Indian Health Service
All Tribal and Urban Indian Organization Leaders Call

MAY 18, 2023
IHS Update

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MANAGEMENT OPERATIONS
INDIAN HEALTH SERVICE
Tribal Urban Leadership Call

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IHS COVID-19 Strategy

- Prevent
- Detect
- Treat
- Recover
Strategy 1 - Prevent

- Vaccination is the single most effective strategy to prevent serious COVID illness and death from COVID.
- COVID vaccines are proven to be safe and effective.
American Indian/Alaska Native Vaccination Rates

Data reflective of 4/19/2023 for I/T/Us within the IHS jurisdiction

<table>
<thead>
<tr>
<th>AI/AN Age Group</th>
<th>Received at Least 1 Dose</th>
<th>Primary Series Complete</th>
<th>Completed Primary Series + Bivalent Doses Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 65+</td>
<td>95%# (141,408)</td>
<td>71.7% (106,208)</td>
<td>38% (40,317)</td>
</tr>
<tr>
<td>Age 18+</td>
<td>80.1% (683,092)</td>
<td>58% (494,996)</td>
<td>26.4% (130,771)</td>
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<tr>
<td>Age 12-17</td>
<td>51.9% (75,766)</td>
<td>40.2% (58,742)</td>
<td>20.3% (11,902)</td>
</tr>
<tr>
<td>Age 5-11</td>
<td>26.5% (47,958)</td>
<td>18.8% (34,080)</td>
<td>19.5% (6,620)</td>
</tr>
<tr>
<td>Age &lt;5</td>
<td>11.1% (12,392)</td>
<td>Not Validated*</td>
<td>(649)</td>
</tr>
</tbody>
</table>

Data Considerations: All data is from the IHS COVID-19 Dashboard

• # Rate capped at 95%
• *Administration data is still being validated for primary series < 5 years
• Some AI/AN patients may have been vaccinated outside of IHS facilities that chose the IHS for vaccination; these doses are not reflected in this data.

I/T/U Vaccination Activities:

• COVID Vaccines across the IHS for 6 months and older
  • A total of 2.386 million doses administered to all races
  • 1.658 million doses administered to AI/AN individuals
  • Bivalent doses
    • 174,168 doses have been administered to all races
    • 149,942 doses were administered to AI/AN individuals
Simplifying COVID Vaccines

- FDA and CDC Action
- Monovalent (original) vaccines are no longer authorized.
- Everyone ages 6 years and older should receive a bivalent COVID vaccine.
- Additional bivalent vaccine dose for elders (age 65 years and older) and certain persons with weakened immune systems.
- Annual update
Strategy 2 - Detect

- Widespread availability of accurate testing, including home-based testing.
- Early diagnosis
- Prevention of spread
- Promotion of early treatment
Strategy 3 - Treat

- IHS Test to Treat Initiative (since March 2022)
- Highly-effective oral antivirals (e.g., Paxlovid)
- Over 220 sites in Indian Country!
  - Rapid Access Testing
  - Rapid Access Treatment
- Utilization
  - Paxlovid - Over 33,000 patients treated
  - Molnupiravir - 3,200 patients treated
Strategy 4 - Recover

- Long-COVID
  - Recognition/Diagnosis, Mitigation, Treatment, and Support
  - Reducing the direct and indirect impacts of COVID
- IHS Comprehensive System of Healthcare Services
- Enhancing access to:
  - Preventive
  - Chronic care
  - Mental health
  - Public health services
COVID-19 PHE Unwinding

- COVID PHE ended on May 11, 2023

- No direct impact on access to COVID vaccines within IHS
  - The PREP Act remains in effect until 10/11/2024 and covers vaccinators and non-traditional vaccinators
  - COVID Vaccine will still be available from the USG through summer/fall 2023

- Continued FDA Emergency Use Authority
  - Vaccines and medications

- Telehealth and prescriber flexibilities

- Implications for Medicaid eligibility
Telehealth

- For Medicaid and CHIP the flexibilities are not tied to the end of the PHE
- CMS encourages states to adopt and expand telehealth coverage
- Toolkit released
  
