

Federal Provisions for Tribes



FMAP, ARRA and the Tribal
General Welfare Exemption:
Impacts and Opportunities for
Tribal Programs

Tribal FMAP



What it is and How it impacts
Tribal – State partnerships

Federal Medical Assistance Percentage (FMAP)

- What is it?
 - Matching money the federal government provides to states for their Medicaid programs
- How does it affect Tribes?
 - As part of the 2010 re-authorization of the Indian Health Care Improvement Act, the FMAP for Tribal services was made **100%**



How FMAP Works

- This is money coming back to the states for their spending on Medicaid
- The FMAP is based on national averages and ranges from 50% to 83%
- State's have been able to collect the expanded Tribal FMAP since 2010



CMS Expansions of Tribal FMAP

- October 2014 White Paper
- February 2015 SHO Letter
- Services “by and through” the Tribe



Tribal – State Partnership

- By and Through the I/T/U
- CMS Requirements for 100% FMAP
- Coordinated Care Agreements
- Recoupment amounts are in the tens of **MILLIONS** for state Medicaid programs



Level of Effort for Tribes

- Care Coordination
 - Records management
 - Ensuring state specific “identifier”
 - Managing provider contract relationships statewide
- Tribe must be willing to participate or a state cannot claim “through the Tribe”
FMAP



Potential Opportunities and Examples

- Tribal level of effort required to participate could be leveraged for share of FMAP return
- Win-Win for Tribes and states
- States who are already working with Tribal FMAP



State Level of Effort

- Tribes interested will need to get state on board
- State's will most likely need system changes to be able to get "through the Tribe" dollars
- A one time cost will net the state continuous return reimbursement



American Recovery and Reinvestment Act (ARRA)



Section 5006 Provisions for Native Members and Tribal Providers in State Medicaid

ARRA Provisions for Tribes

American Recovery and Reinvestment Act of 2009 (Section 5006)

- CMS defined “Indian” in regards to Medicaid plans to mean the same as IHS eligibility requirements
- Gives cost-sharing, co-pay, and deductible exemptions to Native enrollees of Medicaid plans

Created payment obligation to Tribes

- When I/T/U provides Medicaid allowed services to Medicaid eligible Tribal members, the I/T/U must be paid as if they are a contracted provider type *regardless of actual contract*
- Outlines requirements for MCOs regarding Tribal members and Tribal providers

What Tribes Need to Know

- ARRA Sect. 5006 passed in 2009
- Most States are unaware of provisions
- Most MCOs are unaware of how ARRA impacts their operations with Tribes
- CMS issued guidance letter



Tribal General Welfare Exclusion Act of 2014



IRS Section 139E and General
Welfare Exclusions from MAGI

Tribal General Welfare Exemption Act and Medicaid General Welfare Doctrine

IRS Sect. 139E – Welfare Exemption

- Does not count as taxable income
- Can be created with gaming revenues*

MAGI and Medicaid Welfare Doctrine

- Government payments for health and well being cannot be counted as gross income
- Payments made on behalf of member by Tribe reducing Medicaid Adjusted Gross Income



Aniwahya Consulting Services

Website: <http://www.aniwahya.com>

Office Number: 608.301.5197

STAFF

Elaina Seep, CEO and Project Management Lead

Email: Elaina.Seep@Aniwahya.com

Cell: 608.228.5913

Jennifer White, Executive Admin

Email: Jennifer.White@Aniwahya.com

Benjamin Gonzales, Director of Marketing

Email: Benjamin.Gonzales@Aniwahya.com

