

# TRIBAL HEALTH Reclaiming

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**SFY17 – SFY19 Tribal Reclaiming data; Report dates of 2.26.16-9.30.18**

FY17 2.26.16 - 3.31.17

SFY 18 4.1.17 - 3.31.18

SFY19 4.1.18 - 9.30.18 (2 quarters per this report)

# What is Tribal Reclaiming

Tribal Medicaid beneficiary claims have been reimbursed at 100% federal match for services provided by or through a tribal health facility.

State Health Official Letter #16-002; 2/26/16 distribution requiring 3 elements:

- Care Coordination Agreements, Referrals, Exchange of Records

Strategize potential savings available with the State Health Official letter

- Review total expenditures at non-tribal sites
- Analyze total reclaiming potential given the 3 required elements

State Tribal Partnership meetings May/June 2016:

- Tribal health organizations assistance with 3 elements
- The Department agrees to submit state plan amendments

# Strategizing: Methods for Reclaiming

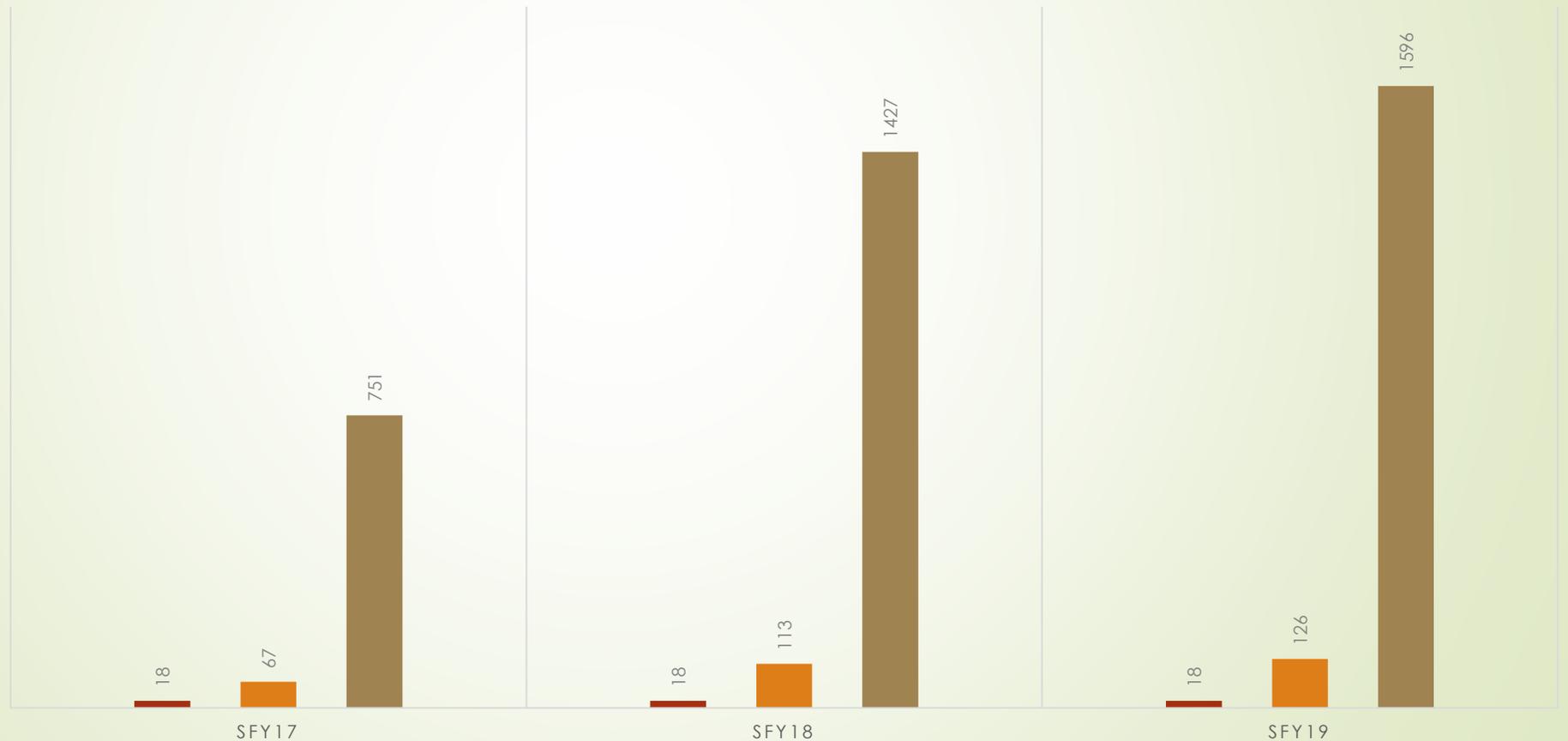
- ▶ SFY17: Look at high dollar/low volume claims to meet target:
  - Transportation (air and ground ambulance, travel broker services)
  - Hospital inpatient/outpatient, case managed complex kids
  - Accurate IHS Coding in MMIS
  
