



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health



Webinar: Oregon's 100% FMAP Savings and Reinvestment Program



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Arizona State Office of Rural Health Monthly Webinar Series

Provides technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.



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- Recording will be posted on the AzCRH www.crh.arizona.edu/ and SWTRC www.southwesttrc.org/

Today's presentation:

Oregon's 100% FMAP Savings and Reinvestment Program

Introduction and Background



Kim Russell
Executive Director,
Arizona Advisory Council on Indian Health Care
Web: <https://acoihc.az.gov/>
Kim.Russell@azahcccs.gov

Learning Objectives

- At the end of this webinar participants will be able to:
 - Understand how Tribes in Oregon partnered with their state to reinvest savings due to the expansion of the 100% FMAP thru care coordination agreements for services received thru a Tribal/IHS facility.
 - Understand the process Oregon and the Tribes are utilizing to implement this initiative.

Background

- Feb. 26, 2016: Centers for Medicare and Medicaid Services (CMS) issues guidance that allows states to pay 100% FMAP for Medicaid services provide to AI/AN in non-tribal health care facilities thru care coordination agreements (SHO #16-002).
- May 22, 2018: CMS approves State plan Amendment (18-004) which establishes an Alternative Payment Methodology for Tribal 638 facilities that elect to be paid as a Federally Qualified Health Center (effective date 04-01-18).

Today's presentation:

Oregon's 100% FMAP Savings and Reinvestment Program



Sandra Sampson
Tribal/State Liaison, Oregon



Julie Johnson
Tribal Affairs Director, Oregon Health Authority

100% FMAP Savings and Reinvestment Program

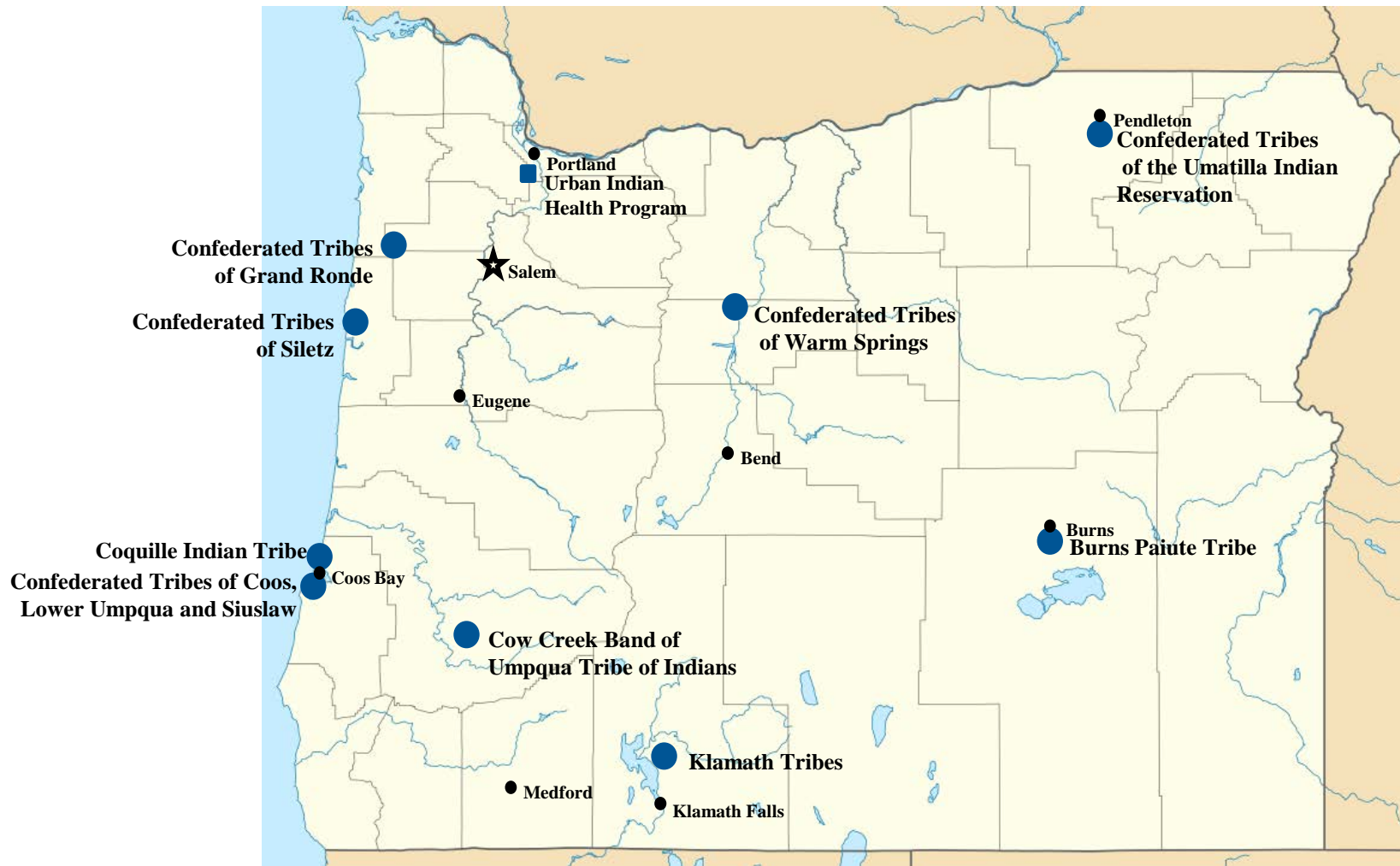
Partnership with Oregon Tribes and Oregon Health Authority
Sandy Sampson-Yellowhawk Tribal Health Center
Julie Johnson-OHA Tribal Affairs
December 3, 2018



