



Centers for Medicare & Medicaid Services

DIVISION OF TRIBAL AFFAIRS

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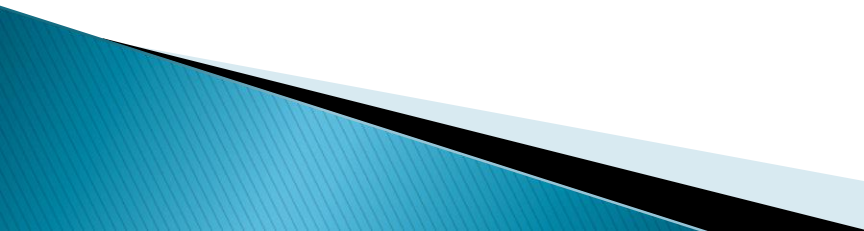


Medicaid Expansion for Tribal Communities

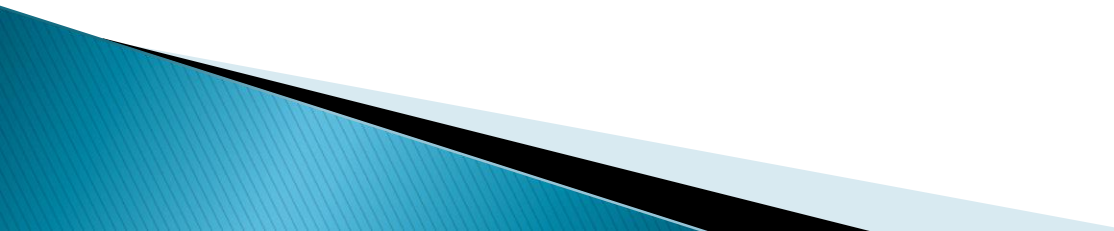
What is Medicaid

- ▶ Medicaid is a State operated program that provides medical and health services to low-income and needy individuals and families.
- ▶ States Determine:
 - Who is covered.
 - How providers are paid.
 - What services are covered.
- ▶ CMS Provides:
 - Oversight of Program.
 - Technical Assistance.
 - Federal Matching Funds.

Medicaid – Who is Covered?

- Mandatory Categorically Needy Groups – Required by Statute
 - Children and Families
 - Pregnant Women
 - Disabled and Aged Individuals
 - Optional Categorically Needy Groups – State Option
 - Medically Needy (Spend down) – State Option
 - Childless adults, age 19 –64, below 133% FPL
 - State Option
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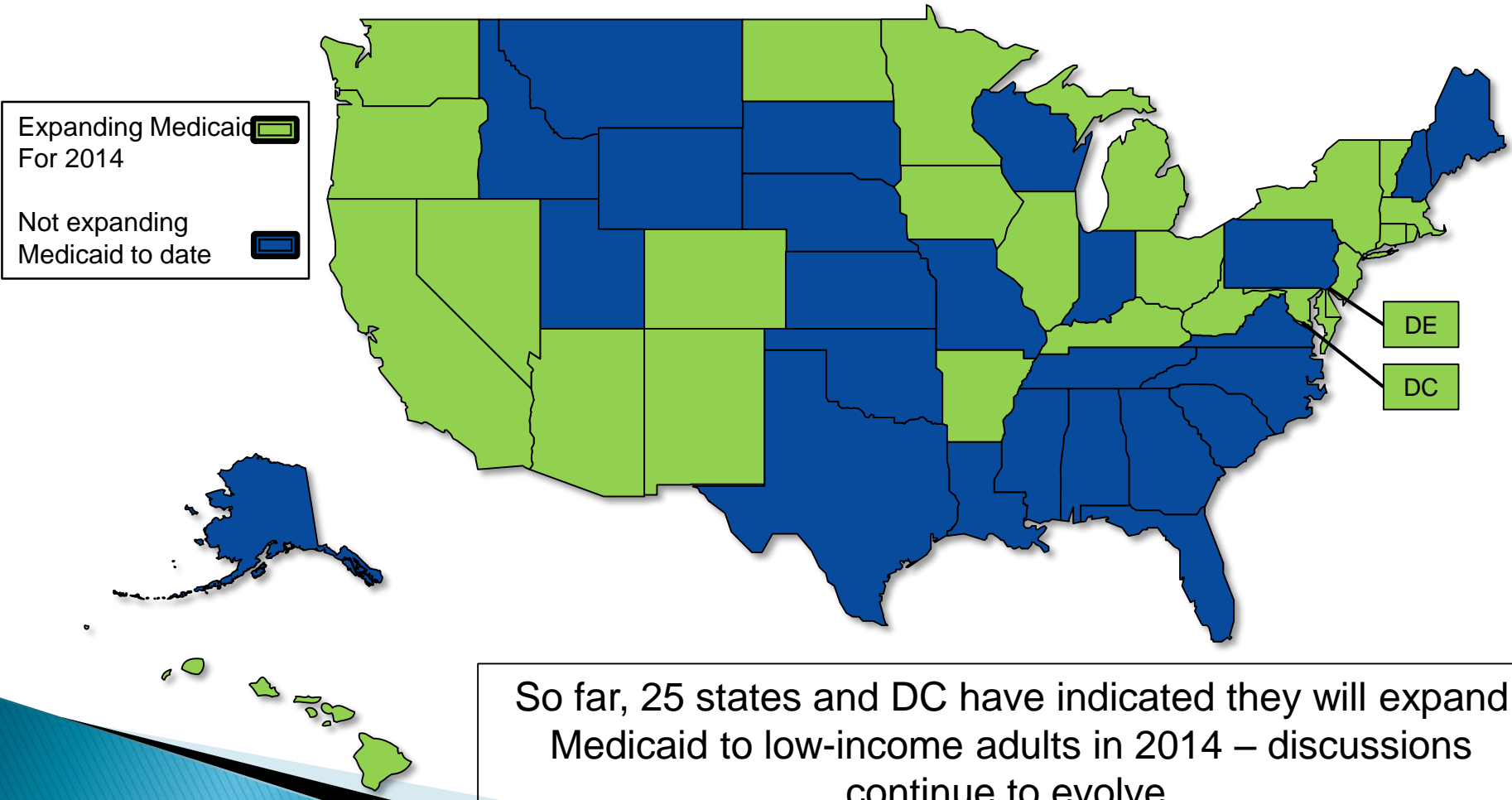
Medicaid Benefits

