



Indian Health Service

United South and Eastern Tribes Conference

February 9, 2015

Indian Health Service Update

by

Yvette Roubideaux, M.D., M.P.H.
Acting Director, Indian Health Service

Good afternoon. I am Dr. Yvette Roubideaux, Acting Director of the Indian Health Service. It's a pleasure to join you today at the 2015 United South and Eastern Tribes (USET) Impact Week.

Thank you for your partnership and support. I appreciate the opportunity to provide an update to you today. I'm also looking forward to our Nashville Area Listening Session tomorrow afternoon, and I hope you can join us. I had the pleasure of meeting with the USET Indian Youth Summit participants this morning.

At IHS, all of the work we do is guided by our four agency priorities:

- Renew and strengthen our partnership with Tribes
- Reform the IHS
- Improve the quality of and access to care
- Ensure that our work is transparent, accountable, fair, and inclusive

These priorities serve as a framework to guide our efforts to fulfill the mission of the IHS. We have lots of evidence that we're making a positive impact as we work to implement our agency priorities. But as we all know, we still have more to do.

Our first priority is to renew and strengthen our partnership with Tribes, and again, I appreciate our partnership with USET.

Department of Health and Human Services (HHS) Secretary Sylvia Burwell has emphasized relationships and teamwork with the stakeholders and partners we work with, which relates well to our IHS focus on improving tribal partnerships and consultation.

The text is the basis of Dr. Roubideaux's oral remarks at the USET Conference on Feb. 9, 2015. It should be used with the understanding that some material may have been added or omitted during presentation.

She also has stated the importance of focusing on the impact of what we do at IHS; that it's not enough to just say we are providing quality health care – the care we provide has to have a positive impact on the people we serve.

The impact we are able to achieve depends heavily on the IHS budget. And we have made some progress over the past few years. The fiscal year (FY) 2015 budget that was enacted last month included an increase of \$208 million, or 4.7 percent, for a total of \$4.6 billion. This means the IHS budget has increased 39 percent compared to the 2008 level.

The FY 2016 President's Budget helps IHS continue progress on improving access to quality healthcare and strengthens our partnership with Tribes. It's a \$460 million increase over FY 2015, getting our budget up to \$5.1 billion. You may have attended one of our budget calls last week.

Some highlights of this proposed budget include:

- \$147 million increase for medical inflation, population growth, and IHS and tribal pay costs.
- \$70 million increase to help make referrals and obtain health care from the private sector through the IHS Purchased/Referred Care (PRC) program.
- A \$25 million program increase to fund a Tribal Behavioral Health for Native Youth initiative, which is part of the government-wide Generation Indigenous Initiative that was announced by the President at the Tribal Nations Conference last December. The focus is to expand the IHS Methamphetamine and Suicide Prevention Initiative and fund more behavioral health providers for youth.
- An additional \$55 million to continue fully funding the estimated Contract Support Costs (CSC) need in FY 2016. And some more great news – the budget also proposes to make CSC a **mandatory** appropriation in FY 2017, as a long-term solution to fully funding CSC without impacting program budgets. The plan is to consult on this in FY 2016, and to work with Congress to enact it in FY 2017.
- \$35 million increase for maintenance and improvement and \$35 million increase for sanitation facility construction.

Other proposed increases include:

- \$10 million for health information technology;
- \$10 million for improving third-party collections;
- \$18 million for additional staff for new construction; and
- \$185 million total to complete construction on the Gila River Health Center in Chandler, Arizona (AZ), and to begin construction at the Salt River Health Center in AZ; the Rapid City Health Center in South Dakota; and the Dilkon Alternative Rural Health Center in AZ.

IHS will have hearings on the budget in February and March, with the first being this week with the House Interior Appropriations Committee. We need your help to get this great budget enacted by Congress.

For the FY 2017 budget process, the Areas have completed their budget meetings. The Area tribal priorities will be used at the national budget meeting, also taking place this week, to develop the national tribal priorities.

We have also been working on CSC issues. Obviously the biggest development is the proposal to move CSC to mandatory. We've also made progress on improving estimates of CSC need, which will help a lot with the proposal for the mandatory CSC. Our CSC Workgroup has worked with us to develop an annual CSC calculation tool, which calculates CSC need in a reliable, accountable, verifiable, and consistent manner. Being able to ensure that we have worked together on this significant improvement is important for many reasons.

We've made significant progress on settling CSC claims for past years. Based on our January 30 data, we now have extended offers on approximately 1,219 claims; have 1,314 claims with analyses either completed or in progress; and 883 claims with settlement in principle or final settlements. The total value for settled claims is \$679 million. This is much better than last year. We hope to wrap up the rest as much as we can this year.

Our second IHS priority is "to bring reform to the IHS." Although open enrollment for the Health Insurance Marketplace is almost over – it goes until February 15 – we still need your help ensuring that every American Indian and Alaska Native sees what benefits are available to them, and that those who purchased insurance last year go to the website and review and renew their coverage. Of course, monthly enrollment will still be available to those who qualify for it.

