Community Based Provider Shared Savings Workgroup Overview

Geriatric Forum

June 2019

DSS

Strong Families - South Dakota's Foundation and Our Future

South Dakota Medicaid | 700 Governors Drive | Pierre, SD 57501

IHS and 100% FMAP

- People can be eligible for IHS **and** Medicaid eligible.
  - When an American Indian is Medicaid eligible and gets services through an IHS Facility, IHS bills Medicaid, and the federal government pays 100% of the bill.
  - When an American Indian is Medicaid eligible and gets services outside IHS, the non-IHS provider bills Medicaid and the federal government pays about 57%, and the state pays the balance.

100% Federal

57% Federal

43% State

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Federal Policy Change

- February 2016: Health and Human Services changed national Medicaid funding policy to cover more services for IHS eligibles with 100% federal funds.
  - More services now considered eligible through IHS.
  - Participation by individuals and providers must be voluntary.
  - Services outside IHS must be provided via written care coordination agreement.
  - IHS must maintain responsibility for the patient's care.
  - Provider must share medical records with IHS.

Federal Policy Implementation

- Providers:
  - Sign care coordination agreements with IHS;
  - Share medical records with IHS.
- IHS:
  - Sign care coordination agreements with providers;
  - Maintain responsibility for patient care;
  - Accept medical records.
- State:
  - Track care coordination agreement status and ensure appropriate billing.

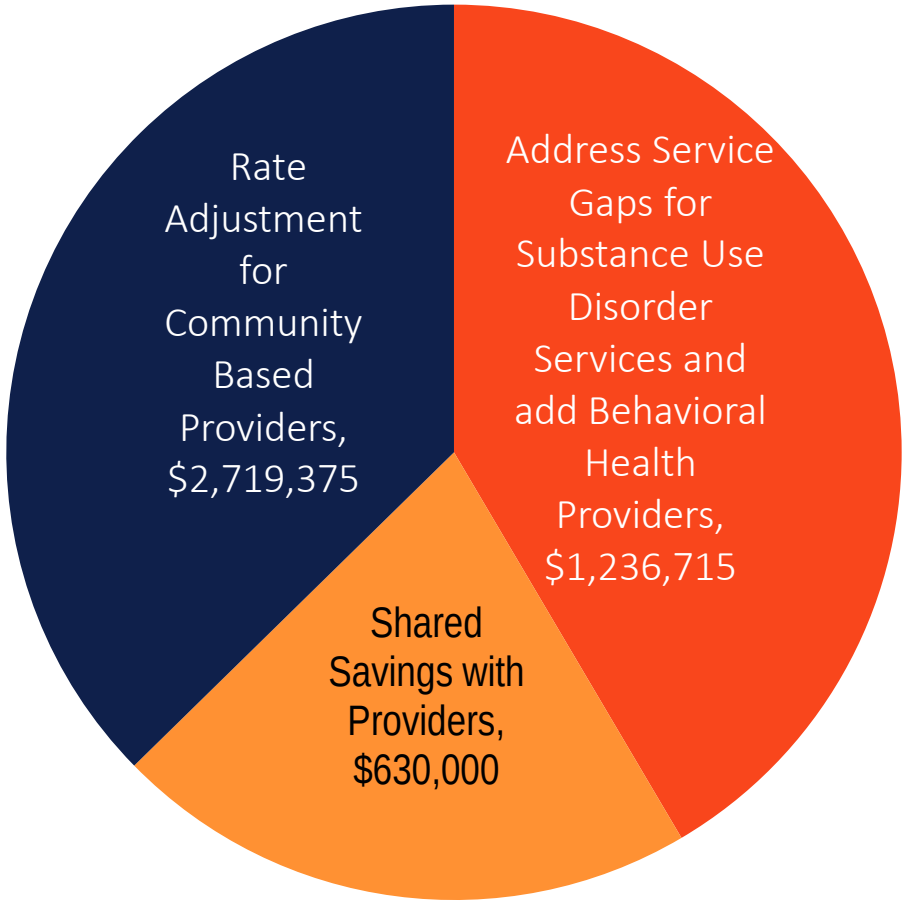
Care Coordination Agreements

- Agreement between Great Plains Indian Health Service and the non-IHS provider. Agreements are signed at the entity level.
- Defines care coordination arrangement, obligations of Indian Health Service, and the non-IHS provider.
  - IHS must establish a relationship with the IHS beneficiary;
  - IHS Practitioner may submit a request for services to the non-IHS provider;
    - Request may be electronic or paper and should identify the episode of care or requested service.
    - Note: Request for services is **not** the same as a Purchased Referred Care (PRC) Referral and does not guarantee payment for the service.
  - Non-IHS provider will furnish the service as soon as feasible;
  - Non-IHS provider will transmit medical records 30 days after furnishing the service.