- ▶ Under the ACA, the State must provide essential health benefits (EHBs) as minimum standard coverage.
 - ▶ State has flexibility to determine additional benefits and additional groups, including the new Medicaid expansion group (childless adults, age 19-64, <133% FPL)
 - ▶ Must provide full range of Medicaid services to elderly, disabled, pregnant women, and children covered by Early Periodic Screening, Diagnostic and Treatment (EPSDT)
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Expanded Medicaid Coverage Under the Affordable Care Act

- ▶ States have the opportunity to extend Medicaid coverage to non-pregnant adults (age 19 -64) with incomes up to 133% of the FPL [family of 4: \$31,721]
 - 100% federal funding for 3 years for newly eligible individuals; gradually leveling out at 90% in 2020
- ▶ States decide when to expand; no deadline for state decision ; may drop coverage without federal penalty

25 States and DC Will Expand Medicaid for 2014



So far, 25 states and DC have indicated they will expand Medicaid to low-income adults in 2014 – discussions continue to evolve.

Medicaid Expansion Reaches Many Different Groups of People

The Medicaid expansion: Potential for coverage for millions of uninsured Americans

Parents of children covered by Medicaid and CHIP

Parents of children who have grown and left home

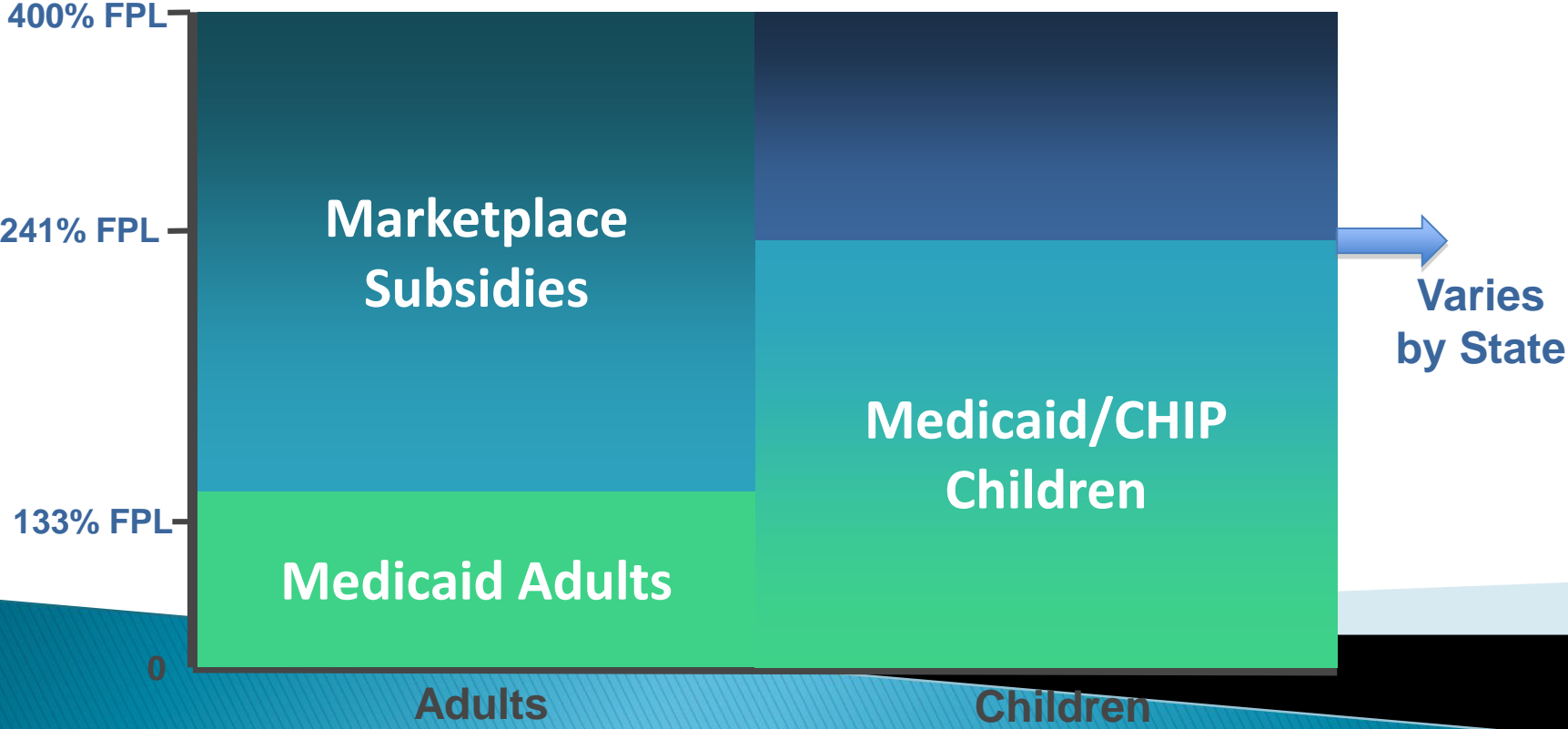
Women that states now only cover while they are pregnant

Older people but still too young for Medicare

Younger people just starting out on their own

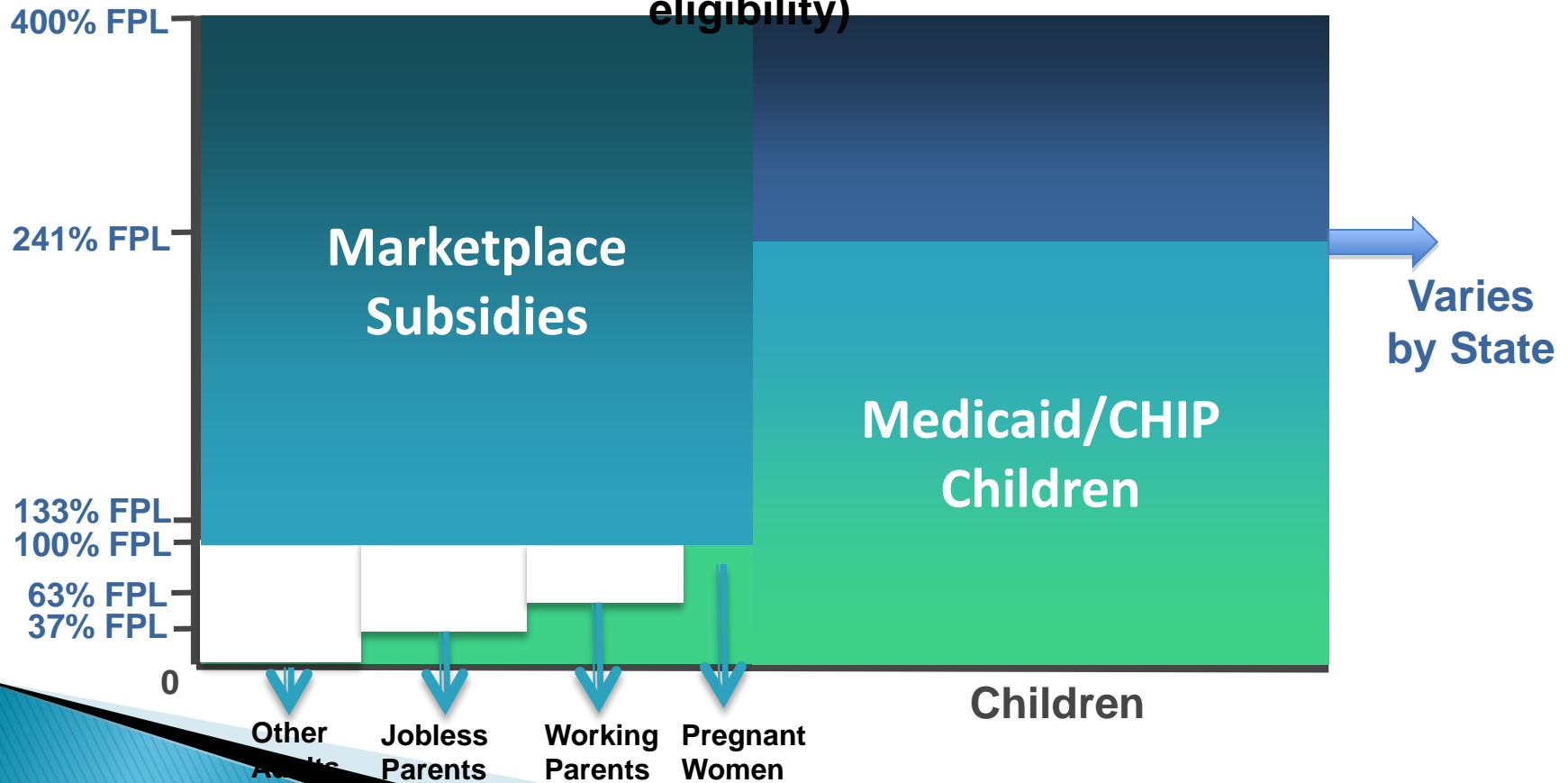
Individuals who are not yet in poor enough health to qualify based on disability

