

American Indians and Alaska Natives: Medicaid State Data Collection

for the
Centers for Medicare & Medicaid Services
Tribal Technical Advisory Group (TTAG)

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Summary

The primary purpose of this study is to investigate how state Medicaid programs are currently gathering data on American Indians and Alaska Natives (AIAN) and healthcare providers of the Indian Health Service (IHS) system, and then advise as to how the data collection protocols could be improved, and propose collaborative initiatives among state programs to implement the advice. The findings of this report are intended first and foremost to inform the Centers for Medicaid and Medicare Services (CMS) Tribal Technical Advisory group (TTAG) on recommendations they could make to CMS to improve state Medicaid data collection for more useful federal data reporting to fulfill their program planning and policy responsibilities to AIAN.

Medicaid state programs are required to collect and report data on Child Health Insurance Program (CHIP) enrollees whose benefits are paid by the Medicaid program. Therefore in this report we use the term CHIP to refer to these 'Medicaid CHIP' programs operated by states. Since data reporting from both the Medicaid and Medicaid CHIP programs is subject to the same rules, the term Medicaid includes Medicaid and Medicaid CHIP programs. State-only CHIP programs are not considered in this report.

This report recommends collecting data on the three populations of AIAN (Racial AIAN, IHS Eligible AIAN, and IHS User AIAN) with expanded definitions over those previously recommended by the CMS TTAG in 2006 (Census AIAN, Tribal AIAN and IHS Active User AIAN) because of the expansion of unique Medicaid and CHIP entitlements of the latter two groups of AIAN through recent legislation:

- Racial AIAN including enrollees declaring American Indian or Alaska Native race, regardless of any other race or ethnicity
- IHS Eligible AIAN including enrollees who are Tribal AIAN and other individuals who meet criteria as "Indians" consistent with the IHS and recent health care legislation (including Eskimos, Aleuts and other Alaska Natives, California Indians, certain Urban Indians, and descendants of Tribal AIAN).
- IHS User AIAN including enrollees who have ever used or are currently (this year) using medical care at an IHS system provider, as well as those who meet the IHS criterion of an Active User (this year or the last 2 years).

These revised definitions specified in the report are appropriate for state Medicaid program reporting requirements for not only racial disparities, but for reporting 100% FMAP payments on the CMS64 Quarterly Expense Report and for exporting state Indian Health Service (IHS) Program data in the Medicaid Statistical Information System (MSIS). These definitions added to state Medicaid applications allow implementation of recent Medicaid and CHIP provisions for AIAN enrollees and IHS system providers in legislation passed in 2009 and 2010. The legislation affects how income and assets are used to determine Medicaid and CHIP program eligibility for IHS Eligible Indians, and how cost sharing

and managed care participation are determined for IHS User Indians. Data according to these definitions should be included in both Eligibility and Claims data to assure more accurate and complete state reporting of racial disparities, 100% FMAP payments and IHS Program data.

This report recommends improving the quality and completeness of Medicaid and CHIP data collected from IHS and Tribal facilities, and expanding the data to include that of Urban Indian facilities. MSIS has been reporting IHS Program type data from claims filed for IHS-covered services by IHS and Tribal facilities, or their Medicaid health professionals. However, MSIS requires states to identify the claims as IHS Program type claims. States have an incentive to identify the IHS Program claims paid, since those that meet the criteria of IHS Program type data are 100% reimbursable by the federal Medicaid program. However barely half of the states that should be reporting IHS Program data are reporting such data, and those that are reporting the data have difficulty identifying and then specifying that the beneficiary was an IHS eligible AIAN, and that the service was an eligible IHS provider and service.

Medicaid and CHIP Data Collection Recommendations

Proposed Protocol Improvements. We recommend that the definitions of AIAN and of IHS Program data we have described in this report be recommended for inclusion in the MSIS Data Dictionary and implemented in data collection instruments. The primary state Medicaid and CHIP data collection instruments are the eligibility application and provider claim forms which supply data to MSIS according to definitions and specifications in the Data Dictionary. We furthermore provide sample questions to be asked on Medicaid applications that would allow applicants to indicate whether they are not only a racial AIAN, but also meet criteria of an IHS Eligible or IHS User AIAN.

Proposed State Collaborative Initiatives. The report outlines three initiatives to improve data collection and processing for AIAN and IHS Program data of I/T/U facilities and providers and thereby improve the states' reimbursement by the federal Medicaid program.

- **Improving the Federal 100% FMAP Reimbursement for IHS services provided to AIAN at IHS funded facilities.** This educational initiative is designed to have states, IHS facilities and tribes share protocols for appropriate and complete collection of AIAN and IHS Program data so states are reimbursed properly for 100% of payments made. State Medicaid programs can improve the federal reimbursement funds they receive with more accurate determination of the providers, claims and AIAN recipients.
- **Improving IHS Program Data.** This educational initiative is designed to have key people from selected states that have implemented promising practices in IHS Program data collection present their strategies and lessons learned.
- **IHS Program Data Tracking.** This data quality initiative is designed to track IHS Program data by state and year for the 36 states in the IHS healthcare system to report whether the reporting of IHS Program enrollees, services and payments expands and improves over time and feedback the findings to state Medicaid IHS/Tribal Liaisons and data program staff.

American Indians and Alaska Natives: Medicaid State Data Collection

Contracted Tasks

1. Survey states on their Medicaid and CHIP data collection practices of AIAN data for program planning and policy purposes.
2. Develop proposals for protocols that reflect appropriate and accurate collection of AIAN data on a national basis.
3. Develop proposals for collaborative innovations among State programs to ensure sharing protocols for appropriate and accurate collection of AIAN data for program planning and policy purposes.

Introduction

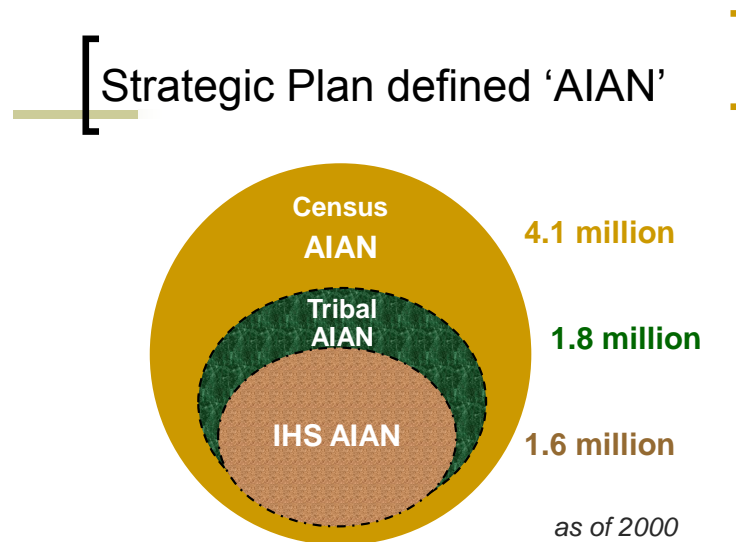
One of the first goals of the CMS Tribal Technical Advisory Group (TTAG) was to have CMS data reported to them on AIAN and the Indian health providers they rely on. They pointed out that CMS has large amounts of data that could provide extremely valuable information about AIAN with regard to program enrollment, utilization of health services, costs to CMS and revenues to the Indian healthcare system providers, and health status.

The TTAG request for improved data for AIAN and the Indian healthcare providers has become highly relevant to Medicaid and CHIP beneficiary services with passage of three major health laws in 2009 and 2010: the American Recovery and Reinvestment Act (ARRA P.L. 111-5), the Child Health Insurance Program Reauthorization Act (CHIPRA P.L. 111-3) and the Accountable Care Act (ACA P.L. 111-148 that includes the Indian Health Care Improvement Act, IHCA).

The TTAG pointed out that while CMS has a large amount of data for Medicaid and CHIP programs, the information is submitted without consistent directions about how to identify AIAN. The CMS TTAG defined three relevant groups of AIAN for which data is needed in the *CMS AIAN Strategic Plan 2006 to 2010* (Figure 1). 'Census AIAN' was defined as a self-declared AIAN racial category, 'Tribal AIAN' as a category including enrolled members of federally-recognized Indian Tribes, and 'IHS AIAN' as a user population of AIAN who live close to IHS or Tribally operated facilities that includes enrolled members

of federally recognized Tribes, but also other categories of AIAN, and their descendants of both as established in statute (Title 25 U.S.C., 1603c, 1603f. 1679b).

Figure 1. Census, Tribal and IHS AIAN defined by the CMS AIAN Strategic Plan 2006 to 2010.



The CMS TTAG defined the IHS healthcare delivery system for which they sought information in the CMS AIAN Strategic Plan (Table 1). The system includes three types of Indian healthcare providers

Table 1. Definitions of IHS-funded 'I/T/U' provider organizations, with examples of IHS services and facility types.

Label	Providers Included	Examples of Services	Facilities 2010
Indian Health Service (I)	IHS Direct Service Providers	Primary Care (Medical, Dental, Vision), Ancillary (laboratory, pathology, imaging, emergency transportation), Behavioral Health, Limited Hospital and some Specialty services	29 Hospitals 59 Health Centers 28 Health Stations 4 School Centers
Tribal (T)	Tribally Operated Health Programs	Primary Care (Medical, Dental), Ancillary (Limited laboratory, pathology, emergency transportation), Behavioral Health, Tribal Hospital may have some Specialty services	16 Hospitals 237 Health Centers 162 Alaska Village Clinics 93 Health Stations 13 School Centers
Urban Indian (U)	Urban Indian Health Organizations	Primary Care, Ancillary (Limited laboratory, pathology), Behavioral Health	34 Urban clinics

operated by the IHS or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as I/T/U) defined in Section 4 of the Indian Health Care Improvement Act, Title 25 U.S.C. 1603. program to purchase services from the private sector providers where direct services or specialized medical services are not provided directly by the local IHS or Tribal, but not Urban, health care facility.

The primary purpose of this study is to investigate how state Medicaid programs are currently gathering data on AIAN and IHS healthcare system providers, develop recommendations for the CMS TTAG on how the data could be improved, and then develop proposals for how current state practices could be adapted to meet the recommendations. The goal was established before passage of health care reform and the Indian Health Care Improvement Act in March 2010. Though both pieces of legislation had been combined and passed at the time of the Medicaid State Data Collection state by state survey conducted for this study in May 2010, the regulatory definitions and requirements of the legislation for AIAN and data collection were described, but not entirely consistent or clarified in detail. Therefore this survey did not ask states about what would be done in the future, only about what was currently being done. By building on existing state data collection practices it is intended that the proposals be realistic in what states can feasibly do, and where data definitions and practices are most severely lacking

An additional aim of the report grew out of the implementation of health reform starting in the summer of 2010. It is therefore also the purpose of this report is to take the findings from the Medicaid State Data Collection survey in May together with the new data requirements in the laws for AIAN eligibility, coverage and reporting, to draw conclusions and propose recommendations to the CMS TTAG regarding data collection for AIAN and IHS healthcare system providers.

- **Methods section.** We describe the information we collected from the states and how we collected it.
- **Findings section.** We contrast the definitions of the CMS TTAG for AIAN enrollee groups and IHS healthcare system providers with how states report they are defining and gathering data.
- **Conclusion section.** We develop feasible proposals for how data could be collected to meet to meet not only the recommendations of the CMS TTAG, but requirements of recent health legislation. We recommend protocols that reflect more appropriate and accurate collection of AIAN data on a national basis to meet these data needs and collaborative innovations among State programs to support the sharing protocols for more appropriate and accurate collection of AIAN data for program planning and policy purposes.

This report is intended to inform first and foremost the CMS TTAG on recommendations to consider making to CMS to improve state Medicaid and CHIP data collection, and federal data analysis for the reporting on enrollment, service use and payments of AIAN and IHS healthcare system providers.

Methods

State IHS/Tribal Contact Development. All CMS Native American Contacts were contacted by email and then telephone and asked for the names and contact information of the states in their assigned regions that were also states in the IHS Healthcare service delivery system (Appendix A). IHS and Tribal liaisons were then contacted in each state (Appendix B), and in a small number of states the staff responsible for the state's Medicaid Management Information Systems (MMIS) or Medicaid Statistical

Systems (MSIS) that perform data processing of eligibility application and claims data were also contacted.

Survey Instrument Development. After talking with representatives of about 10 states, a common language was found for asking the questions that obtained the information that was being sought. A brief survey instrument with questions divided into three major steps in data collection and processing (1. Eligibility determination; 2. Claims processing; and 3. Claims adjudication) was developed (Appendix C). The responses to this questionnaire were then completed as completely as possible for the 10 states already interviewed, and the questionnaire with responses emailed back to the IHS and Tribal liaisons of those states for confirmation or revision of the responses. Their feedback on the clarity of the questions was then taken into account to make final edits. The questionnaire was then emailed to the rest of the states (N=25) that had not yet responded to calls or emails, and they were called and emailed at least one more time for a response.

Survey Responses. The questions and their responses were discussed by telephone or email with the state IHS and Tribal liaisons (Appendix E). In a number of states the liaison asked for additional time to contact staff responsible for the state's Medicaid Management Information Systems or Medicaid Statistical Information Systems about responses to certain questions.

Response Rate. We repeatedly attempted to contact 35 states in the IHS healthcare delivery system, we succeeded in finding IHS and Tribal liaisons and contacting 28 states (80%). We could obtain no response from 5 of the states we contacted (Appendix B). For two states contacted (Indiana and Pennsylvania) the Medicaid state officials who were contacted indicated that because they had no IHS system providers their states had no IHS or Tribal liaisons, nor any special data collection procedures for AIAN. These two states have counties that are served by IHS system providers across their state borders. They declined to respond to the survey. We obtained complete responses from rest of the states (N=21), which is 75% of the states contacted or 60% of all 35 states (Appendix E).

