

Medicaid Updates Related to Health Care for American Indians/Alaska Natives

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Medicaid Coverage and AI/AN Clients

- ▶ Under federal law, American Indians and Alaska Natives (AI/AN) who are enrolled in Apple Health (Medicaid) can choose either Medicaid managed care or Medicaid fee-for-service coverage.
 - ▶ If they choose Medicaid managed care, they can choose one of the managed care plans available to them.
 - ▶ If they choose Medicaid fee-for-service, they have Medicaid coverage without a managed care plan.
- ▶ ProviderOne is not intuitive in how it shows Medicaid fee-for-service coverage.

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ProviderOne and Medicaid Coverage

To determine Medicaid coverage in ProviderOne, there are 2 steps:

1. Is the client enrolled in Apple Health (Medicaid)?
2. If yes, does the client have an Apple Health (Medicaid) managed care plan?

Note: Apple Health (Medicaid) fee-for-service coverage is also known as coverage without a managed care plan. This means that Apple Health (Medicaid) fee-for-service coverage is shown by:

- Yes to Question 1, and
- No to Question 2.

ProviderOne and Medicaid Coverage

Is the client enrolled in Apple Health (Medicaid)?

In the “Client Eligibility Spans” area of the Apple Health Client Eligibility ProviderOne webpage, you need to confirm that there is active coverage.

- Sort by the Eligibility End Date (click the down-caret) with highest value at the top.
- Always disregard Recipient Aid Category (RAC) 8000 and 8500; “Suspended” under *Benefit Service Package* means that the client has been reported as incarcerated during those dates, without Medicaid coverage.

Two types of “Yes”: (1) Eligibility End Date = 12/31/2999 means active coverage. (2) Eligibility End Date = current month end means coverage may end.

Client Eligibility Spans								
Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility End Date	ACES Coverage Group	ACES Case Number	Retro Eligibility	Delayed Certification
MC- Medicaid	1217	ABP	09/01/2018	12/31/2999	N05	[REDACTED]		
MC- Medicaid	1201	ABP	02/27/2018	08/31/2018	N05	[REDACTED]		
MC- Medicaid	8500	SBP - Institutionalized Dates	02/23/2018	02/27/2018				
MC- Medicaid	8500	SBP - Institutionalized Dates	02/27/2018	02/27/2018				
MC- Medicaid	1201	Suspended - Inpatient Hospital Services Only	02/24/2018	02/26/2018	N05	[REDACTED]		

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Message(s): Suspended Medical, Inpatient Hospital Service Only

ProviderOne and Medicaid Coverage

Does the client have an Apple Health (Medicaid) managed care plan?

In the “Managed Care Information” area of the Apple Health Client Eligibility ProviderOne webpage, you need to see if the client has managed care coverage.

- Sort by the End Date (click the down-caret) with highest value at the top.

If one of the Integrated Managed Care Plans (see list to the right) is under “Plan/PCCM Name”, that means the client has a managed care plan and the client is not covered by Apple Health (Medicaid) fee-for-service.

If none of the Integrated Managed Care Plans is under “Plan/PCCM Name”, that means the client has Apple Health (Medicaid) fee-for-service coverage also known as Apple Health coverage without a managed care plan. Note: PCCM is not a managed care plan.

Integrated Managed Care Plans

AMG Fully Integrated Managed Care
 CCC Fully Integrated Managed Care
 CHPW Fully Integrated Managed Care
 Coordinated Care Healthy Options
 Foster Care
 MHC Fully Integrated Managed Care
 UHC Fully Integrated Managed Care

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID	Plan/PCCM Phone Number	PCP Clinic Name	Start Date	End Date
HM: Health Maintenance Organization	MC: Capitated	AMG Behavioral Health Services Only	201599811	(800) 600-4441		01/01/2019	12/31/2999
HM: Health Maintenance Organization	MC: Capitated	Community Choice - Health Home Only	203039501	(888) 509-0563		08/01/2018	12/31/2999
HM: Health Maintenance Organization	MC: Capitated	Spokane Behavioral Health Organization	105021302	(509) 477-5722		08/01/2018	12/31/2018
HM: Health Maintenance Organization	MC: Capitated	Spokane Behavioral Health Organization	105021302	(509) 477-5722		01/01/2017	07/31/2018