- ▶ SFY18: Continue to add care coordination agreements and strategize
  - Continue with services from SFY17 plus:
  - Pharmacy, Long-Term Care, Out of State Residential Psychiatric Treatment Facilities
  - Tribal Providers in Non-Tribal Facilities
  - Non-IHS Mothers with IHS Newborns
  
- ▶ SFY19
  - Continue with services from SFY17 and SFY18 plus:
  - Waiver Services
  - Service Authorizations with date spans on travel itineraries
  - Optical Services

# Challenges with tribal reclaiming and meeting targets

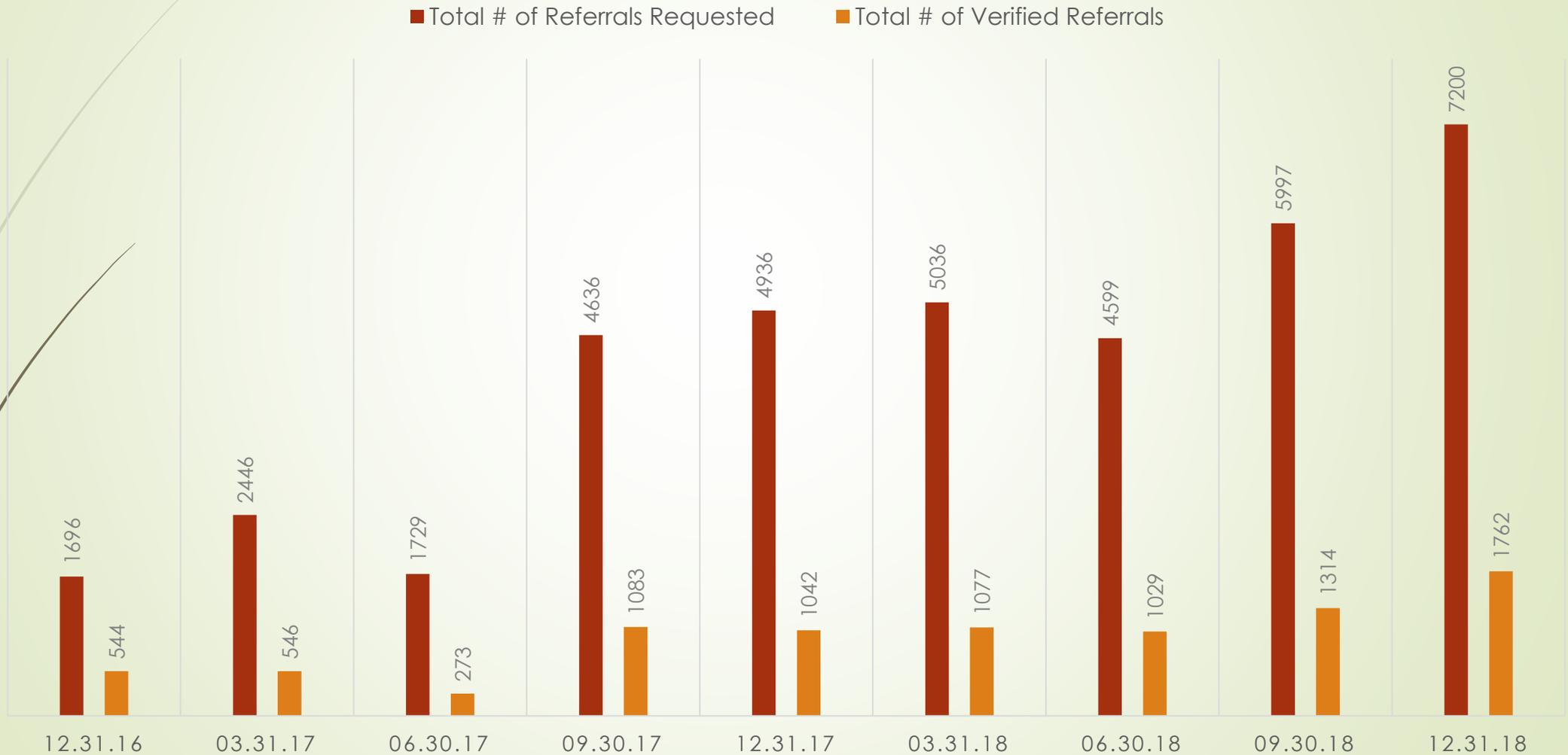
- ▶ Limited partnership from non-tribal Providers to sign the care coordination agreement (questions about financial incentives to do so)
- ▶ Lack of connection between electronic health records; unable to generate a referral list from the Health Information Exchange. Must be done manually by each tribal health organization.
- ▶ Low volume of returns for referral verifications from Tribal health organizations.
- ▶ Medicaid recipients' 'Freedom of Choice' and self selecting services at non-tribal providers.

