APPENDIX D

Health Care Delivery in Indian Country

Brad Hawk, Indian Health Systems Administrator

North Dakota Indian Affairs Commission

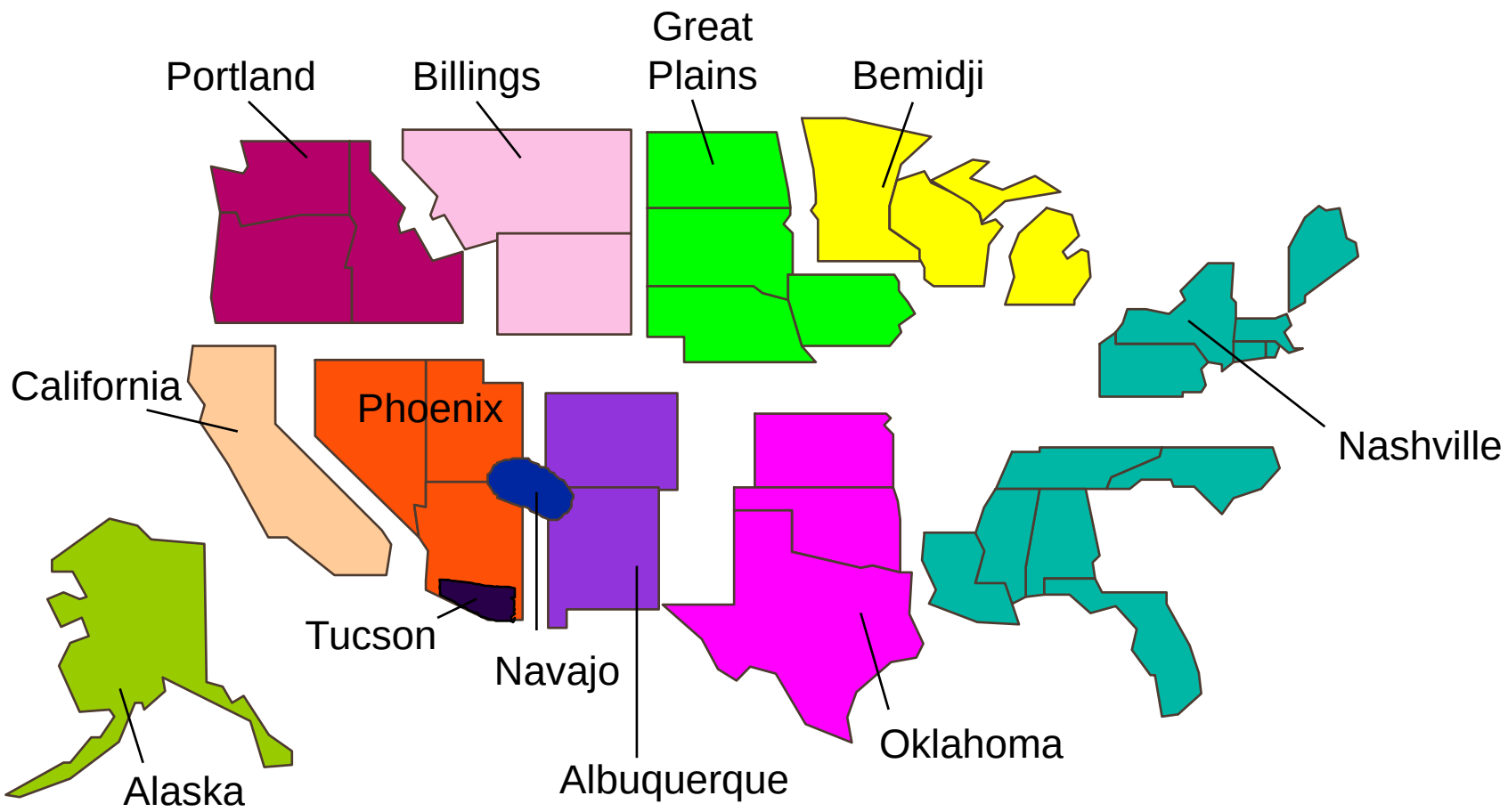
Problems

- **AI/ANs face some of the worst health disparities with significant regional differences.**
- Insurance companies could discriminate against up to 129 million Americans with pre-existing conditions.
- Premiums had more than doubled over the last decade, while insurance company profits were soaring.
- Fifty million Americans were uninsured and tens of millions more were underinsured.
- **IHS does not have the resources needed to address the specialty care needs.**

Indian Health Service

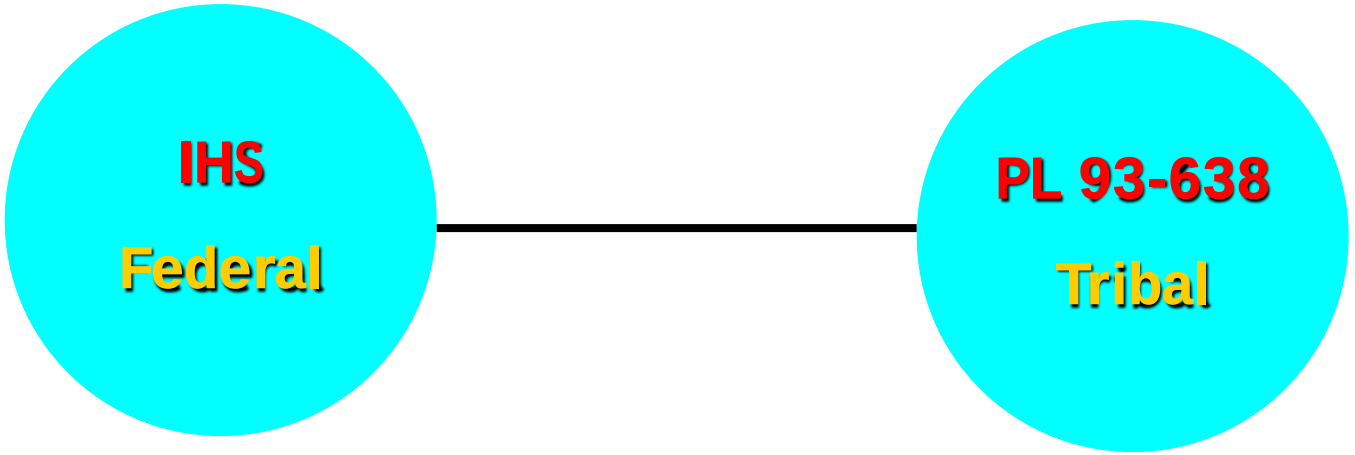
- The Indian Health Service (IHS) is the principal federal health care provider and health advocate for Indian people
- Its goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people

