Tribes of North Carolina

AmeriHealth Caritas
North Carolina

Delivering the Next
Generation
of Health Care

Topics

The following topics will be covered in this document:

- **AmeriHealth Caritas' Philosophy**
- **Tribal Overview**
  - North Carolina Tribal Information
  - State Tribes
  - Federally Recognized Tribe – Eastern Band of Cherokee Indians (EBCI)
- **American Indian Health Care Journey**
  - Important Acts and dates
- **Tribal Health System**
  - Overview of entities and reporting structure
- **Healthcare Access: Beliefs and Barriers**
- **Tribal Engagement Strategy**
- **AmeriHealth Caritas North Carolina and the EBCI**
  - Requirements
  - Engagement with Public Health & Human Services
  - Member Engagement
- **Cultural Awareness / Sensitivity / Humility**

Our Philosophy

AmeriHealth Caritas North Carolina

- Five affiliate plans[1] in the AmeriHealth Caritas Family of Companies have been recognized by NCQA as having their Multicultural Health Care Certificate.
- Two affiliate plans[2] were inaugural awardees in NCQA's voluntary Multicultural Health Care Distinction for leadership in health equity and delivering culturally sensitive care.

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Our philosophy of culturally sensitive and linguistically appropriate care, including the cultural values of all North Carolina tribes, will be present in our North Carolina operations and with Member and provider touch points, including our business partners.

[1]Pennsylvania, Michigan, Louisiana, the District of Columbia, South Carolina

[2]Pennsylvania and South Carolina

North Carolina Tribal Information

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North Carolina Tribal Information

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The information below encompasses all tribes in North Carolina.

- Largest American Indian (AI) population east of the Mississippi River
- 8th largest American Indian population in the United States
- 2008 US Census = 108,279 American Indians in North Carolina
- Making up 1.24% of the population
- Numbers would increase to over 130,000 when including American Indians in combination with other races

Sources: https://www.ncpedia.org/tribes
https://schs.dph.ncdhhs.gov/SCHS/pdf/AmerIndian_MHFS_WEB_072210.pdf

North Carolina Tribal Information

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Seven (7) Tribes recognized ***only*** by the ***State*** of North Carolina *(not recognized federally)*

- Coharie
- Lumbee
- Haliwa-Saponi
- Sappony
- Meherrin
- Occaneechi Band of Saponi Nation
- Waccamaw-Siouan

Only one (1) ***federally*** recognized Tribe in North Carolina

- Eastern Band of Cherokee Indians (EBCI)

State Tribes

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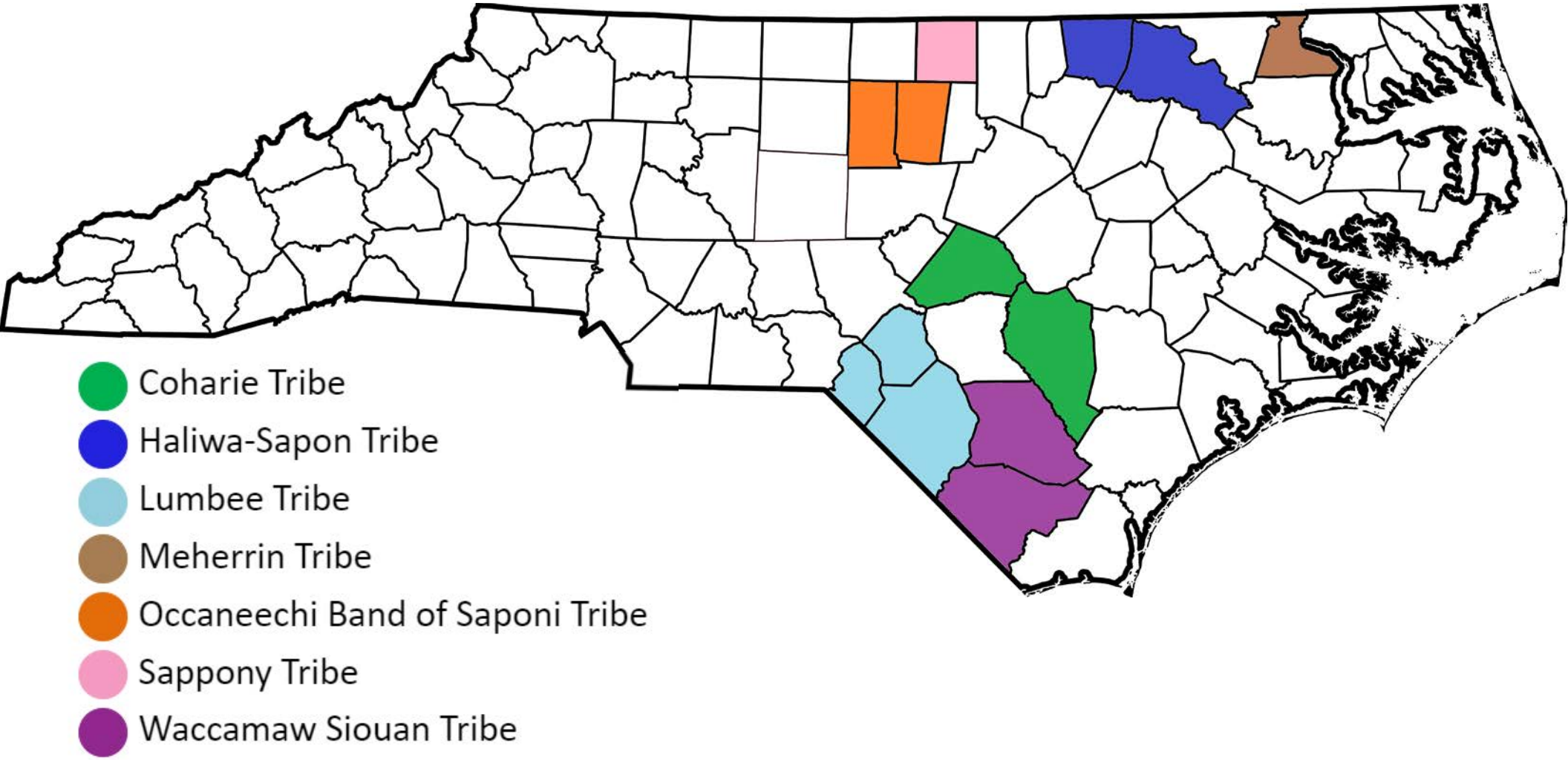

https://ncadmin.nc.gov/citizens/american-indians/nc-tribal-communities

State Tribes

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Coharie Tribe

- Headquartered in Clinton, NC
- Harnett and Sampson counties
- Descendants from aboriginal Neusiok Indian Tribe on the Coharie River
- Four settlements: Holly Grove, New Bethel, Shiloh and Antioch
- Approximately 2,700 members
- Approximately 20% residing outside tribal communities
- Moved to this area between 1729 and 1746 for refuge from English colonists and Native peoples

Haliwa-Saponi Tribe

- Headquartered in Hollister, NC
- Halifax and Warren counties
- Descendants of the Saponi, Tuscarora, Tutelo and Nansemond Indians
- Third-largest tribe in the state
- Approximately 3,800 members
- Haliwa-Saponi Powwow is the oldest powwow in the state, typically held in April

Source: North Carolina Department of Administration (https://ncadmin.nc.gov/citizens/american-indians/nc-tribal-communities)

State Tribes

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Lumbee Tribe

- Headquartered in Pembroke, NC
- Hoke, Robeson, Scotland counties
- Largest tribe in NC
- More than 55,000 members
- Ancestors were mainly Cheraw and related Siouan-speaking Indians
- Take their name from the Lumber River

Meherrin Tribe

- Headquartered in Como, NC
- Hertford county
- Refer to themselves as “People of the Water”
- Share language, traditions and culture with the Nottoway and other Haudenosaunee Nations
- Only non-reservation Indians in NC who still live on their original Reservation lands

Source: North Carolina Department of Administration (https://ncadmin.nc.gov/citizens/american-indians/nc-tribal-communities)

State Tribes

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Occaneechi Band of the Saponi Nation

- Headquartered in Mebane, NC
- Alamance and Orange counties
- 1,100 members
- Descend from several small Siouan speaking tribes

Sappony Tribe

- Headquartered in Piedmont Highlands
- Person county
- 850 members comprised of seven core families, or clans
- Helped to mark the North Carolina-Virginia border

Waccamaw Siouan Tribe

- Headquartered in Bolton, NC
- Columbus and Bladen counties
- 2,000+ members
- Situated on the edge of the Green Swamp

Source: North Carolina Department of Administration (https://ncadmin.nc.gov/citizens/american-indians/nc-tribal-communities)

