

8C



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

November 19, 2013

Dear Tribal Leader:

The Department of Health and Human Services (HHS) is committed to working with tribes at the highest Administration and Departmental levels to promote strong, healthy people, and strong, healthy communities. I am writing to provide you with an update on the latest efforts of HHS to implement the Affordable Care Act, the health care law of 2010.

As you know, the law contains important benefits for American Indians and Alaska Natives. First, the law includes the permanent reauthorization of the Indian Health Care Improvement Act, taking critical steps forward to modernize and update the Indian Health Service (IHS). However, it is not the only part of the law that applies to tribal communities. Many provisions of the Affordable Care Act specifically reference federally recognized Indian tribes, urban Indian organizations, the IHS, or tribal and urban Indian health facilities. Tribes have businesses, employ people, and administer health programs and grants. Therefore, tribes are among the primary beneficiaries of the insurance reforms, grant programs, and cost-saving measures of the Affordable Care Act.

Attached is the Department's tenth update on health reform activities relevant to tribes. It is the second update of 2013 and contains information from April through September. I hope you find this information helpful. Questions or concerns may be submitted to Stacey Ecoffey, Principal Advisor for Tribal Affairs, at (202) 690-6060 or Stacey.Ecoffey@hhs.gov. I also encourage you to use HHS's outreach calls, listening sessions, e-mail, and written forms of communication to stay updated on important activities related to the health care law. Additional information on the Affordable Care Act can be found at <http://www.healthcare.gov>.

We are working hard to change lives for the better in Indian Country and take our consultation and communication responsibilities seriously. Your input and partnership are very important at every step of the way. I look forward to our continued partnership over the coming months and years as we work to improve the health of American Indians and Alaska Natives.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Sebelius". The signature is fluid and cursive, with the first name "Kathleen" and last name "Sebelius" clearly legible.

Kathleen Sebelius

Enclosure



U.S. Department of Health and Human Services

www.healthcare.gov

Tribal Outreach and Communication: Affordable Care Act

At the Department of Health and Human Services (HHS), tribal consultation is critical to a sound and productive federal-tribal relationship and essential to the successful implementation of the Affordable Care Act. While the Indian Health Service (IHS) has taken the lead on implementation of the Indian Health Care Improvement Act (IHCIA) and made significant progress, tribes requested additional information and opportunities to consult on Affordable Care Act provisions. The Office of Intergovernmental and External Affairs (IEA) developed an outreach plan, which includes quarterly reports such as this, to ensure HHS is providing timely Affordable Care Act information to Indian Country.

This report provides an update for Affordable Care Act tribal activities from April through September 2013. These reports inform tribes, tribal organizations, urban Indian organizations, and American Indian and Alaska Native (AI/AN) individuals and families about important HHS funding opportunities, consultation sessions, informational meetings, and other efforts relevant to tribal communities during this period.

These reports serve as only one facet of a larger outreach and communications plan by the Department. HHS is also engaged in monthly conference calls, listening sessions, and weekly e-mail updates. This outreach effort will complement and enhance the interagency implementation effort and help enhance the communication between the federal government and tribes.

The current report contains information from five operating divisions at HHS, including the Administration for Children and Families (ACF), the Centers for Medicare & Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), the Indian Health Service, and the Substance Abuse and Mental Health Services Administration (SAMHSA). For additional information, please e-mail consultation@hhs.gov. Don't forget to include your basic contact information, along with your state, tribe, tribal organization, or urban Indian organization of which you are a member.

Administration for Children and Families

Office of Community Services (OCS): Division of Energy Assistance (DEA)

On August 14, 2013, the Office of Community Services' (OCS) Division of Energy Assistance (DEA) hosted a Grantee Webinar on Affordable Care Act enrollment. Speakers included ACF Chief Medical Officer Dr. George L. Askew, Urban Institute Senior fellow Stan Dorn, and OCS Director Jeannie L. Chaffin. DEA administers the Low Income Home Energy Assistance Program (LIHEAP), which helps low-income residents meet their home energy needs. The webinar's purpose was to provide state, tribal, and territorial grantees that administer LIHEAP basic information on the Affordable Care Act. The webinar also discussed potential outreach avenues for LIHEAP offices to work with Medicaid offices to establish data exchanges on

eligible households, as well as educating LIHEAP recipients in the opportunities for health insurance under the new Affordable Care Act.