IHS Areas

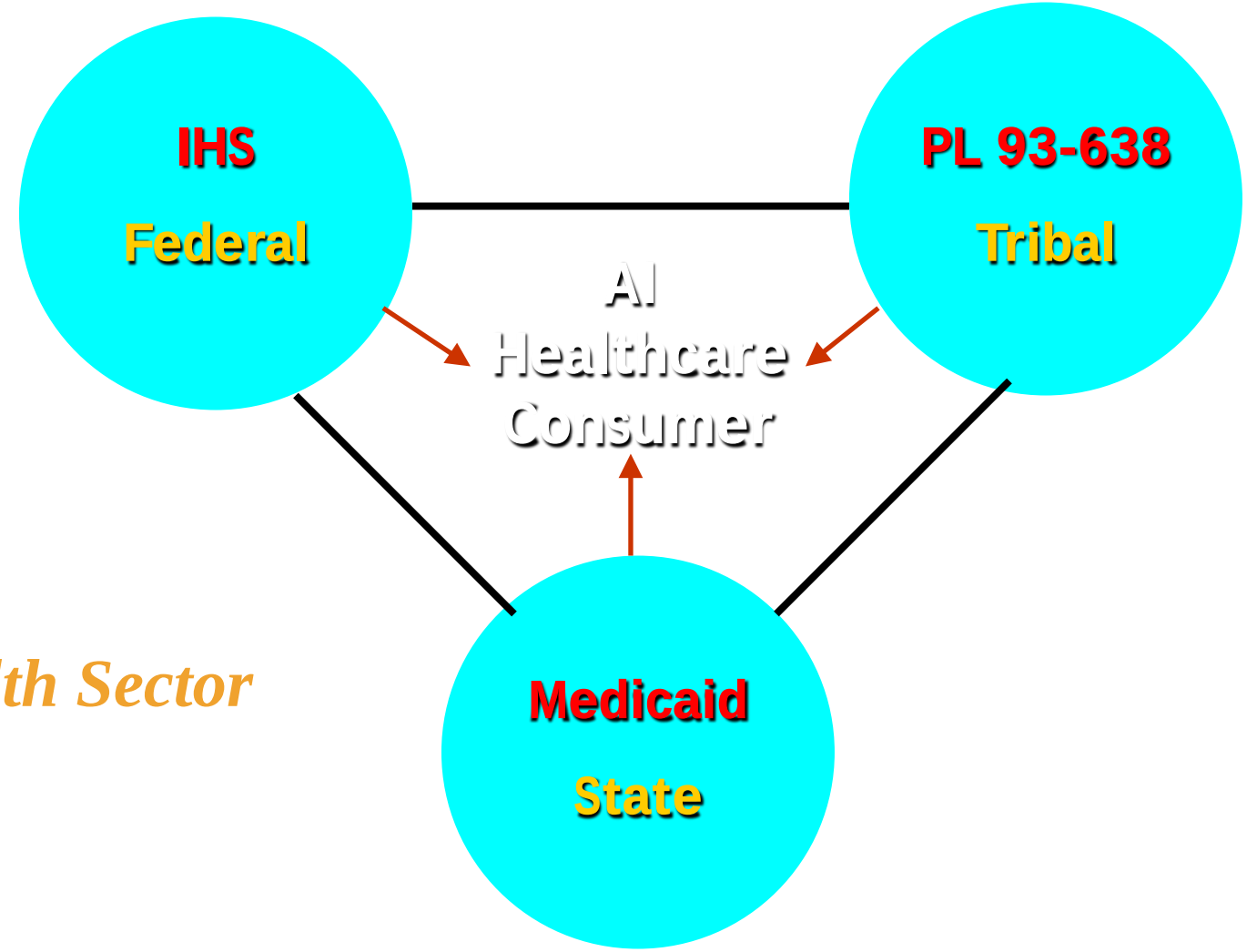

Portland
Billings
Great Plains
Bemidji
California
Phoenix
Nashville
Tucson
Navajo
Albuquerque
Oklahoma
Alaska