Federal Tribe: Eastern Band of Cherokee Indians

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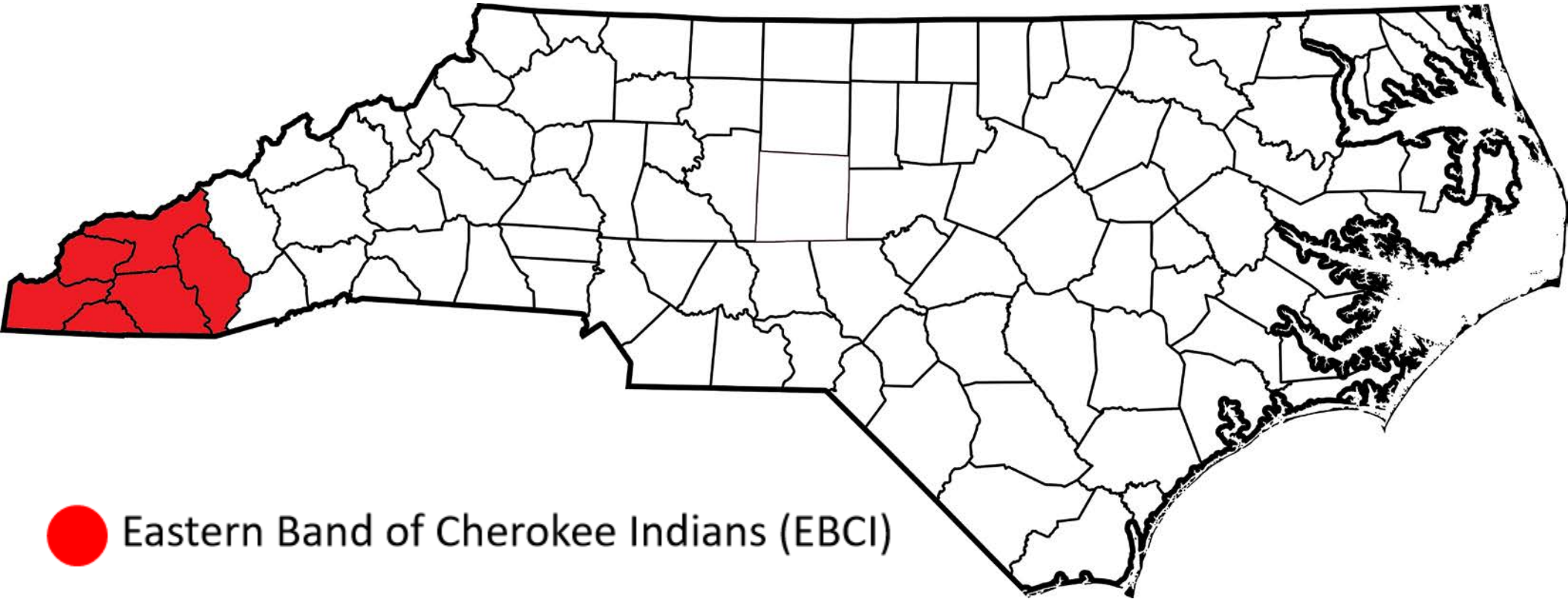

https://ncadmin.nc.gov/citizens/american-indians/nc-tribal-communities

Federal Tribe: EBCI

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Eastern Band of Cherokee Indians (EBCI)

Descendants of the Cherokee Nation and the Oconaluftee Cherokee of 1817 and 1819[1]

1830s Trail of Tears[1]

- Forced Indian removal from the East to a location in the West (now Oklahoma)
- Hid during the Trail of Tears
- Small number of early landowners
- Others who walked a return trip from Oklahoma to North Carolina

Those that remained became the Eastern Band of Cherokee Indians (EBCI)[1]

Duly incorporated in 1889 under a corporate charter[2]

[1]Source: https://www.cherokeehistorical.org/unto-these-hills/trail-of-tears/

[2]Source: Museum of the Cherokee Indian Information Packet (https://www.cherokeemuseum.org/learn)

Federal Tribe: EBCI

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Eastern Band of Cherokee Indians (EBCI)

Located on 56,000 acres of land in the western most counties[1]

Known as the Qualla Boundary *(not reservation)*[2]

- Not called a reservation because the federal government did not "reserve" the land
- EBCI members purchased the land in the 1870s
- Subsequently placed in trust with the federal government, specifically the Bureau of Indian Affairs

Federally recognized tribe – only federally recognized tribe in North Carolina[3]

Sovereign Nation[4]

- Own laws, elections, government and institutions
- Relationship with the federal government and State government

Active users of the Tribal Health System[5]

[1]Source: http://cherokee-phhs.com/our-community.html

[2]Source: Museum of the Cherokee Indian Information Packet (https://www.cherokeemuseum.org/learn)

[3]Source: North Carolina Department of Administration (https://ncadmin.nc.gov/citizens/american-indians/nc-tribal-communities)

[4]Source: https://ebci.com/government/ [5]Source: http://cherokee-phhs.com/

American Indian (AI) Health Care Journey

Understanding the historical context of the American Indian Health Journey is crucial to how AmeriHealth Caritas North Carolina will care for this population.

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American Indian Health Care Journey

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Prior to European Explorers	• Tribes were sovereign nations with their own governments and systems for health care • European immigration impacted the sovereignty and health care of the Tribes • *Doctrine of discovery* (also *doctrine of conquest*) allowed immigrants who "discovered" the land to remove Tribes from lands desired for colonial expansion
1780 – U.S. Constitution	• Federal government declared it would be the gatekeeper for relationships with local indigenous peoples • Gave federal government authority to make treaties on behalf of the United States

Source: *Legal and Historical Roots of Health Care for American Indians and Alaska Natives in the United States. Prepared by the Henry J. Kaiser Family Foundation. February 2004, pp. 1-17*

American Indian Health Care Journey

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1832 – Supreme Court Case of Worcester v. Georgia	• Federal government only deals with tribal organizations or government that it has recognized
1832 – Smallpox Vaccine	• First Congressional appropriation specifically for Indian health care • Congress authorized the purchase and administration of smallpox vaccine

Late 19th Century	• Bureau of Indian Affairs (BIA) attempted to expand services by establishing a medical division
	  • 1877 – medical section of the BIA was terminated due to inadequate funding
	  • 1880 – 77 physicians serving entire AI population in the United States and its territories
	• Last part of 19th century, federal policy shifted from integration towards defeating Indians in massacres
	• When the focus is on killing Indians in battle, there was little incentive for the federal government to provide health care for Indians

Source: *Legal and Historical Roots of Health Care for American Indians and Alaska Natives in the United States. Prepared by the Henry J. Kaiser Family Foundation. February 2004, pp. 1-17*

American Indian Health Care Journey

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Assimilation Era

- Goal of assimilation: bring Indians into mainstream society and have them abandon their former ways of life
- Many traditional health care activities were banned during the assimilation era
- The Courts of Indian Offenses, federal courts set up on reservations, were empowered to detain "medicine men" indefinitely if they practiced traditional ceremonies
- This prohibition continued until the last half of the 20th century
- Westward expansion by the US resulted in tribes residing in a smaller portion of their original homelands.
- The move to reservations had harmful health effects, in part because it often created a shift away from traditional diets. It became increasingly difficult or impossible to hunt and gather traditional foods and medicines.
- Many of the health problems faced by AI/AN people today, such as diabetes, cancer and heart disease, are related to shifts from traditional dietary patterns.

Source: *Legal and Historical Roots of Health Care for American Indians and Alaska Natives in the United States. Prepared by the Henry J. Kaiser Family Foundation. February 2004, pp. 1-17*

American Indian Health Care Journey

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Snyder Act of 1921	• Provided explicit legislative authorization for federal health programs for Indians • Mandated funds for *"the relief of distress and conservation of health…[and] for the employment of…physicians…for Indian tribes"* • First formal authority for federal provision of health care services to members of all federally recognized tribes
Merriam Report of 1928	• Published findings from a two-year survey of the condition of Indian affairs comparing Indian health services with health services for general population • Report described the devastation caused by move to reservation, failure of Indian education, and the dreadful health status of American Indians • Recommendations: more money should be appropriated and Indian health services should be reorganized to run more efficiently • Also defined the goal of Indian policy to be "the development of all that is good in Indian culture" rather than to "crush out all that is Indian"

Source: *Legal and Historical Roots of Health Care for American Indians and Alaska Natives in the United States. Prepared by the Henry J. Kaiser Family Foundation. February 2004, pp. 1-17*

American Indian Health Care Journey

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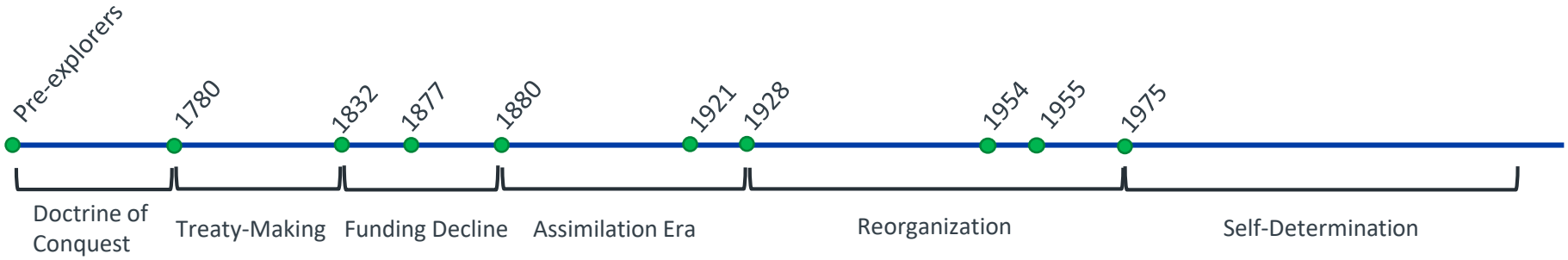

Transfer Act of 1954	• Moved responsibility for Indian health from BIA to the Public Health Service
Indian Health Service (IHS) 1955	• Established as an agency under the Public Health Service in 1955 • As the IHS began to build and staff hospitals and health centers in or near AI/AN communities, Indian health care began to improve
Indian Self-Determination and Education Assistance Act of 1975	• Allows federally recognized tribes to enter into contracts with different government agencies and to also directly receive grants • Tribes would have authority for how they administered the funds, which gave them greater control over their welfare • Congress made self-governance a permanent program in 2000

Source: *Legal and Historical Roots of Health Care for American Indians and Alaska Natives in the United States. Prepared by the Henry J. Kaiser Family Foundation. February 2004, pp. 1-17*

