

OVERVIEW OF THE AFFORDABLE CARE ACT AND THE HEALTH INSURANCE MARKETPLACE



Raho Ortiz, Director
Division of Business Office Enhancement
Office of Resource Access and Partnerships
June 24, 2014

Health Care Law

- On **March 23, 2010**, President Obama signed into law the Patient Protection and Affordable Care Act (ACA)
- The ACA protects the rights of all Americans, **including American Indians and Alaska Natives (AI/AN)**, to access affordable health care
- More than 32 million people in this country who would otherwise not have health insurance will have access to health coverage



- On **March 23, 2010**, President Obama signed into law the Patient Protection and Affordable Care Act (ACA)
- The ACA protects the rights of all Americans, **including American Indians and Alaska Natives (AI/AN)**, to access affordable health care
- More than 32 million people in the country who would otherwise not have health insurance will have access to health 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.

ACA offers new opportunities to access health insurance for AI/AN individuals

Indian Health Service
is Made Permanent



Strengthening the Indian Health Service

- **Expanded Authority for IHS Service**
IHCIA prescribes the duties and responsibilities, which allows IHS to modernize its health care delivery systems & permit tribal governments to make technical changes in the future
- **Greater Workforce by** increasing clinician recruitment and retention in tribally-operated health programs
- **Expanded Third Party Funding** - Increase payments to IHS to support both direct care and contract health care services

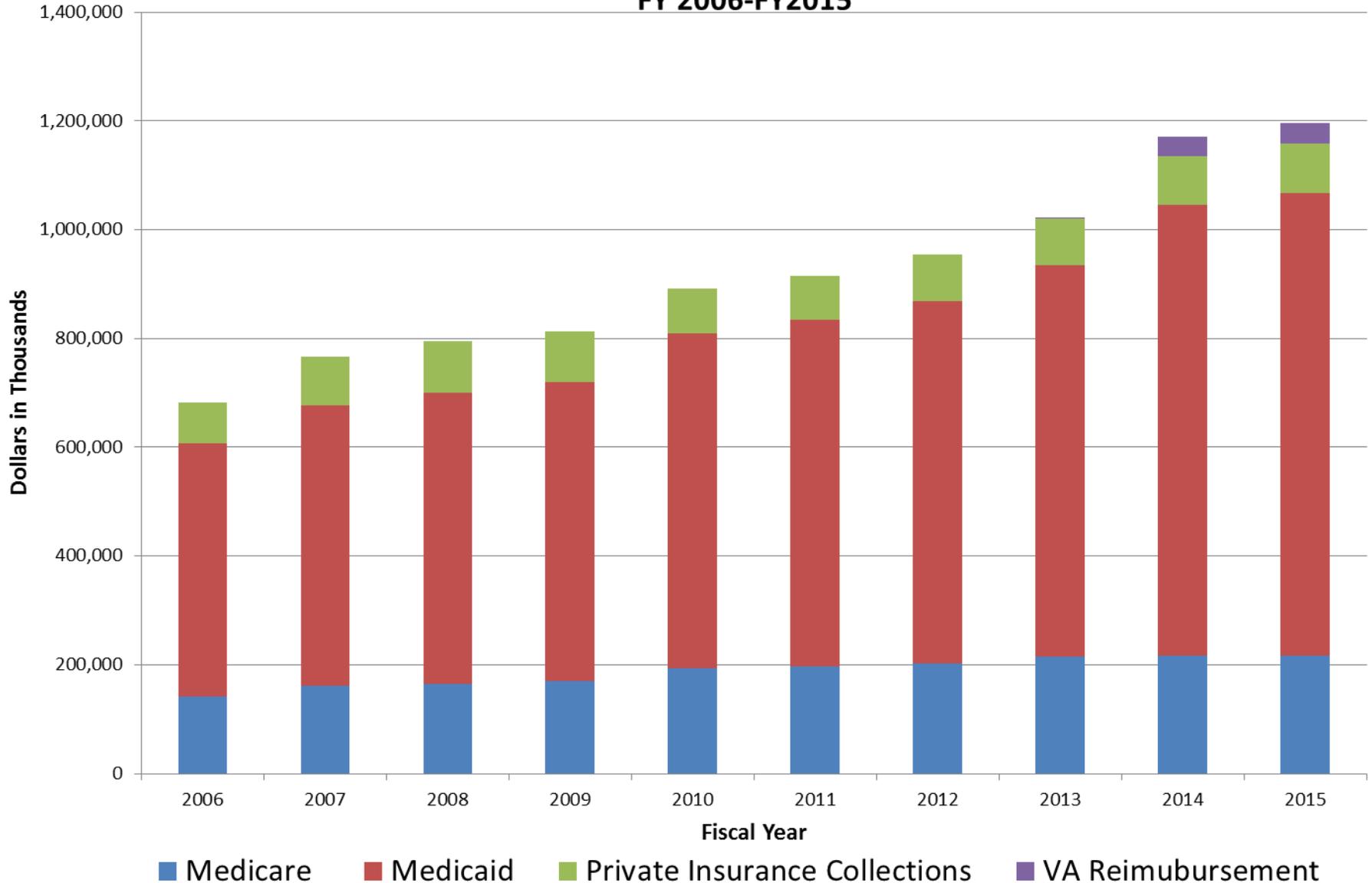


Health Coverage – IHS User Population

- Private Insurance
- Medicare
- Medicaid
- VA
- Uninsured/IHS only

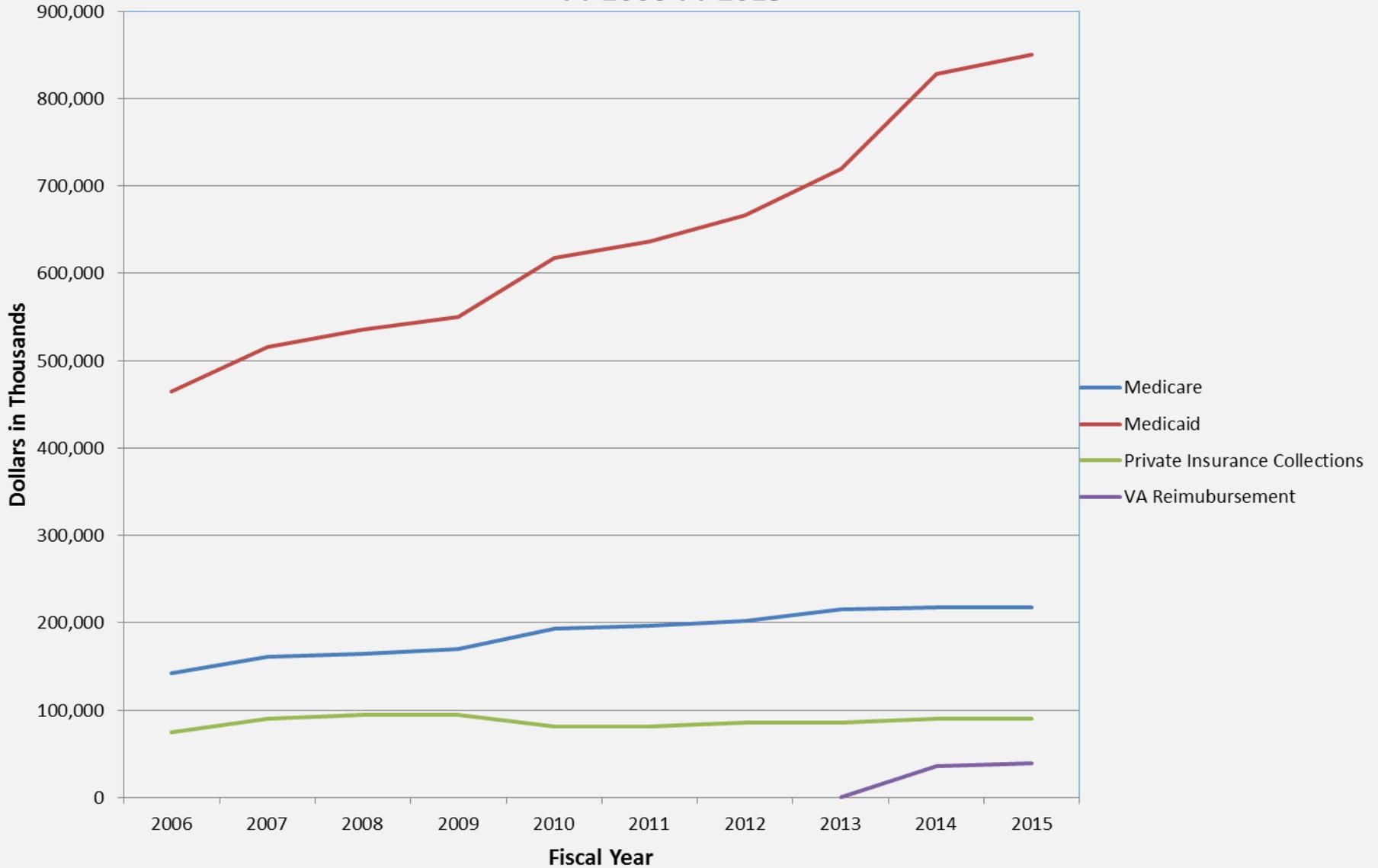
IHS Third Party Collections

FY 2006-FY2015



IHS Third Party Collections

FY 2006-FY 2015



National Strategy for Quality Improvement in Health Care



And focus on six priorities:



Making care safer by reducing harm caused in the delivery of care.



