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EBCI TRIBAL OPTION

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Who we are

Eastern Band of Cherokee Indians

Descendants of the Cherokee Nation and the Oconaluftee Cherokee of 1817 and 1819

Duly incorporated in 1889 under a corporate charter

Located on 56,000 acres in 5 of the western most counties in North Carolina, known as the Qualla Boundary

Enrollment today is approximately 16,000 and is at this time, the only federally recognized tribe in North Carolina

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What is the EBCI Tribal Option?

The EBCI Tribal Option is an Indian Managed Care Entity (IMCE). We have contracted with NCDHHS to participate in North Carolina Medicaid. That allows us to provide managed care for federally recognized Tribal members and other individuals eligible to receive Indian Health Services.

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EBCI Tribal Option Approach

- The EBCI Tribal Option Care Management Model addresses whole person care and supports for Tribal Option Members.

- Through partnerships with internal and external primary care practices, the Tribal Option is responsible for assisting Members to have timely access to quality service and supports.

- The Tribal Option requirements are very similar to those of the other health plans related to the delivery of care management, assuring that all medical, dental, behavioral, pharmaceutical, specialty and SDoHs are met.

Goals of The EBCI Tribal Option

- Support Tribal sovereignty in managing the care for Tribal members and their families.
- Enhance the authority of CIHA as the Advanced Medical Home to effectively address the adverse impact of risk factors (social determinants) in the EBCI community, through the development and management of a quality health care system that includes all health and support services, as well as contract specialty services.
- Provide a managed health plan option for Tribal members that offers a comprehensive and culturally sensitive healthcare system, utilizing multiple resources in conjunction with the benefits of the Federal rights afforded to members of Federally Recognized Tribes.
- Improve the continuity of care to the Tribal population and their families by offering a health benefit designed to address the disparate health issues of the EBCI, including the use of alternative services.
- Increase employment and economic opportunities for the EBCI community by managing and offering the Tribal Option.
- Embrace and incorporate the needs of Tribal members into a Tribal Managed Care Plan design.

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Core PurposeStatement

“To assure the prosperity of the next seven generations of the Eastern Band of the Cherokee Indians”

Why Not Participatein Other Managed Care Plans?

Self-Determination:

The right of Native American tribes to govern themselves and make decisions about their own affairs, rather than being controlled by federal agencies.

Core Principle:

Tribes know what's best for their communities and should have control over how programs are designed and delivered.

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Who is Considered Eligible?

- Federally recognized tribal members (not just EBCI members)
- Individuals who qualify for services through IHS
  - Tribal descendants
  - Non-Indian children under age 19 who live in a qualifying Indian household or tribal facility such as the Cherokee Children's Home
  - Non-Indian pregnant women carrying an Indian child

EBCI Tribal Option: Who and Where

EBCITribalOption.com – we invite you to explore the website

- The EBCI Tribal Option serves individuals who are federally recognized tribal members or qualify for services through Indian Health Service (IHS), who reside in Buncombe, Clay, Henderson, Macon, Madison, Transylvania, **Cherokee** , **Graham** , **Haywood** , **Jackson** , and **Swain** counties.

- If eligible individuals live in the bolded counties above, they are "defaulted" to the TO. They may opt out and join a standard plan, tailored plan, or not participate at all in managed care.

- If eligible individuals live in one of the other 6 counties, they must opt in to the TO.

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You've told us who is eligible, what has happened in the past that influenced you to create the Tribal Option?

The Federal -Indian Trust Relationship

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The federal government has followed various policy approaches in its efforts to solve the "Indian Problem" which include but are not limited to:

- **Civilization (1789 -1830)**
- **Removal (1830 -1887)**
- **Allotment (1887 -1934)**
- **Boarding School Era (1880s -1970s)**
- **Indian Reorganization (1934 -1945)**
- **Termination/Relocation (1945 -1970)**
- **Indian Self -Determination (1970 -Present)**

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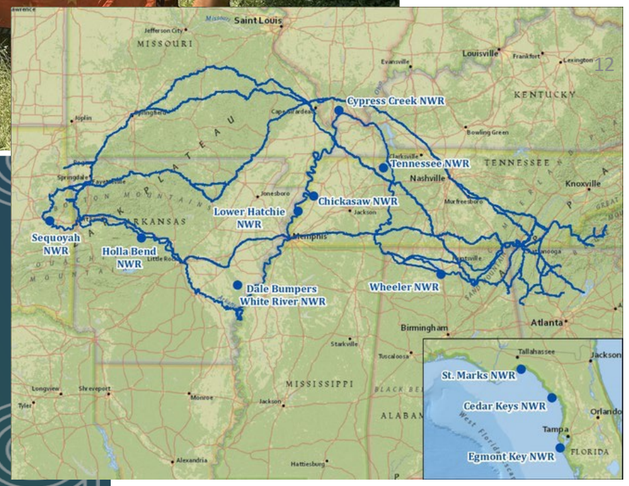
Federal Indian Policy 1830 -1887: Removal



- In 1830, Congress passed the Indian Removal Act, authorizing the President to negotiate with Indian nations in the eastern United States in order to effect their removal to Indian Territory in what is now the state of Oklahoma.

