Access Monitoring Review Plan
Federal requirement for CMS to review Medicaid rates to ensure access to care for the Medicaid population.

- Proposed Rule released Spring 2011
- New Final Rule released in Fall 2015
  - *Armstrong v. Exceptional Child Center, Inc.*, 135 S. Ct. 1378 (2015) Supreme Court decided that Medicaid statute does not provide a private right of action to providers or beneficiaries to pursue legal challenges related to beneficiary access to covered services.
Access Monitoring Review Plan

- Final rule applies to Medicaid fee-for-service systems.
- Intent to allow CMS to make data-driven decisions when considering proposed rate reductions or other payment methodology changes from states.
- Every state required to complete an Access Monitoring Review Plan by October 2016
  - Plans must be published for Public Comment before submission to CMS.
  - Plans must be updated every 3 years.
Access Monitoring Review Plan

- Access Monitoring Review Plans must:
  - Address the availability of care/providers and how health care needs are met;
  - Review access to Primary Care, Physician Specialists, Behavior Health, Pre/Post-Natal Care, and Home Health services;
  - Document changes in utilization; and
  - Compare between Medicaid rates and other health care payers; and
  - Be developed with recipient, provider, and stakeholder feedback.
Access Monitoring Review Plan

What information will SD’s access plan contain?

- Description of South Dakota
  - Rural/Frontier Nature
  - Statewide Health Care Access Issues
- Beneficiary Characteristics/Access
  - Recipient Feedback Regarding Access
  - CAHPS Survey Data
  - Health Care Solutions Coalition Work & Recommendations
- Provider Participation
- Medicaid Reimbursement
  - Provider Work Groups
  - Summary of Rates
Access Monitoring Review Plan

Next Steps:

- **May - July 2016:** Draft Access Monitoring Review Plan
- **August 3, 2016, 9 AM:** Interim MAC Meeting
- **August/September 2016:** Formal Public Comment Period
Fiscal Year 2017 Budget
Division of Medical Services

Annual Avg. Title XIX Cost Per Eligible:

- FY16 Revised
  - Increase in Eligibles: 118,614 – increase of 1,020 from appropriated
  - Lower Cost Per Eligible: $4,803 to $4,755

Medical Services:
Performance Indicators

<table>
<thead>
<tr>
<th></th>
<th>Bud. FY16</th>
<th>Rev. FY16</th>
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</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$782</td>
<td>$768</td>
</tr>
<tr>
<td>Inpatient Hosp. &amp; Dispro</td>
<td>$1,154</td>
<td>$1,127</td>
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<tr>
<td>Outpatient Hosp</td>
<td>$554</td>
<td>$557</td>
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<tr>
<td>Prescription Drugs</td>
<td>$308</td>
<td>$311</td>
</tr>
<tr>
<td>All Others (Medicare Premiums, Dental, Chiropractic, etc.)</td>
<td>$2,005</td>
<td>$1,992</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,803</strong></td>
<td><strong>$4,755</strong></td>
</tr>
</tbody>
</table>

*Does not include Title XXI (CHIP), MS Admin., & Non-Direct Services*
FY17 Budget

- 2.7% Provider Inflation
- Additional .72% for
  - Nursing Homes, Assisted Living, Senior Meals, In-Home Services for the Elderly, Residential Treatment for Youth, and Behavioral Health
FY17 Budget

- Multi-agency workgroup analyzed rate data for 17 provider groups. Primarily those with higher reliance on Medicaid/state funding.

- Governor Daugaard’s FY17 recommended budget included $1.2 million in general funds for providers where FY16 reimbursement <85% of allowable costs/methodology.
Governor Daugaard’s FY17 recommended budget included $1.2 million in general funds for providers where FY16 reimbursement is less than 85% of allowable costs.

3 Year Plan for Targeted Rate Adjustments for Certain Providers to reach at least 90% of allowable costs based on methodology.
FY17 Budget

- Legislature increased appropriation included additional funding ($600K general funds)
- Ambulance Services

<table>
<thead>
<tr>
<th>Service</th>
<th>FY16</th>
<th>FY17</th>
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<tbody>
<tr>
<td>Ambulance Basic Life Support</td>
<td>$98.56</td>
<td>$170.52 fixed rate</td>
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<td>$219.98</td>
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<tr>
<td>Stretcher Van</td>
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<tr>
<td>Loaded Miles</td>
<td>$2.88</td>
<td>$3.83 per mile</td>
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**FY17 Budget**

- In Home Services for Children
- In Home Services for Elderly/Disabled
- Assisted Living

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<tr>
<td></td>
<td>Rate</td>
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</tr>
<tr>
<td>Personal Care Aide</td>
<td>$23.52</td>
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<tr>
<td>Private Duty Nursing</td>
<td>$38.92</td>
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<tr>
<td>Nursing (LPN)</td>
<td>$23.46</td>
<td>$27.16 hourly</td>
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<tr>
<td>Assisted Living</td>
<td>$37.53</td>
<td>$40.50 per day</td>
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## FY17 Budget

### Ambulance Services

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FY17 Budget

- Outpatient Psychiatric – aligning rate for service provided through Medicaid State Plan with rates paid for similar services provided through Community Behavioral Health providers.

