

**LME/MCO Solvency Ranges
Quarter Ending March 30, 2019**

Session Law 2018-5, Section 11F.10(c)



Report to

**The Joint Legislative Oversight Committee on
Medicaid and NC Health Choice,**

**The Joint Legislative Oversight Committee on
Health and Human Services,**

and

The Fiscal Research Division

By

North Carolina Department of Health and Human Services

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Reporting Requirements:

Session Law 2018-5; Senate Bill 99, SECTION 11F.10.(b) Part 2 of Article 4 of Chapter 122C of the General Statutes is amended by adding a new section to read:

"§ 122C-125.2. LME/MCO solvency ranges; formula; corrective action plan.

(a) Beginning on September 1, 2018, the Department shall calculate on a quarterly basis a solvency range for each LME/MCO as a sum of the following figures to produce upper and lower range values:

(1) Incurred but not reported claims figure. – The incurred but not reported claims figure shall be calculated by multiplying an LME/MCO's service spending for the preceding 12 months by six and eight-tenths percent (6.8%). If an LME/MCO experiences extenuating circumstances supported by actuarial documentation, then the Department may utilize a percentage other than six and eight-tenths (6.8%) for that LME/MCO.

(2) Net operating liabilities figure. – The net operating liabilities figure shall be calculated by subtracting noncash current accounts receivable from the nonclaims current liabilities, as reported on the LME/MCO's most recent balance sheet. If the noncash accounts receivable are greater than the nonclaim liabilities, then the value for the net operating liabilities figure is zero.

(3) Catastrophic or extraordinary events range. – The catastrophic or extraordinary events range shall be calculated as the range between a lower figure and an upper figure. The lower figure shall be calculated by multiplying an LME/MCO's service expenditures from the preceding 12 months by four and fifteen-hundredths percent (4.15%). The upper figure shall be calculated by multiplying an LME/MCO's service expenditures from the preceding 12 months by eight and three-tenths percent (8.3%).

(4) Required intergovernmental transfers figure. – The required intergovernmental transfers figure is the amount of funds needed by an LME/MCO to make any intergovernmental transfers required by law over the subsequent 24 months.

(5) Projected operating loss figure. – The projected operating loss figure is the projected net loss for an LME/MCO over the subsequent 24 months. In projecting the net loss for an LME/MCO, the Department shall use the net loss of the LME/MCO in the preceding 12 months adjusted for any changes in single-stream funding, intergovernmental transfers, or other factors known to the Department that will impact the LME/MCO's net loss over the subsequent 24 months. If a net profit is projected for an LME/MCO, then this figure is zero.

(6) Reinvestment plan figure. – The reinvestment plan figure is the amount required for all qualifying expenditures contained in an LME/MCO's reinvestment plans over the subsequent 36 months. To qualify as an expenditure under this subdivision, the expenditure must be related to one of the following:

- a. An initiative that supports specific goals or health status outcomes of the State in relation to the State's behavioral health needs.
- b. An initiative that meets a State behavioral health need, as defined in law or by the Department.
- c. Funding for infrastructure that supports the effective and efficient operation of the LME/MCO.
- d. Funding for a facility within the LME/MCO catchment area that is necessary to meet to the needs of the population served by the LME/MCO.

e. New or expanded initiatives and programmatic improvements to the State behavioral health system.

f. Working capital to be utilized to fund changes in rates, operations, or programs.

(b) Upon calculation of the solvency range for each LME/MCO required by subsection (a) of this section, the Department shall compare the cash balance of each LME/MCO to its solvency range. For purposes of this subsection, the cash balance shall consist of the total of the LME/MCO's cash and investment balances, including its Medicaid Risk Reserve, as reported on the LME/MCO's most recent balance sheet. Upon comparison of an LME/MCO's cash balance to its solvency range, the Department shall take one of the following actions:

(1) If an LME/MCO's cash balance is five percent (5%) or more below the lower solvency range figure or five percent (5%) or more above the upper solvency range figure, then the Department shall notify the LME/MCO and the Fiscal Research Division of the General Assembly of the comparison results. Within 30 days from providing notice to the LME/MCO, the Department shall develop, in collaboration with the LME/MCO, a corrective action plan for the LME/MCO. The corrective action plan must include specific actions, which may include changes to the LME/MCO's reinvestment plan, utilization management, and capitation or provider rates, to bring the LME/MCO's cash balance within the solvency range, as well as a time line for implementation of these actions.