Closing the Coverage Gaps in Medicaid Expansion States

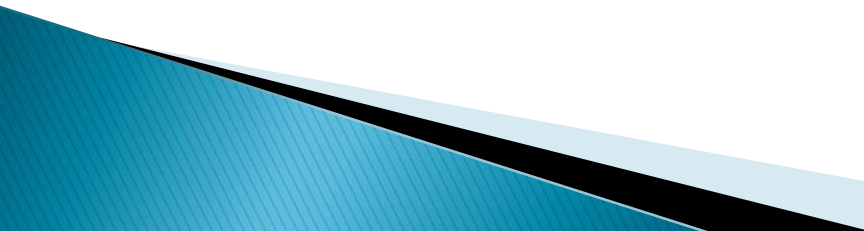


Gaps in Coverage in States that Do Not Expand Medicaid

Affordable Insurance Coverage without Expansion
(For non-elderly, non-disabled individuals, based on current median state eligibility)



Poorest of the Poor

- ▶ In states that do not expand Medicaid, individuals, age 19–64 below 100% of FPL [individual: \$3,892/year] face a coverage gap.
 - ▶ If they want to purchase insurance through the Marketplace, they do not qualify for tax credits and will have to pay the full price of the premiums.
 - ▶ But can file an exemption from tax penalty
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Medicaid: Still Important

- ▶ Can enroll in Medicaid/CHIP at any time
- ▶ Tribal Documents accepted as proof of citizenship and identity for Medicaid/CHIP
- ▶ Streamlined application to make it simpler
- ▶ MAGI – income that is reported or would be reported on your federal income tax return
- ▶ If you have tribal income that is not taxable, do not include it on the application
- ▶ Appendix B: purpose is to deduct tribal income you might have reported so not counted for Medicaid and CHIP purposes
- ▶ Indian Protections in ARRA remain in effect

ARRA Protections: Resource Exemptions for AI/AN

- Exemptions from Resource tests include:
 - Property held in trust or under the supervision of the Secretary of Interior (BIA)
 - IIM Accounts
 - Restricted or unrestricted
- Monies paid out from exempt resources are treated as exempt asset conversions, NOT INCOME in the month of receipt

Resource Exemptions for AI/AN

- Property located on a reservation or within the most recent boundaries of a reservation
- Real property and improvements
- Ownership interest in
 - Rents
 - Leases
 - Royalties
 - Usage rights

