

The following presentation was presented during the
Indian Health Service

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.

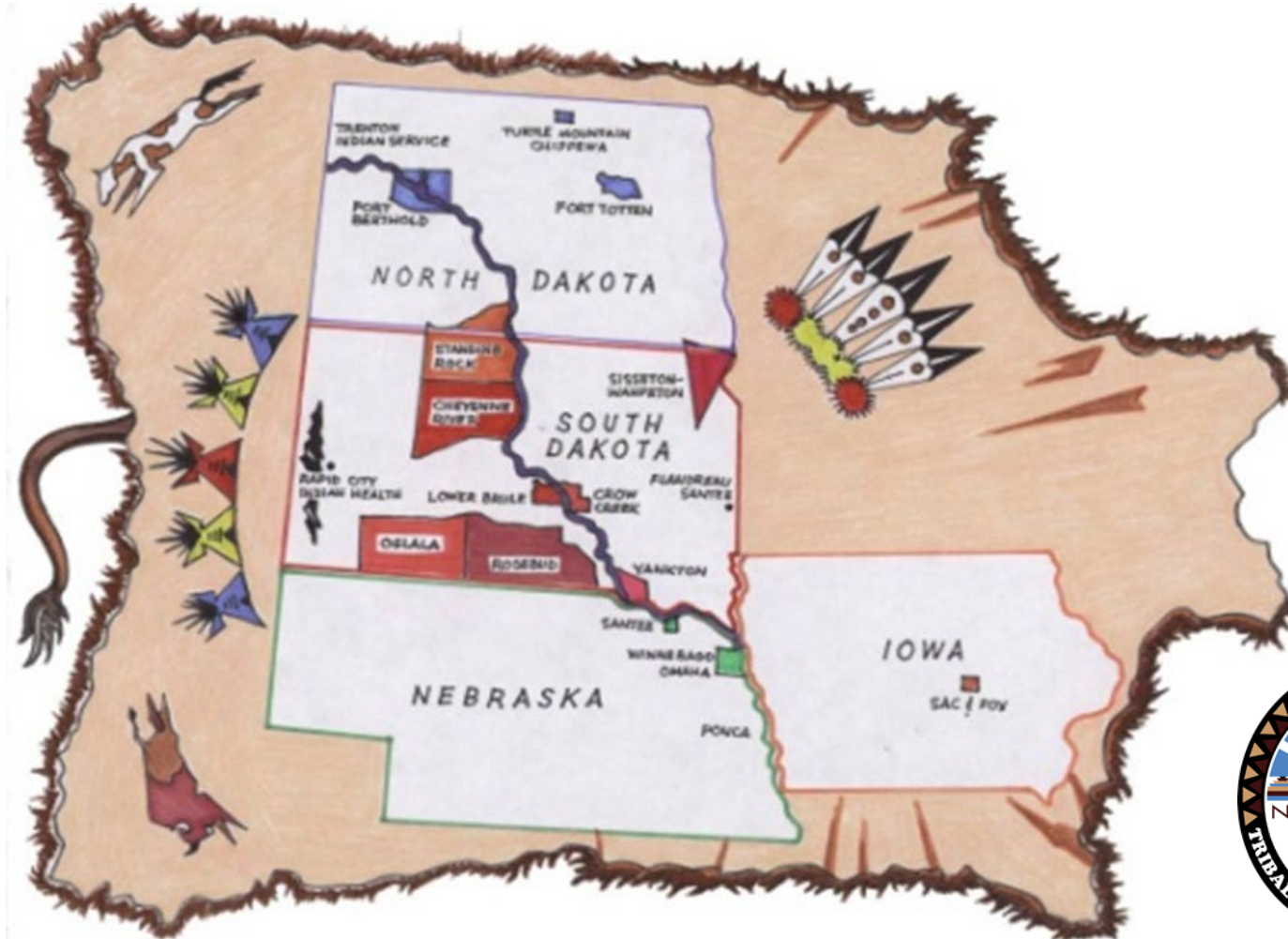


"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

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.





Health Care & Federal Trust Responsibility

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.*





Protections for Indian Country in the Marketplace (Cont.)