American Indian Health Care Journey

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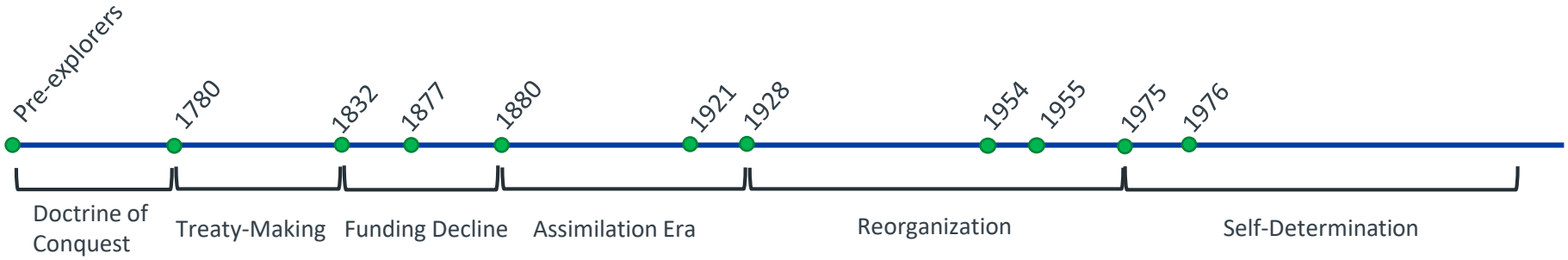

Indian Health Care Improvement Act (IHCIA) of 1976

- Established the IHS Scholarship Programs to education AI/AN health professionals to work in Indian communities
- Authorized Medicare and Medicaid reimbursement for services performed in Indian health facilities
- Although reauthorization expired in 2000, Congress has continued to appropriate funds for IHS each year
- Addressed the continuing lag of Indian health behind that of the general population.
- It provided for:
  - Consolidation and authorization of funding for existing IHS programs
  - Funding authorization for facilities construction
  - Authorization for health and medical services for urban Indians
- Most facilities and programs are located on Indian reservations, but with limited health care services available for AI/AN people living off-reservation in some urban areas.

Source: *Legal and Historical Roots of Health Care for American Indians and Alaska Natives in the United States. Prepared by the Henry J. Kaiser Family Foundation. February 2004, pp. 1-17*

American Indian Health Care Journey

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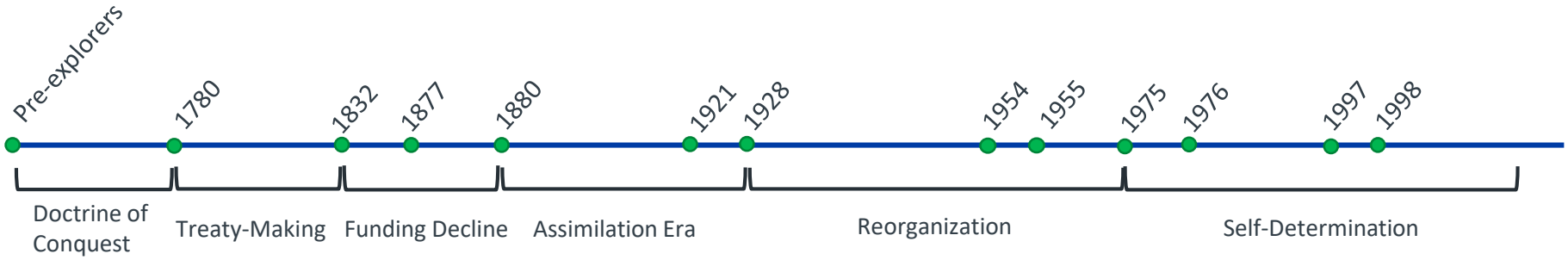

Department of Health & Human Services (DHHS)	• DHHS implemented its tribal consultation policy in 1997
Executive Order 1998	• Clinton administration issued an Executive Order entitled "Consultation and Coordination with Indian Tribal Governments" • Defined the policy requiring executive departments and agencies to consult with tribal governments • Recognized that Indian tribes retain the ability and responsibility to look after the interests of their people

Source: *Legal and Historical Roots of Health Care for American Indians and Alaska Natives in the United States. Prepared by the Henry J. Kaiser Family Foundation. February 2004, pp. 1-17*

American Indian Health Care Journey

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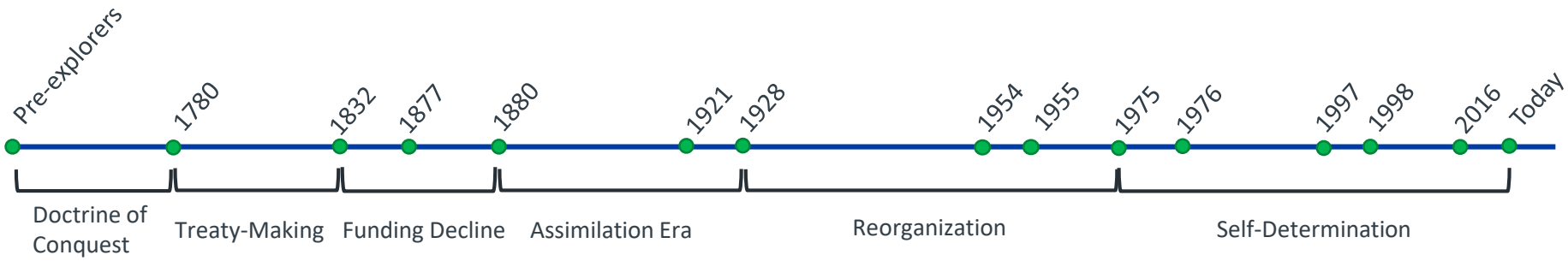

April 25, 2016	• CMS published a final rule on managed care in Medicaid and Children's Health Insurance Program (CHIP) • Codifies a range of Indian managed care protections and provisions • Allows Indians enrolled in Medicaid and CHIP managed care plans to continue to receive services from an IHCP and ensures IHCPs are reimbursed appropriately for services provided • Addresses other Tribal issues, such as sufficient network and payment requirements for managed care plans that serve Indians, network provider agreements with IHCPs, state-Tribal consultation requirements, and referrals and prior authorization requirements
Present Day	• Though the federal government continues to appropriate funds to the Indian Health Services (IHS) to fulfill the federal government's trust responsibility to provide health care services to AI/AN people, they remain to be underfunded as is demonstrated by the disparities in health status between AI/AN people and other population groups

Source: *Legal and Historical Roots of Health Care for American Indians and Alaska Natives in the United States. Prepared by the Henry J. Kaiser Family Foundation. February 2004, pp. 1-17*

Tribal Health System

The Tribal Health System is supported at both the Federal and State levels.

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Federal Level Support

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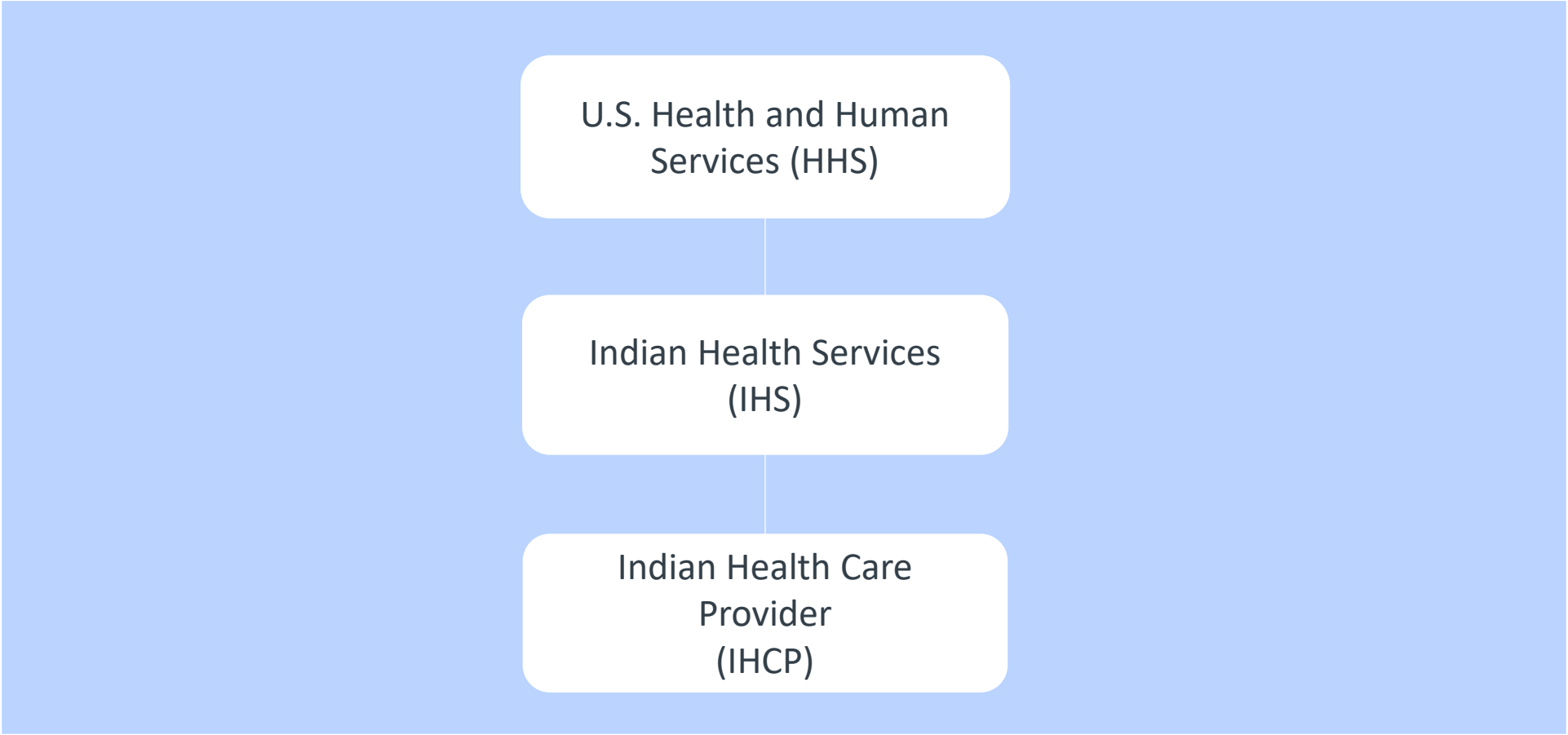
This is the reporting structure at the Federal level.



