

The Native American Provisions of the Affordable Care Act

October 22, 2020



Agenda

Welcome

Announcements

Special guest: Kristen Bitsuie, National
Indian Health Board

Questions



MPCA & Cover Montana

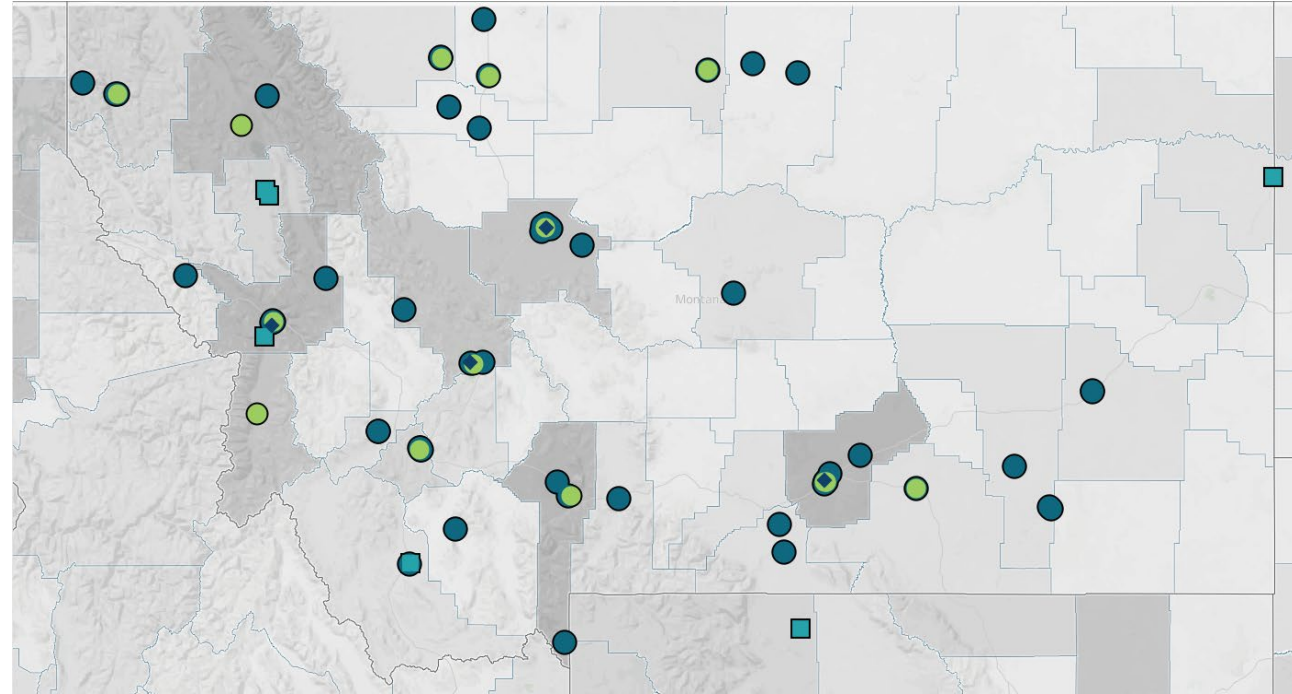
The **Mission** of the Montana Primary Care Association is to promote integrated primary healthcare to achieve health and well-being for Montana's most vulnerable populations.

The **Vision** of MPCA is health equity for all Montanans.

MPCA values integrity, collaborations, and innovation.

The Montana Primary Care Association is the support organization for Montana's 14 Community Health Centers and 4 of our Urban Indian Centers. MPCA centers serve over 117,500 patients across Montana.

Cover Montana was developed in 2014, after the first open enrollment period. MPCA facilitates Cover Montana and hosts the www.covermt.org website.



Announcements

Last call for Cover Montana and Cover Native Montana co-branded materials!

Posters and Cover Montana masks are coming your way!

Next week:




- Office hours, Tuesday at 9am, focus on authorizations when doing virtual enrollment.
- Thursday, Oct 29th, 1pm 2021 plans webinar with Montana carriers

HEALTH INSURANCE FOR MONTANA NATIVE FAMILIES



HEALTH INSURANCE IS NOW MORE IMPORTANT THAN EVER.

Most Montanans qualify for financial help. See what you qualify for:

	 Montana Medicaid	 Healthy Montana Kids	 HealthCare.gov	
Family Size	<small>If your income is below this amount and you are between 19 - 64, you may qualify for Montana Medicaid.</small>	<small>If your income is below this amount, your kids under 19 may qualify for Healthy Montana Kids.</small>	<small>If you are an enrolled member of a federally recognized tribe and your income is below this amount, you may qualify for a free or low-cost plan with no out-of-pocket costs.</small>	<small>If you are an enrolled member of a federally recognized tribe and your income is below this amount, you may qualify for financial help and reduced cost-sharing.</small>
1	\$1,467/mo	\$2,828/mo	\$38,280/year	\$51,040/year
2	\$1,983/mo	\$3,822/mo	\$51,720/year	\$68,960/year
3	\$2,498/mo	\$4,815/mo	\$65,160/year	\$86,880/year
4	\$3,013/mo	\$5,808/mo	\$78,600/year	\$104,800/year
5	\$3,528/mo	\$6,801/mo	\$92,040/year	\$122,720/year
6	\$4,043/mo	\$7,794/mo	\$105,480/year	\$140,640/year

*All income amounts listed are pre-tax. Income levels apply through Spring 2021.