Indian Health System 1955-1975

Indian Health System 1975-1985

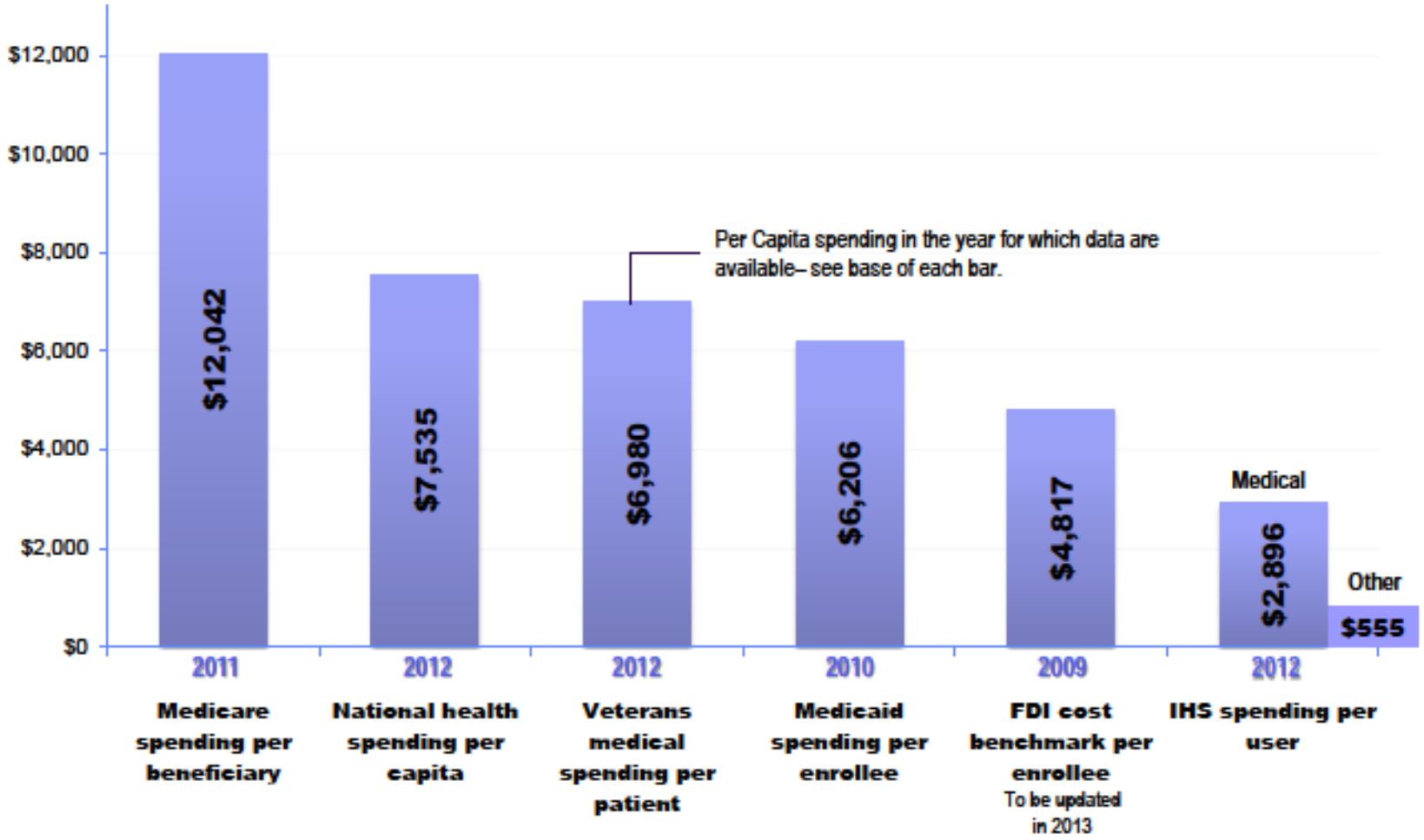


Indian Health System



Health Sector

2012 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita



See page 2 notes on reverse for data sources and extrapolation assumptions.

1/8/2013

How Does ACA affect IHS?

- Third Party Revenue Opportunity
- Another way for the Federal Government to fulfill their treaty obligations
- Attract Health Care Professionals
  - Student Loan Repayment
    - Works for a couple of years
    - Challenge is for these communities to provide an environment for quality of life
  - New Revenue for higher salaries or equipment
- Customer service improvement

Purchased/Referred Care (PRC)
"Contract Health Funds"

Before the law, contract health dollars ran out too soon.

"Don't get sick after June"

Now, with additional options for health insurance, more contract health dollars will be available to meet the health care needs of Indian Country.

Community Health Representatives (CHR)

- Provide multiple activities
  - Transportation to clinic for appointments
  - Ensuring they are taking medications that are prescribed
  - Eyes and Ears in the Community
  - First Responders
  - Public Health Information Sharing
- Most Tribes control their CHR programs because they went through the 638 process
  - Funding is still provided by the Great Plains Area Office
- QSP Funding from Medicaid
  - Getting provider numbers and staff trained\
- Money Follows the Person Initiative

Giving Indian Country More Choices for Health Care

- **In addition to IHS, choices for health care coverage include:**
  - Greater Access to Medicaid
  - Private Insurance through the Affordable Insurance Exchanges
  - Access to the Federal Employees Health Benefits Program for Tribal Employees

Offering more options for health care is an extension of the U.S. Government's Trust Responsibility

Affordable Care Act

Benefits of the Health Care Law:

- Permanent Reauthorization of the Indian Health Care Improvement Act
- Strengthens the Indian Health Service
- Increases Affordability to Health Insurance Coverage

Protections for Native Americans in the Marketplace

- No out of pocket costs: If a member of a federally recognized tribe chooses Indian Health Service as their provider in an insurance marketplace network
- Break on Costs for Certain Income Levels: federally recognized tribal members earning less than $34,470* and families earning less than $70,650* a year will not pay any out of pocket costs for health services anywhere
- Special Monthly Enrollment: Members of federally recognized tribes can change their enrollment status in any plan through the marketplace once a month
- No Requirement to have Insurance: Exempts AI/ANs eligible for IHS from obtaining any health insurance

*Based on 2013 federal poverty levels

Health Care Law Benefits for Indian Country

- Permanent Reauthorization of the Indian Health Care Improvement Act
- Strengthens the Indian Health Service
- Increases Affordability to Health Insurance Coverage

10 Essential Health Benefits

Ambulatory Patient Services	Prescription Drugs
Emergency services	Rehabilitative & Habilitative Services and Devices
Hospitalization	Laboratory Services
Maternity & Newborn Care	Preventive & Wellness Services and Chronic Disease Management
Mental Health & Substance Use Disorder Services, Including Behavioral Health Treatment	Pediatric Services, including Oral & Vision Care

The ACA Increases the Amount of Preventive Health Activities

Insurance companies must now pay the cost of many preventive services:

- Cancer screenings such as *mammograms & colonoscopies*
- Vaccinations such as flu, mumps & measles
- Blood pressure screening
- Cholesterol screening
- Tobacco cessation counseling and interventions
- Birth control
- Depression screening
- And more…

Visit www.healthcare.gov/prevention for a full list.

Medicaid Expansion for Indian Country

- **States have the option to expand Medicaid** eligibility to adults ages 19 - 64 with income up to 138% of the Federal Poverty Level
- **Average income** of AI/AN households is $35,192, compared to $50,502 for the entire nation*
- **No premiums or deductibles** for AI/ANs who are eligible to and do receive IHS, tribal 638, or urban Indian health services
- **No copays** for services received from an Indian health care provider or through referral under contract health services

