Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current and previously issued FIRs are available on the NM Legislative Website (<u>www.nmlegis.gov</u>) and may also be obtained from the LFC in Suite 101 of the State Capitol Building North.

# FISCAL IMPACT REPORT

SPONSOR	Louis	ORIGINAL DATE 3/8/17 LAST UPDATED	HJM	21
SHORT TITL	<b>.E</b> _]	High-Quality Health Care to Native Americans	SB	

ANALYST Boerner

## ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		NFI	NFI	NFI		

(Parenthesis () Indicate Expenditure Decreases)

# SOURCES OF INFORMATION

LFC Files

<u>Responses Received From</u> Indian Affairs Department (IAD)

#### SUMMARY

#### Synopsis of Bill

This bill asks the Human Services Department to conduct a study, in collaboration with health care entities in New Mexico to determine how best to resolve current cost-sharing problems that arise when Native Americans receive care off-reservation.

#### **FISCAL IMPLICATIONS**

None noted

#### SIGNIFICANT ISSUES

In 2015, the federal Centers for Medicare and Medicaid Services (CMS) announced its intent to re-interpret federal statute regarding federal funding for services received by Medicaid-eligible American Indians and Alaska Natives (AI/AN) through facilities of the Indian Health Service (IHS), whether operated by IHS or by Tribes. The new rule interpretation provides for 100 percent federal match (FMAP) for services "received through" IHS/Tribal facilities. The previous interpretation did not generally extend to services provided outside of IHS/Tribal facilities.

### House Joint Memorial 21 – Page 2

In short, to qualify for 100 percent federal reimbursement, there must be an established relationship between the AI/AN Medicaid beneficiary and the IHS/Tribal facility practitioner; both the IHS/Tribal facility and non-IHS/Tribal provider must be enrolled in the state's Medicaid program as rendering providers; and there must be a written care coordination agreement between the IHS/Tribal facility and the non-IHS/Tribal provider.

To date, the University of New Mexico has entered such an agreement and the state is seeking 100 percent reimbursement from CMS for Medicaid eligible services provided to AI/AN clients under the new agreements. However, HSD has cautioned New Mexico has yet to receive final approval from CMS. The LFC budget recommendation for HSD assumed HSD would continue to encourage these contractual agreements with other applicable facilities.

View the official federal policy guideline here: https://www.medicaid.gov/federal-policy-guidance/downloads/sho022616.pdf

CB/jle