

**ELT 7/2/24**

**Level Set / recap w/background on Tribal providers**

First slide

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#### NICHOLE – WAIVER ENROLLMENT/LTSS:

Ensuring waiver eligibility for LTSS services delivered through the tribal facility. Tribes should not be receiving payment for waiver services to members not in a waiver. Tribes are (or were) screening people for waiver services, but not aware that they can't get them on the waiver w/o access to service authorization.

#### RECEIVED THROUGH SERVICES - Hope

- Understanding “outside the four walls” services – both the CMS requirements and understanding what the tribes are doing currently.
- We are still getting confirmation, but it appears that the tribes opted to enroll as tribal FQHCs, *which is a whole different animal from a regular FQHC.*
- Being a tribal FQHC means they can have contract arrangements with outside providers but with the tribal facility being the one that bills us at the AIR rate for those “outside the four walls” or “received through” services.
  - o However, we need to get clarification or confirmation from CMS that **1915(c) waiver services** specifically can be set up and billed as a “received through” or outside the four walls services at the AIR rate. There is conflicting information in different materials.
- Other issues with “received through” services –
- State Medicaid agency is required to establish a process for documenting claims for items or services “received through” a tribal facility. We don't have process and don't detail this in SPA.

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#### CAT- Managed Care

CMS guidance (2016 final rule on managed care in Medicaid and CHIP, and subsequent guidance) describes requirements that state Medicaid agencies must impose on their managed care plans if AI/AN tribal members are enrolled in managed care.

Indian managed care protections: provisions that allow American Indians enrolled in Medicaid and CHIP managed care plans to continue to receive services from an Indian Health Care Provider and ensure IHCPs are reimbursed appropriately by MCOs for services provided.

**Next Steps:**

- Meet with CMS August 5
  - Questions/topics for discussion:
  - Identifying tribal members
  - Permissibility of facility billing AIR rate for "received through" 1915(c) services
  - Managed care options
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- Continue conversation with tribes to understand their current practice/processes
  - Those conversations will focus on:
  - Identifying tribal members
  - Waiver services - screening and eligibility
  - Identifying providers/services "outside the four walls" of the facility
- Bring proposal back to ELT for solutions and sequencing of planned actions

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We will need to present options to the tribes and they will need to be consulted in decision-making.

SPA, system changes (provider enrollment and claims processing), process changes, federal reporting changes, managed care contract and rate changes and training for MCOs on how to handle these providers and these claims.

(((Decision Package)))