Ensuring that each person and family are engaged as partners in their care.



Promoting effective communication and coordination of care.



Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.



Working with communities to promote wide use of best practices to enable healthy living.



Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

IHS Role in the Marketplace

- Provide AI/ANs with information about options
- Assist Informed decision making about the Marketplace
- Assist with the eligibility and enrollment process.
- Protect AI/AN consumer's PHI and PII

ACA & Medicare, Medicaid and the Marketplace

- **Medicare**

- Coverage is protected,
- May get cheaper prescription drugs,
- Free preventive health services,
- Doctors are supported to better coordinate care,
- ACA fights fraud and strengthens Medicare.

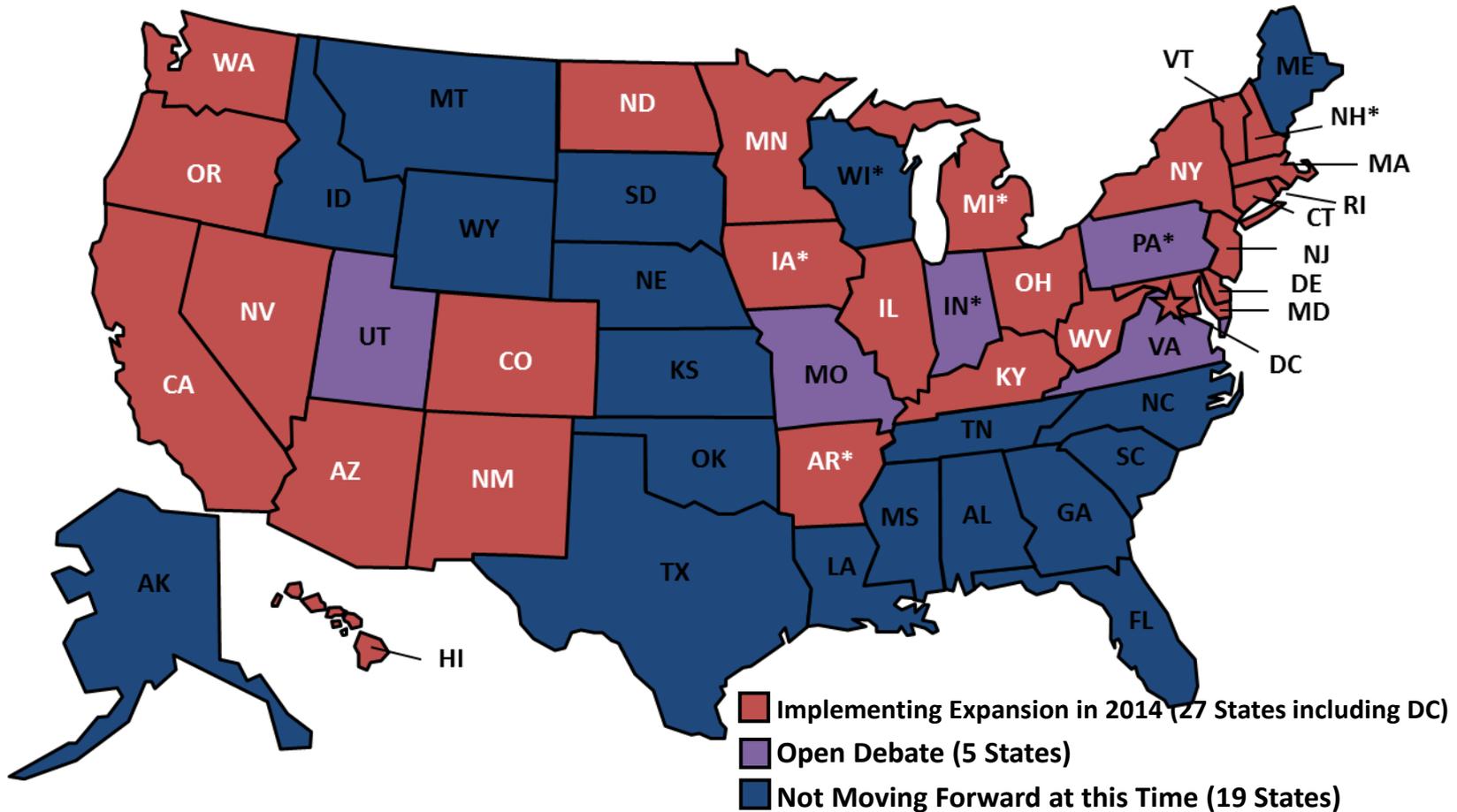
- **Medicaid**

- States have opportunity to expand eligibility
- Simplified way of calculating income to determine eligibility (MAGI)
- No premiums or deductibles for AIANs eligible for I/T/U services
- No co-pays for services received from an Indian health care provider or through referral under Purchased/Referred Care program.

- **Health Insurance Marketplaces**

- Compare private health insurance options based on price, benefits, and other factors.

Current Status of State Medicaid Expansion Decisions, 2014



NOTES: Data are as of March 26, 2014. *AR and IA have approved waivers for Medicaid expansion. MI has an approved waiver for expansion and plans to implement in Apr. 2014. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. NH has passed legislation approving the Medicaid expansion in Mar. 2014; the legislation calls for the expansion to begin July 2014.

SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS [here](#). States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.

Affordable Care Act Mandate

- Requires each individual (including children) to:
 - Maintain minimum essential health coverage (minimum essential coverage) for each month; **or**
 - Qualify for an exemption; **or**
 - Make a payment when filing a federal income tax return.
- Tax penalty (calculated two ways, whichever is higher) for 2014
 - 1% of yearly household income - Maximum penalty is the national average yearly premium for a bronze plan
 - \$95 per person for the year (\$47.50 per child under 18) – Maximum penalty per family using this method is \$285.

Health Insurance Marketplace

- Provides information:
 - Health coverage options,
 - Compare health insurance plans based on costs and benefits
 - Choose a plan,
 - Enroll in coverage
- Qualified Health Plans
 - Provides Essential Health Benefits
 - Established limits on cost-sharing
 - Meets other Marketplace requirements

Marketplace Basics Overview

- Introduction and Explanation of the Marketplace
- Qualified Health Plans (QHP)
- Essential Health Benefits
- Levels of Coverage
- Premium Variation
- Premium Tax Credits
- Cost Sharing Reductions

Introduction to the Marketplace

- The Marketplace is a Resource for AI/ANs, their families, and tribal businesses
- The insurance plans offered in the Marketplace are called Qualified Health Plans (QHPs).
- The Marketplace also provides information.
- The Marketplace provides online comparison-shopping

Health Insurance Basics Overview

- Explanation of health insurance for AI/AN
 - How it works
 - Options for health insurance in the private market
 - Additional health coverage options
- Health insurance terminology and information

Operations and Functions of the Marketplace

- The marketplace can be operated by a state, the federal government, or by both.
- Deciding if AI/ANs are eligible for enrollment in a QHP
- Determining AI/ANs' eligibility for financial assistance in a QHP through a premium tax credit and/or cost-sharing reduction
- Determining or assessing AI/ANs' eligibility for enrollment in Medicaid or CHIP
- Enrolling AI/ANs in a QHP
- Overseeing and monitoring health insurance companies selling QHPs
- Enrolling eligible Tribal employers and their employees in coverage through the SHOP Marketplace
- Issuing verification for AI/AN exemptions

