

A Tribal/State/Federal Partnership

Montana Tribal Medicaid Solutions

*A Update on
Creating Health Solutions for Montana Tribes*

*Presented by Jonathan Windy Boy, Member
State Tribal Relations Committee
January 16, 2008
MT State Capitol, Helena, MT*



AI/AN Health Disparities

- *American Indians die at higher rates than other Americans from:*
 - *Tuberculosis – 600% higher*
 - *Alcoholism – 510% higher*
 - *Motor Vehicle Crashes – 229% higher*
 - *Diabetes – 18% higher*
 - *Unintentional injuries – 152% higher*
 - *Homicide – 61% higher*
-

What We Know: Chippewa Cree Tribe CHSDA

- CCT CHSDA serves **~6,000 eligible users**
 - CCT CHSDA encompasses **3 “Federal Frontier” counties** – *Hill, Liberty and Choteau,*
 - This geographical area is larger than the State of Connecticut,
 - The nearest specialty care providers are *Northern Montana Hospital in Havre, MT (30 miles from the reservation)* and *Benefis Hospital in Great Falls, MT (100 miles from the reservation).*
-

What We Know:

- ❑ Montana Tribes have the 2nd highest disease burden in the 12 Indian Health Service Areas,
 - ❑ Increase in chronic disease - younger populations,
 - ❑ AI/AN are young, fast growing populations,
 - ❑ AI/AN are developing chronic disease at a younger age,
-

What We Know:

- ❑ CHS represents 15% of the total IHS budget, in the Billings Area it represents **31%** of the area budget,
 - ❑ In FY 2005, a **\$5.7 million loss** was estimated for the Billings Area Tribes due to lost purchasing power,
 - ❑ Population growth (**CCT- 3% annually – the highest in the Billings Area**) and medical inflation (16% annually) have not been funded at a sufficient level since 1992,
-

What We Know:

- ❑ The Billings Area Tribes have the **third highest population below the poverty level (44.6%)**,
 - ❑ The Billings Area Tribes have **the highest percent of unemployment** - males 29.8% (compared to US All races 6.4%) and females 21% (compared to US All races 6.2%),
 - ❑ Median household income for the **Billings Area Tribes is \$14,249** compared to the US All races of \$30,056
-

FY 2010 Billings Area Tribes Health Priorities – Top 5

- ❑ Contract Health Services
 - ❑ Alcohol & Substance Abuse
 - ❑ Diabetes/Obesity
 - ❑ Cancer
 - ❑ Heart Disease
-

FY 2010 Billings Area Tribal Budget Priority

Contract Health Services (CHS)

Health/Budget Priority Crosswalk

	Dia/O	A/S	MH	Cancer	Heart	MCW	Elder	Res/Pul	Dental	DVio/Abus	Infect Dis
HC	X			X	X	X	X	X	X	X	
IHCIF	X			X	X	X	X	X		X	X
Dental									X		
Mental Health			X								
A/S		X									
CHS	X	X	X	X	X	X	X	X	X	X	X

Lack of CHS Funding: Denied

Payment denied for contract health services referrals due to inadequate funds – Not within the medical priority.