- **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?

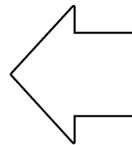
A visit to a tribal clinic or hospital can be billed to insurance, and in turn, there will be more resources for your clinic!



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

2022		
ADJUSTED GROSS INCOME		
	WEEKLY	ANNUALY
	\$248	\$12,880
	\$335	\$17,420
	\$422	\$21,960
	\$510	\$26,500
	\$597	\$31,040
	\$684	\$35,580





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



Create an account

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

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.

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.

Enroll

Choose a plan that meets your needs and enroll!

Coverage starts as soon as January 1, 2014.



"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

South Dakota Insurance Providers

SANFORDTM
HEALTH

Avera 

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

Enroll during the initial open enrollment period	Coverage is effective
On or before November 15	December 1
Between the 1 st and the 15 th of January-March	First day of the following month
Between the 16 th and the last day of the month (December-March)	First day of the second following month
There may be some exceptions that allow for earlier effective dates	<i>The story we have for this is a super cool, and it was an honor to be a part of it.</i>





Plan Levels of Coverage

Levels of Coverage	Plan Pays on Average	Enrollees Pay on Average (In addition to the monthly plan premium)
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%





Essential Health Benefits	Qualified Health Plans include at LEAST these 10 categories
Ambulatory Patient Services	Prescription Drugs
Emergency Services	Rehabilitative and Facilitative Services and Devices
Hospitalization	Laboratory Services
Maternity and Newborn Care	Preventive and Wellness Services and Chronic Disease Management
Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment	Pediatric Services, Including Oral and Vision Care





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.



Contact information:

GPTLHB Direct:

Phone: 605.721.1922

Toll Free: 1.800.745.3466

Fax: 605.721.1932

info@gptchb.org

GPTLHB HEIN PROGRAM

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National Indian Health Board



Patient Registration & Patient Benefits Coordination Training: Effective Outreach and Enrollment Strategies

Presented by:

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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:*



