Tribal Consultation
April 10, 2019
Telepharmacy Options

• Telepharmacy allows pharmacists to communicate with pharmacy technicians at remote sites with audio visual networks
• Pharmaceutical vending machines may also be an option
• Would allow pharmacy options for rural or underserved locations.
• Several states have expanded state law to include telepharmacy including Alaska, Idaho, Illinois, Montana, South Dakota, Texas, Utah, Vermont and Wyoming
Youth Residential Treatment Centers

- CMS has provided guidance that California allows for a YRTC to bill for two encounters per day per recipient.
- DHCFP has followed up with both the YRTC and the Medi-Cal to determine that mechanism or policy that supports this billing and is awaiting a response.
Durable Medical Equipment

• The tribal clinics have requested the consideration of DME as a billable encounter under PT 47

• DHCFP is awaiting guidance from CMS related to this issue
Provider Type 47 expenditures

- The following chart represents expenditures that occur for patients identified as receiving services under PT 47 and also access services outside of the tribal clinic.

![Table Image]

**Indian Health Program Reports SFY18**

- **Subsets**
  - **PT47 Patients FY18**
  - **FY 2018**
    - **Time Period: Incurred Fiscal Year**
      - **Claims Paid**
        - Dental: 11,487
        - Dialysis: 7,532
        - Hospital Care: 40,967
        - Other: 8,310
        - Other/BH/Inpatient: 155
        - Other/BH/Outpatient: 5,184
        - Other/Lab: 2,138
        - Other/Pharmacy: 19,002
        - Physician Inpatient: 7,318
        - Physician Outpatient: 30,816
        - Travel: 1,695
      - **Charge Submitted**
        - Dental: $1,476,086.29
        - Dialysis: $13,222,691.96
        - Hospital Care: $57,386,340.32
        - Other: $2,449,725.56
        - Other/BH/Inpatient: $2,229,739.30
        - Other/BH/Outpatient: $798,156.83
        - Other/Lab: $547,311.07
        - Other/Pharmacy: $5,649,279.77
        - Physician Inpatient: $3,737,621.44
        - Physician Outpatient: $10,624,839.66
        - Travel: $5,035,614.04
      - **Allowed Amount**
        - Dental: $617,459.41
        - Dialysis: $688,559.42
        - Hospital Care: $5,836,834.91
        - Other: $1,759,885.82
        - Other/BH/Inpatient: $1,157,907.00
        - Other/BH/Outpatient: $700,923.47
        - Other/Lab: $101,321.42
        - Other/Pharmacy: $2,767,036.19
        - Physician Inpatient: $1,057,449.89
        - Physician Outpatient: $3,105,005.08
        - Travel: $634,006.40
      - **Net Payment**
        - Dental: $615,343.19
        - Dialysis: $319,294.19
        - Hospital Care: $5,527,123.70
        - Other: $1,653,422.12
        - Other/BH/Inpatient: $1,168,164.00
        - Other/BH/Outpatient: $697,605.53
        - Other/Lab: $92,918.46
        - Other/Pharmacy: $2,657,956.48
        - Physician Inpatient: $942,220.94
        - Physician Outpatient: $2,867,965.86
        - Travel: $546,943.29
      - **Total**
        - 134,604
        - $103,157,406.24
        - $18,426,389.01
        - $17,088,957.76

Patient population identified by utilization of PT47 services during SFY18. Report details all other services during same timeframe. See Service Categories tab for grouping parameters.
Indian Health Program Reports SFY18

PT47 Patient Population
Related Physician Outpatient Expenditures

PT47 Patient Population
Related Physician Outpatient Claims Paid

Patient population identified by utilization of PT47 services during SFY18. Charts detail all physician outpatient services by PT utilized during same timeframe by Net Payment or Claims Paid.

Total related SFY18 physician outpatient net payment expenditures: $2,867,965.80

PT4 Care Only
### 47 – Physician Services Outside of the Tribal Clinic

#### Indian Health Program Reports SFY18

<table>
<thead>
<tr>
<th>Subsets</th>
<th>PT47 Patients FY18</th>
<th>Claims Paid</th>
<th>Charge Submitted</th>
<th>Allowed Amount</th>
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Indian Health Program Reports SFY18

PT47 Patient Population
Related Physician Outpatient Expenditures

PT47 Patient Population
Related Physician Outpatient Claims Paid

PT47 Patient Population
% of Related Physician Outpatient Expenditures

PT47 Patient Population
% of Related Physician Outpatient Claims Paid

Patient population identified by utilization of PT47 services during SFY18. Charts detail all physician outpatient services (by PT) utilized during same timeframe (by Net Payment or Claims Paid).

Division of Health Care Financing and Policy
## Indian Health Program Reports SFY18

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</table>

Patient population identified by utilization of PT47 services during SFY18. Report details all other Provider Type 20 (Physician) services by Specialty during same timeframe. Only the top 25 (by patient count) PT20 Specialties are listed.
Tribal FQHCs

- The tribal FQHC SPA is scheduled for public hearing on April 30th.
- Enrollment as an FQHC will require a Letter to DHCFP indicating the tribes intent to enroll as an FQHC
- The tribal clinic will also need to submit a name change through the medicaid.nv.gov portal that adds Tribal 638 FQHC to the end of their currently enrolled name
- MSM Chapter 3000 will be updated when the state receives clarifying guidance from CMS in regards to the whether Tribal 638 FQHC billing will need to be in alignment with the state’s current FQHC policy MSM 2900 or if the tribes will be allowed to include services beyond the scope of the FQHC policy in MSM 2900
Tribal Administrative Claiming

• DHCFP continues to explore options for Tribal Administrative Claiming
• MAC allows government agencies to receive reimbursement for administrative activities, such as outreach and referral
• The goal is increase retention and enrollment of AI/AN recipients in Medicaid
• California and Washington tribes participate in a random moment time study (RMTS)
• Alaska tribes provide an attestation of outreach and enrollment activities with an invoice attestation.
• TMAC is eligible for 50% federal match. Tribes would establish an intergovernmental transfer with the state to forward the non federal share through which the state could draw down the federal share
• Nevada will continue to conduct research and provide a in depth comparison of the states participating in TMAC to determine the feasibility for the state
AI/AN Medical Homes

• Arizona Medicaid has added an option for American Indian Medical Homes (AIMH)
• AIMH supports Primary Care Case Management (PCCM), diabetes education, and care coordination for enrolled members
• AIMH addresses health disparities between American Indian and other populations in Arizona by enhancing case management.