



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

Final Report for 2015-2016 Project Year

October 2016

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 2015 to transfer \$300,000 to JST for the performance period September 1, 2015 – September 30, 2016, for “Self-Governance National Indian Health Outreach and Education.” This report is a required deliverable and covers the entire project period from October 1, 2015, through September 30, 2016.

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 (IHCIA), 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/IHCIA training and technical assistance throughout Indian Country.

TSGAC submitted a Work Plan for 2015-2016 to the IHS Office of Tribal Self-Governance (OTSG) in October 2015 outlining the proposed activities and process for meeting the identified deliverables. This 2015-2016 Work Plan was built on JST’s successful program of training and technical assistance from the previous two Project periods (2013-2014) and (2014-2015), 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:

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

Final Approval for the 2015-2016 Work Plan was received from OTSG in December 2015. This **FINAL** 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 the Project period included the following:

- 8/23/16 – TSGAC submitted comments to VA RE: on the existing Indian Health Services/Tribal Health Programs-Veterans Administration (IHS/THP-VA) Memorandum of Understanding (MOU) and Choice Act Agreements
- 8/16/16 – TSGAC submitted comments to HHS on RIN 0991-AC06: Comments on Proposed Rule; Health and Human Services Grant Regulation: Published on July 13, 2016 (81 Federal Register 45270, et seq.)
- 6/17/16 – TSGAC submitted comments on Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2017 Rates, et al. (CMS-1655-P)
- 5/20/16 – TSGAC submitted comments to IHS on Payment for Physician and Other Health Care Professional Services Purchased by Indian Health Programs and Medical Charges Associated With Non-Hospital-Based Care Final Rule (RIN 0917-AA12)
- 5/13/16 – TSGAC submitted comments to Treasury on Summary of recommendations from 5/9/16 Tribal/Treasury technical meeting re: potential options for implementing targeted partial administrative relief in order to align the ACA's Employer Shared Responsibility provisions with the Federal government's long-standing "special trust responsibilities and legal obligations" to provide health care services to Tribes and Tribal members, most recently re-stated in the reauthorization of the IHCIA.
- 5/5/16 – TSGAC submitted comments to CMS on CMS-10458, "Consumer Research Supporting Outreach for Health Insurance Marketplace
- 4/18/16 – TSGAC submitted a request to HHS and VA Secretaries to include PRC services in reimbursement agreements between the IHS/Tribes and the VA
- 4/11/16 – TSGAC submitted comments to Treasury on Excise Tax on Certain Employer-Sponsored Health Benefits
- 4/5/16 – TSGAC submitted comments to HHS Secretary and CMS Administration on Oklahoma Section 1115 Waiver Amendment Request
- 2/29/16 – TSGAC submitted comments to OMB on CMS-10519, Agency Information Collection Activities
- 2/19/16 TSGAC submitted comments to CMS on CMS-9936-N - Waivers for State Innovation
- 1/15/16 – TSGAC submitted to CMS comments on Draft 2017 Letter to Issuers in the Federally-facilitated Marketplaces

- 12/21/15 – TSGAC submitted comments to CMS on CMS-9937-P, Notice of Benefit and Payment Parameters for 2017
- 11/17/15 – TSGAC submitted comments to CMS on Support for 100 Percent FMAP Proposal
- 11/3/15 - TSGAC letter submitted to HHS Secretary, RE: request to expedite final rule on Medicare Like Rates
- 10/17/15 – TSGAC submitted comments to VA on VA Choice Act
- 10/26/16 TSGAC submitted letter to Treasury on Request for Permanent Administrative Relief from Employer Mandate
- 10/23/15 – TSGAC submitted letter to Treasury on Request for Extension of the Transition Relief from the Employer Mandate
- 10/21/15 – TSGAC submitted letter to Treasury on Excise Tax on Employer-Sponsored Health Benefits
- 10/15/15 – TSGAC submitted comment to Internal Revenue Service on Notice 2015-52 on Section 4980I — Excise Tax on High Cost Employer Sponsored Health Coverage

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). In addition, on March 22, 2016, TSGAC requested two data sets from IHS in order to conduct analyses for Tribes and to provide uniform reports on progress with Marketplace enrollment. This data will support analyses of progress, by Service Unit, with reducing number of uninsured Tribal members.

