



FREQUENTLY ASKED QUESTIONS CENTENNIAL CARE AND NATIVE AMERICANS

1. Does the Centennial Care plan as discussed in the draft 1115 Waiver pose a threat to or violate Tribal Sovereignty and Authority?

Response: The State's attorneys have reviewed the Snyder Act, the Social Security Act, the American Recovery and Reinvestment Act (ARRA), the Indian Health Care Improvement Act as reauthorized under the Patient Protection and Affordable Care Act (PPACA) and the various guidance letters issued by the Centers for Medicare and Medicaid services. The State cannot find any instance in which the provisions identified in the pending 1115 waiver violate any aspect of federal law. Specifically:

While it is clear that the State may not require a tribe to participate in the Medicaid program, the state can, with a proper waiver, require managed care for Native Americans. Similarly, the State cannot impose any cost sharing on Native Americans for services offered directly by the I.H.S., an Indian Tribe, Tribal Organization, or Urban Indian Organization. The State has made clear that it not only intends to honor this law but to seek a waiver to eliminate co-payments or cost sharing for Native Americans regardless of where they seek care.

Finally, strong and enforceable contract language is being developed to comply with all requirements for Native American health care as identified in the ARRA. The State does not believe that its proposed waiver violates federal law in any aspect.

2. Will I still be able to go to an I.H.S. provider or my 638 facility to seek health care?

Response: Yes. Whether the I.H.S. and 638 providers choose to contract with the managed care companies or not, Native Americans will still be able to seek care from these providers. The providers will be paid the Office of Budget and Management (OMB) rates (*the federal rate*) regardless of whether they are in a managed care network or not.

2a. Can my IHS or 638 provider be my primary care provider (PCP) when I am in managed care?

Response: Yes, you will be able to select your IHS or 638 provider as your PCP, whether or not the facility is contracted with your MCO.



3. Will I have to pay a co-pay to see my provider, get a prescription, or go to the emergency room?

As per federal law, NO co-payments will be charged to Native Americans when they are seeking care from an I.H.S. or 638 facility. The State is seeking a waiver to eliminate ALL co-payments for any service provided to a Native American regardless of the site of that service.

4. Will the Centennial Care plan require that the I/T/Us contract with MCOs?

Response: No—the MCOs will be required to make their best efforts to contract with the I/T/Us. However, no provider will be forced to contract with the MCO. If the provider decides NOT to contract with the MCO, Native Americans may still access the provider and the provider will still be paid the OMB rate for services.

5. How do we know the MCOs will make timely payments to the I/T/Us?

The MCOs will have a contractual requirement to make prompt payments to all providers, including the I/T/Us. This requirement will be monitored closely and strictly enforced. The MCOs will also be required to test their claims payment systems with some interested I/T/Us and demonstrate to the State, prior to “going-live,” that they are ready and able to promptly pay claims submitted by the I/T/Us. Finally, the MCOs will be required to work closely with the I/T/Us to train all providers on how to file a “clean claim” to speed processing of payments.

6. How will the State make sure that the care provided to Native Americans through the plans is culturally appropriate?

Response: The State shares the Native American community’s concerns about the cultural appropriateness of the care delivered by the MCOs. The State will include at least the following requirements in its contracts with the MCOs:

- MCOs will contract and rely on tribal care coordinators whenever those providers are available. If a particular tribe has no such provider or set of individuals to provide care coordination, the care coordinators will be required to work through Tribal Offices on each reservation to assure that a community health representative is always present for face-to-face encounters with Native American individuals receiving care coordination services.
- All MCOs will be required to hire and retain at least two tribal liaisons (with an emphasis on hiring from New Mexico tribes) to be a conduit of outreach and problem resolution with the Native American community.
- Native Americans will have the right to choose an I/T/U as a primary care provider and for all other services offered through an I/T/U.



- As stated above, the MCOs will be required to exercise their best efforts to contract with all Native American providers both on and off reservation.

7. If I am an I/T/U, what benefit is there for me to join an MCO network?

Response: As an “in network” provider, you will have access to all of the technical support and training that MCOs will be required to offer their provider network. You

will also have the benefit of assuring that Medicaid makes its required payments first, thereby stretching your contract health dollars for use in providing care to non-Medicaid tribal members.

8. How will the State help our Medicaid recipients understand the changes to the system and be able to make good choices about a plan that will work for them?

Response: The State has worked hard to assure that there will be a full year available to implement the program once MCOs are selected and under contract. This year is both to assure that the plans will be ready to provide care but also to make sure that ALL recipients understand the changes and are ready to make good choices about their health care providers.

We will use a variety of methods including both written and oral materials presented in a culturally relevant way to teach everyone about the new system and the choices they can make. We will partner closely with each Tribe to assure that its members have access to an individual who speaks the language and can work closely on reservation to help people understand the changes.

9. What are “mini block grants” and how could my tribe take advantage of that opportunity?

Response: In both its formal and informal meetings with the Native American community and individual tribes, the State has offered to work individually with tribes to create small pots of flexible money that could be made available to tribes to deliver a defined set of benefits to their members. For example, one tribe may say, “we can deliver all primary care and care coordination for our members for a certain set fee per recipient.” If that tribe comes to the State with a proposal and the State can work with that tribe and with CMS to get approval for the plan, that tribe could receive one of the mini block grants and delivery the promised set of services to its members using its own methods and approach.

Many of the tribes have indicated an interest in pursuing this approach but, to date, the State has not received any proposals. The State continues to welcome any opportunities that an individual or group of tribes would like to put forward.