



# Health Care Reform in Indian Country

Self-Governance Communication & Education

*Self-Governance Tribes Striving Towards Excellence in Health Care*

## Self-Governance Health Reform National Outreach and Education

### Semi-Annual Report April 2017

#### Introduction

The Jamestown S’Klallam Tribe (JST) and U.S. Department of Health and Human Services (HHS) amended their multi-year funding agreement in September 2016 to transfer \$300,000 to JST for the performance period September 1, 2016 – September 30, 2017, for “Self-Governance National Indian Health Outreach and Education.” This semi-annual report is a required deliverable under this amendment and covers the six-month period from October 1, 2016, through March 31, 2017.

This Project requires the Tribe to manage and provide outreach, education, technical, research and analytical support nationally to Self-Governance Tribes on the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, collectively known as the Affordable Care Act (ACA), and the Indian Health Care Improvement Act (IHCA), as amended. The overall objective of this Project is to improve Indian health care by conducting training and technical assistance across Self-Governance communities to ensure that the Indian health care system and all American Indians/Alaska Natives (AI/ANs) are prepared to take advantage of the health insurance coverage options that will improve the quality of and access to health care services, and increase resources for AI/AN health care. This work is a part of a national campaign, comprised of national Indian organizations, IHS, and Tribal partners (Partners) that work together to conduct ACA/IHCA training and technical assistance throughout Indian Country. The Tribe agrees to collaborate with the IHS to achieve all outcomes and deliverables.

TSGAC submitted a Work Plan for 2016-2017 to the IHS Office of Tribal Self-Governance (OTSG) in November 2016 outlining the proposed activities and process for meeting the identified deliverables. This 2016-2017 Work Plan was built on JST’s successful program of training and technical assistance from the previous three Project periods (2013-2014), (2014-2015) and (2015-2016) as documented in the final reports for those respective years.

Consistent with the deliverables identified in the JST Amendment, the Work Plan was organized into the following sections:

- Policy Analysis
- Technical Assistance and Information Sharing
- Outreach and Education
- Training/Webinars

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Final Approval for the 2016-2017 Work Plan was received from OTSG in January 2017. This report is organized to correspond to the four sections listed above and to the identified deliverables in the scope of work under the JST Amendment.

## **Policy Analysis**

Policy Papers and Comments on Proposed Regulations. The TSGAC and Technical advisors continue to work with national Indian organizations to analyze proposed regulations and other policy issues related to ACA/IHCIA implementation. Correspondence and specific issues that have been submitted by TSGAC during this first Project period included the following:

- 3/7/17 – TSGAC letter to CMS RE: formal comments on Market Stabilization Proposed Rule (CMS-9929-P)
- 1/27/17 – TSGAC letter to HHS Acting Secretary and IHS Acting Director RE: Support for Broad Exemption of Indian Health Service from Federal Hiring Freeze
- 12/14/16 - TSGAC transmittal letter to IHS Principal Deputy Director and OTSG Acting Director RE: Final Report, “TSGAC Report Network on Adequacy in the Health Insurance Marketplace: Analysis of Two Tribal Sites”
- 10/31/16 – TSGAC submitted letter to IHS RE: Comments on Catastrophic Health Emergency Fund Proposed Rule (RIN 0905-AC97)
- 10/28/16 - TSGAC submitted letter to IHS RE: Comments on Purchasing Health Care Coverage (IHS Circular 2016-08)
- 10/19/16- TSGAC signed onto letter to President Obama RE: Request for Support for Legislation to Provide Partial Relief to Tribes from the Affordable Care Act’s Employer Mandate.
- 10/5/16 – TSGAC submitted letter to CMS RE: HHS Notice of Benefit and Payment Parameters for 2018 (CMS-9934-P)

Measuring Enrollment through the Marketplaces. To further the ability to measure outcomes of TSGAC and other Tribal organization activities, technical advisors have been working with the leadership of the Tribal Technical Advisory Group (TTAG) to secure data and regular reports on Marketplace enrollment from the Centers for Medicare and Medicaid Services, Center for Consumer Information and Insurance Oversight (CMS/CCIIO). Data have been provided by CMS for 2015 and 2016 enrollment levels. TSGAC analyzed the national and state-specific data across the two coverage periods. An additional data set is expected for 2017 on Marketplace enrollment levels. Two additional data sets were secured from HHS/ASPE with data on the value of the Indian-specific cost-sharing protections provided through the Marketplace, as well as the value of the Marketplace-facilitated cost-sharing protections available to the general population.

