

South Dakota

Alternative Service Delivery Proposal

Section I: Program Description

Access to Indian Health Service (IHS) is limited in South Dakota. Although IHS provides an array of healthcare services, not all services are available in every community and specialized physician and hospital services are especially limited. Staffing challenges within IHS strain the ability of IHS to provide a consistent source of care. Additionally, IHS providers are geographically distant from the state's large population centers, creating barriers to healthcare access for American Indians living in those communities.

South Dakota proposes to develop an alternative service delivery model within IHS to target primary care and specialty services. This alternative model would test alternative means of delivering healthcare through existing facilities and utilize innovative care delivery models to provide services to American Indians through cooperative agreements between IHS and non-IHS providers. South Dakota proposes to embed IHS satellite clinics within FQHCs, RHCs, and Urban Indian Health Clinics to provide services to registered users of IHS. Through this alternative delivery model South Dakota seeks to realize increased efficiency, economic viability, impact on American Indians, integration and coordination with providers of related health or social services, and, where projects are carried out by an Indian tribe or tribal organization, the administrative capability of that entity.

The specific goals of this proposal are to:

1. Increase access to culturally competent primary and specialty care for American Indians in South Dakota.
2. Increase flexibility and choice of primary and specialty care for American Indians in South Dakota.
3. Enhance the ability of Indian Health Service in South Dakota to serve American Indians statewide and encourage linkages between the Indian Health Service and non-IHS health care delivery systems in South Dakota.
4. Reduce unmet healthcare needs for American Indians in South Dakota.
5. Leverage savings to finance Medicaid expansion in South Dakota.

South Dakota proposes that successful implementation of an alternative service delivery model for IHS will result in improved access, capacity, and appropriate utilization.

Section II: Eligibility

South Dakota proposes to include all mandatory and optional eligibility groups approved for Medicaid or CHIP coverage in the South Dakota Medicaid or CHIP State Plan.

South Dakota proposes that both Medicaid and non-Medicaid eligible American Indians who are IHS beneficiaries be eligible to utilize the alternative service delivery model under IHS's direct care program. To ensure a continuum of care and access to service,

IHS beneficiaries served under the Alternative Service Delivery Model will maintain dual status as an IHS patient and a patient of the FQHC, RHC, or UIH.

IHS Eligibility Verification and Patient Registration

IHS will verify eligibility of IHS beneficiaries for satellite IHS clinics under the Alternative Service Delivery Model . The IHS Satellite Clinic will have the ability to register eligible American Indians as an IHS beneficiary with assistance from IHS. In addition, IHS satellite clinics will provide application assistance for Medicaid and the Federal Marketplace.

Section III: Delivery System and Payment Rates for Services

Delivery System

South Dakota proposes to create IHS satellite clinics to offer primary and specialty care for American Indians through cooperative agreements between IHS and non-IHS providers to provide necessary primary care and specialty services. IHS satellite clinics would agree to:

- Provide culturally competent care to American Indians;
- Agree to serve all individuals eligible for direct care from IHS regardless of health insurance payer/status;
- Share medical records with IHS through South Dakota's HIE.

Culturally Competent Care

South Dakota proposes to create a continuum of education and learning to support provision of culturally competent care in IHS satellite clinics. South Dakota will develop a core curriculum with assistance from Great Plains Tribal Chairman's Health Board. Culturally competent care will include various components of the satellite clinic, including:

- Care Delivery Strategies
- Use of Targeted Health Education Materials
- Staff Recruitment and Employment Strategies
- Provision of Employee Onboarding and Ongoing Training
- Evaluation of Patient Satisfaction

Medical Records

Medical record sharing will be consistent with how IHS facilities currently share medical records. IHS satellite clinics will maintain patient medical records within the clinic. When records are requested from or by an IHS satellite clinic, South Dakota will use the DIRECT function of the HIE to share records with a release of information from the patient. When the patient receives specialty care or referred care from another provider, the IHS satellite clinic will receive and maintain the medical record as part of care coordination activities.

Open Access

South Dakota proposes to provide open access during business hours for all IHS beneficiaries. Appointments and same-day access will be available to eligible IHS beneficiaries on the same basis as all other patients of the clinic.

South Dakota proposes to designate the entire clinic/site for the IHS Satellite Clinic for purposes of the Alternative Service Delivery Model. When not in use by an eligible IHS beneficiary, the clinic will be used to serve other patients.

