

Medicaid and Children's Health Insurance Program (CHIP) 101 for Direct Indian Health Service/Tribal/Urban (I/T/U) Programs



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CMS Role in American Indian/Alaska Native (AI/AN) Healthcare

- Medicare, Medicaid, and CHIP revenues are important and growing portions of Indian health budgets.
 - Important to bill at service unit level
- CMS is key component of the trust responsibility.
 - Any changes in CMS policies and programs can make a significant difference in Indian health budgets and programs.
 - AI/AN Medicare, Medicaid, and CHIP coverage impacts Contract Health Service (CHS) spending.

Goal for Today's Session

- Provide a basic overview of Medicaid and the CHIP
- Highlight AI/AN provisions in Medicaid/CHIP

Medicaid

Medicaid Administration

- States Determine:
 - Who is covered
 - How providers are paid
 - What services are covered
- CMS Provides:
 - Oversight of program
 - Technical assistance
 - Federal matching funds

Medicaid—Who is Covered?

- Mandatory categorically needy groups—required by statute.
 - Children and families
 - Pregnant women
 - Disabled and aged individuals
- Optional categorically needy groups—states select.
- Medically needy—states select.
- Tribal documents must now be accepted as proof of citizenship and identity for Medicaid and CHIP.

Medicaid—Who Can Determine Eligibility?

- State Medicaid agency staff
- Temporary Assistance for Needy Families (TANF) agencies (state agencies or county agencies)
- Tribes who administer TANF:
 - The state must enter into interagency agreements with other state agencies, county agencies, or TANF Tribes if they are going to conduct eligibility determinations.

What Does Medicaid Cover?

- Mandatory Services
- Optional Services
- *All medically necessary services for children under 21, whether or not the state has elected the service.*
- *States also must assure transportation to Medicaid-covered appointments.*

Payment for Medicaid Services

- States design payment methodology within federal upper limit and other regulatory requirements.
- Medicaid is the payer of last resort, *except*
 - Indian Health Service (IHS) is the payer of last resort after all CMS programs.

Cost Sharing in Medicaid

- Nominal cost sharing for Medicaid services can be charged.
 - Children under 18 cannot be charged cost sharing.
 - AI/AN who use I/T/Us and Contract Health Service (CHS) are exempt from cost sharing in certain circumstances.

Cost Sharing Exemptions for AI/AN

- AI/AN who utilize or are eligible to utilize I/T/Us are exempt from premiums and enrollment fees.
 - I/T/U should provide a letter or document for the individual to take to the state.
 - IHS provides a letter that can be used by I/T/Us to verify this exemption.

Cost Sharing Exemptions for AI/AN

- If a service is provided at I/T/U, no cost sharing is charged and the I/T/U must be reimbursed their full amount under the Medicaid State Plan.
- If a service is provided by a non-Indian provider under CHS referral, no cost sharing is charged.
 - The state will reimburse the provider their full amount.
 - AI/AN patient must present a CHS referral to the provider.

Resource Exemptions for AI/AN

- Exemptions from Resource tests include:
 - Property located on a reservation or within the most recent boundaries of a reservation
 - Real property and improvements
 - Ownership interest in:
 - Rents
 - Leases
 - Royalties
 - Usage rights
- For use of:
 - Natural resources
 - Fish/shellfish
 - Harvesting animals
 - Harvesting plants or timber

Resource Exemptions for AI/AN

- Also excluded are items with religious, spiritual, traditional, or cultural significance or used to support subsistence or a traditional lifestyle according to Tribal law or custom.
- Monies received for usage or ownership rights for excluded resources:
 - Are *not* income in the month of receipt
 - May be countable as a resource the first of the following month

Estate Recovery Protections for AI/AN

Properties exempt from Medicaid estate recovery action:

- Property located on a reservation or within the most recent boundaries of a reservation
 - Real property and improvements
 - Ownership interest in:
 - Rents
 - Leases
 - Royalties
 - Usage rights
 - For use of:
 - Natural resources
 - Fish/shellfish
 - Harvesting animals
 - Harvesting plants or timber

Estate Recovery Protections for AI/AN

- Items with religious, spiritual, traditional, or cultural significance or used to support subsistence or a traditional lifestyle according to Tribal law or custom
- Ownership interests left as a remainder in an estate in rents, leases, royalties, or usage rights in listed properties, as long as they can be clearly identified as such

Managed Care Protections for AI/AN and I/T/Us

An AI/AN enrolled in managed care can choose to utilize an I/T/U

- Managed Care plan must pay the I/T/U a negotiated rate or not less than their normal payment for the service to a participating provider.
- State must assure the I/T/U receives payment up to the normal State Plan rate for that facility.

