

**Community-Based Providers Shared Savings Workgroup
Meeting Minutes
Thursday, June 11, 2020
11:00 a.m. - 12:00 p.m. (Central time)**

Attendees: Laurie Gill, Melissa Klemann, Cassie Long, Sarah Aker, Samantha Hynes, Vickee Anderson, Deb Fischer-Clemens, Rep Jean Hunhoff, Gil Johnson, Brett Hoffman, Mark Limberg, Melony Bertram, Bill Snyder, Thomas Syverson, Yvette Thomas, Kathleen Bad Moccasin, Dan Cross, Denice Houlette, Jerilyn Church, Tom Martinec, Shawnie Rechtenbaugh, Tatiana Johnson, Brenda Tidball-Zeltinger, Virgena Wieseler, Tiffany Wolfgang, Terry Dosch

Welcome /Introductions

Melissa Klemann welcomed the group.

Review March 4 Meeting Minutes

Melissa reviewed the minutes from the March 4, 2020 meeting. There were no comments or questions.

Updates on Progress and Developments Since Last Meeting

Status of Care Coordination Agreements

There are numerous care coordination agreements still pending with Indian Health Service (IHS). Following the March 4 meeting, the Governor's Office, Department of Social Services (DSS) and Great Plains Tribal Chairman's Health Board (GPTCHB) have engaged in ongoing dialog regarding the pending care coordination agreements and improving access to care for American Indians. Laurie Gill commented that communications with Jerilyn Church and GPTCHB have focused on the Medicaid State Plan and making sure Medicaid State Plan services meet the health needs of American Indians enrolled in Medicaid. A letter detailing the content of these discussions is included in the meeting handouts. Additional meetings to continue the conversation are being set up between the Governor's Office, DSS, and GPTCHB. Jerilyn noted that she looks forward to the continued conversation and that it has been a challenge to keep this as a priority while dealing with COVID-19. Jerilyn noted that addressing the COVID- 19 PHE has reiterated how important it is for tribal health programs to leverage all available resources in order to provide services to patients.

Status of Referrals

Sarah Aker provided an update on the status of referrals. Included in the meeting handouts is an outline of Intergovernmental Personnel Act (IPA) referrals the handout is broken down by facility, active referrals, pending referrals, and community support providers (CSPs). Referrals have slowed down during COVID-19, however IPA nurses continue to work on facilitating referrals. In addition, the IPA nurses are assisting IHS to respond to COVID-19 by taking shifts on the IHS COVID nurse advice line, helping to answer questions about COVID-19 and share CDC

guidelines. Pine Ridge IHS recently lost both of their nurse case managers; one of the DSS IPA nurses Andi Ferguson stepped in to assist with the nurse case manager duties in addition to her regular duties while IHS works to hire new case managers.

Medicaid is working on implementing new technology that will allow providers to track IHS referrals. DSS is adding technology to the Medicaid Provider Portal allow providers to add a referral if one was not present at the time of claim submission or if the claim did not include the correct referral. This will make it be easier for providers to identify opportunities to add referrals while the claim is still in the DSS que before the claim is processed or denied. Once this feature is available on the Medicaid Provider Portal, information will come out on the listserv, DSS will also do a webinar for providers and will provide a user guide.

Representative Hunhoff asked about vacant positions in Pine Ridge, and if the open nurse case manager positions are with IHS or if they are IPA positions. The positions are with IHS. Andi has stepped in to take on additional job duties on top of her current responsibilities.

IPA Update

DSS's budget request included a mid-level IPA provider such as a physician assistant or certified nurse practitioner to work on care coordination referrals and monitoring. DSS has drafted a requisition for a mid-level provider and shared the requisition with IHS for feedback. The position will be posted on the South Dakota Bureau of Human Resources site. Once the position is posted it will be sent out to this group. Representative Hunhoff asked about the location of the provider. The preference is for the provider to be located in Pierre with travel to other parts of the state and service delivery via telemedicine; however, the position will be posted statewide.

