Patient Registration & Patient Benefits Coordination Training
July 12-15, 2022

If you have questions about this presentation you may contact the presenter(s) or you may send an email to ihsbusinessoffice@ihs.gov

Please note: The aim of this presentation is to share and facilitate the sharing of helpful information, but please note that it may reflect presenters’ opinions and not necessarily those of the Indian Health Service or the U.S. Department of Health and Human Services.
About Great Plains Tribal Leader’s Health Board

Mission

The mission of GPTLHB is to provide quality public health support and health care advocacy to the tribal nations of the Great Plains by utilizing effective and culturally credible approaches.
History

Founded in 1986, the Great Plains Tribal Leader’s Health Board (GPTLHB), originally known as Aberdeen Area Tribal Chairmen’s Health Board (AATCHB), was established by the chairpersons and presidents of its 18 member entities to serve as a liaison between the Aberdeen Area Indian Health Service, now known as Great Plains Area Indian Health Service, and Great Plains tribes.
Purpose

To provide the American Indian peoples in the Great Plains Area with advocacy efforts, effective communication and participation with regard to the Great Plains Area Indian Health Service, federal and state health agencies, and other governmental and human service entities on all health matters.
Who We Serve
GPTLHB Departments

Great Plains Tribal Leader’s Health Board divides its programs and services into five major focuses:

- Behavioral Health & Recovery
- Business Development & Technical Assistance
- Community Health
- Maternal & Child Health
- Public Health Research & Academic Programs

Additionally, GPTLHB is home to the Northern Plains Tribal Epidemiology Center (NPTEC), which is one of 12 epidemiology centers across the nation funded by the Indian Health Service Division of Epidemiology and Disease Prevention.
Goals of GPTLHB HIEN Program

1. Increase knowledge and awareness of the Health Insurance Marketplace and resources to select insurance.

2. Assist uninsured/underinsured American Indians and Alaska Natives in South Dakota navigating the Health Insurance Marketplace and enrolling in health insurance plans.
The Affordable Care Act benefits American Indians & Alaska Natives

1. Permanent reauthorization of the Indian Health Care Improvement Act (IHCIA).

2. Expanded services within the Indian Health Service.

3. Greater access to health insurance coverage.
The government’s historical and unique legal relationship with tribes is based on treaties, laws and Supreme Court decisions.

Health reform offers new opportunities to access health insurance for American Indian and Alaska Native citizens and employees.

Indian Health Service offers health care to American Indian and Alaska Native citizens on or near Indian reservations and in some urban Indian communities.
ACA Opportunities

• **Expanded Authority for IHS**: Indian Health Care Improvement Act (IHCIA) prescribes the duties and responsibilities, which allows IHS to modernize its health care delivery systems and permits tribal governments to make technical changes in the future.

• **Greater Workforce**: Increasing clinician recruitment and retention in tribally-operated health programs.

• **Expanded Third-Party Funding**: Medicare, Medicaid, Children’s Health Insurance Program (CHIP) and private insurance-covered populations will increase payments to IHS to support both direct-care and referred-care services. This will free up IHS funds for expanded offerings.
Greatest Opportunity for Direct Service Tribes

Before the law, Purchased Referred Care (PRC) (formerly Contract Health Services) appropriations ran out too soon.

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

Mental and behavioral health treatment and prevention, long-term care services, dialysis services, facilitation of care for Indian veterans, and urban Indian health programs can be expanded.
Additional Prevention Opportunities

- Cancer screenings such as mammograms & colonoscopies
- Vaccinations such as flu, mumps & measles
- Blood pressure screening
- Cholesterol screening
- Tobacco cessation counseling & interventions
- Birth control
- Depression screening
- And more . . .
Protections for Indian Country 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. Depending on which qualified plan you choose, you may be eligible for these same advantages beyond IHS.

- **Break on costs for certain income levels:** *Federally recognized tribal members may be eligible for low or no cost private health care insurance,* it’s as simple as running your information through a screening tool – only takes a couple minutes.
Special monthly enrollment option: Members of federally recognized tribes can change their enrollment status in any plan through the Marketplace once a month.

No requirement to have insurance: Our goal is to make sure every relative understands this: “even though you are not required to have health insurance, doesn’t mean that you are not entitled to it.”
What are the Benefits of Enrolling in Health Insurance?

A visit to a tribal clinic or hospital can be billed to insurance, and in turn, there will be more resources for your clinic!

Insurance will pay instead of PRC (CHS)!

More PRC funds available to help tribal members!

