**Work Plan for Health Insurance Exchange Development
to Implement American Indian Provisions**

*June 29, 2011*

**Background**

As Oregon and other States begin the process of planning and designing Health Insurance Exchanges, they will need assistance to assure that all of the provisions in the law that protect American Indians and Alaska Natives (AI/AN) and affect the Indian Health Service, Tribally-operated programs, and urban Indian programs (I/T/U) are anticipated and incorporated into policies, procedures, computer designs, and promotional materials. This proposal from the Northwest Portland Area Indian Health Board (NPAIHB) requests funding to provide technical assistance by developing background materials, producing a resource manual, and having subject matter experts on Indian-specific issues participate in planning meetings for the Exchange.

**Planning Process**

It is anticipated that the I/T/U will designate a group of people to represent them in meetings with the State and its consultants to plan aspects of the Exchange that relate to the Indian health care delivery system. This work plan outlines the agenda items that should be part of those meetings and the background materials needed to make the process more efficient.

When the parties come to the table to discuss issues, it will be helpful for them to have a resource manual (hard copy and/or electronic) that summarizes the law, regulations and best practices. The resource manual will offer guidance to develop State-specific solutions to Tribal issues. Some resources have already been developed or are in progress at the national level and can be included in the resource manual. Research is needed to develop additional materials on some issues, as well as State-specific information. This work plan identifies products that are needed to facilitate a smooth and efficient planning process so Exchanges effectively promote access for AI/AN people.

The first steps in the planning process are identifying objectives, locating applicable provisions of Federal and state law, and determining what additional policy development is needed to assist in setting up exchanges. Addressing these policy issues will assist to operationalize AI/AN specific provisions and help to develop specifications for the development of computer software and written materials. The I/T/U + State planning group will need to advise software developers and materials developers as they move through a process address policy issues affecting the Indian health system, developing solutions, and finally conducting Tribal consultation. The graph on the following page illustrates this process.

In addition to I/T/U representation in the planning process, there will need to be Tribal consultation on policy issues that may be controversial and on the products before they are finalized. NPAIHB will be responsible for coordinating with the State on this consultation process.

**Conceptual Process for State Insurance Exchange Planning
and Integrating the I/T/U System**

**AI/AN Issues and Intended Outcomes in the Planning Process**

There are five areas where special attention is needed in the planning process to address AI/AN issues:

A. Application and enrollment process

B. Specific AI/AN benefits and protections

C. Group purchasing and sponsorship of Tribal members

D. I/T/U as providers in Exchange plans

E. Enrollment assistance, outreach, accessibility, and problem solving

For each of these areas, specific objectives have been identified that should be addressed in the development of policies and the design of computer software for the Exchanges, as well as implementation planning. Specific objectives or desired outcomes have been identified and listed in Table 1. These should be used as agenda items for the I/T/U + State planning meetings. These also become the table of contents for the resource manual that is proposed.

**Insurance Exchange Planning & Tribal Consultation**

The Centers for Consumer Information and Insurance Oversight (CCIIO) have announced grants to establish State-operated health insurance exchanges. Throughout the solicitation for the planning grants “stakeholder” and “Tribal” consultation requirements are recommended. Specifically, states are required to comply with Presidential Executive Order 13175 and required to establish a process for consultation with Tribes regarding the start-up and ongoing operation of the exchanges.[[1]](#footnote-2) The solicitation also requires implementing a process to assurance that States will continue to conduct and document such Tribal consultations for exchange planning. The grant solicitation instructs that States have the option to budget and subcontract with Tribes or Tribal organizations for these activities. This proposal provides an opportunity for Oregon to meet these requirements.

