

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

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INDIAN HEALTH SERVICE TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE AND TECHNICAL WORKGROUP QUARTERLY MEETING AND TRIBAL SELF-GOVERNANCE STRATEGY SESSION

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Meeting Summary

Wednesday, January 28, 2015 (8:00 pm to 5:00 pm)
Meeting of TSGAC and Technical Workgroup

Tribal Caucus

Facilitated by: Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut and Chairwoman, Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC)

Invocation, Roll Call and Introduction of All Participants

Alaska: Jaylene Peterson-Nyren, Executive Director, Kenaitze Indian Tribe
Albuquerque: Luis Romero, Governor, Taos Pueblo
California: Glenna Moore, Health Director, Hoopa Valley Indian Tribe
Nashville: Lynn Malerba, Chief, The Mohegan Tribe
Oklahoma: Jefferson Keel, Lieutenant Governor, Chickasaw Nation
Rhonda Butcher, Director, Citizen Potawatomi Nation
Mickey Peercy, Executive Director, Choctaw Nation of Oklahoma
Vickie Hanvey, Self-Governance Director, Cherokee Nation
George Thurman, Chief, Sac and Fox Nation
Phoenix: Virginia M. Sanchez, Chairwoman, Duckwater Shoshone Tribe
Portland: W. Ron Allen, Chairman/CEO, Jamestown S'Klallam Tribe
Tyson Johnston, First Councilman, Quinault Indian Nation

Opening Remarks

Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut and Chairwoman, IHS TSGAC

Welcomed Tribal leadership and thanked those in attendance for work during the Tribal Strategic planning. She also thanked Dr. Roubideaux and IHS for supporting the 2014 IHS Budget Summit. She discussed some of the outcomes and said the workgroup would begin working with the Administration to consider the Summit recommendations.

Dr. Yvette Roubideaux, Acting Director, Indian Health Service

Dr. Roubideaux reported that leadership appreciated the IHS Budget Summit recommendations and looks forward to working collaborative to implementing recommendations through coordination with the workgroup.

Dr. Roubideaux also asked presented the Self-Governance National Indian Health Outreach and Education workgroup with the IHS Tribal Organization and Tribal Leader Director's award.

TSGAC Committee Business

MOTION: Chief Malerba requested approval of the October TSGAC meeting summary.

The meeting summary was approved by unanimous consent.

Chief Malerba requested that TSGAC nominate a representative to provide testimony at the HHS Budget Consultation on February 26, 2015. The TSGAC appointed Melanie Fourkiller, Tribal Technical Co-Chair as the TSGAC representative.

TSGAC also appointed Gloria Simmeon from Alaska to become a Self-Governance representative for the NIH Tribal Advisory Committee.

Office of Tribal Self-Governance Update

P. Benjamin Smith, Director, Office of Tribal Self-Governance

New Tribes

OSG reported that in 2015 there are 86 Self-Governance Compacts and 111 Funding agreements. 40% of the Indian Health Service budget, and when combined with contracting Tribes, Tribes control more than 50% of the IHS budget. Nearly, 350 Tribes are currently participating.

Staff Changes

Mary Beardsley is currently serving all of the administrative functions within OTSG and OTSG is currently seeking a new staff assistant to relieve some of her responsibilities.

Payment to Tribes

OTSG finance staff is working to get payments out the door this week and will not be in attendance at the TSGAC meeting due to the more pressing matter. These payments will only reflect the services apportionment. When the facilities apportionment is approved additional payments will go out. OTSG believes that will be within 30 days.

OTSG is working to improve its responsiveness and communication.

Chairman Allen noted that IHS is still one of the fastest in getting money out the door.

Recent delegation meeting

During recent delegation meetings OTSG has heard a few recurring discussion items, including patient safety, health care access and health care services expansion.

IHS Listening Sessions

IHS Director is scheduling listening session in all twelve areas. Please check the IHS calendar and area correspondence for the IHS listening session in your area.

Discussion and Update on Budget Issues

Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut and Chairwoman, IHS TSGAC

Chief Malerba briefly reviewed the full set of recommendations in the meeting materials and asked Tribal leaders to review and consider them during their testimony, listening sessions, and delegations meetings.

She noted that one thing Self-Governance Tribes need to think about is how the IHS Director gets the best data for Congressional testimony, etc.

Dr. Roubideaux request TSGAC's assistance in developing and collecting study stories and examples of successes including improving patient care program, GPRA measurements, and ACA implementation.

She particularly needs information about denied and deferred care to support legislative initiatives and Administrative budget priorities.

She also recommended that TSGAC participate in the National Budget Formulation Process during the last week of February.

Medicare-Like Rates Proposed Rule

TSGAC is developing comments for the proposed rule. The committee is concerned about balancing efficiency and flexibility for Tribes. TSGAC comments will include recommended changes to the rule to allow maximum flexibility.

Dr. Rouideaux also requested that the TSGAC also way in on the question below:

- Do Tribes prefer that IHS issues an interim final rule or a simple final rule?
- The interim final rule will extend the timeline and allow for additional comments.