Information From
ITU Clinic



Family Partnership
Coordinators



Tribal Newspapers



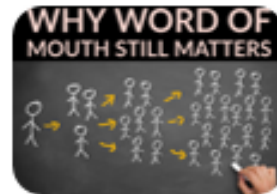
Healthcare
Providers



Head Start
Programs



Tribal Social Media



Word of Mouth



Tribal Leaders



AI/AN Brochures



Person to Person
Engagement



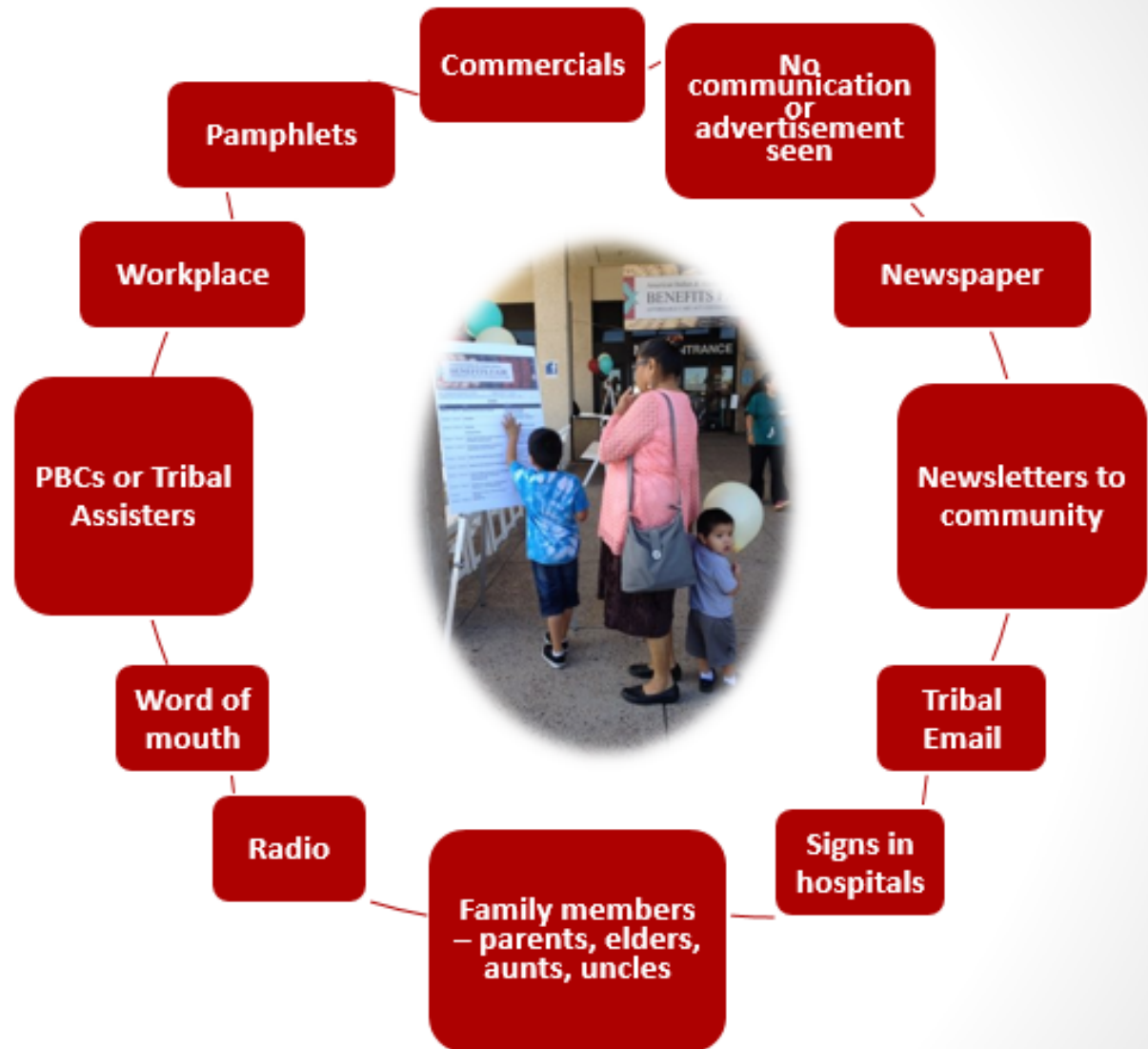
Internet



Parents/Family



*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 A 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!



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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.nihb.org/TribalHealthReform

NIHB AND IHS ARE WORKING TO INFORM
NATIVE YOUTH THAT HEALTH CARE COVERAGE
IS AVAILABLE TO AMERICAN INDIANS AND
ALASKA NATIVES THROUGH THE AFFORDABLE
CARE ACT; "IT'S A TRUST THING!"

