

## **MEDICAID ADVISORY COMMITTEE**

November 4, 2020

10:00 a.m. – 12:00 p.m. CST

Zoom

### **Attendees**

Bill Snyder, Sam Hynes, Lori Langdeaux, Kathi Mueller, Jason Wickersham, Laura Ellenbecker, Belinda Nelson, Sarah Peterson, Jerry Dubberly, Lisa Lee, Erik Nelson, Scott Kennedy, OD, Mark Burket, Lynn Kaufman, Mike Diedrich, Jennifer Gray, Karli Williams, DDS, Lisa Reuland, Erik Nelson

### **Welcome and Introductions**

Bill Snyder, Director of the Division of Medical Services, welcomed those in attendance. Participants introduced themselves. Bill introduced Matthew Ballard as the new Medical Services Deputy Director.

### **Review Minutes**

Minutes from the July 2020 meeting were distributed and posted electronically. Bill provided updates on items discussed during the last meeting. Medical Services awarded the contract for Medicaid dental services to Delta Dental. The Division of Economic Assistance is currently working on implementing a new eligibility system. Medical Services has been working on implementing a new provider enrollment system and are in the middle of contract negotiations. Medical Services is also working with Myers and Stauffer on a review of Medicaid structure and strategy. Work on this review is currently under way. Jerry Dubberly from Myers and Stauffer is attending the meeting today as part of this review.

Since the last meeting the Long-Term Services and Supports (LTSS) waiver amendment has been approved.

### **Health Home Updates**

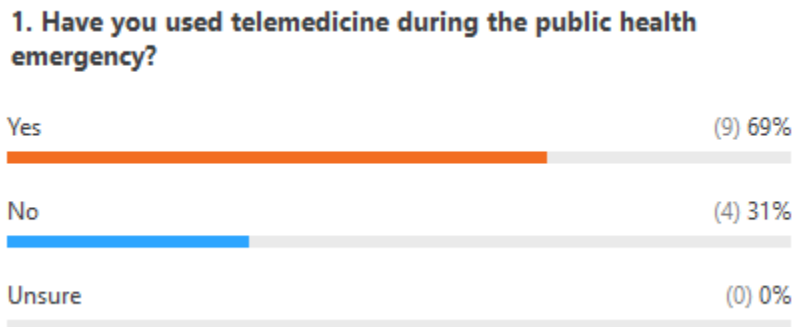
Kathi Mueller provided an update on the Health Home program and quality metrics from CY 2019. Kathi's presentation was provided in the meeting handouts. Health Home quality metrics can be found on the [Health Home Data Dashboard](#).

Kathi discussed during her presentation that she is working to connect new Health Home providers to mentors who have worked with the program. Sarah Peterson asked if mentoring was reimbursable service. Health Home mentors are volunteers and cannot get reimbursement for this service.

### **COVID-19/Public Health Emergency (PHE) Update**

Bill provided an update on telemedicine claims from January -Sept of 2020. There has been exponential growth in the use of telemedicine services since the start of the PHE. The department is looking into ways to continue telemedicine flexibilities after the PHE ends. Medicaid telemedicine flexibilities align with Medicare coverage of telemedicine.

MAC members were asked if they had used telemedicine during the PHE. Two-thirds of members present reporting using telemedicine. Jason Wickersham reported that telemedicine has helped people to stay out of facilities during the PHE.



Medical Services is tracking claims for testing and treatment for COVID which do not have a cost share. Federal COVID legislation does not allow the state to assess a cost share for testing and treatment of COVID.

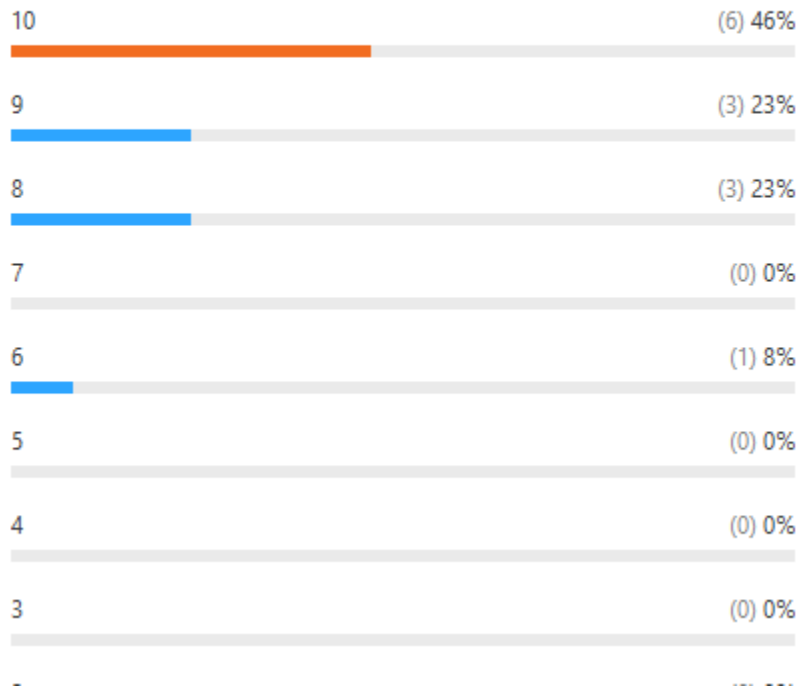
During the PHE Medical Services has temporarily added coverage for ambulance transfers. Paying for this service will allow providers to maximize hospital bed capacity.

