



Tribal Centric Health Position Paper 2019 - 2020

Subject: Creating a Tribal Centric Health Plan In Washington State

Background: The Indian Health Care Delivery system is a distinct and separate system from Medicaid. Chronic underfunding of the Indian Health Services has pushed Tribes and UIHPs to generate revenue through third party billing. This has become as much a part of an Indian health clinic's base budget as federally appropriated funds. One of the largest sources of third-party reimbursement has been the state federal Medicaid program. The stability of this revenue-generating source is vital to clinic operations. Any reduction in this source of funding would result in cuts to basic Tribal health services; planning an innovation happen as a response to lack of funds. Programs funded by I.H.S are required to use alternate resources, including Medicaid coverage, for services outside of the Tribal clinic if an I.H.S. user is eligible for that coverage. Because of these two issues, changes made to the State Medicaid Plan can have serious impacts to how each Tribe or Urban Indian Health Organization operates their health program.

Tribal Leaders, UIHPs Leaders and their staff spend many hours working with the state to address issues impacting access to care and revenue that have arisen out of changes made to the Medicaid program. From the implementation of Regional Support Networks (RSN) in the late 1980s to the current move to Fully Integrated Managed Care (FIMC), Tribal and UIHP Leaders and their staff have to keep up with all these changes and work with the State to minimize impacts.

The State of Washington does not currently have a process to draw down 100% FMAP savings when an AI/AN is enrolled in managed care, this only happens in the Fee for Services (FFS) program. This means when an AI/AN Medicaid enrollee is seen by an Indian Health Care Provider when they are enrolled in Medicaid, the state loses out on the FMAP savings.

Through many meetings, roundtables and consultation, the Tribes, UIHPs and the State came to agreement on how to address many of the issues and impacts managed care was having on the Indian Health Care Delivery System in our state. In the fall of 2017, the HCA signed a memorandum of agreement titled, Tribal Centric Health Plan, to formalize these agreements. There is still much work to do to repair the FFS Medicaid program and maximize those 100% FMAP payments.

By utilizing 100% FMAP received through a Tribe to bring more federal funds into the state and increase payments to specialty providers when they provide services to AI/AN Medicaid enrollees, we can address some serious access barriers and utilize additional savings to fund activities, projects and services that are not paid for through traditional Medicaid.

Analysis: Legislation developed through the Governor's Indian Health Council is needed to move forward with the Tribal Reinvestment Account, creating Tribal FQHC designation and building the process to utilize 100% FMAP received through a Tribe to fix the specialty provider network issues in fee for services.