Centers for Medicare & Medicaid Services



CMS Medicaid 101

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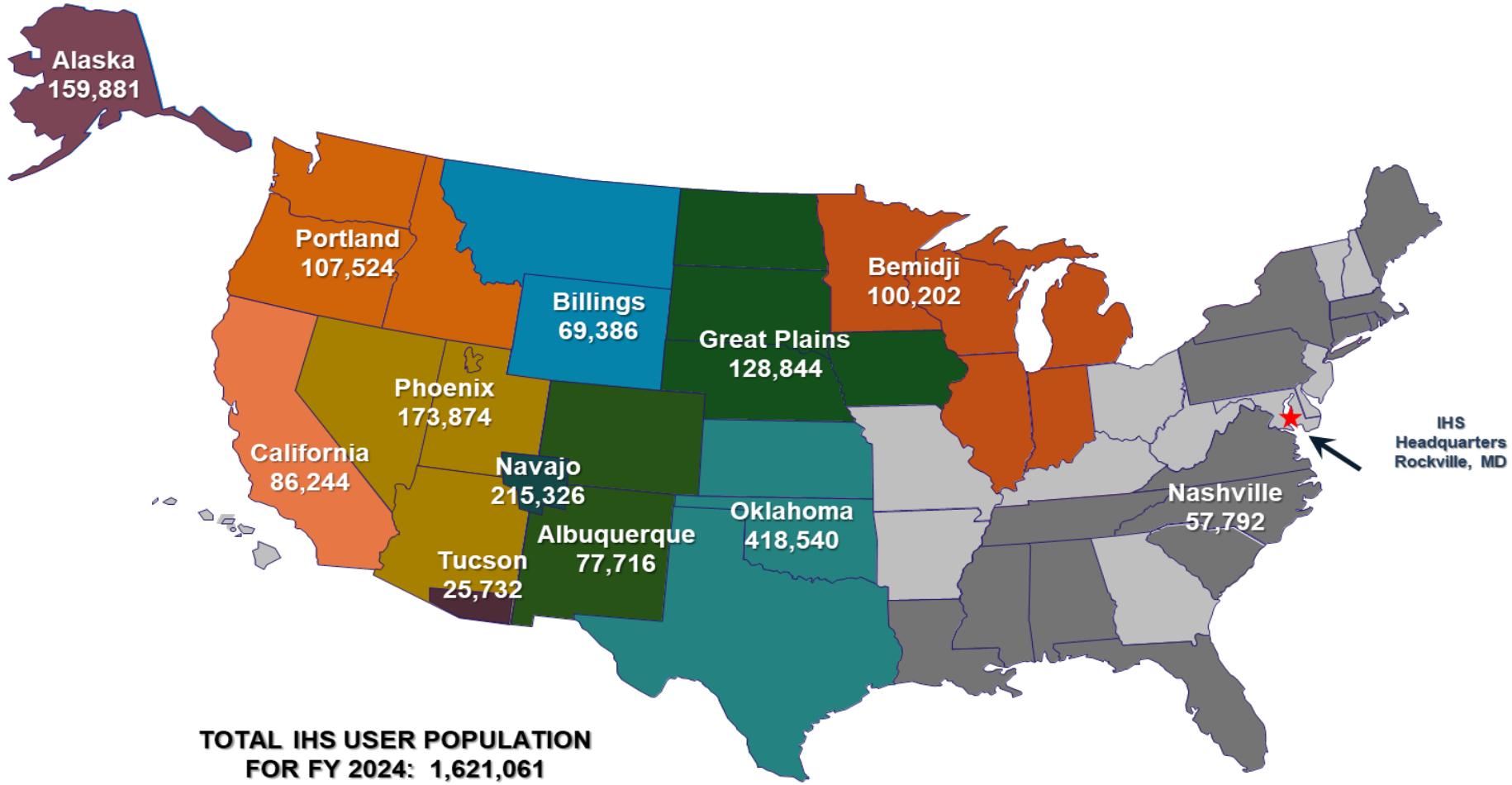
Presentation Topics

- Overview of Medicaid eligibility groups and services
- The importance of providing American Indian/Alaska Native (AI/AN) status
- AI/AN protections in Medicaid & CHIP
  - Eligibility
  - Cost Sharing
  - Managed Care
- Tips for retaining health care coverage
- Resources for additional information

Indian Health Service Areas and User Population



TOTAL IHS USER POPULATION FOR FY 2024: 1,621,061

What is Medicaid?