For use of

- Natural resources
- Fish/shellfish
- Harvesting animals, plants or timber

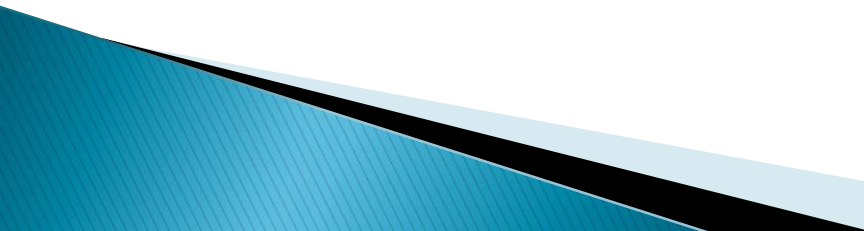
Resource Exemptions for AI/AN

- Also excluded are items with religious, spiritual, traditional or cultural significance or used to support subsistence or a traditional lifestyle according to tribal law or custom.
- Monies received for usage or ownership rights for excluded resources are
 - NOT income in the month of receipt
 - May be countable as a resource the first of the following month

Cost Sharing in Medicaid

- ▶ Nominal cost sharing for Medicaid services can be charged.
 - Children under 18 cannot be charged cost sharing
 - AI/AN who use I/T/Us and Contract Health Service (CHS) are exempt from cost sharing in certain circumstances.

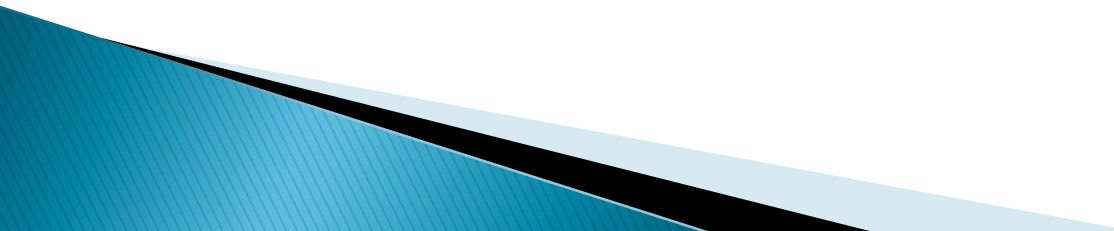
Cost Sharing Exemptions for AI/AN

- ▶ AI/ANs who utilize or are eligible to utilize I/T/Us are exempt from Premiums and Enrollment fees.
 - ▶ AI/ANs who have ever received an I/T/U service are exempt from coinsurance, deductibles or copayments.
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Medicaid Estate Recovery Protections for AI/ANs

- Properties exempt from Medicaid estate recovery action:
 - Property located on a reservation or within the most recent boundaries of a reservation
 - Real property and improvements
 - Ownership interest in
 - Rents
 - Leases
 - Royalties
 - Usage rights
- For use of
- Natural resources
 - Fish/shellfish
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Medicaid Estate Recovery Protections for AI/AN

- Items with religious, spiritual, traditional or cultural significance or used to support subsistence or a traditional lifestyle according to tribal law or custom.
 - Ownership interests left as a remainder in an estate in rents, leases, royalties or usage rights in listed properties, as long as they can be clearly identified as such.
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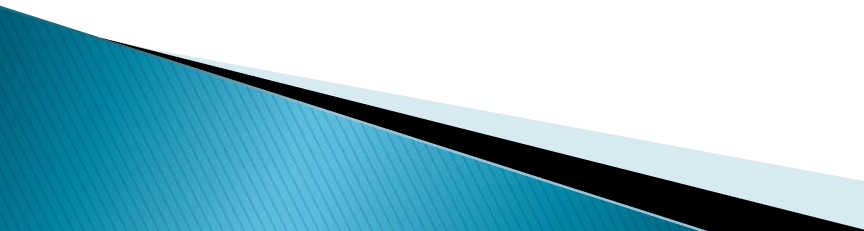
Managed Care Protections for AI/ANs and I/T/Us

- ▶ An AI/AN enrolled in managed care can choose to utilize an I/T/U
 - Managed Care plan must pay the I/T/U a negotiated rate or not less than their normal payment for the service to a participating provider
 - State must assure the I/T/U receives payment up to the normal State Plan rate for that facility

Consultation Requirements

- ▶ Prior to submitting a proposed change to CMS, States **must** seek advice from I/T/Us for any Medicaid change likely to have a direct impact on an AI/AN person or an I/T/U
 - State Plan Changes
 - Demonstration Proposals
 - Waiver proposals, amendments, extensions, renewals

Additional Medicaid Provisions

- ▶ 100% Federal Financial Participation for services provided through IHS or Tribal 638 Clinics.
 - ▶ Urban & Tribal Indian Health Clinics can bill as FQHCs—(defined as FQHCs in the law) cost based reimbursement.
 - ▶ Tribes and Tribal Organizations can enter agreements with States to provide Medicaid Administrative Match to draw federal funds.
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Questions?

CMS Division of Tribal Affairs

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