South Dakota Health Care Solutions Coalition
Alternative Services Delivery Subgroup
Meeting Notes 04/04/2018

Attendees: Lynne Valenti, Kim Malsam-Rysdon, William Snyder, Brenda Tidball-Zeltinger, Shelly Ten Napel, Sara DeCoteau, Tim Trihart, Kelsey Smith, Sarah Aker

Welcome and Introductions

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

Review October 27 Meeting Minutes

This group last met on October 25 to review follow-up requested after the August 25 meeting. The discussion focused on the impact to access to care for FQHCs if the waiver was implemented as envisioned. Horizon Health and Community Health Center of the Black Hills provided information about the impact to service delivery as a result of increased revenue from the waiver. The additional revenue would help FQHCs build out services to those that are uninsured by expanding capacity for service delivery. There were concerns expressed with extending the OMB rate typically reserved for IHS and tribal 638 providers to non-tribal providers. Kim asked for follow-up information about a rate methodology that would be appropriate and the type of incentives needed to purse and support the waiver. One of the items clarified is that the intent of waiver is not to take away from a tribally administered health program or IHS, but that the overall goal is to increase access to care.

Shelly Ten Napel noted relative to the rate that there are health centers that get an OMB rate in Alaska and other places. Those are typically tribally run health centers, but there could be an opportunity to better meet the needs of American Indians and address cultural sensitivity. Shelly asked if a different rate and not the OMB rate could be justified to CMS and approved. Kim agreed this topic is the focus of the call.

Follow-Up from Last Meeting – Rates for FQHCs and RHCs

Brenda noted that regardless of the rate selected, the state needs to justify the development of the rate. The rate can take into account cost drivers associated with the proposed waiver as well as additional costs around record sharing and other processes that would deviate from the current encounter rate. As a starting point, the group should focus on creating a uniform rate, using the cost for FQHCs today as a baseline and identifying prospective costs that ares part of the development of the rate.

Shelly asked about what the prior rate modeling for the waiver looked like. Brenda indicated that the basis of the prior work was a different model and was not specific to this work. Brenda reviewed data elements that would be part of the rate calculation such as the cost report, and the added administrative, billing, and personnel time associated with implementing the waiver. The estimate coupled with the base costs of the facility could be used to develop a rate. Shelly asked if that type of justification would be approvable by CMS. Brenda said that in certain services, long term care as an example

where there are special populations or services, that the method she described can be used for creating an enhancement above the typical base rate to account for the added components of the services provided.

Shelly indicated that they are not able to present on that today, but could develop some data to look at that in the future. Brenda noted that we were not expecting individuals to have that information today but to start the discussion on alternative approaches to the OMB rate. Brenda suggested utilizing a template and starting with the pilot agencies' most recent Medicare cost report and scheduling a call with the pilot sites to work through the template and information that is readily available to develop a proposal. If the issue is the OMB rate, then an alternative rate should allow us to move forward with the waiver. Kim noted that she is not aware of other issues with the waiver application. The goal is to work through the rate issues and move forward with the waiver submission in the fall.

Shelly agreed that a recent cost report is a good place to start. Shelly asked about tools and if there is a possibility to work off the Horizon model previously developed. Kim explained that the previous model was designating an IHS clinic within the walls of the FQHCs, but that the state can look at the information previously developed and see if there is something that can be reused. Tim Trihart indicated that he supported using a uniform template from DSS. Kim noted that the state will set up a subcommittee for rate modelling. Shelly noted that information around health homes might be related to care coordination costs. Brenda noted that the plan will rely on current actual costs and identify future costs including some cost drivers.

Next Steps

The template and recent cost reports can be sent relatively quickly and the state can host a call to ensure people know how to fill out the template. Kim asked Shelly to inform Horizon Health Care about the call. Cost reports will be returned in about 3-4 weeks after the call.

Shelly recalled that Donna and Urban supported the OMB rate for Urban Indian and not other health centers. Kim confirmed that the state will look for a uniform rate across the demonstration. Sara DeCoteau noted that she is not aware of FQHCs in here area and is trying to follow the discussion.

Kim noted that a call for the full group will be scheduled in early June. Shelly thanked the state for keeping the process moving.

Next Meeting

TBD