

Centers for Medicare & Medicaid Services



Centers for Medicare & Medicaid Services (CMS) Programs in Indian Country: Special Protections and Outreach and Enrollment Strategies

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CMS Overview

- Department of Health and Human Services (HHS)
- Administers Medicare, Medicaid, Children's Health Insurance Program (CHIP) and the Health Insurance Marketplace.
 - Serving over 126 million beneficiaries
- Medicare benefits and Federal share of Medicaid and CHIP benefit payments is approximately \$1 trillion
- CMS is the largest health care purchaser in the U.S. and plays a key role in the overall direction of the U.S. health care system



CMS Regions



Role of CMS Tribal Affairs

- CMS Division of Tribal Affairs (DTA) is located in Baltimore within the Intergovernmental & External Affairs Group, under the Center for Medicaid & CHIP Services.
- DTA serves as the point of contact on Indian health issues for the agency and tribal and federal partners.
- At each CMS Regional office, there is a **Native American Contact (NAC)** who is available to provide technical assistance on CMS programs to IHS, Tribal, and Urban health programs (I/T/U).
- For the list of DTA and NAC staff, please visit:
<https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/NACTAGlistApril2017.pdf>



AI/AN Beneficiaries



- AI/AN populations served by IHS – 2.2 million
- AI/AN populations served by IHS who are enrolled in:
 - Medicare: 260,000
 - Medicaid/CHIP: 800,000
 - Marketplace: 60,000
- For FY 2015, Medicare & Medicaid reimbursements to IHS (including some tribal facilities) exceed \$1 billion
- The revenues collected at each service unit varies from 15% to 65% of the service unit's hospital and clinics operating budgets



IHCIA provided the necessary funds and authorities to improve AI/AN access

- In 1976, Congress enacted Title IV of the IHCIA amending the Social Security Act to provide authority to IHS hospitals and clinics to receive reimbursement for services rendered to Medicare and Medicaid patients.
- Congress recognized that many AI/ANs were eligible for Medicare and Medicaid services but had no access to services and providers, unless they traveled off reservation to private/public providers hundreds of miles away.
- The authority to bill Medicare and Medicaid is unique to any other federal health program (i.e., VA and DoD do not have similar authority).
- IHS publishes its reimbursement rates in the Federal Register on an annual basis, often called the OMB rates.
- IHS hospitals and clinics also bill the Children's Health Insurance Program (CHIP) and private insurance, including the Marketplace health plans.



Affordable Care Act: Benefits for Tribal Communities

- **Permanently reauthorizes** the Indian Health Care Improvement Act (IHCA) and strengthens the Indian Health Service's role in health delivery.
- **Strengthens the IHS** and ensures that AI/ANs will be able to continue to receive services from IHS, Tribes or Tribal organizations, and urban Indian organizations.



The Marketplace

- The ACA provides one door to eligibility for
 - Marketplace health plans (QHPs)
 - Tax credits and cost sharing subsidies
 - Medicaid
 - Children's Health Insurance Program (CHIP)
- Offers choice of plans and levels of coverage
- Insurance companies compete for business



The Marketplace: Qualified Health Plans (QHPs)

- A **Qualified Health Plan (QHP)** is an insurance plan certified by the Marketplace that will cover 10 Essential Health Benefits (EHB).
- Each **QHP Must** follow established limits on cost-sharing
 - o deductibles, copayments, and out-of-pocket maximum amounts
 - o meets other requirements



The Marketplace: Essential Health Benefits (EHB)

Ten (10) Essential Health Benefits (EHB):

1. **Outpatient care** you get without being admitted to a hospital (ambulatory patient services)
2. **Visits to the emergency room**
3. **Hospitalization**
4. **Maternity and newborn care**
5. **Mental health, behavioral health, and substance abuse treatment**
6. **Prescription drugs**
7. **Rehabilitative and habilitative services** and devices (such as physical, occupational, or speech therapies that help improve skills for daily living)
8. **Laboratory services**
9. **Preventive and wellness services and chronic disease management** (such as screenings, check-ups, and monitoring and coordinating treatment)
10. **Pediatric services** (including oral and vision care)



Special Protections for AI/ANs on the Marketplace

- Special enrollment periods and the ability to switch plans monthly
- Cost-sharing reductions in zero cost-sharing and limited cost-sharing at any level plan, depending on income
- Ability to apply for an exemption from the individual shared responsibility payment



Special Protections: Special Enrollment Periods

- Tribal members and Alaska Native shareholders have **special enrollment periods (SEPs)**, which allow them to enroll or change health coverage every month instead of once a year during Open Enrollment.
- In the Federal Marketplace, if one family member on the application is eligible for the SEP, the whole family gets to choose a new plan. This is true even if different family members signed up for different Marketplace plans. State run Marketplaces may have different rules.