Additionally, IHS provided a set of data on insurance status of Active Users. Data are being analyzed to identify the number of uninsured Active Users by Service Unit. In January 2017, the TSGAC sent a revised request to IHS for some additional modifications to the report as well as a complete set of Service Unit-specific data, if possible. Additional information was provided by IHS on 3/28/17. However, TSGAC indicated to IHS that greater granularity in the data would increase the usefulness of the data and would be consistent with the granularity of other

information provided by HHS/ASPE. TSGAC will continue to work to see if information can be further culled.

IHS data on insurance status of Active Users, by Service Unit will be combined with CCIIO/CMS-provided data on enrollment of AI/AN in Marketplace coverage to track increases in health insurance coverage.

On March 20, 2017, TSGAC distributed a memo on AI/AN Marketplace enrollment and average value of cost-sharing protections secured by AI/AN meeting definition of Indian under ACA.

TSGAC Briefing Memos. The TSGAC has developed a series of briefing memos on current key topics around these issues. In addition, TSGAC regularly updates earlier briefing memos, as needed, to reflect subsequent developments. These briefing memos have been broadly distributed to Self-Governance Tribes and other NIHOE national and regional partners. Further, all briefing memos are posted on the Self-Governance Health Care Reform website. The following is a list of the TSGAC briefing memos during this 6-month project time period:

- Federal Poverty Levels for Medicaid, Marketplace, and Medicare Savings Program Enrollment in 2017 and 2018 (3/30/17)
- Next on the Affordable Care Act: Funding for Cost-Sharing Protections and Marketplace Stability Programs (3/27/17)
- Amendments to the House of Representatives Health Plan, as of March 22, 2017 (3/23/17)
- Financial Impact of the House of Representatives Health Plan vs. the Affordable Care Act on AI/AN and Other Families in Montana (3/22/17)
- American Indian and Alaska Native (AI/AN) Marketplace Enrollment and Cost-Sharing Payments, as of December 2016 (3/20/17)
- Message on Affordable Care Act: "No Repeal Without First a Replacement Plan" (3/2/17)
- Update on the Individual Shared Responsibility Payment Requirement Under the Affordable Care Act (2/27/17)
- Clarification on Federal Policy and Next Steps for Tribal Health Care Facilities Billing Medicaid for Clinic Services Provided Outside of Their "Four Walls" (2/14/17)
- Federal Poverty Levels for Medicaid, Marketplace, and Medicare Savings Program Enrollment in 2017 and 2018 (2/6/17)
- Indian Health Service Reimbursement Rates for 2017 (2/6/17)
- IHS/OMB Payment Rates (2/6/17)
- FPL Percentages for 2017 (2/6/17)
- Timeline of Potential Administration and Congressional Action on ACA Repeal / Replace Legislation; Other Key Dates; and Activities of Tribes (1/12/17; Updated (2/13/17; 2/27/17; 3/27/17)
- Despite Large Increases in Marketplace Premiums in 2017, Net Health Insurance Costs Fall for Low- to Moderate-Income Families in Many States (1/11/17)
- Affordable Care Act in 2017; Trump and Ryan Health Insurance Approaches (1/6/17)
- Applicable Percentages, Thresholds, and Payments: Indexing Adjustments Related to Certain Affordable Care Act Provisions for 2015-2018 (10/30/17)
- Federal Poverty Levels for Medicaid, Marketplace, and Medicare Savings Program Enrollment in 2017 (10/17/16)

TSGAC also developed and shared the following report:

