

# American Indian and Alaska Native People and the Washington State Health Benefit Exchange

Port Gamble S'Klallam Tribe  
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February 2015

# Sponsorship: One Solution to the “hard sell.”

- Enrollment in Public and Private Insurance
- Principles
- Sponsorship
- Tribes, Urbans, others
- Kiss: Keeping it Sweet & Simple, the PGST example
- When is it easier
- When is it harder
- Resources



# Principles

- Tribal Sovereignty
  - Self-Governance
- Federal Trust Responsibility for Health Care
  - Full funding of Indian Health Service is Tribes' preferred method to honor responsibility for health care services.
- Advocating for full enrollment in Medicaid and Marketplace is clearly an adaptation to the reality of an underfunded IHS.
- Medicaid AND Marketplace plans are both a hard sell, but as we will see Medicaid is easier



# Marketplace enrollment

- Currently estimated 460,000 AIANs (both enrolled and descendants) are eligible for tax credits in the 33 states with federally recognized tribes,
- HHS reports 48,000 AIANs have enrolled.
  - 10% or less of those eligible have enrolled in QHPs
  - So, it's a Hard Sell



## Federally-Recognized Washington Tribes

1,100 AIANs  
enrolled May  
2014.  
Of 17,000  
eligible

| Tribe.....                  | Enrolled |
|-----------------------------|----------|
| Tulalip .....               | 67       |
| Colville .....              | 52       |
| Cowlitz .....               | 33       |
| Makah .....                 | 29       |
| Yakama .....                | 29       |
| Jamestown S'Klallam.....    | 25       |
| Spokane .....               | 22       |
| Lummi .....                 | 21       |
| Lower Elwha .....           | 20       |
| Samish .....                | 20       |
| Quinault .....              | 18       |
| Puyallup.....               | 17       |
| Port Gamble S'Klallam ..... | 14       |
| Kalispel .....              | 11       |
| Swinomish .....             | 10       |
| Upper Skagit .....          | 10       |
| Nooksack .....              | 6        |
| Squaxin Island .....        | 6        |
| Shoalwater Bay .....        | 5        |
| Snoqualmie .....            | 4        |
| Suquamish .....             | 3        |
| Nisqually .....             | 2        |
| Skokomish .....             | 2        |
| Quileute.....               | 1        |
| Muckleshoot .....           | 1        |
| Chehalis .....              | 1        |

# February 15, 2015 Enrollment through WA Exchange

American Indians/Alask Natives in Washington Healthplanfinder

35,630

American Indians/Alaska Natives enrolled in WAH /Medicaid 28,066

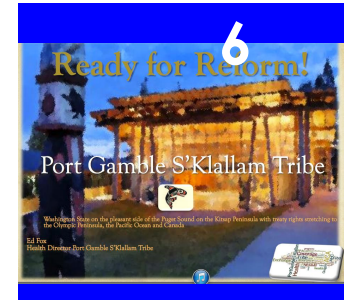
American Indians/Alaska Natives enrolled in QHP 1,841

American Indians/Alaska Natives eligible for QHP - tax credit 1,801

American Indians/Alaska Natives eligible for QHP - no tax credit, 465

# Premium sponsorship

- Sponsorship is typically when someone pays ALL the premium for eligibles (WA requires this)
- Federal regulations approve Tribal Premium Sponsorship
- Tribe pays for the premium of certain eligible patients
- Other organizations, entities, including Urban Indian Organizations could sponsor



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

45 CFR Part 156

[CMS-9943-IFC]

RIN 0938-AS28

### Patient Protection and Affordable Care Act; Third Party Payment of Qualified Health Plan Premiums

**AGENCY:** Centers for Medicare and Medicaid Services, Department of Health and Human Services (HHS).

**ACTION:** Interim final rule with comment period.

**SUMMARY:** This interim final rule requires issuers of qualified health plans (QHPs), including stand-alone dental plans (SADPs), to accept premium and cost-sharing payments made on behalf of enrollees by the Ryan White HIV/AIDS Program, other Federal and State government programs that provide premium and cost sharing support for specific individuals, and Indian tribes, tribal organizations, and urban Indian organizations.