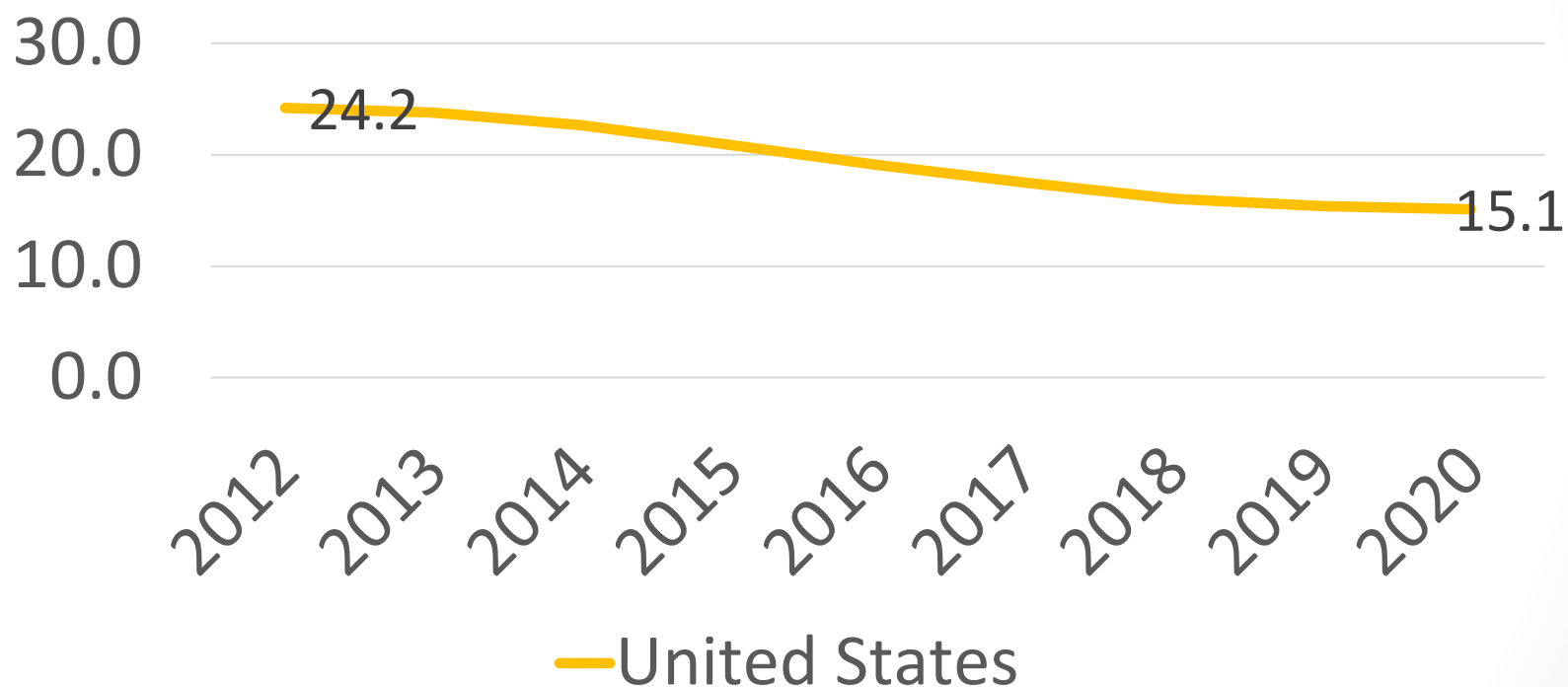
National Indian
Health Board

**#GetCoveredIndianCountry
#HealthyTribalCommunities**