- Medicaid is a state-federal partnership that provides health coverage to over 69 million* Americans, including eligible **low-income adults**, **children**, **pregnant women**, **elderly adults,** and **people with disabilities**.
- States may choose to cover additional groups.
- Medicaid is the single **largest source of health insurance coverage** in the United States.
- Each state runs its own Medicaid program.
- Medicaid may be called by a **different name depending on the state.**

Visit Medicaid.gov/renewals to find more information about your state's Medicaid program.

*Source: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html

What is the Children's Health Insurance Program (CHIP)?

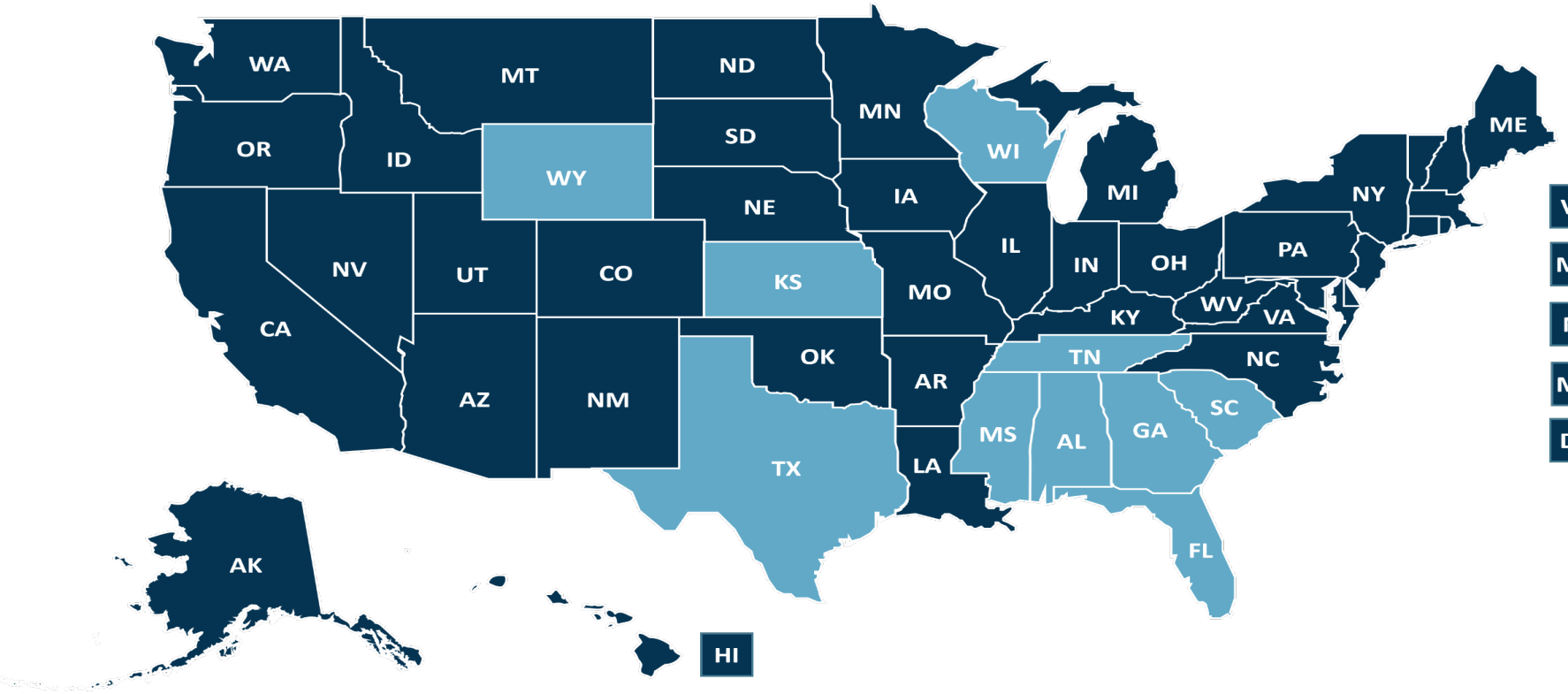
- The Children's Health Insurance Program (CHIP) provides health coverage to over 7 million* people, mostly children in low-income families.

