LNF / IHCIF – INTRODUCTION

LNF: Level of Need Funded

Methodology to calculate health care resource deficiencies specified in 25 U.S. Code § 1621

IHCIF: Indian Health Care Improvement Fund

Resources expressly authorized to eliminate resource deficiencies specified in 25 U.S. Code § 1621and allocated by formula

25 U.S. CODE § 1621 - INDIAN HEALTH CARE IMPROVEMENT FUND

§ 1621. INDIAN HEALTH CARE IMPROVEMENT FUND

(a) USE OF FUNDS

The Secretary, acting through the Service, is authorized to expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.),[1] which are appropriated under the authority of this section, for the purposes of—

(1) eliminating the deficiencies in health status and health resources of all Indian tribes;

(2) eliminating backlogs in the provision of health care services to Indians;

(3) meeting the health needs of Indians in an efficient and equitable manner, including the use of telehealth and telemedicine when appropriate;

(4) eliminating inequities in funding for both direct care and contract health service programs; and

25 U.S. CODE § 1621 - INDIAN HEALTH CARE IMPROVEMENT FUND

(5) augmenting the ability of the Service to meet the following health service responsibilities with respect to those Indian tribes with the highest levels of health status deficiencies and resource deficiencies:

(A) Clinical care, including inpatient care, outpatient care (including audiology, clinical eye, and vision care), primary care, secondary and tertiary care, and long-term care.

(B) Preventive health, including mammography and other cancer screening.

(C) Dental care.

(D) Mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners.

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(E) Emergency medical services.

(F) Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians.

(G) Injury prevention programs, including data collection and evaluation, demonstration projects, training, and capacity building.

(H) Home health care.

(I) Community health representatives.

(J) Maintenance and improvement.

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(b) NO OFFSET OR LIMITATION

Any funds appropriated under the authority of this section shall not be used to offset or limit any other appropriations made to the Service under this chapter or section 13 of this title, or any other provision of law.

(c) ALLOCATION; USE

(1) In general

Funds appropriated under the authority of this section shall be allocated to Service units, Indian tribes, or tribal organizations. The funds allocated to each Indian tribe, tribal organization, or Service unit under this paragraph shall be used by the Indian tribe, tribal organization, or Service unit under this paragraph to improve the health status and reduce the resource deficiency of each Indian tribe served by such Service unit, Indian tribe, or tribal organization.

(2) Apportionment of allocated funds

The apportionment of funds allocated to a Service unit, Indian tribe, or tribal organization under paragraph (1) among the health service responsibilities described in subsection (a)(5) shall be determined by the Service in consultation with, and with the active participation of, the affected Indian tribes and tribal organizations.

25 U.S. CODE § 1621 - INDIAN HEALTH CARE IMPROVEMENT FUND

(d) PROVISIONS RELATING TO HEALTH STATUS AND RESOURCE DEFICIENCIES

For the purposes of this section, the following definitions apply:

(1) Definition The term "health status and resource deficiency" means the extent to which—

(A) the health status objectives set forth in sections 1602(1) and 1602(2) of this title are not being achieved; and

(B) the Indian tribe or tribal organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances.

(2) Available resources The health resources available to an Indian tribe or tribal organization include health resources provided by the Service as well as health resources used by the Indian tribe or tribal organization, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments.

(3) Process for review of determinations The Secretary shall establish procedures which allow any Indian tribe or tribal organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such Indian tribe or tribal organization.

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(e) ELIGIBILITY FOR FUNDS

Tribal health programs shall be eligible for funds appropriated under the authority of this section on an equal basis with programs that are administered directly by the Service.

(g) INCLUSION IN BASE BUDGET

Funds appropriated under this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.

LEVEL OF NEED FUNDING – WHAT IS IT?

- Calculates resource needs compared to cost of insuring the IHS user population with Federal employee health insurance
- LNF scores are calculated for 3 levels
  - Individually for 263 local level health care sites (service delivery areas)
  - Statistical total and average by IHS Area (no affect on formula allocations)
  - Statistical total and average for the whole IHS/Tribal system (no affect on formula allocations)
- Two primary purposes:
  - A benchmark to help justify IHS budget requests
  - Use to assist in allocation of certain IHCIF funding to local level service delivery areas

LNF/IHCIF – HISTORY

- 2000-2001 Tribal/IHS workgroup developed technical details based on framework specified § 1621. IHS adopted LNF methodology in 2001 following national Tribal consultation
- From 2001-2003, the qualifying threshold was set at the IHS average LNF score. This spread allocations more broadly and consequently more thinly
- In some years, Congressional committee guidance directed IHS to narrow the range of recipients to the very greatest deficiencies, e.g., not the average LNF score
- Furthermore, allocations calculated in proportion to funds needed to fill a resource "gap" also concentrates allocations to sites with the greatest deficiencies

LNF/IHCIF – HISTORY

- Annual appropriations for IHCIF have been intermittent
- Feedback from a 2010 Dear Tribal Leader Letter seeking input about the methodology was varied but the majority favored retaining it
- A full application requires many data sources and collection of a huge quantity of local level data to calculate local level LNF scores
- In 2017 IHS conducted a full scale calculations for 263 local level sites
- 2017 LNF results are pending final approval. Results could be used to allocate any IHCIF funds appropriated for 2018.

HISTORY OF IHCIF FY 2000 - 2017

Fiscal Year	Enacted Amount
FY 2000	$10,000,000
FY 2001	$30,000,000
FY 2002	$23,000,000
FY 2003	$26,212,000
FY 2004	$0
FY 2005	$11,094,000
FY 2006	$0
FY 2007	$0
FY 2008	$13,782.000
FY 2009	$15,000,000
FY 2010	$45,543,000
FY 2011	$0
FY 2012	$11,981.000
FY 2013	$0
FY 2014	$0
FY 2015	$0
FY 2016	$0
FY 2017	$0
Total	$186,612,000

INDIAN HEALTH CARE IMPROVEMENT FUND

Funds appropriated under § 1621 that are allocated by formula to a subset of sites in the IHS/Tribal health care system measured to have the highest health resource deficiencies

1. Rank order all potential recipient sites by LNF score
   Lowest LNF scores: greatest resource deficiency

2. Set a qualifying "cut-off" LNF score
   determines the degree that funds are narrowly targeted among a few sites or spread more broadly among many sites, e.g. lowest 1/5 of sites, 1/3 of sites, 1/2 of sites

3. Calculate dollar allocation for each qualifying recipient site
   a. Calculate dollars needed to raise a qualifying site to the cut-off LNF score
   b. Sum dollars needed by all qualifying sites
   c. Calculate available IHCIF fraction: (IHCIF dollars available to allocate) / (b)
   d. Calculate allocation to each qualifying site: (a) X (b).

2012 ALLOCATION AND EXPENDITURES

Allocation Methodology for FY 2012

The IHCIF formula targets funds to sites with the greatest resource deficiencies as measured in the Federal Disparity Index (FDI) methodology, last updated in 2010. Sites scoring less than 44.8% of the benchmark qualified for a portion of $11,980,800 allocated by this formula.