(2) If an LME/MCO's cash balance is neither five percent (5%) or more below the lower solvency range figure nor five percent (5%) or more above the upper solvency range figure, then the Department shall notify the LME/MCO and the Fiscal Research Division of the General Assembly of the LME/MCO's solvency range for the quarter and the Department's comparison of the LME/MCO's cash balance to this solvency range. No further action shall be required.

Background:

The General Assembly has asserted that a viable State-funded behavioral health system is critical to accomplishing the State's goals for behavioral health, meeting the needs of covered populations, and achieving the desired outcomes detailed in the Department of Health and Human Services' Strategic Plan for Improvement of Behavioral Health Services. To better assess the viability of the State's behavioral health system, the General Assembly developed a method, outlined in G.S. 122C-125.2, to determine the financial viability of local management entities/managed care organizations (LME/MCOs). This method utilizes standard calculations to create a uniform analysis of each LME/MCO's financial position that can be used to evaluate each LME/MCO's viability, inform the State's funding decisions, and promote short- and longer-term planning by the LME/MCOs.

Executive Summary:

The results of the most recent solvency calculations indicate that the following 5 LME/MCOs are outside the allowable range and are therefore required to submit Corrective Action Plans:

- Alliance Health
- Eastpointe
- Partners Behavioral Health Management
- Trillium Health Resources
- Vaya Health

Reporting Results (Observations/Recommendations):

1) Incurred but not reported claims figure. (Table 1) – The incurred but not reported claims figure shall be calculated by multiplying an LME/MCO's service spending for the preceding 12 months by six and eight-tenths percent (6.8%). If an LME/MCO experiences extenuating circumstances supported by actuarial documentation, then the Department may utilize a percentage other than six and eight-tenths (6.8%) for that LME/MCO.

(2) Net operating liabilities figure. (Table 3) – The net operating liabilities figure shall be calculated by subtracting noncash current accounts receivable from the nonclaims current liabilities, as reported on the LME/MCO's most recent balance sheet. If the noncash accounts receivables are greater than the nonclaim liabilities, then the value for the net operating liabilities figure is zero.

(3) Catastrophic or extraordinary events range. (Table 5) – The catastrophic or extraordinary events range shall be calculated as the range between a lower figure and an upper figure. The lower figure shall be calculated by multiplying an LME/MCO's service expenditures from the preceding 12 months by four and fifteen-hundredths percent (4.15%). The upper figure shall be calculated by multiplying an LME/MCO's service expenditures from the preceding 12 months by eight and three-tenths percent (8.3%).

Observation: An LME/MCO would need to have the equivalent of 15 – 30 days of cash on hand to remain within the range, as specified.

Recommendation: Consider using 8.3% for the lower figure and 16.6% for the upper figure. This range would align with the current contractual requirements which require that LME/MCO's maintain at a minimum 30 days of cash on hand (Defensive Interval).

(4) Required intergovernmental transfers figure. (Table 7) – The required intergovernmental transfers figure is the amount of funds needed by an LME/MCO to make any intergovernmental transfers required by law over the subsequent 24 months.

Observation: The required transfer is required by Session Law.

(5) Projected operating loss figure. (Table 9) – The projected operating loss figure is the projected net loss for an LME/MCO over the subsequent 24 months. In projecting the net loss for an LME/MCO, the Department shall use the prior 12 months net loss of the LME/MCO adjusted for any changes in single-stream funding, intergovernmental transfers, or other factors known to the Department that will impact the LME/MCO's net loss over the subsequent 24 months. If a net profit is projected for an LME/MCO, then this figure is zero.

Observation: The projected operating expenses for the Medicaid expenditures includes reinvestment spending as per the submitted reinvestment plans.

(6) Reinvestment plan figure. (Table 11) – The reinvestment plan figure is the amount required for all qualifying expenditures contained in an LME/MCO's reinvestment plans over the subsequent 36 months.

Observation: The reinvestment plans submitted by the LME/MCO are recommendations to their respective Boards and have only been approved for year 1.

(b) Solvency Range. (Table 13) - Upon calculation of the solvency range for each LME/MCO required by subsection (a) of this section, the Department shall compare the cash balance of each LME/MCO to its solvency range. For purposes of this subsection, the cash balance shall consist of the total of the LME/MCO's cash and investment balances, including its Medicaid Risk Reserve, as reported on the LME/MCO's most recent balance sheet.

Upon comparison of an LME/MCO's cash balance to its solvency range, the Department shall take one of the following actions:

(1) If an LME/MCO's cash balance is five percent (5%) or more below the lower solvency range figure or five percent (5%) or more above the upper solvency range figure, then the Department shall notify the LME/MCO and the Fiscal Research Division of the General Assembly of the comparison results. Within 30 days from providing notice to the LME/MCO, the Department shall develop, in collaboration with the LME/MCO, a corrective action plan for the LME/MCO. The corrective action plan must include specific actions, which may include changes to the LME/MCO's reinvestment plan, utilization management, and capitation or provider rates, to bring the LME/MCO's cash balance within the solvency range, as well as a time line for implementation of these actions.

