



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 2017 to transfer \$300,000 to JST for the performance period September 1, 2017 – September 30, 2018, 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 2017-2018 to the IHS Office of Tribal Self-Governance (OTSG) in December 2017 outlining the proposed activities and process for meeting the identified deliverables. This 2017-2018 Work Plan was built on JST's successful program of training and technical assistance from the previous four Project periods (2013-2014), (2014-2015), (2015-2016) and (2016-2017) 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

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.

Outreach and Education

Identifying Training Needs of Self-Governance Tribes. Updated information was collected in November 2017 under a Survey Monkey. Survey results were summarized and incorporated in the 2017-2018 Work Plan, including:

40 individuals responded. Priority topics include:

- Best Practices in Medicaid revenue generation 31 of 40 **78%**
- Tribal Sponsorship (under Marketplace and Medicare) 21 of 40 **53%**
- Understanding Medicare and Medicaid payment reforms 25 of 40 **63%**
- Understanding new CMS, HHS and IRS regulations 24 of 40 **60%**
- Tribal-only discussions on current topics 21 of 40 **53%**

Realizing that different Tribes may have different needs, the survey identified four potential areas for TSGAC training:

- Best Practices in Medicaid revenue generation (31) **25.4%**
- Tribal Sponsorship (under Marketplace and Medicare) (21) **17.2%**
- Understanding Medicare and Medicaid payment reforms (25) **20.4%**
- Understanding new CMS, HHS and IRS regulations (24) **19.6%**
- Tribal-only discussions on current topics (21) **17.2%**

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. 10/11/17 – Tribal Only Discussion on Tribal Sponsorship
2. 11/30/17 - Jointly sponsored by the Centers for Medicare and Medicaid Services (CMS), the Indian Health Service (IHS), and the Tribal Self-Governance Advisory Committee (TSGAC) - Tribal Sponsorship of Medicare Part B and Part D Premiums
3. 2/28/18 - Tribal Best Practices and Critical Issues: Medicaid Pharmacy Reimbursement for Tribal Programs

Participation in the Webinars has ranged from 30 to 90 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).

SGCE Website (Health Care Reform) Updated. The SGCE Website is continually updated to reflect the latest information on ACA/IHClA, including all TSGAC related correspondence,

TSGAC briefing papers, Webinars, Q&A section and Success Stories. This Project Year, a new section entitled, "2018 Current Issues" was added which includes the most recent briefings and analyses.

Technical Assistance Provided to Tribes and Tribal health organizations. TSGAC responded directly to specific Tribal requests for information and presentations, including presentation at the TSGAC/Direct Service Tribes joint meeting held on 10/22/17 on the findings from a TSGAC survey of the opportunities, challenges and results from Tribal Sponsorship programs and participation on a panel on the Affordable Care Act at the National Congress of American Indians Annual Conference on October 8, 2017.

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, when generally applicable, 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:

3/2/2018:

- Circulated and posted revised and expanded TSGAC brief on Medicaid Pharmacy Reimbursement for Tribal Programs (including survey of states): Potential for Using the Encounter Rate

2/7/18:

- Steps to Update (or Add) Entry on the HHS Essential Community Provider List (updated)
- Making Medicaid Eligibility for Some American Indians and Alaska Natives (AI/ANs) Contingent on Work Requirements: State Waiver Requests

1/29/18:

- Federal Poverty Levels for Medicaid, Marketplace, & Medicare Savings Program Enrollment in 2018 and 2019
- American Indian and Alaska Native (AI/AN) Marketplace Enrollment as of November 2017

1/10/18:

- Indian Health Service Reimbursement Rates for 2018

12/14/17:

- Steps to Update or Add Entry on the HHS Essential Community Provider List

11/9/17:

- Substantial Increases in AI/AN Enrollment in Medicaid Expansion States and Ongoing Potential for Additional Increases in AI/AN Enrollment, Particularly in Non-Medicaid Expansion States (Updated with 2016 data)

- Steps to Update (or Add) Entry on the HHS Essential Community Provider List (Updated brief)
- Applicable Percentages, Thresholds, and Payments: Indexing Adjustments Related to Certain Affordable Care Act Provisions (Updated brief)
- TSGAC CCIIO Marketplace Matrix (Updated brief)

10/24/17:

- Analysis of Potential Impact of Alexander-Murray Proposal on American Indians and Alaska Natives
- Analysis of Senate Passed Budget Resolution

10/13/17:

- TSGAC Brief on Recent Administration Actions

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:

- Prepare PPT Presentation: Advancing Sovereignty: Tribal Sponsorship Under Affordable Care Act (ACA)– Presentation to CMS I/T/U Training, Denver, CO (2018-3-21)
- Prepare Comparative Tables: User Population, by Insurance Status, by IHS Area, by Service Unit, September 2016 versus September 2017 (2018-3-13)
- Prepare PPT Presentation: Advancing Sovereignty: Tribal Sponsorship Under Affordable Care Act (ACA)– Presentation to Director’s Workgroup on Improving Purchased/Referred Care – (2018-3-8)
- Prepare PPT Presentation: Tribal Sponsorship under Medicare (Parts A, B, C and D) (2017-11-30)
- Prepare PPT Presentation: Tribal Best Practices and Critical Issues: Medicaid Pharmacy Reimbursement for IHS / Tribal / Urban Indian Health Programs (2018-2-28)
- Prepare PPT Presentation: Survey Findings and Discussion of Self-Governance and Direct Service Tribes on Tribal Sponsorship (2017-10-11)
- TSGAC Medicaid Reforms: Conduct analysis of current eligibility and health service coverage deficiencies under Medicaid across states. Develop set of potential remedies to deficiencies (2018-03-26: on-going).
- Prepare document on Federal Requirement to Have Health Insurance Effectively Repealed, But Some States Might Impose Their Own Requirements (2018-2-5)
- Prepare outline of key legal impediments to Self-Governance Tribes expanding access to health care services (2017-11-07).

