

Community-Based Providers Shared Savings Workgroup
Thursday, February 7, 2019
10:00 a.m. - 11:00 a.m. (Central time)
Kneip Building, Pierre

Present: Kim Malsam-Rysdon, Brenda Tidball-Zeltinger, Darryl Millner, Bill Snyder, Yvette Thomas, Denice Houlette, Sarah Aker, Virgena Wieseler, Corey Brown, Tammy Hatting, Tim Rave, Greg DeSautel, Shawnie Rechtenbaugh, Sen. Wayne Steinhauer

Via Phone: Melony Bertram, Marty Davis, Brett Hoffman for Mark Deak, Amy Witt, Kathy Bad Moccasin, Deb Fischer-Clemens, Mark Limberg, Dan Cross, TJ Stanfield, Doug Daudelin, Gil Johnson, Paul Hubbeling, Andrew Riggan, Terry Dosch, Anthony Erickson, Melissa Klemann, Bernie Long

Kim Malsam-Rysdon reviewed the day's agenda, welcomed new members to the group, and reviewed the notes from the last meeting, held on January 3rd, 2019. The January meeting focused on the continuing activities of Nursing Homes, Psychiatric Residential Treatment Facilities (PRTF) and Community Support Providers (CSP) to implement the shared savings policy. Updates were shared on potential referral numbers of each provider group as well as efforts to get care coordination agreements signed.

Updates on Progress and Developments since Last Meeting

- Care Coordination Agreements – There are a number of agreements that have been signed by the non-IHS provider, but are pending signatures by IHS staff. When the January report becomes available (anticipate report will be available next week), it will reflect a greater number of signed agreements as many were signed in January.
- Kim thanked SDAHO for their partnership in educating hospitals and getting agreements signed. Tim Rave responded they will continue to assist; send the list of agreements needed to him and he will connect with the hospitals to facilitate signatures.
- Sen. Wayne Steinhauer recommended adding a column to the Care Coordination Agreement Table to reflect the Shared Savings Agreement information. The workgroup agreed this would be helpful; an additional column will be added to the report.
- Brenda Tidball-Zeltinger indicated there was \$650,000 in savings for December. Savings through December was 3.5 million. Tim Rave asked if any savings could be attributed to nursing homes and Brenda responded the nursing home savings will likely be reflected in the January report. Brenda explained how the Shared Savings are processed:
 - Claim is received by Medicaid Management Information System (MMIS);
 - Check to verify if recipient is American Indian and IHS eligible;
 - Check to see if the care coordination agreement is signed;
 - Medicaid payroll is run every week;
 - Drawdown of federal funds is initiated once payroll has been completed.
- Currently there is one care coordination agreement for each provider system. It was asked if the savings will be calculated per individual provider or only at the system level. Savings payments will be calculated at the system level. Tim asked if the savings report will break out nursing homes if they fall within a larger system. Brenda replied this can be worked on for future reports.

Federal Policy Implementation – Care Coordination:

- DSS/DHS put this document together thinking it would be helpful to workgroup members;
- What is referred to as current care coordination is the hospital/dialysis referred care which has been ongoing for the last year and a half within the DSS Medical Services budget and reflects savings through those referred care agreements. The resulting saving is targeted in the SFY 20 budget to support mental health provider, community health workers, and provider increases. Substance abuse was fully funded during SFY19 so there will be no ask in SFY20.
- The target for current care coordination is now projected to be 1.5 million higher than what was originally thought, resulting in provider increases of 0.7% in her budget, Governor Noem recommended additional funds to round up the provider increases to 1%.

- The “Community Based Providers” worksheet provides detail on the total SFY20 % increase that will be assigned to all community based providers, by category.
- New referred care (nursing homes, psychiatric residential treatment, community support providers) are projected to generate savings of 2.9 million. The Governor’s recommendation is to fully fund the rate methodology for psychiatric residential treatment; additional dollars above that will be used to offset other growth in the program. Nursing homes will receive an additional 1.5% and Community Support Providers (CSP) will receive an additional 1%. The total of 5% increase for nursing homes comes from 2.5% inflation + 1.0% from “current” care coordination agreements assigned to all community based providers + 1.5% from “new” care coordination agreements.
- Commissioner Clark provided a handout that broke these numbers out by each group in her budget briefing.
- We are really making progress on funding the rate methodologies to 100% as we move along.
- Sen. Steinhauer suggested that, for nursing homes the actual increase rate could be as much as 6% if the client credit was considered.

