NORTH Dakota | Health

Special Health Services

Medical Advisory Council Meeting
Microsoft Teams (Virtual) Meeting
May 7, 2022 8:30 a.m. – 12:00 p.m.

Attendance:	
Appointed Medical Advisory Council Members	Jeffrey Nelson, MD; Blake Feil, DDS; Laura Schield, MD; Kari Casas, MD; Lori Sondrol, MD; Justin Horner, MD; Carrie Ranum, MD; Tom Carver, MD
Special Health Services (SHS) Division Staff	Joan Connell, MD, Medical Director; Kimberly Hruby, Division Director; Danielle Hoff, Program Administrator; Heather Kapella, Program Administrator; Tina Feigitsch, Claims & Eligibility Administrator; Jaime Conmy, Medical Claims Service Specialist; Amy Burke, Newborn Screening Nurse Consultant; Joyal Meyer, Newborn Screening Director
Other Continuous Representation	Dr. Nizar Wehbi, State Health Officer; Chris Jones, Executive Director of Department of Human Services; Krista Fremming, Assistant Director of Medical Services Division; Kodi Pinks, Department of Health (NDDoH) Epidemiology Staff Representative; Sarah Carlson, Family Advisory Council Designee/Family Voices of ND; Donene Feist, Family Voices of ND; Moe Schroeder, Family Advisory Council Designee/Family Voices of ND; Kim Mertz, Healthy and Safe Communities Section Chief; Joe Luccini, Family Advisory Council Designee; Beth Oestreich, Injury Prevention Program Director; Shasta Held, Family Advisory Council Designee
Welcome and Introductions	Kimberly Hruby, Division Director for the Special Health Services, provided gratitude and appreciations for the time all have spent towards the Medical Advisory Council meeting and commitments that have been made to the division. Introductions were given by the council members. Dr. Wehbi gave a special introduction as the State Health Officer which included several updates from the Department of Health and his excitement to be a part of the Council.

Special Health Services Update	Kimberly Hruby provided an overview of the Special Health Services (SHS) mission to promote a system of care and services that improve the health and well-being of individuals with special health care needs and their families. Care coordination, collaboration, data informed decisions, information and education are all strategies at the heart of each SHS program. An overview of four SHS programs were described: • Coordinated Services Program; • Financial Coverage Program; • Newborn Screening and Follow-up Program; and • CSHCN System Enhancement Program The following SHS Statistical Reports were reviewed: • Program Data Report which showed 1,939 children were served in Federal Fiscal Year (FFY) 21. This was an increase from FFY 20, and this data does not include Newborn Screening (NBS) program data. • Health Care Coverage/Insurance Report which revealed that in FFY 21, 66% of children had private insurance, 24% had ND Medicaid/CHIP, and 10% of children either had no insurance coverage or their status was unknown. SHS wants to ensure health care coverage is adequate for all children and act as a secondary payer that fills the gaps for what other payers do not. • Claims Payment Report which demonstrated that SHS has paid $650,575 in FFY 21 for CSHCN compared to FFY 20 where SHS paid $371,554. This is the highest this amount has been in the last five years. • Data regarding conditions with the highest number of children receiving claims payment along with conditions for which SHS has paid the most. Diabetes (47 children), Heart Conditions (83 children), Hearing Loss (45 children), and ADD/ADHD (24 children) were conditions with the highest number of children receiving claims payment. Diabetes ($250,127), Heart Conditions ($36, 839), and Asthma ($31,980) were the conditions for which SHS has paid the most. Kimberly Hruby provided a brief update on the Department of Health and Department of Human Services Integration: • Kimberly emphasized her appreciation for the great partnerships with Department of Human Services • The Department of Health and Human Services (DHHS) will be one department on September 1,

	2022. • The integration will be a great opportunity to continue collaborations and expand partnerships.

