

Health Reform: What the Affordable Care Act Means for American Indian/Alaska Native Populations

*A State Health Reform Assistance Network Webinar in collaboration with the
National Association of Medicaid Directors*

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State Health Reform Assistance Network
Charting the Road to Coverage



Robert Wood Johnson Foundation

Acronyms

ACA	<u>A</u> ffordable <u>C</u> are <u>A</u> ct
AI/AN	<u>A</u> merican <u>I</u> ndian/ <u>A</u> laska <u>N</u> ative
CHIPRA	<u>C</u> hildren's <u>H</u> ealth <u>I</u> nsurance <u>P</u> rogram <u>R</u> eauthorization <u>A</u> ct
FPL	<u>F</u> ederal <u>P</u> overty <u>L</u> evel
IHCIA	<u>I</u> ndian <u>H</u> ealth <u>C</u> are <u>I</u> mprovement <u>A</u> ct
I/T/U	<u>I</u> ndian Health Service, <u>T</u> ribal and <u>U</u> rban Indian organization programs/providers
SCHIP	<u>S</u> tate <u>C</u> hildren's <u>H</u> ealth <u>I</u> nsurance <u>P</u> rogram

Agenda

- Affordable Care Act's Impact on American Indians/Alaska Natives
- Promoting Tribal Engagement and State-Tribal Collaboration
- The Eligibility Perspective
- The New Mexico Perspective

A Look at Health Reform for American Indians/Alaska Natives (AI/ANs)

1. What does health reform mean for tribal groups?
 - Health exchanges
 - Special rules for eligibility/enrollment
 - Indian Health Care Improvement Act (IHCIA)
 - Medicaid/SCHIP
 - Indian Health Service (IHS)
2. Tribal consultation on health reform implementation
 - Promote meaningful tribal consultation
 - Ensure access and coverage
 - Offer adequate training and resources

What Does Health Reform Mean For Tribal Groups?

- Offers protections and benefits specific to AI/AN populations
- Increases access to health care and health insurance for AI/ANs
 - Health insurance exchange implementation and Medicaid expansion will increase access to coverage
 - Expanded coverage will provide more revenue for Indian Health Service, Tribal, and Urban Indian organization (I/T/U) programs



Provisions Related to Health Exchanges

Key Affordable Care Act (ACA) provisions specific to AI/AN participation in health exchanges:

- More frequent enrollment periods
 - Monthly window for AI/ANs to enroll
- No cost-sharing for AI/ANs \leq 300% FPL
 - No cost-sharing for services provided to an AI/AN individual by I/T/U or Contract Health Services
 - No cost-sharing if AI/AN individual enrolls in a qualified health plan through an exchange
 - AI/ANs who are eligible to receive services through IHS can also enroll in the exchange

Special Rules for Eligibility/Enrollment

- Certain categories of income excluded
 - Medicaid rules to disallow certain AI/AN income from being counted in determining eligibility for coverage
 - Ensures more AI/AN individuals will meet qualifications for public or publicly subsidized coverage
- Eligibility verification for cost-sharing protections
 - Verification of AI/AN status by exchanges relies on documentation of citizenship and electronic data sources approved by Secretary, or documents showing tribal membership now accepted by Medicaid
- AI/ANs may opt out of individual mandate

Provisions Related to Medicaid & SCHIP

- ACA allows I/T/Us to qualify as “Express Lane Agencies” to determine whether an adult or a child meets one or more eligibility requirements for Medicaid or CHIP
 - Grants for I/T/Us are available under IHClA and the ACA to facilitate outreach and enrollment in Medicaid and/or CHIP
 - IHClA grants: programs to provide outreach and enrollment through video, electronic delivery methods, or telecommunication devices
 - ACA grants: opportunities are reserved for I/T/Us to build infrastructure and improve care in the areas of maternal and child health services, trauma centers, and primary care workforce

Provisions Related to Indian Health Care Improvement Act (IHClA) Reauthorization

- Directs IHS to establish behavioral health prevention and treatment programs for AI/ANs
- Reauthorizes hospice, assisted living, long-term, and home- and community-based care
- Extends to tribally-operated facilities the ability to recover costs from third parties
- Updates laws regarding Medicare, Medicaid, and SCHIP reimbursement of Indian health facilities
- Allows tribes and tribal organizations to purchase health coverage for IHS beneficiaries

