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Native American Work Group

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February 27, 2013

Native American Work Group

Final Recommendations

to the

Health Insurance Exchange Task Force

Presented by Joyce Naseyowma Chalan

NOTE: Slides with an * were presented in the “Preliminary Findings” report on January 23, 2013. These slides will only briefly be reviewed today.

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Definition of Acronyms

NAWG – Native American Work Group

IHS – Indian Health Service

638 – Tribal Health Programs

I/T/U – Indian Health Service, Tribal Programs, Urban Indian Programs

AI/AN – American Indian and Alaska Native

NA – Native American

IHCIA – Indian Health Care Improvement Act

NASC – Native American Service Center

CIB - Certificate of degree of Indian blood

HIX – Health Insurance Exchange

QHP – Qualified Health Plan

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New Mexico has 219,512 Indian citizens, which compose nearly 10.5% of the state's entire population. There are 22 Indian tribes in New Mexico - nineteen Pueblos, two Apache tribes (the Jicarilla Apache Nation and the Mescalero Apache Tribe), and the Navajo Nation, and a considerable urban Indian population.

The 19 Pueblos are comprised of the Pueblos of Acoma, Taos, Santa Clara, San Ildefonso, Tesuque, San Felipe, Jemez, Zuni, Zia, Nambe, Picuris, Ohkay Owingeh, Santo Domingo, Laguna, Isleta, Santa Ana, Sandia, Cochiti, and Pojoaque.

Each Tribe is a sovereign nation with its own government, life-ways, traditions, language, and culture. Each Tribe has a unique relationship with the federal and state governments.

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New Mexico Native American Population

- New Mexico has 22 Tribes, Nations, or Pueblos, each with its own unique culture
- 19 Pueblos – each is an independent and separate community
- 2 Apache Tribes (Jicarilla and Mescalero)
- Navajo Nation
 - Very large land base spanning 3 states (New Mexico, Arizona, Utah)
 - 5 Agencies including 3 in New Mexico (Eastern, Ft. Defiance, Shiprock)
 - 110 Chapters and 59 in New Mexico

Urban Indian Communities

- Multi-tribal, not just New Mexico Tribes
 - Socially and culturally diverse
- May be highly transient
 - Dependent on services within the urban areas
- New Mexico communities with large urban populations:
 - Albuquerque
 - Farmington
 - Santa Fe

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ACA PROVISIONS RELEVANT TO AMERICAN INDIANS/ALASKA NATIVES

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THE AFFORDABLE CARE ACT INCLUDES SPECIFIC PROVISIONS RELEVANT TO AMERICAN INDIANS AND ALASKA NATIVES (AI/ANS) PURCHASING COVERAGE IN EXCHANGES, INCLUDING THE FOLLOWING:

- MEMBERS OF FEDERALLY RECOGNIZED TRIBES WITH HOUSEHOLD INCOMES BELOW 300 PERCENT OF THE FEDERAL POVERTY LEVEL ARE EXEMPT FROM COST SHARING AND CO-PAYS;
- EXCHANGES ARE TO PROVIDE SPECIAL MONTHLY ENROLLMENT PERIODS FOR AI/ANS; AND
- MEMBERS OF INDIAN TRIBES ARE NOT SUBJECT TO THE INDIVIDUAL MANDATE.

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Tribal Collaboration and Consultation

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PRIMER QUESTION

HOW CAN THE STATE IMPROVE ON COLLABORATION AND CONSULTATION WITH TRIBES AND I/T/U'S?

PPACA FINAL RULE 45 CFR 155.130(F)

STATES THAT HAVE ONE OR MORE FEDERALLY-RECOGNIZED TRIBES MUST ENGAGE IN REGULAR AND MEANINGFUL CONSULTATION AND COLLABORATION WITH TRIBES AND TRIBAL OFFICIALS ON EXCHANGE POLICIES THAT HAVE TRIBAL IMPLICATIONS.

