

# Indian Health Service

## All Tribal and Urban Indian Organization Leaders Call

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MARCH 6, 2023



# IHS Update



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DARRELL LAROCHE

DEPUTY DIRECTOR FOR  
MANAGEMENT OPERATIONS

INDIAN HEALTH SERVICE



# Deputy Director for Intergovernmental Affairs



**STACEY ECOFFEY**  
NEW INDIAN HEALTH SERVICE DEPUTY DIRECTOR  
FOR INTERGOVERNMENTAL AFFAIRS



# IHS Update



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INDIAN HEALTH SERVICE





PATIENT SAFETY  
AWARENESS WEEK

March 12 - 18, 2023

Every Day is Patient Safety Day



# Indian Health Service

# IHS Chief Medical Officer Updates

LORETTA CHRISTENSEN MD MBA MSJ FACS

CHIEF MEDICAL OFFICER

INDIAN HEALTH SERVICE



# Strategy 1 - Prevent

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- Get vaccinated, get your bivalent (Omicron) booster
- Getting vaccinated is the key to decreasing the impact of COVID-19
- Flu numbers are stable
- RSV numbers are stable



# American Indian/Alaska Native Vaccination Rates

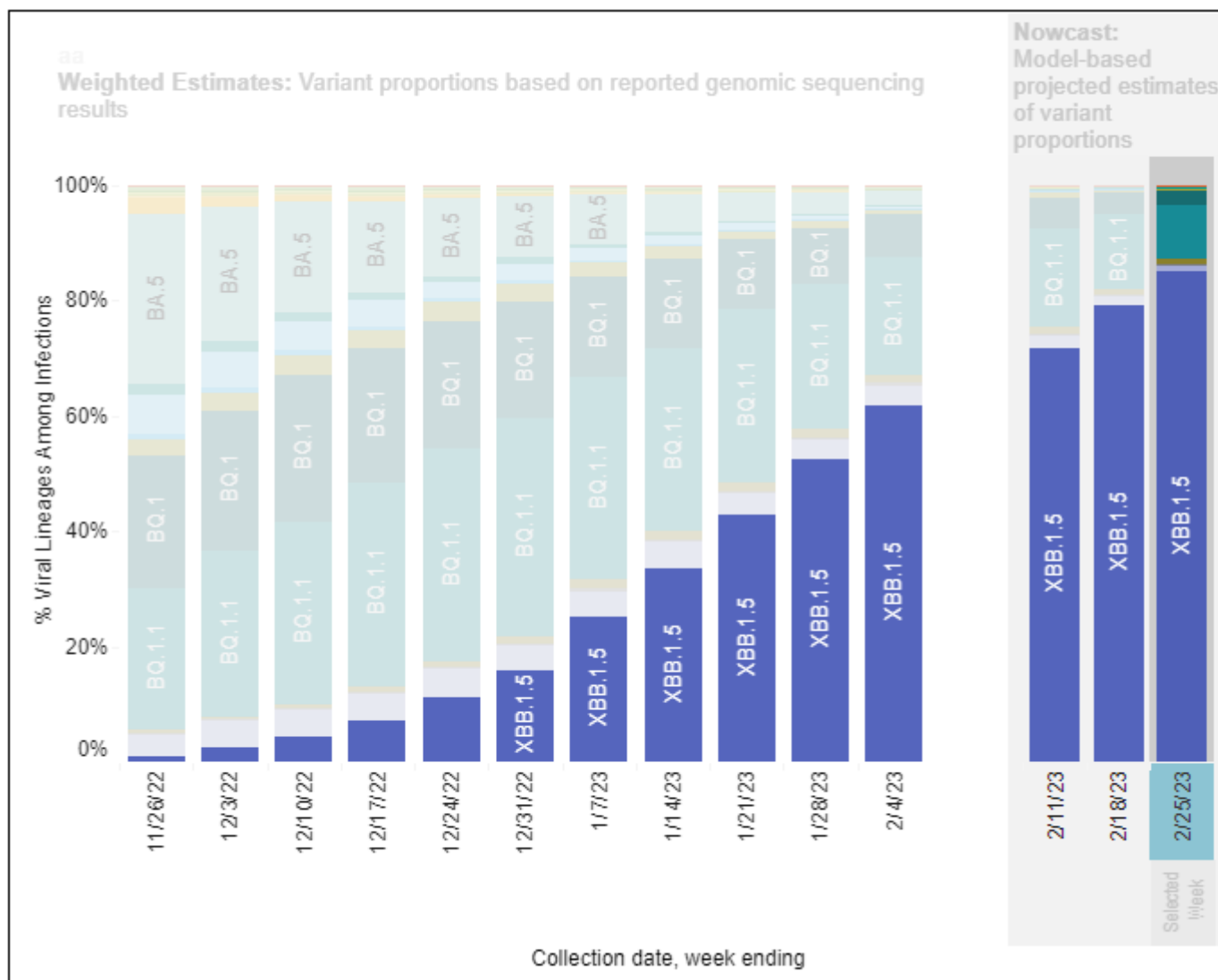
Data reflective of 2/21/2023 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least 1 Dose	Primary Series Complete	Completed Primary Series + Bivalent Doses Administered
Age 65+	95% (140,816)	71.7% (106,211)	35.6% (37,778)
Age 18+	79.7% (679,712)	58% (494,637)	24.4% (120,756)
Age 12-17	51.6% (75,280)	40.1% (58,610)	18.1% (10,596)
Age 5-11	26% (47,133)	18.7% (33,858)	16.4% (5,594)
Age <5	9.9% (11,090)	Not Validated	(308)

