

CHOCTAW NATION OF  
OKLAHOMA  
PREPARATION &  
IMPLEMENTATION  
AFFORDABLE CARE ACT (ACA)  
BEST PRACTICES



Medicare Policy Analyst &  
Affordable Care  
Implementation Team  
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# OBJECTIVES

## Best Practices:

- Establish an ACA “team”.
- Steps to prepare and begin implementation.
- Focus on internal processes to identify potential weaknesses.
- Focus on accurate data gathered at the point of Registration.
- **Internal staff education.**
- **Tribal member/patient outreach and Education.**

## Challenges:


- Staffing.
- Patients.
- Contract negotiations.
- The Unknown.....




# BEST PRACTICES



# ESTABLISH AN AFFORDABLE CARE ACT TEAM

- **“Key” staff was selected to be a part of the ACA workgroup / team.**
  - **Staff knowledgeable in Medicare, Medicaid, private insurance, front desk Registration procedures, Business Office and management were recruited.**
  - **Goals were set to become educated on the Affordable Care and how these changes would effect the internal processes and the tribal members.**
    - The benefits and the negative side of the law was discussed to better understand what we would be facing. (Additional Medicare preventive benefits, reduction of the Part D “donut hole”, un-insured patients would now be eligible for insurance coverage PLUS the health-tax penalty some patients might face if they remained un-insured.)
  - **Continuous meetings by the team members to work towards implementation as well as learn from each other.**
  - **This team provides internal staff updates/education as well as outreach and education to the tribal members.**
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# STEPS TO PREPARE AND BEGIN IMPLEMENTATION

- **Registered for any face-to-face training sessions and/or on-line Webinar classes to begin learning about the Affordable Care Act and how it will effect Indian Country.**
  - **Met with internal departments to identify established methods of tribal member contact in an effort to reach out to tribal members and get the word out about the changes.**
    - Indian Education – include educational handouts in school supplies.
    - Daycares/HeadStart – include educational handouts to Choctaw children.
    - Choctaw Bisknik Newsletter – included educational articles to tribal members.
  - **Utilized National educational information plus information gathered from training to include in the outreach handouts and newsletter articles.**
  - **Updated our Web sites to include information about, what is the Affordable Care Act and what steps to take to ensure they make an educated decision come January 2014.**
  - **Social Media- Included educational messages on the Choctaw Nation FaceBook page along with “Did You Know” messages in employee emails to keep the message moving.**
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# FOCUS ON “INTERNAL” PROCESSES

- **The “team” prepared a list of internal processes that needed to be evaluated to ensure we would be able to transition without great difficulty.**
  - Registration: capturing CDIB, tribal membership, SSN, contact information, etc.
  - Benefit Coordinators: length of time spent during day assisting patient’s with insurance needs.
  - Scanning: Making sure to scan all documents into the system as well as verify if documents on file are current.
- **On-site visits were made to each clinic/registration area to observe Registration staff as well as the patient’s interaction with the required processes.**
  - Did Registration staff understand “why they asked for current insurance cards, CDIB, tribal membership cards, etc.?”
  - Were they able to obtain the needed information when the patient checked in for the visit?

# FOCUS ON “INTERNAL” PROCESSES (CONT.)

- **Meeting was held with clinic/department management to discuss on-site visit findings.**
  - Weaknesses.
  - Best Practices.
- **Action given to each manager to reduce the weaknesses and provide their plan of action with 30-day deadline to implement.**
  - Staffing issues.
  - Staff education.
  - Equipment issues.

# FOCUS ON ACCURATE DATA GATHERED AT REGISTRATION

- **Based on our on-site visits across the board the Registration staff did a very good job of getting the patients checked in and registered and off to their scheduled appointments in a timely manner.**
- **We did realize that we have many different Registration locations and every site does the processes differently to accomplish the same end result so “blanket” staff training would not be as easy as we thought.**
- **Staff training was set up to go over Medicaid, Medicare and private insurance guidelines as it applies to Registration processes and Business Office needs to submit a clean, timely claim for reimbursement.**
- **SharePoint already existed on our internal Intranet site so we added a page just for Registration staff.**
  - Consent forms, New patient info sheets, etc. are all in one common location.
  - Educational materials were added. (Medicaid income guidelines, Medicare quick tips, Affordable Care Act updates/changes etc.)



# REGISTRATION STAFF AND INTERNAL PROCESSES

- **SharePoint, on our internal Intranet site now has the designated section for *Registration Staff*.**
- **This site houses Hot Topics, Updates and Changes, Forms and Medicare, Medicaid and private insurance and now Affordable Care Act resources.**
- **The staff gets an email alert that something has been updated and the link to the intranet site. This allows all the staff to have immediate updates and access to the most current educational documents.**
  - The resources located on the intranet are used in the internal training classes for Registration staff. Existing and new hire staffs receive the same message in an effort to keep the internal processes consistent.