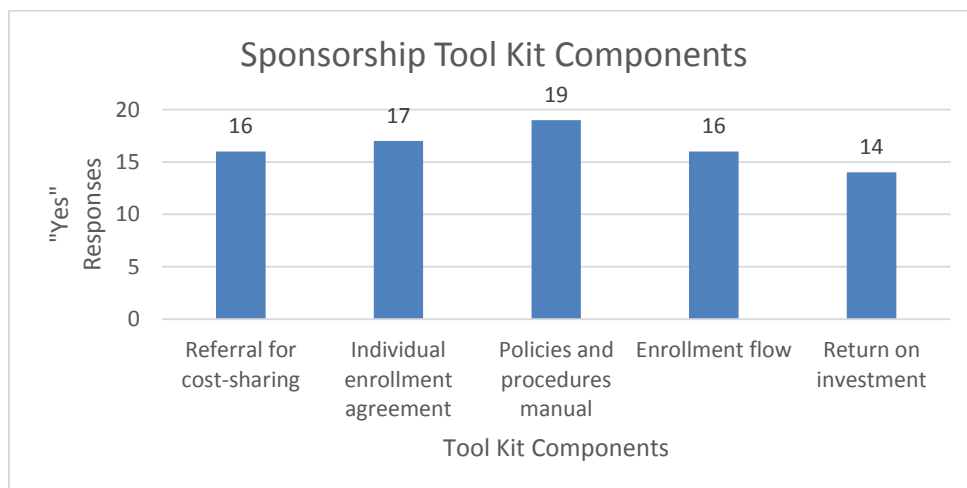
- TSGAC Report Network on Adequacy in the Health Insurance Marketplace: Analysis of Two Tribal Sites (12/6/16)

### **Technical Assistance and Information Sharing**

Tribal Sponsorship and Billing Opportunities. The TSGAC has been providing technical assistance regarding sponsorship and billing opportunities to ensure economic viability of Tribal health programs. In addition to hosting Webinars (see below), information and analysis has been collected from Self-Governance, Contracting and Direct Service Tribes. Technical Assistance has also been directly provided to a number of Tribes. Additionally, efforts are also underway to determine if there is an Urban Indian clinic that is interested in assessing the viability of establishing a Sponsorship program.

On March 22, 2017, a TSGAC technical representative participated in a CMS – IHS Training held in Denver, Colorado on topic of Sponsorship. In addition, technical assistance on Sponsorship was provided to, in part, the following Tribes and Tribal organizations: Northern Cheyenne Tribe; NARA (urban Indian program in Portland); Fort Belknap Tribe; White Earth Nation; Crow Nation; and Blackfeet Nation.

Establish a Best Practices Tool Kit for Sponsorship (Marketplace Enrollment). A new deliverable has been identified for the 2016-2017 Project period, which includes development of a best practices tool kit for Marketplace enrollment activities. As part of the on-line survey conducted in October 2016, Self-Governance Tribes were asked to indicate what type of components would be helpful as part of the Tool Kit. Respondents noted the following preferences:



A small workgroup of Tribal and subject matter experts was formed to assist in the development of a user-friendly tool kit. The group met in January 2017 to review and establish components for the tool kit. A draft outline, including list of components and documents has been identified, including a “Fast Track” option. Information is currently under review and once finalized, will be posted on SGCE Website.

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SGCE Website (Health Care Reform) Updated. The SGCE Website is continually updated to reflect the latest information on ACA/IHCIA, including all TSGAC related correspondence, TSGAC briefing papers, Webinars, Q&A section and Success Stories. This Project Year, a new section entitled, "2017 Current Issues" was added which includes the most recently briefings and analysis.

Technical Assistance Provided to Tribes and Tribal health organizations. TSGAC responded directly to specific Tribal requests received, including a response to an inquiry raised on the interaction of Medicare-Like-Rates and PRC program expenditures. TSGAC technical advisors also connected Tribes to a former IRS policy lead on the ACA for technical assistance.

