MEDICAID ADVISORY COMMITTEE

May 16, 2018
11 a.m. – 2 p.m. CST
Department of Social Services
Drifter's
325 Hustan Ave, Fort Pierre, SD 57532
Fort Pierre, SD

I. Welcome and Introductions

Bill Snyder welcomed the group.

II. November 5, 2017 Minutes

Minutes from the November 5, 2017 meeting were distributed in the packet and posted electronically.

III. State Plan Amendment Report

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

IV. Administrative Rules of South Dakota

The Division of Medical Services submitted rules to the June Rules Hearing to implement SUD services for all Medicaid adults. Sarah Aker reviewed the rule changes.

V. Health Care Solutions Coalition Update

Bill Snyder gave an update about the work of the Health Care Solutions Coalition. Mark Burkett asked if the Coalition plans to utilize the savings as an ongoing yearly appropriate. Yes, the additional services are built into the DSS base budget. Belinda Nelson asked about what CHWs will entail. The focus of the CHW is to implement in rural and tribal areas. The Coalition has studied a variety of models and plans to convene a small group to recommend the State Plan changes. Eric Grocott asked about the next steps of the Coalition. DSS is currently working on executing shared savings agreements with the current providers generating savings. The Coalition has also formed a new subgroup to work on additional care provided by nursing facilities, community support providers, and psychiatric residential treatment facilities and generating an IHS referral as part of that process. Eric asked about the plan for future savings. The Coalition intends to focus on reinvestment in provider rates and more specifically the Governor's rate plan. Kiley Hump asked about what is required for a CCA. The CCA can be accessed here:

https://boardsandcommissions.sd.gov/bcuploads/Care%20Coordination%20Agreement%20Template%2010242017.pdf Karli Williams noted that she currently receives many referrals from IHS and questioned if they would be eligible for 100% FMAP. Sarah explained that dental services do not require a referral for claims payment. Michelle Baack asked if this work may improve access to other areas. Ellen Durkin said that tribes hope this will help access. DSS noted that the savings are being reinvested in Medicaid to address service gaps and improve provider rates, both which should help with access to services.

VI. Substance Use Disorder Services

Sarah Aker reviewed the upcoming changes to add coverage of Substance Use Disorder (SUD) treatment for all Medicaid adults. Sarah also reviewed plans to seek an 1115 waiver to pay for care in Institutions for Mental Disease (IMD) settings for SUD treatment. Michelle asked about challenges for accessing services in rural areas. Karli Williams asked if it is difficult to get individuals into centers. Jason noted that as a provider trying to place an individual with SUD or mental health issues, it can be challenging and frustrating to know how the referral process works. Belinda provided an overview of how to access SUD services and noted that access is addressed in the SFY20 budget and expands access to three new meth programs, including one in Rosebud for Meth Treatment. Michelle noted that it is exciting to see the changes and more dollars being used for mental health and SUD services.

VII. Medicaid Work Requirements: Career Connector Program

Bill Snyder reviewed the Career Connector program to add a work requirement or community engagement component to South Dakota's Medicaid program for parents of low income children living in Pennington and Minnehaha counties. Belinda asked about the target date. The program will start on a voluntary basis on July 1; DSS plans to submit the waiver for a mandatory requirement by July 1. Michelle asked about the roll-out of the work requirements. The program will assess an individual's eligibility for the program whenever they have an eligibility review. Eligibility reviews are conducted on a rolling basis throughout the year. Erik Nelson asked about how a primary caregiver will be determined. The program will utilize an attestation process for exemptions. Mark asked about the population required to participate. This is targeted at individuals age 19-59 who are parents of low income children and exempts individuals with disabilities, pregnant women, parents of children under age 1, individuals already working or in school full-time, individuals who are medically grail, primary caregivers of elderly or disabled individuals, and individuals already participating in a workforce participation program. Erik asked about population statistics on the projected eligibles.

