Examples of State & Tribal Consultation

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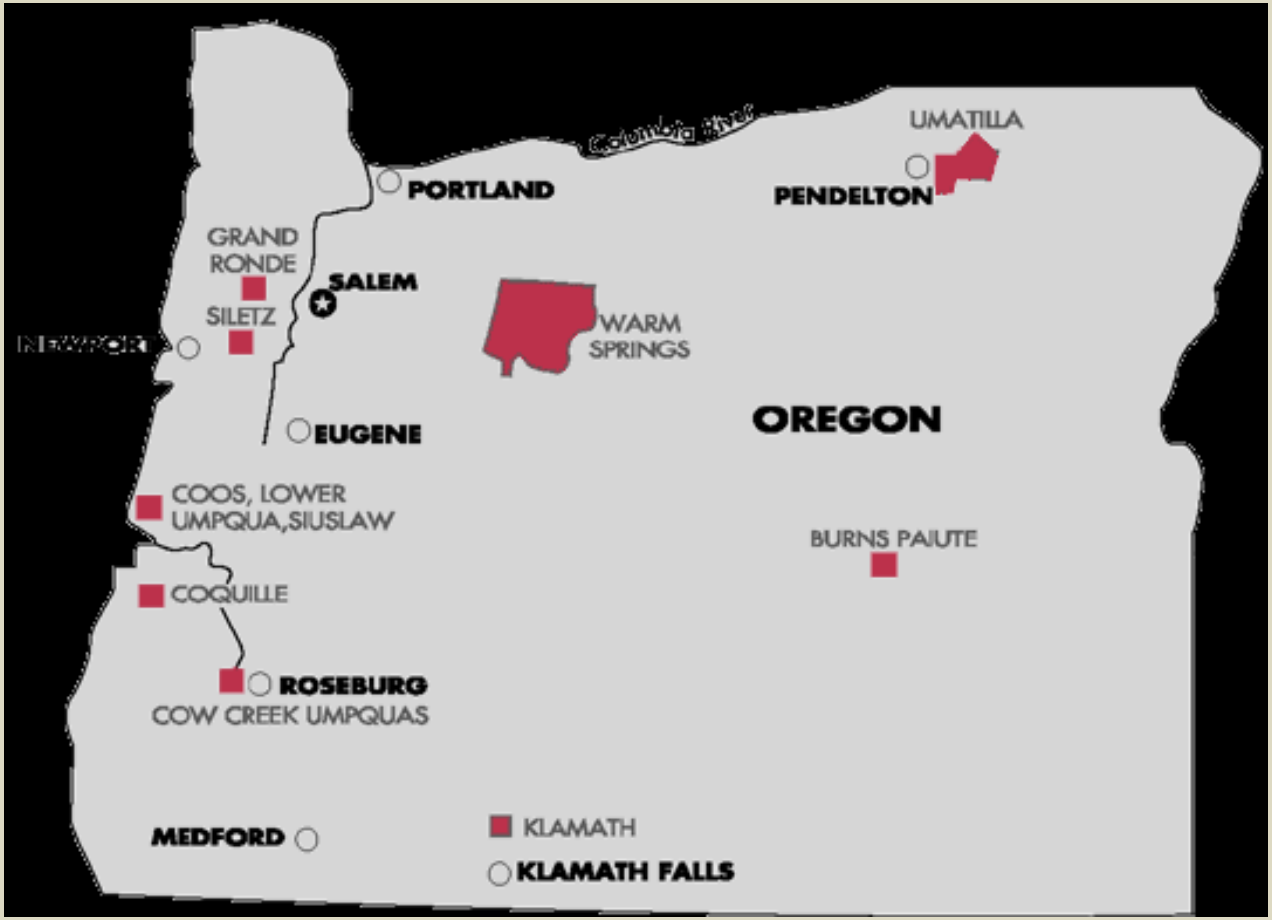
Overview

1. Oregon 100% FMAP Shared Savings
2. Washington Medicaid Demonstration Transformation Project
3. Alaska Tribal Community Health Providers Encounter Rate
4. Summary: Important Factors for State and Tribal Consultation