Updated on Referrals:

- **Nursing homes:**
 - Deb Fischer-Clemens reported there are still some questions surrounding the billing and ensuring the correct number is provider. Avera has a few outstanding referrals, but no issues with them; they are currently creating a protocol.
 - Corey Brown – Sanford has had a number of discussions about this process/policy in light of their recent merger with Good Samaritan; this project is pretty high on the priority list for the Good Samaritan facilities. Corey asked if the State will help identify referrals. Yvette Thomas responded that adjustments are being made to the Level of Care process for an IHS “check” to be completed; this adjustment should be able to be made quickly. Corey thought this would be helpful.
 - Andrew – Bennett County has nothing new to report. With the federal government shutdown, we haven’t been able to meet with IHS. Yvette mentioned that there are some possible dates for the end of February.
 - Bernie Long shared that they haven’t had a lot of time to get caught up from the limitations imposed by the partial government shutdown, but may be going to Pine Ridge for other meetings and will look to coordinate a meeting if possible.

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

Virgena Wieseler provided the following update:

- All care coordination agreements have been returned; Bernie was not able to set up a meeting in Eagle Butte prior to the shutdown.
- Some work has been done to add additional information to the PRTF form.
- Virgena and Sarah Aker have been communicating with Darla McCluskey on the referral process. She indicated she would look into it and get back to them.
 - Bernie indicated Darla has returned to Nebraska, but is available by phone. Bernie’s work with Darla has been specific to telemedicine but he will work with her on this topic.

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

Darryl Millner provided the following update:

- 14 referrals – All from CCI in Winner – Melony Bertram did a lot of work to get this done.
- Received a signed agreement from HSA, in Watertown, New Horizons
- Dan, Melony and Darryl have been in contact with HSA to offer assistance if needed
- Melony reported some of the referral visits have taken more time than originally anticipated. Have four scheduled and 6 more to complete after that.

- Dan Cross noticed on the Care Coordination Agreements Table that LifeQuest in Mitchell was missing. After short discussion it was determined this was an error, the table will be updated.

Update – Intergovernmental Personnel Act

- The Intergovernmental Personnel Act is a way to address the need for a designated contact person for referrals using state staff detailed to IHS. Bill reported on a meeting held earlier in the week with nurses currently employed with DHS or DSS to explain the opportunity to current staff, with similar job duties currently, who may be interested in moving into this position. The goal is to detail nurses to positions in Pine Ridge, Eagle Butte and Rosebud. There has been some preliminary interest.
 - Members wondered if the position has to be an LPN as opposed to an RN, or even if the positions need to be filled by nurses. The discussions with IHS centered on agreement that the positions be filled with nurses, at least initially. Greg DeSautel suggested the option looking for nurses already located on the reservation so the person is truly embedded in the system and would be an integral part of the IHS team.
 - The announcement will be shared with the workgroup for further distribution.
 - Sen. Steinhauer questioned the duties of these positions and if their job requirements have been defined. Yvette responded a job description has been developed working with IHS; the job description was written for a nurse. Kim shared that in thinking about what these roles would be responsible for, determining medical necessity using clinical judgement, a nurse would be required. These positions will also help with discharge planning when appropriate so the individual can return home. Brenda mentioned that as we move forward, these job duties can become more detailed and the positions may evolve over time.

Next Steps:

- Shared Savings Amounts – Sen. Steinhauer suggested that the tiered savings process should be evaluated to make sure it still makes sense that the largest tier of savings goes to the largest providers.
- Innovation Grants – This effort is to support innovative ideas to help people on Medicaid stay healthy and decrease the health care costs. Senate Bill 173 is a special appropriations bill, working its way through the Legislative process, suggested to be funded at \$1 million for primary care and prenatal care grants and \$5 million for nursing facility care innovations. This is an exciting opportunity to test some new models of care.
- Members asked if the group or the State is aware of what other states are doing with the Referred Care opportunity and where they are at in the process. The State of Wyoming has been pretty active, but is working more with tribes vs. IHS. North Dakota has been working on the opportunity and there have also been a couple of calls with New Mexico, who is looked to get started with the opportunity. Alaska has been involved in this opportunity, but is more focused on transportation enhancements.
- Bernie Long would like a meeting to be scheduled with him, Kathy Bad Moccasin and State staff to get Bernie and Kathy up to speed on the IPA discussions with IHS office in Baltimore; Bernie will schedule a call.
- Next Meeting Date:
 - March 7, 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