| **Table 1. AI/AN Issues and Objectives, Desired Outcomes, and Agenda Topics** |
| --- |
| 1 | Overview |
|  | **A. Application and Enrollment Process, with Identification of AI/AN** |
| 2 | Define American Indian for purposes of the Exchanges. |
| 3 | Consider development of data match systems to identify AI/AN.  |
| 4 | Use documents acceptable to Medicaid for AI/AN as proof of citizenship in the Exchanges. |
| 5 | Develop procedures for AI/AN to contest decisions that relate to their identity or income in Exchange data systems. |
| 6 | Design system to allow monthly open enrollment for AI/AN.  |
|  | **B. Specific AI/AN Benefits and Protections** |
| 7 | Require web portals to identify AI/AN and provide adequate information about AI/AN specific provisions so informed choices can be made online by Tribes and individual AI/AN. |
| 8 | Because Medicaid, ACA and the IHCIA contain different provisions intended to protect AI/AN, make sure these important access provisions (exemption from mandatory managed care, cost sharing, I/T/U payments, etc.) are preserved and effectively integrated in Exchange planning. As States innovate to leverage federal funding, Medicaid and other traditional programs may be obscured by new names and financing combinations.  |
| 9 | Design data systems so that providers will know that AI/AN qualify for exemptions from cost sharing, and I/T/U providers will be notified when AI/AN enroll in Exchange plans. |
|  | **C. Group Purchasing and Sponsorship of Tribal Members** |
| 10 | Design systems and computer programs for the Exchange that allow Tribes to be able to sponsor AI/AN by paying the plan premium for members. The systems should also allow AI/AN to use the address of the Tribal health center for mailings from a plan, and to authorize the Tribal sponsor to represent the individual and receive information over the telephone in dealings with the Exchange and plans listed on the Exchange.  |
| 11 | To the extent some household members are not sponsored by a Tribe, the system should be able to prorate the premiums so that neither the Tribe nor remaining (non-sponsored) household members pay combined premiums in excess of the amount calculated for the total household premium.  |
|  | **D. I/T/U as Providers in Exchange Plans** |
| 12 | Designate I/T/U health programs as Essential Community Providers (ECP) and require Exchange plans to offer contracts to all /T/U providers in their service area. |
| 13 | Require Exchange plans to use contracts with Indian-specific provisions required under Federal and/or state laws for Indian health programs. |
| 14 | Require Exchange plans to pay Indian health programs at the rates specified by law (reasonable charges billed, or, if higher, the highest rate paid to providers in the plan). |
| 15 | Prepare materials about the Indian health system, in cooperation with the I/T/U, so that plans applying to qualify for the Exchange will know about the Tribes and I/T/U and how to include them in their networks. (e.g. developing contracting documents, tribal addendums, etc.) |
|  | **E. Enrollment Assistance, Outreach, Accessibility, Problem Solving** |
| 16 | Identify funding sources and mechanisms for Tribes to assist in the enrollment process for Exchanges, such as Tribal participation as Navigator Programs and Express Lane Agencies. |
| 17 | Review web sites and enrollment processes to assure they are accurate and culturally appropriate. |
| 18 | Train call center employees of the Exchange on the Indian health system and issues. |
| 19 | Develop culturally appropriate outreach and education materials about the Exchange for AI/AN using effective channels of communication for the I/T/U and Tribal members. |
| 20 | Designate an Indian health expert at the Exchange who is empowered to resolve problems, answer questions, keep a list of FAQs, and work with I/T/U, Exchange Plans, call center and others on issues that relate to AI/AN provisions and I/T/U.  |

**Needs Assessment**

NPAIHB performed a Needs Assessment to identify the resource documents that are available now or will be available in the near future, and additional materials that are needed by the I/T/U + State planning group. The Needs Assessment is provided as an attachment.

Most of the items identified in the Needs Assessment can be produced and assembled into a resource manual to serve as a single point of reference for the I/T/U + State planning group at the beginning of the planning process. Some of the items identified in the needs assessment (in italics) cannot be done at the beginning of the process and, therefore, they are not included in this project proposal, but they should be considered for a future proposed project near the end of the planning process.