# Increase in Care Coordination Agreements Between Tribal and Non-Tribal Providers

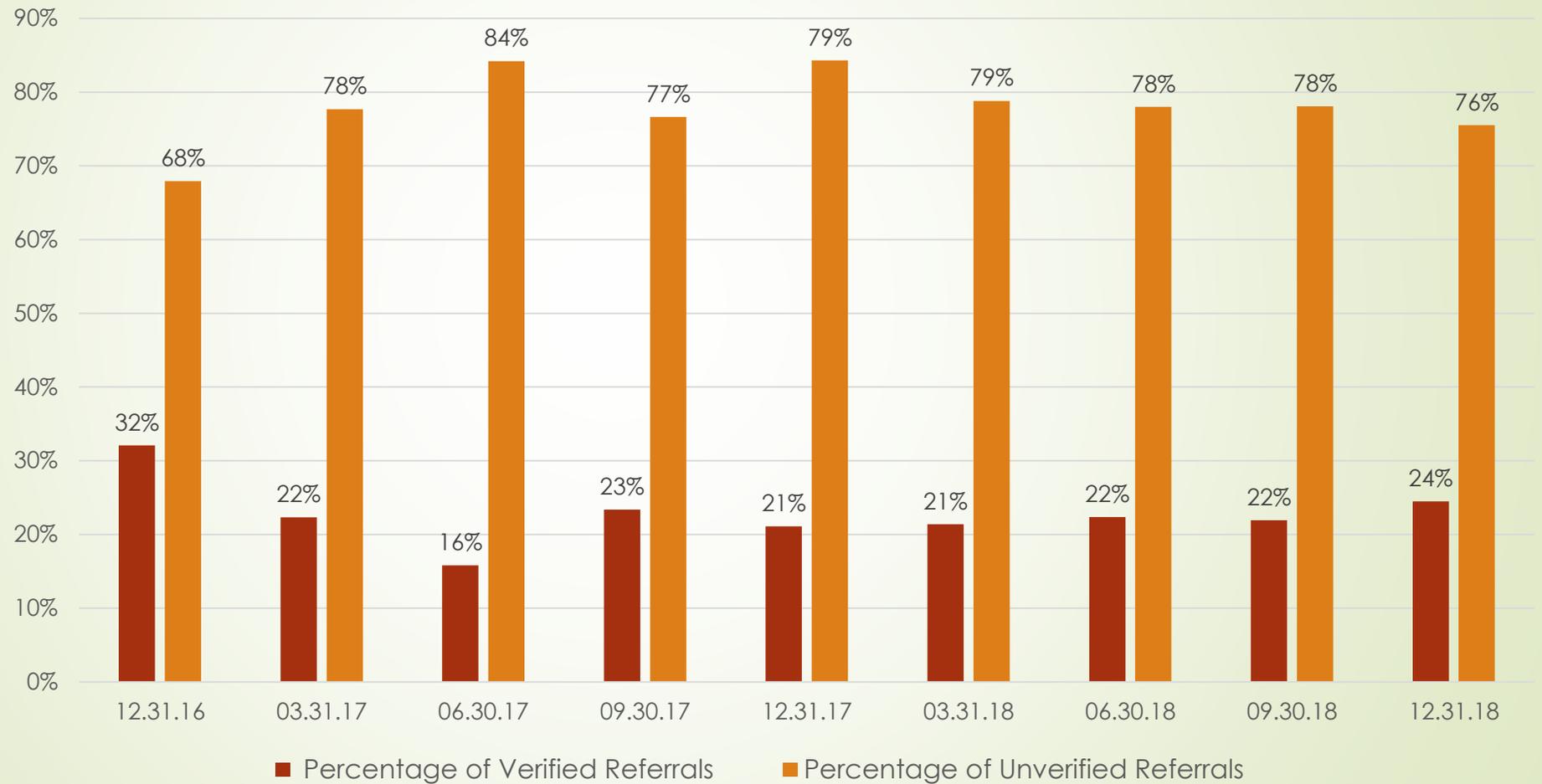
■ Number of Tribal Health Organizations   ■ Number of Non-Tribal Providers   ■ Total CCAs Signed



