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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## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
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<tr>
<td>AI/AN</td>
<td>American Indian/Alaska Native</td>
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<tr>
<td>CHIPRA</td>
<td>Children’s Health Insurance Program Reauthorization Act</td>
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<td>FPL</td>
<td>Federal Poverty Level</td>
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<td>IHCIA</td>
<td>Indian Health Care Improvement Act</td>
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<td>I/T/U</td>
<td>Indian Health Service, Tribal and Urban Indian organization programs/providers</td>
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<td>SCHIP</td>
<td>State Children's Health Insurance Program</td>
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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 ≤ 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 IHCIA and the ACA to facilitate outreach and enrollment in Medicaid and/or CHIP
    
    • IHCIA 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 (IHCIA) 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 \textit{(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
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.
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.
New Mexico Human Services Department

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
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/nhcrlao.htm](http://www.hsd.state.nm.us/nhcr/nhcrlao.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/U 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.

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