Family and Youth Services Bureau (FYSB): Tribal Personal Responsibility Education Program (Tribal PREP)

Through Tribal PREP, FYSB awards grants to tribes and tribal communities to develop and implement comprehensive adolescent pregnancy prevention programs. FYSB conducted extensive consultation with tribes in 2010 to inform the development of tribal PREP in a culturally appropriate manner. FYSB awarded \$3.1 million in fiscal year (FY) 2013 funding to 16 tribes and tribal organizations.

The Affordable Care Act authorized PREP and restored funding for the Abstinence Education Program through September 2014.

Office of Family Assistance (OFA): Health Profession Opportunity Grants Program (HPOG)

The purpose of the Health Profession Opportunity Grants Program (HPOG) program is to provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for occupations in the health-care field that pay well and are expected to either experience labor shortages or be in high demand. The Office of Family Assistance (OFA) is responsible for the HPOG program. In FY 2013, OFA awarded 32 HPOG continuation grants totaling more than \$68 million. Consistent with the authorizing legislation and awards made in the first year, five grants were made to tribal applicants. The grantees are now in the fourth year of a five-year project and continuing to enroll students in health-care training and education and helping them find employment. HPOG is building strong partnerships with TANF and Tribal TANF programs. For example, all tribal grantees have received individualized technical assistance for strengthening their partnership with TANF agencies through conference calls and onsite meetings. A complete list of grantees can be found at <http://www.acf.hhs.gov/programs/ofa/>. The tribal grantees are located in Wisconsin, North Dakota, Montana, and Alaska.

Office of Child Care (OCC): Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV)

ACF, in cooperation with the HRSA and supported by the Affordable Care Act, has made funding available for Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV) grants to tribes (including consortia of tribes), tribal organizations, and urban Indian organizations. The Tribal MIECHV program is funded through a three percent set-aside to the larger MIECHV program authorized by the Affordable Care Act. As of September 2013, ACF has awarded 25 Tribal MIECHV grants (cooperative agreements) totaling \$32.6 million to tribal entities in 14 states. There are three cohorts of Tribal MIECHV grantees, with the latest cohort first awarded in FY 2012. Grants are for five years, contingent on availability of funds. Funds under the Tribal MIECHV program support grantees in conducting needs and readiness assessments; developing infrastructure needed for the widespread planning, adopting, implementing, and sustaining of high-quality, culturally-relevant, evidence-based maternal, infant, and early childhood home visiting programs; implementation of high-quality home visiting services for pregnant women, expectant fathers, and families with young children aged

birth to kindergarten entry; measuring program participants' progress toward meeting legislatively mandated benchmarks; and conducting rigorous evaluations of the implemented home visiting programs.

In April and May of 2013, ACF conducted site visits to five Cohort 3 Tribal MIECHV grantees to support their decision making around selection of home visiting models to implement in their communities.

ACF staff also presented on the Tribal MIECHV program, along with two grantees, at the International Meeting on Indigenous Child Health in Portland, Oregon, on April 19 - 21, 2013.

In July 2013, the Tribal MIECHV-funded Tribal Early Childhood Research Center held a Summer Institute on Early Childhood Research with Tribal Communities.

From July to September of 2013, ACF conducted site visits to four Tribal MIECHV grantee communities to support their efforts to build strong early childhood systems that include home visiting programs.

Centers for Medicare & Medicaid Services

Consultation

On April 15, 2013, the CMS Tribal Affairs Group hosted an All Tribes Call to facilitate Tribal consultation on the Notice of Proposed Rulemaking (NPRM) that addressed standards for Navigators and Non-Navigator Assistance Personnel under provisions of the Affordable Care Act. In addition to the NPRM, CMS released a Funding Opportunity Announcement (FOA) on April 9, open to eligible tribes, individuals and private and public entities applying to serve as Navigators in states with Federal facilitated or State partnership Marketplaces. We addressed questions about the FOA during the consultation.