Federal Level Support

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Indian Health Services (IHS)

- Agency within the Department of Health and Human Services (DHHS)
- Responsible for providing federal health services to federally recognized American Indian and Alaska Natives (AI/AN) in the United States
- Principal federal health care provider and health advocate for Indian people
- Headquarters in Maryland
- Divided into twelve physical areas of the United States.
- Each area has a unique group of Tribes they work with on a day to day basis

www.ihs.gov

Indian Health Care Provider (ICHP)

- A health care program operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U)

42 C.F.R. § 438.14(a) and as defined in Indian Health Care Improvement Act (25 U.S.C. 1603)

State Level Support

AmeriHealth Caritas North Carolina

This is the reporting structure at the State level.

State Level Support

AmeriHealth Caritas North Carolina

North Carolina Department of Administration (DOA)

- Overseen by the North Carolina Office of the Governor
- Has an appointed Secretary who implements any federal government regulations that impact the state of North Carolina
- Created in 1957
- Oversees North Carolina Government Operations including:
  - Advocacy
  - Assistance
  - Services
- Serves State's diverse population and traditionally underserved

https://ncadmin.nc.gov

North Carolina Commission of Indian Affairs

- Established in 1971 in response to concerns received from Indian citizens
- Consists of 21 representatives of the American Indian community
- American Indian members selected by tribal or community consent from the Indian groups recognized by the State *(includes EBCI)*
- Oversees the Urban Indian Organizations

https://ncadmin.nc.gov/about-doa/divisions/commission-of-indian-affairs

State Level Support

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North Carolina American Indian / Urban Indian Organizations

- Non-profit 501(c)(3)
- Funded through grants and contracts from Indian Health Service
- Granted legal status by the State to represent and provide services
- Serve the 7 Tribes that are State-only recognized
- Four organizations in North Carolina:
  - Guilford Native American Association
  - Cumberland County Association for Indian People
  - Metrolina Native American Association
  - Triangle Native American Society

https://ncadmin.nc.gov/citizens/american-indians/american-indian-organizations

American Indian / Urban Indian Organizations

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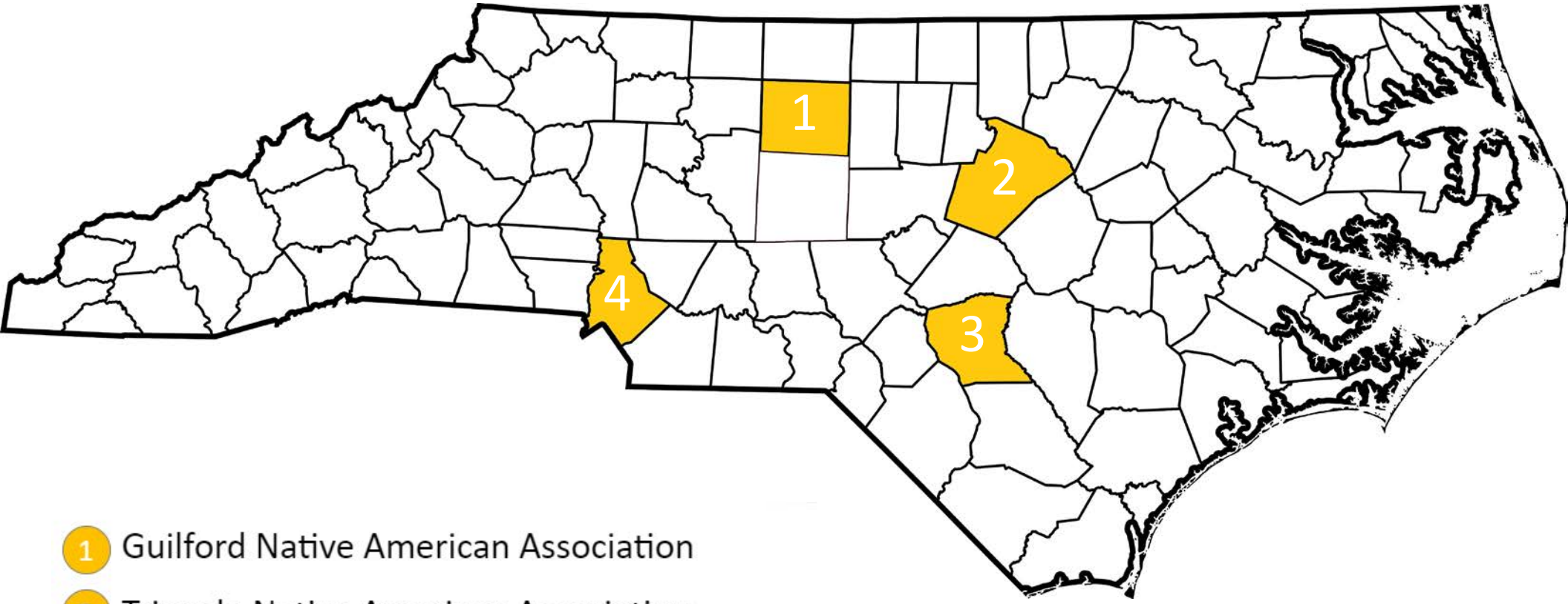

1. Guilford Native American Association
2. Triangle Native American Association
3. Cumberland County Association for Indian People
4. Metrolina Native American Association

https://ncadmin.nc.gov/citizens/american-indians/nc-tribal-communities

American Indian / Urban Indian Organizations

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Guilford Native American Association

- The Guilford Native American Association is in Guilford County, NC. It is a North Carolina State-recognized American Indian Organization, and is a United Way referral agency.
- Incorporated in September 1975 by local parents as a non-profit education advocacy group, the association has grown to encompass child care, employment, age-based community programs.
- It is the oldest American Indian urban association in North Carolina and one of the oldest organizations of its kind in the United States.

Triangle Native American Society

- Triangle Native American Society (TNAS) was incorporated in 1984 to promote and protect the identity of Native Americans living in Wake and surrounding counties by providing educational, social, and cultural programs.
- It was granted official state recognition in 2000 by the N.C. Commission of Indian Affairs and serves as the official governing body for the Native American population in the Triangle area.
- TNAS seeks to foster a local Native community while bridging the various cultural and traditional practices members bring from their respective home tribal communities.

https://ncadmin.nc.gov/citizens/american-indians/nc-tribal-communities

American Indian / Urban Indian Organizations

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Cumberland County Association for Indian People

- The purpose of Cumberland County Association for Indian People (CCAIP) is to enhance self-determination and self-sufficiency as it relates to the socio-economic development, legal, and political well-being of the Indian People of Cumberland County.
- Fostering healthier choices is one of many areas the CCAIP Board words on to improve the lives of its members.

Metrolina Native American Association

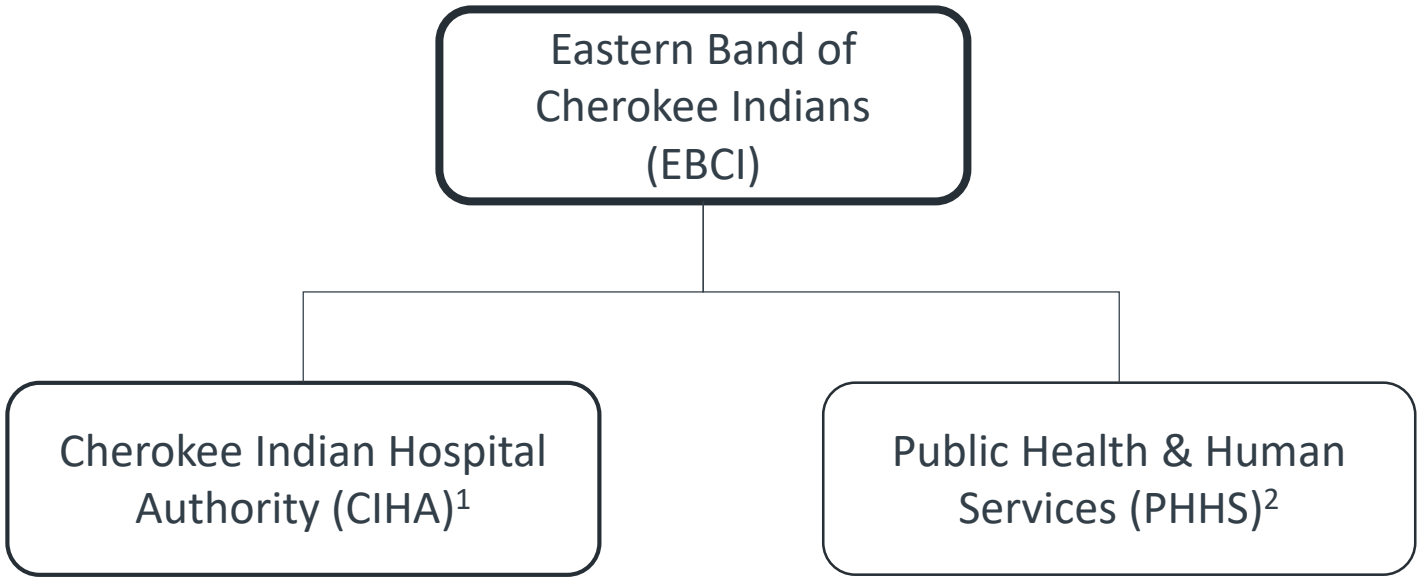
- The purpose of the Metrolina Native American Association is to promote cultural awareness and economic development, provide job training and placement, and provide for the well being of Indian people.
- Their community is served through culture enrichment classes, employment training, work experience opportunities and economic development assistance to help promote and preserve self-sufficiency and self-determination. All activities are coordinated with other Indian organizations and programs in the state.

https://ncadmin.nc.gov/citizens/american-indians/nc-tribal-communities

EBCI Managed / Owned Entities

The Eastern Band of Cherokee Indians is a sovereign nation, meaning they have their own laws, elections, government, and institutions while still having relationships with both the federal and state governments.