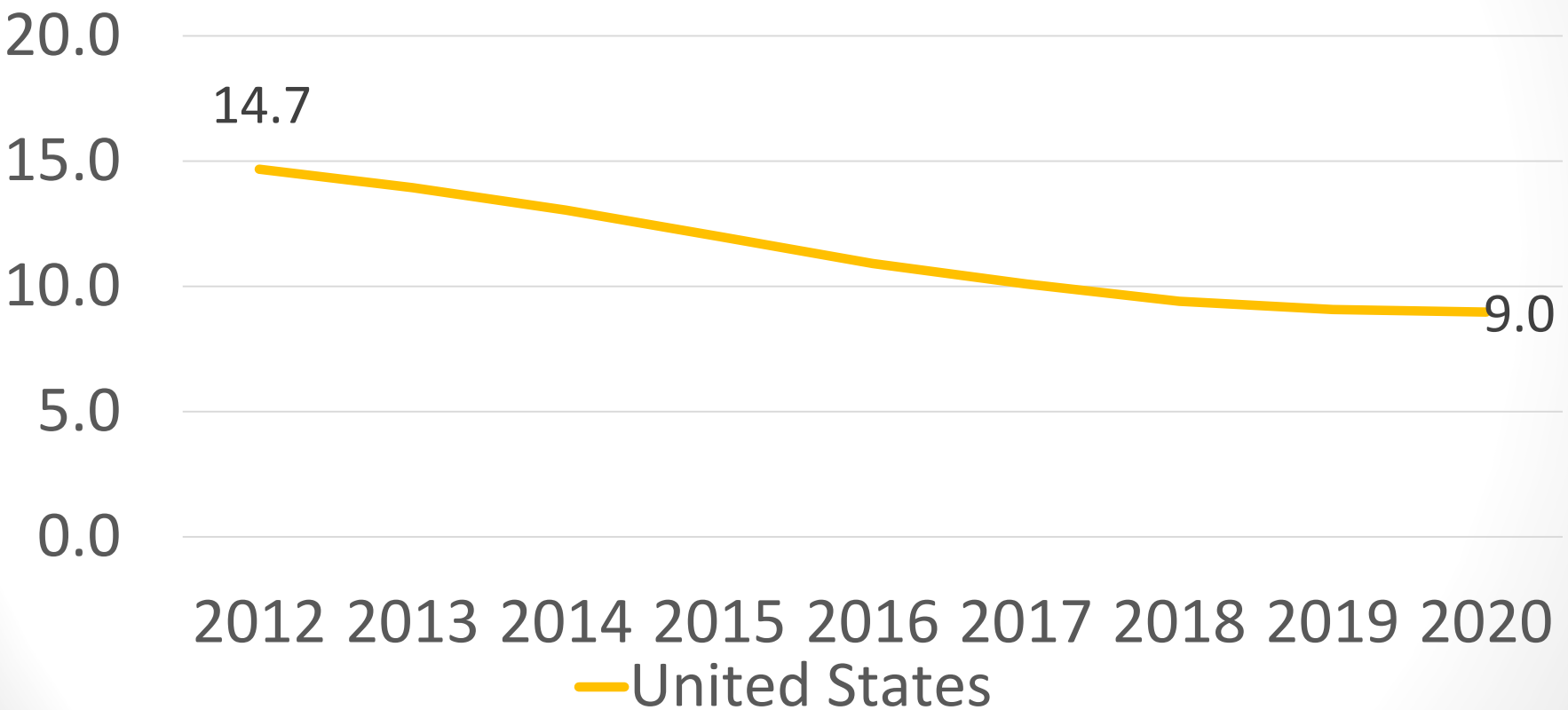
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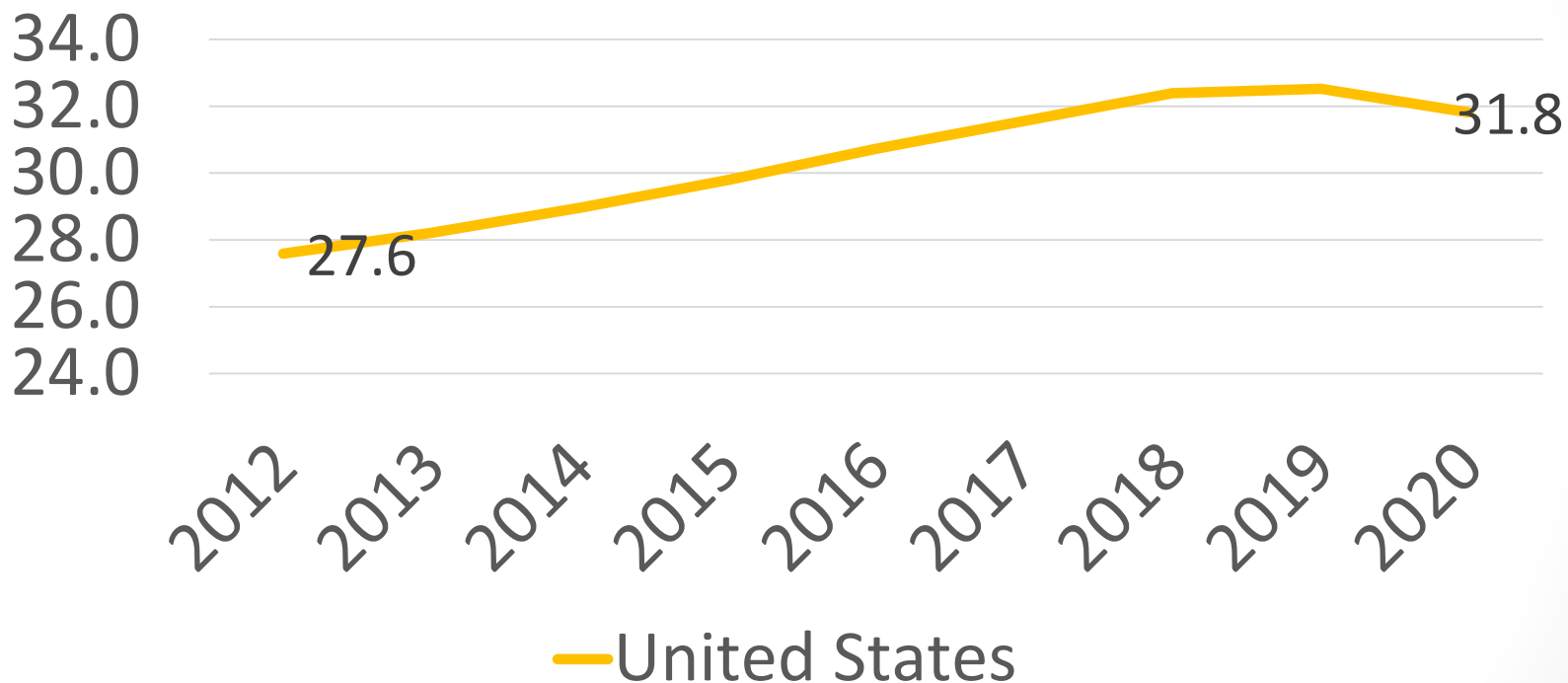
Percent of AI/AN Uninsured



