South Dakota Health Care Solutions Coalition
Alternative Services Delivery Subgroup
Meeting Notes 8/25/2017

Attendees: Tim Trihart, Kim Malsam-Rysdon, Lynne Valenti, Sarah Aker, Kelsey Smith, Brenda Tidball-Zeltinger, Sara DeCoteau, Jerilyn Church, Vince King, Myra Munson, Bill Snyder, Donna Keeler, Jennifer Hughes, Jen Stalley

Welcome and Introductions
Kim Malsam-Rysdon welcomed the group and thanked them for their participation.

Review July 11 Meeting Minutes
This group last met on July 11 to review the Alternative Service Delivery Model the group previously worked on last year. The current effort is a continuation of the prior work of this subgroup to leverage an Alternative Service Delivery Model for FQHC and RHC services. The purpose is to leverage the FQHC/RHC system and provide more funding to build out additional services for American Indians.

At the last meeting the group reviewed Minnesota's 1115 waiver application to allow the Indian Health Board in Minneapolis to claim 100% FMAP and be reimbursed for services to American Indians at the OMB rate.

Review Draft 1115 Waiver
Sarah Aker overviewed the draft waiver. Donna Keeler and Myra Munson asked if the demographic data included in the waiver was specific to Medicaid. The population characteristics are representative of the state of South Dakota.

Jerilyn Church noted that Great Plains Tribal Chairman's Health Board (GPTCHB) had a board meeting last month and shared the direction of this group and information with the Board of Directors. She noted that a lot of questions were raised. When Medicaid Expansion was an option, the Board had fewer questions. She noted that GPTCHB has previously shared their concerns around changing the 100% FMAP language in the Social Security Act.

Jerilyn shared the draft waiver with tribes and said she is receiving a lot of feedback and a lot of concerns. GPTCHB is working on compiling comments and questions to provide to the state. From a high level perspective, two issues generated a lot of concern:

1) Extending the all-inclusive (OMB) rate to entities that are not Indian Health Service, a Tribal 638 Program, or Urban Indian Health Program (I/T/U).
2) Extending 100% FMAP to entities that are not I/T/U.

Other questions about the draft waiver centered around providing more information about how the demonstration will increase access for tribal members.

Myra noted that while everyone is appreciative of the state's recognition of the limitations of the current delivery system, one of the concerns is that any shift in the current system that would expressly encourage American Indians to use the FQHC

system and not the IHS system has the risk of undermining the I/T/U system. Myra asked how the waiver would impact the IHS budget and current IHS programs.

Kim thanked Myra and Jerilyn for their questions. Kim noted that the concept outlined in the waiver is not different than the previous demonstration proposal; the only difference is that Medicaid Expansion is no longer being considered. Kim asked if the concerns are rooted in the concepts previously agreed on or if the concerns are related to the incentives for tribes.

Jerilyn answered that from the tribe's perspective, the concerns are about the threat to the 100% FMAP language in the Social Security Act and the potential for changes to impact the resources coming into the tribal health system. From a general perspective, the concept of care coordination with IHS and tribes is supported. There is a lot of opportunity, but the concept of extending the all-inclusive rate to non-I/T/Us is a concern. Anything that potentially risks the 100% FMAP and received through language in the SSA is a concern being raised across South Dakota and Indian country.

Kim asked what changed from the tribal perspective from two years ago when tribes and GPTCHB were supportive of this concept. Jerilyn responded that Medicaid expansion would have brought in more opportunity for the I/T/U system and that was always the biggest incentive to tribes. There is more hesitancy from tribes to move forward without more detail about the draft waiver.

Myra said that part of the concern is that tribal programs and IHS have worked hard to retain the 100% FMAP and the rate setting process for the all-inclusive rate. Myra noted there is concern that by extending the rate to non-I/T/U providers, then CMS may place more scrutiny on the rate and how it is calculated. She stated that the current rate serves the system and the state well, and that since the rate has been subject to less scrutiny over the years, tribes are concerned about drawing attention to the rate.

Brenda Tidball-Zeltinger clarified that federal Medicaid rules already allow an American Indian on Medicaid to choose an FQHC as their provider. Brenda asked Jerilyn and Myra to explain the concern about how the proposal would change the Medicaid patient incentive to go to IHS for care in particular in areas where there is no I.H.S. provide in that community or an extended geographic distance from the FQHC. .

Myra said that she thought she read in the waiver that American Indians would be encouraged or assigned to a non-I/T/U provider. Brenda clarified that that Medicaid recipients are free to choose where they go to receive care just as they are today. No Medicaid recipients would be required to utilize the FQHC model.

Myra asked what is being accomplished through the waiver that could not be accomplished through the care coordination agreements. Kim responded that the concept centered on working with the FQHC network in South Dakota to utilize 100% FMAP to provide enhanced funding for Medicaid eligibles receiving services to allow the

FQHC to have more resources to cover services for individuals who do not have insurance or other resources to pay for their health care.

Myra said the concern is that more people will choose to use this model to receive care since it is new and a different source of care than IHS. Kim stated that she understands the concern, but there is still a need to balance those concerns with the reality of service provision in South Dakota. To the degree that providers outside the IHS system are the only way for individuals to access care then we need to address that system.

