

# Increasing Access to Services Provided through Indian Health Services Subcommittee

Meeting Notes 12/03/2015

**Attendees:** Kim Malsam-Rysdon, Lynne Valenti, Brenda Tidball-Zeltinger, Jerilyn Church, Bryan Slaba, Tim Trithart, Monica Huber, Mike Diedrich, Sunny Colombe, Richard Huff, Angelia Svihovec, Gil Johnson, Kathaleen Bad Moccasin, Dr. Tad Jacobs

**Guests Presenters:** Carol Diaz, IHS, Kristina Baker, IHS, Bernie Long, IHS.

## Welcome and Introductions

Stephanie Denning from HMA welcomed the group and reminded subcommittee members to sign the attendance sheet. She asked subcommittee members to review the minutes from the November 18<sup>th</sup> meeting which are posted at <http://boardsandcommissions.sd.gov/Template.aspx?id=145> and to send comments and revisions to Kelsey Smith @ [Kelsey.Smith@state.sd.us](mailto:Kelsey.Smith@state.sd.us).

## Review of November 18 Meeting Minutes

The Subcommittee discussed the use of TeleHealth (E-Emergency) technologies and its support of TeleHealth services within IHS Emergency Departments (EDs) to provide access to doctors and specialists that are not available in-house at IHS facilities. The subcommittee discussed the IHS Contracting process and the IHS contracts in development for TeleHealth services at Pine Ridge and Eagle Butte and E – Emergency Services at Rosebud and Cheyenne River. Linda Littlefield provided an overview of the HealthyStart programs operated by the Great Plains Tribal Health Board. Donna Keeler also presented an overview of the BabySteps prenatal care (centering) program implemented by the Urban Indian Health Center in Sioux Falls. The subcommittee also discussed the CareSpan E-Consult program under contract with the Great Plains Tribal Chairman’s Health Board.

## Existing Reimbursement Opportunities through Medicaid for Public Health Nurses (PHN)

Brenda Tidball-Zeltinger provided an overview of reimbursement for Public Health Nursing (PHN) through Medicaid. The group discussed the historical interpretations around the provision of services provided by IHS and the “four walls” concept within the IHS facilities. Brenda discussed the past limitations that the “Four Walls” issue placed on the ability for IHS to claim Medicaid reimbursement for the services provided by Public Health Nurses despite in-home nursing services being a recognized Medicaid service. The PHN model utilizes registered nurses that provide services to both the community and at patients’ homes. PHN nurses provide wound care, post-partum care, and other services historically covered by Medicaid program outside the four walls of the IHS facility. CMS relaxed its interpretation of the four walls interpretation allowing IHS to claim 100% federal funding for PHN services provided outside of the IHS facility.

The subcommittee discussed the linkages between the services that PHNs provide and the potential overlap of Community Health Representatives (CHRs). The discussions included the potential use of CHRs addressing the lower level care coordination that PHNs provide today. IHS could then utilize a 3<sup>rd</sup> party payor to maximize services and free up PHN funding to provide higher level services not deliverable through CHRs. There are specific PHN CPT codes that IHS bills for services currently reimbursable by the

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Medicaid program.

### **Review IHS Data**

Data was not available from IHS on the number of deliveries and prenatal care provided by service units in South Dakota.

### **Service Unit Survey for IHS**

IHS has asked that the Great Plains Tribal Chairman's Health Board conduct the survey of IHS CEOs to identify the types of Specialty Services that each IHS service unit would use via telehealth. The survey tool is being developed and will be online to allow for the easier distribution to IHS Service Units. This approach will also streamline the collection of outcome survey data. Once the online survey tool is complete, Ron Cornelius (IHS) will coordinate with the IHS Service Unit Directors promoting the importance of completing the survey tool for each IHS Service Unit. Jerilyn Church expects the online survey tool to be complete by December 11<sup>th</sup> and an additional week after that to compile the survey results and report out to the subcommittee. Bernie Long from Ft Thompson IHS volunteered to introduce the survey during the IHS CEO call the week of 12/7. Jerilyn Church offered to participate in the IHS CEO call to answer questions and discuss the importance of each survey unit's participation. Kim Malsam-Rysdon reinforced the importance of having the survey results for the December 16<sup>th</sup> Coalition meeting to ensure that IHS Service Unit needs are included within the Subcommittee recommendations to the Coalition.

Dr. Jacobs said that providers will start using telehealth services once they are available. Some utilized services were not initially identified but accessed once TeleHealth is available at participating provider sites.

