

**Community-Based Providers Shared Savings Workgroup**  
**Thursday, March 7, 2019**  
**10:00 am- 11:00 am (Central Time)**  
**Kneip Building, Pierre**

**Present:** Kim Malsam-Rysdon, Brenda Tidball-Zeltinger, Darryl Millner, Bill Snyder, Yvette Thomas, Sarah Aker, Virgena Wieseler, Corey Brown, Greg DeSautel, Shawnie Rechtenbaugh, Andrew Riggin, Tim Rave, Melissa Klemann, Deb Fischer-Clemens

Via Phone: Melony Bertram, Amy Witt, Doug Daudelin, Karen Hudson, Conner Fiscarelli, Marty Davis

Kim Malsam-Rysdon welcomed everyone and reviewed the notes from the last meeting held on February 7, 2019. During the February meeting we discussed referrals, the Intergovernmental Personnel Act, and the need to get onsite meetings scheduled with IHS. Now that the federal government shutdown is over IHS staff should more be available for meetings.

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

**Nursing Homes:**

- Andrew Riggin from Bennett County reported that he had a meeting with Bernie Long this past month. They are in a unique situation because their nursing home is right across the street from the IHS clinic. Andrew stated they are serving people from the Rosebud and Ft. Thompson service units as well as Pine Ridge so not everyone would be referred from the clinic across the street. Bernie Long was going to talk with the IHS providers in the area first before Bennett County starts taking people over for nursing home referrals. They are waiting for Bernie Long to follow up. Bennett County has received some referrals on the hospital side.
- Deb Fischer-Clemens from Avera stated they identified 40 individuals in their facilities that might be eligible for shared savings but 11 of those individuals have already discharged. They currently have 14 referrals. Sarah Aker met with Avera staff to work out the billing and claim submittal process and their claims appear to be coming through appropriately. They need to work out an internal process to make sure that the IHS indicator and NPI remains on the patient record even if they move to another facility or service. The biggest challenge Avera needs to overcome is identifying if a person is eligible when the person shows up on their own and Avera is not aware if an IHS service unit is involved. Brenda Tidball-Zeltinger stated that DSS will eventually start to break out the different services on the billing report to help the providers. Currently, there are only 5 facilities billing but hopefully there will be more soon.

Deb also mentioned that the IHS service unit that they have been working with suggested the use of tele-medicine technology for referrals and monitoring updates.

- Corey Brown from Sanford reported that at their traditional Sanford facilities they have gotten referrals for about half of the people who are eligible. Many of the others that might be eligible have been there so long that it might be impossible to get referrals since they haven't been seen by IHS in many years. They are now working to get the Good Samaritan facilities involved after acquiring that organization late last year. Meetings have been set up with the Good Samaritan facilities at the end of this month, so he should know more about their population and possible referrals next month. Corey also mentioned that the biggest issue is flagging new individuals when they are first admitted.
- Brenda reminded everyone to check the IHS eligibility on the DSS Medicaid Portal. Brenda stated that DSS can once again send a list of eligible individuals to each entity to double check that the facility has them flagged properly.
  - Corey asked if DSS could also help with identifying the IHS service unit? Brenda stated DSS could look to see if a claim has ever been filed with an IHS location, but the final determination of the correct service unit would have to come from IHS.
- Conner Fiscarelli from Rapid City Regional reported that the hospital side of Rapid City Regional is attempting to get the referral process in place and working on how to share information between the hospital and IHS. The nursing home side is working with IHS in the Rapid City area to identify how to share information for the 30 day visit and needing to communicate all visits to various providers, the Emergency Room, etc. RC Regional is working to get IHS access into their system and will be discussing this during a March 18<sup>th</sup> meeting.
- Sarah Aker discussed a meeting at Sioux San in Rapid City with IHS, Black Hills Receiver and Dr. Frei, who is an IHS doctor that currently sees patients at nursing homes in and around Rapid City on a regular basis. They had a good discussion about how to develop policies and procedures for referrals and monitoring. There is another meeting scheduled on March 18<sup>th</sup> via conference call.

### **Psychiatric Residential Treatment Facilities (PRTF):**

Virgena Wieseler provided the following update:

- Still trying to determine who the contacts with IHS would be to schedule a meeting to go over the process.
- Brenda asked if the contacts that are working with nursing homes and CSPs could also help with the PRTF referrals? Can we possibly work

with these contacts initially?

