

COMMONWEALTH OF PENNSYLVANIA  
BOARD OF PENNSYLVANIA RURAL HEALTH REDESIGN CENTER AUTHORITY  
**FOURTH OFFICIAL BOARD OF DIRECTOR MEETING**  
MONDAY, SEPTEMBER 21<sup>ST</sup>, 2020  
CONFERENCE CALL  
1:00PM-2:00PM

**Meeting Minutes of Public Session**

**Call to Order:**

Meghna Patel, Deputy Secretary of Health Innovation on behalf of Secretary Levine, RHRCA-Chairwoman. Ms. Patel called the meeting to order and requested Board Members, Department Staff and Members of the Public introduce themselves and their organization affiliation. Secretary Levine was able to join shortly for opening remarks about COVID-19.

**Board Introductions:**

Commonwealth Representatives:

1. Secretary Rachel Levine from PA Department of Health (DOH);
2. Meghna Patel represented as the Chairwoman on behalf of Secretary Rachel Levine from PA Department of Health (DOH);
3. Dr. Doug Jacobs, Chief Innovation Officer from PA Department of Human Services (DHS);
4. Jessica Altman, Commissioner, PA Insurance Department (PID);

Payer Representatives:

1. Kayvin Robertson, Director of Provider Contract Development and Value Based Program Reimbursement, on behalf of Sean Burns, VP Reimbursement and Network Infrastructure, Highmark;
2. Raymond Prushnok, AVP Program Development, UPMC;
3. John Bulger, CFO, Geisinger;
4. Glenn D. Pomerantz, SVP, Gateway; Mike Sweeney, VP, UPMC;
5. Sarah MacDerment (Actuarial Director), CFO, Geisinger;

Payer's Absentees:

1. Linda Darga, Sr Director, Network Management VBS, Aetna

Hospital Representatives (1 additional representative pending confirmation):

1. John Lewis, CEO, Armstrong County Memorial Hospital;
2. Jack Sisk, CFO, Punxsutawney Area Hospital;
3. Kate Slatt, Vice President of Innovative Payment and Care Delivery
4. James Pettinato, Chief Clinician Director of Patient Care Services, Wayne Memorial Hospital

Hospital's Absentees:

1. Tammy Anderer, CAO, Geisinger Jersey Shore Hospital;
2. Sara Adornato, CEO, Barnes-Kasson County Hospital;
3. Loren Stone, CEO, Endless Mountains Health Systems

National Recognized Experts:

1. Donna Kinzer, Global Budget Expert, DK Healthcare Consulting;
2. Brock Slabach, SVP-National Rural Health Association

**Department Staff**

1. Gary Zegiestowsky, ED, RHRO;
2. Janice Walters, COO, RHRO;
3. Emily Roussel, Executive Assistant Health Innovation Deputate, DoH;
4. Jennifer Torres Del Valle, Grant Manager, RHRO;
5. Derek Scott, Program Manager, RHRO;
6. Diana Carpenter, Clinical Program Manager, RHRO;

**Members of the Public:**

- Luke Purazo, Sr. Financial Analyst-UPMC
- Sheena Papat, Research Scientist, NORC

**Opening Remarks-** by Ms. Patel on behalf of Dr. Levine, RHRCA-Chair:

- Ms. Patel took roll and commented that this is the fifth board meeting held and that we are making progress.
- Secretary Levine provided COVID-19 updates:
  - In Pennsylvania, 150,812 cases have been reported along with 8004 deaths. 82% of the cases reported have recovered.
  - Containment is being focused on with increased testing. Contact tracers have been hired and quarantines are in place when appropriate. They are working on a vaccine with six different types being looked at and will probably have a vaccine in 2020 but more than likely in 2021. Five out of six are two dose vaccines.
  - There have been challenges including a big increase in the age group 18-24, with Centre and Indiana counties having the biggest increases. Colleges are in those counties. 38 out of 67 counties have had increases in the last few weeks. There is a focus on long term care facilities.
  - Pennsylvania is 41<sup>st</sup> in the country to stop the spread of COVID 19. For percent positivity we are 32<sup>nd</sup>. Philadelphia and Alleghany and Centre county are the highest.
  - Dr. Bulger thanked Dr. Levine for her and the DoH's efforts with the pandemic.

**July 29<sup>th</sup> Board Minutes Approval-**by Ms. Patel on behalf of Dr. Levine, RHRCA-Chair:

- Ms. Patel asked for Board members to review the minutes sent out to see if they had any edits or questions

*Mr. Pomerantz motioned the approval of the minutes and Mr. Bulger seconded. There were no objections or abstentions and the motion was passed*

**August 20<sup>th</sup> Board Minutes Approval**-by Ms. Patel on behalf of Dr. Levine, RHRCA-Chair:

- Ms. Patel asked for Board members to review the minutes sent out to see if they had any edits or questions

-Sarah MacDerment not on behalf of Kurt Wrobel will be corrected

*Mr. Lewis motioned the approval of the minutes and Dr. Bulger seconded. There were no objections or abstentions and the motion was passed*

**Key Updates Related to the Model:**

- **Delegation of Duties from the Commonwealth to the RHRCA** - Ms. Patel yielded the floor to the RHRCA-ED to Mr. Zegiestowsky the following updates:
  - Interagency Agreement: WHEREAS, pursuant to the Pennsylvania Rural Health Model State Agreement, the Commonwealth may delegate its responsibility to administer specified aspects of the Model to the RHRCA, including the Commonwealth's Model oversight, Global Budget administration, data analytics, technical assistance, and quality assurance support to Participant Rural Hospitals
  - The team will continue to operate in the same manner. Operations are focused.
  - Ms. Patel asked if the board had any questions or comments and then requested a motion for approval for the Delegation of Duties from the Commonwealth to the RHRCA and for all items noted above.

