

Tribal Outreach and Education

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NIHB Mission: Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.



- Troubleshoot challenges for AI/AN individuals, Enrollment Assisters, and others encountered relating to Tribal health insurance access
- Conducts research; provides training, policy analysis, and one-on-one technical assistance for I/T/U staff
- Tribal Healthcare Reform Outreach and Education Policy Program at NIHB is an indispensable role for Indian Country

What Does Outreach And Education Mean To Indian Country

- Reach out to Tribal members within the community
- Empower Tribal members
- Advertise to inform Tribal members of your program
- Culturally appropriate education
- Highlight and identify Tribal community needs

Outreach & Education Responsibility To Indian Country

- Help Tribal citizens enroll in health insurance coverage
- Understand the Indian health care process
- Understand special protections and provisions for American Indians and Alaska Natives
- Provide education to Tribal community on the importance of health insurance

Best Practice: Community Outreach

- Create partnerships with local organizations who also assist community members
- Local State Medicaid office-Tribal Liaison
- CMS educational materials
- Advertise community outreach events
 - Tribal newspaper
 - Tribal radio
 - Social media



Best Practice: O&E Strategies

- Presentations
 - Tribal meetings
 - Schools
 - Local agencies
- Partnerships
 - Creating partnerships with existing organizations can help build relationships, tap into services, & referrals
- Informational booth
 - Provides a unique opportunity to connect the community



Best Practice: Medicaid Retention

- Prepare pre-filled Medicaid renewal application
- Mail patient reminder letter to renew Medicaid
- Provide a monthly gift basket drawing for Medicaid renewal application
- Partner up with community health workers such as PHN, CHR, CHAP, etc.



Best Practice: Pharmacy Research

- Identify patients with Medicare Part D who have high cost prescription
 - Utilize Medicare drug tool finder
- Pharmaceutical Assistance Program
 - <https://www.medicare.gov/pharmaceutical-assistance-program/>



Best Practice: Tribal Sponsorship

- Tribal Premium Assistance Program
 - Medicare Part B and Part D
 - Marketplace insurance plans
- Premiums are paid on behalf of patient
- Tribal Premium Assistance Program increases the third-party revenue, increases staff, and shows positive return on investment



Best Practice: Value Of Health Insurance

- Use visuals
 - Medical bills
 - Health insurance cards
 - Health Insurance Marketplace Summary of Benefits
 - List of preventive services
 - Stories of patients who enroll and benefit from health insurance




Outreach Efforts And Continuing Education

- CMS ITU Trainings
- National Webinars
- National Calls
- Educational Materials for AI/ANs
- Resources and Contact Information



CMS Tribal Outreach & Educational Materials

Understanding Cost Sharing Protections for American Indian and Alaska Natives in Medicaid, CHIP, and the Marketplace




- > Types of cost sharing
- > When cost sharing applies to you
- > Eligibility for cost-sharing reductions in the Marketplace
- > Medicaid and CHIP cost-sharing protections

HealthCare.gov

10 Important Facts about Indian Health Service and Health Insurance

For American Indians and Alaska Natives

Why your Indian health benefits may not be enough



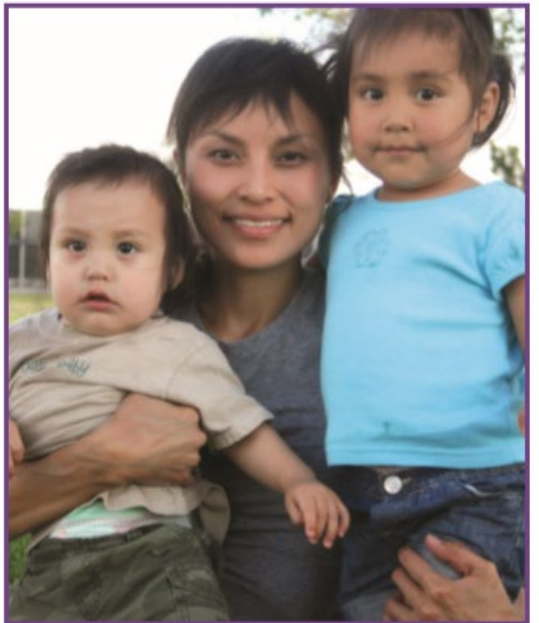
HealthCare.gov

American Indian / Alaska Native

Important facts about

CHIP/

CHILDREN'S HEALTH INSURANCE PROGRAM




Knowing your child is covered brings peace of mind!

