

The Indian Health Service  
Medicaid/Medicare  
Enrollment Pilot Project

# Description

- A four month pilot project to increase Medicaid and Medicare enrollment at six IHS Service Units in four states.
- The first priority for IHS is quality care for all patients.
- **PROJECT GOALS:**
  - Increase enrollment of IHS patients into Medicaid and Medicare;
  - Increase Medicaid and Medicare enrollment at IHS Service Units;
  - Increase third-party revenue;
  - Increase funds available for care; and
  - Identify and develop best practices.

# Selected Sites

- Phoenix Indian Medical Center in Phoenix, AZ
- Pine Ridge Hospital in Pine Ridge, SD
- Rosebud Hospital in Rosebud, SD
- Sioux San Hospital in Rapid City, SD
- Blackfeet Community Hospital in Browning, MT
- Quentin N. Burdick Hospital in Belcourt, ND

# Partners

- Centers for Medicare and Medicaid Services (CMS)
- National Indian Health Board (NIHB)
- Tribes
- States
- Indian organization navigators and enrollment assisters
- Non-Indian navigators and enrollment assisters

# Partner – Division of Tribal Affairs, CMS

- Updated Outreach and Education materials:
  - brochures
  - fliers
  - social media
- Tag Line:  
“For Yourself, For your Family,  
For your Community.”



**Enroll in Medicaid: For yourself, For your family, For your community.**

Medicaid and the Children's Health Insurance Program (CHIP) offers low-cost or free health insurance for you and your family. In many states, more adults than ever before may qualify for Medicaid.

**Who may be eligible?**

- Children and teens up to age 19
- Parents (and other adults, depending on the state)
- Pregnant women
- People with disabilities
- Youth "aging out" of foster care

Eligibility depends on income, the size of your family and the rules in your state.

**When you enroll, you can get:**

- Doctor visits
- Preventive care, such as immunizations, mammograms & colonoscopy
- Prenatal and maternity care
- Hospital stays
- Mental health care
- Needed medications
- Children get vision and dental care (adults may get these benefits too)

**American Indians and Alaska Natives who are eligible for Medicaid or CHIP:**

- Can still get care from your Indian care provider.
- Don't have to pay premiums or co-payments.
- Indian trust income is not counted to determine eligibility and is protected from Medicaid estate recovery rules.

**You benefit** by having greater access to health care services. **Tribes benefit** because their health programs get more resources.

To find out if you qualify, visit [HealthCare.gov](http://HealthCare.gov) or call **1-800-318-2596 (TTY: 1-855-889-4325)** or contact your local Indian health care provider for help applying.



CMS Product No. 11832-N  
June 2016

# Onsite Reviews by SME Team

- July 18-19: Blackfeet (Browning)
- July 21-22: Phoenix Indian Medical Center
- July 25-26: Sioux San (Rapid City)
- July 28-29: Quentin Burdick (Belcourt)
- August 1-2: Rosebud
- August 3-4: Pine Ridge

# Enrollment Event/Kickoff Dates

- **Great Plains Area**

- Quentin Burdick Hospital – Kickoff event on Thursday, August 18
- Rosebud Hospital – Kickoff event on Thursday, August 25
- Pine Ridge Hospital – Kickoff event on Friday, August 26
- Sioux San/Rapid City Hospital – TBD

- **Billings Area**

- Browning Hospital – Wednesday, August 10

- **Phoenix Area**

- Phoenix Indian Medical Center – September TBD

# Blackfeet Kickoff Event

- Number of Attendees = 225
- Number of Applications= 49
- Number of Enrollment Assisters: 11 including presumptive eligibility determiners
- Partners: The Blackfeet Nation, Montana Department of Public Health and Human Services, Glacier Community Health Center



# Quentin Burdick Kickoff Event

- Number of Attendees = 88
- Number of Applications: 13
- Number of Enrollment Assisters: 12
- Partners:
  - Turtle Mountain Band of Chippewa Indians
  - Department of Veterans Affairs
  - Great Plains Tribal Chairmen's Health Board



# Rosebud Kickoff Event

- Number of Attendees = 380
- Number of Applications: 4
- Partners:
  - SD Dept. of Social Services
  - Social Security Administration
  - SD Shine Program (Medicare)
  - Great Plains Tribal Chairman Health Board
- Follow Up
  - 79 people signed up to receive a follow up phone call to schedule an appointment for enrollment.