- Similar to Medicaid, each state runs its own CHIP program.

- CHIP programs may also be called by a **different name depending on the state**.

*Source: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html

Medicaid Expansion



VT NH
MA RI
NJ CT
MD DE
DC

40 states plus DC have implemented expansion of Medicaid to low-income adults

Expansion

Non-Expansion

Tribal Consultation Requirements

- In states where one or more Indian Health Programs or Urban Indian Organizations furnish health care services, the state must solicit advice from designees of those entities prior to certain Medicaid State Plan Amendment (SPA) submissions.

- Soliciting advice is required for any Medicaid change (e.g., SPA, waiver, or demonstration) that is likely to have a direct effect, as defined in each state plan, on American Indians/Alaska Natives, Indian Health Programs, or Urban Indian Organizations.

- Tribal consultation and/or solicitation of advice may be required for both positive and/or negative changes in accordance with each state's approved tribal consultation state plan pages.



Some states have specific tribal consultation timelines in their state plan (e.g. 60 days) which will need to be considered in advance.

Medicaid Eligibility

- Medicaid eligibility covers different low-income populations.
- Generally, Medicaid eligibility covers the following groups:
  - Children
  - Pregnant Individuals
  - Families
  - Individuals with Disabilities
  - People over 65, including those who need long-term support services
  - The Medicaid Expansion population: Adults ages 19-64

Eligibility Resources

❖ Medicaid Eligibility: Medicaid.gov/medicaid/eligibility/index.html

Mandatory & Optional Benefits

- States are required to provide all **mandatory benefits** under federal law, such as inpatient and outpatient hospital services and physician services.
- States may provide **optional benefits** if they choose to add them through the state plan process. Optional benefits include dental services.
- For more information go to:

https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html

Home & Community Based Services

- Provide optional opportunities for Medicaid beneficiaries to receive services in their own homes/communities rather than institutions or other isolated settings.
- Serve a variety of targeted groups, such as older adults, people with intellectual or developmental disabilities, physical disabilities, or behavioral health and substance use disorders.
- HCBS programs differ across states and can provide a combination of services.
  - Services include, but are not limited to, case management, homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care.
- In addition to targeted groups, HCBS programs have functional eligibility requirements of Level of Care (LOC)/ Level of Need (LON) in addition to financial eligibility.

https://www.medicaid.gov/medicaid/home-community-based-services

Medicare Savings Programs (MSPs)

- Medicare Savings Plans (MSPs) include 4 eligibility categories:
  - Qualified Medicare Beneficiary* (QMB)
  - Specified Low-Income Medicare Beneficiary* (SLMB)
  - Qualified Individuals* (QI)
  - Qualified Disabled and Working Individuals (QDWI)

*Automatically qualify for Extra Help for Part D

NOTE: Federal law bars Medicare and Medicare Advantage (MA) providers from balance billing a QMB beneficiary under any circumstances.

Medicare Savings Program Categories and Benefits

Medicare Savings Program	Helps Pay Your
Qualified Medicare Beneficiary (QMB)	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary (SLMB)	Part B premiums only
Qualifying Individual (QI)	Part B premiums only
Qualifying Disabled & Working Individuals (QDWI)	Part A premiums only

Streamlined Application

- One application for Marketplace health plans, Medicaid, and CHIP
  - Premium tax credits and cost sharing reductions
  - Online, by phone, by mail, or in person
- May be able to enroll immediately once eligibility determination is complete
  - Depending on the program for which the applicant is eligible
- You can apply for Medicaid and CHIP at any time
  - At HealthCare.gov, or
  - Through your state agency

Streamlined Application

- Question: **Are you or is anyone in your family American Indian or Alaska Native?**
- **YES. If yes,** go to Appendix B.

Streamlined Application

- Appendix B
  - Information is requested to assure that cost sharing exemptions and income and resources are counted properly for AI/AN.
  - Asks about AI/AN individual's relationship with Indian Health Care Providers.
  - Asks about certain AI/AN Income/Resources that are countable for the Marketplace but not countable for Medicaid.

