

Affordable Care Act: What Native Youth Need to Know!

AGENDA

Welcome and Opening

Raina Thiele, Associate Director, Intergovernmental Affairs

Jared Massey, Program Support Assistant, UNITY, Inc.

Outreach Video: NIHB

Radio Segments: CMS

Affordable Care Act 101

April Hale and Dawn Coley, National Indian Health Board

Question and Answer Session: ACA and Youth

Federal Panel:

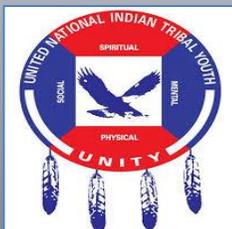
Geoff Roth, Senior Advisor to the Director, Indian Health Service

Raho Ortiz, Director, Division of Business Office Enhancement, IHS

Kitty Marx, Director, Division of Tribal Affairs, Centers for Medicare and Medicaid Services

Closing and Recap

Stacey Ecoffey, Principal Advisor for Tribal Affairs, HHS Office of Intergovernmental and External Affairs



NIHB Video 1

NIHB Video 2

NIHB Video 3



No Health Insurance? **NOT TO WORRY**

“No, don’t be scared. Oh yes, I swear, because we have affordable health care.”

Getting insured is easy.

Contact your local Indian health program, visit www.healthcare.gov/tribal, or call **1-800-318-2596** 24 hours a day, 7 days a week. (TTY: 1-855-889-4325)

Listen to the full song at
<http://go.cms.gov/nottoworry>



Health Insurance Marketplace



No Health Insurance?

"1 in 6 young adults are **real ill**, not just **colds** and **flu** but the **real deal**."

Getting insured is easy.

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<http://go.cms.gov/itslikethat>



Health Insurance Marketplace

Affordable Care Act (ACA) and Native Youth

*Dawn Coley, Director of Tribal Health Reform Outreach and Education, National
Indian Health Board*

*April Hale, Tribal Health Reform Outreach and Education Communications
Coordinator, National Indian Health Board*

Acronyms to Know

ACA Affordable Care Act

AI/AN American Indian/Alaska Native

FPL Federal Poverty Level

IHCIA Indian Health Care Improvement Act

I/T/U Indian Health Services, Tribal and Urban Indian
organization programs/providers

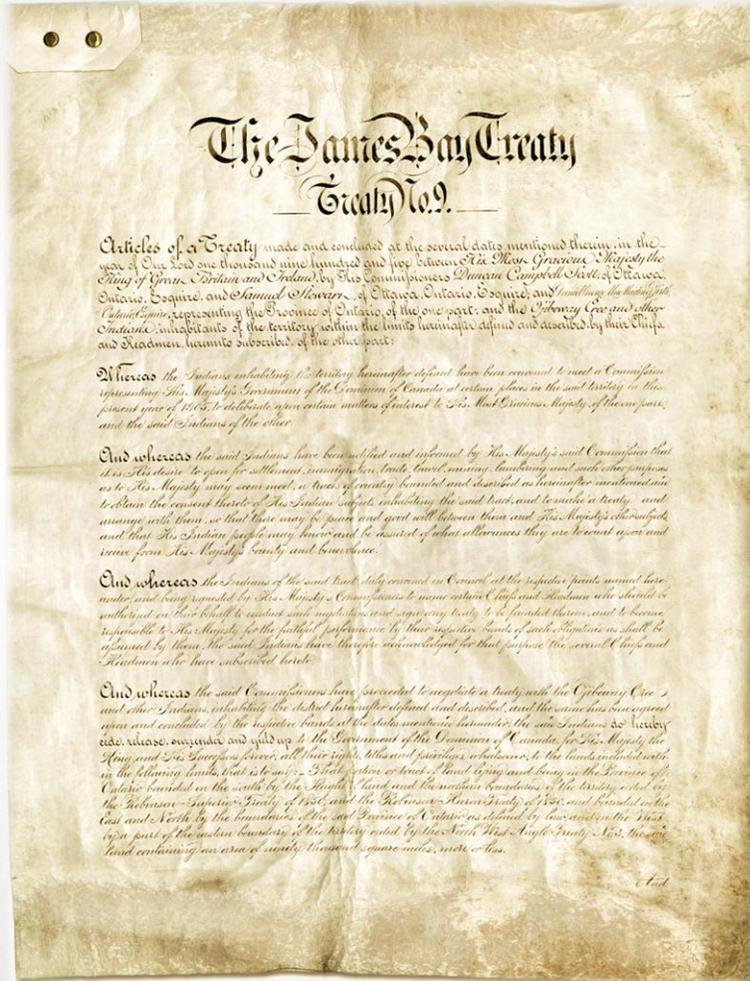
CHIP Children's Health Insurance Program