2012 ALLOCATION AND EXPENDITURES

Potential Adjustments Among Sites Within the IHS Area

The data collected IHS-wide for the IHCIF formula may incompletely account for complexities in the organization and operation of interdependent regional systems of health care. In practice, complex intra-network patterns of patient referral and usage are not fully reflected in data available. In such cases, the Area Office in consultation with affected sites, is permitted discretion to adjust allocations to account for additional local factors if adjustments are applied in a manner consistent with the language in Section 201 of the Indian Health Care Improvement Act, reauthorized 3/23/2010.

Recurring Distribution

The $11,980,000 FY 2012 IHCIF is distributed on a **recurring** basis.

LNF: LEVEL OF NEED FUNDED METHODOLOGY

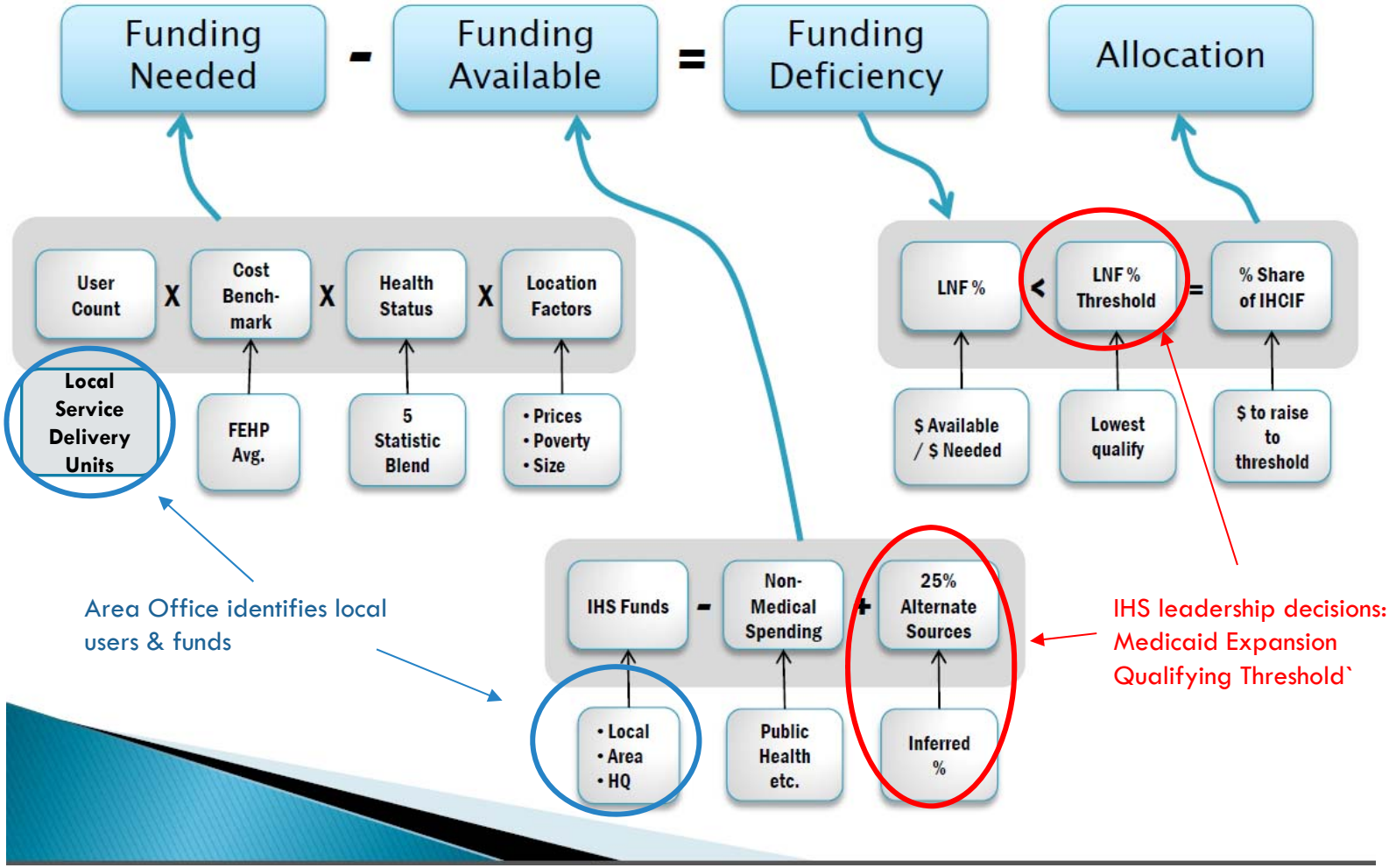
A set of data, resourcing goals, and calculations to measure health care resource deficiency (specified in § 1621) for all health care sites within the IHS/Tribal system

a. Calculate resources **NEEDED**
   (User Population) X (Per Person Cost Standards)

b. Calculate resources **AVAILABLE**
   (IHS Appropriations) + (Alternate Resources)

c. Calculate **LNF SCORE**
   (b / a = LNF %)

CONCEPTUAL FRAMEWORK



FUNDING NEEDED

- User Count/Population
- Resourcing Benchmark
- Health Status
- Location Factors

FUNDING NEEDED – USER COUNT

- User Count/Population
  - User count shapes formula results more than any other data
  - A user is an eligible AIAN person who
    - registers at an IHS or Tribal delivery site,
    - who resides in a county served by the delivery site, and
    - who has obtained at least one personal health care service during the most recent 36 month period.
    - Non-AIAN persons are excluded.
    - AIAN persons who reside in another IHS or Tribal service area or who reside outside of any IHS or Tribal service area are excluded from user counts.

FUNDING NEEDED - RESOURCE BENCHMARK

- Resourcing Benchmark
  - Calculates resources needed **as if** the AIAN user population were insured through Federal Employee Health Plans (FEHP insurance)
  - Not a position about whether AIANs could or should be insured through FEHP
  - Benchmark is customized for 263 sites considering local conditions

FUNDING NEEDED - HEALTH STATUS

- Health Status
  - The IHCIF cost benchmark per user is actuarially adjusted for anticipated higher costs of AIAN patients whose health status is lower than for typical FEHP enrollees.
  - Analogous cost variations among IHS Areas are inferred from variations in an health status index constructed of AIAN death rates for a collection of disease categories (injuries, alcoholism, diabetes, heart disease, and cancer).
  - The adjustment presumes that Area health care costs vary with mortality rates.