HealthCare.gov

CHIP, Medicaid, Medicare, and the Health Insurance Marketplace at a Glance

For American Indians and Alaska Natives

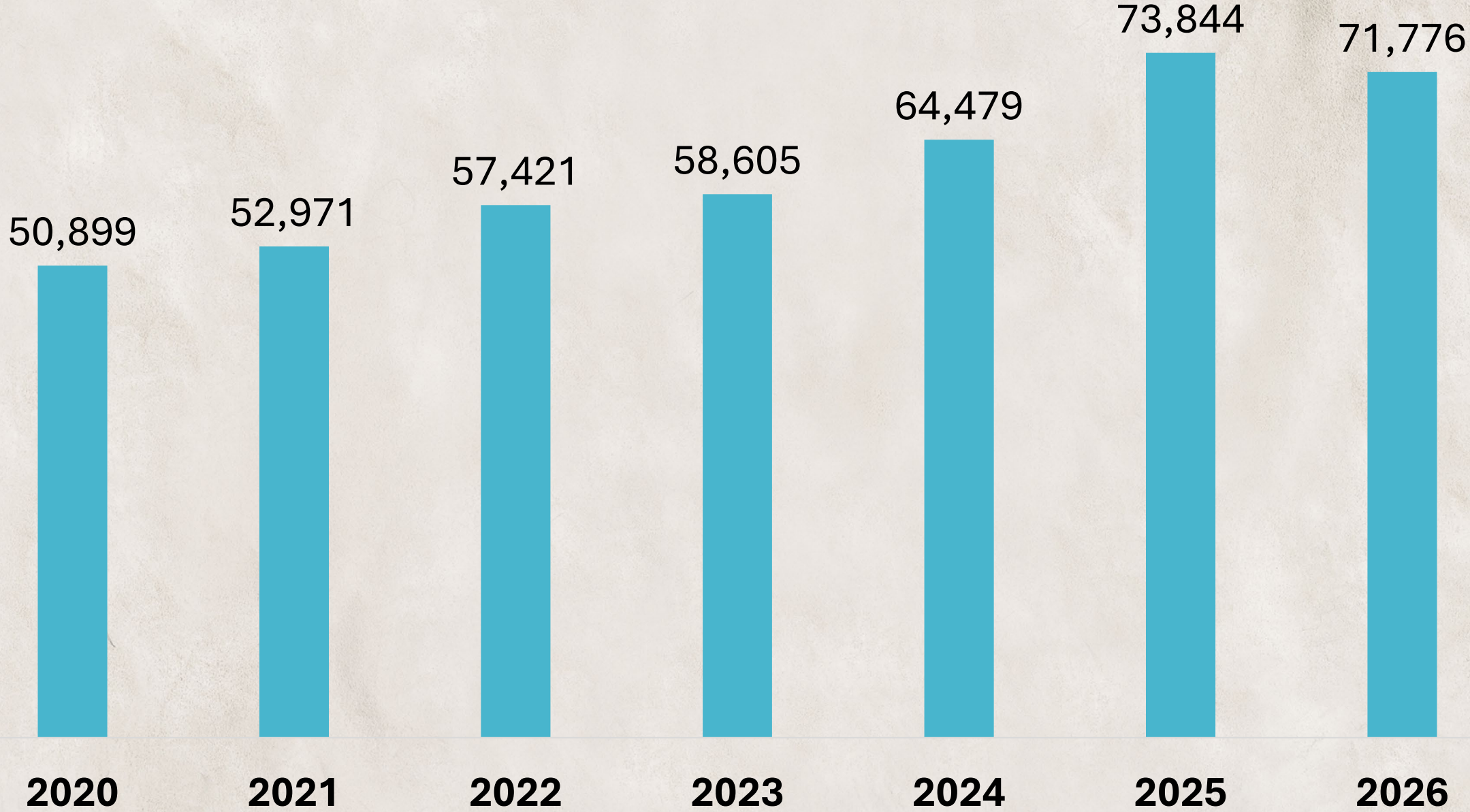
- > Insurance options
- > Eligibility requirements
- > Benefits



