

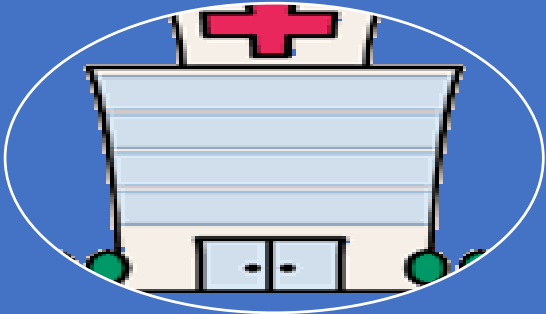
Tribal FQHC and 100% FMAP for Coordinated Care

Tribal Consultation

May 2018



Tribal FQHC and 100% FMAP for Coordinated Care



(1)

Tribal FQHC or
Tribal Clinic



(2)

Tribal FQHC
Opportunities



(3)

100% FMAP for
Coordinated Care





Tribal FQHC and 100% FMAP for Coordinated Care

(1)

Tribal FQHC or Tribal Clinic

- ✓ Rate Decision = AIR
- ✓ Tribe Designations
- ✓ DPHHS Consultation with CMS
- DPHHS submission of SPA

(2)

Tribal FQHC Opportunities

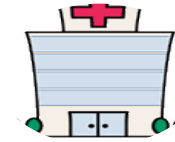
- ✓ Services can be delivered outside of the 4 walls
- FQHC can bill for services purchased from a non-tribal/non-IHS provider

(3)

100% FMAP for Coordinated Care

- Individual tribal negotiations
- Shared savings
- DPHHS sharing data and analytic support
- DPHHS and IHS partnership for a shared benefit model

(1) Tribal FQHC or Tribal Clinic



Actions

- ✓ DPHHS & Tribal Rate Decision
- ✓ Individual Tribal Designations
- ✓ DPHHS Consultation with CMS
- DPHHS Submission of the SPA
- CMS Approval of the SPA

Examples/Resources

- Dental services in a school
- Behavioral health services in a community center
- SHO letter can be found at <https://www.medicaid.gov/federal-policy-guidance/downloads/SHO022616.pdf>.
- FAQs can be found at: <https://www.medicaid.gov/federal-policy-guidance/downloads/faq11817.pdf>.

(2) Tribal FQHC Opportunities



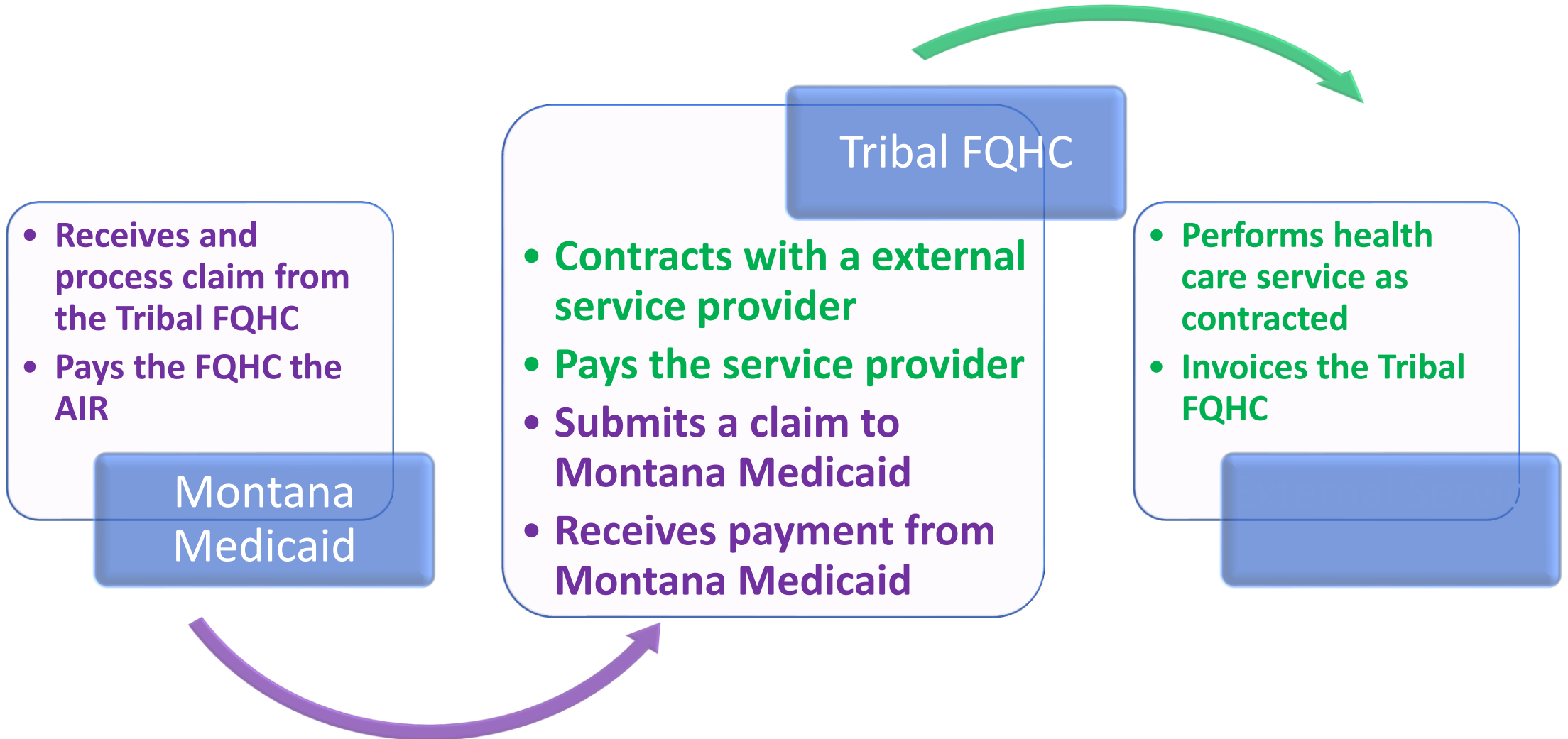
Actions

- ✓ Services can be delivered outside of the 4 walls
- ☐ FQHC can bill for services purchased from a non-tribal/non-IHS provider

Example

- “Tribal FQHC contracts with a cardiologist whose practice is offsite, and if the cardiologist treats an AI/AN Medicaid beneficiary as a patient of the FQHC, the Tribal facility may bill the Medicaid program for the cardiologist’s service”

(2) Tribal FQHC Opportunities



(3) 100% FMAP for Coordinated Care



Proposal

- DPHHS proposes to negotiate with each tribe individually.
- Premise of the negotiation would be that each tribe retains the majority of the savings generated by their coordinated care efforts
- DPHHS would share in tribal coordinated care savings to support state administrative costs (averaging 6%)
- DPHHS would provide each negotiating tribe data to support the project. Examples could be the AI/AN members in the FQHC service area, expenditure trends for those members, possible natural referral patterns based on expenditures, high dollar services, long term services.
- DPHHS proposes to work with IHS separately to identify and implement a shared benefit model



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