

MEDICAID ADVISORY COMMITTEE

October 23, 2019

1:00 p.m. – 3:00 p.m. CST

Conference Call:

Dial-In: 866.410.8397

Conference Code: 8176972761

In Person:

DSS Conference Room, Kneip Building 700 Governors Drive

Pierre, SD 57501

I. Welcome and Introductions

Sarah Aker welcomed the group and the group introduced themselves.

II. Review Minutes

Minutes from the May 8,2019 meeting were distributed and posted electronically.

III. State Plan Amendment Report

Sarah Aker provided an update on state Plan Amendments (SPA) since the last meeting. A list of SPAs was distributed and provided electronically. The list has been updated to include the two 1115 waivers.

Erik Nelson asked about feedback received from CMS on the career connector 1115 waiver. CMS is reviewing how South Dakota’s wavier compares to other states. South Dakota’s waiver is one of the only waivers submitted from a non-expansion state. CMS is also looking at the exception for parents with a child under age one; most states are exempting parents with a child under age 6. CMS asked about the premium assistance component. There has been no formal direction from CMS on the waiver. Erik also asked about the pilot related to the career connector in Minnehaha and Pennington county. Bill reported that we have had other inquiries about the progress of the pilot which will be shared with the group.

IV. Innovation Grants- Primary and Prenatal Care Projects

Bill Snyder gave an update on the Primary and Prenatal Care innovation Grants. A summary of the three projects was distributed and posted electronically. DSS will be reporting progress on the projects regularly to the legislature and other stakeholders.

Mark Burket asked about the status of the DHS innovation grants. DHS is still reviewing applications and hopes to get the grants awarded shortly.

Colleen Winter suggested doing some follow up and the collaboration on the on the DSS innovation grants with DOH as DOH nurses are performing activities that are similar to what is being done as part of the grants.

Mike Diedrich provided support for the project with Native Women’s Health and the positive impact it will have on the community.

Colleen asked about timelines for the grant, the grants will run from now through May 31, 2022.

V. Community Based Provider Shared Savings Update

100% FMAP Savings Report

Bill provided an update on the shared savings program. All materials for this update were provided and posted electronically.

Intergovernmental Personnel Agreements (IPA)

Using Intergovernmental Personnel Act (IPA) Agreements, two nurses have been hired in Rosebud and Pine Ridge. Andi Ferguson is working in Pine Ridge and Jodi Smith is working in Rosebud, there is a third position open in Cheyenne River. The goal of the position is to assist IHS providers in making referrals as well as assisting IHS with other processes related to Medicaid. Some of the other projects the nurses are working on include discharge planning especially for behavioral health referrals. Andi is helping recipients in Pine Ridge to change their PCP as well as assisting with prior authorizations for services.

VI. Medicaid Outcomes

Opioid Outcomes

DSS has implemented edits to the Point of Sale (POS) system related to opioids in an effort to prevent opioid misuse. Information was distributed and provided electronically.

There was a question regarding clinic managers and if they have access to the reports generated by DSS. The reports would not necessarily go to clinic managers as DSS does not have this type of contact information, DSS sends the report to the address on file for the prescriber, but could be shared by the prescriber with the clinic manager. It was suggested that DSS look into ways that the data could go to clinic managers. A clinic manager would be able to do more with the data on a systems level. The South Dakota Board of Pharmacy has the ability to look at prescriber habits, number of pills prescribed, and number of prescriptions through the PDMP. Exchanging data with clinic managers may be the next tier in the PDMP project and making improvements in this area.

2018 CAHPS Results

CAHPS data was provided and distributed electronically. A question was asked about the format of the survey and how recipients answer the questions; the questions are asked using a Likert scale. There was also a question about data related to appointments with specialist and if there was additional information that could be derived from the results. This question is only answered if the person indicates that they have seen a specialist. There is no definition in the survey of what a specialist means so it is left to the discretion of the recipient or parent/guardian completing the survey. The survey is anonymous and does not include geographical information.

2018 Health Home Outcomes

Health Home Data was provided and distributed electronically. Eric Grocott asked about ways to include pharmacies in the health home program, research is showing that pharmacist could have a significant impact on hospital readmission due to their understanding of patients and their medication adherence habits. Pharmacists can be included in the Health Home care team, at this time we are not sure how many Health Home providers are utilizing pharmacy as part of the team. DSS could look at doing additional outreach regarding pharmacy collaboration.

V. Other Updates

WIC Data Collaboration

Sarah provided an update on collaboration with WIC in the area of well child visits. Information was distributed and provided electronically.

There was a question about the difference between WIC and Medicaid Eligibility, there are slight differences in financial eligibility; the age limit for children/families to participate in WIC is age 5. There was also a question about the number of people on Medicaid that are not on WIC, there were 27,121 children under age 5 that were eligible for Medicaid as of Aug 2019. It was noted by the committee that patient compliance with wellness visits is challenging when vaccinations are not indicated. Sarah noted that DSS has noticed a correlation in increased rates in well child visits when vaccinations are indicated. Someone also noted that less people are going into the clinic when flu shots are offered at school. The group also discussed the impact of families electing to receive sports physicals only instead of wellness visits.

There was a question about what Medicaid does to help people remember to get their well child check. Medicaid sends reminders for well child checks annually in the month of the child's birthday and more frequently for children under age 3 according to the AAP periodicity schedule. Clinics could do their own reminder cards by getting their list of recipients from the portal. It was also suggested that front desk staff and clinic manager could have an impact by talking to recipients about opportunities to get well child visits scheduled.

6|18 Initiative

Sarah presented on the 6|18 project focused on tobacco prevention. Information was distributed and posted electronically.

Medicaid Online Portal Update

Lisa Lee provided an update on the online portal. Information was provided and posted electronically.

There was a question from Eric about doing a sample electronic claim that could be posted or created for pharmacists to reference. Eric mentioned that crossover pharmacy claims are being denied. Medicare allows refills at 75% utilization of supplies, but Medicaid is denying due to refill occurring before the entire supply is used. Eric asked if it is possible for this to change and match Medicare. Sarah asked Eric to send a couple of sample claims so that we can take a look at it and see if it is something Medicaid can address.

System Updates

DSS is working on acquiring an PA system. An RFP was released earlier this year. Results were reviewed this fall. Goal is implementation in 2020. Also working on a provider enrollment solution.

VII. Public Input

There was a question about the status of the urgent care visits exempt from primary care provider (PCP) referral. The department implemented this on July 1, 2019. Medicaid has not gotten much feedback from recipients or providers on the exemption. DSS is working on creating a report of urgent care visits used in the Provider Online Portal and hopes to have it live on the portal before the end of the year. If someone needs additional urgent care visits after utilizing the 4 visits, the recipient must get a referral from the PCP. The patient does not get a notification when they have reached four visits. The system is not set up to do this type of notification.

There was another question about recommendations for providers who notice that the person is already at 4 urgent care visits. A person could change their PCP to a different provider if they are frequently seeing a provider who is not their PCP. The urgent care provider can also connect the recipient to the PCP so that the PCP could provide a referral or schedule them a visit with the PCP in place of accessing urgent care.

There was one final question regarding how often a recipient could change their PCP; there is no limit to how often or for reasons why a recipient can change their PCP.

VIII. Plan Next Meeting Date

April 22, 2020 1-3 pm, this meeting can be attended via conference call or in person.