of KEPRO's role within the state.

The Maine Administrative Services Organization (ASO) was formed in 2007 under Governor Baldacci's administration and studies have proven that it is an effectively way to manage compliance to MaineCare Policy. KEPRO's role is to provide an independent impartial review of behavioral health services in the state of Maine and work collaboratively with providers to ensure best practice. Our team includes a combination of clinical staff and operational support staff.

Our Medical Director is Dr. Edward Pontius a well-respected adult psychiatrist with 20 years of experience in the state of Maine. We also have two other contracted psychiatrist, Dr. Glen Prentice, a geriatric psychiatrist and Dr. Teresa Mayer, a child and adolescent psychiatrist. We have 13 independently licensed Masters level clinicians and 1 Registered Nurse, whom have all worked in the Maine provider community prior to coming to KEPRO. Our team has over 220 years of combined experience providing the full array of behavioral health services (from daily living skills to acute inpatient services) in the state of Maine.

We receive approximately 280,000 requests annually for authorization under eight sections of MaineCare policy or about 23,000 requests per month. Working under the criteria developed by DHHS, KEPRO approved 99% of the requests as submitted and deny less than 1% (only 5 of every 1,000 requests are denied). Of the small percentage of the denials of services I referenced, 38% of those are what we call partial denials, meaning our physician has approved some of the request, but denied a portion of it.

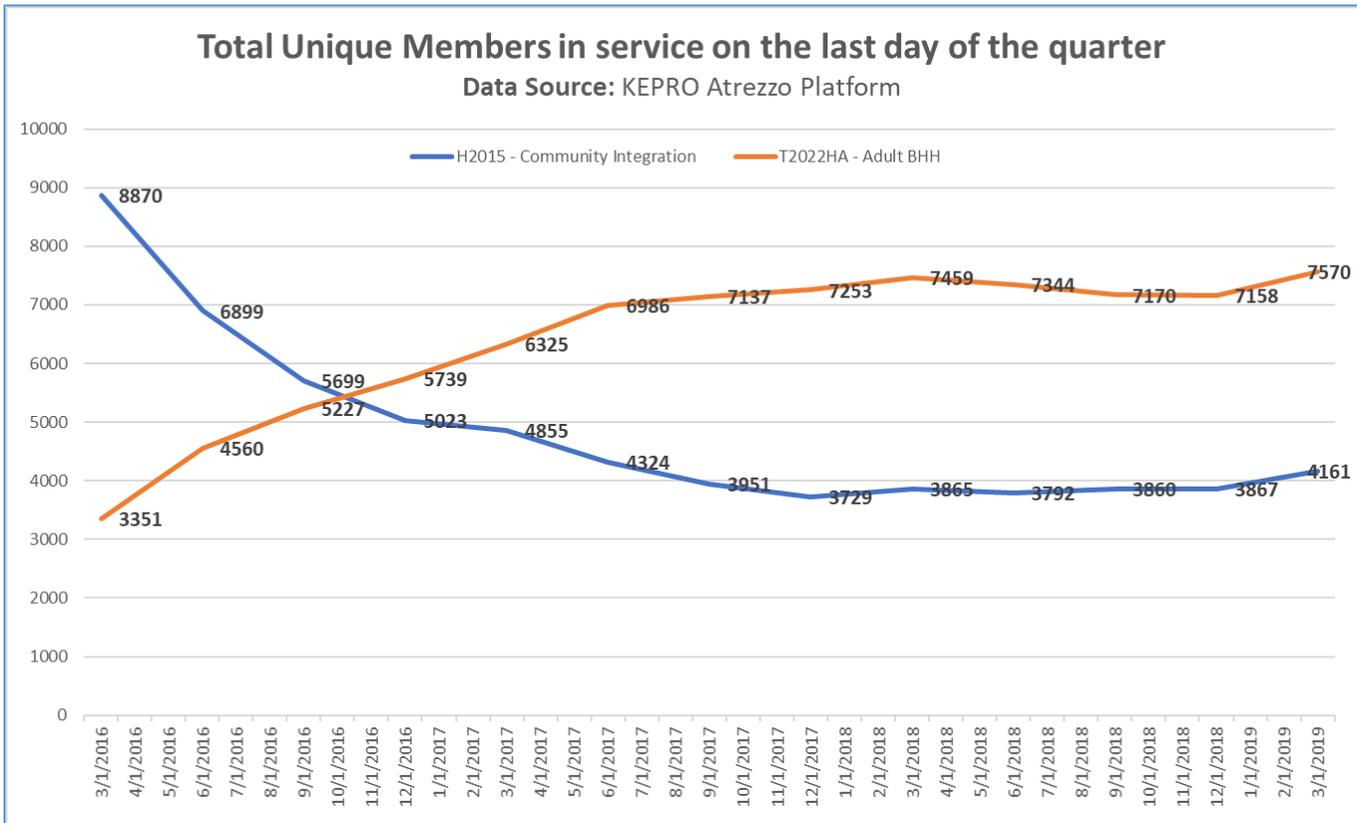
At any point the provider or member disagrees with our decisions, they can request a reconsideration and/or the member may appeal with the division of administrative hearing.