**Work Plan**

The work plan consists of items identified in the needs assessment that are not already available or in progress, and that can be produced within a 6 month period after the project is funded. These are presented as products (or outcomes for this project) in Table 2, which also served as the basis for the estimated cost.

| **Table 2. Products Needed for I/T/U + State Planning for Health Exchanges** |
| --- |
| **Topic/ Desired Outcomes** | **Product** |
| 1 | Overview | i. Resource Manual (hardcopy and/or on-line) with the materials listed in this table.ii. List of States that are in the planning process for Exchanges and have I/T/U programs.iii. Checklist of Indian specific items that can be used by web designers and designers of promotional materials, and for quality assurance in final products.iv. Strategy for negotiations, review, and Tribal consultation on Health Insurance Exchange planning and development.v. Briefing document that reviews proposed State Health Insurance Exchange statute summarizing key policy issues that will need to be addressed in State & regulations and regulatory fixes that may be required to implement Tribal recommendations. |
| 2 | Define American Indian  | i. Identify the criteria or documents that the State, Tribes or AI/AN can use to verify AI/AN status. |
| 3 | Data match systems  | i. Paper describing strategies and examples of data matching that could be used to design system for State.  |
| 5 | Procedures to contest decisions  | i. Proposed procedures to contest decisions that relate to AI/AN identity or income. |
| 6 | Monthly open enrollment for AI/AN  | i. Clarify issues on monthly open enrollment.ii. Q & A on monthly enrollment for AI/AN. |
| 9 | Data systems so providers will know that AI/AN qualify for exemptions from cost sharing, and I/T/U providers will be notified. | i. Information about enrollment needed by I/T/U and other providers to assure proper billing and exemption from co-pays.ii. Information about I/T/U access to Medicaid enrollment information. |
| 10 | Tribes to be able to sponsor AI/AN, represent the individual and receive information over the telephone. | i. Prepare materials on Tribal and Tribal health department sponsorship, including design requirements.ii. Paper on lessons learned from paying premiums for Medicare Part D that can be applied for group payment for Exchanges. |
| 12 | Designate I/T/U health programs as ECP and require Exchange plans to offer contracts to I/T/U providers in their service area. | i. List of I/T/U facilities in State with contact information |
| 15 | Materials about the Indian health system for plans applying to qualify for the Exchange. | i. Prepare materials, in cooperation with I/T/U, for prospective Exchange plans to know about I/T/U facilities and services in the State and how they are different from other providers, such as the relevant Indian-specific policies in law or regulation that may affect the relationship between plans and I/T/U providers.. |
| 16 | Funding and mechanisms for Tribes to assist in the enrollment process  | i. Information about Navigator Programs, how they work, how they are funded.ii. Report on how to effectively integrate Tribal Programs as Express Lane Agencies (recommendations on best programs to be used, purposes of enrollment, renewal, and Tribal recommendations to accomplish). |
| 18 | Culturally appropriate outreach and education materials. | i. Identify effective channels of communication for AI/AN, such as tribal newspapers, websites, and radio stations, as well as commercial channels that are used by AI/AN. |

**Project Team**

NPAIHB would provide the technical assistance to create the resource manual and to support the I/T/U + State planning group. It would hire consultants to develop many of the materials identified in the needs assessment and the work plan, and to participate in I/T/U + State planning meetings.

NPAIHB was instrumental in developing and drafting the American Indian and Alaska Native provisions contained in the Patient Protection and Affordable Care Act (ACA) and drafting the Indian Health Care Improvement Act (IHCIA) legislation. NPAIHB and its consultants have specific expertise in State and Federal Indian health policy and in Medicare, Medicaid, CHIP and ACA programs. This unique specialized expertise can ensure that effective policies, guidelines, and programmatic issues are addressed in order to make the Health Insurance Exchange work for the State of Oregon and Tribes.

Consultants who are expected to work on the project include Kris Locke, Mim Dixon, Doneg McDonough, and Myra Munson. They are members of the National Indian Health Board’s Medicare and Medicaid Policy Committee, and also serve as Technical Advisors for the Tribal Technical Advisory Group (TTAG) for the Centers for Medicare and Medicaid Services (CMS). They have worked at a national level on issues related to ACA implementation.