# Questions?

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Office of Resource Access and Partnerships

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# Medicaid Expansion and 100% FMAP SHO letter

*Center for Medicaid and  
CHIP Services*

*Kitty Marx, Director  
Division of Tribal Affairs*



# Medicaid Today

- A state-federal partnership, jointly financed
- Medicaid and CHIP cover 65 million low-income individuals, families and children
- Great variation across states in terms of coverage levels, benefits, overall approach to delivery of care
- Financed through federal-state matching structure ranging from 50/50% to 78/22%



# Medicaid Benefits and Cost Sharing

- Medicaid benefit package is comprehensive
  - Hospital care
  - Doctor visits
  - Prescription medicines
  - Prenatal care for pregnant women
  - Designed to meet the full range of children's needs
- Cost-sharing limited – response to lack of disposable income, remove barriers to care
- States design benefits/cost sharing within federal rules



# Keeping it Simple

- Single, streamlined application for Medicaid, CHIP, Marketplace
- More standardized eligibility rules
- Data-driven verification process
- Modernized renewal process – keep beneficiaries enrolled for as long as they are eligible



# Indian Health and Medicaid

- 100% federal funding for services provided in IHS/Tribal facilities
- Tribal documents may be used to prove U.S. citizenship – equivalent to passport
- States must engage in consultation with Tribes regarding Medicaid/CHIP policy changes



# Tribal Protections in Medicaid & CHIP

- Section 5006 of American Recovery & Reinvestment Act (2009): Protections for Indians under Medicaid:
  - No premiums or copayments
  - Indian trust income and resources is exempt in determining eligibility
  - Indian trust income and resources is exempt from Medicaid estate recovery rules (over age 55 and long term care services)

