

FINANCE & SUSTAINABILITY WORKGROUP

Date: 10/08/2020

Time: 1:00 PM – 2:30 PM

Location: <https://healthmanagement.zoom.us/j/98288905883?pwd=S3FsMjNVdURWL1ovMXI1SnNKVVAvZz09>

Facilitators: SHANNON BREITZMAN & ANA BUENO

Agenda

➤ **Welcome and Call to Order (5 minutes)**

- Jon Cooper
- Denise Watson
- Josh Aidala
- Amanda Sipple
- Chris Beardsley
- Yvette Santiago
- Deanna Rigby
- Kathryn Fiddler
- Connie Feeley
- Stephanie Miller
- Tyneisha Jabbar-Bey
- Sandy Fox
- Shannon Breitzman
- Janya Tagat

➤ **Review and approval of minutes October 1, 2020 meeting (5 minutes)**

- Deanna moved to approve, and Yvette seconded
- Approval of minutes

➤ **Update from Executive Sponsors on cross work group meeting (10 minutes)**

- Data & Best Practices is working on lit review of best practices
 - Part of that is research from other states—processes and operations, and how they are financed and sustained
- Focusing on trauma informed care
- Discussion about data and data collection
 - Asked to have that on the radar for TA as it relates to that for providers
 - Complex piece: collecting data at the SBWC and how it intermingles

with education and how data collection looks

- Drew populates the virtual binder every Monday—great resource to stay up to date
- Jon and Yvette shared the work of the workgroup at the cross work group meeting
 - They were extremely complimentary and excited about the work this group is doing
 - Shout out to Connie, Tyneisha and Denise
- Even though we are meeting every week and have intense schedule, we have a hard end date in Nov and want to get to that end date with actionable items for other people
- Notes from meeting are in virtual binder and Shannon will send them out to full workgroup

➤ **Check in on Finance and Sustainability Worksheet (20 minutes)**

- Denise added codes into worksheet
- Group did not want to break up into small groups to work on worksheet because they did not think anything could be filled in immediately
- Connie asked what could be added—seems more like from payer perspective—confused about how we're going to fill this in
- How can we go about filling this in?
 - Give to providers—they have this information. They know what they get paid and don't get paid on
 - Denise said according to providing contracts they aren't supposed to share rates they get paid – for her (can't speak for all) each school has a diff rate
 - Cost to deliver care is different, but reimbursement rate they cant provide
 - Shannon asked about providing range, but Denise said it changes year to year and wouldn't know how to discuss without discussing rate
 - Connie said under Medicaid we can just say yes or no because that will be the exact same rate
 - Column D: Commercial insurance – we could put FFS in one column but there are numerous carriers who all pay at a different rate and it's going to depend on what plan they have, what carrier, PPO
 - Maybe we just need to put FFS for CPT codes and the payers could put what they pay for that plan (change Column D to FFS?)
 - Confusion about what we are looking for in Type of Plan (Columns E and F)
 - We were trying to capture what we heard a couple meetings ago that with each type of commercial insurance they can choose multiple different kinds of plans

- This might not be the best way to capture this
- Can we make assumptions and use Medicare or Medicaid rate? Kathryn picks Medicare because it's out there and achievable
 - Then ask commercial insurers what % of people in DE have HD plan
 - Denise could provide payer mix as well. This could be a bit more helpful—we know that for Medicaid for most of the things that we provide they are going to pay for it.
 - Denise posed the issue of not receiving reimbursement for dually insured
 - Denise can provide % of uninsured, dually insured, DE Healthy Children – but other than % can't provide anything else
- Can we determine uncompensated costs to make recs about how to cover uncompensated cost
 - Denise can run report from Jan 1, 2019- Dec 31, 2019. Run payer mixes where there is uninsured, DE Healthy Children, Commercial, Medicaid, etc.
 - She can give % of uncompensated cost, total amount, and an overall cost for running the program for 5 schools for 2019 and we can compare uncompensated cost to that
 - Sandy said she can run reports but it will be time consuming and doesn't know if she can provide by the next meeting.
- Yvette- providers know this best. It's a lot of information, but looks to them to help provide what some of those parameters are around how do we get to the end goal saying here's what we know when it comes to providing services in a SBWC
 - Do we establish a public/private partnership to offset the uncompensated costs? Do we ask payers to help offset the uncompensated costs?
 - This is information we need to move forward
- Kathryn: Ultimately we are getting at what does a P&L look like without any other support?
 - No one gets into this to make a profit
 - PH says we give this money to help SBWC, but at the end of the day they don't produce data that says this is a bang for our buck. We know it's the right thing to do, as providers we just want to break

