

Annual Negotiations Process for the Alaska Tribal Health Compact

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The Voice of Alaska Tribal Health Since 1968

The Process

- **Principles**
- **Tribal Caucus**
- **Consensus Rules**
- **Formal exchanges: IHS and the Co-Lead negotiators, and**
- **Review of finance & open items**

Principles

- **Government to Government Relationship**
- **Respect for all participants**
- **Consensus**
- **Transparency**
- **Unity**
- **Access to Information**
- **Uniqueness**

Call for Tribal Caucus

As needed, Tribal leaders will call for a special Tribal Caucus. These are convened to discuss items in need of urgent attention (i.e. national policy, funding allocations). During national conferences and Tribal consultation, Alaska tribal caucus meetings are scheduled for the purpose of reaching statewide consensus on issues of national interest. The ANHB facilitates the Alaska tribal caucus meetings.

Tribal and IHS caucuses are built into the Pre- and Final Negotiations processes.

Tribal Caucus for Pre- and Final Negotiations

- The agenda is drafted by the Co-Lead negotiators and Facilitator
- Consensus is used for decisions in tribal caucus
- Tribal caucus is open to all tribal representatives, employees, and consultants
- Workgroups are appointed by the ATHC as needed (i.e. tribal shares, legal, language, ad hoc workgroups)
- Co-Lead Negotiators are authorized to represent the ATHC

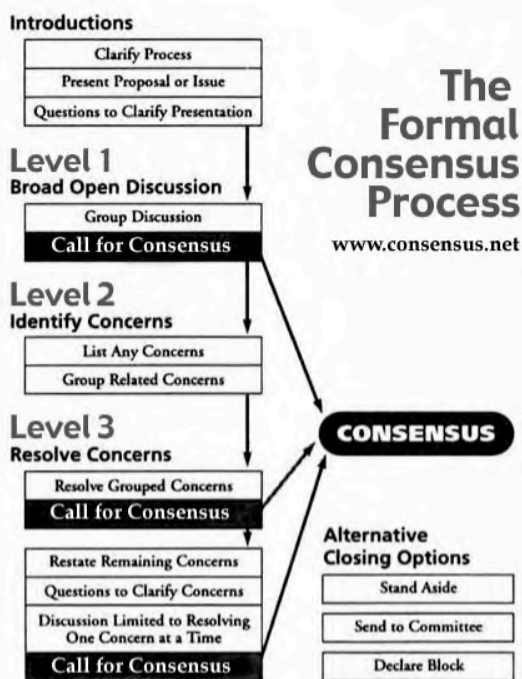
Tribal Caucus: Facilitator

- Tracks agenda items by category and prioritize by importance for completing negotiations;
- Participates in the pre-meeting information gathering and agenda planning;
- Prepares the meeting location bringing necessary equipment and meeting materials;
- Maintains meeting records, and preparation of required correspondence;
- Maintains a centralized repository of information concerning current developments and events;
- Be a resource and information referral service for various public and private agencies involved with services related to the ATHC;
- Be a mechanism for the U.S. Department of Health and Human Services and its associated agencies to consult with Alaska tribes and tribal organizations; and
- At the completion of the ATHC negotiations, orchestrates appropriate follow-up activities.

Co-Signers & Co-Lead Negotiators

- Negotiators - each Co-Signer has an authorized Co-Signer Representative
- Co-Signers select two (2) Co-Lead Negotiators (one Tribal and one Technical) who are authorized to represent the ATHC
 - The co-lead negotiators provide the tribal position to the Indian Health Service (IHS) on commonly negotiated language* and funding issues.
 - The co-lead negotiators may call on other experts in the room for explanation or further discussion of issues.

