## SBWC: Finance and Sustainability Workgroup

**October 1, 2020**

**Minutes**

**Attendees:** Deanna Rigby, Yvette Santiago, Kathryn Fiddler, Chris Beardsley, Joanne Landry, Denise Watson, Leah Woodall, Dwayne Parker, John McKenna, Connie Feeley, Jon Cooper, Tyneisha Jabbar-Bey, Shannon Breitzman, and Ana Bueno.

Approval of minutes: Minutes from September 24th meeting were approved.

Shannon went over the Finance and Sustainability Worksheet. Connie Feeley and Denise Watson presented the CPT codes entered using the google Finance and Sustainability Worksheet. These CPT codes are used to bill Medicaid and/insurance carriers for services that are commonly provided by SBWCs. Members agreed to review the worksheet and add any CPT codes or services that are missing on the list.

Denise explained to the group that when doing billing there are two pieces that are needed 1. the CPT codes which is what you do and 2. the ICD10 which indicates why are you doing it.

Connie reiterated the importance to use the right code based on age.

The Workgroup agreed to stay as one large group to look at the rest of the worksheet as providers are key to the conversation.

Tyneisha added that for Medicaid covered enrollees all services are billed under the Medicaid T1015 code but not bundled this way for the other plans.

Dwayne Parker added that for Health Options and they only use the T1015. For FQHC they bill using the T code as well as the diagnosis codes and informational codes.

Shannon asked the group if the information on the worksheet will allow us to capture information about uncompensated cost.

Group discussed examples of issues that make it hard to capture uncompensated costs-when students come if for one issue but require other providers as other issues are identified (e.g., student comes in for pregnancy but requires a MH service). Denise Watson pointed out the complexities when a student is covered under a primary commercial plan and secondary Medicaid-difficult to receive adequate compensation as primary will pay a small percentage and because there is a primary, Medicaid will not pay.

Group discussed that commercial insurance is only reimbursing at about 8% of costs. Yvette Santiago raised to the group that it was important to focus on that low reimbursement and the issues related to that -can we influence a higher percentage of reimbursement? Denise Watson asked about global reimbursement rate information.

Leah Woodall indicated FQHCs get a global rate. Workgroup agreed that it was important to explore coordination of benefits for dually insured.

Leah Woodall suggested to add a list of what goes into uncompensated care for example, sports physicals, copays and deductibles, non-covered, denials, and dually insured.

Kathryn Fiddler indicated that they can’t share negotiated rates as they all are different and suggested to capture denials.

Jon Cooper added that looking at the Strategic Plan timeline is important to address the most critical aspects.

Denise Watson suggested that based on experience that the following issues have to be addressed on a larger level:

1. As Medicaid carries SBWC and they are the only ones that pay but the real issue is commercial payers overall commercial does not pay.
2. Commercial payers do not pay due to high copay or deductible.
3. Non insured issue is also a big one as kids are not turned away if they do not have insurance and providers eat the cost.

Denise also added that there is a social service cost to help navigate the system and connect to resources and that is a big cost for her organization. Leah mentioned through the chat that Denise is hitting on a very important priority. SBWC multi-disciplinary team approach should include a CHW or navigator, or social services coordinator for service linkage and help with enrollment

Jon Cooper added that connecting the kids with primary care providers is a major need and issue as payors do not pay for referral services.

Kathryn Fiddler added that care coordination and case management have codes attached.

Tyneisha Jabbar-Bey indicated that SBWC are considered clinics and health homes have different classification under Medicaid. Setting up a medical home is creating a new program from scratch and need CMS approval with clear definition on how they work and the services they provide including hours of operation.

Denise asked if that was state or federal level. Tyneisha indicated by both.

HMA will pull notes and listen to the recording to update the worksheet and refine it.

Next meeting the workgroup will focus on government grants.