

CMS Trainings for I/T/U Staff



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Oregon
Health
Authority

OHA will work to improve health by focusing on the Triple Aim

Better Health: Improve the lifelong health of Oregonians

Better Care: Increase the quality, reliability and availability of care for all Oregonians

Lower Cost: Lowering or containing the cost of care so it is affordable to everyone

The OHA Tribal Liaisons' responsibility is to partner with I/T/U Clinics in working to reach the Triple Aim for AI/AN people of Oregon.

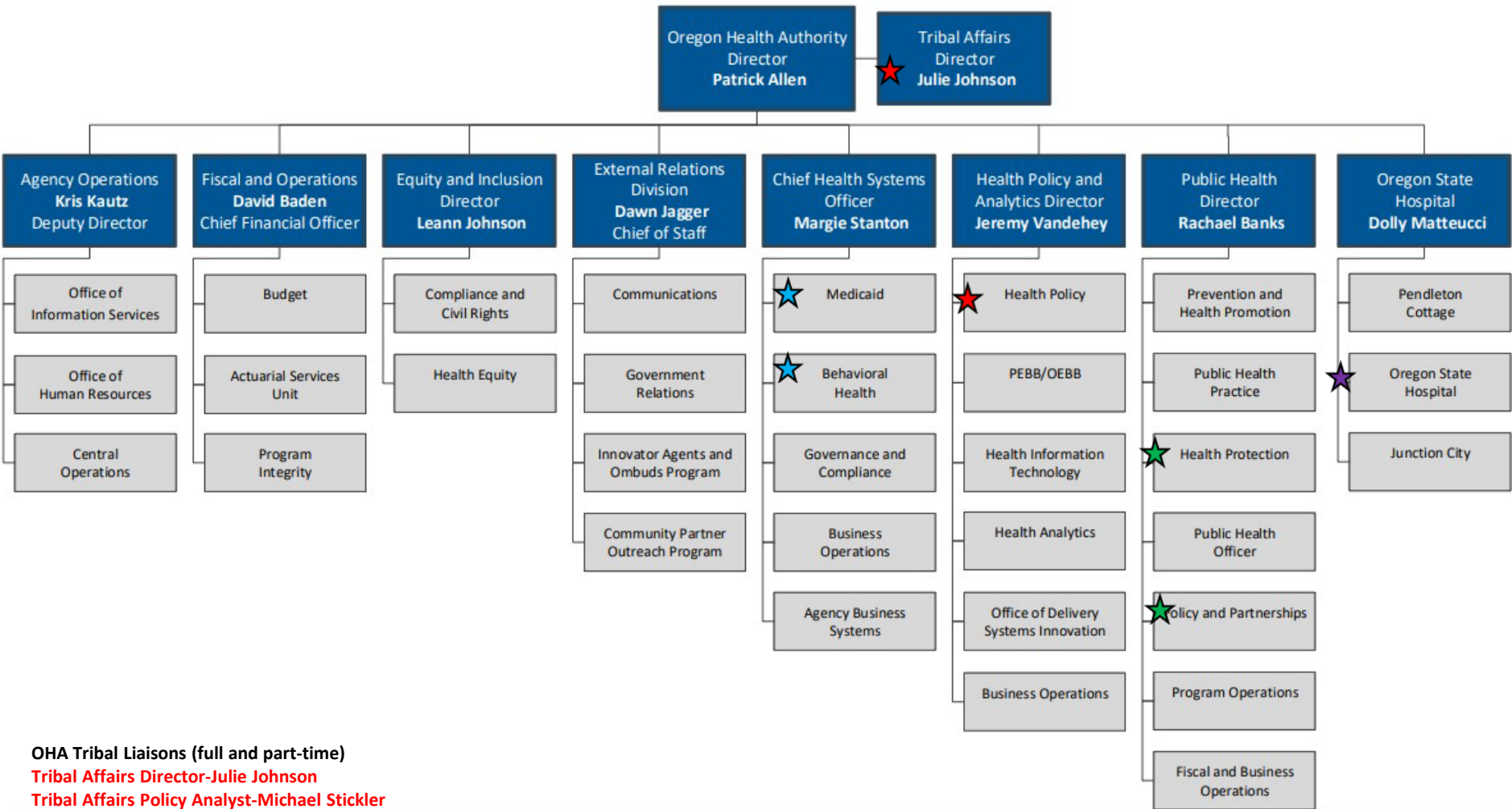


Tribal Affairs

Tribal Affairs is housed in the OHA Director's Office. The Tribal Affairs Director and Tribal Health Policy Analyst works with staff across the agency to identify the programs and policies that impact tribes.