Provisions Related to the Indian Health Service

Payer of Last Resort

- ACA states that health programs operated by I/T/Us are the payer of last resort
 - Other programs (e.g., Medicare/Medicaid) must pay for services if they cover them (notwithstanding any federal, state, or local law to the contrary)



Provisions Related to the Indian Health Service *(cont.)*

Elimination of Sunset for All Medicare Part B Services Reimbursement

- ACA eliminates the sunset reimbursement provision for all Medicare Part B services delivered by a hospital or ambulatory care clinic operated by the IHS, Indian tribe, or tribal organization
- Without the amendment, these facilities would only have been eligible for reimbursement for select Part B services

Provisions Related to the Indian Health Service *(cont.)*

Inclusion of Costs Incurred by IHS toward Annual Out-of-Pocket Threshold under Medicare Part D

- Under ACA, prescription drug costs paid by IHS or other tribal providers should be treated as incurred costs to calculate Medicare Part D's out-of-pocket threshold
 - Costs covered by IHS or other tribal providers are similar to costs covered by a State Pharmaceutical Assistance Program and Medicare subsidies for determining whether an individual is out of the Medicare Part D coverage gap
 - Provision applies to costs incurred on or after January 1, 2011

Tribal Consultation

- *State wants to engage in meaningful tribal consultation in a way that builds trust, shares responsibility, and respects tribal sovereignty*
 - Solicit guidance from tribes on evaluating the impact of ACA on AI/AN individuals and I/T/U systems
 - Hold regional consultation meetings and “All Tribes” conference calls for input
 - Note: Under the Recovery Act states are required to seek advice on an ongoing basis from I/T/Us on Medicaid and CHIP matters that have an effect on I/T/U programs



NM Office of Health Care Reform

New Mexico's Tribes, Nations and Pueblos

- Has approximately 193,563 American Indian citizens.
- Approximately 10% of New Mexico's population.
- New Mexico has 22 tribes, Nations, or Pueblos, each with its own unique form of government.
- Each Tribe, Nation and Pueblo is unique and each has a different history, language, belief system, law or legal system, social customs, and government institutions.

NM Collaboration and Cultural Competency Training, SPO/IAD



New Mexico Human Services Department



NM Office of Health Care Reform

A Government-to-Government System of Communication State -Tribal Collaboration Act, Senate Bill 196

- 2004 – New Mexico Department of Indian Affairs was placed in statute as a Cabinet Level Department.
- 2005 – NM Governor signs Executive Order to better coordinate and collaborate with tribes.
- 2009 - Senate Bill 196 (SB 196) signed into law enacting the *State-Tribal Collaboration Act*.
 - *Annual Summit with the NM Governor and all 22 Tribal leaders.*
 - *Communication and Collaboration policies developed by all 34 cabinet agencies.*
 - *Tribal Liaisons in each cabinet secretary offices.*
 - *Cultural training for state employees.*
 - *Annual Reports from all cabinet agencies.*





NM Office of Health Care Reform

Principal Guiding Work with Tribes

- Recognize and respect tribal sovereignty.
- Improve government to government relationships.
- Efficiently address tribal issues and concerns.
- Create mutually beneficial outcomes.
- Develop meaningful collaboration.
- Enhance communications, trust and positive relations.
- Work effectively with tribal leaders and staff.
- Respect and accommodate unique cultures, languages, laws and values.

NM Collaboration and Cultural Competency Training, SPO/IAD



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Tribal Input and Formal Consultations

The New Mexico Office of Health Care Reform (OHCR) engages tribes through the following avenues:

- Native American Stakeholder Committee
- Tribal and Off-Reservation Contracts
- Informal Communication
- Work Groups
- Formal State – Tribal Consultation Process (*SB 196*)

Committee meetings and contract reports can be accessed at: <http://www.hsd.state.nm.us/nhcr/nhcrlo.htm>





NM Office of Health Care Reform

Actions to Date and More to Come

- Completed tribal and off-Reservation reports on public input from tribal and off-Reservation leaders, consumers, and providers.
- Governor Susana Martinez hosted the annual Native American summit in September 2011. Topics included Medicaid Modernization, Health Care Reform and Health Disparities.
- Hosted four Native American Stakeholder committee gatherings.
- Held a formal State-Tribal Consultation. Another is planned in March.
- In the 2011 Legislative Session, House Joint Memorial 40 was passed. It requests that the 22 Tribes, Nations and Pueblos, Off-Reservation Health Commission and other Indian health stakeholders work collaboratively to plan and capitalize on the opportunities to reform health care for American Indians in New Mexico, and provides a framework for ongoing engagement.
- The OHCR has a Health Care Reform Tribal Liaison on staff and has made provisions in the Establishment I proposal to expand services to the 22 Tribes through the establishment of a American Indian Service Center (AISC) within the NMHIX.
- Establish a subject-matter expert I/T/U work group to assist in the development of the AISC.