** US Census Bureau, 2012*

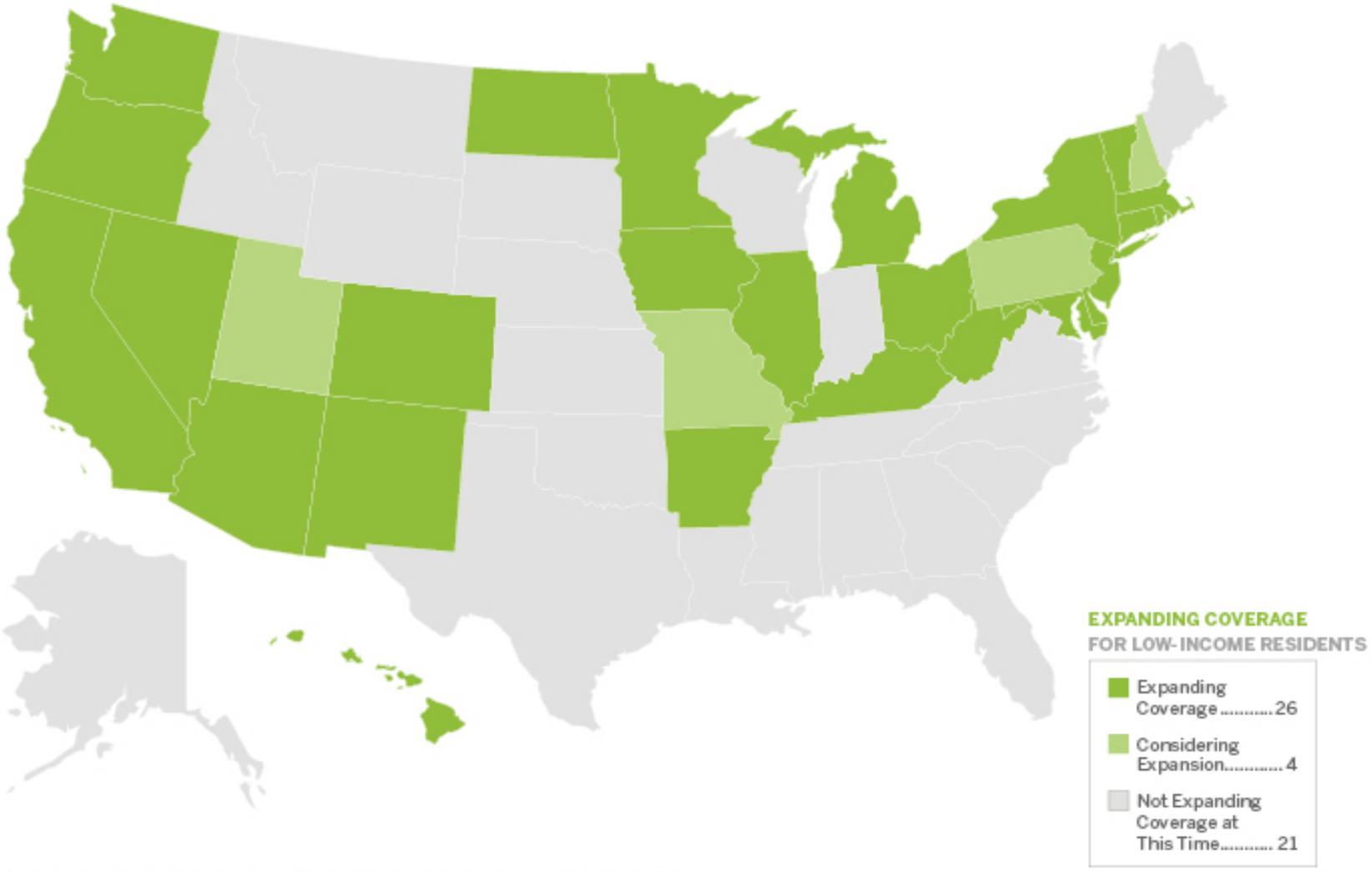
Medicaid Expansion in ND

- Many Native Americans may be eligible for Medicaid under the expansion
- A number of U.S. citizens under age 65 with household incomes up to 138% of FPL will now qualify for Medicaid
- Medicaid expansion will open the program to adults without dependent children and low income parents who, in general, were not previously eligible for Medicaid

Even if you have been turned down for Medicaid in the past, you may be eligible now

Where the States Stand on Medicaid Expansion

25 states, DC, Expanding Medicaid—February 7, 2014



Notes: Based on literature review as of 2/7/14. All policies subject to change without notice.
HHS has announced that states can obtain a waiver to use federal funds to shift Medicaid-eligible residents into private health plans.
The District of Columbia plans to participate in Medicaid expansion and will operate its own exchange.

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New Opportunities to Consider