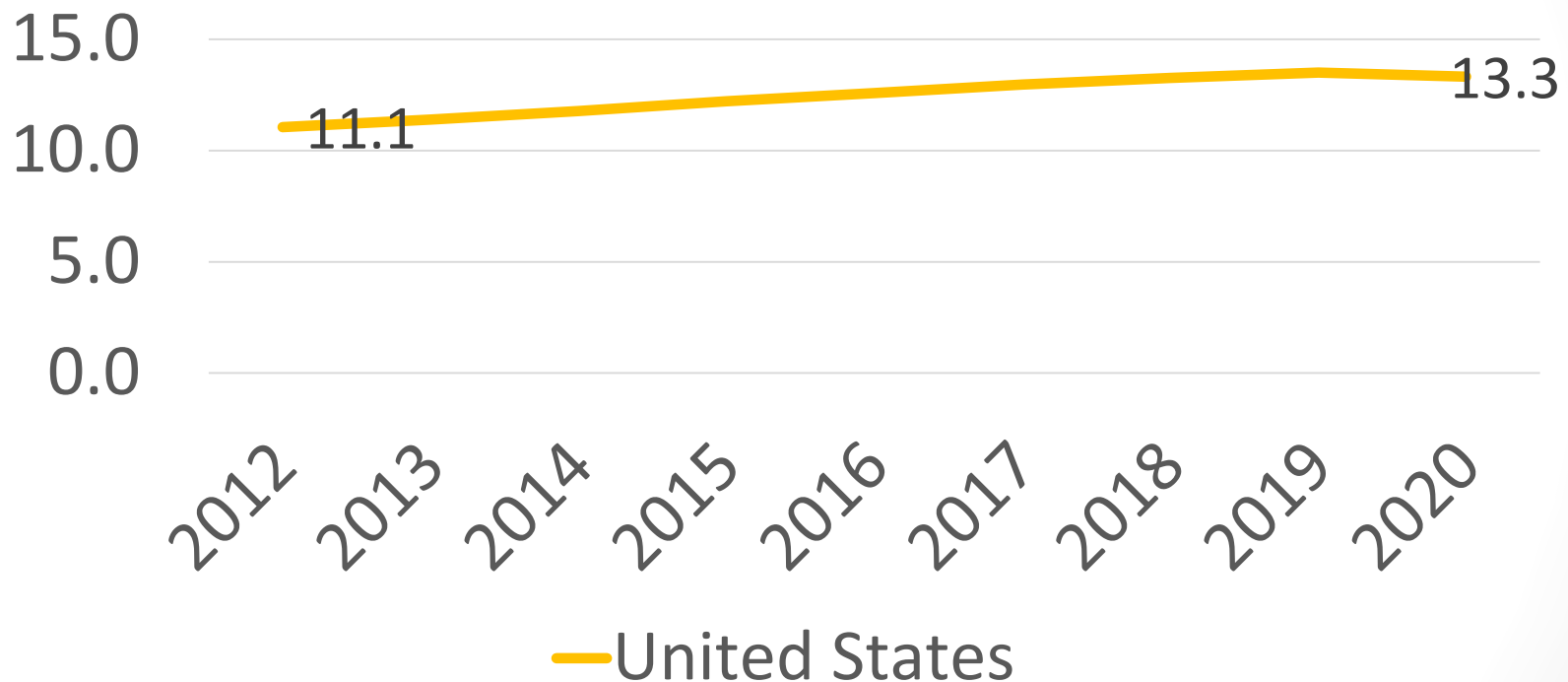
Proportion of AI/AN U19 Uninsured



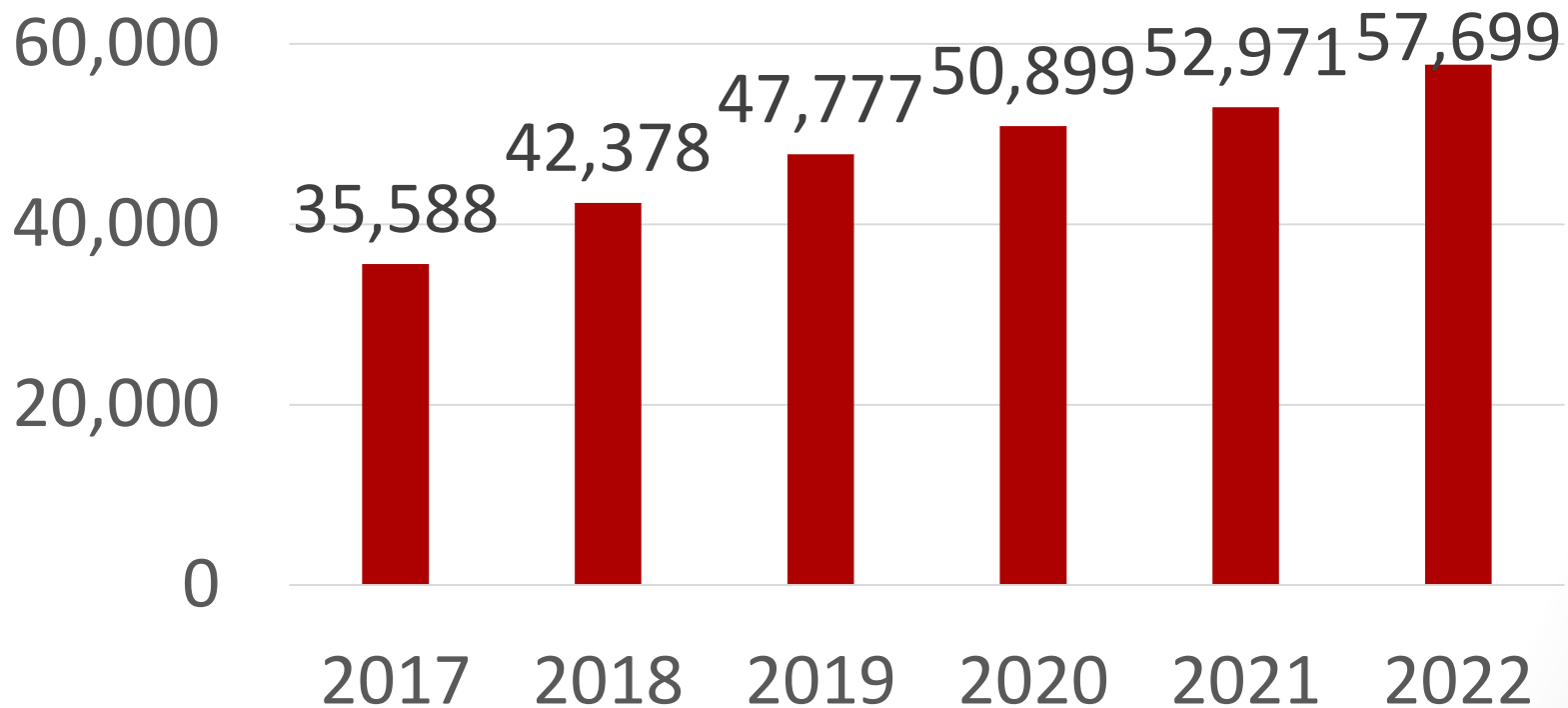
Percent of AI/AN Enrolled in Medicaid



Percent AI/AN Enrolled in Medicare



AI/AN Marketplace Open Enrollment in the US



TRIBAL/URBAN DAY OF ACTION

DATE	LOCATION
December 3, 2015	Sante Fe, New Mexico
December 8, 2015	Phoenix, Arizona
December 14, 2015	Dallas, Texas