Health care needs will be met! Invest in the Marketplace if you can afford it, and . . .
Protecting Medicare

• Cheaper Prescription Drugs.
• Free Preventive Services (for example: free wellness checks).
• Doctors are supported to better coordinate care.
• The law fights fraud and strengthens Medicare.
• Medicare coverage is protected.
## Income Level Quick Guide

<table>
<thead>
<tr>
<th></th>
<th>2022 Adjusted Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
</tr>
<tr>
<td>Person</td>
<td>$248</td>
</tr>
<tr>
<td>Couple</td>
<td>$335</td>
</tr>
<tr>
<td>Family</td>
<td>$422</td>
</tr>
<tr>
<td>Family</td>
<td>$510</td>
</tr>
<tr>
<td>Family</td>
<td>$597</td>
</tr>
<tr>
<td>Family</td>
<td>$684</td>
</tr>
</tbody>
</table>
There is a fine for not having insurance, unless one or more of these apply...

- Members of federally recognized tribes or ANCSA Corporations; or individuals eligible for services from an Indian health care provider.
- Individuals/families where the lowest-priced coverage available would cost more than 8% of the household income.
- Individuals uninsured for less than 3 months of the year.
- Individuals who do not have to file a tax return because their income is too low.
How the Marketplace Works

1. Create an account
   First provide some basic information. Then choose a user name, password, and security questions for added protection.

2. Apply
   Next you'll enter information about you and your family, including your income, household size, other coverage you're eligible for, and more.
   Visit Healthcare.gov to get a checklist to help you gather the information you'll need.

3. Pick a plan
   Next you'll see all the plans and programs you're eligible for and compare them side-by-side. You'll also find out if you can get lower costs on monthly premiums and out-of-pocket costs.

4. Enroll
   Choose a plan that meets your needs and enroll!
   Coverage starts as soon as January 1, 2014.
South Dakota Insurance Providers

But, each state has its own unique Marketplace....
Eligibility & Enrollment

- Open Enrollment: November/December
- Live in the service area
- Be a U.S. citizen or national or be in the US lawfully for the entire enrollment period
- Not be currently incarcerated

**HOWEVER, Native Americans can enroll at any time throughout the year.**
# Health Insurance Start Dates

<table>
<thead>
<tr>
<th>Enrollment Period</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>On or before November 15</td>
<td>December 1</td>
</tr>
<tr>
<td>Between the 1&lt;sup&gt;st&lt;/sup&gt; and the 15&lt;sup&gt;th&lt;/sup&gt; of January-March</td>
<td>First day of the following month</td>
</tr>
<tr>
<td>Between the 16&lt;sup&gt;th&lt;/sup&gt; and the last day of the month (December-March)</td>
<td>First day of the second following month</td>
</tr>
<tr>
<td>There may be some exceptions that allow for earlier effective dates</td>
<td><strong>The story we have for this is a super cool, and it was an honor to be a part of it.</strong></td>
</tr>
</tbody>
</table>

There may be some exceptions that allow for earlier effective dates.
Plan Levels of Coverage

<table>
<thead>
<tr>
<th>Levels of Coverage</th>
<th>Plan Pays on Average</th>
<th>Enrollees Pay on Average (In addition to the monthly plan premium)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Platinum</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Essential Health Benefits</td>
<td>Qualified Health Plans include at LEAST these 10 categories</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Patient Services</td>
<td>Prescription Drugs</td>
<td></td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Rehabilitative and Facilitative Services and Devices</td>
<td></td>
</tr>
<tr>
<td>Hospitalization</td>
<td>Laboratory Services</td>
<td></td>
</tr>
<tr>
<td>Maternity and Newborn Care</td>
<td>Preventive and Wellness Services and Chronic Disease Management</td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment</td>
<td>Pediatric Services, Including Oral and Vision Care</td>
<td></td>
</tr>
</tbody>
</table>
What You Need to Apply

• Social Security numbers or document numbers for legal immigrants

• Birth dates

• Pay stubs, W-2 forms, or wage and tax statements

• Policy numbers for any current health insurance

• Information about any health insurance you or your family could get from your jobs *(changing in 2023!)*
When you complete the application, you must send copies of supporting documents, such as:

Preferred documents:

• Tribal enrollment card/letter

These documents ensure you qualify for ACA special benefits for American Indians

• Other accepted documents:

• Certificate of Indian Blood (CIB) card issued by the Bureau of Indian Affairs (BIA)

