



STATE OF WASHINGTON
All Inclusive Rate Consultation
April 24, 2025, from 3pm – 5pm
Hosted by the Health Care Authority

Tribal Council Attendees

- Confederated Tribes of the Colville Reservation – Chairman Jarred-Michael Erickson; Dr. Alison Ball, Councilmember
- Makah Tribe - Roger Bain, Treasurer; Marla Tolliver, Councilmember
- Suquamish Tribe – Chairman Lenord Forsman

Tribal Government Attendees

- Confederated Tribes of the Colville Reservation – Neeka Somday, Legislative Assistant; Ali Desautel, LRCHC, Bridget Desautel, Operations Manager, LRCHC
- Cowlitz Indian Tribe – Kay Culbertson, Health and Human Services Executive Director
- Kalispel Tribe – Weston Meyring, Staff Attorney
- Makah Tribe – Leah Neuneker, Health Director
- Muckleshoot Indian Tribe – Dr. Mythili Ramachandran, Medical Director
- Puyallup Tribe of Indians – Lydia Helmholtz, Billing and Claims Supervisor; Jessica Williams, Assistant Director, Community Family and Reentry Services
- Quileute Nation – Jolene Winger, Health Center Director
- Quinault Indian Nation – Denise Ross, Health Director; Aliza Mail-Brown, Health and Wellness Director, Larissa Williams, Administrative Manager
- Shoalwater Bay Tribe – Robin Debnar, Third Party Biller
- Snoqualmie Tribe – Alisa Burley, Health and Wellness Administrator
- Squaxin Island Tribe – Lucy Hill, Administrative Operations Manager, NW Indian Treatment Center; Jessica Dolge, Behavioral Health Office Manager, Squaxin Island Health Clinic
- Swinomish Indian Tribal Community | didgwalic – Sarah Sullivan, Health Policy Director
- Tulalip Tribes – Summer Hammons, Legislative Policy Analyst

Tribal Organizations/non-Tribal Indian Health Care Provider Attendees:

- American Indian Health Commission – Vicki Lowe, Executive Director

Health Care Authority Attendees:

- Executive Office: MaryAnn Lindeblad, Director; Lou McDermott, Deputy Director; Megan Atkinson, Assistant Director of Financial Services & Health Care Purchasing; Dr. Charissa Fotinos, State Medicaid and Behavioral Health Medical Director; Dr. Judy Zurzan, Chief Medical Officer
- Financial Services Division: Michaela Snook, Clinic Finance & Premium Payment Programs Section Manager
- Office of Tribal Affairs: Aren Sparck, Administrator; Christine Winn, Deputy Administrator; Lucilla Mendoza, Tribal BH Administrator; Mike Longnecker, Claims and Billing Technician, Stacy Swan, Tribal Claims Specialist; Henry Roy, Tribal Contracts Portfolio Manager; Annette Squetinkin-Anquoe, Tribal Grants and Contracts Manager; Nakia DeMiero, Tribal Opioid Response Coordinator; Julie Hutchinson, PCCME Specialist, Joe Santos, Medicaid Transformation Specialist; Sarah Cook-Lalari, WSTPS Coordinator; Lonni Rickard, Communications Consultant; Tina Anderson, Regional Tribal Liaison (RTL); Nicole Earls, RTL; Jaron Heller, RTL; Raina Peone, RTL, Lena Nachand, Tribal Liaison – Medicaid Transformation

Meeting Minutes:

Welcome and Introductions

Welcome

Aren Sparck, Administrator, Office of Tribal Affairs, Health Care Authority

Chairman Lenoard Forsman started us off in a good way.

Introduction of Elected Tribal Officials

Introduction of Tribal Leaders and Representatives

Opening Statements

Chairman Jarred-Michael Erickson, Confederated Tribes of the Colville Reservation

Sarah Sullivan, Health Policy Director, Swinomish Indian Tribal Community | didgwalic

Councilwoman Marla Tolliver, Makah Tribe

MaryAnne Lindeblad, Interim Director, Health Care Authority

Background

Encounter Rate Work Objective:

1. Identify a standard process for AIR determination in cooperation with Tribes
2. Develop standard internal process for new services/providers

3. Define health care professionals as it pertains to the Washington State Medicaid Plan

Summary of feedback and questions from Roundtables

1. What is the PMPM paid to MCOs?
2. Breakdown of how claims are paid for AIAN and Non-AIAN for SUD to Tribal and Non-Tribal providers
3. What is the amount of savings the State realizes by having Tribal facilities provide 100% FMAP services to the AIAN population.
4. HCA decision tree/process for AIR Determination
5. Tribes will provide proposed WAC language to HCA
6. Work Sessions are needed to develop WAC language

1. PMPM paid to MCOs

HCA reviewed the concept of managed care organization rates, which is a global capitation rate, and provided the breakdown of PMPMs by various categories of aid (CHIP, Family Child, Family Adult, etc.). HCA makes payment to MCO and the premium payment is intended to cover the expected utilization.

