

Minutes for PASSE Meeting

Call to Order

A PASSE meeting was held on Tuesday, August 13, 2019 at the Telcoe/University Tower, 1st Floor Conference Room. Terri Imus called the meeting to order at 9:00 a.m. and went over meeting guidelines.

Guest Presenters

Bryan Meldrum (Vice President, Arkansas Health & Wellness/Arkansas Total Care, PASSE Representative)
Shelly Rhodes (Provider Relations Manager, Empower Healthcare Solutions, PASSE Representative)

Attendees

Terri Imus, RN, BSN (Director of Operations, Trauma Telemedicine Coordinator, IDHI, UAMS)
Kim Lamb, MS (Assistant Director of Programs, TBI State Partnership Program, UAMS)
Renee Joiner (Director of Operations, Stroke and Trauma Programs, IDHI, UAMS)
Daniel Bercher, PhD, NRP (Assistant Director, ATRP, UAMS)
Kristen Alexander, MPH, MPS (Health Educator, ATRP, UAMS)
Edward Williams, BSN, CBIS (Nurse Educator, ATRP, UAMS)
Amber Watson, MBA (Administrative Coordinator, ATRP, UAMS)
Sha Anderson, MBA (Executive Director, Arkansas State Independent Living Council)
Marzella Backus, RN-BSN (Assistant Director of Programs, IDHI Stroke-ED, UAMS)
Shiela Beck, CBIS (Therapy Coordinator, Easter Seals Arkansas Children's Rehab)
Stacy Gravett, MA, CRC (Vocational Rehab Counselor, Arkansas Rehabilitation Services)
Sara Hodge, MCD, CCC-SLP, CBIS (Clinical Evaluator, NeuroRestorative Timber Ridge)
Kelsey Ingle, MS, CCC-SLP, CBIS (Speech Pathologist IV, BHRI)
Tom Masseur (Executive Director, Disability Rights Arkansas)
Jim Mather, PhD, CRC (Executive Director, AR Sources)
Robert McDaniel (CEO, NeuroRestorative Timber Ridge)
Dan Parker (Retired RN, Caregiver of person living with TBI)
Gigi Parker (Caregiver of person living with TBI)
Susan Pierce (Director of Policy and Planning, Disability Rights Arkansas)
Kerry Snyder (person living with TBI)
Jon Wilkerson (Chair, TAC Rehab Committee; TBI Researcher, Univ. of Arkansas) *attended via teleconference

Purpose

The purpose of this meeting is to learn about PASSE (Provider-Led Arkansas Shared Savings Entity) and discuss the impact on the TBI community. This event is sponsored by the TBI Advisory Board Workgroup, specifically the Underserved Populations Sub-Workgroup and the Trust Fund/Waiver Sub-Workgroup.

PASSE Presentations

Tom Massaeu introduced Bryan Meldrum from Arkansas Health & Wellness and Arkansas Total Care and Shelly Rhodes from Empower Healthcare Solutions, 2 of the 3 PASSE representatives in Arkansas. The representatives were invited to give an overview of what PASSE is doing in regards to persons living with traumatic brain injury.

- Bryan Meldrum – Arkansas Health & Wellness/Arkansas Total Care**
 Mr. Meldrum stated that all 3 PASSE's in this model have been working together and meeting often to collaborate about issues that affect all of the PASSE's, providers, members and interactions with the state and DHS. Mr. Meldrum stated that the PASSE's are here to serve the individuals who have become a part of this new managed Medicaid environment. PASSE model was created to move Medicaid from fee for service

to managed Medicaid. The concept the PASSE's operate under is a provider model where providers own 51% of each PASSE. Once a PASSE is formed, then a license must be obtained from the state insurance department and a then a contract in agreement with DHS to be a PASSE provider. In March 2019, PASSE went live as being a payer for services with the exceptions of NET (Non-Emergency Transportation) and dental services. The PASSE's have built a network of providers. The care coordination is an important component. It requires the PASSE to interact with the member once a month with an in-person meeting at least once a quarter. Mr. Meldrum explained how a PASSE comes into effect and spoke about the funding process. The funding process is a capitated payment that is determined by a third party. The capitated payment represents the payment for all the service needs that an individual might have. Independent assessments are given to individuals to determine functional need and eligibility. The cap payments are structured by tier. Tier 1 is currently not in the PASSE model. Tier 2 and 3 are automatically in the PASSE. They can opt out but will only get Tier 1 services from Medicaid.

- **Shelly Rhodes – Empower Healthcare Solutions**

Shelly Rhodes from Empower Healthcare Solutions spoke about care coordination being the crux of the PASSE program. Empower has 350 care coordinators who help coordinate care, make sure there is no gap in services or duplications. It is a health management program.