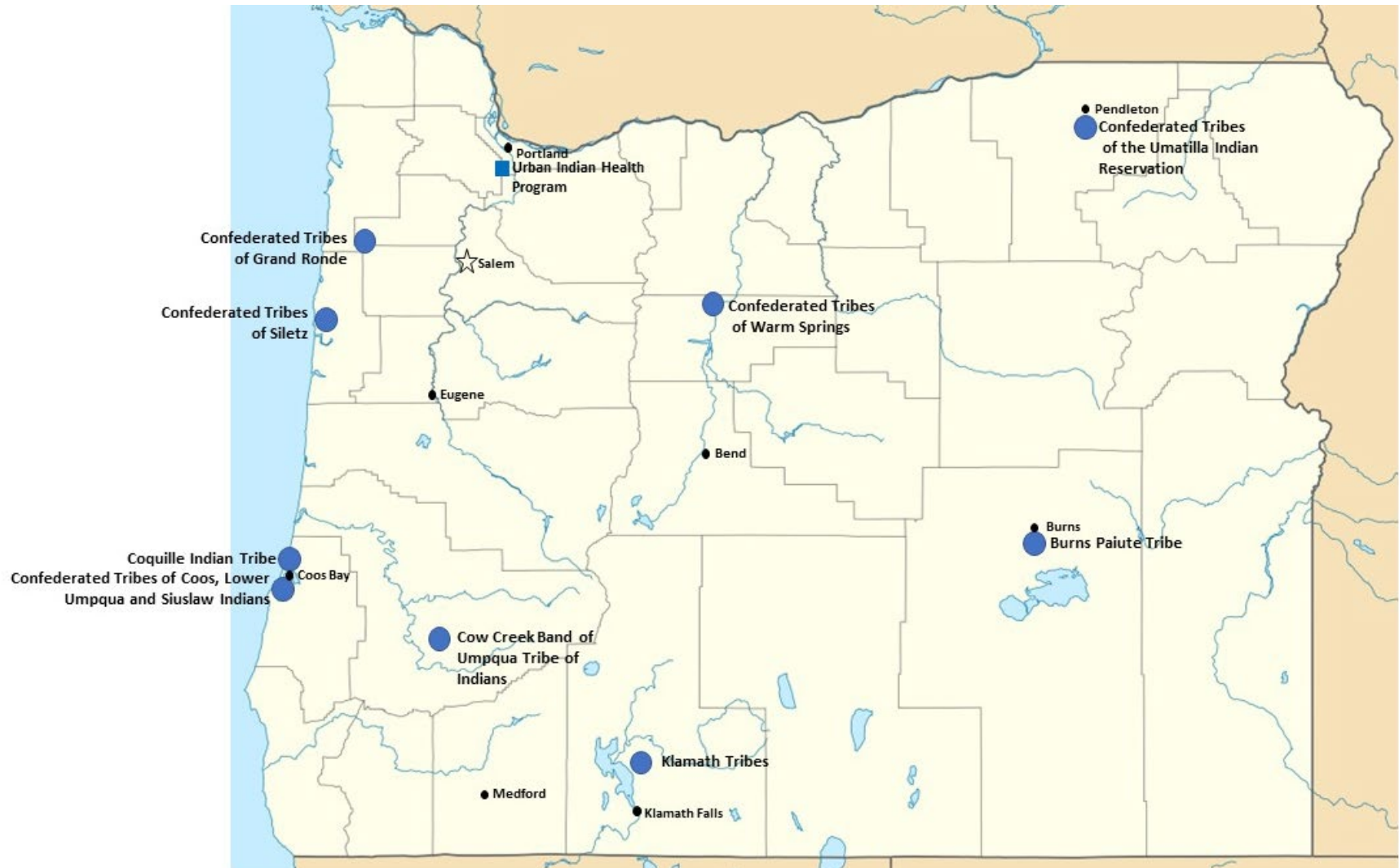
Tribal Affairs works closely with other designated OHA tribal liaisons. Although not all the positions are full time tribal liaisons, these subject matter experts are vital to completing work with the tribes in specific areas such as: Medicaid, Mental Health, Public Health, and Native American Services at the Oregon State Hospital.