January 11, 2016	Nome, Alaska
January 20, 2016	Tulsa, Oklahoma
January 21, 2016	Oklahoma City, Oklahoma
February 18, 2016	Rapid City, South Dakota



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

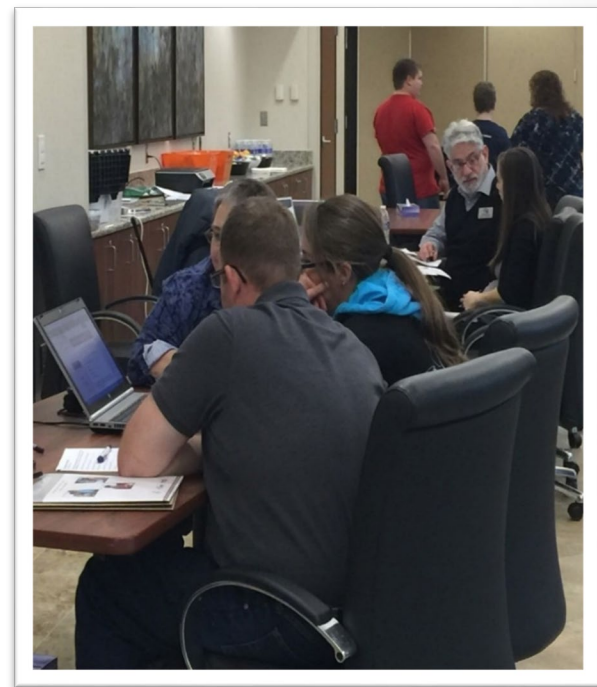
- TRAINING FOR ENROLLMENT ASSISTERS
- COMMUNITY EVENT AT THE HOSPITAL
- ONSITE ENROLLMENT
- RAFFLE
- BOOTHS
- KIDS CORNER