On August 26, 2016, preliminary data were provided by IHS on health insurance status of Active Users, by Service Unit. Reporting on data on appropriations by Service Unit is still in process. TSGAC is analyzing the insurance status data and will interact with IHS for further revisions.

Technical Assistance

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), Technical Advisors have been working with IHS to gather baseline data for analysis of Sponsorship and Employer Options. Information and analysis has been collected from Self-Governance, Contracting and Direct Service 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.

To date, thirteen case studies have been prepared on Sponsorship and Employer Options involving eleven Tribes or regional Tribal health organizations. The case studies were generated from analyses that were conducted with and for individual Tribes on Sponsorship and Employer Options. The case studies have been used in training sessions conducted by TSGAC, either through Webinars or in-persons sessions. As a result of the Tribe-specific analysis, one Direct Service Tribe has submitted a proposal to the IHS—and entered into a Title 1 contract—to create and conduct a Sponsorship function. Two other Title 1 contracting Tribes

for whom preliminary analyses were conducted are reported to be submitting proposals to IHS to establish Sponsorship functions. In addition, one Self-Governance Tribe has established a Sponsorship function with the aim of enrolling approximately 2,200 uninsured Tribal members. Another consortium of Tribes has successfully implemented a coordinated Sponsorship program and considerations are underway to expand program enrollment. Other Tribes continue in the planning phase, with one Tribe considering implementing a broad Sponsorship program for the nearly 60% of Tribal members (7,700 individuals) who lack health insurance coverage. Analyses are being conducted with four other Tribes of the viability of each Tribe establishing a Sponsorship function.

SGCE Website (Health Care Reform) Updated: The Question and Answer section on the SGCE website is organized to include the following areas:

- A. Marketplace Enrollment
- B. Premium Tax Credits and Cost-Sharing Reductions
- C. Tax Penalty Exemptions
- D. Employer-Sponsored Coverage
- E. Veterans
- F. Other

The website allows for users to submit questions at any time. The Question and Answer section is continually and regularly updated as needed based on input and requests that are submitted through the website as well as those questions raised during Webinars.

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:

9/13/16:

- Action Alert on Employer Mandate

9/2/16:

- Announcement of Public Release of the Draft HHS Essential Community Provider (ECP) List and Petition for the 2018 Benefit Year

7/14/16:

- Need for Action to Maintain Status on the HHS ECP List

6/21/16:

- Applicable Percentages and Thresholds: Adjustments Related to Certain Affordable Care Act Provisions for 2015, 2016, and 2017 (updated)

3/18/16:

- IHS Reimbursement Rates (aka “OMB Rate)
- Applicable Percentages and Thresholds: Adjustments Related to Certain Affordable Care Act Provisions for 2015, 2016, and 2017
- Review of HHS ECP Lists for Coverage Years 2016, 2017, and 2018

2/16/16:

- Federal Poverty Levels for Medicaid, Marketplace, and Medicare Savings Program Enrollment in 2016 and 2017 (updated TSGAC briefing memo)

1/28/16:

- HHS Releases the Federal Poverty Level Guidelines for 2016 ("2016 FPL")

1/19/16:

- Reminder of ACA Webinar – Case Study #9 (DST/TSG Joint Initiative)

1/ 4 & 1/8/16 & 1/14/16:

- Notices and updated TSGAC Brief on Steps to Update (or Add) Entry on the HHS Essential Community Provider List

1/8/16:

- Information and briefing regarding IRS Extension of Deadlines for Employer

12/14/15:

- Information Regarding Webinar on New Process to Retain Status on the HHS Essential Community Provided (ECP) list

11/23/15:

- Save the Dates – Upcoming Webinars scheduled for Dec. 10 and Dec. 16.