**DATES:** *Effective Date:* This interim final rule is effective on March 14, 2014.

# Port Gamble S'Klallam Example: Kiss Model



- 1. We assist enrollment in Medicaid and Marketplace plans-see us for your coverage options
- 2. We buy BRONZE PLAN only for a subset of Marketplace eligibles
  - 1. CHS eligible (and there is no exemption from alternate resource rule)
  - 2. Eligible for Tax Credit
  - 3. Under 300% of poverty
    - Note: in non-expansion states no one under 100% of poverty is eligible for tax credits.
- 3. In 2015 we will buy SILVER plans for descendants
  - In 2014 we may pilot expansion to all tribal members in Washington State and for all uninsured under 26.



# When is sponsorship easier

- *There is no typical Indian health program, but there are IHPs who will find it is very easy to say yes to Sponsorship based on previous insurance experience.*
- •They have experience buying health insurance
- •They reimburse for Medicare B, C and/or pay directly for Part D
- •They have paid premiums for one of the state-funded insurance programs like Basic Health Washington, BadgerCare or MinnesotaCare.
- When entry level employment opportunities are a goal



# When is it easier, e.g. PGST

- *At the Port Gamble S'Klallam Tribe,*
- *80% of tribal members live on or near reservation,*
- *most patients are 'enrolled tribal members' who trust their health program's capacity to buy insurance,*
- *a tribe remote from urban populations,*
- *with experience buying health insurance, providing customer service for that insurance,*
- *and with an income profile that finds nearly all the uninsured eligible for either Medicaid (500 or so) or Subsidies (25-50) in the exchange---it is easy to say yes to Sponsorship-*



# When is it harder

- No experience promoting Medicaid and / or continued strong reluctance to enroll in Medicaid – citing Trust responsibility
- Low awareness of the need for 3<sup>rd</sup> party revenue to supplement IHS funding
- No experience buying state insurance plans like MinnesotaCare, WA Basic Health, Badger Care
- No experience reimbursing for Medicare Part B or paying for Part D coverage.
- Uncertainty about contracting with health plans and scope of their networks.



# Sponsorship Complements Medicaid enrollment

- A well-designed Tribal premium sponsorship program will result in signing up far more Medicaid enrollees than actual 'sponsored' enrollees with Marketplace insurance.
- As community members are screened for coverage eligibility far more will find they are eligible for Medicaid under Medicaid expansion.
- Medicaid is "Golden" Why?
  - Broadest Definition of Indian (not just enrolled members)
  - No cost and Encounter Rate for Tribal IHS programs



# Contracting with QHPs

| <b>Plan Name</b>                    | <b>Contract</b> | <b>Status</b>   |
|-------------------------------------|-----------------|---|
| BridgeSpan Health Company           | Yes             | No response to signing CMS/IHS Addendum                   |
| Community Health Plan of Washington | Yes             | First Choice Network<br>No to signing CMS/IHS Addendum    |
| LifeWise                            | Yes             | No to signing CMS/IHS Addendum                            |
| Premera Blue Cross                  | Yes             | No to signing CMS/IHS Addendum<br>Tribal Sponsorship Plan |

Difficulties include: Requests for credentialing, denied claims if more than one provider sees a patient, questions about professional liability. Refusal to adopt Indian Addendum.



By December 15, 2013 PGST had enrolled 9 into Qualified Health Plans and paid for their insurance PGST also enrolled 79 in Medicaid

By the end of January 2014 200 were enrolled in Medicaid and 18 in Qualified Health Plans

By August 2014 about 30 QHPs and 300 new to Medicaid

**CHAIRMAN'S CORNER** — One of the big stories of this past fall was the implementation of "Obamacare", which is officially known as the Affordable Care Act.

This overhaul in how people find and obtain health insurance received a lot of negative press at its launch—slow response times, a glitch-filled website, and confusion over what's covered have been just a few of the problems. As of this writing, however, many of these issues have been resolved or are headed in that direction. Obstacles aside, one thing that's clear is that this program makes it more affordable for low- and middle-income individuals and families to obtain health insurance through tax subsidies.