YELLOWHAWK
TRIBAL HEALTH CENTER

Oregon
Health
Authority

Oregon's Nine Federally Recognized Tribes



Oregon Tribal Governments

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes



Government to Government

Oregon's goal is to maintain a positive government-to-government relationship with the tribal governments:

1975 - Legislative Commission on Indian Services

Created by statute to improve services to Indians in Oregon. 13 members appointed to two-year staggered terms. All nine federally recognized tribes are represented.

1996 - Executive Order EO-96-30

As sovereigns the tribes and the State of Oregon must work together to develop mutual respect for the sovereign interests of both parties.

2001 - SB 770 (ORS 182.162 to 182.168)

Relationship of State Agencies with Indian Tribes-requires state agencies to develop and implement policy on relationship with tribes; training of state agency managers and employees who communicate with tribes; annual meetings of representative of agencies and tribes; annual reports by state agencies.

2010 - OHA Tribal Consultation Policy

Developed to meet ARRA requirements for tribal consultation.

2018 - OHA Tribal Consultation and Urban Indian Health Program Confer Policy

Working in partnership with the tribes OHA updated the policy establishing the tribal consultation and urban confer requirements to further the government-to-government relationship between the State and the Nine Federally Recognized Tribes of Oregon as well as strengthen the relationship with the Urban Indian Health Program. Expands to all areas of health.

2018 – 1115(a) Demonstration, Attachment I

Tribal Engagement and Collaboration Protocol was approved by CMS to be included in the Special Terms and Conditions.

OHA Tribal Consultation and Urban Indian Health Program Confer Policy

Passed in March 2018 the policy was expanded to cover all areas of health. Including all work done by the agency, Behavioral Health, Public Health, Medicaid, etc. Developed by the Tribal Health Workgroup with assistance from the Northwest Portland Area Indian Health Board and then finalized with OHA.

The State of Oregon and OHA share the goal to establish clear policies establishing the tribal consultation and urban confer requirements to further the government-to-government relationship between the State and the Nine Federally Recognized Tribes of Oregon as well as strengthen the relationship with the Urban Indian Health Program.

Ongoing Priorities

100% FMAP Savings Reinvestment Program

Care Coordination for AI/AN open card members-contract with CareOregon

Behavioral Health Programs

Public Health Mobilization

Fee for Service Access Monitoring Plan

1115 Demonstration Waiver, Attachment I-Tribal Engagement and Collaboration Protocol

CCO 2.0 Policy Areas

Utilizing Edie/Pre-manage

Traditional Health Workers-Family Support Specialist-Tribal Preservation

Oregon and Medicaid

State of Oregon Population - 4,142,776 (Census 2017)

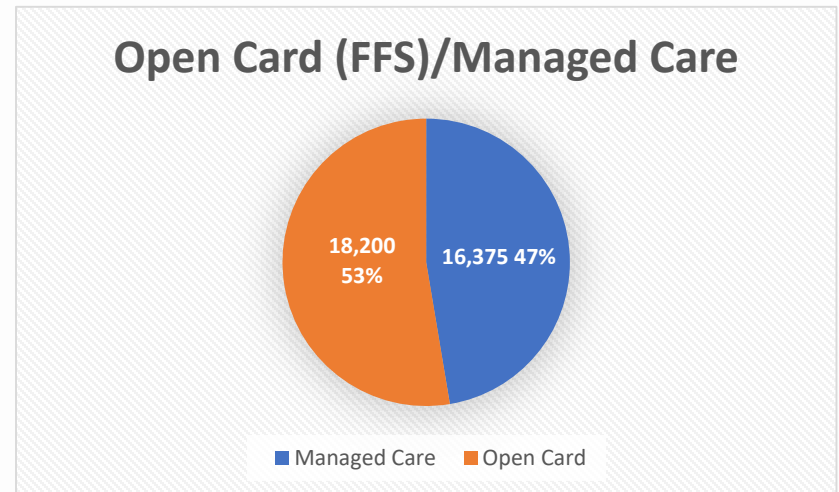
47,692 AI/AN alone (ACS 2017)

126,118 AI/AN alone or in combination (ACS 2017)

AI/AN Enrolled in the Oregon Health Plan (Oct. 2018-HNA Fast Facts)