Health Care Law

- On **March 23, 2010**, President Obama signed into law the Patient Protection and Affordable Care Act (ACA), also commonly known as “Obamacare.”
- The ACA protects the rights of all Americans, **including American Indians and Alaska Natives (AI/AN)**, to access affordable health care
- More than 32 million people in this country who would otherwise not have health insurance will have access to health coverage



The Federal Trust Responsibility

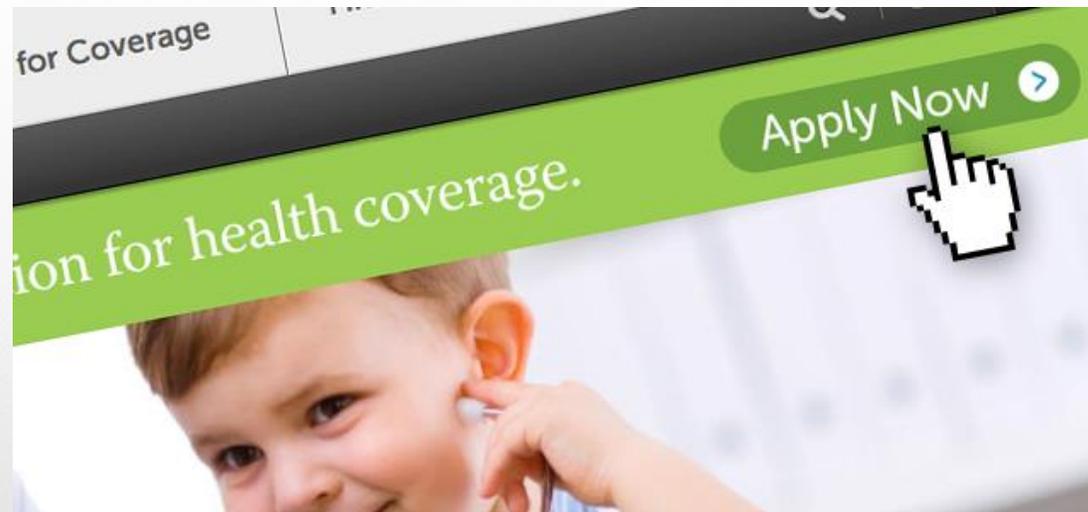


The ACA fulfills the
federal trust relationship
and strengthens
Tribal sovereignty through:

- Protection of the IHS system
- Providing equal access to quality care
- Expansion of Tribal governments' role in health care decisions

What is the Health Insurance Marketplace?

- Marketplace is also called “Exchange” is the one-stop shop for purchasing insurance online
- Four Marketplaces: Federally-Facilitated, State-Based, State-Partnership and Federally-Supported
- User-friendly website and easy account set-up



What Does the ACA Mean for Me and My Family?

- New sources of funding to improve your experience
- Better health care coverage for you and your family
- Empowering action to change our future



Young Adults and Health Insurance

- **Young adults have the highest rate of uninsured of any age group.** About 30% of young adults are uninsured, representing more than one in five of the uninsured. This rate is higher than any other age group, and is three times higher than the uninsured rate among children.
- **Young adults have the lowest rate of access to employer-based insurance.** As young adults transition into the job market, they often have entry-level jobs, part-time jobs, or jobs in small businesses, and other employment that typically comes without employer-sponsored health insurance.
- **Young adults' health and finances are at risk.** Contrary to the myth that young people don't need health insurance, one in six young adults has a chronic illness like cancer, diabetes or asthma. Nearly half of uninsured young adults report problems paying medical bills.