Tribal Affairs and Tribal Liaisons works regularly with elected tribal officials, tribal health directors and representatives from tribes, Indian Health Services, the Urban Indian Health Program, the Northwest Portland Area Indian Health Board, as well as other agencies focusing on tribal health priorities.



OHA Tribal Liaisons (full and part-time)

- Tribal Affairs Director-Julie Johnson**
- Tribal Affairs Policy Analyst-Michael Stickler**
- Public Health, Policy and Partnerships-Danna Drum**
- Public Health Practice-Emergency Preparedness Tribal Liaison, Carey Palm**
- Medicaid Division-Tribal Medicaid Senior Policy Analyst, Jason Stiener**
- Medicaid Division-Tribal Medicaid Policy Analyst, Laneya Smith**
- Behavioral Health Division-Tribal Mental Health Specialist, Angie Butler**
- State Hospital- Native American Services Coord. Richard Mayuk**
- Health Policy and Analytics-Liz Stuart**



Oregon's Nine Federally Recognized Tribes

Oregon Tribal Governments

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes



Indian Health Delivery System

I/T/U:

- Indian Health Service (IHS) clinics
 - Warm Springs Health and Wellness Center
 - Chemawa Health Center-Western Oregon Service Unit
 - Clinic services reimbursed at IHS all-inclusive rate (\$801/visit in 2025)
- Tribally Operated (P.L. 93-638 Indian Self-Determination Act)
 - 9 Tribes in Oregon
 - Option to choose between IHS all-inclusive rate and cost-based Prospective Payment System (PPS) rate for Medicaid reimbursement of clinic services
- Urban Indian Health Program – Native American Rehabilitation Association (NARA), Portland, Oregon
 - Enrolled in Oregon Medicaid as an FQHC
 - PPS cost-based rate utilized



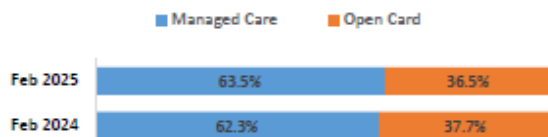
Services Requiring Separate Medicaid Enrollment from Clinic

- Pharmaceuticals and biologicals not generally provided during the clinic visit that are dispensed by an IHS or Tribal Pharmacy (OAR chapter 410, division 121, Pharmaceutical Services)
 - State Plan Amendment #17-0007 brings Oregon into compliance with Covered Outpatient Drug final rule opened reimbursement for IHS/Tribal pharmacy claims at the IHS all-inclusive rate
- Durable medical equipment, prosthetics, orthotics, or medical supplies (DMEPOS) (e.g., diabetic supplies) not generally provided during the course of a clinic visit (OAR 410, division 122, DMEPOS)
- Targeted case management (TCM) services. (OAR 410, division 138, TCM)