The following two entities are managed and/or owned by the EBCI.



[1] https://cherokeehospital.org/

[2] https://ebci.com/services/departments/department-of-public-health-and-human-services/

EBCI Managed / Owned Entities, cont.

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Cherokee Indian Health Authority (CIHA)

- EBCI assumed ownership of CIHA through an Indian Self-Determination Act with IHS
- Three satellite clinics:
  - Cherokee County Clinic
  - Immediate Care Center
  - Snowbird Health Clinic

The information below is current as of 09/09/2019 per the CIHA website.[1]

- Primary medical home for over 11,000 members of EBCI
- Provided over 18,000 primary care provider visits
- Accommodated more than 22,000 ER visits per year
- Hospital has 18 patient beds and two hospice beds in their Inpatient Unit
- On-site pharmacy filled over 283,000 prescriptions in 2018

[1]To always have the most current statistics, please visit https://cherokeehospital.org/locations/

EBCI Managed / Owned Entities, cont.

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Public Health & Human Services (PHHS)

- Services are only for enrolled members of the EBCI
- Invested in educating community in prevention of unnecessary illness and disability
- Make sure that individuals are aware of the services available
- Programs work hand-in-hand with one another, ensuring continuity of care for individuals

www.cherokee-phhs.com

PHHS Programs:

Below is a list of programs available to enrolled members of EBCI. Go to www.cherokee-phhs.com for detailed information regarding each program.

Cherokee Choices	Children's Dental	Domestic Violence	Family Safety	Family Support Services	Head Start / Early Head Start	Heart to Heart	Home Health / Tribal In-Home Care Services	Juvenile Services	Medical Institutional Review Board
Nurse – Family Partnership	Preparedness	Public Relations	Regulatory & Compliance	Supplemental Insurance	Syringe Services	T.A.N.F.	Tribal Food Distribution Program	Tsalagi Public Health	Tsali Care
Veteran Services	WIC Program	Youth Work Permits	Employment	Food Resource Guide	Health Resource Guide				

Healthcare Access: Beliefs & Barriers

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Beliefs / Seeking Care

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Focus on holistic approach to healthcare and healing (mind/body/spirit)

Medicine people are highly valued in the Cherokee culture, especially by the elders/older generation

Wide range of thoughts on seeking health care

- Some will only see Medicine people for both physical and mental health
- Some will only see traditional medical doctors and health care systems
- Some will use a combination of both

Source: Cultural Competency publication 2010; NC Department of Health and Human Services & North Carolina Public Health https://whb.ncpublichealth.com/manuals/culturalcompetency-3-10-10.pdf

Barriers to Healthcare Access

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Lack of insurance

Lack of transportation to medical facilities

Lack of primary health care providers for routine health care services/medical care

Shortage of health care professionals in areas where American Indians live

Low educational levels may impact comprehension of medical terminology

Lack of cultural awareness and attitudes of providers may unconsciously affect their communication with Indian women

Source: Cultural Competency publication 2010; NC Department of Health and Human Services & North Carolina Public Health
https://whb.ncpublichealth.com/manuals/culturalcompetency-3-10-10.pdf

Relationship: AmeriHealth Caritas North Carolina & Eastern Band of Cherokee Indians

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Relationship with Federally Recognized Entities

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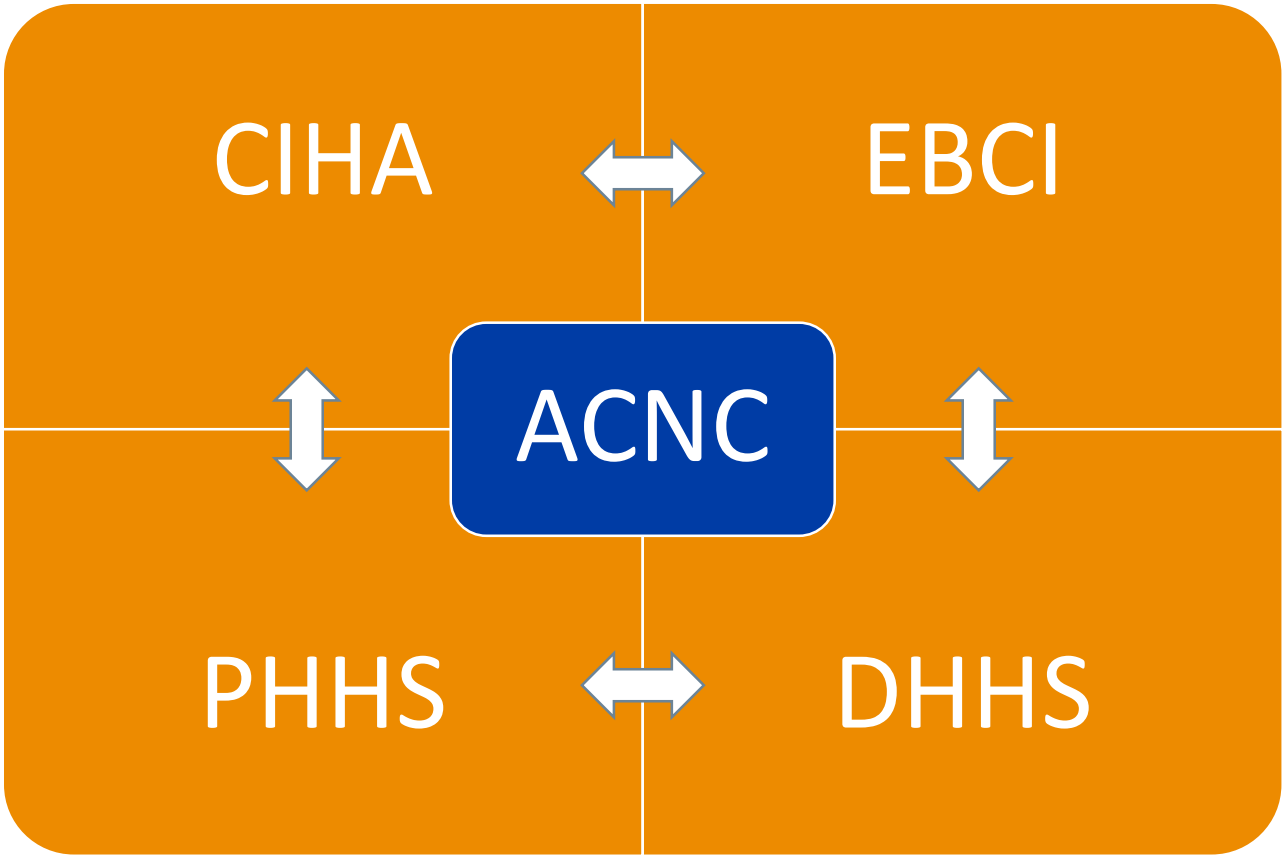

Engagement with Federally Recognized Tribes

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Requirements

Per the NC Medicaid contract, there are requirements that AmeriHealth Caritas North Carolina must meet regarding engagement with federally recognized tribes in North Carolina of which there is one – the Eastern Band of Cherokee Indians.

Meet the Needs	ACNC must have a strong understanding of and capability to meet the needs of federally recognized tribal members.
EBCI Exempt	Members of federally recognized tribes are ***exempt from mandatory enrollment in Medicaid Managed Care***, enabling them to choose enrollment in the Medicaid Fee-for-Service or Medicaid Managed Care at any time.
Partnership	ACNC shall establish an ongoing partnership with the EBCI and other tribal populations that support Members who are tribal members.

Engagement with Federally Recognized Tribes

AmeriHealth Caritas North Carolina

Requirements, cont.

Tribal Engagement Strategy	For federally recognized tribal members [EBCI] that enroll with ACNC, we will implement a ***Tribal Engagement Strategy*** which maximizes accessible, patient and family centered quality health care for individual, family or community members of federally recognized tribes. The Strategy will adapt individual engagement interventions, programs and policies; demonstrate cultural humility, cultural awareness, respect and honor and fit the historical and cultural context of the individual, family, or community members of federally recognized tribes.
Consultation	ACNC shall consult with the Indian Tribes and Tribal Organizations quarterly regarding implementation of the North Carolina Amended Section 1115 Demonstration Waiver initiatives impacting tribal populations.
Collaboration	ACNC shall collaborate with the EBCI to facilitate, at least semi-annually, meetings and forums with the EBCI and IHCPs that serve tribal members.

Engagement with Federally Recognized Tribes

AmeriHealth Caritas North Carolina

Requirements, cont.

Member Education & Training Materials	When requested, ACNC shall make member education and training material available to licensed and unlicensed physical and behavioral health personnel who work with federally recognized tribal members or their families.
IHCP Payment Requirements	ACNC shall comply with the IHCP payment requirements and the IHCP contracting requirements as defined in the Contract. ACNC shall provide and maintain a point of contact for IHCP billing issues to the Department.
Staff Training	Annually, ACNC shall train their staff regarding the Tribal Engagement Strategy and in providing cultural sensitive and consumer-specific supports to the tribal population as referenced in the NC Medicaid Managed Care Contract[1].

[1]Contract reference- Section V.G.2 Staff Training

Engagement with Federally Recognized Tribes

AmeriHealth Caritas North Carolina

Requirements, cont.

Member Engagement	ACNC shall ensure its staff, materials, resources adhere to the requirements described in the North Carolina Medicaid Managed Care Contract[1]. This section of the contract outlines: • Engagement Strategies • Member Services Department • Member Services Website • Written and Oral Member Materials • Mailing Materials to Members • Translation and Interpretation Services • Member Welcome Packet • Member Identification Cards • Member Handbook • Member Education and Outreach • Engagement with Consumers • Engagement with Beneficiaries using LTSS Services • Health Education and Promotion Programs • Member Incentive Program

[1]Contract reference- Section V.B.3 Member Engagement

Tribal Engagement Strategy for Eastern Band of Cherokee Indians (EBCI)

The Tribal Engagement Strategy is for federally recognized tribal members [EBCI] who enroll with ACNC.