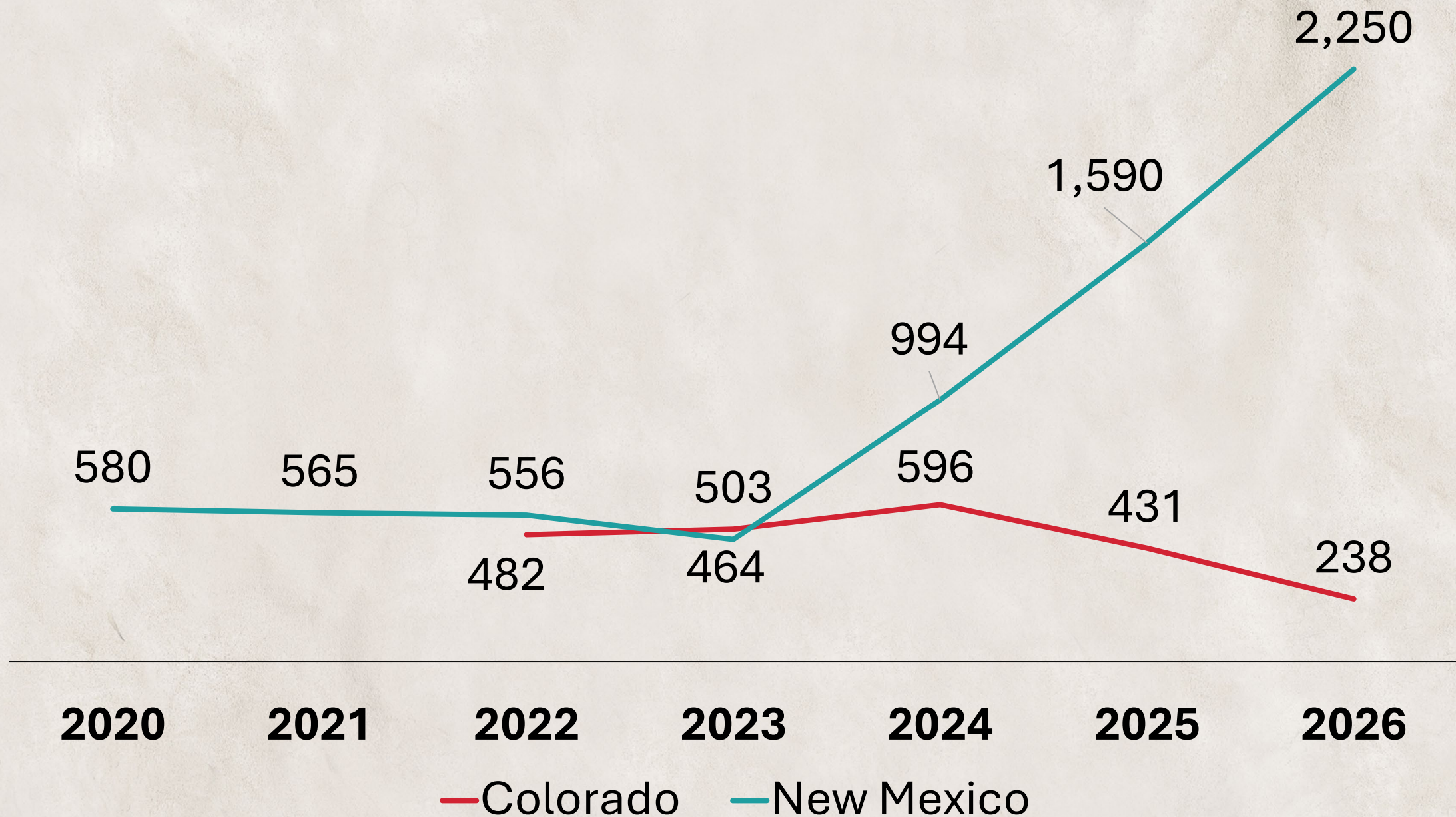
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Marketplace, Medicaid, Medicare and Uninsured Data