Technical Assistance Provided through SGCE Website. Tribes are continuing to use the SGCE website to pose questions regarding ACA. All questions submitted through the Website received a timely response from TSGAC and were posted so that all Tribes can have access to the information.

Communication around key moments or events through the grant period to increase education efforts. Broadcast notices and e-mails continue to be sent regularly to all Self-Governance Tribes as new information and updates become available. The following is a list of the broadcast dates and topics that have been shared to date under the Project:

3/24/17:

- Amendments to the House of Representatives Health Plan, as of March 22, 2017
- Financial Impact of the House of Representatives Health Plan vs. the Affordable Care Act on AI/AN and Other Families in Montana
- American Indian and Alaska Native (AI/AN) Marketplace Enrollment and Cost-Sharing Payments, as of December 2016

3/13/17:

- Administration and Congressional ACA-Related Actions in 2017 and 2018 (with risk assessment of House of Representatives health plan)

3/2/17:

- Update on the Individual Shared Responsibility Payment Requirement Under the Affordable Care Act
- Message on Affordable Care Act: "No Repeal Without First a Replacement Plan"

2/16/17:

- Clarification on Federal Policy and Next Steps for Tribal Health Care Facilities Billing Medicaid for Clinic Services Provided Outside of Their "Four Walls"
- Timeline of Potential Administration and Congressional Action on ACA Repeal / Replace Legislation; Other Key Dates; and Activities of Tribes (updated 2/13/17)

2/8/17:

- Federal Poverty Levels for Medicaid, Marketplace, and Medicare Savings Program Enrollment in 2017 and 2018
- Indian Health Service Reimbursement Rates for 2017

1/24/17:

- Notice of 2/2/17 Webinar
- Despite Large Increases in Marketplace Premiums in 2017, Net Health Insurance Costs Fall for Low- to Moderate-Income Families in Many States

1/13/17:

- Republicans Take Step to Maintain Cost-Sharing Reduction Payments Under the Affordable Care Act, at Least Temporarily
- Timeline of Potential Administration and Congressional Action on ACA Repeal / Replace Legislation; Other Key Dates; and Activities of Tribes
- UPDATED 1/13/2017: Affordable Care Act in 2017; Trump and Ryan Health Insurance Approaches.
- Tribal Sponsorship of Medicare Part B and Part D Premiums

12/23/16:

- TSGAC Report on Network on Adequacy in the Health Insurance Marketplace: Analysis of Two Tribal Sites

12/7/16:

- Affordable Care Act and IHCA in 2017: Trump, Ryan and Price Health Insurance Approaches
- Updates to the Health Care Reform Self-Governance Website

Development of Tools and Resources. In preparation for training and broadcasts of information, a number of PowerPoint presentations and other products have been developed in meeting the Project deliverables, including:

- Administration and Congressional ACA-Related Actions in 2017 and 2018 (with risk assessment of House of Representatives health plan (March 15, 2017 (revised)
- Recent developments with the CMS 100% FMAP policy (and related State Health Official letter and FAQs) (E. Milhollin – 2/2/17)
- Update on Trump Administration and Congressional ACA-related activities (D. McDonough 2/2/17).
- Securing Exemption from Tax Penalty for Not Having Health Insurance Coverage: Indian-specific exemptions (D. McDonough– 11/16/16)
- Contract Support Costs –Policy Updates Indian Health Manual Part 6 Chapter 3 (R. Butcher – 11/16/16)

**Webinars & Training**

Identifying Training Needs of Self-Governance Tribes. Updated information was collected under a Survey Monkey that was shared: (1) with TSGAC/Technical Workgroup during the October 2016 meeting; and, (2) sent out on SG ACA listserv to stakeholders in October 2016. Survey results summarized and included in the 2016-2017 Work Plan submitted to OTSG in November 2016.

