



Best Practices and Lessons Learned on Improving Health Coverage in Tribal Communities

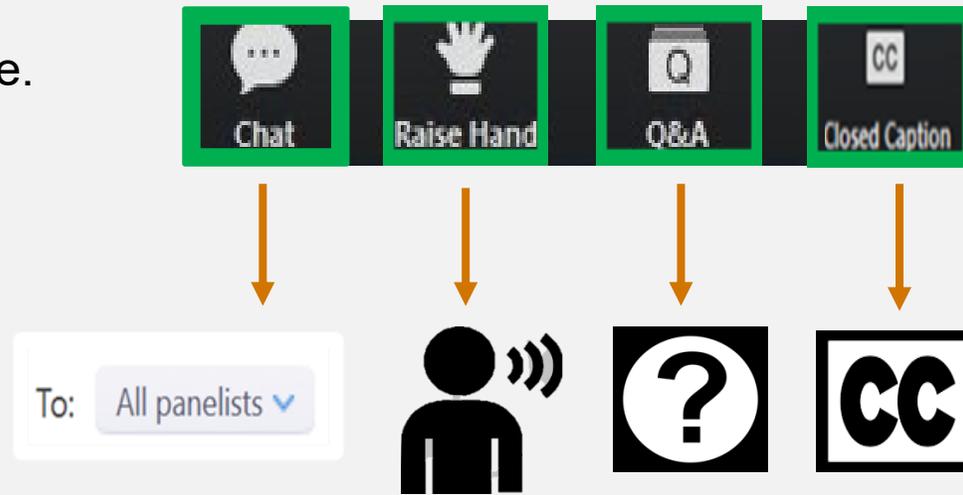
**Thursday, February 22, 2024
2–3 p.m. Eastern Time**

Technical Notes and Support

If you lose connectivity during the session, **click your original join link to regain access to the webinar.**

If you experience technical difficulties, **send a note using the chat box in your bottom menu bar,** and we'll assist you from there.

Enjoy the session!





Disclaimer

This webinar series is supported by GS-00F-0012S/75FCMC22F0101 awarded by the Centers for Medicare & Medicaid Services.



BEST PRACTICES AND LESSONS
LEARNED ON IMPROVING
HEALTH COVERAGE IN TRIBAL
COMMUNITIES

National Indian
Health Board

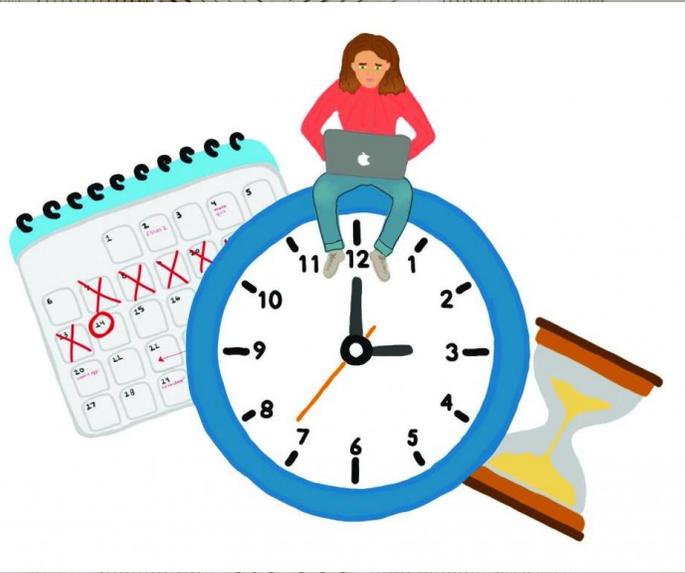


NIHB MISSION: ESTABLISHED BY THE TRIBES TO ADVOCATE AS THE UNITED VOICE OF FEDERALLY RECOGNIZED AMERICAN INDIAN AND ALASKA NATIVE TRIBES, NIHB SEEKS TO REINFORCE TRIBAL SOVEREIGNTY, STRENGTHEN TRIBAL HEALTH SYSTEMS, SECURE RESOURCES, AND BUILD CAPACITY TO ACHIEVE THE HIGHEST LEVEL OF HEALTH AND WELL-BEING FOR OUR PEOPLE.