Oregon Tribes Example



Tribal Opportunity: 100% FMAP Federal Funding

- CMS *reinterpreted* the scope of services considered to be "received through" an IHS/Tribal facility for purposes of eligibility for 100% FMAP.
- Allows 100% FMAP for services "received through" an IHS/Tribal facility and furnished to Medicaid eligible AI/AN's.
- **State Benefit:** Provides an opportunity for a Oregon to claim 100% FMAP in circumstances where they had been paying around 63% of the bill, thereby creating the possibility of substantial state fund savings.
- **Tribal Opportunity**: To collaborate with state to determine how to share 100% FMAP savings. When a care coordination agreement (CCA) is in place, the FMAP % is the savings that can be negotiated with the state.

Consultation Opportunity & Tribal Benefit

- **Consultation Opportunity:** Tribes asked the Oregon Health Authority to work with tribes (and urban program) to determine how 100% FMAP savings could be reinvested back into tribal communities. Tribes determined that making the ask directly to Governor Brown was critical to moving the request forward.
- **Tribal Benefit:** 100% FMAP savings payments from state to tribe for services "received through" an I/T for those claims tracked as 100% FMAP savings.

OHA and Tribes Consultation Process

1. **Tribal Ask:** For the savings from the 100% FMAP Medicaid policy change to be provided back to tribes.
2. **Commitment from Governor Kate Brown (September 7, 2016):** "I am committed to investing the savings from this change to Medicaid policy into Tribal programs and services that improve the health of American Indian and Alaska Native communities."
3. **True Partnership with OHA and Tribes/NARA:** Oregon Health Authority (OHA) and the 9 federally recognized tribes of Oregon and 1 urban program were actively involved in creating the process.
4. **OHA Workgroup:** OHA staff to the project, who regularly met, debriefed, and worked out kinks.
5. **Key Factors:** Governor's commitment and creation of 100% FMAP Tribal-State Workgroup.