Healthcare.gov Enrollment Deadlines:

For Coverage Effective On: January 1, 2021 Complete Enrollment By: December 15, 2020

Enrolled members of federally recognized tribes, can enroll anytime.

Have questions? Free local help is available.



All Nations Health Center
(406) 304-5834
LEARN MORE AT COVERMT.ORG



ENROLL BY DECEMBER 15, 2020



**HEALTH INSURANCE IS MORE
IMPORTANT THAN EVER.**



**MOST MONTANANS
QUALIFY FOR
FINANCIAL HELP.**



**FREE LOCAL HELP
(844) 682-6837 | COVERMT.ORG**





NATIVE AMERICAN PROVISIONS OF THE ACA

Kristen Bitsuie
National Indian Health Board





UPDATES





SCOTUS ACA Case

Oral Arguments start on November 10th

What is a stake?

- Indian Health Care Improvement Act
- Indian Provisions of the ACA





Medicaid 1115 Waiver

Montana waiver submitted: August 26, 2019
Work/Community Engagement

Who Does it Affect:

- non-exempt adults between the age of 19 and 55, with incomes up to 138% of the federal poverty level, who received coverage as a part of the Medicaid expansion.





Individual Mandate Update

Federal Individual Mandate Penalty Eliminated 2019

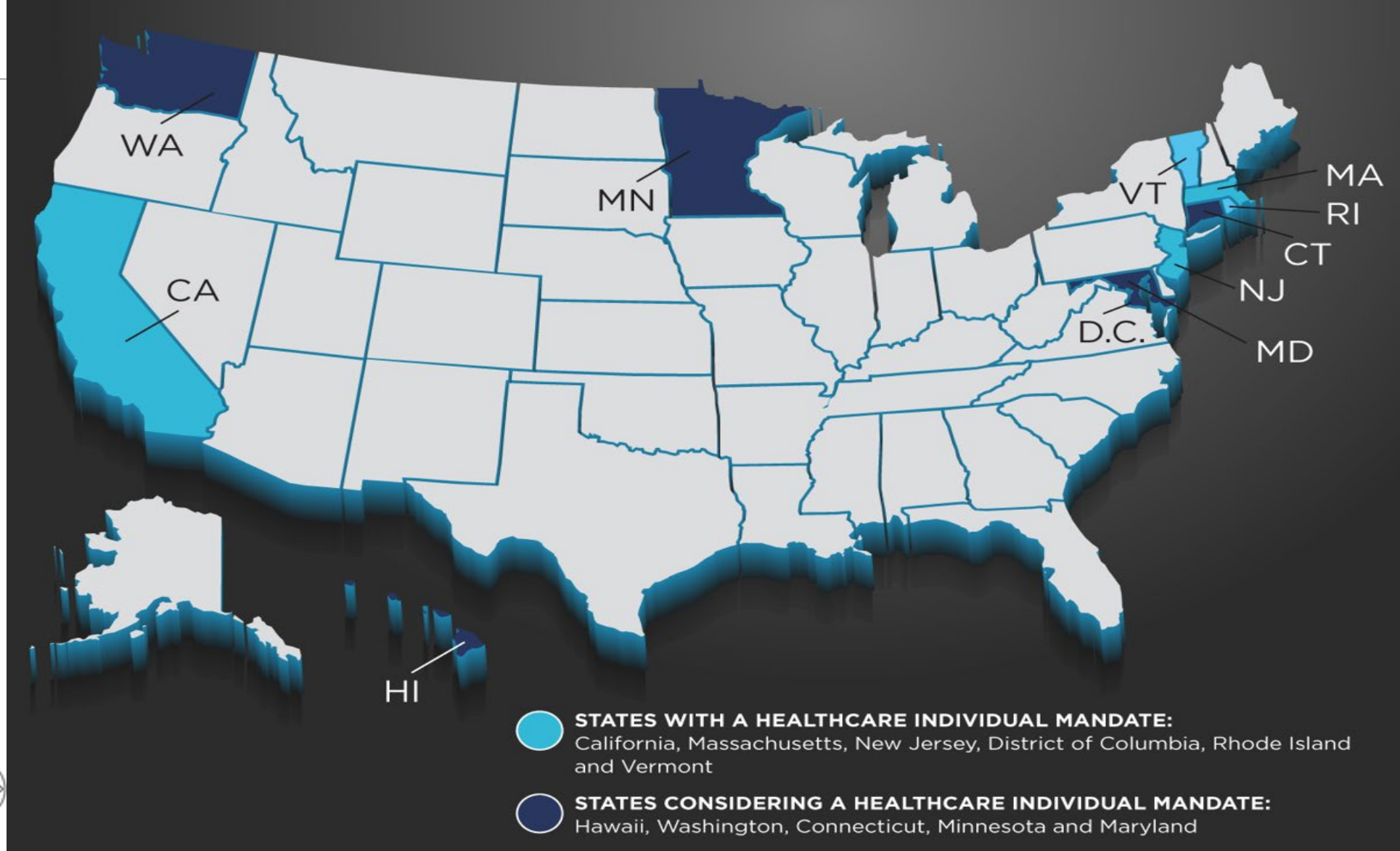
- The tax reform bill, signed at the end of 2017, eliminated the individual mandate penalty, beginning in 2019.
- Individuals will no longer be penalized for failing to obtain acceptable health insurance coverage for 2019 and beyond.
- Individual mandate penalties can still apply for 2018.
- AI/ANs are exempt from the individual mandate.

