

**South Dakota Department of Social Services
Medicaid Tribal Consultation
Thursday, January 3, 2013
10:00 a.m.—3:00 p.m. (CDT)
AmericInn
Ft. Pierre, SD**

I. Welcome and Introductions

DSS Cabinet Secretary Kim Malsam-Rysdon welcomed those in attendance and thanked everyone for coming to the meeting. Everyone present introduced themselves.

II. Prayer

Irv Provost of the Oglala Sioux Tribe led the meeting in prayer.

III. Review and Updates from October 25, 2012 Meeting

Ann Schwartz and Brenda Tidball-Zeltinger, both of the Department of Social Services, provided a summary of the October 25, 2012 meeting and reviewed the primary topics discussed and presented at that meeting. Meeting minutes are available on the DSS Medicaid Tribal Consultation website: <http://dss.sd.gov/tribalconsultation/index.asp>.

Ann Schwartz reported that everyone who attended the last meeting was added to the Division of Medical Services listserv. SD Medicaid communicates with providers, both through listserv messages and the Provider Newsletter distributed through the listserv. Those attending this meeting who did not attend on October 25, 2012 will be added to the listserv distribution list.

Irv Provost raised concern about transportation of members off of the reservation and his interest in coordinating the funding of such transportation more efficiently. Brenda indicated that DSS is able and willing to provide training on what transportation can be provided through Medicaid and how to apply for that support. Irv provided contact names for follow-up.

IV. Update on Medicaid State Plan Amendments

Ann Schwartz summarized the State Plan Amendment process and provided an update on current Medicaid State Plan Amendments (SPAs) (see attached). Two SPAs were approved on October 23, 2012 and one was submitted to CMS on December 28, 2012.

All proposed SPAs are distributed for Tribal Consultation at least 30 days before submission to CMS. They are also discussed in Tribal Consultation meetings when they have a direct impact on tribal members. These are also posted on the DSS Medicaid Tribal Consultation website.

V. Health Care Reform Update

Secretary Malsam-Rysdon, Brenda Tidball-Zeltinger and Bonnie Bjork provided an update on Health Care Reform/ Affordable Care Act (ACA).

DSS has implemented the Native American/Alaskan Native co-pay exemption requirement. DSS continues to receive questions requesting clarification on eligibility. To be eligible for the exemption a person must be Native American or Alaskan Native and have received a service at IHS, Urban Indian Health or other tribal health facility.

DSS is working to implement the Primary Care Provider Enhanced Payment provision of the ACA. IHS, FQHC, and RHC providers are not eligible for the enhanced payment due to the encounter rate payment methodology. Until CMS publishes the final Medicare fee schedules DSS is unable to implement. DSS is working with qualifying providers to obtain an attestation which is a federal condition of payment.

Dr. Jerilyn Church of the Great Plains Tribal Chairman's Health Board stated she would like to become familiar with the State Medicaid Program and what is covered in South Dakota. She specifically referred to education and targeted case management services provided through North Dakota Medicaid. Brenda clarified that South Dakota's does not provide targeted case management and education is limited to very specific diabetes education with specific requirements.

Dr. Church asked if the department has done an evaluation of what services are covered and what could be covered. Secretary Malsam-Rysdon indicated that DSS has not explored service expansion recently given the fiscal environment and the possible fiscal impact of expanding services. State Plan services cannot be expanded solely to tribes. Dr. Church indicated Arizona may have a provision to expand services solely to tribes and she will provide more information on that. DSS is willing to look at opportunities to expand services with 100% federal funding.

VI. Medicaid Expansion

The ACA initially mandated that everyone with an income level of 138% FPL and below gain Medicaid eligibility. The expansion would primarily impact low-income adults without children in our state as South Dakota's Medicaid program does not currently cover this group. There are an estimated 48,500 additional people who would be eligible for Medicaid if the state were to expand eligibility.

In June, the Supreme Court ruled that the Federal Government cannot require expansion and gave states the option to expand or not expand. DSS worked closely with the Governor's office to gather and analyze data to determine costs of expanding Medicaid. While there is enhanced Federal reimbursement for services, the enhanced reimbursement is not available for the administration needed to provide services to so many additional people. The long term costs to the state of expansion are significant and the Governor is not recommending expansion of Medicaid as part of the FY14 budget. States can choose to expand at a later date. Individuals between 100% and 138% of the Federal Poverty Level will be able to access health insurance through the health insurance exchange, and they will receive tax subsidies to purchase insurance. South Dakota will watch how other aspects of the ACA implementation progress.

VII. 2013 Legislative Session

Legislative session begins January 8th, 2013. DSS will file three bills, none of which are Medicaid related. Two of the bills stem from the Behavioral Health Workgroup led by the Lieutenant Governor to increase access to mental health and substance abuse services, partially by broadening the definition of who can qualify to be a mental health professional. Legislation would also create increased access to mental health services for juveniles.

