



Department of Public Health and Human Services

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Steve Bullock, Governor

Richard H. Opper,
Director

November 16 2015

Centers for Medicare and Medicaid Services
Tribal Affairs
7500 Security Boulevard
Baltimore, MD 21244

RE: Request for comment on the parameters of the interpretation of section 1905(b) of the Act

To Whom It May Concern:

The State of Montana, Department of Public Health and Human Services, has reviewed the information sent out regarding the policy changes under consideration by CMS. Montana is in support of updating the interpretation of section 1905(b) of the Act to better serve the health care needs of the AI/AN communities. Montana continues to focus on providing improved health care services to address the current health care disparities afflicting our native population where our native people life expectancy is 20 years less than other Montanans. In order to make the most of the opportunity afforded by the CMS policy change, Montana would like to see states given the flexibility for implementation to minimize administrative burden on IHS, tribal and community providers. Upon review, there are several comments and questions the State of Montana would like to propose.

In regard to modifying the second condition:

- Will there be any update or modification of the definition of an IHS/tribal facility and "facility service," as our understanding is that services are not to be limited to just four walls? Could these definitions be broadened to allow for more person centered care?
- Will a 638 agreement be required for the match? If a 638 is required, will the payment be to the IHS/tribe? And at the all-inclusive rate?
- If the goal of the policy change is to improve access to care for AI/AN Medicaid beneficiaries and increase the ability to claim 100% FMAP, should the "money follow the person" and allow any services provided to an identified AI/AN to qualify for this match? This would streamline the process and create fewer administrative requirements versus "received through" and "contracted services."

In regard to modifying the third condition:

- What will "arrange and oversee" entail? Will a contracted service require a referral system?
- Will these changes allow IHS/tribes to contract with a nursing home?

In regard to modifying the fourth condition:

- Will there be a definition of "contract" and the requirements for a "contract"?
- Will these changes allow IHS/tribes to contract with an in-patient facility and do the billing for it?

Thank you for your time and consideration of this response. If you have any questions, please contact Brett Williams, Hospital and Physician Services Bureau Chief, bwilliams@mt.gov or (406) 444-3634; or Duane Preshinger, Health Resource Division Administrator, dpreshinger@mt.gov or (406) 444-4458.

Sincerely,



Mary E. Dalton
State Medicaid Director
Montana Department of Public Health and Human Services