The proposed rule creates training and certification, conflict-of-interest, and meaningful access standards that will be applicable to Navigators and non-Navigator assistance personnel in Federally-facilitated Marketplaces (FFMs), including State Partnership Marketplaces, and federally-funded non-Navigator assistance personnel in State-based Marketplaces (SBMs). Such standards may be used as model standards for SBM Navigators and non-Navigator assistance personnel that are not federally-funded. The standards help ensure that Navigators and non-Navigator assistance personnel will: be fair and impartial, be appropriately trained, and provide services and information in a manner that is accessible to persons with limited English proficiency and persons with disabilities. CMS published the final regulation on July 17, 2013.

On June 26, 2013, CMS published a final regulation entitled, *Exchange Functions: Eligibility for Exemptions; Miscellaneous Minimum Essential Coverage Provisions*, which establishes a hardship exemption category for American Indians/Alaska Natives (AI/ANs) and other individuals who are eligible to receive services from an Indian health care provider, and codifies an exemption for members of federally recognized tribes. The regulation provides an opportunity for eligible individuals to obtain an exemption from the shared responsibility payment if they do not maintain minimum essential coverage. On September 10, 2013, CMS hosted a tribal consultation regarding

the exemption application for members of federally recognized tribes and individual eligible to receive services through an Indian health care provider; and the types of documents that could be provided to substantiate such an attestation during the verification process.

On September 13, 2013, CMS held a Tribal Consultation with Oklahoma tribes to discuss the Arkansas Premium Assistance Model. Arkansas submitted a demonstration proposal to provide premium assistance for the purchase of qualified health plans in the Health Insurance Marketplace. Because tribal members reside in Arkansas and use Tribal health care facilities located in Oklahoma, the Cherokee Nation, Choctaw Nation, and Muscogee (Creek) Nation of Oklahoma requested tribal consultation on the Arkansas Premium Assistance model before CMS makes any final decisions on the proposal.

As a result of previous tribal consultation activities, CMS released two documents of interest and importance to Indian Country:

- April 5, 2013-- CMS developed and released the Model Qualified Health Plan (QHP) Addendum, which is designed to facilitate inclusion of Indian health care providers in the QHP provider networks and help health insurance issuers comply with the QHP certification standards. Use of the Addendum will enable QHP issuers to contract more efficiently with Indian health care providers and ensure that AI/ANs can continue to be served by their Indian provider of choice. The utilization of the Model QHP Addendum is optional; however, CMS strongly encourages issuers and providers to use this Addendum. The Addendum was developed through tribal consultation and issuer input.
- April 30, 2013-- CMS released the final single, streamlined application that will be used to determine eligibility for affordability health insurance options such as Medicaid, the Children's Health Insurance Program (CHIP), and health plans available through the Health Insurance Marketplace (Marketplace), and advance payments of the premium tax credits and cost-sharing reductions for individuals enrolled in a health plan offered through the Marketplace. CMS engaged in discussions with tribal leaders and representatives through tribal consultation and conducted a focus group concerning the development of application questions for American Indians and Alaska Natives. Three versions of the paper application were released; AI/ANs who complete a paper application are encouraged to use the *Application for Health Coverage & Help Paying Costs*, which includes Appendix B containing questions applicable to the AI/AN population.

Tribal Outreach and Training

Over the last few months, CMS Tribal Affairs staff worked with their outreach contractor to produce two Health insurance Marketplace and Medicaid Expansion video products, 1) a step-by-step video, which walks AI/AN applicants through the process of filling out the streamlined application, and 2) a shorter video to be shown in health clinic waiting areas about the ease of applying.