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TRIBAL COLLABORATION AND CONSULTATION



NAWG STATEMENT

THE NM HIX MUST ADOPT A TRIBAL CONSULTATION, COLLABORATION AND COMMUNICATION POLICY THAT IS CONSISTENT WITH THE STATE OF NEW MEXICO AND THE FEDERAL GOVERNMENT TRIBAL CONSULTATION RULES. THIS POLICY SHOULD INCLUDE PROVISIONS TO CONFER WITH INDIAN HEALTH SERVICES, TRIBAL HEALTH PROGRAMS AND URBAN INDIAN HEALTH PROGRAMS PRIOR TO ROLL OUT OF NEW POLICIES AND PROCEDURES WHICH MAY HAVE IMPACT ON AI/AN.

TRIBAL AND I/T/U INPUT SHOULD BE DULY CONSIDERED FOR INCLUSION DURING THE DESIGN OF PROGRAMS AND POLICIES WHICH WILL IMPACT NATIVE AMERICANS.

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TRIBAL COLLABORATION AND CONSULTATION

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NAWG RECOMMENDATIONS

TRIBAL CONSULTATION SHOULD OCCUR ON, BUT NOT BE LIMITED TO, THE FOLLOWING TOPICS. DEVELOPMENT OF:

- A TRIBAL COMMUNICATION, COLLABORATION AND CONSULTATION POLICY FOR THE NM HIX.
- THE NATIVE AMERICAN SERVICE CENTER (NASC)
 - DEFINING TECHNICAL ASSISTANCE TASKS OF THE NASC
 - ESTABLISHING AN ADVISORY COUNCIL TO THE NASC
- A TRIBAL ENROLLMENT VERIFICATION SYSTEM.
- OUTREACH AND EDUCATION MATERIALS; AND
- INPUT ON THE DEVELOPMENT OF THE NAVIGATOR PROGRAM AND CULTURAL COMPETENCY TRAINING.
- INPUT ON THE TIMELY APPOINTMENT OF, AND QUALIFICATIONS FOR NATIVE AMERICAN REPRESENTATION ON THE NM HIX BOARD OF DIRECTORS

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TRIBAL COLLABORATION AND CONSULTATION



NAWG RECOMMENDATIONS, CONT

IN ADDITION, HIX SHOULD CONFER WITH INDIAN HEALTH SERVICES, TRIBAL HEALTH PROGRAMS AND URBAN INDIAN HEALTH PROGRAMS; AND

THE STATE OR FEDERAL GOVERNING BODY SHOULD COORDINATE WITH NATIVE AMERICAN STAKEHOLDER ENTITIES TO ENSURE SUFFICIENT INCLUSION OF NATIVE AMERICAN REPRESENTATION, STATE TRIBES AND PUEBLOS IN THE EXCHANGE GOVERNING STRUCTURE/BOARD.

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TRIBAL ENROLLMENT VERIFICATION



PRIMER QUESTION

WHAT OBSTACLES ARE THERE REGARDING TRIBAL ENROLLMENT VERIFICATION OF AI/AN FOR PURPOSES OF QUALIFYING FOR EXEMPTIONS? HOW CAN THESE OBSTACLES BE ADDRESSED?

NAWG STATEMENT

THE NAWG ACKNOWLEDGES THAT THERE ARE INCONSISTENCIES WITH ENROLLMENT PROCESSES FOR THE 22 NM TRIBES AND PUEBLOS. THE NAWG ADVISES ENROLLMENT VERIFICATION BE A TOPIC OF TRIBAL CONSULTATION.

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TRIBAL ENROLLMENT VERIFICATION

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IF AN APPLICANT ATTESTS THAT HE OR SHE IS AN INDIAN, THE EXCHANGE MUST VERIFY INDIAN STATUS. *PPACA FINAL RULE 45 CFR § 155.350 (C)*

NAWG RECOMMENDATIONS

DOCUMENTATION MIGHT INCLUDE:

- TRIBAL ENROLLMENT CARD; OR
 - CERTIFICATE OF DEGREE OF INDIAN BLOOD (CIB); OR
 - RELYING ON ANY ELECTRONIC DATA SOURCES THAT ARE AVAILABLE TO THE EXCHANGE AND WHICH HAVE BEEN APPROVED BY HHS FOR THIS PURPOSE.
 - IF APPROVED DATA SOURCES ARE UNAVAILABLE, AN INDIVIDUAL IS NOT REPRESENTED IN THE SOURCE, OR THE SOURCE IS NOT REASONABLY COMPATIBLE WITH AN APPLICANT'S ATTESTATION, THE EXCHANGE MUST FOLLOW INCONSISTENCY PROCEDURES AS SET FORTH IN THE FINAL RULE.
- THE NM HIX SHALL ADHERE TO ANY CHANGES TO TRIBAL ENROLLMENT VERIFICATION AS SET FORTH BY THE HHS SECRETARY.**

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TRIBES MAKING PREMIUM PAYMENTS



PRIMER QUESTION

PREMIUM PAYMENT

WHAT FORMS OF “GROUP PAY” MIGHT BE DESIRABLE AND HOW COULD GROUP PAY BE MECHANIZED?

FINAL RULE ON 155.240 PAYMENT OF PREMIUMS

(B) PAYMENT BY TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.
THE EXCHANGE MAY PERMIT INDIAN TRIBES, TRIBAL ORGANIZATIONS AND URBAN INDIAN ORGANIZATIONS TO PAY AGGREGATED QHP PREMIUMS ON BEHALF OF QUALIFIED INDIVIDUALS, INCLUDING AGGREGATED PAYMENT, SUBJECT TO TERMS AND CONDITIONS DETERMINED BY THE EXCHANGE.

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TRIBES MAKING PREMIUM PAYMENTS



NAWG RECOMMENDATION

THE INFORMATION TECHNOLOGY (IT) BUILD OF THE NM HIX MUST PROVIDE A MECHANISM ENABLING TRIBES AND URBAN PROGRAMS TO DIRECTLY PAY AN EXCHANGE PLAN PREMIUM ON BEHALF OF AN ELIGIBLE MEMBER AND TO SUPPLEMENT PREMIUM TAX CREDITS TO WHICH THE INDIVIDUAL AI/AN MAY BE ELIGIBLE.

THE NASC SHOULD WORK WITH THE IT BUILD TO ASSURE THE WEB PORTAL:

- WILL IDENTIFY AI/ANS FOR APPROPRIATE EXEMPTIONS AND GIVE THEM THE INFORMATION NECESSARY TO MAKE INFORMED DECISIONS.
- PROVIDE A MECHANISM FOR TRIBAL AND URBAN INDIAN PROGRAM SPONSORSHIP OF INSURANCE PREMIUMS FOR ENROLLED TRIBAL MEMBERS.
- PROVIDE A MECHANISM WHERE AI/AN EXEMPTIONS CAN BE ACCURATELY CALCULATED IN A FAMILY HOUSEHOLD WHERE THERE IS A MIX OF TRIBALLY ENROLLED AND NON-ENROLLED FAMILY MEMBERS.

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NETWORK ADEQUACY and ESSENTIAL COMMUNITY PROVIDERS



PRIMER QUESTION

SHOULD THE STATE REQUIRE QHPS TO CONTRACT WITH I/T/U PROVIDERS AS A CONDITION OF CERTIFICATION? WHAT, IF ANY, STIPULATIONS SHOULD BE MADE CONCERNING NETWORK ADEQUACY?

SECTION 156.235 OF THE EXCHANGE FINAL RULE STATES A QHP ISSUER MUST HAVE A SUFFICIENT NUMBER AND GEOGRAPHIC DISTRIBUTION OF ESSENTIAL COMMUNITY PROVIDERS, WHERE AVAILABLE, TO ENSURE REASONABLE AND TIMELY ACCESS TO A BROAD RANGE OF PROVIDERS FOR LOW-INCOME, MEDICALLY UNDERSERVED INDIVIDUALS IN THE QHP'S SERVICE AREA.