States Enact Individual Mandate

- Help discourage the spread of substandard insurance coverage.
- Facilitate state outreach to the uninsured.
- Serve as a source of revenue to finance other state policies aimed at improving insurance markets.
- Tribes must remain vigilant about actions in their states to enact an individual mandate and ensure that any legislation also exempts IHS Beneficiaries.



National Indian Health Board



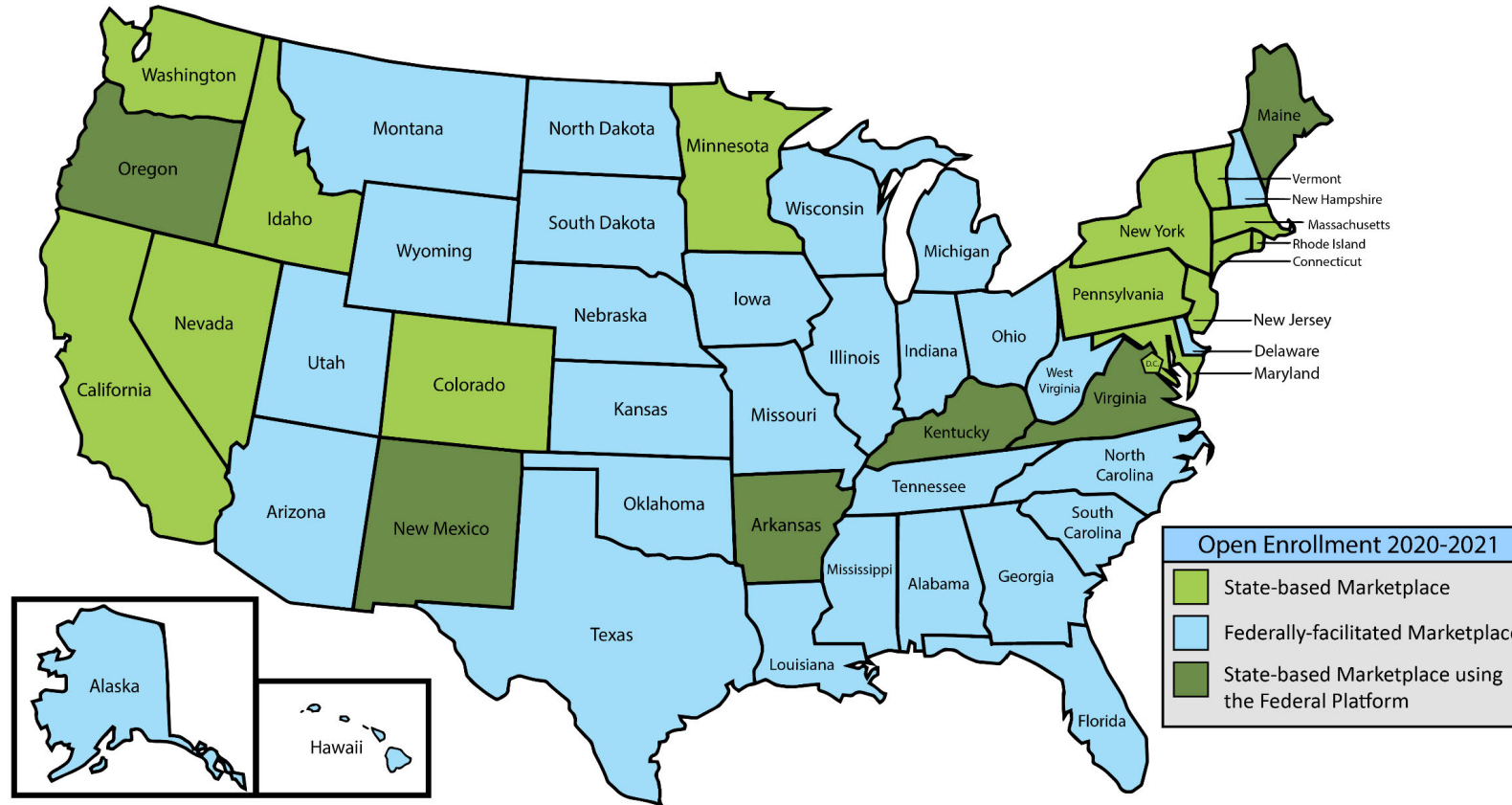


HEALTH INSURANCE MARKETPLACE





Health Insurance Marketplace



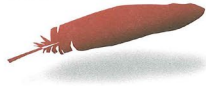


Historical Background

Federally recognized tribes and the federal government have a **historical government-to-government relationship** based on U.S. treaties, laws, Supreme Court cases, Executive Orders, and the U.S. Constitution.