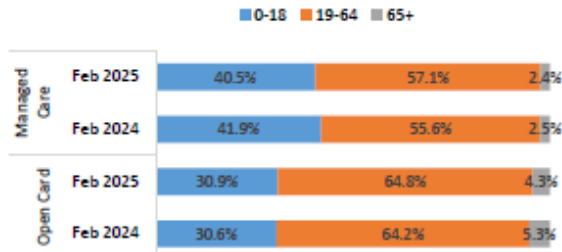


HNA Fast Facts

Distribution of HNA Recipients Across Enrollment Types



Distribution of HNA Recipients Across Age Groups



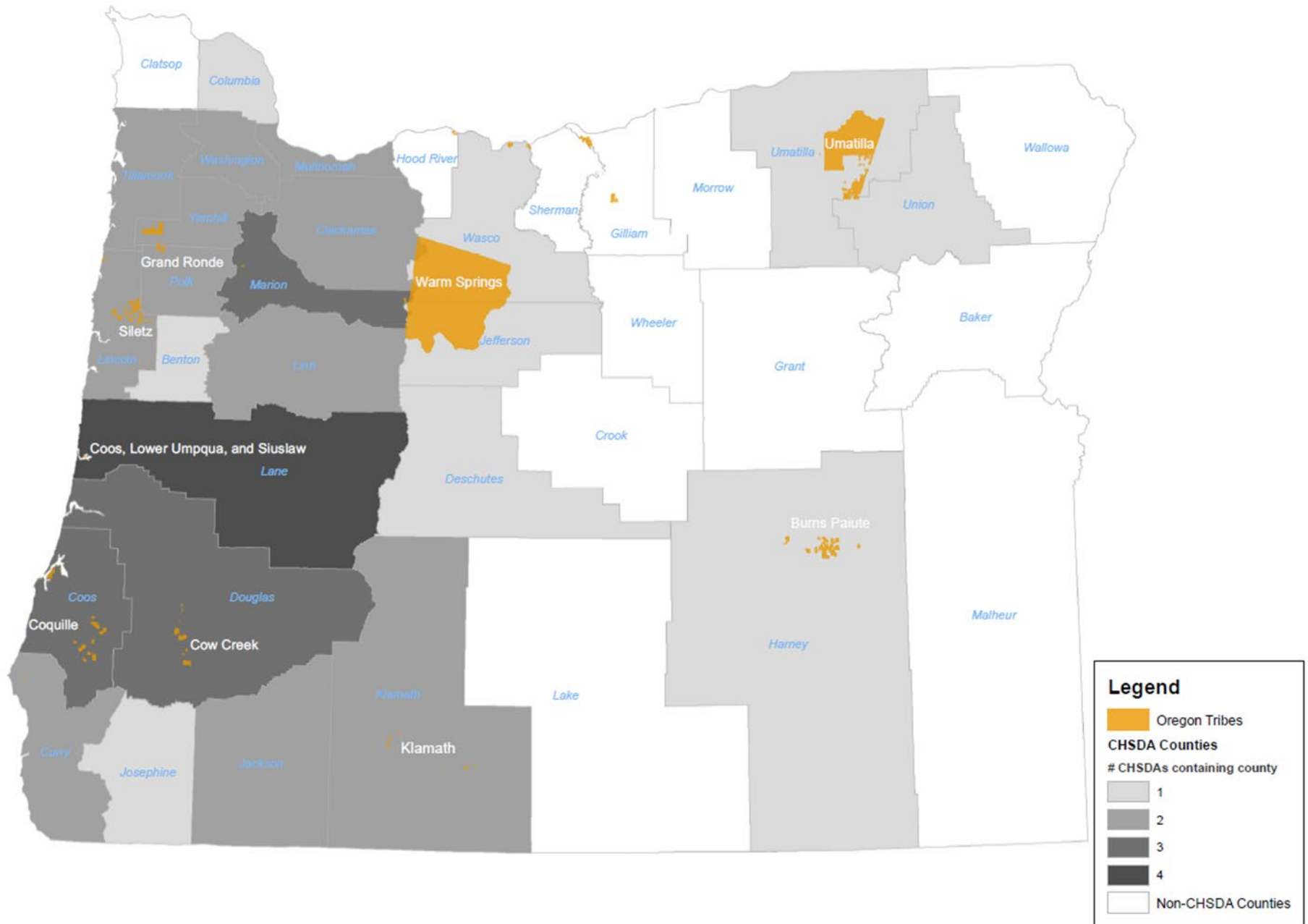
	Feb 2025		Feb 2025 Total	Feb 2024		Feb 2024 Total
	Female	Male		Female	Male	
Managed Care						
HNA Enrollment	22,028	17,467	39,495	22,308	17,932	40,240
Enrollment	700,216	644,253	1,344,469	686,138	631,087	1,317,225
Open Card						
HNA Enrollment	11,850	10,830	22,680	12,839	11,544	24,383
Enrollment	56,255	49,737	105,992	75,470	65,330	140,800
Total HNA Enrollment	33,878	28,297	62,175	35,147	29,476	64,623
Total Enrollment	756,471	693,990	1,450,461	761,608	696,417	1,458,025

	Feb 2025			Feb 2025 Total	Feb 2024			Feb 2024 Total
	0-18	19-64	65+		0-18	19-64	65+	
Managed Care								
HNA Enrollment	15,986	22,571	938	39,495	16,860	22,377	1,003	40,240
Enrollment	456,781	819,111	68,577	1,344,469	449,466	788,604	79,155	1,317,225
Open Card								
HNA Enrollment	7,009	14,687	984	22,680	7,454	15,648	1,281	24,383
Enrollment	39,665	59,994	6,333	105,992	48,115	84,108	8,577	140,800
Total HNA Enrollment	22,995	37,258	1,922	62,175	24,314	38,025	2,284	64,623
Total Enrollment	496,446	879,105	74,910	1,450,461	497,581	872,712	87,732	1,458,025