11/3/15:

- Affordable Care Act National Tribal Day of Action

10/8 & 10/15/15:

- Survey of SG Tribes on preferences for ACA/IHCIA trainings and topics.

10/29/15:

- Ask Treasury and the White House for Employer Mandate Relief. Template letter drafted for use by SG Tribes in submitting comments.
- Instructions for Updating HHS ECP List for 2017 Coverage Year

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:

- Impact of Employer Mandate on Federally-Recognized Tribes: Case Studies 1 and 2 (November 12, 2015)
- Indexing Adjustments Related to Certain ACA Provisions for 2015 and 2016 (November 30, 2015)
- Tribal Sponsorship under Affordable Care Act (ACA)-- Case Study #7 (Dec 10, 2015)
- How does the “HHS ECP List” fit with the QHP issuer contracting requirements? (Dec 16, 2015)
- Tribal Sponsorship under Affordable Care Act (ACA)-- Case Study #7 (January 20, 2016)
- Tribal Sponsorship under Affordable Care Act (ACA)-- Case Study #7 (CMS Presentation – Updated Feb 11, 2016)
- Marketplace Coverage of Dental Services (Webinar on March 24, 2016)
- Bringing Oral Health Care into the 21st Century (Webinar on March 24, 2016)
- Affordable Care Act *Implementation Issues*; Great Lakes IHS Area Training (April 20, 2016)
- Advancing Sovereignty- Tribal Sponsorship under Affordable Care Act (ACA)--DST-SGT Joint Initiative (April 21, 2016)
- Advancing Sovereignty: Tribal Sponsorship under Affordable Care Act (ACA) Presentation at TSGAC –ANHB ACA Self-Governance Training (April 6, 2016)
- Indian Health Service Reimbursement Rates (aka “OMB Rate”) for 2016 (March 10, 2016)
- Applicable Percentages and Thresholds: Indexing Adjustments Related to Certain Affordable Care Act Provisions for 2015, 2016, and 2017 (March 18, 2016)
- Review of HHS ECP Lists for Coverage Years 2016, 2017, and 2018 (Updated April 2016)
- Federal Poverty Levels for Medicaid, Marketplace, and Medicare Savings Program Enrollment in 2016 and 2017 (updated TSGAC briefing memo dated February 12, 2016)
- TSGAC brief on Federal Poverty Levels for Medicaid and Marketplace Enrollment in 2016 and 2017 (January 26, 2016)
- Extension of Due Dates for Employer and Issuer 2015 Information Reporting Under Internal Revenue Code Sections 6055 and 60561 (March 31, 2016 (Revised))
- Advancing Sovereignty: Tribal Sponsorship under Affordable Care Act (ACA) - 2016 CMS Region VII Training Session - Sioux City, Iowa –(Doneg - June 16, 2016 and June 2, 2016 NYC)
- Advancing Sovereignty: Tribal Sponsorship under Affordable Care Act (ACA)--Southern Indian Health Council (7/25/2016)
- ACA/IHCIA Current Issues – PPT for June 9, 2016 TSGAC Webinar (presenters included Elliott Milhollin, Hilary Andrews, Melanie Fourkiller and Doneg McDonough)
- Advancing Sovereignty: Tribal Sponsorship and Other ACA and IHCIA-related Top (8/17/16)
- Tribal Sponsorship Presentation to Coalition of Large Tribes (9/28/16)
- Applicable Percentages and Thresholds: Indexing Adjustments Related to Certain Affordable Care Act Provisions for 2015-2018 (9/30/16)
- Tribal Sponsorship through a Marketplace (updated 8/13/16)
- Tribal Employers under the ACA's Employer Shared Responsibility Payment Rules: ALE Member Pay-or-Play Guide (9/30/16)

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 2015 meeting; and, (2) sent out on SG ACA listserv to stakeholders in October 2015. Survey results summarized and included in the 2015-2016 Work Plan submitted to OTSG in November 2015.