**Jim Roberts** has worked in AI/AN governmental affairs and health policy issues for over twenty-five years. Currently, he serves as Policy Analyst for the Northwest Portland Area Indian Health Board (NPAIHB), an organization that represents 43 federally recognized tribes throughout the Pacific Northwest on health policy, legislative, and appropriation issues. He serves as a member on the CMS Tribal Technical Advisory Group providing advice and guidance to CMS on Medicare, Medicaid, and CHIP issues. He was principally involved in the development of the Indian Health Care Improvement Act legislation and Affordable Care Act Indian specific provisions. Jim will serve in a project management and policy development capacity on this effort.

**Kris Locke** is a consulting health planner and policy analyst. Kris designed the Jamestown S’Klallam Tribe’s Managed Care Program, an innovative health financing arrangement which coordinates health benefits and alternate resources for tribal members and descendants. In 1994, she helped organize and ultimately find funding for the American Indian Health Commission for Washington State. This inter-tribal group bridges the gap between Tribes and the State of Washington by enhancing health funding for Indian programs and improving tribal consultation. Currently, Ms Locke is a Tribal Technical Advisor to the CMS Tribal Technical Advisory Group. In addition to her work with Tribes, Kris has worked with HMOs, rural hospitals, physician group practice associations, FQHC clinics, county health departments, state health agencies and advocacy groups. Prior to starting her consulting business, Locke and Associates, in 1989, Kris worked as a nurse/coordinator with a variety of community health programs including Head Start, family planning and the Puget Sound Health Systems Agency. She lives in Sequim, Washington.

**Mim Dixon, PhD,** is a consultant who has worked on health policy, research, planning, and facilitating in the field of American Indian and Alaska Native health care for over twenty-five years. Her work for tribes and tribal organizations has included managing large tribally-operated health care systems, like the Chief Issac Health Center in Alaska and Cherokee Health Services in Oklahoma, as well as serving as Policy Analyst for the National Indian Health Board. She is the author, co-author or editor of four books and numerous articles. She earned her BA in economics at Washington University (St. Louis, MO) and her MA and PhD in anthropology from Northwestern University (Evanston, IL).

**Doneg McDonough** is a health care consultant with extensive experience in the financing, restructuring, and management of health systems and programs and the formulation of health policy, including the recently-enacted Affordable Care Act. He is intimately familiar with Medicare, Medicaid, and other entitlement programs, having served as a Congressional staff member and having designed and implemented insurance expansions and reforms as a state government official. He also serves as a consultant to the National Indian Health Board on health reform implementation and is a technical advisor to the CMS Tribal Technical Advisory Group. He earned a BA in Sociology at the University of California, Berkeley and an MPA from Columbia University in New York.

**Myra Munson** is a partner in the Juneau office of Sonosky, Chambers, Sachse, Miller & Munson LLP, which specializes in representing tribal interests in Alaska and throughout the United States. Myra was born in Juneau and grew up in Fairbanks, Alaska. She earned her bachelor's degree at University of Alaska Fairbanks in 1972 and her law degree and master's degree in social work at the University of Denver in 1980. After serving as Commissioner of Health and Social Services from 1986 to 1990, Myra joined her firm where her practice has emphasized self-determination and self-governance, the Indian Health Care Improvement Act, Medicaid and other third-party reimbursement issues, and other tribal health program operations issues. She was a technical advisor to the IHCIA National Steering Committee from its inception; assisted in drafting and editing substantial sections of the reauthorization; and testified before the Senate Committee on Indian Affairs. Ms. Munson is also a member of the NIHB Medicare & Medicaid Policy Committee, and a technical advisor to the CMS Tribal Technical Advisory Group. She has been conducting extensive training on the PPACA and IHCIA since their passage and serves as a consultant to the National Indian Health Board with regard to training on and implementation of these new laws.

