SBWC: Finance and Sustainability Workgroup Meeting

October 29, 2020

Attendees: Sandy Fox, Josh Aidala, Leah Woodall, Jon Cooper, Joanne Landry, Deanna Rigby, Denise Watson, Yvette Santiago, Stephanie Savini, Christopher Beardsley, Shannon Breitzman and Ana Bueno.

Yvette mentioned that there may be some cuts in funding for SBWCs and she felt it was important to mention that to the workgroup. Leah mentioned that the Health Care Advisory Committee looks at the funding source and last week had some difficult discussions as the amount of funding available is not enough to cover all programs. This committee is thinking about which programs they can cut and/or zero out. Across the board 10% or 25% to 30% cut from programs. They have asked DPH to check what the impact would be. The committee will make recommendations and vote on how to proceed.

Leah mentioned there is a strong need for advocacy to have same level funding for SBWCs and to show their value and impact at the upcoming advisory committee meeting. Yvette will send the links and information about this meeting to the workgroup by email.

Jon Cooper added the following through the chat function: The FY'2022 Scenarios for the Health Fund have been posted to the HFAC website: https://dhss.delaware.gov/dhss/healthfund/. For any feedback on the current scenarios or suggestions on future ones, please email comments by November 2nd COB to Kathryn.Evinger@delaware.gov. These comments will be shared with Health Fund Committee members and potentially at the next HFAC meeting on November 5th.

Yvette urged the leaders of the group to address the fact that cuts could potentially eliminate school-based wellness centers.

Jon added the following registration information about the above-mentioned meeting: Below is the link to the 3rd HFAC meeting zoom scheduled for November 5th, 2:00 – 4:00 pm. Please register in advance for this webinar: https://zoom.us/webinar/register/WN_QGjuGGOeSU6L6uvvYkffcg. After registering, you will receive a confirmation email containing information about joining the webinar.

Leah mentioned it was important to know that:

School-based health centers cannot sustain another budget cut. Most of the SBHC budget goes for salaries and fringe to fully operate and deliver services to children. In FY 16, the budget was cut 7.5%, in FY 17, 14.5%. Such tremendous cuts negatively impact center hours, services and positive health outcomes for children, youth and adolescents across the state.

- Based on the latest 12-month data 2018-2019 43% were from mental health services, these are needed services right now.
- Some indicators show there is an increase in vaping and smoking
- SBWCs could be taken out of the Health Fund and moved to the general fund budget-would be a more stable source.

Yvette mentioned that even funded by the general fund there is potential for budget cuts.

Jon Cooper mentioned that when looking at the list of programs funded by the health fund all programs seem to be important but given the group and focus the argument is only for the SBWCs support.

Critical for the workgroup to focus on funding for SBWCs. To cut SBWCs funding is irresponsible. Since SBWCs received several cuts already it would not be feasible to continue providing services.

Jon indicated he will get leaders to write a letter to present to the committee.

Review and approval of Minutes October 22, 2020: Motion to approve was made by Yvette and seconded by Jon Cooper. Josh Aidala asked to receive the information and materials for the workgroup. Josh gave Ana the following email: Joshua.Aidala@delaware.gov

Check in on data pull-Denise indicated that she should have it by tomorrow. Henry filing in for Katherine indicated could have data ready in about a week.

Check in on questions from previous meeting-Shannon mentioned that there are examples of oral and health services beyond just screening services in other states. Shannon asked members if they had any questions and referred to the documents she sent to the workgroup by email prior the meeting.

Yvette asked if there was anything about hearing and vision services. Shannon mentioned that there was only information about oral health services.

Finish literature review: Shannon presented highlights about uninsured populations

- In communities with high uninsured populations many services go unreimbursed.
- Delaware does not turn students away if they do not have insurance.
- Colorado developed the following best practices in financing services provided to uninsured:
    - Charge a sliding fee scale to uninsured patients at time of service delivery
    - Increase enrollment outreach efforts especially as health coverage access continues to expand
    - Reduce unnecessary expenses
    - Maximize billing for services and limit non-billable services to offset cost
    - Increase applications for public and private grant funding (long-term flexible non-patient revenue)

Medicaid/MCO Contracting: Overall, SBWCs serve a disproportionately high number of Medicaid beneficiaries, thus billing for reimbursement through Medicaid is a potentially valuable investment for SBWCs.