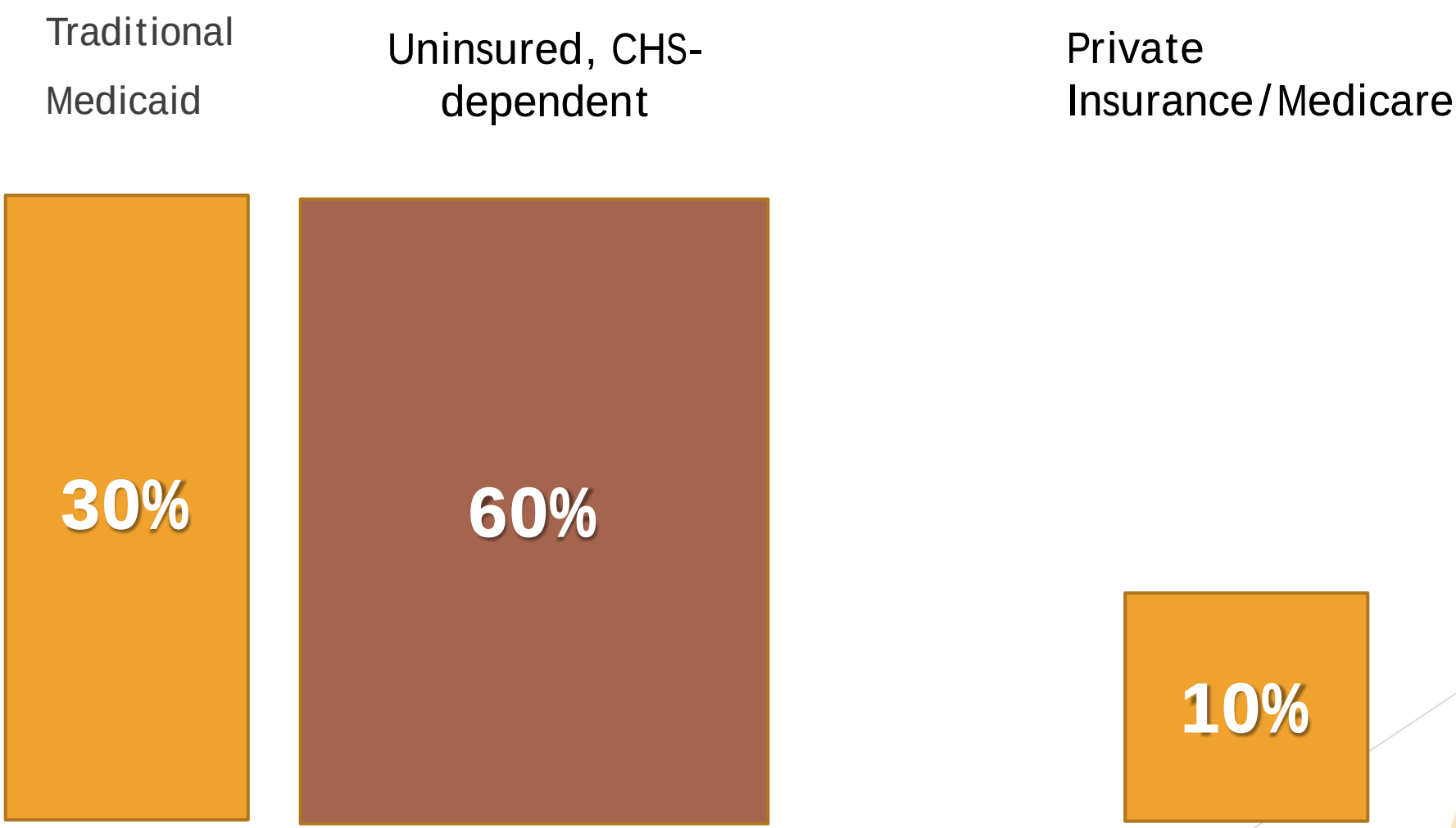
Traditional Medicaid

30%

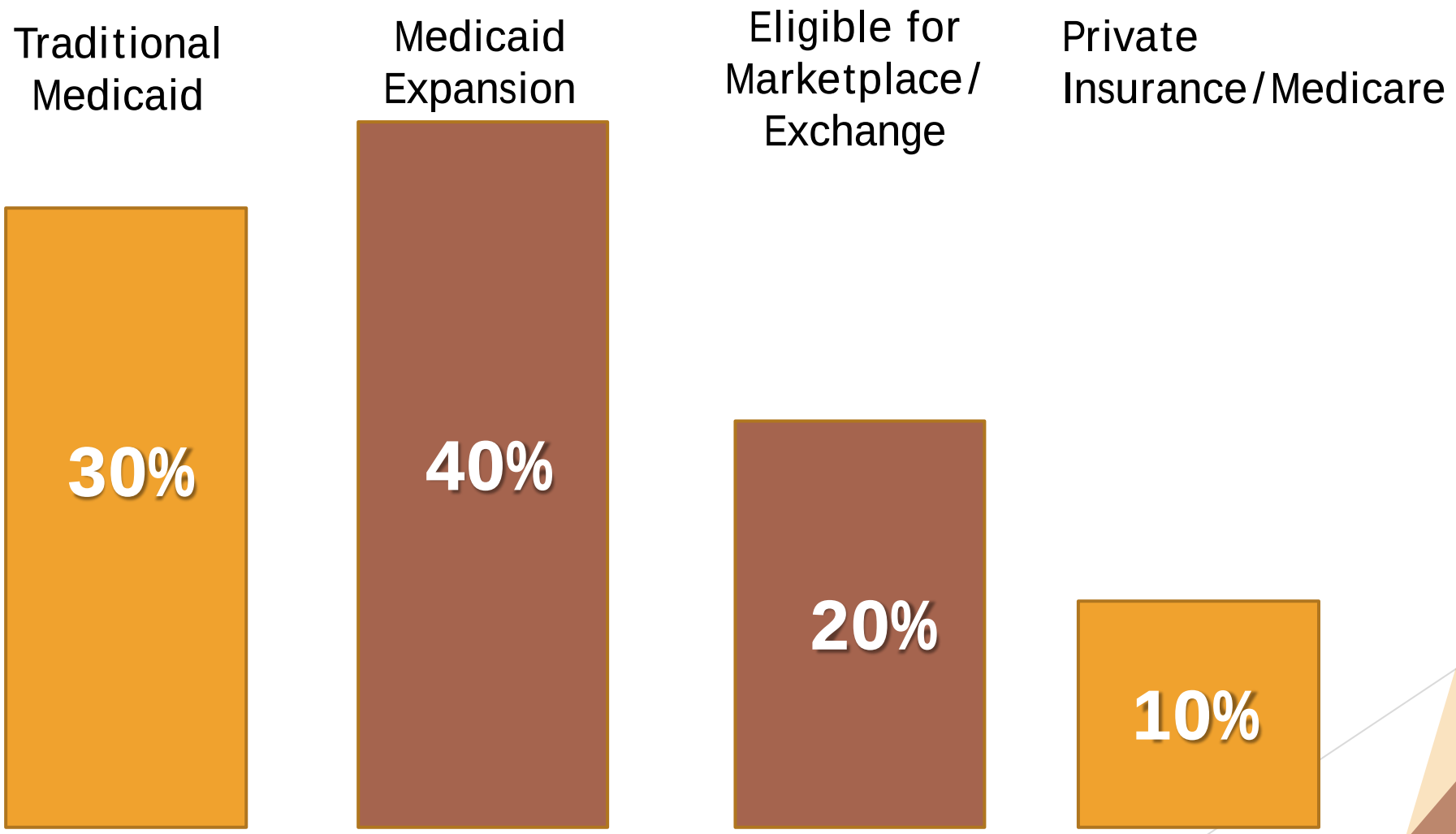
Private Insurance/ Medicare

10%

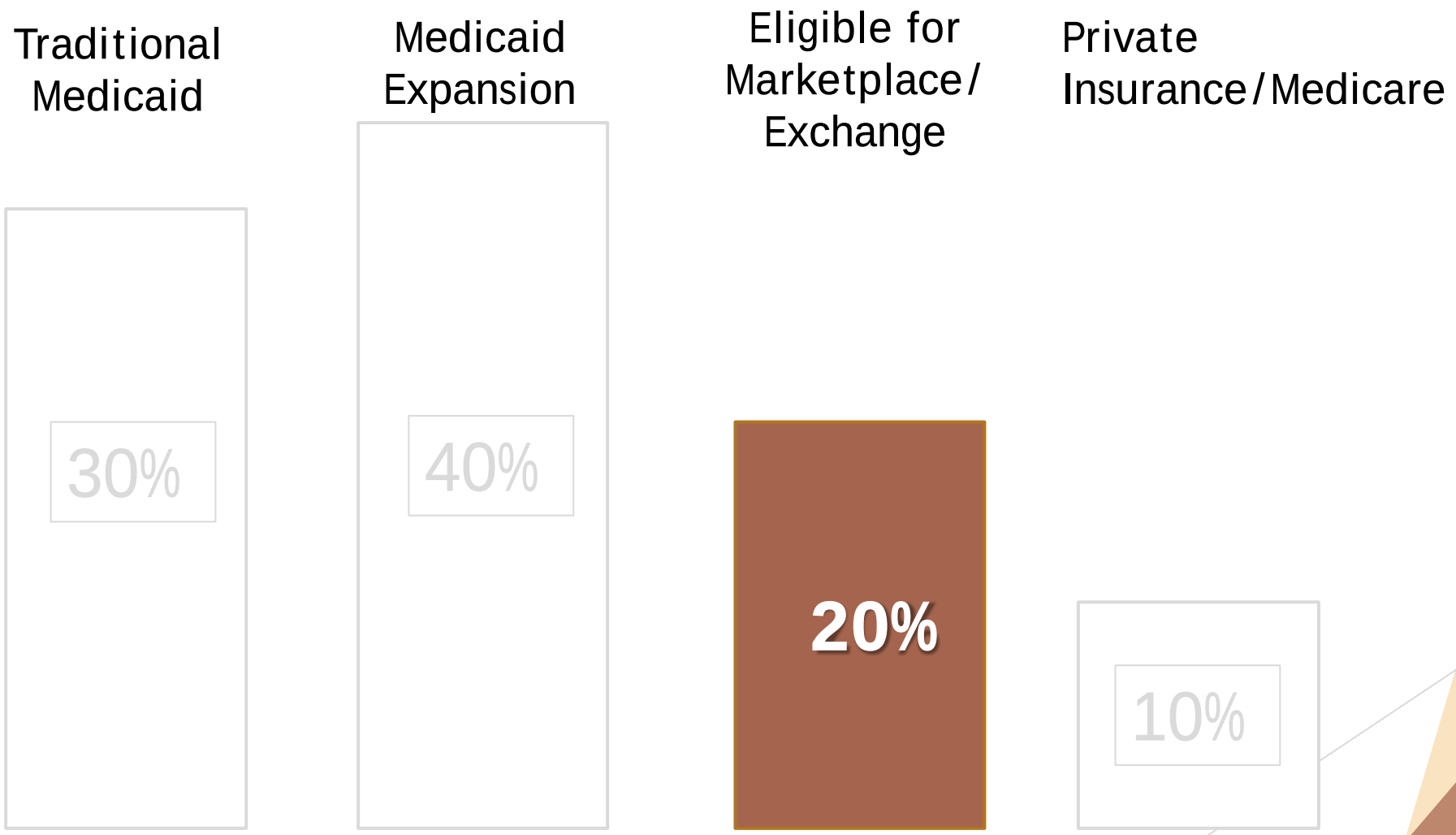
New Opportunities to Consider



