A Brief Review and Timeline

By John R. Sallade, CRM
Managing Director, Insurance Programs, CCAP

1997 – 1998
HealthChoices and the IGT Deliver COMCARE

In 1997, as part of CCAP's intergovernmental transfer (IGT) bond issues, the Department of Public Welfare (DPW) agreed to hold 12 million dollars for the creation of a program to assist counties with managed behavioral health care.

CCAP decided to utilize the ten million dollars, subject to DPW approval, to provide services through a new CCAP program called County Managed Care Resource (COMCARE).

Over a period of eighteen months beginning in May of 1998, a COMCARE Study Committee met to develop a list of services and a set of bylaws. The Study Committee also contracted with a firm to assist with further development and implementation of the program.

In November of 1998, the COMCARE Study Committee surveyed the counties to gather feedback on the initial ideas and direction of the program, the draft bylaws, and overall need for the proposed program. The Study Committee's last action was to release its final proposal to the CCAP membership, MH/MR administrators and D&A administrators.

The COMCARE Bylaws were adopted in December of 1999.The COMCARE program began in 2000 with its first member, Franklin County. Since Pepper Hamilton had done the legal work on the IGT's, the firm was selected to provide legal counsel to the COMCARE board, with Tim Anderson chosen to be the main contact.

COMCARE's Initial Goals

As established by the study committee, COMCARE's goals were:

- To provide a resource to members to assist with the implementation and administration of managed behavioral healthcare
- To make available insurance coverage for the counties that provide behavioral managed healthcare.

- To effectuate cost savings in the procuring and administration of managed behavioral healthcare
- To provide advice and information concerning documentation, contracts, processes and other aspects of managed behavioral healthcare.
- To provide financial assistance to counties for the efficient implementation and administration of managed behavioral healthcare.

Working With Affiliates

While COMCARE's administrative responsibilities were housed in the CCAP

Insurance Department, from the very beginning it was clear the program needed the participation of the MH/MR and D&A affiliates to be successful. Both were preparing extensive training for their members about this new system, and COMCARE's role was to support and enhance that, not compete with it. It is why the COMCARE Bylaws set aside two specific board positions to represent the two affiliates.

1999 – 2001

Insurance, Maybe

In 1999, CCAP's Deputy Director Nancy Rorem realized there was a financial risk to the counties who agreed to manage the HealthChoices program. The concern was whether the acceptance of the capitated rate would be sufficient to pay for the services the county was going to be providing. She asked the insurance staff to look into the possibility of starting an insurance program to cover this financial risk.

CCAP met with our brokers at Willis and we discussed the matter with reinsurers at Lloyd's of London. It became clear an insurance product could be developed to help protect the counties from the funding uncertainty. With funds from three consecutive IGT's, COMCARE had $12 million to use to provide insurance.

When the southeastern counties entered HealthChoices, COMCARE did provide tentative quotes for coverage, but the cost was deemed too high by the counties. One reason for this was that the MCO's included the cost in their management proposals, and it was difficult for counties to accurately assess what the cost of the insurance was.

Thus, we found ourselves funding for insurance but no need for the proposed product. The COMCARE Board decided to examine what other uses would be appropriate for the funding, and went through some extensive planning meetings to come up with a menu of COMCARE services.

As a result, the name was changed to County Managed Care Resource, and the COMCARE Board decided to concentrate on these core services: education and training, a loan program for startup and implementation of HealthChoices, technical assistance, and an interactive web site. We also decided to put off the insurance program for the time being. DPW agreed to these

changes and we started to draw down the funding. CCAP hired staff to manage COMCARE (initially Kim Holl and then Christie Ward) and moved forward.

2001 – 2008

Initial Projects

Moving forward, in a non-insurance manner, COMCARE started some very helpful services for counties.

Web Site

A brand new website, with detailed and searchable HealthChoices information from DPW, debuted in September 2001.

Loan Fund

COMCARE began providing loans in 2002. By the end of 2005 COMCARE had issued 15 loans totaling more than $4.9 million. A second rounds of loans started in 2006, with seven loans totaling almost $1.5 million. Over about ten years COMCARE loaned close to $7 million to counties for HealthChoices implementation.