even

- Use Medicare rate because providers cannot share more. It will get us somewhere
- Connie: we know what's uncompensated—commercials pay low, family planning, sports physicals. If it wasn't for Medicaid we wouldn't be here
- **Next steps:**
 - **New spreadsheet: What does it cost, what is reimbursed, what is uncompensated?**
 - **Timeframe: 2017-18 and 2018-19 school years**
 - **Reports will: somehow in the data show here is where as a provider where we are experiencing the most difficulty. At the end of each year—here are all the great things that happened and here were barriers to providing care. HMA will be able to read these different stories with data and find the common denominator**
 - **Given the end goal (total uncompensated, and how do we narrow that?), can HMA just pull data from what is provided (might not be a one size fits all approach for pulling data, but just need to be able to get to the end goal)**
 - **Sports physicals and reproductive health are areas of losses where EOB could change—something to keep on radar**
 - **Providers will provide the reports to Shannon by 10/23 and HMA will populate spreadsheet**
- **Next steps for payers: give codes to carriers to get average rate and billable and non-billable column. Shannon will edit the spreadsheet and send to payers**
 - Use meeting time to review/check in
 -

➤ **Review of Government Funding and Grants (40 minutes)**

- Current State in Delaware and Problems/Priorities in Delaware
 - Shannon pulled out RQs that were most relevant to govt funding and grants
 - **What services are able to be covered through reimbursement vs. public funding vs. interagency partnerships vs. public-private partnerships?**
 - Which services are not getting reimbursed? Is it a harder mountain to move to try and get reimbursement from a different source?
 - Risk assessments bring out all the issues that the kids are dealing with. We use that for SUD—workflow. Would it be better to have outside funding for those types of services versus billing and having no reimbursement?

- One of the things missing in SBWC and not in PC is quality person – you need somebody dedicated. It’s the wraparound support to show the value of the work you’re doing
 - HIE, share data,
 - **Social services:** If nurse finds out that something is wrong, who follows up with next steps? Doesn’t necessarily get accomplished in WC but possibly could be
 - **Sports physicals**
 - **Reproductive services**
 - Do block grant dollars fund any SBWC in DE?
 - Usually for items, not salaries—salaries are the largest expense so grant funding doesn’t usually help their budget much
 - Do not want to rely on tax base
 - Opportunities to diversify funding?
 - Rep from Highmark at a meeting last year was talking about a value-based care fund – everyone took note because it was brought up as a possibility by a payer
 - Does the National School Based Health Alliance do any help with funding or know about federal funding that trickles down to the states?
 - Kathy Cannatelli would know—she is the liaison to the alliance
 - Care coordination
 - What infrastructure and data needs are there to support diversification in funding?
 - ACOs: There are things that you can do with these programs to understand quality and gaps in care across the board. Figuring out how to roll data together and learn from that (some schools are too small on their own)
 - Most VB models require 5000 lives at least—need to be able to aggregate this work
 - We have these ongoing structural funding issues that we all know about. We get sizable grant opportunities (e.g. SUD Grant), but it doesn’t get at our bottom-line operating costs
 - When other orgs in the state are contemplating granting money to SBWCs, it’s a conversation about what they need versus giving a grant for an additional program
 - Need money for baseline operating costs, not for programs
 - Need discretionary funding to use for whatever is needed
 - This could be a recommendation for funders
 - DE Partnership for Prosperity, DE Community Foundation, all these different orgs that have money available, but it’s usually very defined on for what it can be used
- Innovations and Budget Considerations

➤ **Adjournment & Next Steps (10 minutes)**

- Quick debrief
 - Shannon will share updated worksheet
 - Providers will pull reports by 10/23

- Next week will be a short meeting for check in/questions
- Shannon will send out notes from cross group meetings and working document with recommendations
- Prepare for next week's discussion: Third Party Billing and Reimbursement
 - Won't discuss this at the next meeting, but everyone is encouraged to go to lit review and look at this section so that we can have this discussion in a couple weeks