Consultation Requirements

- Prior to submitting a proposed change to CMS, states *must* consult for any Medicaid change likely to have a direct impact on an AI/AN person or an I/T/U.
 - State plan changes
 - Demonstration proposals
 - Waiver proposals, amendments, extensions, renewals

Consultation Requirements

States must consult with:

- Federally-Recognized Tribes
- IHS
- Tribal Health Programs
- Urban Indian Organizations

Tribal Technical Advisory Group (TTAG) Added to Statute

- TTAG was added to the statute as an advisory group to CMS
- Representation from IHS and Urban Indian Organizations now added to TTAG

Special Medicaid Provisions

- 100% federal financial participation for services provided through IHS or Tribal 638 Clinics.

Other Special Provisions in Medicaid

- Urban and Tribal Indian Health Clinics can bill as FQHCs (defined as FQHCs in the law) cost-based reimbursement.
- Tribes and Tribal Organizations can enter agreements with states to provide Medicaid Administrative Match to draw federal funds.
 - Any federal funds drawn by states based upon Tribal matching costs must be given to the Tribe or Tribal Organization.

Special Provisions in Medicaid (Continued)

- States must provide outstationing opportunities to apply for family and children's Medicaid at all Tribal 638 programs (FQHC authority) and Urban Indian Health programs or have an alternate plan approved by CMS.

Children's Health Insurance Program

CHIP

CHIP Administration

- State-Federal Partnership
 - Broader State Flexibility than Medicaid
 - Can be Medicaid expansion
 - Can be separate insurance program
 - Can be combination Medicaid and Separate Insurance
 - Can be 1115 Waiver
 - States receive higher (enhanced) Federal Matching Rate (FMAP)

What Does CHIP Cover

- Basic Medical Services
 - Inpatient/Outpatient
 - Preventive Services
 - Physician/Clinic
 - Immunizations
- Can be modeled after private sector insurance plans—more options for coverage than Medicaid

CHIP Cost Sharing

- Children in CHIP can be charged expanded nominal costs (based on Medicaid adult cost sharing limits).
- CHIP cannot charge for required preventive services and immunizations.

Special Provisions in CHIP

- Managed care protections in Medicaid also apply to CHIP.
- Resource exclusions for Medicaid also apply to CHIP.
- Tribal Documents must now be accepted as proof of citizenship and identity for Medicaid and CHIP.

Special Provisions in CHIP

- AI/AN Children are exempt from the cost sharing provisions of CHIP.
- States must consult with federally recognized Tribes and I/T/Us prior to submitting to CMS for State Plan Amendments, demonstration proposals, waiver proposals, waiver amendments, waiver extensions, and waiver renewals if they are likely to have a direct impact on Indians or Indian health providers.

Applicant Rights

- Medicaid
 - Eligibility decision in 45 days
 - Fair hearing process if negative decision
 - Appeal if payment or service is denied
- CHIP
 - Eligibility Decision in 30–45 days
 - Fair hearing process if negative decision
 - Appeal if payment or service is denied

CMS Resources

CMS Provides Assistance to Tribal Programs

- CMS is committed to maximizing AI/AN access to Medicare, Medicaid, and CHIP
- CMS knows the unique health needs of AI/ANs, and acknowledges the relationship between the U.S. government and Tribal governments
- CMS has created a team designed to specifically focus on AI/AN health

CMS Resources to Assist Tribes

- At each CMS Regional office, there is a Native American Contact (NAC) who is available to provide technical assistance to Tribal programs
- The name and contact information for the NACs is available at the end of this handout.
- Contact your NAC if your Tribal program has questions about eligibility, enrollment, coverage, or reimbursements in Medicare, Medicaid, and CHIP.

CMS Resources to Assist Tribes

- NACs work with the Tribal Affairs Group, Office of External Affairs, CMS, located in Baltimore.
- NACs also work with key CMS components in Medicare, Medicaid, and CHIP.
- The Tribal Affairs Group and NACs serve as a liaison between the Agency and Tribal communities and other federal agencies in regards to AI/AN health and CMS programs.

What the NACs Do

- Point of contact for Tribes and states in each regional office for AI/AN issues
 - Coordinate with other RO staff
 - Technical assistance on AI/AN state plan amendments
 - Review state plan amendments, state programs for AI/AN impact
 - Assist IHS/Tribes with eligibility, coverage, and reimbursement issues
 - Assist IHS/Tribes with Medicare-Like Rates questions and enforcement

What the NACs Do

- Provide training and information to states and Tribes on AI/AN issues
- Work on policy groups for AI/AN issues
- Encourage and facilitate consultation and relationship between states and Tribes
- Distribute program information to Tribes and IHS
 - Materials designed for AI/AN population

What the NACs Do

- Contribute to planning and resource sessions for annual Department of Health and Human Services (HHS) Tribal Consultation
- Work with CMS campaigns and focus to adapt to the AI/AN population
- Help assure access for AI/AN to CMS programs
- Assist IHS/Tribal facilities with certification issues

Additional CMS Resources

- CMS produces the Medicine Dish: a series of broadcasts for health professionals and AI/AN beneficiaries on CMS programs.
- Medicine Dish is broadcast on the second Wednesday of every month at 1:30 ET and can be seen over the Web through an arrangement with the National Institutes of Health at videocast.nih.gov.

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QUESTIONS?