MINUTES

Community Mental Health Center Services
Financial Workgroup

November 7, 2019
1:00-3:00 pm
Teleconference

In Attendance

Phyllis Meiners, Michelle Carpenter, Linda Reidt Kilber, Terry Dosch, Tiffany Wolfgang, Stacy Bruels, Steven Gordon, Michelle Spies, Laurie Mikkonen, Laura Schaeffer

Not Present: Brenda Tidball-Zeltinger, Amy Iversen-Pollreisz

Welcome and Introductions

- Laurie Mikkonen welcomed the group.

Review and Finalize October 16, 2019 Minutes

- The workgroup reviewed the minutes. Terry Dosch motioned to approve; Linda Reidt Kilber seconded the motion. The minutes were approved.

Myers and Stauffer Discussion

- Catherine Sreckovich and Julia Kotchevar with Myers and Stauffer provided an overview of the final Provider Reimbursement Research Project Report. The report includes an overview of seven other states' rates and methodologies used to develop the rates as well as a summary regarding telemedicine reimbursement and alternative payment models. The majority of other states use cost reporting information to drive reimbursement methodology, similar to South Dakota.
- Workgroup members asked clarifying questions including the difference in rate reimbursement for a psychiatric evaluation. This is attributed to the variance between states. Other states reimburse this code on an encounter rate, but may define the length of an encounter differently, whereas South Dakota reimburses based on a 15-minute unit. Another question related to if other states are more in alignment with third party payers. Catherine indicated that wasn't necessarily the case, and other states may use codes differently than private payers.

- Another question asked about payment differences by level of licensure. Other states do vary payment based on licensure. The summary table did not capture this, but the information is on the comparison to each state.
- Julia shared her experience as a former Mental Health Commissioner in Nevada. Nevada reimbursed on a cost basis as well before moving to Certified Community Behavioral Health Clinics (CCBHCs) and Medicaid Expansion. Nevada was also the direct service provider rather than through contracted providers until recently. With the shift to CCBHCs, there are more contracted providers with Nevada still operating a few clinics.

Review Psych/CNP, CARE, IMPACT, Room and Board, and CYF Rates

- Laurie Mikkonen walked through the updates made to the psychiatry model including an update on including a third option for billable time at 61% based on feedback from the providers in the workgroup. The CNP/PA model will be updated to include the same percentage. There was discussion that 60 minutes is average for an initial psychiatric evaluation, which creates an encounter rate at $329.96. Linda Reidt Kilber indicated this was in alignment with the center's usual and customary rate charged to insurance. Michelle Spies and Michelle Carpenter also agreed. Laurie Mikkonen shared the Medicaid independent practitioner rate at $113.47 per encounter and discussed the Medicare rate and Upper Payment Limits for state Medicaid. There was concern voiced over a lower rate because the payer mix that community mental health centers have as the centers rely primarily on public funding to deliver services compared to private providers being able to limit their Medicaid population as well as have other payor sources to offset.
- The workgroup discussed nursing and if the model presented with .5 FTE or 1.0 FTE nursing was more in alignment with current practice. The workgroup determined a 1.0 nurse was more in alignment with best practice.
- The medication management component of the psychiatric model was also reviewed and discussed. There was discussion regarding the length of time and if the unit rate should be 15 minutes, 20 minutes, or 30 minutes. A follow up survey will be conducted of all Community Mental Health Centers to determine how the appointments are being scheduled and assist in determining the unit.
- An overview of the CARE survey was provided and discussed. Models presented including combining the costs for transitional and "standard" CARE models; combining costs for all centers; a third that combines all centers and removes one standard deviation, which equates to three providers, and a fourth that represents only the two centers that always bill at the rural rate. DSS will calculate the transitional costs as another standalone option. There was additional discussion as to whether to move away from a transitional rate. Additional follow up will be conducted with the three transitional CARE centers to obtain information regarding room and board. With the information, costs can be compared to determine if costs should be documented in the CARE transitional model, or if the room and board methodology needs to be adjusted.

- The duplication rate from the CARE survey was layered into the model. The workgroup members indicated agreement with the methodology applied. Clarification was also gained on how the centers define duplication. This is when a client is seen more than once a day due to clinical needs, but the center is only able to bill once a day.
- An overview of the remaining contents of the handout were provided for the group to review in advance of the next meeting.

Next Steps

- DSS will contact all centers to obtain information about the scheduling of medication management.
- DSS will calculate a rate using the CARE methodology for Transitional CARE.
- DSS will contact the three transitional providers to obtain additional information regarding room and board costs.

Public Comment

- Laurie Mikkonen asked for any public comment. Being none, the meeting was adjourned.