Online Medicaid Eligibility Applications. In addition to survey information we searched online for copies of each state's Medicaid eligibility application. States fell into three general categories those with a retrievable online application document, those with an online application process (information collected online), or those with neither an online document nor process. For those states with retrievable online application documents we reviewed the questions asked related to Race, Ethnicity and Tribal, American Indian or Alaska Native status (Appendix F).

Findings

During eligibility determination and claims processing Medicaid data is collected on enrollees, providers, the services provided and the payments made. The primary data collection instruments are enrollee eligibility applications (paper or electronic) and provider claims for payment (electronic). In addition data is collected on providers when they apply to the agency for certification as Medicaid providers. Eligibility, claims and provider data are moved, stored and used by states in two primary systems: Medicaid Management Information Systems (MMIS, or its state-specific alternative) and the

Medicaid Statistical Information Systems (MSIS). The purposes and uses of the two systems are different (Appendix D).

Census AIAN (racial) Data Collection

Census (racial) AIAN definition. “Any declaration of American Indian or Alaska Native racial heritage, regardless of Hispanic ethnicity.” This definition from the Strategic Plan is particularly relevant with the passage of ACA P.L. 111-148, federal health programs are required to collect data, analyze and report on statistically reliable estimates of Racial Disparities ‘to the extent practicable’ using definitions for race and ethnicity of the Office of Management and Budget (OMB). Medicaid data system (MSIS) currently reports the minimum OMB standard race-ethnicity definition for AIAN: “AIAN the only racial heritage declared, without Hispanic ethnicity.” The CMS TTAG definition, consistent with the OMB’s higher standard definition is critical for AIAN, the smallest of the major racial minorities, to have a chance at having data on sufficient numbers of AIAN to have statistically reliable estimates for analyses of Racial Disparities.

We investigated three major factors that we found in our prior reports threatened the completeness and accuracy of data collection on Census AIAN in Medicaid:

- **Reporting race.** The extent to which states encourage Medicaid applicants to report any race at all is a major factor in quality data collection because not only AIAN, but other minorities who have been stigmatized and discriminated against because of race have good reason not to declare their race if they are not required to do so. More Medicaid applicants end up with ‘Unknown’ race than AIAN race.
- **Reporting of multiple races.** This is a major factor in quality data collection because half of the people declaring they are AIAN in the Census declare they are multiracial. This is in major part because AIAN are by far the smallest minority in numbers in the Census. This makes exclusion of multiracial AIAN of much greater impact on AIAN racial reporting than any other race.
- **Reporting of Hispanic ethnicity separately from race.** This is a major factor because the majority of Hispanic American Indians of the United States end up classified as Hispanic and not American Indian in a single Hispanic race-ethnicity category. The majority of Hispanic American Indians in the Census are U.S. born.

All three of these data collection issues can result in undercounting racial AIAN numbers which are already the lowest numbers of the major racial-ethnic groups, and reduce the reporting of statistically reliable estimates of racial disparities for AIAN, and generally the reporting of the racial disparities for AIAN at all.

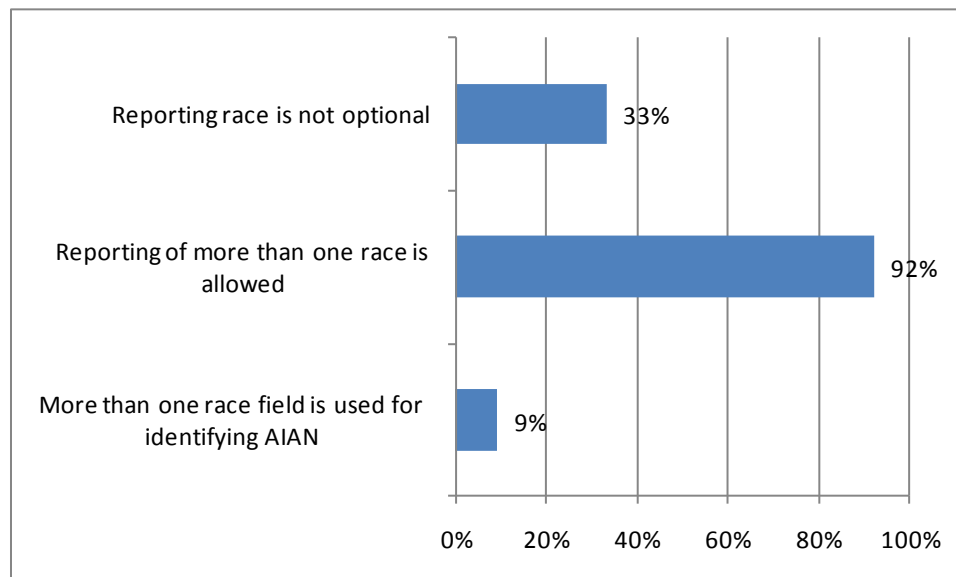
Survey and Application Findings. State data collection on Medicaid eligibility applications for race and ethnicity information is not sufficient to report racial disparity or other information for Census AIAN.

--Does your state application encourage collection of race data? One third of the survey respondents (33%) indicated that providing racial information in their state was not optional (that is, mandatory,

Figure 2). Civil rights legislation prohibits discriminating against an individual based on eligibility for benefits based on race, but no law prevents states from collecting racial information. The Oregon Medicaid application actually states that “Title VI of the Civil Rights Act of 1964 allows us to ask for this information. You can choose not to give this information. It will not affect your eligibility for benefits.” But many applications merely indicate that declaring race is ‘optional’ or ‘voluntary’ which contributes to more people ending up with ‘Unknown’ race than people with AIAN race. Interestingly one application (a joint Medicaid and food program application) indicated that the US Department of Agriculture “required that the state eligibility worker assign a race if the applicant didn’t provide one.”

--Does your state application allow for collection of multiple race data? While 92% of the states surveyed indicated that Medicaid applicants could declare more than one race on the eligibility application and only 9% of the states said that they used more than the first race indicated to identify AIAN (Figure 2). In addition we also found a number of ways that the applications themselves made it difficult to report AIAN information by the Census (racial) AIAN definition (Appendix G).

Figure 2. Percent of states responding ‘Yes’ to specific practices in collection of racial data in the Medicaid/CHIP eligibility process.



Only a few of the online Medicaid application documents that we reviewed actually indicated that applicants could select more than one race with such statements as, “Select one or more” or “Check all that apply,” as in Connecticut below:

Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Racial Origin: (check all that apply)	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African Descent	<input type="checkbox"/> Native American or Alaska Native
		<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

If this person is between 16 and 65 years old, are they able to work now? Yes No If No, please explain

Some simply allowed for multiple boxes to be checked, as with South Carolina below.

Medicare Number, if applicable:	Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Mexican <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Cuban <input type="checkbox"/> Refugee Entrant <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American/Oriental <input type="checkbox"/> Other
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Some applications ask applicants to code their race, and only provide room for a single code, like that of New York in Appendix A, or Oregon below:

Ethnicity/Racial Heritage – Write in all the codes that apply. Title VI of the Civil Rights Act of 1964 allows us to ask for this information. You can choose not to give this information. It will not affect your eligibility for benefits.

Ethnicity		Racial Heritage	
H – Hispanic or Latino		A – Asian	P – Native Hawaiian or Other Pacific Islander
N – Not Hispanic or Latino		B – Black or African American	
		I – American Indian/Alaska Native	W – White

Name (Last, First, M.I.)	Relation to you	Sex	Date and City/State of birth	Applying for benefits	* Social Security Number	* U.S citizen? Proof required, see YELLOW sheet	Ethnicity/ Racial Heritage
a.	Self	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No, non-citizen#	

--Does your state application collect Hispanic ethnicity data separate from race? Most state Medicaid eligibility applications have a separate question or place to indicate Hispanic ethnicity, as in Connecticut and Oregon application forms above. But some discourage separating ethnic and racial data by including Hispanic in the list of racial choices as in South Carolina application above, or ethnic choices like the Colorado application below:

7. Please check the child's ethnic group (you do not have to answer this question):

White Hispanic/Latino African American Native American
 Asian Alaskan Native Pacific Islander
 Other: _____

Census AIAN Conclusions. States could improve their data collection and reporting on AIAN race on Medicaid applications to meet MSIS Data Dictionary specifications and Census AIAN racial definition. The recommended definition for Racial AIAN is, “Enrollees who self-declare American Indian or Alaska Native race, regardless of any other race or Hispanic ethnicity they declare.” States could improve their data collection of racial data for AIAN on Medicaid applications to meet the completeness of reporting for AIAN populations found on the U.S. Census. Current practices of state Medicaid programs reduce the number of AIAN who qualify as racial AIAN in Medicaid data below 50%.

- **Applications need to encourage applicants to provide race data.** Racial minority applicants are more likely than others not to report any race. Applications should indicate that while race is not used for determining Medicaid eligibility or benefits, and providing race is voluntary, that racial information is essential to determine whether there are unintended disparities in Medicaid program practices.
- **Applications need to allow applicants sufficient room for collection of multiple race data.** AIAN is the smallest of the major racial minorities in the U.S., with the largest proportion

reporting more than one race in the Census. Applications should not make it difficult for applicants to report more than one race. Analyses of racial disparity data for AIAN should include AIAN of more than one race in the category of Racial AIAN. This recommendation is consistent with the current Office of the Management of the Budget (OMB) official regulations on collecting race data.

- **Applications need to collect Hispanic ethnicity data separate from race.** The Hispanic ethnicity question needs to be asked separately from race questions on applications to allow Hispanic American Indians of U.S. ancestry to declare their Hispanic ethnicity without affecting their AIAN racial declaration. This recommendation is consistent with the current official OMB regulations on collecting race and ethnicity data.

Tribal AIAN Data Collection

Tribal AIAN definition. The CMS TTAG limited its definition of Tribal AIAN to ‘enrolled members of federally recognized tribes.’ The names of these tribes are listed annually by the Bureau of Indian Affairs of the department of the Interior in the *Federal Register*. This is an IHS system healthcare ‘eligible’ population, but it is not the entire IHS healthcare eligible population, nor are all Tribal AIAN in the IHS healthcare ‘user’ population.

At the time we conducted the survey there were no requirements that states gather data on Tribal AIAN and therefore we reviewed Medicaid application documents that were available online to see whether states were currently gathering data on Tribal AIAN, and we asked a single survey question to assess whether the state involved tribes in any way in identifying AIAN Medicaid enrollees for which the state was entitled to the 100% FMAP. We investigated:

- **Do Medicaid applications allow applicants to report their tribal membership?** This is important for members of federally recognized tribes because 1) during the eligibility determination certain Indian-related income and assets they have need to be screened for exemption; 2) they need to be screened for exemption from cost-sharing: copayments or premiums, or 3) from default managed care assignment. Furthermore the claims submitted by IHS system providers (IHS and Tribal, I/T) for IHS services need to be screened for 100% FMAP reimbursement of the state Medicaid program for services provided to these AIAN.
- **Do State data system officials work with tribes to help identify applicants who are tribal members?** This is important because tribes determine who their members are, individuals cannot self-declare Tribal status as they can racial status as AIAN. Tribal documents have not been used by the Medicaid system in the past, and states will need to work with federally recognized tribes to know what tribal documents are valid for tribal membership, what documents establish the descendants of tribal members eligible for health care, U.S. Citizenship, and other purposes for tribal documents that have been introduced with legislation passed in 2009 and 2010. Medicaid claims data systems need to record which claims ‘belong’ to Tribal AIAN for 100% FMAP reimbursement. Such as an identifier also corrects claims that

have been misclassified for AIAN race which occurs on a substantial number of enrollment and claims records because of the problems with collection of AIAN race identified above.

Tribal AIAN Survey and Application Findings. Virtually all of the states that responded to the survey indicated that they had held at least one tribal consultation with one or more tribes in their state. The states varied however in the extent to which they involved tribes in determining how to capture and report tribal information.

--Does the application allow collection of the name of the tribe and tribal membership status of AIAN? In the online Medicaid application for the state of Maine we found actual listing of the tribes indigenous to the state listed for applicants to check:

Please complete a section for each adult applying for benefits. This information is Voluntary. Your benefits will not be affected if you do not answer.	Applicant	Second Adult
Are you Hispanic or Latino?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you an American Indian or Alaskan Native?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Circle the tribe you belong to: 1. Houlton Maliseet 2. Peter Dana Pt. Passamaquoddy 3. Pleasant Point Passamaquoddy 4. Penobscot 5. Aroostook Micmac 6. Other		
Do you live on your tribe's reservation?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you Asian?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you Black or African American?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you Native Hawaiian or Pacific Islander?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you White?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

The application from the state of Maine also asked whether the applicant lived “on your tribe’s reservation.” In other state survey interviews we found officials who also understood that only services provided to Tribal AIAN who *lived on tribal lands* by IHS system providers were eligible for the 100% federal reimbursement (100% FMAP).

The online Oregon state Medicaid application did not contain special language for Tribal AIAN, but the Medicaid state tribal liaison for Oregon referred us to application form instructions where there are special questions for American Indians/Alaska Natives, both Tribal AIAN and additional defined groups important for health care eligibility determination (see next section on IHS AIAN)

<http://dhsforms.hr.state.or.us/Forms/Served/HE7210pkt.pdf>):

Oregon Medicaid application excerpts:

DHS defines American Indian/Alaska Native as follows:

- A member of a federally recognized Indian tribe, band or group, or
- An Eskimo or Aleut of the Alaska native enrolled by the Secretary of Interior pursuant to the Alaska native Claims Settlement Act, 43 U.S.C. 1601, or
- A person Eligible for health care through an Indian Health Services (IHS) program*

(*in some states this may include an addition defined group, such as the child of a member of a federally recognized Indian tribe, band or group, or in California, descendants of [1851 Indians])

In addition the following instructions on the Oregon application instruction Yellow Sheet page 9:

“If you or anyone in your household is an American Indian/Alaska Native, you must send a copy of your proof of heritage, membership with a federally recognized tribe, or a letter showing Indian Health Services (IHS) program eligibility. See page 15 of the GREEN booklet for more information.”

