Steering Committee Meeting

Meeting Minutes from April 15, 2021

Attendees: Thowana Weeks, Amy Burnett, Kathy Cannatelli, Forrest Watson III, Terri Cook-Fasano, Ana Bueno, Priscilla Mpasi, Christine Visher, Gloria James, Cassandra Davis, Dara Hall, Uma Ahluwalia, Christina Bryan, Kristin Dwyer, Drew Hawkinson Jon Cooper, Shannon Breitzman, Leah Woodall, Yvette Santiago, Liz Brown, Dawn Alexander, Valerie McCartan.

Agenda Item	Discussion	Action Items
Welcome	• Uma welcomed the meeting.	
Approval of Meeting Minutes	• Jon motioned to approve. • Forrest seconds. Minutes were approved.	
Strategic Plan Structure	• Drew overviewed the Plan structure. • No questions.	•
Strategic Plan: Intro & Process	• Leah: I started working on comments about the Catalyst for the FY20 Budget Epilogue and what it means. The $340,000 is to establish SBHCs and the second component is to reimburse for SBHCs that have already been established. • Uma: DPH will clarify this point. • Leah: This has been a catalyst because this addition in the epilogue language has • Uma overviewed the challenge, process, and plan • Uma: What you are seeing here in the deck is what will be seen in the town hall. We lay out the value proposition for SBHCs. It is the return on investment that you are able to use for advocacy.	•
Strategic Plan: Goals	• Uma: For recommendation 12, the original one was to work with commercial payors to suppress EOBs, provide an all-inclusive code, and waive cost-sharing responsibilities and co-payments for SBHCs. We are reframing it into two different recommendations: 1 is to explore models for suppressing EOBs, the other is to explore models for all-inclusive codes for SBHC services and reducing/waiving of cost-sharing responsibilities.	• HMA to update rec 13 to read “all-inclusive rate with shadow billing”

	• Forrest: Once we are moving it from a goal to exploration, it is important to tag to financial support for this. The more SBHCs are impacted by the lack of EOB suppression and other all-inclusive code. • Liz: One of the major ways that Medicaid and any insurer calculates quality measures is by looking at claims data. One of the challenges with all-inclusive rates is that you don't get the individual claims for each service. I wonder if there is a way to change the wording so that it is not an all-inclusive code but encouraging a bundled rate but still requiring shadow billing for the individual services. There is a quality measurement component here that we should think about. • Uma: The language we are inserting is bundled rate with shadow billing for SBHC services. • Priscilla: Could a HCPCS type code be an option? • Kathy: By bundled, are you talking about the code that is used for Medicaid services for SBHCs? I thought that we couldn't bundle as we did 12 years ago. • Liz: I think bundled is the wrong term, we should use an all-inclusive rate. • Yvette: I agree with Liz. Our original discussion was about this all-inclusive rate. Payors have previously been engaged in discussions about EOB suppression and this may be a separate issue, but is huge for sustainability. • Priscilla: I was thinking of a HCPCS code different than a CPT code. If we are not using bundled payment, then I will take this off the table. I was thinking about an individual way to suppress the EOB, but still bill for the individual services. • Gloria: I think part of the discussion on our meeting was that these all-inclusive codes are already being used with Medicaid and Aetna, but not the other commercial payors. • Forrest: The all-inclusive code is similar to a bundled code but includes all services that SBHCs could provide. So every engagement at a SBHC, that code is billed. To Liz's point, the MCOs require us to report a CPT code associated with the all-inclusive code, this is potentially the shadow code. There are CPT codes about the visits that are assigned at a $0 charge. I think putting these concepts together helps to move us along with eliminating the barriers that insurers may see with this recommendation. Aetna has a different code that they set up. Most insurers accept HCPCS codes, so when we bill a specific	