Source: Centers for Medicare and Medicaid Services (CMS)

Fast Five Facts that Native Youth Should Know about the Affordable Care Act (ACA)

1. Youth can stay on their parent's insurance until they are 26
2. Preventative health coverage for screenings, like STD, HIV and pregnancy
3. Expand your family's options for care outside of Indian Health Service
4. Medicaid is an option
5. Family eligibility to file an Indian exemption waiver

1. Health Coverage for Native Young Adults Under 26 Years Old

If a plan covers Native youth, they can be added to or kept on a parent's health insurance policy until they turn 26 years old. Native youth can join or remain on a parent's plan even if they are:

- Married
- Not living with their parents
- Attending school
- Not financially dependent on their parents
- Eligible to enroll in their employer's plan



Adventurous? Make sure you're covered.

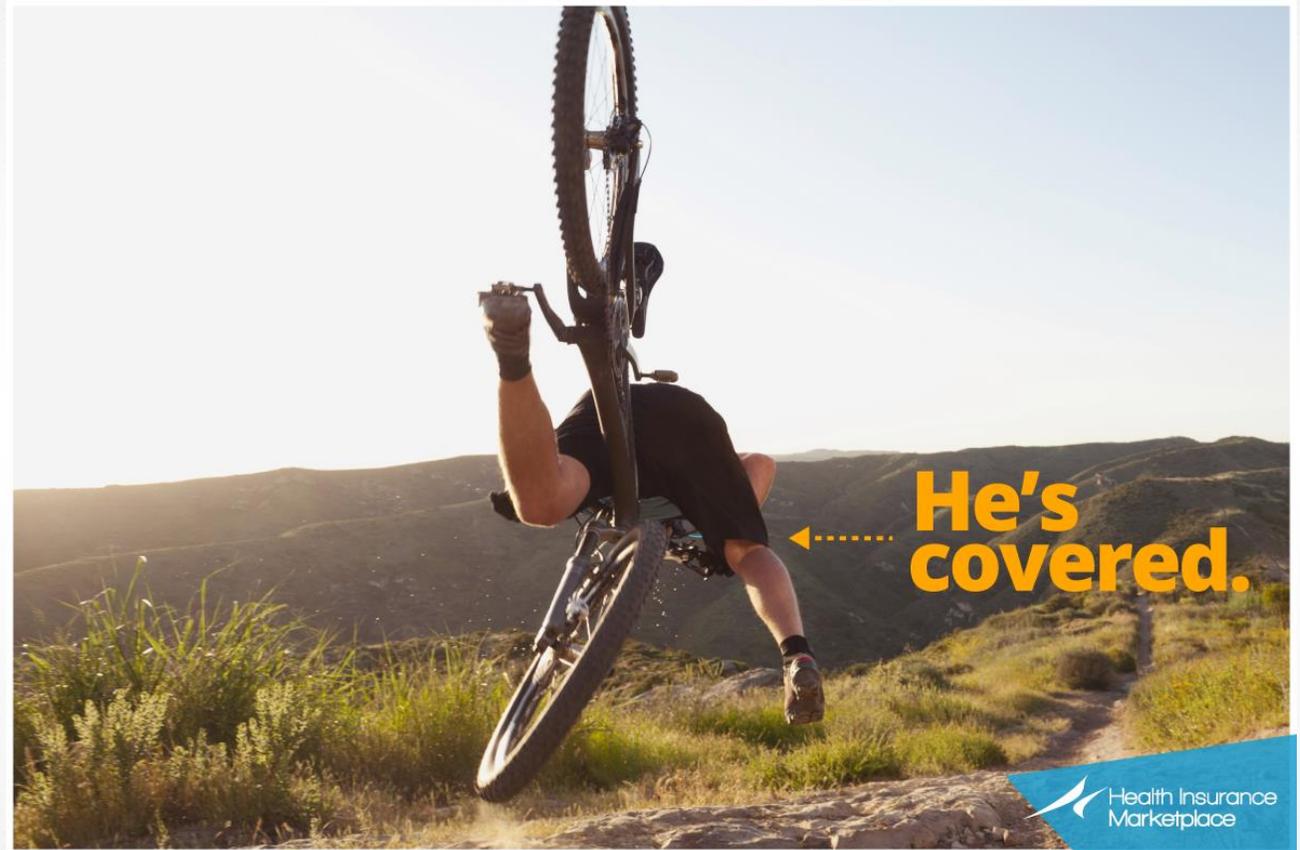
Do you like to mountain bike or drive your 4-wheeler? As many safety precautions you may take, anything can happen. It helps to know you're covered through Medicaid, CHIP, your parent's job-based coverage or a private plan from the Marketplace.