In Wisconsin we found that the state Medicaid program worked with tribes to establish a Tribal AIAN identifying file to screen claims that tribal providers in the IHS system providers submitted for 100% FMAP. The Department of Health Services had found that only about 39% of persons served at tribal clinics were identified as AIAN, though the Indian tribes of Wisconsin that operated the clinics estimated that 95% of their Medicaid enrolled clinic users were American Indians. The state decided they needed a Tribal AIAN identifier on their claim forms to capture the rest of the 100% reimbursement that they were entitled to for payments made for their clinic services. A pilot project was conducted in 2009 with the Lac du Flambeau tribe to establish a confidential data sharing process that would identify which claims from the tribal clinics were for Lac du Flambeau tribal members. The demonstration project successfully increased the federal revenues for the state, and enabled tribes to ask the Department of Health Services for consideration of improvements in services they sought.

In Alaska we found annual, quarterly and even monthly joint meetings of the Department of Health Services Systems and ‘tribes.’ In Alaska a Native Health Board consists of one elected or selected representative of the Board of Directors or health committees of Alaska’s Native regional health organizations and independent Tribal (P.L. 93-638) providers meets twice a year. There is a State/Tribal Medicaid Task Force that meets quarterly as well. In the next section on IHS AIAN we describe the project they decided on to more accurately identify AIAN for 100% FMAP.

While our interviews did not get into special eligibility, benefit or coverage provisions for Tribal AIAN, we found that the Massachusetts state application indicated that Tribal AIAN under age 19 were entitled to special exemption from premiums for CHIP coverage:

Massachusetts Medical Assistance application excerpts:

Family members under the age of 19 who are Alaska Natives or members of a federally recognized American Indian tribe who get MassHealth Family Assistance may not have to pay any premiums for this coverage.

Are you or any family member who is under the age of 19 an Alaska Native or a member of a federally recognized American Indian tribe? Yes/No

Tribal AIAN Conclusions. States need help and support in working with tribes to identify AIAN covered by the federal trust responsibility and therefore entitled to the special eligibility, benefits and coverage provisions of recent Medicaid health care legislation:

- **Applications need to allow collection of the name of the tribe and tribal membership status of AIAN.** At the time of application states need to check tribal documents of AIAN indicating they are members of federally recognized tribes, and the name of the tribe of which they are a member. Because there can be differences in the names of federally recognized tribes in the *Federal Register*), tribal membership documents, and the IHS system of labeling and coding additional allowable tribal affiliations, a protocol is needed for states to know how to label and code tribal names in their state that are eligible for the special eligibility, benefits and coverage provisions for Tribal AIAN.
- **Applications do not need to determine whether tribal members live on tribal lands.** To be eligible for IHS benefits legally defined “Indians” and “Indian tribes” do not have to live on or near tribal land. In US legal code Title 25 USC 1603(c) it states, “Indians” or “Indian”, unless otherwise designated, . . . shall mean any individual who (1), irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians.
- **State data system officials and tribes need to work together to identify names of federally recognized tribes.** Because there can be differences in the names of federally recognized tribes in the *Federal Register*), tribal membership documents, and the IHS system of labeling and coding additional allowable tribal affiliations, a protocol is needed for states to know how to label and code tribal names in their state that are eligible for the special eligibility, benefits and coverage provisions for Tribal AIAN.
- **Enrolled members of State recognized tribes that are federally recognized tribes, have certain AIAN privileges (included in the cost sharing provisions).** In US legal code Title 25 USC 1603(c) again, “Indians” or “Indian”, unless otherwise designated, . . . shall mean any individual who (1), irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside.

IHS AIAN Data Collection

IHS AIAN definition. The *CMS AIAN Strategic Plan* definition of IHS AIAN is that of ‘AIAN Active Users’ of IHS healthcare facilities and therefore is limited to an IHS ‘user’ population, and not an IHS ‘eligible’ population. Furthermore the designation of ‘Active User’ is an IHS-defined population of, “AIAN who live on or near tribal land and have had a medical or dental visit with an IHS funded program at least once in the past three years.” An IHS Active User population is distinguished from the broader IHS user population of AIAN who had *ever* used an IHS system healthcare provider, or who used another IHS service (not a medical or dental service). Most IHS AIAN are also ‘Tribal AIAN’ in terms of the *CMS AIAN Strategic Plan* (Figure 1).

The CMS TTAG definition of ‘AIAN Active Users’ is a cohort of Medicaid and CHIP enrollees in a given year who are users of IHS system facilities in the same year or 2 years immediately prior to that year. The ‘Active User’ 3-year cohort ends in the current year of Medicaid or CHIP enrollment. Technically an IHS Active User in 2010 used an IHS facility for a medical or dental visit between the federal fiscal year 2008 and 2010 and was enrolled in Medicaid or CHIP in calendar year 2010.

The IHS AIAN definition of the CMS TTAG is a useful ‘denominator’ population for current Medicaid and CHIP enrollment and service use by an AIAN population likely to have access to IHS facilities, the definition of ‘IHS AIAN’ does not encompass the entire population of ‘IHS eligible AIAN’ which is also a useful population for analysis and reporting of Medicaid and CHIP enrollment and service use (see Conclusions section).

Medicaid ‘IHS Program’ data in MSIS is derived from the claims that states pay to IHS system providers for IHS services provided to Medicaid enrollees who are IHS user AIAN. States also report data quarterly on Medical Assistance Payments they have made for IHS Facility Services that are eligible for 100% federal share of payment (100% FMAP) on the ‘Medicaid Statement of Expenditures for the Medical Assistance Program’ (CMS 64 form). The data is derived from claims payment information in the MMIS (Appendix D).

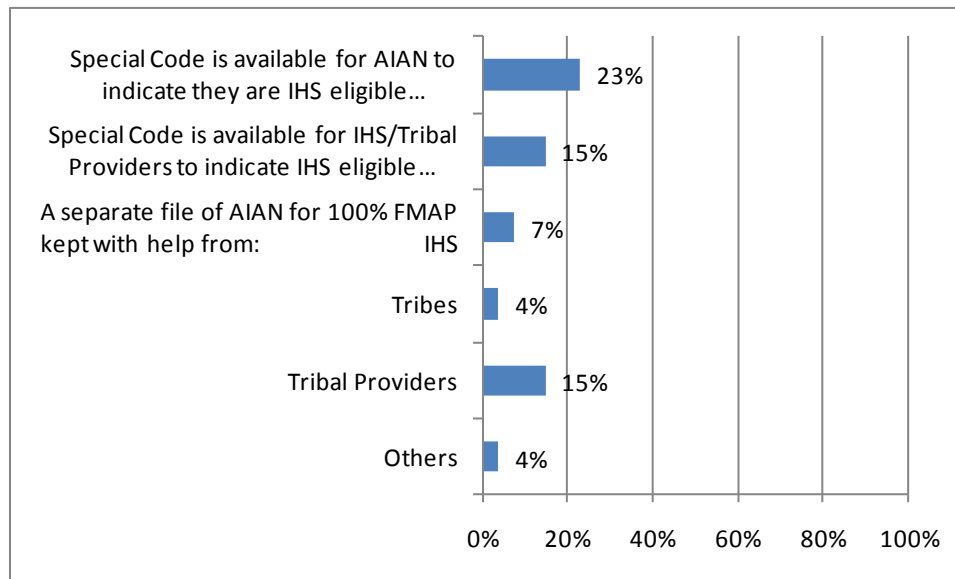
We asked Medicaid state officials to indicate whether they allowed Medicaid applicants to indicate on their applications, or IHS system providers to indicate on their claims whether the Medicaid enrollee was IHS eligible or not:

- **Do your State Medicaid applications allow applicants to report they are eligible for IHS services?**
- **Do you work with IHS system providers to identify which of their claims are for IHS eligible AIAN?** This is important because IHS system providers work with IHS to determine which of the AIAN who seek care at their facilities are AIAN eligible for IHS services. AIAN eligible for IHS services includes more than enrolled members of federally recognized tribes. Other groups of AIAN eligible for IHS services are tracked and coded by IHS and their system providers. States need to develop codes for Medicaid applicants and IHS system providers to indicate AIAN who are IHS eligible AIAN. Such a code would indicate that claims paid to IHS and Tribal providers for

these AIAN were eligible for 100% reimbursement by the federal Medicaid program (100% FMAP) and appropriate for inclusion in MSIS 'IHS Program' data reporting.

IHS AIAN Survey and Application Findings. Only 23% of the states responded there was special data collected from AIAN applicants that allowed them to indicate they were eligible for healthcare from an IHS funded program (Figure 3). And only 15% of states indicated that their claims data systems had a special code for an IHS system provider to indicate the person served on their claim was an IHS AIAN.

Figure 3. Percent of states responding 'Yes' to specific practices in collection of IHS AIAN data in Medicaid/CHIP processes.



Some 15% of the states indicated that they were developing a master data file of IHS eligible AIAN with the help of Tribal providers, and another 7% with the help of IHS (Figure 3). One state (4%) indicated they were doing so with the help of tribes and another state indicated they had another source of help to develop a separate file of IHS AIAN to help them determine IHS Program claims eligible for 100% FMAP. Only 13% of the state indicated that they had a special data code to identify I/T claims.

In the Tribal AIAN findings section above we showed that Oregon had begun introducing into the Medicaid application requested information and documentation about applicants eligibility/use of IHS services.

In California the Department of Health Care Services has worked with Tribal providers, the IHS Area Office in the state and the Tribal Health Board for the Area (California Rural Indian Health Board, CRIHB) to establish a confidential data sharing process that would help identify IHS AIAN on claims from the tribal clinics.

IHS AIAN Conclusions. Identifying IHS eligible AIAN on Medicaid claims paid to I/T providers is essential for reliable IHS Program data in MSIS and for states to get all the 100% FMAP reimbursed claim payments to which they are entitled. To rely on a system for identifying IHS AIAN however whereby

tribes, IHS Area offices or I/T providers regularly provide data files to Medicaid state data systems is likely to be too cumbersome and costly for most tribes and most states. We would propose instead real-time data collection on IHS eligibility with each I/T provider claim, verified by Medicaid application and IHS user information.

- **Medicaid applications need to collect data on IHS eligibility of AIAN.** There needs to be a special question on IHS eligibility for AIAN. At the time of eligibility determination and enrollment IHS eligible AIAN who are not Tribal AIAN will have special consideration for low income eligibility determinations, cost sharing, provider selection, and managed care options.
- **Claims submitted by IHS system (I/T) providers need to include data on the IHS eligibility of enrollees.** There needs to be a special code for IHS eligible AIAN for I/T providers to place on the claims they submit for payment. I/T providers learn by providing 'User Export' data files to IHS which of the AIAN and their descendants they serve are IHS eligible. A system for potential auditing the Medicaid claims may need to be developed by cross-checking claims with the applications and with IHS 'User Export' data files.

IHS System (I/T/U) Provider Data Collection

In the MSIS data system 'IHS Program' data is currently defined as a special Program Type of claims data from Places of Service that are 'IHS or Tribal facilities' provided to AIAN who are members of federally recognized tribes 'and organizations.'

Medicaid Program Type code:

5 = Indian Health Services (See §1911 of the Act) (See 42 CFR 431.110).--
These are services provided by the Indian Health Services (IHS), an agency charged with providing the primary source of health care for American Indian and Alaska Native people who are members of federally recognized tribes and organizations. A State plan must provide that an IHS facility, meeting State plan requirements for Medicaid participants, must be accepted as a Medicaid provider on the same basis as any other qualified provider.

- MSIS Data Dictionary Release 3.1 2010

States can claim 100% federal Medicaid reimbursement (100% FMAP) for Medicaid-paid services provided to AIAN at IHS or Tribal (P.L. 93-638) owned facilities (I/T), but the 100% FMAP policy does not extend to Medicaid-paid services at Urban Indian (U) provider facilities. States with IHS, Tribal or Urban (I/T/U) providers must establish a process to seek regular advice from them relating to Medicaid

Place of Service codes:

05 = Indian Health Service Free Standing Facility
06 = Indian Health Service Provider-based Facility
07 = Tribal 638 Free-standing Facility
08 = Tribal 638 Provider-based Facility

- MSIS Data Dictionary Release 3.1 2010

or CHIP matters likely to have a direct effect on them (ARRA P.L. 111-5; Section 5006), but the role of U providers is not represented in claims data the way that I/T providers are. Some of the facilities used by AIAN state residents are across state borders, and claims issues with cross-border facilities need to be recognized and worked on as well.