Consensus Process



Alaska Tribal Health Compact Ground Rules Overview

- Be respectful
- All Co-signers are represented at the table (two representatives per tribe or tribal organization)
- Daily schedule 8am-6pm with a lunch break at 12:00 noon
- Daily open mike at 4:00 p.m.
- All documents must be marked with the Date/Time/Source
- Cell phones on silent
- No use of acronyms
- No side conversations: Conference Room 3 and seating in the hall is available
- Speakers:
 - Must be recognized by facilitator prior to speaking
 - Must speak through the Co-signer
 - Must use the microphone for digital recording
 - Must state name and organization

Alaska Tribal Health Compact (ATHC) Members

- | | | |
|---|------------------------------------|---|
| 1. Alaska Native Tribal Health Consortium | 10. Kenaitze Indian Tribe | 18. Native Village of Eyak |
| 2. Aleutian Pribilof Islands Association Inc. | 11. Ketchikan Indian Community | 19. Norton Sound Health Corporation |
| 3. Arctic Slope Native Association | 12. Knik Tribal Council | 20. Southcentral Foundation |
| 4. Bristol Bay Area Health Corporation | 13. Kodiak Area Native Association | 21. Southeast Alaska Regional Health Consortium |
| 5. Chickaloon | 14. Maniilaq | 22. Seldovia Village Tribe |
| 6. Chugachmiut | 15. Metlakatla Indian Community | 23. Tanana Chiefs Council |
| 7. Cooper River Native Association | 16. Mt. Sanford Tribal Consortium | 24. Yukon-Kuskokwim Health Corporation |
| 8. Council of Athabascan Tribal Governments | 17. Native Village of Eklutna | 25. Yakutat Tlingit Tribe |
| 9. Eastern Aleutian Tribes | | |

Pre-Negotiations

Pre-negotiations: where information is exchanged and potential issues between the IHS and Co-Signers or among co-signers are identified

- includes a tribal caucus
- is held for 2 or 3 days in March or April

Final Negotiations

normally one week in May where all Co-Signer agreements are negotiated

- Common negotiations
 - take place at the beginning of the week
 - include any Compact change and any funding agreement changes which are common to all or substantially all Co-Signers
 - led by the co-lead negotiators
- Individual Negotiations
 - take place after common negotiations at the end of the week
 - led by the individual Co-Signers.

Formal Exchanges: IHS & Tribal Negotiators

- Negotiations
 - Common Negotiation: All Co-Signers agreed to speak through the Co-Lead Negotiators
 - Individual Negotiations: Individual authorized Co-Signers negotiate directly with IHS
- Tribal Attorneys and Financial Consultants
- Open Microphone

Key Documents

- Alaska Tribal Health Compact
- Issues among Co-Signers
- Funding Agreements
- Funding Tables -Appendix A to Funding Agreement
- Continuing Services Agreement
- Open Items

Review of Open Items

- It is a matrix formatted, living document tracking the status of the ATHC and funding agreement related issues.
- The list is disseminated during pre and final negotiations to review ongoing issues from past years and to add new items for the current year.
- The first page of the open items provides background notes, in addition to an overview of the status indicators.

ALASKA TRIBAL HEALTH COMPACT

FY 2015 IHS/TRIBAL PRE-NEGOTIATION OPEN ITEMS AND FY 2003-15 UNRESOLVED ISSUES¹ UPDATED thru 2015 Final Negotiations and March 7, 2015

The open items list is broadly outlined as follows:

- A. Negotiation Structure and Background
- B. Annual Accounting and Reconciliation and Next Year's Proposals
- C. New Funding, Status of Distribution of Previous Year, and Work on Methodology
- D. Other Financial, Buyback, and Related Operational Issues
- E. Alaska Tribal Shares Allocation
- F. Other Issues
- L. Language Issues

Column 1: The status of an item can be determined from the markings in the first column. If it is blank, it is open and active discussion or negotiation is still occurring. If it is shaded, it means that it is background only and actions are discussed in other items. The symbols that may appear mean:

- ✓ = the action agreed upon has occurred and the item is closed.
- > = the item is still open, but will not be addressed further during pre-negotiations (absent a significant change in status);
- » = the item is still open, but will not be addressed until the beginning of the next fiscal year's negotiations;
- ➔ = there are more specific items that address the general issue and the discussion will be deferred to the more specific items;
- = individual Co-Signers may need to follow-up, but no action that could affect all Co-Signers is expected.