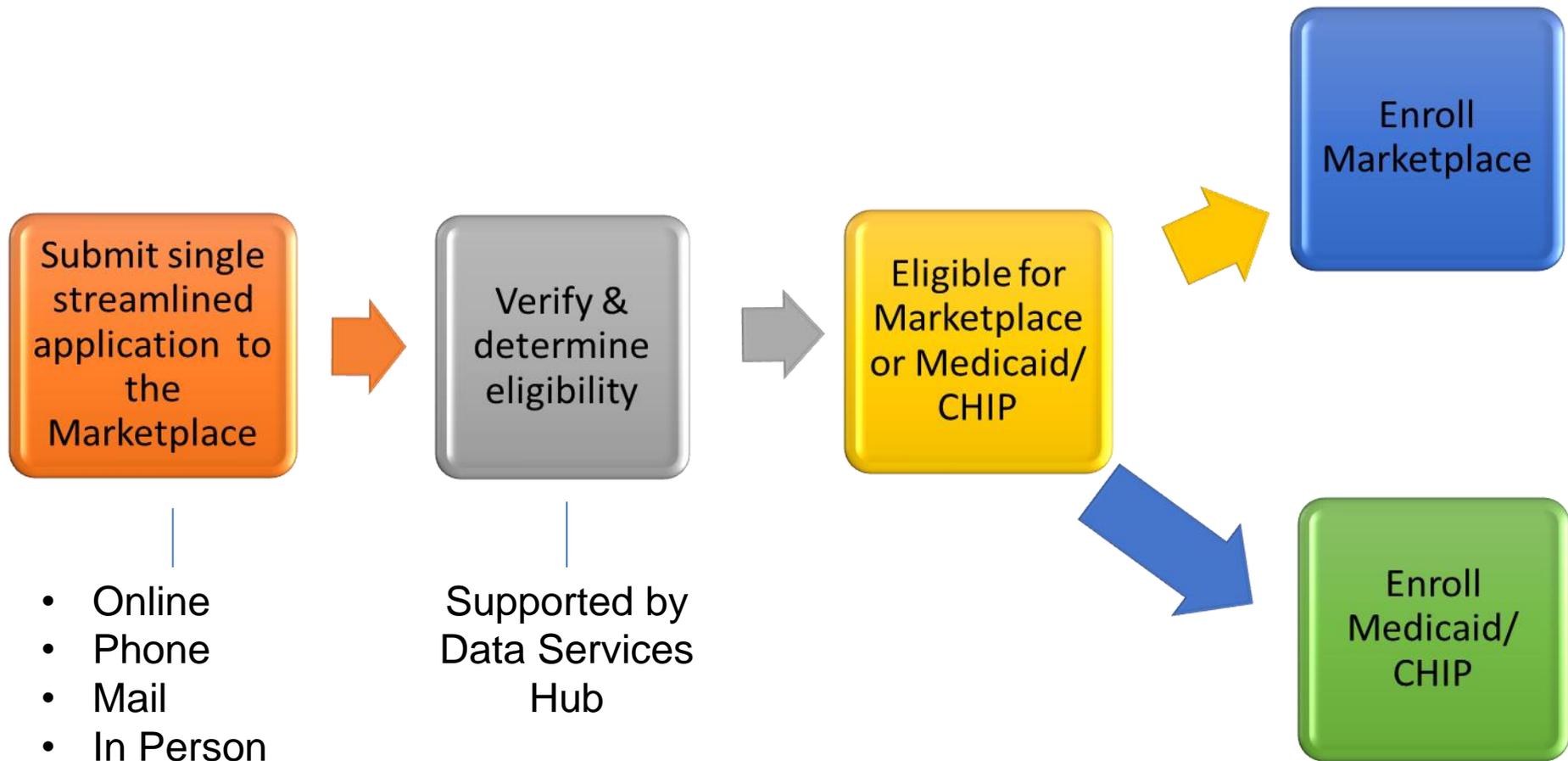
Qualified Health Plans

- All insurance plans certified by the Marketplace must:
 - Include 10 Essential Health Benefits (EHB)
 - Limit cost-sharing
 - ✓ deductibles, copayments, and out-of-pocket maximum amounts
- Offer AI/ANs a limited cost sharing plan and a zero cost sharing plan for each metal level offered.

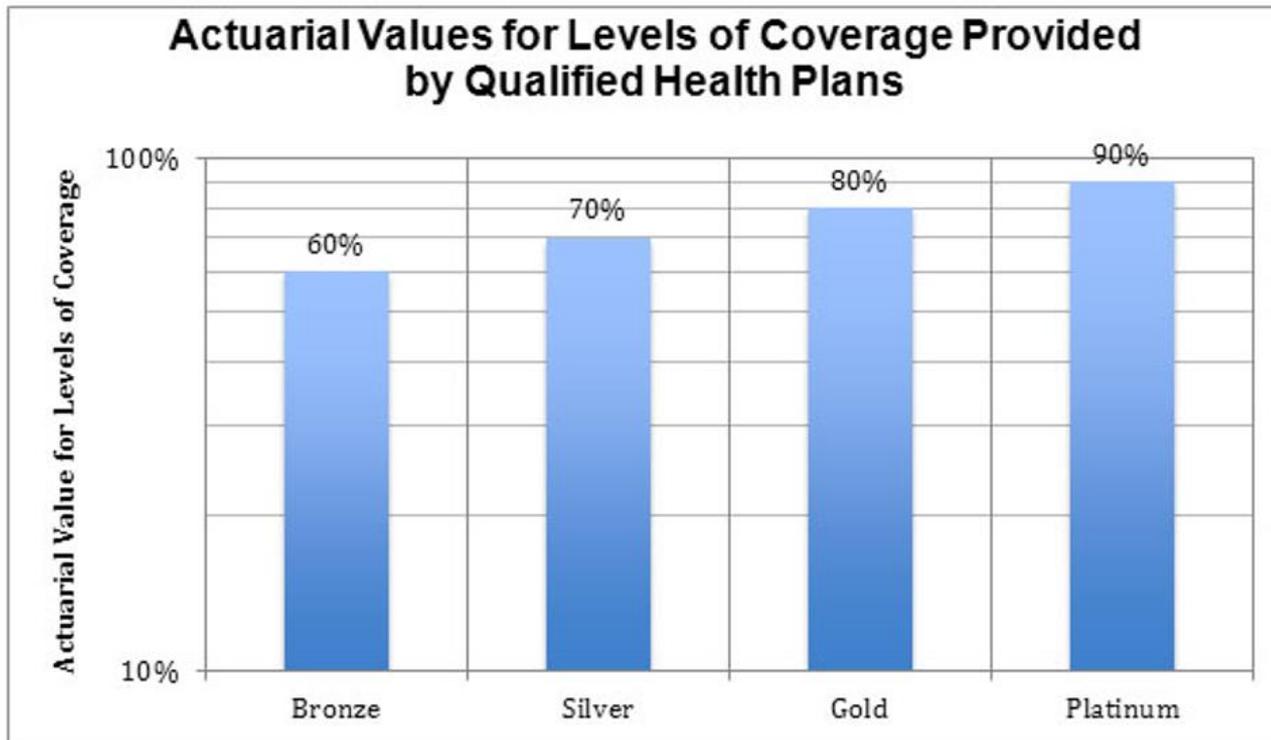
Qualified health Plans (continued)

- Premium Variation in the Marketplace
- Premium Tax Credits

Mapping the Application Process



Four Levels of Coverage



“Actuarial Value” is a measure of the level of protection a health insurance policy offers and indicates the percentage of health costs that would be covered by the health plan.

- ❑ Insurers will be required to offer plans that fit within four levels of coverage: **Bronze**, **Silver**, **Gold**, and **Platinum**
- ❑ Plans will vary by: the **cost of premiums & out of pocket costs** & most importantly look at what doctors are offered in your network!