"It gives me pleasure to announce to Congress that the benevolent policy of the Government, steadily pursued in relation to the removal of the Indians beyond the white settlements, is approaching to a happy consummation."

-President Andrew Jackson
Message to Congress, December 6, 1830

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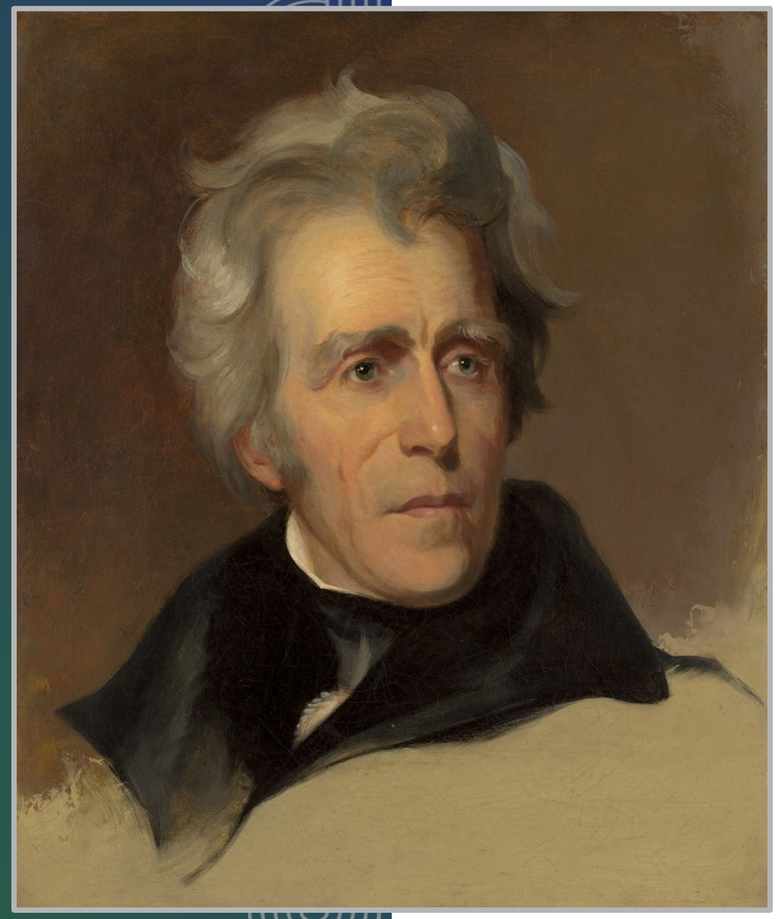
Removal Policy



President Jackson rejected the concepts of tribal nationhood and civilization through assimilation, asserting that their removal beyond the bounds of white settlement was necessary for the protection of the Indian people.

Discrimination

Prior to the Civil Rights era, Native Americans in North Carolina faced widespread discrimination and racism.

- Many were discouraged from identifying as Indian due to stigma and social pressure.
- In several counties, American Indians had to create their own schools—often small, one- or two-room buildings—funded and built by the community.
- Public facilities were segregated into "white" and "colored," often excluding Indians entirely.
- Employment opportunities for American Indians were historically limited and remain inequitable in many areas today.
- These historical injustices continue to influence present-day health and social outcomes for Native communities.

Indian Boarding Schools

1880-1892

- Quakers controlled 8 schools on Qualla Boundary, 2 of which were boarding schools.

1892

- Began an era of federal government controlled boarding schools for the Cherokee and didn't end until the mid-1970s.

- Generations of Cherokee people had to endure being separated from home and family, living in a highly structured, rigid environment, tailored to systematically assimilate Indian people. The effects of this trauma are still being felt. (Patterson, 2001).

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Indian Adoption Project 1958 -1967

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"The Indian Adoption Project was funded by the Child Welfare League of America (CWLA), and the practice of removing Indian children from their homes operated from 1958 until 1967, because the "white man knew better."

Indian Self -Determination 1975

Historically, Tribes depended on the federal government —primarily the Indian Health Service —for essential services like healthcare, education, and housing. Indian Self -Determination formally began with the passage of the Indian Self -Determination and Education Assistance Act of 1975 (Public Law 93 -638).

- Services were low quality and Tribes had little control.
- Reforms in the 1970s and the Affordable Care Act expanded protections.
- Medicaid became a key resource for Tribal healthcare.
  - Special provisions for Tribal members include:
    - Medicaid is not the payer of last resort
    - Higher federal funding share
    - Exemption from co-pays

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Why does all this matter?
How does historical trauma impact the health of Indigenous Populations?