Medicaid and CHIP: AI/AN Cost Sharing Protections

AI/ANs have the following Medicaid and CHIP protections:

- Do not have to pay premiums or enrollment fees
- No cost sharing for AI/ANs enrolled in CHIP
- No cost sharing in Medicaid if the beneficiary has ever used an Indian health care provider or received services through Purchased/Referred Care

Medicaid: Cost Sharing Protections - Exceptions

- Payments for Medicaid that are **NOT** cost sharing (and not exempted):
  - **Medically Needy Spenddown** is a way for an individual to qualify for Medicaid, even if their income is higher than the state's Medicaid limit.
  - **Post Eligibility Treatment of Income (PETI)** calculation determines the required individual contribution for certain long-term care services.

Medicaid and CHIP: Indian Trust Income and Resource Protections

Certain types of Indian income and resources are generally not counted when determining Medicaid or CHIP eligibility:

- Per capita payments from a Tribe that come from natural resources, usage rights, leases, or royalties
- Payments from natural resources, farming, ranching, fishing, leases, or profits from Indian trust land (including reservations and former reservations)
- Money from selling things that have Tribal cultural significance, such as Indian jewelry or beadwork

Medicaid: AI/AN Estate Recovery Protections

Types of property exempt from Medicaid estate recovery action:

- Property located on a reservation or within the most recent boundaries of a reservation, including:
  - Real property and improvements
  - Ownership interest in:
    - Rents
    - Leases
    - Royalties
    - Usage rights
- For use of:
  - Natural resources
  - Fish/shellfish
  - Harvesting animals
  - Harvesting plants or timber

Medicaid: AI/AN Estate Recovery Protections

- 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

Medicaid and CHIP: Overview of Managed Care Indian Provisions

- The Indian-specific provisions in the American Recovery and Reinvestment Act (ARRA) were codified into Medicaid regulations at 42 CFR §438.14 and made applicable to CHIP by a cross reference in the CHIP rules at §457.1209.

- The regulations allow AI/ANs enrolled in Medicaid and CHIP MCOs to continue to receive services from their Indian health care provider (IHCP) and ensures that IHCPs are reimbursed timely and appropriately for services provided. The regulations also address other issues impacting AI/AN beneficiaries and IHCPs that will be discussed in the next few slides.

- On December 14, 2016, CMS issued a CMCS Informational Bulletin summarizing all the Indian protections in the regulations into a single piece of guidance: “Indian Provisions in the Final Medicaid and Children’s Health Insurance Program Managed Care Regulations.

Medicaid and CHIP: Managed Care Payment

- When the amount an IHCP receives from a managed care entity is less than the IHS AIR rate or fee-for-service rate, whichever is applicable, the state must make a supplemental payment to the IHCP to make up the difference between the amount the managed care entity pays and the amount the IHCP would have received under fee-for-service or the IHS AIR rate (§§438.14(c)(3) and 457.1209).

- States may elect to have the managed care entity pay the fee-for-service or IHS AIR rate directly to the IHCP.

- This payment arrangement allows the IHCP to be paid at the IHS AIR rate (or fee for service rate) and eliminates the need for the state to calculate and make supplements, which can delay payment of the full amount.

Medicaid and CHIP: Avoiding Duplicate Visits for Referrals in Managed Care

- Managed care entities must permit an out-of-network IHCP to refer an AI/AN enrollee to an in-network provider for covered services.
- So instead of the IHCP referring the AI/AN enrollee back to his/her assigned “in-network” primary care provider for the purpose of receiving an in-network referral, the IHCP may make the referral directly to the in-network provider.
- This provision is intended to avoid duplicate visits to an in-network provider to obtain a referral which may delay treatment (§§438.14(b)(6) and 457.1209).

Medicaid and CHIP: Indian Managed Care Addendum

- Managed care provider agreements often contain requirements that are inconsistent with the statutory rights of IHCPs and make compliance or entering into agreements difficult or impossible for IHCPs.

- CMS, in consultation with Tribes, developed an Indian Managed Care Addendum (Addendum) that can be used by IHCPs in negotiating participating provider agreements with managed care entities.

- CMS encourages managed care entities to contract with IHCPs, but the regulations do not require them to do so.

Medicaid and CHIP: Managed Care Oversight Toolkits

- On October 30, 2023, CMS released the Tribal Protections in Medicaid and CHIP Managed Care Oversight Toolkit. https://www.medicaid.gov/medicaid/managed-care/downloads/trbl-protcns-medcd-chip-mngd-care-ovrsght-tolkt.pdf

- The Toolkit builds on recommendations from a National Indian Health Board Managed Care Roundtable Report released in August 2022.

