



Access Monitoring Review Plan

Access Monitoring Review Plan

Federal requirement for CMS to review Medicaid rates to ensure access to care for the Medicaid population.

- Proposed Rule released Spring 2011
- New Final Rule released in Fall 2015
 - *Armstrong v. Exceptional Child Center, Inc.*, 135 S. Ct. 1378 (2015) Supreme Court decided that Medicaid statute does not provide a private right of action to providers or beneficiaries to pursue legal challenges related to beneficiary access to covered services.

Access Monitoring Review Plan

- Final rule applies to Medicaid fee-for-service systems.
- Intent to allow CMS to make data-driven decisions when considering proposed rate reductions or other payment methodology changes from states.
- Every state required to complete an Access Monitoring Review Plan by October 2016
 - Plans must be published for Public Comment before submission to CMS.
 - Plans must be updated every 3 years.

Access Monitoring Review Plan

- Access Monitoring Review Plans must:
 - Address the availability of care/providers and how health care needs are met;
 - Review access to Primary Care, Physician Specialists, Behavior Health, Pre/Post-Natal Care, and Home Health services;
 - Document changes in utilization; and
 - Compare between Medicaid rates and other health care payers; and
 - Be developed with recipient, provider, and stakeholder feedback.

Access Monitoring Review Plan

What information will SD's access plan contain?

- Description of South Dakota
 - Rural/Frontier Nature
 - Statewide Health Care Access Issues
- Beneficiary Characteristics/Access
 - Recipient Feedback Regarding Access
 - CAHPS Survey Data
 - Health Care Solutions Coalition Work & Recommendations
- Provider Participation
- Medicaid Reimbursement
 - Provider Work Groups
 - Summary of Rates

Access Monitoring Review Plan

Next Steps:

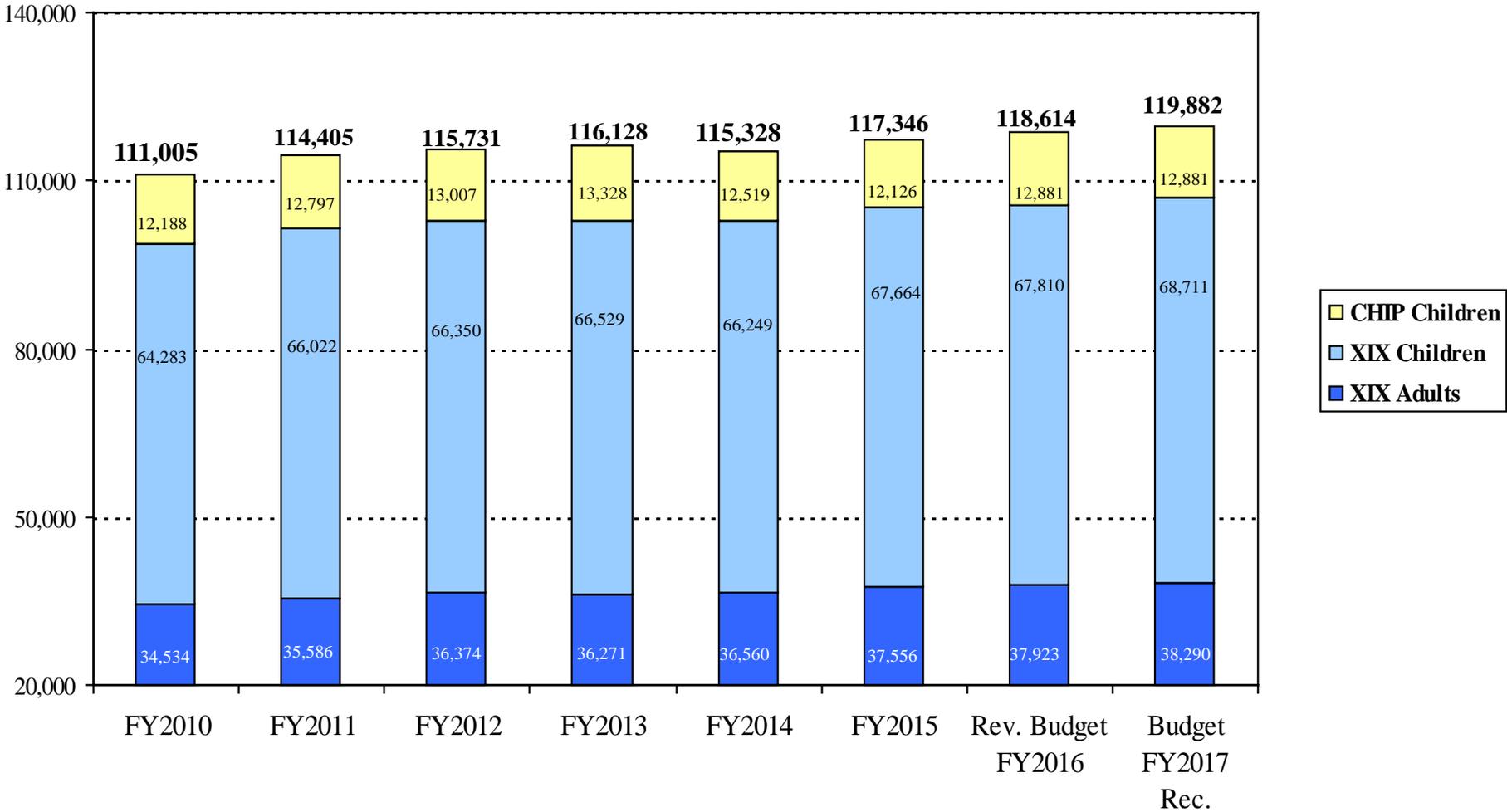
- **May - July 2016:** Draft Access Monitoring Review Plan
- **August 3, 2016, 9 AM:** Interim MAC Meeting
 - Review Draft Access Monitoring Review Plan with SD MAC via conference call.
- **August/September 2016:** Formal Public Comment Period



