



Delivery of Care to Under-served Populations

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How Does Care Get Delivered

- **IHS IS A CLOSED SYSTEM - SERVING MEMBERS OF FEDERALLY-RECOGNIZED TRIBES.**
Indian Preference

MONTANA AND WYOMING

- THREE FREE-STANDING AMBULATORY FACILITIES:
 - FT PECK (POPLAR AND WOLF POINT)
 - NORTHERN CHEYENNE IN LAMEDEER
 - WIND RIVER, WYOMING
- ONE ACUTE CARE HOSPITAL SERVING THE BLACKFEET TRIBE WITH ONE PROVIDER-BASED CLINIC
- TWO CAHS:
 - CROW WITH 2 PROVIDER-BASED CLINICS (PRYOR AND LODGEGRASS)
 - FT BELKNAP WITH 1 PROVIDER BASED CLINIC (HAYES)

How Does Care Get Delivered

- **Two Title V 638 Programs:**
 - **CSKT**
 - **ROCKY BOY**
- **Numerous individual Health programs administered by Tribes**
 - **Tribal Self-Determination authorities**
 - **Referred to as 638**
 - **Primarily related to community-based services such as Substance Abuse, Behavioral Health, Community Health and Diabetes (as examples)**

How Does Care Get Delivered

- IHS receives appropriations from Congress through the IHClA
- IHS is the only federal provider that can bill Medicare, Medicaid, and SCHIP
- Bills for additional revenues in recognition of the fact that tribal members have earned the right to participate in entitlement programs.

How Does Care Get Delivered

- The State receives **100% FMAP** for Medicaid payments made to “*Facilities of the Indian Health Service*”; this includes 638 programs.
- Any reference to IHS includes 638 providers.
- Also bills the VA and participates in ACA Insurance Marketplace

How Does Care Get Delivered

- Appropriation and 3rd Party support the delivery of health care
- Patients can access health care services from IHS managed services anywhere there's an IHS facility

How Does Care Get Delivered

- Purchased Referred Care (formerly CHS) supports referred patients when qualified
- Supports referrals to care not available in the Direct Service program provided by IHS
- Priority Based System – many rules

What are the Needs?

- IHS delivers Primary Care Services
- Specialty Services
- Business Practices to grow services
- Partnerships
- Collaborations

What are the Challenges?

- Transportation
- Specialty Care/Services
- Hard to recruit to remote areas
- Little understanding of the IHS System
- Fix-it System to Population Health Outcomes

What is Being Done?

- Hospital Consortium
- Developing “System” practices
- Partnership with CMS
- Strong relationship with Health Care Contractors, like Econometrica
- From Certification to Accreditation
- Strengthen working relationships with Tribes, Private Sector Hospitals, states, other Fed Ag

Lastly,

- Overcome tension between Direct and 638
- Strengthen Internal Business and Operational Practices
- Address Trust Responsibility
- Increase enrollment of Eligible members – Medicare, Medicaid, SCHIP, VA, ACA