Federal Policy Implementation

- Care Coordination Agreements(CCAs) signed in November 2017.
  - $4.6 Million Saved in SFY2018
  - $7.5 Million Saved through May in SFY2019
- With savings, will accomplish the following:
  - Address service gaps in Medicaid program
  - Share savings with participating providers
  - Increase rates for Medicaid providers

SFY19 Budget
State Funds Impact



Federal Policy Implementation

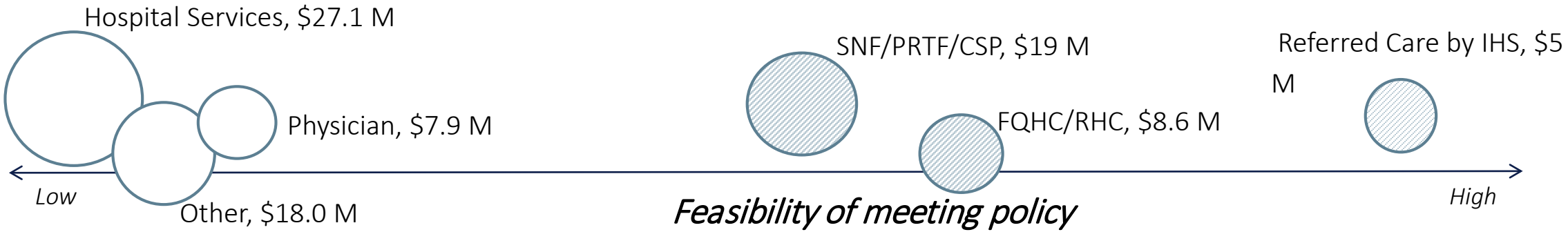
1. Address service gaps in Medicaid program
   - Cover substance use disorder treatment for adults currently eligible for Medicaid
     - Implemented: July 1, 2018
   - Add Medicaid eligible behavioral health and substance use disorder providers
     - Licensed Marriage and Family Therapists
     - CSW working toward PIP and LPC working toward MH providers
     - Implemented: December 1, 2018
   - Develop a Community Health Worker program in Medicaid
     - Implemented: April 1, 2019

Federal Policy Implementation

2. Innovation grants for primary and prenatal care
   - DSS received $1,000,000 over 3 years
   - Expected award in July 2019
3. Share savings with providers
   - $630,740 shared with providers in SFY2019.
4. Increase rates for Medicaid providers
   - Increase Provider Rates for DSS, DHS, and DOC community- based providers including Assisted Living, In Home Services, Emergency Transportation, Group Care, and Outpatient Psychiatric Care.

Federal Policy Implementation

- Next Steps:
  - Continue to share savings with participating providers
  - Continue to enhance provider Medicaid rates
  - Expand policy implementation
  - Develop IHS referral mechanism for other services
  - Expand to community support providers, nursing homes, psychiatric residential treatment facilities



Actual savings will not reach total amount spent

Community Based Provider Shared Savings Workgroup

- Working with Skilled Nursing Facilities (SNFs), Psychiatric Residential Treatment Facilities (PRTFs), and Community Support Providers (CSPs) to implement a referral process with IHS.
- Workgroup of providers, legislators, IHS, state staff, and other stakeholders formed in January 2018 and meets monthly to review progress and work on next steps.
- Making contacts and implementation with IHS has been challenging due to limited IHS staff resources for care coordination and referrals.
  - IHS suggested using the Intergovernmental Personnel Act to embed state staff within IHS to help facilitate referrals, medical record sharing, and execution of the Care Coordination Agreement.

Intergovernmental Personnel Act (IPA) Agreements

- Create a partnership between the State of South Dakota and Indian Health Service facilities to increase access to care, strengthen continuity of care and care coordination to improve the health of Medicaid-eligible American Indians.
- Goals include:
  - Increasing the number of care coordination agreements;
  - Reducing the cost to IHS for completing care coordination and enhancing IHS case management resources;
  - Reducing the State's general fund expenditures for Medicaid-eligible American Indians; and
  - Coordinating access to specialty and long-term care services.
- Staff will be detailed to high referral areas:
  - Pine Ridge IHS – Andi Ferguson
  - Rosebud IHS – Jodi Smith
  - Cheyenne River IHS - TBD

IPA Nurses

- Two of the three Registered Nurses have been hired. These are the staff who will be in Pine Ridge and Rosebud.
- They are completing their DSS orientation
- They are both working with I.H.S on their required background checks
- We are working through the process of signing the Intergovernmental Personnel Agreements
- Once those steps are completed the nurse will be able to begin training at their respective I.H.S. facilities
- We continue with the search for an IPA Nurse for Eagle Butte.

IPA Process

- IPA nurses will review referrals for Medicaid eligible Tribal members who are / will be receiving care outside of I.H.S.
- They will check to make sure Care Coordination Agreements are in place with the provider being referred to or seek Care Coordination Agreements if they are not already in place.
- The referrals may be specific appointments or inpatient care in the cases of PRTF or nursing facilities for example.
- The nurses will manage the return of records to I.H.S so that they as the referring provider continue to manage the patient's care. This will support and strengthen the continuity of the patient's care
- When the patient is returning to I.H.S care the IPA nurse will help facilitate follow up appointments and community supports for a successful transition back to the community

Questions?