

MEDICAID ADVISORY COMMITTEE

July 22, 2020

10:00 a.m. – 12:00 p.m. CST

Zoom

Welcome and Introductions

Bill Snyder, Director of the Division of Medical Services, welcomed those in attendance. Participants introduced themselves.

Bill announced the departure of Sarah Aker from Medical Services. DSS has a transition plan in place and will begin looking to fill the Deputy Director role. Sarah's last day will be July 23, 2020.

Review Minutes

Minutes from the October 2019 meeting were distributed and posted electronically. There is one update to the minutes. The minutes state that DSS was working on a report to give providers access to information about a recipient urgent care visit in the last year. Since the last meeting the portal has been updated to include this functionality.

COVID- 19 Updates

Claims Processing

Every year DSS staff process about 6 million medical claims a year. When DSS transitioned to working remotely in March 2020 due to COVID-19 we never missed payroll and continued to pay claims. DSS continues to get some paper claims, these claims do have to be processed on-site in a DSS building, this process has continued during COVID-19. DSS has added additional communication channels to ensure that recipients and providers can continue to access services. DSS is encouraging continued use of our growing electronic communication methods.

1135 Waiver

In March Medical Services submitted an 1135 waiver to CMS requesting flexibilities in the Medicaid program to help providers address COVID-19. The handouts for the meeting and the [DSS COVID-19 resources webpage](#) detail South Dakota's 1135 waiver request and flexibilities that have been implemented in the Medicaid program. The flexibilities that were granted by CMS under the 1135 waiver are approved through the end of the Public Health Emergency (PHE) as declared by the US Department of Health and Human Services (HHS). The PHE is set to expire in July, if HHS has not extended the PHE, South Dakota has contingency plans in place to ensure some of the flexibilities in the waiver can continue in order to help providers address COVID-19.

Disaster State Plan Amendment

In May, South Dakota Medicaid submitted a disaster state plan amendment (SPA) to CMS. This amendment has been approved. The disaster SPA provides flexibilities around COVID testing and removes the requirement to have a face to face visits for behavioral health services.

Telemedicine

DSS has seen exponential growth in telemedicine claims since the start of the pandemic. Medicaid has added several flexibilities related to telemedicine. A complete listing of telemedicine flexibilities can be found in the [telemedicine provider manual](#). DSS is evaluating the use of telemedicine services to determine which of the added telemedicine flexibilities should be continued once the PHE has ended.

Provider Communications

During the PHE South Dakota Medicaid has released 22 COVID bulletins as well as sent 1:1 communication to providers as needed. DSS has identified that we need cleaner and more targeted communication channels and we are evaluating how to make sure people are getting the information they need.

MAC committee members provided their feedback regarding Medicaid's COVID-19 response.

- Sarah Peterson- There has been an increase in the use of telehealth, they are seeing 10-20 times the number of telemedicine claims. Sarah asked about the continuation of telemedicine after the end of the PHE. The continuation of telemedicine services is something that Medicaid is talking about and looking at long term options. Plans are in place to continue telemedicine in South Dakota if the PHE is not extended.
- Mike Diedrich –Monument thought Medicaid did a good job in getting guidance out and answering questions promptly.
- Michelle Baack – The added flexibilities to address COVID-19 are very important. We will see changes in the way medicine is delivered in the future. We should take advantage of any opportunity we have to improve access to services for children people in rural communities. Hopefully South Dakota will lead the way in the implementation of telehealth.
- Eric Grocott – From the pharmacy side there were many comments about how smooth things were running, people didn't realize DSS staff were working from home because of seamless the transition was. Providers have had one concern with incontinence supplies. There were some people who did not receive letters when people met the limit. The pharmacy didn't get notification on the limit and the need for a PA until after the service ran out. They didn't find out until the remittance advice came out. Sarah Aker mentioned that there is now the service limit inquiry on the portal where the provider can get information on incontinence supply limits. Sarah will provide Eric with more information on how to access this portion of the portal.
- Belinda Nelson - CMHC & SUD Providers have been very appreciative of the efforts that have been made to allow providers to deliver audio and virtual services. The weekly and as needed communication from DBH was invaluable. As a system of care we have learned a lot and are looking forward to being able to keep seamless behavioral health services going.

Procurements

DSS has published an RFP for dental administration and claims adjudication. Delta Dental holds the contract until May 2021. Staff are currently evaluating RFP responses, an award will be made by August 5, 2020.