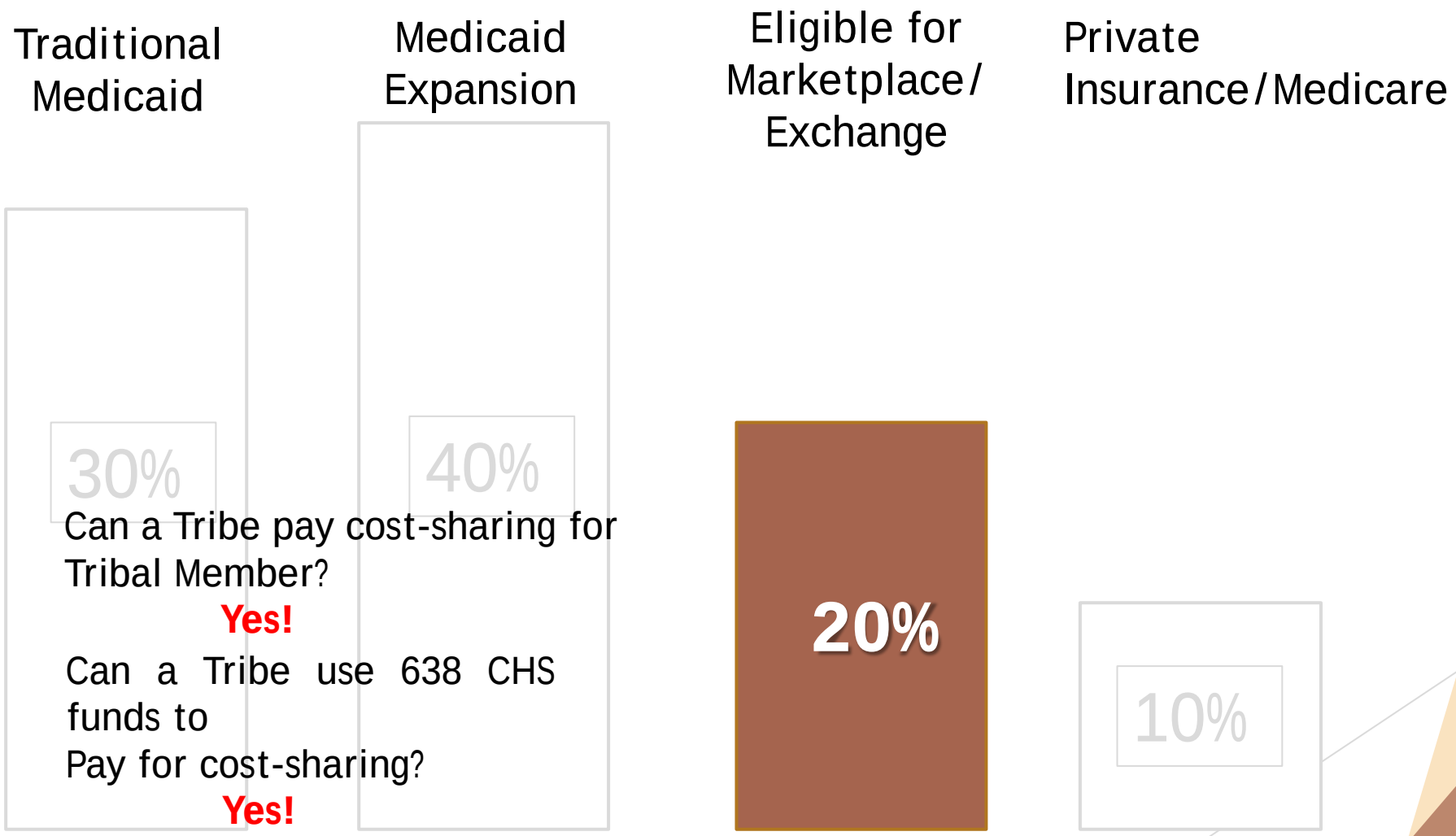
New Opportunities to Consider



New Opportunities to Consider



New Opportunities to Consider



Can a Tribe pay cost-sharing for Tribal Member?

