The Affordable Care Act: Why it’s still relevant.

Arizona Center for Rural Health Navigators
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1. Introduction

2. Why Have Health Insurance When There’s IHS?

3. Benefit Coordinators and Certified Assisters, Friends or Foes?
Arizona Center for Rural Health

Est. 1981, CRH serves AZ through its mission “to improve the health & wellness of rural populations” by housing the:

1. State Office of Rural Health
2. Rural Hospital Flexibility Program
3. Small Hospital Improvement Program
4. Western Region Public Health Training Center
5. AzCRH Navigator Consortium

http://crh.arizona.edu
The Benefits of Health Insurance Coverage
• No one plans to get sick or hurt, protects you from unexpected, high medical costs
• Gives individuals & families more say in their health, increased protection, and peace of mind
• Covers Essential Health Benefits
• Offers FREE preventive services
• Required by federal law (tax penalties, some exempt).
• There is financial assistance available (income-based)

#1 reason for declaring bankruptcy in U.S. = unpaid medical bills

https://www.healthcare.gov/why-coverage-is-important/coverage-protects-you
Rural Health Challenges

- Higher poverty
- Fewer providers
- Higher rate of uninsured
- Precarious finances
- Transportation
- Leads to poorer health outcomes

85-90% of active physicians, pharmacists, nurse practitioners, & physician assistants live in Phoenix/Tucson

http://crh.arizona.edu/2015-supply-demand
Low Participation Rates - American Indian, Rural

Arizona Tribes

- Ak-Chin Indian Community
- Cocopah Indian
- Colorado River Indian Tribes (CRIT)
- Fort McDowell Yavapai
- Fort Mojave
- Fort Yuma-Quechan
- Gila River Indian Community
- Havasupai
- Hualapai
- Hopi
- Kaibab Band of Paiute
- Navajo
- Pascua Yaqui
- Salt River Pima-Maricopa Indian Community
- San Carlos Apache
- San Juan Southern Paiute
- Tohono O’odham
- Tonto Apache
- White Mountain Apache
- Yavapai-Apache
- Yavapai-Prescott
- Pueblo of Zuni

22 Tribes
“Nearly one in three American Indians and Alaska Natives is uninsured.”

Barriers & Challenges for Tribal Consumers

- Mixed family status (claimed on taxes or not)
- Native and non-native households
- Valid street address
- Fluctuating or seasonal employment
- Changing contact information
- Confidentiality in rural settings
- Tendency to choose exemption rather than enrollment
Opportunities!

• The individual and community benefits provided by the ACA
• Role of Benefits Coordinators and Navigators
Why have health insurance when there’s IHS?
History: Indian Health Service

- Established in 1955 with the Transfer Act → IHS (Department of Health and Human Services, formerly Dept. of Health, Education, and Welfare)
- Tribal healthcare delivery system, provider and advocate
- Principle provider
- Services provided via network of hospitals, clinics, health stations, urban Indian health programs, and non-Indian provider contracts.

https://www.ihs.gov/aboutihs/
Health Insurance Coverage

Contract between individual and insurance company where the company agrees to pay some medical expenses

Comprehensive Care (Primary, Secondary & Tertiary care)

Indian Health Service

IHS & tribally/federally-operated facility services limited to members & their descendants of federally recognized tribes that live on or near federal reservations

Primary care w/ some secondary or tertiary care depending on funding & service area

IHS and the ACA

• IHS continues to “provide quality, culturally appropriate services to eligible American Indians and Alaska Natives”
• IHS provides and pays for care but is not health insurance
• Is the payer of last resort after other insurance payer options (e.g., private coverage, Medicare, Medicaid)
• When needed care exceeds funds, care is prioritized via Purchase Referred Care (PRC) system

https://www.ihs.gov/aca/
https://www.ihs.gov/aca/thingstoknow/
IHS and the ACA

• Medicaid expansion state – more eligible for coverage
• ACA requires minimum essential coverage or pay a fine, being eligible for IHS care alone does not meet the minimum essential coverage requirement
• If an individual does not have healthcare insurance coverage and receive services from IHS, they will need to:
  • Sign up for health insurance coverage
  • Pay the Shared Responsibility Payment
  or
• Apply for an exemption

Image from: https://www.ihs.gov/
https://www.ihs.gov/aca/
Supports Fiscal Health

- IHS is a discretionary program subject to automatic cutbacks (sequestration), limits access to services

- Indian Health Services are only funded at 56% of total need, increased health insurance coverage could greatly impact IHS. Medicaid, Medicare, KidsCare and Marketplace plans helps to fill the gap in making sure needed care is covered

http://www.nihb.org/docs/07112013/FY%202015%20IHS%20budget%20full%20report_FINAL.pdf
Medicaid accounts for 70% of total third party revenues of IHS.
How the Marketplace Benefits Tribal Members

• Members of federally recognized tribes with income 100-300% FPL may have zero out of pocket costs (copays, deductibles, coinsurance)
• Enroll in the Marketplace at any time
• Enrollment in Alternate Resources (Marketplace, Medicaid, CHIP, Medicare) strengthens IHS programs & services in Tribal communities

www.Tribalhealthcare.org
IHS + Health Insurance

• IHS/Tribal/Urban programs/services still provided at no extra cost
• I/T/U can bill for services
• Tribal members can receive additional specialty services outside of I/T/U

Image from: https://www.ihs.gov/aca/
https://www.ihs.gov/aca/acayou/
The ACA increases health coverage options and flexibility for uninsured American Indians and Alaska Natives.
IHS and the ACA: Outreach Materials

“With American Indians and Alaska Natives with the highest risk of Diabetes I knew I had to be part of the change. If I am to be a guide for our youth, making health decisions like signing up for health insurance is a must.”

“Knowing there is something out there right now for me is a huge relief.”

https://www.ihs.gov/aca/
https://www.ihs.gov/aca/resources/
Benefit Coordinators & Certified Assisters, Friends or Foes?
What is a Benefit Coordinator?

Advocate
Educate
Enroll

Image compliments of Parker, IHS
A Benefit Coordinator…

Loucille Yesslith

• **Federally trained** Certified Application Counselor
• Identifies **tribal patients** eligible for health care coverage.
• **Educates** patients on health care coverage.
• **Assists** patients in obtaining alternate resources.
• Builds **relationships & trust** w/ community
What is a Certified Assister?

Advocate

Educate

Enroll
A Certified Assister...

• Federally trained & certified Navigator or Certified Application Counselor
• Identify consumers eligible for health care coverage.
• Educate patients on health care coverage.
• Help consumers access resources.
• Build relationships & trust
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<th>Differences?</th>
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<tr>
<td><strong>Benefit Coordinators</strong></td>
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<tr>
<td>Work for IHS</td>
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<td>Assist <em>tribal</em> populations with health care coverage: Medicaid, Marketplace, CHIP, ALTCS, Medicare, &amp; other programs</td>
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Why work together?

• Many changes:
• Medicaid Expansion
• KidsCare reintroduced
• Insurers dropping and joining the Marketplace
• Nearly 400,000 remaining uninsured Arizonans, many tribal families
• Arizona’s 114,000 sq. mi. would encompass NY, CT, DE, ME, MA, NH, RI, VT and DC.
• Tax penalty for being uninsured
How can we work together?

• Let’s be Friends!
• Join county and statewide enrollment coalitions to coordinate and reduce duplication:
  • Pima County Enrollment Coalition
  • Cover AZ Coalition
• Know your countywide Certified Assisters and Benefit Coordinators
• Coordinate event staffing
• Refer to each other
• Forward resources and trainings
Questions?