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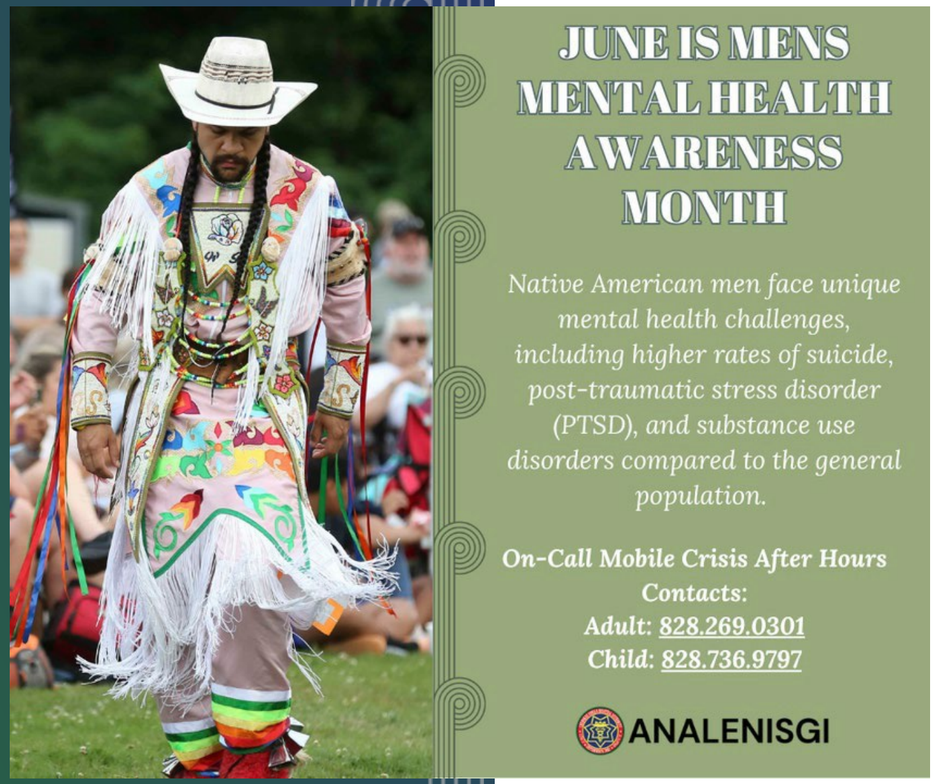
Health Disparities Among Tribal Communities



- American Indians/Alaska Natives experience significant health disparities in many areas including metabolic and mental health disorders. The basis for these differences is grounded in the lasting effects of historical trauma.

- These inequalities can be attributed to "disparities in money, power, and resources that have existed since colonization."

- During colonization, tribes were decimated by warfare, disease, and government policies, which led to lasting effects that are termed historical trauma.

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Health Disparities Among Tribal Communities

American Indians are more likely to die from certain diseases than the general population

Alcoholism	514% Higher
Tuberculosis	500% Higher
Diabetes	177% Higher
Mosaic Variegated Aneuploidy (MVA) Syndrome	229% Higher
Accidents	140% Higher
Suicide	92% Greater
Pneumonia, influenza	52% Higher

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Health Disparities Among Tribal Communities

Adverse Childhood Experiences (ACE)

- Physical, emotional, sexual abuse; mentally ill, substance abusing, incarcerated family member; seeing mother beaten; parents divorced/separated

--Overall Exposure: 86% (among 7 tribes)

	Non-Native	Native
Physical Abuse-M	30%	40%
Physical Abuse-F	27	42
Sexual Abuse-M	16	24
Sexual Abuse-F	25	31
Emotional Abuse	11	30
Household alcohol	27	65
Four or More ACEs	6	33

Am J Prev Med 2003;25:238-244

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ACE Prevenance in the US 2009-2017

Variable	Native	White	Black	Hispanic
Emotional	43.1%	33.4%	33.7%	33.4%
Physical	27.2%	15.8%	12.1%	23.8%
Sexual	17.6%	11.0%	11.8%	11.2%
Intimate Partner Violence	28.5%	15.5%	21.0%	17.7%
Substance Abuse	40.9%	26.8%	25.4%	26.8%
Mental Illness	22.7%	17.9%	11.1%	16.1%
Parental Separation	41.6%	25.3%	28.5%	28.2%
Family Incarceration	17.5%	6.3%	9.2%	8.0%
ACE Score Mean	2.32	1.53	1.63	1.56

