

Division of Public and Behavioral Health
Substance Abuse Prevention and Treatment Agency (SAPTA)
Advisory Board (SAB) Rates Subcommittee

MINUTES

DATE: August 28, 2014
TIME: 4:00 pm
LOCATION: Division of Public & Behavioral Health
Substance Abuse Prevention & Treatment Agency (SAPTA)
4126 Technology Way, 2nd Floor
Main Conference Room
Carson City, NV 89706

Teleconference Number
1-888-363-4735
Access Code: 1602938

BOARD MEMBERS PRESENT

Ester Quilici	Vitality Unlimited
Mark Disselkoe – Chair	CASAT
Steve Burt	Ridge House

BOARD MEMBERS ABSENT

Diaz Dixon	Step 2, Inc.
Kevin Morss	WestCare Nevada, Inc.

SAPTA STAFF

Kevin Quint	SAPTA
Justin Reynolds	SAPTA
Meg Matta – Recorder	SAPTA
Betsy Fedor	SAPTA
Inna Botcharov	SAPTA
Chuck Bailey	SAPTA
Kendra Furlong	SAPTA
Sheri Haggerty	SAPTA

- Welcome and Introductions**
Mark Disselkoe opened the meeting in due form at 4:05 p.m.
- Public Comment**
There was no public comment.
- Approval of Minutes from the May 28, 2014, Rates Subcommittee Meeting**
Steve Burt moved to approve the minutes and it was seconded by Ester Quilici. The motion carried.
- Update, Discussion, and Recommendations Regarding the SAPTA Sliding Fee Scale Policy**
Mark asked for any recommendations on the SAPTA Sliding Fee Policy regarding a statement in the policy relating to out of state clients being served in Nevada. Kevin Quint recommended the statement be added back into the policy because funding is designed for people that live in Nevada.

Esther Quilici commented that clients often come from Lake Tahoe to Carson City and questioned how the decision of who to serve should be made. Kevin Quint confirmed that funding is designed for Nevada residents.

Mark read from an earlier draft of the policy, “Only Nevadans are accorded billing according to the SAPTA Sliding Fee Scale” and asked for comments. Ester asked what the definition of a “Nevadan” would be, where Mark suggested asking for a zip code. Kevin suggested that the program should make the decision of address verification, not SAPTA.

Mark asked if there were any additional revisions to the June 23, 2014 Sliding Fee Scale Policy that was approved at the SAPTA Advisory Board (SAB) meeting last month. Ester requested addressing the deductible issue. Steve added that he was comfortable with the way the policy was written at this point.

Kevin Quint recalled at the last meeting, a few of the providers had concerns with the idea of having the client pay a co-pay and SAPTA paying the difference. He suggested involving the SAPTA staff in the next meeting. Mark said he believed the issue Barry (Lovgren) brought to light at the last meeting was that many times the client does not pay the co-pay and suggested the provider being able to bill the full \$120 SAPTA amount whether the client pays or not. Steve Burt added that \$120 may not reach the unit cost. Mark agreed and added that the provider may have additional costs above the SAPTA costs. Mark asked Steve if he was thinking about being able to pass the co-pay as well as any additional responsibility to the client. Steve replied that if they were to take the \$20 co-pay from the client and the \$120 from SAPTA they would be closer to the unit cost at \$140. Mark asked what SAPTA thought about paying the full rate regardless whether the client pays their portion or not. Ester asked for the group to discuss the terminology because it does not have the same applicability as the SAPTA system, insurance system or private pay. She added that deductibles and co-pays are certainly a part of the fee but that she cannot deny services to anyone if they do not pay. Ester agrees with Barry in that programs should be able to bill the full rate because most accounts receivable are written off and there are other sources coming in to support the alcohol and drug treatment programs. Mark asked for any comments. Justin commented with the hypothetical scenario of costs being at \$200 and the SAPTA reimbursement is only \$120, then he would want to see the data showing the \$200 breakdown in order to be reimbursed the full \$200. Ester commented that SAPTA is contracting with her and SAPTA has said the reimbursement would be \$120. Ester questioned Justin’s scenario asking if SAPTA is willing to reimburse the full amount as long as the costs are documented. Kevin Quint replied that this scenario could be discussed in the future and that the problem with that option is that less people would be served, money would run out faster, and there would need to be some kind of control set in place to avoid abuse. Kevin said there would need to be a formula in place to show what the actual cost of service would be. In Kevin’s option, it would be closer to a healthier business model but that it would need to be thought about very carefully by all. Mark added there is current trouble with spending money at the current rate and that he believed Barry’s recommendation would be easier to track on a day-to-day basis. Ester asked if Medicaid pays for only co-occurring issues. Mark confirmed that a provider is able to bill for the substance abuse only services, but only if the provider is co-occurring enabled or enhanced. Mark added that Medicaid rate and the SAPTA rate are the same but that the concern is if you are in a manage care system in Washoe or Clark county, the manage care company would take 30%. Ester added that rural areas are also affected and 30% is paid to Amerigroup or HPN. Mark confirmed that if a referral comes from Clark or Washoe county the provider would be affected.

