

**Community-Based Providers Shared Savings Workgroup  
Meeting Agenda  
Wednesday, March 4, 2020  
9:00 a.m. - 10:00 a.m. (Central time)  
Governor's Large Conference Room  
Pierre**

**Attendees:** Sarah Aker, Bill Snyder, Andi Ferguson, Deb Fischer-Clemens, Amy Witt, Corey Brown, Andrew Riggan, Melony Bertram, Melissa Klemann, Tatiana Johnson, Tiffany Wolfgang, Virgena Wieseler, Sen. Wayne Steinhauer, Mitchell Rave, Mark Deak, Mark Limberg, Laurie Gill, Yvette Tomas, Anthony Erickson, Dan Cross, Tom Martinec, Shawnie Rechtenbaugh, Thomas Syverson, Sean Dooley, Raho Ortiz, Denice Houlette, Kathy Bad Moccasin, Brenda Tidball-Zeltinger, Darryl Millner, Samantha Hynes, Tammy Hatting, Jerilyn Church, Doneg McDonough

**Welcome/Introductions**

Melissa Klemann welcomed the group. Members of the group introduced themselves.

**Review December 3, 2019 Meeting Minutes**

Melissa reviewed the minutes from the last meeting. There were no changes or comments on the minutes.

**Updates on Progress and Developments Since Last Meeting**

Status of Referrals and IPA Update

Sarah Aker and Brenda Tidball-Zeltinger provided an overview of the Inter-governmental Personnel Act (IPA) Agreement nurse duties. The IPA nurses are hired by the State and all salaries and benefits are paid by the State. The IPA nurses are embedded in IHS and report directly to IHS staff after completing at least 90 days of State Employment. The IPA nurses assist with new referrals for community-based settings as well as identifying existing individuals in community-based settings that have a connection to an IHS facility. In addition, the nurses work on facilitating referrals for patients who are already in facilities but may be eligible for services provided through care coordination agreements (CCA). The IPA nurse position was suggested by IHS as a way for IHS to participate in the shared savings designated for IHS and to reduce administrative burden to IHS for services provided through a CCA.

Governor Noem's proposed budget for fiscal year 2021 includes an IPA mid-level practitioner such as a Nurse Practitioner or Physician Assistant. This provider would be able to see patients to generate encounters for IHS as well as facilitate referrals under CCAs.

Sarah Aker provided an update on the status of referrals. Andi Ferguson, the IPA nurse in Pine Ridge, and Vickee Anderson, the IPA nurse in Cheyenne River, have been

working on referrals. Cassie Long will start on March 9 and will be assigned to Rosebud. Andi has been working with IHS to test telehealth technology and how IHS's telehealth technology could be used by Psychiatric Residential Treatment Facilities (PRTFs) and other providers for referrals for existing patients.

Sarah provided a report with the active referrals for nursing facilities and PRTFs completed by the IPA nurses. Sisseton IHS is working directly with Human Service Agency to establish referrals for Community Support Provider (CSP) patients. Community Connections Inc. is working with Rosebud to renew their 23 referrals for CSP patients.

Deb Fischer-Clemens asked about the location of the mid-level practitioner. The mid-level IPA position will be posted across the state, but the hope would be to hire in Pierre. DSS anticipates that the mid-level will travel around the state to see patients and facilitate referrals both on-site at IHS and at CSPs, nursing facilities, and PRTFs to do referrals. DSS also anticipates utilizing telehealth for encounters for the mid-level provider.

#### Savings Report and Shared Savings Update

Bill Snyder provided an update on the CCA report. There have not been any new CCAs signed by IHS since the last meeting.

Jerilyn Church provided an update from Great Plains Tribal Chairman's Health Board (GPTCHB) regarding the status of the pending CCAs. Tribal leaders have been inquiring about Medicaid expansion indicating that tribes worked to put CCAs in place under the impression that savings generated would lead to Medicaid expansion. Tribes requested to pause signing of CCAs until the original intention of the CCA is revisited. Tribes want to evaluate the Medicaid State Plan and the feasibility of Medicaid expansion including the impact expansion would have on tribes. Tribes have hired Doneg McDonough as a consultant to assist with the evaluation. Brenda indicated that the state evaluated Medicaid Expansion after the 2016 election and determined there was not legislative support to move forward. At that time, the Health Care Solutions Coalition pivoted to reinvest savings generated from the agreements to strengthen the Medicaid program. Jerilyn reiterated that the CCAs are a challenge for tribal leaders because IHS and tribes are not seeing the same benefits as other providers through shared savings. Tribes and IHS thought they would be able to participate in shared savings but are not able to due to federal anti-kickback laws. Melissa expressed the desire to investigate additional avenues that savings could be utilized to benefit tribes and IHS.

Bill reviewed the State General Fund Savings Report. DSS is tracking claims for American Indian recipients that are referred from IHS to a non-IHS provider. The report illustrates the state savings generated from those claims broken down by provider. Bill noted that the state is on track for referrals from hospitals and nursing homes. PRTF referrals are a little behind target due to the time it took to develop processes and make

connections with these facilities.

Bill went over the Care Coordination Benefits Report with the group. - With the initiation of CCAs, the state has seen \$11.3 million in savings; 100% of the savings has been reinvested in the Medicaid program. The Care Coordination Benefits Report details how that \$11.3 million has been reinvested. The savings have been used to add substance use disorder (SUD) treatment for adults, increase access to mental health services through the addition of new mental health provider types, add community health worker (CHW) services, and increase reimbursement for targeted Medicaid provider rates for community-based providers. Brenda explained that these additions benefit to tribes. Tribes that are already providing SUD treatment and CHW services are now eligible to enroll and receive Medicaid reimbursement for those services. The savings were also used to provide \$6 million in innovation grants in the areas of primary/prenatal care and nursing facility services. The Care Coordination Benefits Report includes detailed information regarding the utilization of the new services, broken out to show utilization by American Indians and all other Medicaid recipients. There are 270 recipients who have taken advantage of the added SUD services and 500 recipients that have taken advantage of the expanded behavioral health services the first six months of SFY20. As we move forward, we expect utilization to grow and the number of enrolled providers to increase.

Doneg requested a comprehensive fiscal report with both the state and federal expenditures. DSS will share the requested information.

### **Next Steps**

Deb Fischer- Clemens asked if DSS has received any feedback from IHS regarding the work of the IPA nurses. Andi provided information about the work she has done and how it has had a positive impact on IHS staff in Pine Ridge. Andi has been able to provide additional tracking and monitoring for IHS for patients that are discharging or transferring facilities. She has also been able to work with tribes to problem solve unpaid or denied claims and get them resubmitted to Medicaid to reduce the burden on patients and Purchase Referred Care (PRC). Laurie Gill suggested doing a survey to be able to gather more feedback regarding the IPA positions. DSS will work on a survey

Kathy Bad Moccasin asked about the mid-level provider and what conversations have happened with IHS regarding this position. Brenda indicated that the mid-level provider was part of the proposed budget, but we need to wait to see if it is part of budget approved by the legislature. If it is approved DSS will initiate conversations with IHS to develop a plan for implementation.

### **Next Meeting Date**

Melissa suggested holding the next meeting in-person in June. The group proposed June 11, 2020 at 11 am CT as the next meeting time.