

[NCUIH Publishes Update to Report on Recent Trends in Third-Party Billing at UIOs](#)

Category: Policy Blog

written by Chelsea Gutierrez | January 10, 2024

On December 1, 2023, the National Council of Urban Indian Health (NCUIH) published its report, "[Recent Trends in Third-Party Billing at Urban Indian Organizations: A Focus on Primary Care Case Management and Indian Managed Care Entities](#)." This report serves as an update to NCUIH's previous report on [recent trends in third-party billing](#). The focus of this report is on the experience of UIOs enrolled in Medicaid and Children's Health Insurance Program as either a primary care case manager (PCCM) or Indian Managed Care Entity (IMCE). On July 26, 2023, NCUIH staff (Chandos Culleen, Director of Federal Relations; Isaiah O'Rear, Health Policy Statistician; and Nahla Holland (Eastern Pequot Tribal Nation), Research Associate) presented the report and its findings to the Centers for Medicare & Medicaid Services (CMS) Tribal Technical Advisory Group.

Key findings related to UIO Experience with PCCM/IMCE include:

- PCCM/IMCE benefited UIOs and their patients through improving continuity of care for Medicaid and CHIP enrollees.
- PCCM/IMCE benefited UIOs by providing a comprehensive view of the patient's care, reducing the need for self-advocacy and reporting.
- UIOs reported a best practice of strong working relationships with state Medicaid offices, Tribal Relations Liaisons, and other partners.
- Challenges faced by UIOs include insufficient capitation rate for UIOs providing PCCM services, poor communication with state Medicaid offices, and lack of 100% FMAP for UIOs resulting in UIO exclusion from PCCM program.

The findings of this report indicate that UIO participation as a primary case manager in Medicaid and CHIP provides resources that may enhance the level of care available for American Indian and Alaska Native beneficiaries. The benefits provided through PCCM/IMCE, such as improvement in care coordination, increased access to preventative care, and reduced reliance on patient self-advocacy, may be of interest to other Indian health care providers. However, further work is needed to address barriers identified in the report, including insufficient capitation rates, a need for improved communication with state Medicaid offices, and a need for further education regarding the roles of UIOs in the Indian healthcare system.

This report was completed during NCUIH's third year of participating in a research project commissioned by CMS through a contract with NORC at the University of Chicago. NCUIH is thankful for this partnership between the Division of Tribal Affairs and Office of Minority Health at CMS and NORC, as it has made this project and subsequent report possible. We look forward to continued collaboration as we strive to achieve healthy equity for American Indian and Alaska Native people.