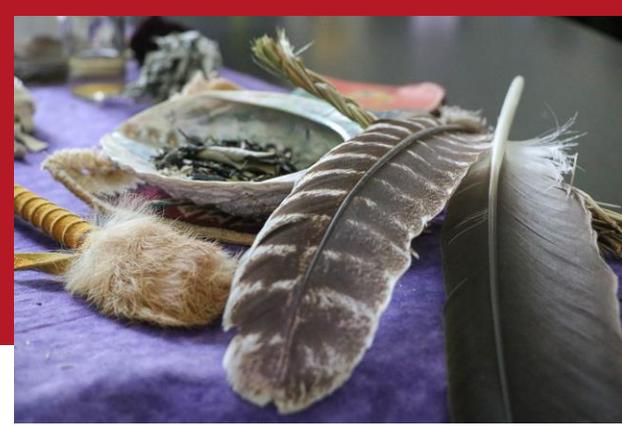
- ❖ Troubleshoot challenges for AI/AN individuals, Enrollment Assisters, and others encountered relating to Tribal health insurance access
- ❖ Conducts research; provides training, policy analysis, and one-on-one technical assistance for I/T/U staff
- ❖ Tribal Healthcare Reform Outreach and Education Policy Coordinator at NIHB is an indispensable role for Indian Country

CHALLENGES

- Mail delivery to P.O. boxes
- Access to technical assistance
- Staying up-to-date on the latest CMS announcements
- Understanding changes in health laws and flexibilities
- Complex application process
- Geographical issues: remote or isolated
- Lack of transportation
- Limited or no internet connection
- Working with state Medicaid agency
- Submission of supporting documents



LESSONS LEARNED



- Tribal enrollment assisters understand the unique enrollment requirements and application process for Tribal citizens
- Foster strong partnership with other enrollment assisters
- Build relationships with organizations in the community
- Outreach materials customized to fit Tribal communities
- Social media is a useful tool for outreach and educate
- Sharing health insurance enrollment experiences
- Understanding the Tribal community's culture, history, and traditions
- Communication is unique in Tribal communities

BEST PRACTICES

- Utilizing enrollment data
- Navigating social media
- Partnering with community organizations or organizations with outreach grants
- Internal training at Indian Health Service and Tribal facilities
- Placing Tribal assisters at different departments
- Running internal reports on uninsured
- Receiving data sharing from state Medicaid
- Involving internal staff by using their reach
- Being visible
- Elders are the greatest teachers and messengers

HAVE HEALTH INSURANCE?