# INTERNAL STAFF EDUCATION


- **Focus was put on front desk registration staff to properly perform patient screening on *every* type of patient that checks in.**
- **Emphasis on getting copies of the insurance cards, patient identification, CDIB cards, tribal membership cards, correct “legal” name and addresses so claims can be filed correctly and timely.**
- **Internal training classes scheduled with consideration of staffing so that all staff hears the same message with respect to Medicare, Medicaid and other insurance program guidelines and internal processes.**
- **Business Office staff was invited to attend to reinforce the message. The Business Office can only be successful if the Front Desk Registration staff obtains accurate and up-to-date patient and insurance information.**
- **Medicare claims data indicated that more than 50% of the claim errors could have been prevented at Registration.**
  - Examples: Name and Medicare number mismatch.  
Patient not eligible/entitled on this date of service.  
Cannot identify this patient as our insured.  
Claim filed to wrong payer/contractor.

# INTERNAL STAFF EDUCATION

## (CONT.)

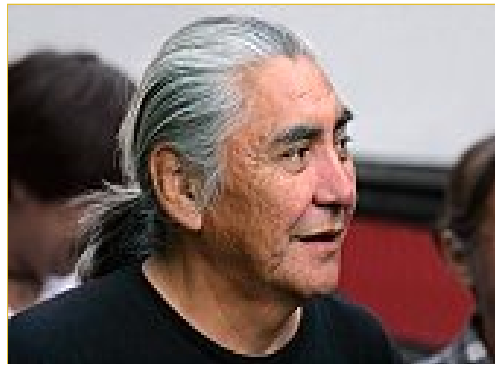
- **Employee health fairs provided an opportunity to pass out Affordable Care Act handouts and short presentations were given about the changes including the new health-tax penalty for all that remain un-insured as of January 2014.**
- **“Did you know” emails continue to be sent out reminding staff of the upcoming changes AND to not delay, get their families CDIB and tribal membership cards to protect their Native American ancestry as well as a “safety net” for 2014 in the event someone in the family will be un-insured.**
- **Further internal staff training will be provided as it gets closer. The depth of the training will depend on the amount of patient interaction but everyone will hear the message.**
  - ChocTalks is a monthly educational internal staff meeting that all staff is required to hear and/or sign off on. This is how we share upcoming events, special dates, new policies and/or new procedures. ACA has been included in these monthly staffing updates.

# INTERNAL STAFF EDUCATION (CONT.)

- **Partnership with Oklahoma Health Care Authority (Medicaid) to come on-site and provide training for staff on updates/changes.**
  - **Email alerts to staff letting them know of updates/changes and any internal issues to keep staff immediately up-to-date.**
  - **Intranet section for patient registration and Benefit Coordinator staff. The site houses updates, hot topics and training resources.**
  - **Internally developed posters to help with awareness. Value of Insurance, Tribal Membership Enrollment, etc.**
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# PATIENT EDUCATION

- **Ongoing education to tribal members during the Medicare open enrollment (October-December) is provided at each of the Choctaw Nation Community Centers. Medicare, Medicaid along with Affordable Care information is presented.**
- **A bag with CMS educational materials along with a small give-away was provided at each of the Community Center presentation locations. A power point presentation was used as a visual, especially when discussing dates, premium amounts and deductibles and even examples of the new health-tax penalty.**
- **After each presentation we remained at the Center to answer any question that the members might have.**
- **Pharmacy staff also traveled along and provided handouts to consolidate all of their medications in an effort to help those considering enrolling in Medicare Part D. Community Health Nurses traveled also providing flu shots and blood pressure checks. Advertising was done in the Choctaw Bisknik and fliers at the Community Centers ahead of time in an effort to “draw a crowd” to hear the educational presentations.**



# PATIENT EDUCATION (CONT.)

- **Senior Expo- Annual Senior Health Fair, set up booth and visited with each Senior about Medicare, Medicaid and Affordable Care Act. Handouts provided for each.**
- **Each Labor Day Choctaw Nation has a four-day festival which includes free concerts, carnival/midway, healthy-living tent with booths, 5K run, arts/crafts, stickball/volleyball/softball/fast-pitch/horseshoe tournaments, gourd dancing and MUCH MUCH more.**
  - Presentations will be given during the weekend to discuss, *How Healthcare Reform Will Affect You and Your Family* along with *What You Should Know About Medicare and Medicaid*.
  - A booth in the healthy living tent will also be manned throughout the weekend to answer any questions regarding the Affordable Care Act.

# PATIENT EDUCATION (CONT.)

## Promoting Medicaid/“free” Health Insurance

- **Printed educational brochures given out to patients regarding the difference between Native American health benefits versus Insurance coverage.**
  - Internal brochures available.
  - Oklahoma Health Care Authority education materials available.  
(coloring books/crayons, SoonerRide, benefit handouts)
- **Benefits of “free” health coverage.**
  - Income to the tribe for services rendered.
  - Comfort in knowing Medicaid benefits allow flexibility to be seen at any health care facility that accepts Oklahoma Medicaid.
  - Speeds up the process in the event the patient needs outside medical care through Choctaw Referred Care.