We are tracking utilization of services that have been added during the PHE. We continue to accept feedback from providers regarding current and additional flexibilities providers may need. We also continue to monitor federal policy guidance and added Medicare flexibilities.

Laura Ellenbecker provided an update on Families First Corona Virus Response Act (FFCRA) and continuous Medicaid eligibility requirements. The legislation includes an increase in the Federal Medical Assistance Percentage (FMAP). In order for a state to receive the increased FMAP the state has to maintain Medicaid coverage. Anyone on Medicaid since the start of the PHE will maintain their Medicaid coverage until the end of the PHE. A recipient's Medicaid can only be closed if the person moves out of state, passes away, or voluntarily ends their coverage. No one can lose coverage for changes in circumstance including income, age, and pregnancy status. Economic Assistance will send notification ten days in advance if a recipient's case is going to be closed. The continuous coverage is beneficial for people that have had to postpone elective procedures.

Advisory Committee Members were asked to rank Medicaid's response to the PHE.

**2. How would you rank Medicaid's response to COVID-19 on a scale of 1-10 where 1 is poor and 10 and excellent?**



Belinda Nelson noted that she has seen great results from the audio-only mental health services and hopes that it is a services Medicaid will consider continuing after the PHE ends.

Lynn Kaufman reported that it would be nice to be able to provide audio-only home health visits. With cases ramping up it would be helpful to prioritize those who needs an in-person service.

Sarah Petersen mentioned that there was HRSA funding for COVID testing but there are individuals who are being told that they need to pay up front for the test. Sarah is wondering how the HRSA funding works and if a provider needs to get payment up front and then apply for reimbursement? DSS stated it would look into this issue and follow up.

**Other Medicaid Updates**

Lisa Lee provided an update on the submission of the UB 04 claims through the online portal. Most institutional claims are submitted online. Submission of UB-04 claims through the portal is an additional option for submitting claims. About 80% of UB claims are coming electronically from clearing houses. The benefit to submission through the portal is the ability to attach needed documentation.

Bill shared that Medicaid has years' worth of data regarding telephone service unit calls and claims submission. We are seeing a downward trend in the number of calls; Medicaid is trying to push more information through the portal without having to waiting for the call center to be open. There was a significant drop in calls at the beginning of the PHE. Most Medicaid claims come electronically, there are some exceptions. We are trying to reduce the number of paper claims and support electronic submission.

## **Medicaid Scorecard**

The CMS Medicaid Scorecard is released annually and provides data on Medicaid quality metrics. DSS monitors the data and is continually reviewing the measures and actions South Dakota can take to improve quality measures.

Advisory Committee members were asked to break out into small groups and discuss ways South Dakota Medicaid could improve the rate of well-child visits and vaccinations. Suggestions from the breakout rooms include:

- Collaborating with other providers such as childcare agencies to share information on the importance of staying up to date on well-visits and vaccinations.
- Increasing the use of telemedicine to try and address transportation barriers.

## **Behavioral Health Updates**

Tiffany Wolfgang provided an update on the Division of Behavioral Health (BH). DBH received a grant for COVID-19 crisis counseling called 605 Strong. DBH is partnering with 211 and Lutheran Social Services to raise awareness about mental health resources statewide.

DBH was also awarded a Disaster Response Grant for \$4 million for 12 months. They are partnering with 211 and other stakeholders to implement grant activities. The primary focus is the 2019 natural disasters.

National strategy for suicide prevention grant focuses on adults 25+ to reduce suicide and risk for suicide, will include follow up and continuity of care, post hospitalization follow-up. South Dakota also received a COVID-19 Emergency Treatment grant to assist individuals impacted by COVID-19 with a mental health diagnosis or substance use disorder.

BH has been working on a needs and gap assessment with the Human Services Research Institute (HSRI). As part of the review HSRI will be reviewing providers and interviewing a variety of stakeholders to identify needs and gaps in behavioral health services.

## **Get to Know Medical Services Staff**

Lisa Reuland introduced herself and provided an overview of her role within the Division of Medical Services.

## **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 poll the committee to identify a date in April or May. The next meeting will take place via Zoom.