



EBCI TRIBAL OPTION

[For Providers](#)



September 2023 Provider Newsletter

What is the EBCI Tribal Option?

EBCI Tribal Option assists approximately 4,000 Tribal-eligible Medicaid beneficiaries, primarily in Cherokee, Haywood, Swain, Jackson, and Graham counties.

[Learn More](#)

**CMCS Informational Bulletin Further Extends Spousal
Impoverishment Rules for Married Applicants and Recipients of
Home and**

Community-Based Services

Today, the Centers for Medicare & Medicaid Services (CMS) released a Centers for Medicaid and CHIP Services (CMCS) [Informational Bulletin](#) to advise that the “Consolidated Appropriations Act, 2023” (Pub. L. No. 117-328, enacted on December 29, 2022) modifies section 2404 of the Patient Protection and Affordable Care Act (ACA) to require that state Medicaid agencies apply the spousal impoverishment rules to married applicants and beneficiaries eligible for home and community-based services (HCBS) through September 30, 2027.

New State Guidance on Claiming Methodologies for Medicaid Managed Care

Today, the Centers for Medicare & Medicaid Services (CMS) released a State Medicaid Director Letter (SMDL) that provides guidance to support states in developing managed care claiming methodologies for claiming federal financial participation at a rate that is different than a state’s federal medical assistance percentage specified in section 1905(b) of the Social Security Act. A differential match rate can be claimed for expenditures related to certain Medicaid benefits or beneficiary populations, such as for family planning services or community-based mobile crisis intervention services authorized by Section 9813 of the American Rescue Plan Act of 2021. This SMDL outlines steps that states may take to properly identify the portion of Medicaid capitation rates attributable to the particular benefit or population subject to a differential match rate.

For more on the guidance, you can read the [full letter on Medicaid.gov](#).



Questions - Contact Live Help Desk

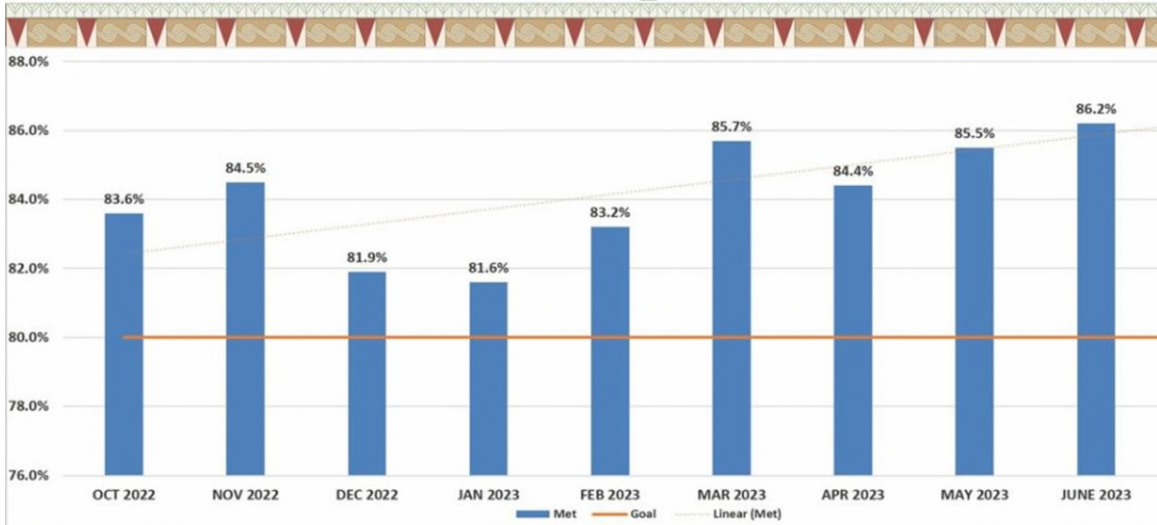
Submit questions to the Help Desk via email at openpayments@cms.hhs.gov or by calling 1-855-326-8366 (TTY Line: 1-844-649-2766), Monday through Friday, from 9:00 a.m. to 5:00 p.m. (ET), excluding Federal holidays.

The Help Desk refers media inquiries to CMS' Press Office for response.

Visit the [Resources](#) page on the Open Payments website for many of the above resources.

Childhood Immunizations Quality Metric

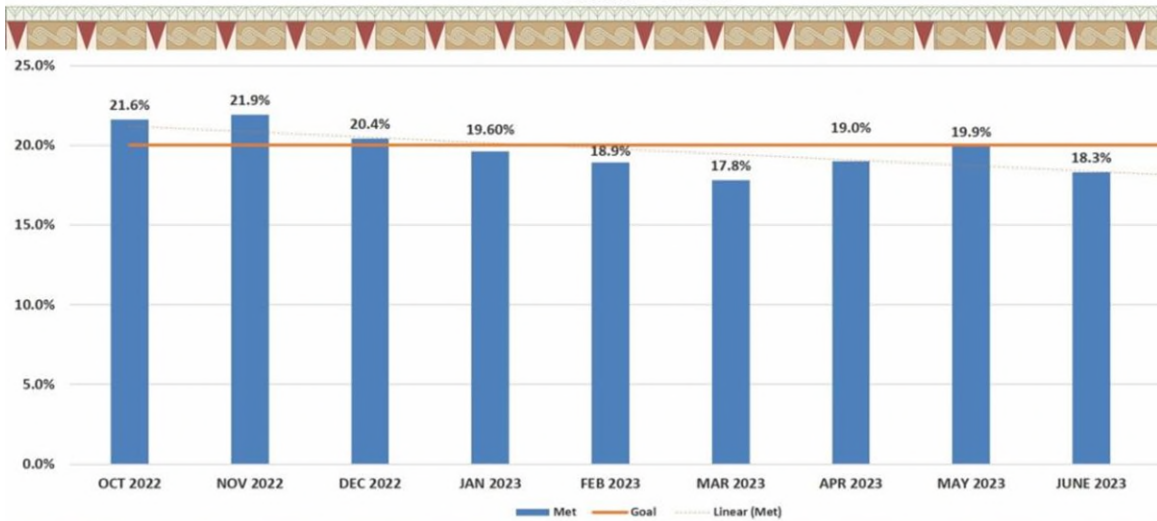
Goal $\geq 80\%$



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A1C Glycemic Poor Control >9 Quality Metric

