



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

ACA/IHCIA Webinar: Establishing an Indian Managed Care Entity May 6, 2022

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IHS Tribal Self-Governance Advisory Committee
Self-Governance Communication and Education

Medicaid Managed Care and Indian Health Care Providers

**Tribal Self-Governance Advisory Committee Webinar
May 6, 2022**



Medicaid Managed Care

Managed care involves a contractor operating a Medicaid program on behalf of the State

There are different types and levels of managed care:

- Managed Care Organization (MCO)
- Prepaid Inpatient Health Plan (PIHP)
- Prepaid Ambulatory Health Plan (PAHP)
- Primary Care Case Management (PCCM)
- Primary Care Case Management Entity (PCCM Entity)



Challenges for Tribes and Managed Care

Reimbursement: Managed care entities set provider reimbursement rates based on non-Indian providers in their agreements with the State, and may be unwilling to pay IHS and tribal providers the full IHS OMB encounter rate.

Restrictions and certifications: Managed care provider agreements may impose utilization restrictions, certification and insurance requirements and other restrictions that are inconsistent with tribal rights.

Prior authorization: Managed care providers often include prior authorization requirements that can make access to specialty care difficult for AI/AN enrollees.



Indian Managed Care Protections

- AI/AN option to select Indian health care provider of their choice.
- AI/AN option to obtain services from out of network Indian health care providers.
- MCOs must allow out of network Indian health care providers to refer an AI/AN patient to an in-network provider.
- MCOs must ensure adequate access to I/T/U providers.
- Indian health care providers entitled to wrap around payments to the extent that MCOs do not pay them the full IHS OMB rates.



Indian Managed Care Entity

Indian managed care entity (IMCE) means a MCO, PIHP, PAHP, PCCM, or PCCM entity that is controlled (within the meaning of the last sentence of section 1903(m)(1)(C) of the Act) by the Indian Health Service, a Tribe, Tribal Organization, or Urban Indian Organization, or a consortium, which may be composed of one or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Service.

42 C.F.R. § 438.14(a).



IMCE Considerations

- What type of entity to consider?
- Could you tailor a program to enhance services for your population?
- Risk based or non-risk based?
- How would payment work?
- How will you address costs?
- What reporting requirements would be entailed?
- How to build the administrative capacity to operate managed care?
- How to work with the State to design and implement the plan?



IMCE Entities - MCOs

- Managed Care Organizations (MCO) are the most comprehensive type of MCE.
- MCOs provide comprehensive benefit packages in exchange for with risk-based capitation payments.
- MCOs are paid a set fee by the State for providing Medicaid services. If the cost of services exceed the capitation payment, the MCO bears the risk of loss. If the capitation payment exceeds the cost of services, the MCO keeps the remainder, provided they provide a minimum value of services called the Medical Loss Ratio.
- MCOs have the most regulatory requirements and must meet accessibility, solvency and other requirements.



IMCE Entities - PIHPs

- Prepaid Inpatient Health Plans (PIHP) is a more limited benefit package that provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services.
- PIHPs do not have a comprehensive risk contract
- PIHPs must base their capitation rates based on actuarial soundness.
- PIHPs must also comply with medical loss ratio requirements.



IMCE Entities - PAHPs

- Prepaid Ambulatory Health Plans (PAHP) is a plan that does not provide inpatient or institutional services.
- PAHPs provide ambulatory services on the basis of capitation payments “or other payment arrangements that do not use State plan payment rates.”
- PAHPs do not have comprehensive risk-based contracts.
- PAHPs usually provided to cover a specific set of services.



IMCE Entities - PCCMs

- Primary Care Case Management involves the State contracting with a Primary Care Case Manager (PCCM) to furnish case management services.
- PCCMs are physicians, physician group practices, a physician assistant, nurse practitioner or certified nurse midwife.
- PCCMs locate, coordinate and monitor primary health care services for Medicaid beneficiaries in exchange for a negotiated payment by the State.
- PCCM contracts require reasonable hours of operation, access to care including referrals, prompt service and quality of care and must allow enrollees to disenroll.



IMCE Entities – PCCM Entities

- PCCM Entities are organizations that contract with the State to provide case management services, including location, coordination and monitoring.
- PCCM Entities are usually paid on a fee for service basis for medical services rendered plus a monthly case management fee.
- PCCM functions can include in person or telephonic case management, outreach and enrollment activities, operating customer call centers, implementation of quality improvement activities and the like.



Questions?

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Developing an Indian Managed Care Entity Using A Primary Care Case Management Model

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Background

- ▶ In 2018, during Tribal Consultation on CCO 2.0 (Oregon's Medicaid Managed Care program), tribal and urban Indian representatives requested OHA assistance in implementing Indian Managed Care Entities (IMCEs) in Oregon.
- ▶ Tribes requested:
 - ▶ that IMCEs not be risk-bearing
 - ▶ Tribes would direct enrollment
 - ▶ Preserve PPS/IHS (encounter) rate reimbursement
 - ▶ Primary Care Case Management Model (PCCM)
 - ▶ Each tribe/urban program would create their own IMCE

Primary Care Case Management model

- ▶ Seven areas of PCCM activities
 - ▶ Provision of Telephonic or Face-To-Face Case Management
 - ▶ Development of Enrollee Care Plans
 - ▶ Provision of enrollee outreach and education activities
 - ▶ Provision of a Call Center
 - ▶ Implementation of Quality Improvement Activities Including Administering Satisfaction Surveys
 - ▶ Conduct Outcome Measurement and Provide Outcome Reports to OHA
 - ▶ Provision of a Nurse Triage and Advice Line

Enrollment

- ▶ Tribes submit monthly roster of IMCE members
- ▶ Urban Indian Health Program will have enrollment of any AI/AN members in tri-county service area (unless assigned to a tribal IMCE)
- ▶ Each IMCE receives a Per Member Per Month (PMPM) for each attributed IMCE member

Challenges and Best Practices

- ▶ Educating the state on how the Indian Managed Care Entity would operate to best work for tribal health programs.
 - ▶ Solution: utilizing a contractor CareOregon
- ▶ Getting the state to understand how to make the IMCE more tribal centric
- ▶ Only Medicaid patients receiving the PMPM for PCCM services
 - ▶ Solution: Utilize savings to provide PCCM services for all tribal members
- ▶ Negotiating the \$39 PMPM
 - ▶ Opportunity to start new services not currently offered
- ▶ Ensuring that managed care patients already receiving PCCM services can enroll into the IMCE

Q&A

