

Tribal Providers Weekly Mtg

Comms

Jeff was out this week and I have not been involved in any conversations this week.

Redacted - VFOIA Exempt

From what I understand of status with CMS, we are continuing to follow up with Nancy Grano for response to our outstanding questions

We anticipate the next discussion will be during the CMS site visit on the 17th.

Any conversations with the tribes this week?

Any conversations with the tribes scheduled for next week?

California (Tammy, Sevda, Brian Campbell, Jessica McKenzie)

Very different from us – large tribal presence and decent size staff at the state agency overseeing some combination of the Medicaid reimbursement program as well as a variety of grants and other aspects of the tribal health and human services portfolio

Really robust tribal engagement and technical assistance – there are a lot of resources on their website and that Andrea said she could share that I think we could learn a lot from.

They have FQHCs and regular Clinic Services Providers (basically tribal 638s – clinics with an IHS MOA that haven't chosen to be designated as FQHCs)

They have a form that the tribal provider fills out to become a tribal FQHC

Not providing LTSS or many non-traditional services outside 4 walls

They have a managed care model that we could learn from and potentially model ours after some elements of theirs. Andrea talked about the flexibility within Managed Care for the plans to enable the tribes to provide some enhanced benefits

It was interesting that I understood her to say that 30-40% of those served are non-natives

The tribes sign a data sharing agreement to provide names of tribal members.

Group of state tribal Medicaid officials that meets every other month. (Brian?)

North Carolina

Tammy and Sevda scheduling call with North Carolina –

Interested in Primary Care Case Management model

Other States

Nichole and others have spoken to Wyoming and New Mexico

But we still haven't spoken to any states with tribal LTSS as an outside the four walls facility service or otherwise.

If anyone identifies a state with an interesting tribal payment model or that is providing LTSS let us know

Andrea from California mentioned Washington – WA and OR payment of state share by the tribes, but specific to SUD treatment?

Dental (me, Tammy, Brian Mc.) – got background from Justin Gist

- Want to provide services by October.
- They want to include orthodontia
- Per tooth
- Dental: Our current SPA language does include pharmaceutical, dental, behav health “to be included in the outpatient per visit rate are certain...dental services”
- Not specified in SPA language under FQHC provider type.
- Other state model – defining of encounter
- It seems like we are obligated to allow them to bill and just need to work out guidance.

System changes

Personal Care member transitions

Training materials and technical assistance for tribes

Agenda:

Comms Update

Calls with other states

Dental

System changes

Personal Care member transitions

Developing training materials and technical assistance for tribes