The information in this section is directly from the ACNC Tribal Engagement Strategy document.

Tribal Engagement Strategy

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Indian Health Service (IHS) Data

Data from the ***Indian Health Service***[1] confirms that members of the Tribal community:

- Experience disproportionately lower health status when compared to the general population, in areas such as:
  - Lower life expectancy
  - Behavioral Health and Substance Use
  - Adverse childhood events
  - Disease burden
- Disproportionate rates of trauma-related events, particularly to the children and youth, such as:
  - Unintentional injuries
  - Suicide
  - Homicide
- Causes of death occur at a higher rate for children and youth compared to youth of all races and whites in the United States.

[1]Indian Health Service (IHS) is the Federal health program for American Indians and Alaska Natives. www.ihs.gov (2014 Data)

Tribal Engagement Strategy

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North Carolina Specific Data

Specific to North Carolina[1]:

- Cancer remains the leading cause of death for members of Tribal communities

- The following occur at higher rates when compared to other demographic groups:
  - Unintentional opioid overdoses
  - Diabetes
  - Chronic liver disease
  - Low birth rates
  - Behavioral Health diagnosis

[1] https://files.nc.gov/ncdoa/NCAIHB-Infographics-Presentation.pdf?3qBUo1bkNJsqCEu5Wvffvaub8zPJ3w4i

Tribal Engagement Strategy

AmeriHealth Caritas North Carolina

AmeriHealth Caritas North Carolina (ACNC)

ACNC recognizes:

- There are health disparities for American Indians and will work with members and the Tribal community to provide increased focus on support and targeting disparate health conditions.
- Members of the Tribal community are disproportionately impacted by social determinants of health, rooted in historical and continued marginalization that occurs across generations.

Tribal Engagement Strategy: Historical and Existing Trauma

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Historical Trauma

The tribal community has experienced historical, intergenerational, existent and persistent trauma, including[1]:

- Prohibition of religious practices
- Forced sterilization
- Environmental impacts
- Widespread death through warfare and disease
- Land dispossession
- Famine
- Forced removal
- Assimilative boarding schools

Unresolved Grief

The tribal community has experienced a legacy of chronic trauma across generations.[2]

Current Barriers

The barriers the tribal community faces today, which are especially disproportionate in clinical settings, include[3]:

- Racism
- Discrimination
- Microagression
- Bias

[1] http://www.ncai.org/policy-research-center/research-data/prc-publications/Backgrounder-Resilience.pdf
[2] http://tpcjournal.nbcc.org/examining-the-theory-of-historical-trauma-among-native-americans/
[3] https://www.npr.org/sections/health-shots/2017/12/12/569910574/native-americans-fee-invisible-in-u-s-health-care-system

Tribal Engagement Strategy: ACNC Model of Care

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Next Generation Model of Care

As part of the Next Generation Model of Care, ACNC:

- Will recruit staff who are tribal members for positions in our workforce
- Will train community and member/provider-facing staff at the time of new hire orientation and annually thereafter on all Tribal-related information
- Has hired an Account Executive-Tribal Liaison who is dedicated specifically to serve as the tribal liaison for the Plan

Communication and Engagement

- ACNC intends to hold quarterly meetings with tribal community stakeholders (i.e., CIHA and PHHS) in order to establish rapport and identify ways to address the health disparities facing the tribal population
- ACNC will collaborate with the EBCI to facilitate, at least semi-annually, meetings and forums with the EBCI and IHCPs that serve tribal members.
- ACNC has begun outreach to the Lumbee Tribe (largest State-recognized tribe) to begin collaboration on health disparities and regional partnerships.

Tribal Engagement Strategy: Tribal Liaison Responsibilities

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- Responsible for building, nurturing, and maintaining positive working relationships between ACNC and the North Carolina Native American tribal organizations and clinics.
- Will offer provider orientations to tribal providers even though they are not required to contract with ACNC.
- Responsible to administer training to the Eastern Band of Cherokee Indians (EBCI) through new member orientations.
- Will have quarterly joint operating committee (JOC) meetings to consult with the Indian Tribes and tribal organizations in regards to Medicaid Managed Care initiatives impacting tribal populations.

Tribal Engagement Strategy: Building Trust

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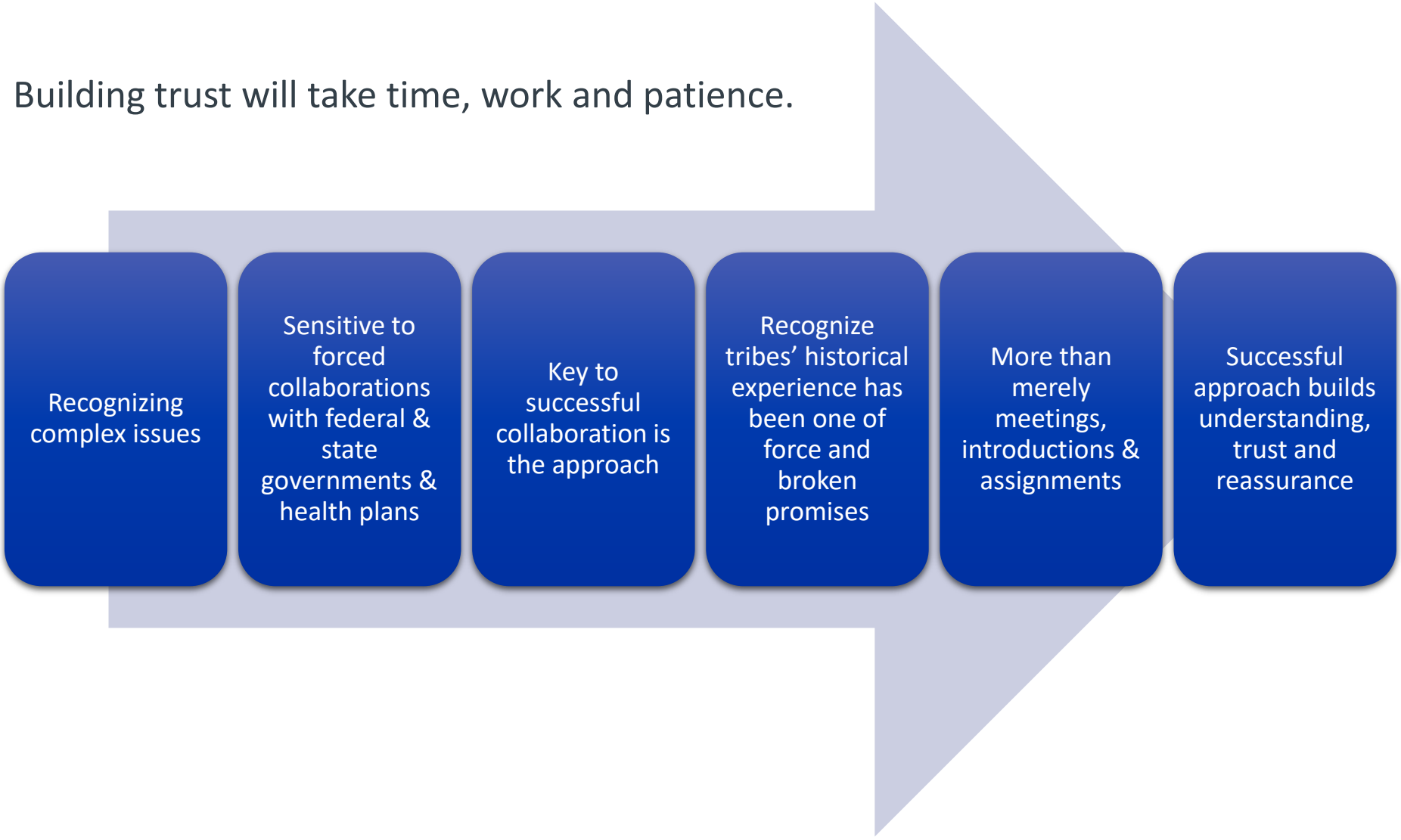
Building trust will take time, work and patience.



Tribal Engagement Strategy: Four Pillars

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Listen	Tribal Understanding	Follow Through	Engagement
• Get to know those with whom we are working • Initial meetings will be focused on actively listening to their fears, concerns, and ideas for improving the current health system • These meetings will be held in their communities and at their preferred locations to increase participation. • We will visit their communities to see their successes and challenges first-hand • They will set the agenda and tell their stories	• Meetings and other communications will generate ideas and tasks • We pledge to enter each partnership with a strengths-based approach and focus on the areas that the Tribe wishes to address • We will answer questions in a manner that respects their level of experiences with managed care • We will offer technical assistance as needed	• Following through is extremely important in building relationships of trust • One can listen and take notes, but positive action must occur in order to gain credibility and momentum.	• Honor both state and federally recognized tribes in North Carolina; however federal legislation grants certain rights only to federally recognized tribes • Have a distinct engagement strategy with the EBCI • Recognize the rights of the EBCI regarding being exempt from mandatory enrollment in Medicaid managed care and their available options

Engagement with EBCI Members & Their Families

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Upon agreement by the EBCI, the CIHA, and other EBCI tribal providers, our initial focus is on the following areas:

1. Gain cultural knowledge of the Cherokee trust land communities served and assure access to culturally aware employees who understand these communities.

2. Gain awareness and understanding of the Native American history with governments and how that created barriers to health care and services (i.e., government imposed health care choices for the EBCI and other federally recognized tribes).

3. Gain knowledge and understanding of the different benefit plans, eligibility allowances and/or exceptions applied to federal and State tribes (i.e., federally recognized tribes eligible for the Tribal Option, Medicaid as payer of first resort for federally recognized tribes).