Webinars. The primary means of delivering training has been Webinars. Six (6) 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. December 10, 2015 – Analysis of Tribal sponsorship conducted for one mid-sized Tribe as part of the Joint Initiative of Direct Service and Self-Governance Tribes
2. December 16, 2015 - Process for Updating HHS ECP List for 2017 Coverage Year (Joint Presentation with CMS/TSGAC)
3. January 20, 2016 - Employer Options under the Affordable Care Act: Case Study #8
4. March 24, 2016 – Marketplace Coverage of Dental Services & Dental Health Aide Therapists (Joint presentation with the Northwest Portland Area Indian Health Board)
5. June 9, 2016 - Self-Governance view on CHEF and CSC and 100% FMAP State Health Official letter
6. August 17, 2016 - Tribal Sponsorship and Other Current Topics

Participation in the Webinars has ranged from 60 to 133 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).*

Face-to-Face Trainings & Self-Governance 2016 Annual Conference.

Several additional presentations and face-to-face training/meetings were held during the Project Year, including:

1. February 11, 2016 – Tribal Sponsorship (Joint presentation with CMCS Division of Tribal Affairs/TSGAC)

2. April 6, 2016 – Anchorage, AK Regional ACA Training (TSGAC provided information and PPT and assisted in coordinated panels. However, Technical Representatives were unable to attend in person; due to unforeseen circumstances.)
3. April 18, 2016 – Midwest Tribes (target audience included Tribal Leaders, Health Care Directors and IHS leadership at meeting of Great Lakes Area IHS)
4. June 2, 2016 - CMS I/T/U training in New York, NY
5. June 16, 2015 - CMS Region 7 I/T/U training in Sioux City, Iowa
6. July 25, 2016 - Presentation on Tribal sponsorship made to Southern Indian Health Council
7. September 22, 2016 – Presentation at NIHB Annual Consumer Conference titled “The Employer Mandate: Is Your Tribe Compliant and Is There Relief in Sight?” in Scottsdale, Arizona

Break-out sessions on topics related to ACA/IHCIA were also held during the 2016 Annual Tribal Self-Governance Consultation Conference held in Orlando, FL April 24-28, 2016, including:

- Maximizing Revenue Generation under the Affordable Care Act
- Affordable Care Act: Hot Topics and Future Implementation

Further, ACA/IHCIA Strategies were presented and discussed during the 2016 Self-Governance Strategic Planning Session held in September 2016 at the Quinault Indian Nation in Ocean Shores, WA. TSGAC leadership has included these priorities and strategies in the Self-Governance Strategic Plan (updated September 2016).

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.

TSGAC team participated in monthly NIHOE calls on 11/5/15, 12/11/15, 1/7/16, 2/3/16 and 3/2/16, 5/5/16 and 6/2/16, and 7/2/16. A request for copies of the magazine *The Medicine Bundle* was shared with the other NIHOE national and regional partners.

Attachment: Appendix A: Evaluation of Self-Governance Health Reform Training and Technical Assistance Plan (2015-2016), October 2016.

For more information on this report, please contact Cyndi Ferguson at cyndif@senseinc.com

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

As part of the 2015-2016 Work Plan, a total of six (6) ACA/IHClA Webinars were conducted during the Project Year (October 2015-September 2016). The dates and topics of Webinars included:

1. December 10, 2015 – Analysis of Tribal sponsorship conducted for one mid-sized Tribe as part of the Joint Initiative of Direct Service and Self-Governance Tribes
2. December 16, 2015 - Process for Updating HHS ECP List for 2017 Coverage Year (Joint Presentation with CMS/TSGAC)
3. January 20, 2016 - Employer Options under the Affordable Care Act: Case Study #8
4. March 24, 2016 – Marketplace Coverage of Dental Services & Dental Health Aide Therapists (Joint presentation with the Northwest Portland Area Indian Health Board)
5. June 9, 2016 - Self-Governance view on CHEF and CSC and 100% FMAP State Health Official letter
6. August 17, 2016 - Tribal Sponsorship and Other Current Topics