On July 12, 2013, CMS Tribal Affairs, with participation from Cindy Mann, CMS Deputy Administrator and Director, Center for Medicaid and CHIP Services, hosted an All Tribes Call to discuss the Medicaid and CHIP State Plan Amendments (SPAs), that states will submit to

implement eligibility and benefits changes required by the Affordable Care Act. Most of these changes, such as a streamlined enrollment process, new rules for calculating family income and new data-based eligibility verification procedures; are required even if the state chooses not to implement the Medicaid expansion to low-income adults in 2014. In order to ensure these changes are in place when the new law takes effect, State Medicaid programs will prepare SPAs and consult with Indian health programs.

On August 7, 2013, CMS Tribal Affairs held its first Tribal Partnership Webinar to begin to engage partners and stakeholders to prepare for open enrollment of the Marketplace. The theme of the webinar was, *"GET THE WORD OUT!" CMS Affordable Care Act Outreach and Education Campaign for American Indians and Alaska Native*. The agenda included updates on CMS tribal outreach efforts, Affordable Care Act campaign highlights, and future Affordable Care Act resources to be used for Marketplace outreach. CMS also explained the CMS "Champions for Coverage" initiative and advised participants how to get involved. Over 35 participants joined the discussion.

On August 13 - 15, 2013, CMS conducted 11 workshop sessions during the Indian Health Service's (IHS) 14th National Partnership Conference regarding the following issues pertinent to Indian Country: the roles and responsibilities of Navigators, Enrollment Assistors and Certified Application Counselors; information includes certification, training and relationships with insurers; and the application process that consumers will experience when completing an online or paper application for health care coverage and the operational aspect that IHS and Contract Health Service programs will encounter when seeking reimbursement from qualified health plan issuers.

On August 20, 2013, CMS hosted a tribal outreach call that provided an overview of the provisions of the Affordable Care Act and Federally-facilitated Marketplace, and discussed the components that consumers will experience once open enrollment starts on October 1, 2013, and coverage begins on January 1, 2014.

On August 26-29, 2013, CMS staff attended the National Indian Health Board Annual Consumer Conference to present at workshops and provide outreach materials at the exhibit booth. CMS workshops and the exhibit booth included information about the Health Insurance Marketplace, Medicaid Expansion, and Medicare and Medicaid 101.

Health Resources and Services Administration

Health Care Program Funding

The Affordable Care Act provides \$11 billion in funding for the operation, expansion, and construction of health centers throughout the nation. In FY 2012, HRSA awarded over \$25.6 million in Affordable Care Act funding to 26 health centers funded by both HRSA and IHS.

- In early July 2013, HRSA awarded approximately \$150 million in supplemental funding to 1,159 health centers, including tribal entities. This funding expands current outreach and enrollment assistance activities, and facilitates enrollment of eligible health center patients and service area residents into affordable health insurance coverage through the

Health Insurance Marketplaces, Medicaid, or the Children's Health Insurance Programs. With this funding, health centers expect to hire additional outreach and eligibility assistance workers to assist millions of people nationwide with enrollment into affordable health insurance coverage. A total of 25 tribal/Urban Indian health centers received funds that total more than \$2.2 million to assist individuals in their communities in becoming enrolled.

National Health Service Corps

IHS and HRSA continue to work together to make the National Health Service Corps (NHSC) more accessible to fill health professional vacancies.

The Bureau of Clinician Recruitment and Service held the NHSC Virtual Job Fair for Tribal Sites on March 19, 2013, which focused solely on helping NHSC-approved IHS health clinics and tribal clinics promote open vacancies. HRSA is planning additional NHSC Virtual Job Fairs throughout 2013. The most recent NHSC Virtual Job Fair on August 10, 2013, focused on helping NHSC Scholars find jobs in high need sites. Included among the 38 presenting sites were 8 tribal sites from five states (Alaska, Arizona, Minnesota, New Mexico, and Oklahoma), representing more than 72 individual sites and 59 current job vacancies. Sixty participants registered to participate in the Saturday afternoon event. Additional NHSC Virtual Job Fairs are planned for November 2013 (which will be for all NHSC-approved sites across all disciplines with an emphasis on job-seeking veterans and supporting border health initiatives) and throughout 2014.

