



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

7500 Security Boulevard
Baltimore, MD 21244-1850

SMDL #01-025

July 19, 2001

Dear State Medicaid Director:

This is one in a series of letters regarding American Indian and Alaska Native (AI/AN) health policy issues and the Medicaid program. This letter follows up on the outstationing letter (enclosed) you received from the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration, regarding the requirement that states provide pregnant women and children opportunities to apply for Medicaid at locations other than welfare offices, such as Federally Qualified Health Centers (FQHCs) and disproportionate share hospitals (DSH). This letter describes how your states may work with Federally-recognized Tribes and Urban Indian health care facilities to ensure these requirements are being met at Tribal facilities operating under an agreement with the Indian Health Service in accordance with the Indian Self-Determination and Education Assistance Act (Public Law 93-638), and FQHCs and DSH hospitals operated by Tribes or Urban Indian organizations.

The outstationing letter discussed the requirements for states to establish outstation locations at DSH hospitals and FQHCs participating in the state's Medicaid program, unless CMS approves an alternate plan that includes other sites and at least some DSH hospitals and FQHCs. FQHCs meet specific definitions described in section 1905 (1)(2)(B) of the Social Security Act. The letter further specifies that the FQHC definition also "includes an outpatient program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act for the provision of primary care services." Also, please be aware that Section 708 of the Medicare, Medicaid, and State Children's Health Insurance Program Benefits Improvement and Protection Act of 2000 (BIPA) adds new entities to the list of those qualified to make Medicaid presumptive eligibility determinations for children. These new entities include agencies that determine eligibility for Medicaid for the State's Children's Health Insurance Program or certain elementary and secondary schools including those operated or supported by the Bureau of Indian Affairs, a state or Tribal child support enforcement agency or an organization that is providing emergency food and shelter under the Stewart B. McKinney Homeless Assistance Act.

The Health Care Financing Administration (HCFA) was renamed to the Centers for Medicare & Medicaid Services (CMS). We are exercising fiscal restraint by exhausting our stock of stationery.

Many AI/ANs who are eligible for Medicaid have chosen not to apply for Medicaid because of distance, language, and cultural barriers. States may use properly trained Tribal members or other trained individuals who are not state employees to perform outstationing services in a Tribal or Urban Indian facility. A trained Tribal member or other trained individual performing the permissible outstationing services onsite at the Urban Indian health care facility, Tribal FQHC or other sites added by BIPA could help to overcome these barriers and increase Medicaid enrollment. Outstationing a Tribal member or other trained individual at a Tribal facility may also help overcome Tribal reluctance to having a state employee outstationed on Tribal lands.

Also, as a result of the December 19, 1996 Memorandum of Agreement (MOA) between CMS and the Indian Health Service, states may claim 100 percent federal medical assistance percentage (FMAP) for expenditures made for Medicaid services provided to Medicaid eligible AI/ANs by any Tribal facility operating under an agreement pursuant to the Indian Self-Determination and Education Assistance Act (Public Law 93-638). However, the MOA does not allow for 100 percent FMAP for states at Urban Indian health care facilities because they do not operate under the authority of Public Law 93-638. Expenditures for the administrative functions of taking and processing Medicaid applications in Urban Indian facilities are reimbursed at the 50 percent Federal financial participation rate applicable to administrative expenditures.

We encourage you to work with the Tribal FQHCs, Urban Indian health care facilities and other appropriate facilities in your states to ensure the outstationing requirements are being met in a manner that is mutually acceptable.

If you have any questions or would like technical assistance regarding this letter, please contact the Native American Contact (NAC) in the appropriate CMS Regional Office. A list of the NACs is enclosed. You will receive a copy of a letter to the Tribal Leaders in your state transmitting this letter.

We look forward to working with you in the future on this and other efforts.

Sincerely,

/s/

Penny R. Thompson
Acting Director

Enclosures

cc:

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