(2) If an LME/MCO's cash balance is neither five percent (5%) or more below the lower solvency range figure nor five percent (5%) or more above the upper solvency range figure, then the Department shall notify the LME/MCO and the Fiscal Research Division of the General Assembly of the LME/MCO's solvency range for the quarter and the Department's comparison of the LME/MCO's cash balance to this solvency range. No further action shall be required.

Observation: The calculation includes Risk Reserve as part of the LME/MCO cash balance that is then compared to the solvency range.

Recommendation: In accordance with G.S. 122C-124.2(e)(3), the Risk Reserve's use is limited to paying outstanding liabilities (unpaid claims) to Providers in cases of insolvency; it is not intended to be used for operating costs. Because these resources are not allowed to be used for payment of non-service expenditure liabilities and, further, may not be accessed by the LME/MCO unless written consent is granted by DHHS, the Risk Reserve should be removed from this calculation.

Corrective Action Plan:

The Department is currently in collaboration with each LME/MCO that is required to develop a corrective action plan. The CAP may include changes to the LME/MCO reinvestment plan, utilization management, and/or capitation or provider rates, to bring the LME/MCO's cash balance within solvency range and will include a time line for implementation of the identified actions.

Incurred But Not Reported (IBNR)

LME/MCO's service spending for the preceding 12 months assuming a 6.80% average IBNR

| | <u>Medicaid</u> | | <u>Non-Medicaid</u> | | <u>Total</u> |
|--------------------------------|-----------------|------------|---------------------|-----------|---------------|
| Alliance Behavioral Healthcare | \$ | 25,789,872 | \$ | 6,568,140 | \$ 32,358,012 |
| Cardinal Innovations | \$ | 44,399,574 | \$ | 8,400,901 | \$ 52,800,475 |
| Eastpointe Human Services | \$ | 14,650,716 | \$ | 2,666,563 | \$ 17,317,279 |
| Partners Behavioral Health | \$ | 16,534,446 | \$ | 3,664,905 | \$ 20,199,351 |
| Sandhills Center | \$ | 16,377,808 | \$ | 3,778,928 | \$ 20,156,736 |
| Trillium Health Resources | \$ | 23,603,901 | \$ | 4,991,026 | \$ 28,594,927 |
| Vaya Health | \$ | 20,138,462 | \$ | 5,441,843 | \$ 25,580,305 |

Net Operating Liabilities

LME/MCO's current liabilities excluding IBNR minus noncash current accounts receivable

| | <u>Medicaid</u> | <u>Non-Medicaid</u> | <u>Total</u> |
|--------------------------------|-----------------|---------------------|---------------|
| Alliance Behavioral Healthcare | \$ 5,226,919 | \$ 14,793,051 | \$ 20,019,970 |
| Cardinal Innovations | \$ 517,495 | \$ - | \$ - |
| Eastpointe Human Services | \$ - | \$ 6,037,136 | \$ 4,408,291 |
| Partners Behavioral Health | \$ 5,292,794 | \$ 5,062,559 | \$ 10,355,353 |
| Sandhills Center | \$ - | \$ - | \$ - |
| Trillium Health Resources | \$ - | \$ 65,819 | \$ - |
| Vaya Health | \$ 5,015,853 | \$ - | \$ 2,756,472 |

Catastrophic Events Range

LME/MCO's service spending for the preceding 12 months multiplied by 4.15% and 8.30% to calculate an upper and lower range respectively

