COVER MONTANA

Tribal Outreach and Enrollment

Introductions in breakout rooms:

Also, please change your name to include name, pronouns, organization or community.

Breakout questions:

- Who are you?
- Where are you from?
- What role do you play?
- What are you hoping to get out of this session?

Cover MT Navigator Team

Missoula and Western Montana	**Alissa Snow**
Helena and Central Montana	Julie Burrows
Kalispell and Northwest Montana	Kaitlyn Farrar/Annie Carlson
Browning and North Central Montana	**ShyAnn RainingBird**
Billings and Eastern Montana	**Armanda Garcia**
Bozeman and Southwest Montana	Tierney Strandberg

Montana Tribes and Territories

Cover Native Montana

- Created to address the specific needs of tribes in MT, including:
  - Reservation
  - Rural
  - Urban
- 3 Navigators from MT tribes
- Culturally relevant outreach materials and messaging
- Year-round presence in communities

COVER MONTANA

Prioritizing Work in Tribal Communities

- Our goal is to balance CMS's desire for big enrollment numbers while targeting communities that are hard to reach and often challenging to serve.
- There is a lot of overlap between tribal communities and the other targeted populations included in the Navigator grant.
- Health disparities in tribal communities are significant:
  - AI/AN people are 3 times more likely to experience sever maternal mortality than white patients
  - 48.3 % of American Indian people access healthcare in the first trimester of pregnancy, vs. 79.4% of white respondents
  - Misinformation and mistrust persists in Native communities about access to care and coverage

Source: Maternal Health in Montana, Univ. of Montana Rural Institute, May 2022

Reaching Tribal Leaders

Tribal Government Outreach (T)

- Sent letter to all tribal governments informing them that MPCA received grant and that work included tribal outreach and enrollment
- Attending and presenting at tribal council meetings

Rocky Mountain Tribal Leaders Council (I,T,U)

Tribal Health Convenings

Montana American Indian Health Leaders (I,T,U)

State-tribal consultations on healthcare topics (I,T,U)

Conferences and convenings that include a health track (T,U)

NADC: Native American Development Council

Direct Outreach

Clinic locations:

- Little Shell Tribal Health Clinic
- Billings UIC
- Crow IHS
- Butte Native Wellness Center
- Helena Indian Alliance
- All Nations Health Center

Colleges and Universities:

- Aaniih Nakoda College
- Blackfeet Community College
- Salish Kootenai Community College
- Montana State University
- University of Montana
- MSU Billings
- Fort Peck Community College
- Chief Dull Knife Community College
- Stone Child Community College
- Little Big Horn College

Events

- MSU AIC Powwow
- MSU Billings Powwow
- Crow Fair
- Native American NIAD Days
- PRIDE/2Spirit Color Run in Browning
- Rocky Boy Powwow
- Northern Cheyenne Chief’s Powwow
- Language Revitalization Planning Workshop

Tribal Outreach

- Working to strengthen:
  - Health insurance literacy in tribal communities
  - Trust in healthcare systems
  - Clear information about IHS, tribal health, and UIHC
  - Access to quality and affordable care
- Need for complimentary general education efforts

MARKETPLACE ENROLLMENTS

MEDICAID/HMK SIGN UPS

RELATIONSHIP BUILDING

COLLABORATION

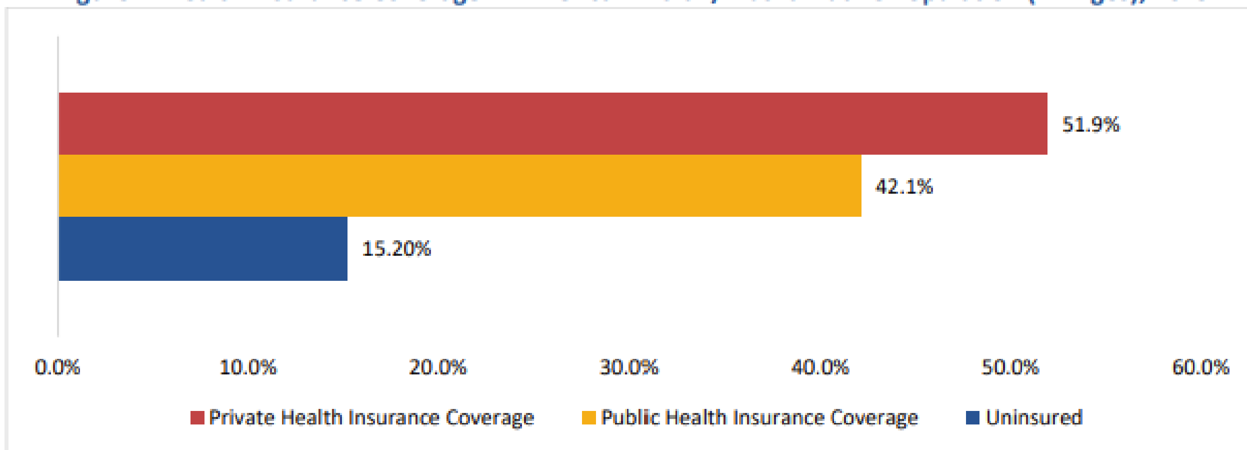
Indigenous Enrollment

Among Montana AI/AN:

- 10,700 eligible but not enrolled in Montana Medicaid
- 6,100 uninsured between 100%-400% FPL

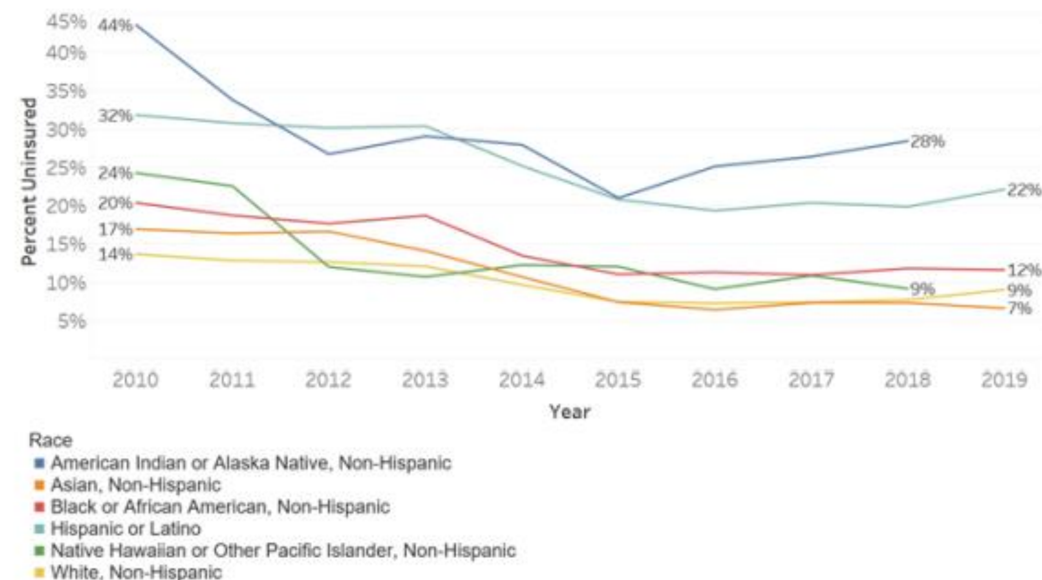
*Source: ASPE Issue Brief, Health Insurance Coverage and Access to Care for American Indians and Alaska Natives: Current Trends and Key Challenges, July 2021

Figure 1. Health Insurance Coverage in American Indian/Alaska Native Population (All Ages), 2019



Source: 2019 American Community Survey 1 Year Estimates Selected Population Profiles
Note: Estimates sum to more than 100 percent since participants were able to report more than one form of health insurance coverage. Private coverage includes employment-based, direct purchase and TRICARE. Public coverage includes Medicare, Medicaid/CHIP, and VA coverage.

Figure 2. Uninsured Rate for Nonelderly (under 65) US Population and By Race and Ethnicity, 2010-2019



Source: National Center for Health Statistics, National Health Interview Survey, 2010-2019
Notes: In this analysis, individuals were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Data are based on household interviews of a sample of the civilian non-institutionalized population. Native Hawaiian or Other Pacific Islander and American Indian or Alaska Native populations did not have estimates available for 2019 due to sample size considerations.

Special Provisions for Enrolled Members

- You can enroll in a Marketplace health insurance plan at **any time**, not just during the yearly Open Enrollment Period.
- Can change plans as often as once a month.
- If you get services from an Indian Health Care Provider, you won't have any out-of-pocket costs like copayments, coinsurance, or deductibles, regardless of your income. (This benefit also applies to Purchased and Referred Care.)
- **May qualify for free or limited cost health insurance plans**

Importance of Insurance Coverage

- Urgent and emergency care when travelling
- Billing insurance offsets costs to IHS and brings funding to community
- You can have BOTH coverage and utilize IHS or Tribal Health services
- Specialty care
- Students and people who move to other communities

IHS vs. Tribal Health vs. Urban Indian (I/T/U)

Indian Health Service in under the Department of Health and Human Services within the Federal Government

- Area Office, Service Units and Hospitals/clinics
- Services vary depending on the Service Unit

Tribal Health is a Department under a Tribe, a sovereign Nation

- Funds may be generated by Tribe and/or funded by Federal monies and/or grants or from a 638 from an IHS program
- May have some clinical services, depending on the Tribe
- Have different departments they run:
  - Such as: Diabetes Prevention, Substance Abuse, etc.

Urban Indian Health Programs (UIHPs) are private, non-profit, organization that provide a range of health and social services, from outreach and referral to full ambulatory care.

- UIHPs are funded in part under Subtitle IV of the Indian Health Care Improvement Act and receive limited grants and contracts from the federal Indian Health Service (IHS).

Discussion!
More Work to Be Done!

Breakouts – 20 minutes:

Room #1: Focus on Urban O&E

Room #2: Tribal Health and TSHIP

Room #3: Indian Health Service

Facilitator questions:

- Introductions

- Updates on new/promising projects

- Discuss challenges:
  - Reluctance to enroll
  - Other challenges?

- Emerging ideas for collaboration or coordination

Report back!

What rose to the top in those conversations?

Any new/promising practices that you want to share?

Ideas for collaboration or coordination?

Questions?
Conversation?
Next steps?