**Don't Lose
Your Medicaid
Coverage**

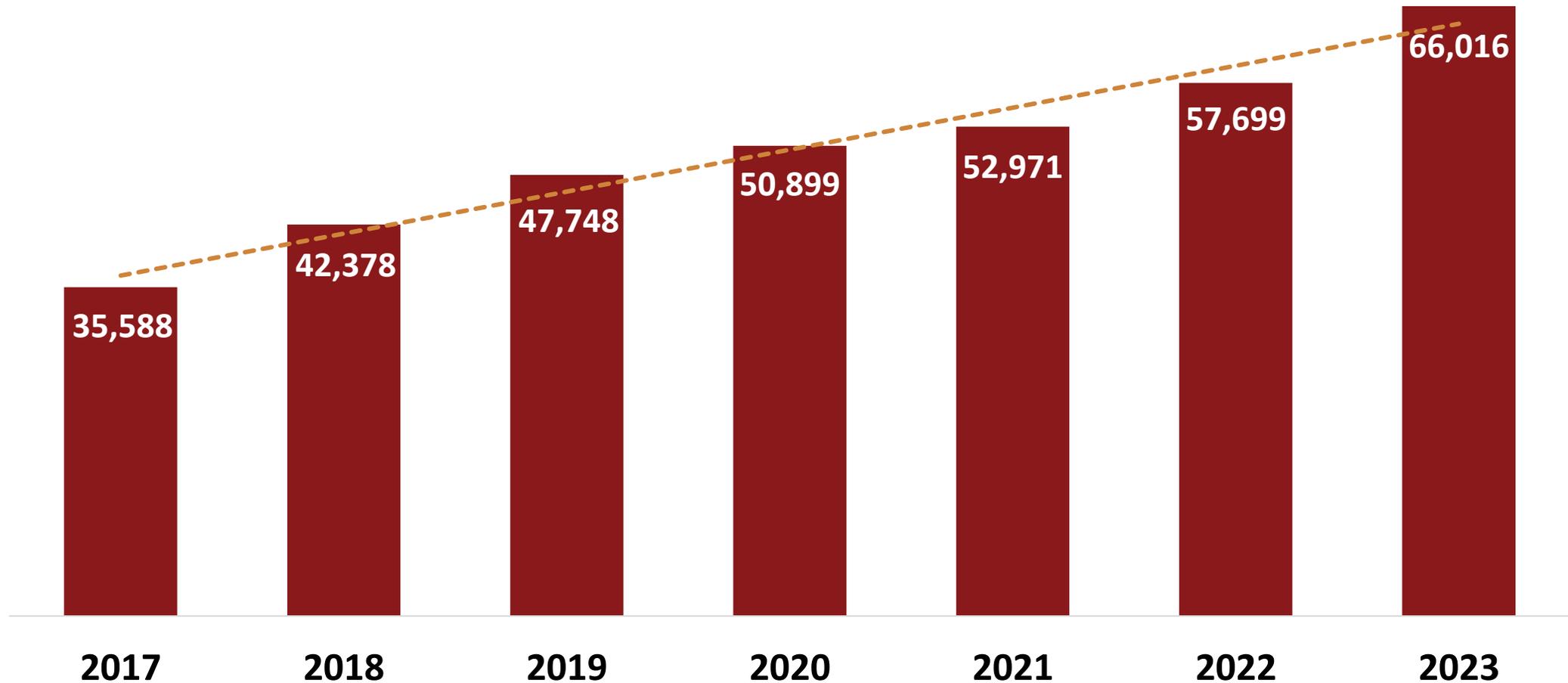
National Indian
Health Board



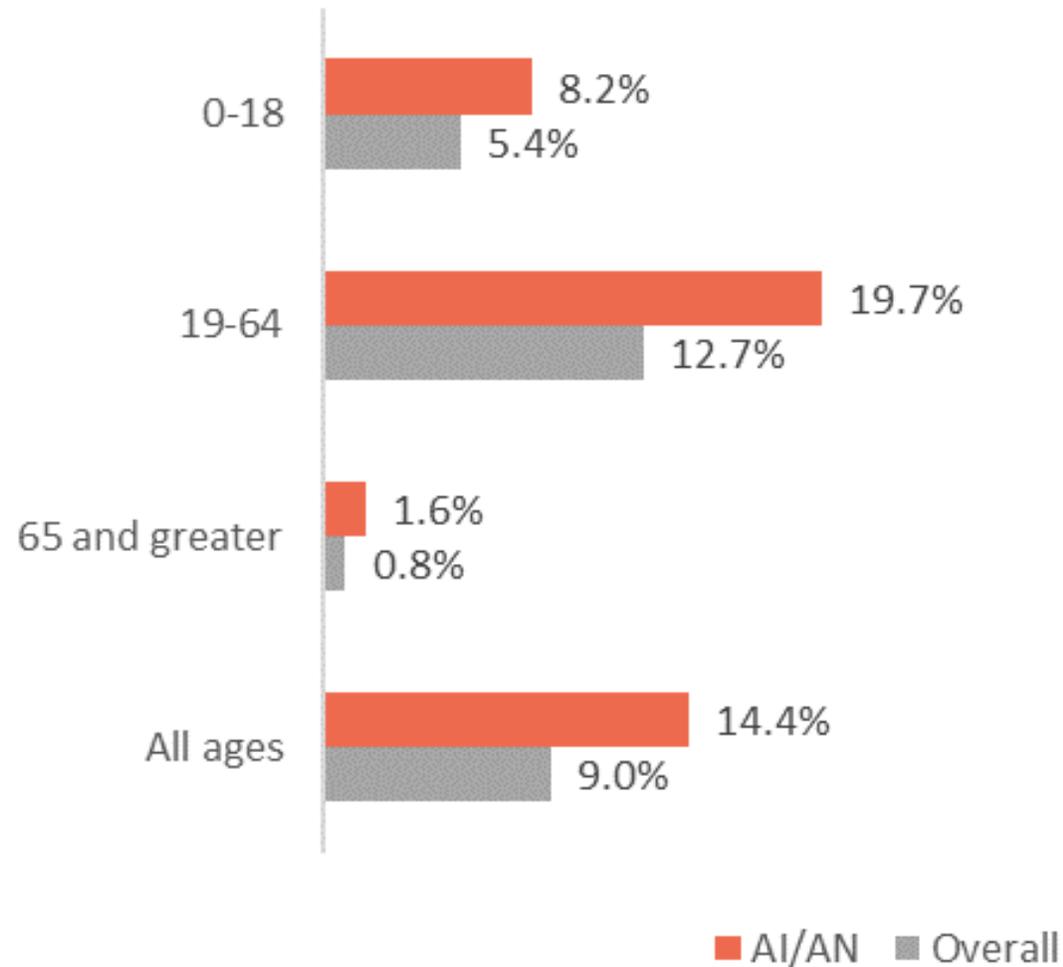
EXAMPLES OF OUTREACH AND EDUCATION EFFORTS

PRINT	ELECTRONIC	VISUALS	PERSONAL CONTACT
Fact sheets	Social Media	Signage	Meetings
Brochures	Websites	Posters	Community events
Flyers	Electronic News	Banners	Target audience
Newsletters	Emails	Presentations	Partner organization
News releases	Public Service Announcements	Exhibit displays	Word of Mouth
Mail	Bulletin Boards		CHR/WIC
	Texting		

AI/AN MARKETPLACE OPEN ENROLLMENT IN THE U.S.



AI/AN UNINSURED RATES IN THE U.S.