Data Source: HAL_REPORTING (MMIS/DSSURS)

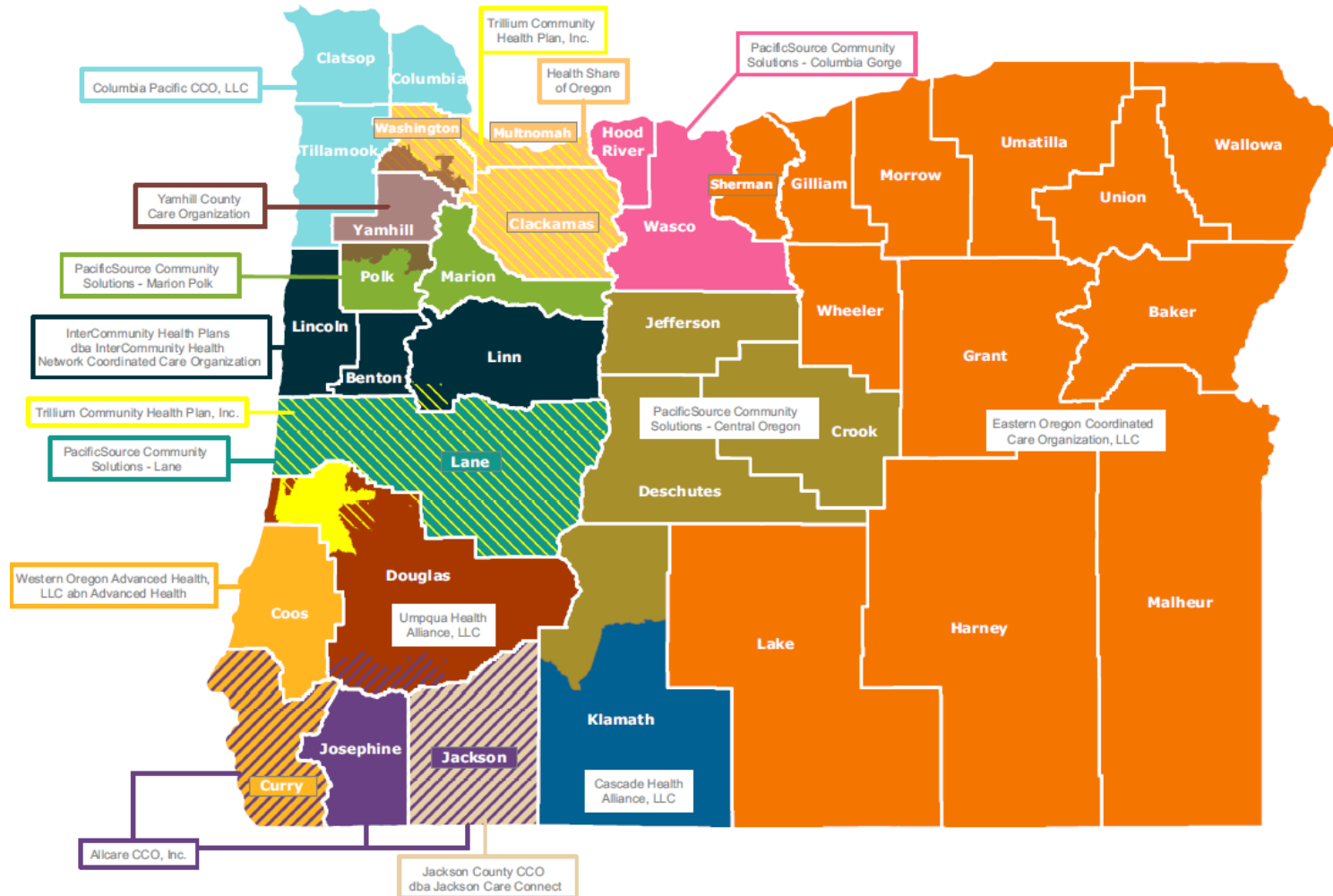
Data Load Date: 05MAR2025

Oregon Tribes and Tribal CHSDA Counties



County	Tribe										# of CHSDAs containing County
	Burns-Paiute	Coos, Lower Umpqua, Siuslaw	Coquille	Cow Creek Band of Umpqua	Cowlitz (WA Tribe)	Grand Ronde	Klamath	Siletz	Umatilla	Warm Springs	
Benton								X			1
Clackamas								X		X	2
Columbia					X						1
Coos		X	X	X							3
Curry		X	X								2
Deschutes				X							1
Douglas		X	X	X							3
Harney	X										1
Jackson			X	X							2
Jefferson										X	1
Josephine				X							1
Klamath				X			X				2
Lane		X	X	X				X			4
Lincoln		X						X			2
Linn								X		X	2
Marion						X		X		X	3
Multnomah						X		X			2
Polk						X		X			2
Tillamook						X		X			2
Umatilla									X		1
Union									X		1
Wasco										X	1
Washington						X		X			2
Yamhill						X		X			2
# of Counties in CHSDA	1	5	5	7	1	6	1	11	2	5	

Coordinated Care Organization 2.0 Service Areas



Tribal Service Delivery Areas crosswalk with CCO Service Areas											
Coordinated Care Organization	Tribes and Urban Indian Health Program										
	Burns Paiute Tribe	Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians	Coquille Indian Tribe	Cow Creek Band of Umpqua Tribe of Indians	Confederated Tribes of Grand Ronde	Klamath Tribes	Confederated Tribes of the Siletz Indians	Confederated Tribes of the Umatilla Indian Reservation	Confederated Tribes of Warm Springs	Native American Rehabilitation Association (NARA)	# of potential Tribes working with CCO
AllCare CCO, Inc.		X	X	X							3
Cascade Health Alliance				X		X					2
Columbia Pacific CCO, LLC					X		X				2
Eastern Oregon Coordinated Care Organization LLC	X							X			2
Health Share of Oregon					X		X		X	X	4
InterCommunity Health Network dba InterCommunity Health Network Coordinated Care Organization		X					X		X		3
Jackson County CCO, LLC dba Jackson Care Connect			X	X							2
PacificSource Community Solutions - Central Oregon				X		X			X		3
PacificSource Community Solutions - Columbia Gorge									X		1
PacificSource Community Solutions - Lane		X	X	X			X				4
PacificSource Community Solutions - Marion Polk					X		X		X		3