| | | | <u>Medicaid</u> | | <u>Non-Medicaid</u> | | <u>Total</u> |
|--------------------------------|------------------------|----|-----------------|----|---------------------|----|--------------|
| Alliance Behavioral Healthcare | 4.15% EER Lower Figure | \$ | 15,739,407 | \$ | 4,008,497 | \$ | 19,747,904 |
| | 8.30% EER Lower Figure | \$ | 31,478,814 | \$ | 8,016,995 | \$ | 39,495,809 |
| Cardinal Innovations | 4.15% EER Lower Figure | \$ | 27,096,799 | \$ | 5,127,021 | \$ | 32,223,819 |
| | 8.30% EER Lower Figure | \$ | 54,193,597 | \$ | 10,254,041 | \$ | 64,447,639 |
| Eastpointe Human Services | 4.15% EER Lower Figure | \$ | 8,941,246 | \$ | 1,627,388 | \$ | 10,568,633 |
| | 8.30% EER Lower Figure | \$ | 17,882,491 | \$ | 3,254,776 | \$ | 21,137,267 |
| Partners Behavioral Health | 4.15% EER Lower Figure | \$ | 10,090,875 | \$ | 2,236,670 | \$ | 12,327,545 |
| | 8.30% EER Lower Figure | \$ | 20,181,750 | \$ | 4,473,341 | \$ | 24,655,090 |
| Sandhills Center | 4.15% EER Lower Figure | \$ | 9,995,280 | \$ | 2,306,257 | \$ | 12,301,537 |
| | 8.30% EER Lower Figure | \$ | 19,990,560 | \$ | 4,612,515 | \$ | 24,603,075 |
| Trillium Health Resources | 4.15% EER Lower Figure | \$ | 14,405,322 | \$ | 3,045,994 | \$ | 17,451,316 |
| | 8.30% EER Lower Figure | \$ | 28,810,644 | \$ | 6,091,988 | \$ | 34,902,632 |
| Vaya Health | 4.15% EER Lower Figure | \$ | 12,290,385 | \$ | 3,321,125 | \$ | 15,611,510 |
| | 8.30% EER Lower Figure | \$ | 24,580,770 | \$ | 6,642,249 | \$ | 31,223,019 |

Intergovernmental Transfers

Funds needed by an LME/MCO to make any intergovernmental transfers required by law over the subsequent 24 months

| | | <u>Medicaid</u> | <u>Non-Medicaid</u> | <u>Total</u> |
|--------------------------------|--------------|-----------------|---------------------|--------------|
| Alliance Behavioral Healthcare | SFY19 \$ | 3,007,817 | \$ - | \$ 3,007,817 |
| | SFY20 \$ | 2,994,453 | \$ - | \$ 2,994,453 |
| Cardinal Innovations | SFY19 \$ | 4,144,723 | \$ - | \$ 4,144,723 |
| | SFY20 \$ | 4,032,586 | \$ - | \$ 4,032,586 |
| Eastpointe Human Services | Nash Adj. \$ | 193,943 | \$ - | \$ 193,943 |
| | SFY19 \$ | 1,731,831 | \$ - | \$ 1,731,831 |
| | SFY20 \$ | 1,701,156 | \$ - | \$ 1,701,156 |
| Partners Behavioral Health | SFY19 \$ | 1,960,283 | \$ - | \$ 1,960,283 |
| | SFY20 \$ | 1,914,860 | \$ - | \$ 1,914,860 |
| Sandhills Center | SFY19 \$ | 1,918,643 | \$ - | \$ 1,918,643 |
| | SFY20 \$ | 1,978,939 | \$ - | \$ 1,978,939 |
| Trillium Health Resources | Nash Adj. \$ | 193,943 | \$ - | \$ 193,943 |
| | SFY19 \$ | 2,931,104 | \$ - | \$ 2,931,104 |
| | SFY20 \$ | 3,119,822 | \$ - | \$ 3,119,822 |
| Vaya Health | SFY19 \$ | 2,333,816 | \$ - | \$ 2,333,816 |
| | SFY20 \$ | 2,286,401 | \$ - | \$ 2,286,401 |

Projected Operating Loss

LME/MCO's net profit/(loss), adjusted to include any known changes including single stream funding cuts and IGT payments for that 12 month period

| | | <u>Medicaid</u> | <u>Non-Medicaid</u> | <u>Total</u> |
|---------------------------------------|-----------------------------------|-----------------|---------------------|-----------------|
| Alliance Behavioral Healthcare | Proj. Net Op. Loss over 12 months | \$ (17,967,525) | \$ (18,094,781) | \$ (36,062,306) |
| | Proj. Net Op. Loss over 24 months | \$ - | \$ (18,094,781) | \$ (12,269,893) |
| Cardinal Innovations | Proj. Net Op. Loss over 12 months | \$ (27,951,301) | \$ (16,736,888) | \$ (44,688,189) |
| | Proj. Net Op. Loss over 24 months | \$ - | \$ (16,736,888) | \$ (5,339,786) |
| Eastpointe Human Services | Proj. Net Op. Loss over 12 months | \$ - | \$ (1,210,039) | \$ - |
| | Proj. Net Op. Loss over 24 months | \$ - | \$ (1,210,039) | \$ - |
| Partners Behavioral Health | Proj. Net Op. Loss over 12 months | \$ (15,223,449) | \$ - | \$ (15,223,449) |
| | Proj. Net Op. Loss over 24 months | \$ - | \$ - | \$ - |
| Sandhills Center | Proj. Net Op. Loss over 12 months | \$ (13,360,368) | \$ (5,679,781) | \$ (19,040,149) |
| | Proj. Net Op. Loss over 24 months | \$ - | \$ (5,679,781) | \$ (2,193,702) |
| Trillium Health Resources | Proj. Net Op. Loss over 12 months | \$ - | \$ - | \$ - |
| | Proj. Net Op. Loss over 24 months | \$ - | \$ - | \$ - |
| Vaya Health | Proj. Net Op. Loss over 12 months | \$ (13,177,619) | \$ - | \$ (13,177,619) |
| | Proj. Net Op. Loss over 24 months | \$ - | \$ - | \$ - |