**NPAIHB Project Management Capability**

Established in 1972, NPAIHB is a “tribal organization” as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents 43 federally recognized tribes in the states of Idaho, Oregon, and Washington. NPAIHB works to strengthen and improve the delivery of health services to Indian communities throughout the Northwest. The Board works with Tribes to identify and prioritize unmet health needs and with the Portland Area IHS, Federal and State agencies to address those needs. NPAIHB is a national leader in analyzing Indian health legislation, regulations, and policy.

The NPAIHB currently has about 50 employees (including FASD/dental consultants) most of the employees are tribally-enrolled. The NPAIHB has submitted over 50 grants (new and continuing) during 2010 and had an annual budget of over $7 million in FY 2009.

Over the last fifteen years, NPAIHB has conducted several significant policy and major research projects. The first was funded by the National Cancer Institute, which worked with tribes to develop tobacco use policies in tribal communities. Under an NCI minority cancer risk initiative and in partnership with Oregon Research Institute, NPAIHB used a delayed intervention research design to address tobacco use in tribal communities. This highly successful project, which resulted in 29 of the 40 tribes (enrolled at that time) adopting tobacco use policies, was completed in 1995. A second project funded by the National Center for Health Statistics examined racial misclassification on vital statistics records for Indians in the Northwest. The findings from this project were presented at the 1995 Joint Meeting of the Public Health Conference on Records and Statistics. Updated data have been presented at several national meetings since that time and at the President’s Cancer Panel in 2002.

The Board implemented seven tribal behavioral risk factor surveys, funded by CDC, in 2001-2003. The data collected from these surveys are viewed as a critical first step toward chronic disease risk factor reduction among the tribes. Currently in addition to the Northwest Tribal Registry, the NPAIHB also house several surveillance and research studies led predominately by tribal people including the Northwest Tribal Comprehensive Cancer Control Initiative, funded by CDC, the NW Tribal Cancer Navigator Program funded by NCI and led by Matthew Town (Choctaw), The NW Native American Research Center for Health funded by NIH and led by Dr. Tom Becker and The Native CARS Study funded by NCMHD and led by Dr. Tam Lutz (Lummi Nation).

Since 1986, NPAIHB has worked on a national initiative to have epidemiology centers funded for the 12 regions of the IHS. In 1996, funding was appropriated for the first time; NPAIHB successfully competed and was awarded a cooperative agreement to establish the Northwest Tribal EpiCenter. The EpiCenter employs approximately 30 staff members and includes two MD epidemiologists, a full-time Administrative Assistant, and numerous other project staff and assistants. The EpiCenter is an important resource for Northwest tribes for tribal specific health data and health information system support.

Fiscal Management System: The Finance Department is comprised of three staff members: Business Manager, Controller, Accounts Payable and Payroll Accountant. Purchases and payments are approved and processed utilizing purchase order forms that must be signed by project directors, certified that funds are available by the Controller, and approved by the Executive Director. The Board utilizes a fund accounting system designed to meet the informational and reporting requirements of the Board and its funders. The Board has an Annual Audit in compliance with the Single Audit Act and OMB A-133.

**Tribal Consultation and Role of other State Advisory Committees**

The work outlined in this proposal does not substitute for Tribal Consultation, but it should make the Tribal consultation process go more smoothly. NPAIHB will work closely with the State and any other advisory groups appointed to assist in the development of the insurance exchange to carry out certain tasks in this work plan. NPAIHB will focus on interaction between Oregon Tribal health programs and the State to consult on key policy issues or critical decision points required to set-up the Health Insurance Exchange. Where Oregon has established bodies for consultation and Tribal leader input (SB 770 cluster meetings and Legislative Commission on Indian Services), NPAIHB will also work closely with those bodies to assure adequate Tribal Leader and Tribal health director input is included in carrying out the work activities of this proposal.

