

Testimony for the 64th
Legislative Assembly of North Dakota
Senate Human Services Committee
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Good afternoon Honorable Chairman Keiser and other distinguished committee members, I want to thank you for this opportunity to address you today.

My name is Tinka Duran, and I am the Program Manager for the Great Plains Navigator Program. I am here today to submit testimony on behalf of Jerilyn Church, the Chief Executive Officer for the Great Plains Tribal Chairmen's Health Board (GPTCHB). The Great Plains Tribal Chairmen's Health Board is a representative organization of the 18 tribes in the Great Plains region that includes the states of South Dakota, North Dakota, Nebraska and Iowa. Our organization has received funding through CMS since 2013 to provide navigator services specifically for the tribes in North Dakota and South Dakota. This fall, we received three additional years' funding for this program.

Our Navigator Program aims to inform, educate, and enroll our client base into the Health Insurance Marketplace, or Medicaid when applicable. Last year, we provided technical assistance for 12 navigators in the state of North Dakota. Some of these navigators are direct employees of the Great Plains Tribal Chairmen's Health Board; the majority, however, are employees of the Indian Health Service or tribally-owned and operated health centers and clinics.

The dedicated navigators and certified application counselors serving tribal communities in North Dakota have been instrumental in assisting approximately 1,400 consumers with completing applications for health coverage including Qualified Health Plans and insurance affordability programs like Premium Tax Credits and Cost-Sharing Reductions from November 2014 to January 2015. For instance, according to the **Assistant Secretary for Planning and Evaluation** county data report, Rolette County, which encompasses the Turtle Mountain Indian Reservation, had 979 enrollments into the Health Insurance Marketplace from November 2014 through February 2015 with 860 of those identifying as American Indian.ⁱ We have also assisted approximately 5,200 consumers select Medicaid and/or the Children's Health Insurance Program as their coverage option from October 2014 through September 2015. Nationally, over 21,600 self-reported American Indians have enrolled into a Qualified Health Plan from November 2014 to January 2015.ⁱⁱ

Last year, we held over 45 outreach and enrollment events in partnership with North Dakota tribes which included enrollment booths at local powwows, tribal colleges, and tribal health fairs. We have also successfully distributed over 5,000 informational postcards in Indian Health Service pharmacy bags, Women Infants and Children distribution centers, commodity boxes and tribal administration buildings. In other terms of outreach, we have received proclamations of support from every tribe in North Dakota which were subsequently printed in tribal newspapers. We have also created a radio public service announcement as well as an American Indian specific video that is being disbursed throughout tribal and non-tribal webpages. These initiatives have been very successful in increasing awareness of the GPTCHB Navigator program, the Health Insurance Marketplace, and North Dakota Medicaid.

We have also faced several difficulties, however. Our navigators have run into a few concerns when attempting to enroll individuals into the ND Medicaid. One concern arises when a navigator with a South Dakota phone number tries to enroll an individual into Medicaid in North Dakota. When calling the North Dakota Medicaid phone enrollment system from a number with a South Dakota area code, the caller is automatically redirected to the South Dakota Medicaid phone enrollment system. With many transient consumers coming from various states and having various cell phone area codes, when accessing North Dakota Medicaid, they may have the same result. Additionally, our understanding is North Dakota Medicaid is not capturing American Indian enrollment data; we hope in the future these numbers will be available.

Lastly, we have seen issues with Indian trust and restricted lands, per capita, and judgment funds. American Indians have been asked for this information from North Dakota enrollment phone assisters, although it is not countable income for Medicaid expansion legibility, per federal statute.ⁱⁱⁱ CMS Region 8 has reviewed a sample application and recently held an in-person meeting in New Town, ND on September 15, 2015 with respective stakeholders.

One item of note we are particularly interested in is South Dakota's interest in expanding Medicaid. The State is currently exploring options including expanding Federal Medical Assistance Percentages (FMAP) for certain services for Medicaid-eligible American Indians who receive care outside of the Indian Health Service. Essentially, under the State's proposal, the federal government would reimburse the state at 100 percent for limited services provided to Medicaid eligible American Indians. This could include certain specialty services such as diabetes management or cardiovascular health as well as expanded services from Community Health Representatives. We are eager to work with the State of South Dakota to ensure better coverage for our American Indian population.

In the coming year, our Navigator Program will be focusing continuing education, outreach and enrollment to tribal communities. We also will have a focus on the urban American Indian population by continuing to build partnerships with health care facilities in

urban areas. American Indians residing in urban areas often lack adequate health care, and this is a margin of need we hope to narrow.

Again, thank you for the opportunity to speak before you today. GPTCHB is pleased with the Health Insurance Marketplace, North Dakota Medicaid and the number of people we have helped insure. We look forward to three more years of successful work ahead.

Respectfully,

Jerilyn Church, CEO
Great Plains Tribal Chairmen's Health Board

ⁱ *Marketplace Enrollment Maps*. (2015). Retrieved September 25, 2015, from Enroll America: <https://www.enrollamerica.org/research-maps/maps/marketplace-enrollment-maps-2/>

ⁱⁱ HHS. *ASPE Issue Brief*. January 27, 2015. http://aspe.hhs.gov/sites/default/files/pdf/ib_2015jan_enrollment.pdf (accessed September 25, 2015).

ⁱⁱⁱ Indian Tribal Judgment Funds Use or Distribution Act (25 U.S.C. § 1401 et seq.)