Reinvestment Plan

Amount required for all expenditures over the next 3 years related to specific initiatives noted in the LME/MCO's reinvestment plans

| | | <u>Projected Spend</u> |
|---------------------------------------|--------------|------------------------|
| Alliance Behavioral Healthcare | 0-12 months | \$ 3,835,000 |
| | 13-24 months | \$ 11,335,000 |
| | 25-36 months | \$ 11,335,000 |
| | | <u>\$ 26,505,000</u> |
| Cardinal Innovations | 0-12 months | \$ 1,276,250 |
| | 13-24 months | \$ 12,552,188 |
| | 25-36 months | \$ 12,552,188 |
| | | <u>\$ 26,380,626</u> |
| Eastpointe Human Services | 0-12 months | \$ 10,260,026 |
| | 13-24 months | \$ 13,171,968 |
| | 25-36 months | \$ 13,171,968 |
| | | <u>\$ 36,603,961</u> |
| Partners Behavioral Health | 0-12 months | \$ 5,702,914 |
| | 13-24 months | \$ 7,568,048 |
| | 25-36 months | \$ 5,965,774 |
| | | <u>\$ 19,236,736</u> |
| Sandhills Center | 0-12 months | \$ 3,162,287 |
| | 13-24 months | \$ 24,353,029 |
| | 25-36 months | \$ 36,816,298 |
| | | <u>\$ 64,331,614</u> |
| Trillium Health Resources | 0-12 months | \$ 5,734,863 |
| | 13-24 months | \$ 19,250,000 |
| | 25-36 months | \$ 12,500,000 |
| | | <u>\$ 37,484,863</u> |

Solvency Measures Summary

Comparison of an LME/MCO's cash balance to its solvency range; if cash balance is $\pm 5\%$ of the upper or lower solvency range, a corrective action plan must be developed

| | | <u>Solvency Range</u> | <u>Cash/Investments/ Risk Reserve</u> | <u>Threshold \$ ($\pm 5\%$)</u> | <u>Threshold % ($\pm 5\%$)</u> | |
|------------|-------------|-----------------------|---|--|---|---------|
| Alliance | Lower Range | \$146,963,085 | \$127,849,685 | \$139,614,931 | -13.0% | CONCERN |
| | Upper Range | \$166,710,990 | \$127,849,685 | \$175,046,539 | -23.3% | OK |
| Cardinal | Lower Range | \$161,432,895 | \$198,873,881 | \$153,361,250 | 23.2% | OK |
| | Upper Range | \$193,656,714 | \$198,873,881 | \$203,339,550 | 2.7% | OK |
| Eastpointe | Lower Range | \$68,898,164 | \$104,720,417 | \$65,453,256 | 52.0% | OK |
| | Upper Range | \$79,466,798 | \$104,720,417 | \$83,440,138 | 31.8% | CONCERN |
| Partners | Lower Range | \$77,342,435 | \$71,563,134 | \$73,475,313 | -7.5% | CONCERN |
| | Upper Range | \$89,669,980 | \$71,563,134 | \$94,153,479 | -20.2% | OK |
| Sandhills | Lower Range | \$118,023,738 | \$127,783,767 | \$112,122,551 | 8.3% | OK |
| | Upper Range | \$130,325,276 | \$127,783,767 | \$136,841,539 | -2.0% | OK |
| Trillium | Lower Range | \$83,531,106 | \$148,276,100 | \$79,354,551 | 77.5% | OK |
| | Upper Range | \$100,982,422 | \$148,276,100 | \$106,031,543 | 46.8% | CONCERN |
| Vaya | Lower Range | \$65,687,791 | \$99,459,219 | \$62,403,401 | 51.4% | OK |
| | Upper Range | \$81,299,300 | \$99,459,219 | \$85,364,265 | 22.3% | CONCERN |