# Referrals Verified by Tribal health organizations



# Percentage of Referrals Verified by Tribal health organizations



# Tribal Reclaiming as a Departmental Effort / Collaboration with Other DHSS Divisions

- ▶ Division of Behavioral Health
  - Qualis Health Contract / Referral Verification Out-of-State Placements to Residential Treatment Facilities
  
- ▶ Division of Senior and Disabilities Services
  - Referral Verification for Long-Term and Waiver Care Coordination Services
  - THO Care Coordination Services
  
- ▶ Office of Children's Services
  - Educating foster parents about IHS services for Native children in OCS custody
  
- ▶ Division of Health Care Services
  - Continued Accounting, Operations and Systems Support for claims review and processing
  
- ▶ Administrative Support Services
  - Assistance with CMS 64 Reporting

### Alaska Tribal Health System

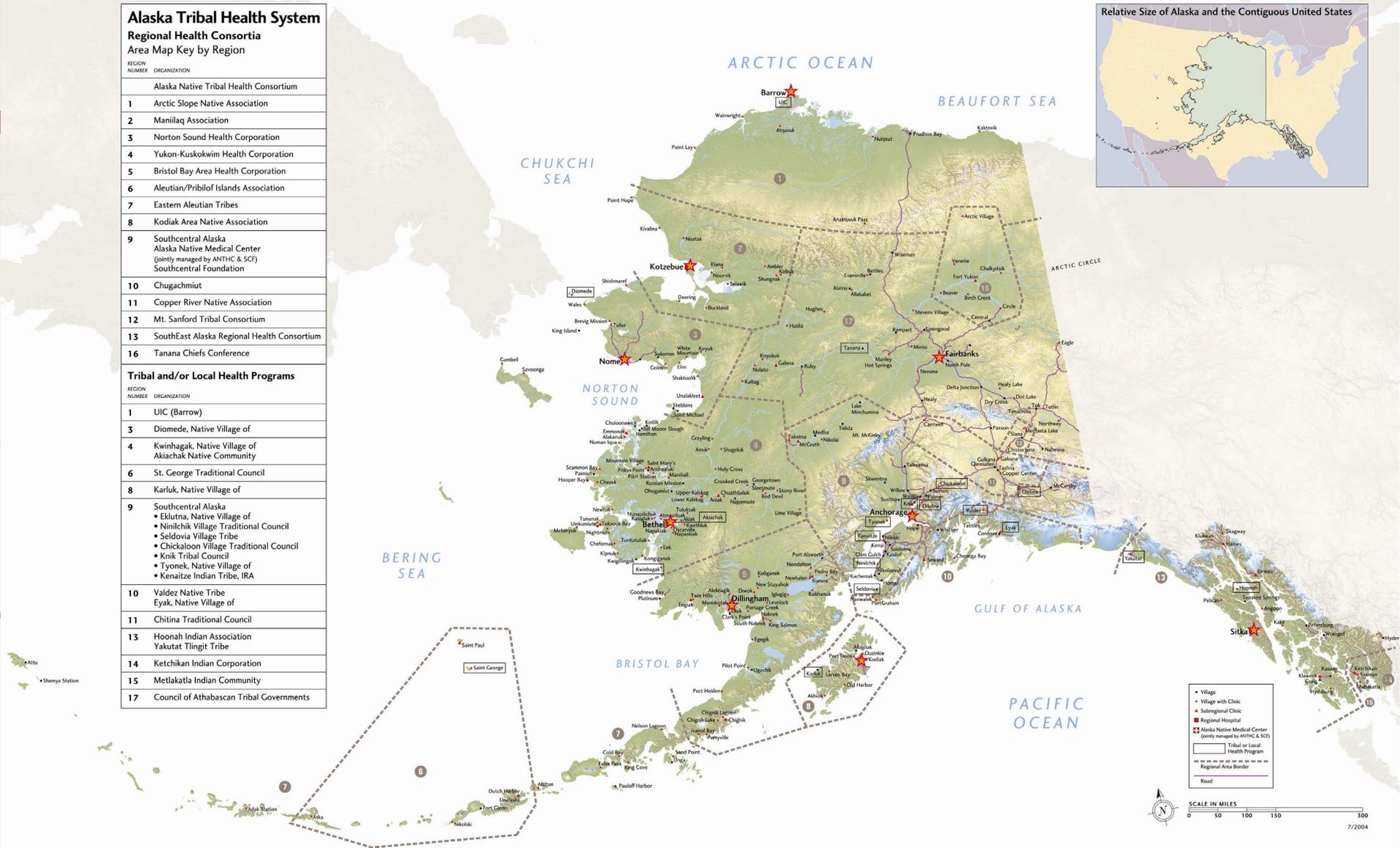
#### Regional Health Consortia Area Map Key by Region

REGION NUMBER	ORGANIZATION
<b>Alaska Native Tribal Health Consortium</b>	
1	Arctic Slope Native Association
2	Maniilaq Association
3	Norton Sound Health Corporation
