

SBHC HB 2445 Workgroup
Meeting #2: October 29, 2013
Summary Notes

Attendees by represented organization: OHA Public Health Division, OHA Medical Assistance Programs, OHA Oregon Healthy Policy and Research, Bethel School District, CareOregon, Cascade Health Alliance CCO, Clackamas County Health Department, Community Health Center Jackson County, Deschutes County Health Department, Estacada School District, FamilyCare CCO, Health Share, Kaiser Permanente, MedImmune, Multnomah County Health Department, OutsideIn, Pac/West, Trillium CCO, Washington County Department of Health and Human Services, Union County Health Department, Yamhill County Health Department.

Introductions

- This is the second meeting of the workgroup. There will be a total of three meetings.

Recap – Workgroup Goals and Previous Meeting

- Workgroup mandated by HB 2445. The purpose of the workgroup to develop recommendations for SBHCs related to billing and reimbursement, PCPCH certification, and care coordination.
- First meeting laid foundation for workgroup and helped participants understand current state of SBHC/CCO relationships, specifically regarding PCPCH and coordinated care. Summary notes are available on the SBHC State Program Office website. www.healthoregon.org/sbhc
- Goal of second meeting: Develop recommendations for the effective and efficient care of SBHCs by CCO focused on care coordination and reimbursement. Opportunity for participants to share what's happening and understand problems/systems to help SBHCs be used more effectively.

Review of materials

SBHC Care Coordination Framework

- Core components of care coordination: Core elements identified in handout
- CCO Provider Network: SBHCs are part of this network; within SBHCs, different levels of PCPCH recognition. At minimum, all SBHCs must meet SPO certification requirements
- Common SBHC/Primary care provider utilization scenarios. Four main buckets for how students use SBHCs (not exclusive) and coordination of care is important in all scenarios. This is what is really happening at SBHCs. Scenarios do not necessarily apply for every kid utilizing SBHC and all scenarios could be happening at one SBHC. Any scenario could be happening at any PCPCH recognition levels, as well.
- The piece absent from framework is other network providers the student may be seeing for service. Because SBHCs provide easy access (and sometimes fragmented care), it is critical for SBHC providers to know where else child receives care and how to coordinate services.

Coordination of Care Discussion

What's working:

CCO relationships: Many report strong CCO/SBHC relationship. CCOs appreciate what SBHCs can contribute to health system in terms of primary care, prevention, insurance enrollment, high-risk client engagement. CCOs “get” public health; they are population-focused. Some SBHCs are included in CCO communications.

SBHC model: Works for “high risk,” frequent flier families and youth. SBHCs provide key preventative services for these populations. Aligns with CCO metrics and goals. Rural SBHCs fill gaps for patients who can't travel 50 miles for care.

Federally-qualified health centers (FQHCs): They seem well-positioned with care coordination; often have multiple PCPs in network - sometimes same PCPs in SBHCs and community clinics. SBHCs that are sponsored by FQHCs seem to have an easier time getting reimbursed for primary care services. FQHCs can transfer care in the summer to other clinics; some SBHCs become community clinics after school hours.

Communication with community providers: Some local providers know what SBHCs are, but relationships/role definition requires time to develop, especially if SBHCs acting as PCPs. Some SBHCs are able to fax client info to local providers to ensure care coordination.

EHR: Some CCOs use EPIC, so Care Everywhere helps coordinates care.

Challenges/barriers:

Relationship with local provider community:

- Some community providers often feel SBHCs are unnecessary to system. Providers have local political clout and some have pushed back against SBHCs seeking PCPCH certification and reimbursement.
- Local providers don't see value of SBHCs.
- SBHCs communicate with providers by faxing client information, but providers often don't know what to do with that information. Helpful to develop cover letter explaining reason for faxing patient information. SBHCs sometimes get info back.
- Local providers feel they “own” patients and SBHCs are competition for care reimbursement.

Role definition: Some SBHCs report lack of understanding of role that SBHC plays. Model varies according to location – some SBHCs only provide safety net services, while other SBHCs provide PCP, wrap around services. SBHCs, CCOs, and local providers all need to be clear about these roles and how everyone can work together.

EHR: Many SBHCs are on EPIC through OCHIN, but community providers are on many different EHR systems. Not sure how else to communicate with providers (except via fax). Need alignment of EHR systems among CCOs, SBHCs, and local providers.

Medical sponsorship: SBHC medical sponsor varies among the centers. Often difficult to secure SBHC medical sponsor. Non-FQHCs at disadvantage, especially when medical sponsor unable to provide extensive support. Some non-FQHCs would like CCO support in gaining FQHC status.

Populations served: SBHC clients are more high risk and often move around. Youth may not want to visit outside community providers if referred or assigned to them as PCP.