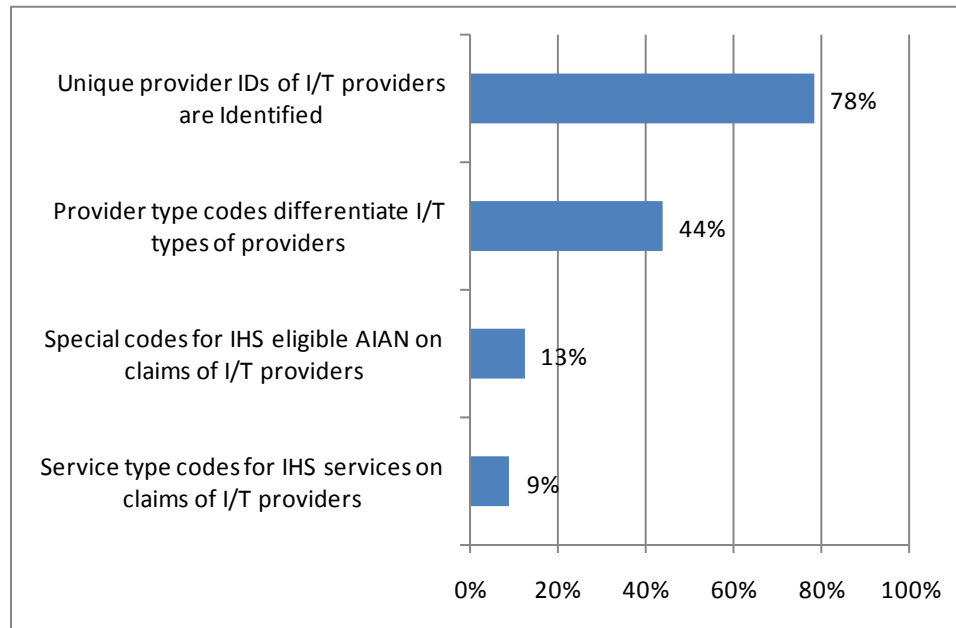
States vary considerably in the number and size of I/T/U facilities within their borders. We investigated:

- **Provider Identifying Numbers for I/T/U providers.** It is crucial that states identify and track the Unique Provider Identifying Numbers (UPIN) of the I/T/U providers as IHS, Tribal or Urban provider types. IHS and Tribal provider identification is crucial for states determine which claims are to be designated 'IHS' Program Type data in MSIS. IHS and Tribal provider identification is also necessary to determine which claims are entitled to 100% federal reimbursement. Claims paid to I/T provider facilities for IHS services provided to IHS eligible AIAN are entitled to the 100% FMAP, but not Urban Indian or other facilities.
- **Provider type codes to differentiate I/T providers.** It is essential for IHS Program 'Place of Service' data in MSIS that states be able to identify the I/T providers as either IHS or Tribally operated, and either a free-standing or provider-based facility. States need to have codes either in provider certification data or on claims that collect and store this provider type information for both IHS and Tribal providers. If an IHS or Tribally operated provider when certified has both free-standing and provider-based facilities, then the states need to require the Place of Service information be provided by the I/T providers on their claims.
- **IHS AIAN (enrollee type) code on claims of I/T providers.** Since only claims paid for AIAN enrollees eligible for IHS services are supposed to be included in IHS Program data in MSIS, or to be included in 100% FMAP financial data, It is important for states to have codes on claims paid to I/T providers to identify whether the enrollee served was an AIAN eligible for IHS services or not. This is important for accurate data since racial AIAN data is not reliable or complete for AIAN, and since Tribal providers may provide services to some AIAN who are not IHS eligible or to non-AIAN if they so choose. It is the I/T providers who have confirmation from the IHS national headquarters on which of their AIAN clients are IHS eligible AIAN. They should have a code that indicates the IHS eligibility of Medicaid enrollees on their claims.
- **Service type codes for IHS services on claims of I/T providers.** It is possible for claims paid to I/T providers to be completed without either the MSIS Program Type (IHS) or Place of Service (I/T facility type) codes to be completed by the provider or the state. Since the MSIS data is only as good as it is complete, it is important to see that states require and providers use codes on claims of I/T providers that indicate the service type paid in the claim is an IHS Service so that the claim is included in MSIS as IHS Program data.

IHS System Provider Survey Findings. We asked state officials about how states track and code claims for IHS and Tribal providers, but not Urban Indian providers: because states are supposed to collect and report IHS Program and 100% FMAP payment data for claims of I/T, but not yet Urban Indian facilities. More than three-quarters (78%) of the states in the service areas of the IHS and Tribal (I/T) facilities responded that they used the Unique Provider Identifying Numbers of I/T providers for

identifying claims that were eligible for 100% reimbursement (Figure 4). Nearly half (44%) indicated that their data systems had a special provider type code for I/T provider facilities. Only 13% of states indicated that they had special codes for AIAN eligible for IHS services on I/T provider claims. Only 9% indicated that they had special service type codes for services provided by I/T providers.

Figure 4. Percent of states responding ‘Yes’ to specific practices in collection of IHS and Tribal (I/T) provider and service data in Medicaid/CHIP processes.



IHS System Provider Conclusions

- I/T Provider Type and Place of Service.** State Medicaid provider/claims databases need to indicate I/T/U providers with codes that indicate at least whether the provider facilities are operated by IHS, Tribal or Urban Indian organizations. IHS provider facilities are owned and operated by IHS, and their Places of Service may be free-standing (clinic) or provider-based (hospital) facilities. Tribal provider facilities are owned by tribes or tribal consortia, but they may be operated by the tribes or by IHS. The Tribal provider Places of Service may also be free-standing or provider-based facilities.
- IHS Program Type, I/T Place of Service, and IHS AIAN enrollee served.** The claims submitted by IHS and Tribal facilities when providing IHS services to AIAN eligible for IHS services are IHS Program Type claims. To be IHS Program data the claims submitted by these I/T providers should indicate that a service was provided to an IHS eligible AIAN (enrollee type, not a race) at an IHS or Tribally operated, free-standing or provider-based facility (Place of Service type). Claims that meet the criteria of IHS Program Type data are 100% reimbursable by federal Medicaid.

Conclusions

Proposed Data Collection Protocols

A Data Collection Protocol specifies at a minimum what information is to be collected from whom with what instruments, and stored with what codes.

Medicaid data collection protocols are needed for AIAN and I/T/U providers that will not only allow data to inform the program and policy concerns of the CMS TTAG, but to meet Medicaid and CHIP regulations, both recent and prior health legislation. [we seek here to recommend protocols here that allow both conditions to be met]

Numerous ways in which the CMS TTAG would like to see the data used to address program and policy concerns of AIAN and IHS system providers have been outlined in existing documents. While in 2006 the CMS TTAG recommended three definitions of AIAN and three definitions of IHS healthcare providers (Tables 1 and 2), in the ensuing years . . . [Strategic Plan 2006-2010; CMS Report 2007] The CMS TTAG indicated uses for AIAN and provider information have evolved [see documents: *TTAG Recommended Affordable Care Act Desired Outcome Measures 2010*]

Medicaid and CHIP regulations in both recent and prior health legislation indicate at least four required purposes for specific AIAN or IHS system provider data:

1. Reporting of racial disparities in enrollment, service use, payments, quality and outcomes of care of AIAN.
2. Determination of the amount of payments states made to I/T providers to be reimbursed by the federal Medicaid program at 100% FMAP.
3. Determination of AIAN Medicaid and CHIP applicants eligible for
 - a. Special exemptions of Indian income (or Indian assets as long as means testing continues);
 - b. Special cost-sharing provisions;
 - c. Special considerations of AIAN who use I/T/U providers in managed care enrollment.
4. Linking of Medicaid and CHIP claims and payment data for AIAN who also use the IHS I/T/U or Contract Health Service providers.

Taken together we draw the following conclusions and suggest the CMS TTAG make the following recommendations.

Data Definitions

The MSIS Data Dictionary defines the data collected and stored for federal Medicaid program for tracking program statistics. Furthermore the federal Medicaid program maintains some quality control on the MSIS data collected through its data audits. We recommend that the CMS TTAG consider the following definitions of AIAN for Eligibility and Claims data collects by Medicaid and Medicaid CHIP programs (summarized in Table 3).

Racial Definition of AIAN

State Medicaid and CHIP data collection efforts have to date been primarily focused on AIAN as another racial minority group that excludes AIAN enrollees of mixed race, American Indian enrollees of Hispanic ethnicity, foreign birth and citizenship other than U.S. citizenship. Health and healthcare disparities are not restricted to U.S. American Indians. For reliable and complete disparities reporting descendants of indigenous American

people regardless of mixed race, or Hispanic ethnicity, country of origin or U.S. citizenship status, need to be included in the Racial AIAN definition until a reason for excluding a subgroup without disparities is supported by evidence.

IHS Eligible Definitions of AIAN

'IHS Eligible' AIAN, including 'Tribal AIAN.' What few Medicaid and CHIP state programs have yet begun to capture in their data systems is the U.S. political status of some AIAN not contingent on their self-declared race or ethnicity status. The Medicaid program has legal obligations to certain individuals and tribes of the United States, not because of race or ethnicity, but because of the U.S. federal trust responsibility including rights to healthcare. Effective July 1, 2010 CMS adopted a definition of "Indian" in its implementation of the cost sharing protections under ARRA (Regulation 42 C.F.R. § 447.50) which broadly defines "Indian" consistent with IHS regulations on eligibility for IHS services. The CMS TTAG is currently seeking to recommend this definition as a single definition of AIAN eligible for special consideration in federal healthcare programs based on the U.S. Health Code.

The definition of 'Indian' throughout Title XIX (Medicaid) and Title XXI (CHIP) of the Social Security Act (SSA) has the meaning given the term in Section 4 of the IHCA (ACA Sec 2901(d) amending Sec. 1139 of the SSA codified at 42 U.S.C. § 1320b-9(c)). The rule adopted effective July 1, 2010, interpreted Section 5006 of the Recovery Act, which amended 19166 of the SSA (codified at 42 U.S.C. § 1396o) so that,

An 'Indian' is any individual defined at 25 U.S.C. 1603(c), 1603(f), or 1679 (b), or who has been determined eligible as an Indian pursuant to Sec. 136.12 of this part:

- 1) Is a member of a federally recognized Indian tribe irrespective of whether he or she lives on or near a reservation;
- 2) Is considered by the Secretary of the Interior to be an Indian for any purpose; or
- 3) Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut or other Alaska Native, or the descendant of a member of a federally recognized Indian tribe;
- 4) Resides in an urban center and meets any of the three criteria above or one of the two below:
 - a) is a member of a tribe, band or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member;
 - b) is an Eskimo, Aleut or other Alaska Native.

IHS User Definitions of AIAN

Among Medicaid & CHIP enrollees who are IHS Eligible AIAN, it is necessary to identify those who actually use an IHS system provider. Not all 'IHS Eligible AIAN' actually use the IHS healthcare delivery system. They may not live near enough to an IHS system provider, or they may use other providers. Still others use no health care provider at all until there is an emergency. However, 'IHS User AIAN' need to be identifiable in Medicaid and CHIP data for 1) reporting 100% FMAP reimbursement amounts, 2) tracking IHS Program data, and 3) linking claims and payment data with IHS data.

Table 3. Newly recommended definitions of AIAN for Medicaid, CHIP and Medicare enrollees.

	Rationale for the Definition	Recommended Definition
Racial AIAN	Required to report Racial Disparities in patient care and health outcomes of care	Enrollees who self-declare American Indian (Native American) or Alaska Native race, regardless of any other race or Hispanic ethnicity they declare
Tribal AIAN	Required to determine AIAN entitled to special Medicaid/CHIP eligibility, cost-sharing or managed care participation provisions	Enrollees who are members of federally recognized Indian tribes and their first and second degree descendants
Indian Health Service (IHS) Eligible AIAN	Required to report 100% FMAP & IHS Program data, to determine AIAN entitled to special managed care, eligibility, or cost-sharing provisions; and to link Medicaid/CHIP claims and payment data to IHS I/T/U or Contract Health Service data	Enrollees who meet criteria as "Indians" eligible for IHS benefits as defined in Title 25 of the U.S. Health Code, whether they are users or not of the IHS healthcare system
Indian Health Service (IHS) User AIAN		Enrollees who meet criteria as Ever Users, IHS Active Users or Current Users of IHS healthcare system I/T/U providers

Eligibility for Medicaid or CHIP can reduce use of the I/T/U facilities, and should eliminate use of Contract Health Services funded by IHS. Once an individual has Medicaid or CHIP coverage, they can use any Medicaid or CHIP provider that they have access to. Medicaid or CHIP coverage can allow an individual access to a specialty care provider of services that the I/T/U facility near them cannot provide. If an individual has Medicaid or CHIP coverage they are excluded from using IHS funded Contract Health Services. There are thus three IHS user population definitions needed depending on the intended uses of the Medicaid or CHIP data:

- **IHS AIAN ‘Ever User’** means an AIAN who was an IHS AIAN Active User in any year. This definition is needed to define Medicaid enrollees who are ‘IHS eligible AIAN’ who have actually been through the IHS process of determining their IHS eligibility as AIAN. In nearly all cases once an AIAN has been a user of I/T/U, and identified by IHS as eligible for IHS-funded services at that facility, they meet one or more of the criteria for ‘IHS Eligible AIAN’ whether they continue to use an I/T/U facility or not. This definition of IHS user AIAN can only be determined from linkage of Medicaid/CHIP data to IHS data.
- **IHS AIAN ‘Active User’** means an AIAN who meets IHS criteria as an Active User in the federal fiscal year corresponding to the calendar year of Medicaid/CHIP enrollment. The IHS definition of an AIAN Active User is an AIAN who met IHS criteria as an AIAN with at least one IHS medical or dental service visit in an IHS system healthcare facility in the last three years. The IHS analyzes data on a federal fiscal year basis (October 1 to September 30). This definition of IHS user AIAN can only be determined from linkage of Medicaid/CHIP data to IHS data.
- **IHS AIAN ‘Current User’** in Medicaid and CHIP data, means an ‘IHS eligible AIAN’ who had at least one Medicaid or CHIP paid claim or managed care encounter with an I/T/U or Contract Health Service provider. This definition of IHS user AIAN can be determined from Medicaid and CHIP data without linkage to IHS data. Some IHS Active Users in a given year whose usual source of care becomes one or more specialty care providers not in the IHS system in that year, may not have a Medicaid or CHIP claim or encounter from their IHS system provider, and therefore could not be included in this definition of IHS AIAN ‘Current User.’

Proposed AIAN Data Collection Instruments

To reflect appropriate and accurate collection of AIAN data on a national basis the data collection instruments should have questions of Medicaid/CHIP applicants that capture information necessary to define the four categories of AIAN in Table 3. Questions designed to capture the information necessary for the four categories of AIAN from Medicaid applications are presented in Tables 4, 5 and 6 that follow.

Racial AIAN

Questions designed to capture the racial information necessary to define the racial category of AIAN are presented in six independent questions in Table 4. The answers are combined analytically to provide –Any enrollee indicating a Yes to Race Question 6 (Census AIAN), regardless of how they answered ethnicity in Race Question 1, or whether they indicated any additional races in Questions 2 to 5.

Table 4. Recommended Medicaid Application Questions to Establish Racial Status

The following information is voluntary. It is used to determine whether there is racial bias in the program. Check all that apply.

