

Tribal Providers Workstreams

Personal Care transitions – partial/on hold (some detail in spreadsheet; DMAS and MCO project leads identified)

Setting PCA aside, 3 Buckets of services:

- **Traditional Clinic Services – visits to the facility**
- **Dental (most pressing), Behavioral Health - Services they want to start providing in the clinic that the language of our current SPA authorizes to be reimbursed at the AIR, but that they haven't set up and started billing yet, and (1) we don't have the authority to spend state funds and (2) because of state budget impact, we will probably have to scale back the reimbursement in the new SPA, so we don't want to expand and then yank away again. In meantime, we have to figure out what to do between now and July.**
 - Justin – comparison chart
 - Dental: interim solution to enroll as dental provider at dental rate
 - BH: determine what services they want to provide.
- **Home Health – currently billed under single code - “hospice.” These are “outside the four walls” services being billed at the facility rate, and we still don't have clarity about whether we have to allow that under our current state plan.**

For all of those, we need to **move tribal provider payment into managed care** so the tribal providers are billing the plans for members in an MCO

We also need to begin conversations with the tribes and with state decision-makers about the **SPA** that we'll need to submit once authorized by the GA; how we're going to **re-structure tribal reimbursement**.

--

Tried to break down into ST, MT, and LT

Priority ST:

- (Trad clinic) Developing policies for the clinics' billing such as what's included in a single encounter;
 - training the tribal providers – for compliance before we can make big system changes
- (Home Health) Gathering info from tribes on what services currently providing
- (Dental, BH, new svcs) Clarifying ST expectations around new svcs; begin conversations with tribes about revised SPA.
- (managed care) Getting CMS guidance on managed care integration, then starting discussions with tribes and MCOs about options.
- Authorities – start working on SPA, 1915b, MCO contract language

LT: Actually submitting **SPA** and most important **system changes** can't be initiated until we know more about how we're going to set up the tribal FQHC and tribal clinic provider types.