



"Hecel Oyate Kin Nipi Kte -- So That The People May Live"

The image shows three traditional tipis (Native American tents) set up in a grassy field. The tipis are made of light-colored fabric and supported by wooden poles. A semi-transparent blue horizontal band is overlaid across the middle of the image, containing the title text. The background shows a line of trees under a clear sky.

South Dakota Medicaid Expansion

State Plan Amendment Concept



Current SD Medicaid Program

- Avg mo eligibles - 116,000 (68% children, 32% adults)
 - 35.5% are American Indian
- FY14 expenditures:\$442.3 million, AI - 204.5 million
- \$71.2 million funded through I.H.S.- 100% FMAP
- \$133.3 funded at state's FMAP (52% fed/48% state)



SD Expansion Considerations

- 57 of 66 counties primary care Health Care Professional Shortage Areas
- 59 counties have Medically Underserved Areas.
- 48,500 people (including 13,000 Native Americans)
- State costs roughly \$30 million more annually beginning 2020



SD Expansion Demographics

- 48,564 newly eligible adults
- 26,000 have incomes less than 100% FPL
- 22,500 have incomes between 100% and 138% FPL
- Geographic differences : 28% reside in the Western part of the state, 25% in the Southeast and 18% live in Indian counties
- Estimate 27% are American Indian



Proposed Concept

- Expanding 100 percent FMAP to tele-health services provided at an IHS/Tribal facility;
- Expanding FMAP to support Tribal capacity to furnish specialty services, like diabetes care, through collaborative arrangements with non-IHS/Tribal providers at non-IHS/Tribal facilities; and,
- Expanding use of community health representatives (CHR) to help Medicaid eligible AI/ANs access primary care services at IHS/Tribal facilities.



Proposed Strategies

- Use established tele-health services within South Dakota to develop services at IHS/Tribal Health facilities to reduce transfers or over utilization at non-IHS facilities.
- Develop IHS/Tribal Health joint venture clinics or expand existing I/T/U clinic services to increase access to primary and other care. i.e. embedding non-IHS physicians and services lines in IHS facilities for population specific services such as obstetrics, podiatry, and dialysis.
- Utilize CHR model to help eligible individuals access primary health care through IHS.



Opportunities

- Improved access and more of SD's AI population insured
- Enhance utilization and management of PRC funds, including emergency transportation costs
- Increased IHS/Tribal Health revenue



Tribal Considerations

- Potential barriers to Tribal Health application/designation as State Medicaid Providers
- Application process and continuity for Medicaid recipients
- Recognition and inclusion of tribal specific services – Great Plains AI Certification for Substance Abuse Counseling and traditional healing practices



Next Steps

- **Convening of SD Health Care Solutions Coalition**, Governor's Senior Advisor/Secretary of Health, Co-Chair & GPTCHB CEO, Co-Chair
- Purpose: Develop strategies to improve health outcomes and 100% federally funded health care access for individuals eligible for Medicaid and Indian Health Services or tribal health services in South Dakota and use state savings to expand Medicaid to entire eligible population.



Thank you

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