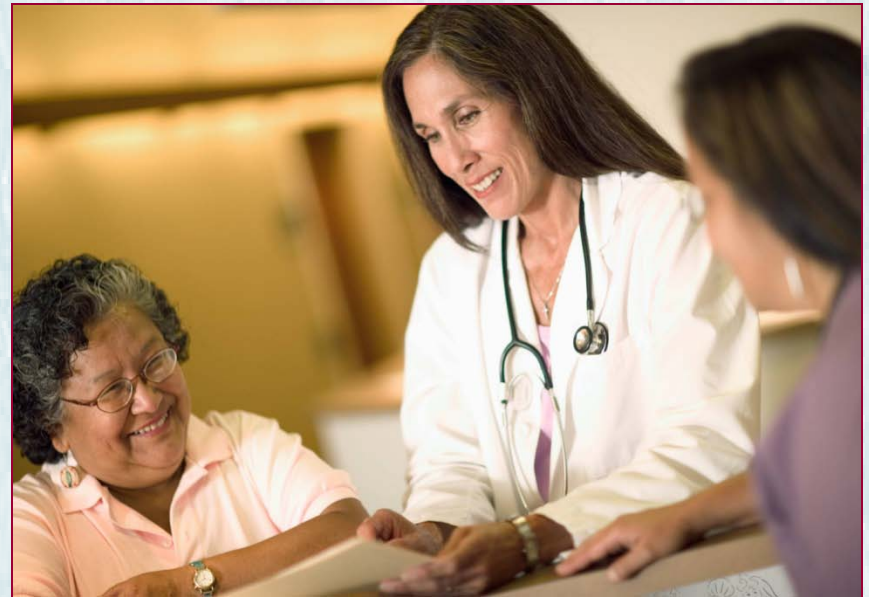


Health care reform and the American Indian Tribes

How do American Indians and Alaska Natives
Benefit from Health Reform?



CMS and Indian Health Care

In FY 2009, the IHS estimated that it collected over \$750 million in Medicare and Medicaid reimbursements – representing 25% of its national operating budget and at some local service units, 50% of their operating budgets.

Of the 1.9 million AI/ANs served by IHS – approximately 180,000 are enrolled in Medicare and 800,000 in Medicaid

CMS programs – Medicare, Medicaid, and CHIP – provide access to medical services that the IHS, tribal or urban Indian programs might not be able to provide due to limited funding, medical priorities, and/or health professional shortages.

American Reinvestment and Recovery Act of 2009 (ARRA)

Protections for Indians in Medicaid and the Children's Health Insurance Program



ARRA Section 5006

For purposes of 5006, the definition of Indian is consistent with IHS eligibility regulations and includes members, descendants, urban Indians and California Indians

No Medicaid Premiums or Cost Sharing

Exemptions for AI/ANs who have used an I/T/U or is eligible to use an I/T/U, including CHS

The provider payment may not be reduced by the amount of the cost sharing.

Exemption of certain Indian-specific property from consideration in determining eligibility for Medicaid

Exemption from Medicaid Estate Recovery Act rules

ARRA Section 5006

Medicaid Managed Care –

Protections for Indian health programs – MCOs must pay Indian health programs for services provided to AI/ANs

Consultation –

Requires States to consult with tribal governments and Indian health programs in any changes to Medicaid program, i.e, SPAs, waivers, etc.

- <http://www.cms.hhs.gov/smdl/downloads/SMD10001.PDF>

Children's Health Insurance Program (CHIP)

CHIP reauthorized on February 4, 2009.

\$10 million grant program to 41 IHS,
tribal, and urban Indian grantees.

National enrollment campaign funding for
AI/AN outreach materials:

- Billy Mills, PSA
- CHIP video – Two Feathers Media

Patient Protection and Affordable Care Act (ACA)

Enacted almost a year ago -- March 23, 2010

Provides additional health care resources for AI/ANs and Indian health programs

Highlight some key CMS related provisions:
Medicare, Medicaid, CCIIO, CMMI and Dual Eligibles

ACA and Medicare

Medicare beneficiaries will receive free “preventive services” screenings, one free “wellness visit” per year.

Medicare Part D beneficiaries in the donut hole will receive a 50% discount on brand named prescription drugs.

Cost of the Medicare Part D drugs incurred at the I/T/Us will count toward the AI/ANs annual out-of-pocket expenses.

ACA and Medicaid

Expands Medicaid for individuals and families up to 133 % of the FPL (\$29,300 for a family of 4)

The ACA creates state-based health exchanges through which individuals and small businesses can purchase health insurance coverage.

At CMS, we are working to make sure there is a seamless application process for persons applying for Medicaid and state based exchanges.

Center for Consumer Information and Insurance Oversight (CCIIO)

CCIIO has moved to CMS and is responsible for overseeing the creation of state insurance exchanges.

Indian specific provisions include:

- Special enrollment periods for Indians to enroll in exchanges
- Exemption from cost-sharing (co-payments) for Indians up to 300 % of FPL
- Exemption of members of Indian tribes from the individual mandate to maintain health coverage.

CCIIO and Indian Health issues raised by CMS TTAG

What will the definition be of “Indian”?

What will be the State tribal consultation requirements in developing state exchanges?

How can tribes be group payers and pay premiums on behalf of their members?

Will the Indian health programs be designated essential community providers?

CMS Innovation Center

The Innovation Center will identify and test new ways of delivering health care and new ways for paying for health care.

The Center will be the engine to revitalize health care delivery and to produce better health care outcomes.

The Center is looking for ideas from Indian Country such as the use of tele-health services to combat behavioral and chronic illnesses.

Federal Coordinated Health Care Office (Dual eligibles)

- 9.2 million Americans are dually eligible -- for Medicare and Medicaid.
- New office will coordinate care and improve the quality of care, access to and cost of care for many chronically ill individuals.
- Most importantly –to improve the beneficiary experience for one of the most vulnerable populations in our country.

Through implementation of the Affordable Care Act, CMS is doing its part to:

Out-Innovate through improved health care delivery systems and new ways to pay for care.

And Out-Educate through improved access to prevention services and wellness visits.

Thank You.