The facility use agreement will specify performance metrics for appointment availability.

Satellite Facility

South Dakota proposes that IHS satellite clinics enroll in South Dakota Medicaid and other payers as an IHS clinic with a National Provider Identifier (NPI) that is separate and distinct from the other operations of the clinic.

South Dakota proposes integration of satellite providers into the IHS health system. Prescriptions written by satellite providers will be accepted on the same basis as other IHS providers at IHS pharmacies. Satellite providers will be able to refer patients to other IHS or non-IHS facilities on the same basis as other IHS facilities.

Pilot Sites

South Dakota proposes to pilot implementation of the model with three providers in four communities for the first year. First year sites include:

Sioux Falls- Urban Indian Health

Pierre- Urban Indian Health

Mission- Horizon Health Care

Rapid City- Community Health Center of the Black Hills

See attached for additional demographics of American Indian patient population served by first year pilot sites.

Facility Use Agreements

For the purpose of use agreements for space and facilities, South Dakota also proposes that the certification of other federal programs be sufficient to deem satellite facilities as qualified IHS sites. Certification include federally qualified health centers (FQHCs) receiving grants under Section 330 of the Public Health Service (PHS) Act; Urban Indian Programs funded through grants and contracts under Title V of the Indian Health Care Improvement Act, PL 94-437; rural health clinics (RHCs) certified as Medicare participating rural health clinics; Medicare Critical Access Hospitals; and Medicare Certified Hospitals.

Staffing and Credentialing

The agreement for dedicated personnel will include credentialing standards and staff policies and procedures for the IHS satellite clinic.

South Dakota proposes that the IHS satellite clinics will be responsible for hiring, credentialing, and privileging staff. For purposes of the Alternative Service Delivery Model and while performing in that capacity, IHS satellite clinic providers are considered IHS employees. For all other purposes, the provider retains his or her status and personnel benefits according to the satellite clinic's policies and procedures.

South Dakota proposes that the IHS satellite clinics will meet the standards for credentialing and privileging staff through accreditation by AAAHC, NCQA, or any other nationally recognized accreditation body or will follow IHS standards. All staff will be required to complete a federal background check.

All staff will be trained and subject to the policies and procedures of the IHS satellite clinic.

Payment Rates

South Dakota proposes that all care for American Indians provided or referred by an IHS satellite clinic be eligible for 100% federal financial participation under section 1905(b) of the Act.

South Dakota proposes that the IHS satellite clinic, acting in its capacity as an IHS provider and through its related IHS NPI number will bill third party payers directly.

Care Coordination Agreements for Referred Care

South Dakota proposes full integration of satellite providers into the IHS health system. IHS satellite providers will be included in care coordination agreements between Great Plains IHS and non-IHS providers.

Purchased and Referred Care (PRC) for Non-Medicaid Eligibles

IHS satellite providers will refer patients to necessary care. Care referred by the satellite clinic does not guarantee payment by IHS and will be subject to requirements for purchase and referred care on the same basis as IHS.

Section IV: Timeline for the Alternative Service Delivery Model

South Dakota requests a minimum five year approval utilizing a phase-in approach to implementation beginning in July 2017 following adoption of the plan by the South Dakota Legislature.

Section V: Approach to Evaluation

The scope of evaluation will include measuring objectives, identifying lessons learned, determining cost savings, and measuring access to care for American Indians.

- *Access to Care.* South Dakota will assess utilization of primary care and preventive services by American Indians during the demonstration period. South Dakota will assess access to IHS Purchased and Referred Care.
 - *Metrics will include: 3rd Next Available, Cycle Time, Referral Wait Times, Availability of Open Access*

- *Population Health.* South Dakota will utilize data to assess the impact of expanding the capacity of the IHS health system, including the effect of the demonstration on population health and key health indicators for American Indians.
 - *South Dakota will report clinical outcomes including but not limited to:*
 - *Number Screened for Depression and Substance Abuse,*
 - *Hemoglobin and Blood Pressure rates for diabetics, and*
 - *Number with a breast cancer or colorectal screen.*

- *Care Utilization.* South Dakota will assess emergency department use by American Indians during the demonstration period.

- *Cost Savings.* South Dakota will track savings to the state as a result of the use of the Alternative Service Delivery Model.