- EDUCATIONAL MATERIALS
- APPROACH INDIVIDUALS TO ATTEND



INDIAN HEALTH CARE RESOURCE CENTER

TULSA, OKLAHOMA

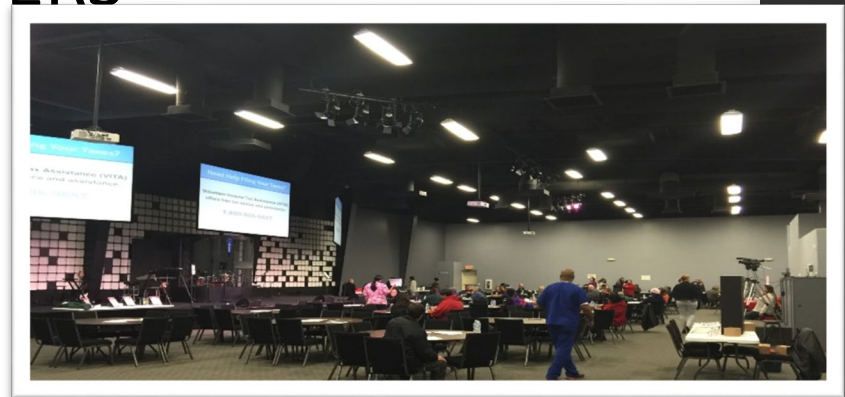
- COMMUNITY EVENT AT CLINIC
- ONSITE ENROLLMENT
- EDUCATION BOOTHS
- INCENTIVES
- CHILDREN AREA
- SNACKS
- EDUCATIONAL MATERIALS



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

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