As part of this **unique relationship**, the **federal government provides health care, social services, housing, education, and other services to AI/ANs**, through federal agencies such as the Department of Health & Human Services (HHS), Department of the Interior, and the Department of Education.



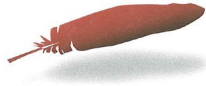


ACA: Benefits for Tribal Communities

Permanently reauthorizes the Indian Health Care Improvement Act (IHCIA) 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: 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

- deductibles, copayments, and out-of-pocket maximum amounts
- meets other requirements





Special Protections for Indians

Congress enacted special protections in the Marketplace and in Medicaid based on the government to government relationship with Indian tribes.

Marketplace considers only TAXABLE AI/AN Monies

- Does not consider trust settlement payouts, IIM account distributions, any other AI/AN monies not subject to federal income tax.
- Casino earnings paid out to AI/AN are counted for Marketplace and Medicaid.





Special Protections for AI/ANs

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 in States implementing



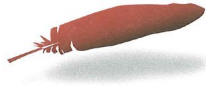


Special Protections: SEP

Tribal members and Alaska Native shareholders have **special enrollment periods (SEPs)**, which allow them to enroll in health coverage monthly, rather than only during the yearly Open Enrollment period.

- In the Federal Marketplace, if one family member on the application is eligible for the SEP, all family members who apply on the same Marketplace application are eligible. This is true even if different family members are eligible for different Marketplace plans. However, a State Marketplace might process the SEP differently.





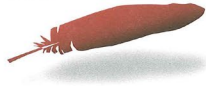
Special Protection: Zero Cost Sharing Plan

Tribal members and Alaska Native shareholders with income between 100% and 300% of FPL:

May be able to enroll in a **zero cost sharing plan** which means no copays, deductibles or coinsurance when receiving care from Indian health care providers or when receiving Essential Health Benefits (EHBs) through a QHP.

In addition, there is **no need for a referral** from an I/T/U provider when receiving EHBs through the QHP.





Special Protection: Limited Cost Sharing Plan

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 when receiving EHBs through a QHP, **will need a referral** from an I/T/U provider to avoid cost sharing when receiving EHBs through a QHP.





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





Renewal Process

Marketplace Open Enrollment Notice

- Redetermination and re-enrollment process
 - Multiple reminders to update and comparing plans
 - If consumer does not contact Marketplace, details of how amount of Advanced Premium Tax Credits and Cost Sharing Reduction amount is determined
 - Some consumers may get a warning if no action is taken, individual will be re-enrolled without Advanced Premium Tax Credits or Cost Sharing Reduction





Cancelling Coverage

Consumer will not be charged a premium if coverage is cancelled by December 31st

If a consumer does not want their current cover to continue into the next, Consumer can stop coverage so the plan will end on December 31st and it will not be auto-renewed





Summary of Benefits & Coverage

All Marketplace health plans must use the standard form.

Consumers are legally entitled to a Summary of Benefits.

Consumers can request for a Summary of Benefits anytime.

Consumers can use Summary of Benefits to compare plans, coverage and costs.