#SafetyFirst

#GetCovered

#BeCovered

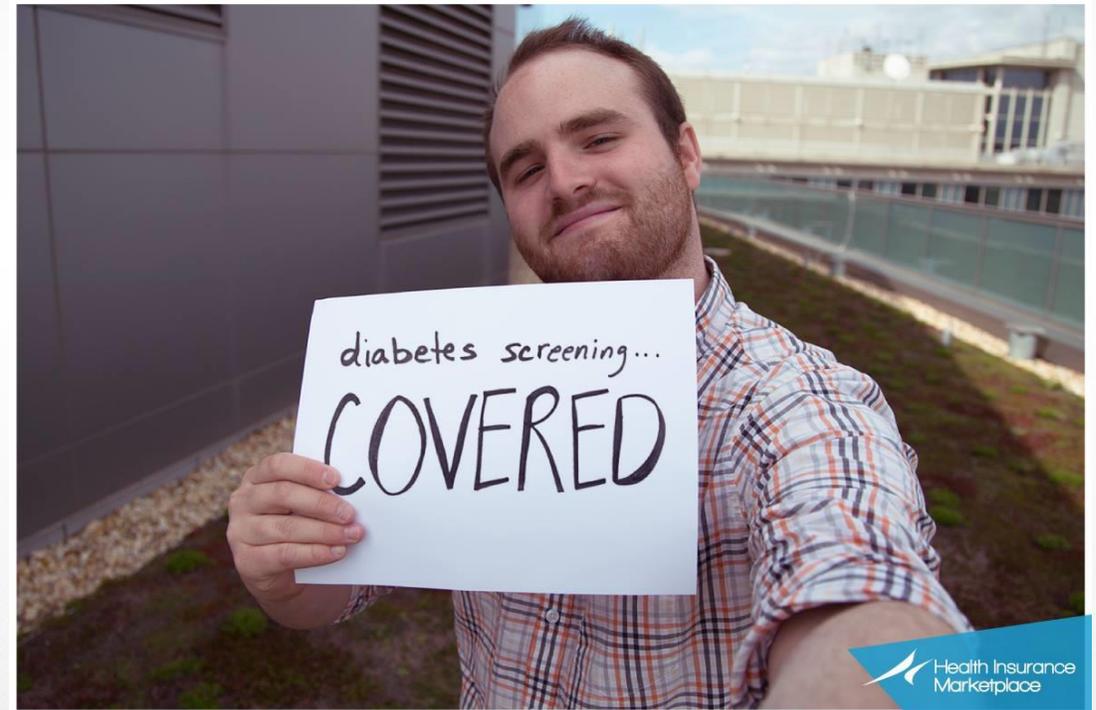
#StayCovered



2. Preventative Healthy Screening

Preventative health coverage for screenings, such as:

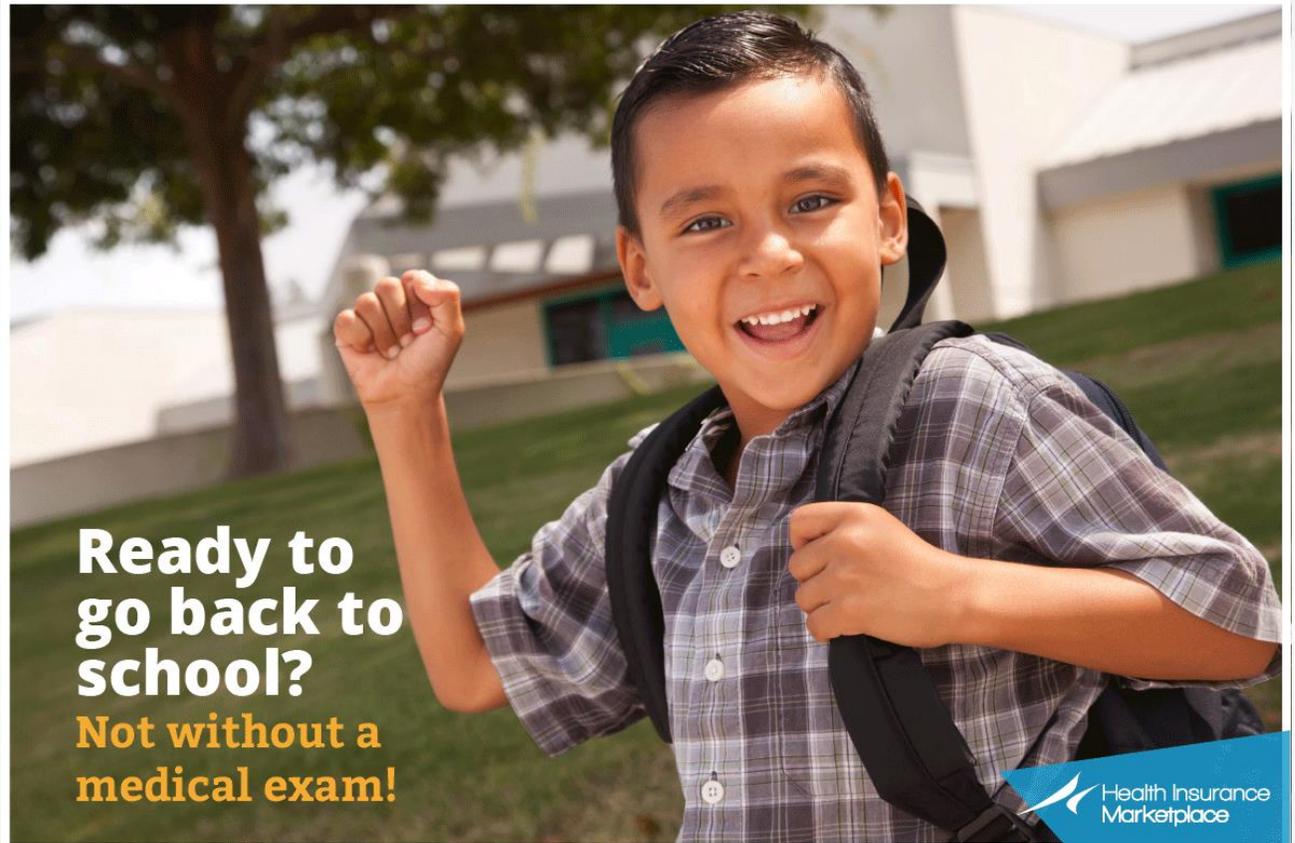
- STD
- HIV
- Pregnancy
- Diabetes
- Depression
- Dental
- Vision



Going Back to School!

Through Medicaid and CHIP, more American Indian youth are able to receive physical and medical exams to enter school, play in sports, and maintain good healthy habits.