FUNDING NEEDED – LOCATION FACTORS

- FEHP Benchmark Calculation
  - Premiums
  - Cost Shares
  - Population Characteristics
- Adjustments for Site Economic Factors
  - Geographic Factors: AK and Lower 48 Price Ratios
  - Internal Economies of Scale
  - External Health Care Price Index
- Adjustments for Area Health Factors
  - Poverty Rates
  - Birth Rates
  - Life Expectancy
  - Disease Rates (5 major causes of death)

BENCHMARK: FEHP PREMIUMS ALONE

Step 1: FEHP Premiums	*Blend*	*Premium*	*Comment*
BCBS - Self Only Plan	20%	$8,519	Annual premium per individual
BCBS - Family Plan		$19,746	Annual premium per family
Family Plan per person	80%	$5,196	3.8 members per family
Blended Premium per person	100%	**$5,861**	Blend: 20% self + (80% family / 3.8 members)

BENCHMARK: ADD COST SHARES AND ADJUST FOR AIAN POPULATION CHARACTERISTICS

Step 2: + Cost Shares	*Blend*	*per Member*	*Comment*
Premium Cost 1	85%	$5,861	Premiums pay for 85% of total cost
Member Cost Shares 2	15%	$1,034	15% balance is responsibility of FEHP plan members
Estimated Annual Cost	100%	$6,895	Total per person estimate for FEHP plan members
Step 3: AIAN Population Adjustments	*Adj. %*	*Adjustments*	*Comment*
Less Healthy	15%	$1,034	15% higher cost for AIANs is due their poorer health
More Rural	-6%	-$414	
Average IHS Benchmark Cost 3		**$7,515**	Total per person gross cost per IHS AIAN user

1: Premiums pay for approximately 85% of total costs for FEHP covered medical services for the average plan member.

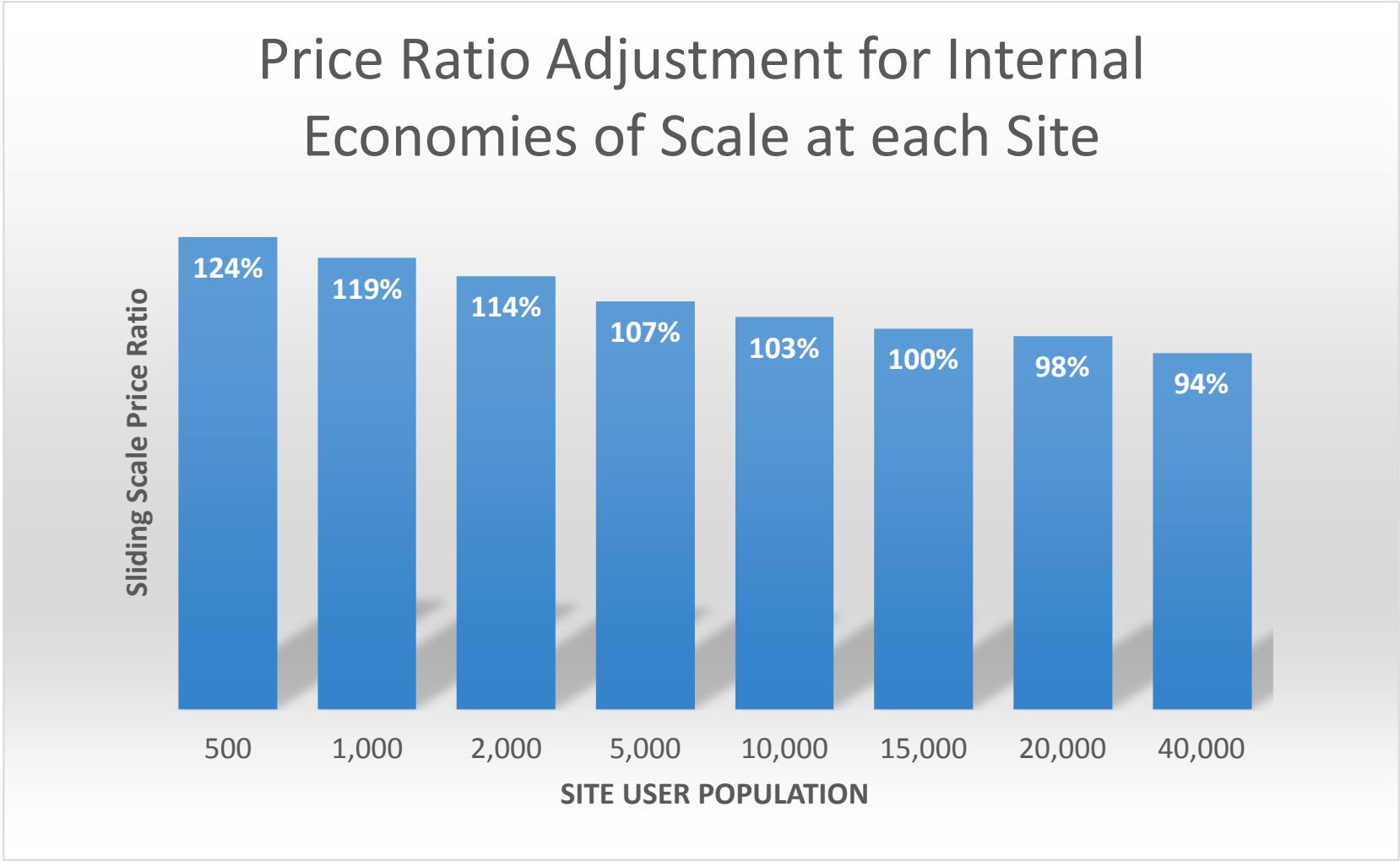
2: Plan members pay for the approximately 15% balance, e.g., deductibles, co-pays, and costs exceeding plan limits.

3: Costs to assure services to various populations depend on their differing demographic, social, economic, health status and other risk characteristics. The cost benchmark is adjusted for poorer health and more rural locations that distinguish AIAN population from the federal employee population.