Enrollment Data





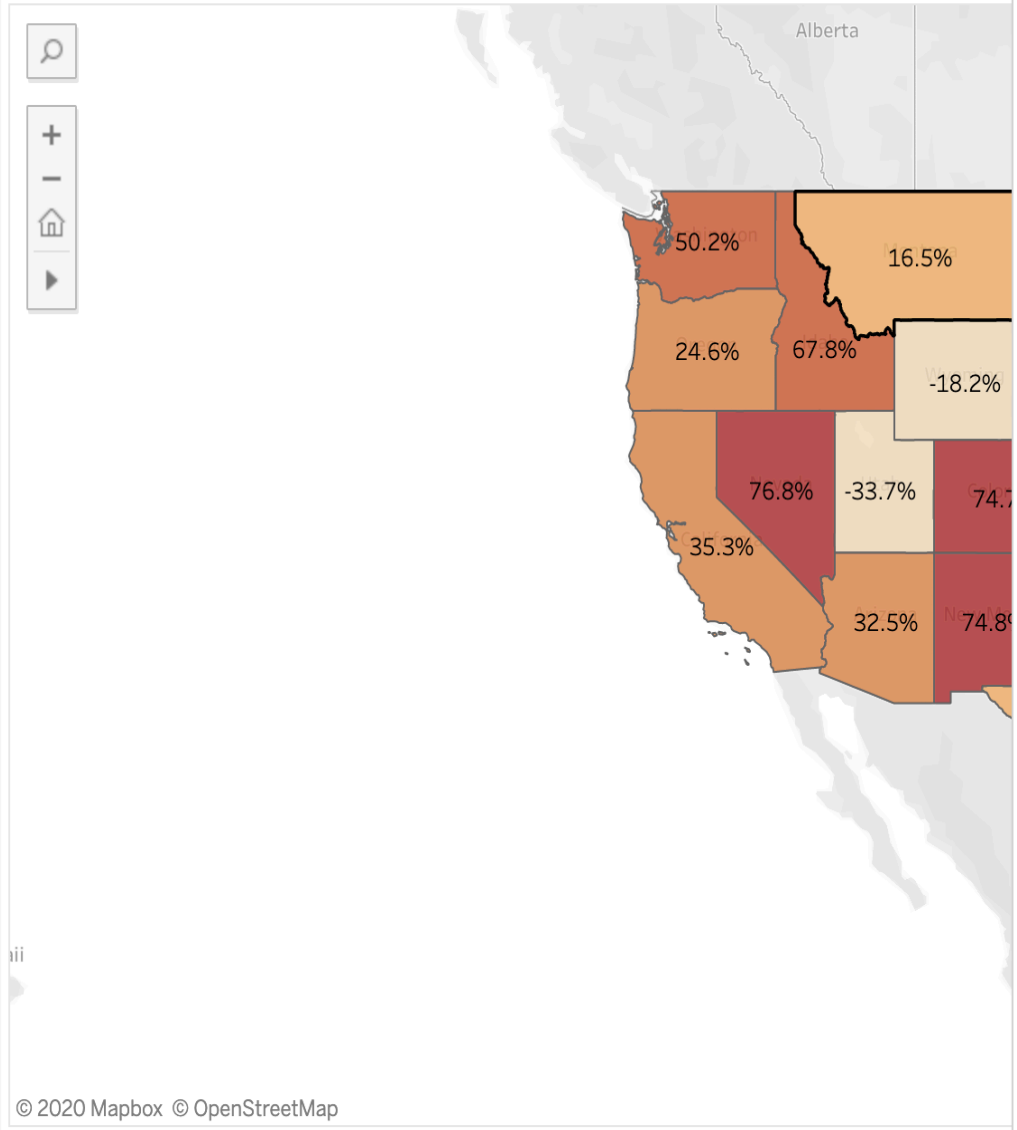
Utility of State Reports

- Measure Progress of ACA
- Identify areas of greater success to learn about methods that access the success
- Target remaining uninsured
- Compare IHS to Non-IHS enrollment success where possible-national level, for example, for those with access to IHS, uninsured continues to decline and enrollment in Medicaid continues to increase
- Estimate potential gains and losses in changes to Medicaid



Medicaid Coverage (2012 to 2018) of American Indians and
516,000 Medicaid AIANs have access to IHS. Overall a 343

Montana
Medicaid Coverage AIANs 2012 to 2018
Vermont has US Totals



Medicaid increase 2012 to 2018: **5,229**
% increase in Medicaid Coverage 2012 to 2018 : **16.5%**

Increased Medicaid with IHS Access 12-18: **4,481**
% increase with IHS Access 12-18: **25.2%**

AIANs with Medicaid
Total Medicaid (2012): **31,656**
Total Medicaid (2013): **29,939**
Total Medicaid (2014): **26,359**
Total Medicaid (2015): **28,997**
Total Medicaid (2017): **36,319**
Total Medicaid (2018): **36,885**

AIANs with Medicaid who have "Access to IHS"
Medicaid and iHS Access (2012): **17,798**
Medicaid and iHS Access (2013): **18,560**
Medicaid and iHS Access (2014): **17,126**
Medicaid and iHS Access (2015): **17,278**
Medicaid and iHS Access (2017): **19,806**
Medicaid and iHS Access (2018): **22,279**