The loans were interest free. One loan in excess of $1 million was defaulted as the counties which took out the loan change their HealthChoices implementation model. Others were repaid and this funding is a major source which the COMCARE Board uses to continue the COMCARE operations past the end of the $12 million grant, which ended December 31, 2009.

Information Clearinghouse/Technical Consulting

Members were provided access to a resource library of resources related to HealthChoices and managed behavioral healthcare. This included Policy Clarifications from the DPW, news on Managed Care and HealthChoices, lessons learned from peers, consultant resources, and more. Members also had access to information on consulting services in areas such as actuarial, legal, MIS, model development, etc. on the COMCARE website.

Training

Training and mentoring was provided to member counties, coordinated by COMCARE. County employees with experience in HealthChoices areas served as mentors. Training was provided through workshops and seminars around the state.

Scholarship Lottery

From the beginning COMCARE offered a scholarship lottery, available to all members. The program offers county employees an opportunity to win registration fees, travel, meals, and overnight accommodations to local and national conferences on managed care topics, courtesy of COMCARE.

2004
COMCARE PRO

By 2004 the counties in HealthChoices were finding reinsurance harder to buy and more expensive. Fewer insurance companies would provide it. Many counties were "buying" it through their MCO and found the cost being paid was excessive. Few counties were interested in purchasing aggregate reinsurance, but were interested in buying the per participant reinsurance required by DPW, which provides reimbursement for costs above $75,000 per participant.

The COMCARE Board examined this issue, and since PELICAN had been set up by CCAP through an IGT bidding process, it was decided to use the service firms selected by PELICAN to set up a Vermont based RRG to provide this insurance. COMCARE used $1 million to capitalize the new entity, and then added another $1 million in funding the next year.

COMCARE PRO began operations in October 2004. COMCARE PRO is a Reciprocal Risk Retention Group (RRG), licensed by the State of Vermont and approved to write insurance in the Commonwealth of Pennsylvania by the Pennsylvania Insurance Department. PRO is the entity providing the Department of Public Welfare's (DPW) required stop loss reinsurance to counties. DPW requires that reinsurance cover eighty percent of inpatient costs incurred by one member during one year in excess of $75,000.

As PRO continued operations, it became apparent the initial $45,000 attachment point chosen for coverage was too aggressive. The first year of operations saw a negative income result due to high claims costs. The PRO SAC decided to raise the attachment point to $75,000 and provide cost quotes for $60,000. This greatly helped the financial picture.

2009 – 2014
Training, Recognition, Communications

Starting in 2009 COMCARE turned to an increased emphasis on training and other means to assist county behavioral health administration. Specialized annual training events were held, sometimes in conjunction with the annual meeting of the COMCARE delegates. At the delegates meeting, starting in 2009, annual HealthChoices Awards were presented to honor county staff and officials for exceptional work. Use of the website for information started to decline, so COMCARE turned to regular newsletters to the members to keep them informed about COMCARE and COMCARE PRO.

> **Free Dues!**
> In 2012 the COMCARE board acted to remove the cost to counties for membership in COMCARE.

2015
COMCARE Now

All 67 Pennsylvania counties are COMCARE members. Membership dues continue to be free. Finances are strong, and with some staffing changes at CCAP, focus has now turned to what is next for COMCARE. How should the funding be used to best help counties with HealthChoices?

Where it Started…..

COMCARE Study Committee Members
1997 – 1999

Russell Reitz, Lycoming County Commissioner, Chairman
Olivia Lazor, Mercer County Commissioner
Donna Gority, Blair County Commissioner
Earl Keller, Cumberland County Commissioner
Scott Suhring, Dauphin County Assistant MH/MR Administrator
Loretta Quarmley, Carbon/Monroe/Pike MH/MR Administrator
George Cavanaugh, Venango County MH/MR Administrator
Rick Kastner, Executive Director, Lancaster County Drug and Alcohol Commission
Rick Wynn, Washington County Human Services Administrator
Ruth Kranz Carl, Montgomery and Chester Counties
Mike Chambers, MH/MR PAAP
Kathy Hubert, PACDAA
John Sallade, Ricard Dibeler and Kathy Sherlock, CCAP Staff