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| **Recorder Form** |
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| Recorder: Karen Fierro | Date: April 24, 2018 |
| Session Title: Track C: Tribal Sponsorship Opportunities and Use of Medicare, Medicaid, and Children’s Health Insurance Fund (CHIP) Reimbursements |
| Panelists:  Shawn Duran, Taos Pueblo, Tribal Administrator, Moderator Doneg McDonough, TSGAC Technical Advisor Brenda Teel, Executive Officer, Revenue, Department of Health, Chickasaw Nation Mr. Armitava ‘”Jay” Mazumdar, Senior Counsel, Office of Counsel to the Inspector General, HHS |
| Summary of Issues and Items Discussed: Brenda Teel- Chickasaw Medical Center, 1 hospital and 4 satellite clinic. Premium Assistance Program, Tribes can assist with the cost of health insurance for American Indian who qualify for the program. Applicants requirements, 65 years or younger, receive services from facilities, a member of the Chickasaw Nation, and live within the service area, and meet tax requirements. Pilot Program since 2014, 246 patients enrolled in the pilot. The target was the high cost medical patients and pharmacy expenses for patients in Service Unit. Blue Cross Blue Shield of Oklahoma is the plan currently being utilized. Hepatitis C Clinic as of April 2916 118, Completed treatment. The newest program implemented in July 2017 Medicare Part B. Patient will pay $134 premium; we pick up the penalty associated with them. 38 patients currently willing to pay the premium. There are a lot of nuances, on where the funds will come from. Medicare Part D, excellent return on investment started in January 2013. CONTACT: Brenda.Teel@chickasaw.net Doneg McDonough- Overview of Tribal Sponsorship through Health Insurance Marketplace. Approaches to, and results of implementation of Tribal Sponsorship-opportunities and requirements under ACA, modeling and options for Tribal Sponsorship, net impact on Tribal programs. Title I contracting to establish Tribal Sponsorship program, internal deliberations and considerations of Direct Service tribes, negotiations with IHS, Key issues to be worked through. Keep in mind for every $1.00 dollar expended by the Tribes, $6.40 dollars came back to the Tribe. There are Tribal Sponsorship Tool Kit and Resources (see below links). Tribal Sponsorship is the purchase of health insurance coverage on behalf of Tribal Members of other IHS –eligible persons. The goal of Tribal Sponsorship is to generate additional resources to meet the health care needs of Tribal Members. Also to make health services more accessible to Tribal Members. There are a lot of case studies of how successful the program has been located on the website. If you offer insurance as an employer to your employee, the spouse (non-Tribal Member) may not take the insurance or another example if the Tribe is offering the Tribal Sponsorship program is another option, may want to look how these are offered as an employer and as a Tribe. Through Tribal Sponsorship and individual initiative of Tribal Members, there has been a growing enrollment of Tribal Members in Marketplace coverage. Long standing federal revenue streams for health care services-congressional appropriations to/through Indian Health Service, Medicaid enrollment, Medicare enrollment. Through the Affordable Care Act’s ‘Marketplaces,’ provide additional avenue to access federal resources for health care services. Enrolled Tribal Members enrolled in the Marketplace, they do not have any out of pocket costs. Under the Marketplace coverage, there are out of pocket cost protections, no deductibles or co-payments when receiving health care services. An example of Medicaid enrollment, Tribes and IHS currently assist with enrolling Tribal Members and other IHS beneficiaries in Medicaid coverage. There are a series of operational issues that make Tribal Sponsorship more complex than Medicaid coverage. 80% of Tribes in a survey that Tribal Sponsorship Program is working and 20% of Tribes say it does not work very well. The number of difference for those who are not having a successful Tribal Sponsorship program is staffing, as you add additional program, you need to add additional capacity, staffing etc. to handle the workload associated. Another impediment to successful programs could also be affected by change in Tribal Leadership, there needs to be a clear understand of who is eligible and how the program works. Referenced the pilot program of Chickasaw, start small and then see how the program works for you and how it will work in your Community. Slide 27, is an example from Alaska T-SHIP initial program results. CONTACT: DonegMcD@outlook.comArmitava “Jay” Mazumdar- Office of the Inspector General, HHS- Work most of his time in Medicare and Medicaid, the nature of his presentation today is to ‘preach’ the importance of compliance of HHS funds. OIG Alerts Tribes and Tribal Organizations to Exercise Caution in using Indian Self-Determination and Education Assistance Act Funds issued in November 2014. OIG provides oversight of the HHS, all agencies have an OIG and audit to ensure funds are being used how they are supposed to be. OIG runs the two largest funds in the government under Medicare and Medicaid. OIG goes and investigates any fraud and also audit to ensure funds are being used how they are supposed to be spent. The importance of the compliance with HHS and ensure funds are used in accordance with applicable Federal Law, including ISDEAA and Indian Health Care Improvement Act. There have been cases when an elected official, Tribal Administrator’s had been misusing funds as personal monies, now subject to fraud investigations under OIG. There are links on the HHS GAO office website where more information is accessible for Tribes. There are training available where they cover internal controls, compliance, the next one is in Oklahoma- May 15-16 2018, Protecting Indian Health and Human Services Programs and Their Beneficiaries’: The Basics of Health Care and Grants Management Compliance. Link is <https://oig.hhs.gov/>Jay made a recommendation for the next Self-Governance Conference to have a compliance breakout session to cover these issues under GAO to help Tribes with compliance and internal controls training. There are compliance videos and audio for compliance resources, free and available for anyone to access <https://oig.hhs.gov/newroom/video/2011/heat_modules.asp>There will be a Tribal compliance videos to be available soon,  |
| Questions from the Audience:Q: Thank you for the information and the links. A request for staffing to Doneg, the dollar amounts associated for staffing- need examples of the number of patients of what it can support.A: Doneg- A program manager running the program, financial analyst, the enrollment specialist, getting people enrolled and customer service. The enrollment function, it really does vary in establishing the program. 200 beneficiaries per 1 enrollment specialist. Q: Tribal comment- there is a packet available that is collected and then sent up to the enrollment specialist. There is a tremendous back and forth between the two individuals. A: You can have specialized offices and have cut down on timeQ: Tribal Comment: We always run into tax seasons typically ask, ‘how did you do your taxes last year, or shared custody?’ We bump into when they are penalized to pay back tax creditsA; Good to ask, if they are married they have to file jointly. A Tribal program will protect the enrollee and ask them to provide information if their financial situation changes in the interim. Q: OIG, there are different ways Tribal services are delivered, has your office been in training for Tribal Programs like we have to for complianceA: We have not gone through a formal training program, we engage with IHS, OIG. We do have folks that attend TTAG meetings for CMS, we learn the programs by working with it. We are happy to take any training available, 80% of our funding is dedicated to Medicare and Medicaid compliance.Q: How did you find the list of those who would qualify for T-SHIPA: Started running reports of those who were eligible and looking at the data. Its easy to find the people and have a conversation with them to pay out of pocket the $134 out of pocket and the Tribe picks up the penalty costs. Additional comment: Every year there is a collection of Social Security level letters and on a quarterly basis and we reimburse them $340 dollars a month. There is a report in RPMS and earmark people those who will turn 65 in the next three months.Additional comment: Automatic payment, direct deposit, and elder stipend and under general welfareThere could be a negative effect on Elders and should be exempted from the Medicare penalties. There are Part B, surcharge for late enrollment, Part D, counts as continued coverage through IHS, so there should be no penalty.  |
| Follow Materials, Documents, Websites for Reference:Tribal Sponsorship Links:<http://www.tribalselfgov.org/health-reform/tribal-sponsorship/>http://www.tribal selfgov.org/health-reform/webinars/OIG:<https://oig.hhs.gov/><https://oig.hhs.gov/newroom/video/2011/heat_modules.asp><https://oig.hhs.gov/reports-and-publications/featured-topics/ihs/>There are slides from last year’s compliance training.  |