

SBHC HB 2445 Workgroup
Meeting #3: November 25, 2013
Summary Notes

Attendees by represented organization: OHA Public Health Division, OHA Medical Assistance Programs, OHA Oregon Healthy Policy and Research, Center for Human Development (Union County), Clackamas County Health Department, Deschutes County Health Department, Health Share CCO, Kaiser Permanente, The Lund Report, Multnomah County Health Department, Northwest Grassroots and Communications, Outside In, Pacific Source, PacWest, Public Health Foundation of Columbia County, Trillium CCO, Washington County Health and Human Services

Introductions

- This is the third and final meeting of the workgroup.

Recap – Workgroup Goals and Previous Meeting

- Workgroup mandated by HB 2445. The purpose of the workgroup is 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.
- Second meeting's focus was to develop recommendations for the effective and efficient use 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. Summary notes for first and second meetings are available on the SBHC State Program Office website. www.healthoregon.org/sbhc
- Goal of third meeting: Finalize proposed workgroup recommendations and develop recommendations for incentive payments referenced in HB 2445.

Review of materials

Proposed Recommendations document

- Proposed recommendations sent out prior to meeting, as well as previous meeting minutes. Recommendation language intended to be starting point for discussion today.
- Intention of care coordination recommendations are to recognize increasing role of SBHCs within health system. Systems issues need to be addressed, gaps filled to integrate SBHCs within system. Recommendations are a starting point for future work; reports from CCOs/SBHCs can provide feedback on process and help us dive deeper moving forward.
- Oregon School-Based Health Alliance (OSBHA) will be contracted to provide technical assistance to help SBHCs/CCOs meet certain recommendations, specifically those related to care coordination, communication, and billing.

Care Coordination: Recommendations & Discussion

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

Recommendation A: SBHCs to share information explaining the SBHC model, services offered, role in patient care, and value of the SBHC to CCO and community partners.

Suggested timeline: July 1, 2014

- Derived from last workgroup discussion, re: communication issues among providers, SBHCs, and CCOs and need to clarify SBHC model among these stakeholders.
- SBHC State Program Office (SPO) could provide template to allow SBHC to fill in information on their model (populations served, age groups, etc.). SPO would provide state-level data; SBHC/LPHA could also include some local-level data points (PCPCH status, payor mix, etc.)
- Goal of template to provide macro-level view of SBHC role in service provision. Could ultimately help reduce duplication of services.
- CCO method of sharing template can vary according to ways in which CCOs currently communicating with provider network: could coincide with CCO convening of provider network (Recommendation B) or via CCO clinical advisory panel. Ultimately a local decision.
- Concern expressed regarding having sufficient data to include in CCO report. Although SPO requiring mid-year data reports this year, may not accurately reflect new payor mixes (data available mid-July 2014).
- **Recommended change: Extend information sharing deadline until September/October 2014.**

Recommendation B: CCOs to convene/engage their provider network, including SBHCs, to discuss the role of the SBHCs in patient's care and strategies to encourage coordination of care for SBHC patients.

Suggested timeline: January 1, 2015

- Derived from last workgroup discussion, re: efficient use of SBHCs, need to reduce duplication of services, and need to build trusting and collaborative relationships.
- Intention to provide opportunity to discuss what communications among these partners could look like, with goal of providing best coordinated care
- SB 436 also focused on building integration of health and education and asking CCOs to look at partnerships. Convening could help meet these goals.
 - *Note*: Intent of SB 436 also to convene conversations in areas without SBHCs and discuss model's potential in CCO region. Therefore, not necessary to delineate "in counties with SBHCs" in recommendation language.
- **Recommended change: Meetings should be provider-based (not just administrative staff) and have clinical representation, including mental and oral health.**
- **Recommended change: Require CCOs or other participating entity to report out on substance of convening.**

Recommendation C: SPO to explore how best to measure, collect and report SBHC data (including traditionally non-billable services).

Suggested timeline: January 1, 2015

- Derived from last workgroup discussion, re: sustainability of SBHC model and fee-for-service (FFS) billing.

- Potential need for another workgroup to explore data issues. However, need to explore what's already being done, how SBHCs can fit into new models, and how SBHCs need to adapt. SPO responsible for bringing information together prior to potential workgroup formation.