Data Considerations: All data is from the IHS COVID-19 Dashboard

- \*Administration data is still being validated for primary series < 5 years
- Some AI/AN patients may have been vaccinated outside of IHS facilities that chose the IHS for vaccination; these doses are not reflected in this data.





**USA**

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	<b>XBB.1.5</b>	VOC	85.0%	79.8-89.1%
	BQ.1.1	VOC	9.4%	6.8-12.8%
	BQ.1	VOC	2.6%	1.9-3.6%
	XBB	VOC	1.2%	0.9-1.6%
	CH.1.1	VOC	0.9%	0.7-1.3%
	BN.1	VOC	0.4%	0.3-0.6%
	BA.5	VOC	0.1%	0.1-0.2%
	BF.7	VOC	0.1%	0.1-0.2%
	BA.2	VOC	0.0%	0.0-0.1%
	BA.5.2.6	VOC	0.0%	0.0-0.1%
	BF.11	VOC	0.0%	0.0-0.0%
	BA.2.75	VOC	0.0%	0.0-0.0%
	BA.2.75.2	VOC	0.0%	0.0-0.0%
	BA.4.6	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
BA.2.12.1	VOC	0.0%	0.0-0.0%	
BA.4	VOC	0.0%	0.0-0.0%	
BA.1.1	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.1%	0.0-0.1%



# Strategy 2 - Detect

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- 5.17 million tests have been performed, 11.8% positive
- Current 7-day rolling positivity is 12.1%
- Home testing: many kits sent out, supply is available and still encourage use



# Strategy 3 - Treat

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- ❖ Therapeutics: Monoclonal antibody therapy is available
  - ❖ Remdisivir is approved for inpatient and outpatient treatment
- ❖ The oral antivirals are approved
  - Paxlovid is provided at Test 2 Treat
  - Some evidence that paxlovid may decrease chance of long covid



# Test and Treat

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- ❖ Established Test and Treat for our communities Closely follow the use of the anti-viral medications
- ❖ Encourage the use of the Test2Treat sites
- ❖ Paxlovid is effective in shortening the course and less severity



# Strategy 4 - Recover

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- ❖ Manage Long COVID
- ❖ Increase mental health services, pilot training of mental health aides
- ❖ If you are having symptoms that continue after COVID see your primary care doctor
- ❖ Up to 30% of people that tested positive for COVID may have Long COVID



# PHE Unwinding

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# PHE Unwinding

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- ❖ The Public Health Emergency will end May 11<sup>th</sup>
- ❖ The waivers and flexibilities that were provided during the pandemic will end with a few exceptions and extensions
- ❖ Review of the changes to expect



# COVID-19 vaccines, testing and treatments

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Medicare:

- ❖ Access to over-the-counter COVID-19 tests will end with the PHE end
- ❖ Continued access to vaccinations with no cost sharing
- ❖ Testing covered for PCR if ordered by a provider
- ❖ Treatments with Paxlovid and Lagevrio will continue with cost sharing and deductibles



# COVID-19

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## Medicaid and CHIP

- ❖ States must provide vaccinations testing and treatments until September 30, 2024 (ARPA)
- ❖ Coverage may continue past that date in certain states

## Private Insurance

- ❖ In-network will continue to cover vaccines
- ❖ Testing coverage for PCR and Antigen testing will end May 11, 2023
- ❖ Treatments covered as per plan





# Telehealth Services

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Consolidated Appropriations Act 2023 extended flexibilities through December 31, 2024

## Medicare

- ❖ People with Medicare can access telehealth services in any geographic area in the United States, rather than only those in rural areas.
- ❖ People with Medicare can stay in their homes for telehealth visits that Medicare pays for rather than traveling to a health care facility.
- ❖ Certain telehealth visits can be delivered audio-only (such as a telephone) if someone is unable to use both audio and video, such as a smartphone or computer.



# Telehealth

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- ❖ For Medicaid and CHIP the flexibilities are not tied to the end of the PHE
- ❖ CMS encourages states to adopt and expand telehealth coverage
- ❖ Toolkit released

<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit-supplement1.pdf>.

- ❖ Use of telephonic telehealth sessions will be maintained for mental health and substance abuse prescribing such as suboxone



# Blanket waivers

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Disaster response:

- ❖ No three day inpatient stay for Medicare coverage of a skilled nursing facility
- ❖ Limited of CAH inpatient beds to 25 and stay to be less than 96 hours
- ❖ Waiver to allow acute care patients to be housed in other facilities
- ❖ These waivers cannot continue with legislative changes

<https://www.cms.gov/coronavirus-waivers>



# Virtual supervision

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- ❖ Supervising healthcare professionals to be available via virtual means
- ❖ Incident to services via virtual telehealth will expire December 31, 2023



# Health and Safety

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- ❖ Repurposing of space or temporary structures
- ❖ Extension of time to complete medical records will end with the PHE
- ❖ Waived supervision of CRNAs for anesthesia



# COVID Commercialization in Mid-2023

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- Commercialization timeline announcement expected February 28<sup>th</sup>
- COVID PHE extended until **May 11, 2023**
  - The end of the PHE will not directly affect COVID vaccines within IHS
    - The PREP Act is scheduled to expire 10/11/2024 and covers vaccinators and non-traditional vaccinators
    - COVID Vaccine will still be available from the USG through summer/fall 2023
    - Reporting of administration, wastage and inventory is still required by CDC Program Agreements and the MOA
  - The end of the PHE will not impact FDA's ability to authorize vaccines for emergency use.
    - Existing EUAs for products will remain in effect and new EUAs can be authorized
      - [FAQs: What happens to EUAs when a public health emergency ends? | FDA](#)
    - EUA products will be used AFTER commercialization also, the EUAs will simply be updated



# COVID-19 Vaccine Supply

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- Ample supply exists for monovalent and bivalent vaccines
- Order when needed, but keep inventory lean
- **EXCEPTIONS**
  - Janssen/J&J no longer available for order – USG supply depleted
  - Bivalent Peds <5/<6 (Pfizer and Moderna)
    - There is a VERY short supply of bivalent Peds <5/<6yrs across the country
    - Orders in IHS jurisdiction are limited to 100 doses currently and sites should coordinate ALL orders for these products with the AVPOC.
    - Vaccine can also be requested through redistribution.
      - Over 18,000 doses distributed in the IHS jurisdiction, < 500 doses administered



# Links

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<https://www.cms.gov/coronavirus-waivers>