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NETWORK ADEQUACY AND ESSENTIAL COMMUNITY PROVIDERS

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NAWG RECOMMENDATIONS

AS A CONDITION OF CERTIFICATION, QHP'S SHOULD BE REQUIRED TO OFFER:

- DESIGNATE I/T/U'S AS ESSENTIAL COMMUNITY PROVIDERS.
- ACCEPT REFERRALS FROM I/T/U'S AS PRIMARY CARE PROVIDERS.
- OFFER I/T/U'S A CONTRACT WITH A CONTRACT ADDENDUM TO ENSURE THE ACCOMMODATION OF THE UNIQUE FEATURES OF THE I/T/U SYSTEM INCLUDING:

- NO OPEN NETWORK ACCESS - AN I/T/U MAY LIMIT WHO IS ELIGIBLE FOR SERVICES AT I/T/U'S
- EXEMPT A LICENSED HEALTH CARE PROFESSIONAL WHO IS EMPLOYED BY TRIBALLY OPERATED HEALTH PROGRAM FROM STATE LICENSING REQUIREMENTS IF THE PROFESSIONAL IS LICENSED IN ANY STATE, AS IS THE CASE WITH IHS HEALTH CARE PROFESSIONALS. (IHCIA SECTION 221)
- RECOGNITION OF THE APPLICABILITY OF THE FEDERAL TORT CLAIMS ACT.

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NATIVE AMERICANS AS NAVIGATORS AND IN-PERSON ASSISTERS

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PRIMER QUESTION

WHAT ARE THE BARRIERS TO NATIVE AMERICANS SERVING AS NAVIGATORS AND WHAT CAN BE DONE TO REMOVE BARRIERS?

POTENTIAL BARRIERS TO NA NAVIGATORS:

- CULTURAL AND LANGUAGE DIVERSITY AMONG NATIVE AMERICAN POPULATIONS WITHIN THE STATE
- LACK OF DEFINED FEDERAL AND/OR STATE CERTIFICATION REQUIREMENTS
- CERTIFICATION REQUIREMENTS ONCE ESTABLISHED
- AVAILABILITY OF TRAINING AND/OR TECHNOLOGY TO FACILITATE THIS IN REMOTE AREAS
- REQUIREMENTS TO SERVE NON-NATIVE POPULATIONS IF EMPLOYED BY IHS OR I/T/U
- LACK OF ONSITE ENROLLMENT CAPABILITY IN RURAL AREAS
- TRANSPORTATION – LACK OF ACCESS TO NAVIGATORS AND INPERSON ASSISTERS

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NATIVE AMERICANS AS NAVIGATORS AND IN-PERSON ASSISTERS

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NAWG RECOMMENDATION

- NAVIGATOR(S) ON STAFF AT NASC
- IN-PERSON ASSISTER(S) ON STAFF AT NASC
- DEVELOP CURRICULUM THAT IS CULTURALLY RELEVANT
 - NA COLLABORATION AND CONSULTATION ON CULTURAL CURRICULUM
- COORDINATION BETWEEN PATIENT BENEFITS COORDINATORS, NAVIGATORS AND IN-PERSON ASSISTERS
 - IF ALLOWABLE PBC'S SHOULD GET REIMBURSED FOR SERVICES
- DOI WILL CERTIFY NAVIGATORS AND IN-PERSON ASSISTERS
 - CERTIFICATION REQUIREMENTS NEED TO INCLUDE KNOWLEDGE ABOUT NA HEALTH CARE OPTIONS FOR NATIVE AMERICANS (I/T/U SERVICES).

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THE NATIVE AMERICAN SERVICE CENTER and OUTREACH, EDUCATION AND TRAINING

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PRIMER QUESTIONS

DOES THE NASC, AS OUTLINED IN NEW MEXICO'S LEVEL I ESTABLISHMENT GRANT, ACHIEVE NEW MEXICO'S DESIRE TO BECOME A LEADER IN THE NATION ON NATIVE AMERICAN ASSISTANCE IN EXCHANGE DEVELOPMENT AND IMPLEMENTATION? IF NOT, WHAT SHOULD THE NASC LOOK LIKE AND WHAT FUNCTIONS SHOULD IT SERVE? AND . . .