Of the 373 NHSC supported clinicians currently serving in tribal facilities, 319 are funded by the Affordable Care Act. Forty-one of these Affordable Care Act funded NHSC clinicians self-identified as AI/AN. In addition, there are 101 clinicians that identified as AI/AN serving at non-tribal facilities. Of the 101 clinicians, 86 were funded by the Affordable Care Act.

As of the end of September 2013, 621 Tribal clinical sites were eligible to offer loan repayment to eligible clinicians practicing at these sites. That compares to 494 sites approved as of 2011 and 60 at the end of 2010.

There are a total of 621 IHS, tribal Clinics, and Urban Indian Health Clinics approved as NHSC sites and 122 open positions at these sites listed in the NHSC Jobs Center. The NHSC Jobs Center is an online tool with over 6,000 NHSC site profiles and which averages more than 40,000 visits per month. Launched in May 2012, the redesigned site uses Google Maps technology and enhanced search features through which providers can search for primary care job openings and information on the individual NHSC sites. Twenty-nine percent (177) of IHS, Tribal, and Urban Health Clinics sites have completed NHSC Jobs Center site profiles. The link to the NHSC Jobs Center is: <http://nhscjobs.hrsa.gov/external/search/index.seam>

Indian Health Service

IHS continues planning for and implementing provisions in the Indian Health Care Improvement Act (IHCIA) and participates in the Department's implementation of the Affordable Care Act. IHS has maintained continuous outreach to tribes, provided updates, attended Indian health and

tribal meetings, and initiated consultation, when necessary, on significant issues and events surrounding the implementation of the IHCA, which IHS leads for the Department. Tribes may submit comments and provide input on the implementation of the Affordable Care Act or the IHCA at consultation@ihs.gov at any time.

IHS summarized the progress made by the agency, its tribal partners, and partners across the federal government in implementing IHCA provisions in a summary table available on the IHS Director's Blog. IHS posted an update on August 22, 2013.

Communication

The Acting IHS Director provided updates and announcements about implementation activities to tribes and other key stakeholders. During the past few months, the Acting IHS Director updated audiences about progress on implementing the Affordable Care Act and IHCA at the following meetings:

- IHS Tribal Self-Governance Advisory Committee Meeting (April 3, Washington, DC)
- Montana & Wyoming Tribal Leaders Council Special Board Meeting (April 9, Conference Call)
- Alaska Native Health Board (April 10, Conference Call)
- Northwest Portland Area Indian Health Board (April 16, Conference Call)
- Inter-Tribal Council of Arizona, Inc., Congressional Week (April 23, Washington, DC)
- IHS National Combined Councils Meeting (April 23, Virtual Meeting)
- Annual Tribal Self-Governance Consultation Conference (April 29, Anaheim, California)
- United South and Eastern Tribes Semi-Annual Meeting (May 16, Niagara Falls, New York)
- IHS Direct Service Tribes Advisory Committee Meeting (May 22-23 Rockville, Maryland)
- Nurse Leaders in Native Care Conference (June 3, Virtual Meeting)
- National Indian Health Board Fourth Annual National Tribal Public Health Summit, (June 18, Hollywood, Florida)
- American Association of Indian Physicians National Native American Youth Initiative, (June 24, Washington, DC)
- National Congress of American Indians Mid-Year Conference, (June 26, Reno, Nevada)
- IHS Tribal Self-Governance Advisory Committee Meeting (July 9-10, Washington, D.C.)
- California Rural Indian Health Board and Northwest Portland Area Indian Health Board Meeting (July 10, Conference Call)
- HHS Secretary visits to the Navajo Nation (July 11-12, Window Rock, Arizona)
- National Congress of American Indian Graduate Health Fellowship Meeting (July 15, Washington, DC)
- Annual Direct Service Tribes Conference (July 22-23, Bloomington, Minnesota and Virtual Meeting)
- IHS Direct Service Tribes Advisory Committee Meeting (July 22, Bloomington, MN and Virtual Meeting)
- White House Council on Native American Affairs (July 29, Washington, DC)

