

South Dakota Department of Social Services
Tribal Consultation Meeting
Thursday, July 12, 2012
10:00 a.m. – 3:00 p.m. (CDT)
AmericInn
Ft. Pierre, SD

I. Welcome and Introductions

Brenda Tidball-Zeltinger, Chief Financial Officer of the Department of Social Services, welcomed the attendees and thanked all for their participation.

II. Prayer

J.R. LaPlante, Cabinet Secretary for the Department of Tribal Relations led the group in prayer.

III. Review and Updates from April 12, 2012 Meeting

Brenda Tidball-Zeltinger opened the floor for questions from the group regarding items discussed at the last meeting. Medical Services' Deputy Director Bonnie Bjork commented on the public health nursing program's progress toward implementation. Brenda reported that since the last meeting, Medical Services and IHS staff have been developing billing guidance for use in training IHS billing and coding staff. Wagner will be the pilot site once training is completed in July and then other sites will receive training during regional training sessions.

IV. Update on Medicaid State Plan Amendments

Mark Zickrick presented information on the status of current State Plan Amendments (SPAs) proposed for Tribal Consultation, submitted to the Centers for Medicare and Medicaid Services (CMS), and recently approved State Plan Amendments. (A summary document is attached to these minutes.)

Mark explained that before SPAs are submitted to CMS for approval, tribes have a 30 day comment period during which to send comments and questions to the Department. When the SPAs are submitted to CMS, the Department must document that Tribal Consultation and public notice processes were done.

V. Delta Dental Update

Scott Jones, President and Chief Executive Officer of Delta Dental of South Dakota (DDSD), provided an update on the Federal Oral Health Innovations

grant recently awarded to DDS. The 3-year grant will provide funding for the Circle of Smiles Project to address the oral health needs of Native American children. DDS was one of only 107 grant recipients out of more than 3,000 applications. It was also the only oral health project funded.

DDS received official notice of the grant award July 1st and has 6 months to fully implement the program. DDS will hire 24 new staff to work within the program. The Project Director will be Zach Parsons, who comes to DDS from the Department of Health. In addition to Zach, the project will employ an Assistant Project Director and 7 full-time dental hygienists. The project also provides the opportunity to create 15 new tribal positions. DDS will be releasing a grant opportunity for reservations to hire tribal members to act as Dental Community Health Representatives. These positions will help with coordination, prevention, and education. They will be trained in oral health education and coordination of oral health services and resources. It is expected that larger reservations could have up to four new positions, while the smaller reservations would have 1.

DDS is also working with DSS to obtain approval from CMS to contract with IHS for claims purposes. If approval is granted, IHS could secure 100% funding for all services provided by the Circle of Smiles project and other DDS programs on the reservations. IHS would also be able to report DDS's work in its Government Performance Results Act (GPRA) reports.

Scott referenced the recent legislative change in rules and regulations for dental hygienists. With the revisions, if dental hygienists meet certain qualifications and have a collaborative agreement with a dentist, they can perform basic preventative services prior to the patient seeing a dentist. The patient then has 13 months to be seen by a dentist.

Bev Tuttle gave credit to the tribes for providing information and strong support for this initiative and expressed hope that this will extend into partnerships in many other areas.

Scott also mentioned the coordination of a Mission of Mercy event. The South Dakota Dental Association is working to identify a community to serve as the first Mission of Mercy site in South Dakota. The purpose of the event is to bring dentists into the community and catch up on the back-log of unmet dental needs.

VI. Overview and Update on Electronic Health Records Payments

Angie Bren, Electronic Health Records Program Manager, updated the group on the progress in the Electronic Health Records program. She described the program and how Medicaid providers can qualify for incentive payments. To date, the program has distributed \$1,062,500 to 50 eligible professionals and

\$4,608,923 to 8 eligible hospitals. Four of the hospitals receiving payment are Indian Health Service hospital for a total payment of \$2,471,835.80. The Program is currently reviewing attestations from Eligible Professionals that are employed at I.H.S. Clinics. Incentive payments are based on the qualifying professionals' or hospitals' Medicaid caseloads. (A copy of the Power Point presented is attached.)

VII. Aging and Disabilities Resource Connections (ADRC)

Deb Petersen from the Division of Adult Services and Aging presented the ADRC – a one-stop resource center for the elderly and people with physical disabilities. Deb distributed brochures and a map of the ADRC regions. She explained how a range of services and supports is made available to persons based upon their individual needs as determined by intake screening and other assessments.

Deb also spoke about the Resource Directory, which will soon be available on-line. Organizations that provide supports and services to these populations can request inclusion in the Directory. Deb shared the Inclusion form and encouraged participants to pass it on to other tribal entities that should be in the Directory.

Kathaleen Gordon inquired about resources to move elders who are placed in nursing homes outside the reservation back into the community. Ann Schwartz, Deputy Division Director for Medical Services, shared that the Department is currently preparing to submit an application for a Money Follows the Person Demonstration Project, which provides for enhanced services and funding in order to transition recipients from institutions to home.

VIII. Native American Co-payment Exemption

Brenda Tidball-Zeltinger explained how the American Recovery and Reinvestment Act of 2009 mandated that states' Medicaid programs must exempt American Indians/Alaska Natives (AI/AN) from co-payments for Medicaid services. Initially, CMS guidance indicated the law exempted Native Americans from co-payments for services provided by IHS or Urban Indian Health facilities. More recent guidance indicates the law exempts co-payments any AI/AN who has ever received a service at an IHS or UIH facility, even if the subsequent services are provided at facilities other than IHS or UIH.