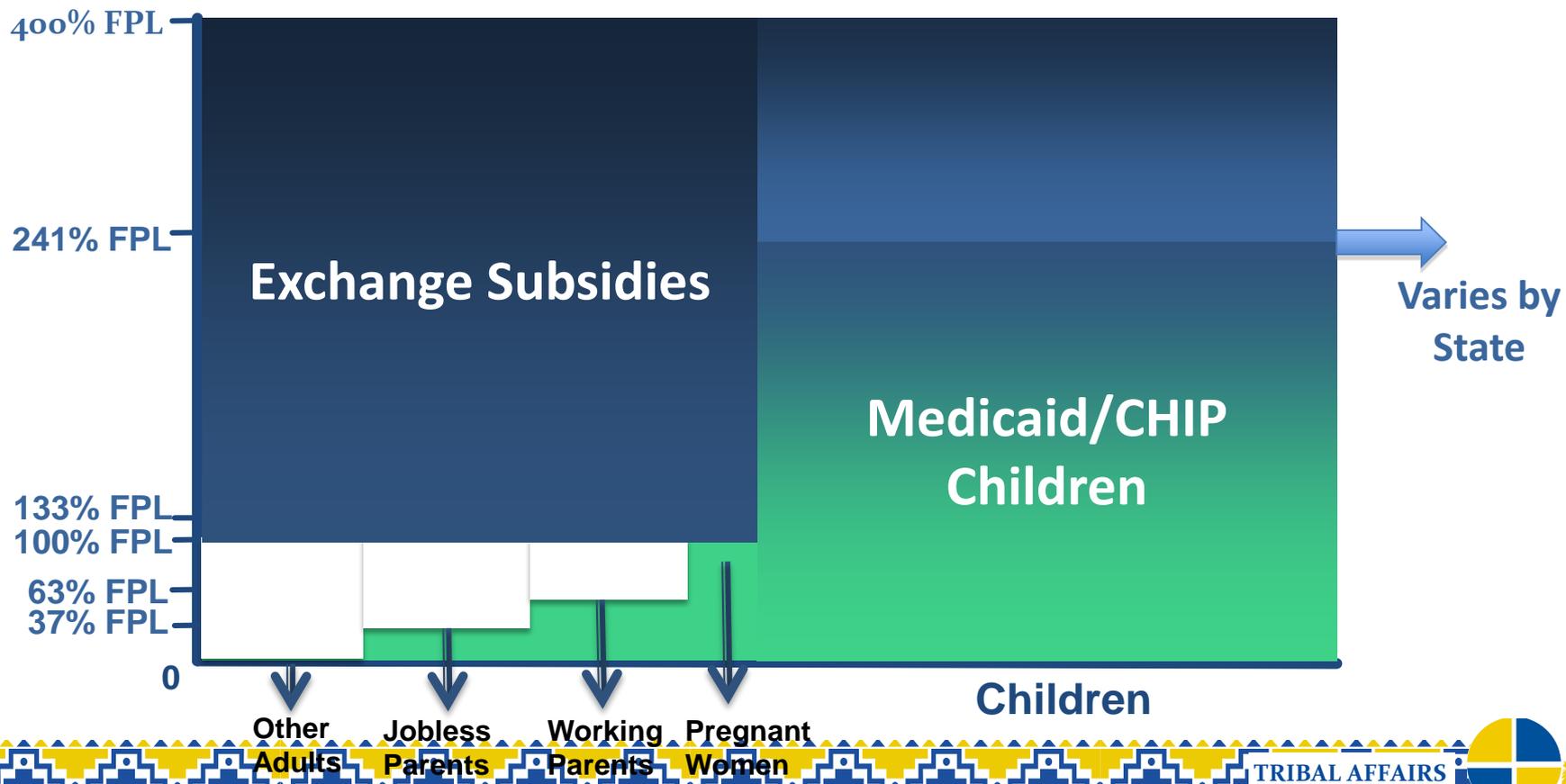
# Medicaid Expansion

- States have the opportunity to extend Medicaid coverage to low-income adults with incomes up to 138% of the FPL
  - 100% federal funding for 3 years; gradually leveling out at 90% in 2020
- States decide when to expand; and may later drop the coverage without any federal penalty
- All other aspects of the Affordable Care Act remain
- No deadline for state decision



