

EXCHANGE PRIMER: NATIVE AMERICANS

This document provides the Native American Work Group with an overview of statutory and regulatory guidance unique to Native Americans and health insurance Exchanges, as well as the critical questions the Work Group is asked to answer. Work Group members should develop and record recommendations, and submit them to the Advisory Task Force and the New Mexico Human Services Department.

*New Mexico
Health
Insurance
Exchange
Advisory
Task Force*



Background Information

The Patient Protection and Affordable Care Act (PPACA) seeks to address Native Americans' historical inequities regarding access, utilization and inadequate funding which has impacted service offerings by Indian Health Service/Tribal/Urban Indian Health (I/T/U) providers. One of the ways in which PPACA attempts to address these inequities is through health insurance Exchanges.

Though Native Americans are not subject to the PPACA penalty for failure to carry minimum health insurance coverage, there are myriad incentives to encourage participation in the Exchanges. Subsidies, also called "premium tax credits," are available to individuals who earn between \$15,414 and \$44,680, and between \$31,809 and \$92,200 for families of four. Native Americans who earn \$33,510 or less, and those who obtain services from or receive a referral to I/T/U providers, are exempt from additional costs such as deductibles and co-pays for health plans purchased through the Exchange. Unlike most Exchange-plan purchasers, Native Americans will be able to change their health plans on a monthly basis.

PPACA requires states with federally recognized tribes to consult with them throughout the Exchange planning, implementation, and operation process. New Mexico has the second highest percentage of Native Americans in the country, with nearly 200,000 representing 22 tribes, Nations, Pueblos, and off-reservation people. Each tribe, Nation, and Pueblo has its own unique form of government and health needs. New Mexico is complying with the consultation directive through stakeholder engagement and planned consultations. The issue is also addressed in the state's Level I Establishment Grant application through planning for a Native American Service Center (NASC). The NASC will be staffed with a director and two support staff and will be tasked with:

- Studying PPACA and Indian Health Care Improvement Act (ICHIA) provisions and regulations to assess their impact on Native Americans and tribal health care systems served by the exchange;
- Eliciting stakeholder input to assist in exchange design and development;
- Developing Native American navigation, outreach and education strategies, especially in rural and frontier areas of the state; and
- Analyzing existing IT infrastructure, capability, and connectivity in tribal communities.

The Navigator Program could be the best communication program for Native Americans. Navigators will inform individuals about the availability of qualified health plans (QHPs) in the Exchange and facilitate enrollment in appropriate plans. "*Tribal* navigators . . . [are] ideally suited to understand the health needs of their peers and well-versed on the breadth of resources, services, programs, and coverage available to . . . [Native Americans]. With appropriate training, they would be well-equipped to help tribal members determine their best coverage options" *Implications of Health Care Reform for American Indian and Alaska Native Populations*, State Health Reform Assistance Network (Feb. 2012)

Additional Resources

Patient Protection and Affordable Care Act of 2010, P.L. 111-148, Sections 1311, 1401, 1402, and 2901

Implications of Health Reform for American Indian and Alaska Native Populations, Carolyn Ingram, et al., State Health Reform Assistance Network (Feb. 2012)

Level I Health Insurance Exchange Establishment Grant Application, New Mexico Department of Human Services (September 30, 2011)

Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges, HHS Office of Consumer Information and Insurance Oversight (January 20, 2011)

www.HealthCare.gov

Questions

Outreach, Education and Enrollment

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? How should the advantages of Exchange engagement be explained to tribes, Nations, Pueblos, and off-reservation people?

What obstacles are there regarding tribal enrollment verification of AI/AN for purposes of qualifying for exemptions? How can these obstacles be addressed?

What are the barriers to Native Americans serving as navigators and what can be done to remove barriers?

Premium Payment and Network Adequacy

Federal rules authorize the Exchange to adopt provisions allowing Tribes and urban Indian health programs to pay premiums for AI/AN people (45 CFR 155.240(b)). What forms of “group pay” might be desirable and how could group pay be mechanized?

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?

Native American Service Center (NASC)

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?

Tribal Collaboration and Consultation

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. (45 CFR 155.130(f)). How can the state improve on collaboration and consultation with tribes and I/T/Us?

Please track additional questions that may emerge as part of this process. The Work Group Leader will summarize the recommendations from this group. Please submit any questions or written recommendations to the Work Group Leader.