Department of Human Services/Medical Services Update	Chris Jones, Executive Director of Department of Human Services (DHS) provided remarks on behalf of the DHS. He highlighted updates that have occurred within the Department which impact CSHCN:
	• Home and community-based services
	  ○ There was a settlement that the Department of Justice settlement that the DHS entered into due to the lack of home and community-based services for aging and older adults that wanted to be served in their own community. This ties to kids as ND ranks in out-of-placement care. It is important to focus on all three components of health: economic, behavior, and physical.
	  ○ In 2018, the DHS entered into Family First to use federal dollars to try to keep kids in their home and provide services closer to home. We must address capacity, culture, and demand. It is a priority of DHS to de-institutionalize kids. North Dakota no longer has group homes and moved to what are called Qualified Residential Treatment Programs.
	  ○ ND is lacking in adolescent in-patient acute psychiatric beds.
	• Importance of Early Childhood Experiences
	  ○ 1416 and 1466 were passed last legislative session which were created the Division of Early Childhood. This group started July 1st and will focus on topic such as how to create quality childhood centers, quality childhood experiences, how to create more access, and how to make it affordable.
	  ○ There is a lack of funding spend in the 0-5 age; it is important to address this, which would provide a significant return on investment as it related to the success of children in the future.
	  ○ There is a workforce issue as it relates to parents staying home with children due to childcare not being affordable.
	• During COVID, the Federal Government entered into a State of Emergency
	  ○ During this emergency, DHS was not allowed to remove anyone from ND Medicaid, regardless of whether they were eligible for services.
	  ○ This will be a large lift for DHS, social services, beneficiaries, providers, etc. on how to work through this process in a thoughtful way with limited resources.

	○ This may be an opportunity to align programs together to make it easier for everyone. Krista Fremming, Assistant Director of Medical Services Division, also provided a few updates from DHS. • Public Health Emergency (PHE) ○ DHS staff realize that there will be a percentage of children who will not qualify once they start doing the renewals. the goal at DHS is to keep them connected to coverage. They will be working with the Navigation Program at Minot State University to help those who are needing navigation for getting healthcare coverage. ○ DHS is in the process of hiring a communication team to help with all the communication regarding the PHE. Once this firm is onboarded, a comprehensive communication plan will be developed. ○ Currently, they are waiting for word on when the PHE will officially end. ○ Telemedicine policy will be updated. The plan is to use the Medicare list of codes that can be covered via telemedicine but will have some deviation from that list. • Medicaid Update ○ There is a Medicaid Advisory Committee that meets quarterly. These meetings are open to the public, and they use these meetings to share updates and get input on the Medicaid Program. There is a sub-group that looks at proposals for services/coverage that Medicaid does not currently cover but the ask is there. They prioritize proposals and present a recommendation to legislation prior to the upcoming session in the fall. The proposals they are currently reviewing include dental case management, dental screening and assessment, family training for applied behavior analysis (ABA), and ABA for adults and individuals with diagnoses other than autism. Anyone can submit a form to be reviewed by this committee. • Study Relating to Developmental Disabilities and Autism Systems of Care ○ Result of legislative session and Human Services Committee picked this up as a study which ties to home and community-based services but ties specifically to DD and Autism. ○ They are hopeful to receive recommendations that streamline and improve the system of care. • National Affinity Group with the Center for Health Care Strategies ○ This group will be working on increasing well-child visit rates in the Medicaid Program through family engagement and other strategies.

	○ Programs are aligning to help improve well-child rates, but there is a lot of room for improvement. ○ They just had their first meeting but will develop a specific ND plan. They hope to have family involvement. • Post-Partum Coverage Extension ○ Effective January 1, 2023 ○ IT system changes will need to happen, which is what is being worked on now Discussion was had regarding the pediatric behavioral health crisis and the importance of recruiting more pediatric mental/behavioral health providers in North Dakota. Work needs to be done on how we approach mental health and treatment.
Business/Minutes	Dr. Connell requested a motion to approve the 2021 meeting minutes. Laura Schield motioned to approve the meeting minutes and Jeffrey Nelson seconded. Minutes were approved unanimously.
Changes to SHS Programs	Danielle Hoff provided an update on a few changes that were made to SHS Programs: • Diagnostic Services Eligibility ○ SHS staff has really been watching the Financial Coverage Program budget more closely as staff were making note of more kids being enrolled in the Financial Coverage Program and noting an increase in the number of higher or larger claims that were being paid on. After looking taking a closer look at the budget numbers and projecting where the funding would fall at the end of the biennium, it was determined that if SHS continued down the path we were on, SHS would be significantly over budget. Therefore, several changes were made to reduce this overspending. ○ One change included making the Diagnostic Services income-eligible. ○ Previously, all diagnostic services were paid by SHS regardless of the family's income. Now, families can still receive diagnostic services covered, but they will need to qualify both medically and financially. ○ The financial eligibility is the same as the Treatment Services at 185% of the Federal Poverty Level (FPL). • Cardiac Care for Children Program

