NORTH Dakota | Health

Special Health Services

Medical Advisory Council Meeting
Microsoft Teams (Virtual) Meeting
May 8, 2021, 8:30 a.m. – 12:00 p.m.

Attendance:	
Appointed Medical Advisory Council Members	Jacqueline Quisno, MD; Jeffrey Nelson, MD; Blake Feil, DDS; Laura Schield, MD; Kari Casas, MD; Lori Sondrol, MD; Justin Horner, MD; Carrie Ranum, MD; Tom Carver, MD; JoAnne Luger, 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
Other Continuous Representation	Dr. Nizar Wehbi, 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; Donene Feist, Family Voices of ND; Moe Schroeder, Family Advisory Council Designee/Family Voices of ND; Kim Mertz, Healthy and Safe Communities Section Chief
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 new State Health Officer which included a brief overview of his background and his excitement to be a part of the Department of Health (DoH).
Opening Remarks	Kimberly Hruby 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.
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 1,782 children were served in Federal Fiscal Year (FFY) 20. • Health Care Coverage Report which revealed 57% of children had private insurance, 29% had ND Medicaid/CHIP, and 14% of children either had no insurance coverage or their status was unknown. SHS wants to ensure health care coverage is adequate for all children. • Claims Payment Report which demonstrated that SHS has paid $371,554 in FFY 20 for CSHCN. 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 (41 children), Heart Conditions (36 children), and Hearing Loss (20 children), were conditions with the highest number of children receiving claims payment. Diabetes ($139,701), Cleft Lip and/or Palate ($20,897), and Hypopituitarism ($15,953) are the conditions for which SHS has paid the most. Kimberly Hruby provided an update on the SHS budget to the council: • For the 2019-2021 biennium, the SHS budget appropriation was $3.2 million (1.8 million in federal funding authority and $1.4 million in state general funding authority). • Federal funds come from the Maternal and Child Health (MCH) Block Grant, which is the major funding source for SHS. The MCH Block Grant requires a match of 57% federal funds, 43% general funds. Kimberly Hruby went on to provide a legislative update on a few topics that may be of special interest to the group: • Fulltime Employees (FTE) o Funding was added for 10.5 FTE across the agency to expand the core public health team.

	○ This includes the shift of 4.0 FTE to NDIT as the DoH moves forward with IT unification. ○ Discontinued Shared Services for Department of Environmental Quality (DEQ) as they move to a full separation from the Department of Health. • Bills that passed that were impactful to SHS: ○ Bill relating to the Department of Human Service budget was watched as SHS utilizes their Medicaid Management Information System (MMIS) to pay claims. Provider payment increases are also watched to ensure SHS is providing those increases and budgeting appropriately. ○ SB 1288 passed in which ND Medicaid will begin to cover the cost of continuous glucose monitors (CGMs). This impacts SHS as they were covering the cost of CGMs for children with diabetes who met the established eligibility criteria. Caprice Knapp mentioned that it is not clear at this time whether there will be an age limit on this newly passed bill as it depends on rebates. She also went on to mention there is an effective date on both the budget bill and policy bill. Therefore, these dates will need to be revisited to determine an effective date. Caprice will investigate this and let SHS know what this date will be. ○ House Concurrent Resolution 3011 passed in which there will be consideration for a potential study to research the impact of Fetal Alcohol Spectrum Disorders (FADS). SHS has a contract with University of North Dakota to help fund their FAS Center which is operated by Dr. Larry Burd. ○ SB 2224 passed which related to medical assistance coverage of metabolic supplements.
Department of Human Services/Medical Services Update	Caprice Knapp, ND Medicaid Director provided remarks on behalf of the Department of Human Services (DHS). She highlighted significant updates that have occurred in ND Medicaid which impact CSHCN: • Collaboration was done to work through the details regarding the CGM and metabolic supplement bills. • Medicaid will now cover interpreter services. • The MMIS system will undergo updates to modernize the system. This will be an 8 to 10-year process which will take the MMIS system as a whole and break it down into smaller modules. Updates will be done section-by-section to minimize the risk of major issues. Communication will be made to SHS to keep them updated for when changes will occur. • The 19 and 20-year-olds that were being served on the managed care plan through Medicaid