Webinars. The primary means of delivering training has been Webinars. Three (3) Webinars were hosted and conducted by the TSGAC in this 6-month period and have been held from noon to 1:30 pm Eastern time. Webinar dates and topics included the following:

1. November 16, 2016 Contract Support Costs and Other Current Issues
2. February 2, 2017 ACA/IHCIA Policy Update for Tribes
3. March 15, 2017 Review of Congressional Actions

Participation in the Webinars has ranged from 86 to 219 people. The 1-1/2 hour Webinars were conducted live, recorded and later posted on the Self-Governance Communication and Education (SGCE) website along with the PowerPoint presentations and related resource materials to allow for wider accessibility and use by IHS, Tribal and Urban (I/T/Us) health care users and programs. Time was allocated throughout the Webinar(s) for participants to raise questions. All attendees received a personalized Certificate for their participation in the Webinar(s).

Following the Webinars, all participants were sent an on-line evaluation. The input received from these Webinars remain positive. (*A summary of the evaluations is provided as Appendix A below*).

### **Other Activities**

In addition to the policy analysis, training and technical assistance activities enumerated in this final report, the TSGAC coordinated with the IHS, HHS, and other national NIHOE groups. Technical staff have participated in meetings and monthly teleconferences with other National Tribal organizations and partners, including National Congress of American Indians, National Indian Health Board and the National Council of Urban Indian Health to assist in coordinating efforts and reduce any duplication of AI/AI training materials.

Attachment: Appendix A: Evaluation of Webinars.

For more information on this report, please contact Cyndi Ferguson at [cyndif@senseinc.com](mailto:cyndif@senseinc.com)

### Attachment A **Summary from Webinar Evaluation Survey Reports**

As part of the 2016-2017 Work Plan, a total of three (3) ACA/IHCIA Webinars were conducted during this semi-annual period. The dates and topics of Webinars included:

1. November 16, 2016 Contract Support Costs and Other Current Issues
2. February 2, 2017 ACA/IHCIA Policy Update for Tribes
3. March 15, 2017 Review of Congressional Actions

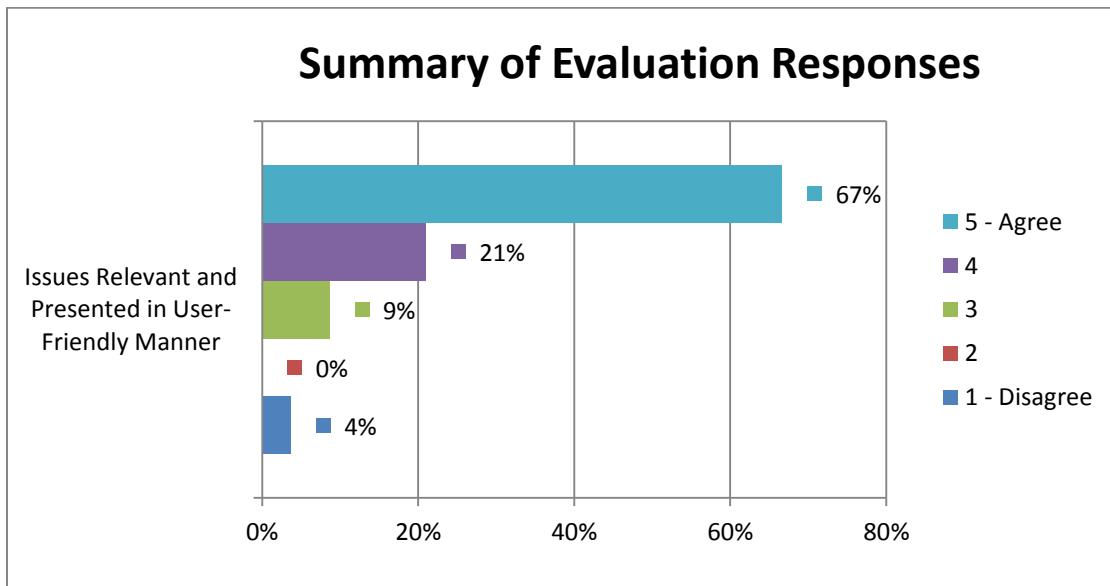
Approximately 86 registrants completed and participated in the 11/16/16 Webinar; 219 registrants in the 2/2/17 Webinar; and 219 registrants in the 3/15/17 Webinar. Following completion of the Webinar(s), participants were asked to complete a brief evaluation survey.