<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit-supplement1.pdf>

<https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>

<https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>







Thank You

# Indian Health Service

## Medicaid Unwinding

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CAPT JOHN E Rael

DIRECTOR

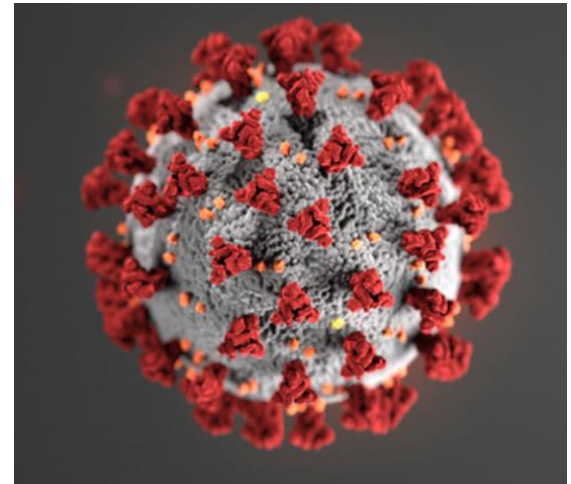
OFFICE OF RESOURCE ACCESS AND PARTNERSHIPS



# Overview

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- Public Health Emergency (PHE) declared January 2020
- CMS waived certain Medicaid and CHIP requirements related to verifying eligibility in order to prevent people with Medicaid and CHIP from losing their health coverage during the pandemic.
- Medicaid enrollment has increased since the start of the pandemic, primarily due to the continuous enrollment provision.
- The Consolidated Appropriations Act, 2023 delinks the Medicaid continuous enrollment provision from the PHE and terminates this provision on March 31, 2023.
- Starting April 1, 2023, states can resume Medicaid disenrollment.
- States will be required to restart Medicaid and CHIP eligibility reviews and current enrollees may lose coverage through this Medicaid “unwinding”.



# What action is needed?

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- States could begin to send renewal letters in February and beginning April 1, 2023, in some states, individuals will lose their coverage if they are no longer eligible or fail to respond to a renewal notice.
- To avoid an interruption in coverage, Medicaid recipients should make sure their state Medicaid or CHIP program has their up to date contact information.
- Medicaid recipients should also look out for a letter from their state about completing a renewal form.
- Each State will have an Unwinding Plan and timeline for completing renewals.
- IHS, Tribal and Urban Indian Health Programs should explore options for data sharing with State Medicaid agencies.



# Outreach

IHS and CMS have worked in partnership with Tribes to develop guidance, toolkits, and strategies to inform AI/AN beneficiaries about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid or CHIP.

**DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE.  
GET READY TO RENEW NOW.**



# What assistance will patients need?

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## **Assist in the Renewal Process Once It Begins:**

- Ensure adequate capacity and training for enrollment assisters.
- Help Medicaid eligible individuals complete and submit renewal forms and required documents.
- Help AI/ANs who lost eligibility due to non-submission of renewal forms to complete the reinstatement process.
- Help AI/ANs ineligible for Medicaid apply for Marketplace or other coverage.
- Plan for mail delays due to the unique nature of receiving mail in Indian Country.



# Key Takeaways

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1. Some AI/AN will lose their coverage because they do not complete the renewal process, though they remain eligible for Medicaid.
2. Some AI/AN will no longer be eligible for Medicaid but may be eligible for other affordable health coverage such as through the health insurance marketplace.
3. ITU staff can provide essential assistance with the eligibility and renewal processes. See resources at [IHS.gov/coronavirus/unwinding](https://www.ihs.gov/coronavirus/unwinding).



# Resources

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- IHS Unwinding Webpage: <https://www.ihs.gov/coronavirus/medicaid-unwinding/>
- CMS Unwinding Homepage: <https://www.medicare.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>
- CMS Toolkit: <https://www.medicare.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf>
- Presentation: Strengthening Tribal and State Partnerships to Prepare for Unwinding: <https://www.medicare.gov/resources-for-states/downloads/strengthening-tribal-partner-to-prepare-unwinding-081822.pdf>
- All Tribes Webinar- Returning to Routine Operations after the Public Health Emergency as it Relates to Medicaid and CHIP Disaster Relief SPAs and 1135 Waivers (Recording): <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/All-Tribes-Calls>
- CMCS Informational Bulletin: Strategies to Enroll American Indian and Alaska Native Families and Children in Medicaid and CHIP: <https://www.medicare.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf>
- CMS National Stakeholder Calls: <https://www.cms.gov/outreach-education/partner-resources/cms-national-stakeholder-calls>
- National Indian Health Board Toolkit: [https://www.nihb.org/tribalhealthreform/wp-content/uploads/2022/11/medicaid-unwinding-toolkit\\_final.pdf](https://www.nihb.org/tribalhealthreform/wp-content/uploads/2022/11/medicaid-unwinding-toolkit_final.pdf)
- National Indian Health Board Resources: <https://www.nihb.org/tribalhealthreform/medicaid-unwinding/>