# Gaps in Coverage in States that Do Not Expand Medicaid

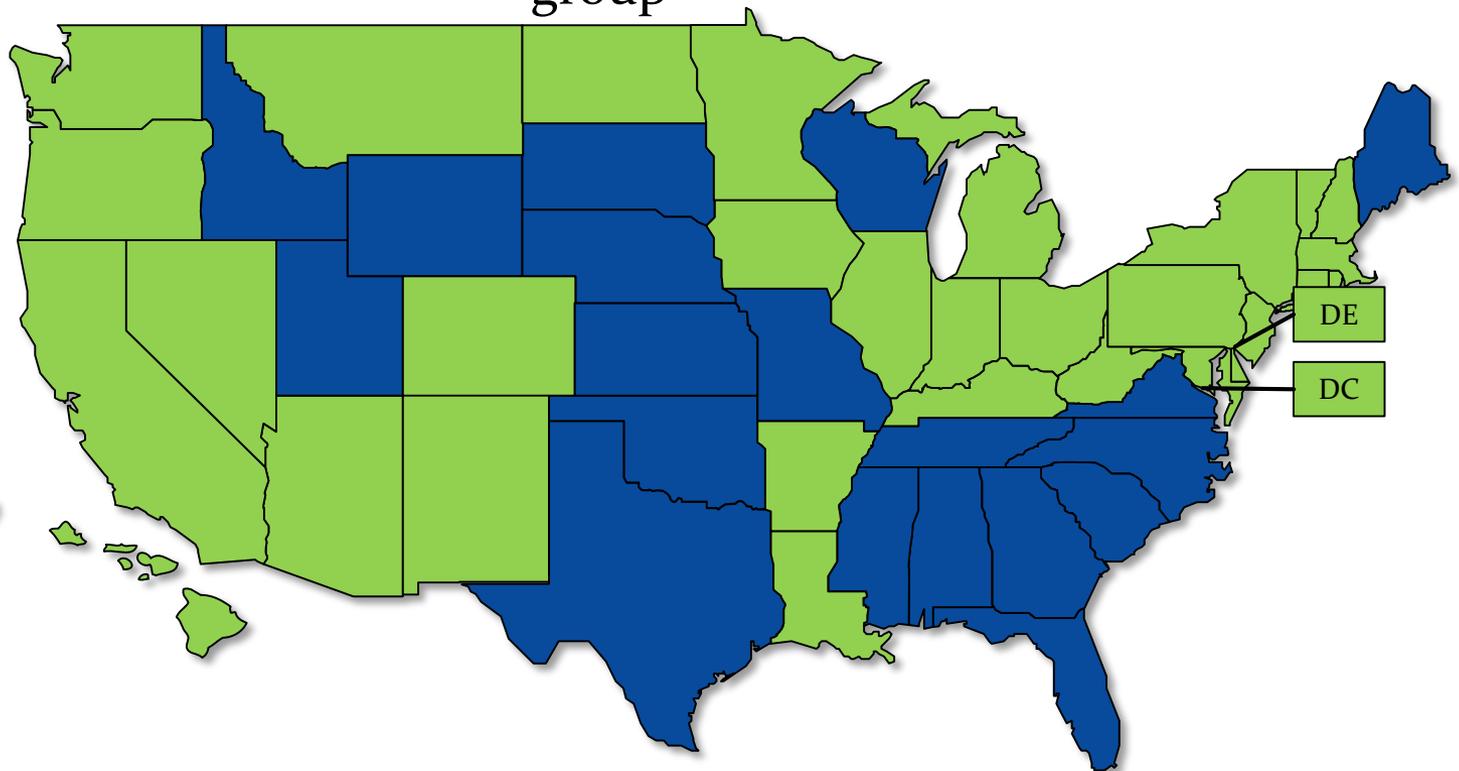
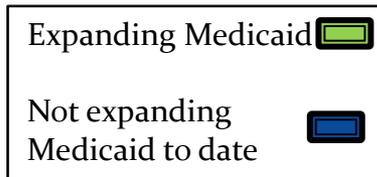
Affordable Insurance Coverage without Expansion  
(For non-elderly, non-disabled individuals, based on current median state eligibility)



# Medicaid Expansion

As of June 2016

Currently, 31 states + DC are covering the ACA Medicaid expansion group



# SHO Letter: 100% FMAP for Services Received Through an IHS Facility

- On February 26, 2016, CMS issued a State Health Official (SHO) letter.
- Federal Medicaid statute provides for 100% federal match (FMAP) for services “received through” IHS/Tribal facilities
- Previous interpretation did not generally extend to services provided outside of IHS/Tribal facilities



# Overview of Policy

- Permits a wider scope of services
- Request for services must be in accordance with a written care coordination agreement
- Medicaid billing and payments to non-IHS/Tribal providers
- Medicaid beneficiary and IHS/Tribal Facility participation is voluntary



# Permitting a Wider Scope of Services

- Scope of services now includes:
  - All services the IHS/Tribal facility is authorized to provide according to IHS rules, and
  - Services covered under the approved Medicaid State Plan
- Service highlights:
  - Long-term services and supports
  - Transportation
    - Including non-emergency medical transportation (NEMT)



# Request for Services under a Care Coordination Agreement

- There must be an established relationship between the AI/AN Medicaid beneficiary and the IHS/Tribal facility practitioner
- Both the IHS/Tribal facility and non-IHS/Tribal provider must be enrolled in the state's Medicaid program as rendering providers
- There must be a written care coordination agreement between the IHS/Tribal facility and the non-IHS/Tribal provider



# Written Care Coordination Agreements

- **Minimum requirements:**
  - The IHS/Tribal facility practitioner makes a request for specific services and relevant information about the patient to the non-IHS/Tribal provider;
  - The non-IHS/Tribal provider sends information about the care provided to the patient to the IHS/Tribal facility practitioner;
  - The IHS/Tribal facility practitioner continue to assume responsibility for the patient's care by assessing the information and taking appropriate action; and
  - The IHS/Tribal facility incorporates the patient's information in his/her medical record.