Column 2: This is the unique identifier. If there is an * before the number, this item will be reviewed annually. (The number in parenthesis is from the FY12 Open Items list, when a significant reorganization of the List occurred.)

Column 3 (Item): Contains a very brief description of the issue (and in parentheses the previous number of the item).

Column 4 (Update): This column contains the date of the update or in some cases a description of the material in the next column.

Column 5 (Action Requested/Updates): This column describes what happened. On issues that arise annually or that have been challenging to understand, a summary of the issue has been added in some cases. For items where more history is helpful, but not every note is needed, summaries of past years may be provided. To the extent feasible information provided by Mather & Associates has been incorporated into the Open Items List so that the review can be most expeditiously accomplished.

If an item is shaded, the item and all updates will be deleted in the next year's open items list.

In order to shorten the open items list, information on items closed as of the May 13, 2014 List, have been deleted since the information is available in that document.

Review Process: According to the negotiation process agreed upon by the Caucus and IHS, after the initial review with IHS during pre-negotiations, only open items will be reviewed during remaining sessions. If any Co-Signer wants more explanation or to re-open an item for discussion, the Co-Signer should inform the co-lead negotiators or ANHB, which facilitates Tribal Caucuses.

Issues among Co-Signers: Items that need to be resolved among Co-Signers are addressed in a separate document: "Open Issues among Co-Signers." ANHB is responsible for this document.

Access to Negotiation Documents: Tribal Caucus and Negotiations' general information and documents are available on the Alaska Native Health Board website. The Site address is www.anhb.org. Click on "Members" and enter the password. If you do not have it, contact ANHB. If you would like to post documents or have other questions, please contact Alberta Unok at unok@anhb.org.

ATHC Pre-Negotiation Open Items

Open Items Matrix Design

Open Items List

Header describing the date of issue

Item number – reference for all discussion

Item name

Update – date of action or update

Action /Update description of the issue and agency and Co-Signers position or agreement

ALASKA TRIBAL HEALTH COMPACT				
FY 2005 IHS/TRIBAL NEGOTIATION OPEN ITEMS				
AND				
FY 2000-04 UNRESOLVED ISSUES ¹				
UPDATED through 8/25/04 Negotiations and 2/8/05 Tribal Caucus				
NOTE: Most items closed by the end of FY 2004 negotiations have been deleted. They can be found in the version updated through 5/14/03 and 1/15/04 Status Update with Jim Armbrust, the IHS agency lead negotiator. Items that need to be resolved among Co-Signers, including those between Co-Signers and the ANTHC carrying out its Tribal Area Office functions are being tracked here and are found at the end of list and indicated by letter, instead of number (eg. 00-A). Items at the beginning of the list designated "xx" are items that are recurring from year-to-year. Items are marked with a * when the action agreed upon has occurred. If the item number is shaded or the first column has a D in it, then additional reports and/or negotiations on that item are expected during the negotiations being held the week of June 14, 2004. Other open items are open for monitoring, but no further action is necessarily expected during these negotiations.				
	Item	Update	Action Requested/Updates	
xx-01	Annual IHS Director Emergency Reserve Accounting	5/13/03	ALN reports that no new information is available. He further commented that IHS tries to respect the purpose of the funds, however IHS has a constrained budget with no ability to carry forward funds from year to year, nor any ability to generate additional funds when issues arise. Co-Signers seek additional assurance regarding the use of the commitment. Co-Signers were assured that tribal shares would not be used for the financial management system unification, but expenditures from the Emergency Fund has that effect since any funds remaining at the end of a fiscal year are to be distributed as tribal shares. The purpose of the fund is defined in the Headquarters PSF-6a Manual, which says "The Emergency Fund provides the Office of the Director (OD) with a limited reserve to address some of the emergencies involving IHS facilities and IHS Tribal delivery of health services. The funds are not intended for administration, maintenance, construction, or for any other purposes that are not related to emergencies within IHS facilities or the delivery of IHS Tribal health services." 1/15/04 ALN still awaiting information. 3/18/04 FY 2003. See Mather Memo 3/17/04, p. 1 & 7. In FY 2003 Alaska received \$377,924 or 83% of the total available at the beginning of the year from the year end distribution from the Directors Emergency reserve fund. This compares to \$0 in FY 2002 and is consistent with distribution in years before FY 2002. Fund included large distribution for information technology in FY 2003 of \$2,253,961. Headquarters has indicated that this was for contractual services. More information has been requested about this IT contract. ALN agrees to obtain information.	