SBWCs have also been proven to enhance quality of care and contribute substantial cost savings to Medicaid programs.

Delaware Medicaid has specific policies on service reimbursement and required data metrics for reporting.

Recent research has pointed to financial advantages by incorporating SBWCs into MCO contracts, which more tightly manage and distribute value-based payments.

While research is ongoing, initial data have shown that by incorporating SBWCs into MCO contracts, plans are better able to coordinate and account for services provided and cost savings, and SBWCs are able to cover more preventive health education interventions and initiatives.

Several potential regulatory or legislative barriers to SBWCs participating in MCO contracts have been identified, but also identified is flexibility within state and federal legislation as potential solutions.

- Fee for service is the most common Medicaid payment method for SBWCs (78%), followed by monthly or annual capitated payments for primary care (35%) or care coordination (19%), or pay-for-performance supplements (27%).
- Medicaid has clarified that its "free care" rule preventing Medicaid reimbursement for services that other individuals receive for free does not apply to school-based services. It has also clarified that its Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit can be used to pay for mental health services. (Price, APHA)

Review key issues and potential recommendations

Current Delaware Medicaid agreements with SBWCs:

- Can be reimbursed for children's oral health services such as risk assessment, fluoride varnish, and anticipatory guidance
- Reimbursement for fluoride varnish includes oral health risk screening using the Oral Health Risk Assessment Tool
- Practitioners must also, provide referrals to Medicaid participating dental providers, coordinate care, check plan eligibility, provide educational materials on good oral health, document services
- Services are covered once every six months
- Medical sponsors can check Medicaid eligibility for students using the Delaware Medical Assistance Portal (DMAP) and Navinet

Jon mentioned that regarding IEP, the school district is providing educational speech therapy for Medicaid eligible and the SBWCs request reimbursement from Medicaid to pay for these services. Josh Aidala indicated the school district would not be reimbursed for services provided under IEPs. Connie Feeley mentioned Christiana does not bill for services provided or requested by IEPs. Can be reimbursed for EPSDT services for member if the provider complies with workbook guidelines.

- Local school district is considered the enrolled provider for services in an individualized education program (IEP) or school health program to be reimbursable by Medicaid
- Services can only be reimbursable for individuals who are enrolled on the date services provided, providers must enroll individuals before they provide services
- All services must be related to a medical diagnosis and services are administered as part of a written treatment plan or IEP

To better support Medicaid reimbursement for SBWCs, best practices have emerged in other states:

- Define SBWCs as eligible provider types

- Waive preauthorization for SBWCs or for specific services they provide
- Clear "product definition" of SBWCs for MCOs
- Require MCOs to reimburse or contract with SBWCs and reimburse for specialized care and public health education service
- Give SBWCs Medicaid financing inclusive of a per-member-per-month rate
- Increase the per member/per month (PM/PM) capitated
- Adequate and standardized quality assurance and reporting from SBWCs for MCOs

SBWCs providing more Medicaid services, especially reproductive health and asthma-related services, is associated with greater Medicaid savings. The net Medicaid savings of SBWCs have been estimated to be $1,352,087 over three years. SBWCs could save Medicaid about $35 per student per visit.

Maryland best practice: Per regulation, SBWCs can receive reimbursement from MCOs for designated services without contract or prior authorization.

Michigan best practice: SBWCs use a streamlined, centralized billing system for all billing claims, which enables them to receive payment fluidly from managed care plans.

Discussion:

Shannon asked the workgroup about what stood out to them regarding the literature review findings.

- Current state in Delaware and problems/priorities in Delaware
- Innovations and budget considerations

Denise Watson asked if best practices indicate that for capitated payments SBWCs are considered primary care providers. Denise mentioned this could be the strategy to get reimbursement.

