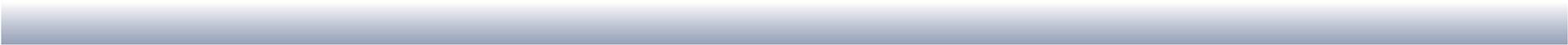




Washington State
Health Care Authority

Meeting of MCOs and Tribes

February 13, 2015



MCO-Tribal Meeting Agenda

I. Questions related to Contracts between MCOs and Tribes

- A. MCO accepts terms in Indian Addendum? (see [http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Model QHP Addendum Indian Health Care Providers 04-25-14.pdf](http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Model_QHP_Addendum_Indian_Health_Care_Providers_04-25-14.pdf))
- B. MCO provider insurance requirements take into account coverage for Tribes under the Federal Tort Claims Act?
- C. MCO provider credentialing requirements:
 - 1. Take into account Tribal privilege to credential Tribal provider under any state's credentialing standards?
 - 2. Do not require Tribal providers to have hospital privileges?
- D. MCO accepts facility-level credentialing, with roster of Tribal providers?
- E. MCO works with Tribes on utilization management for Tribal PCP referrals to specialists?
- F. MCO works with Tribes to build Tribal capacity to use MCO data analytics to support Tribal care management?
- G. MCO provides financial support for on-site Tribal case management/care management?
- H. Benefits for having a contract between a Tribe and an MCO?

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II. Questions related to Medicaid Requirements of MCOs

- A. MCO incorporates Tribal clinics in its network to meet network adequacy requirements?
- B. MCO refers AI/AN clients to Tribal clinics/Urban Indian clinics for culturally competent care?
- C. MCO supports culturally competent care among specialist providers?
- D. MCO provides adequate network of specialists, including in border communities (such as Portland)?
- E. MCO meets mental health parity requirements (no mental health visit limits)?
- F. MCO adequately trains staff on federal and state rules applicable to AI/ANs and Tribes so as to minimize MCO non-compliance due to administrative error?
 1. What kinds of services are contracted out by MCOs (such as vision care)?
Request for each MCO: Please provide vision care vendor information, including name, contact information, mailing address, and payer ID number (to facilitate correct billing of vision claims)
 2. MCO imposing prior authorization requirements for MCO-member AI/ANs who receive care at Tribal clinics?
 3. MCO requiring Tribal clinics to contract with MCOs before claims are paid?
 4. Will MCO provide single point of contact for Tribes to report issues to MCO (with sufficient resources for single point of contact to resolve issues correctly)?

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- G. MCO payment of mental health services below access-to-care standard, with HCA wraparound for encounter rate?

III. Additional Question for MCOs

- A. Do MCOs have ideas/thoughts for how to address AI/AN health disparities?

Thank you