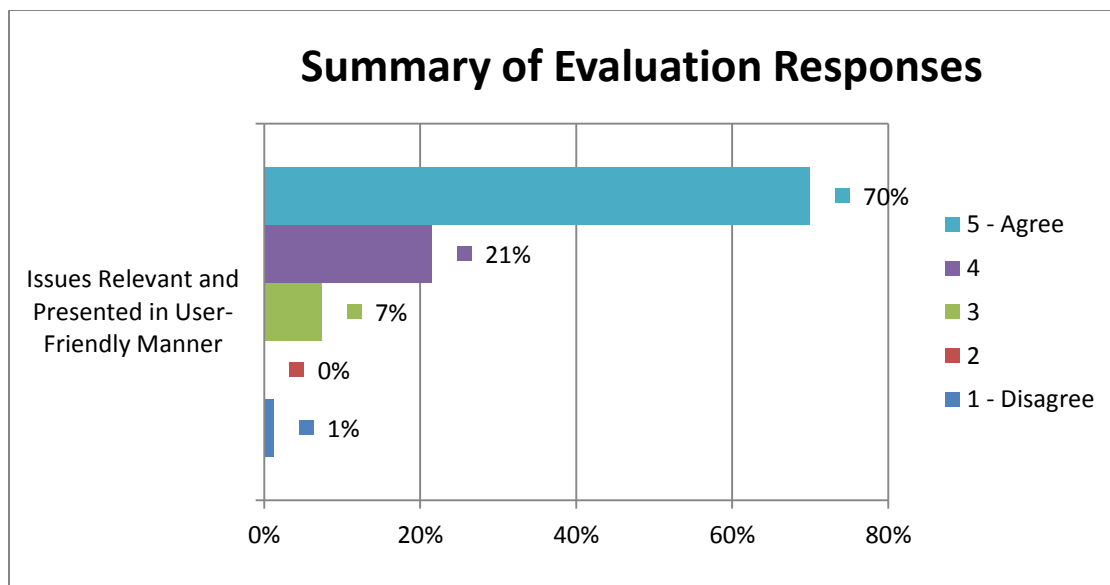
Approximately 84 registrants completed and participated in the 12/10/16 Webinar; 91 registrants in the 12/16/15 Webinar; 59 registrants in the 1/20/16 Webinar; 122 registrants in the 3/24/16 Webinar; 133 registrants in the 6/9/16 Webinar; and, 112 registrants in the 8/17/16 Webinar. Following completion 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):

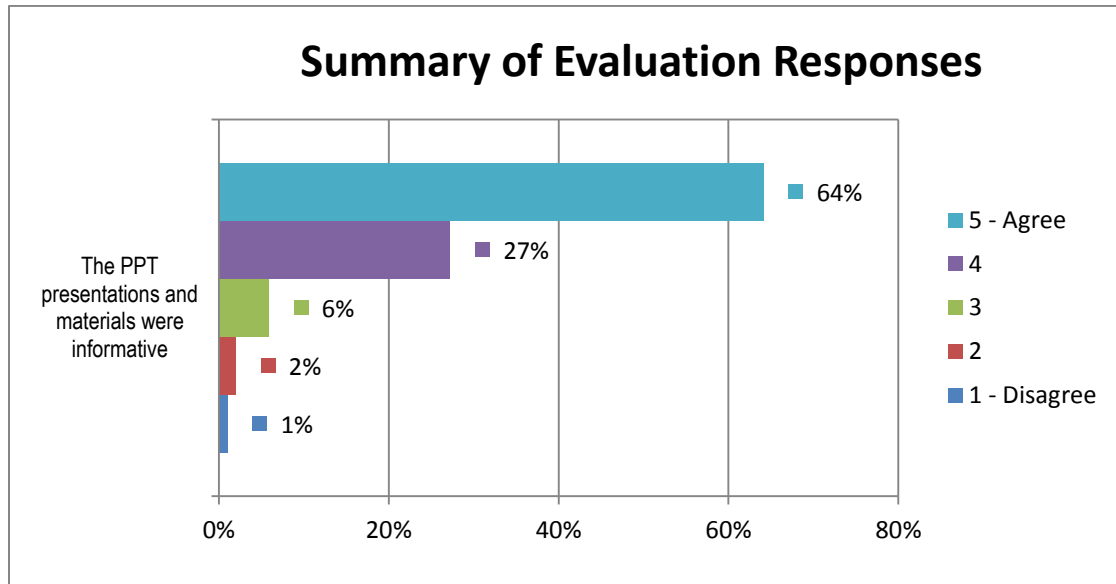
- Issues were relevant and presented in a user-friendly manner
- PowerPoint presentation and materials were informative and helpful
- Presenter(s) were responsive to questions
- Length of Webinar provided sufficient time to cover the issues