WHAT OUTREACH, EDUCATION AND ENROLLMENT ACTIVITIES SHOULD BE USED TO INFORM NATIVE AMERICANS ABOUT THE MERITS OF PURCHASING INSURANCE THROUGH THE EXCHANGE, AS WELL AS THE FINER DETAILS CONCERNING ELIGIBILITY AND ENROLLMENT?

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THE NATIVE AMERICAN SERVICE CENTER and OUTREACH, EDUCATION AND TRAINING



NAWG STATEMENT

THE HIX NATIVE AMERICAN SERVICE CENTER (NASC) SHALL BE ESTABLISHED AND TASKED WITH OUTREACH, EDUCATION, AND TRAINING TO TRIBAL LEADERSHIP, AI/AN CONSUMERS, I/T/U PROVIDERS, NA SMALL BUSINESSES AND TO BE A SUBJECT-MATTER EXPERT FOR THE HIX INCLUDING:

- WORKING EFFICIENTLY AND EFFECTIVELY WITH TRIBAL LEADERSHIP AND I/T/U'S
- BE A CONDUIT OF COMMUNICATION, COLLABORATION AND CONSULTATION BETWEEN THE HIX AND TRIBAL LEADERSHIP AND I/T/U'S
- THE NASC SHOULD WORK WITH TRIBAL OFFICIALS AND/OR TRIBAL ENROLLMENT OFFICES TO DEVELOP A SYSTEM OF COMMUNICATION AND TRIBAL ENROLLMENT VERIFICATION THAT DOES NOT INFRINGE ON TRIBAL NATIONS' SOVEREIGN RIGHTS.
- BE A RESOURCE FOR NAVIGATORS IN-PERSON ASSISTERS AND THE CALL CENTER
- EMPLOY NA NAVIGATORS AND IN-PERSON ASSISTERS WITH BROAD KNOWLEDGE OF NM TRIBES, NA URBAN POPULATIONS AND NA HEALTH CARE NEEDS AND SERVICES.
- ASSESS ON-SITE ENROLLMENT CAPABILITY

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THE NATIVE AMERICAN SERVICE CENTER and OUTREACH, EDUCATION AND TRAINING

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NAWG RECOMMENDATIONS, CONT.

SPECIFIC OUTREACH, EDUCATION AND TRAINING TASKS OF A NASC SHOULD INCLUDE:

- A RESOURCE SPECIALIST ON AI/AN APPLICATION AND ENROLLMENT PROCESS
- SPECIFIC AI/AN BENEFITS AND PROTECTIONS
- TRIBAL AND URBAN INDIAN PROGRAM SPONSORSHIP OF PREMIUMS (IF AVAILABLE)
- EDUCATING I/T/U PROVIDERS ON EXCHANGE PLANS INCLUDING,
 - Benefits of the exchanges and potential for increase revenues for their clinic;
 - Benefits of becoming an “in-network” provider for each exchange plan;
 - I/T/U’s are designated as essential community providers.
- PROVIDE TRAINING FOR THOSE WORKING FOR THE EXCHANGE ON AI/AN SPECIFIC PROVISIONS, CULTURAL COMPETENCY, AND PROBLEM SOLVING.