Special Protections: Zero Cost Sharing Plans

Tribal members and Alaska Native shareholders eligible for Advance Premium Tax Credits with income below 300% of FPL:

- Can enroll in a **zero cost sharing plan** which means no copays, deductibles or coinsurance when receiving care from a Marketplace plan.



Special Protections: Limited Cost Sharing Plans

Tribal members and Alaska Native shareholders with income below 100% and above 300% FPL:

- Can enroll in a **limited cost sharing plan** which means no copays, deductibles or coinsurance when receiving care from Indian health care providers
- Or if they get a **referral** from an I/T/U for care through a Marketplace plan.



Marketplace Plan Levels of Coverage: Metal Levels

Lowest Premiums Highest Out-of-Pocket Costs		Highest Premiums Lowest Out-of-Pocket Costs	
BRONZE HEALTHCARE PLAN	SILVER HEALTHCARE PLAN	GOLD HEALTHCARE PLAN	PLATINUM HEALTHCARE PLAN
60%	70%	80%	90%
Covered Percent of Total Cost of Care Covered			



Advanced Premium Tax Credits (APTC)

- Tribal members and Alaska Native shareholders are **not exempt** from premiums.
- You could be **eligible for APTCs**, if:
 - Buy health insurance through the Marketplace;
 - Don't have coverage through an employer or government plan;
 - Are within 100% and 400% FPL
- **Tribal Premium Sponsorship**



Exemption from the Shared Responsibility Payment

- Tribal members or Alaska Native shareholders, descendants, and other Indians eligible for services from an I/T/U, **may qualify for an exemption from the shared responsibility payment**
- You can claim an exemption when you file your federal income tax return:
IRS form 8965, Part III, enter Code E – Indian exemption and check full year



Medicaid Eligibility

- Medicaid eligibility covers different low-income populations, with differences in how income and resources are considered
 - Children
 - Pregnant Women
 - Families
 - Individuals with Disabilities or who are Blind
 - Elderly needing long term services/supports



Medicaid Eligibility

- Taxable Income plus non-financial information decides
 - Children and families
 - Pregnant women
 - Adults without children – expansion States
- Income (according to Supplemental Security Income – SSI rules), Resources and non-financial information decides
 - Elderly
 - Individuals with disability (SSI) or Blindness
 - Individuals seeking long term services/supports



**Medicaid Eligibility
Income versus Resources**

- Income examples are: payments for work, children support, social security
- Resource examples are: bank accounts, stocks & bonds
- Some income can become a “resource: when it is deposited in a bank account



**Medicaid
AI/AN Income/Resource Exemptions**

Certain types of Indian income and resources are not counted when determining Medicaid or CHIP eligibility:

- Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties
- Payments from natural resources, farming, ranching, fishing, leases, or profits from Indian trust land (including reservations and former reservations)
- Money from selling things that have Tribal cultural significance, such as Indian jewelry or beadwork



**Medicaid
Managed Care Indian Provisions**

People who receive Medicaid can be enrolled in Managed Care Plans by the State. There are special protections for AI/AN enrolled in managed care plans.

- AI/AN enrolled in Medicaid managed care plans can continue to receive services from an Indian health care provider (IHCP) and the IHCP gets paid, even if the IHCP is out of the patient's network.
- Reduces duplicative visits by allowing IHCPs to make referrals to in-network providers



**Medicaid
Cost Sharing Exemptions for AI/AN**

- Medicaid programs sometimes charge patients for enrolling or for services they get.
- AI/AN who are eligible to utilize I/T/U or PR/C referrals are exempt from premiums and enrollment fees for Medicaid
 - Premiums - monthly
 - Enrollment Fees – annually
- AI/AN who have ever utilized an I/T/U or received a referral under the P/RC Program are exempt from copayments, deductibles and coinsurance.
- AI/AN children are exempt from all cost sharing in CHIP.



**Medicaid
Estate Recovery Protections**

Medicaid programs are required by federal law to get money for Long Term Care services from a person's estate when they pass away.

- For an AI/AN person whose relative inherits their property, the State cannot take any protected items (like treaty or trust property, IIM accounts, money from resources or cultural/traditional activities).
- This protection includes monies the individual has saved that can be traced to any protected income or resource.