- | | | |
|---|-----------------------------|-------------------------------|
| 1. Are you Hispanic or Latino? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 2. Are you Asian or Asian American? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 3. Are you Black or African American? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 4. Are you Native Hawaiian or Pacific Islander? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 5. Are you White? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 6. Are you American Indian or Alaska Native? | No <input type="checkbox"/> | *Yes <input type="checkbox"/> |

Tribal AIAN and Other ‘IHS Eligible’ AIAN

Questions designed to capture the legal (political) information necessary to define the political categories of Tribal and IHS eligible AIAN are presented in to six independent questions in Table 5. The answer to Question 1 indicates Tribal AIAN, the answer to Question 3 indicates IHS eligible AIAN, as do Questions 4 to 6 for IHS eligible Urban Indians.

Table 5. Recommended Medicaid Application Questions to Establish 'Indian' Status

*If you answered that you are racially AIAN, then for the purposes of Medicaid, if the answer to any of the questions 1 to 3 below is "Yes," or you reside in an urban area and the answer to any of the questions 4 to 6 is "Yes," you meet the legal criterion of "Indian" and may be eligible for certain federal benefits:

1. Are you a member of a federally recognized tribe? No Yes
If Yes, please identify the tribe _____
2. Have you ever been considered by the Bureau of Indian Affairs (BIA) to be an Indian?
No Yes
3. Have you ever been considered by the Indian Health Service (IHS) to be an Indian for purposes of eligibility for Indian health care services (including a California Indian, or an Eskimo, Aleut or other Alaska Native, or a descendant of a member of a federally recognized tribe)?
No Yes

If you live in an urban area,

4. Are you a member of a tribe, band or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the State in which they reside? No Yes
5. Was your parent or grandparent such a member of a tribe, band or other organized group of Indians? No Yes
6. Are you an Eskimo, Aleut or other Alaska Native? No Yes

IHS User AIAN

The questions of applicants to establish when and what type of IHS funded health care facility they may have used are relatively straightforward (Table 6). The answers are combined analytically to provide IHS user status of AIAN (three groups): IHS Ever User AIAN "Yes" to Question 1, 2, or 3, IHS Active User AIAN used such a facility in the past 3 years, that is "Yes" to Question 4; and IHS Current User AIAN used such a facility in the past year, that is "Yes" to Question 5.

Table 6. Recommended Medicaid Application Questions to Establish IHS User Status

If you answered “Yes” to question any question in Table 5, then:*

1. Have you ever used an Indian Health Service (IHS) funded clinic or hospital?
No Yes
2. Have you ever used a clinic or hospital owned or operated by one or more American Indian tribes or Alaska Native organizations?
No Yes
3. Have you ever used a health clinic owned or operated by an Urban Indian organization?
No Yes

If you answered “Yes” to Question 1, 2, or 3 above:

4. Have you used such a facility in the past 3 years? No Yes
5. Have you used such a facility in the past year? No Yes

*These first 3 questions could be combined, “Have you ever used an Indian Health Service (IHS) funded clinic or hospital, including those owned or operated by tribes or Urban Indian organizations?”

Proposed Collaborative Innovations among State Programs

In order to ensure that states share protocols for appropriate and accurate collection of AIAN data and fulfill the contract requirements of this report, we propose three initiatives to CMS to carry out with State Medicaid and CHIP staff assigned to IHS and tribal liaison positions by states.

1. Medicaid Data Collection Initiative for Improving the Federal 100% FMAP Reimbursement to States

Purpose: To ensure states share protocols for appropriate and accurate collection of AIAN and IHS Program data to be reimbursed at the 100% FMAP. State Medicaid programs can improve the federal reimbursement funds they receive for payments made to IHS and tribal facilities and providers for services provided to AIAN. To accomplish this requires accurate determination of the providers, claims and AIAN recipients. Recent health legislation (ARRA, CHIPRA and ACA) also contains numerous procedural rules, cost-sharing protections and mandatory enrollment exceptions that apply specifically to AIAN who are federally entitled as ‘Indians.’

Intended Audience:

CMS Regional Native American Contacts (NAC)
State IHS/Tribal Liaisons
State Medicaid Data Staff MMIS, MSIS *and* their Data Processing Intermediaries (carriers, etc)
IHS System Facilities billing staff

Description: All four of these classes of Medicaid program participants need to be aware and consistent in their handling of AIAN eligibility, cost-sharing and managed care determinations, and IHS and tribal facilities claims and payments. We provide a list of the key state Medicaid IHS/tribal liaisons (or related staff people, Appendix

B) to emphasize that we recommend that the CMS Tribal Affairs Group keep an up-to-date list of these individuals so that it is clear who the CMS Regional NAC are working to support with what they need to know as changes in data collection and other practices change with new health legislation. In addition the state officials charged with classifying and processing AIAN and I/T/U data in management or program statistics data systems need to have consistent instructions and definitions. This Data Collection and Reporting Initiative for 100% FMAP would prepare educational documents and videos (webinars) to enable the participant groups to know how to process state Medicaid data appropriately to determine the amount of Medicaid payments to I/T facilities and providers for services to AIAN to be reimbursed quarterly at the 100% FMAP.

2. Medicaid Data Collection Initiative for Improving IHS Program Data

Purpose: To have key people from selected states that have implemented promising practices to improve the accuracy and completeness of IHS Program Data present their strategies and lessons learned.

Intended Audience:

State IHS/Tribal Liaisons

State Medicaid Data Staff MMIS, MSIS *and* their Data Processing Intermediaries (carriers, etc)

IHS System Facilities staff

Tribal Health Board staff

Description: As we surveyed state IHS/tribal liaisons we found that there have been special efforts documented in Medicaid state plans and elsewhere that demonstrate initiatives that are likely to be of value in other states. For example in the state of Wisconsin select tribes have had members allow their enrollment information to be shared with the state Medicaid program to help develop a master list of tribal members that the state can utilize to recapture the 100% FMAP to which they are entitled. In exchange they are looking for legal ways to share increased revenues with tribal health improvement initiatives. In the State of Alaska there has been a great deal of cooperation between tribal facilities and the state Medicaid program to improve the accuracy and completeness of enrollment and claims data. And in California the IHS Area Office and a state Tribal Health Board work with tribal facility providers to improve and expand a master list of Tribal Health Program users who are Medicaid eligible that is linked monthly with the list of Medicaid enrollees. This educational initiative would allow these people to tell their stories of what they did that worked, and what they learned from the things they tried that didn't work.

3. State Medicaid and CHIP IHS Program Data Tracking Initiative

Purpose: To track IHS Program data by state and year for the 36 states in the IHS healthcare system to report whether the reporting of IHS Program enrollees, services and payments expands and improves over time, and feedback the findings to state Medicaid IHS/Tribal Liaisons and data programs.

Intended Audience:

Federal Medicaid Data staff

State IHS/Tribal Liaisons

State Medicaid Data Staff MMIS, MSIS *and* their Data Processing Intermediaries (carriers, etc)

Description: This initiative would produce an annual report to the CMS Tribal Affairs group on state by state MSIS IHS Program data for Medicaid and CHIP enrollment, service utilization and payments. The report would include measures of completeness (such as the ratios of IHS Program enrollees to IHS Active Users, IHS Program enrollees to AIAN with IHS and Medicaid coverage [from American Community Survey], Claims per IHS Program enrollee by age and eligibility group, etc).

Appendix A
Centers for Medicare & Medicaid Services
Native American Contacts
As of April 2010

(states not in the IHS Healthcare Delivery System are crossed out)

Region I – Boston (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)	Nancy Grano	nancy.grano@cms.hhs.gov	(617) 565-1695
Region II – New York (New Jersey, New York, Puerto Rico, Virgin Islands)	Julie Rand	julie.rand@cms.hhs.gov	(212) 616-2433
Region III – Philadelphia (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)	Tamara McCloy	tamara.mccloy@cms.hhs.gov	(215) 861-4220
Region IV – Atlanta (Alabama, North Carolina, South Carolina, Florida, Georgia, Kentucky, Mississippi, Tennessee)	Dianne Thornton	dianne.thornton@cms.hhs.gov	(404) 562-7464
Region V - Chicago (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)	Pamela Carson	pamela.carson@cms.hhs.gov	(312) 353-0108
Region VI – Dallas (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)	Stacey Shuman	stacey.shuman@cms.hhs.gov	(214) 767-3570
Region VII - Kansas City (Iowa, Kansas, Missouri, Nebraska)	Nancy Rios	nancy.rios@cms.hhs.gov	(816) 426-6460
Region VIII – Denver (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)	Cynthia Smith (Cindy)	cindy.smith@cms.hhs.gov	(303) 844-7041
Region IX - San Francisco (American Samoa, Arizona, California, Guam, Hawaii, Nevada, Northern Mariana Islands)	Rosella Norris (Rosie)	Rosella.Norris@cms.hhs.gov	(415)-744-3611
Region X -Seattle (Alaska, Idaho, Oregon, Washington)	Cecile Greenway	cecile.greenway@cms.hhs.gov	(206) 615-2428

Appendix B
Medicaid
State IHS or Tribal Contacts
as of May 2010

State	Name	Email	Telephone	Status of Survey Response
Alabama	Carol Akin	carol.akin@medicaid.alabama.gov	334-242-5580	completed
Alaska	Renee Gayhart	renee.gayhart@alaska.gov	907-465-1619	completed
Arizona	Carol Chicharillo	carol.chicharelo@azahcccs.gov	602-417-4610	completed
California	Sam Wilburn (perm title: Chi	swilburn@dhcs.ca.gov	916-445-5770	completed
Colorado	Ginger Burton	ginger.burton@state.co.us	303-866-2693	no response emails/call
Connecticut	Patricia McCoey	Robert.Zavoski@ct.gov	860-424-5583	completed
Florida	Carrie Sheffield	carrie.sheffield@dos.state.fl.us	850-922-8002	no response to calls
Idaho	Tom Kearns	kearnst@dhw.idaho.gov	208-364-1907	completed
Indiana	None	None	None	NA
Iowa	Alisa Horn	ahorn@dhs.state.ia.us	515-256-4647	completed
Kansas	Sharon Johnson	sharon.johnson@khp.ks.gov	785-296-3981	completed
Louisiana	No Contact Information yet provided by NAC			
Maine	Patty Dushuttle	patty.dushuttle@maine.gov	207-789-8734	direct contact 5/27
Massachusetts	Julie Kemp	julie.kemp@state.ma.us	617-210-5613	direct contact 5/27
Michigan	Mary Anne Tribble	tribblema@michigan.gov	517-241-7185	direct contact 5/27
Minnesota	Kathleen Vanderwall	kathleen.vanderwall@state.mn.us	651-431-2186	completed
Mississippi	Betty Williams	betty.williams@medicaid.ms.gov	601-576-4113	direct contact 5/27
Montana	John Hein	JHein@mt.gov	406-444-4349	completed
Nebraska	Sam Kaplan	sam.kaplan@nebraska.gov	402-471-0122	completed
Nevada	Coleen Lawrence	coleenl@dhcfp.nv.gov	775- 684-3744	completed
New Mexico	No Contact Information yet Provided by NAC			
New York	Mario Tedesco	mxt07@health.state.ny.us	518-257-4496	completed
North Carolina	Carolyn McClanahan	carolyn.mcclanahan@dhhs.nc.gov	919-855-4010	direct contact 5/27
North Dakota	Maggie Anderson	manderson@nd.gov	701-328-1603	completed
Oklahoma	No Contact Information yet Provided by NAC			
Oregon	Daneka Karma	daneka.karma@state.or.us	503-945-6926	completed
Pennsylvania	None	None	None	NA
Rhode Island	Lissa DiMauro	ldimauro@dhs.ri.gov	401-462-6356	completed
South Carolina	Carolyn Roach	carolyn.roach@scdhhs.gov	803-898-3967	no response emails/call
South Dakota	Larry Iversen	larry.iversen@state.sd.us	605-773-3495	completed
Texas	No Contact Information yet Provided by NAC			
Utah	Melissa Zito	mzito@utah.gov	801-273-6644	completed
Washington	Deborah (Deb) Sosa	deborah.sosa@dshs.wa.gov	360-725-1649	completed
Wisconsin	James (Jim) Weber	james.weber@dhs.wisconsin.gov	608-267-5068	completed
Wyoming	Sheree Nall	sheree.nall@health.wyo.gov	307-777-8756	completed

Appendix C

Medicaid AIAN & IHS Program Data

Survey

Different Ways in which States Identify American Indians and Alaska Natives (AIAN) and Indian Health Service (IHS) & Tribal Providers in Eligibility and Claims Processing

Eligibility Application

1. Can a Medicaid applicant report more than one race on the Medicaid application?
2. Is reporting race on the Medicaid application optional?
3. Is there is a special question on the application for identifying American Indians or Alaska Natives (AIAN) who are entitled to Indian Health Service (IHS) or Tribal medical services with 100% federal financial participation (100% FMAP)?

Claims Submission

4. Are the Unique Provider identification codes of IHS or Tribal Providers used for identifying claims entitled to 100% federal financial participation (100% FMAP)?
5. Is there is a special Provider Type code for Indian Health Service (IHS) or Tribal system health care providers in your state?
6. Do IHS or Tribal Providers have a special code to indicate which of their claims are for AIAN who are entitled to IHS or Tribal medical services with 100% federal financial participation (100% FMAP)?
7. Is there a special Service Type code(s) for the services for Indian Health Service (IHS) or Tribal system health care providers in your state?

Claims Adjudication

8. If there is more than one race recorded in the eligibility data for a Medicaid Eligible, is more than one of the race data fields used for identifying AIAN entitled to IHS or Tribal medical care with federal financial participation (100% FMAP), or just the first race data field?
9. Is there is a special data code in the state Medicaid Management Information System (MMIS) that identifies claims of AIAN entitled to IHS or Tribal medical care with 100% federal financial participation (100% FMAP)?
10. Is there a file of AIAN developed and maintained separate from eligibility and claims files who are entitled to IHS or Tribal medical care with federal financial participation (100% FMAP) if eligible for Medicaid?