Identifying PCP:

- SBHCs often don't know who is assigned PCP; Patients also often don't know who is assigned PCP (students don't carry their insurance information).
- Assigned PCP in EHR may be different from in MMIS. Need to work with CCOs to make sure everyone knows who real PCP is. Rubber hits the road when it comes to reimbursement. When you have to look at two systems to find out the PCP, you're going to have some problems.
- SBHCs must look up assigned PCP for individual students, which is an inefficient method for identifying PCP. Would be better to receive list from CCO showing which students are assigned to SBHC as PCP, and list of community PCPs for their SBHC students.
- SBHCs play PCP role for many patients, even if not assigned as official PCP.
- Families should choose PCP themselves. Need to be intentional as far as role of SBHC for students. Process of changing PCP is inefficient for many families (two-step process).

Care coordination: If SBHC is PCP, the SBHC needs to be responsible for providing/coordinating care. If SBHC is not the PCP then the SBHC needs to be intentional about coordinating back with the PCP as far as the care the SBHC is providing for the student. No solid system yet for care coordination with network providers.

Referrals: Some SBHCs are acting as PCP, but not recognized as such, so its difficult to refer (requires prior authorization). Some patients come to SBHC exclusively, but majority have other PCP assigned by CCO. When a specialist is needed, patient must go back to PCP for a referral. Doesn't provide coordinated care and inefficient; slows everything down.

Integration of primary care and other specialty services: Different mental and dental health records and reimbursement systems.

How CCOs can help:

Educating community providers: CCO can help communicate the services SBHCs offer to community providers. CCOs could communicate that SBHCs are not duplicating services, but providing complimentary services. Include information on SBHC staffing pattern, services, and the population of students they are seeing, etc. CCOs could also delineate roles so that providers are all on the same page. Having CCOs help

communicate with community providers could be more effective than the SBHCs reaching out.

PCP assignment: CCOs and SBHCs need to communicate about which patients assigned to SBHC as PCP. SBHCs also need to know who patients' assigned PCP is, in order to properly communicate care. Potential to develop identifier to let CCO know that the provider also provides care at the SBHC? Because many providers provide care at SBHC and community clinics, CCO could send list of patients assigned PCP by provider name, so FQHCs can track assigned patients within clinic system.

Other areas of assistance: CCOs could assist SBHCs and community providers with EHR alignment and exchange of information. CCO could help SBHCs link with local providers to provide care outside of normal clinic hours.

Additional Comments:

Incentive funding could help CCOs and SBHCs meet recommendations. All recommendations should be representative of various SBHC systems and allow flexibility for regional variation, particularly in rural/frontier counties.

Possible Recommendations – Care Coordination

In order to optimize the effective and efficient use of SBHC by CCOs in the area of care coordination, the following recommendations and actions were identified.

Goal #1: To have a shared understanding of respective roles and value of SBHCs with community providers and CCOs.

- Information needs to be shared that explains the SBHC model, services offered, role in patients care, and the value of the SBHC to the CCO and community providers.

Action:

- SBHCs will provide a summary of their model including services as defined by their role in the patient's care and share the document with their regional CCO(s). CCOs will communicate this information to their provider network.
 - See State Program Office care coordination framework for potential roles in relation to PCPs.
 - The document should emphasize the core elements of the SBHC model including preventive services, accessibility and youth-focused elements of the model.
- SBHCs will provide data to the CCO that supports the prevention-based model of care.
 - Start with incentive metrics, such as Adolescent Well Visit.
- CCOs will convene/engage their provider network, including SBHCs, to discuss the role of the SBHCs in patient's care.

- The intent of this discussion would be to agree on ways to ensure efficient use of the SBHC and reduce duplication of services between SBHCs and community providers.
- The discussion is also intended to help build trusting and collaborative relationships across the CCO provider network that will allow for a more efficient referral processes.

Goal #2: SBHCs know the assigned primary care providers (PCPs) for their patients.

- In order to effectively and efficiently provide quality care to their patients, SBHCs need to communicate with the patient's PCP and vice versa.

Action

- CCOs will assist SBHCs in identifying who the PCPs are for the SBHC patients.
 - CCOs will provide a list of patients assigned to SBHC providers as their PCP. SBHC will provide list to CCO of their Medicaid patients to help identify non-SBHC PCPs for SBHC patients.
 - The intent is for the SBHCs, CCOs and other community providers to have a clear understanding of who is the patients' assigned PCP
 - ** need to assure confidentiality of care when information is shared between PCP and SBHC. What if youth does not want the assigned PCP to know they use the SBHC? Does a youth's right to confidentiality supersede the expectations around care coordination? Create system that allows for this?
 - **SBHC will need to send provider list to CCO and CCO send patients assigned to those providers as PCPs back to SBHC.
 - **Need timeline for how often reports will be sent.
 - CCOs will include SBHCs in health information exchange discussions to better utilize EHR in care coordination of patients.

Goal #3: Recognize there are specific services, mental, dental and specialty services that need to be specifically addressed regarding coordination of care between SBHCs and other community providers.

- SBHCs and CCOs need to include mental, dental and specialty services when talking about care coordination.

Reimbursement Discussion

How are SBHCs being reimbursed?

Fee-for-service: Majority of SBHCs are being reimbursed via traditional FFS model, including preventative health services.

Alternative payment methods: Some SBHCs in talks with MCOs to develop capitation payments (i.e. SBHC receives lump sum for patient's care, regardless of type of service) for private insurance patients. OHP patients on MCO plan will continue to be FFS.