New Mexico Human Services Department

Possible Tribal Consultation Topics

- *Communicate that the State wants to hear from tribes regarding health reform implementation*
 - Encourage enrollment in Medicaid and exchange plans
 - Build partnerships to facilitate/increase enrollment
 - Permit AI/ANs to enroll in exchange plans with the same documents used for Medicaid
 - Allow AI/ANs in exchange plans to use insurance coverage at I/T/Us
 - Ensure participation by Indian health providers in exchanges
 - Designate I/T/Us as essential community providers to ensure that they are in exchange plan networks
 - Modify network provider contracts as necessary to accommodate unique aspects of I/T/U system

Possible Tribal Consultation Topics

- *State wants to offer tribal leaders and health staff training and resources to facilitate reform implementation*
 - Promote benefits of ACA programs and enrollment
 - Provide outreach/education to tribal members
 - Offer training on new Medicaid enrollment rules and mechanics of enrolling in exchange plans and qualifying for subsidies

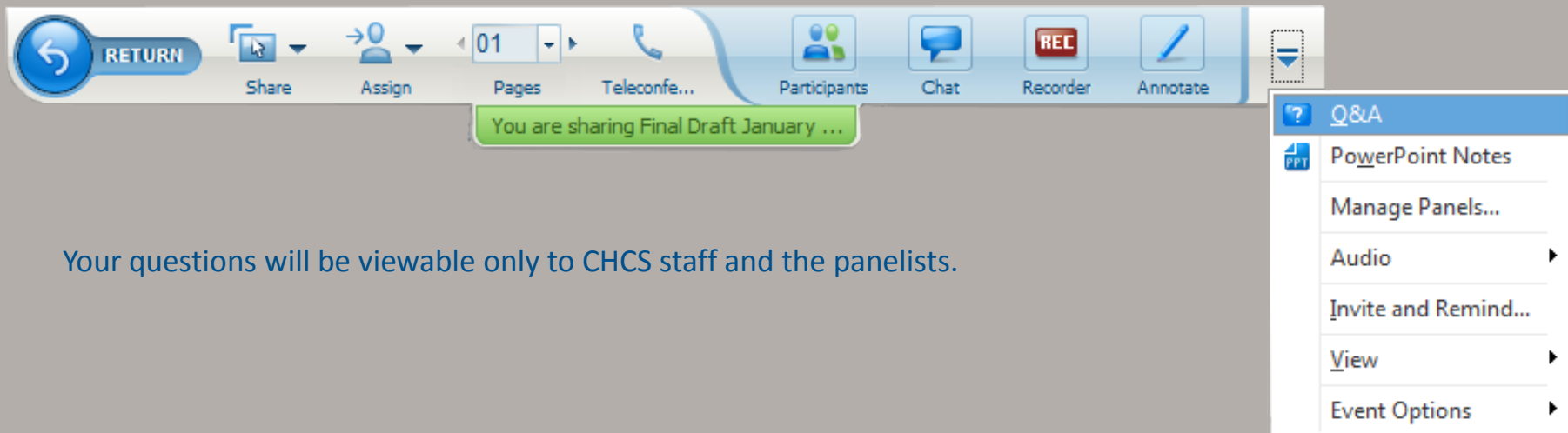
Possible Tribal Consultation Topics

Additional Topics

- Structuring the delivery system
 - Funding opportunities
- Designing ACA data collection requirements that address AI/AN populations
 - Demographic characteristics
 - Number enrolled
- Giving tribal groups the option to buy insurance for those who don't qualify for full subsidy

Questions?

To submit a question using your computer please click the question mark icon located in the toolbar at the top of your screen.



The image shows a software toolbar with various icons: RETURN, Share, Assign, Pages (01), Teleconferencing, Participants, Chat, Recorder, and Annotate. A green notification bubble below the Pages icon reads "You are sharing Final Draft January ...". A dropdown menu is open on the right side of the toolbar, showing a question mark icon and the text "Q&A". The menu items are: PowerPoint Notes, Manage Panels..., Audio, Invite and Remind..., View, and Event Options.

Your questions will be viewable only to CHCS staff and the panelists.