- Use of telephonic telehealth sessions will be maintained for mental health and substance abuse prescribing such as suboxone
Changes until 12/31/24

- FQHCs and RHCs can serve as a distant site provider for non-behavioral/mental telehealth services
- Medicare patients can receive telehealth services in their home
- There are no geographic restrictions for originating site for non-behavioral/mental telehealth services
- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms
- An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required
- Telehealth services can be provided by all eligible Medicare providers
Permanent changes

- **Federally Qualified Health Centers (FQHCs)** and **Rural Health Clinics (RHCs)** can serve as a distant site provider for behavioral/mental telehealth services.
- Medicare patients can receive telehealth services for behavioral/mental health care in their home.
- There are no geographic restrictions for originating site for behavioral/mental telehealth services.
- Behavioral/mental telehealth services can be delivered using audio-only communication platforms.
- **Rural Emergency Hospitals (REHs)** are eligible originating sites for telehealth.
Overview

• Public Health Emergency (PHE) declared January 2020

• CMS waived certain Medicaid and CHIP requirements related to verifying eligibility in order to prevent people with Medicaid and CHIP from losing their health coverage during the pandemic.

• Medicaid enrollment has increased since the start of the pandemic, primarily due to the continuous enrollment provision.

• The Consolidated Appropriations Act, 2023 delinks the Medicaid continuous enrollment provision from the PHE and terminates this provision on March 31, 2023.

• Starting April 1, 2023, states can resume Medicaid disenrollment.

• States will be required to restart Medicaid and CHIP eligibility reviews and current enrollees may lose coverage through this Medicaid “unwinding”.
What action is needed?

• States could begin to send renewal letters in February and beginning April 1, 2023, in some states, individuals will lose their coverage if they are no longer eligible or fail to respond to a renewal notice.

• To avoid an interruption in coverage, Medicaid recipients should make sure their state Medicaid or CHIP program has their up to date contact information.

• Medicaid recipients should also look out for a letter from their state about completing a renewal form.

• Each State will have an Unwinding Plan and timeline for completing renewals.

• IHS, Tribal and Urban Indian Health Programs should explore options for data sharing with State Medicaid agencies.
IHS and CMS have worked in partnership with Tribes to develop guidance, toolkits, and strategies to inform AI/AN beneficiaries about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid or CHIP.
What assistance will patients need?

Assist in the Renewal Process Once It Begins:

• Ensure adequate capacity and training for enrollment assisters.

• Help Medicaid eligible individuals complete and submit renewal forms and required documents.

• Help AI/ANs who lost eligibility due to non-submission of renewal forms to complete the reinstatement process.

• Help AI/ANs ineligible for Medicaid apply for Marketplace or other coverage.

• Plan for mail delays due to the unique nature of receiving mail in Indian Country.
Key Takeaways

1. Some AI/AN will lose their coverage because they do not complete the renewal process, though they remain eligible for Medicaid.

2. Some AI/AN will no longer be eligible for Medicaid but may be eligible for other affordable health coverage such as through the health insurance marketplace.

3. ITU staff can provide essential assistance with the eligibility and renewal processes. See resources at IHS.gov/coronavirus/unwinding.
Resources

• IHS Unwinding Webpage: https://www.ihs.gov/coronavirus/medicaid-unwinding/


• All Tribes Webinar- Returning to Routine Operations after the Public Health Emergency as it Relates to Medicaid and CHIP Disaster Relief SPAs and 1135 Waivers (Recording): https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/All-Tribes-Calls


• National Indian Health Board Resources: https://www.nihb.org/tribalhealthreform/medicaid-unwinding/
Links

https://www.cms.gov/coronavirus-waivers


Updates
Cancer care in communities

- Moonshot
- Comprehensive Plan
- Working to pattern Cancer care in communities similar to SDPI
- Enhance data aggregation and analytics
Community Cancer Care

- Community-based cancer screening
- Use of innovative workforce to provide navigators and deploy lifestyle coaches
- Expansion of Case Managers
- Family caregiving program
- Strengthen preventive strategies
- Regionalize Specialty care
- Enhance telehealth for specialty care
- Strengthen academic partnerships
- Tribal consultation and Urban confer
Public Health Infrastructure