The Division of Economic Assistance is working on a new Medicaid and CHIP eligibility system.

Medical Services is looking at a new provider enrollment system and a new prior authorization system, we have received demonstrations from a variety of vendors.

South Dakota Medicaid is in the process of awarding a contract to a vendor who will assist in an independent review of Medicaid structure and strategy. The review will consist of an evaluation of our resources and provide recommendations. Mike Diedrich expressed an interest in being part of the review and asked if the contractor would be meeting with the Medicaid Advisory Committee. The vendor will be doing a tour around the state visiting with a number of providers including larger providers, rural providers and IHS. Evaluation from the vendor will include involvement from providers and the MAC. The vendor will present their final recommendations by Dec 31,2020.

Community Based Provider Shared Savings Update

In June 2020 DSS made general and federal fund payments to participating hospital providers. General fund payments have been issued for nursing homes and community support providers (CSP). In order to make federal fund payments for nursing homes and CSPs approval is needed from CMS. Requests to make the federal fund payment have been submitted to CMS. DSS has shared almost \$2 million with providers. There was a question about the CSP and nursing home payments and if we expect to continue to make payments to these providers in the future. Yes, the intention is to continue with shared savings payments for CSPs and nursing facilities. Eric Grocott asked if Tribes and IHS were satisfied with the CCAs. DSS has received some feedback from GPTCHB regarding the program and possible enhancements to the Medicaid program utilizing shared savings. Medicaid continues to work with GPTCHB on CCAs.

Mike Diedrich commented that Monument has worked closely with tribal health programs to get dual eligible people enrolled in Medicaid. Dual eligibility helps the tribes to preserve some of their PRC dollars.

IPA Update

IPA nurses are assisting with the referral process in three IHS locations. The CCA and referral process does require review of referrals and records by IHS which can sometimes be an administrative burden. South Dakota Medicaid has proposed the use of a mid-level IPA providers to help IHS with the referral process. The mid-level IPA position is currently open and accepting applications. The position is open statewide with the expectation that the person would travel and meet with patients as well as do telehealth visits across the state.

Michelle Baack asked about the IPA nurses and if they are doing case management for discharges. When a baby is released from the NICU there is not one provider they are working with, discharges are sent to a facility, there is no single point of contact that can streamline the process. Michelle is wondering if this the type of thing that the IPA nurse could assist with. Yes, this would be a great use of the IPA nurse position, they would be available to assist with difficult discharges. Michelle also asked if there was a plan for other reservations to get an IPA nurse. IHS picked the locations where there is currently an IPA nurse, the decision was based on the needs of the community/facility. We are not currently hiring for other locations but will monitor to see if there is a need for additional IPA positions in more locations.

Behavioral Health Update

Tiffany Wolfgang, Director of the Division of Behavioral Health (BH), provided an update on opioid grants. BH is applying for a no cost extension to be able to continue current opioid grant activities. In addition, BH is applying for a second round of Opioid Grant funding. The second round of funding will allow states to address stimulants in addition to opioids. Funding through these grants has allowed BH to partner with Oxford House to provide recovery housing for people who struggle with substance use. They have been able to work with agencies to provide

intensive case management for pregnant women and women with dependent children. Finally, BH is working on a standing order for Narcan to ensure it is available across the state.

Tiffany reviewed the enhancements made to the avoid opioid website and the suicide prevention website. If people have training events they would like added to the website please reach out to BH. BH has a listserv for suicide prevention activities that people can sign up for, there is a link on the suicide prevention webpage.

Behavioral Health has received a National Strategy for Suicide Prevention (NSSP) grant, it is a three-year grant that will help address suicide prevention for people 25 and older. This is similar to a campaign that was implemented for children. The campaign is called “Be The One” and will kick off in fall of 2020.

Behavioral Health is working on completing a gap analysis through an independent evaluator to assess the behavioral health needs of South Dakotans. They hope to have the report by the end of the year.

Michelle Baack had a question about a lead contact for post-partum care coordination – there is no contact yet, still waiting to hear back regarding funding. Michelle has a task force that helps train parents, she would be interested in hearing more and try to coordinate with this taskforce.

Sarah Peterson had a question regarding opioid programs and if the funding can be used for meth, she also asked about getting more information on the correlation between meth and opioids. Funding that BH has through September 2020 is limited to opioids. BH has worked to stretch the funding as far as possible and talked broadly about substances when meeting with people. The second round of funding BH applied for allows for use with methamphetamines and opioids. BH has seen an increase in people reaching out for methamphetamine resources during COVID.