Empower is composed of:

- Beacon, holds a management services agreement with Empower to conduct administrative services, help the organization adopt, and implement managed care strategies to operate as a PASSE.
- Arkansas Community Health Network, which includes four leading medical health care systems
- Independent Case Management, a statewide premier provider of home and community-based supports for individuals with intellectual and developmental disabilities.
- Statera, which is comprised of leaders and innovators providing long-term support services throughout Arkansas.
- The Arkansas Healthcare Alliance, 22 inpatient and outpatient providers who provide behavioral health, substance use disorder, and intellectual and developmental disability services.
- Woodruff Health Group, LLC, created a health care home through a network of 36 primary care clinics, three pharmacies, and four wellness centers to support underserved Arkansas communities.
- CVS Pharmacy

Discussion, Questions & Answers

- *Dan Parker asked representatives to provide an explanation of capitated payments and how PASSE gets paid.* Brian Meldrum explained that a capitated payment is on each person's head so all of Tier 2 gets the same amount. Tier 3 gets a slightly higher payment. The capitated amount comes to PASSE and they put it all in one bucket and manage the needs of the individuals. The PASSE then pays the providers on a fee-for-service basis, which is based on Medicaid's fee-for-service model.
- *Dan Parker inquired what percentage of providers are in the PASSE network?* Providers are encouraged to join all 3 PASSE's so to decrease chances of gaps in coverage. Each PASSE's networks are built to the state requirements, which is at least 90% of the Medicaid network as of September 1, 2019.
- *Dan Parker inquired about how many physician partners encompass the 51% and is it going to grow?* 51% is a minimum requirement. Currently they are not reaching out to any other partners as their needs are currently covered.
- *Robert McDaniel stated that TBI is not inherently being included in the PASSE system unless that person also has a history of behavioral or developmental health.* Shelly Rhodes added that Medicaid/DHS is who decides who gets a PASSE. A referral is given to DHS, an assessment is scheduled and results are then given to DHS. If they are Tier 2 or 3, they will be given a PASSE. The care coordinator then reaches out to the individual.

- *Dr. Sha Anderson inquired that if someone is in the PASSE because they have behavioral health (BH), a developmental disability (DD) and/or intellectual development disability (IDD) and they acquire a brain injury, is that covered by the PASSE?* Shelly Rhodes responded that yes, if a member has any of those conditions, then a brain injury would be covered under the PASSE. However, if they do not have any of those conditions and acquires a TBI, then they do not currently qualify for a PASSE.
- *Sara Hodge inquired if the PASSE physician determines medical eligibility, instead of the PCP.* The PASSE's physicians determine medical eligibility. Services received depend on level of need and medical eligibility.
- *Sara Hodge inquired if there is a predetermined or set amount of service that would be provided to an individual with brain injury.* No, there is not a set amount. It depends on the severity of the brain injury and their needs.
- *Sara Hodge asked if the PASSE's each have one medical director, who reviews these cases and do they have knowledge or experience with brain injuries.* The PASSE's have multiple medical directors and rehab specialists who review the cases. These cases are also sent to a third party for an independent review, which is part of the tier decision-making process.
- *Dr. Daniel Bercher asked about the OPTUM assessment and if it is a Medicaid assessment.* It is an independent, functional analysis evaluation tool.
- *Sara Hodge inquired if relatives of the person living with brain injury are able to help verify their answers due to the nature of the injury.* Shelly Rhodes responded that yes, a family member or facility staff can attend the assessments but it is ultimately up to the member. Brian Meldrum added that the brain injury is taken into account at the assessment and it is known that some of these members are not able to answer on their own.
- *Edward Williams asked if someone is denied is there is an appeal system in place.* Yes, there is a legal appeal process in place. It would go through an outside agency and get an independent determination.
- *Tom Masseau inquired if there have been concerns or issues from the providers or members about lack of service for individuals who have a PASSE trying to receive traumatic brain injury services.* At this time, there currently is only one person with a traumatic brain injury with a PASSE.
- *Sheila Beck inquired if the PASSE covers any medical equipment such as wheelchairs and orthotics.* Yes. If it is covered in the Medicaid manual, it is covered by PASSE.
- *Sara Hodge inquired if they are providing oversight to therapies in schools.* If the school district provides and bills for a service, they bill Medicaid. If the student has an IEP plan, it is the district's responsibility. If someone is hired for a medical need that is not under an IEP plan, then the PASSE can cover those services. In those cases, the service has to be billed independent of the district, billed by a provider in the network and be a non-educational service.
- *Tom Masseau inquired what can be done to get TBI recognized by the PASSEs.* Raise awareness of the issue. As a provider, educate how to document the difference between a brain injury behavior and a developmental disability behavior. This will help document the medical necessity of the services you are asking for.

Next Steps

The original goal for the first year of PASSE being the payer is an 11% savings off of what Medicaid spent. Despite being a short year due to the late launch in March 2019, this goal has already been met. During this next year, the PASSE's will be working with DHS to continue to achieve these goals. If there is a profit, 5% of the capitated payment can be reinvested into the community and this is not counted against expenses. The PASSE's will continue to work together to put serving the members at the forefront. They strive to best meet what each member needs and use the money in an efficient manner to also meet savings goals. Reach out to the PASSEs if there is a noticed gap in coverage or an idea on how to better serve the members.

Adjournment

Meeting adjourned at 9:59 A.M.