	○ The Cardiac Care for Children Program, which covered the initial visit to a pediatric cardiologist for all children in North Dakota regardless of income, including the office visit and all diagnostic testing, has essentially been absorbed into the Financial Coverage Program. ○ There is no longer a specific Cardiac Care for Children Program, but families can still get these services covered through the Financial Coverage Program if they qualify medically and financially. Tina Feigitsch also provided several other changes that were made to the SHS Financial Coverage Program other updates. • Annual Payment Threshold Reduction ○ In the past, SHS had a $20,000 maximum per benefit year that could be paid out for each child on the program. However, that maximum amount has now been reduced to $5,000 per year per child. ○ This change has had a huge impact on the families that are being reviewed on a weekly basis. Some of them have maxed out their benefit within a couple months of their new benefit review period and must go almost 8-9 months with no financial coverage from SHS. ○ With this change that went into effect 12/1/2021 there are 8 clients that have already maxed out. ○ This is being watched and analyzed closely. • Cost-Share ○ Because families were never denied access to the Financial Coverage Program, some families had a high cost-share and typically never saw a benefit from being on the program. Because of this, it was decided to cap the maximum cost-share a family could have will be less than $3,000. ○ If families are over the $3,000 per month cost-share, they can choose to stay on the program, but they are provided information on how they may not see a benefit. Jaime Conmy discussed updated on how she is tracking this change to the cost-share. • It was found that not all claims that are processed for clients with a cost share are being automatically processed correctly.

	• Jaime must review all claims for every cost share client which is more time-consuming. She must manually deny the claims that are supposed to go to cost share. • She has worked with Medicaid staff to get a specific reason/remark code to be able to put on the Medicaid remittance advise so providers are aware as to why the claim is being denied. She then needs to manually track this on individual client spreadsheets and in MMIS to make sure that they balances are all the same and any future claims can be reviewed in the same manner. • In addition, she also needs to verify if there are multiple family members on the program and adjust all cases accordingly as it is a family cost share not an individual cost share. Kimberly discussed how funding is now looking since these changes took effect 12-1-2021. • SHS receives most of its funding through the Maternal and Child Health (MCH) Block Grant. Within that grant, CSHCN must receive at least 30% of funding to support their work efforts. • Medical needs are becoming more complex in children and new partnerships are increasing the number of referrals to the Financial Coverage Program. This is resulting in SHS paying higher claims. It is pharmacy that is the area SHS is paying the highest in. • The budget will continue to be monitored and changes will be implemented as required.
Family Story	The Walker family shared a wonderful story on their daughter, Mickellyn, and their experience navigating the health care system and various providers/services for a child with a special health care need. The Walkers also discussed their positive experience their family had at the Cleft Lip and Palate Clinics they attended. It was a suggestion from the family to have an experienced parent attend the clinics to offer support and reassurance. This is something SHS will consider for future clinics.
Epidemiology Update	Kodi Pinks, epidemiologist at the NDDoH, shared data within a PowerPoint relating to emerging issues for children ages 0-21. She discussed three trends they are seeing at the Department of Health and wanted to bring attention to. • Issues of vaccination • Congenital syphilis • Mental/behavioral health

SHS Financial Coverage Advice Needed	Tina Feigitsch reviewed SHS and Medicaid dual-eligible clients.
	• There are children on the Financial Coverage Program that are dual eligible clients for both SHS and NDMA. SHS gap fills for these clients for treatments/services that NDMA does not cover.
	• One of the highest demands for SHS to gap fill is for diabetic clients needing a CGM (continuous glucose monitor).
	• It was approved during 2021 Legislative Session that NDMA will start covering the Dexcom CGM effective 7/1/2021. However, other brands will be denied.
	• Discussion was had whether SHS should cover other CGMs for NDMA children if they are not on the Dexcom even though NDMA will cover the Dexcom.
	• We need to be cognizant of the extra administrative work that would be necessary to review every single request. As long as the Dexcom meets the child's needs, it should be utilized.
	• It was the consensus that SHS should not be covering CGMs for NDMA children as it is covered through NDMA. However, if there are special circumstances for a child that cannot be on the Dexcom, it can be reviewed, and other options can be explored.
	• Motion was made by Dr. Lori Sondrol:
	  ○ SHS will follow NDMA eligibility requirements and if there are outlying circumstances, they can be explored further with more information.
	  ○ This motion was seconded Dr. Blake Feil and was unanimously approved
	• A second motion was made by Dr. Sondrol:
	  ○ Children who require an insulin pump may have access to the Omnipod insulin pump
	  ○ This motion was seconded by Dr. Carrie Ranum and was unanimously approved