- American Association of Indian Physicians 42nd Annual Meeting (August 2, Santa Clara, California)
- National Tribal Self-Governance in the IHS Training Session (August 6-7, Washington, DC)
- Aberdeen Area, Great Plains Tribal Chairman's Health Summit (August 6, Conference Call)
- National Council of Urban Indian Health (August 6, Rockville, Maryland)
- Albuquerque Area Tribal Consultation (August 6, Conference Call)
- Urban Indian Health Leadership (August 13, Conference Call)
- IHS 14th National Partnership Conference (August 13-15, Denver, Colorado)
- National Indian Health Board Consumer conference (August 26-29, Acme, Michigan)
- HHS Affordable Care Act Tribal Education and Outreach (September 10, Conference Call)
- National Council of Urban Indian Health, Board Meeting (September 11, Rockville, Maryland)
- IHS Information Systems Advisory Committee Meeting (September 12, Virtual Meeting)
- Tribal Leaders Budget Call (September 30, Conference Call)

On May 6, 2013, IHS sent a letter to tribes providing an update on the ongoing tribal consultation to improve the Contract Health Services (CHS) program. The Acting IHS Director shared the third set of recommendations from the Director's Workgroup on Improving CHS.

On June 26, 2013, IHS published a press release announcing that HHS established a hardship exemption for all AI/ANs who are eligible for IHS services to be exempt from the minimum responsibility payment related to the Affordable Care Act. The press release is available on the IHS Acting Director's blog.

On August 8, 2013, the Acting IHS Director, sent a Dear Tribal Leader Letter providing information about the payment order for VA, IHS, and Tribal health programs. The letter identifies Section 2901 (B) of the Patient Protection and Affordable Care Act, Pub. L. No. 11-148, which makes IHS, tribal, and urban Indian health programs the payers of last resort for service provide to beneficiaries of the IHS.

IHS issued a press release on August 22, 2013, providing an update on Affordable Care Act activities at the recent conference: "Partnership 2013: Accessing Health Care through the Affordable Care Act" held in Denver, Colorado.

IHS Affordable Care Act Webpage - IHS launched a user-friendly webpage <http://www.ihs.gov/aca/> to help AI/ANs better understand and take advantage of the potential benefits of the Affordable Care Act and the Health Marketplaces.

Through local community efforts at IHS clinics and hospitals, IHS performs direct outreach to AI/ANs who may be eligible for expanded Medicaid and the Marketplace, including educating AI/ANs about special protections, coverage options and obligations. IHS continues to work closely with Centers for Medicare & Medicaid Services (CMS) to provide training and outreach

to IHS, Tribal, and Urban Indian organization (I/T/U) clinic and hospital staff regarding their consumer assistance activities.

Training

To prepare for open enrollment, all IHS federal facilities have been required to have at least one Trained Application Counselor (TAC). This directive ensures that staff members are trained to partner with the Marketplace and Medicaid in helping uninsured AI/ANs learn about their health coverage options. Staff trained as a TAC will help people understand, apply and enroll for health coverage through the Marketplace.

In August 2013, the 14th Annual Indian Health Partnerships Conference was held in Denver, Colorado, with over 500 I/T/U staff attended either in person or via webinar. The theme of the conference, “Partnerships 2013: Accessing Health Care through the Affordable Care Act” provided key health system staff information on Affordable Care Act implementation requirements, including the new Health Insurance Marketplace, and the impact on the provision of health care services to AI/AN’s. A second Affordable Care Act specific conference and training will take place via webinar and is planned for later this year.

Partnerships

IHS continues to partner with national and regional Indian organizations on the Affordable Care Act and IHClA for outreach and education efforts under the National Indian Health Outreach and Education (NIHOE) Initiative. These cooperative agreements develop and disseminate consumer-oriented materials to assist AI/ANs in understanding their rights and new opportunities under the Affordable Care Act. The National Congress of American Indians, National Indian Health Board, National Council of Urban Indian Health, grantees have developed a website to provide consumer-oriented education materials and training tools for community representatives at <http://www.tribalhealthcare.org> – the website provides resources for individual consumers, health directors, tribal employees, tribal governments and provides basic information about the health care law as it relates to the Indian health care system. They have provided trainings in each of the 12 IHS Areas. NIHOE partners have provided over 350 unique trainings on Affordable Care Act to tribes across the country. Trainings will continue in the next quarter.

