



Jamestown S'Klallam Tribe

“PAVING A NEW WAY FOR HEALTH CARE”

JAMESTOWN S'KLALLAM TRIBE

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Development and Key Decisions

YEAR	HIGHLIGHT	COMMENT
1981	Federal Recognition	
1982 – 1994	Jamestown S'Klallam Tribe part of Neah Bay Service Unit	<p>Health services provided through IHS Direct Service clinic at Neah Bay – a 2 hour drive for Jamestown S'Klallam Citizens.</p> <ul style="list-style-type: none"> ➤ Medical care - Citizens receive limited, pre-authorized medical services through IHS Service Unit ➤ Dental care – Citizens receive limited dental services through IHS Service Unit. ➤ Community Health - .5 FTE Community Health Nurse (CHN) and 1 FTE Community Health Representative (CHR) coordinate health care service for Tribal Citizens <ul style="list-style-type: none"> ▪ Focus on providing skilled nursing services, helping Citizens find medical providers, getting payment authorizations from IHS, making appointments, helping Citizens apply for benefits and managing insurance paperwork.
1995	Self Governance - Compact Health Program Funds To Begin Health Services planned and managed by the Jamestown S'Klallam Tribe.	<p>Decision to compact Indian Health Service funding and start planning and managing JST health programs</p> <p>Established that Tribe could not develop medical and dental clinics at this time but there may be a need to do so at a future time.</p> <p>Used funding from IHS Tribal Management Grant to determine how to provide medical, dental and other health care for Tribal Citizens without our own clinics. Grant funds paid for an actuarial analysis of the population to estimate cost of providing an insurance based health program.</p>

YEAR	HIGHLIGHT	COMMENT
Jan 1995	Initial Tribally Managed Dental Program	<p>Decision to contract with local dentist offices to provide limited, pre-authorized care to local Tribal Citizens.</p> <p>Decision to prioritize dental care to keep within IHS allocation of approximately \$24,000 per year.</p>
May 1995	Start of Managed Care Program (MCP)	<p>Decision to</p> <ul style="list-style-type: none"> ➤ Provide health insurance and wrap around services for Tribal Citizens living in our Contract Health Service Delivery Area. ➤ Pay for or reimburse medical insurance premiums, co-pays, co-insurance and deductibles and provide preventive, hearing and vision care. ➤ Decision to become sponsor for Washington Basic Health program allowing the Tribe to reduce the cost of insuring Citizens by taking advantage of state subsidy for paying insurance premiums for Citizens who are eligible, based on income, for the Basic Health program. <p>With insurance, Tribal Citizens obtain primary care services at a variety of privately owned medical clinics, specialty care through the health insurer's network and hospital care at local and regional hospitals.</p>
April 2002	Opened Jamestown Family Health Clinic	<p>Opened with 3 MDs in leased space</p> <ul style="list-style-type: none"> ➤ Decision to provide services to non-Tribal, community members as well as Tribal community. ➤ Decision to become a Federally Qualified Health Center for Medicare Services. ➤ Decision to serve Medicaid recipients in the community using encounter based payment. ➤ Decision to purchase fully integrated electronic health record system.
June 2004	Opened Jamestown Family Dental Clinic	<p>Opened with 1 Dentist and 1 hygienist</p> <ul style="list-style-type: none"> ➤ Decision to provide services to non-Tribal, community members as well as Tribal Citizens ➤ Decision to purchase electronic dental charting, scheduling and billing. <p>In 2010, the Jamestown Family Dental Clinic provided 6,542 patient visits with a staff of 3 dentists and 2 hygienists and provided nearly \$170,000 in uncompensated care for Tribal Citizens.</p>
May 2010	Opened new Tribally built, owned and operated Health Care Facility	<p>In 2010 the Jamestown Family Health Clinic provided 44,744 visits with a staff of 8 Family Practice Physicians, 6 Family Practice ARNPs, 2 OB/GYN Physicians and 1 Women's Health ARNP. We have recently added 2 more ARNPs to our Family Practice team.</p>

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Insurance Based Health Program

The Jamestown S’Klallam Tribe uses an insurance based program to provide health care services for Tribal Citizens. In 1995 when the Tribe first compacted health care dollars, the Jamestown S’Klallam Tribe did not operate medical or dental clinics. Knowing that the Tribal population was not large enough to support the establishment of a medical clinic, the Tribal Council decided to consider a different approach. That approach was to see if it was possible to provide medical insurance coverage for every Tribal Citizen living in the health service area.

HOW JAMESTOWN ESTABLISHED and MAINTAIN THE INSURANCE BASED HEALTH PROGRAM

Step 1 – Analyzing the Population and Estimating Cost of the Program

- A survey was conducted of Tribal Citizens living in the Contract Health Service Area to determine how many Tribal Citizens already had insurance coverage, the type of coverage and the source of payment for the insurance premiums; and, to determine of those who did not have insurance, how many were eligible for various federal and state insurance programs (Medicare, Medicaid, Washington State Basic Health Program)
- An actuarial firm was hired to estimate the cost to the Tribe of paying for medical insurance coverage, co-payments, deductibles and co-insurance and paying for other health care services that would not be covered by insurance.

