INDIGENOUS PACT

100% FMAP Expansion

Learn how Tribes can leverage new "received through" language to secure fully reimbursed care for eligible tribal members.

The history of American Indian and Alaskan Native (AI/AN) healthcare has been disheartening. Despite the promise to provide healthcare, the federal government has, ultimately, failed to furnish proper care to the Native peoples. More specifically, Indian Health Services (IHS), the agency housed within the Department of Health and Human Services (HHS) that is responsible for reimbursing AI/AN healthcare costs, is often limited by its annually appropriated budget, leading to under-resourced facilities and the rationing of care.

Currently, IHS and individual Tribes operate much of the AI/AN's healthcare facilities. For tribal members to receive reimbursement for their healthcare expenses, they must visit an IHS or Tribally operated facility. Unfortunately, though, IHS and tribal facilities often lack the necessary resources or referral network access to provide specialized care, which is particularly problematic within a population where heart disease, cancer, diabetes, stroke, obesity, substance abuse, and many other conditions persist at very high rates.

The Opportunity

In acknowledgment to this issue, the federal government has decided to expand both reimbursement and provider access for Native Americans. In a February 2016 letter, the Centers for Medicare and Medicaid Services (CMS) announced an expanded 100% Federal Medical Assistance Percentage (FMAP) match for partnering states' AI/AN Medicaid population. What does this mean? Essentially, CMS has allowed tribes to work with their respective state to establish care coordination agreements with non-IHS/Tribal providers to receive full Federal reimbursement for their Medicaid-eligible population. The following quote provides greater detail:

> *"...both the IHS/Tribal facility and the non-IHS/Tribal provider must be enrolled in the state's Medicaid program as rendering providers. Second, there must be an established relationship between the patient and a qualified practitioner at an IHS/Tribal facility. Third, care must be provided pursuant to a written care coordination agreement between the IHS/Tribal facility and the non-IHS/Tribal provider, under which the IHS Tribal facility practitioner remains responsible for overseeing his or her patient's care and the IHS/Tribal facility retains control of the patient's medical record."*
> *- SHO #16-002 pg. 2*

With the new "received through" interpretation provided by CMS, all services provided at inpatient hospitals, outpatient hospitals, clinics, Federally Qualified Health Centers/Rural Health Clinics, and nursing facilities identified within the proper care coordination agreement are covered at 100%. Additionally, CMS has pledged to fully cover long-term services and support (LTSS) and all associated transportation costs when included in a State's Medicaid plan. Such travel expenses may include the cost of meals and lodging to and from medical care, as well as the cost for an attendant to accompany the beneficiary. By reimbursing care beyond IHS/Tribal facilities, CMS has vastly expanded the tribal members' choice of healthcare.

Constructing a Tribal Managed Care Organization

Perhaps the most interesting opportunity within the new FMAP expansion is the ability for tribes to enroll in a risk-based Medicaid managed care organization (MCO). In this instance, the respective state's Department of Medicaid will make monthly capitation payments to the MCO so that the MCO may administer members' healthcare services, all while still receiving 100% reimbursement from CMS. Furthermore, we believe this is an incredible opportunity for Tribes to construct a Tribally owned and operated MCO, which focuses on the specific cultural needs of their AI/AN members. After all, Tribes know their members better than anyone else.

How Indigenous Pact can help

It is no question that this letter provides tribes an enormous opportunity. To secure this opportunity, though, tribes must be able to clear a number of logistical hurdles.

It starts with billing and compliance -- a program with individual states and the federal government cannot exist unless the tribe and the network can prove competency around the billing and back office activities. Indigenous Pact's team brings years of expertise in filing and

reporting healthcare claims to satisfy both government and commercial contracts. Additionally, tribes will want to begin building a network of quality providers. Network contracting is already a daunting task, but implementing value-based contracts is a new frontier altogether. The Pact believes that a tribal network must first and foremost consist of quality, culturally sensitive care. The Pact's team includes individuals who have been on the front lines of implementing value-based contracts with providers who truly provide quality care.

All in all, CMS' new "received through" interpretation and "care coordination agreement" opportunities afford tribes the ability to increase financing and expand their members' access to care. Indigenous Pact aims to ensure tribes not only maximize healthcare reimbursement, but also optimize the quality of care their members deserve.