Chart 1 – Content Delivery (All Webinars Combined)



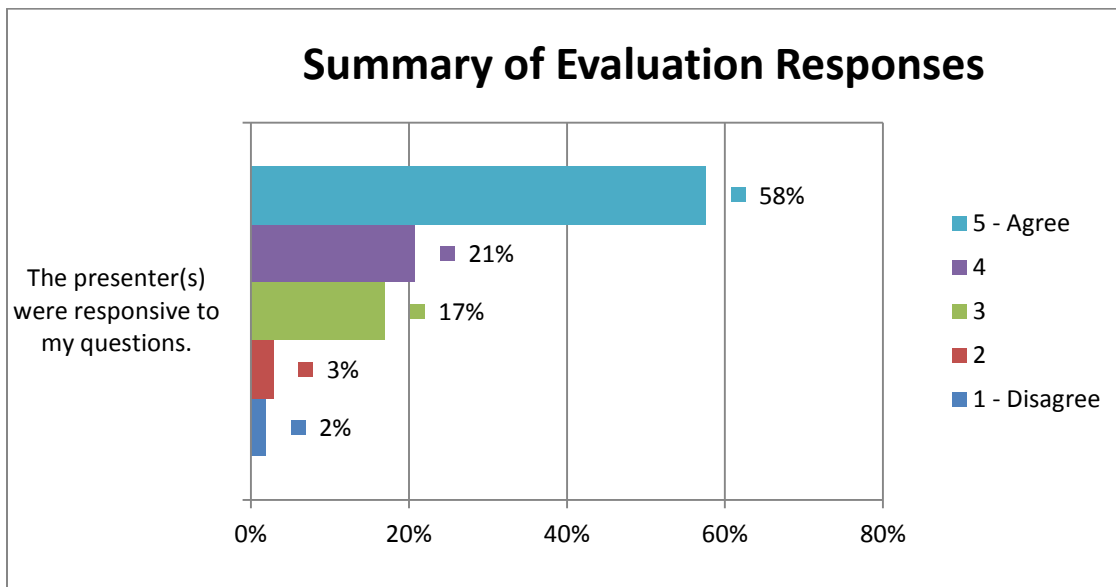
- Participants were complimentary of the information and issues presented.
- Overall, 91% of participants ranked this category as either 4 or 5.

Chart 2 – Resource Materials (All Webinars Combined)