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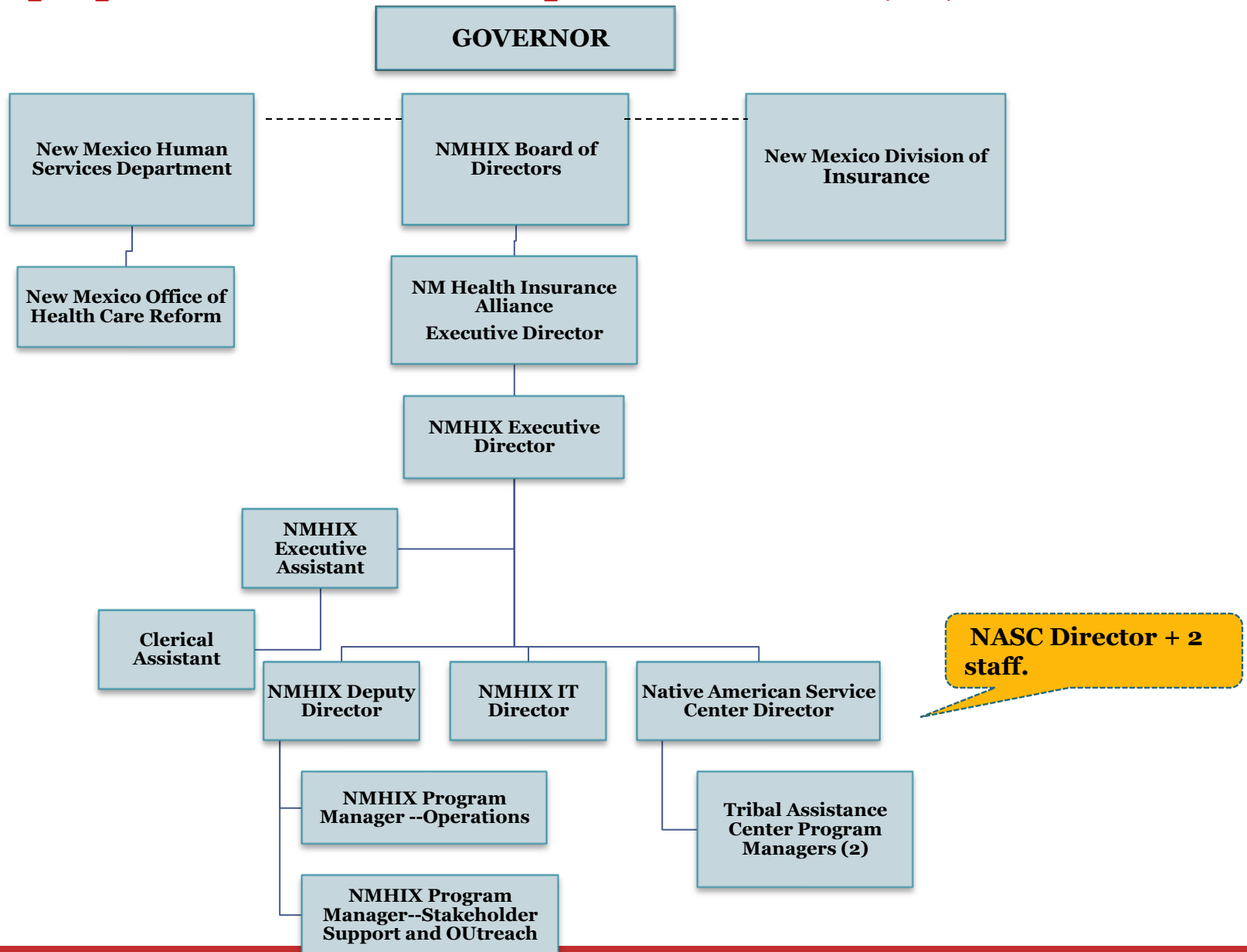
NASC as proposed in  the Level 1 Proposal