	procedure, that is a HCPCS code. Commercial carriers already accept HCPCS code. • Uma: So there are some pathways, but the commercial payors and DOI need to be at the table. This is clearly an issue from a sustainability standpoint and there has to be a time limit for how this can be resolved. The authority for resolving this is not just Medicaid, or DPH, etc. The question of the clarity about accepting HCPCS code, etc. are things that need to be explored. How should this exploration be framed in the strategic plan? • Leah: I think if we could just emphasize that, for the viability and sustainability of SBHCs, these are important and need advocacy. DPH can't take the lead on this, this has to be a public-private advocacy arm to lead these conversations. They may not have gotten traction in the past, but it doesn't mean we can't include it. I want to make sure that everyone knows that when there was a conversation with the commercial payors as part of this process, they were adamant that this is a no-go, which is not new. But that • Liz: Suggested language: "all-inclusive rate for SBHCs services that still allow for claims-based quality measurement" • Yvette: Yes, the commercial payors were adamant, but they did talk about other states that have suppressed EOBs and they would be partners to figure out how it could be done for Delaware. We also talked about if Aetna could provide the all-inclusive code, so it could be done. The challenge for the commercial payors is that they wouldn't know what they were billing for. Another part is that another payor said they would be interested in having part of conversation with commercial payors about setting up a public-private partnership to set up a fund to help reimburse providers for uncompensated services. Even the commissioner's office was involved in this, a lot of it is based on historical discussions and information, so I don't want to lose these discussions and progress. • Kristin: Did other states suppress via legislation? • Kathy: I remember this. I think we should add what Yvette is talking about, the public-private collaboration to reimburse uncompensated services. This is something like setting up the fund. The point we made to the payors is that	

	we are helping you hit your HEDIS measures and not reimbursing, so I would think that you would be able to advocate for this. • Shannon: I think there has been a history of conversations, the conversation that Ana and I had more recently was that it seemed like the commercial payors were interested in having more conversations, but not the same conversations, so it could be this public-private fund conversation vs. EOB suppression. • Yvette: I think we need to help recall the conversations, because it is easy to remember the work. If we don't figure this out, then we will be in the same place 5-10 years from now. • Shannon: This conversation was with DOI and the payors. They talked about the idea of making up a fund to reimburse for services that are uncompensated. There was definitely a willingness to explore what the options are. They said the way we were presenting recommendation 12 was a no-go originally. • Uma: When we think about the structure of the plan, there are a couple of places where the nuances would be captured. Where do you want to put that? The recommendation will go back to the way that Liz discussed it. Then we point people to an Appendix note that captures what happens in the past and the point of figuring this out. There is documentation of the conversation and so it isn't lost. • Drew: A potential reframe is • Kristin: How does the public-private fund work? • Yvette: Part of this conversation was about creating a medium to create this fund. One of the things we suggested was, could we come to an agreement of a certain percentage amount each year that we are going to reimburse a percentage of losses for SBHCs. And then potentially other companies that are committed to funding SBHCs that would be willing add to this. • Forrest: I think waiving cost-sharing responsibilities is most beneficial for sustainability. It's a little different for the all-inclusive rate, so I would put it up with the EOBs. I could see cost-sharing tied to the sensitive service piece. • Gloria: The all-inclusive rate that you are talking about, does that go back to your individual SBHC or is it for all of the medical sponsors?	

	• Kathy: I think it is an all-inclusive code to say these services are provided in SBHCs, the rates are determined by the individual payors. • Forrest: The way I interpreted the code is that they want commercial payors to be reimbursed at • Uma: This has been an important and informative conversation, but I don't know that we have resolution. We have more resolution. The recommendation is to refine this recommendation the way it is suggested. We are going to capture the content in the way that we outlined and frame this.	
Strategic Plan: Financial Analysis	•	•
Strategic Plan: Next Steps	•	•
Open Forum	•	
Next Steps and Adjournment	• Uma: We will make sure that these adjustments are made. You will receive the draft plan on 4/16 by 5:00 PM. Please send your comments back by **April 30.**	•