

Un compensated Care for Tribal  
Facilities Demonstration Program  
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# Background

- 2009 – Medi-Cal Optional Benefits lost
  - Adult Dental, Psychology, Podiatry etc
- Nov 2010 – Bridge to Health Reform waiver application approved by DHHS
  - Early start of Medicaid coverage expansion
    - County based Low Income Health Programs (LIHP)
  - Dual Eligibles into Managed Care

# Background, cont

- 2011 –
  - March – Think piece on LIHP for AI/AN
  - April – Initial CRIHB Letter of intent to form a LIHP
  - June – Blue Shield Grant on health reform funded in Sept
    - Travel around state Nov – Dec, presentations re: Health Reform & LIHP staff time for LIHP development
  - Jul – LIHP Demonstration begins in most counties
  - Oct – CRIHB policy papers
    - were tribal employees “merit employees” and able to determine Medi-Cal eligibility;
    - unique set of benefits for IHS eligible individuals; and
    - 100% FMAP for non-IHS providers in an Indian controlled Medicare managed care network

# Background, cont.

- 2012
  - Mar – CRIHB submits 17/22 LIHP deliverables
  - April – CMS Approves Arizona model for uncompensated care
  - Jun – CRIHB Published Studies:
    - Description of Indian population of CA by federal poverty level using US Census information, published
    - National study on Medicaid expenditures for IHS Active Users
  - Aug – CRIHB begins “Primary Care LIHP” with optional benefits discussions with CMS and State

# Background, cont

- 2013
  - Jan 24 – Letter from State to Tribes on the proposed Wavier change
  - Feb 4 – HHS Meeting with CA Tribal Leaders
  - Feb 15 Southern Regional DHCS meeting
  - Feb 22 Northern Regional DHCS meeting
  - Feb 27 Tribal Designees Webinar
  - Feb 28 Submit Wavier change to CMS

# What Now? - CRIHB

- Awaiting formal CMS approval at present
- What we know today:
  - CRIHB Care - primary care & optional benefits
    - IHS Eligible client, 19-64 years of age, with incomes up to 133% FPL, and no other coverage
  - CRIHB Options – optional benefits only
    - IHS Eligible client, with Medi-Cal or LIHP coverage, 19-64\* years of age, with incomes of up to 133% FPL
  - Billing: Considering CMS 1500, UB04, and EDI for billing to program
  - Reimburse at IHS/MOA rate less costs (e.g. 15% reduction)
    - Must be budget neutral - state must be reimbursed by program for personnel costs
    - Excess CRIHB administrative costs eligible for 50% reimbursement from CMS – remainder must be reimbursed from project
  - Compliance Reviews & Audits

# What's Next?

## CRIHB

Development of program (working on issues now):

- Policies & Procedures
    - All aspects of program, billing and reimbursement
    - Compliance
  - RFP for Third Party Administrator (TPA)
  - THP Participation Agreement
- Program start date - Hope for May 1, 2013
- Start as soon as possible after policies, procedures, TPA services in place
  - Billing can be retroactive to date CMS & OMB sign all waiver documents (anticipated end of March)

# For More Information

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