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Non-Participating Indian Health Care Providers

- **Referrals** to Participating Providers for AI/AN managed care enrollees
 - ▶ Medicaid managed care plans must allow AI/AN clients to choose an IHCP as their Primary Care Provider (PCP).
 - ▶ Any referral from a PCP IHCP to a network provider must be deemed to satisfy any coordination of care or referral requirement of the managed care plan.
- **No Prior Authorization** requirements for referrals to fee-for-service behavioral health providers.
- **No Utilization Management** requirements for referrals to fee-for-service behavioral health providers.

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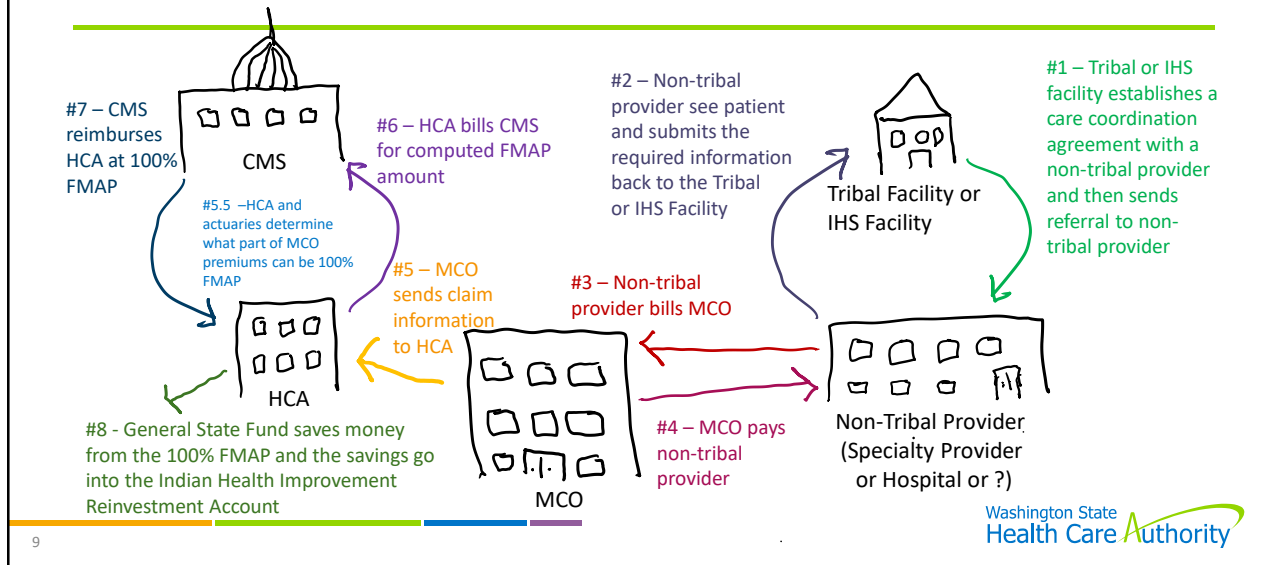
Care Coordination Agreements

- ▶ Centers for Medicare and Medicaid Services (CMS) State Health Official Letter 16-002 reinterpreted the Social Security Act to allow the state to receive 100% federal match for services to AI/AN by non-tribal providers.
 - ▶ IHS and Tribal health programs can use these agreements with non-tribal providers
 - ▶ Agreement ensures care coordination
 - ▶ Non-Tribal provider bills either ProviderOne or the Apple Health plan for the service
 - ▶ Non-Tribal provider receives standard fee-for-service or managed care rate(s) for the service
 - ▶ For all Medicaid services, including inpatient
 - ▶ CMS requirement to exchange health information

Washington Indian Health Improvement Act

- ▶ Chapter 43.71B RCW
- ▶ Governor's Indian Health Advisory Council
- ▶ Indian Health Improvement Advisory Plan
- ▶ Indian Health Improvement Reinvestment Account

Care Coordination Agreement: AI/AN Covered by Managed Care



Tribal FQHCs

Tribal FQHC

- ▶ For Medicaid, tribes can choose to designate their health programs as FQHCs.
- ▶ With recently approved rules, Tribal FQHCs can receive their standard IHS encounter rate for FQHC services as specified in the HCA Tribal Health Program Billing Guide.