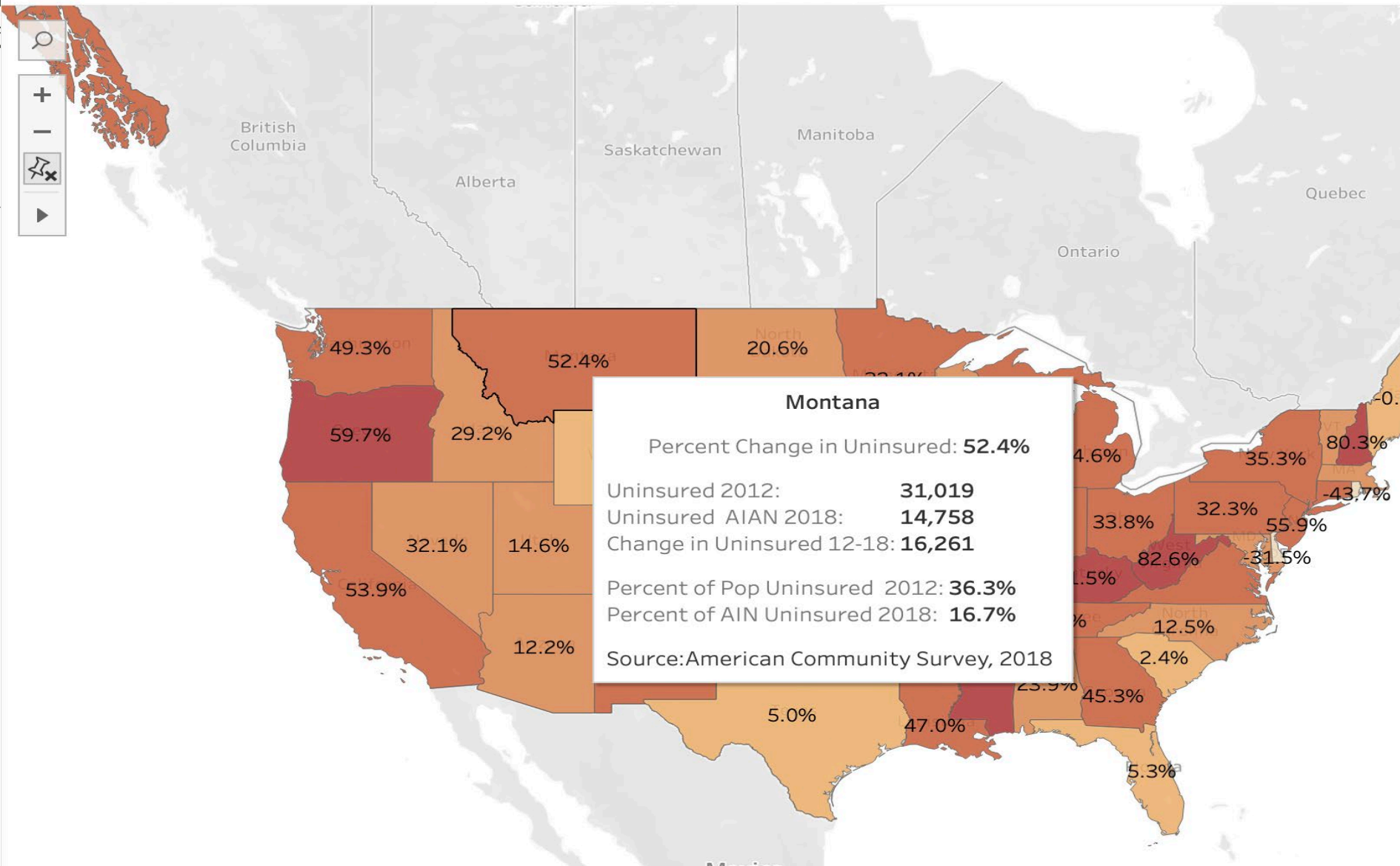
AIANs with Medicaid who do not have "Access to IHS"
Medicaid, No IHS Access (2012): **13,858**
Medicaid, No IHS Access (2013): **11,379**
Medicaid, No IHS Access (2014): **9,233**
Medicaid, No IHS Access (2015): **11,719**
Medicaid, No IHS Access (2017): **16,513**
Medicaid, No IHS Access (2018): **14,606**

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National | Uninsured AI/ANs 2012 to 2018

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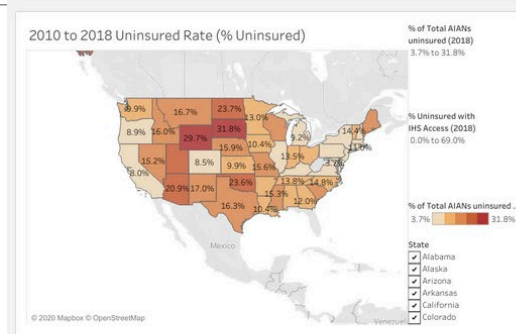




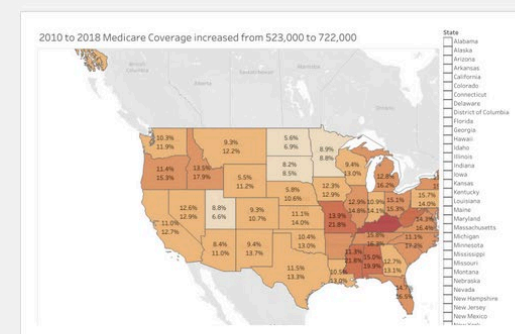
Digital Data Briefs

1. [Uninsured](#)
2. [Medicare](#)
3. [Medicaid](#)
4. [Health Exchange](#)
5. [Population](#)

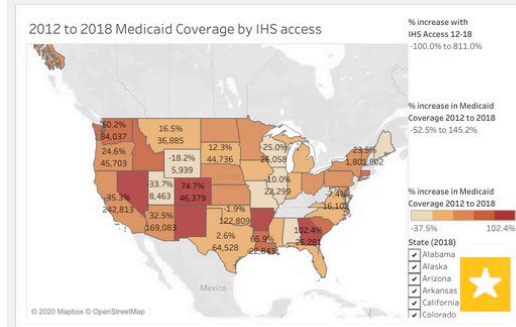
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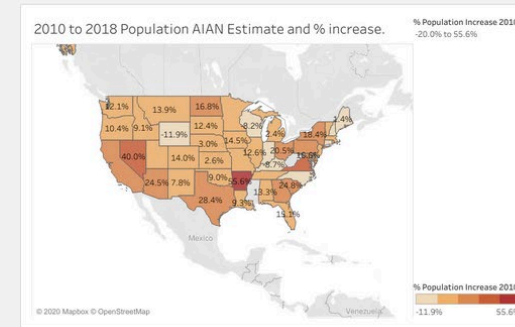
Percentage Uninsured 2010 to 2018
47 views