10 Essential Health Benefits

Ambulatory Patient Services

Prescription Drugs

Emergency services

Rehabilitative & Habilitative Services
and Devices

Hospitalization

Laboratory Services

Maternity & Newborn Care

Preventive & Wellness Services and
Chronic Disease Management

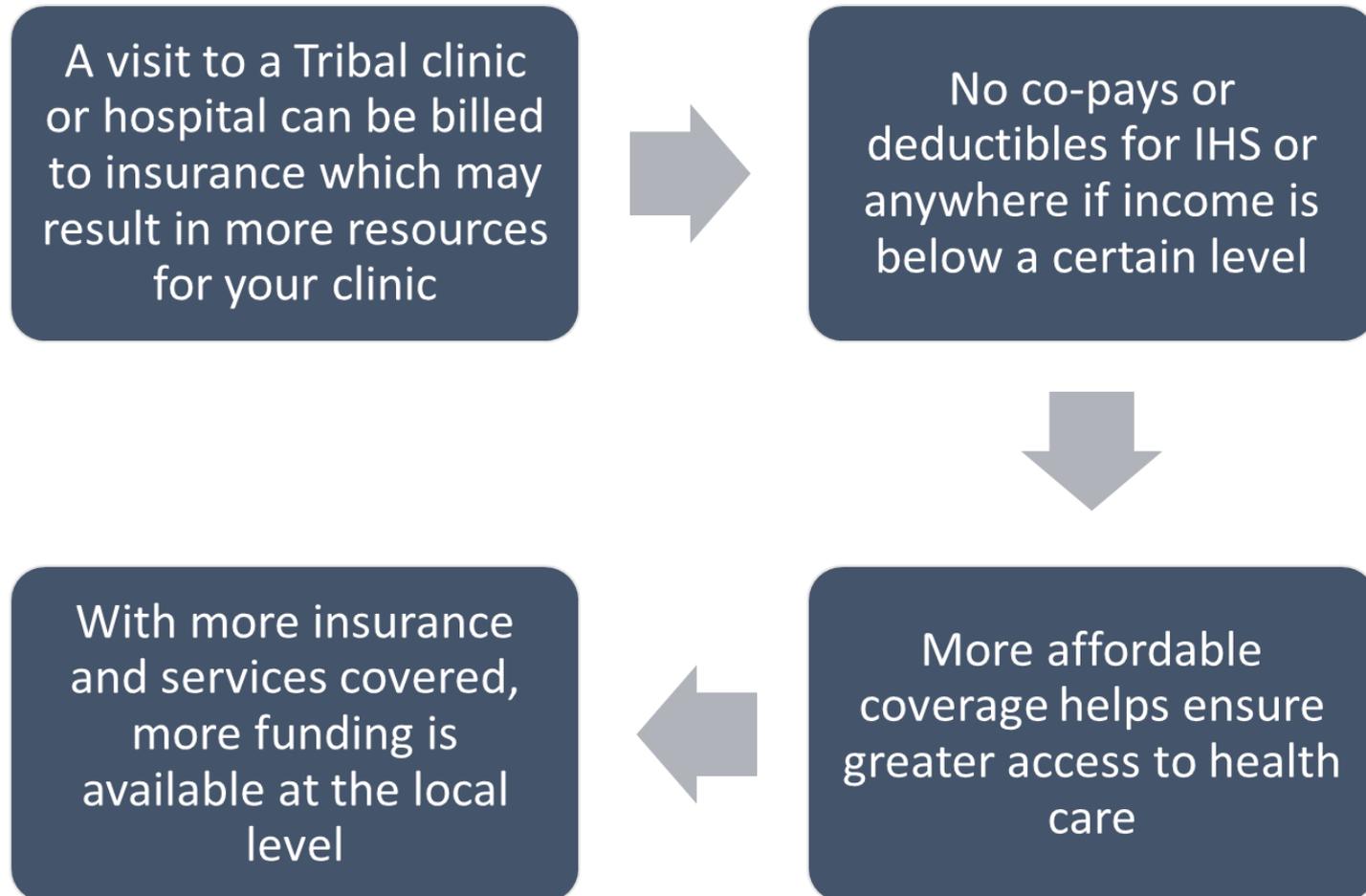
Mental Health & Substance Use
Disorder Services, Including
Behavioral Health Treatment

Pediatric Services, including
Oral & Vision Care

Marketplace: Protections for AI/ANs

- DEFINITION OF “INDIAN”
- No out of pocket costs
- A break in costs for certain income levels
- No Minimum Essential Coverage Requirement
- Special monthly enrollment period
- Exemption

Benefits of Enrolling in the Marketplace



Assistance Entities

- Navigators
- Non-navigators assistance personnel (also known as in-person assistance personnel)
- Certified Application Counselors (CACs) & Trained Application Counselors (TAC)
- Agents and brokers

Training and Certification Required

| | Navigators | Non-Navigator assistance personnel | Certified Application Counselors | Agents and Brokers |
|-----------------------------------|---|---|---|---|
| State-based Marketplace | State training & certification (state may choose to use federal training) | State training & certification (state may choose to use federal training) | State training & certification (state may choose to use federal training) | State training & certification (state may choose to use federal training) |
| State Partnership Marketplace | Federal training & certification, which may be supplemented by the state | Federal training & certification, which may be supplemented by the state | Federal training & designation of organizations, which may be supplemented by the state | Federal training & registration |
| Federally-Facilitated Marketplace | Federal training & certification | Federal training & certification | Federal training & designation of organizations | Federal training & registration |

Training and Certification Required

- There are differences between the different types of Marketplaces
- SBM - State training & certification (state may choose to use federal training)
- SPM - Federal training, which may be supplemented by the state
- FFM - Federal training

Cost-Sharing Reductions

- Cost-sharing reductions lower the amount that AI/AN will have to pay out-of-pocket for deductibles, coinsurance, and copayments.
 - Members of federally recognized Tribes will not have any out of pocket costs when using the Indian Health Service.
 - If the household income is at or below 300% of the federal poverty level (FPL), members in federally recognized Tribes will have no cost-sharing for **essential health benefit** services covered by the health plan in the Marketplace.
 - Members in federally recognized Tribes will have limited cost-sharing plans available if their income is above 300% FPL.
 - There is no cost-sharing for services provided by an I/T/U
 - Generally, cost-sharing reductions are limited to Silver Plans. However, members in federally recognized Tribes may apply their cost-sharing reductions to Bronze Plans and further lower their costs.

IHS Health Reform Efforts

- Health Reforms
 - Improving Patient Care
 - Health Home and Other State specific programs
 - Policies and Guidance
 - Business Plan Template
 - Enrollment – Marketplace, Medicaid Expansion
 - Contracting
 - Purchased/Referred Care (PENDING)
- Customer Service
 - Patients need to understand the benefits available to them
 - Importance of primary care and preventive services
 - Needs of vulnerable populations (e.g. Elders, and Lesbian, Gay, Bisexual, Transgender issues)

CMS Center for Innovation

- Established by the ACA
- Purpose testing “innovative payment and service delivery models to reduce program expenditures...while preserving quality of care” for those individuals who receive Medicare, Medicaid, or CHIP benefits.



- **Priorities:**
 - Testing new payment and service delivery models
 - Evaluating results and advancing best practices
 - Engaging a broad range of stakeholders to develop additional models for testing

CMS Center for Innovation

Specific Models included under the ACA:

- Primary Care Transformation
- Accountable Care Organizations
- Bundled Payments for Care Improvement
- Initiatives focused on the Medicaid and CHIP populations
- Initiatives focused on Medicare-Medicaid enrollees
- Initiatives to speed the adoption of best practices
- Initiatives to accelerate the development and testing of new payment and service delivery models

Important Things to Remember

1. Tribal members are eligible for special monthly enrollment periods throughout the year;
2. Individuals can still apply for Medicaid during the entire year and might be newly eligible in states with Medicaid expansion;
3. Tribal members and those eligible for service at IHS can fill out the exemption application to avoid the tax penalty; and
4. Health Reforms impact our patients and the way we do business – tribal consultation, education and considering the needs of vulnerable populations is key.



National
Congress of
American
Indians



National Indian Health Board



The Red Feather Of Hope And Healing

***With generous support from
the Indian Health Service***



Clinical Considerations and Nashville Area Experience

**NATIONAL COMBINED COUNCILS MEETING
JUNE 23-26, 2014**



- CAPT Harry J Brown, Chief Medical officer
- Nashville Area | INDIAN HEALTH SERVICE