- Standing committee of the IHS
- Preparing NOFO for initial funding
- Creating a network of public health preparedness
- Training of innovative workforce Public Health Aids (PHAs)
- The PHAs will be educated to pivot to all domains of public health
- Tribal consultation and Urban confer
STI Syphilis Outbreak
<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Increase from 2016</th>
<th>Compared to White Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary &amp; Secondary Syphilis</td>
<td>42.2**</td>
<td>520%</td>
<td>5x Greater</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>363.7</td>
<td>900%</td>
<td>10x Greater</td>
</tr>
</tbody>
</table>

*Preliminary CDC data as of July 7, 2021
**Per 100,000 population
Trends in Positive Syphilis Tests, IHS, 2020-2022

Legend

- >700% increase
- >100% increase
- 11%-99% increase
- Less than 10% change
- Decrease >10%

(only states with 10 or greater positive tests in 2022)
Congenital Syphilis — Rates of Reported Cases by Year of Birth, Race/Hispanic Ethnicity of Mother, United States, 2017–2021*

* Reported 2021 data are preliminary as of July 7, 2022

† Per 100,000 live births

ACRONYMS:
AI/AN = American Indian/Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian/Pacific Islander
Syphilis response: Best practices in high burden areas

Case investigation and contact tracing

Rapid testing and treatment

Presumptive treatment

Screening of pregnant women

Expanded screening field treatment

Electronic health record (EHR)

Community Engagement

Health Education and Outreach
Prenatal Care

- Identify and address local barriers to care
- Implement comprehensive prenatal care for everyone
- Build robust case management
- Create safe care plans
Substance Use Disorder

Prioritize access to substance use disorder treatment

Remove punitive measures for substance use

Encourage routine syphilis testing for patients reporting methamphetamine use
STI Outbreak

- Multi-regional Outbreak
- In Navajo and Phoenix Area, continuing high number of cases
- Great Plains and Billings lack staff capacity to address
- Bicillin (Benzathine penicillin G)
  - Some reports of temporary supply chain disruptions
  - Clinical Guidance distributed last week (NPTC)
  - Prioritization categories when needed
  - Currently no unmet need (NSSC)
Opioid Crisis
HOPE Committee

- Educational Outreach Program
- Harm Reduction Services
- Evidence-based treatments
Educational Outreach Program

- NEW IHS Essential Training in Pain and Addictions
- Direct to provider training interventions
- Increase access to SUD treatment services
- Campaign: Opioid Stewardship
Harm Reduction

- Updated IHM 3:35:Dispensing of Naloxone to first responders and improve access to naloxone
- Naloxone in Schools Toolkit
  - Sharing sample school employee training
  - Expand access to naloxone in public settings
Xylazine: An Emerging Drug Threat

- Veterinary Sedative
- Combination with fentanyl enhances euphoric effects ("Tranq")
  - 23% of fentanyl powder seized by DEA in 2022 contained xylazine
  - As of 2023, DEA reports xylazine has now been found in 48 states
- Symptoms include sleepiness, slowed breathing, reduced blood pressure and heart rate, small pupils, and high blood glucose levels.
  - These symptoms mimic the effects of opioids
- Not an opioid or federal controlled substance
- [IHS Drug Safety Alert- Xylazine](https://www.ihs.gov/drug-safety-
edu/)

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[Image of IHS Drug Safety Alert]
Harm reduction

- https://www.ihs.gov/opioids/harmreduction/
Behavioral and Mental Health
Challenges and Solutions

- Recruiting Mental Health Providers
- Telebehavioral Health Center of Excellence is increasing providers
- Increase access to telehealth for mental health
- Innovative workforce training in behavioral and mental health
- Increase workforce for safety check and crisis response
Indian Health Service
The End of the PHE & Medicaid Unwinding

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Overview


• The PHE allowed certain flexibilities related to providing care and waived cost-sharing for certain services like COVID-19 vaccines and testing.