#GetCovered
#tribalhealthcare
#ACA
#NIHB



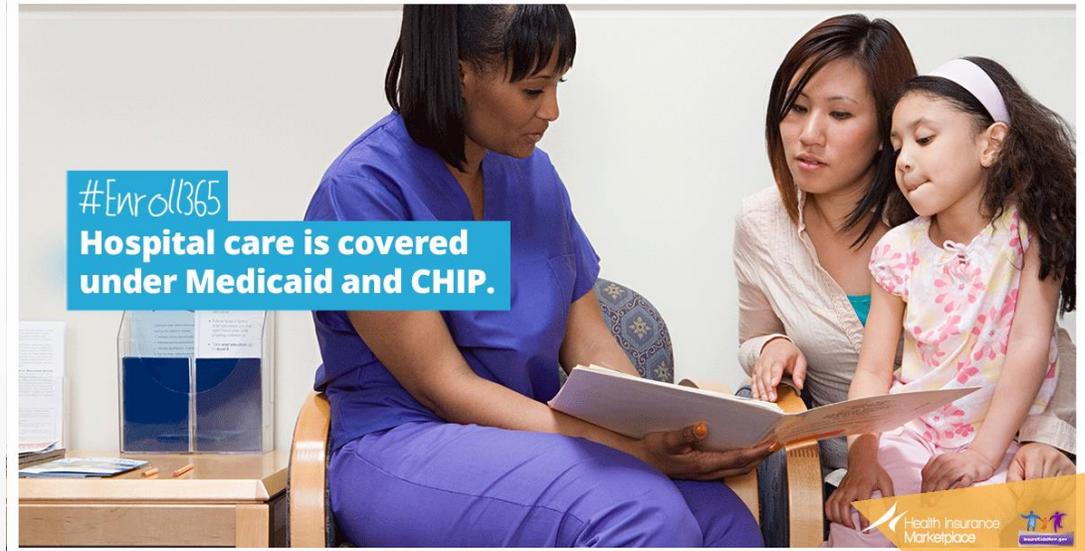
3. Expand Your Care Options Outside of IHS

If you have coverage through Medicaid, CHIP or a Marketplace plan, you can receive service outside of IHS. Make sure your parents know if your provider is within your network.

#ImCovered

#CHIP

#IndianHealth



How the ACA Strengthens the Indian Health Service

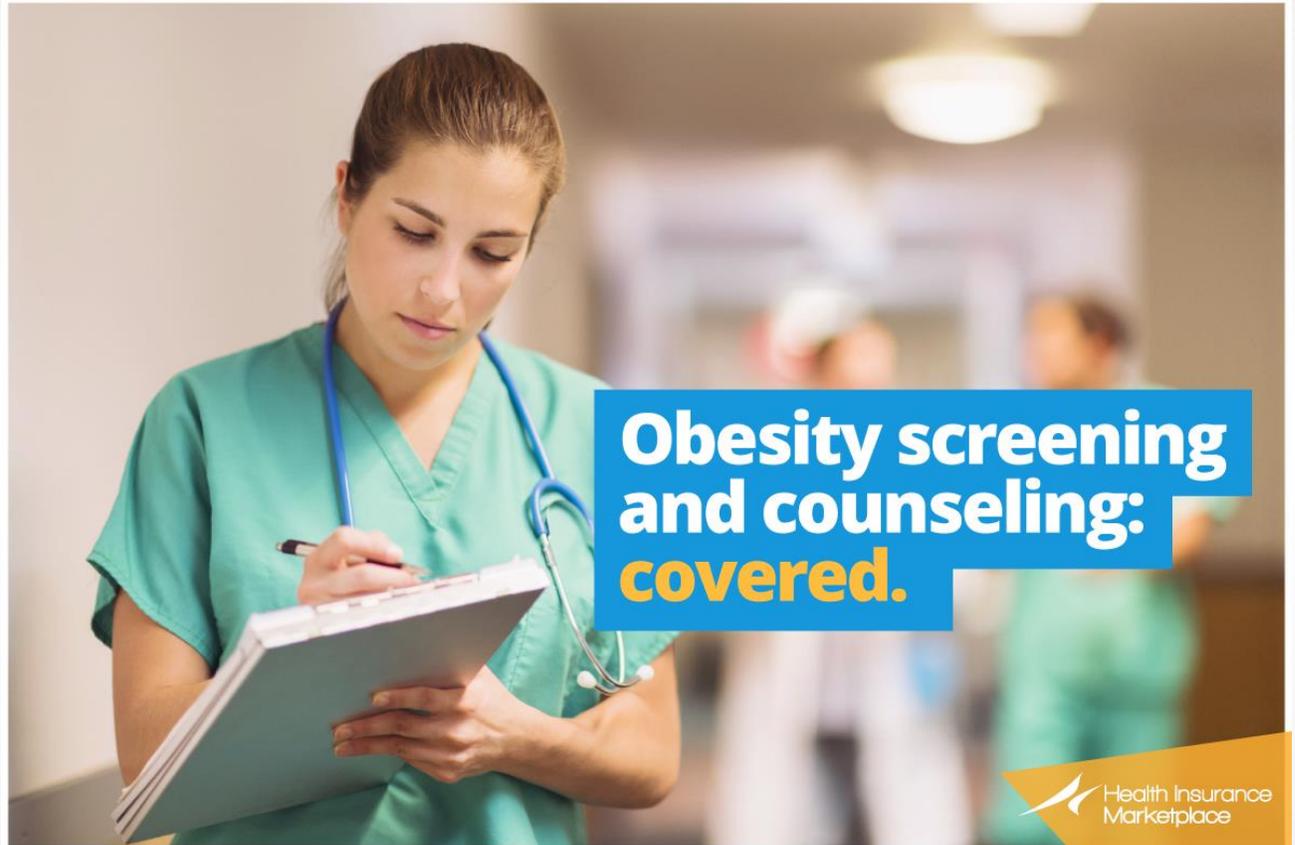
- **Expanded Authority for IHS Service**
IHCIA prescribes the duties and responsibilities that allows IHS to modernize its health care delivery systems and permit tribal governments to make technical changes in the future
- **Greater Workforce** by increasing clinician recruitment and retention in tribally-operated health programs
- **Increased revenue** through third party payments to IHS that support both direct care and contract health care services