We also need your help making sure everyone knows how to claim the exemption for tribal members and those eligible for IHS services on their 2014 tax forms. Please go to my Director's blog to see the actual exemption form. We still need help on several other things, including:

- Helping tribal members who can enroll monthly in Marketplace health plans all year, since most of the people we serve are eligible for monthly enrollment; has year-round enrollment;
- Helping encourage states to expand Medicaid if they have not done so; and
- Helping those who get insurance understand how to use it.

Under the Affordable Care Act (ACA), everyone needs to be covered or get an exemption, or they will have to pay a tax penalty. This is very relevant right now as individuals are doing their taxes for 2014. I have posted a Director's blog with more information, including the tax forms to use for the exemption.

If anyone has problems with application, eligibility, or enrollment issues, or with understanding the special provisions for Indians, they should call the Marketplace call center at 1-800-318-2596. They also should be sure to contact the Centers for Medicare and Medicaid Services Native American contacts that are located in each region; they can help with starting a case and with follow-up.

IHS recognizes that in-person assistance is critical to helping our consumers successfully understand and select options for health care coverage, so we are reminding staff members at IHS facilities that they need to be prepared to assist consumers inside and outside of our facilities.

You or your staff can also contact our headquarters ACA staff at acainformation@ihs.gov if you are having difficulties or need some assistance with any issues regarding enrollment in the ACA.

We estimated that the IHS could see millions more in third-party collections as a result of the ACA, especially from the Medicaid expansion. Having more of our patients covered can really make a

difference for all of our patients. Last year in FY 2014 at IHS-operated facilities alone, we saw a \$48 million increase in third-party collections.

And congratulations to USET – your ACA National Indian Health Outreach and Education staff members, Liz Malerba and Elizabeth Neptune, were awarded a 2013 National Director’s Awards for their outreach and education efforts for the ACA.

One issue that Tribes have identified as a priority is requiring that physicians, non-physician health care providers, and non-hospital based care providers accept payment for referred care from IHS at Medicare-like rates, which are in general lower than full-billed charges. We have it for hospital services, but not for non-hospital based services or providers.

In consultation, Tribes overwhelmingly support Medicare-like rates. Based on an audit of fiscal year 2010, the Government Accountability Office estimated that extending Medicare-Like rates to physician and non-hospital based services could have saved IHS-operated facilities approximately \$32 million annually. Lower rates to pay for referrals means we can save PRC dollars.

Last June, the House introduced a legislation that ties Medicare like rates to Medicare participation. While it is an improvement, Tribes wanted an administrative alternative.

On December 5, IHS released a proposed rule, based on tribal consultation and recommendations, which would require our Indian health facilities to pay “Medicare-Like Rates,” or less in some circumstances, to outside providers, thus saving funding for more medical referrals. More funding for referrals means more access to quality healthcare for the patients we serve. This proposed rule seeks comment on how to implement the reimbursement rates while at the same time preserving access to care. The comment period closed on February 4, and the Agency is currently reviewing all comments received. Mostly, we are hearing recommendations for exceptions.

Our third priority is to improve the quality of and access to care. We’re working on a number of initiatives to help improve the quality of care. One of the most important of these is our Improving Patient Care, or IPC, program, which is our patient-centered medical home initiative that is designed to improve the coordination of care for patients. Currently we have 172 sites – 78 IHS, 69 tribal, and 25 urban – that are working on improving quality of care through this initiative. The IPC program will remain available for expansion to all IHS, tribal, and urban Indian program sites as it has in the past. The program historically has expanded to approximately 15 IHS sites annually.

We are encouraging our sites to become accredited as Patient-Centered Medical Homes to improve their access to care, continuity of care with their primary healthcare provider, coordination of complex and referred care, and health outcomes for chronic diseases like diabetes and cardiovascular diseases.

However, our goal is not to just implement IPC, but to make sure this program results in improvements that our patients see and experience – that it has a positive impact on the quality of and access to care for our patients.

We are also working on our Hospital Consortium to improve quality by ensuring we prepare and maintain accreditation, and through activities related to the National Quality Strategy.

And we're also continuing our work to improve the provision of quality health care through our Special Diabetes Program for Indians. This program has shown that, in partnership with our communities, we can prevent and treat diabetes in Indian country with innovative and culturally appropriate activities. It needs to be reauthorized for funding next year. The FY 2016 President's Budget supports a 3-year reauthorization at \$150 million a year.

Back in June, President Obama visited the Standing Rock Indian Reservation in North Dakota. During his visit, he met with a group of youth. They shared the struggles they faced on a daily basis and were honest about the challenges they faced.

As a result of that visit, the President recently invited 18 young people from the Standing Rock Indian Reservation to visit him at the White House in D.C. in November. These young people were able to meet many leaders of the Administration, and they even went out for pizza with the President and the First Lady!

As a direct result of his encounter with these wonderful young people, the President has released a report on Native Youth and has announced several new government-wide initiatives to support jobs, education, and self-determination in Indian Country. The FY 2016 President's Budget includes the Generation Indigenous Initiative and a \$1.5 billion increase in funding to benefit Tribes.

I hope that you can help us get the FY 2016 President's Budget enacted, especially the most exciting part, which is the proposal to make CSC mandatory.

Thank you and now I am happy to answer any questions.