FROM LEVEL 1 ESTABLISHMENT GRANT PROPOSAL SUBMITTED 09/30/2011

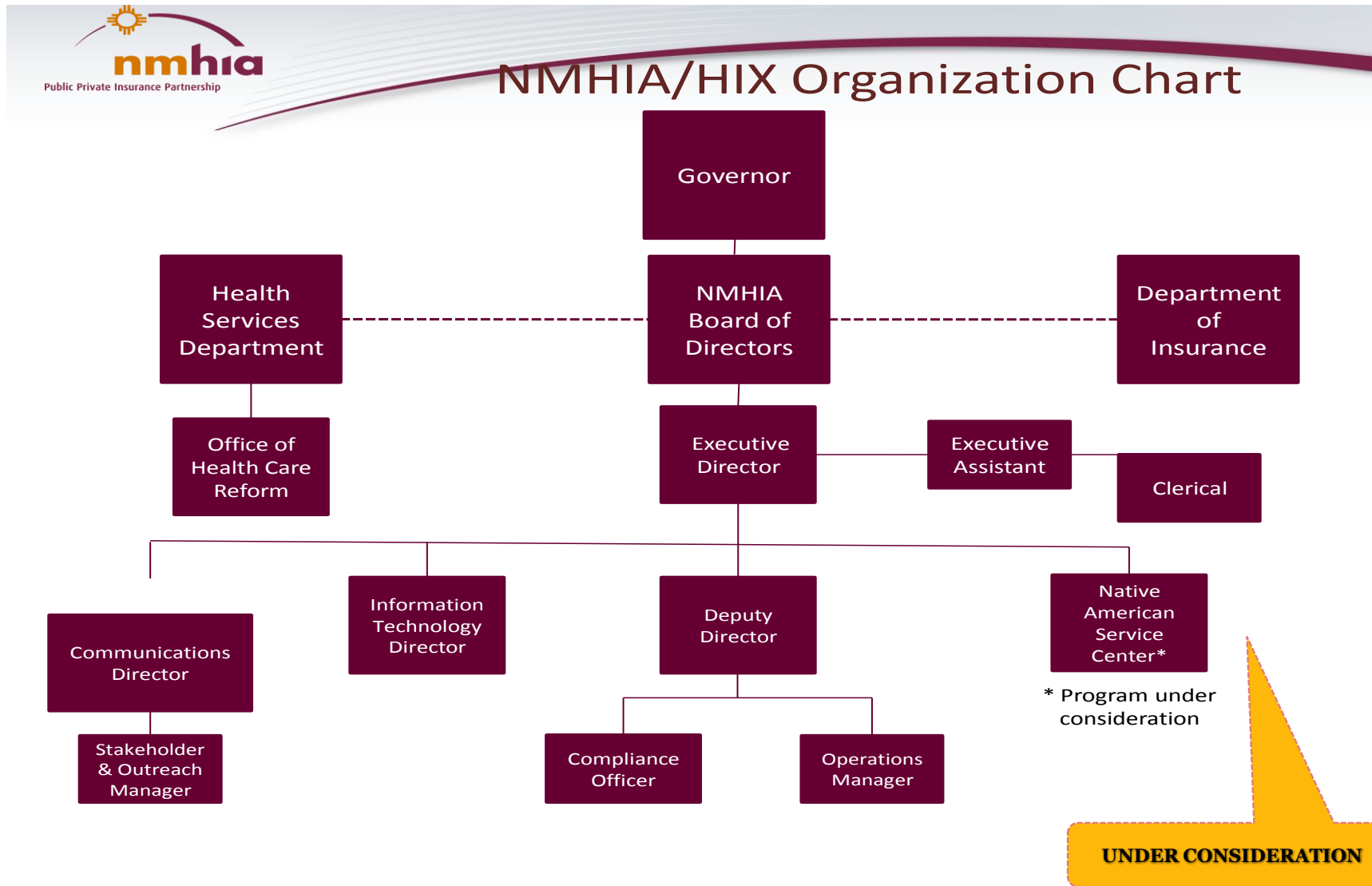
THROUGH FORMAL TRIBAL CONSULTATION AND NATIVE AMERICAN STAKEHOLDER INPUT, OHCR IDENTIFIED THE NEED FOR TARGETED ASSISTANCE AND SUPPORT FOR NATIVE AMERICANS IN NMHIX DESIGN AND IMPLEMENTATION. **THEREFORE A NATIVE AMERICAN SERVICE CENTER WILL BE ESTABLISHED WITHIN NMHIX.** THE CENTER WILL ENSURE THAT NMHIX IS ACCESSIBLE, COMPLIES WITH NATIVE AMERICAN COMPONENTS OF THE ACA AND INDIAN HEALTH CARE IMPROVEMENT ACT (ICHIA), AND FACILITATES MEANINGFUL, ONGOING TRIBAL CONSULTATION. NEW MEXICO CAN BECOME A LEADER IN THE NATION ON NATIVE AMERICAN ASSISTANCE IN EXCHANGE DEVELOPMENT AND IMPLEMENTATION AND CAN SHARE BEST PRACTICES WITH OTHER STATES.

