

SBWC: Finance and Sustainability Workgroup Meeting October 22, 2020

Attendees: Josh Aidala, Yvette Santiago, Connie Feeley, Sandi Fox, Logan Becker, Stephanie Miller, Tyneisha Jabbar, Deanna Rigby, Dwayne P.

Shannon presented the questions, literature review and barriers to billing third party insurance for services in SBWCs as well as best practices from Colorado.

Yvette Santiago asked if in the literature review HMA was able to determine if SBWCS in other states provide oral and hearing services. HMA will investigate that and get back to the workgroup next meeting.

Yvette asked if the literature review included financial models that Delaware could use as a guide.

Workgroup decided to work together on the following questions.

How do states work with federal guidelines in terms of reimbursement?

Yvette Santiago mentioned that if Federal guidelines are too difficult it was important to understand how Delaware could prepare, she mentioned that at the state level Delaware had have more opportunity to work on this and prepare. Tyneisha mentioned the guidelines were clear and were sent to the group in terms of how the SBWCs are reimbursed.

SBWCs provide similar services and some due to needs may need to provide different services. Yvette Santiago mentioned the importance of using CHWs to get reimbursement. Tyneisha mentioned that it was important to see the provider types and see if Medicaid could be used or added under Services provided by SBWCs. Yvette asked Tyneisha if she could check if CHWs and patient navigators could be added to the providers allowed to bill under SBWCs. Tyneisha indicated she need the names and what they are in order to make sure they meet federal guidelines. For example, admin services may not be included.

Connie Feeley indicated that Community Health Workers are extensions of the providers, provide supports, referrals and linkages to services. They do not provide a clinical service. The group discussed about reimbursement for social services to be reimbursed within SBWCs and the types of providers that need to be added as reimbursable types under Medicaid.

Tyneisha indicated they pay for services but not the provider that provides the services.

For private insurance this would have to be added to code by legislation.

Dwayne indicated that one of the things that must be established is the benefit of credentialed but verify and confirm if this person can provide the services that are being provided.

If CHWs are certified they are paid in other states.

Tyneisha indicated that the state plan includes this but currently that is not valid in DE. Medicaid would have to make an amendment to the state plan to add CHWs.

The group discussed the idea to add CHWs to the state plan to make sure CHWs are reimbursed while providing services in SBWC.

Connie is there a way for providers to analyze services needed by clients. For example, child does not have had immunizations.

Tyneisha indicated that they have a claims management not to case manage.

Dwayne indicated they have care managers and programs in place to make sure members get the care they need.

The group discussed about the importance of providing supports to families.

Dwayne mentioned there is an opportunity to do outreach when kids are at the SBWC setting. As well as work on care coordination between Medicaid and SWBCs. Collaboration can happen and it maybe less complicated than adding services to the state plan.

Tyneisha asked if Medicaid allows additional info than the T code. T1015 code at the encounter for asset rate and what services were performed under that encounter code.

CHIP covers medical services. Slightly above CHIP Tyneisha does not have info for that. Uninsured population to be covered next meeting.

What are the infrastructure/data needs to support more diversified, sustainable funding?

Denise Watson mentioned electronic health records would be part of the data needs as more providers are still doing paper records as systems are expensive.

Sandy Fox mentioned that has anyone worked on the data needed on the worksheet? Denise asked more time to complete. Sandy asked what cost is looked for under the cost column.

Logan Becker indicated that they have the charge, what is paid what is not paid, self-pay and allowance. His organization NP, Social worker and Admin model 250,000 along within insurance. How many students, revenue, payer mix, provider pay and sustainability. 20-30 % is Medicaid and the rest is bad debt. In kind, local grants, or private partnerships to cover the loss revenue of uncompensated cost.

Payer mix much easier to get by providers instead of by code.

What recommendations are needed to address the problem, needs, etc.?

Update cross work meeting yesterday.

Yvette informed the workgroup that some of the conversations happening today happened yesterday.

- Adding services and services enhancements to SBWCs.
- Matrix identified services but group was tasked to think of added services. For example, oral, vision and hearing screenings beyond initial screening to reach underserved children.
- Patient navigator, CHW are used to help families with needed resources and connecting them to needed services.
- Looking at uncompensated costs ang going back two school years to look at services provided in a school year.
- Costs for desired services is important budget needs to reflect this. Operating costs real vs. projected. Providers provide preliminary budget and state provides dollars.
- Group agreed it was important to account for capital costs