Childhood Obesity is real.

According to a 2009 report by the Centers for Disease Control and Prevention (CDC), **31.2% of AI/AN four year olds are currently obese**, which is a rate higher than any other racial or ethnic group studied.

Source: Obesity Prevalence Among Low-Income, Preschool-Aged Children- United States, 1998-2008. MMWR Weekly



**Obesity screening
and counseling:
covered.**

Health Insurance
Marketplace

4. Medicaid is an option

- **States have the option to expand Medicaid** eligibility to adults ages 19 - 64 with income up to 133% of the Federal Poverty Level **\$15,521/yr. for an individual, \$31,721/yr. for a family of 4, in Alaska for individual \$19,086/yr. for a family of 4 \$39,155/yr.*
- **Average income** of American Indian and Alaska Native (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 Purchased/Referred Care

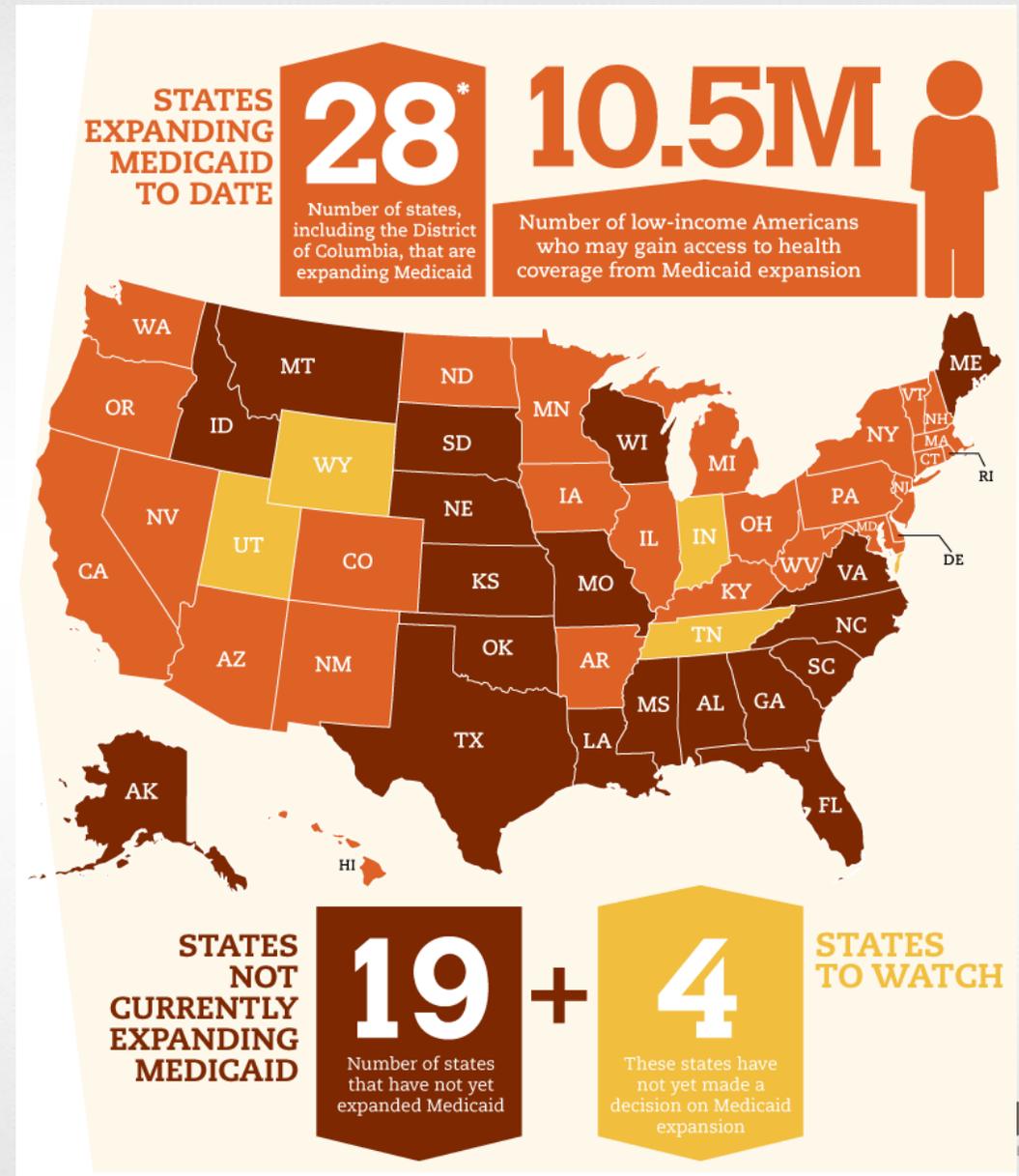


* Source: Families USA

Medicaid Expansion for Indian Country

- 28 States have expanded Medicaid eligibility
- 19 States not currently expanding Medicaid
- 4 States to watch

Source: Families USA



5. Family eligibility to file an Indian exemption waiver

- Each AI/AN who wants an exemption will need to apply for an Exemption Certificate Number (ECN). The exemptions are not tied to households.
- Dependents will need to obtain an exemption or have someone apply on their behalf.
- The requirement to have minimum essential coverage is not determined by age
- Infants will need to obtain an exemption as well.
- Two ways to file an exemption:
 1. Tax return filing process
 2. Marketplace Exemption application. Application can be found at www.marketplace.gov.
- These exemptions are retroactive and prospective. This exemption continues indefinitely, therefore there are no penalties.



Be the Voice for Your Family

- Make sure your family has health insurance. IHS is not health insurance.
- Low-cost plans in the Marketplace.
- Tax credits available for your family to save money on a Marketplace plan.
- Third party billing increases revenue for the Tribal clinic and frees up Purchase/Referred Care money.
- Having insurance brings protection, security and peace of mind to your family.



Helpful Resources

- <https://www.healthcare.gov/tribal>
- CMS: http://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Affordable_Care_Act.html
- HHS: <http://www.hhs.gov/healthcare/>
- IHS: <http://www.ihs.gov/aca/>
- NIHB: <http://www.nihb.org/tribalhealthreform>

Social Media Sites

- <https://www.facebook.com/TribalHealthcare>
- <https://www.facebook.com/pages/National-Indian-Health-Board>
- <https://www.facebook.com/Healthcare.gov>
- <https://twitter.com/TribalHlthCare>
@tribalhlthcare
- <https://twitter.com/NationalIndianHealthBoard>
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Hashtags for Social Media

- #tribalhealthcare
- #ACA
- #GetCovered
- #EnrollNow
- #GetCoveredIndianCountry
- #GetCoveredNavajo
- #Enroll365
- #StayCovered
- #healthytribalcommunities
- #HealthyNatives
- #HealthyNativeLifestyles
- #LivingHealthy

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