# Medicaid Billing and Payment

- Medicaid rates paid to IHS/Tribal facilities for services must be the same for services provided to AI/ANs and non-AI/ANs.
- Medicaid rates for services furnished by non IHS/Tribal providers must be the same for all beneficiaries served
- Two billing options
  - The option that is selected should be reflected in written care coordination agreement



# Option 1 - Non-IHS/Tribal Provider Bills Directly

- A non-IHS/Tribal provider may bill directly at the State plan rate applicable to the service provided (e.g., physician consultation)
- The claim must include field(s) such as a code or check-box that document that the service was “received through” an IHS/Tribal facility to ensure proper FMAP



# Option 2 - IHS/Tribal Facility Bills Directly

- The IHS/Tribal facility must separately identify services provided by non-IHS/Tribal providers from those that are provided by the IHS/Tribal facility itself
  - **IHS Facilities** - Services provided by non-IHS providers outside of IHS facilities generally may not be claimed at the facility rate
  - **Tribal Facilities** – Generally have more flexibility than IHS and should consult with their state Medicaid agency



# State Plan Requirements

- Payment methodologies for all services provided by IHS/Tribal facilities and non-IHS/Tribal providers must be set forth in an approved Medicaid state plan
- Payment rates cannot vary based on the applicable FMAP
- However, states can set rates that address unique needs in particular geographic areas or encourage provider participation in underserved areas
- Any changes to state plans would require tribal consultation prior to submission to CMS



# Medicaid Beneficiary and IHS/Tribal Facility Participation is Voluntary

- Medicaid beneficiaries must have freedom of choice of qualified providers
- States must not directly or indirectly require beneficiaries to receive covered services from IHS/Tribal facilities
- States and IHS/Tribal facilities must not require beneficiaries to receive services from only those providers referred from the IHS/Tribal facility
- States may not require IHS/Tribal facilities or non-IHS/Tribal providers to enter into written care coordination agreements



# Implementation

- CMS will be issuing Frequently Asked Questions (FAQs) to assist IHS/Tribal facilities and States in implementation of the SHO.
- State and IHS/Tribal facilities can begin implementation now and do not need to wait for the FAQs.



# Questions?



## **CONTACTS:**

Division of Tribal Affairs

Center for Medicaid & CHIP Services

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National Indian  
Health Board



# Tribal Health Care Reform

Presented by:

Dawn Coley

Director of Tribal Health Care Reform

National Indian Health Board

# Presentation Overview

- 1) Background of NIHOE
- 2) NIHB NIHOE Accomplishments
- 3) NIHB NIHOE Goals



# NIHOE Background

- National Indian Health Outreach and Education (NIHOE) Initiative
  - Funded by Indian Health Service since 2012
  - Provide Affordable Care Act outreach and education to Indian Country
    - Trainings
    - Materials
  - Partner with 12 IHS areas, national and regional Indian organizations, and other key stakeholders

# Information Gathering/Sharing

- We are constantly adding more material and updating any material that is outdated as changes come regularly
- We regularly scan all existing ACA/IHCIA training material for AI/AN with emphasis on Direct Service Tribes



# Expanding Partnership

- NIHB regularly collaborates with:
  - Tribal Health Programs
  - Community Health Representatives
  - State public health and insurance programs
  - State Marketplace/Exchanges
  - Independent Brokers and agents

# Expanding Partnership Federal Partners



# Lead Coordination Nationally

- NIHB is the national coordinator for Indian health, providing lead coordination, assistance and participation from:
  - The White House
  - Federal partners such as IHS, HHS and CMS
  - Indian Health Boards
  - Tribal nations
  - Indian health organizations