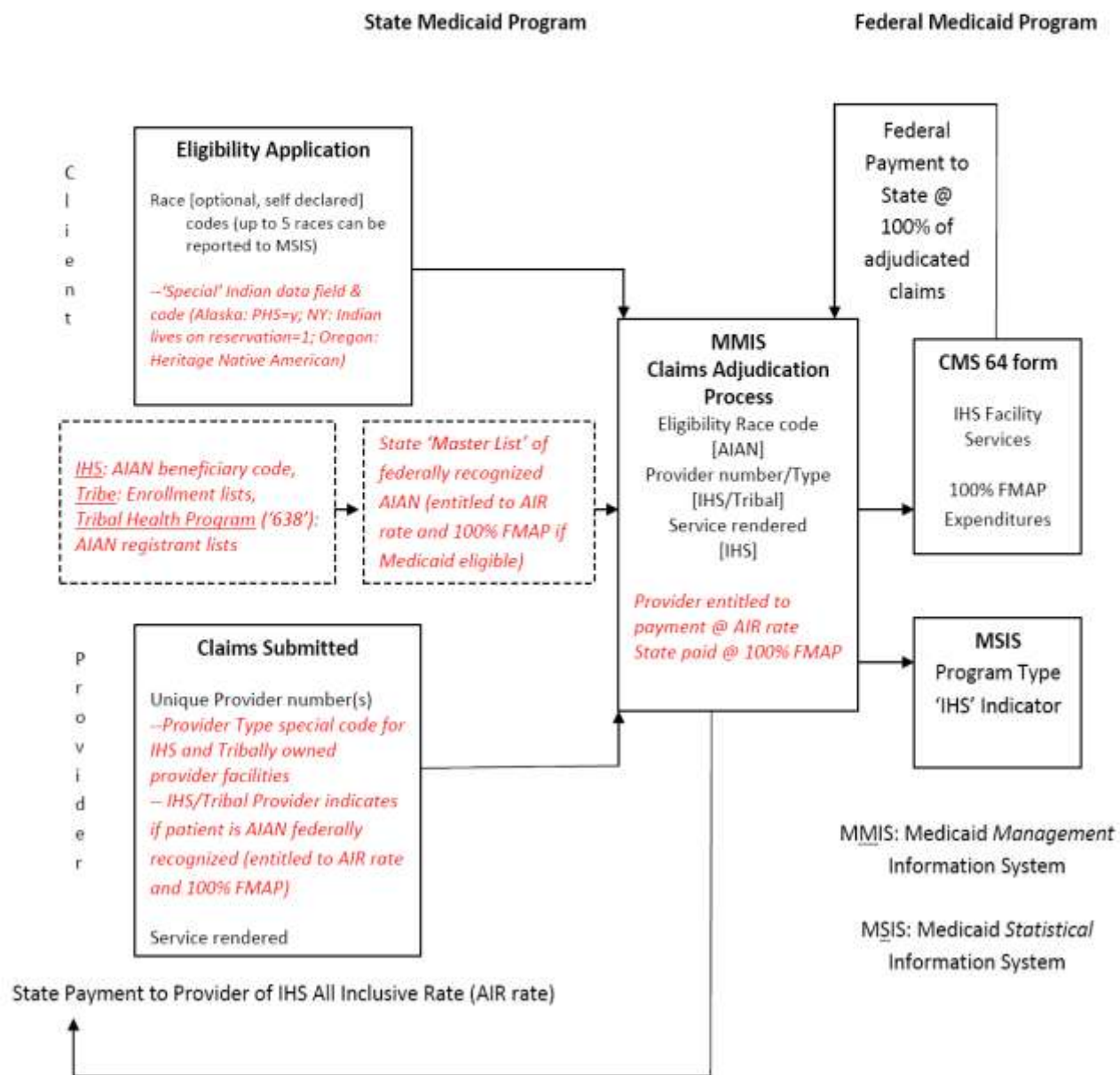
If you responded 'Yes' to question, please respond to all the following:

- a. Is this built with information from the IHS?
- b. Is this built with information from tribes?
- c. Is this built with information from tribal ('638') health programs?
- d. How is this file revised and updated over time?

**Appendix D
Diagram of State Data Collection**

Medicaid AIAN, Indian Health Providers & IHS Program Data

Different Ways in which States Identify American Indians and Alaska Natives (AIAN) and Indian Health Service (IHS) & Tribal Providers in Eligibility and Claims Processing



Medicaid Management Information System (MMIS) <http://www3.cms.gov/MMIS/>

In October 1972, Public Law 92-603 was enacted in which Section 235 provided for 90-percent Federal financial participation (FFP) for design, development, or installation, and 75-percent FFP for operation of state mechanized claims processing and information retrieval systems approved by the Secretary. For Medicaid purposes, the mechanized claims processing and information retrieval system which states are required to have, unless this requirement is waived by the Secretary, is the Medicaid Management Information System (MMIS).

An implementing regulation, 45 CFR 250.90 was published May 20, 1974, and subsequent reorganization and clarification of this regulation have been made with the current regulation contained in 42 CFR 433, subpart C. The MMIS is an integrated group of procedures and computer processing operations (subsystems) developed at the general design level to meet principal objectives. For Title XIX purposes, "systems mechanization" and "mechanized claims processing and information retrieval systems" is identified in section 1903(a)(3) of the Act and defined in regulation at 42 CFR 433.111. The objectives of this system and its enhancements include the Title XIX program control and administrative costs; service to recipients, providers and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.

Contractual services may be utilized to perform work for the design, development, installation, or enhancement of a mechanized claims processing and information retrieval system. A fiscal agent who is a private contractor to the state, normally selected through a competitive procurement process, may operate the state's MMIS. A state MMIS fiscal agent contract status report is prepared quarterly from CMS central office following the input from regional offices and is available to download in PDF in the "Downloads" section below. The report is usually prepared within 30 days after the close of a quarter and infrequently when there is a demand due to several state contractor revisions. The report data includes the name of the state fiscal agent contractor, the contract term with option extension period, and regional office contact person with phone and fax number.

Medical Statistical Information System (MSIS) <http://www.cms.gov/MSIS/>

Prior to Federal fiscal year 1999, the Medical Statistical Information System (MSIS) was a voluntary program and those states participating in the MSIS project provided data tapes from their claims processing systems to the Centers for Medicare & Medicaid Services (CMS) in lieu of the hard-copy statistical 2082 tables. However, in accordance with the Balanced Budget Act (BBA) of 1997, all claims processed are submitted electronically through MSIS. Important crosswalk instructions are described in the State Participation Procedures Manual (see the link in the "Downloads" section below).

The State Participation Procedures Manual, including instructions for eligibility and claims crosswalks is in zipped Word format (see "Download" links on website)

The MSIS Tape Specification and Data Dictionary contain instructions on the file submissions. These files must meet the specifications outlined in the MSIS Tape Specification and Data Dictionary. The MSIS Tape Specification and Data Dictionary can be downloaded in Adobe Acrobat (PDF) formats. (see "Download" links below) Release 3.1, effective for files submitted ON or AFTER February 15, 2009, provides information for the expansion of all four MSIS claims files to collect the National Provider ID (NPI), the provider taxonomy code and claims internal control numbers (ICN). In addition, filler space has been added for future data needs. The current version updates references to the Child Health Insurance Program (CHIP).

This release also includes directions for data encryption for all files and instructions for electronic file transfer.

The MSIS Tape Specification and Data Dictionary (Release 3.1) file (msisdd20010.pdf - 735KB) is in Adobe Acrobat format.

To view important MSIS clarifying information concerning file record sizing, data set naming conventions, labeling, and volume/serial requirements is available by clicking on the "MSIS Submission Format" link on the left-side column. This information needs to be read prior to submitting MSIS tapes. All MSIS tape submittals must conform to the requirements described in this document. Failure to conform to any of these requirements will result in MSIS tapes being returned unprocessed.

MSIS data are used by CMS to produce Medicaid program characteristics and utilization information for those states. These data also provide CMS with a large-scale database of state eligibles and services for other analyses. The purpose of MSIS is to collect, manage, analyze and disseminate information on eligibles, beneficiaries, utilization and payment for services covered by State Medicaid programs. States provide CMS with quarterly computer files containing specified data elements for: (1) persons covered by Medicaid (Eligible files); and, (2) adjudicated claims (Paid Claims files) for medical services reimbursed with Title XIX funds. These data are furnished on the Federal fiscal year quarterly schedule, which begins October 1 of each year. Each state eligible file contains one record for each person covered by Medicaid for at least one day during the reporting quarter. Individual eligible records consist of demographic and monthly enrollment data. Paid claims files contain information from adjudicated medical service related claims and capitation payments. Four types of claims files representing inpatient, long term care, prescription drugs and non-institutional services are submitted by the states. These are claims that have completed the state's payment processing cycle for which the state has determined it has a liability to reimburse the provider from Title XIX funds. Claims records contain information on the types of services provided, providers of services, service dates, costs, types of reimbursement, and epidemiological variables.

The data files are subjected to quality assurance edits to ensure that the data are within acceptable error tolerances and a distributional review verifies the reasonableness of the data. Once accepted, valid tape files are created which serve as the historical source of detailed Medicaid eligibility and paid claims data maintained by CMS. The individual paid claims and eligible information are used for program analysis and research and to produce various public use reports which represent national Medicaid populations and expenditures.

The current uses of MSIS data include

- health care research and evaluation activities;
- program utilization and expenditures forecasting;
- analyses of policy alternatives;
- responses to congressional inquiries; and
- matches to other health related databases.

Downloads

[The State Participation Procedures Manual \[ZIP, 16KB\]](#)

[The MSIS Data Dictionary \(Release 3.1\) \[PDF, 729KB\]](#)

Appendix E
State by State Survey Responses
Part 1. Eligibility Process

State	Applicant can report more than one race	Reporting race is mandatory (not optional)	Special Eligibility Code Identifies AIAN eligible for 100% FMAP
Alabama	Yes	No	No
Alaska	Yes	?	Yes
Arizona	Yes	No	No
California	Yes	No	No
Colorado	Yes	No	No
Connecticut	Yes	No	No
Florida	Yes	No	No
Idaho	No	No	No
Indiana	NA	NA	NA
Iowa	Yes	No	No
Kansas	Yes	Yes	Yes
Louisiana	not pdf		
Maine	Yes	No	Yes
Massachusetts	Yes	No	Yes
Michigan	Yes	No	No
Minnesota	Yes	Yes	No
Mississippi			
Montana	Yes	Yes	No
Nebraska	Yes	Yes	No
Nevada	Yes	Yes	No
New Mexico			
New York	Yes	Yes	Yes
North Carolina	Yes	No	No
North Dakota	Yes	Yes	No
Oklahoma			
Oregon			
Pennsylvania	NA	NA	NA
Rhode Island			
South Carolina	Yes	No	No
South Dakota	Yes	No	No
Texas			
Utah	Yes	No?	No
Washington	No	Yes	Yes
Wisconsin	Yes	No	No
Wyoming	Yes	No	No

Appendix E
State by State Survey Responses
Part 2. Claims Submission Process

State	Unique Provider IDs of IHS/Tribal Providers are Identified by State	Special Provider Type code is available to IHS/Tribal Providers	Special Place/Type of Service code for IHS/Tribal Providers	Special Code is available for IHS/Tribal Providers to indicate eligible served AIAN for 100% FMAP
Alabama	No	No	No	No
Alaska	Yes	No	No	No
Arizona	Yes	No?	No	No
California	Yes	No	No	No
Colorado	Yes	No	No	No
Connecticut	Yes	No	No	No
Florida	Yes	No	No	No
Idaho	Yes	No	No	No
Indiana	NA	NA	NA	NA
Iowa	Yes	Yes	No	No
Kansas	Yes	Yes	Yes	Yes
Louisiana			No	
Maine	Yes	No	No	No
Massachusetts	No	Yes	No	No
Michigan	Yes	No	No	No
Minnesota	None used	Yes	No	Yes
Mississippi	Yes	No	No	No
Montana	No	Yes	No	No
Nebraska	No	Yes	Yes	No
Nevada	None used	Yes	No	Yes
New Mexico			No	
New York	No	Yes	Yes	No
North Carolina	Yes	No	No	No
North Dakota	No?	Yes	No	No
Oklahoma			No	
Oregon			No	
Pennsylvania	NA	NA	NA	NA
Rhode Island			No	
South Carolina	Yes	No	No	No
South Dakota	No?	No?	No	No
Texas			No	
Utah	Yes	Yes	No	No
Washington	Yes	Yes	No	Yes
Wisconsin	Yes	No	No	No
Wyoming	Yes	No	No	No

Appendix E
State by State Survey Responses
Part 3. Claims Adjudication Process

State	More than one race field is used for identifying AIAN eligible for 100% FMAP	Special state data code identifies IHS/Tribal provider claims of AIAN eligible for 100% FMAP	A separate file of AIAN eligible for 100% FMAP is developed and kept with help from:			
			Program Type "IHS"	IHS	Tribes	Tribal Providers
Alabama	No	No	No	No	No	No
Alaska	No?	Yes	Yes	No	Yes	No
Arizona	No	?	No	No	No	No
California	No?	No?	Yes	No	Yes	Yes
Colorado	No?	No	No	No	No	No
Connecticut	No?	No	No	No	No	No
Florida	No?	No	No	No	No	No
Idaho	NA	No	No	No	No	No
Indiana	NA	NA	NA	NA	NA	NA
Iowa	No?	No	No	No	No	No
Kansas	Yes	Yes	No	No	No	No
Louisiana						
Maine	No?	No	No	No	No	No
Massachusetts	No	No	No	No	No	No
Michigan	No?	No	No	No	No	No
Minnesota	No	No	No	No	No	No
Mississippi	No?	No	No	No	No	No
Montana	No?	No	No	No	No	No
Nebraska	No	No	No	No	No	No
Nevada	No	No	No	No	No	No
New Mexico						
New York	No	No	No	No	No	No
North Carolina	No?	No	No	No	No	No
North Dakota	No	No	No	No	No	No
Oklahoma						
Oregon						
Pennsylvania	NA	NA	NA	NA	NA	NA
Rhode Island						
South Carolina	No?	No	No	No	No	No
South Dakota	No	No	No	No	No	No
Texas						
Utah	No?	No	No	No	No	No
Washington	NA	Yes	No	No	Yes	No
Wisconsin	No?	Yes?	No	Yes	Yes	No
Wyoming	No	No	No	No	No	No