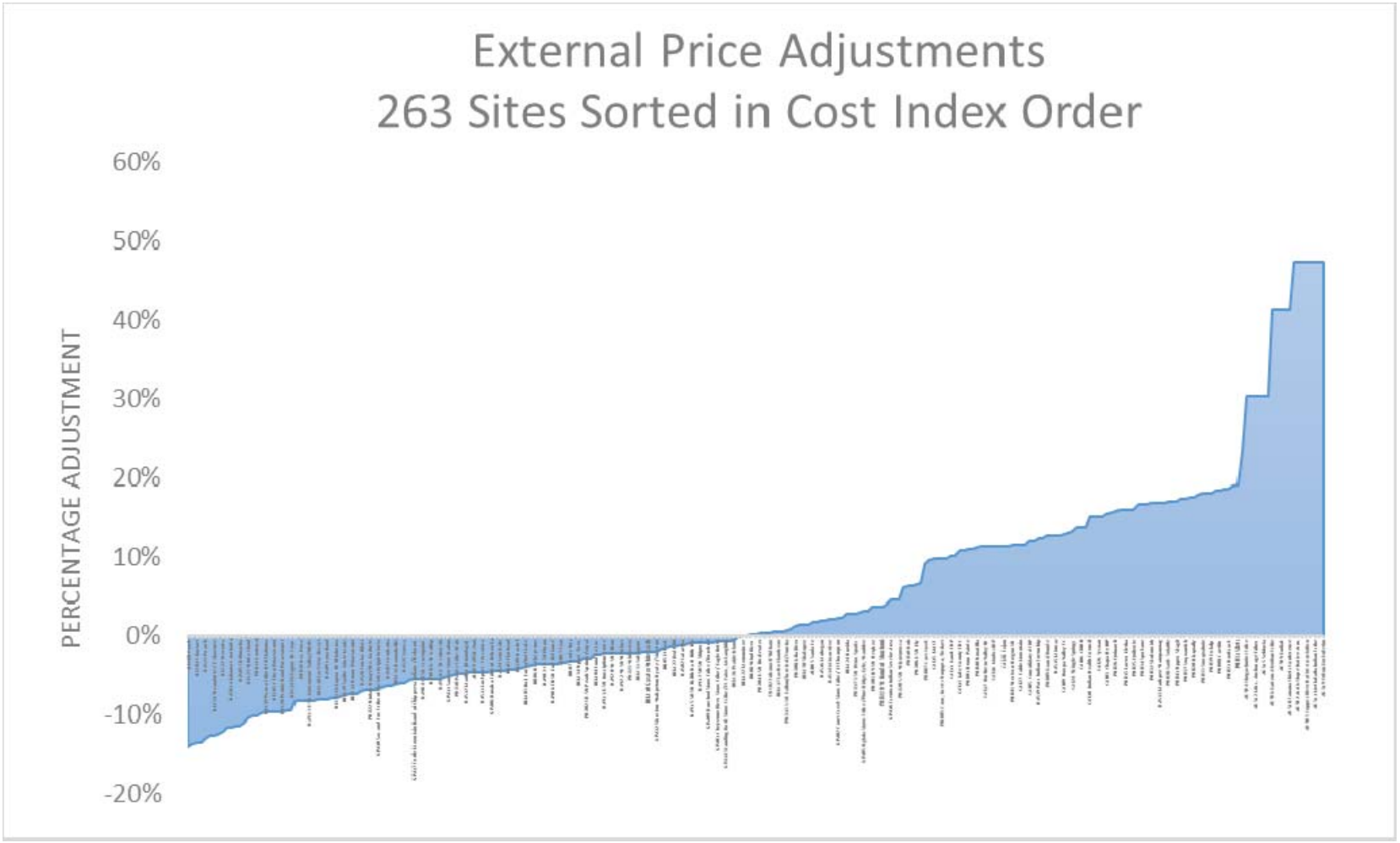
BENCHMARK ADJUSTMENTS BY SITE: ALASKA AND LOWER 48 STATES

Step 4: CMS Reimbursement Rates Ratio for AK and Lower 48 states		*Rate*	*Price Ratio to L48*
Inpatient Rate Lower 48		$2,933	100%
Inpatient Rate Alaska		$3,235	110.30%
Outpatient Rate Lower 48		$391	100%
Outpatient Rate Alaska		$616	157.54%
Blended CMS Ratio for AK relative to L48 states			**143.4%**
Step 5: Benchmarks (IHS-all, AK, L48)	*Users*	*Benchmark*	*Ratio to All IHS Average*
All IHS Average	1,638,687	**$7,515**	100%
Alaska	166,146	**$10,321**	137.3%
Lower 48	1,472,541	**$7,198**	95.8%