Finally, I wanted to ensure the members of this committee that KEPRO's contract is a flat rate contract with no financial incentives and has been since 2007. KEPRO reviews all requests against the MaineCare policy.

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Since the eligibility rule changed in 2016:

- How many people applied for Sec. 17 services? **18,997 unique consumers applied for MaineCare and State Funded Section 17 Community Integration after 4/8/16**
- How many people were approved for Sec. 17 services? **17,718 unique consumers were approved for MaineCare and State Funded Section 17 Community Integration after 4/8/16. Of these approved, 2,447 (13.8%) qualified with a Schizophrenia Dx, therefore, 86.2% qualified with a clinical opinion letter.**



- How many people were denied Sec. 17 services? **4,303 unique consumers were denied for MaineCare and State Funded Section 17 Community Integration after 4/8/16. Of these, 3,025 also received approval at a letter date. For example: a consumer may not have qualified in 2017, but later became at risk of homelessness and qualified under the clinical letter criteria.**
- What were the reasons for those denials?
  1. Member does not have a diagnosis of Schizophrenia or Schizoaffective DO and did not meet qualifications of clinical opinion letter.
  2. Member had an excluded diagnosis of Neurocognitive Disorders, Neurodevelopmental Disorders, Antisocial Personality Disorder and Substance Use Disorders as outlined in policy.
  3. Clinical Opinion Letter did not support significant risk factors of qualifying diagnosis:
    - a. homelessness,
    - b. criminal justice involvement
    - c. mental health inpatient treatment greater than 72 hours, or residential treatment

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4. has received treatment in a state psychiatric hospital, within the past 24 months, for a non-excluded DSM 5 diagnosis;
  5. has been discharged from a mental health residential facility, within the past 24 months, for a non-excluded DSM 5 diagnosis;
  6. has had two or more episodes of inpatient treatment for mental illness, for greater than 72 hours per episode, within the past 24 months, for a non-excluded DSM 5 diagnosis; or
  7. has been committed by a civil court for psychiatric treatment as an adult; or
  8. until the age of 21, the recipient was eligible as a child with severe emotional disturbance, and the recipient has a written opinion from a clinician, in the last 12 months, stating that the recipient had risk factors for mental health inpatient treatment or residential treatment, unless ongoing case management or community support services are provided.
- How many people who were initially denied Sec. 17 services appealed? **KEPRO received 455 appeal requests for Section 17 Community Integration services.**
  - How many of the people who appealed were subsequently approved for Sec. 17 services? **Only 82 resulted in a final decision by the hearing office. Of those, 72% (or 59) were upheld**
  - Please provide a contract of Kepro's contract with the Department. **Attached.**
  - When does the contract expire? **The award is through June 30, 2025, but the contract is annual renewals.**
  - Please provide a report on any performance metrics in Kepro's contract. **All Performance Metrics have consistently been met. See Report 119.**
  - How much does it cost the Department for the time spent by Kepro handling each appeal? **Defer to Office of Administrative Hearings**