Total HNA Enrollment	Total OHP Enrollment	% of Total
34,575	958,679	3.60%

Open Card	Managed Care
18,200	16,375



Advocacy for 100% FMAP

Decades of advocacy from Tribal Leaders to CMS to revisit the requirements

Additional advocacy from the CMS Tribal Technical Advisory Group

Letter from the Governor to Tribal Leaders

Letter from Oregon's Tribal Health Workgroup to acting CMS Director Slavvit

Letter from Tribal Leadership to OHA Director Saxton

Federal Policy Change and Guidance

Before

- States could claim 100% federal funding for services provided at an IHS/Tribal facility and furnished to Medicaid eligible AI/AN's
- States reimbursed for services provided to Medicaid eligible AI/AN's outside of an IHS/Tribal facility at regular state FMAP rate ex. 65/35

After

- SHO#16-002 issued in February 2016
 - Expands 100% federal funding for services “received-through” a Tribal/IHS facility
 - Tribes may coordinate access to services with outside non-tribal providers
 - State Medicaid may claim 100% FMAP on these services billed by non-tribal providers
 - Creates savings to state general fund expenditures

Governor Brown's Letter to Tribal Leaders

“I am committed to reinvesting the savings to the state from this change in Medicaid policy into tribal programs and services that improve the health of American Indian and Alaska Native communities.” - Governor Brown



Oregon's Process

Step 1- Care Coordination Agreements

For services to be claimed at 100% FMAP, the tribal facility must have a CCA in place with the non-tribal provider that is billing the service to Oregon Medicaid.

- A written CCA under this policy could take various forms, including but not limited to
 - A formal contract
 - A provider agreement
 - A memorandum of understanding
- To the extent it is consistent with IHS authority, would not be governed by federal procurement rules
- Tribal clinic may decide the form of the written agreement that is executed with the non-IHS/tribal provider

Care Coordination Agreement Requirements

At a minimum, the care coordination under the agreement must involve:

1. The tribal clinic sends a request for specific services and information to the non-tribal provider;
2. The non-tribal provider sends information about the care it provides to the patient back to the tribal clinic;
3. The tribal clinic continues to assume responsibility for the patient's care by assessing the information and taking appropriate action, including, when necessary, furnishing or requesting additional services
4. The tribal clinic incorporates the patient's information in the medical record through the Health Information Exchange or other agreed-upon means

Step 2-Submission of CCA to OHA

- Submit the following to OHA
 - A copy of each fully executed CCA
 - Any changes to each CCA
 - Any supporting documentation for each CCA and amendment
 - OHA will keep record of the agreements and its duration for 100% FMAP claiming

Step 3-Submission of care coordination episodes to OHA

- Once you have confirmed the date(s) of care coordination episodes, enter them on OHA's [100% FMAP Care Coordination Tracking Template](#)
- The tribal member's Medicaid ID (prime number) and name
- Enter the start and end dates for services requested from the non-tribal/IHS provider (dates of service)
- Name of the tribal clinic
- A brief description of the specific service(s) requested or condition(s) referred to the non-tribal provider
- Name of the non-tribal provider and their tax ID
- Status of the CCA with the non-tribal provider

Care Coordination Episodes must be submitted within 60 days of the ending date of service

Step 4-Confirmation of claims for services request from non-IHS/tribal provider

- Each month, OHA will create a list of the claims billed by the non-tribal provider and send the list to the tribe
- The tribal clinic must review the claims and confirm that each service on the list was specifically requested by their facility
- Send the completed report back to OHA through secure email



Step 5-Contract with OHA

For all claims that the IHS/Tribal 638 clinic confirms requesting the service, OHA will calculate the savings and issue reinvestment payments to the IHS/Tribal 638 clinic once a contract is in place.

- Six Tribes have a fully executed contract
- One Tribe is in the process of negotiating a contract
- Two Tribes will hopefully be negotiating contracts in the future

Step 6-Savings Reinvestment Payments

- After OHA receives confirmation of specific service requests, we can issue reinvestment payment
- OHA will begin generating savings reinvestment payments within one quarter of the conclusion of the previous quarter
 - For example, dates of service between 4/1/2018 – 6/30/2018 will cause reinvestment payments to generate by 9/30/2018

****First payment to a Tribe was made on June 19, 2018****

Next Steps

- Finalize Contracts with those in process
- Continue supporting tribes who are developing there process
- Expand the program by developing the process to include CCO Capitation Claiming for Tribal 100% FMAP (Managed Care Organization Networks)

Contact Information

Sandra Sampson-Tribal Liaison-Yellowhawk Tribal Health

SandraSampson@yellowhawk.org

541-240-8702

Julie Johnson-Tribal Affairs Director-OHA

Julie.A.Johnson@state.or.us

503-945-9703

Jason Stiener-Tribal Policy and Program Analyst-OHA

Jason.Stiener@state.or.us

503-421-4079



Questions and Discussion



Kim Russell
Executive Director,
Arizona Advisory Council on Indian Health Care
Web: <https://acoihc.az.gov/>
Kim.Russell@azahcccs.gov

Thank you!

Find this and our previous webinars at:

<http://www.crh.arizona.edu/programs/sorh/webinars>

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