Fiscal Year 2017 Budget

Division of Medical Services

Medicaid Ave. Monthly Eligible Totals



Division of Medical Services

Annual Avg. Title XIX Cost Per Eligible:

- FY16 Revised
 - Increase in Eligibles: 118,614 – increase of 1,020 from appropriated
 - Lower Cost Per Eligible: \$4,803 to \$4,755

Medical Services:

Performance Indicators

	Bud.	Rev.
Annual Average Cost Per Title XIX Eligible:	FY16	FY16
Physician Services	\$782	\$768
Inpatient Hosp. & Dispro	\$1,154	\$1,127
Outpatient Hosp	\$554	\$557
Prescription Drugs	\$308	\$311
All Others (Medicare Premiums, Dental, Chiropractic, etc.)	\$2,005	\$1,992
Total	\$4,803	\$4,755

*Does not include Title XXI (CHIP), MS Admin., & Non-Direct Services

FY17 Budget

- 2.7% Provider Inflation
- Additional .72% for
 - Nursing Homes, Assisted Living, Senior Meals, In-Home Services for the Elderly, Residential Treatment for Youth, and Behavioral Health

FY17 Budget

- Multi-agency workgroup analyzed rate data for 17 provider groups. Primarily those with higher reliance on Medicaid/state funding.
- Governor Daugaard's FY17 recommended budget included \$1.2 million in general funds for providers where FY16 reimbursement <85% of allowable costs/methodology.

FY17 Budget

- Governor Daugaard's FY17 recommended budget included \$1.2 million in general funds for providers where FY16 reimbursement is less than 85% of allowable costs.
- 3 Year Plan for Targeted Rate Adjustments for Certain Providers to reach at least 90% of allowable costs based on methodology.

FY17 Budget

- Legislature increased appropriation included additional funding (\$600K general funds)
- Ambulance Services

	FY16	FY17	
	Rate	Rate	
Ambulance Basic Life Support	\$98.56	\$170.52	fixed rate
Ambulance Advance Life Support	\$219.98	\$249.72	fixed rate
Air Fixed Wing	\$1,016.43	\$1,417.87	fixed rate
Air Helicopter	\$1,270.55	\$1,600.60	fixed rate
Wheel Chair Van	\$17.57	\$18.85	fixed rate
Stretcher Van	\$28.95	\$70.06	fixed rate
Loaded Miles	\$2.88	\$3.83	per mile

FY17 Budget

- In Home Services for Children
- In Home Services for Elderly/Disabled
- Assisted Living

	FY16	FY17	
	Rate	Rate	
Personal Care Aide	\$23.52	\$25.16 hourly	
Private Duty Nursing	\$38.92	\$49.60 hourly	
Nursing (LPN)	\$23.46	\$27.16 hourly	
Assisted Living	\$37.53	\$40.50 per day	

FY17 Budget

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FY17 Budget

- Outpatient Psychiatric – aligning rate for service provided through Medicaid State Plan with rates paid for similar services provided through Community Behavioral Health providers.