County **Household Type**

- Minnehaha – 732 (56%)
- Pennington – 569 (44%)

Gender

- Male – 169 (13%)
- Female – 1,132 (87%)

Race (Some individuals identify as multiple races)

- White – 811 (57%)
- Black – 118 (8%)
- Native America – 431 (31%)
- Hawaiian/Pacific Islander – 5 (1%)
- Asian/Other – 45 (3%)

Age

- 19 to 24 – 136 (10%)
- 25 to 34 – 546 (42%)
- 35 to 44 – 403 (31%)
- 45 to 54 – 169 (13%)
- 55 to 60 – 47 (4%)

- Two Parent Households – 118 (9%)
- Single Parent Households – 1,183 (91%)

Number of Children in Household

- Average – 2
- Median – 2
- Mode – 1
- Range – 1 to 9

Total Children – 2,324

- Age 1 to 5 – 820 children (603 cases)
- Age 6 to 12 – 994 children (652 cases)
- Age 13 to 18 – 510 children (389 cases)

Michelle asked about the effect of the program on single moms. The target population includes a majority single parent households and women. Karli asked if there is support for children to go to daycare. The Career Connector is structed to help individuals access child care supports through the Division of Child Care Services. Michelle asked about parents that are taking care of a child at home. The program allows an exemption for parents of children up to age 1 and caretakers of individuals with disabilities. Eric asked about what will happen to individuals who get a job that does not offer health insurance. Bill and Sarah explained that one year of coverage is available through the transitional medical benefit (TMB) and an additional year of premium assistance is available for individuals with incomes below 100% FPL who are unable to qualify for subsidies in the marketplace. Eric asked about the effect of low unemployment rates and the percent of jobs that offer health insurance. The program is designed to operate only in Pennington and Minnehaha counties where the most jobs, job training, and resources are available. Most major employers in South Dakota offer employer-based coverage, as do most employers with at least 10 employees. Belinda asked about the criteria for hiring a case manager and spoke about the possibility of losing case managers to other entities. DSS is in the process of determining the qualifications for the case manager. Eric asked for clarification about the process to move from a voluntary to a mandatory program. The waiver contemplates moving to a mandatory requirement after approval by CMS. DSS will email the group about the public notice period for the waiver. Mark asked how this will maintain access to health care. Bill explained the connection between community engagement and health. Michelle asked

about the process to qualify for premium assistance. Sarah reviewed the process outlined in the waiver application. Kiley Hump asked about the assessment process and asked about how the Department of Health may be a resource for services and classes. Lynne Kaufman asked about the experience in other states. Most states have only recently received approval from CMS and their experience to date has been limited. DSS is watching the experience in other states closely.

VIII. Pharmacy Updates

Sarah Aker gave an update about efforts to implement opioid edits in the state's Point of Sale system. Ellen asked about the meth crisis; Michelle agreed that meth is a big issue. DSS will invite the Division of Behavioral Health to talk about some of their work around meth at the next meeting. Kiley added that the approach for building capacity for treatment of opioids will also benefit and impact treatment for other addictions, including meth. There is a new website available for opioid information: https://www.avoidopioidsd.com/ Ellen Durkin and Belinda shared information about available treatment providers. Jason Wickersham noted that he believes the requirements for prescriptions are reasonable. Michelle asked about treatment for an individual who is in treatment at a pain management clinic. Sarah noted that she wasn't aware of special circumstances for those providers, but would have Mike follow up with Michelle. The group asked how Medicaid will know a chronic diagnosis. Sarah explained that the pharmacy system reviews claims history to search for a diagnosis; if the diagnosis is recent and has not yet been billed to Medicaid on a medical claim, a provider may submit a prior authorization request. Eric noted that the process is nothing new and that other payers are already doing this process, and in some cases have more strict criteria than Medicaid.

Sarah also reviewed the upcoming transition to actual acquisition cost for pharmacy claims. Eric noted that there is a challenge and while the NADAC is easy to find, the cost to a pharmacy to dispense a drug is different in every state. DSS has been working to research what is a fair amount and has collaborated with pharmacists on that work.

IX. Medicaid Outcomes

Sarah Aker reviewed data from the CMS 416 and HEDIS measures with the group. Michelle asked about the correlation between claim coding and the effect on the rate. Sarah explained the limitations associated with encounter based billing, when the claim is submitted without line level detail. Kiley asked if this was the first time Medicaid has pulled data for well child visits. Sarah noted that Medicaid has collected data for well child visits in the past, but this is the first time we've used the NCQA methodology to pull this data point, which results in some differences from prior pulls. Michelle noted that people

do not always recognize the difference between a well child visit and a basic physical. Darci Bible noted that when someone is in the doctor's office all the time, receiving education about the need for a well child visit is critical. Jason indicated that he believes this is a problem in general and not specific to Medicaid. Michelle noted that this will take education of both physicians and parents to focus on well child visits.

X. Other Updates

Sarah Aker updated the group on Dental Care Coordination and recent work with the Department of Health to update adolescent well care letters.

XI. Next Meeting

The group discussed October 17, 2018 as the next meeting date.