Catawba Service Unit



Micmac Service Unit



Mashpee Wampanoag Service Unit



Lockport Service Unit



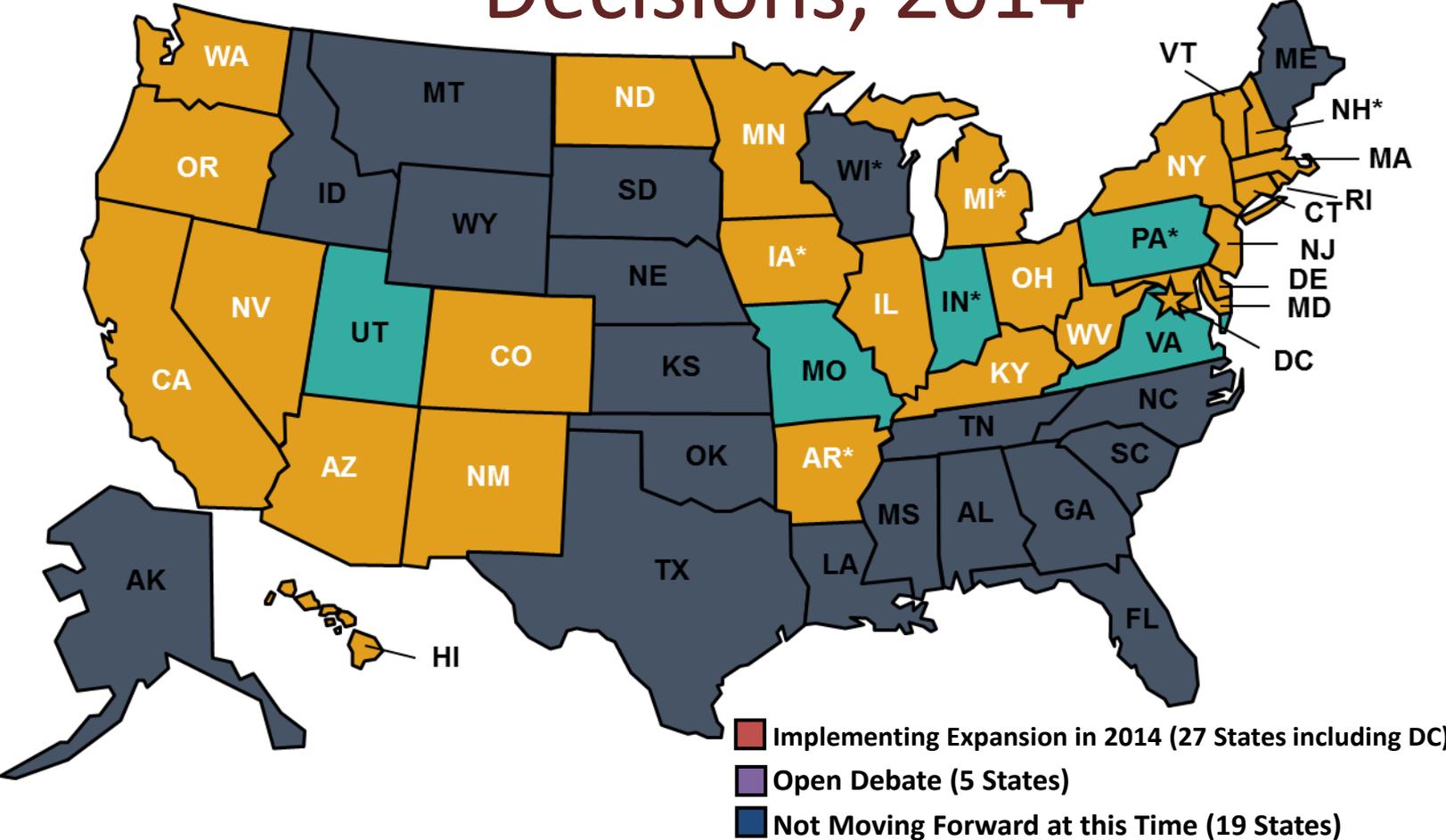
Unity Healing Center



Nashville Area₁

- Medicaid Expansion (or lack thereof)
- Marketplace Observations
- Patient Perspectives

Current Status of State Medicaid Expansion Decisions, 2014



NOTES: Data are as of March 26, 2014. *AR and IA have approved waivers for Medicaid expansion. MI has an approved waiver for expansion and plans to implement in Apr. 2014. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. NH has passed legislation approving the Medicaid expansion in Mar. 2014; the legislation calls for the expansion to begin July 2014.

SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS [here](#). States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.

Patient Experience of Care

- The “Triple Aim” is to improve:
 - Population Health
 - Patient’s Experience of Care
 - Per Capita Cost of Care
- Patient Centered Medical Home Model
- Excellence in Care – Agency’s Third Priority – To Improve the Quality and Access to Care

Quality Improvement

IHS Efforts

- Improving Patient Care
- Quality Innovation Learning Network

ACA Provisions

- Quality Improvement ACA provisions

Customer Service

- Importance of Customer Service:
“They Don’t Care How Much You Know Until They Know How Much You Care”
- Best practices in the Nashville Area
 - Emphasis on Customer Service –
 - Training
 - Performance Evaluations
 - Patient Concern Process

Key Points to Remember

- Our patients may now have more options for health coverage
- Special protections may be available for our patients in the Marketplace and through Medicaid/CHIP
- Providers should know the available health coverage options and be prepared to provide patient education
- Providers are a trusted source of health information and play a key role in educating patients.

Thank You

“They Don’t Care How Much You Know
Until They Know How Much You Care”

Role of the *Primary Care Providers* in ACA Implementation

IHS National Combined Councils Meeting | June 23-26, 2014



Alec Thundercloud, MD | Clinical Director
White Earth Health Center | Ogema, MN

Indian Health Service Providers

- Already are experts in ACA's goal of providing integrated healthcare delivery
- Unique position to promote monthly enrollment
- Have direct access for eligibility and enrollment into the Marketplace through benefits coordinators
- Skilled at providing good information to patients so they can make good informed decisions about their healthcare
- Proficient as patient and family advocates
- Understand the treatment of their patients in the context of the values of their family and traditions of their community

Communicating ACA with your Patients

- Clear communication is the foundation for patients to understand and act on information
- Similar to explaining medical conditions, avoid jargon, unnecessary detail and acronyms
- Synthesize and translate healthcare policy into language the patients are able to assimilate
- Verify insurance status with patients to engage in conversation
- Recruit family members into the conversation
- Keep informed

Benefits of the Affordable Care Act

- Free preventative health care appointments
 - Mammography and colorectal cancer screening
- Health insurance coverage for your patients even those with pre-existing conditions
- Coverage for those 26 years of age or younger
 - Even if you don't live with your parents
- Maintenance of health insurance coverage
 - If you get sick or become seriously ill
- No lifetime financial limits or annual limits
 - Your health insurance needs to offer you the same benefits even if you have a long or expensive illness
- Creation of the Health Insurance Marketplaces

MNsure

[Skip to Content](#)

[FAQ](#) | [glossary](#)

search MNsure



Where you choose health coverage

[sign in](#)

[individuals or families](#) | [small business & employees](#) | [assisters](#)

[get help](#) | [learn more](#) | [share](#)

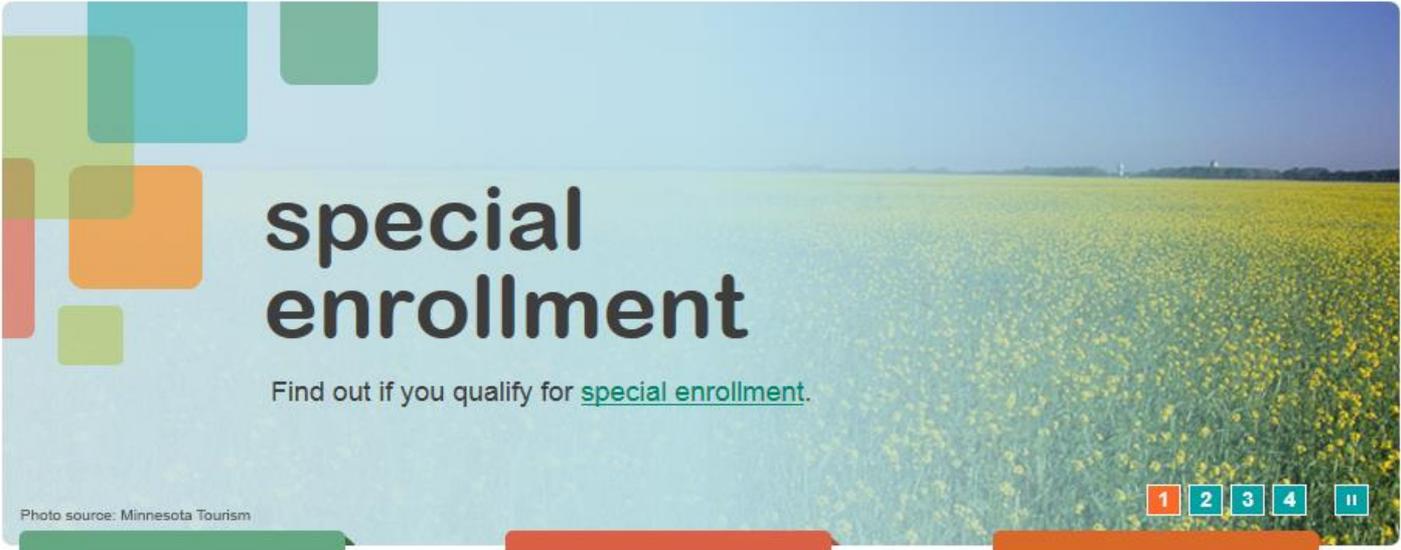


Photo source: Minnesota Tourism

[individuals or families >](#)

Need insurance? Compare plans from Minnesota insurers. See if you qualify for a low-cost or free plan.

[small business & employees >](#)

Discover the new way to shop for health insurance and get the right plan for your business. Employees, find out how to sign up.

[assisters >](#)

Join our Assister Partner Network of navigators, agents/brokers and certified application counselors. Stay updated on the latest Assister information.