4	Yukon-Kuskokwim Health Corporation
5	Bristol Bay Area Health Corporation
6	Aleutian/Pribilof Islands Association
7	Eastern Aleutian Tribes
8	Kodiak Area Native Association
9	Southcentral Alaska Alaska Native Medical Center (jointly managed by ANTHC & SCF) Southcentral Foundation
10	Chugachmiut
11	Copper River Native Association
12	Mt. Sanford Tribal Consortium
13	SouthEast Alaska Regional Health Consortium
16	Tanana Chiefs Conference

#### Tribal and/or Local Health Programs

REGION NUMBER	ORGANIZATION
1	UIC (Barrow)
3	Diomedes, Native Village of
4	Kwinhagak, Native Village of Akiachak Native Community
6	St. George Traditional Council
8	Karluk, Native Village of
9	Southcentral Alaska • Eklutna, Native Village of • Ninilchik Village Traditional Council • Seldovia Village Tribe • Chickaloon Village Traditional Council • Kikik Tribal Council • Tyonek, Native Village of • Kenaitze Indian Tribe, IRA
10	Valdez Native Tribe Eyak, Native Village of
11	Chitina Traditional Council
13	Hoonah Indian Association Yakutat Tlingit Tribe
14	Ketchikan Indian Corporation
15	Metlakatla Indian Community
17	Council of Athabaskan Tribal Governments