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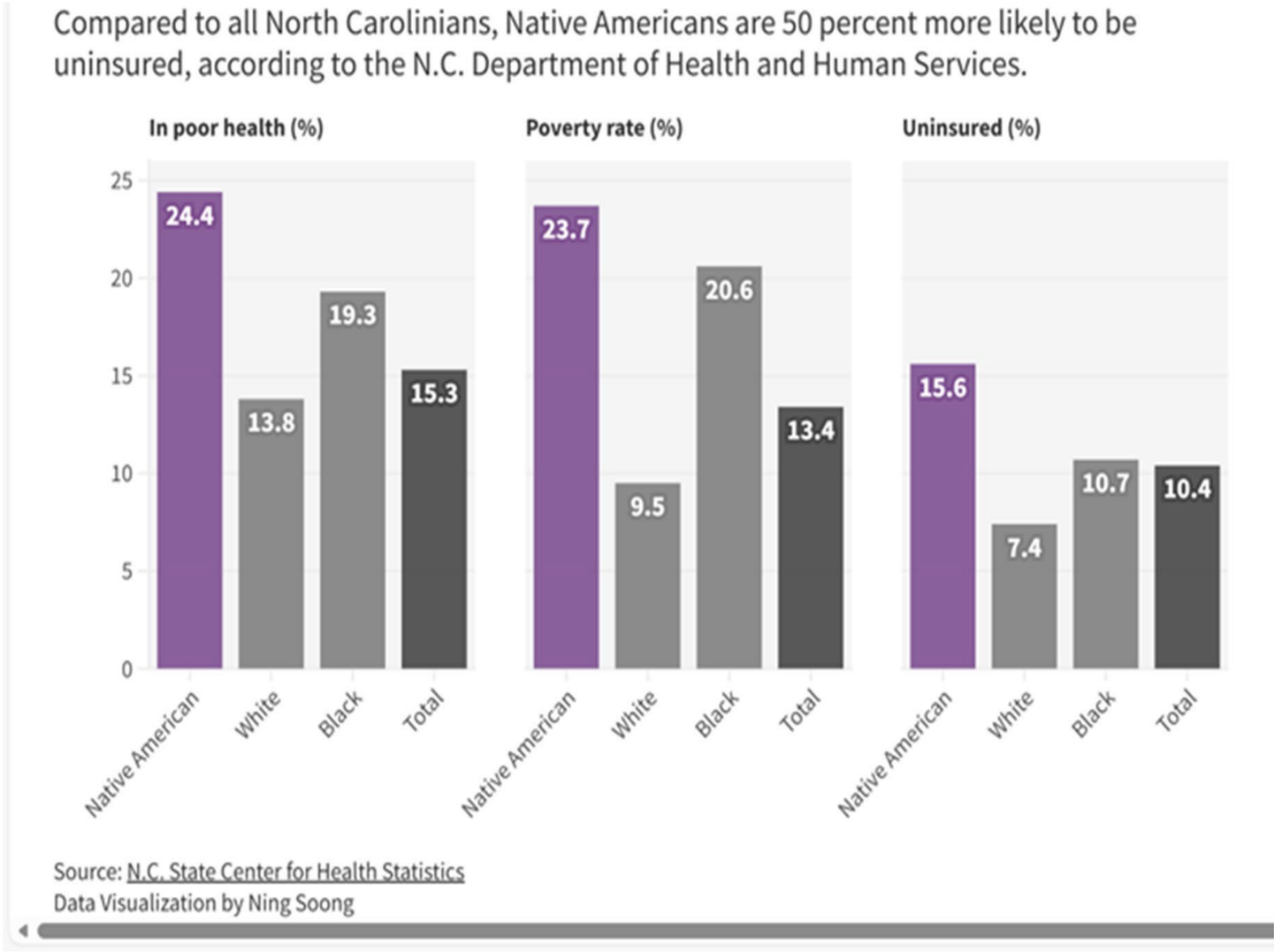
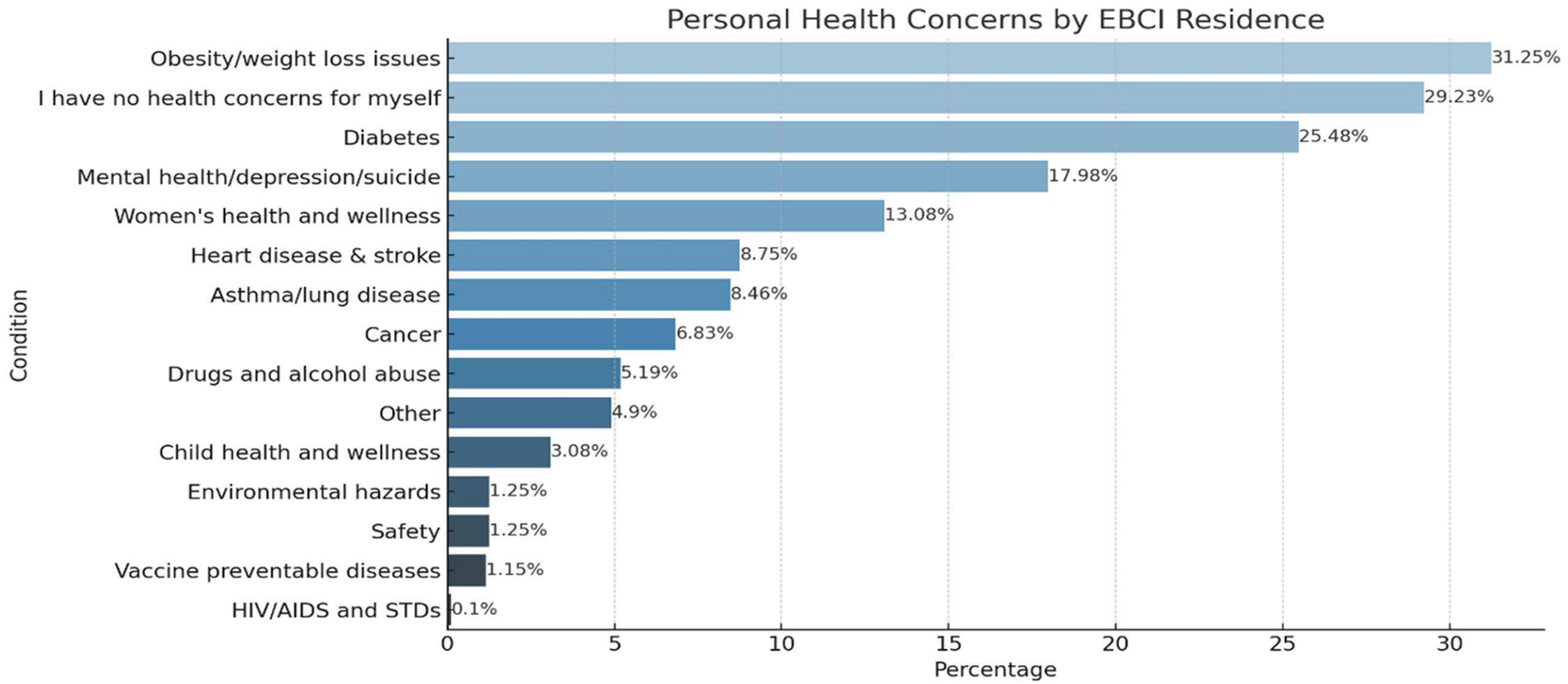
North Carolina Tribal Data Impacting Health