OHA and Tribes 100% FMAP Savings Progress

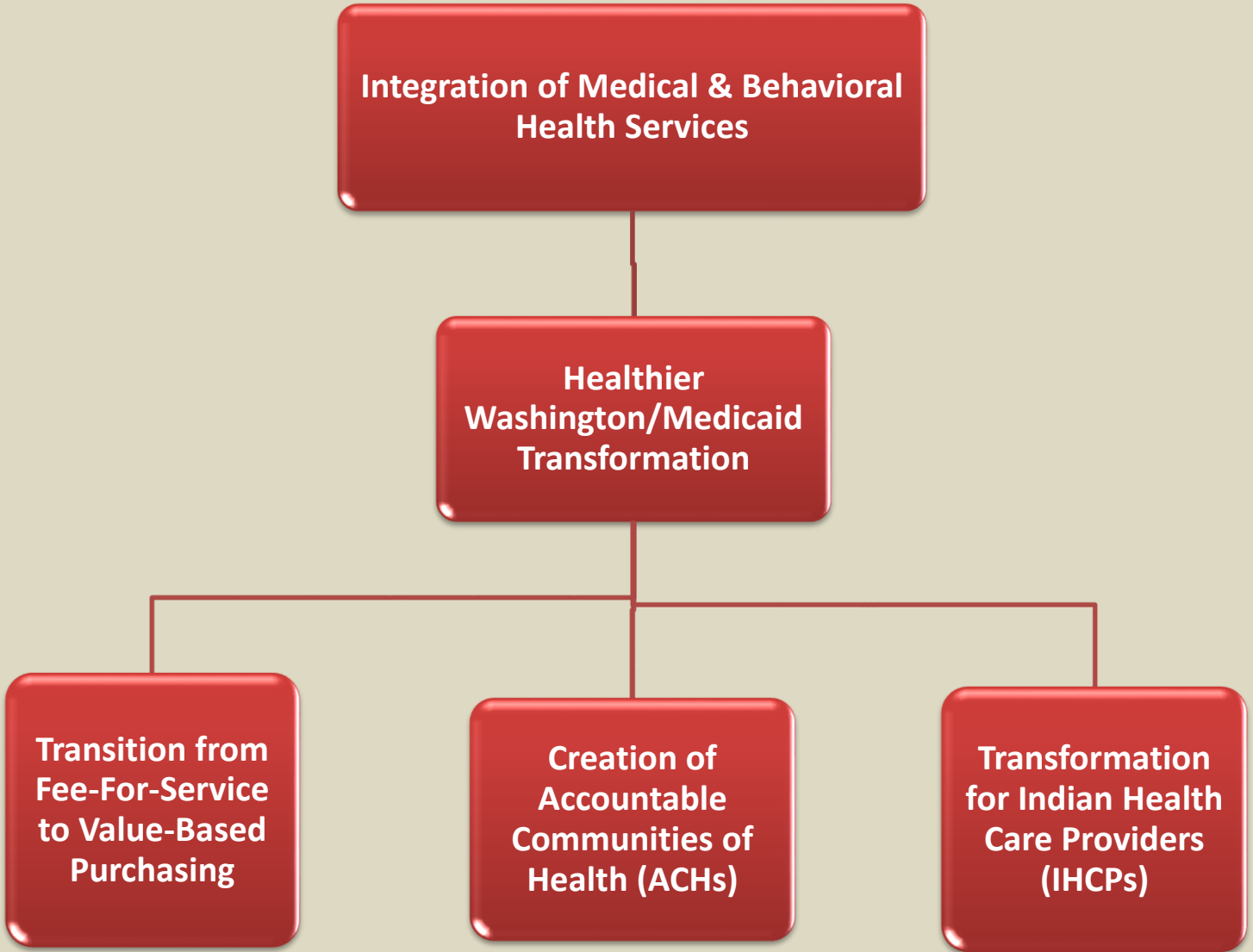
- Started with care coordination agreements with 9 hospitals (relatively low volume, but high cost) as a pilot.
- Procedure in place with Medicaid agency for claims.
  - Hundreds of claims have been submitted.
  - Currently a manual process, needs to be automated.
  - OHA will send I/T clinics a spreadsheet on a monthly basis showing the savings
- So far, one tribe has finalized their contract with the state and has received a payment from state.

Washington Tribes Example

Washington Medicaid Transformation Demonstration Project

- **1115 Waiver:** Washington Health Care Authority (HCA) submitted Tribal/IHCP Protocol to CMS on February 26, 2018. CMS approved on December 3, 2017.
- **Purpose:** Transform the health care delivery system to improve services for Medicaid beneficiaries and enhance the Indian Health Delivery System.
- **Tribal Benefit:** Address health disparities for the AI/AN population and support the need to have tribally driven, culturally appropriate practices to address them.

Washington Medicaid Transformation Opportunity



Washington IHCP Culturally Appropriate Projects Framework

- Framework adapted from the National Tribal Behavioral Health Agenda (4 of the 5 elements)

Washington IHCP Culturally Appropriate Projects

Historical & Intergenerational Trauma	Socio-Cultural Ecological Approach	Prevention & Recovery Support
Elder Care Coordination (Quinault)	Community Outreach & Tailored Prevention Program for Elders (Chehalis)	SUD Response Integrated into Law Enforcement (Spokane)
	Maternal Child Health – Immunizations (Puyallup)	

Washington IHCP Culturally Appropriate Projects Cont'd.