• CMS also waived certain Medicaid and CHIP requirements related to verifying eligibility in order to prevent people with Medicaid and CHIP from losing their health coverage during the pandemic. This caused Medicaid enrollment to increase.

• Medicaid has now resumed verifying eligibility and was permitted to terminate coverage for those no longer eligible starting on April 1st. To see state timelines, use this tracker: https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/
What should I know about the end of the PHE?

• Some flexibilities and actions will not be affected now that the PHE has ended on May 11:
  • Individuals with coverage will continue to be able to access COVID-19 vaccines at no-cost
  • Telehealth flexibilities will not be affected
  • Government response to Long COVID will not change
  • COVID tests will generally still be covered however the types and availability may change
  • The government will continue to distribute free COVID-19 tests from the Strategic National Stockpile through states and other community partners.
  • Treatments will remain available. Medication to prevent severe COVID-19, such as Paxlovid, will remain available for free while supplies last. After that, the price will be determined by the medication manufacturer and health insurance coverage.
Changes to expect

When accessing care outside of IHS -

• Out-of-pocket expenses for certain treatments may change, depending on an individual’s health care coverage, similar to costs that one may experience for other covered drugs.

• COVID-19 at-home tests may not be covered by insurance.

• HHS will operate the ‘HHS Bridge Access Program For COVID-19 Vaccines and Treatments Program to maintain access to COVID-19 vaccines for uninsured individuals.

• Detailed FAQs can be found at: FAQs: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency
What action is needed for Medicaid Unwinding?

• States have began to send renewal letters and in some states, individuals have started to lose their coverage if they are no longer eligible.

• To avoid an interruption in coverage, Medicaid recipients should make sure their state Medicaid or CHIP program has their up to date contact information and should look out for a letter from their state about completing a renewal form.

• IHS, Tribal and Urban Indian Health Program staff should be prepared to assist in the renewal process and assist AI/ANs ineligible for Medicaid or CHIP apply for alternate coverage. If a Patient receives a notice from the State Medicaid agency and needs assistance or has questions about their coverage they can contact their local enrollment staff at their ITU.

• IHS, Tribal and Urban Indian Health Programs should explore options for data sharing with State Medicaid agencies.
How can we help patients stay insured?

**Assist in the Renewal Process Once It Begins:**

• Ensure adequate capacity and training for enrollment assisters.

• Help Medicaid eligible individuals complete and submit renewal forms and required documents.

• Help AI/ANs who lost eligibility due to non-submission of renewal forms to complete the reinstatement process.

• Help AI/ANs ineligible for Medicaid apply for Marketplace or other coverage.

• Plan for mail delays due to the unique nature of receiving mail in Indian Country.
IHS and CMS have worked in partnership with Tribes to develop guidance, toolkits, and strategies to inform AI/AN beneficiaries about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid or CHIP.

**Outreach**

**DON’T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE.**

**GET READY TO RENEW NOW.**
Resources

• IHS Unwinding Webpage: https://www.ihs.gov/coronavirus/medicaid-unwinding/


• All Tribes Webinar- Returning to Routine Operations after the Public Health Emergency as it Relates to Medicaid and CHIP Disaster Relief SPAs and 1135 Waivers (Recording): https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/All-Tribes-Calls


• National Indian Health Board Resources and Toolkit: https://www.nihb.org/tribalhealthreform/medicaid-unwinding/


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IIJA Project Map Website

April 6, 2023, Press Release

- Indian Health Service Launches New Sanitation Facilities Construction Projects Website

Purpose of the IIJA Project Map Website

- To provide transparency and reporting on the progress of the funded SFC projects that support improved public health for American Indian and Alaska Native homes and communities.

Website: https://dsfc-ihs-gis.hub.arcgis.com/

- IHS will maintain and regularly update the information and data included on the website, which includes project funding amounts, tribes served and number of homes served, as well as project statuses.
- Data Source: IHS DSFC Sanitation Tracking and Reporting System (STARS) (wstars.ihs.gov)
IIJA Project Map Website

Website: https://dsfc-ihs-gis.hub.arcgis.com/
Questions & Answers
Next Tribal and UIO Leader Call:

June 1, 2023