2023 EBCI Tribal Health Assessment



Source: 2023 Tribal Health Survey

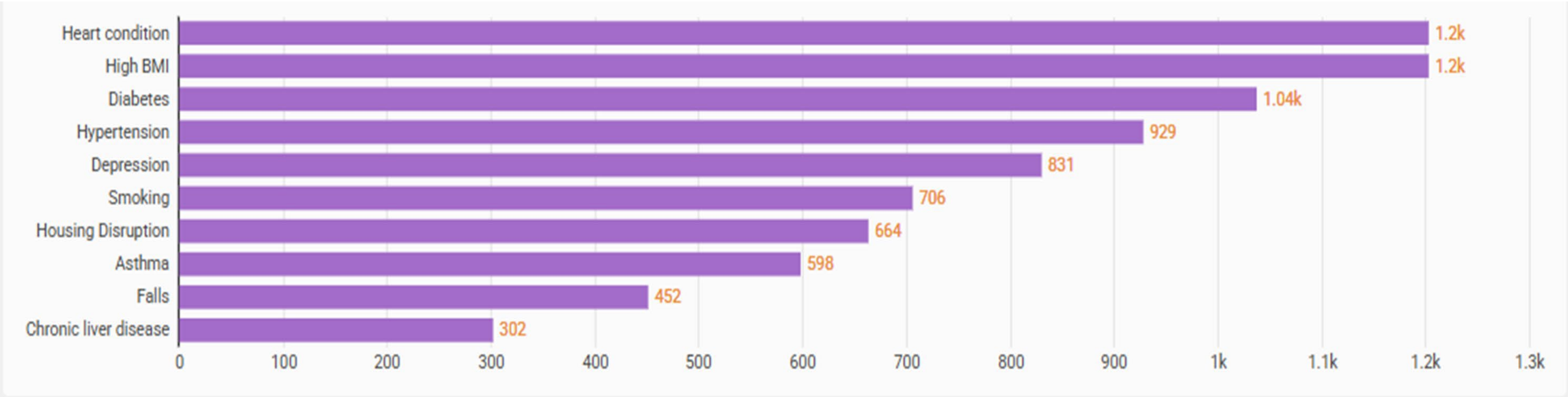
The EBCI 2023 Tribal Health Assessment

The top 10 Health Priorities

- **SU and Related Issues**
- **MH Support and Depression Prevention**
- **Violence and Abuse Prevention**
- **Nutrition and Exercise Improvement**
- **Support for Homelessness and Housing Stability**
- Promoting Preventive Care and Improving Health Care Access
- Safe and Healthy Built Environment
- Maternal and Child Health
- Tobacco Use Prevention
- Healthy Aging

The EBCI 2023 Tribal Data Analysis

The Top 10 Complex Conditions



The EBCI 2023 Tribal Data Analysis

The TO initiated a Performance Improvement Project called Eat Well, Play Well, Stay Well.

What is this and why choose this area for concentration?

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EAT WELL. PLAY WELL. STAY

Eat Well. Play Well. Stay Well.

The Eat Well, Play Well, Stay Well campaign is EBCI Tribal Option's signature wellness effort intended to integrate traditional values into whole-person care for enrolled members of the Eastern Band of the Cherokee Indians. It's about more than just food and exercise. It's about reclaiming health through cultural strength.

The initiative was founded on three foundational pillars:

- **Eat Well:** Increases access to nutritious, culturally appropriate foods through after school nutrition education, partnerships with Cherokee Choices, and food sovereignty programs.
- **Play Well:** Encourages physical activity with community events, youth sports, and culturally meaningful wellness opportunities such as stickball, social dances, and story walks.
- **Stay Well:** Promotes mental and emotional well-being through integrated behavioral health services, traditional healing practices, and long-term care management for chronic conditions.

Key Collaborators

This successful initiative is the result of collaboration between the Cherokee Indian Hospital Authority and the EBCI Tribal Option, as well as community support from the Eastern Band of Cherokee Indians Public Health and Human Services Program, Cherokee Central School System, Swain County Schools, The Cherokee Youth Center, community partners, and Tribal Leadership.