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<tr>
<td>Psych Diagnostic Evaluation</td>
<td>$93.26</td>
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<tr>
<td>Psytx Pt&amp;/Family 60 Minutes</td>
<td>$82.34</td>
<td>$96.06 hourly</td>
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### FY17 Budget

- **Inpatient Psychiatric**

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<td>Inpatient Psychiatric Hospital</td>
<td>$635.84</td>
<td>$699.50 daily</td>
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BRCA Testing & Preventative Treatment

- **Breast & Cervical Cancer (BRCA) Testing and Preventative Treatment**
  - Almost 15% of ovarian cancers and 5-10% of breast cancer cases can be traced to mutations in the BRCA1 and BRCA2 genes.
    - Women with BRCA gene mutations have a 55-65% risk of developing breast cancer by age 70 compared to a 12% risk in the general population.
    - Prior authorization required for both the test and treatment and based on experience in other states, it is unlikely that approved tests would exceed 10% to 25% of total potential BRCA-positive recipients.
  - Some recipients may elect to more frequently monitor their health with screenings before turning to preventive surgery or elect to take chemoprevention drugs.
BRCA Testing & Preventative Treatment

- Full cost for Cancer treatment can cost over $958,000.
- Projecting initial costs for testing and treatment for 17 women.
  - $33,618 for Testing – per individual approximately $1,978
  - $610,473 for Treatment – per individual approximately $35,910
Applied Behavior Analysis (ABA) Therapy

ABA Therapy is used to treat individuals with Autism Spectrum Disorder

- SD Medicaid currently covers this service for children under 21 when provided by a Physician, Psychiatrist, or Psychologist
  - ABA Therapy required Prior Authorization

- Legislature passed licensing bill for Behavior Analysts who provide ABA services.
  - Behavior Analyst Licensing Board under Board of Social Work Examiners

- SD Medicaid will enroll licensed Behavior Analysts to provide ABA services
Upcoming Payment Methodology Changes

- Outpatient Hospital Ambulatory Payment Classifications (APC)
  - Recommendation of Hospital Financial Workgroup
  - 18 Hospitals moving to APC

- Pharmacy Actual Acquisition Cost (AAC)
  - Federal Mandate: 42 CFR §447.512(b)
  - Requires states to reimburse outpatient drugs based on actual acquisition cost plus a professional dispensing fee.
Medicaid Expansion Update
Medicaid Expansion Update

- SD Submitted concept paper in March 2015
- CMS published a white paper in October 2015 proposing to update policy on funding services provided to Medicaid eligible American Indians.
- SDHCS Coalition formed October 2015
Medicaid Expansion Update

- Broad stakeholder group led by
  - Kim Malsam-Rysdon
  - Jerilyn Church (GPTCHB)
- Included legislators, Tribal leaders, IHS, providers, state staff.
- Organized to align with concept paper
  - Increasing Access
  - Behavioral Health
  - New Services
Medicaid Expansion Update

- Interim final report published in January 2016 with six recommendations:
  - Increase use of telehealth
  - Develop Community Health Worker model
  - Expand support for pre-natal and postpartum care
  - Expand capacity for behavioral health services provided through Tribes
  - Expand Medicaid eligible behavioral health providers
  - Add evidence based behavioral health services
- SDHCS full report
Medicaid Expansion Update

- Governor Daugaard’s FY17 budget included federal funds to support Medicaid expansion.
  - 55.0 FTE
- Continued frequent discussions with CMS/IHS leadership regarding the draft policy.
- CMS and IHS leadership came to SD late January
Medicaid Expansion Update

- Final policy – State Health Official Letter (SHO) published late February.
- Work continues to analyze the ability to operationalize the policy and assess financial impact/modeling.
- Five implementation teams meeting regularly- includes Tribes, IHS, providers, state staff.
- Assessing operational considerations
Medicaid Expansion Update

- Policy Operations
- Telehealth
- Behavioral Health
- Alternative Service Delivery Model
- Care Coordination for Hospital Services
- Tribal, IHS, Provider, and state staff representation
• DSS, in coordination with DOC and UJS, identified community-based treatment to be made available to juveniles with justice-system involvement based on the needs of the youth.

• Treatment identified will be quality assured and shown through research or documented evidence to reduce recidivism and other juvenile risk factors.

• Established a referral process and incorporate a risk and needs assessment tool with supplemental mental health and substance abuse screening tools.

• Functional Family Therapy (FFT) services will be provided throughout the state of South Dakota.

• Initial FFT training began in January 2016
  • Individual provider training will occur throughout the month of January with services beginning immediately after the trainings conclude.