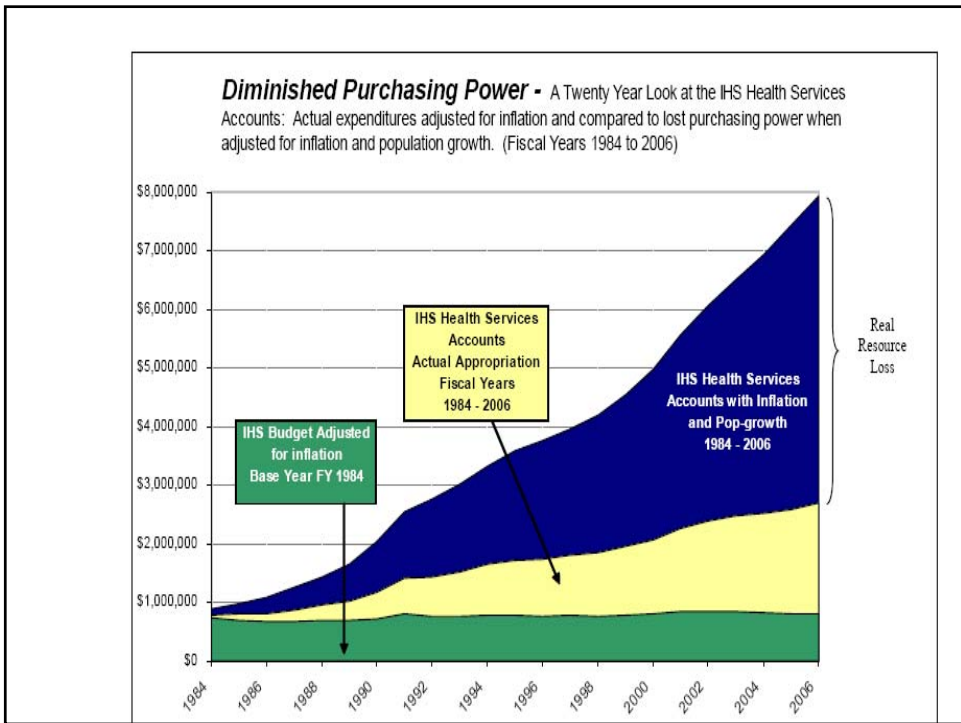
3,878 Patients

\$1,714,387

Lack of CHS Funding: Deferred

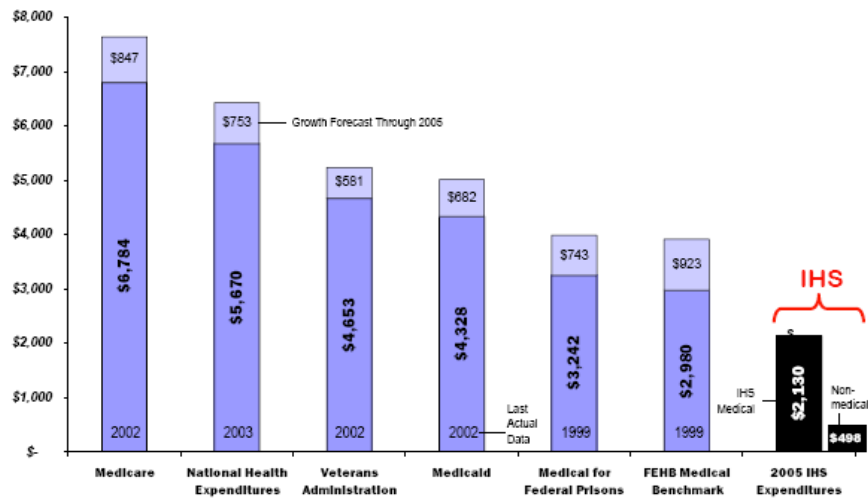
Medical Referral Procedures	2,203
Orthopedic	831
Elective Surgeries	481

Dillon Whiteplume





2005 IHS Expenditures Per Capita Compared to Other Federal Health Expenditure Benchmarks



See notes on reverse for data sources and forecast assumptions.
January 2006

What do we do?

Montana HB 452 as codified
in the Montana Code
Annotated

Chippewa Cree
Tribe/DPHHS Medicaid
Eligibility Contract

Authority for Tribes to Determine Medicaid Eligibility

- ❑ Title XIX of the Social Security Act,
 - ❑ Title XXI of the Social Security Act, the Medicaid Policy Manual,
 - ❑ Montana HB 452 as codified in the Montana Code Annotated, Title 53, Chapter 6, Part I, and all applicable federal and state rules, regulations and policies, as amended.
 - ❑ Provisions in 45 CFR Part 74 (1998, as amended), 45 CFR Part 205.50 (1998, as amended), of the Code of Federal regulations (CFR) and all subsequent amendments to these regulations.
-

Eligibility Determination: Rationale

- ❑ The IHS budget cannot provide the health services needed thus Tribes must depend upon alternative resources, such as, Medicaid for critically needed healthcare for our people.
 - ❑ Understanding this, accessing Medicaid is an important health issue.
-