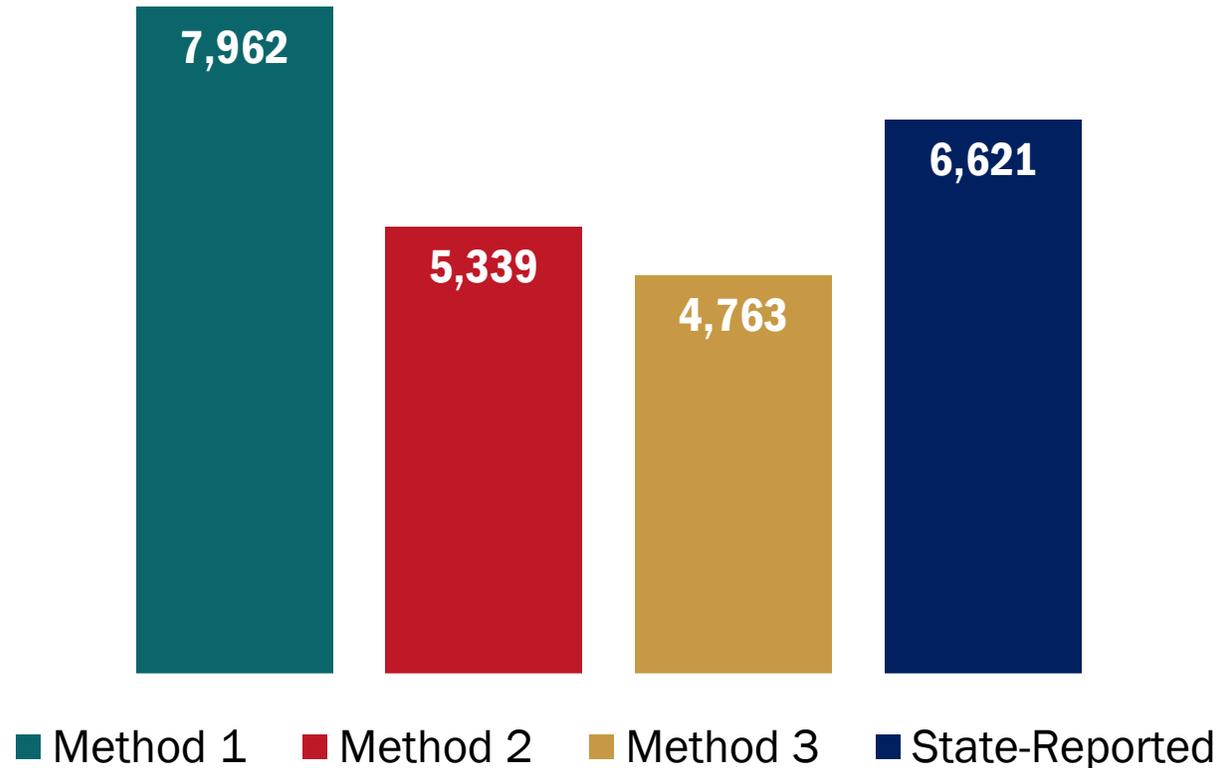


MEDICAID UNWINDING: OVERVIEW

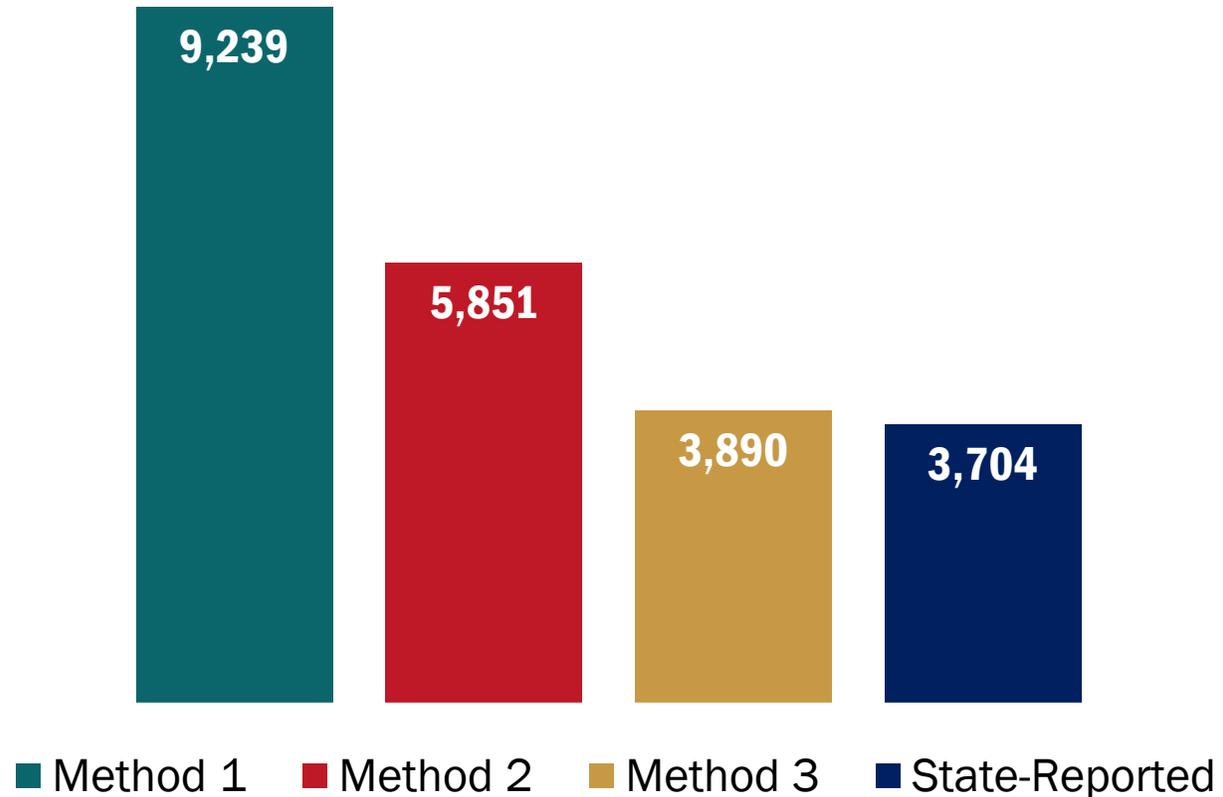
According to data from the Kaiser Family Foundation (KFF) Medicaid Enrollment and Unwinding Tracker, the following is the latest data on Medicaid unwinding for the overall population, as of February 13, 2024:

- At least 16.9 million Medicaid enrollees have been disenrolled from Medicaid (data from 50 states and D.C.)
- 32% of those who completed renewals were disenrolled
- Disenrollment rates vary widely, from 13% in Maine to 59% in Arkansas
- Across all states with available data, 70% of disenrollments were due to procedural reasons
- Procedural disenrollment rates vary widely, from 23% in Maine to 93% in New Mexico