Trillium Community Health Plan Inc. (Trillium)		X	X	X	X		X		X	X	7
Umpqua Health Alliance, LLC		X	X	X							3
Western Oregon Advanced Health, LLC abn Advanced Health		X	X	X							3
Yamhill County Care Organization					X		X			X	3

* Tribal Service Delivery Areas are negotiated between individual Tribes and the Secretary of the Department of the Interior

*See Coordinated Care Organization map for delivery areas

Tribal Liaisons at CCOs

Included in each Coordinated Care Organization (CCO) contract is language requiring each CCO to work with the Tribal Advisory Council (TAC) and will have a dedicated Tribal Liaison, selected by the TAC.

The TAC will serve as a channel of communication between the CCO's and the Tribal Health Programs and the Urban Indian Health Program regarding the health of tribal communities. They will oversee the Tribal Liaison in each CCO.

It is important to understand that the CCO Service Area may overlap with more than one Tribes Service Delivery Area and that these local tribes should be engaged in the selection process of the Tribal Liaison if they choose.

The Tribal Liaison position will be to:

- Facilitate a resolution of any issues that arise between the coordinated care organization and a provider of Indian health services within the area served by the coordinated care organization
- Participate in the community health assessment and the development of the health improvement plan
- Communicate regularly with the Tribal Advisory Council; and
- Be available for training by the office within the authority that is responsible for tribal affairs, any federally recognized tribe in Oregon and the urban Indian health program that is located within the area served by the coordinated care organization and operated by an urban Indian organization pursuant to 25 U.S.C. 165.

100% FMAP Savings and Reinvestment Program

- Seven Tribes have Care Coordination Agreements in place with non-ITU providers for coordination of care of tribal members.
- Coordinated services billed by non-ITU providers are eligible for 100% federal funding (FMAP).
- The savings to the State is returned to the Tribe for reinvestment in tribal health care.

