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To: [Sheer, Jennifer L. \(CMS/CMCS\)](#)
Date: * No Date *
Subject: PMAP+ waiver question
Attachment(s): 0

Jen - we have a couple of minor concerns about the STCs as they stand - is it fair to say that the following changes are acceptable to CMS?

- a. Paragraph 17, item (b) (ii) should be amended as follows: American Indians in 25 U.S.C. 1603(c), who would not otherwise be mandatorily enrolled in managed care [this group can't be mandatorily enrolled in managed care without a waiver]
- b. Paragraph 35, item (a) should be amended as follows: American Indian Medicaid recipients, whether residing on or off a reservation, will have direct access to out-of-network services at IHS or 93-638 (IHS/638) facilities, or Urban Indian Organizations will purchase these IHS and 93-638 out-of-network services on a fee-for-service basis using payment rates negotiated between IHS and CMS, except when a 93-638 facility is required to receive the standard Medicaid rate. Physicians at IHS and 93-638 facilities will refer recipients to specialists within the MCO network. Enrollees may not be required to see their MCO primary care provider prior to accessing the referral specialist. [MN and AI have direct access to Urban Indian Organizations, but we don't operationalize a carve out for that particular provider. We require the MCOs to cover out-of-network Urban Indian Organization services]

In addition, the following edits that don't rise to the same level of concern but would be helpful -

1. Amend the descriptions of populations 6 and 7 at paragraph 17, item (a) to cross reference to paragraph 21 for populations 6 and 7.
2. Delete paragraph 21(b), as it pertains to state law that was repealed effective 2011. Minnesota no longer needs this authority.
3. Paragraph 27, item (b) should read: The 4-month penalty under (a) above is applied to individuals described in paragraph 24 25, items (b), (c), and (d).
4. Paragraph 29 should read: Benefits Package: MinnesotaCare Caretaker Adult benefit offered to MinnesotaCare Caretaker Adults (except pregnant women) is

the benefit offered to categorically eligible individuals under Minnesota's Medicaid Plan, except that the services listed in (a) (1) through (h) (8) are excluded, and inpatient hospital services are limited for certain participants as described in (i) (9) below

5. Clarify in paragraphs 44 and 45 that expenditures and member months for 3, 4, 6 and 7 will be reported within the MinnesotaCare Children MEG.

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