

Community-Based Providers Shared Savings Workgroup
October 31, 2018
10:00 a.m. - 11:00 a.m. (Central time)
Governor's Large Conference Room, Pierre

Members Present: Kim Malsam-Rysdon, Gloria Pearson, Bill Snyder, Andrew Riggin, Marty Davis, Darryl Millner, Yvette Thomas, Virgena Wieseler, Brenda Tidball-Zeltinger, Sarah Aker,

Via Phone: Melony Bertram, Kathaleen Bad Moccasin, Dan Cross, Mark Deak, Mark Limberg, TJ Stanfield, Amy Witt, Corey Brown, Deb Fischer-Clemens, Denice Houlette, Lynne Valenti, Clint Graybill, Brad Saathoff, Gil Johnson, Deb Soholt, Bernie Long, Debra Owen

Other: Bob Mercer

Kim Malsam-Rysdon welcomed everyone to the meeting and reviewed the October 4th meeting minutes. There were no questions or updates to the minutes.

Updates on Progress and Developments since Last Meeting

- Kim Malsam-Rysdon gave an update on Governor's meeting with James Driving Hawk, Acting Director of the Great Plains Area Agency, on Oct. 17. Attendees included James Driving Hawk, Dr. Lee Lawrence, Kathaleen Bad Moccasin and Bernie Long from the Great Plains Area Indian Health Services (IHS) team and Governor Dennis Daugaard, Kim Malsam-Rysdon, Darryl Millner, Bill Snyder, Brenda Tidball Zeltinger and Yvette Thomas from the State team. Governor Daugaard reviewed the progress on this initiative and opened discussion on ways to partner to move the initiative forward. IHS agreed to create a central point of contact list for providers to know who they should work with at specific service units. Kathy indicated they will provide the list as soon as it is developed.
 - Deb Fischer-Clemens commented the contact list is important to move things forward.
 - Deb also commented that some individuals have been in nursing facilities for an extended period of time. Bernie Long replied that individuals should show in their system for as long as 10 years after a visit.
 - Deb also asked inquired if the Continuity of Care Document (CCD) is being received by the appropriate person at IHS. Kathy will follow up with the Clinical Coordinator to affirm that the individuals monitoring the email inbox are the appropriate parties to receive the documents.
- Nursing Homes:
 - Deb Fischer-Clemens reported that Sherry Lulf in Ft. Thompson has been a godsend. Avera has the service unit identified for all current residents and is reaching out to ensure they have the information they need. She hopes the process will get easier.
 - Corey Brown reported Sanford has completed two referrals. Sanford inquired about how to let the state know that the referral has been completed. Bill Snyder and Yvette Thomas will provide the billing directions to Erica and Corey with Sanford that will ensure the information is captured. Brenda Tidball-Zeltinger stated that instructions have been developed that includes information for each provider type; Medicaid will

send the instructions to the entire workgroup for reference. Corey also stated that Sherry Lulf in Ft. Thompson has been extremely helpful in this process.

- Bennett County is in the process of getting enrolled with the Health Information Exchange. There is already a good relationship between Bennett County Hospital and Nursing Home and the Pine Ridge IHS unit so we hope to build on this. Yvette continues to work on scheduling a meeting with Dr. Frei and the Black Hills Receiver (Golden Living) group in Rapid City.
- Psychiatric Residential Treatment Facilities (PRTF): Virgena Wieseler reported that Captain Williams was able to join the last State Review Team meeting. Sarah and Virgena have been working on communication for all PRTF providers, potentially this week. When a referral comes into the State Review team for a Native American child, Virgena and team are checking the database to see if the child has been seen in an IHS facility in the recent past so they can connect with the appropriate service unit. The team is not sure if Captain Williams will be the identified point of contact, however she did attend the last meeting in the interim. Bernie and Kathy reported that Dr. Lawrence will be leading this process.

Brenda mentioned that the information being requested on the referral form needs to be discussed. From an audit and quality assurance perspective, there is specific information that needs to be on file and there also needs to be a decision on a standard location where the information will reside for ease of auditing purposes.

- Community Support Providers (CSP). Darryl Milner reported Care Coordination Agreements (CCA) have been sent out to all CSPs. Darryl is also working on a template to use for the referral; CSP providers beyond the pilot agency are starting to ask about how the referral process works. The pilot agency and two other agencies are in the process of submitting a few individuals that appear to be IHS eligible so Darryl has been working with them to identify what information is required to complete the referral. Darryl also reported he had the opportunity to speak at the recent Advisory Council on Aging. One of the Council members is a physician's assistant at Rosebud IHS who was very interested in the process. Dan Cross reported that a lot of CSP's have logged into the portal to look up the individuals they have and stated that many of them were already in the system. Bill Snyder reported there are currently 8 CCAs from the CSPs pending with IHS.
- Financial Modeling: Brenda Tidball Zeltinger described the short meeting with the pilot agencies that occurred after the last meeting when a template was provided for projections. The template included a historical expenditure report on individuals dually eligible. The plan is to have providers submit their best projection of the number of referrals likely to be completed. While the historical information is helpful, new referrals needs to be the focus for modeling moving forward. Based on what providers have submitted, from a budget prospective they are looking at about 50% of new referrals for State Fiscal Year 2020 and 25% of new admits for SFY19; although budget projections typically end up getting refined throughout the year. Corey Brown added that he thinks the percentages may be a little higher as the process becomes established and providers are able to make those referrals right away.

Kim brought up the topic of new referrals versus current patient situations as it seems there is a difference in length of stay between provider groups. Marty Davis stated the prospective of getting a referral would be better if the person had been there less than two years for nursing homes. Virgena indicated length of stay would be less than 10 months for PRTF. For the CSPs, services are typically for a

“lifetime”. We will need to be realistic specific to the current residents and how length of stay will impact the referral process. For the purpose of projections, we are focusing on the pilot agencies identified.

Next Steps:

- Refine projections;
- Logic check with the pilot agencies;
- Present projections at the next meeting in November
- In follow up to the Governor’s meeting with James Driving Hawk, Governor Dugaard intends to continue to follow up with Indian Health Services in support of this effort;
- The full Health Care Solutions Coalition will meet on November 28th from 10:00-11:30 a.m. central time.

Next Meeting Date for Community Based Providers Shared Savings Workgroup:
November 28th from 9:00-10:00 a.m. central time.