Available Resources :

- Full-time Care Managers
- Transportation assistance for Medicaid Members
- Free wellness events and screenings
- Culturally tailored educational material
- Healthy food vouchers
- Incentives for ongoing Nutrition guidance appointments
- Smart food and weight scales
- Kids in the Kitchen classes
- Youth yoga classes

What is the TO care management model and the CIHA Medical Home?

How do these models make a difference in addressing health disparities?

What sets them apart from the medical homes across NC?

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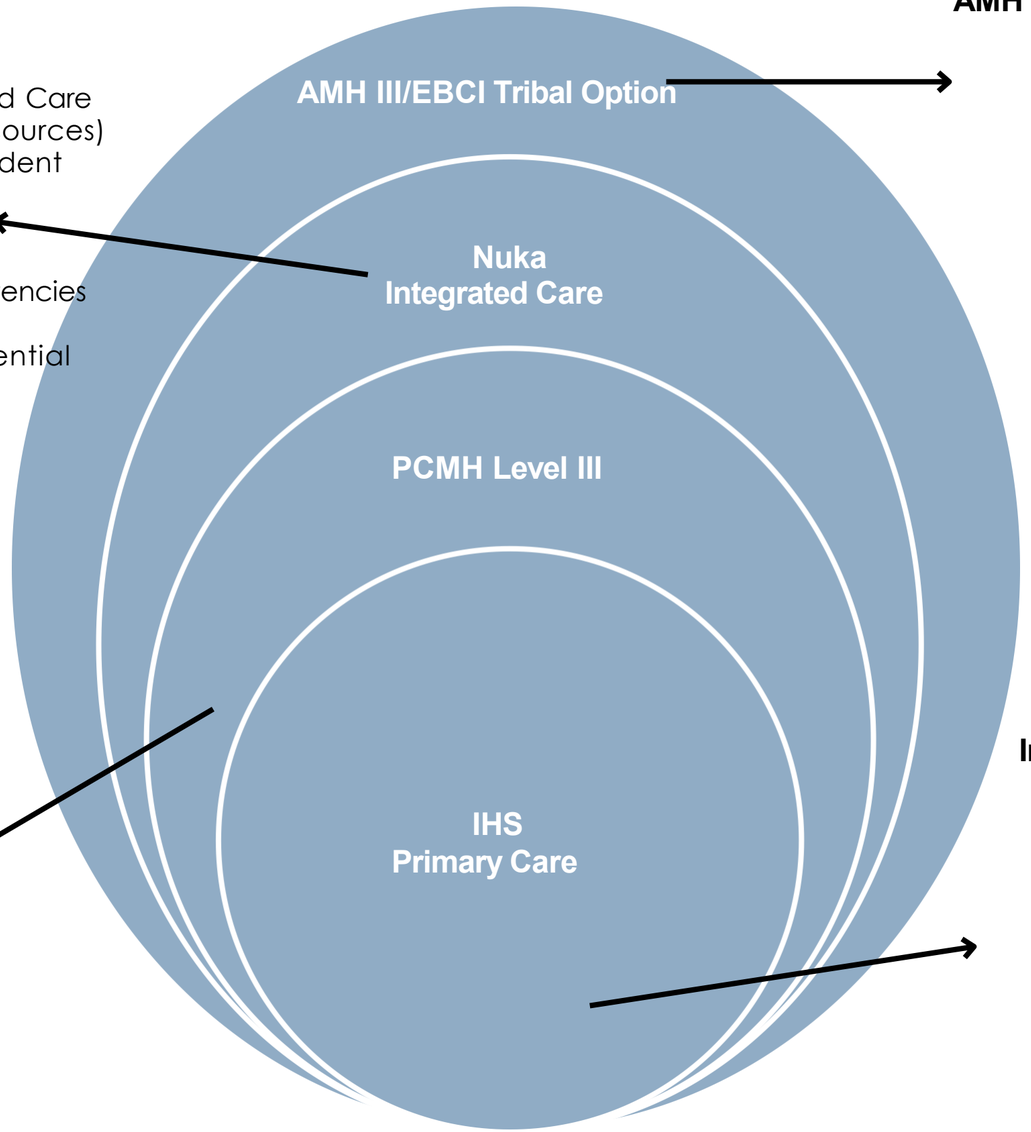
Nuka

- Integrated Team Based Care (embedded shared resources)
- Reciprocal Interdependent system
- Parallel processing
- Trauma Informed
- Key workforce competencies include (empathy, compassion, and influential relationships)



AMH III EBCI Tribal Option

- Risk Stratification
- Active Care Management
- Transitional Care Management
- Utilization of Claims Data for Risk Strat
- Bi-directional exchange of data with NCDHB
- Meet Security Standards for data exchange
- Referrals for Specialty Care
- Utilization Review and Management (future state)
- Member services
- Provider Network Management
- Quality Monitoring

PCMH Level III

Principles include:
1. Comprehensive Care
2. Patient-Centered
3. Coordinated Care
4. Accessible Services
5. Quality and Safety

Indian Health Service

- Traditional Primary Care embedded with ER, Inpatient, Clinical Support Services, Pharmacy, Behavioral Health, and Dental
- Purchased and Referred Care (referral and acquisition of specialty care from regional partners)
- RPMS (fully integrated electronic health record)

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Du yu ga dv

- **U wa shv u da nv te lv**
- **Ni hi sta ste li**
- **To hi**
- **Di gwa tse li i yu s di**

Southcentral Foundation's Nuka System of Care

Southcentral Foundation's Nuka System of Care is recognized as one of the world's leading models of health care redesign.