CCOs are continuing to work out new payment methodologies for all patients (not just SBHCs).

PCP designation: For most part, PCP status doesn't impact how centers are reimbursed, although may be an issue at a few sites. SBHCs must communicate with PCP or other providers to ensure services not duplicated (and therefore not reimbursable).

CCO contract: Some SBHC are operating under contracts with CCO, others not; Contracts vary according to medical sponsor, FQHC status, etc.

There are was discussion around the possibility of incentive funds being used to bring SBHCs on to EHR systems.

Barriers:

Prevention/non-traditional services: There are many activities that happen in an SBHC that are not billable, including those that happen even before the actual billable portion of the visit occurs (e.g., check-ins, relationship development). SBHC needs other funding sources to cover the time and work that is non-billable.

Primary care services:

- Some centers are unable to meet patient-centered primary care home (PCPCH) standards due to funding or resource constraints.
- Centers may not receive full reimbursement because they not able to be recognized as PCP.
- Annual PCP services: Can only be reimbursed once annually for certain services (well-child, immunizations, etc.). Must communicate with other local providers (if SBHC is not PCP) to ensure services not being duplicated; This can be time-consuming. CCOs are working on building care coordination platforms to prevent service duplication, but it will take awhile.

Communication:

- Some SBHC are unclear on who to communicate with in the CCO regarding how coding/billing concerns.
- DMAP clarified difference between 03 placement (schools in public education) and 11 (medical office code). Working with CMS to determine SBHC-specific code.

Referrals: Some SBHCs can not refer to specialist. Patients often go to urgent care or must receive duplicative primary care visits in order to receive referral.

FQHC status: Wrap around payment is critical to sustaining SBHC under FFS model, but requires capacity to provide full services. FQHC medical sponsorship allows for the enhanced rate.

Confidentiality and billing: Information flows back unpredictably to patient's family because of external service providers (lab, etc.) and there is concern around maintaining confidentiality of services. Some SBHCs are not billing due to confidentiality concerns.

EHR: Some sites without EHR systems have reported billing issues.

Areas for improvement:

Alternative payment methodologies: Traditional FFS model doesn't capture time SBHC staff spend on non-traditional/preventative health services. Proposed models could include flexible benefits/payments system or hybrid FFS/capitation payments. SBHCs should be included in APMs with their CCOs?

Predictability: Whatever payment structure is adopted, there must be some level of predictability to help SBHCs plan annual budgets. Knowing which health plans students are on should help predict budget for each year and plan for the future. CCO contracts should be in place to provide security.

Community Health Improvement Plans: CHIPs offer partnership opportunity for SBHCs and CCOs. SB 436 encourages CCOs to work with their community partners around health and education, specifically looking at the effective use of SBHCs.

Communication: SBHC need to know who to contact at the CCO for billing questions. DMAP, CCOs, and SBHCs need to communicate/clarify place of service codes. SBHCs need to be notified of changes immediately to reduce billing issues

Telemedicine: There are some limitations on billing for referrals that should be addressed.

Confidentiality: Need to ensure that billing/reimbursement protects confidentiality, especially if services provided by other community provider (lab, etc.).

Language for Recommendations – Reimbursement

In order to optimize the effective and efficient use of SBHC by CCOs in the area of reimbursement, the following recommendations and actions were identified.

Goal #1 Payment structures between SBHCs and CCOs should encourage financial sustainability of the SBHC.

Action:

- As CCOs are developing their alternative payment methodology they should consider payment/reimbursement for non-billable services (preventative, cost-saving care that is “effective and efficient use” of services) and recognize that this is key component of SBHC model.
- CCO should consider a hybrid payment strategy that includes some fee-for-service reimbursement and the possibility of wrap payment for non FQHC SBHCs.

- CCO should explore the role of SBHCs as part of the medical home for a patient, even if the SBHC provider is not the assigned PCP.

Goal #2: Communication and expectation around billing and reimbursement are clear and predictable.

Action:

- CCOs and SBHCs develop a formal contract that includes a payment plan.
- CCO identify a point of contact within the CCO to address billing and reimbursement questions related to the SBHC.

Goal #3 Ensure confidentiality of services when requested and appropriate.

Action:

- SBHC billing and CCO reimbursement processes should allow for confidential services,.

Closing Comments and Next Steps

- Any recommendations that are proposed should recognize and consider the differences between our SBHCs based on regions (rural, urban, frontier).
- Summary notes, including proposed recommendations, will be sent to all workgroup participants in the next couple weeks.
- The State Program Office will review recommendations and bring suggested edits to the next meeting for discussion to finalize the proposed recommendation.
- There is potential that not everyone will be fully supportive of all the proposed recommendations. A possible way to represent the recommendations would be to have workgroup members rank their level of support of each of the proposed recommendations. This will need to be discussed at the last meeting.
- Next meeting: **November 2^{5th} (1p-5p)**. Final meeting.
 - Summary recommendations. Incentive payments specifically linked to PCPCH recognition/efficient & effective use of SBHCs.
 - Report to legislature due at end of December. Will communicate drafts of this report via email.