Lack of Medicaid Expansion

TSGAC would like IHS to consider what it can do assist in continuing to pursue a fix to the Medicaid expansion issue.

Dr. Roubideaux encouraged TSGAC to keep this issue on the agenda for the STAC and reported that Secretary Burwell is meeting with Governors in states where there are opportunities to change the state legislation.

Contract Support Cost Workgroup Update and Discussion

Andy Joseph, Councilman, Colville Indian Tribe

CSC Workgroup Co-Chair reported that the meetings are helping and the technical workgroup has been critical in proposing solutions. However, he hopes that decisions can be made quickly as action is needed soon.

Mickey Peercy and Rhonda Butcher, IHS Contract Support Costs Workgroup Members

The Self-Governance representatives recommended that the CSC Workgroup meet more often and regularly to help the Agency make changes to the policy more quickly. The also recommended that IHS provide access to the CSC Data to allow tribal representatives to project FY 2016, 2017, and 2018.

Additional recommendations included:

- More consistency between DCA and NBC

- Setting a deadline be to submit negotiated rates
- Make changes to the policy sooner rather than later

Dr. Yvette Roubideaux, Acting Director, Indian Health Service

IHS is working to make sure CSC claim settlements are fair and consistent across regions. However, they are relying on TSGAC and other workgroups to provide feedback when it seems things are off track.

She was looking forward to more discussion and the data issue needed a little debate before moving forward to make projections. She recognized that TSGAC leadership is very helpful and provides critical, direct, constructive feedback.

ACA Implementation and Update

Mim Dixon, Health Care Consultant, Tribal Self-Governance Advisory Committee

Doneg McDonough, Consultant, Tribal Self-Governance Advisory Committee

Cyndi Ferguson, Self-Governance Specialist/Policy Analyst, SENSE Incorporated

Webinars are scheduled throughout the year. There is a webinar scheduled for February and hearing discussion from TSGAC it will focus on latest ACA Implementation.

Instead of doing a separate training at the 2015 Annual Consultation Conference, all of the ACA topics will be covered during breakout sessions.

Collecting Success Stories

The group members have identified three Tribes to participate in the success stories piece for the final project.

Qualified Health Plans

Each health plan has to create a document to explain coverage for Indians. However, there's no mechanism to review and evaluate the efficiency of these contracts. IHS is collecting data about offers to contract and "Indian" plans for IHS facilities, but CMS is not collecting this data from Tribes so there is no data to support pieces of the project.

TSGAC should request the CMS provide the state level data that is collected about QHPs and enrollment.

Clinical and Preventive Services Update

Dr. Jeff Salvon-Harmon, Director for the Improving Patient Care Program, Office of Clinical and Preventative Service, Indian Health Service

The Improving Patient Care Program encourages IHS, Tribal and Urban Health Programs to implement a quality model, which encourages a patient-centered medical home.

IPC focuses on:

- The patient-centered medical home, which began around 2007 and focuses on care for the patients desires and needs vs. standard medical practices for care.
- Reduce inefficiencies in care and access.
- Provide better primary care and access to care to transition from care to health of the entire patient.
- IPC teams work with the community and Tribal leaders to address community care as whole. Engage the entire community regularly. Community engagement includes

participation with Tribal council to determine needs, share standards of care to meet those needs, and find middle ground between needs, ability, and willingness.

There are 179 Tribes who have adopted and continued to their improvement journeys. Additional opportunities to enroll will be open in the future.

Ability to Integrate Data

Dr. Yvette Roubideaux, Acting Director, Indian Health Service

- Tribes can now integrated their data into the National Data Warehouse.
- The functionality to integrate data into RPMS is coming.
- IHS is working to upgrade RPMS so that it works better with other private entities.
 - In the future Tribes should be able to share internally and externally with greater ease.

Executive Session with the Acting Director and TSGAC Members

TSGAC Technical Workgroup Meeting

Strategic Plan Discussion

TSGAC members continued working on the priorities identified during the Strategic Planning Session January 27, 2015. The top priorities identified were:

Budget Priorities:

- Restore Fiscal Year 2013 sequestration cuts and exempt Tribal funding from future sequesters.
- Authorize mandatory funding and fully fund Contract Support Costs and expedite payments to Tribes.
- Enact Advanced Appropriations for the Indian Health Service.

Legislative Priorities:

- Permanently reauthorize and provide full funding for the Special Diabetes Program for Indians.
- Enact Medicare-Like Rates for IHS outpatient services for IHS, Tribal and Urban facilities.
- Amend Title VI of ISDEAA to expand Self-Governance to other Health and Human Services agencies and programs.

Policy Priorities:

- Revise and streamline each agency's Contract Support Costs policy.
- Include Purchase and Referred Care in all VA-IHS reimbursement agreements.
- Institute a Tribal Advisory Committee for Office of Management and Budget.
- Update an IHS Facilities Policy that includes broad Tribal input.
- Evaluate the Indian provisions of the Affordable Care Act and continue consultation to implement outstanding provisions.