#### Evaluation Categories

Participants were asked to rank the following items on a scale of 1 to 5; with 1 being the lowest (disagree) and 5 being the highest (agree):

- Issues were relevant and presented in a user-friendly manner
- PowerPoint presentation and materials were informative and helpful
- Presenter(s) were responsive to questions
- Length of Webinar provided sufficient time to cover the issues

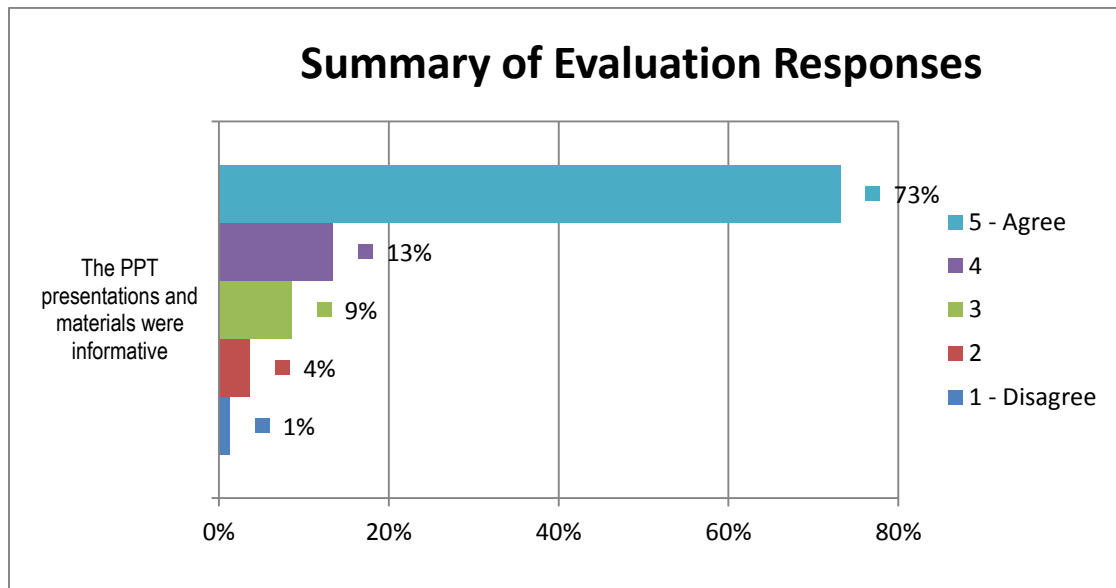
**Chart 1 – Content Delivery (All Webinars Combined)**



- Participants were complimentary of the information and issues presented.
- Overall, 88% of participants ranked this category as either 4 or 5.