Financial Eligibility and SHS Covered Services	Tina Feigitsch discussed several updates regarding financial eligibility.
	• This past year SHS had 7 clients meet the $20k max on paid claims.
	  ○ There were 14 clients that were being watching closely as they had a larger number of claims being processed and paid.
	  ○ With the new reduction in what can be paid out per year per child, there is a total of 37 clients that are being watched closely each week per the journal vouchers to make sure they are not over the $5k limit.
	• Russell Silver Syndrome Program
	  ○ There are currently five clients open with Russell Silver Syndrome. There is only one client

	that is actively using the program. The other four have not had visits in several years. Per Century Code, they are eligible for the program through age 18 so with that, one aged out in April 2021, and another will age out September 2022. ○ There are no real high dollars being paid out at this time. • Service needs based on denials and miscellaneous calls ○ There were 42 denials for applications this last year. This was due to not being able to connect with the family for various reasons or the applicant did not submit the required paperwork. Typically, after attempting to contact the family three times, they are denied. However, the family can always re-apply. Danielle Hoff discussed the coverage SHS is providing to cover secondary conditions. • When a child is on the Financial Coverage Program, claims can be paid on all services relating to their eligible condition. This includes paying for secondary conditions as they relate to the primary condition. For example, a child who is on the program for a cancer diagnosis can also get behavioral health visits covered as long as they are being seen due to their cancer diagnosis. • SHS staff are struggling a bit with the grey area that comes along with coverage for secondary conditions, especially mental/behavioral health visits. • Staff are receiving claims for behavioral health visits; while the claim is submitted under their eligible condition, the notes are not indicating that they discussed anything regarding the diagnosis. While it is recognized that mental health is a vital, perhaps these visits should be reviewed more closely. Staff are wondering if we should have clearer criteria on what can and cannot be covered or if we require more documentation for these types of visits. • It was discussed that the notes should mention the eligible condition for SHS to cover the claim.
Family Advisory Recommendations /Newborn Screening and Follow-Up	Amy Burke provided several updates on the Newborn Screening Program: • Delegation of calling out newborn screening results ○ Studies have shown that parents of children who were presumptive positive for a time critical condition and called by scheduler or medical assistant to repeat those screenings have more levels of anxiety versus those parents being called by their medical provider themselves. ○ NBS staff have received calls from families questioning whether the call was valid when it is

done by a scheduler/assistant.
    - It is recommended nationally that the provider or clinician make the call to families if it is a time-critical condition
    - NBS staff do provide educational resources to all providers who have a patient with a presumptive positive screening. This includes basic information on the condition, signs and symptoms to watch for, and potential treatment options. These resources can be used by providers to communicate with families.
    - Discussion was had that it would be helpful to have the educational document on the condition be faxed to the facility. This could just be included with what is already being faxed to providers. This way, it would be in the providers' hands right away when they make calls. If a link was sent electronically, it may be forgotten about.
- Mandated reportable conditions
    - It has been an ongoing issue of getting mandated reportable conditions, such as CCHD, to be reported on. NBS received their very first report of CCHD this year, but it is clearly known that there are many more cases across the state. How does NBS remind providers to report these cases?
    - When CCHD became reportable in 2019, a memo was sent out to all providers from the State Epidemiologist. A memo is being revised and will be sent out to all providers explaining how to report CCHD. Previously there was a link to a form that would be filled out and submitted to infectious disease. Now, a Qualtrics survey will be completed by providers to report these conditions. This information will all be in the memo.
    - The ND Health Information Network (NDHIN) could be beneficial if all providers were putting information into the NDHIN.
    - Discussion was had regarding how mandated reportable conditions are rare, so getting the primary care providers to complete a form when they do occur may be a challenge. Because the reportable conditions are less rare in the specialty areas, perhaps that is who should be reporting these conditions, such as the pediatric cardiology office.
    - What is not wanted is duplicative reporting, so the memo should be clear on expectations of reporting.
- Long-Term Program Outcomes
    - Core outcomes were created for NBS conditions to capture whether the child is receiving all

	necessary services/treatments for optimal health. ○ NBS have been working to define standard of care, medical home, and lost-to-follow-up which were reviewed with the Council. ○ For the Long-Term Follow-Up Program, children are considered lost-to-follow-up when three phone calls are made unsuccessfully. A letter then goes out to the family as well to notify them of this.
Closing Remarks/Wrap-Up	Those present with memberships due for a 2-year term renewal were discussed, and the following was decided: • Dr. Carver-yes • Dr. Quisno-yes • Dr. Sondrol-yes • Dr. Feil-yes • Dr. Ranum-yes • Dr. Casas-no Dr. Connell thanked all that attended the Medical Advisory meeting and for all the great input on the agenda items that were discussed. She wanted to give a special thank you to Dr. Casas for her amazing service she has provided to this Advisory Council. She was instrumental in the passage of the metabolic supplement law last session and the Council thanked her for this. The Council will be looking for another council member to replace Dr. Casas. If anyone knows of a provider who would like to join, please reach out to Dr. Connell or Kimberly Hruby.