Eligibility Determination

- ❑ The barriers to accessing Medicaid have been identified by Tribes through out the years.
 - ❑ Though there has been some positive movement, many of those identified barriers still remain.
 - ❑ The most critical of those identified is the application and eligibility determination process.
 - ❑ This is the first gate and if a Tribal member cannot get through the first gate – access to needed healthcare is denied.
-

Eligibility Determination

- ❑ The application and eligibility determination barriers are often protocols developed to “cost contain” or manage the Medicaid budget.
 - ❑ Unfortunately, Tribal people often cannot afford to jump through the “hoops” of a budget management protocol and the denial of access to care can be disastrous for the individual Tribal member and their family.
-

CCT/State of Montana Medicaid Eligibility Determination Contract

- In FY 2007, the Chippewa Cree Tribe and the State of Montana signed a contract for eligibility determination,
 - Having the ability to assist Tribal applications by determining Medicaid eligibility on site at our Tribal healthcare center will facilitate access to care for eligible Indian users that are eligible Medicaid users.
 - Getting access to healthcare through Medicaid to those eligible Montana citizens (whether Indian or non-Indian) as soon as possible benefits the recipient and the State of Montana.
 - A healthy state community is one where its citizens can fully participate in education, employment and economic development.
-

CCT/State of Montana Medicaid Eligibility Determination Contract

Contract Preamble:

“Since the formation of the Union, Indian Tribes have been recognized as sovereign nations. A unique government-to-government relationship exists between the Chippewa Cree Tribe and the State of Montana. This Contract demonstrates a commitment by the parties to give practical implementation to this government-to-government partnership with respect to the provision of medical assistance to tribal members as provided herein. This partnership is designed to demonstrate mutual respect for each other, to enhance and improve communication between the parties, to foster increased cooperation, and to facilitate the respectful resolution of inter-governmental differences that may arise from time to time in the area of medical assistance and eligibility determination. The development of this Contract is intended to build confidence among its parties on each of these objectives.”

Purpose

- The purpose of this contract is for the Chippewa Cree Tribe (CCT) to:
 - Make Medicaid eligibility determinations and perform other functions related to the eligibility process on a two-year pilot basis, and
 - Ensure that every effort is made to remove any internal barriers which would delay or prevent a timely eligibility determination for those individuals applying for Medicaid under the coverage groups specified in this contract.
-

Medicaid
Administrative Match
MAM

Authority for Tribes to Claim Medicaid Administrative Match

- Section 1903(w)(6)(A) of the Social Security Act
 - 42 CFR 433.51
 - June 9, 2006 State Medicaid Director Letter
 - October 18, 2005 State Medicaid Director Letter
 - Regional information Letter 98-32 (June 18, 1998)
 - Public Law 103-382, Section 361 (h)
 - 25 USC 2010(h)
-

What Funds Can be Used

- Tribal revenues derived from non-Federal sources.
 - ISDEAA funds received by the Tribe through the HIS, including 638 funds received by contracted or compacted Federally Recognized Tribes.
 - BIA education funds granted under P.L. 103-382, Section 381(h).
-

Rationale

- Indian Health Service 638 funding does not fully cover the costs of the administrative functions that the Tribes are authorized to provide, such as
 - Assisting AI with applying for Medicaid enrollment,
 - Assisting AI with understanding health care benefit programs,
 - Identifying method of improving access by AI to health care benefits
- IHS and Tribal 638 health care facilities are funded with the intent that they assure the highest possible health status.