	FY16	FY17	
	Rates	Rate	
Psych Diagnostic Evaluation	\$93.26	\$96.06 fixed rate	
Psytx Pt&/Family 60 Minutes	\$82.34	\$96.06 hourly	

FY17 Budget

- Inpatient Psychiatric

	FY16	FY17	
	Rate	Rate	
Inpatient Psychiatric Hospital	\$635.84	\$699.50 daily	

BRCA Testing & Preventative Treatment

- [Breast & Cervical Cancer \(BRCA\) Testing and Preventative Treatment](#)
- **Almost 15% of ovarian cancers and 5-10% of breast cancer cases can be traced to mutations in the BRCA1 and BRCA2 genes.**
 - Women with BRCA gene mutations have a 55-65% risk of developing breast cancer by age 70 compared to a 12% risk in the general population.
 - Prior authorization required for both the test and treatment and based on experience in other states, it is unlikely that approved tests would exceed 10% to 25% of total potential BRCA-positive recipients.
- **Some recipients may elect to more frequently monitor their health with screenings before turning to preventive surgery or elect to take chemoprevention drugs.**

BRCA Testing & Preventative Treatment

- **Full cost for Cancer treatment can cost over \$958,000.**
- **Projecting initial costs for testing and treatment for 17 women.**
 - \$33,618 for Testing – per individual approximately \$1,978
 - \$610,473 for Treatment – per individual approximately \$35,910