Open Items Matrix Page 2

ALASKA TRIBAL HEALTH COMPACT				
FY 2016 OPEN ITEMS AND FY 2003-15 UNRESOLVED ISSUES				
UPDATED THRU FY 2015 FINAL NEGOTIATIONS AND FOR FY 2016 AS OF 3/7/16				
15	Item	Update	Action Requested/Updates	
*A-1	IHS Headquarters (HQ) Organization and Key Staff - Update (xx-24a)	3/18/14 Updated 3/7/15 from IHS webpage	According to IHS Website: <i>Acting Director: Robert G. McSwain</i> Deputy Director, vacant Field Operations, Deputy Director Randy Grinnell Management Operations, Deputy Director Elizabeth A. Fowler Robert G. McSwain Intergovernmental Affairs, Deputy Director RADM Santa Patricia Senior Advisor to Director, Geoffrey Roth Chief Medical Officer, Capt. Susan V. Katul, M.D. Chief of Staff Capt. Carol Lincoln Office of Tribal Self-Governance, Director P. Benjamin Smith OTSG Deputy Director, Jennifer Cooper Office of Direct Service & Contracting Tribes, Director Capt. Chris Buchanan Congressional & Legislative Affairs, Director Michael Mahesky Public Affairs, Director Christopher Jones Office of Information Technology, Director CDE Mark Rives Acting Director Capt. Howard Hayes, M.D. Office of Environmental Health & Engineering, Director Gary Hartz Office of Resource Access & Partnerships, Director Carl L. Harper Office of Clinical & Preventive Services, Alor Thundercloud, M.D. Director Charmaine Tracy, M.D. Office of Finance and Accounting, Kenneth Cannon, Acting Director Elizabeth Fowler, Director Office of Public Health Support, Capt Francis Frazier, Acting Director Richard Church, Director retired April 2014 Office of Management Support, Athena S. Elliot, Director Human Resources Director, Lisa Reyes Oral Health Director, Timothy Lorton Contracting Officer Steven Yoder as of May 2014 Bushman-Majors	
*A-2	Area Organization and Key Staff - Update (xx-24b)	3/18/14 updated	Deputy Director/Chief Medical Officer, Kenneth Gilfort, M.D. Executive Officer (remains vacant pending budget analysis) Planning, Evaluation & Health Statistics Diana Roberts, Area Statistician (replaced Bonnie Boedecker) Sherry D. Foster Program Analyst Office of Financial Management: Douglas P. Gorgoni, Director Office of Tribal Programs: Evangelyn "Angel" Doloman, Director Risk Mgmt. SDA, Specialist Duff Planner, Healthcare Management Consultant Office of Environmental Health and Engineering, Denman Ondelacy, Director, Sup-Date-Monitoring-offices-4-18-14 Office of Human Resources, Richard Church, Director retired April 2014 Western Region HR Director (retiring 4/18/14) This is a HQ position and open recruitment will occur Commissioned Corps Personnel) Commander Carol Foster, Human Resources 4-18-14 Lt. Commander Randy Saria, Western Region Liaison Military Human Resources Specialist, will assume Human Resource Officer and recruitment with budget for budget Stacy Turner, Military Human Resources Assistant	
*A-3	Decision Makers and Ratifier for Negotiations	Summary of Issue	Co-Signers' Point of View. For many years, the IHS Director assigned a Headquarters' level staff to the final negotiations in the Alaska Area to act as a ratifier in the event issues arose, that could not be resolved with the ALN. Co-Signers believe the on-site ratifier plays an important role in	