MNSure

- State Based Marketplace with 3 partnership type contracts for enrollments
- Agents/Brokers (Insurance Producers)
 - Insurance carriers compensate insurance producers for enrollment
- Navigators/In-person Assisters
 - Formally contracted partners with MNSure
- Certified applications counselors
 - Organizations licensed and certified by the state
- 7 Governor Appointed Members make up the Board of Directors
 - According to state law, board membership must include representation from outside the 7-county metro area. One of the 6 members must have experience representing the needs of vulnerable populations and persons with disabilities.
 - The remaining members must represent the interests of Minnesotans in the following way:
 - One member representing the interests of individual consumers eligible for individual market coverage
 - One member representing individual consumers eligible for public health care program coverage
 - One member representing small employers
 - One member representing the areas of health administration, health care finance, health plan purchasing, and health care delivery systems
 - One member representing the areas of public health, health disparities, public health care programs, and the uninsured
 - One member representing health policy issues related to the small group and individual markets

MNsure and American Indians

- Tribal consultation policy finalized with various letters of support from Minnesota Chippewa Tribes
- Struggling with technical difficulties statewide
- Bemidji Service Units have finalized a contract with MNsure for online enrollment access (June 2014)
- Tribes doing outreach and enrollment with licensed certified application counselors

ACA at White Earth

In-person Assistance

- Certified Application Counselor is present in the Lobby to Assist with Enrollment

On-going Education

- Information board in waiting areas

Outreach

- Completing applications through the online, fax, mail and in person
- Assisting descendants with the streamlined application to file for the exemption

ACA at White Earth (continued)

Tracking/Reporting

- Assisting 2 to 3 families daily
- Averaging 25 enrollments into Medicaid/CHIP monthly
- Continue to provide information about Marketplace plans
- Receiving 150 referrals monthly
- Quarterly report to tribal council on all operations of the clinic

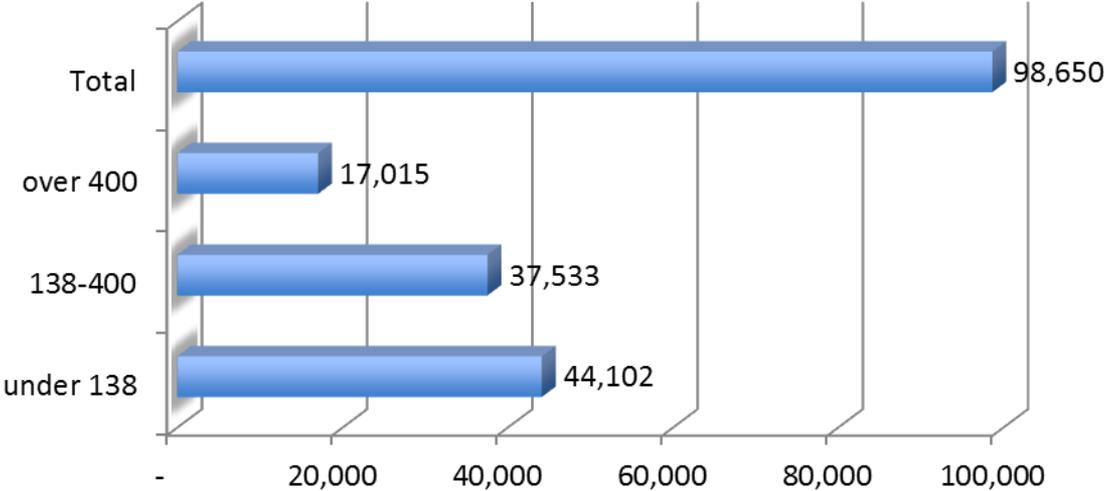
White Earth Nation

Human Service Transfer

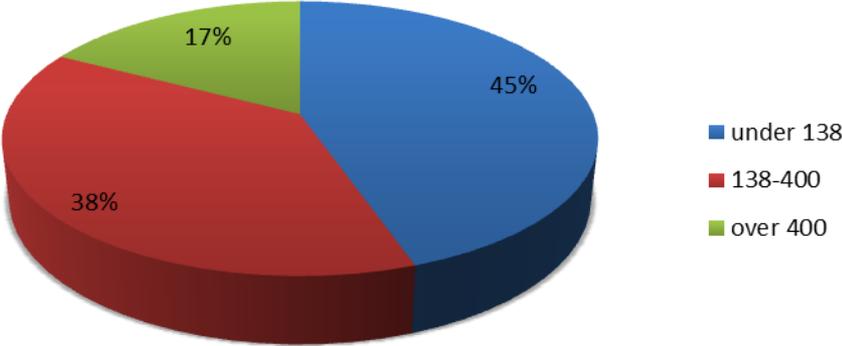
- The White Earth Nation has been working with the State of Minnesota in transferring responsibility of Human Service programs from the Counties on the Reservation
- The transfer includes several services including Medical Assistance (MA), Supplementary Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), General Assistance (GA), Minnesota Supplemental Aid (MSA), Diversionary Work Program (DWP) and Group Residential Housing (GHR)
- This is an exciting time for the White Earth Nation Human Service Division as this transfer gives the opportunity to provide their tribal members services which have been customarily provided by the local Counties