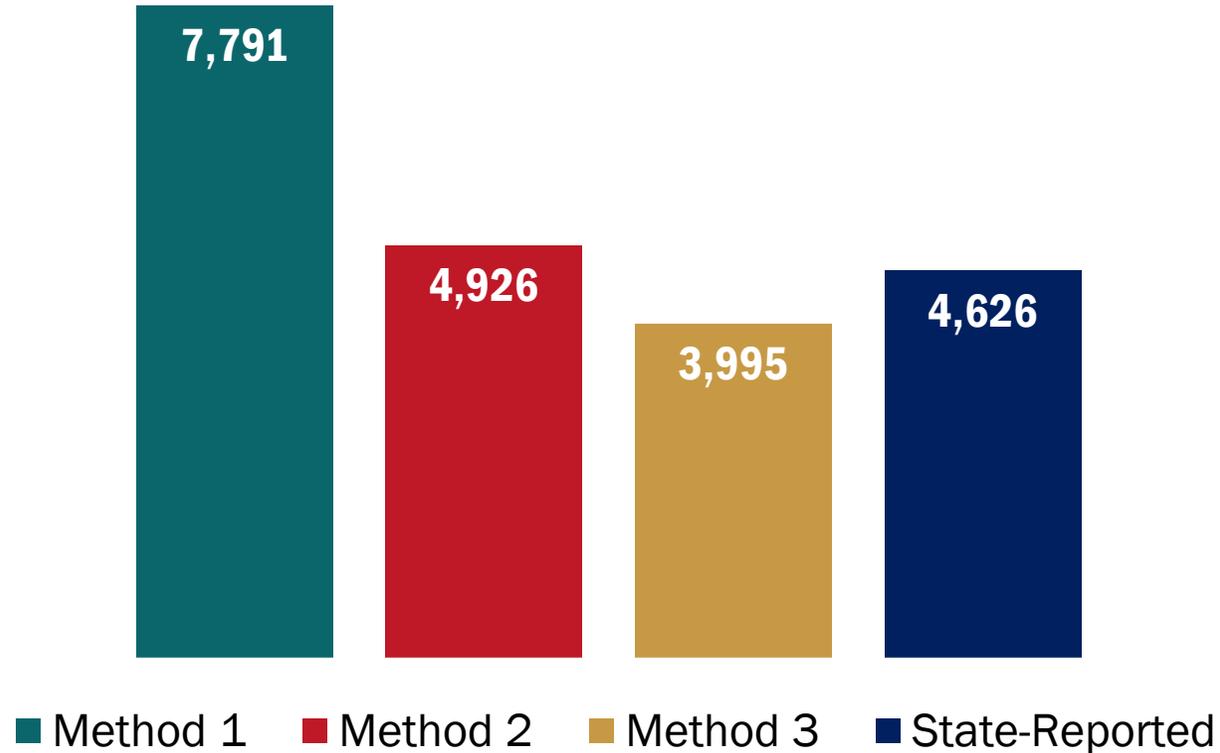
MEDICAID UNWINDING AI/AN DISENROLLED ESTIMATES: MINNESOTA



MEDICAID UNWINDING AI/AN DISENROLLED ESTIMATES: OREGON



MEDICAID UNWINDING AI/AN DISENROLLED ESTIMATES: WISCONSIN



MEDICAID UNWINDING AI/AN DISENROLLED ESTIMATES: UNITED STATES



When You Have Difficulties Paying for Medicare Coverage

National Indian Health Board

A storyboard series from the National Indian Health Board
For more information, visit nihb.org/tribalhealthreform/

Male | Diné | Navajo Area | Medicare, QMB program

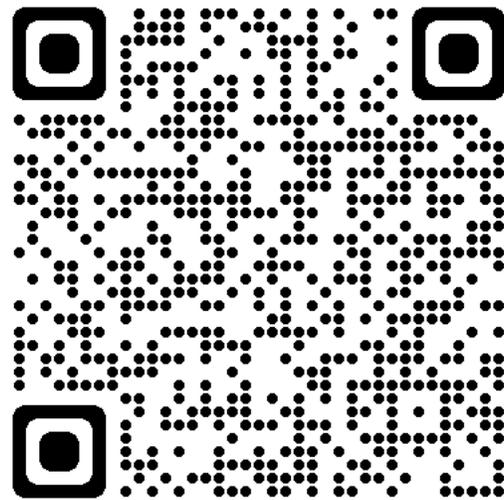


He was referred to the Patient Benefits Coordinator, who assisted him with enrolling into Medicaid, and found that he would qualify for Qualified Medicare Benefits (QMB)*.