Goal 2: To effectively and efficiently provide quality care to SBHC patients through the collaboration with non-SBHC primary care providers.

Recommendation D: Systems will be developed between the SBHC and CCOs to better identify the SBHC patient's primary care provider (PCP).

Suggested timeline: September 1, 2014

- Derived from last workgroup discussion, re: reported difficulties of SBHCs finding out client's assigned PCP. Discussed SBHCs/CCOs sharing client lists, but in practice would be difficult. CCOs/SBHCs could negotiate what kind of information sharing system is in place (e.g., provider portal, EHR). Intent of recommendation that SBHCs need to know who assigned PCP is.
- Issues remain with defining provider role, i.e., "assigned" PCP vs. "acting" as PCP, as discussed last workgroup. Speaks to need to collect more data on what is happening on the ground before we can begin to explore this grey area.

Recommendation E: A point of contact is identified within the CCO for the SBHC to address care coordination questions or comments.

Suggested timeline: February 1, 2014

- Derived from last workgroup discussion, re: care coordination and communication issues. Intention of recommendation to clarify communication points and assign responsibility.
- **Recommended change: Language should be adjusted to say "within the CCO or its delegates."**
- **Recommended change: CCO and SBHC will negotiate and identify method of communication for coordination of care.**

Reimbursement: Recommendations & Discussion

Goal 3: Payment structures between SBHCs and CCOs should encourage financial sustainability of the SBHC.

Recommendation F: CCOs will consider SBHCs in discussions regarding alternative payment methodology in order to optimize the use of SBHCs in the provider network and support financial sustainability.

Suggested timeline: Ongoing

- Derived from last workgroup discussion, re: current payment structure (fee-for-service) and sustainability. Alternative payment methodologies (APM) still in formation; critical to include SBHCs in these discussions. SBHCs need to be considered a unique entity, given activities ("touches") integral to SBHC model – relates to Recommendation C ("non-billable services"), so new reimbursement strategies need to be developed for SBHCs, such as hybrid payment strategy and exploring role of SBHCs as part of medical

neighborhood. Timeline “ongoing” because SBHC-specific discussion can only progress as fast as broader APM discussion moves forward.

- Discussion that some entities currently experimenting with new ways to document and bill for traditionally non-billable services (including capitation rate). Key element of health system transformation (cost reduction, patient engagement).
- Recommendations focus specifically on Medicaid because HB 2445 relates to CCOs and Medicaid recipients. Most centers currently bill Medicaid – will be SBHC certification requirement in 2014. This is baseline to help SBHCs move towards billing private insurance, which is difficult given number of private plans.
- Goal to eventually be able to report on and bill for all services being delivered, to both Medicaid and private insurers.
- **Recommended change: Insert “in their case rate” in second bullet point.**

Goal 4: Communication and expectation around billing and reimbursement is clear and predictable.

Recommendation G: Create or amend formal contract that includes SBHC and CCO billing relationship and plan.

Suggested timeline: June 30, 2015

- Derived from last workgroup discussion, re: not all SBHCs have formal contracts and/or billing arrangements with their CCOs. SBHC reimbursement/funding is unpredictable.
- Intention that every SBHC system has ability and mechanism to bill CCO for services. Contract specified to provide formal relationship related to payment. Could increase reimbursement predictability. Systems that currently have agreement in place would not be required to duplicate these efforts.
- Discussion that HB 2445 does not provide enforcement or reporting mechanism. Encourage partners to discuss methods for formalizing relationship and OSBHA can provide technical assistance to facilitate these conversations.
- Discussion that some, especially larger CCO systems, contract with medical sponsors, so need clarity recommendations not require individual contracts among SBHCs/CCOs.
- **Recommended change: Clarify parties required to participate in contract process.**
- **Recommended change: Reconsider specifying “contract” in recommendation language**

Recommendation H: A point of contact is identified within the CCO for the SBHC to address billing and reimbursement questions or comments.

Suggested timeline: February 1, 2014

- Relates to Recommendation E: Opening up and clarifying lines of communication among SBHCs and CCOs. This could be a starting place for some SBHCs.