# Putting the Outreach in the ACA



# PHOENIX INDIAN URBAN DAY OF ACTION

DECEMBER 1-2, 2015

45 PARTICIPANTS



# SANTA FE TRIBAL DAY OF ACTION

DECEMBER 3, 2015  
32 PARTICIPANTS



# NAVAJO NATION CAC TRAINING

DECEMBER 4, 2015  
69 PARTICIPANTS



# NATIVE HEALTH URBAN DAY OF ACTION

DECEMBER 8, 2015  
119 PARTICIPANTS



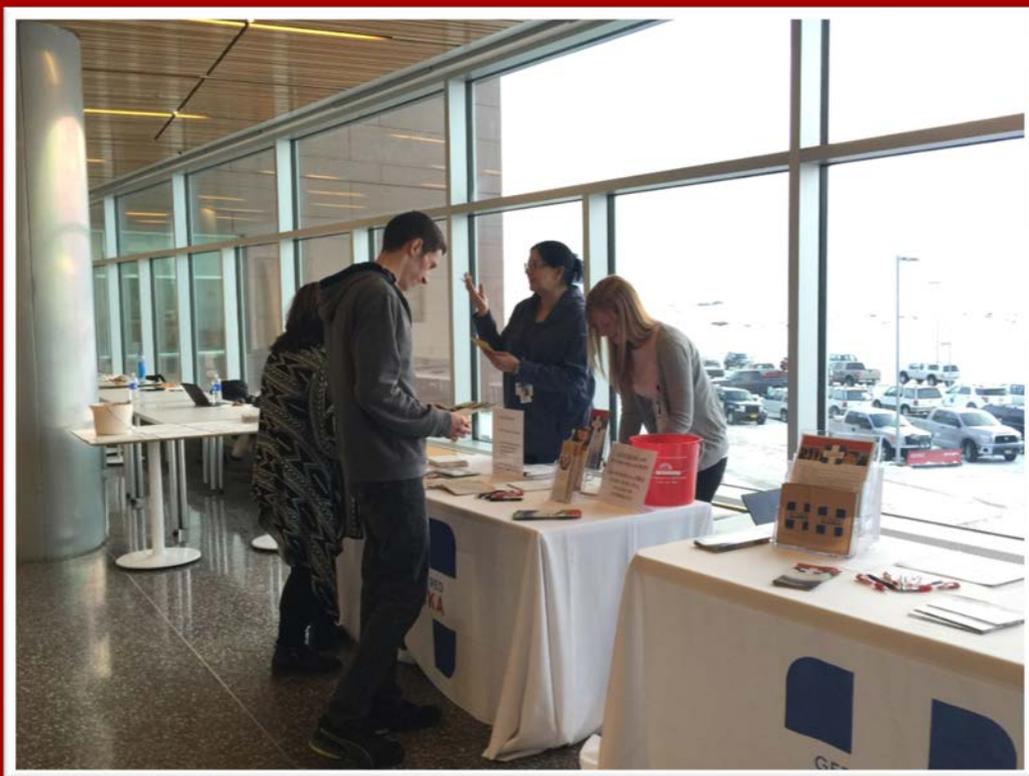
# DALLAS URBAN DAY OF ACTION

DECEMBER 14, 2015  
122 PARTICIPANTS



# NOME TRIBAL DAY OF ACTION

**JANUARY 11, 2016**  
**125 PARTICIPANTS**



# TULSA URBAN DAY OF ACTION

**JANUARY 20, 2016**  
**32 PARTICIPANTS**



# OKLAHOMA CITY URBAN DAY OF ACTION

**JANUARY 21, 2106**  
**96 PARTICIPANTS**



# RAPID CITY TRIBAL DAY OF ACTION

FEBRUARY 18, 2016  
165 PARTICIPANTS



# GALLUP CMS I/T/U TRAINING

**MARCH 15-16, 2016**  
**165 PARTICIPANTS**



We had success signing up for Medicare!



# I filed my AI/AN Exemption Waiver!



# Medicaid paid my Behavioral Health visits!



# We qualified for Premium Tax Credit!



# Thank you!

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