

MEDICAID EXPANSION & THE HEALTH INSURANCE MARKETPLACE

American Indian & Alaska Native Specific Provisions

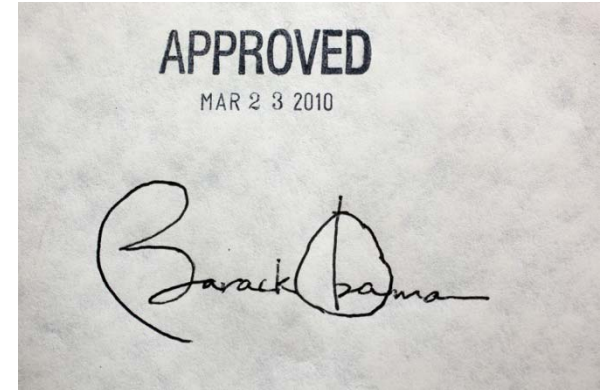
Overview



- Affordable Care Act
- Indian Health Care Improvement Act Reauthorization
- Medicaid Expansion
- Health Insurance Marketplace
- Tribal Enrollment and I/T/U Eligibility Exemptions
- Benefits of Healthcare Coverage – AI/AN

Affordable Care Act

- ❑ Enacted on March 23, 2010
- ❑ Comprehensive reforms that improve access to affordable health care coverage and protect consumers from abusive insurance company practices
- ❑ Indian Health Care Improvement Act Reauthorization
- ❑ Medicaid Expansion
- ❑ Health Insurance Marketplace
- ❑ Numerous Changes (PCIP, Young Adults, Preventive Svcs)



Indian Health Care Improvement Act



- ❑ Originally enacted in 1976
- ❑ Authority for the provision of health care to AI/AN
- ❑ Appropriations expired in 2000
- ❑ Permanent Reauthorization part of the ACA (2013)
- ❑ New Authorities
- ❑ Some authorities have not been funded

Indian Health Care Improvement Act

- Authorization for hospice, assisted living, long-term, and home- and community- based care
- Extends ability to recover costs from third parties to tribally-operated facilities
- Allows tribes and tribal organizations to purchase health benefits coverage for IHS beneficiaries
- Authorizes IHS to enter into arrangements with the VA to share medical facilities and services
- Allows certain tribes, tribal organizations and urban Indian health programs to purchase employee coverage from the Federal Employee Health Benefits Program (FEHB)
- Authorizes the establishment of a Community Health Representative (CHR) Program for urban Indian health programs to train and employ AI to provide health care services

Affordable Care Act



- Individual Mandate – beginning in 2014
 - *Maintain Minimum Essential Coverage*
 - Medicare, Medicaid, CHIP, VA, Tricare, Employer-Based
 - OR ■ Indian Health Service is not insurance coverage
 - *Shared Responsibility Payment*
 - Statutory and Hardship Exemptions – Have to Apply
- Major Coverage Opportunities – beginning in 2014
 - Medicaid Expansion
 - Health Insurance Marketplace

Medicaid Expansion

- ❑ State option to expand eligibility to 133% FPL
- ❑ In Arizona, Restoration/Expansion begins January 1, 2014
- ❑ American Indian & Alaska Native (AI/AN) Considerations
 - ❑ No Premiums
- ❑ Indian Health Service / Tribal Health Programs Operated Under P.L. 93-638 / Urban Indian Health Programs (I/T/U) Services or by Services Provided by Referral through I/T/U
 - ❑ No Cost Sharing
- ❑ Same Access to I/T/U (or Indian Health) Providers
- ❑ Access to non-I/T/U Medicaid Providers
- ❑ Meets Requirement for Minimum Essential Coverage

Health Insurance Marketplace

- Enrollment began October 1, 2013; Coverage begins January 1, 2014
 - Individuals with incomes up to 400% FPL may be eligible for an advance premium tax credit (around \$94,200 for a family of 4)
 - Individuals with incomes up to 250% FPL may be eligible for lower cost sharing
- **AI/AN Specific Provisions**
 - AI/AN with income up to 300% FPL are exempt from copays, coinsurance, deductibles (around \$70,650 for a family of 4)
 - AI/AN have special monthly enrollment periods
 - Tribes may elect to pay for their members' premiums
- Same Access to I/T/U (or Indian Health) Providers
- Qualified Health Plans may or may not be contracted with local I/T/U providers
- Access to non-I/T/U Providers in Qualified Health Plan network
- Meets Requirement for Minimum Essential Coverage

Exemptions - Shared Responsibility Payment

- Tribal Enrollment Exemption (Statutory)
 - Member of a Federally-Recognized Indian Tribe or Alaska Native Shareholder
 - Can Apply through the Health Insurance Marketplace or IRS Tax Filing for 2014

- I/T/U Eligibility Hardship Exemption (Regulatory)
 - I/T/U Eligible (I/T/U determines eligibility)
 - Considered to be AI/AN by Dept. of Interior
 - California Indians, Eskimo, Aleut or other Alaska Native
 - Descendent of AI/AN
 - Minor Child of IHS Beneficiary
 - Spouse of IHS Beneficiary is Tribe has authorized Services
 - Member of a State-Recognized Tribe Living in an Urban Indian Center
 - IHS will be capable of issuing a letter indicating IHS eligibility for an individual
 - Have to Apply through the Health Insurance Marketplace

- Any other Statutory or Regulatory Exemption

Benefits of Health Care Coverage

- ❑ If an AI/AN is eligible for Medicaid, they should enroll.
- ❑ If an AI/AN is ineligible for Medicaid, is uninsured, and needs services that cannot be provided at their local Indian health care provider; they should look into whether or not they qualify for lower premiums and lower/no cost sharing.
- ❑ **Benefits:**
 - ❑ AI/AN can have access to services beyond what their local I/T/U provider can provide.
 - ❑ Indian health care providers can obtain reimbursements from third party insurance companies and reinvest them to improve services and increase availability of services.
 - ❑ Contract Health Service (referred care for certain individuals ineligible for Medicaid and other alternate resources) can use its limited resources for patients who truly do not have access to affordable health care coverage.
 - ❑ Reduces health disparities and improves health outcomes.

Contact Information



- Carol Chicharello

Director, Business Development

Phoenix Area Indian Health Service

(602) 364-5117

carol.chicharello@ihs.gov