



Medicaid



2004 Tribal Leader Health Summit Status Report

Key Accomplishments

- AI/AN language in 2003-2005 budget exempts AI/ANs from dental cuts
- AI/AN cost-sharing exemption waiver request

Priority Activities

Priority	Status	Next Steps
Oppose Medicaid cuts affecting AI/ANs	<p>AIHC worked successfully with MAA and legislators to include in the budget a provision instructing MAA to submit a waiver request to the CMS to exempt tribes from the elimination of any optional Medicaid services, to the extent that the services are provided through the Indian health system and are covered under the 100% FMAP. Ultimately, the Legislature rejected the call to eliminate adult dental care services.</p> <p>Following enactment of premiums for Medicaid-enrolled children, AIHC worked with MAA to request a waiver from CMS to exempt AI/ANs. Despite previous guidance issued by CMS (then called HCFA) in November 2000 that “states cannot impose cost-sharing on children entitled to Medicaid” and that it would not approve Medicaid or SCHIP demonstration waivers that impose cost-sharing on AI/AN children, CMS communicated to Washington State that its request raised issues related to the Civil Rights Act of 1964. Many Indian health policy experts</p>	<p>AIHC will continue to monitor the state budget process and work to exempt AI/ANs from any proposed Medicaid cuts for the 2005-2007 biennium.</p> <p>AIHC will continue to monitor developments on the CMS cost-sharing exemption waiver.</p>

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	<p>believe that the decision to exempt Indian people from cost sharing practices is based on the legal and political status of Indian people, not race.</p> <p>A decision by Governor Locke in June to postpone the premiums for a year means that the pending AI/AN cost sharing exemption issue is no longer immediately relevant. The state still is waiting for a response from CMS so that it can have policy direction if the state should consider adopting premiums in the future.</p>	
<p>Work to ensure that SCHIP is accessible to AI/AN children and families</p>	<p>As a result of the 2003-2005 budget, children enrolled in SCHIP with incomes between 200 and 250 percent of the federal poverty level saw their monthly premiums increase from \$10 per child to \$15 per child. AI/ANs continue to be exempt from the SCHIP premiums.</p>	<p>AIHC will continue to monitor the state budget process and, if necessary, will work to continue the current SCHIP cost-sharing exemption.</p>
<p>Review, comment on, and follow the Medicaid waiver submitted by DSHS in 2002</p>	<p>AIHC prepared an analysis of the waiver, participated in a DSHS meeting with tribes, and invited MAA staff to discuss the issue further at an AIHC meeting. In August 2002, AIHC submitted a letter to MAA Secretary Porter outlining several concerns and making recommendations on AI/AN issues.</p> <p>In light of the 2003-2005 budget, MAA significantly reduced the scope of its waiver application. AIHC worked with MAA officials to exempt AI/ANs from cost sharing in the final waiver.</p>	<p>AIHC will continue to work with MAA to ensure that CMS follows its stated policy of exempting AI/ANs from cost-sharing provisions under any Medicaid waivers submitted by states.</p>
<p>Pursue discussions with MAA about defining a consistent benefit package for AI/ANs</p>	<p>In July 2003, AIHC began a year-long uniform benefits workgroup project funded through the WA Health Foundation. The workgroup's final 125-page report, "Improving Access to Medicaid Services," discusses issues, policy recommendations, and next steps. Approved by AIHC membership in draft form on July 9, it was been sent to Washington's tribal leadership</p>	<p>AIHC will use its carryover funding from the Washington Health Foundation to continue to pursue the recommendations contained in the report.</p>

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	for review, with a comment deadline of September 30. The final report was released in October. It is hoped that tribal leadership will formally endorse the report through a position paper at the Tribal Leader Health Summit.	
DSHS should create a tribal workgroup on Medicaid issues	MAA has staff committed to the creation of a tribal workgroup on Medicaid issues.	AIHC will participate as a technical assistance member of the workgroup and will help to facilitate and coordinate tribal participation in the workgroup.
Work with MAA and CMS to research possible avenues to preserve current Medicaid services for AI/ANs that maintain budget neutrality and provide a more stable financial environment for tribal health programs	This activity occurred through the uniform benefits workgroup.	AIHC will use its carryover funding from the Washington Health Foundation to continue to pursue the recommendations contained in the uniform benefits workgroup report.
Work with the State Board of Health and other groups to identify a uniform benefit package that is a list of effective basic services that AI/ANs need to access in order to maintain personal health and preserve the public health	The benefit package was identified as part of the recommendations of the AIHC uniform benefits workgroup.	AIHC will use its carryover funding from the Washington Health Foundation to continue to pursue the recommendations contained in the uniform benefits workgroup report.