Un compensated Care for Tribal Facilities Demonstration Program
March 12, 2013

James Crouch
CRIHB
Executive Director
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

• CRIHB: 916-929-9761

• James A. Crouch – Executive Director
  – James.Crouch@crihb.org

• Susan Dahl, Corporate Compliance Officer
  – Susan.Dahl@crihb.org