Yvette mentioned that she was impressed by the Medicaid savings as she felt it was a big number.

Denise Watson wanted to know what parameters were used to measure the Medicaid savings and suggested the private carriers to probably do the same.

Josh Aidala clarified that he did not think the SBWCs could get their own PMPM rate.

Denise Watson clarified it would come from MCOs.

Josh mentioned that MCOs receive a capitated rate for services provided to children. He does not see it as a stand alone fee paid to the SBWCs.

Leah asked for clarity on what the workgroup is trying to solve as SBWCs get Medicaid reimbursement. There is global rate reimbursed depending on the site where the child is seen, and it seems robust.

Denise clarified she was thinking about a capitated payment used to come a monthly check to a primary care provider for their patient panel. Providers were responsible for each person's care. You got paid per client not for the services provided. Not a fee for service only a payment for each client on the panel. Leah asked if providers were asked to show improvement. Denise answered that providers had to show improvement for example management and improvement of diabetes.

Leah mentioned that would be a quality improvement project for the MCOs.

Sandy Fox indicated that AmeriHealth Caritas have capitate payments for their panel.

Shannon asked the workgroup if members think SBWCs should be considered primary care providers and move forward a capitated payment model.

Sandy Fox indicated that it could be a similar contract set up.

Denise Watson mentioned that she hasn't seen the capitated payments in Delaware only in Philadelphia.

Key Issues and Potential Recommendations

Shannon asked workgroup members to look at the following list to give feedback and check if there is anything that should be added to it.

1. Medicaid carries SBWCs-Commercial payors are only paying about 8% of cost of care
2. Uninsured or coverage churn-families on and off Medicaid or DE Healthy Children Program
3. Dually insured with commercial being primary-won't pay and Medicaid won't pay because child has commercial insurance
4. Cost of social services, care coordination/navigation/referral services
5. Need for global or bundled rate
6. Need for discretionary funding (to cover operating costs-salaries-as well as social services, sports physicals, etc.)

Denise mentioned the need to add commercial carriers under number 5 as that already happens with Medicaid.

Yvette Santiago mentioned that working with the SBHC stakeholder workgroup the group made recommendations and found it was important to look at the facilities and determine capital costs as well as specific criteria needed by SBWCs. Also, the importance of developing a process or policies for aging schools and what the costs look like. For example, Isenberg was an old school and they reconfigured a classroom to create a SBWC. To add or create a selection process on how SBWCs would be selected for capital improvements.

Henry (Logan Becker) asked is there a way to collaborate with commercial insurers. Shannon asked Henry if this was a recommendation or if he was asking the group. Henry answered both.

Leah asked Yvette if there was a source of funding like a rainy-day fund. Yvette indicated that the discussion was about commercial payers to help offset the costs. Yvette will go back to the list of recommendations created. Yvette mentioned that it was important to add a recommendation to create a private fund to offset uncompensated funds.

Denise Watson value added services provided by the SBWCs to be compensated somehow.

Yvette mentioned that SBWCs designation for more than one provider. Dual designation was explored. This is something she thinks affects sustainability where resources are limited.

Jon Cooper felt the list covered all the summary recommendations.

Shannon asked if foundations were supporting the efforts or work by the SBWCs.

Denise Watson mentioned that there are many foundations but most of them support charter schools.

Leah mentioned Rodel also funds this type of work.

Jon Cooper mentioned that he felt working with foundations would not have high success rate. Yvette Santiago agreed with Jon.

Workgroup members agreed to leave early next week at 2:00pm to attend the Health Fund meeting and that if needed another meeting will be scheduled.

Next week summary of interview data, budget discussion and review of materials previously sent to the workgroup.

Connie Feeley asked Leah Woodall if it was possible to partner with the DSAMH under the opioid response grant for BH screening and education. Leah said that is a federal grant and they monitor and track outcomes.

Meeting was adjourned at 2:23pm.