



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

Legislative Priorities on Medicaid

Presented to the Direct Service Tribes Advisory Committee

October 2, 2018

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Aim and Approach of Initiative

Aim:

- The aim of this initiative is to *fix gaps in access to high-quality health care services* under Medicaid for low- and moderate-income American Indians and Alaska Natives (AI/ANs) across all states.

Approach:

- Do no harm.
- Build on existing administrative infrastructure.
 - Indian health care providers (IHCPs) are defined in federal regulations.
 - Most services to AI/ANs by IHCPs are currently supported with 100% federal funding.
- Establish new authorities as either “requirements” or “options” based on assessment of: (a) ability to achieve policy goal and (b) ability to enact legislation.
- Have legislative package ready to capitalize on potential opportunities to advance the legislation that might emerge in Congress.



Elements of Legislative Proposal

- Working Title: “Medicaid Indian Amendments Act”
- Lead Legislative Proposals:
 1. Authorize Indian Health Care Providers (IHCPs) in all states to receive Medicaid reimbursement for a federally-defined set of health care services—referred to as Qualified Indian Provider Services (QIPS)—when delivered to AI/ANs.
 2. Create the option for states to extend Medicaid eligibility to all AI/ANs with household income up to 138% of the federal poverty level (FPL).
 3. Extend full federal funding (through 100% FMAP) and the IHS encounter rate to Medicaid services furnished by *urban* Indian health programs to AI/ANs.
- Additional Legislative Proposals:
 4. Clarify in federal law and regulations that state Medicaid programs are—
 - Permitted to implement policies limited to AI/ANs and/or IHCPs (through waivers or State Plan Amendments), including without concern of violating (a) “comparability” or (b) “statewideness” standards.
 - Mandate [or permit] exemption of AI/ANs from work requirements.
 - Prohibited from over-riding (through waivers, etc.) Indian-specific provisions in federal Medicaid law.
 5. Address the “four walls” limitations on IHCP “clinic” services.



Input from Recent Tribal Meetings and Discussions

- Emphasize with external partners that goal of initiative is to advance access to *quality health care* through removing impediments.
- Be surgical in legislative approach; don't overload initiative with too many provisions.
 - Make ask straight-forward for Tribal leaders.
 - Make support of Medicaid Indian Amendments Act clear choice for Members of Congress who express support for AI/ANs.
 - Create a list of secondary issues that might be included later in process.
- Keep issues of concern to urban Indian health programs (UIHPs) in initiative.
 - Apply provisions available to other Indian health care provides to UIHPs: 100% FMAP; access to IHS/OMB encounter rate.
- Ensure that legislative proposals do not conflict with Tribal efforts to strengthen recognition of Tribal Sovereignty.
- Be prepared *now* for opportunities that might emerge / be created to move legislative initiative.
 - Prepare legislative language.



