DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

**Public Comments Received by CMS on Tribal White Paper (As of 11/16/2015)**
Medicaid Services "Received Through" an Indian Health Service/Tribal Facility

| Commenter/Date | Comment or Question |
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| State (North Dakota)<br><br>10/29/15 | These Policy Changes are greatly appreciated and will afford greatly flexibility and availability of services to AI/AN across the nation. |
| State (North Dakota)<br><br>10/29/15 | How will the "care coordination" requirement and the conflict case management process be operationalized especially given the very limited number of providers for services such as case management and waiver services? |
| Tribal<br><br>11/4/15 | I believe the 1905(b) of the Act is very overly restrictive. There are health services provided by tribes that don't qualify for Medicaid payment. The current CMS policy does undermine services provided. |
| Tribal<br><br>11/4/15 | I do believe the Medicaid recipients should still have a choice of what provider they would like to see. |
| Tribal<br><br>11/4/15 | Should still be billed at the all-inclusive rate. |
| Tribal<br><br>11/4/15 | The managed care plan also needs to be reconsidered. The actual expenditures by the tribes should be billed directly by the programs providing the services. |
| Tribal<br><br>11/10/15 | I would like to see Tribal organization to be able to presumptive eligibilities for Medicaid. |

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| Other/Unknown<br><br>11/5/15 | Commenter suggests adding Section 1115 waivers to the list of authorities to which you will apply the 100% FMAP. Many states are operating both acute/primary and LTSS under that authority. |
| Other/Unknown<br><br>11/5/15 | The text is vague and not detailed enough. In order for the IHS/Tribal facility to contract out the service will the entity they contract with have to be a Medicaid provider? It appears the AI/AN will not be able to go directly to the Medicaid provider but will have to be referred by the IHS/Tribal facility, it that correct? What is meant by the services being arranged and overseen by the IHS/Tribal facility? If the AI/AN being referred by the IHS/Tribal facility is considered a patient of the facility and the facility must arrange and oversee the services does that conflict with the requirement that a person cannot receive 1915(c) waiver services in an institution/facility and the requirement that any arrangement and oversight of 1915(c) services must comply with the Conflict Free Case Management regulations. Will the state be allowed to pay the IHS/Tribal facility for the cost of arrangement and oversight? Will that be allowed as a Medicaid administrative expense? |
| Other/Unknown<br><br>11/5/15 | It should be the state's option to require the IHS/Tribal facility or the Medicaid provider to bill directly. Depending on the state's billing systems, one option will probably be less expensive and easier to audit than the other so the state should make that decision and not the IHS/Tribal facility. |
| Other/Unknown<br><br>11/5/15 | The payment made to the MCO by the state has no direct relationship to the actual cost of a particular service to a particular participant at the time of delivery, so deducting the MCO's actual cost for the services delivered by a IHS/Tribal facility to a AI/AN has no relationship with the portion of the PMPM payment that applies to the service in question. The actual cost to the MCO for a particular services delivered to a particular member is not the same as the cost to the state for which the state receives a Federal Match. The cost to the state is the PMPM payment. The process proposed would result in the following scenario for a given month:<br>• Assume a PMPM of $4,000/mo for acute, primary, and LTSS managed care contract<br>• Actual cost of a Home Modification and ramp for a AI/AN paid by the MCO to a HIS/Tribal facility -$5,000<br>• The state gets paid 100% FMAP for $5,000 plus 100% FMAP for the MCO's cost for any other services delivered by the HIS/Tribal facility that month<br>• How is this reported on the CMS 64, 372, etc?<br>• Why is the state getting more in Medicaid funds than the total cost to the state? |
| Other/Unknown<br><br>11/4/15 | CMS provisions should only apply for American Indian/Alaska Native (AI/AN) populations that meet the Health and Human Service Indian Health Service definition of "Indian." |