

**Special Health Services  
 Medical Advisory Council Meeting  
 Bismarck, North Dakota  
 May 4, 2019, 8:30 a.m. – 12:00 p.m.**

<b>Attendance:</b>	
<b>Appointed Medical Advisory Council Members</b>	Jeffrey Nelson, MD; Blake Feil, DDS; Laura Schield, MD; Kari Casas, MD; Lori Sondrol, MD; Marc Ricks, MD; Justin Horner, MD; Carrie Ranum, MD; Myra Quanrud, MD, Thomas Carver, DO; and Jacqueline Quisno, MD
<b>Special Health Services (SHS) Division Staff</b>	Joan Connell, MD, Medical Director; Kimberly Hruby, Division Director; Tammie Johnson, Program Administrator; Tina Feigitsch, Claims & Eligibility Administrator; Jaime Conmy, Medical Claims Service Specialist; Amy Burke, Nurse Consultant; DeNae Tokach, Administrative Assistant; and Kelsie Morris, Administrative Assistant
<b>Other Continuous Representation</b>	Mylynn Tufte, State Health Officer; Chris Jones, Department of Human Services (DHS) Executive Director; Kodi Pinks, Department of Health (NDDoH) Epidemiology Staff Representative; Courtney Koebele, ND Medical Association; Sarah Carlson, Family Advisory Council Designee/Family Voices of ND; Moe Schroeder, Family Advisory Council Designee/Family Voices of ND; Joe Liccini, Family Advisory Council Designee; Garrett Schultz, Family Advisory Council Designee
<b>Welcome and Introductions</b>	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.

<b>Opening Remarks</b>	Mylynn Tufte, State Health Officer, provided introductory remarks on behalf of Kimberly Hruby and her new role as Division Director for Special Health Services.
<b>Special Health Services Update</b>	<p>Kimberly Hruby provided an overview 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. The SHS programs were described:</p> <ul style="list-style-type: none"> <li>• Coordinated Services Program;</li> <li>• Financial Coverage Program;</li> <li>• Newborn Screening and Follow-up Program; and</li> <li>• CSHCN System Enhancement Program</li> </ul> <p>The following SHS Statistical Reports were reviewed:</p> <ul style="list-style-type: none"> <li>• Program Data (yellow handout),</li> <li>• Health Care Coverage Report (salmon handout);</li> <li>• Claims Payment Report (white handout);</li> <li>• Current Budget Report</li> </ul> <p>Budgeting for the next biennium was discussed. Final schedules for the 2019-2021 biennium are not yet available by division, but NDDoH budgeted the Governor’s recommendations::</p> <ul style="list-style-type: none"> <li>• Agencies with a general fund appropriation of \$5 million or more were asked to submit a base budget with a 10% reduction. (DoH and Department of Environmental Quality (DEQ) fell into this category). Governor Burgum asked agencies to identify an additional 3% reduction as a contingency against volatile commodity prices. In efforts to further balance revenues and expenditures for the 2019-2021 biennium, agencies were asked to submit a base budget with a 5% reduction from the current budgeted 2017-2019 FTE levels. The reduction could be part of the agencies strategy to reach their overall 5% or 10% budget reduction.</li> </ul>

NDDoH Budget Highlights from the Legislative Session (HB 1004) include:

- \$5.165 million opioid Overdose Data to Action grant was removed from the appropriation.
- \$33,000 increase for microbiology laboratory technology upgrades, bringing total project to \$483,000 with an emergency clause.
- The Division of Injury and violence Prevention in the Healthy and Safe Communities Section will be receiving a \$200,000 general fund increase for sexual violence prevention services.
- A partial list was provided (tan handout) of legislation that pertains to the population that Special Health Services serve (Children and youth with chronic medical conditions or disabilities). The list was categorized into areas of interest. Not all of them passed, and some did not have direct responsibility of the NDDoH.
- Bills that passed, but did not directly impact the NDDoH include:
  - HB 1285 enhances language surrounding infants who have been left at approved location and requires the Department of Health to work on media.
  - HB 1336 related to printed information by the Department related to reverse the effects of an abortion-inducing drug.
  - HB 1477 prohibits the sale of flavored e-liquid to minors and increases the fine for selling these products.
  - SB 2094 ensures that physicians can use telemedicine for FDA- approved opioid prescribing medication assisted treatment (MAT), an important tool in a rural state like North Dakota where MAT programs are being launched.
  - SB 2155 allows an exemption from the practice of pharmacy. A registered nurse working in a Title X clinic (family planning program) may now dispense certain contraceptives after receiving an order from a clinician.
  - SB 2355 provides for a legislative management study of taxation of liquid nicotine and electronic smoking devices.

