

**Zaniya Task Force Recommendations
(proposed draft)
August 09, 2007**

Recommendation 1: Health Information Technology

- **Employ health information technology to promote efficiencies and improve patient safety within the health care system.**

Recommendation 2: Informed Consumer Choice

- **Promote programs that support “Informed Choice” for all purchasers including consumers, insurers and providers.**

Recommendation 3: Chronic Disease Management

- **Develop programs and services that improve chronic disease management to reduce overall costs and increase quality.**

Recommendation 4: Lifelong Wellness and Disease Prevention

- **Increase and strengthen programs that promote lifelong wellness or prevention to improve health outcomes.**

Recommendation 5: Treatment in Primary Care Setting

- **Support programs that increase/ maintain access to health services within the primary care setting to maximize early diagnosis/ treatment and appropriate referral.**

Recommendation 6: Enroll all citizens currently eligible for Medicaid and SCHIP through a more comprehensive outreach and marketing campaign

- **The Department of Social Services will form a work group consisting of representatives of state agencies, tribal representation, health care providers, and other interested organizations that will identify barriers which inhibit enrollment and develop a multi-pronged approach to increasing enrollment of adults, with emphasis on the Native American population, who are eligible for Medicaid.**

Recommendation 7: Utilize the state’s purchasing power through Medicaid and SCHIP to improve health outcomes for children and adults

- **Implement chronic disease management programs for certain identified diseases for current Medicaid and SCHIP recipients.**

Recommendation 8: Expand eligibility for the SCHIP program

- **Expand the SCHIP program for children whose income falls within 201% of the federal poverty level to 300% of the federal poverty level. Utilize the private insurance market to offer a benefit plan with premium contributions based upon a sliding fee schedule. Benefit structure would be more limited than the current Medicaid and SCHIP plans.**

Recommendation 9: Expand eligibility for Medicaid for pregnant women from 133% of poverty to 200% of poverty and implement a prenatal care coordination program

- **The Department of Social Services will submit a state plan amendment to the Center for Medicare and Medicaid Services, Department of Health and Human Services to expand the Medicaid program for this population.**

Recommendation 10: Expand health care coverage for low income childless adults

- **The Department of Social Services will submit an 1115 Medicaid Waiver to the federal Department of Health and Human Services that would enable the state of South Dakota to subsidize a private insurance plan to childless adults at 100% of poverty and below. The proposal would offer a basic health plan, would promote wellness, and require participation in a disease management/health management program.**

Recommendation 11: Expand health care coverage for parents of low income children

- **The Department of Social Services will submit an 1115 Medicaid Waiver to the federal Department of Health and Human Services that would enable the state of South Dakota to subsidize a private insurance plan for parents of low-income children who are Medicaid eligible. The proposal would offer a basic health plan, would promote wellness, and require participation in a disease management/health management program**

Recommendation 12: Maximize the use of current funds used to support health care for the uninsured

- **Work with our partners, both public and private sector, to identify funds supporting health care that are currently not recognized by the federal Department of Health & Human Services. This would enable the State of South Dakota to access additional federal Medicaid funds.**

Recommendation 13: Design a broad based education program that focuses on health literacy, personal responsibility, wellness, life style management and health care fiscal responsibility

- Collaborate with Jump\$tart and other private and public organizations (Junior Achievement, Dept of Education) to develop a program and delivery mechanisms to be implemented.

Recommendation 14: Institute a financial responsibility standard for health care services

- Enact legislation to require South Dakota citizens to be financially responsible for their health care by means of a minimum level of health insurance or showing a financial ability to pay for health care costs. A necessary component of that legislation would be the establishment of effective enforcement of the financial responsibility standard through a multi-faceted approach.

Recommendation 15: Create a Risk Pool for the uninsurables

- Enact legislation to establish the eligibility criteria for a Risk Pool to allow for the estimated 5,211 individuals who can not purchase health insurance due to preexisting health conditions to enroll.

Recommendation 16: Establish a Basic Benefit Plan

- Establish a working group of stakeholders and experts to develop a basic benefit plan to serve as the minimum threshold to show financial responsibility. The basic plan could also serve as the vehicle for which premium assistance could be provided to lower income uninsured to purchase insurance.

Recommendation 17: Provide for subsidization of premiums for low income uninsured individuals

- Provide for a program of premium assistance for the purchase of a basic plan to uninsured at or below 200% of the Federal Poverty Level utilizing the recommendations of the Government Working Group

Recommendation 18: Provide for a employer assistance program

- Create a working group to study what types of assistance can be provided to employers to better enable the employers to purchase health insurance and to administer their health benefit plans.

Recommendation 19: In order to provide more affordable options for those that have exercised continuation rights, additional plan options would be made available to those enrollees. The plan options must be done in a manner that minimizes the administration of such and offer for both the employer and the health carrier. The options would only be to decrease or drop down benefits, no upgrade would be required.

- Enact legislation that requires health carriers to offer drop down options to enrollees that have continued coverage.

Recommendation 20: Actively promote federal policy that raises the health status of American Indians to the highest level possible

- Partner with the nine tribes in South Dakota and other organizations such as the National Indian Health Board, National Congress of American Indians, American Medical Association, American Public Health Association, American Hospital Association, National Indian Health Board, National Council of Urban Indian Health, National Council of State Legislators, Western Governors' Association, etc. to advocate for the positive change in federal policy toward AI/AN health. (March 2008)

Recommendation 21: Identify and maximize existing resources that are currently available to improve health care access to American Indians in South Dakota

- Establish a formal collaboration of vested parties – comprised of representation from tribal, state, private sector and federal authorities responsible for the provision of Indian health care – to study and formulate a plan to maximize to the greatest possible extent the resources necessary to afford improved access by American Indian citizens of South Dakota to comprehensive primary and preventative health care. (March 2008)

Recommendation 22: Seek creative solutions to disparate American Indian health care outcomes through collaborative efforts between the nine tribes in South Dakota; local, state, and federal governments; the private sector; and all vested parties

- Collaboratively study the issues related to disparate health outcomes for American Indians and formulate in partnership a strategic plan to comprehensively address these disparities. (March 2009)

DRAFT