"Nuka" is an Alaska Native word that means strong, giant structures and living things. It is also the name given to Southcentral Foundation's whole health care system, which provides medical, dental, behavioral, traditional and health care support services to more than 65,000 Alaska Native and American Indian people.

In the Nuka System, strong relationships between primary care teams and patients (known as customer-owners) have helped manage chronic diseases, control health care costs, and improve the overall wellness of the people we serve. Recognizing that individuals are ultimately in control of their own lifestyle choices and health care decisions, Nuka focuses on understanding each customer-owner's unique story, values, and influences in an effort to engage them in their care and support long-term behavior change.

It is the Nuka system for which our CIHA Primary Care Teams are modeled after.

CHEROKEE INDIAN HOSPITAL AUTHORITY
SEPTEMBER 9, 2002
GWY
SHSVT

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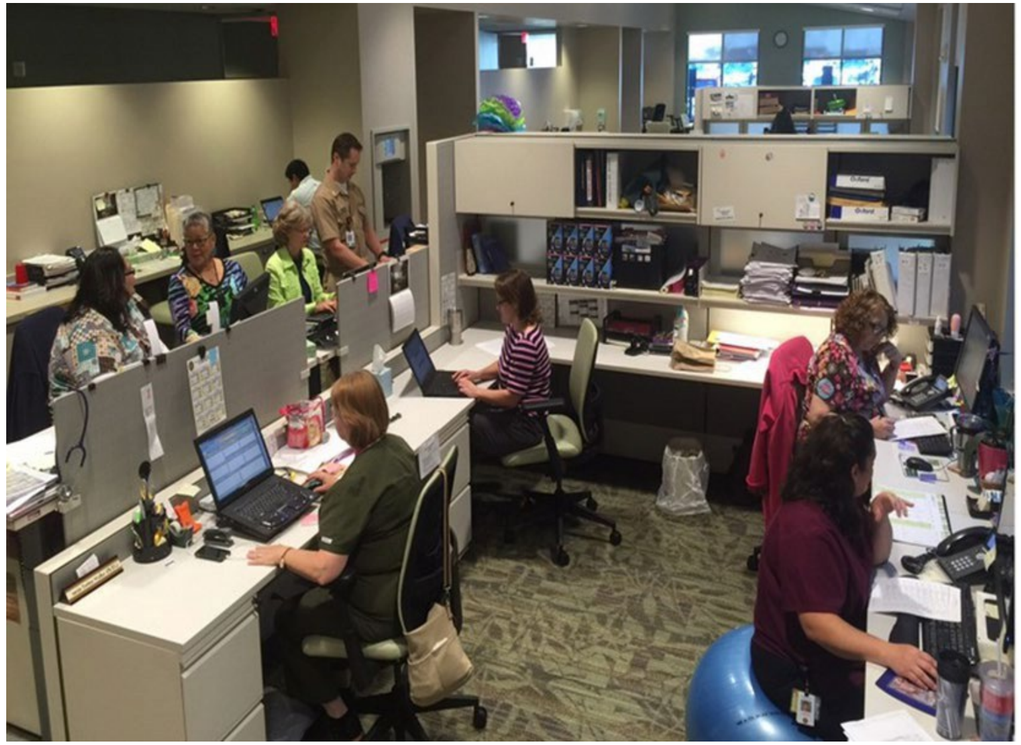
Primary Care Introductionto Team -Based Care



At our Primary Care clinic, care isn't delivered by just one person or department—it's a collaborative effort led by our interdisciplinary care team.

Patients are placed at the center of this model, surrounded by compassionate specialists who bring expertise from across the medical spectrum. These team members communicate, coordinate, and support one another to ensure the best possible outcomes for every patient.

Depending on a patient's needs, they may see multiple care team members during a single visit—allowing for comprehensive, efficient, and personalized care.

Care Management Roles and Supports

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Conducting assessments to identify gaps in care or special health needs

Developing person-centered care plans with the member

Educating and supporting members in managing chronic conditions

Supporting members to meet their medical, behavioral, and social goals

Care Manager

Coordinating and connecting members to medical, dental, and social services in the community

Building trust and relationships with members

Addressing any SDOH needs such as food, transportation, and housing

Coordinating follow up care after hospitalization

Care Management Teams

IDD/LTSS Team
Serving members who have IDD and LTSS needs

Foster and LTSS Team
Serving members who are now or previously been in foster care and those with only LTSS needs

Care Management Services

Adults and Children with Special Health Care Needs Team
Serving members who have behavioral health needs, high risk pregnancy and high risk children

Medical Team
Serving members who may or may not have complicated medical health needs and do not need any assistance from the other teams

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What Does All This Mean?

- Lasting change comes from within—it's driven by emotion and personal connection, not by simply telling people what to do.