Medicare 2010 to 2018, an increase of
~200,000
31 views

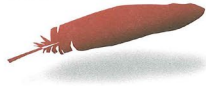


2012 to 2018 Medicaid Coverage by IHS
Access
75 views ☆ 1



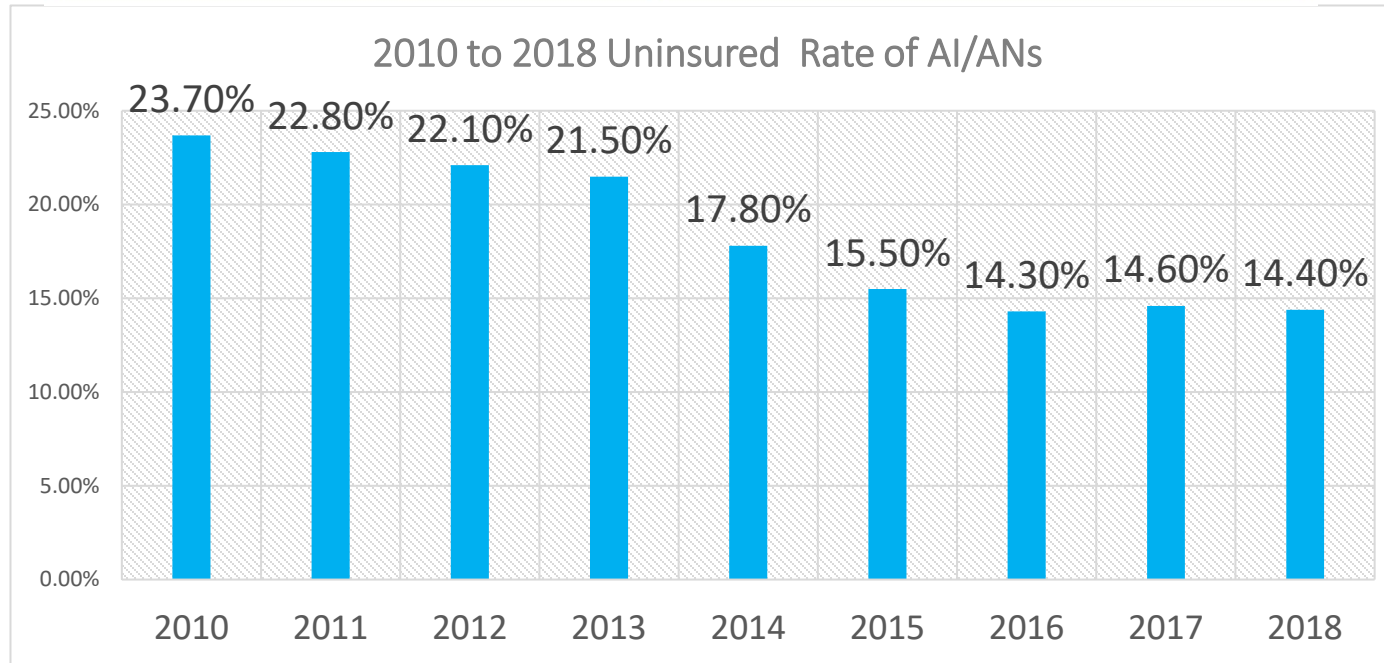
2010 to 2018 Population
12 views

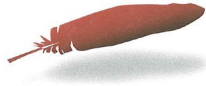




Example: Uninsured American Indians and Alaska Natives in 2012 to 2018

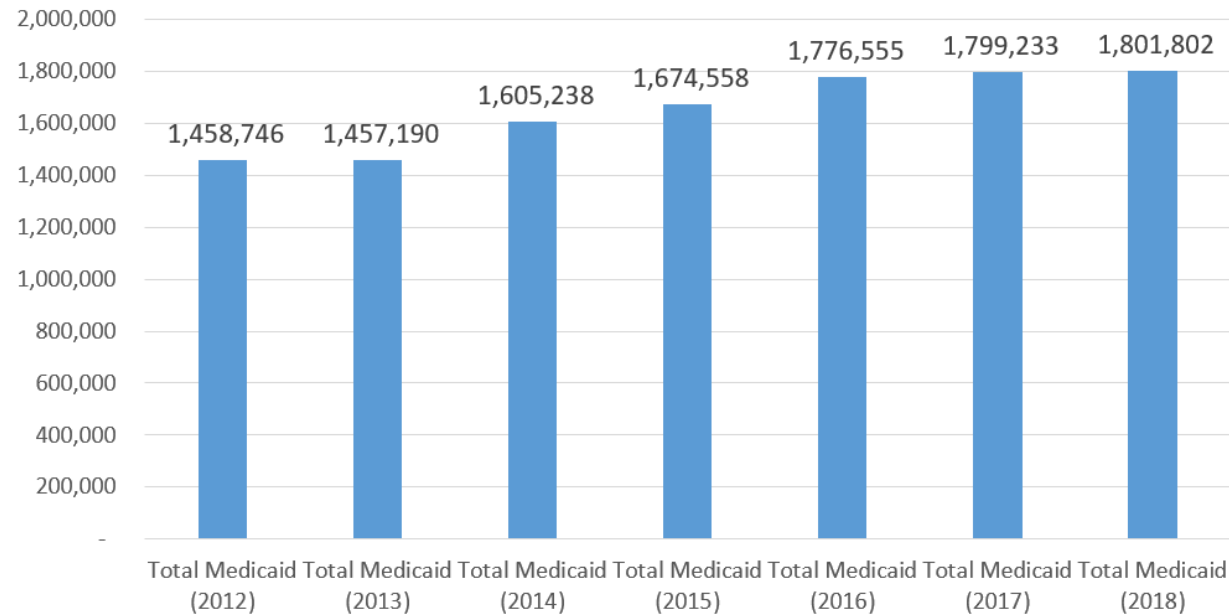
AI/ANs Uninsured and Change since 2012	
Uninsured Total (2012)	1,091,000
Uninsured Total (2018)	770,275
Decline in Uninsured 2010-2018	320,725