DSS has already implemented changes in its MMIS system to waive the co-payment for services delivered at IHS or referred by IHS. DSS Economic Assistance Division Director Carrie Johnson explained how Native Americans can self-attest, if they wish, that they are Native American and that they have been served by/at an IHS facility and a record will be added to the person's

eligibility file. DSS is also utilizing over 15 years of prior billing history to update the new co-payment waiver indicator in the MMIS system so that co-payments are appropriately waived. DSS is also working on changes in its voice response system and pharmacy point of sale system so that providers have the correct co-payment information. Necessary changes to the eligibility system and MMIS system are expected to be completed in October. Work is also underway to modify recipient identification cards to denote whether the person is exempt from co-payments.

Kathaleen Gordon cautioned that the State should take care to assure that the exemption is applied appropriately. IHS facilities do not serve only Native Americans. Bonnie Bjork said the State had suggested a data match be built, but Kathaleen Gordon said that is a privacy issue to IHS. Brenda Tidball-Zeltinger said challenges will arise during implementation of the exemption for all the various types of Medicaid providers, particularly if recipients' ID cards are not viewed at time of service.

IX. Status of IHS Revenue From Medicaid

Kathaleen Gordon, IHS, presented a report detailing Medicaid revenue to IHS sites in North and South Dakota. The revenue data was current as of July 8, 2012. Her report attached to these minutes shows collections from Medicare, Medicaid, and private insurance carriers. Sonja Weston asked if DSS could verify these totals to their records. Brenda indicated she would do that and report back at the next meeting. Prior to that, Kathaleen will ensure the timeframes are noted on her report so that the reconciliation will be accurate to DSS payment system.

X. Behavioral Health Workgroup Status

DSS Deputy Secretary Lynne Valenti reported on the activities of the Behavioral Health Workgroup. The workgroup has split South Dakota into the same six regions used by the Aging and Disabilities Resource Connections and has determined a set of core behavioral health services that need to be available to citizens of those regions. She also reported that Western Interstate Commission for Higher Education (WICHE) is going to be assisting with technical assistance to tribes that are interested in developing mental health and/or substance abuse 638 programs. The Division of Community Behavioral Health will be putting together an application so interested tribes can apply for the technical assistance. Lynne indicated that questions can be directed to Deputy Secretary Iversen-Pollreisz.

XI. Tribal Updates (From Members Present)

- a. Cheyenne River Sioux Tribe—via speakerphone, Dr. Matthew Stricherz described situational difficulties involving transportation for family

members or parents who are allowed to accompany children being transported to Rapid City Regional Hospital. Bonnie Bjork stated the perceived problem may actually be one of ambulance protocol wherein after the person being transported to the hospital arrives, the ambulance policy prohibits giving the accompanying family member a ride home. Dr. Stricherz also described an issue pertaining to transportation from a hospital to a lower level of facility. Lynne Valenti and Bonnie Bjork stated they would research the issue and relevant rules before commenting.

Follow up Note: *“Ground Ambulances can bill for loaded miles. Loaded miles are defined as mileage driven or flown while a patient is being transported. A claim for ground ambulance transportation service must be submitted at the provider’s usual and customary charge. A provider may bill for services only if a recipient was actually transported. A provider may not bill for any portion of ambulance service during which the recipient was not physically present in the ambulance.”* The ability to have the family return in the ambulance is at the discretion of the ambulance and not prohibited by South Dakota Medicaid. Other tribes noted that they utilize another program car or other method to get families home.

Jenny Jeffries asked why the State implemented a six month deadline for timely filing. Brenda Tidball-Zeltinger responded that it was a matter of better managing the Medicaid budget and claims liabilities, and to comply with Federal regulations concerning payment within a specific time of a certain percentage of claims filed.

- b. Oglala Sioux Tribe—Sonia Weston brought forth a request by Native Women’s Health Clinic for recognition as a primary care provider. Gloria One Feather brought forth a similar request for Native Healing.

Follow up Note: *Native Women’s Health has been added to the Primary Care list as a separate entity under Rapid City IHS.*

- c. Rosebud Sioux Tribe—Marcida Eagle Bear gave her personal history and observations of an issue involving difficulty getting Medicaid reimbursement for her facility. Brenda Tidball-Zeltinger said the Department works hard to reimburse providers but the situation in question dealt with that facility’s provider enrollment wherein they were not enrolling correctly so could not be reimbursed.

Brenda Tidball-Zeltinger stressed to the group that they do not need to wait until the quarterly meetings to bring forth issues and problems. The Department is available to discuss these issues at any time.

Kathaleen Gordon expressed how much Jodi Litz will be missed by IHS and the Tribes because of all her assistance in claims matters.

Penny Kelley, Division of Economic Assistance, described the Division's progress toward going live with an online application document and kiosks for Medicaid and SNAP applicants. They are hoping to launch the online application tool this fall. Kiosks will also be placed around the state for those who do not have other access to the internet and will use English, Spanish, and Lakota languages.

- XII. The next meeting is scheduled for October 11, 2012. The meeting adjourned at 2:30 p.m.