# Contact Information

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# Indian Health Service

## IHS Director's Advisory Workgroup on Tribal Consultation - Update

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JENNIFER COOPER, DIRECTOR

OTSG, IHS

NICKOLAUS D. LEWIS, COUNCILMAN

LUMMI INDIAN BUSINESS COUNCIL



# Tribal Co-Chair

NICKOLAUS LEWIS  
LUMMI INDIAN BUSINESS COUNCIL

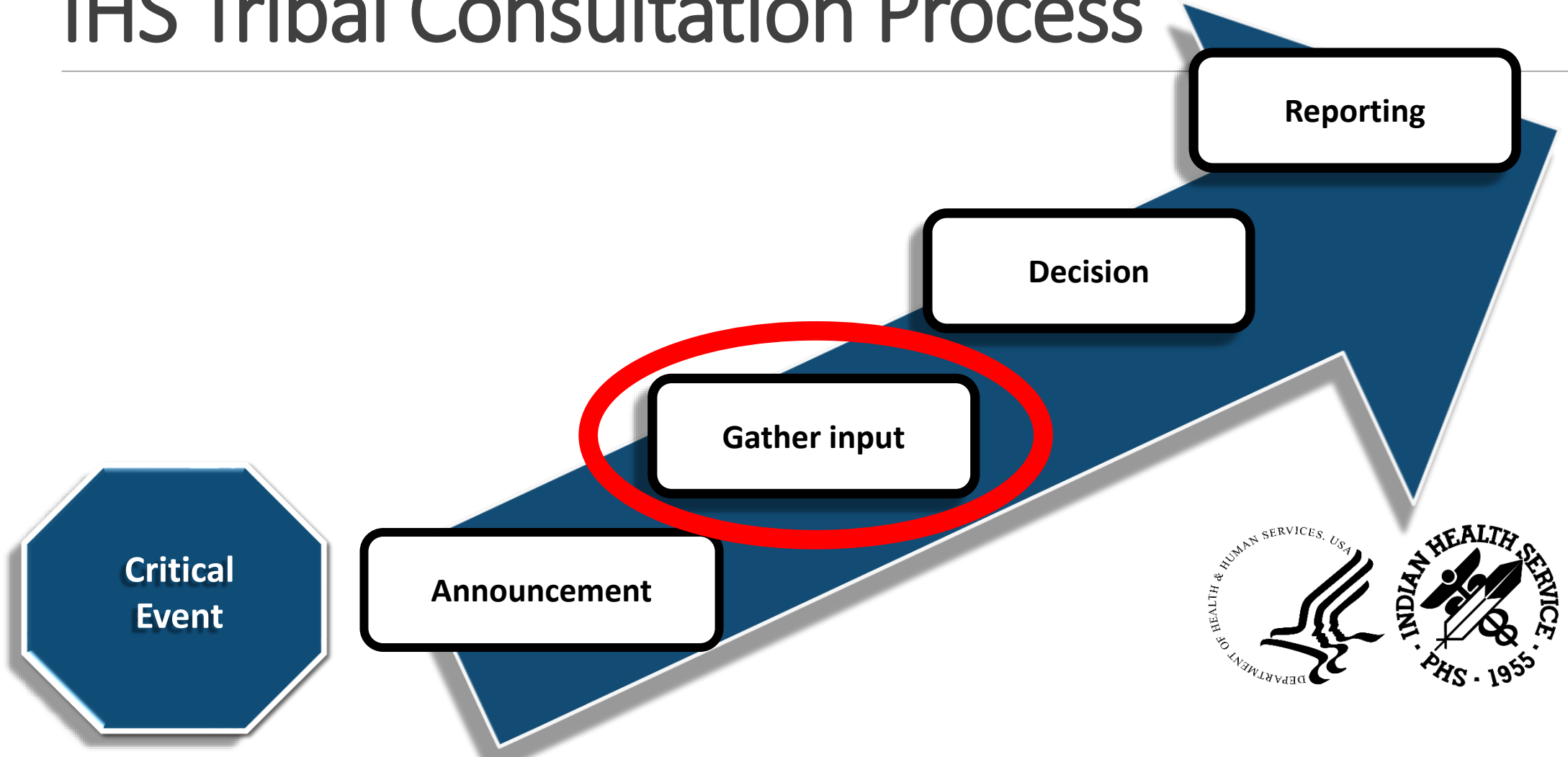


# Federal Co-Chair

STACEY ECOFFEY  
DEPUTY DIRECTOR FOR INTERGOVERNMENTAL AFFAIRS



# IHS Tribal Consultation Process



# IHS Tribal Consultation Policy and Process

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- **Critical Events:**
  - August 2018: TSGAC & DSTAC recommended a joint Tribal/Federal Workgroup review and update the 2006-IHS Tribal Consultation Policy
  - January 2021: Presidential Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships
- **Announcement:** DTLL on April 27, 2021; DTLL update on May 6, 2022
- **Gathering Input:** Virtual Tribal Consultation June 8, 2021
  - IHS Director's Advisory Workgroup on Tribal Consultation
- **Decision:** Active



# Overview

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- **Charge:** Conduct a comprehensive review of the IHS Tribal Consultation Policy and develop recommendations on improvements
- **Objectives:**
  - Establish IHS Tribal Consultation Policy as permanent policy in the Indian Health Manual
  - Align IHS Tribal Consultation Policy with HHS Tribal Consultation Policy
  - Initiate Tribal Consultation on Workgroup's recommendations to update the IHS Tribal Consultation Policy



# Tribal Consultation Timeline At A Glance

- [May 6, 2022](#): IHS Issued DTLL update
  - **May 9**: Fed. Co-Chair Transition
  - **June 24**: Tribal Co-Chair Transition
  - **August – September**: Strategy Sessions
  - **August 30**: Tribal Co-Chair Filled
  - **October**: Tribal Co-Chair Transition
  - **November 22**: Tribal Co-Chair Filled