Integrated Health Care Project	Tribe(s)
Community Health Aid Program	Swinomish
Telemedicine	Kalispel
Healthcare Workforce Development	Makah
Tribal FQHC	Colville, Cowlitz, Jamestown S'Klallam, Lower Elwha, Nooksack, Sauk-Siattle, Shoalwater Bay, Snoqualmie, Squaxin Island
Start/Expand Tribal 638 Clinic	Hoh, Samish, Suquamish
Electronic Health Record Integration	Muckleshoot, Quileute, Stillaguamish
Public Health Accreditation- Community Health Assessment	Lummi
Traditional Healers Integrated into Provider Teams	Seattle Indian Health Board
Behavioral and Physical Health Integration	NATIVE Project of Spokane
Behavioral Health Integration	Nisqually
Behavioral Health Integration and Care Coordination	Skokomish

HCA and Tribes Consultation Process

1. **Tribal Ask:**
   - Engagement and collaboration in Medicaid transformation between tribes, Accountable Communities of Health (ACH), and the state to achieve tribal specific interests
   - $5.4 million (initial funds) for Indian Health Care Providers (IHCP) for eligible tribal specific projects; and consideration of health IT infrastructure needs.
   - Commitment to honor tribal sovereignty and honor tribes' own culturally appropriate delivery system reform projects.
2. **Key Factors of Partnership with Tribes/UIHPs:**
   - State provided a series of tribal consultations and collaborated with tribes as the experts in providing care to their communities (75 meetings).
   - State-Tribal agreement on Tribal Engagement and Collaboration Protocol Standard Terms and Conditions (STCs) with actionable items.

Washington Medicaid Transformation Progress

- Engagement of tribes at the ACH governing board level.
  - 8 out of 9 ACHs have agreed to have a seat for each tribe on the ACH Board.
- Many tribes are doing projects with ACHs, including behavioral health integration and opioid response.
- Protection of the encounter rates through FFS even when they were going through MCOs.
- Currently finishing up Year 2 and in October the tribes will start to get funds for their projects.

Alaska


CHUKCHI SEA
ARCTIC OCEAN
GULF OF ANADYR
CHUKOTK
FAR NORTH
BEAUFORT SEA
INTERIOR
BERING SEA
SOUTHWEST
SOUTHCENTRAL
GULF OF ALASKA
PACIFIC OCEAN
INSIDE PASSAGE
Whitehorse

Alaska Expansion of Medicaid Reimbursement to Certified CHAs, BHAs, and Practitioners

- **State Plan Amendment:** CMS approved SPA on January 13, 2017 and it became effective on July 1, 2017.
- **Purpose:** Created a new provider type and reimbursement scheme.
- **Tribal Benefit:** $40 million in additional collections to the Alaska Tribal Health System. Future years will be more.

Alaska Consultation Process

1. **Tribal Ask:**
   - State calculation of a single encounter rate and eligible for 100% FMAP reimbursement for allowable services provided by Certified Community Health Aides/Practitioners (CHA/Ps) and Behavioral Health Aides/Practitioners (BHA/Ps).
   - Scope of services provided by CHA/Ps and BHA/Ps will be clinically based as determined by their certification level, medical necessity, and physician standing orders.
   - Utilization of the Federal Fiscal Year (FFY) 2014 tribal hospital Medicare costs reports and adjusted for inflation for the first year.
2. **Key Factors of Partnership with Tribes:**
   - Continuous consultation and collaboration with tribes.
   - Utilization of an Alaska workgroup.
   - Alaska Tribal Health System provided the State with draft SPA language that conveys the encounter rate methodology.
   - Tribal timeline proposal for SPA submission.

Alaska Progress & Outcomes

- CHA/Ps and BHA/Ps have been receiving the encounter rate for services beginning July 1, 2017.
- Additional revenue to build capacity for more services.
- Ability to educate/train more CHAP providers.
- Ability to fund Training Center costs.
- All support access to care and improve health outcomes.

Important Factors for State-Tribal Consultation

1. State-Tribal consultation policy with important process factors, such as mechanisms of consultation and adequate timeframes for tribal response.

2. State must provide proper notice for consultation.

3. State must provide proper documentation in advance of consultation.

4. State must ensure that state staff are culturally competent in working with tribes and understand tribal sovereignty.

5. At consultation, State must ensure that authorized state leadership are present.

6. At consultation, critical that two way communication, collaboration, and engagement occur.

7. Tribes should work with a tribal collaboration entity within the state/Area.

8. Tribes should be knowledgeable on when to seek tribal consultation with CMS.

Discussion