- The Toolkit provides resources for states, managed care plans, and IHCPs to use to maximize the benefits of Medicaid and CHIP managed care for AI/AN enrollees and the IHCPs.

What Steps Do People Need to Take if They Have Received a Renewal Form From Their State?

1. **Read the entire letter!**
2. **Complete your renewal form and send it back**– Fill out the form and return it to your state Medicaid or CHIP program right away to help avoid a gap in your Medicaid or CHIP coverage. Provide the information your state is asking for and any documents to support that information.
   - Even if a parent is no longer eligible for Medicaid, their child may still be eligible for Medicaid or CHIP. It is important to **always** return the renewal form so your state can see if you or anyone in your family qualifies for coverage.
3. **Look out for follow-up information from your state about your coverage** – State Medicaid and CHIP offices will follow-up with people once they have reviewed a person's information to share if their coverage has been renewed. States will also let people know if they found that a person is no longer eligible for Medicaid or CHIP and when their coverage will end.

What Steps Do People Need to Take if They Have Lost Their Medicaid or CHIP Coverage?

1. **Review the notice from your state to see why you lost Medicaid or CHIP coverage**
   - If the state ended your coverage because they did not have the information they needed to complete the renewal, then you can contact your state to provide the missing information. Find your state's contact information at Medicaid.gov/renewals.
   - If the state ended your coverage because it found that you are no longer eligible for the program, you will need to find another option for health coverage.
2. **Appeal the decision or reapply for Medicaid or CHIP**
   - If you think that you are still eligible for Medicaid or CHIP and the state wrongly ended your coverage, you can ask the state for a second review and appeal the decision.
   - If there is a change in your situation (e.g., your income changes), you can reapply for Medicaid or CHIP at any time. Visit Medicaid.gov to find out how you can contact your state to reapply.

What Steps Do People Need to Take if They Have Lost Their Medicaid or CHIP Coverage? (Continued)

3. **Look at other health coverage options and find the one that is best for you**
   - *The Health Insurance Marketplace* – HealthCare.gov
     - Most people can find a plan for $10 or less per month with financial help.
     - People can qualify for savings on a health plan that lowers the monthly cost.
     - All plans cover doctor visits, prescription drugs, emergency care, and more.
   - *Medicare (for people 65 or older)* – Medicare.gov
     - People can qualify for a "Special Enrollment Period" to enroll in Medicare without paying a penalty if they missed their initial enrollment period.
   - *Employer-sponsored coverage* – check with your employer
     - People can enroll in an employer plan outside of open enrollment if they recently lost Medicaid or CHIP.

Helpful Resources

- **Medicaid Application (see Appendix B):** https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family.pdf
- **Managed Care CIB:** https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/cib121416.pdf
- **100% FMAP SHO Letter:** https://www.medicaid.gov/federal-policy-guidance/downloads/SHO022616.pdf
- **Managed Care Toolkit:** https://www.medicaid.gov/medicaid/managed-care/downloads/trbl-protcns-medcd-chip-mngd-care-ovrsght-tolkt.pdf
- **100% FMAP SHO Letter FAQs:** https://www.medicaid.gov/federal-policy-guidance/downloads/faq11817.pdf
- **AI/AN Trust Income and MAGI Fact Sheet:** https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/AIAN-Trust-Income-and-MAGI.pdf
- **Cost Sharing Protections Brochure:** https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Understanding-Cost-Sharing-brochure.pdf
- **Working Families tax Cut Legislation Summary of Medicaid/CHIP Provisions Informational Bulletin**: https://www.Medicaid.gov/federal-policy-guidance/downloads/cib11182025.pdf

Links to Websites and Webpages

- **Link to Products Ordering page:**
  http://productordering.cms.hhs.gov

- **Link to Training website:** www.regionalcmsitutrainings.com

- **Link to Archived Outreach and Education Webinars:**
  http://go.cms.gov/All-Tribes-Calls

CMS Division of Tribal Affairs

For additional information:

- **DTA Website: go.cms.gov/AIAN**
- **Technical Assistance Mailbox for Tribes: TribalAffairs@cms.hhs.gov**

My Contact Information



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Questions?

