

An Action Plan from the Urban Indian Health Summit

**Actualizing
Health Care Reform
for Urban Indians**
Executive Summary



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Executive Summary

This report serves as a Call for Action that outlines strategies to ensure the success of health care reform for urban Indians. It is intended to prompt an ongoing discussion that is responsive to feedback from urban Indians, the organizations that serve them, urban Indian health care professionals, practitioners and others. Because the federal government is a partner in the delivery of health care services and programs to urban Indians and their communities, guidance and involvement from federal partners is fundamental to the success of this Call for Action. We hope that the federal government will work with us to implement this Call for Action and develop ongoing strategies for the implementation of health care reform for urban Indian communities.

The Patient Protection and Affordable Care Act (ACA) is transforming health care delivery and access. As changes are implemented, health professionals are working to stay informed and involved. Urban Indian health professionals are no different. Passage of ACA marked two significant changes for urban Indian health. First, the law alters the way direct medical care services are provided and how these services will be financed. Second, permanent reauthorization of the Indian Health Care Improvement Act is embedded in the new law, making urban Indians a permanent part of the Indian Health Service (IHS) for the first time through the inclusion of authorization of Title V, health care for urban Indians.

With all of these changes, urban Indian health organizations and their partners recognize the importance of becoming informed, engaged and active in health care reform. In an effort to support these aims, the Seattle Indian Health Board hosted an Urban Indian Health Summit on January 13, 2011, in Washington, D.C. Urban Indian health organizations, policy-makers, federal partners, community advocates, private foundations, researchers and leaders in the field all gathered for this important event, which was sponsored by the Robert Wood Johnson Foundation. They addressed issues tied to the success of health care reform and its promise to help urban Indians who experience severe health disparities.

Following the summit, on Friday, January 14, 2011, urban Indian health organizations reconvened to discuss the outcomes of the summit and formulate a Call for Action that outlines strategies to ensure the success of reform for urban Indians. The Call for Action includes the following insights and recommendations for federal partners to ensure the success of health care reform for urban Indians.

Workforce development plays an essential role in the effort to reform health care and will increase health care access for urban Indians.

- **Resources:** Develop and strengthen new and existing education loan repayment programs for providers committed to serving urban Indians.
- **Advocacy:** Support and encourage placement of American Indian and Alaska Native National Health Service Corps providers at urban Indian health organizations.
- **Education:** Establish communication pathways to support and educate urban Indian health organizations about ways to partner with the National Health Service Corps and other manpower training programs to address unmet service needs.

Understanding the value of the **Federally Qualified Health Center** designation and the differences among reimbursement options associated with that designation is critical to the success of many urban Indian health organizations.

- **Recognition:** Recognize those urban Indian health organizations that are Federally Qualified Health Centers as a solution to the primary care shortage as “essential community providers.”

The complexities of **Medicaid and Medicare** provisions could act as a barrier to implementation.

- **Education:** Provide technical assistance to urban Indian health organizations on how to become involved in health insurance exchanges.
- **Advocacy:** Ensure urban Indian health organizations are eligible for the option to receive the IHS all-inclusive rate for Medicare and Medicaid.
- **Recognition:** Develop a mechanism to assure conferring directly with urban Indian health organizations is possible.
- **Recognition:** Department of Health and Human Services (HHS) could mandate that eligible “essential community providers,” including urban Indian health organizations, be designated as a provider in all health plan networks recognized under state-specific exchanges.
- **Recognition:** HHS, in its role in helping states conduct the development of state-specific exchanges, should require that health plans participating in exchanges demonstrate their ability to assure culturally competent health care for American Indian populations, both tribal and urban.

Understanding the **complexities and implications of ACA** is critical to the success of implementing health care reform for urban Indians.

- **Education:** Provide targeted assistance to assure that urban Indian health organizations are aware of and prepared to implement health reform strategies.
- **Advocacy:** Ensure access to Regional Extension Centers to assist with analysis of electronic needs to meet both electronic health record requirements for meaningful use and to facilitate transition to electronic management, billing, reporting, etc. as reform implementation evolves.
- **Recognition:** Include urban Indian health organizations as eligible entities for reform grants and contracts.
- **Recognition:** Promote engagement by local and state planning councils and agencies charged with implementing reforms on a local, regional or state basis.
- **Recognition:** Require that the needs of urban Indians are addressed in local and state plans for reform implementation.

Developing partnerships with local, regional, national and tribal entities is critical for urban Indian health organizations to ensure opportunities are made available to urban Indians.

- **Recognition:** Include urban Indian health organizations in efforts to implement health care reform.
- **Recognition:** Ask state and regional planners how they currently or intend to address health reform implementation for urban Indians.

- **Advocacy:** Upon request, assist in making connections to initiate partnership discussions at the state, local and regional levels.
- **Recognition:** Include urban Indian health organizations in local, state and regional workshops, seminars and other gatherings to inform and help keep these organizations abreast of plans as they are developed.
- **Recognition:** IHS should work in partnership with urban Indian health organizations to address the reality that urban Indian health is for the first time statutorily recognized and considered a permanent part of IHS. This is a historic confirmation of the legal and legislative legacy used to justify health services for urban Indians.

Urban Indian health organizations must be **strategically positioned** to make the most out of health care reform.

- **Advocacy:** IHS should protect funding for outreach and referral to urban Indian health organizations. Nonclinical urban Indian health organizations play a critical role in providing essential enabling services. With the focus of ACA on insurance and payment for direct care, special attention must be given to support these essential services.
- **Recognition:** Examine and support the role that drug and alcohol programs, such as those sponsored by the National Institute on Alcohol Abuse and Alcoholism, play in the urban Indian health care reform discussion.
- **Advocacy:** IHS could serve as an advocate for urban Indian health organizations in working with the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Health and Human Services (HHS), other federal agencies, and tribes.

There are inconsistencies in **how urban Indians are defined** in policy and programs. The definition of urban Indian affects a person's eligibility to receive Indian-specific benefits (e.g., waivers from cost sharing).

- **Recognition:** Confer with urban Indian health organization to ensure the definition of urban Indians meets organizational needs.
- **Recognition:** Resolve conflicting definitions of urban Indian in ACA.
- **Recognition:** Ensure there are no conflicting definitions of urban Indian used by government agencies.

Clearly, government leaders are just beginning to implement provisions of health insurance reform. However, it is essential that urban Indian health organizations interact early, frequently and continually with those responsible for reform implementation in order to share in the benefits promised by reform. The Urban Indian Health Summit started this dialogue and the Call for Action intends to ensure urban Indians are not forgotten.

Please visit www.uihi.org/summit to access the full version of the report, *Actualizing Health Care Reform for Urban Indians: An Action Plan From the Urban Indian Health Summit*.

