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## Governance Committee

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December 2, 2019

**Chair:** Heather Borski

**Present:** Dr. Joseph Miner, Dr. Marc Babitz, Heather Borski, Curtis Burk for Paul Patrick, Gary Edwards for Ralph Clegg, Jeff Coombs, Jerry Edwards, Jill Parker

**Visitors:** Rex Goodman and Lynne Nilson

**Phone:** Brandi Frandsen

**Voting Members:** Dr. Joseph Miner, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Lloyd Berentzen, Jeff Coombs

**Co-Chairs:** Heather Borski & Jeff Coombs

### Minutes

Approve minutes from November 18, 2019 Governance meeting.

**Motion to approve minutes:** **1st:** Jeff Coombs **2nd:** Dr. Joseph Miner

**Vote Yes:** Dr. Joseph Miner, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Lloyd Berentzen, Jeff Coombs

### Other Agenda Items:

- **CHEC Contract and Billing Discussion** - Rex Goodman (handout)
  - The CHEC program has funding that can be claimed for professional and admin services for the SPMP.
  - The state is able to receive a 50% federal match for admin services and an enhanced rate of 75% match for professional services.
  - Utah's SPMP claiming has been deferred as of December 31, 2018 by a CMS analyst due to lack of detail in staff time keeping not meeting the federal requirement.
  - Professional staff members must indicate what program they are working on every 15 minutes.
  - The frequency of reporting may occur throughout the day however, workdays must be reported in 15-minute increments for all programs.
    - Example: 2 hours = 8 units of 15-minutes
  - There is no time tracking requirement for administrative.
  - Local health departments may use their own tracking system as opposed to Access Database for reporting as long as the information is available in the event of an audit.
  - The Department of Health was appealing the deferrals claiming this is a new set of standards that they have never been held to.
    - There has not been any response from CMS to the appeals.
  - The claims are still being deferred resulting in the department receiving only 50% of the claims.
  - If CMS continues to defer these claims, the Department of Health will need to make decisions as to where the loss is absorbed.
  - Once a decision is received from CMS, contracts will be amended to comply with the federal requirement and optimize the reimbursement amounts one of two ways:
    - Move funds entirely to administrative OR
    - Classify funds as CHEC program funds and not define as administrative or professional.
  - More federal reimbursement over time may result in more state funds to distribute among the programs and slightly increase the total amount of the contracts.

- A decision will be received from CMS prior to Medicaid Management's decision whether or not to amend contracts.
- If local health departments are only doing administrative services, contracts should reflect that.
- FHP has a tracking sheet in use that may be sent to local health departments as an example.
- One nursing director stated there is an issue getting paid for certain post-partum visits. Rex Goodman will investigate this further.
  
- The following questions have been sent to Dr. Miner. Nate Checketts and Emma Chacon are aware of these as well.
  - Local health department nurses would like a liaison between Medicaid and local health nursing directors.
  - Medicaid workers would like further training in Medicaid programs and billing as many are new to their positions an updated targeted case management manual and program guidelines
  - Nursing directors would like to know why certain Medicaid billing is denied and if they can rebill. Per Rex Goodman, these can be rebilled.
  
- **MCH Reporting Requirements** - Lynne Nilson (handouts)
  - This is a follow up item from the last Governance meeting.
  - The Core MCH Services Pyramid is a document that outlines what is done for the MCH Block Grant including the required reporting at the federal level.
  - According to federal statute, budget forms 2, 3, 3a, and 3b are required.
  - Historical formulas and percentages to calculate direct enabling and population-based services cannot be used anymore per Lynne Nilson and Brandi Frandsen.
  - Form 2 - Requires reporting on all funding received from all money sources that support MCH populations.
    - Pregnant women, infants < 1 year, children 1 through 21 years, and children with special healthcare needs (CSHCN).
  - The data is very difficult to pull due to varying systems.
  - An email has been sent to all nursing directors stating that going forward, on the MCH Financial Report section 1a and 1b will be solely based on what a health department is contracted with by Lynne Nilson.
  - If there is a reported difference on the MER at the end of the year, form 2a and 2b will be used solely for that difference.
  - Moving forward, every line item from the MCH Block Grant will be required to do this as well.
    - Handout provide definitions on reporting requirements.
  - There are no minimum percentage requirements per line item.
  - The majority of the programs receiving line item funding for Maternal and Child Health are not in direct services due to the Children with Special Healthcare Needs clinics no longer running at 44 Mario Capecchi.
  - The Integrated Services program for four local health departments provides some support for care coordination. Line items for the Block Grant will be primarily under Enabling Services.
  - Nursing directors may not be the right group to know how the MER works although they do know the services provided.
  - The limitations of the MER in terms of what is required is unknown at this time.
  - A lot of the electronic systems being used do not have the capabilities to report this data and local health departments must do this by hand.
  - E-clinical has been approached about a way to fix this however, there is no progress at this time.
  - IT Bridge is being researched as a way to pull this information.
  - The purpose of this is to provide justification for the numbers being reported.
  - Jill Parker will organize a group of representatives to approach E-Clinical about reporting.

- Lynne Nilson and Brandi Frandsen will attend the Health Executives meeting to discuss.
  - If E-Clinical is unable to provide a solution, IT Bridge will be contacted, and cost sharing will be discussed between the local health departments.
  - Form 5 is populated with information from the Local Health Department Health Services Report.
    - This form requires numbers for all line items in the Block Grant for all Title V funding.
  - Form 6 data is available in a different place and does not need to be reported on.
  - Special Provisions forms were originally due April 15<sup>th</sup> however, these forms are needing earlier to allow adequate processing time.
  - Form 6a due date has been changed to January 15, 2020.
  - Forms 6b, 6c, and 6d: Services Report and the Annual Report due dates have been changed to January 30, 2020.
  - A contract amendment will be done to change the Annual Plan due date to September 1<sup>st</sup>.
  - Lynne Nilson would like to ensure that the work plans submitted reflect the Needs Assessment.
    - Results for the assessment will be released in March 2020.
    - Nursing directors and business managers will be included in communications regarding reporting requirements in order to understand how the nurses' plans translate fiscally.
  - SMART objectives will be recreated in RedCap.
  - There is no way to measure the impact at this time.
- Funding is needed for the high demand of postpartum depression counseling services.
  - There is no funding available for this due to a surplus build up from inherited budgets of about \$7,000,000.
  - The consistent notice of award has been about \$6,100,000 therefore \$1,000,000 must be cut.
  - The budget has been reduced by going back to historical spending.
    - Future needs assessments will be paid for with funding from the Block Grant.
  - Medicaid cannot be billed for counseling services provided.
  - Local health departments must bill the pre-paid mental health providers for services provided to their clients.
  - Rep. Eliason's behavioral health bill may address funding for perinatal postpartum depression.
    - This includes the expansion population which will be more fee for service or through the accountable care organization rather than pre-paid mental health authorities.
- When nursing directors and business managers are emailed, please include Jill Parker who will relay information to the health officers.

**ACTION:** Jill Parker will organize a group of representatives to approach E-Clinical about reporting.

**Next Meeting - December 16, 2019 - 11:30am - Room 401**

### **Motion to Adjourn**

**Motion 1st:** Paul Patrick

**Voting Members:** Dr. Joseph Miner, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Lloyd Berentzen, Jeff Coombs