Engagement with EBCI Members & Their Families

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4. Gain knowledge and understanding of the history and culture of the North Carolina federally recognized EBCI Tribe; use that knowledge to inform and select the most appropriate engagement and communication styles for use with the EBCI members and their families.

5. Gain knowledge and understanding of the EBCI Department of Public Health and Human Services (PHHS). PHHS is a Department within the Executive Branch of the Eastern Band of the Cherokee Indians. Our tribal liaison and ACNC team will work with PHHS to help address the three health priorities of diabetes, substance use, and depression in the tribal community.

Engagement with EBCI Members & Their Families

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6. Adapt individual engagement interventions, programs, and policies to fit the cultural context of the individual, family or community in order to maximize the person's ability to make informed decisions regarding their health care options (in due to Medicaid and/or IHS eligibility) and choice of providers. ACNC will host new member orientations for tribal members who have opted into our Managed Care Plan.

7. Implement policies and procedures that handle transition to and from the plans accordingly. This includes recognizing the geographic impact of the decision-making process for federally recognized members in western North Carolina versus other parts of North Carolina; understanding the options from Cherokee, "Murphy to Manteo" and all in between.

Engagement with EBCI Members & Their Families

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A meaningful relationship is critical and must be about choices and options rather than authority and mandates.

Personal interactions are important.

Our strategies will take into account uniqueness of family structures.

Native American family structure may be different than non-native families

May include extended and blended families.

May be trilingual (English, Cherokee and Spanish) and our interventions and strategies must embrace and accommodate such.

Gender and age play an important role in the engagement of the Cherokee people

Elders are highly respected and may require communication styles which are more targeted and time intensive.

Pregnant women and veterans are also revered in ways that differ from non-Native American cultures.

Tribal Engagement Strategy: Care Management and CLAS

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Culturally Sensitive Care Management

Our care management strategy:

- Supports the cultural uniqueness of all members
- Care Managers are well versed in person-centered thinking and holistic care that is led by the member
- Recognize and respect that each family is the expert on their culture and needs
- Providing a culturally sensitive approach to whole-person care benefits individual members, provider, institutions, and health care systems

Culturally and Linguistically Appropriate Standards (CLAS)

ACNC leverages the National CLAS to help ensure our efforts are responsive to the communities we serve. The Standards are:

- Principal Standard
- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability

Tribal Engagement Strategy

AmeriHealth Caritas North Carolina

In summary, AmeriHealth Caritas North Carolina's engagement strategies will focus on activities that establish and sustain connections with tribal providers and tribal members.

We will work to honor all the terms and conditions outlined in the contract without hesitation and will strive to foster greater flexibility in establishing additional models and expanding terms and conditions of the operations that address the health disparities unique to the Cherokee and other tribes in North Carolina.

Integration Approach:
AmeriHealth Caritas North Carolina
&
EBCI Public Health and Human Services (PHHS) Office

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Approach to Integration

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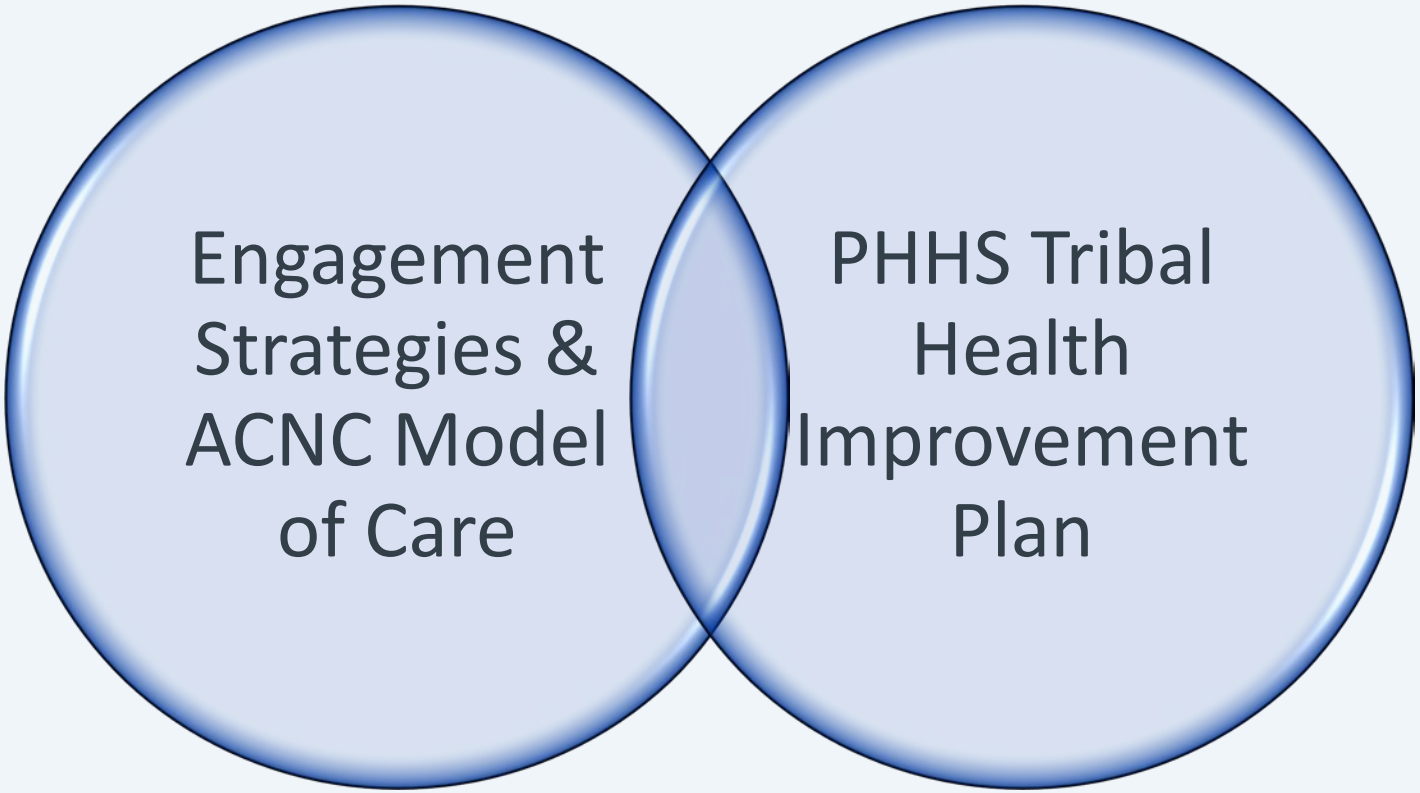
An important aspect of our approach to integrating with EBCI Public Health and Human Services (PHHS) offices is to include our alignment between the AmeriHealth Caritas North Carolina model of care and the PHHS Tribal Health Improvement Plan.



Tribal Health Improvement Plan 2015

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In 2015, a three year Tribal Health Improvement Plan was adopted by PHHS.

This plan has three major areas of focus: Diabetes, Substance Use Disorder, and Depression.

Diabetes[1]	• In the EBCI Tribe, 6 out of 10 people age 65 and over had diabetes
	• Type 2 diabetes mellitus (T2DM) is consistently one of the top 5 admitting diagnoses at CIHA
	• In 2014, CIHA saw an 11.1% increase in admitting diagnosis of T2DM from the previous year
	• A CDC Racial and Ethnic Approaches to Community Health Survey conducted in 2012, revealed:
	  • 83.7% of individuals surveyed within Jackson and Swain counties who were of Native American descent were found to be overweight or obese
	  • 60% of persons aged 65 and over had diabetes
	  • The age adjusted diabetes prevalence within EBCI was 24.9% compared to 22.6% in the Nashville area

[1]Public Health & Human Services EBCI (http://cherokee-phhs.com) Document: http://cherokee-phhs.com/pdfs/THIPFINAL2015.pdf. pp. 10, 20-21

Tribal Health Improvement Plan 2015

AmeriHealth Caritas North Carolina

Substance Use Disorder[1]	• Alcoholism mortality rates are 5 times higher among American Indian / Alaska Native populations than in the general population • Opioid Use Disorder and drug withdrawal are the top two admitting diagnoses at CIHA • According to the 2013 Tribal Health Assessment, in FY 2012, 1,530 patients had at least one drug related diagnoses code
Depression[2]	• One of the top diagnoses at CIHA • Several studies of different American Indian / Alaska Native communities have found the prevalence of depression ranging from 10-30%, compared to a rate of 6.9% within the U.S. population aged 18 years and older

[1]Public Health & Human Services EBCI (http://cherokee-phhs.com) Document: http://cherokee-phhs.com/pdfs/THIPFINAL2015.pdf. pp. 22-23

[1]Public Health & Human Services EBCI (http://cherokee-phhs.com) Document: http://cherokee-phhs.com/pdfs/THIPFINAL2015.pdf. pp. 24-25

Aligning Strategies

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Our efforts will align with PHHS priorities to reduce the prevalence of diabetes, substance use disorder, and depression in this community.