AI/AN Marketplace Enrollment in the US



AI/AN Marketplace Enrollment by State



Medicaid, Medicare, and Uninsured Data

- All data following are from American Community Survey 2014, 2019, and 2024 5-year estimates, U. S. Census Bureau.
- All population data include foreign-born. American Indian Alaska Native is defined as “alone or in combination with one or more other races.”
- Any questions on data, please contact NIHB’s Research team at data@nihb.org.

AI/AN Enrollment in the United States

AI/AN Enrollment	2014	2024	Change	Percentage Change
Medicaid	1,505,994	2,481,204	975,210	64.8%
Medicare	612,761	1,038,422	425,661	69.5%
Uninsured	1,177,363	1,095,669	-81,694	-6.9%

AI/AN Medicaid Enrollment

State	2014	2024	Change	Percentage Change	Medicaid Expansion Date
Colorado	31,863	52,861	20,998	65.9%	1/1/2014
New Mexico	76,966	131,782	54,816	71.2%	1/1/2014

AI/AN Medicare Enrollment

State	2014	2024	Change	Percentage Change
Colorado	10,706	20,263	9,557	89.3%
New Mexico	22,971	37,766	14,795	64.4%

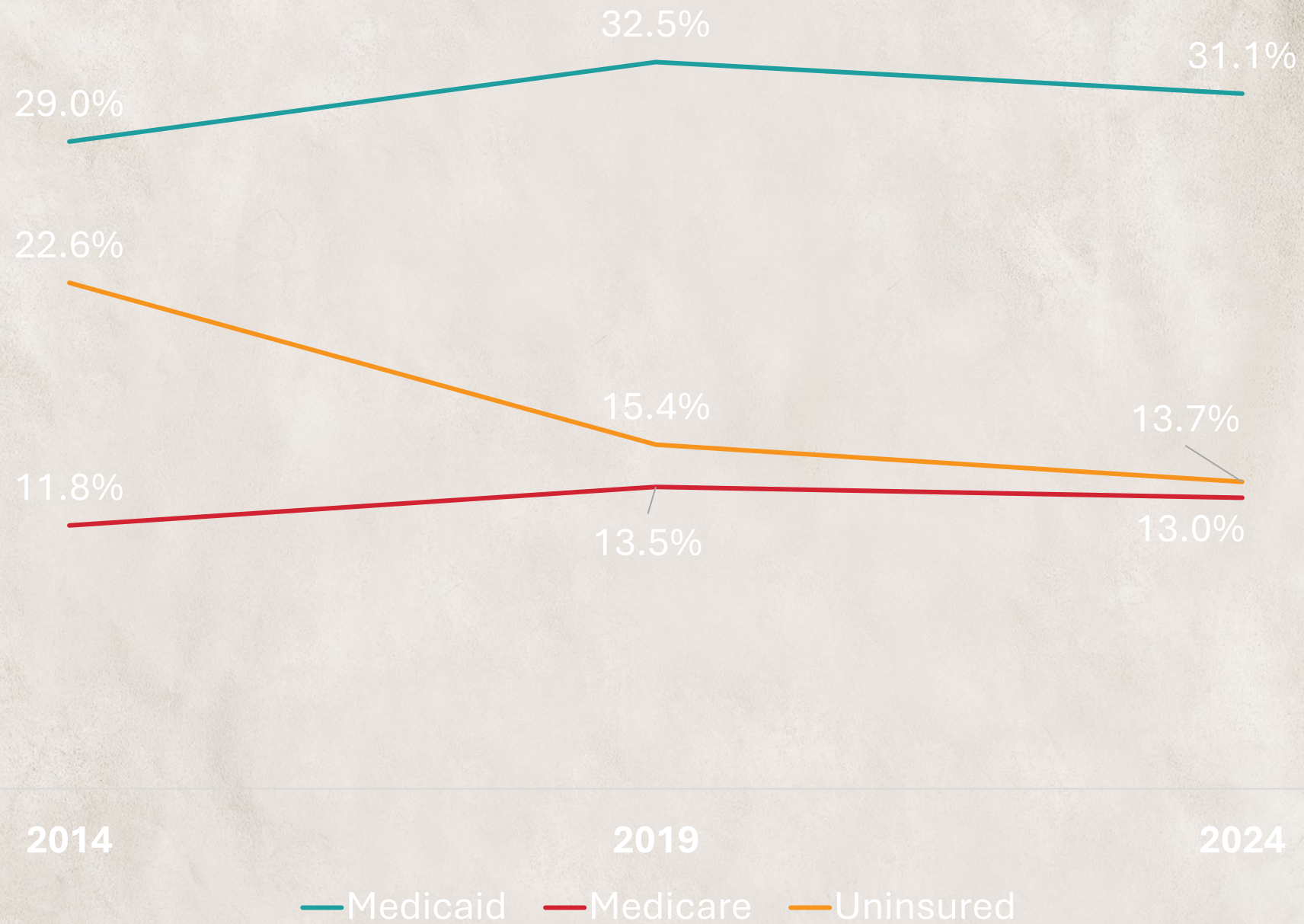
AI/AN Uninsured

State	2014	2024	Change	Percentage Change
Colorado	21,904	19,266	-2,638	-12.0%
New Mexico	74,035	39,225	-34,810	-47.0%