	Expansion will now come back over and they will be served under the fee-for-service program. • Provider inflation rates will occur in years one and two. • The Children with Disabilities Program was slightly impacted when the Governor ended the State of Emergency as when this was ended, their premiums were going to kick back in. However, the Department has the ability to not charge for those premiums. Therefore, those children on the program will not pay those enrollment fee and monthly premiums. • Autism Task Force funding has been changed; as a result, they now have the opportunity to add more slots to the waiver as money can be moved from the Voucher Program to the waiver. There was a two-year increase for eligibility. • An Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) study will be conducted in DHS, which will be an unfunded study that came out in 1012. • 1915(i) state plan amendment was approved by Centers for Medicare & Medicaid Services (CMS in January which has slowly been rolled out. This program provides social determinants of health-type services to clients that meet a severity threshold. Providers can enroll as a 1915(i) provider and can also refer individuals to a Human Service Zone. • Kimberly Hruby provided a brief overview of the passing of HB 1247 which will merge the Department of Health and Department of Human Services. Caprice added that this will be a slow and purposeful merge. Dr. Wehbi also discussed that the leadership teams from both DHS and DoH are very early in the planning phases. Proper planning and execution are top priority and communication will be frequent, open, and transparent. There will be a consultant that will be engaged to aid in the process planning and execution. This slow integration will allow the Departments to research best practices and time to reach out to other states that currently have integrated Departments.
Business/Minutes	Dr. Connell requested a motion to approve the 2020 meeting minutes. Jacqueline Quisno motioned to approve the meeting minutes and Carrie Ranum seconded. Minutes approved unanimously.
Telehealth Services	Donene Feist reviewed the various services Family Voices of ND offers to families. She also initiated discussion on telehealth services in North Dakota. Family Voices have offered a couple of Extended Learning calls for families regarding telehealth. In addition, there are also webinars and other telehealth resources on the National Family Voices' website that is available for families and providers. Family Voices

did get a small amount of money and used it to contract with North Dakota Assistive to put more equipment into their services to assist families without technology equipment, so they are able to participate in telehealth visits.

In July of 2020 Family Voices put together a survey to determine how families were feeling about hybrid models of care. The survey asked a variety of questions:

- One question inquired about how confident families felt about their ability to access telehealth services. The results revealed that roughly 35% of those that responded were not confident or were somewhat confident.
- An open-ended question asked about the concerns families had regarding telehealth services. Many of those that responded selected the 'other' option. Other responses included confidentiality concerns, families not knowing how to access the services, and the cost of telehealth services.
- The survey also inquired whether families had the devices to connect to telehealth services. Only about 2% of those that responded did not have a device. In addition, around 90% of families were able to connect to broadband.
- When asked about whether families know how to ask for a telehealth visit, about 51% did know how to ask for this service.

Caprice Knapp mentioned that when the Governor ended the State of Emergency, all Executive Orders tied to that ended. The ND Medicaid coverage for telehealth was never under that policy, so DHS has the ability to pay telehealth parity, while Sanford does not under the expansion. ND Medicaid did make some flexibilities for telehealth which will continue as long as the Federal Public Health Emergency remains in effect. Many of the things on the Medicaid side are tied to the Federal Public Health Emergency which they are being told will go until July.

Dr. Connell added that Blue Cross Blue Shield of ND and Sanford Health are continuing to offer telehealth services; however, they did not discuss whether that would be at parity for reimbursement.