Appendix F
Extracts from Online Medicaid Application Documents

COLORADO

COLORADO PUBLIC HEALTH INSURANCE FOR FAMILIES



APPLICATION CHECKLIST

Please make sure to include all of the following with your application:

7. Please check the child's ethnic group (you do not have to answer this question):
- White Hispanic/Latino African American Native American
 - Asian Alaskan Native Pacific Islander
 - Other: _____



CONNECTICUT

W-1F
 (Rev. 4/07)

STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES

APPLICATION PART 2: SPECIAL ELIGIBILITY DETERMINATION DOCUMENT

Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Racial Origin: (check all that apply)	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African Descent	<input type="checkbox"/> Native American or Alaska Native
	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		

If this person is between 16 and 65 years old, are they able to work now? Yes No If No, please explain

IDAHO



IDAHO DEPARTMENT OF
HEALTH & WELFARE

APPLICATION FOR ASSISTANCE



FOOD ASSISTANCE



HEALTH COVERAGE ASSISTANCE



CASH ASSISTANCE



CHILD CARE ASSISTANCE

<input type="checkbox"/> Cash Assistance <input type="checkbox"/> Premium Assistance <input type="checkbox"/> Health Coverage <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Food Assistance	Name: (first) (Middle) (Last)		Date of Birth:	Social security #:	Relationship: SELF		
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant: <input type="checkbox"/> YES <input type="checkbox"/> NO	Marital Status:		Race:	Hispanic or Latino? (Optional) <input type="checkbox"/> YES <input type="checkbox"/> NO	U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Due Date:		How many due:		Alten ID #:		Phone Number:
	Birth Country:		Birth State (if born in US):		Clinic/Doctor Name (first and last)		

Race Codes:

- White - WH
- Black - BL
- Asian - AS
- American Indian/Alaska Native - AL
- Native Hawaiian/Pacific Island - HP

LOUISIANA



Tell us about you (person filling out this application).

1. **First Name:** Middle Initial: **Last Name:**
 Maiden Name: Suffix:

2. **Social Security Number:** xxx-xx-xxxx

3. **Date of Birth:** mm/dd/yyyy

4. **Sex:**

5. **Race/Ethnicity:**
 (You do not have to answer. If you do, you may pick more than one).

<input type="checkbox"/> White	<input type="checkbox"/> Black
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander

MAINE

State of Maine
Department of Health and Human Services (DHHS)
Application For
MaineCare and Food Stamp
Benefits

Please complete a section for each adult applying for benefits. This information is Voluntary. Your benefits will not be affected if you do not answer.	Applicant	Second Adult
Are you Hispanic or Latino?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you an American Indian or Alaskan Native? Circle the tribe you belong to: 1. Houlton Maliseet 2. Peter Dana Pt. Passamaquoddy 3. Pleasant Point Passamaquoddy 4. Penobscot 5. Aroostook Micmac 6. Other	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you live on your tribe's reservation?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you Asian?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you Black or African American?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you Native Hawaiian or Pacific Islander?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you White?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

MASSACHUSETTS



Medical Benefit Request Instruction Page

Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

Head of Household									
1.	Last name	First name	MI	Street address	City	State	Zip		
Mailing address (if different from street address or if living in a shelter)					<input type="checkbox"/> homeless	City	State	Zip	
Is this person applying?		If yes, is this person a U.S. citizen/national?		Social security number*	Type all nine digits without hyphens or spaces.	Date of birth mmm/dd/yyyy	Sex	Race (optional)	
<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> M <input type="checkbox"/> F		
Spoken language choice		Written language choice		Ethnicity (optional)	Telephone numbers (List work number only if we can call you at work.)				
					Home/Cell:		Work:		

AIAN: Family members under the age of 19 who are Alaska Natives or members of a federally recognized American Indian tribe who get MassHealth Family Assistance may not have to pay any premiums for this coverage. Are you or any family member who is under the age of 19 an Alaska Native or a member of a federally recognized American Indian tribe? . . . yes no If yes, name(s): . . .

NEW-YORK

ACCESS NY HEALTH CARE Medicaid / Family Health Plus / Child Health Plus

PLEASE READ the entire application and INSTRUCTIONS before you fill it out. Print clearly in blue or black ink. An incomplete application cannot be processed and will result in a delay of a decision on your application.

Section A Applicant's Information Please tell us who you are and how to contact you.

Section B Household Information If you live in the household, start with yourself. If you do not, start with any adults who live in the household. List the full legal names of the persons applying for or already receiving Medicaid, Family Health Plus or Child Health Plus and list the ID Number from their Benefit Card or health plan ID card. You must provide information for household members including: parents, step-parents, and spouses. You may provide information for other household members (for example, a dependent child under the age of 21). Listing other household members may allow us to give you a higher eligibility level. Pregnant women and children under 19 may be eligible for health insurance regardless of immigration status.

Legal First, Middle, Last Name	Date of Birth SEND PROOF	Is this person applying for health insurance?	Is this person pregnant? SEND PROOF	Is this person the parent of an applying child?	What is the relationship to the person in Box 1?	If this person has or had public health coverage in the past, check the box that applies.	Social Security Number (if you have one)	Please mark one box that indicates your current Citizenship or Immigration Status. Not needed for pregnant women SEND PROOF	*Race/Ethnic Group
01 Full Maiden Name (person's birth name before they were married) City of Birth State of Birth Country of Birth This Person's Mother's Full Maiden Name	/ / <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No What is the Due Date? / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	SELF	<input type="checkbox"/> Child Health Plus <input type="checkbox"/> Medicaid <input type="checkbox"/> Family Health Plus ID Number from Benefit Card/Plan Card, if known:		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Immigrant/non-citizen Enter the date you received your immigration status Month / Day / Year <input type="checkbox"/> Non-immigrant (Visa holder) <input type="checkbox"/> None of the above	
02 Full Maiden Name (person's birth name before they were married) City of Birth State of Birth Country of Birth This Person's Mother's Full Maiden Name	/ / <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No What is the Due Date? / /	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Child Health Plus <input type="checkbox"/> Medicaid <input type="checkbox"/> Family Health Plus ID Number from Benefit Card/Plan Card, if known:		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Immigrant/non-citizen Enter the date you received your immigration status Month / Day / Year <input type="checkbox"/> Non-immigrant (Visa holder) <input type="checkbox"/> None of the above	

Effective 7/1/10, citizen children who provide a SSN are not required to provide identity or citizenship documentation if eligible for Child Health Plus.

SEND PROOF Refer to the "Documents Needed When You Apply for Health Insurance" in the instructions on pages 1-3, "Documentation Checklist for Health Insurance", for a list of documents that prove Identity, Citizenship or Immigration Status.

*Race/Ethnic Group Codes (optional): A-Asian, B-Black or African-American, I- Native American or Alaskan Native, P- Native Hawaiian or other Pacific Islander, W-White, U-Unknown. Please also tell us if you are Hispanic or Latino-H

NYH-4770 7/10 (page 1 of 9) NYS DOH (Continued on page 2)

NORTH DAKOTA



Application For Health Care Coverage for Children, Families, and Pregnant Women State of North Dakota, Department of Human Services

2 Tell Us About The People In Your Home - List yourself first, then your spouse, your children (including unborn children), other adults and children living in your home.

* You do not need to provide the social security numbers or citizenship status for people age 21 or older who do not want coverage or for children under age 21 who do not want to include in the family size when determining eligibility.
** Disclosure of Race and Ethnicity information is voluntary and will not effect eligibility.

Household Members (Enter Legal Name)	Relationship to Person Completing Application	Social Security Number *	Date Of Birth	Sex (Male or Female)	Marital Status	Race / Ethnicity (**Optional) Check all that apply		US C I T I Z E N
						AI - American Indian/Alaska Native P - Native Hawaiian/Pacific Islander	B - Black/African American W - White/Caucasian A - Asian	
First Middle Initial Last	SELF			<input type="checkbox"/> M <input type="checkbox"/> F	MA - Married NM - Never Married DI - Divorced SE - Separated WI - Widowed	AI B A P W	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> M <input type="checkbox"/> F	MA DI WI NM SE	AI B A P W	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> M <input type="checkbox"/> F	MA DI WI NM SE	AI B A P W	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

OREGON

Oregon Health Plan Application (OHP 7210)
 If you need help filling this out, call 800-699-9075 or TTY 800-735-2900

Ethnicity/Racial Heritage – Write in all the codes that apply. Title VI of the Civil Rights Act of 1964 allows us to ask for this information. You can choose not to give this information. It will not affect your eligibility for benefits.

Ethnicity

H – Hispanic or Latino
N – Not Hispanic or Latino

Racial Heritage

A – Asian
B – Black or African American
I – American Indian/Alaska Native
P – Native Hawaiian or Other Pacific Islander
W – White

Name (Last, First, M.I.)	Relation to you	Sex	Date and City/State of birth	Applying for benefits	* Social Security Number	* U.S citizen? Proof required, see YELLOW sheet	Ethnicity Racial Heritage
a.	Self	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No, non-citizen#	/
b.		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No, non-citizen#	/
c.		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No, non-citizen#	/
d.		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No, non-citizen#	/

* Only required for people who are applying for benefits.

8 Is anyone an American Indian/Alaska Native or eligible for benefits through an Indian Health Services program? Proof is required, see **YELLOW** sheet. Yes No

If yes, who? _____

SOUTH CAROLINA

South Carolina Department of Health and Human Services Application for the South Carolina Medicaid Program

Do you want Medicaid for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade? ____	Check all that apply: <input type="checkbox"/> US Citizen <input type="checkbox"/> Disabled <input type="checkbox"/> Pregnant <input type="checkbox"/> Emergency Services Only	What language do you use most? <input type="checkbox"/> English <input type="checkbox"/> Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____ <input type="checkbox"/> Russian
Medicare Number, if applicable: _____			Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Mexican <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Cuban <input type="checkbox"/> Refugee Entrant <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American/Oriental <input type="checkbox"/> Other		

UTAH



Utah Medicaid Program

Race/Ethnicity (Select All That Apply)

American Indian or Alaskan Native: <input type="checkbox"/>	White: <input type="checkbox"/>
Native Hawaiian or Other Pacific Islander: <input type="checkbox"/>	Black or African American: <input type="checkbox"/>
Asian: <input type="checkbox"/>	Ethnicity - Hispanic/Latino: <input type="checkbox"/>

Are you a US Citizen?: Yes No

Do you have a Social Security Number or have you applied for one?: Yes No

Are you a Student?: Yes No

Social Security Number (no dashes):

WASHINGTON



21. **OPTIONAL. For food assistance if you don't answer, the USDA requires us to answer for you.**
My ethnic background is Hispanic or Latino: Yes No
22. I consider my race to be (check all that apply): White Black or African American Asian
 Native Hawaiian or Other Pacific Islander American Indian or Alaska Native; tribe name: _____
 Other (list): _____

WISCONSIN

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-10182 (02/10)

STATE OF WISCONSIN

BADGERCARE+ APPLICATION PACKET

Race/Ethnicity information is voluntary and won't be used to make a decision about your benefits.

Race / Ethnic Background Code

- A = Asian
- B = Black
- H = Hispanic Origin
- I = American Indian/Alaskan Native
- P = Native Hawaiian/Pacific Islander
- S = Southeast Asian
- W = White

What is your marital status code? (See page 5 for codes.)	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are a non-citizen, do you have a sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a tribal member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a child of a tribal member? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Appendix G – CMS Standard Claim Forms

APPROVED OMB-0938-0008

PLEASE
DO NOT
STAPLE
IN THIS
AREA



CMS 1500 claim form for non-institutional providers to bill Medicare and some State Medicaid carriers

HEALTH INSURANCE CLAIM FORM													
1. MEDICARE (Medicare #)	MEDICAID (Medicaid #)	CHAMPUS (Sponsor's SSN)	CHAMPVA (VA File #)	GROUP HEALTH PLAN (SSN or ID)	FECA BLK LUNG (SSN)	OTHER (ID)	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)						
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE (MM DD YY)		SEX (M F)	4. INSURED'S NAME (Last Name, First Name, Middle Initial)						
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)		7. INSURED'S ADDRESS (No., Street)							
CITY		STATE		8. PATIENT STATUS (Single Married Other)			CITY		STATE				
ZIP CODE		TELEPHONE (Include Area Code)			Employed (Full-Time Student Part-Time Student)			ZIP CODE		TELEPHONE (INCLUDE AREA CODE)			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (CURRENT OR PREVIOUS) (YES NO)				a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)					
b. OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)				b. AUTO ACCIDENT? (YES NO) PLACE (State)				b. EMPLOYER'S NAME OR SCHOOL NAME					
c. EMPLOYER'S NAME OR SCHOOL NAME				c. OTHER ACCIDENT? (YES NO)				c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME				10a. RESERVED FOR LOCAL USE				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES NO) If yes, return to and complete item 9 a-d.					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.							
SIGNED _____ DATE _____						SIGNED _____							
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM TO)				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO)					
MM DD YY		MM DD YY		MM DD YY TO MM DD YY				MM DD YY TO MM DD YY					
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE				17a. I.D. NUMBER OF REFERRING PHYSICIAN				20. OUTSIDE LAB? (YES NO) \$ CHARGES					
19. RESERVED FOR LOCAL USE				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)				22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.					
23. PRIOR AUTHORIZATION NUMBER				24. A DATE(S) OF SERVICE (From To) (MM DD YY MM DD YY)				B Place of Service					
C Type of Service				D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) (CPT/HCPCS MODIFIER)				E DIAGNOSIS CODE					
F \$ CHARGES				G DAYS OR UNITS				H EPSD/ Family Plan					
I EMG				J COB				K RESERVED FOR LOCAL USE					
25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) (YES NO)		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)				33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #					
SIGNED _____ DATE _____				PIN# _____ GRP# _____									