• IHS Eligibility Letter

Please do not send originals of these documents as they will not be returned to you.
Patient Registration & Patient Benefits Coordination Training:
Effective Outreach and Enrollment Strategies

Presented by:
Kristen Bitsue
Tribal Healthcare Reform Outreach and Education Policy Coordinator
National Indian Health Board
AI/AN OUTREACH & ENROLLMENT

• CORE VALUES SUCH AS FAMILY, LANGUAGE, LAND, COMMUNITY AND GOVERNANCE
• TRIBAL COMMUNITIES ARE DIFFERENT WITH UNIQUE IDENTITIES, LANGUAGES, HISTORY AND TRADITIONS
• UNIQUE WAYS TO REACH UNINSURED POPULATIONS
• CREATE INTERACTIVE HEALTH LITERACY EDUCATIONAL MATERIALS
• BUILD RELATIONSHIPS WITH YOUR TRIBAL LEADERS
• ENGAGING AND PARTNERING WITH ORGANIZATIONS
• DEVELOP A PLAN FOR YOUR TARGET AUDIENCE
What sources or messages do you feel are the most trustworthy? Respondents stated:
What kinds of communication or advertisement is effective in Indian Country?
Best Practices

- **Public Service Announcement**
  - Short PSAs or announcements specifically for ITU clinic waiting rooms

- **Social Media**
  - Share updates, announcements, enrollment efforts, campaigns

- **Word of Mouth**
  - Maintain strong presence in person. Powerful way to spread messaging.

- **Tribal Radio**
  - 15, 30 Second ads on Tribally run or local stations

- **Posters, Brochures, Fliers**
  - Variety of handouts. Post posters. Use local native imagery and languages
COMMUNICATION BEST PRACTICES

• A PICTURE IS WORTH A THOUSAND WORDS
• USE SOCIAL MEDIA AS YOUR MEGAPHONE
• STEP UP TO THE MIC
• SHARING IS CARING
• COLLABORATION
Powwow season is back! Are you covered? This powwow season, don’t let anything hold you back. Get covered, stay insured, and be on time for that grand entry!

Contact your local Indian health care provider for more information, visit HealthCare.gov, or call 1-800-318-2596.

Medicaid Expansion: Its Effect on IHS Facilities, American Indians, & Alaska Natives

The Affordable Care Act: WHAT NATIVE YOUTH NEED TO KNOW

TO LEARN MORE GO TO: www.niib.org/TribalHealthReform

NOW AND 99% ARE WORKING TO IMPROVE NATIVE YOUTH HEALTH CARE COVERAGE AVAILABLE TO AMERICAN INDIANS AND ALASKA NATIVES THROUGH THE AFFORDABLE CARE ACT; IT’S A TRUST THING

#GetCoveredIndianCountry
#HealthyTribalCommunities

National Indian Health Board
Percent of AI/AN Uninsured

- United States

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>24.2</td>
</tr>
<tr>
<td>2013</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
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<td>2016</td>
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<tr>
<td>2017</td>
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<tr>
<td>2018</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>15.1</td>
</tr>
</tbody>
</table>
Proportion of AI/AN U19 Uninsured

<table>
<thead>
<tr>
<th>Year</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>14.7</td>
</tr>
<tr>
<td>2013</td>
<td>9.0</td>
</tr>
</tbody>
</table>

[Graph showing the decrease in proportion of AI/AN U19 uninsured from 2012 to 2020]
Percent of AI/AN Enrolled in Medicaid

United States
Percent AI/AN Enrolled in Medicare

- 2012: 11.1
- 2013: 11.1
- 2014: 11.1
- 2015: 11.1
- 2016: 12.8
- 2017: 13.3
- 2018: 13.3
- 2019: 13.3
- 2020: 13.3

United States
AI/AN Marketplace Open Enrollment in the US

- 2017: 35,588
- 2018: 42,378
- 2019: 47,777
- 2020: 50,899
- 2021: 52,971
- 2022: 57,699

National Indian Health Board
<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 3, 2015</td>
<td>Sante Fe, New Mexico</td>
</tr>
<tr>
<td>December 8, 2015</td>
<td>Phoenix, Arizona</td>
</tr>
<tr>
<td>December 14, 2015</td>
<td>Dallas, Texas</td>
</tr>
<tr>
<td>January 11, 2016</td>
<td>Nome, Alaska</td>
</tr>
<tr>
<td>January 20, 2016</td>
<td>Tulsa, Oklahoma</td>
</tr>
<tr>
<td>January 21, 2016</td>
<td>Oklahoma City, Oklahoma</td>
</tr>
<tr>
<td>February 18, 2016</td>
<td>Rapid City, South Dakota</td>
</tr>
</tbody>
</table>
SANTA FE SERVICE UNIT
SANTA FE, NEW MEXICO