<p><b>Department of Human Services/Medical Services Update</b></p>	<p>Chris Jones, ND Department of Human Services (DHS) Executive Director, provided remarks on behalf of the Department. Items in the DHS budget being focused on include simplifying the benefit of Medicaid to the client and eliminating complexities, long-term services, and how to provide housing supports to children transitioning to adulthood.</p> <p>Krista Fremming from ND Medical Services (ND Medicaid) shared specific legislative highlights from DHS that the council might be interested in, including:</p> <ul style="list-style-type: none"> <li>▪ Targeted case management in behavioral health for children passed, but with no fiscal note</li> <li>▪ The autism waiver increased the eligible age threshold from age 12 to age 14.           <ul style="list-style-type: none"> <li>○ Consultation will also take place with the state Autism Task Force regarding increasing the number of slots for this waiver (currently 96 slots).               <ul style="list-style-type: none"> <li>▪ Further discussion between ND Medicaid and SHS will take place regarding Autism Diagnostic Clinics and the difficulties providers face with reimbursement for multidisciplinary diagnostic clinics.</li> <li>▪ Anne Carlsen will send CPT code information for autism clinics to Krista.</li> <li>▪ Dr. Carver stated that Trinity does have interest in starting an autism diagnostic clinic at Trinity in Minot but is concerned about reimbursement.</li> </ul> </li> </ul> </li> </ul>
<p><b>Business/Minutes</b></p>	<p>Dr. Connell requested a motion to approve the 2018 meeting minutes. Dr. Quanrud motioned to approve the meeting minutes and Courtney Koebele seconded. Minutes approved unanimously.</p>
<p><b>Provider Qualifications, Certification, and Enrollment</b></p>	<p>Jaime Conmy, Medical Claims Specialist II provided an update on Medicaid provider enrollment and collaboration that has taken place with the Special Health Services provider credentialing process that was recommended from last year’s meeting. The division of Special Health Services reviewed 228 providers for recertification this year. Special Health Services held a meeting with Medicaid provider enrollment in the summer of 2018 and determined that SHS will not be able to utilize the ND Health Enterprise MMIS as a credentialing source. SHS policy is to verify board certification for all providers and Medicaid does not review this when verifying their providers for Medicaid enrollment. Therefore, SHS will continue to verify</p>

	<p>providers per the board certifications that SHS staff has access to.</p> <p>SHS has a list of the providers that have met the requirements to be enrolled as an eligible Special Health Services provider. This is mainly utilized to ensure claims payment is going to quality pediatric specialists.</p> <p>A secondary list is obtained through the ND Medical Association each year, as this contains more than just the Medicaid-enrolled providers. Mylynn recommended that this be the list available to the public, and the lists between Medicaid and SHS be used internally only.</p> <p>A note or disclaimer should be included to state who families can contact if providers are not accepting ND Medicaid.</p>
<p><b>Financial Eligibility, SHS Covered Services, and Reimbursement Issues</b></p>	<ul style="list-style-type: none"> <li>• High-cost clients reaching the \$20,000 limit           <ul style="list-style-type: none"> <li>○ There are no high-cost clients currently being monitored. Tina closely monitors claims as she posts payments to the SHS database, so she can be aware in a timely manner if payments were to increase for clients.</li> </ul> </li> <li>• Russell Silver Syndrome (RSS)           <ul style="list-style-type: none"> <li>○ There are currently four clients with RSS. One is currently utilizing the program with a specialist visit pending this summer. Two clients will be aging out within the next couple of years (2020 &amp; 2021). No high dollars are being paid out at this time.</li> </ul> </li> <li>• Denials &amp; Miscellaneous Calls Update           <ul style="list-style-type: none"> <li>○ Special Health Services received 61 calls that were regarding various conditions, 43 of which were for eligible conditions. Of those, 26 were referred to the local county office to complete Special Health Services paperwork which did not follow-up. Thirteen clients were referred to other state agencies for assistance and the remaining clients were miscellaneous calls that were resolved at time of the call (e.g., eligibility ND residents, gap filling for Medicaid)</li> </ul> </li> </ul>

