Status of AI/AN Medicaid Enrollment and Payment in 2009-2011

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Based On

- Carol Korenbrot and James Crouch, “Assessment of Indian Health Service and Tribal Provider Medicaid Collections and the Potential for Increasing Such Collections,” California Rural Indian Health Board Report to ASPE, January 2015.
- Acumen, LLC analysis of 2009-2011 Medicaid Statistical Information System (MSIS) data.

Study Questions

- To what extent do IHS and Tribal health facilities (I/T) appear to be receiving payments for mandatory and optional Medicaid services which they provide to Medicaid-enrolled beneficiaries? How do the payment patterns differ by
  - State and IHS Area?
  - Type of service?
  - Basis of Medicaid eligibility?
  - Demographic variables?
  - Other key factors?

Study Questions (cont.)

- Which Medicaid payment gaps, if filled, would be likely to increase collections by the greatest amount?
- Which Medicaid payment gaps would be most amenable to outreach, information, and staff training efforts?

MSIS Variable: Program-Type

- 5 = “Indian Health Services.”
- Associated with 100% federal match, IHS Payment Rate.
- Inconsistent use of code across states.
- Some states with small service populations don’t use, but some states with larger service population don’t use either.
- Some programs of interest coded as 3 (Rural Health Clinic) or 4 (Federally Qualified Health Centers).

MSIS Variable: Place-of-Service

- 05 = “Indian Health Service Free Standing Facility.”
- 06 = “Indian Health Service Provider-based Facility.”
- 07 = “Tribal 638 Free-standing Facility.”
- 08 = “Tribal 638 Provider-based Facility.”
- Also inconsistent in identifying known IHS and tribal facilities.

Study Approach

- Started with IHS-CMS List of Medicaid & Medicare identifiers from IHS Office of Resource Access and Partnerships (ORAP) and the CMS Division of Tribal Affairs (DTA).
- Acumen searched the National Plan and Provider Enumeration System (NPPES) for missing National Provider Identifiers (NPI) in the IHS-CMS List.
- Added Organizational NPI from the database of the National Regional Extension Centers of the National Indian Health Board.
- Urban Indian programs, Long-Term Care facilities outside universe for study.

At Least One NPI Identified for 95% of 698 Acute Care I/T Facilities

Facility Type	With NPI	No NPI	Total	% with NPI
Hospital	45	0	45	100
Health Center	302	7	309	98
School Health Center	4	1	5	80
Health Station	92	15	107	86
Health Location	19	4	23	83
Alaska Village Clinic	160	3	163	98
Administration	5	0	5	100
Dental Clinic	6	2	8	75
Behavioral Health	32	1	33	97
Total	**665**	**33**	**698**	**95**