# PATIENT EDUCATION (CONT.)

## Patient Incentives:

- **Tribal Medicaid Administrative Match (T-MAM).** Oklahoma is the first state to receive a payment for “product”. This payment is based on approved new enrollment as well as approved re-certifications.
- **With the additional T-MAM reimbursement, patient incentives will be purchased. The giveaways will be for children and/or pregnant women that qualify for SoonerCare.**



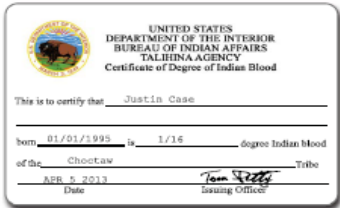


# PATIENT EDUCATION (CONT.)

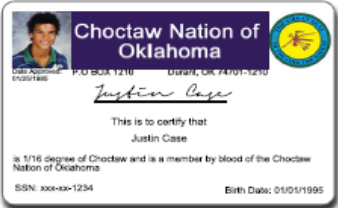
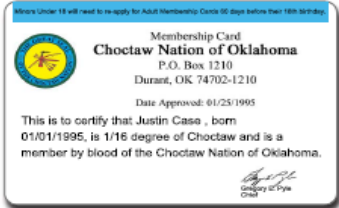
## Education: Families With Children:

- Focus on obtaining tribal membership and CDIB cards for children.
- Distributed handouts through:
  - The Indian Education department. School supplies distributed at the schools.
  - Through JOM, a summer youth work program for kids 13-18.
  - WIC offices.

**YOU NEED BOTH CDIB & TRIBAL MEMBERSHIP CARDS**  
**AVOID HEALTH TAX PENALTIES**  
**PRESERVE YOUR NATIVE AMERICAN HERITAGE**



**TO PRESERVE YOUR NATIVE AMERICAN HERITAGE AND NOT FALL VICTIM TO THE IRS HEALTH TAX PENALTY MAKE SURE YOU AND YOUR FAMILY MEMBERS HAVE A CDIB AND A CHOCTAW TRIBAL MEMBERSHIP CARD.**



**FOR QUESTIONS REGARDING CDIB OR TRIBAL MEMBERSHIP CARDS CALL**  
**CHOCTAW TRIBAL MEMBERSHIP**  
**AT (800)522-6170**

**THE CHOCTAW NATION OF OKLAHOMA**  
**GROWING WITH PRIDE, HOPE AND SUCCESS!**

# CHALLENGES




# STAFFING

- **Staff training....it will be last minute at best!**
- **Increase workload due to the additional amount of time spent with each patient; educating, explaining, exploring coverage/costs and enrollment.**
- **Staff level of understanding the importance of insurance coverage versus Native American health care benefit. *“Why does the patient/I need insurance when they/I have free health benefits?”***
- **Staff level of understanding. Can they take on these extra duties? Can they become “insurance counselors and “sell” a Marketplace plan?**
- **Scheduling issues, patient arrival times often limit the amount of time spent with patients to fully educate and screen for eligibility. When will be the “right time” to sit down with the patient? Will they come back after their appointment?**
- **Registration staff needs to be proactive in getting uninsured patients to Benefit Coordinator staff for one-on-one assistance. Will this happen on every un-insured patient?**

# PATIENTS

- **Trust.** *“Why are we being made to buy insurance for our families?”* *“What about the Treaty Agreement and my entitlement to health care benefits?”*
- **Costs.** *“Why should I pay for insurance when I can be seen here for no charge?”* *“I can’t afford it? I make too much to qualify for Medicaid but don’t make enough to pay for health insurance.”* *“No we don’t want it!”*
- **Patient’s level of understanding insurance benefits.** Having insurance coverage may be a “first” for many patients. Understanding and keeping up with the monthly premium payments will be a challenge.
- **Patient’s do not understand the difference between the Native American benefit and insurance coverage.**

# PATIENTS (CONT.)

- **Providing needed information. Not all patients carry their CDIB, tribal membership PLUS their last year's tax return when they come for an appointment. Minor children may not have tribal membership since they can be seen under their parents.**
  - **Willingness to share information. Not every patient is forthcoming with their personal information. Especially if the government is involved.**
  - **What if the patient does not file taxes?**
  - **What about the IRS health-tax penalties? What if we sign them up for a Marketplace plan based on current income and at tax time their income changed and they owe taxes? Who is to blame?**
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# PATIENTS (CONT.)

- **Patient not understanding the law changes and how it will effect them.** *“I don’t have insurance. The only insurance I have is what the law requires...and that’s on my car.”*
- **Patient education. How do we reach everyone?**
- **What about the tribal members that our outside of our 10 ½ counties? (other states?)**
- **Patients that don’t want Medicaid benefits and they are free. Patient’s comments include:**
  - *“I didn’t have “welfare” with my first child and I don’t need it with this one”.*
  - *“I don’t qualify, I/we make too much money”.*
  - *“I have a CDIB, I don’t need insurance”.*
  - *“I’m running late, I don’t have time, I’ll do it the next time”.*
  - *“I don’t want the Government in my business”.*
  - *“I’m Choctaw, I don’t need any other insurance”.*

# QUESTIONS



Assistant Chief Gary Batton and  
Chief Greg Pyle

**THANK YOU  
FOR  
ATTENDING**

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