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

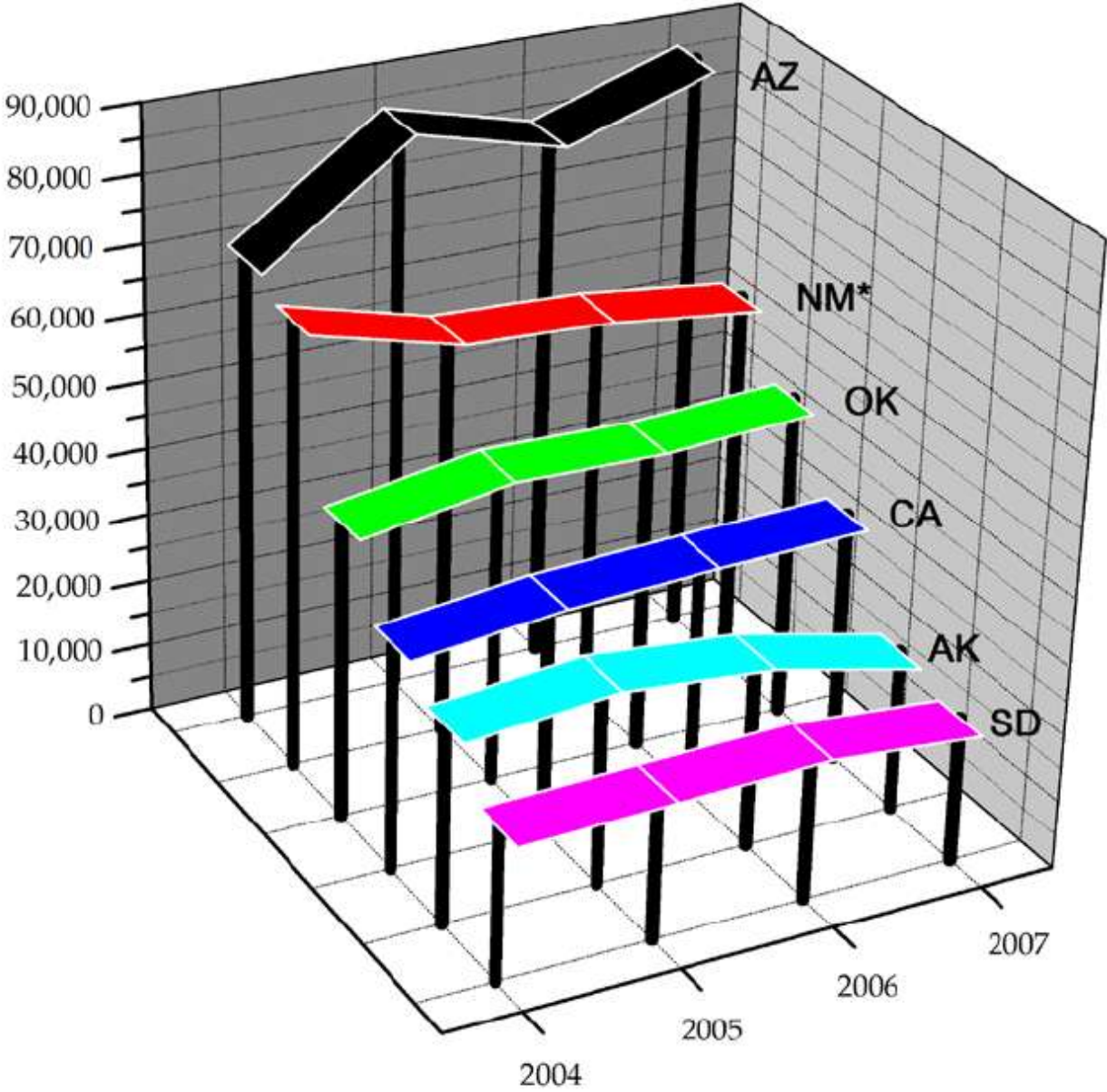
PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90), FORM RRB-1500, FORM GWCP-1500

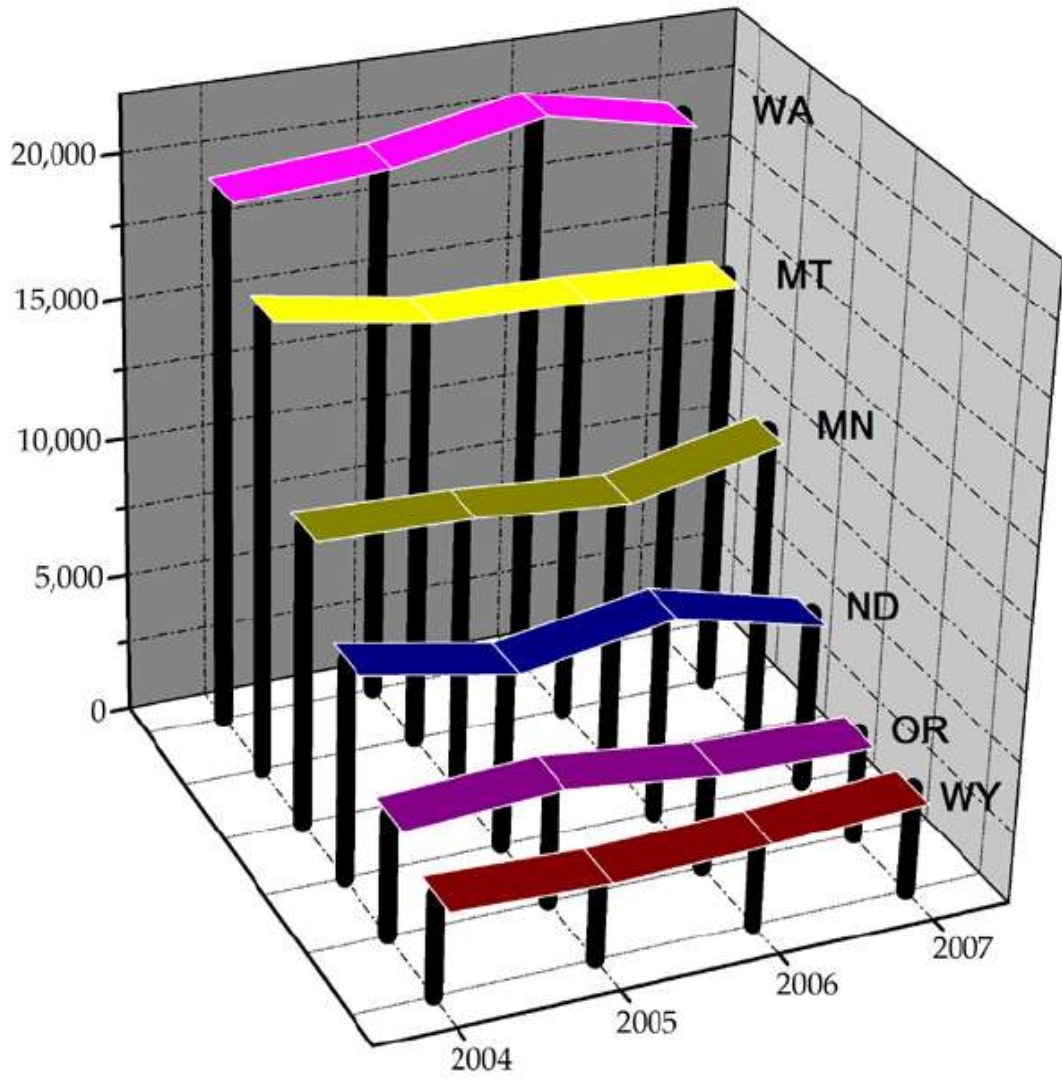
UB92 Claim Form

Facility billing name and address		2										3 PATIENT CONTROL NO.				TYPE F ILL	
		5 FED. TAX NO.		3 STATEMENT COVERS PERIOD FROM THROUGH				7 COV'D	8 N-C D	9 C-I D	10 L-R D	11					
12 PATIENT NAME										13 PATIENT ADDRESS							
14 BIRTHDATE	15 SEX	16 MS	17 DATE			ADMISSION			21 D-HR	22 STAT	23 MEDICAL RECORD NO.		CONDITION CODES				31
2 OCCURRENCE CODE DATE		1 OCCURRENCE CODE DATE		4 OCCURRENCE CODE DATE		3 OCCURRENCE CODE DATE		3 OCCURRENCE SPAN FROM THROUGH		37 A C							
										9 VALUE CODES CODE AMOUNT		9 VALUE CODES CODE AMOUNT		1 VALUE CODES CODE AMOUNT			
										a		b		c		d	
42 REV. CD.	43 DESCRIPTION			44 HCPCS/RATES		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES		49					
										Universal Billing (UB-92) claim form for institutional providers to bill Medicare and some State Medicaid carriers							
50 PAYER				51 PROVIDER NO.				2 REL RFD BEN		3 ASIG BSN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56	
57																	
58 INSURED'S NAME				59 P. REL		63 CERT. - SSN - HIC - ID NO.				61 GROUP NAME		62 INSURANCE GROUP NO.					
63 TREATMENT AUTHORIZATION CODES				64 ESC		65 EMPLOYER NAME				66 EMPLOYER LOCATION							
67 PRIN. DIAG. CD.		68 CODE		75 CODE		OTHER DIAG. CODES		72 CODE		74 CODE		76 ADM. DIAG. CD.		77 E-CODE		78	
												304.00					
79 P.C.		80 PRINCIPAL PROCEDURE CODE DATE		1 OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		OTHER PROCEDURE CODE DATE		2 ATTENDING PHYS. ID							
										3 OTHER PHYS. ID							
84 REMARKS										OTHER PHYS. ID							

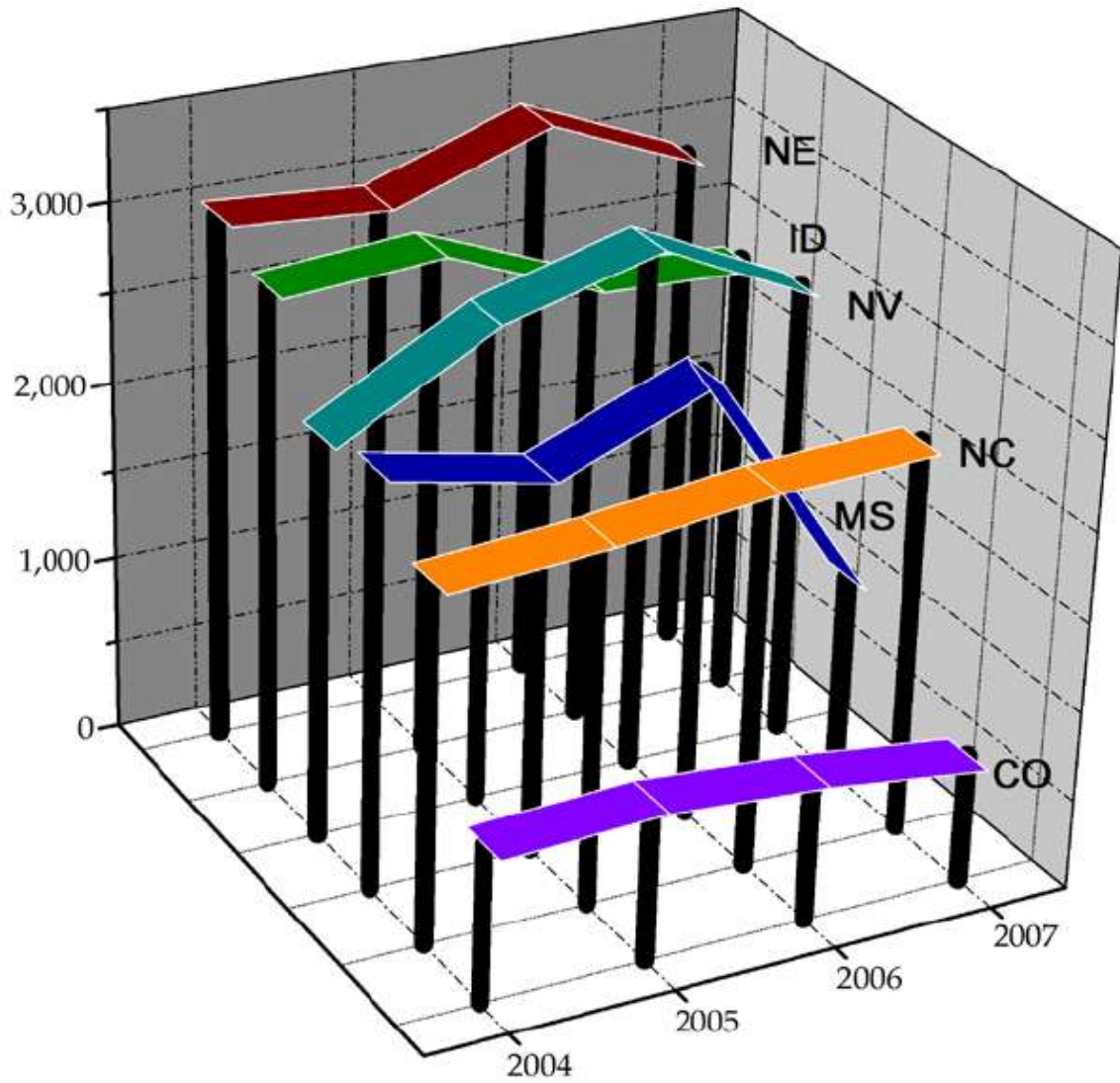
Appendix H. IHS Program Enrollee Numbers by State, 2004 to 2007



IHS Program Enrollee Numbers by State, 2004 to 2007 (continued)



IHS Program Enrollee Numbers by State, 2004 to 2007 (continued)



Appendix I. IHS Program Payment Amounts by Year 2004 to 2008