• CLINIC LOCATION
• INVITED VENDORS
• EDUCATION BOOTH
• ONSITE ENROLLMENT
• EDUCATE TRIBAL MEMBERS AND CLINIC STAFF
NATIVE HEALTH
PHOENIX, ARIZONA

• TRAINING FOR ENROLLMENT ASSISTERS
• INCENTIVES TO PARTICIPANTS
• INVITED IHS AREA DIRECTOR
• COMMUNITY EVENT
• ONSITE ENROLLMENT
• EDUCATION BOOTH
• DOOR PRIZES
URBAN INTER-TRIBAL CENTER OF TEXAS
DALLAS, TEXAS

- TRAINING FOR ENROLLMENT ASSISTERS
- COMMUNITY EVENT AT CLINIC
- ONSITE ENROLLMENT
- SPEAKERS
- SNACKS FOR PARTICIPANTS
- DOOR PRIZES
- INVITED AN INDIVIDUAL WHO BENEFITED FROM MARKETPLACE
NORTON SOUND HEALTH CORPORATION
NOME, ALASKA

• TRAINING FOR ENROLLMENT ASSISTERS
• COMMUNITY EVENT AT THE HOSPITAL
• ONSITE ENROLLMENT
• RAFFLE
• BOOTHS
• KIDS CORNER
• EDUCATIONAL MATERIALS
• APPROACH INDIVIDUALS TO ATTEND
INDIAN HEALTH CARE RESOURCE CENTER
TULSA, OKLAHOMA

• COMMUNITY EVENT AT CLINIC
• ONSITE ENROLLMENT
• EDUCATION BOOTHs
• INCENTIVES
• CHILDREN AREA
• SNACKS
• EDUCATIONAL MATERIALS
OKLAHOMA CITY INDIAN CLINIC
OKLAHOMA CITY, OKLAHOMA

• TRAINING FOR ENROLLMENT ASSISTERS
• COMMUNITY EVENT AT A CHURCH\TABLE TO TABLE EDUCATION
• FEED COMMUNITY MEMBERS
• ONSITE ENROLLMENT
• STATIONS
• VIDEO
COMMUNITY HEALTH FAIR
RAPID CITY, SOUTH DAKOTA

• TRAINING FOR ASSISTERS
• CONNECT WITH ANOTHER ORGANIZATION
• FEED COMMUNITY MEMBERS
• ONSITE ENROLLMENT
• VENDORS
• EDUCATIONAL MATERIALS
Tribal Days of Action: A Model

- **In person training**
  - Tribal leaders
  - Parents
  - Information from IHS Clinics
  - Family Partnership Coordinators
  - Healthcare providers

- **Community enrollment events**
  - Tribal leaders
  - Parents
  - Information from IHS Clinics
  - Family Partnership Coordinators
  - Healthcare providers

- **Advertising and marketing**
  - Tribal leaders
  - Newspapers
  - Parents
  - Information from IHS Clinics
  - Family Partnership Coordinators
ROLE OF OUTREACH & EDUCATION TO INDIAN COUNTRY

• HELP TRIBAL MEMBERS ENROLL IN HEALTH INSURANCE COVERAGE(S)
• UNDERSTAND THE INDIAN HEALTH CARE PROCESS
• UNDERSTAND SPECIAL PROTECTIONS AND PROVISION FOR AI/AN
• PROVIDE EDUCATION TO TRIBAL COMMUNITY ON THE IMPORTANCE OF HEALTH INSURANCE
BENEFITS OF HEALTH INSURANCE

• CONSERVES PURCHASED REFERRED CARE FUNDING
• IHS IS SEVERELY UNDERFUNDED THEREFORE PAYMENTS FROM HEALTH INSURANCE MAKES A HUGE DIFFERENCE
• GO TO THE DOCTOR FOR PREVENTIVE SERVICES
• AVOID BEING STUCK WITH LARGE MEDICAL BILLS FROM UNEXPECTED HEALTH ISSUES
• HELPS IMPROVE SOCIAL AND EMOTIONAL DEVELOPMENT
Thank You

Kristen Bitsuiie
Tribal Healthcare Reform Outreach and Education Policy Coordinator

National Indian Health Board
Email: kbitsuiie@nihb.org
Direct: 202-507-4084