Rationale, continued

- Since Bureau funded schools are not supported by state or local taxes, this provision enables them to use these funds in any program (including Medicaid) requiring matching funds.
-

Criteria for Recognition of Tribal Expenditures

- For matching with IHS 638 funds
 - The Tribe is carrying out health program(s) of the IHS, under a 636 contract or compact with the IHS.
 - The Tribe has contracted with the State Medicaid Agency to perform specified State Medicaid administrative activities and certify as public expenditures only its actual costs.
-

Criteria for Recognition of Tribal Expenditures

- The expenditures for allowable Medicaid administrative activities which are certified by the Tribe are made with funds derived from Tribal sources of revenue other than Medicaid.
 - Expenditure made with funds derived from ISDEAA agreements may be certified by the Tribe only to the extent the State passes the entire amount of Federal Medicaid matching funding to the Tribe.
-

Criteria for Recognition of Tribal Expenditures

- If a BIA funded school seeks to use the funds received under the BOA provision, a review must be performed by the State and the school to ensure that specified Federal funds can be reallocated.
 - Funds to be reallocated under the BIA provision were not allocated to a specific provision (for example, funds earmarked to support a gifted & talented program cannot be used to match a Medicaid administrative function).
-

How are the Funds Claimed

1. The Tribe performs Medicaid administrative activities.
 2. The Tribe provides a document to the State in the form of a Certificate of Public Expenditure (CPE).
 3. The State uses the CPE to claim federal Medicaid dollars.
 4. The State pays the Tribe the federal matching amount received from CMS.
-

Next Steps

- Enter into an Interagency Agreement or Contract with the Tribe(s).
 - Amend the administrative part of the State Plan to show the activities the Tribe will be performing.
 - Eligibility
 - Enrollment assistance
 - Medical Case Management
 - Etc.
-

Next Steps, continued

- Review Tribal program to assure it will be using funds that meet the federal requirements for Medicaid match.
 - 638 contracts or compacts with IHS
 - Review costs to be certified as public expenditure
 - Review BIA funds to be used to assure they are not earmarked for a specific educational activity.
-

Next Steps, continued

- ❑ Develop methods to track Medicaid claiming made by the State using CPE's from the Tribe(s) to assure the funds are passed to the Tribe(s) and not retained in the State's fund.
-

Tribal/State/Federal Workgroup

- ❑ Jonathan Windy Boy, CCT Business Committee
 - ❑ Kermit Horn, Fort Belknap Indian Community Council
 - ❑ Daniel Belcourt, Legal Counsel, CCT
 - ❑ Fawn Tadios, CEO, RBHB
 - ❑ John Johnson, Assistant Director, RBHB
 - ❑ Connie Farmer,
 - ❑ Renita Watson, Alternate Resources Coordinator
 - ❑ Loni Whitford
 - ❑ Lena Belcourt, Policy Analyst, Belcourt Law
 - ❑ Ada White, Tribal Health Director, Crow Tribal Health Department
 - ❑ Shannon Real Bird, MAM Coordinator, Crow Tribal Health Department
 - ❑ Nancy Vaughan, Assistant Director, CS&KT Health Department
 - ❑ Constance Morigeau, Budget Analyst, CS&KT Health Department
-

Tribal/State/Federal Workgroup

- ❑ Diane Matt, MAM Coordinator, CS&KT Health Department
- ❑ Gail Show, Administrative Assistant, FB Tribal Health Department
- ❑ Mayme Healy, MAM Coordinator, FB Tribal Health Department
- ❑ Dee Stiffarm
- ❑ Terry Flamand
- ❑ Nora Kennedy
- ❑ Johanna Spang, MAM Coordinator, Northern Cheyenne Tribal Health Department
- ❑ Gary James Melbourne, Tribal Health Director, FP Tribal Health Department
- ❑ Cyndi Gillaspie, AI Coordinator, CMS/Region VIII
- ❑ Garfield Littlelight, Assistant Area Director, Billings Area IHS
- ❑ Anna Whiting-Sorrell, Advisor on Families, Office of the Governor of Montana
- ❑ Jo Thompson, Policy Analyst
- ❑ Eric Higginbotham, Policy Analyst
- ❑ Duane Preshinger, Policy Analyst

New Horizons...

On January 15, 2008, the Honorable Brian Schweitzer, Governor of Montana, Brian Eagleman, Vice Chairman, Chippewa Cree Tribe Business Committee, Jonathan Windy Boy, Member, Chippewa Cree Tribe Business Committee and Dr. Eric Broderick, Deputy Director, SAMHSA announced their partnership in developing a "tri-party" intergovernmental agreement on the State's SAMHSA block grant.