IHS continues to focus on Secretary’s Tribal Advisory Committee’s (STAC) Affordable Care Act priorities including:

- Continued progress on implementation of the Affordable Care Act and IHClA;
- Participation in discussions with HHS and States on implementation of the Exchanges and Medicaid expansion/waivers;
- Continued partnership with Office Personnel Management on implementation of Section 157, Access to Federal Insurance (FEHB/FEGLI);
- Partnership with national and regional organizations on the NIHOE Affordable Care Act initiative;
- Continued work on STAC policy issue priorities including implementation of the Department of Veterans Affairs (VA)-IHS MOU and completion of the national VA IHS Reimbursement Agreement for direct care services.

Policy

Through the combined efforts of IHS, tribes, and urban Indian organizations, the CMS issued a new regulation that provides an exemption to the shared responsibility payment for not having health benefits coverage for all IHS-eligible individuals. This new regulation now allows all of the IHS service population, members of federally recognized tribes and descendants of members of federally recognized tribes, to apply for this exemption. The IHS is currently developing guidance for the exemption including a letter for patients documenting IHS eligibility to aid their application.

IHS sent a letter with CMS to tribes and a letter to urban Indian organizations seeking consultation on the draft I/T/U Addendum, which is a model contract agreement for Qualified Health Plans in the Exchanges to use when contracting for services with IHS, tribal and urban Indian health facilities. On April 15, 2013, IHS announced the HHS release of a letter to potential issuers in state marketplaces that included information from CMS regarding the Model Qualified Health Plan Addendum. This Addendum enables issuers to contract more efficiently with Indian health care providers to ensure that AI/ANs can continue to be served by their Indian provider of choice. It is anticipated that the Addendum will help issuers meet the Qualified Health Plan certification standards and facilitate acceptance of network contracts by IHS, tribal, and urban Indian health program providers. CMS strongly encourages issuers and providers to use this Addendum, but use is optional. The Addendum was recommended by tribes and co-developed with CMS and IHS through tribal consultation and the engagement of issuers.

Substance Abuse and Mental Health Services Administration

Health Reform and the Urban Indian Population

SAMHSA's Office of Behavioral Health Equity continues to work with the National Council of Urban Indian Health (NCUIH) to disseminate and support the implementation of culturally relevant practices for outreach and enrollment in health insurance coverage for the Urban Indian population. Descriptions of these outreach and enrollment practices have been shared on the National Network to Eliminate Disparities in Behavioral Health NNEDShare forum, an online database of best practices. SAMHSA is working with NCUIH on a brief/fact sheet outlining 10 culturally relevant outreach and enrollment strategies for American Indians and Alaska Natives with examples based on the profiles. In addition, NCUIH is coordinating a peer-to-peer technical assistance program among the Urban Indian Health Programs (UIHPs) to support the implementation of outreach and enrollment strategies, and leads a monthly Community of Learning with the UIHPs.

Enrollment Coalitions Initiative

SAMHSA's Enrollment Coalitions Initiative developed a series of virtual toolkits that include a compendium of the marketing and educational materials developed by the Centers for Medicare and Medicaid Services and provide guidance on how community behavioral health organizations can use them. Each of these toolkits includes materials specifically targeting tribal communities. For example, the toolkit targeting provider organizations is available online at <http://tiny.cc/TreatmentProviders>.

Affordable Care Act Related Web Resources

For more information on the implementation of the Affordable Care Act and the provisions that specifically impact Indian Country, visit the following websites:

<http://www.HealthCare.gov/tribal>

<http://www.tribalhealthcare.org>

<http://www.IHS.gov/PublicAffairs/DirCorner/index.cfm?module=blog>