



# Health Care Reform in Indian Country

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

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SHAWNEE, OK. —

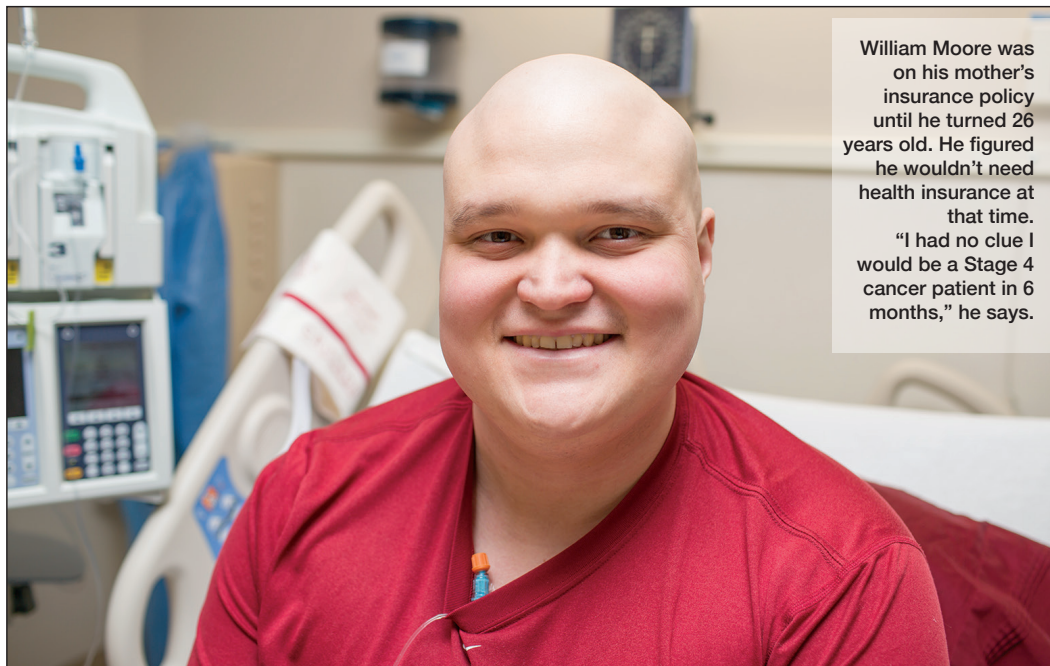
“Last Friday I had long curly hair,” a bald William Moore says cheerfully. He sports a crimson and cream t-shirt as his 6’1” long body reclines in a bed in a room at the University of Oklahoma Medical Center in Oklahoma City. He tries to sleep during the day and stay awake at night so that he will be ready to return to the night shift as a nursing assistant at the same hospital the day after he is discharged from this round of chemotherapy.

Mr. Moore’s on-call job does not provide health insurance. He was on his mother’s insurance policy until he turned 26 years old in 2013. He assumed he wouldn’t need health insurance at that time. “I had no clue I would be a Stage 4 cancer patient in six months,” he says.

It all happened so fast.

First, there was the visit to the emergency room, then the diagnosis. Surgery followed three days later with chemotherapy starting 10 days after that.

During the 10 days between surgery and chemotherapy, Mr. Moore drove the 30 miles from his home in Oklahoma City to the Citizen Potawatomi Nation (CPN) in Shawnee, OK, for assistance in applying for insurance on the Federally-Facilitated Marketplace on [www.Healthcare.gov](http://www.Healthcare.gov). CPN assisted Mr. Moore to enroll in a Blue Cross/Blue Shield (BCBS) plan with \$123 monthly premiums. A federal tax credit reduced the premium by \$29. Since he met the criteria for the CPN Insurance Sponsorship Project, the Tribe paid the balance for the health insurance premiums. The cost to the Tribe for the last six months of 2014 was \$565 for Mr. Moore’s insurance premiums. During that time his medical claims were \$241,828. Fortunately for the Tribe’s CHS program and



William Moore was on his mother’s insurance policy until he turned 26 years old. He figured he wouldn’t need health insurance at that time. “I had no clue I would be a Stage 4 cancer patient in 6 months,” he says.

## Citizen Potawatomi Nation Tribal Sponsorship Program *Gives Hope and Help*

Mr. Moore, there was no cost to either.

“If I had known, I would have been insured by the time I was 26,” he states. “It has been a lifesaver. I can’t imagine what I would do without it.”

Cancer can be scary, but medical bills do not have to create additional anxiety. Prior to the Patient Protection and Affordable Care Act (ACA), insurance companies refused to enroll people with “pre-existing conditions” like cancer in their health care plans. That is no longer allowed under ACA.

### **New Resources for Indian Health Care**

When ACA was signed into law five years ago, it also created a new opportunity for Tribes to recoup some of the revenue needed to make up for the historic underfunding of

the Indian Health Service by Congress.

“I was thrilled with the possibilities the Affordable Care Act provides for American Indians and moved quickly to implement an insurance sponsorship project,” says Tim Tall Chief, Director of Health Services at the Citizen Potawatomi Nation, one of the first Tribes in Oklahoma to implement a premium sponsorship project.