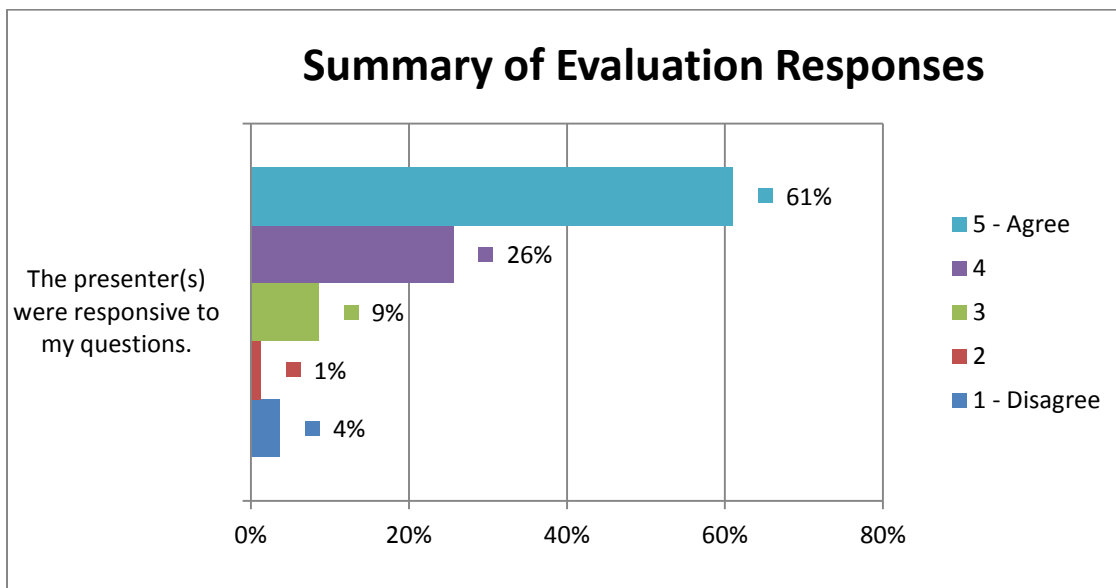


**Chart 2 – Resource Materials (All Webinars Combined)**



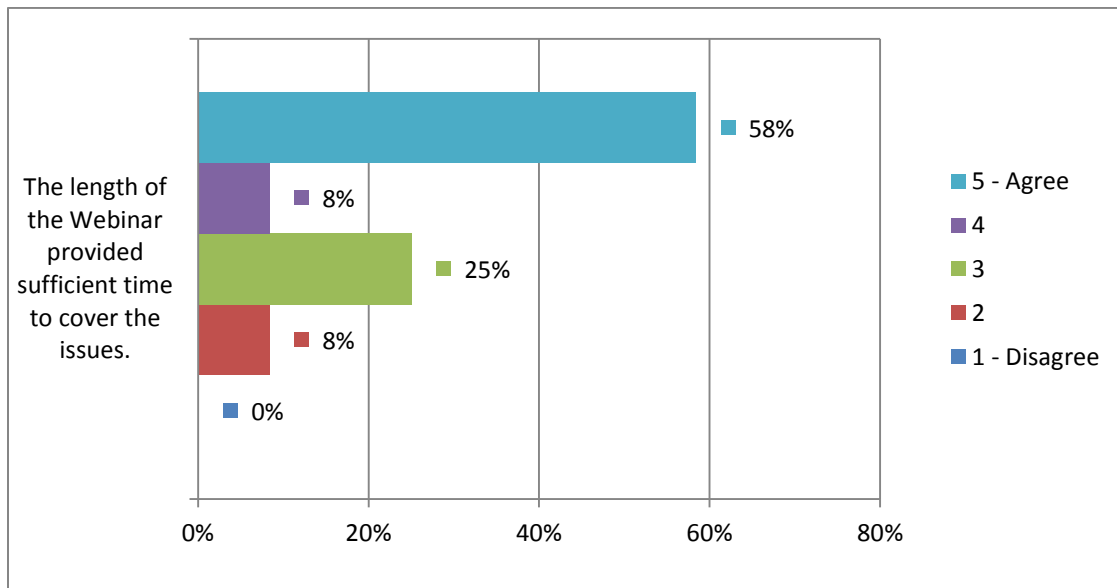
- Copies of the PPT presentations were shared 1 day in advance for all the Webinars.
- Overall, 90% of participants ranked this category as either 4 or 5.

**Chart 3 – Responsive to Questions (All Webinars Combined)**



- Opportunities were provided at various points throughout the Webinar(s) for participants to raise questions. However, in some instances, the scheduled time for the Webinar was not sufficient to answer all questions during the Webinar(s). As needed, time was extended to allow for all questions raised to be addressed during the Webinar.
- Overall, 87% of participants ranked this category as either 4 or 5.

**Chart 4 – Length of Webinar(s)-**



- In a few cases, the length of the Webinar was extended by approximately 10-15 minutes to accommodate presentation of materials and to answer questions.
- Overall, 66% percent of participants ranked this category as either 4 or 5. This percentage is lower than last year’s Project evaluation. Additional time for Webinars will be considered.