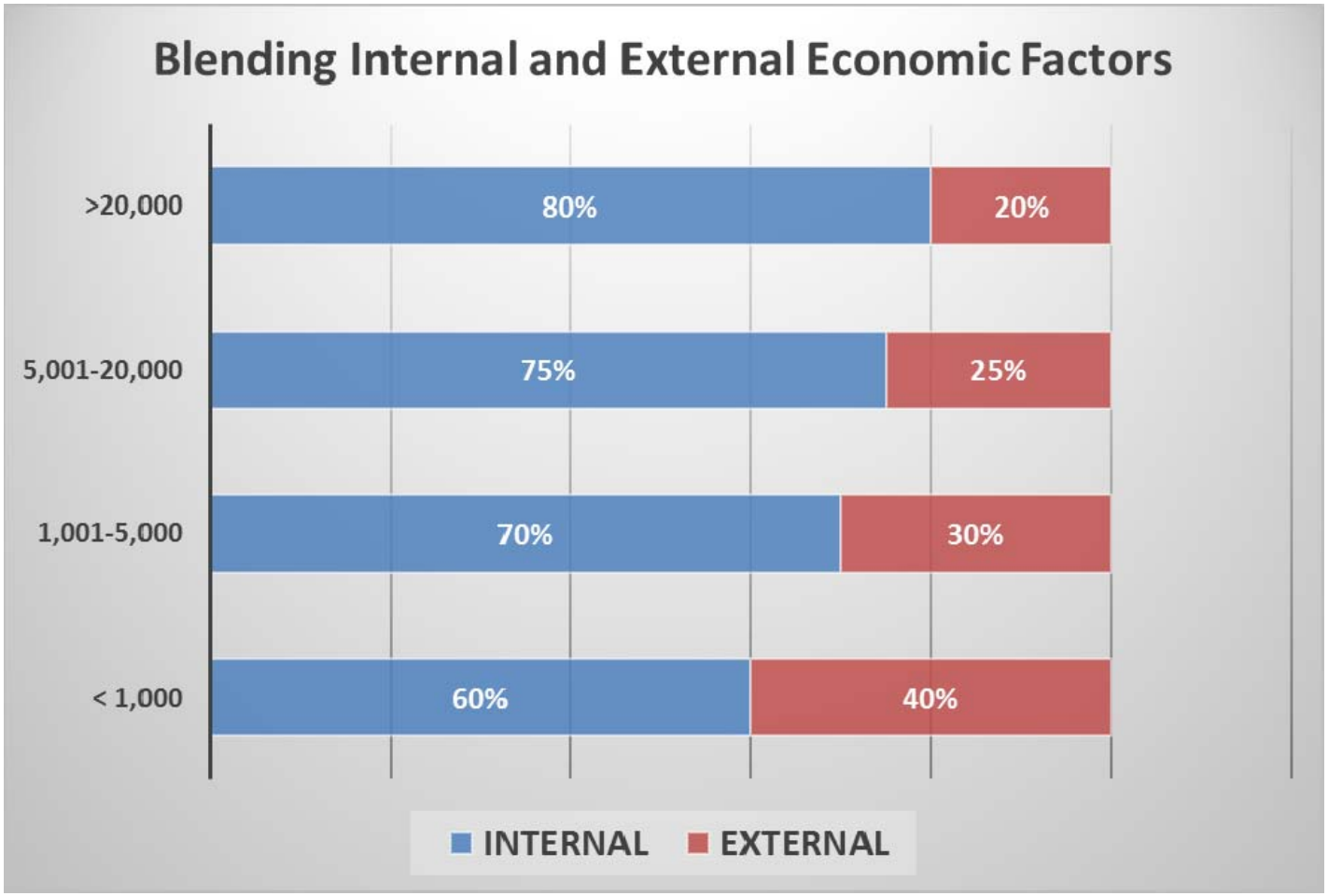
BENCHMARK ADJUSTMENTS BY SITE: ECONOMIC FACTOR – INTERNAL ECONOMIES OF SCALE



BENCHMARK ADJUSTMENTS BY SITE: ECONOMIC FACTOR – EXTERNAL PRICE INDEX



BENCHMARK ADJUSTMENTS BY SITE: BLEND OF ECONOMIC FACTORS



BENCHMARK ADJUSTMENTS BY AREA: HEALTH #1

POVERTY Adjustments to the Per Person Benchmark Price FY 2017 IHS Service Area LNF Calculations						
AREA	**2017 User Count**	**% of Users**	**% of Pop Below Poverty Level**	**Deviation Compared to US All Races**	**% Deviation from IHS Average**	**Adjustment per User for Poverty**
ALASKA	166,146	10.1%	**20.2%**	8.00%	-9.0%	**-$168**
ALBUQUERQUE	83,858	5.1%	**36.3%**	24.10%	7.1%	**$118**
BEMIDJI	111,090	6.8%	**23.6%**	11.40%	-5.6%	**-$108**
BILLINGS	72,131	4.4%	**39.1%**	26.90%	9.9%	**$167**
CALIFORNIA	88,887	5.4%	**25.0%**	12.80%	-4.2%	**-$83**
GREATPLAINS	129,197	7.9%	**44.1%**	31.90%	14.9%	**$256**
NASHVILLE	56,984	3.5%	**23.5%**	11.30%	-5.7%	**-$109**
NAVAJO	241,886	14.8%	**40.4%**	28.20%	11.2%	**$191**
OKLAHOMA	370,307	22.6%	**22.0%**	9.80%	-7.2%	**-$136**
PHOENIX	176,776	10.8%	**34.0%**	21.80%	4.8%	**$77**
PORTLAND	113,736	6.9%	**24.0%**	11.80%	-5.2%	**-$101**
TUCSON	27,689	1.7%	**30.8%**	18.60%	1.6%	**$20**
IHS	**1,638,687**	**100.0%**	**29.2%**	**17.0%**	**0.0%**	**$0**
US All Races			**12.2%**			

BENCHMARK ADJUSTMENTS BY AREA: HEALTH #2

LIVE BIRTHS Adjustments to the Per Person Benchmark Price
FY 2017 IHS Service Area LNF Calculations

AREA	Number Live Births	Live Birth Rate	Low Birthweight Rate	High Birthweight Rate	Weighted Blend Index	% Deviation from IHS Average	Adjustment per User for Birth Rates
Weight		*50%*	*25%*	*25%*			
ALASKA	**9,251**	**25.5%**	**5.2%**	**16.4%**	18.2%	4.7%	**$22**
ALBUQUERQUE	**6,641**	**21.2%**	**8.7%**	**5.6%**	13.7%	0.3%	**-$9**
BEMIDJI	**8,633**	**24.5%**	**6.2%**	**14.0%**	14.6%	1.2%	**-$2**
BILLINGS	**5,507**	**27.9%**	**8.3%**	**11.4%**	17.6%	4.2%	**$18**
CALIFORNIA	**8,677**	**16.2%**	**6.9%**	**10.4%**	11.0%	-2.4%	**-$27**
GREATPLAINS	**10,589**	**30.6%**	**7.2%**	**12.2%**	18.4%	4.9%	**$24**
NASHVILLE	**6,861**	**20.0%**	**7.4%**	**9.7%**	13.0%	-0.4%	**-$13**
NAVAJO	**14,572**	**20.3%**	**7.1%**	**7.0%**	12.6%	-0.8%	**-$16**
OKLAHOMA	**26,612**	**25.0%**	**7.2%**	**8.6%**	14.9%	1.5%	**$0**
PHOENIX	**14,836**	**25.2%**	**7.3%**	**9.2%**	15.2%	1.8%	**$2**
PORTLAND	**14,087**	**24.1%**	**7.2%**	**11.2%**	14.9%	1.5%	**$0**
TUCSON	**2,381**	**22.4%**	**7.5%**	**10.0%**	14.2%	0.8%	**-$5**
IHS	**128,647**	**23.3%**	**7.1%**	**10.2%**	**13.4%**	**0.0%**	**$0**
US All Races	**4,265,555**	**14.2%**	**8.3%**	**7.8%**			

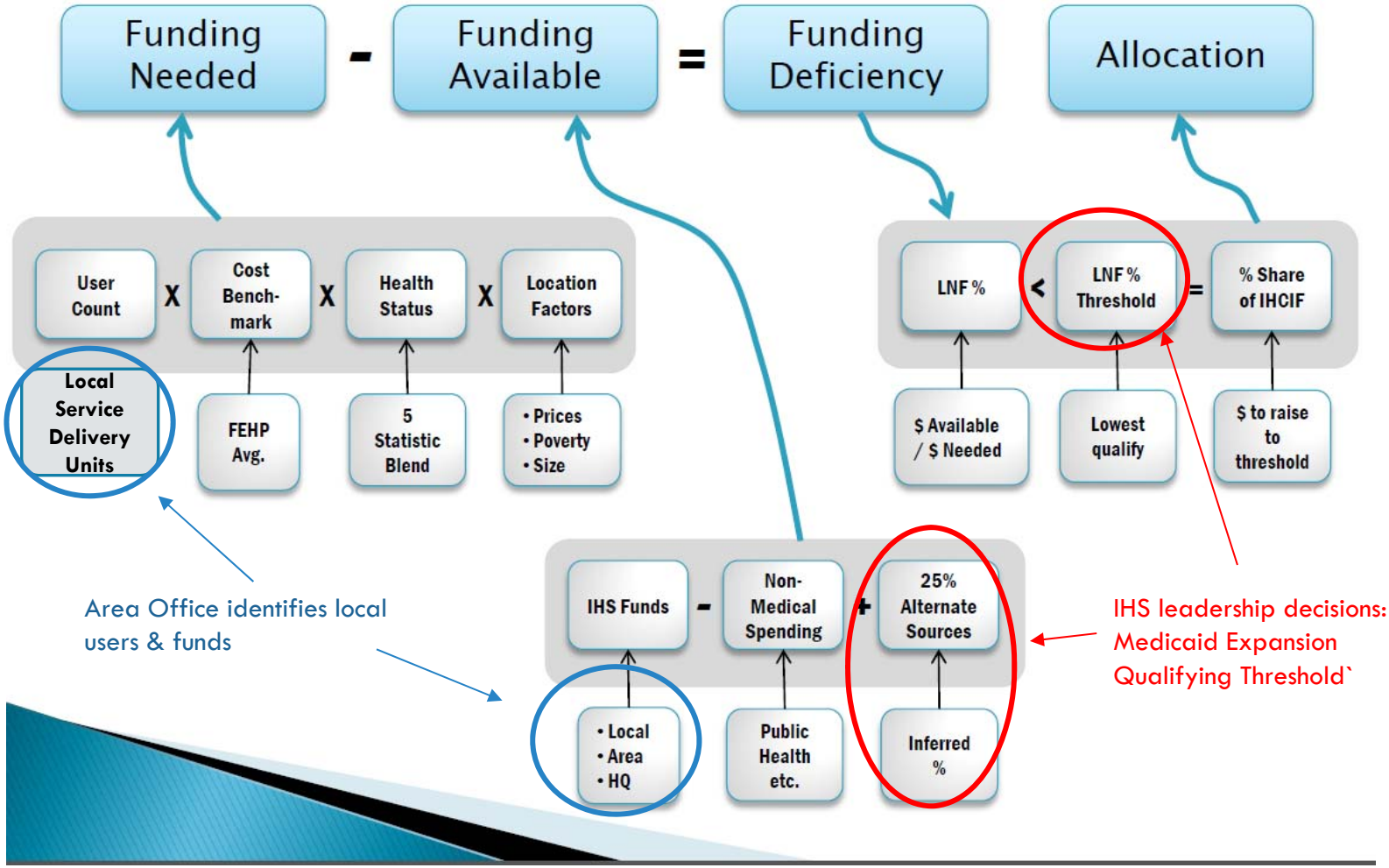
BENCHMARK ADJUSTMENTS BY AREA: HEALTH #3