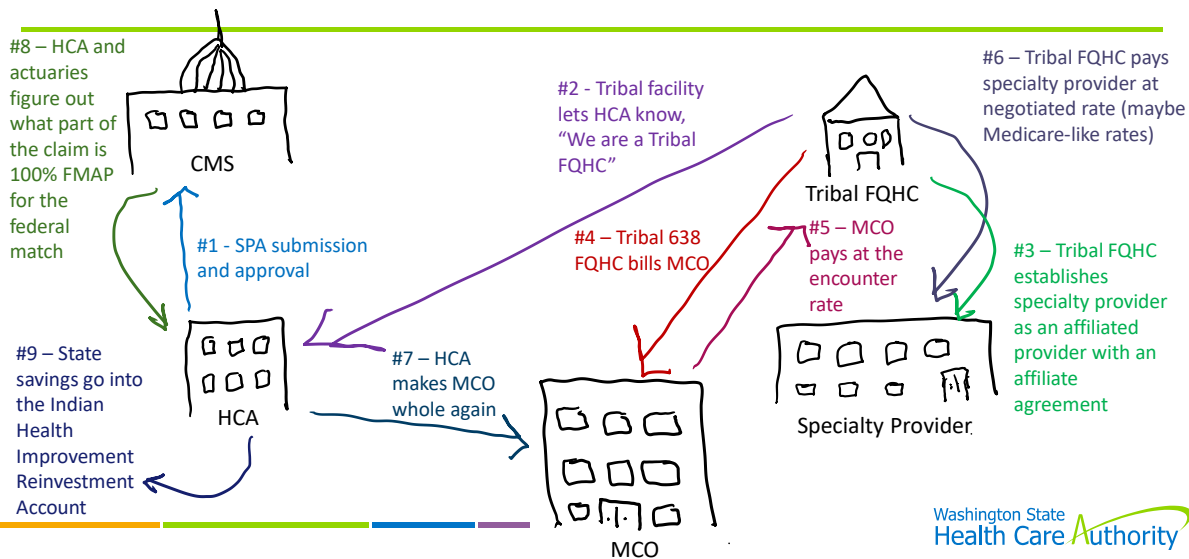
Other FQHCs

- ▶ Clinics apply with HRSA to receive FQHC grants and become FQHCs.
- ▶ Other FQHCs receive cost-based encounter rates for outpatient FQHC services as specified in the HCA FQHC Billing Guide.

Tribal FQHCs

1. Eligible to receive the encounter rate for FQHC services outside the four-walls,
 - ▶ Tribe can receive encounter rate for Tribal services in clinically appropriate settings.
 - ▶ Tribe can receive encounter rate for services that are provided by non-tribal providers under FQHC Affiliate Agreement with the Tribe.
2. Eligible to receive the encounter rate for FQHC services to non-AI/AN.
 - ▶ Exception: Substance Use Disorder – Tribal FQHC still responsible for state match.

Tribal FQHCs: AI/AN Covered by Managed Care



Tribal Coordination Planning and Crisis/ITA

- ▶ Tribal reservations are also legal jurisdiction boundaries.
- ▶ Protocols are needed before any non-tribal service provider or non-tribal governmental employee steps foot onto tribal land.
 - ▶ Respects the sovereignty (as recognized by the federal government) of the tribal government.
 - ▶ Help to mitigate trauma from 100+ years of the state routinely removing children from their families and tribes often by force.
 - ▶ Should apply to anyone seeking to come onto tribal reservation to provide services (including ITA assessments, crisis response, and health home services)

Tribal Coordination Planning and Crisis/ITA

- ▶ HCA has hired a Regional Tribal Liaison for the Peninsula and Coast region.
- ▶ HCA will work with the tribes, the Behavioral Health Administrative Service Organization (BH-ASO), the Managed Care Organizations (MCOs), and the regional crisis and behavioral health service providers to develop a joint planning process for these protocols for each tribe, each service type, and each entity.

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