**Estimated Budget**

Consultants to develop products in Table 2 $ 85,000

Participation in Planning Meetings by NPAIHB and Consultants $ 25,000

Travel $ 15,000

Direct costs $125,000

Indirect costs (35%) $ 43,750

Estimated Total Cost $168,750

Attachment: Needs Assessment

**Health Insurance Exchange Needs Assessment for Tribal-State Planning**

June 29, 2011

|  | **Topic – Desired Outcomes** | **Resources Available or in Progress** | **Needed Resources** |
| --- | --- | --- | --- |
| 1 | Overview | a. “Patient Protection and Affordable Care Act (Affordable Care Act) Summary of Indian Provisions” (5/12/10)b. “Tribal Planning for Health Insurance Exchanges Begins Now” (Kris Locke and Mim Dixon, March 2011)c. NPAIHB and NIHB Letters to OCCIIO, October 4, 2010, re Comments Regarding 45 CFR Part 170: Planning and Establishment of State-Level Exchanges. | i. Resource Manual (hardcopy and/or on-line) with the materials listed in this table.ii. List of States that are in the planning process for Exchanges and have I/T/U programs.iii. Checklist of Indian specific items that can be used by web designers and designers of promotional materials, and for quality assurance in final products.iv. Strategy for negotiations, review, and Tribal consultation on Health Insurance Exchange planning and development.v. Briefing document summarizing key policy issues that will need to be addressed in State Health Insurance Exchange statute & regulations and regulatory fixes that may be required to implement Tribal recommendations. |
| **A. Application and Enrollment Process for AI** |
| 2 | Define American Indian for purposes of the Exchanges. | a. CMS Final Rule: ‘‘Medicaid Programs; Premiums andCost Sharing (75 FR 103),’’ published May 28, 2010. b. “ACA Provisions Defining Indian or Member of Indian Tribe” (NIHB letter to OCCII), 10/4/11, Appendix A)c. “Sample Set of Questions to Facilitate Applicant Eligibility For, and Benefits Of, Indian-Specific Protections and Benefits” (NIHB letter to OCCII), 10/4/11, Appendix b)d. “The Definition of ‘Indian” Under the Affordable Care Act,” approved by the TTAG, October 13, 2010. | i. Identify the criteria or documents that the State, Tribes or AI/AN can use to verify AI/AN status. |
| 3 | Develop data match systems to identify AI/AN. |  | i. Paper describing strategies and examples of data matching that could be used to design system for State.a. Probabilistic linkage methods can be used to match and cross-reference I/T/U users across multiple data systems (e.g., RPMS, urban clinic users, and state Medicaid programs and insurance exchange). b. NPAIHB has technical expertise in this area and history of successful data match and sharing partnerships with I/T/U providers. |
| 4 | Use documents acceptable to Medicaid for AI/AN as proof of citizenship in the Exchanges. | a. Dear State Health Official Letter re: Citizenship Documentation Requirement, from Cindy Mann, Director, CMSO, December 28, 2009 (HO#:09-016CHIPRA #: 11) |  |
| 5 | Develop procedures for AI/AN to contest decisions that relate to their identity or income in Exchange data systems. |  | i. Proposed procedures to contest decisions that relate to identity or income. |
| 6 | Design system to allow monthly open enrollment for AI/AN. |  | i. Clarify issues related to AI/AN monthly enrollment.ii. Q & A on monthly enrollment for AI/AN. |
| **C. Specific AI/AN Benefits and Protections** |
| 7 | Require web portals to identify AI/AN and provide adequate information about AI/AN specific provisions so informed choices can be made online by Tribes and individual AI/AN. |  |  |
| 8 | Because Medicaid, ACA and the IHCIA contain different provisions intended to protect AI/AN, make sure these important access provisions (exemption from mandatory managed care, cost sharing, I/T/U payments, etc.) are preserved and effectively integrated in Exchange planning. As States innovate to leverage federal funding, Medicaid and other traditional programs may be obscured by new names and financing combinations.  | a. ARRA Protections for Indians in Medicaid and CHIP (Dear State Medicaid Director Letter from Cindy Mann, Director CMSO, 1/22/10, with attachments) |  |
| 9 | Design data systems so that providers will know that AI/AN qualify for exemptions from cost sharing, and I/T/U providers will be notified when AI/AN enroll in Exchange plans. |  | i. Information about enrollment needed by I/T/U and other providers to assure proper billing and exemption from copays.ii. Information about I/T/U access to Medicaid enrollment information. |