LIFE EXPECTANCY Adjustments to the Per Person Benchmark Price FY 2017 IHS Service Area LNF Calculations					
AREA	**LIFE EXPECT-ANCY**	**Deviation Compared to US All Races**	**Percent Disparity**	**% Deviation from IHS Average**	**$ Adjustment per Person for Life Expectancy**
ALASKA	**71.9**	(5.8)	-7.5%	-2.1%	**$25**
ALBUQUERQUE	**76.8**	(0.9)	-1.2%	4.2%	**-$83**
BEMIDJI	**70.2**	(7.5)	-9.7%	-4.2%	**$63**
BILLINGS	**68.9**	(8.8)	-11.3%	-5.9%	**$91**
CALIFORNIA	**77.8**	-	0.0%	5.4%	**-$103**
GREATPLAINS	**68.1**	(9.6)	-12.4%	-6.9%	**$109**
NASHVILLE	**80.0**	-	0.0%	5.4%	**-$103**
NAVAJO	**75.6**	(2.1)	-2.7%	2.7%	**-$57**
OKLAHOMA	**70.5**	(7.2)	-9.3%	-3.9%	**$56**
PHOENIX	**76.1**	(1.6)	-2.1%	3.3%	**-$68**
PORTLAND	**74.9**	(2.8)	-3.6%	1.8%	**-$41**
TUCSON	**73.5**	(4.2)	-5.4%	0.0%	**-$10**
IHS	**73.5**	**(4.2)**	**-5.4%**	**0.0%**	($0)
US All Races	**77.7**	-			

BENCHMARK ADJUSTMENTS BY AREA: HEALTH #4

DISEASE RATES Adjustments to the Per Person Benchmark Price FY 2017 IHS Service Area LNF Calculations									
AREA	INJURY	ALCO-HOLISM	DIABETES	HEART DISEASE	CANCER	Weighted Blended Index	Deviation Compared to US ALL Races	% Deviation from IHS Average	$ Adjustment per Person for Disease Rates
Weight	*25%*	*30%*	*25%*	*10%*	*10%*				
ALASKA	**102.6**	**64.4**	**16.3**	**167.4**	**224.0**	88.2	157.7%	-2.7%	**-$31**
ALBUQUERQUE	**79.2**	**57.6**	**78.7**	**122.3**	**106.7**	79.7	142.4%	-17.9%	**-$78**
BEMIDJI	**93.3**	**41.3**	**90.9**	**249.0**	**255.0**	108.8	194.6%	34.2%	**$83**
BILLINGS	**129.6**	**83.4**	**84.0**	**192.7**	**244.7**	122.2	218.4%	58.0%	**$157**
CALIFORNIA	**61.3**	**30.7**	**48.5**	**175.5**	**150.2**	69.2	123.8%	-36.6%	**-$135**
GREATPLAINS	**128.6**	**77.0**	**129.7**	**256.6**	**241.7**	137.5	245.8%	85.5%	**$241**
NASHVILLE	**61.4**	**17.0**	**52.2**	**153.0**	**137.3**	62.5	111.8%	-48.6%	**-$172**
NAVAJO	**124.4**	**48.5**	**53.1**	**119.0**	**109.6**	81.8	146.2%	-14.1%	**-$66**
OKLAHOMA	**107.6**	**31.8**	**77.0**	**271.4**	**217.3**	104.6	186.9%	26.6%	**$60**
PHOENIX	**81.4**	**50.1**	**60.4**	**170.2**	**99.5**	77.5	138.5%	-21.9%	**-$90**
PORTLAND	**82.4**	**38.2**	**61.3**	**172.0**	**161.3**	80.7	144.3%	-16.0%	**-$72**
TUCSON	**92.8**	**66.4**	**80.5**	**150.9**	**136.7**	92.0	164.5%	4.1%	**-$10**
IHS	**94.8**	**44.7**	**65.6**	**191.7**	**170.1**	**89.7**	**160.3%**	**0.0%**	**$0**
US All Races	**39.8**	**6.9**	**23.3**	**200.2**	**180.7**	**55.9**			

CONCEPTUAL FRAMEWORK



FUNDING RESOURCES

- IHS Funds/Resources
- Non-Medical Spending
- Alternate Resources

IHS FUNDS/RESOURCES

- Exclude non-FEHP-like program spending
- Include FEHP-like spending at any level of the IHS/Tribal system
- Estimate Facility Amortization
- Net and Total Available Resources

IHS FUNDS/RESOURCES

- To calculate LNF, available IHS resources provided to each IHS/Tribal site must be reported. The IHS financial system tracks financial allocations in 23 accounts corresponding to the IHS budget structure.
- Accounts such as Hospitals & Clinics and Purchased and Referral Care (PRC) closely correspond to services covered by FEHP. These funds are included.
- Accounts such as Sanitation, Indian Health Professions, Public Health Nursing do not correspond to services covered by FEHP. These funds are excluded.
- Some accounts such as Direct Operations are a mix. A percentage of funds, based on analysis, is included.

