Health Policy Update

Presented by:

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Presentation Overview

1) What is Health Policy?
2) Current Health Priority Items
   1) Definition of Indian
   2) Employer Mandate
   3) 100% FMAP
   4) Medicare-Like Rates
   5) CHEF Rule
6) How Can You Become Involved?
What is Health Policy?

• Actions or Decisions or Actions meant to achieve a specific health care outcome or goal
  • Laws and Statutes
  • Rulemaking
  • Other Guidance
Health Policy Unique to Indian Country

• Trust Responsibility
• Laws
  • Indian Health Care Improvement Act
  • Indian Self-Determination and Educations Assistance Act
  • Snyder Act
  • Transfer Act
• Executive Order 13175
• President’s Memo of November 5, 2009
• Tribal Consultation Policies
• Tribal Advisory Committees
Definition of Indian

• The ACA contain different definitions of “Indian”
  • Restricted to members of Federally Recognized Tribes
• This is a problem for a number of reasons
  • Tribes are sovereign nations and determine their own membership requirements
  • IHS eligibility is not dependent on being a member of a Federally Recognized Tribe
• Individual Mandate Hardship Exemption
• Legislation
  • Use the same definition that IHS and CMS uses
• Regulatory Fix
Employer Mandate

• Employers who employ at least 50 employees are responsible for offering health insurance to their employees

• Two kinds of penalties
  • When the Employer does not offer insurance to 95% of its full-time employees and their dependents
  • When the Employer offers insurance that is either unaffordable for the employee or does not provide a minimum level of coverage

• There is no penalty unless at least one employee enrolls in a Qualified Health Plan in the Marketplace and qualifies for a tax credit or cost-sharing reduction

• Individual Mandate
  • Indian Exemption
Employer Mandate

• Why is it bad for Indian Country?
  • Some Tribal governments don’t have the resources to purchase insurance for their employees
  • When an employer offers insurance to AI/AN employees, AI/AN employees lose their tax credits, often times making it more expensive for them
  • If an AI/AN employee, with health insurance purchased for them by their employer (often times through federal funding), receives healthcare from the Indian Health Service, Tribes eventually end up paying the federal government to provide healthcare which is violation of their trust obligation
• Tribal Employment and Jobs Protection Act (H.R. 3080) and (S. 1771)
• Meetings with Treasury
100% FMAP Implementation

• February 26\textsuperscript{th}, CMS issued a SHO letter Updating it’s 100% FMAP Policy

• 100% Medicaid Reimbursement to a non-IHCP as long as certain conditions are met
  • IHS/Tribal Facility and non-IHCP must be enrolled in the State’s Medicaid Program as rendering providers
  • There must be an established relationship between the patient and a qualified practitioner at an IHS/Tribal facility
  • There must be a care coordination agreement between the IHS/Tribal facility and non-IHCP

• Powerful Negotiation tool for Tribes
CHEF Proposed Rule

• Ineligible for CHEF until the cost of treatment for an episode care has reach a certain threshold
  • $19,000 for FY 2016
• Defines Alternate Resources to includes Tribal and Tribal-Self-Insured Plans
  • Concern this would mean Tribes would pay primary to federal government
• Lack of Tribal Consultation
• Comments due May 10th
New Medicare-Like Rates Final Rule

- NIHB coordinated a pan-Tribal comment on this
- I/T/Us can negotiate with certain IHCPs, who provide services through PRC, for payment at MLR
- Opt-in rule
  - Recognition of Tribal Sovereignty
  - Does not apply to Urban Programs
- Capped at Most Favored Customer Rate
- Comments due May 20th
How Do You Get Involved?

• Educational background
• Experience in Indian health care delivery systems
• Internships at Area Health Boards, NIHB, NCAI
• Meetings, teleconferences, webinars
• Read position papers, comment letters, strategic plans
• Check websites and subscribe to newsletters
• Develop Tribal position papers on policy issues from a Tribal perspective
• Attend meetings as an observer
• Ask to be on mailing list -- read e-mail discussions
• Join a Workgroup or Subcommittee
• Find a mentor
• Talk with people in your Tribe and Tribal health program about issues that may be important to them.
How Do You Get Involved?

• Develop a policy team at your Tribe and assign different topics to different people to cover.
  • Give people time to participate in teleconferences and meetings.
• Provide funding for key employees to attend state, Area, and national meetings.
• Hire a consultant on an hourly basis.
  • Share the cost with other Tribes.
• Help fund a position at the Area Health Board.
MMPC

- Premiere AI/AN Health Policy Committee
  - Standing Committee of NIHB
  - Open Membership
  - Increasing Participation
- Provides Technical Support for Tribal Technical Advisory Group (TTAG)
MMPC

- Workgroups
  - Regulations Workgroup
  - IHS/Tribal Workgroup
  - Payment Reform Workgroup
- Listservs
  - Announcements
  - Tools/Resources
  - Discussion
- Website:
  http://www.nihb.org/tribalhealthreform/mmpc/
Consultation

• Attend Consultation and Listening Sessions!
• Write Letters!
• Talk to Your Leadership
Questions?

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