

Wyoming Department of Health, ARRA Impact – Protections for Indians under Medicaid and SCHIP

Medicaid is a federal-state program providing medical assistance for specified groups of low-income persons who are aged, blind, disabled, or members of families with children. Within federal guidelines, each state designs and administers its own program. Federal partners for Medicaid are Health and Human Services, Centers for Medicare and Medicaid (CMS).

The provision of the ARRA adds a new subsection specifying that no enrollment fee, premium, or similar charge, and no deduction, co-payment, cost-sharing, or similar charge shall be imposed against an Indian who receives Medicaid-coverable items or services directly from the Indian Health Service (IHS), an Indian Tribe (IT), Tribal Organization (TO), or National Urban Indian Health Organization (NUIHO), or through referral under the contract health service. In addition Medicaid payments due to the IHS, an IT, TO, or UIO, or to a health care provider through referral under the contract health service for providing services to a Medicaid-eligible Indian, may not be reduced by the amount of any enrollment fee, premium or similar charge, as well as any cost-sharing or similar charge that is otherwise be due from an Indian, if such charges were permitted.

A rule of construction specifies that nothing in this provision shall be construed as restricting the application of any other limitations on the imposition of premiums or cost-sharing that may apply to a Medicaid-enrolled Indian. This language also adds Indians receiving services through Indian entities to the list of individuals exempt from paying premiums or cost-sharing under the DRA option for alternative premiums and cost-sharing under Medicaid. The effective date of this provision is effective July 1, 2009. This will prohibit consideration of 4 classes of property from resources in determining Medicaid eligibility of an Indian and this provision would be applied the same to the State Children's Health Insurance Program (SCHIP) as that which applies to Medicaid.

The ARRA further provides certain income, resources, and property to remain exempt from Medicaid estate recovery if they were exempted under Section 1917(b)(3) of the SSA under instructions regarding Indian tribes and Alaskan Native Villages as of April 1, 2003. It also requires consultation with Indian Health Programs and Urban Indian Organizations when making changes to Medicaid, SCHIP, and other health care programs funded under the Social Security Act that would substantially affect the tribes. The ARRA allows Indian enrollees to select an Indian health care provider as a primary care provider and requires MCO's to meet certain requirements related to access to Indian health care providers.

Impact on WY Medicaid: Minimal, depending on the interpretation of "contract services". Medicaid does not impose premiums or cost-sharing on services provided by IHS since these services are paid by encounter rates set by the federal government and reimbursed with 100% federal fund. IHS currently "contracts" with some medical providers off the reservation to provide health services. However, when a client is Medicaid eligible, Medicaid is the primary payer and copayment is required for adult clients in this case. If Medicaid providers fit the definition of "contract health services" then a payment system change will be required to exempt these clients from co payment. It should be a minimal change.