HOSPITALS & CLINICS	DENTAL HEALTH	MENTAL HEALTH	ALCOHOL & SUB ABUSE	PUBLIC HLTH NURSING	HEALTH EDUCATION	COMMUNITY HLTH REP

IMMUNIZATION AK	URBAN PROJECTS	INDIAN HLTH PROFESSIONS	TRIBAL MGMT	DIRECT OPERATIONS	CONTRACT SUPPORT COSTS	TRIBAL SELF-GOVERNANCE	PRC

SDPI	Facilities Construction	Maintenance and Improvement	Facilities and EH Support	OEHE Support	Environmental Health Support	Equipment	Sanitation

IHS RESOURCES – ALL LEVELS

- **Local Level Resources**

IHS funds allocated to local level IHS and Tribally operated sites

Local Funds per Person = [Local Funds] / [Local User Population]

- **Area Level Resources**

IHS funds managed at the Area level, e.g., not allocated directly to sites

Area Funds per Person = [Area Funds] / [Area User Population]

- **IHS-wide Level Resources**

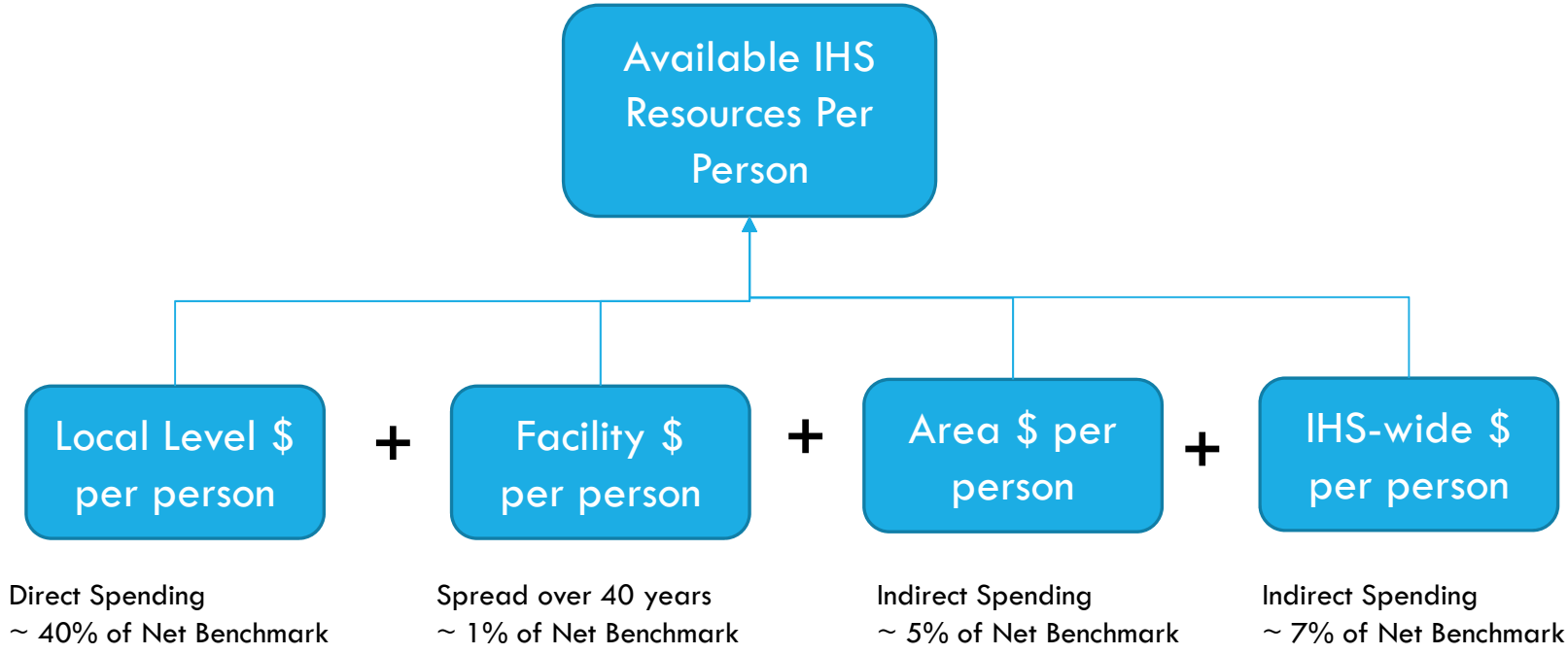
IHS funds managed at a national level, e.g., not allocated directly to Area

IHS-wide Funds per Person = [IHS-wide Funds] / [Total IHS User Population]