Donna stated that the she understood the initial work on the waiver to be an economic plan that would help provide access to American Indians when Medicaid expanded and that providing reimbursement at the 100% FMAP at the all-inclusive rate did not occur until later.

Jennifer Hughes, attorney for the Oglala Sioux Tribe, asked how the state envisions that the waiver will be used to provide additional care, improve access, and lower emergency department use and inpatient hospitalization. Without Medicaid Expansion, it's confusing how 100% FMAP will work to increase access. Brenda noted that the premise of the proposal is that if we can increase and expand primary care services through increased revenue to the clinics through the waiver, then we can target services to individuals at the lowest level of care and treat them before they enter services at the emergency department or the inpatient hospital. In the previous Alternative Service Delivery Model discussions, the plan always contemplated service reimbursement at the all-inclusive rate, but would have relied on IHS to facilitate the billing process.

Donna asked if the goal of decreasing emergency care will be focused just on American Indian Medicaid patients. Brenda clarified that the goal is for the whole population using the Medicaid waiver services, not just American Indians..

Jerilyn said that the concerns in terms of resources are that IHS is already an underfunded system and that I/T/U providers use third party revenue from Medicaid to provide care to IHS eligibles that are not eligible for Medicaid. If there is a Medicaid impact on the IHS budget, then it could affect those not eligible for Medicaid.

Kim stated that there could be a theoretical impact if people who go to IHS today choose not to go to IHS under the waiver. However, Medicaid recipients are already free to choose to go to other providers, and many already go to other places to receive the care that they need. The waiver is not addressing a theoretical future situation, but is addressing the system that as it currently operates.

Jerilyn stated that the local concern is that IHS has a lot of work to do to improve their system and quality of care. Tribes are putting a lot of pressure to get the IHS programs to a quality level to provide the care that their community wants. The concern is that resources will be taken away from these efforts.

Kim clarified that is not the intent of the waiver. She asked Jerilyn to explain how reimbursing for care that is already happening outside of IHS at a higher rate has an outcome that negatively affects resources at IHS.

Jerilyn stated that allocation of resources to IHS is not supposed to take third party revenue into account when evaluating the IHS budget. However, there is a concern and a perception that third party revenue influences the discussion for federal budget formulation. There is a need to address that concern and be able to articulate that the waiver is truly beneficial to tribes. Jerilyn noted that there is some ambiguity in the waiver and that additional clarification needs to be made to raise the confidence level and trust.

Kim stated that the state welcomes the comments from GPTCHB and other stakeholders. The purpose of the Coalition is to engage stakeholders in these efforts because that is how they are successful. The wavier proposal is a different format, but it's the same proposal that has been discussed all along. Jerilyn stated that the overall sense is that since Medicaid Expansion is not on the table, there is confusion about why this discussion is continuing.

Kim reviewed the Coalition recommendations for CHR, SUD, and behavioral health services and the current work of the Coalition to leverage 100% FMAP to achieve these goals. She stated that we can attempt to work through concerns if we know what the concerns are in the proposal.

Jerilyn asked how the waiver results in better access. Brenda explained there will be more third party resources for FQHCs participating in the waiver. She noted that more third party resources could translate to more tangible results like hiring another physician, or extending hours for the clinic. Tim agreed that made sense from his perspective. Donna agreed that it makes sense that there would be a higher capacity to serve if your Medicaid volume increases. Donna noted that the all-inclusive rate was designed for I/T/U providers and under the waiver; it would go to non-I/T/U providers. Brenda asked Donna if she received increased revenue from Medicaid if she would be able to increase services or access. Donna said that yes, she would be able to increase services or access.

Lynne Valenti asked the group to provide specific comments and concerns about the waiver, and where there are concerns, any alternative solutions to address the concern. Kim asked Jerilyn for an expected timeframe for feedback. Jerilyn asked the state's timeframe for action on the waiver. Jerilyn stated that she'd like the state to come to a board meeting with tribal leadership and present information about the waiver to tribal leadership.

Jerilyn noted that it may take longer to bring minds to together and articulate alternative solutions. Tribes could start working on comments now, but it will require time to cultivate the right plan. Jerilyn wants to see this dialogue continue to create something mutually beneficial. The questions and comments could be turned around in a few days,

but suggestions will take longer and require discussion with tribal health programs and the attorney's representing the tribes. Jerilyn would like a month to confer with tribes and gather feedback.

The state committed to providing more information about the projected revenue to the pilot locations of the FQHCs and request information from them about what impact the increased revenue would have to increase access to services in those communities. .

Sara DeCoteau asked if the Minnesota 1115 wavier was for all FQHCs or only Urban Indian in Minnesota. The MN waiver is specific to the Urban Indian Health Board. Sara questioned if there should be an emphasis on care coordination agreements for FQHCs instead of a waiver. Kim noted that this could be considered if there is not support to pursue increasing access to care through the 1115 waiver process.

Next Steps
The state will communicate with FQHCs in the pilot to confirm their interest and gather their ideas to increase access to care through the increased revenue generated by the waiver. .

Jerilyn will work with the tribal leaders to gather comments and suggestions for the waiver over the next month and provide that feedback to the state.

The state will schedule a future meeting when the follow-up is completed.

Next Meeting
TBD