Minnesota Total Population

Total-AIAN MN

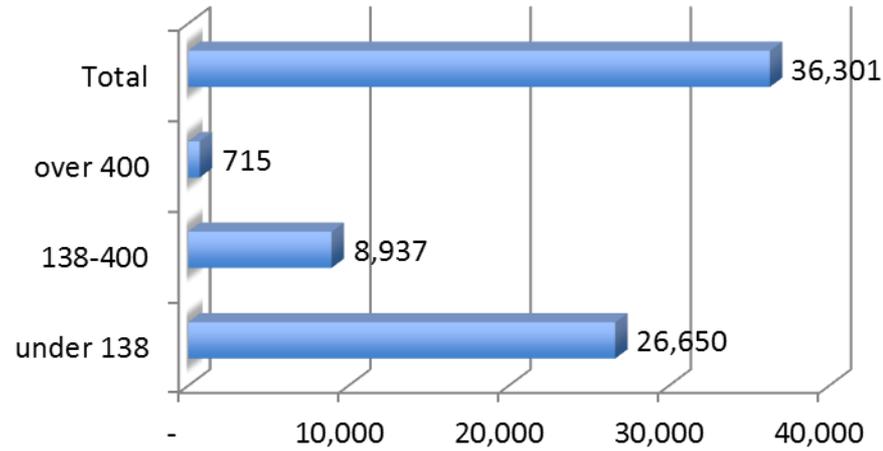


Total-AIAN MN

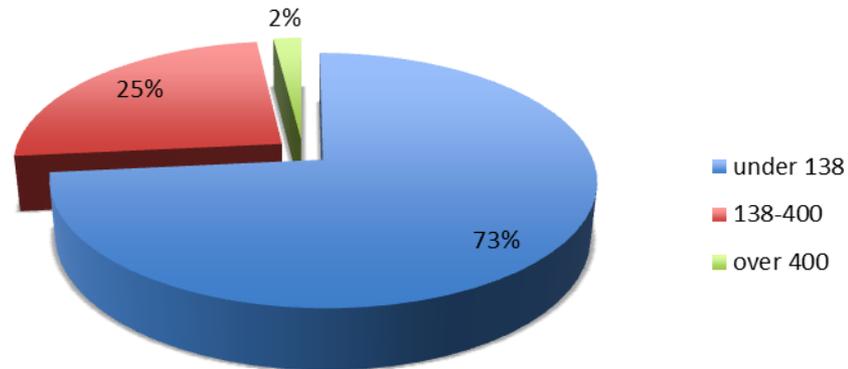


Minnesota Medicaid

Medicaid-MN

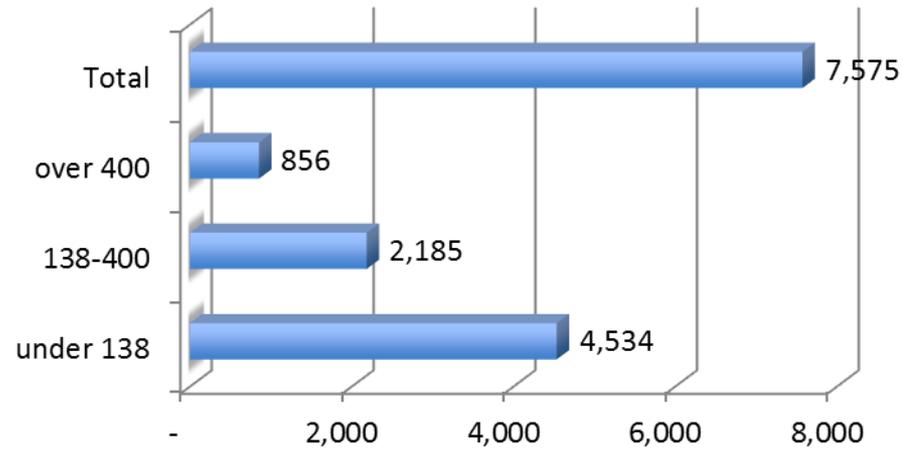


Medicaid-MN

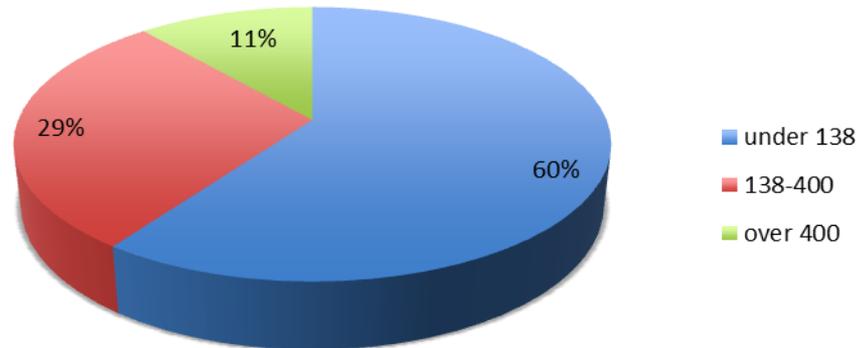


Minnesota Medicare

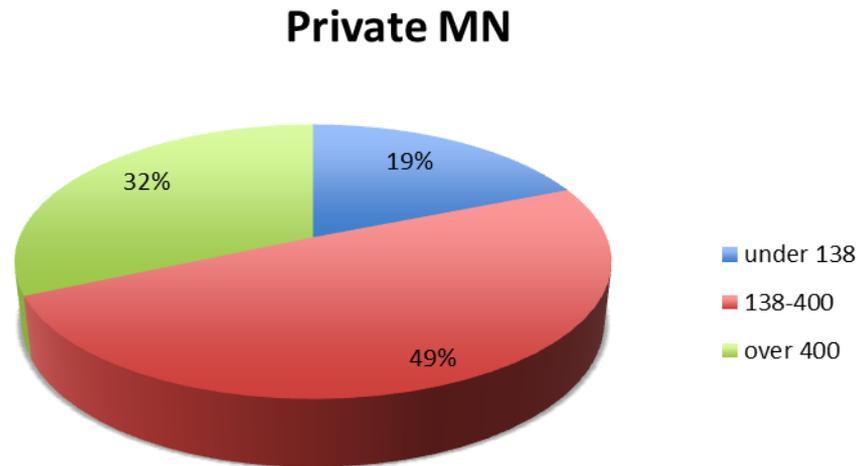
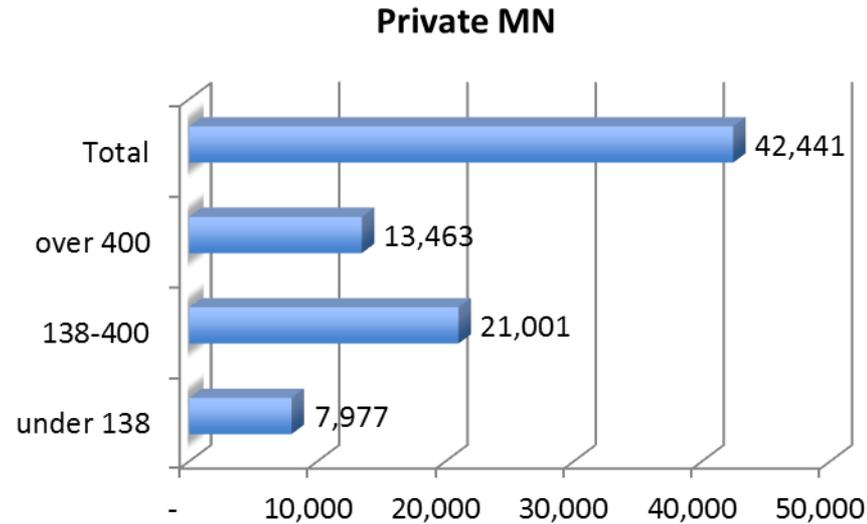
Medicare-MN



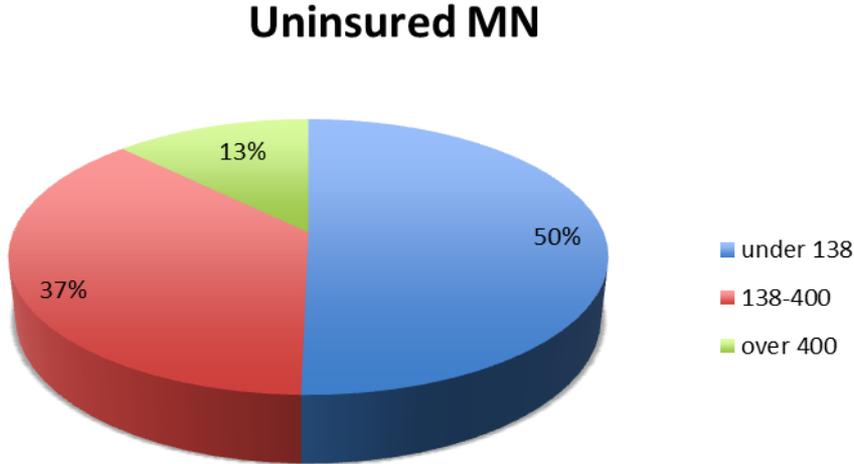
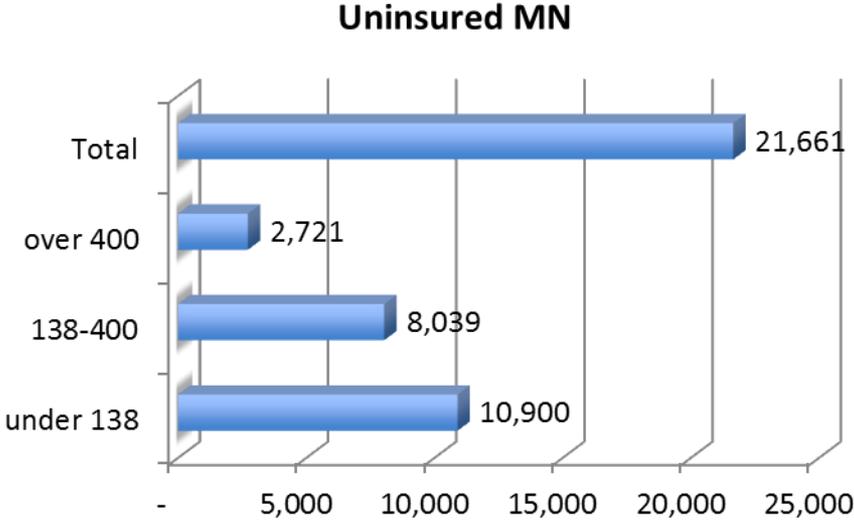
Medicare-MN



Minnesota Private Insurance



Minnesota Uninsured



Bemidji Area Direct Service Programs

- The Bemidji Area has 3 direct service programs at Cass Lake, White Earth, and Red Lake; all located in Northern Minnesota
- Service Units are now certified and able to work through MNSURE Website for online enrollment
- Showing little success with enrollment into QHP's
- Working on data to distinguish enrollment increase with Medicaid Expansion
- Continuing to enroll all eligible clients into Medicaid/CHIP

Bemidji Area Uninsured AI/ANs

| | Total | 0-18 | 19 and Older |
|---------------|--------|--------|--------------|
| All | 60,654 | 13,060 | 47,594 |
| IHS Access | 24,483 | 6,844 | 17,639 |
| No IHS Access | 36,171 | 6,216 | 29,955 |

- There are an estimated 60,654 uninsured AI/ANs in the Bemidji Area
- Nearly 48,000 are adults and 13,000 children under 19 years old

