

Division of Health Care Financing and Policy
Tribal Consultation Action Items
April 8, 2014

Silver State Health Insurance Exchange (SSHIX) - CJ Bawden

- The Tribal Government requested public service announcements or marketing of Nevada Health Link that is specific to AI/AN special provisions. SSHIX acknowledged the request and has agreed to make a recommendation to the SSHIX Committee at their next meeting.
- The Tribal Government expressed concern that their request to participate in SSHIX workgroups or committees has not been carried out. SSHIX acknowledged the concern and has agreed to bring the request back to the SSHIX Committee.
- The Tribal Government requested an update on the status of SSHIX:
 - SSHIX reports Deloitte is now assisting with the system issues. A full assessment of the system is underway and results are expected to be reported to the Board in approximately four weeks.
 - Separately, an audit of the exchange is in process to evaluate for improvement.
 - The Board approved an extension of 60 days. This special enrollment period will allow a person to self attest that experienced glitches in the original enrollment and complete the enrollment with extension.
 - Steve Fisher has been appointed the acting Executive Director.
 - The top three navigator grants have been approved to carry through to the next enrollment period (November 15th through February 15th).
 - SSHIX is evaluating a resolution for payments of premium by moving to a system in which the payment goes directly to the carrier.
- The Tribal Government expressed concerns the request for a SSHIX Liaison has not been met, and a direct contact with the Nevada Health Link Vendor has not been established.
 - CJ Bawden wants to ensure the needs of the Tribal Government are fully met. He has expressed his intent to resign as the Liaison. He will address the needs of the Tribal Government to Steve Fisher so a new Liaison can be assigned that can dedicate the time necessary to fully meet the role.

Division of Welfare and Supportive Services (DWSS) – Naomi Lewis

- The Tribal Government requested an update on application status and backlog:
 - DWSS was approved to authorize overtime on Saturdays and bring on 45 temporary staff to assist with processing the backlogged applications.
 - DWSS reports that 27,244 applications were processed in March and the strategies employed have doubled the ability to process electronic applications. In addition, the amount of new applications received has dropped below 1200 a day.
- Tribal Government expressed continued interest in housing DWSS staff at ITCN or Tribal Clinics to increase access for AI/AN recipients. DWSS indicated this is a long term solution and is being evaluated; currently the short term goal is to resolve the backlog of applications.
- DWSS announced Nova Murray as the new Tribal Liaison effective immediately.

Division of Public and Behavioral Health (DPBH) – Jon Kirwan

- DPBH is working on a data query system which should be available in the upcoming months.
- DPBH introduced the availability to work with the grant unit through an MOU to assist the Tribal Governments.
- DPBH is requesting assistance in developing Core Competency trainings. The Tribal Governments will provide DPBH with contacts that might be of assistance. The Tribal Governments addressed the importance of recognizing the separate values of the different Tribes in the region.

Department of Health and Human Services (DHHS) – Lawanda Fred

- DHHS continues to work on gaining signatures on the contracts for Tribal Consultation.
- DHHS reports they are in the process of a redesign to the website. During this period if there are items that cannot be located, or questions please contact the DHHS Liaison.

Division of Health Care Financing and Policy – Jennifer Frischmann, Deb Paul, Jenni Bonk, Michelle Belkin, Shannon Sprout, and Coleen Lawrence

- DHCFP provided an update on SPA's for Supplemental Agreements and Benzo, no comments.
- DHCFP provided a Pharmacy Report for Indian Health Programs and requested the Tribal Governments review the report with Tribal Directors and follow up with any recommendations or questions.
- DHCFP reports the request for increased encounter visits has resulted in the development of a budget concept paper. The concept paper is pending additional fiscal analysis; Tribal Governments

are encouraged to submit the outstanding surveys in an effort to complete the analysis. Tribal Governments requested DHCFP send an email to ITCN to identify the outstanding surveys.

- DHCFP sent an email to ITCN as requested.
- The Tribal Governments expressed their concern about the process to increase the encounter visits and will be addressing the item at the Region IX Conference.
- DHCFP provided information on the concept of Behaviorally Complex Enhanced Rate. The Tribal Governments are requesting to participate in upcoming workshops to gain more information.
 - DHCFP will forward any information as workshops become available.
 - DHCFP will place the Long Term Support Services Unit on DHCFP Tribal Consultation agenda in the future to provide an update.
- DHCFP provided information on the concept of Paramedicine. The Tribal Government indicated this service would assist with access to care issues and would be of great benefit for the rural clinics. The Tribal Governments requested this be evaluated to add to the professional groups for allowable encounter visits and to participate in upcoming workshops to gain more information.
 - DHCFP will forward any information as workshops become available.
 - DHCFP will place Paramedicine on DHCFP Tribal Consultation agenda in the future to provide an update.
- The Tribal Government addressed a concern with Medicare crossover claims. DHCFP identified the issue is being evaluated and an update will be provided as resolution is reached.

The following upcoming meetings were discussed:

- April 9-11th, 2014 - Region IX Conference, Las Vegas
- April 22nd, 2014 – Active Shooter Training