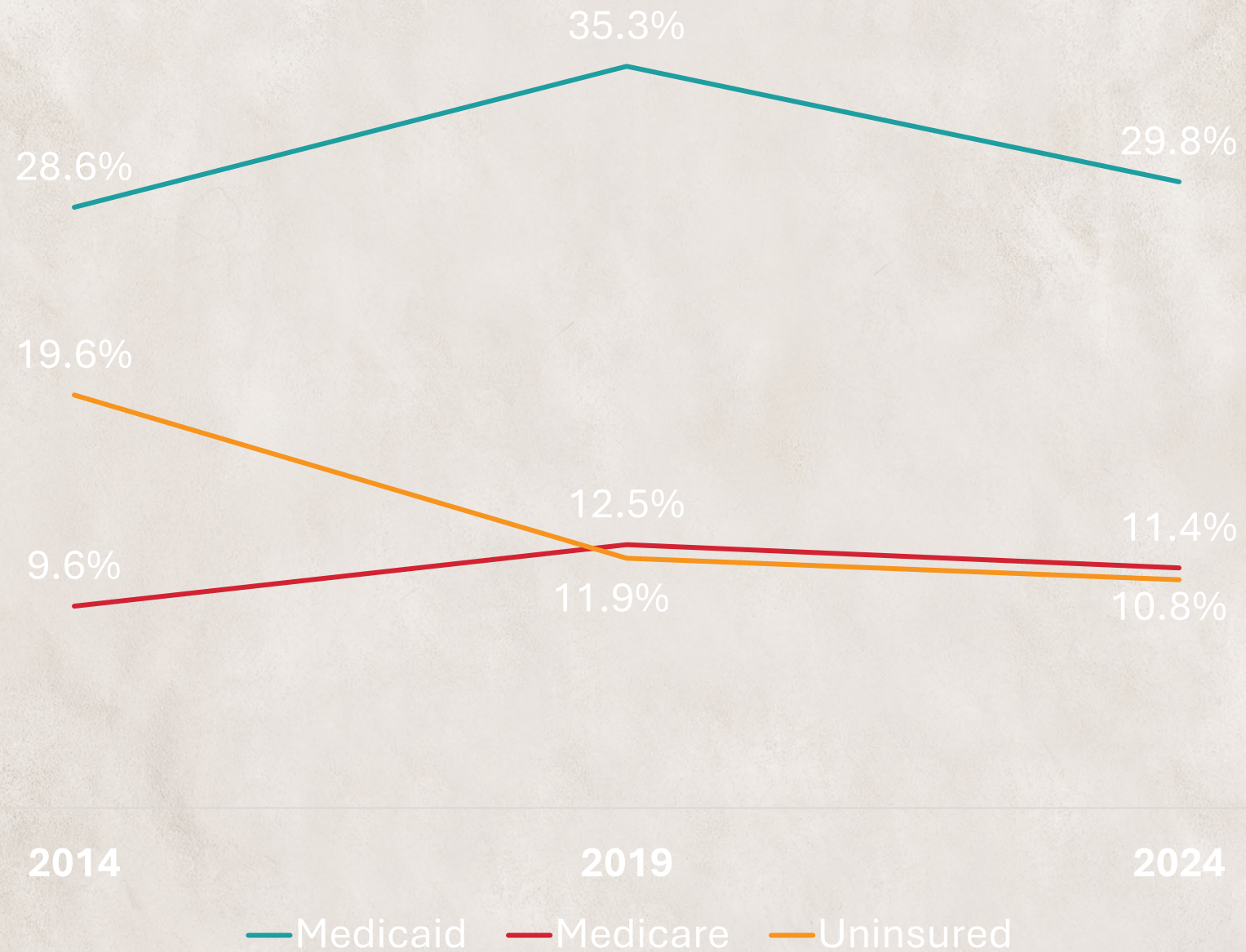
Enrollment Rates by State

For Colorado and New Mexico

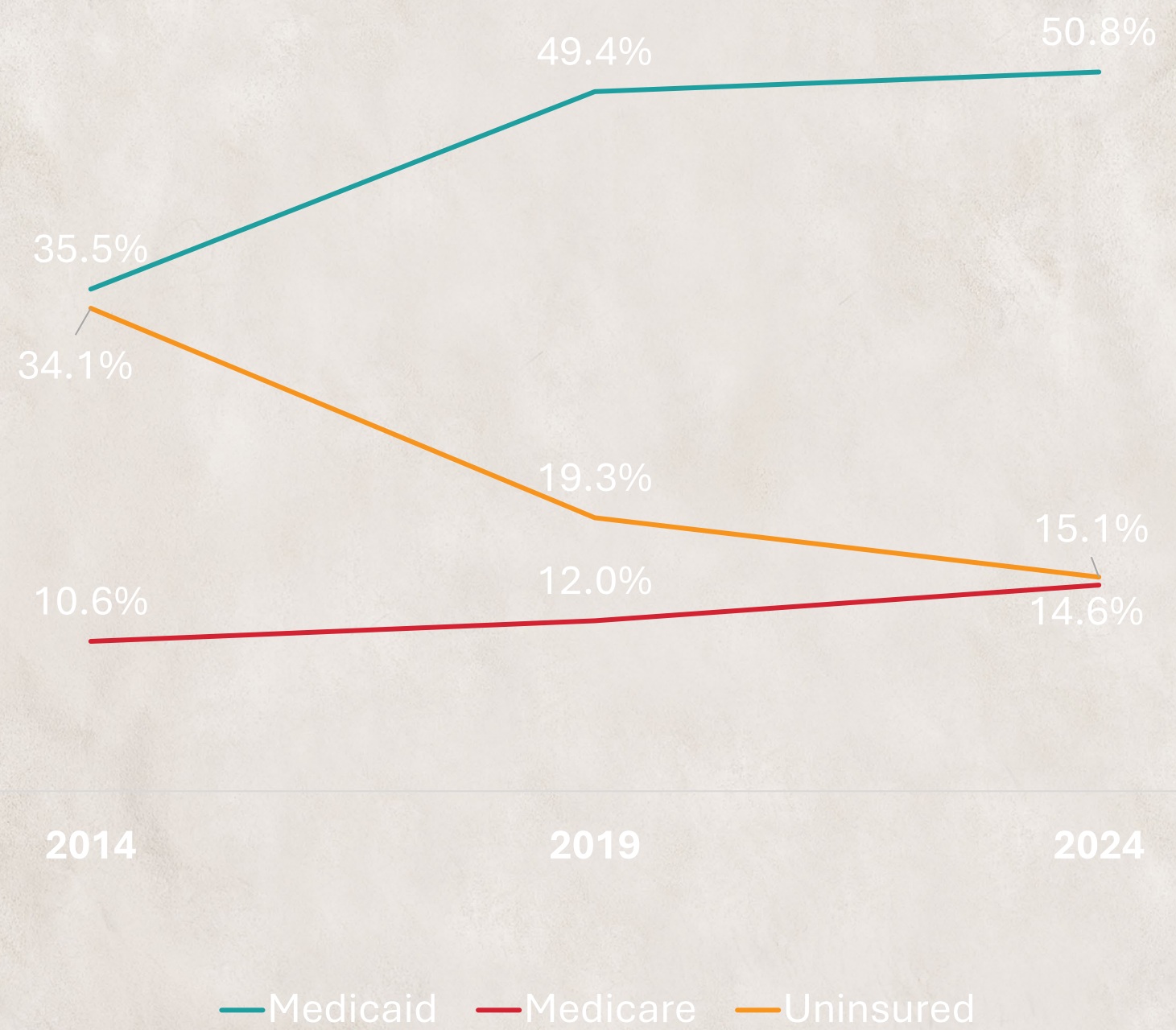
United States: From 2014-2024, the AI/AN **Uninsured** rate decreased, and AI/AN **Medicaid** and **Medicare** enrollment rates increased.



Colorado: From 2014-2024, the AI/AN **Uninsured** rate decreased, and AI/AN **Medicaid** and **Medicare** enrollment rates increased.



New Mexico: From 2014-2024, the AI/AN **Uninsured** rate decreased, and AI/AN **Medicaid** and **Medicare** enrollment rates increased.



OB3: AI/AN EXEMPTIONS

Enrollment & Eligibility Changes

01

MEDICARE SAVINGS PROGRAM MORATORIUM

Section 71101: 10-year pause on streamlining rule may delay eligibility processes for low-income Medicare beneficiaries.

03

DUPLICATE ENROLLMENT PREVENTION

Section 71103: By 2027, states must obtain addresses; by 2029, monthly SSN reporting to prevent multi-state enrollment.

02

MEDICAID/CHIP STREAMLINING HALT

Section 71102: Blocks standardized enrollment processes until 2034, maintaining current administrative barriers.

04

DECEASED INDIVIDUAL REVIEWS

Sections 71104–71105: Quarterly checks against Death Master File for enrollees and providers—increased state administrative burden.

Medicaid Redetermination Changes

6

Months

New redetermination frequency for Medicaid Expansion enrollees

Section 71107: Critical AI/AN Exemption

While most Medicaid Expansion beneficiaries face increased redetermination frequency (every 6 months), **American Indian and Alaska Native beneficiaries are exempted** and will continue 12-month redetermination cycles.

12

Months

AI/AN beneficiaries maintain annual redetermination

Implementation Alert: CMS must provide clear guidance to states to ensure proper implementation of this exemption and reduce administrative burdens on Tribal health programs.