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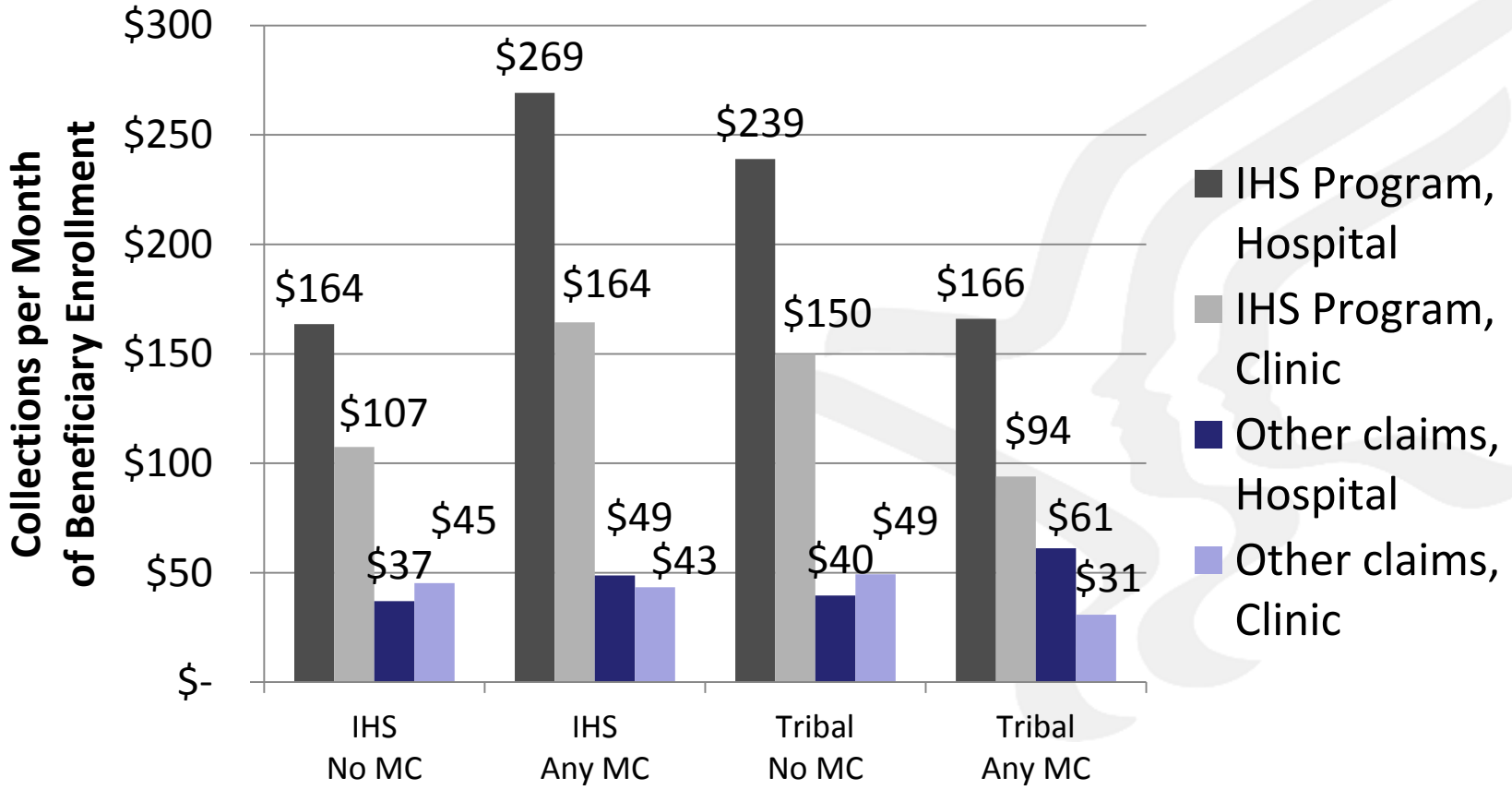
MSIS Variable: Race-Code-3

- 1 = “American Indian or Alaska Native” (self-identified).
- May or may not identify as other races, Latino.
- No variable to identify whether individual is enrolled member of federally recognized tribe, or is otherwise eligible for Indian health services (e.g. descendants, CA Indians).
- Forthcoming Transformed Medicaid Statistical Information System (T-MSIS) will have variable identifying members of federally recognized tribes.
- Study did not restrict claims to American Indians and Alaska Natives.

Average Monthly Beneficiaries, 2009-2011

Hospitals	No Managed Care	Any Managed Care	Total
Program Claims			
IHS	57,898	52,656	110,553
Tribal	6,373	45,965	52,338
Other Claims			
IHS	11,685	7,814	19,498
Tribal	22,503	21,952	44,455
Clinics	**No Managed Care**	**Any Managed Care**	**Total**
Program Claims			
IHS	26,435	32,159	58,594
Tribal	10,536	102,546	113,082
Other Claims			
IHS	6,373	7,750	14,123
Tribal	69,413	43,934	113,348