Savings Report

Brenda Tidball-Zeltinger reviewed the provider shared savings payment report. Shared savings payments are based on a tiered system. A provider is eligible for a 5%, 10%, or 15% shared savings payment based on the state savings generated from referrals. The report outlines FY 20 payments made to providers for the calculation period of May 2019 through April 2020. The State is able leverage federal match on these payments with approval from CMS via a State Plan Amendment (SPA) for hospitals and nursing facilities and a 1915(c) HCBS Waiver Amendment for CSPs. DSS made hospital and PRTF shared savings payments on June 10 for both the federal and state amount; a SPA for these groups is currently in the public comment period. Nursing facility payments will be made on June 17 for the state share of the payment. Since this is the first year of payments for nursing facilities, DSS and the Department of Human Services (DHS) will wait until the nursing facility shared savings SPA is approved by CMS before distributing the federal share of the payment. The state share of the CSP shared savings payments will also be made on June 17; CMS approval of the 1915(c) HCBS waiver amendment is needed prior to payment of the federal funds. CMS approval is required annually for any shared savings payment where federal funds will be used. Due to the time it takes for CMS approval, DSS may need to make some changes to time frame used to calculate shared savings payments in future years in order to have CMS approval for the federal amount prior to making share savings

payments.

The Families First Coronavirus Response Act has temporarily increased the FMAP by 6.2% for every state in order to help states respond to the COVID-19 public health emergency. The increased FMAP is retroactive back to January 1, 2020. As a result of the increase in FMAP the state share for Medicaid expenditures is lower than originally anticipated. This causes a reduction in the amount of savings generated from care coordination agreement referrals but increases the federal match on state savings reinvested into the program and shared with providers. DSS is in the process of re-calculating new shared savings monthly reports for January, February, March, April and May. The new shared savings reports will be posted online to the DSS website.

Representative Hunhoff asked when the care coordination agreements started with long term care facilities and why the shared savings amount is lower for long term care facilities. Nursing facility referrals started at a later date than hospital services being provided under care coordination agreements. There are also a limited number of care coordination agreements in place for nursing facilities. Representative Hunhoff asked a follow up question regarding the need for long term care services for American Indians and if there were still shortage areas in South Dakota. Jerilyn explained that there are two reservations with nursing facilities. The challenge for long term care facilities is they can be funded through IHS, but they are not included in the budget or allocated any funding which makes it difficult for tribes to establish long term care facilities. There is a desire for tribes to increase home visiting programs and long-term care services so people can stay in their home communities.

Jerilyn asked for clarification on what DSS was waiting on from CMS. In order to use federal dollars to match the state share for shared savings payments the state needs approval from CMS. This is accomplished through the submission of a SPA. The SPA for nursing facility supplemental payments is currently out for public comment and will be submitted to CMS at the end of the public comment period. Jerilyn asked a follow up question about the letter that came out in mid-May about a SPA and if that was related to the shared savings payment. The SPA that came out in mid-May was part of the state's response to COVID- 19. The SPA was submitted to eliminate the cost share for COVID-19 testing under the emergency disaster SPA

Dan Cross asked about the SPA for supplemental payments for CSPs. The SPA for CSP shared savings payments is currently out for public comment. The comment period started on June 8th and lasts for 30 days.

Other Items

Deb Fisher-Clemens asked about community health workers (CHW) and if any progress had been made with that service. DSS has two agencies who are enrolled to provider CHW services, one of the agencies is providing CHW services as part of one of the primary /prenatal care innovation grants. DSS continues to work to enroll additional CHW agencies.

There were questions from committee members regarding coverage of home care services by IHS and tribes and if the coverage differs from state to state. Kathy Bad Moccasin explained that home care services would be covered under purchase referred care for IHS eligibles not eligible for Medicaid. Kathy noted that she would need to do additional research to determine if the service could be delivered by a provider outside of IHS for a member that is not Medicaid eligible and how it is covered in other IHS areas. IHS does utilize public health nurses to provide services in the field based on provider orders. Public health nurse services are reimbursed by Medicaid.

Deb Fisher-Clemens asked for information about how tribes and IHS are providing services to COVID-19 patients who do not require hospitalization. Sarah Aker explained Medicaid's coverage policies and added flexibilities in the areas of telemedicine, home visiting, and telephone visits. Kathy Bad Moccasin described how tribes are using public health nursing to care for patients with COVID-19. The type and scope of home visiting services provided are dependent on the needs of the recipient. Jerilyn shared that Oyate has set up an alternative care site for COVID-19 patients who cannot safely quarantine from the rest of their family. One of the challenges they are facing is caring for individuals who have special health care needs in the alternative care facility. The alternative care facility is not equipped to provide behavioral health or substance use disorder services. Oyate has reached out to Rapid City to find other organizations they can collaborate with to meet these needs.

Next Meeting Date

The next meeting is scheduled for September 9, 2020 at 10am.