Goal #5: Ensure confidentiality of services in accordance with best practices for adolescent care.

Recommendation I: SBHC billing and CCO reimbursement processes for all confidential services.

Suggested timeline: Ongoing

- Derived from last workgroup discussion, re: confidentiality concerns related to billing and reluctance to bill for certain services if confidentiality could be compromised. Issue transcends health system transformation as far as EHR and health info sharing.
- Goal to ensure that confidentiality remains part of the dialogue as we move towards formalizing billing arrangements. Recognition that confidentiality not just a billing issue, but should be in back of our mind. For example, if sharing information with PCP, confidentiality should be considered as part of that process.
- **Recommended change: Consider applying confidentiality concerns to care coordination recommendations.**

Recommendation Summary

- Reimbursement language is vague (“could” or “might”) and does not offer specific guidance, re: billing. Recommendations written to allow for local flexibility for payment strategies. Previous workgroup sessions did not provide enough detail to deliver clear, overarching recommendations related to billing. Intent to set a clear baseline with current recommendations, open lines of conversation, push work at local level, use incentive funds to explore potential solutions, come back next biennium to look at next steps.
- **Recommended change: Employ stronger language (e.g., “will”) in recommendations, while simultaneously allowing for the precise method of meeting recommendations to be flexible.**
- Concern expressed that work not going to last without oversight. Need to incentivize discussions/partnerships and create new solutions.
- **Recommended change: Formation of new workgroup to continue to facilitate the recommendation achievement process.**
- Concern that mandate for workgroup not limited to primary care, but recommendations do not specifically call out mental health, dental care, etc. Directive to move towards integrated care, which is key aspect of SBHC model.
- **Recommended change: Highlight integration of services (as unique aspect of SBHC model) in final workgroup report.**

PCPCH Model and SBHCs Discussion

- Discussion of PCPCH recognition: the incentive for SBHCs to meet PCPCH standards (financial reimbursement) and barriers to achieving recognition (e.g., 24/7 care, care coordination, staffing capacity, data tracking). Intent of PCPCH is to provide coordinated care, foster relationships with other providers.
- Legislation/workgroup goal to help SBHCs achieve quality care guidelines underlying PCPCH standards. Intent of incentive funds is to encourage SBHCs to think about priorities and value of PCPCH model; potentially move towards recognition, while making room for local-level needs and constraints. Potential movement towards “medical neighborhood” concept: patients coming to SBHCs regardless of PCP assignment and ensuring care coordination and quality care.
- Update on PCPCH incentive funding from OHA/OHPR: ACA Medicaid supplemental payments to PCPCH-certified homes for patients with certain chronic conditions ended September 30, 2013. Some CCOs are developing mechanisms for special payment arrangements for recognized PCPCHs (varies by locality). Center for Evidence-Based Policy now using PCPCH standards as common measure of “medical home-ness;” this

creates some alignment in PCPs standards among payors. Payor would make some sort of variable payment based upon level of meeting PCP standards (will vary according to payor). Each PCP should contact payors they are involved with to see what opportunities are available.

Financial Incentive Funds Discussion

- Review of HB 2445 bill language regarding incentive funds (Section 2(4)(c)(A-C)). Incentive funds offered to help meet PCPCH standards (without requiring PCPCH certification); to improve coordination of care, and to improve effectiveness of health service delivery. Amount of money is approximately \$750,000 for biennium. Language suggests that dollars are continuous.
- Legislation requires rules to be written to determine criteria for incentive funds. After recommendation language finalized, SPO will also be drafting rules to determine criteria for receipt of incentive funds.
- Two key questions: (1) What are priority recommendation activities to incentivize?; (2) What mechanism should be developed to enable work to move forward?
 - E.g., payment for completing recommendation activities vs. a pilot project in which entity provides information or workplan around specified activities that the workgroup identifies and money is used to enable that work/testing.