- Initiate Tribal Consultation
  - Reconvene WG to review feedback and finalize recommendations; present final recommendations



- [April 27, 2021](#): IHS Initiated Consultation
- **June 8**: Hosted Virtual Tribal Consultation Session
- **June 15**: Comment period closed
- **August 24**: Inaugural Meeting
- Monthly meetings

- **January 10-11**: Meeting
- February: Reviewing Policy
- **February 27**: Permanent Federal Co-Chair
- March: Working Sessions
- Present recommendations for IHS to consult on

- Internal clearance processing
- IHS finalizes and publishes updated IHS Tribal Consultation Policy; issues final Tribal Consultation report



# Tribal Membership Vacancies

IHS Areas	Vacancies
Alaska	1
Albuquerque	2
Billings	1
Navajo	2
Phoenix	1

- Must be either an elected or appointed Tribal Official or an employee of a Tribal Government that has been designated by an elected or appointed Tribal Officer with authority to act on their behalf in their official capacity.
- Nominations must be made by an elected or appointed official from a federally recognized Tribe.
- Submit nominations to your respective IHS Area Director.



# Next Steps

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- Fill vacancies
- Reconvene IHS Director's Advisory Workgroup on Tribal Consultation to complete IHS Tribal Consultation Policy review
- Initiate nationwide Tribal Consultation seeking feedback on Consultation Workgroup's recommendations



# Questions?

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- **Workgroup Contact:**

- Anna Johnson, Program Analyst, Office of Tribal Self-Governance
- E-mail: ([Anna.Johnson2@ihs.gov](mailto:Anna.Johnson2@ihs.gov))

- **Policy Contact:**

- Ken Coriz, Program Analyst, Office of Direct Service and Contracting Tribes, IHS
- E-mail: ([Kenneth.Coriz@ihs.gov](mailto:Kenneth.Coriz@ihs.gov))





# Questions & Answers

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Next Tribal Leader and UIO Leader Call:

**April 6, 2023**