WHY, based upon what you've learned?

- Lasting change rarely comes from outside pressure—strategies like preaching, lecturing, or intimidation often fall short.
- True transformation happens when people are filled with hope, gratitude, and understanding—these internal motivators powerfully influence attitude and behavior.

In Summary

- The Tribal Option is the first Indian Managed Care Entity in the United States.
- Its members are federally recognized tribal members or individuals eligible for Indian Health Services who reside primarily in the counties of Swain, Jackson, Haywood, Graham and Cherokee. The 6 neighboring counties are also eligible to opt in.
- The focus, through primary care and care management, is to provide whole person care thru an integrated, embedded multidisciplinary team.
- Targeted Care Management entities will interact with the Tribal Option as
- Staff working with Tribal Members are encouraged to learn the culture and beliefs of the individuals. Tribal culture is not the same among Tribes, so know which Tribe the individual is a member.
- Be respectful of their ways and beliefs and it's always best to listen rather than demand or "preach". They are not subject to all the rules of the North Carolina Medicaid or even NC laws.
- EBCI Tribal Option can be a resource to you even if the individual does not belong to the EBCI Tribal Option

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Success Stories

Enhancing Patient Care through Effective Collaboration

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Success Stories

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Orthopedic Care for Student Athlete

- Issue: Student athlete referred for orthopedic care; practice canceled appointment and treatment plan due to billing issues.
- Action: Member Services Manager and Provider Network Manager intervened, coordinating with provider practice and Medicaid.
- Outcome: Appointment reinstated, billing issues resolved, and practice caught up on $14k in payments.

Success Stories

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Speech Therapy for Child with Tongue Tie

- Issue: Child with tongue tie affecting speech was initially not treated and faced financial barriers.
- Action: Member services facilitated completion of the necessary referral through Medicaid.
- Outcome: Child received needed services, improving speech abilities.

Success Stories

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Preventing Amputation Through Consistent Care

- Issue: Patient with inconsistent care leading to potential amputation.
- Action: Care manager built a strong relationship, ensuring regular appointments and addressing transportation needs.
- Outcome: Prevention of foot amputation and enhanced patient's ability to return to normal activities

Success Stories

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Life-Saving Intervention for Low Blood Sugar

- Issue: Patient found unresponsive due to critically low blood sugar
- Action: Care manager after not being able to reach the patient, performed a welfare check, found the patient, and called EMS
- Outcome: Patient's life was saved

Success Stories

- These stories highlight the critical role of care managers and collaborative efforts in improving patient outcomes.
- Continuous support, effective communication, and strong relationships are key to successful healthcare delivery.

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Looking Toward the Future – H.R. 1 Key Tribal Protections

Public Law 119-21 creates major Medicaid eligibility changes beginning in 2026-2027 – but key protections apply to American Indian, Alaskan Natives and others eligible for IHS health care services

- Beginning Jan 1, 2027, states must implement Medicaid community-engagement requirements for many expansion adults.
- Federal law excludes qualifying American Indians, Alaskan Natives, and others eligible for IHS health care services.
- Qualifying beneficiaries are also protected from the new 6-month expansion-adult redetermination cycle.
- **These protections only work operationally when Medicaid systems correctly identify the individual as Tribal/IHS eligible.**

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The National Lesson

- **An exemption in federal law does not automatically prevent an administrative burden or an erroneous termination.**

We must work with our state partners to ensure our population is properly identified in state Medicaid systems.

- Tribal affiliation and IHS eligibility must be captures accurately, retained, and shared across eligibility, enrollment, managed-care, and renewal systems.
- Tribes should be at the table now as states build H.R. 1 workflows – not after members begin receiving incorrect notices.

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Even Exempt Members Will Feel the Impact

- Eligibility offices are already operating under significant workload and staffing pressure.
- H.R. 1 adds new verification, reporting, notice, renewal, and system-processing responsibilities for non-exempt populations.
- That increased workload can create longer processing times, more errors, delayed renewals, and greater demand for Tribal staff to help members navigate Medicaid.
- For Tribes, implementation planning must address both statutory protections and the administrative capacity of the systems responsible for applying them.

Tribal Identification is not merely demographic data – its an eligibility and beneficiary-protection function under H.R. 1 implementation.

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How We Are Preparing – and Why Tribal Identification is Critical

Our focus is protecting from administrative harm while preparing for increased pressure throughout the Medicaid eligibility system

1. **Identify**
   - Tribal membership/IHS eligibility must be captured correctly
2. **Transmit**
   - The indicator must move with the member across Medicaid systems
3. **Apply**
   - Exemptions must be automatically applied at renewal and eligibility review
4. **Correct**
   - Tribes need a rapid escalation path when the systems get it wrong

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What The EBCI Tribal Option Is Doing

- Working with state and county partners to reinforce consistent identification of eligible members.
- Preparing member education on the exemptions.
- Preparing to monitor for inappropriate community-engagement notices, shortened renewal cycles, denials, terminations, and reinstatements.
- Building escalation pathways with our partners at NCDHHS so identification errors can be corrected quickly, before they become gaps in coverage.

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Sgi (thank you)