Medicaid
Special Non-Financial Eligibility Provisions

- Tribal Documents are First Tier verification for both citizenship and identity
- Individuals can enroll through State or county offices, the Marketplace, some Hospitals, some other Medicaid providers
- States are supposed to provide outstationing opportunities for people to apply for Medicaid
 - FQHCs, including Tribal and Urban Health programs enrolled as FQHCs
- Tribes can be eligibility offices for Medicaid in some States



Children’s Health Insurance Program (CHIP)

- Income/resource exclusions for Medicaid also apply
- Tribal documents accepted as proof of citizenship and identity also apply
- Managed care protections in Medicaid also apply
- AI/AN Children are exempt from all cost sharing



**New Medicaid Policies:
Outreach and Enrollment**

- On November 28, 2016, CMS released an Informational Bulletin that provides strategies and helpful information for states, Tribes, Tribal organizations, Indian health care providers, and application assisters to increase enrollment of American Indians and Alaska Natives into programs administered by CMS.
- Strategies for states:
 - Tribal Access to State Medicaid Eligibility Portals, out stationing of eligibility workers at Tribal FQHCs, Tribal Medicaid Administrative Match, express lane eligibility for children, presumptive eligibility, and continuous eligibility to increase enrollment of American Indians and Alaska Natives.
- Strategies for Tribes:
 - Making personal contact and building trust, holding enrollment events at Tribal powwows or other cultural events, and using social media and radio stations to improve outreach and education efforts.

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib112816.pdf>



Why Enroll in Medicaid/CHIP?

- Indian Health Providers can be paid for services provided and have more money to help those without coverage.
- Indian Health Providers may be able to afford more providers and resources to provide more services to AI/AN.
- People who are enrolled can get access to services outside the Indian health system including Specialty care.



Division of Tribal Affairs Outreach Activities

- National Outreach Campaign
- ACA Outreach Materials
- CMS Training Events & Webinars
- Other CMS Outreach Activities
- Administration for Children and Families' Tribal Website
- How to Order Tribal Products



CMS National Campaign

CMS held focus groups to test AI/AN knowledge of the ACA and to obtain feedback on outreach materials, and found:

- Low to moderate knowledge of the ACA
- Strong identification of AI/AN symbols, colors, and designs
- Images of individuals or families should be AI/ANs
- Messages must be clear and to the point



Other CMS Training Opportunities

- CMS Medicare Learning Network:
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/>
- CMS Open Door Forum Calls:
<http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/index.html>
- AI AN Long-Term Services and Support (LTSS) Technical Assistance Center is supported by a partnership between CMS, IHS, and ACL.
<http://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIANLongTermCare.html>



AI AN Specific Training Materials



CMS AIAN Website

go.cms.gov/AIAN



CMS AIAN Website

go.cms.gov/AIAN

- [Spotlight](#)
- [Tribal Consultation](#)
- [Tribal Technical Advisory Group \(TTAG\)](#)
- [All Tribes Calls](#)
- [Affordable Care Act](#)
- [Children's Health Insurance Program \(CHIP\)](#)
- [Long Term Services & Supports Technical Assistance Center](#)
- [Medicine Dish Broadcasts](#)
- [Outreach & Education Resources](#)
- [State Tribal Relations on Health Care](#)
- [Trainings/Webinars](#)
- [How To Order CMS Tribal Products](#)



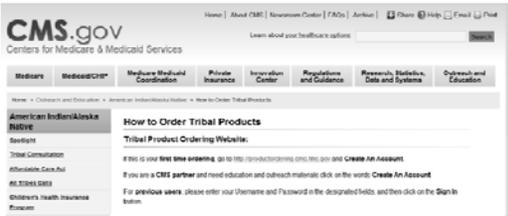
Grassroots Engagement



- Secured exhibit space to perform outreach and disseminate CMS outreach materials.
- Distribution of over 200,000 CMS Tribal outreach products



How to Order Tribal Products



If this is your **first time ordering**, visit:
<http://productordering.cms.hhs.gov>



Useful Links

- **DTA Website:** <https://go.cms.gov/AIAN>
- **To Apply for Coverage:** www.healthcare.gov
- **Trainings and webinars:** www.cmsitrainings.net
- **Medicare Learning Network:** www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/
- **Open Door Forums:** <http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/index.html>



Thank you!
CMS Division of Tribal Affairs

Questions?

Contact us at tribalaffairs@cms.hhs.gov