



Indian Health Care and Managed Care in Idaho

Medicaid Managed Care Task Force

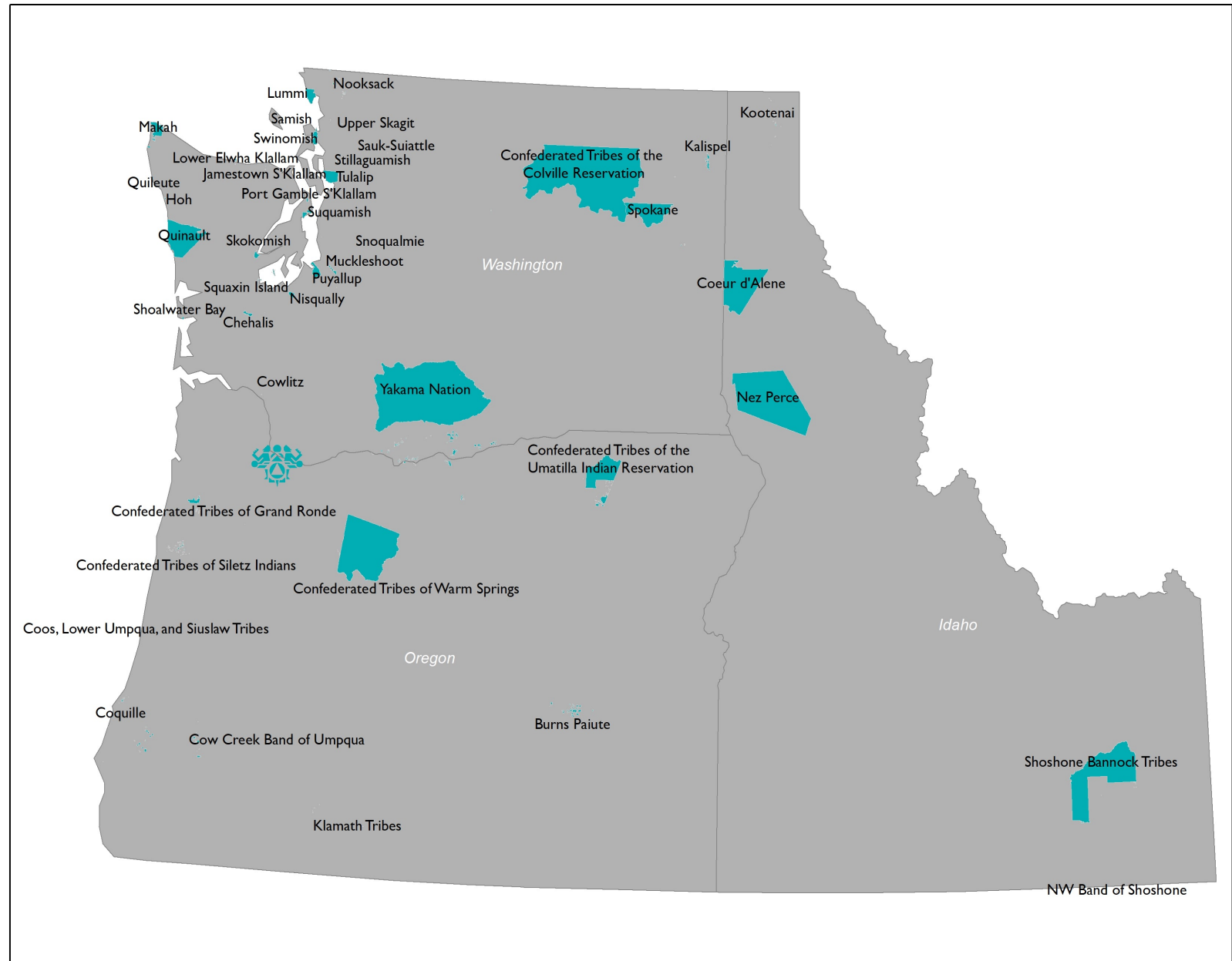
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Northwest Portland Area Indian Health Board Overview

To assist Northwest Tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care.


<https://www.npaihb.org/>




Federal Trust Responsibility

- US Dept of Health & Human Services (HHS)
- Indian Health Service (IHS)
 - 2.56 million American Indian & Alaska Natives
 - I/T/U = IHS direct, tribally operated, urban
- IHS Fact Sheet:
<https://www.ihs.gov/newsroom/factsheets/basisforhealthservices/>
- CMS, SAMHSA, CDC, HRSA, etc.

Federal Legislation

- Indian Self-Determination and Education Assistance Act (1975)
 - Indian Health Care Improvement Act (1975)
 - American Recovery and Reinvestment Act of 2009
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Medicare and Medicaid Reimbursement

- Federal Medical Assistance Percentage (FMAP)
 - 69.72% Idaho Medicaid
 - 78.80% Idaho Medicaid - enhanced
 - 100% AI/AN at I/T (not urban)
 - 100% AI/AN “received through”
 - Encounter Rate
 - aka OMB rate, IHS rate
 - Published in Federal Register every year
 - 2023 encounter rate is \$654; Medicare \$620
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ID Behavioral Health Plan

Special Terms & Conditions

- 2017 first negotiated, updated in 2022
- Establishes the Tribal Technical Advisory Board
- Requires the plan to designate a Tribal Liaison
- Contractual requirements for tribal health programs—Indian addendum and no obligation to contract
- Detailed reporting requirements:
 - State annual reporting to CMS on implementation and coordination efforts with the Tribes;
 - Plan quarterly reporting on behavioral health services reimbursed by tribal health programs, timely and accurate payments, and other reporting on network sufficiency and access.

Ongoing Issues with Managed Care Plans

- 90-day timely filing limits instead of 365 days
- Ongoing claims processing and timely payment issues (national issue)
- Credentialing is a barrier for reimbursement
- Lack of a single point of contact
- Lack of understanding of the Indian health care system and their federal encounter rate
- Potential Considerations
 - Network adequacy
 - Travel times
 - Hospital beds contracted
 - Auto enrollment, enrollment during referrals

Managed Care Special Protections for AI/AN

- **American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111-5)**
 - Sec. 5006(d) includes special rules applicable to managed care plans with respect to AI/AN enrollees and Indian Health Care Providers (IHCP).
- **42 C.F.R. § 438.14 – Indian Managed Care Protections Regulations (Apr. 2016)**
 - AI/AN enrolled in Medicaid and CHIP managed care plans to continue to receive services from an IHCP and ensure IHCPs are appropriately reimbursed for services provided.

CMCS Information Bulletin (Dec. 14, 2016).





Summary of Recommendations

1. Carve out Tribal health programs and their patients from mandatory managed care
2. Direct billing (rather than claims routed through MMIS claims processing center, Gainwell)
3. STCs with Tribes for all managed care plans
4. Designated ID Medicaid tribal liaison
 - technical assistance, maximize federal match
 - Example-received through services
5. Designate Tribal Leaders & Technical Advisors to join the ID Legislature Managed Care Task Force



Questions or concerns?

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