Through March of 2015, 72 people have benefited directly from the CPN Insurance Sponsorship Project. To qualify for the program, uninsured Tribal citizens between the ages of 19 and 64 years old have to reside in Oklahoma, have income between 100 and 300 percent of the federal poverty level (with a few exceptions), and have health care needs that result

in high use of clinic and CHS services. They are expected to continue using their tribal clinic, file their tax returns, and sign an agreement with the Tribe.

CPN started their Insurance Sponsorship Project in 2014 with a pilot project that identified 300 patients who might benefit from insurance. CPN Health Services contacted those patients and reviewed their options. Half of those who were invited to participate in the pilot project responded, including Sallee Brinlee.

Remembering the advice her mother gave her to think of the needs of everyone in the Tribe, Ms. Brinlee agreed to enroll in the insurance plan that was recommended.

If Oklahoma had a Medicaid Expansion program, Ms. Brinlee would have qualified and there would be no premiums, co-pays

# Hope & Help

continued



Sallee Brinlee enrolls in an insurance plan with assistance from Lindsea Ballew, an American Indian insurance agent who is the Community Liaison for the Tribal Exchange. The Citizen Potawatomi Nation pays the insurance premiums through their Tribal Sponsorship Program.

or deductibles. However, the State of Oklahoma has not adopted Medicaid Expansion and that put Ms. Brinlee in position where there was no federal or state help to get health insurance. The ACA only provides the health insurance tax credits for people between 100 and 400 percent of the federal poverty level. While at first she did not meet CPN's enrollment criteria for the Insurance Sponsorship Project, after a CHS referral, the Tribe agreed to pay the full cost of her premiums at \$251 per month in 2014.

Shortly after enrolling in insurance, Ms. Brinlee visited her favorite nurse practitioner at the tribal clinic and asked her about an itchy spot on her leg. She was referred to an oncologist in Oklahoma City who did a biopsy and diagnosed it as skin cancer. After the cancerous skin was removed and the wound healed, she began 20 rounds of radiation treatment.

In 2014, CPN paid \$1,004 for premiums for insurance for Ms. Brinlee. Even though she didn't receive a tax credit, her status as a member of a federally-recognized Indian Tribe meant there would be no co-pays or deductibles. Ms. Brinlee says she was never asked to pay anything and her statements always showed a zero

balance.

After she was insured, the tribal clinic was able to bill for the medical and pharmacy services provided through the clinic and received \$1,743 in payments from BCBS during the four months of coverage in 2014. In addition, the CHS program saved money by not being charged for her cancer treatment, a savings of \$13,829.

## One Cent Health Insurance Premiums

Ronald Vinson believes that insurance helped him beat cancer and now he is able to do one of the things he loves the most, going hunting and fishing with his 10-year-old grandson.

Mr. Vinson worked many different kinds of jobs in his life: burying telephone cable, oil field work, boring and tunneling, liquor store manager, manufacturing. None offered health insurance. By the time CPN began the Tribal Sponsorship pilot program, CHS had already spent nearly \$72,000 on his treatment for lung cancer.

"They thought I should be first on the list to try out ACA coverage," recalled Mr. Vinson.

When he came to the CPN clinic to meet with Yvonne Myers, the Medicaid/ACA consultant hired by the Tribe, Mr. Vinson learned that with the

premium tax credit, his insurance premiums were only one cent per month. As a tribal member he would have no co-pays or deductibles and could enroll any time, not just during the open enrollment period.

Mr. Vinson received cancer care at the University of Oklahoma Medical Center, where he had radiation, chemotherapy and surgery to remove a lung. More radiation and chemotherapy followed as well as a pain management program. During the eight months of 2014 when he had health insurance, the billed charges for his health care totaled more than \$107,000. Through the Tribal Sponsorship pilot project, the insurance company paid all of his health care bills, including \$4,213 reimbursed to CPN for prescription drugs and medical services.

"I don't get any paperwork," Mr. Vinson declares with a smile. "It is all sent to the Tribe and Yvonne takes care of everything."

He adds that the Tribe is assisting him to file his taxes so he doesn't have to worry about the complicated reconciliation process for people who receive the advanced payment of tax credits from the federal government.

Andrew Anderson was also enrolled in health insurance for a premium of one cent per month with the tax credit after CPN assisted him with the application. What started as a problem swallowing turned out to be cancer. At first he was treated with chemotherapy and radiation, which the Tribe paid through CHS, costing nearly \$45,000.

After he was enrolled in insurance, he was scheduled for surgery. Doctors removed two thirds of his esophagus and a portion of his stomach. His surgery involved eleven incisions that Mr. Anderson says made him look like "Swiss cheese."

The cost of the surgery was nearly \$400,000, and insurance covered all the costs. In addition, during the time he was covered



Ronald Vinson enrolled insurance with a premium of one cent per month that covered his treatment for lung cancer.



For only one cent per month, Andrew Anderson obtained insurance that paid for his cancer surgery costing more than \$400,000.

by insurance in 2014, the tribal clinic billed BCBS and was paid \$552 for pharmacy and medical services to Mr. Anderson through the clinic.

As he recovers from surgery, Mr. Anderson says the CPN Insurance Sponsorship Project "took the stress off of me, so I was able to concentrate on me and that helped me to heal." He adds, "I hope other Tribes will do this."

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