	<p style="text-align: center;">coverage issues, etc.).</p> <ul style="list-style-type: none"> <li>• Medical Records Access           <ul style="list-style-type: none"> <li>○ SHS is having difficulties getting medical records for claims payment from a large health system in North Dakota. The SHS policy states that each date of service requires a medical report for review of payment. Providers are not submitting reports with claims, which results in delayed or denied claims. This consequently results in families being billed for the services. Some providers are not accepting the SHS Authorization to Disclose Information form and want their own form completed. With the Cardiac Care for Children Program, some providers will not submit a report unless a claim is being submitted. However, the medical reports are still needed so that care coordination can be completed.</li> </ul> </li>   <li>• Special Health Services/Medicaid dual eligible clients           <ul style="list-style-type: none"> <li>○ SHS requires all clients that are eligible for ND Medicaid to apply; however, they can still apply for SHS coverage so that SHS can gap-fill for costs that ND Medicaid does not cover.               <ul style="list-style-type: none"> <li>▪ Chris Jones and Krista Fremming requested that SHS provide further detail on the amounts SHS is paying towards gap-filling for Medicaid eligible clients. Areas of particular interest include continuous glucose monitoring for diabetic children and potentially looking at metabolic food. These could potentially be costs covered through Medicaid via Early and Periodic Screening, Diagnostic, and Treatment (EDSDT).                   <ul style="list-style-type: none"> <li>• Tina Feigitsch will provide these details via email in follow-up to the meeting.</li> </ul> </li> </ul> </li> </ul> </li> </ul>
<p><b>SHS Medical Eligibility, Potential New Conditions</b></p>	<ul style="list-style-type: none"> <li>• Update-Handicapping Malocclusion           <ul style="list-style-type: none"> <li>○ Special Health Services has held a series of virtual meetings with orthodontists throughout the state to improve the way handicapping malocclusion eligibility is scored, to capture medically necessary cases versus cosmetic cases. This collaboration resulted in the</li> </ul> </li> </ul>

development of a new scoring sheet that is currently being finalized. The new form was a compromise, but it is felt that it will still allow us to achieve our mission.

- Update-Attention-Deficit/Hyperactivity Disorder
  - At the 2018 Medical Advisory meeting, expanding Financial Coverage services to include behavioral health in SHS was discussed. Special Health Services chose to start with Attention-Deficit/Hyperactivity Disorder as the first condition due to the high pediatric prevalence and the ability to collect point-in-time financial data through pharmacy claims to evaluate the impact of adding this condition. SHS has done outreach to existing treatment clients and local county social services staff to notify them of the medical eligibility addition. Claims have started coming in for clients with this diagnosis.
  
- New 2019 Medical Conditions to Add
  - Narcolepsy with Cataplexy and Acute Flaccid Myelitis (AFM)
    - Both the AFM and Narcolepsy policies were voted to become effective as written as of 6/1/19
    - Motion moved by Dr. Quanrud and seconded by Dr. Carver. Motion passed unanimously to add these two conditions as written.
  - Gender Dysphoria
    - After much discussion, it was proposed to vote on this condition with the exclusion of surgical intervention.
    - Dr. Shield motioned, Dr. Casas seconded. Vote passed with 6 yes, 2 no, 3 absent.
      - SHS staff will meet with the Medical Director and NDDoH leadership to discuss the council's recommendations and make a final decision on whether to add this condition.

<p><b>Newborn Screening Follow-up/Advice Needed</b></p>	<ul style="list-style-type: none"> <li>• The newborn screening fee will be increasing July 1, 2019 from \$75 to \$96 to support the expansion of courier services to 7 days per week.</li> <li>• Newborn Screening staff will be working with Dr. Carlos Miranda (Pediatric Cardiologist) to involve families as he is working on statewide protocols and policies for diagnosing critical congenital heart disease prenatally.             <ul style="list-style-type: none"> <li>○ The Newborn Screening and Follow-up Program is monitoring the upcoming pilot for Spinal Muscular Atrophy (SMA) that the Iowa lab will be completing, as ND generally follows our partnered state.</li> </ul> </li> </ul>
<p><b>System Enhancement</b></p>	<p>Medical Home Advice</p> <ul style="list-style-type: none"> <li>• Special Health Services has made an effort to devote contract funding to further Medical Home infrastructure through the Maternal and Child Health (MCH) Block Grant.</li> <li>• Requests for proposals were distributed to partners throughout the state, and although many partners expressed interest in medical home projects, there were not many applications submitted.</li> <li>• Going forward, SHS hopes the council can continue to provide staff with any suggestions on how to improve statewide support for Medical Home.</li> </ul>
<p><b>Closing Remarks/Wrap-Up</b></p>	<p>Dr. Connell thanked all that attended the Medical Advisory meeting and for all the great input on the agenda items that had been discussed.</p>