| **C. Group Purchasing and Sponsorship of Tribal Members** |
| 10 | Design systems and computer programs for the Exchange that allow Tribes to be able to sponsor AI/AN by paying the premium for plans, to allow AI/AN to use the address of the Tribal health center for mailings from a plan, and to authorize the Indian health center to represent the individual and receive information over the telephone in dealings with the Exchange and plans listed on the Exchange.  |  | i. Prepare materials on tribal and tribal health department sponsorship, including design requirements.ii. Paper on lessons learned from paying premiums for Medicare Part D that can be applied for group payment for Exchanges.* Review “Case Study of Fond du Lac Medicare Part D Program” (Mim Dixon and Phil Norrgard, 8/15/07) and “Strategies for Tribes to Increase Pharmacy Reimbursements From the Medicare Part D Prescription Drug Benefit – Based on Proven Experiences of Successful Tribes” (Mim Dixon, Phil Norrgard, and Kris Locke, 8/15/07)
 |
| 11 | To the extent some household members are not sponsored by a Tribe, the system should be able to prorate the premiums so that neither the Tribe nor remaining (non-sponsored) household members pay combined premiums in excess of the amount calculated for the total household premium. |  |  |
| **D. I/T/U as Providers in Exchange Plans** |
| 12 | Designate I/T/U health programs as Essential Community Providers (ECP) and require Exchange plans to offer contracts to all I/T/U providers in their service area. | a. “I/T/U are Essential Community Providers” (NIHB) | i..List of I/T/U facilities in State with contact information |
| 13 | Require Exchange plans to use contracts with specified modifications for Indian health programs. | a. Draft Addendum for Indian Health Care Providers (NIHB, under review) |  |
| 14 | Require Exchange plans to pay Indian health programs at the rates specified by law (reasonable charges billed, or, if higher, the highest rate paid to providers in the plan). |  |  |
| 15 | Prepare materials about the Indian health system, in cooperation with the I/T/U, so that plans applying to qualify for the Exchange will know how to include the I/T/U in their networks.  |  | ii. Prepare materials, in cooperation with I/T/U, for prospective Exchange plans to know about I/T/U facilities and services in the State and how they are different from other providers, such as the relevant Indian-specific policies in law or regulation that may affect the relationship between plans and I/T/U providers. |
| **E. Enrollment Assistance, Outreach, Accessibility, Problem Solving** |
| 16 | Identify funding sources and mechanisms for Tribes to assist in the enrollment process for Exchanges, such as Tribal participation in Navigator Programs and Express Lane Agencies. |  | i. Information about Navigator Programs, how they work, how they are funded.ii. Report on how to effectively integrate Tribal Programs as Express Lane Agencies (recommendations on best programs to be used, purposes of enrollment, renewal, and Tribal recommendations to accomplish). |
| 17 | Review websites and enrollment processes to assure that they are culturally appropriate. |  | *i. Review materials as they are being developed to assure cultural appropriateness for AI/AN and accuracy for I/T/U.\** |
| 18 | Train call center employees of the Exchange on Indian health. |  | *i. Training curriculum and materials for responding to AI/AN callers for call center employees.**ii. Quality assurance process for call center employees.\** |
| 19 | Develop culturally appropriate outreach and education materials about the Exchange for AI/AN using effective channels of communication for the I/T/U and Tribal members. |  | i. Identify effective channels of communication for AI/AN, such as tribal newspapers, websites, and radio stations, as well as commercial channels that are used by AI/AN.ii. *AI/AN-specific content for materials that could be adapted or used by Tribes.\** |
| 20 | Designate an Indian health expert at the Exchange who is empowered to resolve problems, answer questions, keep a list of FAQs, and work with I/T/U, Exchange Plans, call center and others on issues that relate to AI/AN provisions and I/T/U.  |  |  |

\**Note: The items in italics cannot be initiated until after other work in completed.*

1. Presidential Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, November 6, 2000. [↑](#footnote-ref-2)