Now, you might be thinking that none of this applies to you because of the health services we provide to our membership; that these services mean you don't need health insurance. The truth is though that obtaining health insurance not only improves your health care options, but also helps our Tribe provide better medical, dental, and behavioral health services to everyone. *What's more, it likely won't cost you or your family a dime.*

Here's how it works: Our Tribe is one of the few in the country that will pay for health insurance coverage for members. Our only requirement is that you're eligible for tax subsidies from plans acquired through the Washington State Health Benefits Exchange. This is what we're calling the Tribal Premium Sponsorship Program. As a part of this program, we have trained staff to help you find the best coverage for you and your family. Sometimes this is Medicaid; sometimes it's through an independent provider found using Washington State's health plan finder website ([www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)). In any case, if you're in a family of four making less than 300% of the national poverty level—that's \$70,650—our Tribe will cover the cost of your health insurance premiums. A single person needs to make less than \$34,470.

Our on-reservation health and dental clinics

With all of the changes to health care coverage, the Basic Health Insurance program is going to be discontinued, replaced with expanded Medicaid and private insurance. And that is why we need you and your family to sign up for health insurance. Not only will *you and your family receive comprehensive health coverage for free*, but you'll also help us bring in more money to our Community Health Program, which will allow us to expand the services we provide. Our Tribe gets paid for every qualified individual who signs up for Medicaid or insurance by at least a 2 to 1 cost benefit ratio.

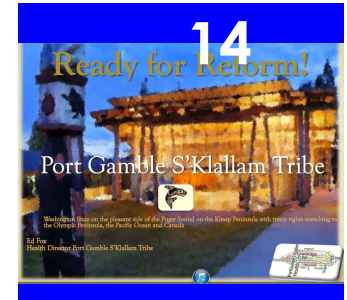
**Our on-reservation health and dental clinics do offer many basic and preventative care services. These aren't going away and having health insurance will not impact your access to your doctors.**

For example, we expect to have purchased health care for about 50 members and helped another 125 enroll in Medicaid by the middle of 2014. The cost of this to our Tribe will be about \$150,000 in insurance premiums and administrative fees, which is a small investment when you consider that the payment: an extra \$450,000 annually to our Health Services department! All of this comes from the tax credits offered by the federal government to individuals and families to purchase health insurance.

We began our Tribal Premium Sponsorship Program on November 7 and, since then, as of this writing, our Health Services department has signed up 79 patients to Medicaid and another seven for a qualified health insurance plan. That may not sound like much, but there are few tribes in the country who are providing this coverage for its members. According to Ed Fox, our Health Services Director, it's doubtful that there's another tribe in the country that has signed up as many. This is a huge accomplishment.

# The PGST experience

- Premiums average cost is \$40 per month, \$480 per year in 2014, about \$60 per month 2015.
- Currently paying \$1,400 per month for 25 lives-helped others enroll, but did not sponsor
- \$18,000 paid in 2014
- \$11,000 paid by QHPs to PGST 2014



CHS payments for care in 1st six months of 2014 reduced by almost 50% from \$469,241 (2013) to \$252,038 (2014).

## Tribal HPF Enrollment Data: Port Gamble

### Total Persons Assisted By TA:

| Tribal Enrollment Data Oct 13 - July 14 (through July 31) | First Name | Last Name | Medicaid Renewals | WAH-New    | QHP/APTC  | July 14 Total |
|---|------------|-----------|-------------------|------------|-----------|---------------|
| Port Gamble S'Klallam Tribe                               | Edward     | Fox       | 1                 | 1          | 3         | 5             |
|   | Sherry     | Haskett   | 25                | 88         | 11        | 124           |
|   | Sherry     | Haskett   | 7                 | 68         | 8         | 83            |
|   | Traci      | Ives      | 63                | 101        | 13        | 176           |
|   | Traci      | Ives      | 21                | 58         | 5         | 84            |
| <b>Totals</b>   |            |           | <b>117</b>        | <b>316</b> | <b>40</b> | <b>472</b>    |



# Impact of Sponsorship in Qualified Health Plans

- Tribal Marketing is now.... get 'covered' at no cost to you, the tribe will pay all costs.
- Provides a more comprehensive 'coverage' option from Medicaid to QHPs.
- Supports goal of Tribe to support workforce development
- Medicaid no longer a 'lock' on employment (for jobs that do not offer insurance).

