MANDAN, HIDATSA & ARIKARA NATION
Three Affiliated Tribes * Fort Berthold Indian Reservation
404 Frontage Road New Town, ND 58763
Tribal Business Council

Office of the Chairman
Mark N. Fox

HOUSE BILL 1407
SENATE HUMAN SERVICES COMMITTEE
MARCH 8, 2021

TESTIMONY OF MARK N. FOX, CHAIRMAN
MANDAN, HIDATSA AND ARIKARA NATION

Mr. Chairman and members of the Committee, my name is Cynthia Monteau, representing and on behalf of Chairman Mark Fox of the Three Affiliated Tribes of the Mandan, Hidatsa and Arikara Nation (MHA Nation). I come before you today as an Opponent of House Bill 1407.

While we appreciate that the MHA Nation was specifically removed from the bill in the prior version, the bill still does not provide for a Tribe to "opt out," which remains a concern for the MHA Nation. A participating tribe is one that is defined on page 1, lines 16-18 and the MHA Nation satisfies that definition of a participating tribe because we provide health care under the federal Indian Self-Determination and Education Assistance Act (ISDEAA).

To gain MHA Nation's support of this bill we recommend the following language to be inserted on line 19:

2. The department of human services shall facilitate care coordination agreements.

When services are furnished to an AI/AN Medicaid beneficiary by a non-IHS/Tribal provider based on a referral from an IHS/Tribal facility and under the terms of a written care coordination agreement, and the non-IHS/Tribal provider bills the state Medicaid program directly. The provider will be reimbursed at the rate authorized under the Medicaid state plan applicable to the provider type and the service rendered. Of any federal funding in excess of the state's regular share of federal medical assistance funding which results from care coordination agreements, the department shall deposit seventy percent in the tribal health care coordination fund and thirty percent in the general fund.

By inserting this language, it clarifies the process of reimbursement. The distinction is that an IHS/Tribal facility referring a qualified AI/AN Medicaid beneficiary through its own contracting authority with that provider is reimbursed at 100% FMAP and therefore the state is not contributing to that cost but acts simply as a "pass through" of the federal dollars to the tribal facility. Whereas in the case of a Medicaid provider that does not want to submit to the tribe for payment, but instead elects to be directly paid by Medicaid, the department of human services may facilitate those care coordination agreements and reimburse

the provider at the rate authorized under the Medicaid state plan and retain excess of the state's regular share of federal medical assistance funding which results from care coordination agreements. This language change does not interfere with an ISDEAA tribe's contracting authority and aso supports the states recovery of federal funding in excess of the state's regular share of federal medical assistance funding for services to an AI/AN Medicaid beneficiary where the state is contributing 50% of the costs of the care, which is the true purpose of this bill - to address those funds specifically.

Mr. Chairman we urge a Do Not Pass unless this bill is amended accordingly. Thank you.