Yes!

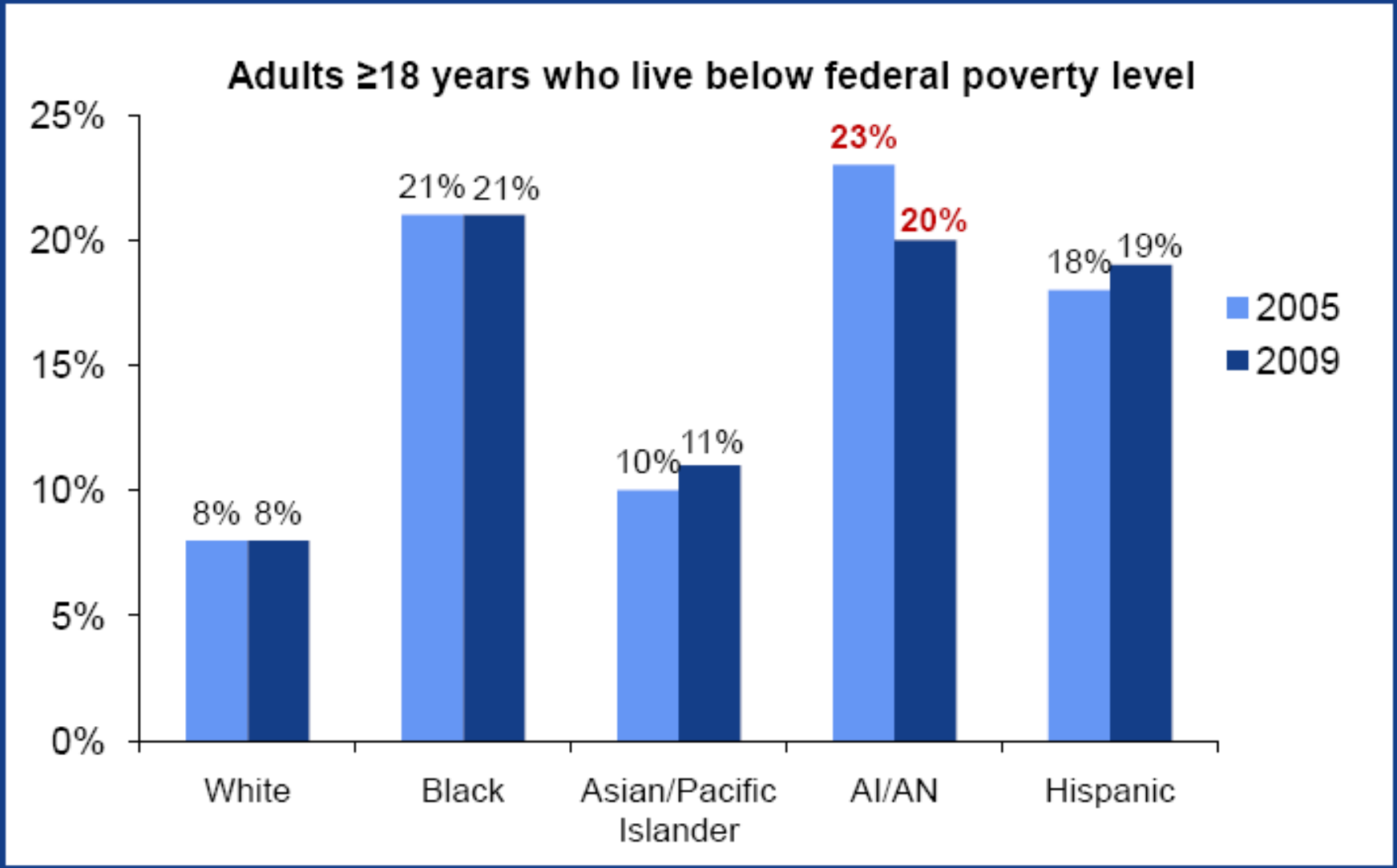
Can a Tribe use 638 CHS funds to
Pay for cost-sharing?

Yes!

