

**Special Health Services
 Medical Advisory Council Meeting
 Microsoft Teams (Virtual) Meeting
 May 2, 2020, 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; Marc Ricks, MD; Justin Horner, MD; Carrie Ranum, 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, Nurse Consultant; Joyal Meyer, Newborn Screening Program Director
Other Continuous Representation	Mylynn Tufte, State Health Officer; Caprice Knapp, ND Medicaid 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; Garrett Schultz, Family Advisory Council Designee; Liv Berger, Family Advisory Council Designee; Victoria Johnson, 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.

<p>Opening Remarks</p>	<p>Mylynn Tufte, State Health Officer, provided introductory remarks on gratitude for the Advisory Council’s dedication to this population. She thanked the group for the care they provide our children in North Dakota. Mylynn mentioned that North Dakotans are resilient which will help us move through the COVID-19 pandemic.</p>
<p>Special Health Services Update</p>	<p>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. The SHS programs were described:</p> <ul style="list-style-type: none"> • Coordinated Services Program; • Financial Coverage Program; • Newborn Screening and Follow-up Program; and • CSHCN System Enhancement Program <p>The following SHS Statistical Reports were reviewed:</p> <ul style="list-style-type: none"> • Program Data Report • Health Care Coverage Report • Claims Payment Report • Data regarding conditions with the highest number of children receiving claims payment along with conditions for which SHS has paid the most <p>Kimberly discussed SHS COVID-19 response effort activities that were being implemented within various programs within the Division including not limited to:</p> <ul style="list-style-type: none"> • Coordinated Services Program: canceling/rescheduling Cleft Lip and Palate Clinics • Metabolic Food Program: ensuring all families have access to metabolic food and formula • Cardiac Care for Children: addressing any questions or concerns from families or providers • School Nursing: working with school nurses and DPI on guidance and answering questions • Newborn Screening and Follow-Up Program: ensuring there is no disruption in services provided • Financial Coverage Program: moving to virtual/phone applications with families; electronic claims

	<p>Discussion was had on the importance for providers to look into telehealth options for children to keep them safe during the COVID-19 pandemic. Children with special needs or that live in congregate settings are not being left behind as work is being done to protect them.</p> <p>The Vulnerable Population Protection Plan (VP3) is being worked on within the ND Department of Human Services, and it currently focuses highly on long-term care facilities and individuals in congregate settings. Questions pertaining to VP3 from attendees were addressed.</p>
<p>Department of Human Services/Medical Services Update</p>	<p>Caprice Knapp, ND Medicaid Director provided remarks on behalf of the Department of Human Services. Highlights provided included:</p> <ul style="list-style-type: none"> • 1915-I application submitted. Application now goes to the Centers for Medicare and Medicaid (CMS) which they have 90 days to provide feedback. Next the Medicaid office has 90 days to respond. This process continues until concerns have been addressed and hopefully end in application approval. • 99% done with the transition of bringing pharmacy over from Sanford Health to Medicaid. State is now managing the pharmacy piece of expansion population. • Children’s Health Insurance Program (Healthy Steps) is back in-house as previously it was with Blue Cross Blue Shield of ND as a managed care product. Those children are now back under fee-for-service. • Reforming nursing home payment • Claims are paid in-house, have outsourced Noridian call center in October. Put out provider surveys to see how things are going and their experiences. Collected great feedback on claims and enrollment of providers. • Procuring Sanford Health Plan contract this year for managed care. Can take 18-24 months to go through the process. • Never had a quality unit- now standing one up. Did second interviews, hoping to close quickly. Work will be done to implement this new unit.

	<p>Dr. Connell discussed the importance to continue telehealth reimbursement policies going forward with the COVID-19 pandemic.</p> <p>Discussion was had on if there has been increased utilization of the Medicaid buy-in for children with disabilities as the Federal Poverty Level eligibility threshold went up from 200-250%. Caprice mentioned the premiums are currently being waved but did not have the information on if utilization has increased. Caprice will connect with eligibility staff on this. Caprice also asked for feedback on member communications and applications to increase the usability.</p> <p>Kimberly discussed Medicaid affected services within SHS. SHS partnered with specialists to submit a formal recommendation to ND Medicaid to consider coverage of continuous glucose monitors (CGMs) as SHS assumes primary payment over these devices. The request is currently being reviewed by the Medicaid office.</p>
Business/Minutes	<p>Dr. Connell requested a motion to approve the 2019 meeting minutes. Kari Casas motioned to approve the meeting minutes and Joyal Meyer seconded. Minutes approved unanimously.</p>
Medicaid Affected Services	<p>Dr. Connell discussed SHS coverage for continuous glucose monitors (CGMs) as SHS assumes primary payment over these devices as ND Medicaid does not provide coverage. There are specific eligibility criteria children must meet to obtain CGM coverage through SHS. Dr. Connell informed the group on the work efforts SHS is doing on SFN 905. SHS partnered with specialists to submit a formal recommendation to ND Medicaid to consider coverage of CGMs. The request is currently being reviewed.</p> <p>Issues with specialized formula, supplements, cystic fibrosis vitamins and Medicaid coverage was also discussed. SHS and partners' efforts will continue to address this gap in coverage.</p>
SHS Processes and Changes	<ul style="list-style-type: none"> • SHS is continuing to go paperless and electronic (billing, documentation, etc.) • Jaime provided a brief review of required SHS provider qualifications and an update on the new provider enrollment process with conversion to the Maven system. • Tina provided an overview of the new Financial Coverage Program application and provision of