General Pattern of Medicaid Collections



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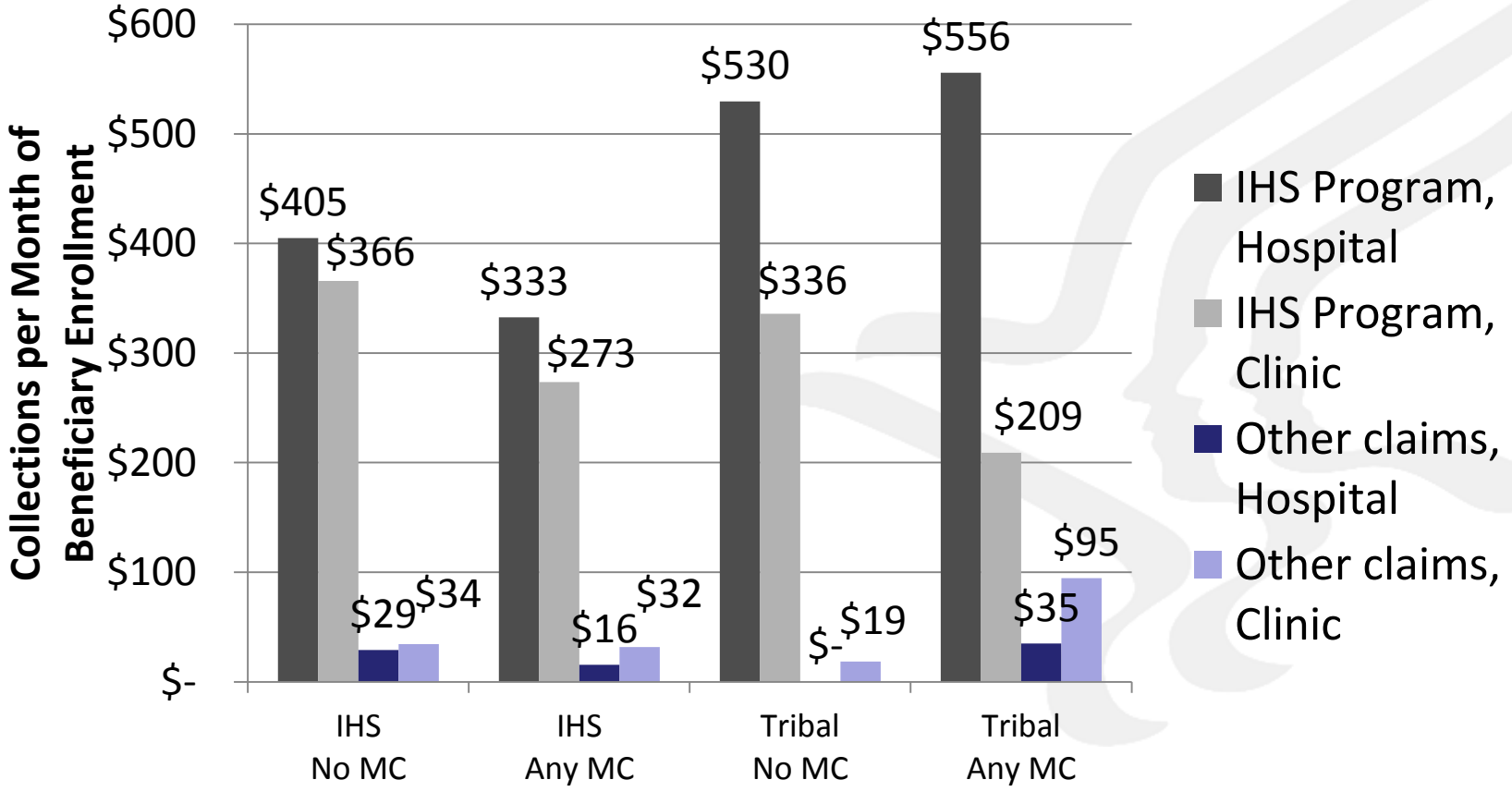
Exceptions to General Pattern

- Aged: IHS Program claims lower than for other Basis of Eligibility (BOE) categories (Children, Disabled, Adults).
  - May be due to inclusion of Dual Enrollees for whom Medicare is primary payer.
- Oklahoma IHS Area (OK, KS, TX) and HHS Region VI (OK, NM, TX): IHS Program claims lower than for other IHS Areas (e.g. Phoenix/Tucson) and HHS Regions (e.g. Region IX, AZ, NV, CA).
  - May be due to OK IHS enrollees accessing both IHS and Tribal facilities.

