

National Indian
Health Board



TRIBAL HEALTH CARE REFORM OUTREACH AND EDUCATION

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OVERVIEW

- Timeline of Indian laws and Policies
- Federal Trust Responsibility
- Indian Health Service
- Indian Health Improvement Act
- How Historical Indian Health Background Supports Tribal Outreach and Education
- Update on National AI/AN Health Policies



TIMELINE OF INDIAN LAWS & POLICIES

- 1955 – Indian Health Service created
 - Health centers and hospitals established with good results (improved access to care)
- 1976 - Indian Health Care Improvement Act (IHCA)– this Act consolidated and increased funding for the Indian Health Service (IHS), provided services for urban Indians, and allowed Medicare and Medicaid to reimburse IHS



TIMELINE OF INDIAN LAWS AND POLICIES cont.

- 1994 – Clinton instructed federal agencies to engage with Tribes as part of a government- to- government framework
- 1998 – Clinton instructed federal agencies to consult with Tribes
 - Consultation when decisions will affect Tribes
- 2000 – Congress made self-governance a permanent program (PL 106-260)
- 2010 – Affordable Care Act – made Indian Health Care Act permanent



FEDERAL TRUST RESPONSIBILITY

- The federal promise to provide health services to Tribal Nations was made long ago. Through signing treaties with the federal government, Tribal Nations “pre-paid” for their healthcare, education, housing, and other rights in exchange for land and peace.
- To honor the Federal Trust Responsibility, Congress is duty bound to authorize and fund the legislation necessary to fulfill the federal government’s promise and pledge to AI/ANs.



INDIAN HEALTH SERVICE

- To facilitate upholding its trust responsibility to Tribal Nations, the federal government created the Indian Health Service (IHS) and tasked the agency with providing health services to AI/ANs.
- Since its creation in 1955 IHS has been the principal federal health care provider for AI/AN people. The agency states that its goal is to raise the health status of AI/ANs to the highest possible level.



IHS HEALTH SERVICE DELIVERY: THE I/T/U SYSTEM

- IHS delivers health services for Tribes and their members in a variety of ways. IHS provides services directly, through Tribally-contracted and operated health programs, and through services purchased from private providers. IHS also provides some funding for urban Indian health services. This varied system of delivery is known by its initials I/T/U (IHS, Tribal and Urban).



1976 IHICIA & MEDICAID

- In 1976, Congress authorized IHS hospitals and clinics to receive reimbursement for services provided to Medicare and Medicaid patients.
- The authority to bill Medicare and Medicaid is unique to any other federal health program (i.e. VA and DOD do not have this authority).
- IHS publishes its reimbursement rates in the Federal Register on an annual basis, often called the OMB rates.



1976 IHICIA & MEDICAID cont.

- In addition to Medicaid and Medicare, I/T/Us also bill the Children's Health Insurance Program (CHIP) and private insurance, including those purchased on the Health Insurance Marketplace.
- CMS reimburses States 100% for services provided to AI/ANs in IHS and Tribally operated facilities, this is commonly referred to as the 100% Federal Medical Assistance Percentage (FMAP).



TRIBES AS SOVEREIGN NATIONS

- Through signing treaties with Tribal Nations, the federal government acknowledged Tribal Nations as sovereigns. This relationship is often described as a “nation-to-nation” relationship.
- As independent, sovereign nations, Tribal governments do not operate within the state regulatory structure, although they often must compete with their own state governments for resources.



HISTORY OF INDIAN HEALTH AND OUTREACH & EDUCATION

- Understanding the history of Indian health
- Significance of third party revenue
- Significance of building trust
- Outreach techniques – “Thinking outside the box”



ROLE OF OUTREACH & EDUCATION TO INDIAN COUNTRY

- Help Tribal members enroll in health insurance coverage(s)
- Understand the Indian health care process
- Understand special protections and provision for AI/AN
- Provide education to Tribal community on the importance of health insurance



I/T/U FACILITY SITE VISITS

- Practice of outreach is different for each area
- Educational materials produced accordance to the need of the Tribal community
- Focus on uninsured groups
- Barriers and challenges vary
- One consistent focus: hard work and passion to educate and enroll tribal members in health coverage

AI/AN HEALTH POLICY UPDATES

- Affordable Care Act
- Indian Health Improvement Act
- Medicaid Work Requirement



BEST PRACTICE AND CHALLENGES

- Government Shutdown
- Pharmacy Revenue
- Medicaid/Medicare Manage Care
- Tribal Sponsorship
- In-Reach Education
- Resources



OUTREACH EFFORTS AND CONTINUING EDUCATION

- CMS ITU Trainings
- National Webinars
- National Calls
- Educational Materials for AI/ANs
- Resources and Contact Information



DISCUSSION



Thank You

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