

MEDICAID ADVISORY COMMITTEE

May 8, 2019

1:00 p.m. – 3:00 p.m. CST

DDN

Sioux Falls

University Center
DDN Room FAMD 153
4801 North Career Avenue

Pierre

Capitol Building
DDN Room CAP A
500 East Capitol

Rapid City

Black Hills State University
DDN Room UC113
4300 Cheyenne Boulevard

I. Welcome and Introductions

Sarah Aker welcomed the group.

II. November 8, 2018 Minutes

Minutes from the November 8, 2018 meeting were distributed and posted electronically.

III. Innovation Grants

Shawnie Rechtenbaugh discussed the nursing home innovation grants available through the Department of Human Services. \$5 million is available for nursing home innovation grants. Sarah Aker discussed primary and prenatal care innovation grants available through the Department of Social Services. \$1 million is available for primary care and prenatal care grants. Erik Nelson asked who will review the grants. State teams from DSS and DHS will review the grants. Erik asked if there was much interest from nursing home partners. There was interest during legislative session from nursing facilities. Erik asked if there is a maximum dollar amount. No, dollars will be allocated to projects based on the projects scope and requested budget. Erik asked what would happen if there is more requested than what the \$5 million can support. The departments will visit with entities and let them know what can be funded using the grant dollars. If not all of the funds are awarded, the departments will reopen the grants unit all of the funding has been awarded.

IV. Dakota at Home

Misty Black Bear gave an overview of Dakota at Home. Eric Grocott asked about changes for incontinence supplies. Sarah noted that the monetary authority for incontinence supplies will now be under the Medicaid State Plan. Services will be paid at 90% of billed charges up to an annual maximum. Services above the maximum must be exceeded through an authorization by DSS or DHS. Eric asked about cross-over billing. Sarah noted that incontinence supplies are not covered by Medicare and will be eligible to be billed directly to South Dakota Medicaid. Sarah Peterson asked about case management available through LTSS. The HOPE waiver includes case

management performed by state staff to assist individuals qualifying for home and community-based services.

V. State Plan Amendment Report

Sarah Aker provided an overview of state plan amendments (SPAs) submitted and approved since the committee last met.

VI. Community Based Provider Shared Savings Updates

Sarah Aker reviewed the April FMAP savings report and updated the group on the activities of the Community Based Provider group. Minutes and handouts from those meetings are [available online](#).

Sarah also reviewed a proposal by Indian Health Service (IHS) to embed nurse case managers within IHS using an Intergovernmental Personnel Act (IPA) agreement. Nurses will be embedded at IHS locations in Pine Ridge, Rosebud, and Eagle Butte. DSS has hired one nurse and will hire two more nurses to work at these locations.

DSS implemented reimbursement for Community Health Workers (CHWs) through the Medicaid State Plan effective April 1. Technical assistance is available through DSS to assist with enrolling a CHW agency.

VII. Medicaid Outcome Measures and Score Card

Sarah Aker reviewed outcome measures published on the Medicaid Scorecard and South Dakota's scores compared to the national median and surrounding states. Sarah asked the group about how to promote well child visits. Scott Kennedy noted that eye doctors and dentists could ask parents and children about the last time they saw their physician for a wellness visit. Dr. Williams asked if the department collects information about physicians and if there have been any changes in their practices. Sarah said that the department only has access to Medicaid claims data. Partnering with school districts was suggested as a way to target older children as well as bringing doctors to schools to provide services. Sarah noted that some schools have school-based health clinics, but that part of the goal with increasing well child visits is increasing the number of children that are connected with a primary care doctor. Well child visits must be performed by the child's primary care provider (PCP). Colleen asked about sharing materials. Sarah noted that DOH and DSS partnered to create education materials for Medicaid's adolescent well child reminder letter and a document explaining the difference between sports physicals and well child visits.

VIII. Other Updates

Sarah Aker updated the group on the status of the career connector 1115 waiver. The waiver is still under review by CMS.

Sarah also updated the group on a change to PCP program that will exempt up to 4 urgent care visits per year from a PCP referral. Mark Burkett asked how DSS will know that the claim was for an urgent care service. Sarah indicated that the claim will need to be billed as an urgent visit. DSS communications will include instructions about submitting claims as an urgent visits. Eric Grocott asked about pharmacy billing for strep tests under a collaborative practice arrangement. Sarah indicated that those claims could count towards the urgent care visits.

IX. Next Meeting

The group discussed October 23, 2019 from 1-3 PM CT as the next meeting date.