- We will collaborate with tribal health and wellness programs, community centers, and other entities to create trust and build relationships with EBCI and PHHS
- Our Tribal Liaison* and ACNC team will work with EBCI PHHS to help address these three health concerns
- Our Tribal Liaison will work to enhance and expand education, treatment, and prevention strategies for Tribal Members
- An important aspect of our strategy includes building a network of tribally owned/operated provider organizations

**A Tribal Liaison is an individual hired by ACNC to work closely with and build relationships with the NC tribes.*

Specific Alignment Strategies

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Specific strategies to align our model of care with PHHS priorities include:

Develop a Culturally Sensitive Pilot Program Aimed at Improving Native American Diabetes Outcomes

- ACNC will offer an option to sponsor the cost of diagnostic equipment for remote patient monitoring that transmits data to the Care Management team
- We will modify our existing diabetes-related education on nutrition, exercise, and medication to reflect Native American traditions
- We will engage tribal providers with additional supports from our Practice Transformation team to support clinical process improvements focused on diabetes-related outcomes

Engage Tribal Providers to Treat SUD, including Peer Support

- As we develop our behavioral health provider network, we will contract with NA certified Peer Support Specialists to provide peer support and assistance to Members who have received or are receiving BH services
- Through their personal experiences, cultural knowledge, and belief in recovery, they are uniquely able to support Members as they develop recovery plans, as well as when they are in crisis

Collaboration with Public Health & Human Services (PHHS)

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Collaboration with PHHS

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In addition to our EBCI Tribal Liaison, we will collaborate with PHHS on the following:

Cultural Sensitivity Plan	• Develop and implement a plan that adheres to the CLAS Standards framework • Will improve the quality of services provided to all health plan members, ultimately reducing health disparities and achieving health equity
Culturally Sensitive Benefits	• Establish an EBCI healing benefit honoring the relationship between the member, nature and the spirit • Administer this benefit in a manner that preserves the sacred nature of the healing ceremony and respects the member's privacy • EBCI Tribal Liaison will be critical in helping develop this benefit and related member materials
Culturally Sensitive Providers	• Develop a network that reflects the cultural make-up of our membership • Contracting with providers who speak Native American languages, have experience working with Native American communities – specifically the EBCI community – is a priority for providing culturally responsive care

Collaboration with PHHS, continued

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Community Engagement	• Collaboratively approach contracting with EBCI enterprises, such as:
	  • CIHA, for both inpatient and outpatient services
	  • Cherokee Boys Club
	  • Cherokee EMS
	  • Tribal Vocational Rehabilitation
	  • Cherokee Transit
	  • Providers of complementary medicine, including massage therapy, healing touch, and biofeedback
	• Want members to stay connected with their community and will work to contract services with local resources

Culturally Sensitive Staff	• Strive to reflect the diversity of our membership within our staff by actively recruiting in the communities we serve • All local North Carolina staff will be required to participate in the cultural sensitivity training program • During the first year, staff with direct interaction with members will participate in quarterly training and annual training thereafter • We will work with the EBCI community and cultural experts to develop training courses

Collaboration with PHHS, continued

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Health Education Plan	• Develop a culturally appropriate member education program on achieving and maintaining good health
Racial, Ethnic, and Linguistic Data	• Gather member's self-reported race, ethnicity, and language data to improve member communication and to manage provider network composition
Provider Assessment Data	• Conduct an annual assessment of the provider network's ability to meet the racial, ethnic and linguistic needs of our members

Building Relationships with Indian Health Care Providers (IHCP)

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IHCP Engagement

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ACNC will give specific attention and focus to the uniqueness of the EBCI community and the health care and related services available through tribal organization.

Some examples of Indian health care providers who we will engage with include:

CIHA[1]	• 18 patient beds, with two hospice beds
	• Operates the following outpatient services:
	  • Primary Care Clinic
	  • Pharmacy
	  • Occupational, Physical and Speech Therapy
	  • Dental Clinic
	  • Eye Clinic
	  • Complementary Medicine
	  • Durable Medical Equipment (DME)
	• Full range of BH services, including outpatient clinics and school based services.
	• Satellite locations: Cherokee County Clinic
	  • Immediate Care Center
	  • Snowbird Health Clinic
	  • Kanvwotiyi Residential Treatment Center
	  • Analenisgi: Adult Outpatient and Recover Center

[1]Cherokee Indian Hospital Authority (https://cherokeehospital.org)

IHCP Engagement, continued

Tsali Care Facility[2]	• 72-bed skilled health care facility
Unity Healing Center[3]	• 16-bed, long-term residential treatment facility • Offer SUD and counseling services from a unique Native American cultural perspective

[2]Public Health & Human Services EBCI (http://cherokeehospital.org/locations/tsali-care-center)

[3]Indian Health Service (https://www.ihs.gov/nashville/healthcarefacilities/unity/)

Contracting with IHCPs

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Contracting with EBCI entities will require time, patience, and technical assistance.

ACNC's approach will be to:

- Work with the regional Indian Health Service (IHS) program office in Nashville, TN to ensure we are sensitive to the needs and efforts of IHPs in this region
- Approach contracting as a partnership with IHCPs
- Work to directly contract services with local resources, such as:
    - Patient Centered Medical Homes (PCMH)
    - Federally Qualified Health Centers (FQHC)
- Work with PCMHs and FQHCs via relationships with:
    - North Carolina Community Health Center Association
    - Community Health Workers
    - School based health centers
    - Core service agencies
    - Paramedicine programs
    - County entities
    - Centers for independent living and tribal entities

Appropriate Staff

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We are committed to hiring and deploying the appropriate staff:

Provider Network Management Staff	• PNM staff will have the necessary experience to assist EBCI community-based organizations with contracting and credentialing • ACNC will work with EBCI leadership in North Carolina to identify individuals within EBCI to fulfill these key roles
Billing Liaison	This role will: • Support the Tribal Liaison • Work with the Nashville-area IHS to better understand how to integrate the claims payment process so we are in sync on reimbursement matters
Tribal Liaison	In addition to the functions previously described, the Tribal Liaison will: • Function as the Provider Account Executive for each contracted Tribal entity, serving as their single point of contact • Be trained in IHP requirements • Be accountable for developing necessary tribal networks, meeting with each entity as often as necessary until contracting and credentialing is complete • Meet monthly with providers for the first year once they are in-network to facilitate a smooth transition and troubleshoot unforeseen issues • Participate in the development and delivery of our cultural sensitive training program created in collaboration with Tribal leadership

Cultural
Sensitivity / Awareness / Humility

(not Competency)

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Terminology

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The terminology we use is significant and will impact building relationships. Many of us are used to hearing and using the term “Cultural Competency”.

We refrain from using the word ‘competency’, because American Indians believe that unless you were born a native, you will never be competent in their culture.

We can, however, have cultural sensitivity, awareness and humility.

Sensitivity

Awareness

Humility

Blend of Traditions and Modern Culture

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- Elders, veterans and expectant mothers are held in important status
- Diversity of culture between and within American Indian communities
- Lead lives reflective of Cherokee heritage and the diversity of American culture and society
- Live with traditional values, but also use technology
- Can become confusing and lead to depression for teenagers and young adults who want to honor their elders but also want to pursue more modern lives

Source: Cultural Awareness to Help While Serving Native Veterans, June 2012; Office of Rural Health (https://www.va.gov/tribalgovernment/resources.asp)

Importance of Family

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- Family is first
- The community is also “family” – responsibility towards one another
- Great responsibility for providing for family – health, financial, etc.
- Extended families may live in the same household
- Often includes grandparents, uncles/aunts, cousins
- May be blended families of Native and non-Native

Source: Cultural Awareness to Help While Serving Native Veterans, June 2012; Office of Rural Health (https://www.va.gov/tribalgovernment/resources.asp)

Traditional Values

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This is a general look at traditional values. These may differ among those living and not living within the American Indian community; and even within the American Indian community itself.

- Believe listening is the best way to learn
- Understand the power of words, so they speak carefully and believe it unwise to speak before completely formulating their thoughts
- Patience is very important – time should be given to make decisions
- Responsibility for one's actions
- Consider the good of the whole – they are not individualistic
- Respect the unique individual difference among people
- Women have always had equal power with men

- Great value on sharing and service
- Interrupting a Native American is considered rude and a sign of ignorance
- Quietness or silence is valued and is a form of etiquette
- Present needs tend to take precedence over vague future rewards
- Practical minded – understand concrete educational program/materials and approaches rather than abstract or vague
- Spirituality is considered a part of everything

Source: Cultural Awareness to Help While Serving Native Veterans, June 2012; Office of Rural Health (https://www.va.gov/tribalgovernment/resources.asp)

Culturally Sensitive Techniques for Interaction

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Acknowledge Differences

- Societal differences will impact a Native American's behavior, beliefs and values
- We should work to incorporate these differences into individual care plans, healthcare assessment, diagnosis and treatment

Communication

- Adapt tone of voice, volume and speed of speech to match a Native American's.
- Silence is acceptable and expected. Do not try to fill the silence
- Learn not to interrupt. It is considered very rude and a sign of ignorance on your part
- Let a story be finished. Native American's are storytellers by design. It is how many traditions and beliefs are passed from one generation to the next.
- Respect narrative style of communication. Again, they are storytellers and not all will be able to give a brief, succinct response to a question.

Elders

- Respect the input and opinion of the Elders

Source: Cultural Awareness to Help While Serving Native Veterans, June 2012; Office of Rural Health (https://www.va.gov/tribalgovernment/resources.asp)

Culturally Sensitive Staff

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Build Rapport / Relationships
• Taking time to understand their culture and respecting their styles of communication will go a great distance with building trust • They may be distrustful of outside entities • Ask them about their tribe and family history • Ask them about their thoughts or ideas on healthcare, especially when creating a care plan • Understand that if they have had a bad experience with other “government agencies” they may transfer that experience/feeling to ACNC

Source: Cultural Awareness to Help While Serving Native Veterans, June 2012; Office of Rural Health (https://www.va.gov/tribalgovernment/resources.asp)

Culturally Sensitive Staff – External Staff

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Eye Contact
• Understand that eye contact varies by culture • Learn from them if direct eye contact is considered rude and disrespectful and honor their belief • Be careful not to misinterpret their body language (i.e., lack of eye contact) as a sign of depression, etc.

Personal Space
• As with any other member or culture, respect their personal space

Dress/Clothes
• Dress for the purpose of your visit. For a business meeting, dress for business. To meet with a member or family, be aware that the community tends to be more casual (i.e., business casual) • Dressing too professionally or over-dressing may create disconnect between you and the individual due to an impression of wealth or power

Source: Cultural Awareness to Help While Serving Native Veterans, June 2012; Office of Rural Health (https://www.va.gov/tribalgovernment/resources.asp)

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GV

(wä-do)

Thank You

Care is the **heart** of our **work.**

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