Based on the information provided by the actuarial firm, the Tribal Council decided to pursue an insurance based program. Tribal staff worked with representatives of the Portland Area IHS office to establish a pilot program that allowed the Tribe to use Contract Health funding to support this unique program.

Step 2 –Look for Opportunities and Develop Partnerships

In 1987 the State of Washington created a pilot project to provide access to health insurance for low-income Washington residents. In 1993, the Washington Basic Health Program was made permanent. This is a State-sponsored program that helps eligible Washington residents pay for health insurance through state subsidies. The program requires every enrollee to participate financially by paying a portion of the premium, co-pays, co-insurance and deductibles. It is an insurance program, not an entitlement.

In 1995 the Tribe worked with the Washington State Health Care Authority, the state agency that administers the Basic Health program, to establish a Tribal Sponsorship Program so that the Tribe could pay the portion of the insurance premium on behalf of the eligible Tribal Citizen. At that time the Basic Health program provided both subsidized insurance coverage for those who met the eligibility criteria and also an unsubsidized program for those whose incomes exceeded the criteria for the state subsidy.

The ability to purchase subsidized insurance through the State was essential to the early success of the Tribe's insurance based program and has always been a critical factor in the Tribe's ability to afford to operate an insurance based health program.

The non-subsidized Basic Health Program was eliminated after a few years and the Tribe arranged with a private insurance company to purchase a group policy for Citizens who were no longer eligible for the Basic Health program and had no other source of insurance coverage.

Step 3 – Working with the Tribal Citizens

Key to the success of the program is the utilization of all available coverage.

Each Tribal Citizen is screened to determine if they have insurance available through employment, the employment of a spouse, a retirement benefit or Medicare. The program then arranges with the Tribal Citizen to pay either pay for, or reimburse the Tribal Citizen for any expense that the Citizen incurs for their current insurance premium.

If the Citizen has no coverage they are screened for eligibility for Medicaid, then the Basic Health then the Washington Health Program. Some individual plans are purchased for those who are not eligible for any of the prior mentioned programs.

Although the structure of benefits and the cost of deductibles, co-payments and co-insurance have changed for each type of insurance over the years, the basis for the program remains the same. All Citizens have insurance either through payment of

premiums by the Tribe or other sources. Wrap-around services such as vision, hearing, chiropractic, physical therapy, etc. are covered through a prior authorization system when not covered by insurance. The idea is that all Citizens have the same basic coverage regardless of what is covered by their insurance.

The program spends on average between \$2500 and \$3000 per Tribal Citizen per year to cover program expenses. The Tribe has never had to prioritize medical services due to a funding shortage. Services are available and payable year round.

Our staff spends time tracking changes in Medicaid, Medicare, state funded programs and private insurance plans to determine how changes could potentially impact our health program. For example the introduction of Medicare Part D and our ability to enroll Citizens in Part D coverage resulted in huge savings to the Tribe. Another big savings came when we were able to take advantage of Medicare like rates. Tribal staff continues to make adjustments to the program when new opportunities arise.

DEVELOPING AN INSURANCE BASED PROGRAM THAT WORKS FOR YOUR TRIBE

The Affordable Care Act and the Indian Health Care Improvement Act provide an opportunity for every Self-Governance Tribe to consider the possible benefits of providing an insurance based program. Subsidies for insurance premiums will be available to individuals with incomes up to 400 percent of the federal poverty level if the individual is enrolled in an insurance plan through a State or Federal government operated Exchange. Additionally AI/AN who are enrolled in Exchange plans and have incomes below 300% of the FPL will be exempt from paying co-pays, deductibles or co-insurance for any covered health care service at any medical provider. This will provide a substantial savings in contract health services funds.

The Basic Decisions:

- Which Tribal Citizens will be eligible to have the Tribe pay their insurance premium?
 - All Citizens?
 - Only those eligible for a subsidy?
 - Only those who have a higher utilization of health care services?
 - Will the Tribe pay the premium directly to an Exchange or reimburse Tribal Citizens for their share of the premium cost or both?

- Should the Tribe contract the medical clinic providers with the insurance plans?

I/T/U should be paid by insurance plans for the services they deliver to AI/AN enrolled in their plan regardless of whether the Indian health programs have provider contracts with Exchange plans. Section 206 of IHCA gives Indian health providers the right to receive reasonable charges, or, if higher, the highest amount an insurance plan would pay for the same care delivered by other providers.

Contracting with insurance plans allows for the following:

 - Your Tribal Citizens may receive better access to specialty care providers as part of a network
 - Your Clinic can be paid for services if your clinic provides services to non-natives

- Benefits/Program design decisions:

- Will you pay co-pays, co-insurance and deductibles for services received from clinics other than those operated by the Tribe for those Citizens who are not eligible for Exchange based insurance or not eligible for the exemption from cost sharing?
- What about utilization control? Will pre-authorization be required before the Tribe pays for a deductible or co-insurance?
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- What about health services not covered by an insurance plan? What process will be used to authorize and pay for these services?

Benefits of Providing Insurance Coverage for Tribal Citizens:

- Tribal Citizens can receive all health services year round: no more Priority One.
- Positive impact to the contract health budget
- Increased clinic revenue.