

100% FMAP Medicaid Reinvestment Proposal

Great Plains Tribal Chairman's Health Board (GPTCHB) has proposed a number of ideas for reinvestment in the Medicaid program from the savings generated from Care Coordination Agreements (CCA). Below is an outline of the proposals from GPTCHB and the response from South Dakota Medicaid. South Dakota Medicaid is committed to continued discussion with GPTCHB to identify ways the savings from CCA's can be used to strengthen the South Dakota Medicaid program to meet the needs of American Indians.

1) Substance Use Disorder (SUD) Services

GPTCHB Request: Eliminate the 30-day limit for treatment of opioid and methamphetamine addiction. The 30-day limit does not offer provider the time needed to effectively treat addiction.

SD Medicaid response: The 30-day limit for reimbursement of SUD services provided in a Institution of Mental Disease (IMD) is part of federal legislation. The SUPPORT Act created the 30-day limitation for payment of services in an IMD setting. There are other State resources to help reimburse for stays longer than 30 days through the Division of Behavioral Health and South Dakota's Substance Abuse and Mental Health Block Grant. Please contact the Division of Behavioral Health, for more information regarding services funded through the Division of Behavioral Health or to request technical assistance by phone at 605.367.5236.

2) Multiple encounters

GPTCHB Request: Reimburse for up to five encounters per day for professional services for Tribal 638 providers and IHS.

SD Medicaid response: Current Medicaid coverage already allows for multiple encounters per day, there is no limit to the number of encounters. More information about multiple encounter reimbursement can be found in the South Dakota Medicaid [IHS and Tribal 638 Policy Manual](#).

3) Covered Outpatient drugs

GPTCHB Request: Allow Tribes and IHS to bill for two encounters for pharmacy services.

SD Medicaid response: DSS proposed a State Plan Amendment (SPA) allowing Indian Health Service (IHS) and Tribal 638 pharmacy providers to be reimbursed at acquisition cost for high cost drugs, effective April 1, 2020. This SPA has been submitted to CMS for review. DSS will continue to evaluate the impact of this change on access to prescription drugs for American Indians.

4) Professional Service and Inpatient encounters

GPTCHB Request: Reimbursement for inpatient professional services in addition to the inpatient hospital encounter.

SD Medicaid response: DSS has been discussing this change with IHS over the last several months. This change requires extensive system programming changes as well as operational changes to IHS; we are targeting January 1, 2021 for implementation of this change and have informed IHS and other tribal partners of the implementation date.

5) Community Health Worker encounters

GPTCHB Request: Community Health Worker services be reimbursed at the encounter rate instead of the fee for service rate.

SD Medicaid response: DSS would like to have further discussion on this topic. The Division of Medical Services also offers technical assistance to tribes wishing to enroll their CHW/CHR programs. To request additional technical assistance, please contact Samantha Hynes at samantha.hynes@state.sd.us or via phone at 605.773.3495.

6) Tribal FQHC Billing

GPTCHB Request: Allow Tribal 638 providers to enroll as a Federally Qualifies Health Center (FQHC).

SD Medicaid response: DSS would like to continue this discussion regarding potential benefits and challenges of pursuing this option.

7) Medicaid expansion

GPTCHB Request: Expand Medicaid to cover all South Dakotans with a household income up to 138% FPL.

SD Medicaid Response: Governor Noem does not support Medicaid Expansion for South Dakotan's with incomes up to 138% FPL. Using shared savings funds to expand Medicaid eligibility is not an option. However, the Governor is committed to the work related to care coordination agreements and reinvestment of savings into the Medicaid program to further meet the needs of American Indians.

GPTCHB has expressed an interest in discussing other options as well including family support services, housing supports for dialysis patients, transportation reimbursement, health homes, hospice, and HCBS. DSS would be interested in having further discussion with Tribes and GPTCHB regarding these ideas.