THE CENTER WILL BE STAFFED WITH A DIRECTOR AND TWO SUPPORT STAFF TO ASSIST IN THE AREAS OF STRATEGIC TECHNICAL SUPPORT, OUTREACH AND EDUCATION.

NASC as proposed in the Level 1 Proposal, submitted 09/30/2011



Currently proposed by the NM Health Insurance Alliance



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IN CONCLUSION

SINCE 2010 THERE HAS BEEN NATIVE AMERICAN REPRESENTATION AND INPUT ON THE DEVELOPMENT OF A NEW MEXICO HEALTH INSURANCE EXCHANGE. VENUES HAVE INCLUDED A TRIBAL MEDICAID AND HEALTH EXCHANGE WORKGROUP; TRIBAL LEADERSHIP PRESENTATION; NATIVE AMERICAN STAKEHOLDER MEETINGS; ORGANIZATIONAL AND INDIVIDUAL INPUT MEETINGS; AND THE HIX NAWG. THROUGHOUT, THE MESSAGE FROM TRIBAL LEADERSHIP, I/T/U'S, AND STAKEHOLDERS HAS BEEN CONSISTENT.

- CONSULTATION MUST BE MEANINGFUL AND RECOMMENDATIONS MUST BE DULY CONSIDERED.
- THE STATE CANNOT RENEGE ON, NOR WITHHOLD FEDERAL FUNDS FOR NATIVE AMERICAN PROGRAMS IDENTIFIED IN AWARDED PROPOSAL(S).
- THE HIX NATIVE AMERICAN SERVICE CENTER (NASC) MUST BE ESTABLISHED AND TASKED WITH OUTREACH, EDUCATION, AND TRAINING, AND STAFFED ACCORDINGLY TO ACHIEVE GOALS.
- CULTURAL COMPETENCY TRAINING MUST BE AN INTEGRAL PART OF ALL HIX TRAINING PROGRAMS.
- THERE MUST BE NATIVE AMERICAN REPRESENTATION ON THE GOVERNING BOARD OF A NM HIX.

THE NAWG HAS VOLUNTEERED TO CONTINUE MEETING AND REPORTING TO THE OHCR AND TO TRIBAL LEADERSHIP AND I/T/U'S. WE ANTICIPATE OUR WORK AND ACTIVITIES TO TRANSITION TO THE NM HIX UPON ITS ESTABLISHMENT.

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THANK YOU TO THE FOLLOWING MEMBERS FOR THEIR DEDICATED WORK ON THE NATIVE AMERICAN WORK GROUP.

- JOYCE NASEYOWMA CHALAN, TAOS PUEBLO
- KEN LUCERO, ZIA PUEBLO AND CENTER FOR HEALTH POLICY, UNM
- LINDA SON-STONE, FIRST NATIONS HEALTH CENTER
- SCOTT ATOLE, JICARILLA APACHE AND LOVELACE
- LISA C. MAVES, JEMEZ PUEBLO HEALTH CENTER
- ROXANE SPRUCE-BLY, BERNALILLO COUNTY OFF-RESERVATION NA HEALTH
- SANDRA WINFREY & DR. THOMAS, ALBUQUERQUE AREA IHS
- FLOYD THOMPSON, NAVAJO AREA IHS
- ERIK LUJAN, NA COUNCIL ON AGING
- LEONARD MONTOYA, OHKAY OWINGEH PUEBLO
- HEIDI MCDONALD & BARBARA ALVAREZ, NM DEPARTMENT OF INDIAN AFFAIRS
- PRISCILLA CAVERLY, NM HUMAN SERVICES DEPARTMENT

THIS CONCLUDES THE FINDINGS OF THE HIX NATIVE AMERICAN WORK GROUP. WE LOOK FORWARD TO HSD AND THE OHCR WORKING IN COLLABORATION WITH THE NAWG TO REPORT TO, AND INFORM TRIBAL LEADERSHIP OF THESE INITIAL FINDINGS.