Priority Areas for Incentive Funds

- Discussion of eligibility for funds. Some recommendations cannot be achieved by SBHC alone. Potential to incentivize partnerships to meet goals. Could allow medical sponsors or CCOs to apply, but partnership could be required for application.
- Discussion of possibility to financially award SBHC that have already met certain recommendations and could share model with others. Funds could be awarded to bring others up to standards, or to encourage learning collaborative.
- Priority to apply incentive funds to effect systems change, as opposed to funding services that would require ongoing funding.
- Priority to incentivize system to identify PCP, especially for SBHCs/CCOs without provider portals. Foundational piece for SBHC to understand what role they play for patient and who is assigned PCP.
- Discussion of funding FTE to help meet recommendations, such as funding time for CCO staff to serve as point of contact for SBHCs, especially for large systems.
- Priority to pilot and test APM around care coordination. Relates to larger workgroup focus on supporting traditionally non-billable services at SBHCs and finding ways to bill that are sustainable via Medicaid, etc. CCOs already piloting with other priority populations.
- Priority to develop EHR systems, but concern related to magnitude of cost/sustainability. Potential to use funding to develop/leverage relationships to move towards EHR system implementation. Concern raised that focus should be broader than just information sharing via EHR, but on larger care coordination systems/communication or to build capacity for PCPCH.
- Priority to develop local relationships among CCOs and provider network. Laying relationship groundwork time-/resource-intensive, so might be helpful to fund FTE to support intensive relationship-building process.

- Priority to improve effectiveness of care for Medicaid, related to integration of services. Potential for SBHCs to be integration innovators. Pilot projects could explore this and help SBHCs and CCOs learn to work together.

Summary of priority areas for incentive funds:

- Encourage partnership: CCOs/SBHCs/LPHA
 - Potential to require partnerships to apply
- Building capacity around PCPCH: moving towards PCPCH standards and model by completing certain activities *without* requiring certification
 - PCP identification: “lean” the process; identify and address technology and communications issues
 - Develop plan to enhance care coordination capacity
- Pilot project/learning collaborative:
 - Demonstrate completion of some recommendations/help others meet recommendations
 - Alternative Payment Methodology pilots
 - Proof of concept of care coordination as billable service; Add to State Medicaid Plan.
 - Integration strategies around mental/oral services at SBHC
 - Evaluation of pilot projects to inform SBHC process of moving towards PCPCH recommendations
- FTE:
 - Fund time for a “SBHC expert” at CCO
 - Capacity building for CCO/SBHC conversations

Incentive Mechanisms

- Pilots: Bigger pilot projects with competitive RFA process; Balance with need to reach smaller centers with greatest need (not just bigger systems); Potential to structure RFQ to reach smaller systems. Frame to allow for innovative thinking within RFQ parameters. Because the funding is intended to be continuous, there is potential to reach all systems over multiple years.
 - Considerations: Raising bar for advanced systems vs. increasing capacity of smaller systems. Larger system pilot (e.g., APMs) could benefit all SBHCs, but smaller systems need to develop capacity. Also potential for multiple (smaller) systems to participate in larger pilot.
- Mini-grants: Set aside a small portion of money to meet some of the other recommendations. Short term funding needed for projects in which not a lot of money can make a big difference, such as PCP identification. May allow more SBHCs to meet workgroup recommendations/address systems issues.
- Other structure: Potential to identify key priority areas (as outlined in HB 2445); preference given to projects that address multiple areas. Allows for innovative thinking within legislation parameters.
- Project “mix”: Mini-grants to address low-hanging fruit, combined with robust dollars to focus on pilot projects (APMs, care coordination).
- Recipient(s) of funds: Original discussion that work sits with CCOs and SBHCs, so funding should be directed towards engaging these principle partners.

- Refine language to include CCO “or its delegate” or “participating entity” to include CCO contractors.
- Joint application: Potential for joint application from CCOs/SBHCs/LPHAs, but need to guard against placing additional barriers for SBHCs without working relationship in place.

Closing Comments and Next Steps

- Summary notes, including proposed recommendations, will be sent to all workgroup participants in the next couple weeks.
- Timeline: Funding must be spent by end of biennium. Report must be submitted to legislature December 31, 2013. Will receive feedback when it goes to committee and then will move forward with RFQ. Potentially in spring 2013.
- Rosalyn will draft report that will include workgroup work, recommendation language, incentive fund recommendations. Will send out draft by mid-December. Workgroup members will have one week to submit recommendations (will give deadline date). Will incorporate recommendations and then move forward on final report.