There is also a bill from the Child Support Commission, which convenes once every four years. The Commission met over the past 6 months holding public meetings and reviewed the Child Support statutes. The Workgroup has put forth several statute change recommendations.

When the Behavioral Health services moved from the Department of Human Services to DSS, licensing boards moved as well. This includes the Certification Board for Alcohol and Drug Professionals, the Counselors for Marriage and Family Therapist Examiners, the Psychologist Examiners, and Social Work Examiners, etc. Two of the Licensing Boards are coming forward with licensure bills this year.

One bill from the Certification Board for Alcohol and Drug Professionals would add licensure requirements to the current certification structure for providers. Current providers would be grandfathered in and would not be subject to proposed changes to requirements. The board worked with providers on these changes over the past year.

Proposed Psychologist Examiners changes are related to reciprocity and standardize South Dakota language to match national certification standards. This change will help people moving to SD who are licensed in other states become licensed here.

The FY2014 budget will be a major aspect of this year's legislative session. The DSS budget hearing is February 5, 2013. The Governor's recommended budget includes base inflationary increases for providers and no major expansion of programs. It also includes a slight growth in the number of people eligible for Medicaid. The DSS budget presentation materials will be posted online and people can listen to budget hearings and other legislative activity online.

In addition to proposing legislation, the Department has to react to other proposed legislation as necessary. The Department has fought hard to oppose bills that require drug testing for Medicaid recipients in the past and expects similar bills to come forward this year. The Legislative Research Council has good access for anyone interested in listening or learning more about the legislative process. The website is: <http://legis.state.sd.us/>. The Department is happy to answer questions about our position on proposed bills and other aspects of legislative session as they relate to DSS.

Dr. Church asked a question about tribal electronic health records (EHR). Some tribes have attested for the Stage 1 Meaningful Use Incentive payments. DSS facilitates incentive payments for implementation of EHR. The Department of Health is leading the implementation of the Health Information Exchange (HIE).

VIII. Public Health Nurse Update

Brenda Tidball-Zeltinger summarized the initiative, which is a mechanism to maximize federal reimbursement for nursing services provided on tribal land outside the four walls of IHS facilities. New guidance from CMS removed the barrier of Medicaid reimbursement for allowable Medicaid services provided outside of the four walls. DSS recently received written, formal notification from CMS that nursing services provided by an IHS nurse outside of the facility – in the community – can be reimbursed at 100% as long as the service

meets all other Medicaid criteria including physician direction and is billed by supervising physician.

All IHS facilities have been trained on submitting claims for PHN services. Claims for dates of service of July 1, 2012 or after may be submitted and DSS will work with providers to specifically handle claims that don't meet the timely filing requirements. A separate memo will be distributed to IHS facilities providing guidance on the handling of PHN claims. The impact of the allowance of PHN claim submission on encounter numbers and reimbursement may be reviewed in the future.

IX. Health Home Initiative Update

Kathi Mueller provided an update on the Health Home initiative (handout and map of anticipated eligible numbers attached). The Department anticipates submitting two State Plan Amendments on or before April 1, 2013 with a planned Health Home implementation date of July 1, 2013.

Ann Schwartz and Kathi Mueller will meet with IHS on January 7th to discuss Health Homes with the goal of having IHS become a health home provider.

X. Status of IHS Revenue From Medicaid

Brenda Tidball-Zeltinger distributed a report of the Medicaid Non-Emergency Medical Transportation (NEMT) expenditures for July – September 2012 (attached). IHS tracks third party billing and will work with DSS to prepare quarterly reports for Medicaid expenditures by service unit for future meetings.

XI. Tribal Reports (from members present)

Rosebud – Norman Running, Jr. requested expenditure information for specific tribal providers of emergency transportation. He will provide specific provider names to Bonnie Bjork and she will run those claim expenditure reports.

The Department of Social Services in collaboration with IHS is hosting a series of webinars that will touch on topics like claims payment, services available through the Division of Adult Services and Aging, and Economic Assistance.

The Division of Economic Assistance is currently testing the online application. They are also working on completion of the audio portion, including translation into Spanish and Lakota. The kiosks will be

placed once those processes are finished. Economic Assistance plans to begin piloting the online application in January in Aberdeen, Watertown, Yankton, and Lake Andes. Economic Assistance will be in touch with proposed kiosk locations as they move forward.

XII. Next meeting – April 11th, 2013

The group discussed agenda items for the next meeting, which include: Delta Dental update; presentation of analysis related to Medicaid expansion; Health Homes update; report of online application progress; and quarterly report of tribal Medicaid expenditures. Please share other proposed agenda items with the Department prior to April 11, 2013.

The full meeting schedule for 2013 is:
April 11, 2013
July 11, 2013
October 10, 2013

XIII. Adjournment