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 policy briefs that have been developed by TSGAC during this first Project period included the following:

- Prepare Analysis of Summaries of Benefits and Coverage (SBCs) for Zero and Limited Cost-Sharing Variations (Z-CSVs and L-CSVs) of Sample Marketplace Bronze Plans; Selected States, 2018 (2018-2-16)
- Steps to Update (or Add) Entry on the HHS Essential Community Provider List (2018-2-6)
- Update TSGAC matrix on CMS Policies on Select Health Insurance Marketplace Issues. Circulate to Tribal technical representatives (2017-11-07)
- TSGAC Letter to CMS Regulations: Comments on Standards Related to Reinsurance, Risk Corridors, and Risk Adjustment (CMS-10401/OMB control number 0938-1155) (2018-3-09)
- TSGAC report and recommendations on SBCs to coordinate the efforts of the TSGAC and the TTAG with an aim to secure needed revisions to the preparation and review of SBCs. (2018-3-01)
- TSGAC Letter to CMS: Comments to Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program (CMS-4182-P) (2018-01-08)

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).

Additionally, IHS provided a set of data on insurance status of Active Users for 2016 and 2017 (received FY 2017 Insurance Status Data file from IHS in February 2018). Data was presented to and reviewed by the “Available Resource” sub-group at the IHS Level of Need Funding / IHCIF work group meeting. Additional analysis and review was conducted by TSGAC comparing 2017 data set to 2016 data set. Further, information was compiled and compared with data from Census, Marketplace and IHS Active User files on: (1) uninsured; (2) uninsured AI/ANs; (3) number of AI/ANs enrolled in Medicaid; and, (4) number of enrolled Tribal members enrolled in coverage through a Marketplace.

Information from the 2017 American Consumer Survey (ACS) data was added to report on uninsured American Indians and Alaska Natives (2017-11-02).

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:

- Prepared TSGAC Brief: Medicaid Pharmacy Reimbursement for Tribal Programs: Potential for Using the Encounter Rate (2018-3-2)
- Prepared TSGAC Brief: Federal Poverty Levels for Medicaid, Marketplace, and Medicare Savings Program Enrollment in 2018 and 2019 (2018-2-8)
- Prepared TSGAC Brief: Making Medicaid Eligibility for Some American Indians and Alaska Natives (AI/ANs) Contingent on Work Requirements: State Waiver Requests (2018-2-6)

- Prepared TSGAC Brief: American Indian and Alaska Native (AI/AN) Marketplace Enrollment and Cost-Sharing Payments, as of November 2017 (2018-1-25)
- Prepared TSGAC Brief: Indian Health Service Reimbursement Rates for 2018 (2018-1-9)
- Update TSGAC Brief: HHS ECP List for 2019; circulate to Tribes and Tribal representatives (2017-12-13)
- Updated TSGAC Brief: Tribal Sponsorship under Medicare Part B and D; circulate to Tribes and Tribal representatives (2017-11-30)
- Prepared TSGAC Brief: Interaction of Eligibility for Medicare, Medicaid, and Marketplace Financial Assistance; circulate to Tribes and Tribal representatives (2017-11-30)
- Updated TSGAC Brief: Applicable Percentages, Thresholds, and Payments: Indexing Adjustments Related to Certain Affordable Care Provisions for 2015 – 2019. Circulated to Tribes and Tribal representatives (2017-11-08)

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, on March 21, 2018, a TSGAC technical representative participated in a CMS – IHS Training held in Denver, Colorado on topic of Sponsorship. In addition, technical assistance was provided to, in part, the following Tribes and Tribal organizations:

- Provided information on ACA-related programs (Marketplace coverage; Medicaid expansion eligibility; baseline Medicaid programs) to Tribes: Crow Nation (2017-11-27); Fort Belknap Tribe (2017-10-30); Jemez Pueblo (2017-11-06); Northern Cheyenne (2018-03-22); Three Affiliated Tribes (2018-03-21); Yselta del Sur Pueblo (2018-02-13)
- Prepared table on net Tribal Sponsorship costs through Marketplace in 2018 to Navajo Nation (2018-02-01)
- Provided information to California Rural Indian Health Board on Analysis of Summaries of Benefits and Coverage (SBCs) for Zero and Limited Cost-Sharing Variations (Z-CSVs and L-CSVs) of Sample Marketplace Bronze Plans; California, (Humboldt County, CA) – (2018-3-8)

As noted above, TSGAC technical representatives reviewed analysis of User Population Insurance Status data (2016 and 2017) with the recently formed LNF/IHCIF Workgroup (2018-03-13).

Collaboration with National Indian Organizations. TSGAC coordinated with the IHS, HHS, and other national NIHOE groups. Technical staff has 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/AN training materials. Additionally, TSGAC technical staff participated in NIHB regulatory workgroup to review regulations proposed by CMS and other Federal agencies involving the provision of health care services to AI/ANs. As noted above, CMS and TSGAC jointly hosted and participated on the 11/30/2018 Webinar on Tribal Sponsorship of Medicare Part B and Part D Premiums.

Subject Matter Experts. Other subject matter experts were utilized to assist in this work as needed on the following topics: “four walls”, adoption of the encounter rate for pharmacy services under Medicaid; Tribal Sponsorship; coordinated care agreements; and conversion of Tribal clinics to “Tribal FQHC” status.

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