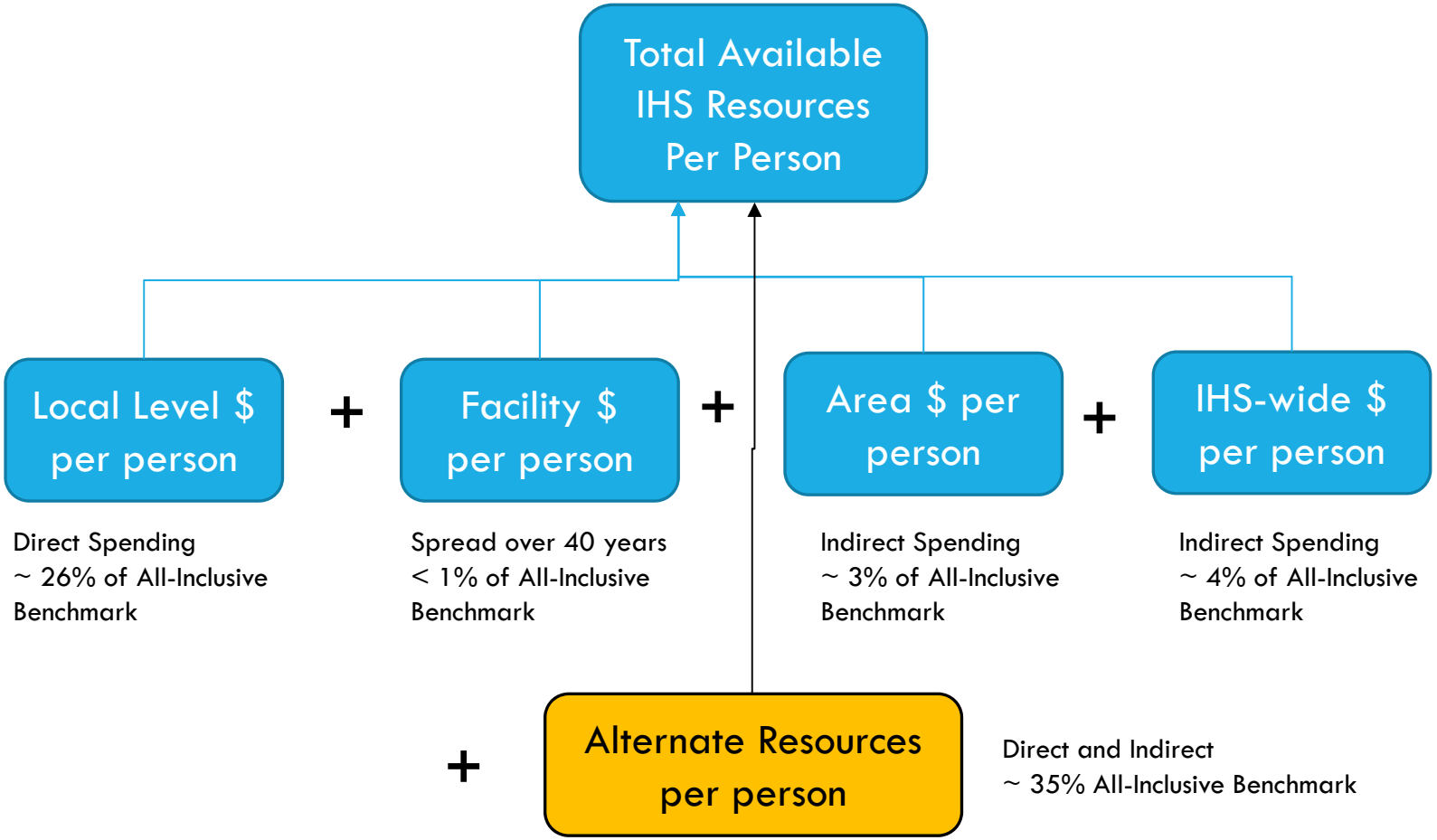
FACILITY CONSTRUCTION FUNDS

- Health care facilities paid for by federal funds clearly contribute to capability to provide FEHP-like services. Construction funding is spread over the expected life of a facility.
- The cost of federally constructed facilities is amortized over a 40 year life expectancy.
- Available facility funds per person (if any) = ([construction cost] / 40) / local user population
- The per person value of facility construction is tiny for most local sites, e.g., < 1% of the per person benchmark

NET IHS AVAILABLE RESOURCES TO CALCULATE "IN-SYSTEM" LNF %



TOTAL AVAILABLE RESOURCES TO CALCULATE AIAN POPULATION LNF %



ALTERNATE RESOURCE CALCULATIONS

1. § 1621(d)(2)
   a. Requirements in the law
2. Data Sources
   a. Medicaid Expansion
   b. Medicaid and Other Public Coverage
3. AIAN Coverage by State
   a. Fixed 25% (traditional)
   b. Plus Variable % for Medicaid & Other Public Coverage

IHCIA: § 1621(D)(2)

"**Available resources** - The health resources available to an Indian tribe or tribal organization include health resources provided by the Service as well as health resources used by the Indian tribe or tribal organization, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments."

Thus, the Act defines resource deficiency as resources needed less resources available from IHS **and** less resources available from other sources.

Resource Deficiency = Resources Needed - Available IHS Resources - Available Alternate Resources

ALTERNATE RESOURCE DATA SOURCES

- State Medicaid Eligibility Levels
  - Data Sources: States, CMS, and many others.
  - Our Source: Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults; Jan 19, 2017, Updated: Mar 15, 2017 https://www.kff.org/medicaid/fact-sheet/where-are-states-today-medicaid-and-chip/
- AIANS Covered by Medicaid and Other Public Programs
  - Data Sources: American Community Survey Data
  - Our Source: September 2017 Update | Issue Brief, Medicaid and American Indians and Alaska Natives; (KFF analysis of 2013 & 2015 American Community Survey (ACS), 1-Year Estimates) https://www.kff.org/medicaid/issue-brief/medicaid-and-american-indians-and-alaska-natives/

ALTERNATE RESOURCE CALCULATION

- Fixed Part: 25%
  - [25% fixed rate] X [Benchmark $/person]

- Variable Part: % AIANs Covered
  - Estimate of variable additional alternate resources is calculated from state-by-state percentages of AIANs covered by Medicaid, Medicare, VA, and Tri-care indexed to the FEHP benchmark cost per person.
  - ([AIANs Covered % state-by-state] - [25%]) X [Benchmark $/person]

ALTERNATE RESOURCES AVAILABLE TO IHS USERS BY STATE

A	B	C	D	E	F
STATE	# Sites	IHS User Population	Medicaid Adult Eligibility (FPL%)	% AIANs with Medicaid or Other	Alternate Resource Estimate / AIAN
AK	19	166,146	138%	36%	(3,548)
AL	1	2,441	18%	27%	(1,922)
AZ	23	310,163	138%	42%	(2,837)
CA	30	88,887	138%	38%	(2,593)
CO	1	10,888	138%	36%	(2,471)
CT	2	1,547	138%	40%	(2,715)
FL	2	6,265	33%	25%	(1,800)
IA	1	1,791	138%	46%	(3,081)
ID	4	12,877	26%	32%	(2,227)
KS	4	6,481	38%	26%	(1,861)
LA	4	1,532	138%	30%	(2,105)
MA	1	875	138%	46%	(3,081)
ME	5	4,214	105%	48%	(3,203)
MI	12	28,570	138%	41%	(2,776)
MN	11	41,274	138%	39%	(2,654)
MS	1	10,063	27%	25%	(1,800)
MT	7	60,563	138%	36%	(2,471)

A	B	C	D	E	F
STATE	# Sites	IHS User Population	Medicaid Adult Eligibility (FPL%)	% AIANs with Medicaid or Other	Alternate Resource Estimate / AIAN
NB	3	12,410	63%	30%	(2,105)
NC	1	11,831	44%	33%	(2,288)
ND	5	37,678	138%	35%	(2,410)
NM	15	176,151	138%	50%	(3,325)
NV	13	19,592	138%	35%	(2,410)
NY	8	14,910	138%	35%	(2,410)
OK	19	363,056	44%	27%	(1,922)
OR	10	28,806	138%	43%	(2,898)
RI	2	813	138%	48%	(3,203)
SC	1	1,813	67%	26%	(1,861)
SD	10	77,318	51%	42%	(2,819)
TX	3	3,199	18%	25%	(1,800)
UT	3	11,666	44%	25%	(1,800)
WA	30	72,053	138%	39%	(2,654)
WS	11	41,246	100%	35%	(2,410)
WY	1	11,568	56%	25%	(1,800)
All	263	1,638,687	117%	37%	(2,640)

2 FRAMES OF REFERENCE FOR CALCULATING LNF %

IHS/Tribal Health Care System Frame of Reference

Focuses on the IHS/Tribal System: Compares IHS appropriated resources available to the net resource needed by the IHS/Tribal system

[IHS Available Resources] / [Net Resources Needed "In-System"]

where
Net Resources Needed "In-System" = Total Resources Needed by the AIAN population LESS Alternate Resources Available to the AIAN population

AIAN Population Frame of Reference

Focuses on all resources available to the AIAN population: Compares all available resources to total resource needs of the AIAN population

[All Available Resources] / [Total Resources Needed by AIAN population]

where
All Available Resources = IHS Resources PLUS Alternate Resources

FINDINGS & RECOMMENDATIONS FROM 2010 DATA TECHNICAL WORKGROUP

1. USER COUNTS
2. ALTERNATIVE HEALTH STATUS INDEX
3. PER USER COST BENCHMARK
4. ADJUSTING THE BENCHMARK FOR SITES
5. NEW GUIDANCE FOR AREA DATA COLLECTION
6. INDEX OF CMS SPENDING
7. FORWARDED CHS TOPICS