BH has re-issued an RFP for intensive meth treatment for the northeast region of the state. Sarah Peterson asked what the barriers are to people applying to the RFP in the northeast region, what is preventing people from applying. The RFP was initially released early in the pandemic, BH thinks that the timing of the RFP was the barrier of the first round. They think they will get applications during the second round.

Michelle mentioned that she is very proud of the work being done on opioids. She has been keeping track of babies addicted to opioids, those numbers have been trending downward. The number of babies addicted to methamphetamines however has been going up significantly especially during COVID.

LTSS Waiver Amendment

Misty Black Bear provided an update on the amendment to the HOPE waiver. The HOPE waiver is for individuals age 65 and over or adults over 18 who have a disability. The waiver amendment is being submitted to change the rate methodology for assisted living to be a tiered rate. LTSS submitted the waiver amendment to CMS in June. The waiver amendment also adds adult day as a provider type for personal care and respite services.

State Plan Amendment Report

Matthew Ballard provided an update on current state plan amendments (SPA). There are four SPAs currently being reviewed by CMS, two that are out for public comment. Eric Grocott asked

if DSS has heard anything regarding the career connector 1115 waiver. We are waiting for feedback from CMS, there has been limited communication from CMS regarding the 1115 due to COVID. We have not heard from CMS recently about the 1115.

Medicaid updates

Primary Care Provider Program

About 80% of the Medicaid population participates in the program. Updates are being made to the program in fall of 2020 to align the PCP program with the health home program. In addition, changes were made to ARSD to allow nurse practitioners to carry a PCP case load. This will expand access in communities where there are limited providers.

Provider Portal

Lisa Lee provided update on the provider portal. UB claims submission through the portal is in internal testing, implementation is expected in fall 2020. UB claims submission in the portal will not replace internal software or clearing houses. It is providing an additional option for providers to bill.

In January 2021 IHS will be using the 1500 for professional and ancillary charges. This change will provide Medicaid with additional reporting capabilities for services like well child visits and vaccinations.

Well child checkups via telehealth

Since the start of the public health emergency there has been a decrease in well child claims and vaccinations across the state. During the PHE, a well child visit can be performed via telemedicine. Instructions for billing well child visits via telemedicine can be found in the [telemedicine provider manual](#).

Michelle Baack ask why the in-person component associated with the telemedicine visit could happen over a 10-month time frame. Currently a provider can bill for a new well child visit after 10 months. If the in-person component of the well child visit was not completed within that 10 months, then the provider should do a new well child check.

Access Monitoring Review Plan

States are required to evaluate access to Medicaid services every three years and submit the findings to CMS. The plan includes an evaluation of geography, provider enrollment, recipient enrollment, and provider reimbursement. The report found that Medicaid recipients have the same access to care as non-Medicaid residents. South Dakota Medicaid is aware that there is an access issue when it comes to dental services in the Black Hills, we are partnering with providers to address services in this area.

Innovation Grant update

Information about all of the innovation grant projects can be found on the [Innovation Grants webpage](#).

DOH Collaboration

DSS is working on a data strategy in collaboration with DOH regarding maternal mortality and morbidity through a Medicaid innovation accelerator program. Michelle Baack mentioned that COVID has had an impact on pre-eclampsia cases, she would like to know if the work being done here will be looking at these types of trends.

Medicaid is working with DOH to update well child letters. The well child letters are being developed to target specific age groups and what is recommended for wellness visits and vaccinations. In addition, Medicaid has been collaborating with WIC to share information on well child visits and breast pump coverage for recipients eligible for both programs.

During COVID-19 there has been a decrease in the number of ordered and administered vaccines. DOH has pulled together a work group to do some messaging and try to get kids caught up. Medicaid is sending postcard reminders to recipients about vaccinations. Mike Diedrich is interested in working with DOH on the vaccine outreach. DOH is partnering with DOE to see about drive through clinics prior to school starting.

Public Input

There was no additional public input.

Plan Next Meeting Date

The Medicaid Advisory Committee is required to meet twice a year. DSS will look for a date in November or December for the next meeting. The next meeting will take place via Zoom.

Mike Diedrich and Michelle Baack thanked Sarah Aker for her work and dedication to Medicaid and the people of SD.