- Deb stated that there is a particular contact at each service unit and would suggest reaching out via email first.
- Darryl mentioned Melony Bertram from Community Connections, Inc. in Winner has established a strong partnership within Rosebud IHS.
- DSS will proceed with contacting individuals within the service units to see if we can get the referral process for PRTFs started.

- **Community Support Providers (CSP):**

Darryl Millner provided the following update:

- There are 20 referrals in place, all from CCI in Winner. The target for CSPs is 33.
- CCI experienced some billing issues in the beginning but these have been resolved.
- Human Service Agency (HSA) now has a Care Coordination Agreement in place and they were sent a list of names of eligible people in their organization by DSS. HSA has reached out to Melony Bertram at CCI to get recommendations on how to proceed.
- Melony mentioned several people who are thought to be eligible but not displaying on the eligibility portal.
  - Brenda pointed out that if this occurs to be sure to notify DSS to make sure the eligibility is updated on the DSS side or the claim will not process properly.
- Kim indicated that IHS still needs to sign off on the other Care Coordination Agreements that the other CSPs have submitted and Sarah will add that to the agenda for the March 18<sup>th</sup> call with IHS.

### **Update – Intergovernmental Personnel Act**

Bill Snyder provided the following update:

- The positions have all been posted and as of today there are four applicants. The 1<sup>st</sup> interview is being conducted on March 8<sup>th</sup> with DHS and DSS staff involved in the interviews. The four applicants are all external and not State employees. Ideally, they would like to hire people that live or would move to the service area.
  - Kim pointed out that if they don't currently work for the State they must work for the State for 90 days prior to going to work for the IHS service unit.
  - Brenda stated they would want strong training on how the Care Coordination Agreement and referral process works and for them to be embedded in those processes right away.
  - Sarah mentioned that IHS expressed interest in getting a mid-level provider in place, such as a Physicians Assistant or Nurse Practitioner that could do more for the referrals and follow up. Kim asked to have this added to the agenda for the March 18<sup>th</sup> meeting with IHS.

## **Update on Budget Impact**

Brenda Tidball-Zeltinger gave an update on the budget impact for SFY2019. Total State General Fund Savings in January was \$627,136, total SFY2019 savings is \$4,153,966. This is on target for current year projections. The current status of all Care Coordination Agreements has been added to the update in the meeting packet.

Brenda stated that the last piece to implement from the FY19 budget recommendations is the Community Health Workers (CHW). This was submitted in the Medicaid State Plan Amendment with target implementation of April 1. Bill mentioned the need to start communication with providers about the enrollment process. Sarah stated that DSS Medical Services will provide support to providers on how to enroll as a CHW and will promote the program through this workgroup, each Tribal office, listservs and individual outreach. Deb stated she will reach out to their home care group at the hospital.

Yvette mentioned that Community Health Representatives in some of the reservation areas say they are limited in the services they can provide at this time; will this new opportunity help expand their activities? Sarah stated that they are doing a lot of CHW services that they will now be able to bill through Medicaid. Services provided through IHS or tribal 638 projects will be eligible for 100% FMAP.

Brenda stated they have also sent an amendment to CMS to facilitate Shared Savings payments to providers leveraging federal Medicaid match. No other states are approaching supplemental payments in this way and CMS is highly scrutinizing supplemental payments in general. We are hoping that because CMS has approved supplemental payments based on serving at risk populations in other states that CMS will approve this. If this approach is not approved the alternative is to implement the enhanced payment through a rate setting process. The amendment was submitted in early February and CMS has 90 days to respond or ask for additional information.

Brenda gave an update on the Innovations Grant. The bill has made it through the legislature and is headed to the Governor's desk. There is a meeting later today to work out the process to solicit ideas, evaluate those ideas and award the money. The goal is to get the competitive application out as soon as possible. April 1 is an initial target date. Determining the evaluation process and ensuring providers have meaningful ways to measure performance outcomes will drive the final timeline. There are two areas of grant funding-primary and prenatal care grants and nursing home grants. We want to make the process easy but thorough. Other states have done something similar so there are template examples available.

Future meeting agenda items include review of provider shared savings tiers.

- Next Meeting Date: Wednesday April 17, 2019  
10:00 a.m. to 11:00 a.m. central  
time Meeting Invite to be sent  
prior to meeting In-person or

call in option