For some people like this silversmith from the Diné Tribe of the Navajo Nation, paying for Medicare Part B premiums, copays, and deductibles can be challenging. He was living on a limited income, and after a trip to the IHS to see an eye doctor, he found out he desperately needed cataract surgery. When he went to get treatment, he was referred out of IHS to a specialty clinic but did not have health insurance because he could not afford it. He was referred to the Patient Benefits Coordinator, who assisted him with enrolling into Medicaid, and found that he would qualify for Qualified Medicare Benefits (QMB)*. He was excited to find out that through QMB, he would receive extra assistance and not have to pay any out-of-pocket costs. As a result of his coverage under the limited income and resource benefits program, his Tribal clinic was able to preserve funding for Tribal citizens in dire health need who have limited resources. In turn, he was able to get his cataract surgery, and he was able to continue teaching silversmithing to his grandchildren.

*QMB is a state program that pays for Medicare premiums, co-insurance, and deductibles.

NIHB STORY BOARDS



When You Do Not Qualify for Medicaid, There Are Other Health Insurance Choices

National Indian Health Board

A storyboard series from the National Indian Health Board
For more information, visit nihb.org/tribalhealthreform/

Family of 5 | Confederated Tribes of Coos, Lower Umpqua and Suislaw Indians | Portland Area | CHIP, Marketplace, employer-sponsored health insurance



She reached out and applied to the health insurance marketplace. She was then able to obtain coverage through the health insurance marketplace, which directly helped the entire family to continue to receive quality health services.

For those like a 35-year-old Native Mother in the Portland area, qualifying for Medicaid can be a challenge. She was pushed out of the qualifying income bracket due to an increase in her husband's income, and she and her family lived outside of their Purchased/Referred Care Delivery Area (PRCDA)*. Because of this, she and her husband did not qualify for Medicaid because they were over-income, so they had to rely heavily on private health insurance coverage**. Luckily, her three children were eligible for coverage through the Children's Health Insurance Program (CHIP), and her husband gained employer-sponsored health insurance. However, adding herself to her husband's employer plan was too expensive for the family, so instead, she reached out and applied to the health insurance marketplace. She was then able to obtain coverage through the health insurance marketplace, which directly helped the entire family to continue to receive quality health services and help save valuable Purchased/Referred Care dollars for other American Indians and Alaska Natives in dire health need.

* PRCDA refers to the geographic area within which Purchased/Referred care will be made available by the IHS to members of an identified Indian community who reside in the area. Purchased/Referred Care funding, previously known as Contract Health Services, health services/specialty care provided at the expense of the Indian Health Service (IHS) from other public or private medical or hospital facilities other than those of the Service unit (e.g., dentists, physicians, hospitals, and ambulances.)

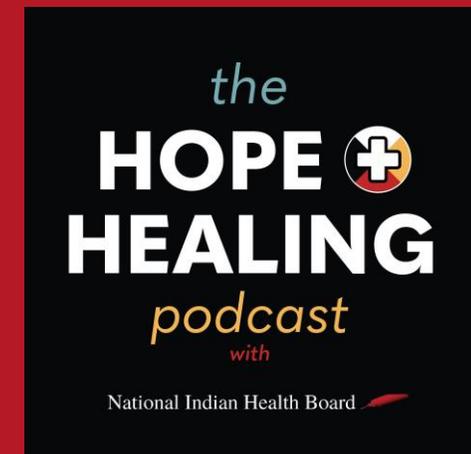
** The key difference between private and public health insurance is the qualification factor. Private health insurance does not have income restrictions for a potential insurer, whereas some public health insurance does due to its increased affordability.

SEASON 2 IN 2024: THE HOPE & HEALING PODCAST



Six Episode Series (Season 1):

1. **Introduction** | Kristen Bitsuie
2. **Medicaid 101** | Angie Wilson
3. **Medicare 101** | Adam Archuleta
4. **Marketplace 101** | Yvonne Myers
5. **Health Equity** | Jim Roberts
6. **Emerging Hot Topics** | Melissa Gower & Winn Davis



AHÉHEE'
(THANK YOU)

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Visit Our Website:
<https://www.nihb.org/>



AWOŁÍBEE ÁNÍT'Í,
YÉEGO ÁNÍT'Í.
KEEP AT IT AND
WORK HARD.



QUESTIONS?