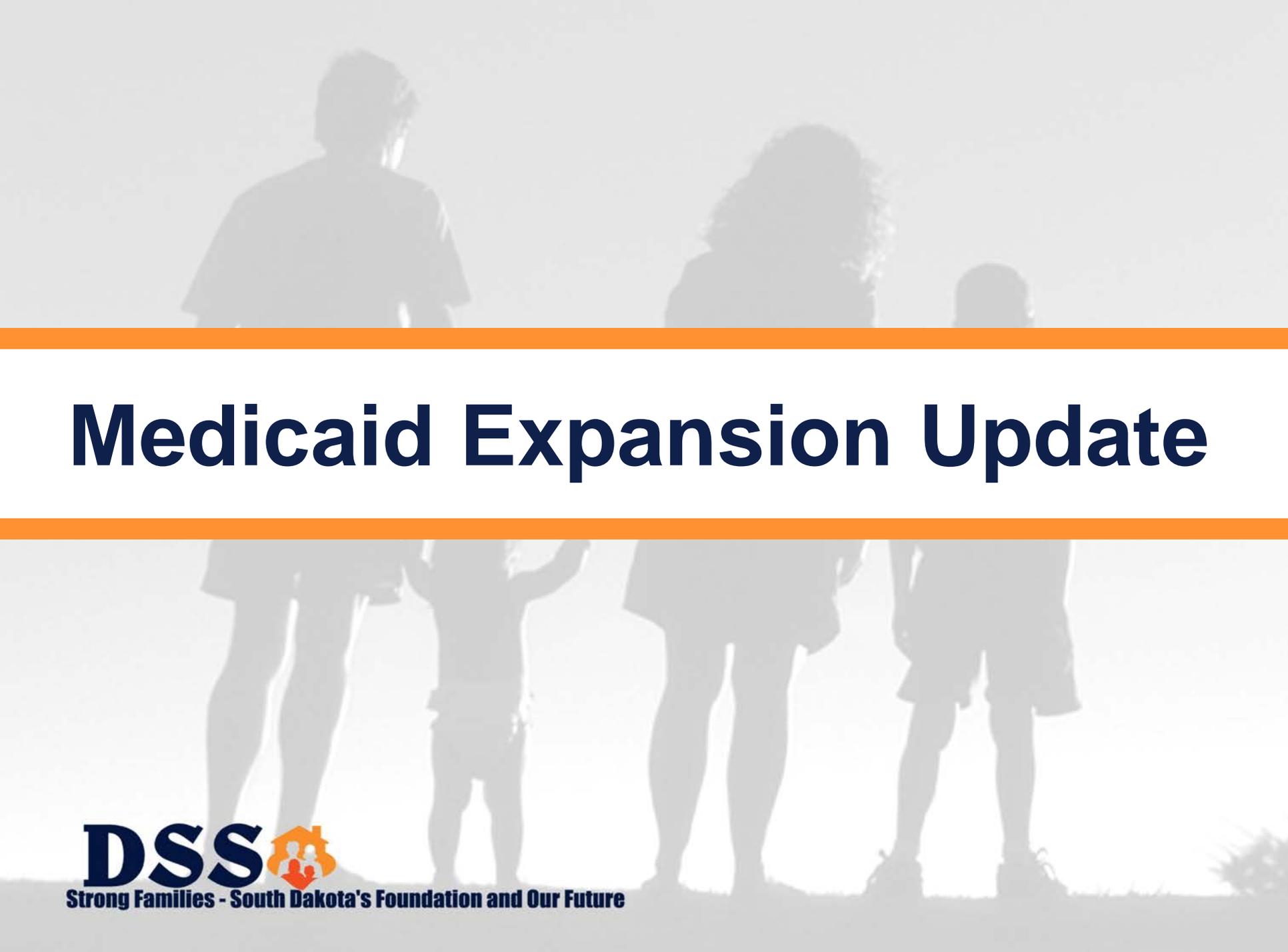
Applied Behavior Analysis (ABA) Therapy

ABA Therapy is used to treat individuals with Autism Spectrum Disorder

- SD Medicaid currently covers this service for children under 21 when provided by a Physician, Psychiatrist, or Psychologist
 - ABA Therapy required Prior Authorization
- Legislature passed licensing bill for Behavior Analysts who provide ABA services.
 - Behavior Analyst Licensing Board under Board of Social Work Examiners
- SD Medicaid will enroll licensed Behavior Analysts to provide ABA services

Upcoming Payment Methodology Changes

- Outpatient Hospital Ambulatory Payment Classifications (APC)
 - Recommendation of Hospital Financial Workgroup
 - 18 Hospitals moving to APC
- Pharmacy Actual Acquisition Cost (AAC)
 - Federal Mandate: 42 CFR §447.512(b)
 - Requires states to reimburse outpatient drugs based on actual acquisition cost plus a professional dispensing fee.



Medicaid Expansion Update

Medicaid Expansion Update

- SD Submitted concept paper in March 2015
- CMS published a white paper in October 2015 proposing to update policy on funding services provided to Medicaid eligible American Indians.
- SDHCS Coalition formed October 2015

Medicaid Expansion Update

- Broad stakeholder group led by
 - Kim Malsam-Rysdon
 - Jerilyn Church (GPTCHB)
- Included legislators, Tribal leaders, IHS, providers, state staff.
- Organized to align with concept paper
 - Increasing Access
 - Behavioral Health
 - New Services

Medicaid Expansion Update

- Interim final report published in January 2016 with six recommendations:

- Increase use of telehealth
- Develop Community Health Worker model
- Expand support for pre-natal and postpartum care
- Expand capacity for behavioral health services provided through Tribes
- Expand Medicaid eligible behavioral health providers
- Add evidence based behavioral health services
- SDHCS full report

<http://boardsandcommissions.sd.gov/bcuploads/SD%20HCSC%20Draft%20Report%2012-29-2015.pdf>

Medicaid Expansion Update

- Governor Daugaard's FY17 budget included federal funds to support Medicaid expansion.
 - 55.0 FTE
- Continued frequent discussions with CMS/IHS leadership regarding the draft policy.
- CMS and IHS leadership came to SD late January

Medicaid Expansion Update

- Final policy – State Health Official Letter (SHO) published late February.
- Work continues to analyze the ability to operationalize the policy and assess financial impact/modeling.
- Five implementation teams meeting regularly- includes Tribes, IHS, providers, state staff.
- Assessing operational considerations

Medicaid Expansion Update

- Policy Operations
- Telehealth
- Behavioral Health
- Alternative Service Delivery Model
- Care Coordination for Hospital Services
- Tribal, IHS, Provider, and state staff representation

JJRI

- DSS, in coordination with DOC and UJS, identified community-based treatment to be made available to juveniles with justice-system involvement based on the needs of the youth
- Treatment identified will be quality assured and shown through research or documented evidence to reduce recidivism and other juvenile risk factors
- Established a referral process and incorporate a risk and needs assessment tool with supplemental mental health and substance abuse screening tools.
- Functional Family Therapy (FFT) services will be provided throughout the state of South Dakota.
- Initial FFT training began in January 2016
 - Individual provider training will occur throughout the month of January with services beginning immediately after the trainings conclude.