Mark recapped the two basic ideas as being:

- 1) Allow the SAPTA program to invoice and receive the full rate regardless of the client paying their co-pay fee or not.
- 2) The customary costs are more than what SAPTA is willing to pay, and that the provider can negotiate the higher rate but will have to show their costs in detail.

Kendra Furlong commented that in a past meeting it was discussed that if the providers wanted to do a cost analysis that was unanimous, SAPTA would then take the cost analysis and match the cost for reimbursement. She added this would result in longer wait times and funds being spent more quickly. Kevin added that this would also create a bigger burden on the client.

Steve stated his goal is to spend down his grant and his accounting system is sophisticated enough that he knows what house and what bed costs what at any given month. The cost can range anywhere from \$42 to \$52 depending on heating and air conditioning in the different months. Steve expressed his need to bill the unit of service for the transitional housing room and board at all of his houses and the need to be reimbursed for outpatient services. He concluded that Medicaid, Amerigroup, and HPN pay him on time and if SAPTA would be able to pay on time he would not have an issue. Steve also expressed his frustrations with the frequent changes in coding. In response to Steve's concerns, Kevin asked for further clarification on Steve's business model. Steve believed it would be beneficial for Kevin to visit his facility and sit with his staff to discuss the recent changes in his business model. Kevin agreed and asked for Steve to send him an invitation. Mark also agreed that a visit from Kevin would be beneficial and thanked Steve for his suggestion. Mark suggested that both ideas could be brought up for discussion at the next SAB meeting. He believes that it would be a good idea to bring more than one option to the SAB and asked if he should work on a draft for the next meeting. Steve and Kevin agreed that Mark should create a draft of the ideas being discussed today. Mark said the SAB could then make a recommendation for SAPTA, but that it would be a suggestion only and SAPTA would not have to implement it. Mark suggested the subcommittee meet before the next SAB meeting to discuss the drafts he will prepare. Kevin asked Mark to touch base with Meg in regards to the SAB meeting's schedule.

Ester asked Steve if he has any idea how the co-pay will affect him. Steve replied that he did not have the exact numbers in front of him but that it was essentially cutting off 25% or 50% of the billing opportunity for every client seen. At a minimum his client income number will be reduced about 25% overall and that it would cut the agency's income by about \$50,000. Ester said she believes a meeting has to happen in September and that the providers must tell SAPTA they cannot be cut by 25%. She explained that the downturns in income cannot be tolerated and a consensus needs to be reached before October. Mark asked if anyone would like to have another subcommittee next week to discuss what will be presented to the SAB. Ester agreed with another subcommittee meeting. She would like to present one idea to the SAB and that it should be to discontinue the co-pay and allow full billing and full payment. Steve would like to work on preparing two options to present to the SAB and include real statistics on how the agency would be affected. Ester Quilici made a motion to continue item 4 of the agenda in the next subcommittee meeting, and Steve Burt seconded. The motion carried.

5. Discussion and Recommendations Regarding the SAPTA Sliding Fee Scale

In regards to the sliding fee scale, under Tier 1, which states clients that fall between 0% and 100% of the Federal poverty rate, are exempt from making a co-pay. Mark stated the concern is that the percentage should be lowered, possibly to 50%. Steve commented that co-pay numbers can increase rapidly and can be out of the client's reach. Mark replied that this change to the tier system could be breaking the 2014 Federal poverty level. Mark asked the subcommittee if they are recommending keeping the tier system the way it is. Steve replied he felt the tier system was fine the way it is now but co-pays could potentially cause a burden on the client. Mark asked for any additional comments on item 5, to which there were none. Mark concluded that no action would be taken on item 5 at this time.

6. Review Possible Agenda Items and Future Meeting Dates

Mark recommending adding discussion on the Sliding Fee Scale policy to the agenda for the next subcommittee meeting. Kevin agreed. The subcommittee discussed and agreed upon scheduling the next subcommittee meeting for Friday, September 5, 2014 at 2 p.m.

7. Public Comment

There was no public comment.

9. Adjourn

Meeting adjourned at 5:10 p.m.