What is a Section 1115 Waiver?

01

ORIGIN

Created under the SS Act (1962). Let's the federal gov't approve state requests to "waive" certain Medicaid rules.

03

WHAT IT DOES:

Can expand services, create new eligibility groups or change payment methods. Must be budget neutral cannot cost the federal gov't more than standard Medicaid.

02

EXAMPLE:

A state might use a waiver to expand coverage for postpartum mothers beyond the standard federal rules.

04

IMPACT ON TRIBES

Tribes can partner with States on 1115 waivers to help fill funding gaps, but the process requires heavy paperwork & administrative capacity that many Tribal systems may not have.

Medicaid Work Requirements

Section 71119: Community Engagement Mandate

Requires Medicaid Expansion individuals ages 19–64 to work or participate in qualifying activities for **80 hours per month**. States verify compliance for 1–3 consecutive months before application and at each redetermination (now every 6 months).

Critical consequence: Denial or disenrollment also makes individuals ineligible for subsidized Marketplace coverage.

Funding: \$200M for states, \$200M for HHS in FY26 for implementation.

☐ Complete AI/AN Exemption

American Indians and Alaska Natives are fully exempted from work requirements, including Indians, Urban Indians, and California Indians as defined by IHClA.

Anyone determined to receive IHS benefits by the Secretary is also exempt.

Action Required: Tribes must work closely with CMS and State Medicaid agencies to ensure correct implementation.

Cost Sharing Requirements



New Requirements

Section 71120: Starting October 1, 2028, states must institute cost-sharing for Medicaid Expansion individuals with income above FPL.

- Max: \$35 per item/service
- Family cap: 5% of income



Protected Services

No cost-sharing for:

- Emergency services
- Primary care
- Mental health services
- Substance use disorder treatment
- FQHC, CCBHC, RHC services



AI/AN Exemption

AI/AN beneficiaries maintain complete cost-sharing exemption.

Non-Native patients at Tribal FQHCs, CCBHCs, or RHCs also exempt for covered services.

Medicare Eligibility Restrictions

Section 71201: New Limitations

Limits Medicare coverage to US citizens/nationals, permanent residents, Cuban/Haitian refugees, or citizens of Associated States.

Within One Year

Commissioner of Social Security must review all current Medicare enrollees for eligibility compliance.

1

2

3

4

18 Months After Enactment

New eligibility requirements become effective.

AI/AN Impact Risk

Documentation requirements could restrict AI/AN access to Medicare without sufficient documentation.

Key Takeaways & Next Steps



Critical Protections Secured

AI/AN exemptions from work requirements and cost-sharing maintained. These protections honor trust and treaty obligations.



Implementation Vigilance Required

State-level admin creates risks. Tribes must actively engage with states & CMS to ensure proper implementation of exemptions.



Strategic Opportunities

\$50B Rural Health Transformation Fund and HCBS expansion offer significant opportunities—act before December 31, 2025 deadline.

Immediate Actions

1. Engage state Medicaid agencies on exemption implementation
2. Prepare Rural Health Transformation Program applications
3. Develop HCBS waiver proposals with states
4. Monitor documentation requirement implementation

Ongoing Monitoring

1. Provider tax stepdown impacts on state programs
2. State directed payment rate changes
3. Retroactive coverage period reductions
4. Premium tax credit recapture effects on enrollment

Across decades from NIHB's advocacy in the 1970s, to today's sweeping *Big Beautiful Bill Act*, to CMS's rollout of the Rural Health Transformation Program the story is the same:

- ① Federal trust obligations must be honored.
- ② Tribal sovereignty must be respected.
- ③ Tribal voices must be included in State and Federal healthcare planning.

If Tribes are excluded, they risk losing once-in-a-generation investments.
If included, they can shape rural health transformation for the benefit of elders, families, and future generations



Ahéhee'
(Thank you)