Dr. Ranum discussed how telehealth has been very helpful in rural areas, especially for mental health and counseling services. Many families are traveling long distances for these services. Some schools have a counseling room with video and equipment, so they are able to go to their appointment during the

	school day. She can also do attention deficit hyperactivity disorder (ADHD) and mental health follow ups this way and get move involvement with teachers and school counselors with this. The follow up rate also tends to be better for telehealth visits as well and is cost-effective as it is expensive for families to travel to larger facilities for specialty care. Dr. Horner discussed that telemedicine is very helpful from a subspecialist standpoint. While this is costly, these services should continue as these are services that can be brought to rural areas. Reimbursement is an issue that must be addressed in the future, along with other regulations. For example, telehealth should be available in areas regardless of population. We also need to be aware of the reimbursement for a first visit as a telehealth visit is not a first visit. Telehealth is the future and we, as a state, need to promote this. Dr. Nelson feels telehealth is a great complementary service and has a place for counseling and answering questions; however, it does not replace in-office visits and definitive treatment long-term. Dr. Shield discussed that telehealth may depend on specialty as for psychiatry, one of the benefits she found was that she is able to be "in the home" of patients and has had remarkable insights. Telehealth is also beneficial during the winter months when the weather is bad. It is unfortunate that reimbursement is not at parity and would like to work as a group to offer parity, at least during certain months. Dr. Shield also added that she may offer telemedicine, at least for the winter months, and eat the cost. Sara Carlson agreed with Dr. Shield on how telehealth provides a personal touch when you are able to see one another in the home. Dr. Connell added that there was a bill in legislation for parity for telehealth, but it did fail primarily because of the opposition and the large fiscal note that was attached to it. It is important for citizens to talk to insurance companies and providers need to say they cannot offer this at less than parity. Perhaps this can be moved forward by the next legislative session. Jaime Conmy discussed that she is having a hard time finding the specific codes that need to be billed for telehealth services to providers. Caprice Knapp added that this data has been pulled for legislation which

	showed how telehealth services have changed throughout the pandemic. Mental health and behavioral health telehealth visits have remained steady while the other specialties have decreased. Heather Kapella provided an update on the collaboration with Disease Control at the DoH on an Epidemiology and Laboratory Capacity (ELC) grant that is specific to increase COVID testing efforts within schools. It is the hope to help expand this to help schools hire a nurse and/or help rural schools get set up with E-nursing services. Heather shared data regarding the number of school nurses that are in ND.
Epidemiology Update	Kodi Pinks shared data within a PowerPoint relating to youth and young adult mental health, especially during the pandemic. Handouts were provided for members to view. Kodi also reviewed the mandatory reportable conditions and how they are working to make these systems automatically report data, so it does not take up staff time to do so. Kodi briefly discussed the ND Violent Death Reporting Program as well.
SHS Financial Coverage Application Trends	Danielle Hoff questioned the group on the mechanisms they have in place to provide care coordination for children with complex medical needs. SHS has been seeing an increased number of children applying for the Financial Coverage Program with complex medical histories. She also let the members know that SHS is more than willing to meet with staff at facilities to provide education on the Financial Coverage Program to ensure no children are being missed that may benefit from the program. Tina Feigitsch added that 95 denials were made this last year due to families not following through on referrals to the Financial Coverage Program. She inquired on how to follow up on these families that do not follow through or SHS is unable to connect with. Dr. Ranum mentioned that she also has a hard time connecting with some families, especially when their voicemails are full or not set up. She has utilized a HIPAA-compliant text system which has been very beneficial. She also added that she is very thankful for in-state cardiology now that they have outreach clinics in Dickinson and Bismarck. Dr. Horner discussed that care coordination is always a bit of a struggle. He did offer for SHS staff to reach out to their staff if there are issues getting ahold of a patient. They do utilize messaging through Sanford

	MyChart and letters to families. They do have a care coordinator nurse, prior-auth nurses, and home-health nurses as well. Sarah Carlson also offered that there will always be families that may not follow through as they run into the same issue. Family Voices helps to coordinate services that are occurring in numerous facilities. A major need is for broad care coordination for families.

Financial Eligibility and SHS Covered Services	Tina Feigitsch reviewed the data relating to the number of children on the Financial Coverage Program. This program has grown a lot in the couple of years. From 2019 to 2020, the number of children on the Treatment Program has increased from 204 kids to 293 and the Diagnostic Program has increased from 52 kids to118 kids.
	