2. Breakdown of how claims are paid for AIAN and non-AIAN for SUD

HCA provided a claims payment breakdown by provider type (Non-Tribal Provider, FQHC, Tribal Provider), client type (AIAN and non-AIAN), and the breakdown of the payment (Total Paid, Federal Share, State Share (GF-S) and Tribal Local Match).

Tribal Comment: These scenarios need significant clarity to be understood.

Tribal Comment: This chart is misleading. A lot is out of context and does not communicate understanding of federal Indian law and why the encounter rate exists and how it is calculated. You can't compare the rates, this is not apples to apples, HCA must take into consideration the federal legal context within which the encounter rate was developed.

Councilmember comment in the chat: "Thank you, I agree"

3. What is the amount of savings the state realizes by having tribal facilities provide 100% FMAP

HCA approached this request as a repricing analysis, contrasting what occurs currently with if it occurred in another way. HCA took utilization in tribal facilities by tribal members and contrasted that with the same utilization moved out of tribal facilities.

HCA took into consideration the rate paid at non-tribal providers and FQHCs.

- Assumption that all current utilization for AIAN at tribal facilities moves to non-tribal/non-FQHC setting: Increase of \$8 million to state budget.
- Assumption that all current utilization for AIAN at Tribal facilities moves to a non-FQHC and FQHC providers (50/50 split): Increase of \$15 million to state budget.

Megan Atkinson was clear that this type of financial analysis is very hard to present and then have people digest it.

Tribal Comment: The data is probably skewed in the non-tribal system. How do they know that they are Tribal members or eligible beneficiaries?

Tribal Comment: Rename the FQHC portion, because Tribal FQHC is a look alike.

HCA Comment: When they did this analysis, they took the claims from the tribal facilities and changed it from the AIR billing rate to general billing rate. It is a repricing analysis, and it is artificial. The question as we understood it required us to create an artificial environment to do the repricing analysis.

Tribal Comment: There are people who say they're native but don't go through the rigorous process we make them go through to claim 100% FMAP.

Vicki: The question is if the 100% FMAP went away, and the Tribe still paid the encounter rate, what's the difference?

Megan: different question than what we were asked, link between the AIR and 100% FMAP

Charissa: clarifying question, if the FMAP was reduced to standard match, how much would that cost the state?

Tribal Comment: eligible AIAN, and the fight is at the federal level

Vicki: not the question, what's the difference to the state assuming 100% FMAP and then regular FMAP

Commented [LN1]: I didn't know what to put here, I was trying to capture the comments and where they came from, but I didn't know about Vicki and the back and forth she had with Megan and Charissa about not answering the right question.

4. HCA decision tree/process for AIR determination

HCA presented a flow diagram, explaining how new services come into being at HCA.

Tribal Comment: You need to gather tribal input and not just through MTM.

Tribal Question: When Vicki Lowe brought up the federal standard for health care provider, whatever became of that?

HCA Response: That is moved to the upcoming conversation regarding the WAC and the workgroups that will work on it.

Tribal Question: What if the Tribes don't agree with one another? What will HCA do?

HCA Response: Depends on what the dispute is, attempt to prioritize collaboration and the lowest level the dispute can get resolved.

Chairman Comment: This is a good start and let's move forward. This is what consultation is for and it's early and collaborative.

5. Tribes provide proposed WAC language

HCA commented on the WAC as written does not meet the needs, and we, HCA and Tribes, want a consistent, transparent and clear AIR process.

HCA Comment: We have a first draft complete, it's started, will present and incorporate the language the Tribes identify for us.

6. Work Sessions are needed to develop WAC

HCA Comment: Need to schedule the WAC Work Sessions. Who should attend? Tribal leaders, technical staff, AIHC, who else???

Possible Dates: June 12 or 13???

Tribal Question: Has the first draft been shared?

HCA Response: No, not ready for prime time.

NEXT STEPS

- Establish Date and time for WAC work session at May MTM.
- Send out DTLL to announce work sessions to develop WAC language
- Incorporate Tribal feedback into language
- Submit WAC for leg approval

MaryAnne Lindeblad Closing: "We have a good pathway moving forward, and we are looking forward to working together on this and many more topics. Thank you elected officials."