



Oregon Health Policy Board

Overview of Oregon's Indian Health Care Delivery System"

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The Indian Health Service

- IHS established in 1955 (after Transfer Act passed)
- Provides health care for 557 federally recognized tribes
- 1,139 health facilities in 35 different states
 - 49 hospitals, 545 health clinics, 231 ambulatory facilities, 133 health stations, 176 Alaska Native village clinics
 - 34 Urban Indian Health programs
- Divided into 12 administrative "Areas"
 - Portland Area Office (ID, OR, WA)
 - Portland Area has 43 tribes
 - Oregon has nine Tribal health programs, one urban Indian health program and one boarding school health program



Indian Health Statutes & Laws

- Indian Health Care Improvement Act (P.L. 94-437, reauthorized P.L. 111-148)
- Indian Self-Determination & Education Assistance Act (ISDEAA, P.L. 93-638)
- Social Security Act (various technical amendments)
- CHIP Reauthorization Act of 2009 (P.L. 111-148)
- American Recovery & Reinvestment Act (P.L. 111-5)
- Medicaid Modernization Act of 2003 (108-173)
- Many others and numerous court decisions

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Indian Health Delivery System

- Indian Health Programs can be grouped into 3 categories:
 1. Indian Health Service Directly Operated
 2. Tribally Operated (P.L. 93-638)
 3. Urban Programs (34 nationally)
- Collectively "I/T/U"

Indian Health System - Oregon

- Nine federally recognized Tribes in Oregon
 1. Burns Paiute Tribe
 2. Coos, Siuslaw, and Lower Umpqua Tribes
 3. Coquille Tribe
 4. Cow Creek Band of Umpqua
 5. Grand Ronde Tribes
 6. Klamath Tribes
 7. Siletz Tribes
 8. Umatilla Tribes
 9. Warm Springs
 10. Chemawa Boarding School
- Native American Rehabilitation Association

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Indian Health System - Oregon

Map of Oregon showing the locations of Indian Health Systems. The map includes labels for various tribes and their locations: Grand Ronde, Siletz, Coos, Lower Umpqua, Siuslaw, Coquille, Umatilla, Burns Paiute, Klamath, and Klamath Falls. Major cities like Newport, Eugene, Medford, and Portland are also marked.

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Indian Health System - Oregon

- Tribal Health System provides care to
 - Tribal user population is 47,475
 - Urban Indian Program users ?
 - AI/AN population is over 114,000 (AI/AN in combination with other race)
 - Provide services to AI/AN outside of Portland Area
 - Provide services to many non-beneficiaries

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Indian Health System

- Types of Health Services
 - Ambulatory Primary Care (outpatient care)
 - Inpatient care - Hospitals
 - Medical specialties
 - Traditional healing practices
 - Dental and Vision Care
 - Behavioral health services
 - Specialty Care Services (CHS)
- The Indian health system has to deal with patient population with significant health disparities

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Indian Health System & CCOs

- CCO Elements are not new to the I/T/U
 - I/T/U is integrated health care delivery model: primary care, behavioral health, public health, sanitation and facilities, and workforce
 - Global budgets are fixed appropriations
 - Service geography are reservations & CHSDAs
 - Prioritized list of services in CHS program
 - Quality of care reporting and financial accountability
- The I/T/U embraces the coordinated care model
 - "Improving Patient Care" – IPC Model

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Tribal Recommendations

- Alternative payment methodologies
 - H.B. 3650 Tribal exemption from alternative payment methodologies
 - ARRA Medicaid managed care payment protections and settle-up requirements
 - IHCA section 206 is a Federal right of recovery to receive reimbursement
 - IHCA section 408(a)(2) is requirement that protects I/T/U participation in any Federal health program (Medicaid & ACA)

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Tribal Recommendations

- Mandatory Enrollment
 - H.B. 3650 includes AI/AN exemption from mandatory enrollment in CCOs
 - Tribal programs are AI/AN patient's medical home;
 - Cultural competency related to providers
 - Economic constraints or other access to care considerations
 - Whether I/T/U is participating provider in CCO networks, they should be able to be reimbursed and coordinate care with CCO
 - Prompt payment requirement for providing services
 - Requirements for coordinating care of shared patients between CCOs and I/T/U (e.g. referrals)

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Tribal Recommendations

- Global Budgets
 - All Medicaid dollars in global budgets?
 - I/T/U receives funding for out-stationed eligibility workers, targeted case management, Medicaid administrative match
 - These Tribal resources should be exempt from CCO global budgets
 - Funding is important to coordinate outreach, enrollment and linkage activities

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Tribal Recommendations

- Tribal consultation
 - ARRA requirements for Tribal consultation to "seek advice on an on-going, regular basis" with I/T/U
- Criteria for Coordinate Care Organizations
 - Criteria should not preclude I/T/U from becoming CCOs if a Tribe(s) would so desire
 - CCO should be required to meet network adequacy and cultural competency requirements and/or contract with any willing Tribal provider to do so

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