

## **South Dakota Health Care Solutions Coalition Conference Call**

Meeting Notes 2/17/2016

Attendees: Kim Malsam-Rysdon, Lynne Valenti, Brenda Tidball-Zeltinger, Senator Billie Sutton, Senator Troy Heinert, Senator Bernie Hunhoff, Senator Deb Soholt, Senator Corey Brown, Representative Don Haggar, Representative Spencer Hawley, Terry Dosch, Mark East, Danielle Hamaan on behalf of Deb Fischer-Clemens, Mark Quasney on behalf of Jason Dilges, Janet Jessup, Kathaleen Bad Moccasin, Dr. Mary Carpenter, Monica Huber, Nick Kotzea, Mike Diedrich, Jennifer Stalley, Scott Duke, Gil Johnson, Jen Porter, Debra Owen.

### **Welcome and Updates**

Kim Malsam-Rysdon updated the group on recent discussions with HHS officials and reported on requested information and deliverables. We've worked hard to help our federal partners understand implementation at the state level. Continued communication between tribes and IHS will be helpful.

### Telehealth development between IHS and non-IHS providers

Sources Sought Notice was issued yesterday, per the schedule provided by IHS. It includes a broad list of services. Providers were asked to review and respond by March 1. This is the first step to get the menu of services and menu of providers for IHS service units to be able to provide telehealth services.. There is ongoing IHS service unit-level work to determine where the different service units are at regarding capacity and speed of connection.

### Referred Services

We are working out the details for situations where care is referred from IHS already or will be referred in the future to capture 100% FMAP for those services. We need streamlined provider agreements so each service unit doesn't have to individually develop agreements.

As of Feb. 5, CMS and HHS presented the idea to do a demonstration pilot of IHS authority to develop a satellite IHS clinic. A use agreement with IHS is needed as well as provider agreement with non-IHS providers. The site would need the ability to serve all IHS eligibles that present. Care would have to be considered culturally competent. Additional details need to be determined but this could be a potential care delivery option that qualifies for 100% FMAP and would free up state funds.

We are waiting for the draft streamlined provider agreement and final policy guidance via the State Health Official (SHO) letter. Indications at this time are that the provider agreement will be streamlined, i.e., less than 10 pages.

State officials continue to have frequent and detailed conversations with high level HHS officials. Governor Dugaard has also had several discussions with HHS Secretary Burwell and has a meeting scheduled for Friday (2/19). As we continue to wait for details needed to determine the fiscal impact of the federal policy change, the Governor recognizes the plan may not be ready to make a decision about expansion during the 2016 legislative session. However, the work to develop the plan will continue and a decision on expansion may be made after the 2016 legislative session. The Governor's recommendation for this legislative session will consider the legislative appropriations process and timeframes.

### Next steps

In order to be prepared to implement the final policy that will be provided in the SHO letter, we will be forming the following implementation planning teams:

1. Implement Telehealth for physician and ER services.
  - a. Planning phase: March 1-April 30
  - b. Target implementation date: June 2016
  - c. Action Steps:
    - i. Draft model provider agreement
    - ii. Develop detailed acquisition plan to include milestone dates for RFP publication and implementation.
    - iii. Address connectivity and infrastructure needs
    - iv. Develop billing/payment method to link non-IHS provider with IHS for the purpose of Medicaid billing/payment.
  
2. IHS Demonstration for alternative service delivery models.
  - a. Initial planning phase: March 1-June 30
  - b. Target implementation date: June 2017
  - c. Action Steps:
    - i. Draft requirements and scope of the demonstration effort.
    - ii. Streamlined use agreement developed between IHS and non-IHS providers.
    - iii. Personal Service Contracts
    - iv. Develop billing/payment methods to link non-IHS provider with IHS for the purpose of Medicaid billing/payment.
    - v. Develop process to share/update medical records.
  
3. Expand capacity for behavioral health services through IHS and Tribal programs.
  - a. Initial planning phase: March 1- August 31
  - b. Target implementation date: TBD
  - c. Action Steps: Develop service definition/scope
    - i. Provide technical assistance to IHS to provide develop IHS Behavioral Health Health Homes.
    - ii. Provide technical assistance to IHS/Tribal providers regarding CMCH model. Assist current IHS/Tribal providers to enroll and bill for Medicaid eligible services.
  
4. Implement Care Transition services for inpatient and outpatient hospital services.
  - a. Initial planning phase: March 1- August 31
  - b. Target implementation date: June 2017
  - c. Action Steps:
    - i. Develop service definition/scope
    - ii. Model provider agreement
    - iii. Establish IHS/Tribal providers
    - iv. Implement methodology for provider to identify eligible patients.
    - v. Develop billing/payment methods to link non-IHS provider with IHS for the purpose of Medicaid billing/payment.
    - vi. Develop method to share/update medical records.

The majority of the work of each team will be via conference call.

The Coalition will continue to have regular updates and remain in interim status as we continue to work through implementation steps and await answers from the federal level. Another call will be scheduled in April for those who continue to serve on the Coalition.