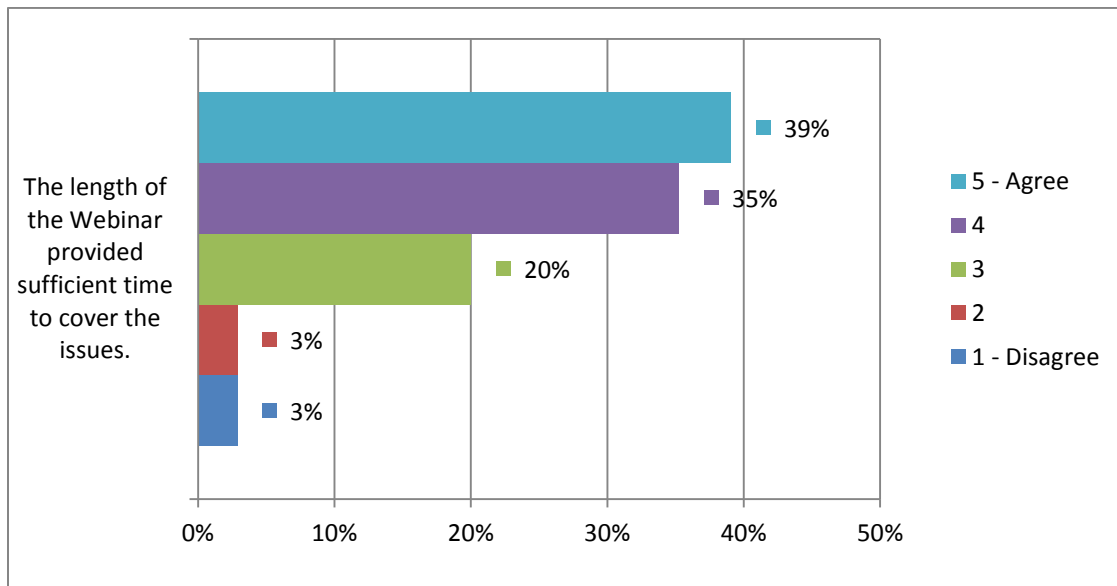
- Copies of the PPT presentations were shared 1 day in advance for all the Webinars.
- Overall, 91% of participants ranked this category as either 4 or 5.

Chart 3 – Responsive to Questions (All Webinars Combined)



- Opportunities were provided at various points throughout the Webinar(s) for participants to raise questions. However, time was not sufficient to answer all questions during the Webinar(s). Time was extended if needed to allow for ALL questions raised to be addressed during the Webinar.
- Overall, 79% 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, 74% percent of participants ranked this category as either 4 or 5.

The following summarizes additional comments received for each respective Webinar:

12/10/15 Webinar - “A Tribal Sponsorship Analysis”

Please list other topics you would like to have covered in future trainings:

- Outreach & Education
- Contract Support Cost Claims

12/16/15 Webinar- “Qualified Health Plans, Essential Community Providers and Indian Health Care Providers: How does the “HHS ECP List” fit with the QHP issuers contracting requirements?”

Please list other topics you would like to have covered in future trainings:

- PQRS Quality initiatives for physicians... what this means, how it impacts and steps to incorporate for better reimbursement.

Please share any additional comments:

- Thanks so much. This session was highly informative for our Tribal Health organization. Looking forward to partaking in more of them.

1/20/16 Webinar - “Employer Options under the Affordable Care Act: Case Study #8”

- No additional comments received.

3/24/16 Webinar - “Marketplace Coverage of Dental Services & Dental Health Aide Therapists”

Please list other topics you would like to have covered in future trainings:

- Coverage requirements (new changes/rules) to expect for 2017.
- Anything to do with ACA
- Grant opportunities and writing

Please share any additional comments:

- The two-topic format worked.

6/9/16 Webinar - “ACA/IHCIA Current Issues”

Please list other topics you would like to have covered in future trainings:

- More detailed training on Contract Support Costs
- 100% FMAP

Please share any additional comments:

- Presenters were very informative.
- Great job and nice combined PPT.
- Individuals with little knowledge of the Medicare-Like-Rates presentation could have benefitted more, if the presentation would have been slower.
- I am new to working with IHS and CSC and would like a better understanding of it. I like the PRC presentation. It has been a good learning tool for this new rule. It was stated in this Webinar that there will be more information on dental service in regards to PRC rates. I'm looking forward to that webinar, along with the upcoming training at the end of this month in AZ. Thank you.
- Looking forward to the legislation regarding the Tribal Self Insured Plans as it relates to CHEFF, as this has been a topic of concern for some time. Not advocating for or against just seeking clarification. Thank you.

8/17/16 Webinar - “Tribal Sponsorship and Other Current Topics”

Please list other topics you would like to have covered in future trainings:

- ACA report with IRS
- Assistant with enrollment of Urban Indians
- Process for fixing the “family glitch” for non-native spouses.

Please share any additional comments:

- Very well presented. I appreciate the opportunity to download the materials and resource documents.
- Valuable information.
- Great presentations.