Relative Size of Alaska and the Contiguous United States



- Village
- Village with Clinic
- Subregional Clinic
- Regional Hospital
- Alaska Native Medical Center (jointly managed by ANTHC & SCF)
- ▭ Tribal or Local Health Program
- - - - - Regional Area Border
- Road

SCALE IN MILES

0 50 100 150 300

7/2004

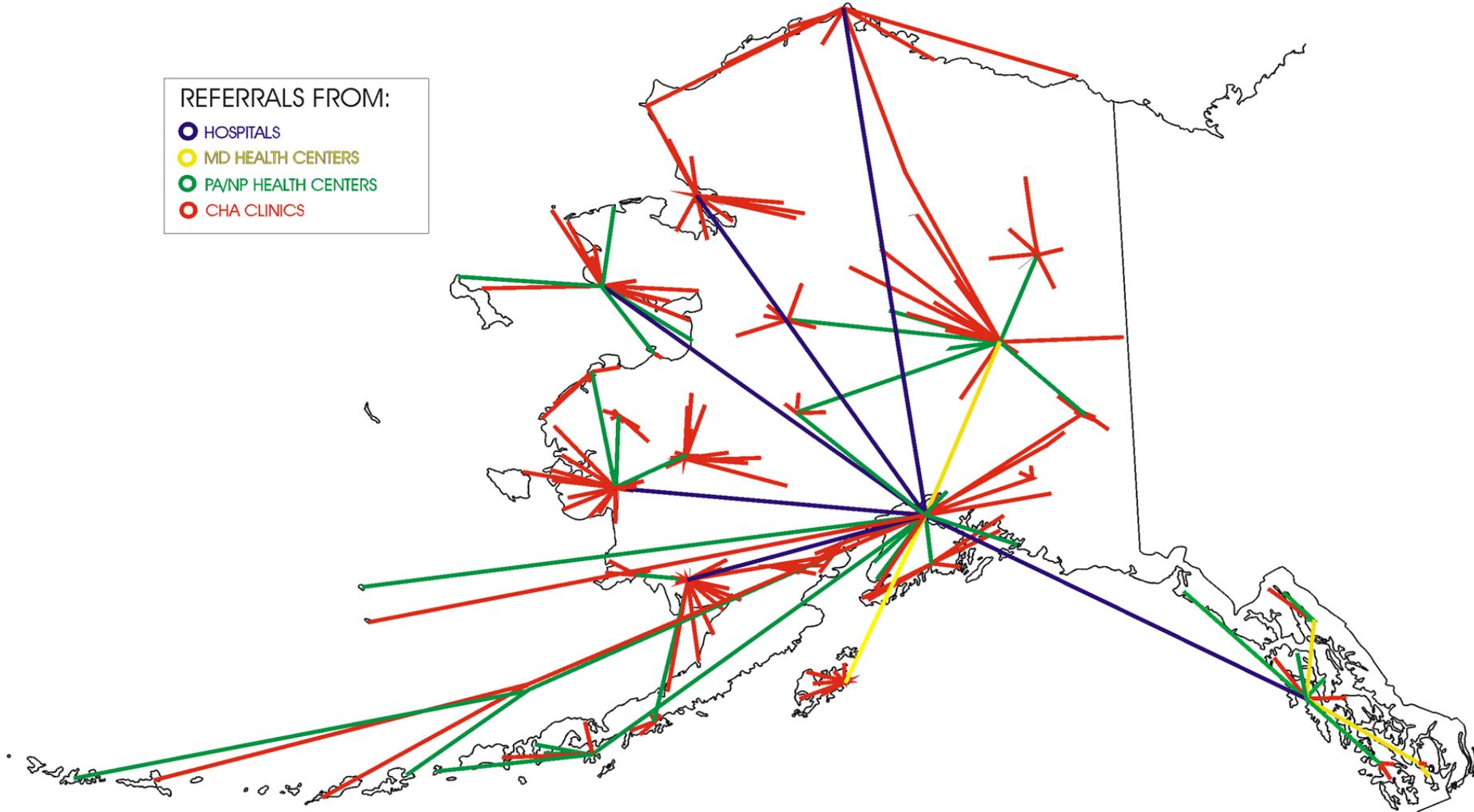
# THE ALASKA NATIVE HEALTH CARE SYSTEM

## Typical Referral Patterns

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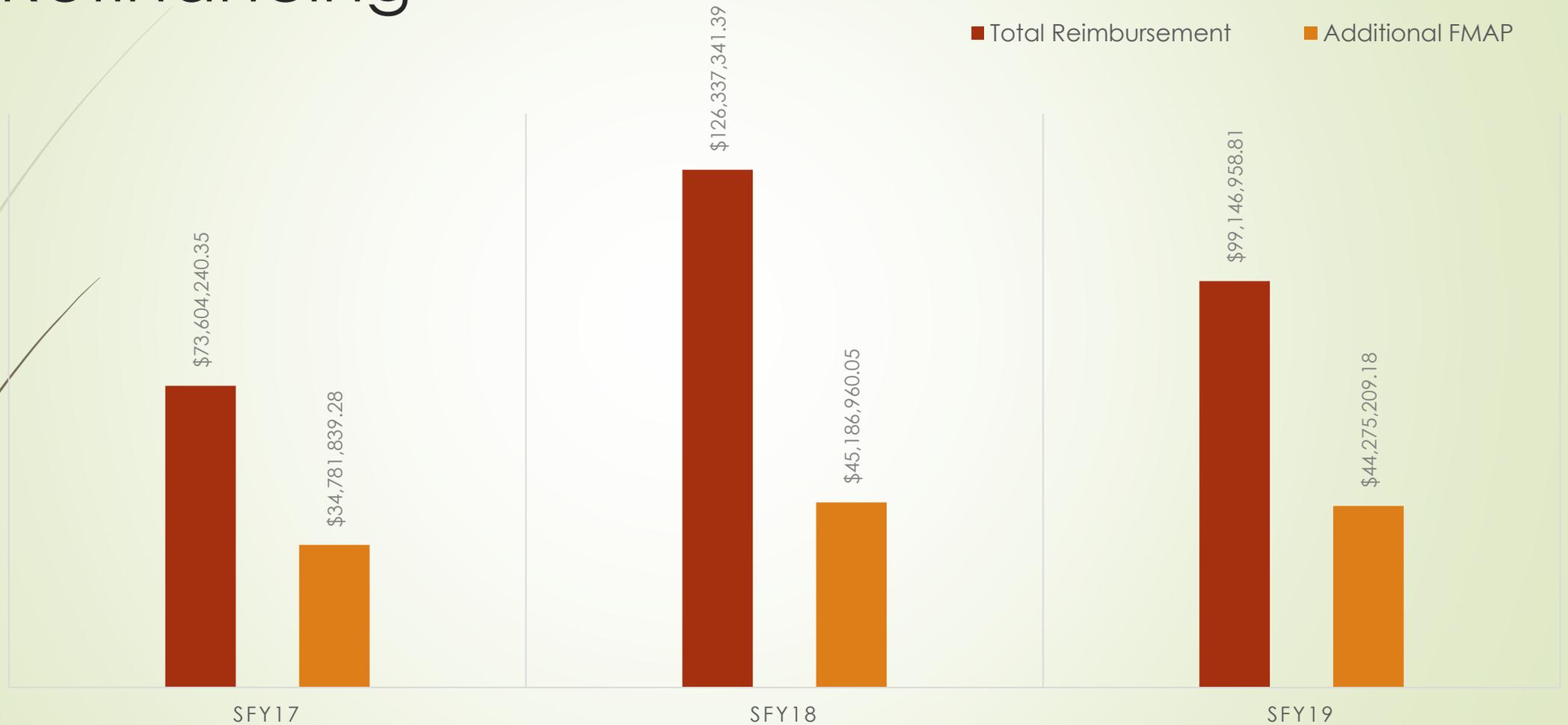
### REFERRALS FROM:

- HOSPITALS
- MD HEALTH CENTERS
- PA/NP HEALTH CENTERS
- CHA CLINICS



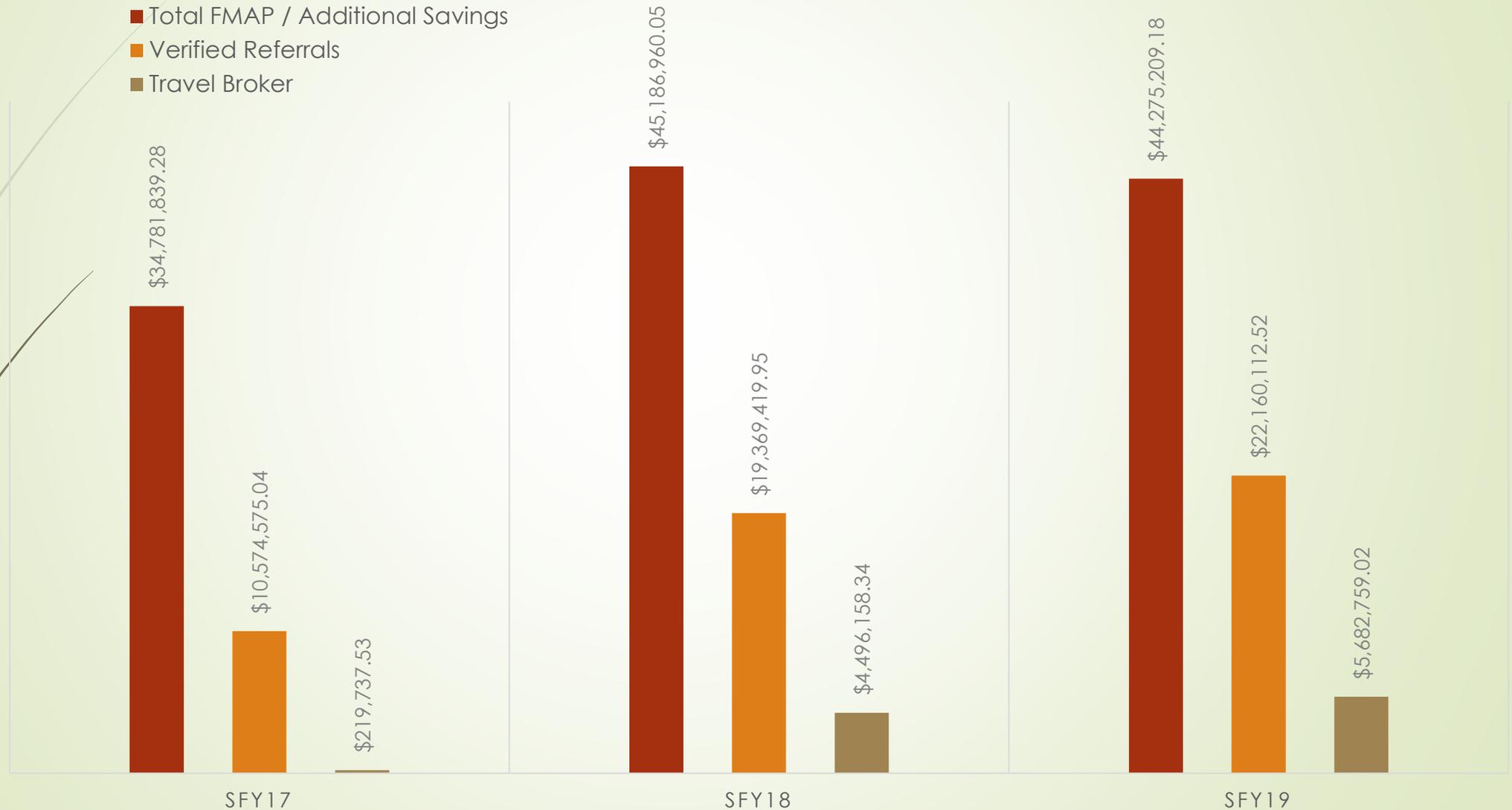
Map provided by  
Alaska Native Tribal Health Consortium  
Division of Information Technology  
[www.anthc.org](http://www.anthc.org)

# Additional Federal Match from Tribal Refinancing



❖ SFY19 data includes only two quarters

# Additional federal match by Tribal health organizations



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