*Mr. Pomerantz motioned the approval of Interagency Agreement and Section 5.1. Mr. Sisk seconded. There were no objections and the motion were passed. Ms. Patel abstained as she is with the DoH.*

- **Delegation of authority to the Executive Director**-under this Article may include, but is not limited to: conduct of the day-to-day activities and administrative responsibilities of the Authority; execution and administration of contracts; procurement and purchasing; preparation of an annual budget for the consideration of the Board; personnel administration (hiring, firing, supervision and direction of Rural Health Redesign Center Authority staff) and any other functions or duties as the Board may assign.
  - *Section 5.1. Delegation of Authority* – The Board may delegate to its Executive Director or any other Rural Health Redesign Center Authority staff such administrative duties as it may deem advisable. Such delegation shall be by affirmative vote of a majority of Board members present at a meeting at which a quorum is present. Such delegation may be accompanied by written resolution of the Board.
  - Ms. Patel asked if the board had any questions or comments and then requested a motion to approve the Delegation of the Authority to the ED for all items noted above.

Mr. Pomerantz motioned the approval of the Delegation of the RHRCA to the ED and Dr. Bulger seconded. There were no objections and the motion was passed.

- **Legal Organization Structure Progress** - Ms. Patel again yielded the floor to the RHRCA-ED Gary Zegiestowsky so that he could update the group about Progress to Date:

- **Authority Progress to Date:**
  - An Employer Identification Number (EIN) for the Authority was obtained on July 13, 2020 from the IRS
  - The application for a .gov domain was submitted on July 23, 2020
  - The process to build out the RHRCA organization to meet requirements for approval as an organization by CMMI has begun
  - Target completion of this for submission of RHRCA application to CMMI is slated for November 1, 2020
- **Global Budget Methodology-** Ms. Patel yielded the floor to the COO, RHRO Ms. Walters so that she could update the group about the following Global Budget Methodology changes in the Model payment mechanism and reconciliations: Ms. Walters presented the following information via power point presentation and justified why the following changes needs to be considered by the Board:
- **Reconciliation payment mechanism:**
  - Policy Decision: Payment mechanism in the out years - virtual versus bi-weekly / monthly lump sum like Medicare,
  - Situation: Current methodology calls for virtual cap global budget with language provisions that this will be reviewed for the outyears of the Model.
  - Motion for consideration: Maintain the virtual cap methodology as memorialized in the Technical specification for rural hospital global budgets through 2024
- **Payment Mechanism in the Out Years**
  - Policy Decision: Payment mechanism in the out years - virtual versus bi-weekly / monthly lump sum like Medicare.
  - Situation: Current methodology calls for virtual cap global budget with language provisions that this will be reviewed for the outyears of the Model.
  - Motion for consideration: Maintain the virtual cap methodology as memorialized in the Technical specification for rural hospital global budgets through 2024”
  - Policy Question: Does there need to be a policy that dictations how global budget payment / claw back will be made upon final reconciliation?
- **Motion for consideration:**
  - Upon final reconciliation, a mutually agreeable payment mechanism of amounts owed will be negotiated between the payer and provider within 90 days of reconciliation. In the event a mutually agreed upon payment mechanism is not established within the 90 days, it will be brought forth to the RHRCA board for resolution.

Ms. Patel asked the Board if there were any questions or comments, and then requested a motion to approve the Global Budget Methodology. *Mr. Pomerantz motioned for the approval of the Global Budget Methodology policies: Reconciliation of Payments Mechanism and Mr. Sisk seconded. There were no objections and the motion was passed.*

**Opportunity Public Comment:**

- Ms. Patel opened a section for public comment and invited the members of the public to bring forth their comments. No comments were provided by public members.

Lastly, Ms. Patel announced that an Executive Session will be conducted today following the public meeting. Only RHRCA-Board Members are invited to attend.

Ms. Patel asked if ED, Gary Zegiestowsky, or Board Vice Chairman, Glenn Pomerantz, had any closing comments

Mr. Zegiestowsky thanked the Board for their continued support and participation in the PARHM and noted that there have been many accomplishments to date.

Mr. Pomerantz thanks SOH and the Department of Health for their continued efforts related to COVID-19.

The meeting adjourned at 1:45 pm. Mr. Pomerantz motioned the conclusion of the meeting and Mr. Bulger seconded. There were no objections or abstentions and the motion was passed unanimously.