Goal $< 20\%$



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Controlling Hypertension Quality Metric

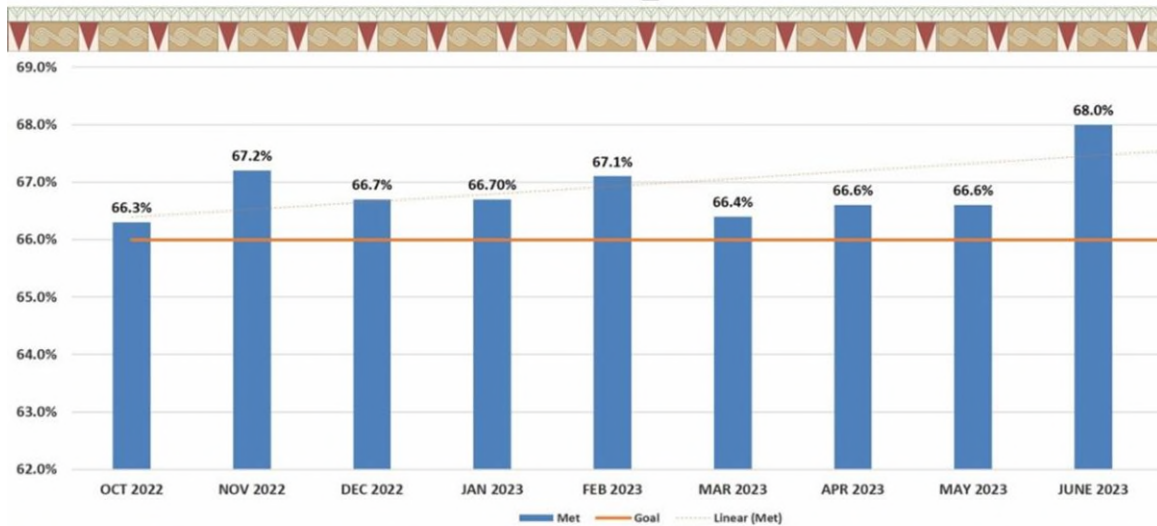
Goal $\geq 65.8\%$



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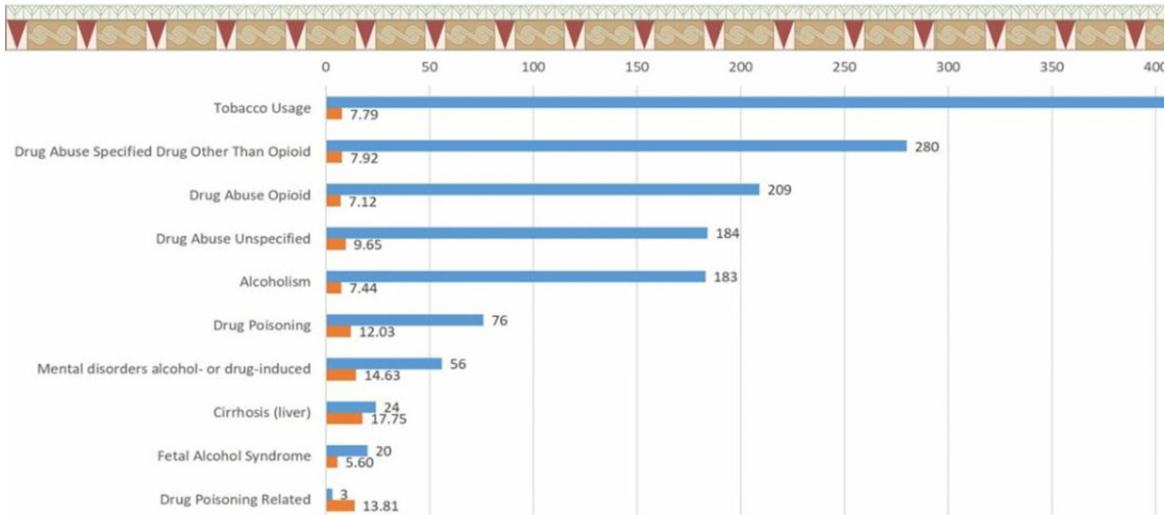
Tobacco Cessation: Counseling, RX or Quit Quality Metric

Goal $\geq 66\%$



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EBCI Tribal Option Quality Metric-Substance Use



CMS Releases New Guidance to Ensure Continuity of Key Flexibilities Implemented During the COVID-19 Public Health Emergency

Today, the Center for Medicaid and CHIP Services (CMCS) released a State Medicaid Director Letter to facilitate the continuation of home and community-based services (HCBS) waiver flexibilities requested by states during the COVID-19 Public Health Emergency (PHE). The letter automatically amends the expiration date of approved Appendix K provisions to be the later of November 11, 2023 or the effective date of amendments to underlying 1915(c) waivers to incorporate relevant PHE flexibilities. This ensures states, providers, and beneficiaries that there will be no disruption to the HCBS delivery system for PHE flexibilities the state requests to incorporate into ongoing HCBS waiver programs. No state action is required.

Read the [full letter](#) for more information.



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