Medicaid increase All American Indians and Alaska Natives 2012 to 2018		
Medicaid increase All AI/AN Natives 2012 to 2018	343,056	23.50%
Medicaid Increase with IHS Access 12-18	132,311	34.50%
Medicaid Increase with No IHS Access 12-18	202,282	18.82%

Over 343,000 AI/ANs have gained Medicaid coverage from 2010 to 2018, 23.5% increase





CMS Trainings

Marketplace Webinar

Wednesday, October 28, from 2:00-3:30pm ET

Please join us for our **LIVE Webinar Question and Answer session for the 2021 Assister Readiness Webinar Series Modules** on Wednesday, October 28, at 2:00 PM ET.

https://goto.webcasts.com/viewer/event.jsp?ei=1313722&tp_key=6fccccad14





Additional Resources

Marketplace Call Center: 1-800-318-2596. 24 hours a day. 7 days a week.

Details on special Marketplace protections and benefits for AI/ANs are located here:

<https://www.healthcare.gov/tribal>

Printed CMS Marketplace Tribal materials to share with your community:

<https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/using-insurance-and-the-marketplace>

IHS information on the Affordable Care Act: <http://www.ihs.gov/aca/faq/>

Additional Tribal outreach and education resources: CMS Division of Tribal Affairs:

<http://go.cms.gov/AIAN-OutreachEducationResources>

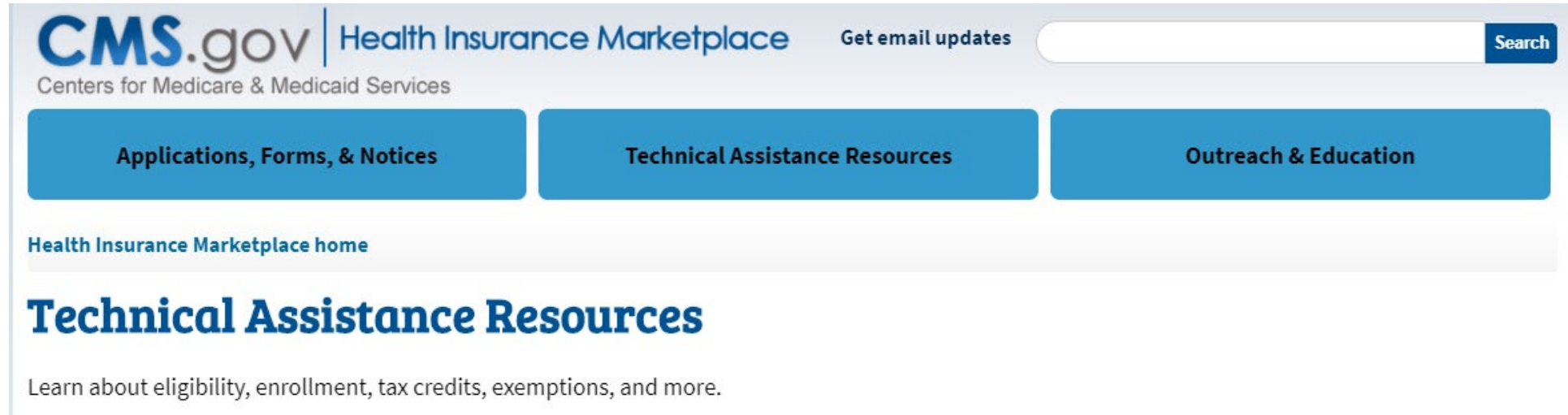
IHS Q&A call for Affordable Care Act questions: acainformation@ihs.gov

CMS American Indian/Alaska Native Outreach and Education: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Marketplace>





CMS Resources



The screenshot shows the CMS.gov Health Insurance Marketplace website. At the top left is the CMS.gov logo with the text "Centers for Medicare & Medicaid Services". To the right is a "Get email updates" link and a search bar with a "Search" button. Below this are three blue buttons: "Applications, Forms, & Notices", "Technical Assistance Resources", and "Outreach & Education". Underneath the buttons is a link for "Health Insurance Marketplace home". The main heading is "Technical Assistance Resources" in large blue font, followed by the subtext "Learn about eligibility, enrollment, tax credits, exemptions, and more."

Technical Assistance Resources:

<https://marketplace.cms.gov/technical-assistance-resources>

Assister Webinars:

<https://marketplace.cms.gov/assister-webinars>





Thank You!

Kristen Bitsuie

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Thank you for joining us and please reach out with questions

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