Challenges that make it difficult to address health disparities

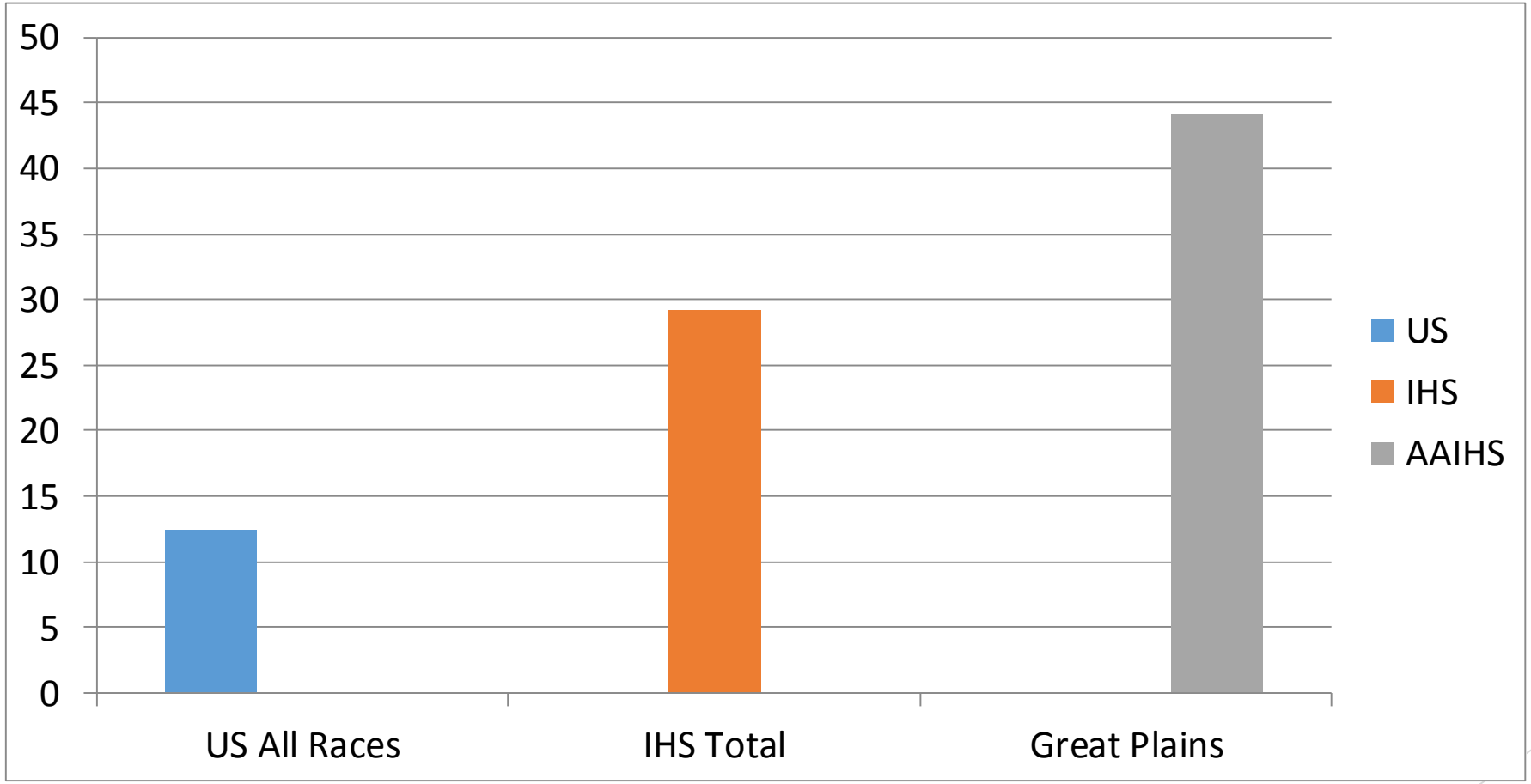
- Poverty

2.5 times as many AI/ANs as whites live below poverty level

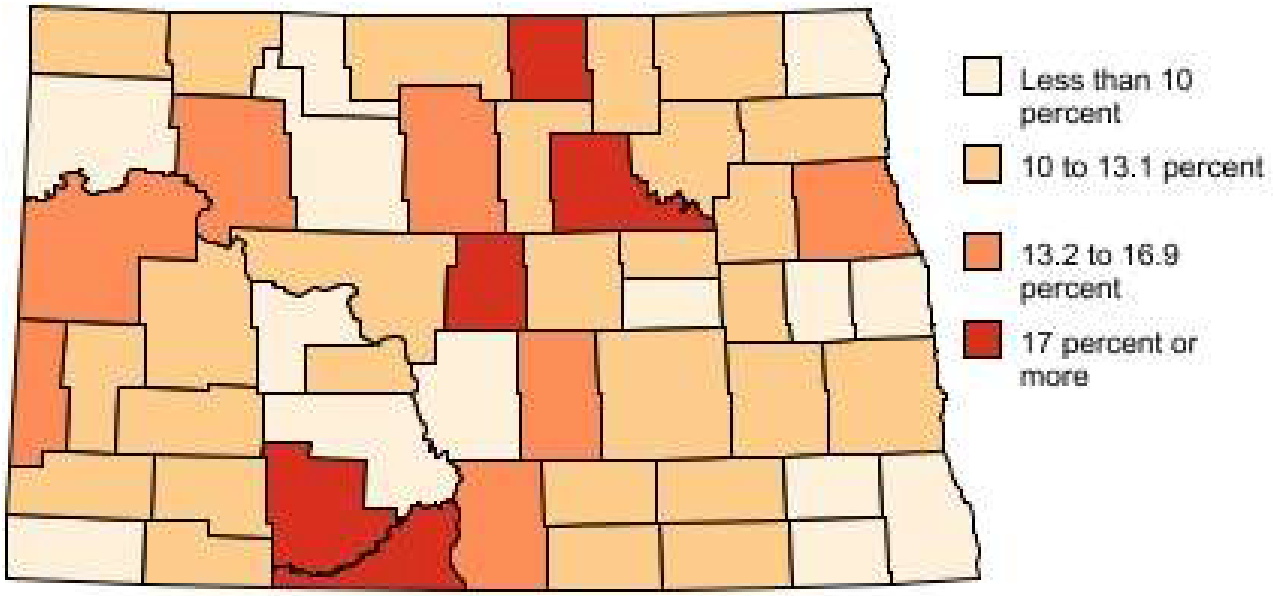


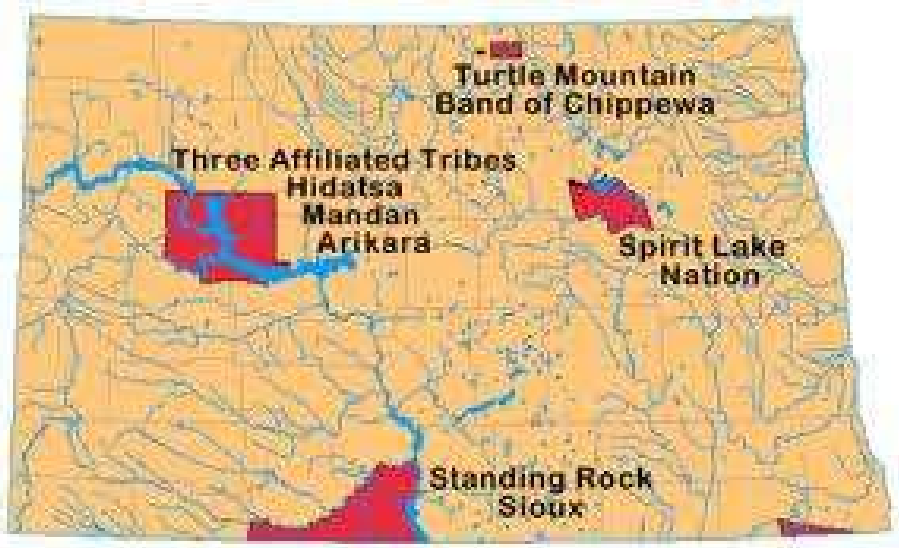
Source: CDC Health Disparities and Inequalities Report 2011, MMWR, Vo. 60

Percent at or Below FPL



Poverty in North Dakota





Challenges that make it difficult to address health disparities

- Poverty
- Housing Shortage
- Lack of Law Enforcement
  - Safe Communities
- School System
- Drug/Alcohol Addiction
- Behavioral Health

Current Activities

- ACA Sign Up Assistance
  - Certified Application Counselor
- Third Party Reimbursement Training
  - DHS, CMS, HHS
- Getting Providers or volunteers to Tribal Communities
  - Paperwork for credentialing
- 638 Process for certain programs
  - Looking at revenue generating programs
- QSP Training and Certification for CHR programs

Questions ???