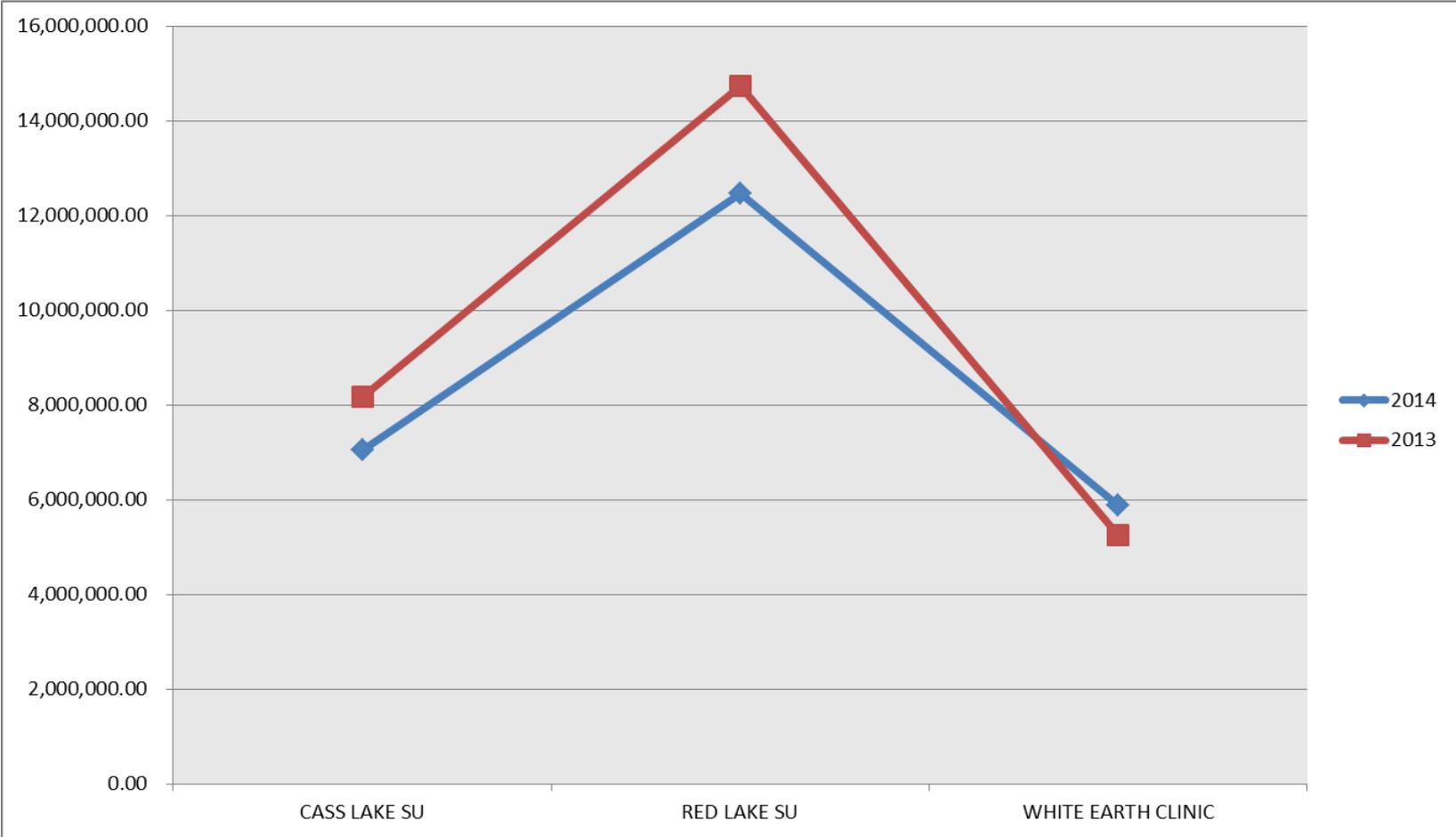
Bemidji Area

Income Distribution of the Uninsured

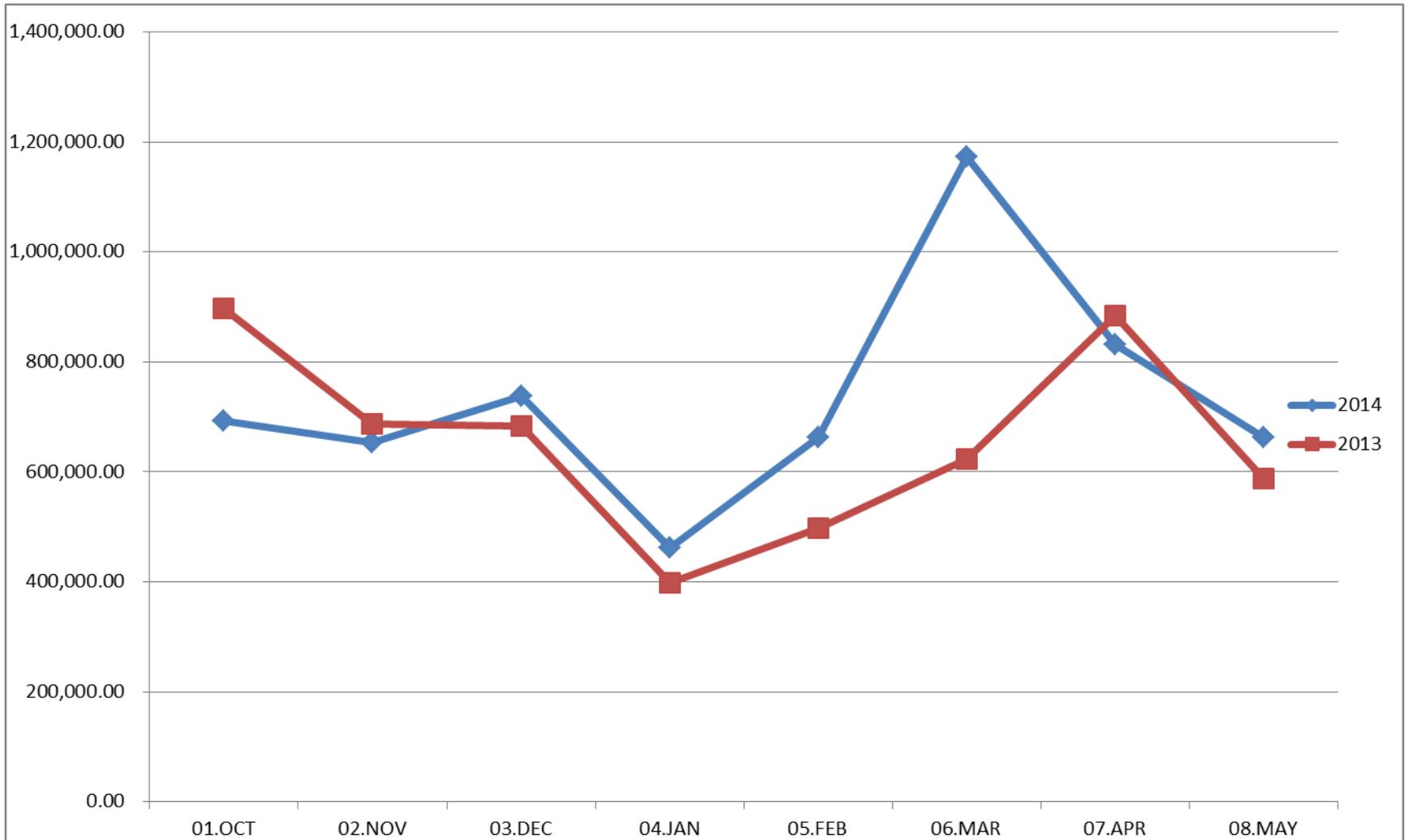
| Bemidji Area Uninsured AIANs by income level | Insured | Totals | 0-18 | 19 and older |
|--|---------|--------|-------|--------------|
| Between 0 and 138% of FPL | Total | 26,056 | 5,810 | 20,246 |
| | Yes | 10,875 | 3,237 | 7,638 |
| | No | 15,181 | 2,573 | 12,608 |
| Between 139% and 200% | Total | 8,697 | 2,554 | 6,143 |
| | Yes | 3,322 | 1,127 | 2,195 |
| | No | 5,375 | 1,427 | 3,948 |
| Between 201% and 300% | Total | 9,312 | 2,005 | 7,307 |
| | Yes | 3,644 | 778 | 2,866 |
| | No | 5,668 | 1,227 | 4,441 |
| Between 301% and 399% | Total | 5,710 | 1,218 | 4,492 |
| | Yes | 3,156 | 1,035 | 2,121 |
| | No | 2,554 | 183 | 2,371 |
| Between 400% and 500% | Total | 2,955 | 673 | 2,282 |
| | Yes | 1,460 | 403 | 1,057 |
| | No | 1,495 | 270 | 1,225 |
| Elsewhere Classified (nec.) | Total | 7,924 | 800 | 7,124 |
| | Yes | 2,026 | 264 | 1,762 |
| | No | 5,898 | 536 | 5,362 |

Bemidji Area Collections by Service Unit

October 1 – May 31



White Earth Collections Trend by Month



Bemidji Area Opportunities

- It appears that children, most of whom are likely Medicaid eligible, are less likely to be enrolled if they have “access to IHS”
- This is a great opportunity to secure insurance coverage at little to no cost to families
- This is a great opportunity to generate revenue to health programs

Questions or Comments??

- Special thanks to:
 - Jenny Jenkins, Acting Area Director for the Bemidji Area
 - Phil Norrgard, Director of Health Fond Du Lac Reservation