Indian Managed Care Entities

Four Tribes and one Urban Indian Health Program submitted letters of intent to create IMCEs

- Federal law allows auto-enrollment of AI/AN people into IMCEs

IMCEs will coordinate patient care and receive PMPM while retaining FFS billing (encounter rate).

Under Primary Care Case Management (PCCM) model activities include

- Provision of Telephonic or Face-To-Face Case Management
- Development of Enrollee Care Plans
- Provision of Enrollee Outreach and Education Activities
- Operation of a Customer Service Call Center
- Implementation of Quality Improvement Activities Including Administering Satisfaction Surveys
- Conduct Outcome Measurement and Provide Outcome Reports

One IMCE is currently operating (start date 9/1/2022) – NARA Spirit of Healing – provides PCCM services to approximately 5,000 AI/AN individuals in the Portland Metro area. The Confederated Tribes of Warm Springs will begin IMCE operations shortly.

Traditional Health Care Practices

Traditional Health Care Practices were approved in Oregon's 1115 Waiver as a Medicaid benefit when delivered through an IHCP.

Traditional Health Care Practices are Tribal-based practices that have been approved by the Tribal Based Practices Review Panel, which is comprised of tribal representatives.

Examples include:

- Talking Circle
- Sweat Lodge
- Horse Program

The Oregon Health Plan has created a pathway for Medicaid reimbursement for Traditional Health Care Practices, and we expect the first services to be billed shortly. The Traditional Health Care Practices must be billed by the IHCP and provided by a Traditional Knowledge Keeper employed by or contracted with the IHCP. Services are reimbursed at the applicable IHS AIR or PPS encounter rate.

OHA Legislative Process

- Tribal Affairs team is involved in
 - Developing Legislative Concepts (LC)
 - New programs requiring legislative authority
 - Crafting Policy Option Packages (POP)
 - New programs requiring funding
- FMAP and Tribal Traditional Health Workers are Medicaid examples of tribal initiatives that become effective via LC/POP process.
- OHA Tribal Affairs and Tribal Liaisons are involved in the process of agency Bill Analysis during the annual legislative session.
 - Tribal Liaisons review proposed legislation for tribal impact.

SB 770 (ORS 182.162 to 182.168)

Oregon 1st state to adopt formal legal government-to-government relations through legislation

Directs state agencies in government-to-government relationships with Oregon tribes

- State agencies to develop and implement policy on relationship with tribes; cooperation with tribes.
- Training of state agency managers and employees who communicate with tribes; annual meetings of representative of agencies and tribes; annual reports by state agencies.

What is Tribal Consultation?

To establish and maintain a positive government-to-government relationship, communication and consultation must occur on an ongoing basis so that Tribes have an opportunity to provide ***meaningful*** and ***timely*** input on issues that may have a ***substantial direct effect*** on them.

In the beginning of the thought process of any change or update to programs, funding, requirements, etc. We need to ask ourselves how will this affect the tribes?



Tribal Consultation and Urban Indian Health Program Confer Policy

Examples of Critical Events:

- Policy development
- Program activities
- A State Plan Amendment, demonstration proposal or renewal, waiver proposal or renewal, or state Medicaid regulations changes with a compliance cost or impact to Tribes.
- Results of monitoring, site visits, or audit findings
- Data collection and reporting activities
- Funding or budget developments
- Rulemaking impacting Tribes
- Any other event impacting Tribes

Process

When identifying the Critical Event what is the-

- Complexity, implications, time constraints, deadlines and issue(s).
- How will the Critical Event impact Tribes?
- Identify affected/potentially affected Tribes/UIHP

Performance Evaluation – Management System

- ❖ If issue is identified as a Critical Event, draft Dear Tribal Leader Letter (DTLL) using template and send to Tribal Affairs (TA) within 7 calendar days of identifying.
- ❖ TA will send DTLL within 14 days of an identified Critical Event
- ❖ OHA shall report on the outcomes of the consultation within 30 days of final consultation via letter or email

OHA/Tribal Meetings

OHA Tribal Monthly Meetings

- Every month except when SB 770 HHS Meetings are held.
- Monthly Medicaid updates shared at each meeting

OHA Tribal Workgroup meetings as needed.

SB770 Quarterly Health and Human Services Cluster Meetings
(includes 7 state agencies, OHA, DCBS, DHS, VA, Housing and
Community Services, Youth Development Division, Early Learning
Division)

Consultation meetings scheduled as needed.

Create a good day!



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