Richard Huff explained a new approach IHS is intending to use to set up contracts for telehealth services in a way that allows for the most flexibility for service units to access telehealth services from non-IHS providers. As a first step, IHS contracting staff Carol Diaz and Kristine Baker will meet with the physicians at each of the IHS facilities to identify and address the needs of each service unit within the IHS procurement announcement. IHS would then set up the contract template to include all Tele-Health services allowing each service unit to identify the specific TeleHealth services and specialties needed for each service unit. Carol Diaz from IHS said that there can be multiple awards to different contractors for each service and specialty but the contract will serve the entire IHS Service Area, which includes North Dakota, South Dakota, and Nebraska.

IHS will post an area wide solicitation for TeleHealth services. Carol Diaz from IHS said that she needs the health systems, Avera, Sanford, and Regional, to send her detailed information about their TeleHealth so she can perform the necessary market research required for the contract solicitation. She requested the following items:

1. Equipment that can be universally used
2. Actual bandwidth available at and to each clinic
3. Specialty services available by provider
4. IHS needs regarding space needs per system

Send Information to Carol Diaz @ [carol.diaz@ihs.gov](mailto:carol.diaz@ihs.gov), and Kristina Baker @ [Kristina.baker@ihs.gov](mailto:Kristina.baker@ihs.gov), with a cc, 'd to Jerilyn Church @ [jerilyn.church@gptchb.org](mailto:jerilyn.church@gptchb.org).

Once the IHS contract proposal solicitation closes it is moved to the evaluation phase and usually takes a week to score. Contract awards are made within 30 to 45 business days after the close of the evaluation process. The contract will allow a provider to select among multiple service providers at a single location on a single day. The providers discussed the need for patient choice, and that IHS will likely need to allow multiple contracts for each IHS facility to ensure patient choice of providers.

The IHS contract award period is for a base year plus four additional years, 5–years total. Mike Diedrich asked if the IHS contract can be changed to add sub-specialties after a contract award. Carol Diaz said that the contracts could be modified by an amendment to add other subspecialties as needed.

Kim Malsam-Rysdon talked about the importance of quantifying the benefits of TeleHealth services regarding overall savings. More care occurring within IHS will increase the state’s ability to claim for services at 100% federal match. There is also the need to identify the savings as a result of the decrease in Emergency Medical Transportation (EMT) and Non-Emergency Medical Transportation (NEMT). The subcommittee’s recommendation needs to capture the cost savings and net benefits to the Medicaid program as a whole as a result of TeleHealth implementation.

Carol Diaz, said that IHS can pull a spend report by service unit modalities. A question asked if it’s less expensive to use telemedicine vs. contracting with specialists. Both Rachel Sherard and Monica Huber indicated that TeleHealth is less expensive than contracting out for specialists. Rachel Sherard said that identification of equipment and technology will need to be accessed to determine what technology is available at the clinics to determine if there is enough bandwidth to support the needs of Tele-Health. Racheal mentioned that there could be USDA opportunities to help support additional technology costs.

A question was asked if it is possible for CMS to remove the requirement that IHS maintains the Medical record for all referred care to non-IHS Medicaid providers. DSS indicated that they had asked CMS to consider a flexible approach to this requirement.

Jerilyn Church wants to be sure that the CEO survey includes all questions regarding telehealth. The group discussed needing the following information:

1. Number of individuals referred out from IHS to non-IHS providers
2. List of services offered
3. Identify which services could be provided via telehealth

Jerilyn asked that any additional questions that need to be included in the CEO survey be sent to her @ [jerilyn.church@gptchb.org](mailto:jerilyn.church@gptchb.org).

### **Review of Recommendations**

The final subcommittee recommendations will include the identification and solutions to increase Access to Services at the IHS Service Units. The recommendations will identify the use of TeleHealth Services at the IHS Service Units to address the need where capacity is not available onsite at IHS facilities. The recommendations will also include the use of CHR/CHWs to assist with tied to the HealthyStart and BabySteps centering models of prenatal and post-partum care.

Mike Diedrich reported on discussions between Sioux San and Rapid City Regional discussing solutions to IHS capacity and staffing issues that would allow the ability to create additional capacity at the IHS facility. The discussions included the inpatient staffing needs, the potential off reservation locations, development

of an urgent care site and issues regarding diagnostic and imaging equipment. These discussions are ongoing to identify solutions to IHS service needs in Rapid City.

**Next Steps:**

- Administration of IHS CEO Service Unit Surveys to identify areas of need for TeleHealth and TeleHealth Specialty Services.
  - Jerilyn Church to report out of CEO Survey results at the 12/16 Coalition meeting.

REMINDER - All the materials from the Coalition and Subcommittees can be found on the State website at:  
[boardsandcommissions.sd.gov](http://boardsandcommissions.sd.gov)