Phoenix/Tucson IHS Areas Follow Pattern



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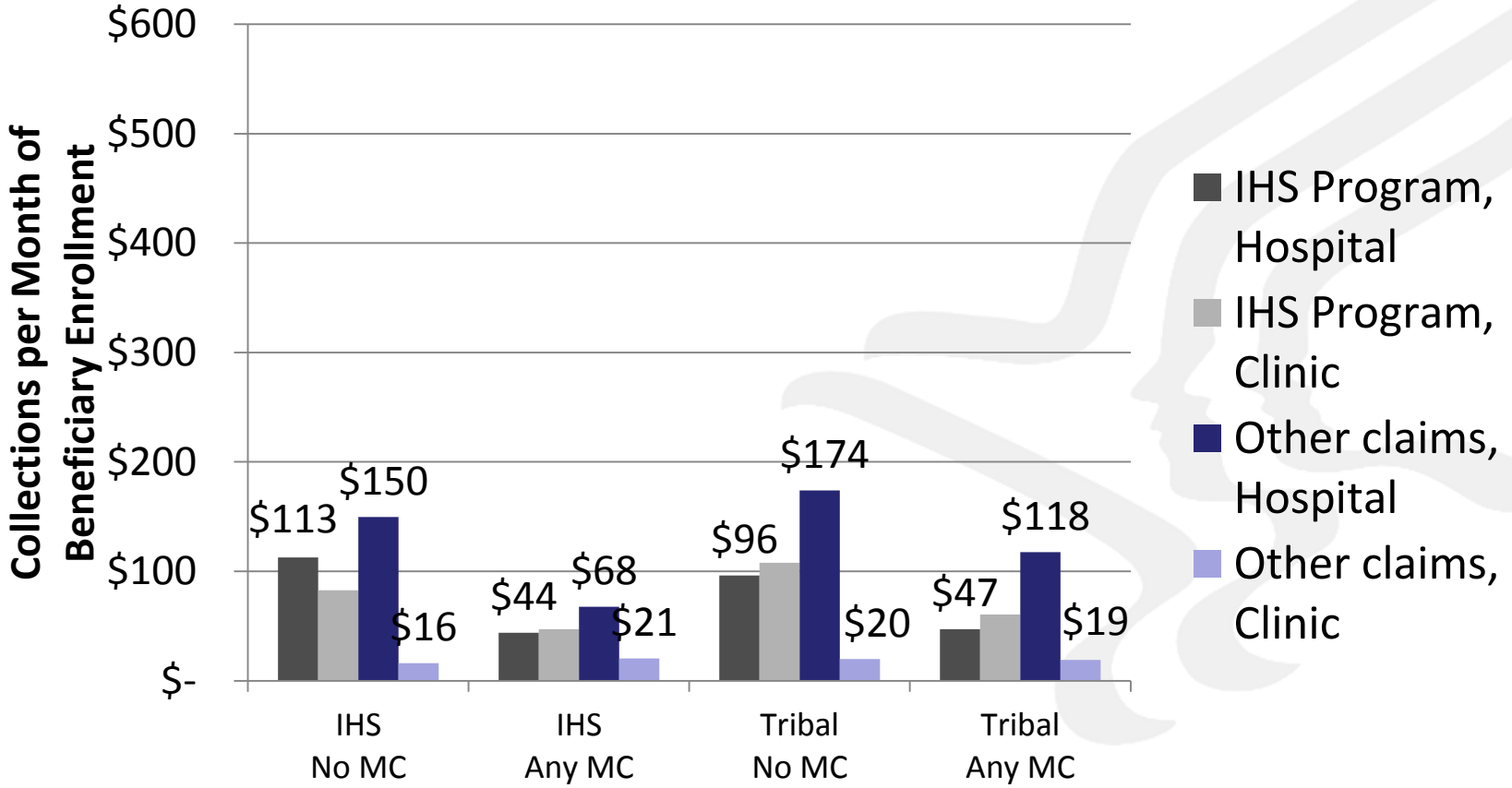
Oklahoma IHS Area Does Not



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Possible Next Steps

- Check MSIS/T-MSIS data against CMS-64 data to determine whether states are claiming 100% match but not using IHS Program Type code.
- Analyze collection and enrollment totals at enrollee rather than facility level to combine IHS and Tribal claims.
- Analyze state variation in coverage of optional Medicaid benefits that are offered by IHS and Tribal facilities.