	• High-cost clients reaching the $20,000 limit
	  ○ This past year, SHS had one client meet this max amount on one claim. There are 10 children are being watched closely.
	• Russell Silver Syndrome (RSS)
	  ○ There are currently three children open with RSS. One child is actively using the program and travels to MN for appointments and the other two have not had visits in several years.
	• Denials & Miscellaneous Calls Update
	  ○ Miscellaneous calls were challenging to track with the pandemic and staff working from home. However, most of these were referrals to the Financial Coverage Program but decided not to pursue with the application due to financial eligibility. There were others who did not reach back out and SHS was unable to connect with the family. After 45 days of no contact, SHS does close these out.
	
	Dr. Connell reviewed how SHS has made the decision to cover claims for kids relating to COVID-19 for which it would change an outcome, in-patient or out-patient, including vaccination.

Newborn Screening and Follow-Up	Amy Burke provided several updates on the Newborn Screening Program: • Quality improvement work ○ Newborn Screening (NBS) has a quality improvement grant that goes through August of this

	year. They have worked on the data elements that will be added into the long-term care coordination module within the HIN to drive best practice.
	• Long-Term Follow-Up Grant
	  ○ Applied for a possibly two-year grant that would start in August to establish and enhance long-term follow up for Severe Combined Immunodeficiency (SCID) and other conditions identified through NBS. Funding will be used to fund the building of the care coordination module and customizations to ensure the data being collected matches up with the national data fields. The other goals of this grant would be to develop and implement models for long-term follow up, families to participate in on-going telehealth visits with specialty providers in six sites across the state. This grant also includes components of Medical Home.
	  ○ Dr. Connell commented that building this into the schools would be a great option to explore.
	• Opportunities for provider engagement
	  ○ If providers are not yet connected to the ND Health Information Network (ND HIN), it is an easy process, and they can reach out to SHS staff to assist with this process.
	• Provider access to the ND HIN
	  ○ Utilizing the HIN to house the care coordination model for long-term follow up. They found that many specialists did not have access to the HIN. They now have these specialists that work with the long-term follow up program connected.
	• Spinal Muscular Atrophy (SMA) screening
	  ○ Joyal Meyer will be presetting to State Health Council on the pilot project with Iowa to request SMA be added to newborn screening panel. They were able to obtain a rebate to cover the cost of the medication.
	• Mandated reportable conditions
	  ○ Because facilities are outsourcing staff to complete the birth certifier worksheet, the data was inaccurate. To make things easier, they are now only asking if the child had a CCHD screening and whether they passed or failed the screening. However, as Kodi mentioned, they are working on the system to automatically submit ICD-10 codes to report this.

New Cycle of SHS Contract Funding and SHS Annual Plan	Danielle Hoff shared an updated on the new cycle of SHS contract funding for the 2021-2023 biennial year to support and enhance care for children with special health care needs. The grants were split into three different categories: Systems Development, Multidisciplinary Clinics, and Family Support. The grant guidance emphasized the importance of incorporating transition elements into their proposals. The total amount to be awarded to grantees is $400,000 and SHS is hoping to have the Notice of Grant Awards out within the next couple of weeks. Heather Kapella and Kimberly Hruby provided an update on where SHS is at with the year-two annual plan for the Transition priority. SHS is looking to develop a curriculum to help education children and providers on health transition. The members were asked how transition is going in their facilities and how we can continue to improve in this area. Dr. Connell discussed that the asthma clinic has been incorporating transition into their clinic which is being done by the asthma coordinator. She also added that a major barrier is reimbursement for providers, and it is viewed as less of a priority in regard to all of the tasks that are required by providers. Having care coordination funded or a process established would go a long way. Dr. Sondrol added that it is hard to get the transition going. It is much easier if the child/young adult is asking to transition to an adult provider rather than the individual not following up with their new provider or not wanting to transition. Dr. Horner feels they do not do a great job at this and their facility would really benefit from a person who is hired just for this as staff have a lack of time and possibly knowledge of how to start this transition. They see many children into their 20s because other providers do not want to see them.
Closing Remarks/Wrap-Up	Those present with memberships due for a 2-year term renewal were discussed, and the following was decided: • Dr. Ricks-yes • Dr. Nelson-yes • Dr. Quanrud-yes

	• Dr. Horner -yes • Dr. Shield-yes 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 ensure the members that SHS staff has listened and will bring their feedback forward.