



Division of Medical Services

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Background: South Dakota

- Fee-For-Service
- In State Fiscal Year 2023
 - 1 in 6 South Dakotan's are on Medicaid or CHIP.
 - 40% of children born in SD will be on CHIP or Medicaid within the first year of life.
 - 23% of children born in SD are born on Medicaid or CHIP.
 - 2 in every 5 children under the age of 19 in South Dakota has coverage through Medicaid or CHIP.
- Until Medicaid expansion in July 2023, 68% of recipients in South Dakota were children.



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AG Project Aim Statement

The Challenge

Less than 50% of recipients under age 15 months receive the recommended 6 visits (W30-CH HEDIS measure) on average in SD. The median for that same measure is decreasing across all states indicating that this is not a unique problem to SD. Rates for AI/AN in SD are almost less than half of that for the remaining population.

Our Aim

Increase the percentage of AI/AN recipients meeting W30-CH by 10 percentage points to 30.6%. This would also increase the overall state rate as the AI/AN population accounts for 36% of the South Dakota Medicaid population.

Strategy

Took a multi-faceted approach to trying different strategies.



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Strategies and Interventions

- Move from UB04 to HCFA1500 as an attempt to capture the visits better
- Rack Cards
 - Easiest initiative to track outcomes/results and for providers to participate in.
- Social Media
 - Culturally tailored messaging, good qualitative response, hard to track quantitative.
- Acute care visit transitioned to Wellness visits when appropriate
 - Qualitatively most providers currently do this, no quantitative feedback.
- Immunization only visits transitioned to Well child visits
 - Easy to count number of transitions, most parents don't know the difference.
- Days set aside for Well Child visits
 - IHS currently doing this and pair it with incentives.
- Well Child Visit fairs
- Incentive Cards
 - PDSA tested fuel cards, providers found that other incentives work better (diapers/formula).
- Listserv Messaging
 - Communication changes with providers and communicating results.



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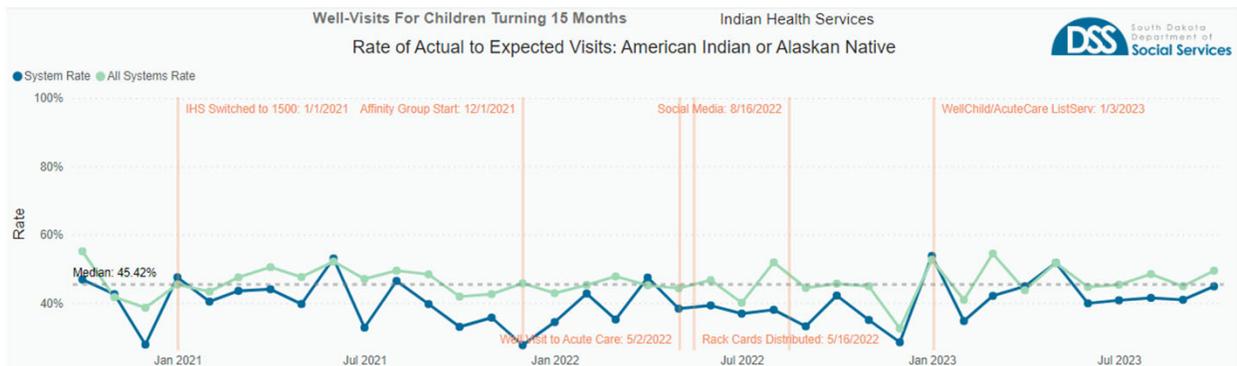
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Measures and Data

- **Goal: track effectiveness of PDSA's**
 - Attempt #1: calculate HEDIS measure as-is.
 - Specifications intended for yearly calculation; not real-time.
 - Attempt #2: track overall number of wellness visits each month.
 - Not normalized across months; misleading.
 - Attempt #3: compare actual number of visits with expected number of visits each month
 - Measure: actual/expected.
 - “Expected” based on periodicity schedule: children should have wellness visits at 0, 1, 2, 4, 6, 9, 12, and 15 months.
 - Example: 1,071 visits expected for a particular month based on AI/AN recipient age and eligibility in the PCP program; 442 occurred = $442/1,071 = 41.27\%$.
 - Limitations
 - Could be considered too restrictive.
 - Claims lag.



Measures and Data



Note: “System Rate”, in this case, is for Indian Health Services, whereas “All Systems Rate” is for the state as a whole.



Spread and Sustainability

- One provider continues to work with foundation on other initiatives
 - Looking to use incentives such as formula and diapers during well-child visits.
 - Stemmed from our transportation card idea.
- Another continues to outreach and try to bring recipients in
 - Focusing on monthly well-child days with incentives and flexible provider schedules.
- Pregnancy program requirements
 - Using the PDSA process for barriers to care initiative requirements.
 - Requiring maternal health providers to help parents select the provider for a newborn and coordinate care.
- Continued communication efforts
 - Provider listservs with recommendations and ideas.
 - New blog with monthly updates from Chief Medical Officer.



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Challenges

- Claims run-off
 - Most accurate data is 6 months old.
 - Hard to track immediate results.
- Competing priorities
 - Implemented multiple initiatives within the same timeframe.
- Buy-in for certain change initiatives



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Lessons Learned and Advice to Other States

- Change initiative lessons
 - Be Flexible. Don't get overly attached to one idea and be willing to pivot.
 - Try multiple change ideas at one time utilizing different provider partners.
- Data lessons
 - Be aware of claims data limitations. Consider the best ways to analyze the data.
 - PowerBI is a powerful tool for analyzing and displaying data.