	<p>care coordination that has been moved from the county level into the SHS office.</p>
<p>Financial Eligibility, SHS Covered Services, and Reimbursement Issues</p>	<ul style="list-style-type: none"> • High-cost clients reaching the \$20,000 limit <ul style="list-style-type: none"> ○ There was one child that maxed out the \$20,000 limit ○ There are 11 kids that are being monitored for this next year as they are nearing the max amount as well • Russell Silver Syndrome (RSS) <ul style="list-style-type: none"> ○ There are currently five clients with RSS. Two are currently utilizing the program that have had their annual services already. The other three are doing well and have not needed to utilize the program. One client will be aging out April 2021 and the other will be aging out in September 2022. ○ Discussion was had regarding the eligibility and diagnostic criteria for the RSS Program. • Denials & Miscellaneous Calls Update <ul style="list-style-type: none"> ○ Special Health Services received 63 calls/emails that were regarding various conditions, 50 of which were for eligible conditions that were referred to the county. Of those 50 that were referred, only 4 became SHS clients. Seven of the calls 63 calls were related to non-eligible conditions (Autism, anxiety, expressive language disorder, lack of core strength, immature baby, etc.) These calls 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 coverage issues, etc.). • Issues with access to medical records have been addressed <ul style="list-style-type: none"> ○ Jaime has done a lot of work educating providers on how to submit claims electronically and attach the medical reports within the Medicaid Management Information System (MMIS).

<p>Newborn Screening and Follow-Up</p>	<p>Joyal gave a brief update regarding the Newborn Screening (NBS) Program</p> <ul style="list-style-type: none"> • NBS Program received an 18-month Continuous Quality Improvement grant. They will be working with the ND Health Information Network (HIN) to enhance interoperability between systems for NBS (vital records, OZ hearing system, HIN, Iowa database, Maven database, etc.) so information can flow from one system into the next. The program desires the ability to share data with providers and families to enhance the system of care. Three goals with this project: <ul style="list-style-type: none"> ○ Build an IT Care Coordination Case Management system for long-term follow-up ○ Create system to reduce loss to follow-up with patients with positive newborn screenings ○ Revise education materials including all components of NBS (bloodspot, hearing and critical congenital heart disease). <p>Any discussed provider surveys that went out but did not have a great response rate. Amy welcomed feedback or comments on how to best reach out to providers. It was mentioned it would be helpful to talk with the nurse and have them communicate to the provider they are waiting for a survey to be completed. Perhaps the HIN will be helpful and act as a one-stop-shop to use for a communication system.</p>
<p>MCH 5-Year Needs Assessment</p>	<p>Kimberly discussed the 5-year Needs Assessment along with the new priorities that Title V will be focusing on for the next 5-year cycle. SHS will be focusing on the priority of "Transition to Adult Health Care". Care coordination and medical-home work efforts will not stop but will be braided into transition activities.</p> <p>Danielle discussed why transition was selected as a priority along with the workplan that has been drafted by the transition workgroup which addresses activities and goals for the next 5 years. She welcomed any questions or feedback from the group regarding the workplan.</p> <p>Dr. Connell discussed what the Asthma clinic is doing to address transition. Discussion on challenges that present include providers may have a hard time not seeing children when they reach transition age. Specialty providers may also see children past the transition age but should also have a primary care provider that sees adults to balance care.</p>

<p>Epidemiology Update</p>	<p>Kodi Pinks provided an epidemiology update and went through the NDDoH website on how to locate updated COVID-19 data. Kodi stated she has found there has been a drop in services being provided overall, not just services for CSHCN, but services overall such as immunizations. Comments were provided mentioning how helpful the website has been and how it is very user-friendly.</p>
<p>Other Updates</p>	<p>Heather Kapella discussed her role as the State School Nurse Consultant and her work efforts within that role.</p> <ul style="list-style-type: none"> • Heather is trying to better communication between school nurses. • The school telehealth grant just wrapped up which connected rural schools with the tools to provide telehealth opportunities. Staff are hoping this continues in the schools now that the grant is complete. <p>Dr. Connell provided a brief overview and update of the Adverse Childhood Experiences (ACEs) project which has a goal to provide universal ACE screening. Developed a tool on a tablet that can be utilized by families when they check in to the clinic. Hoping to have more information and updates next year after the pilot is complete.</p>
<p>Closing Remarks/Wrap-Up</p>	<p>Those present with memberships due for a 2-year term renewal were discussed, and the following was decided:</p> <ul style="list-style-type: none"> • Dr. Sondrol will continue • Dr. Feil will continue • Dr. Ranum will continue • Dr. Kari Casas will continue <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>

--	--

DRAFT