



# National Indian Health Board 31st Annual Consumer Conference Agenda

## Sunday September 7, 2014

11:00 am-12:30 pm

### **New Board Member Orientation**

Open to new NIHB Board Members

*Sierra Vista-19th Floor*

1:00-5:00 pm

### **NIHB Quarterly Board Meeting**

*Sierra Vista-19th floor*

**Registration Set Up**

**Vendor Set Up**

## Monday

## September 8, 2014

## Consultations and Trainings

7:00 am-5:00 pm

### Registration Open

*Pavilion Landing*

### Vendors Open

*Atrium*

## Tribal Health Consultations & Listening Sessions

9:00 am-12:00 pm

### Indian Health Service Listening Session

*Grand Pavilion Ballroom*

Indian Health Service (IHS) will host a Tribal Listening Session to seek Tribal Leaders' feedback on IHS programs, activities and services. IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. During this Tribal Listening Session there will be ample opportunity for Tribal Leaders and representatives to learn more about current issues and events and provide feedback to IHS.

1:00-4:00 pm

### Health Resources and Services Administration Consultation

*Grand Pavilion Ballroom*

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care by strengthening the health care workforce, building healthy communities and achieving health equity. HRSA and Indian Tribes share the goal of eliminating health disparities and achieving health equity within American Indian and Alaska Native populations and ensuring that access to critical health and human services is maximized. The purpose of this event is to consult with Tribes, listen to ideas, comments, and feedback, so that HRSA can continuously work to improve our programs with this shared goal in mind.

1:00-2:30 pm

### Veterans Affairs Consultation

*Enchantment Ballroom*

The Department of Veterans Affairs (VA) Tribal consultation will focus on the Memorandum of Understanding (MOU) between VA and the Indian Health Service (IHS) and how the 2010 MOU has affected health care for Veterans. The consultation will also request input on an aspect of the MOU, reimbursement agreements, and how reimbursement agreements affect health care for Veterans in Indian Country. Reimbursement agreements are the agreements by which VA reimburses the IHS or a Tribal Health Program (THP) for direct medical care provided to eligible and enrolled Veterans receiving care in IHS or THP facilities.

3:30-5:30 pm

### Centers for Medicare and Medicaid Services Listening Session

*Enchantment Ballroom*

Centers for Medicare and Medicaid Services (CMS) will be holding a Tribal listening session to afford an opportunity for conference participants to raise concerns and ask questions about the CMS programs: the Health Insurance Marketplace, Medicaid and CHIP, and Medicare. CMS leadership and staff will be available to answer questions and/or to follow up on issues raised. CMS wants to hear how it can improve its communications in Indian Country and how it can improve access to health services for Indian people. As part of the listening session, CMS will provide an overview of its Tribal Consultation Policy and how that has been implemented, including the activities of the CMS Tribal Technical Advisory Group. The CMS Tribal Consultation Policy is out for formal Tribal consultation with written comments due October 1, 2014.

## Training Sessions

8:30 am-4:30 pm

### **Taking it to the Streets: Community Mobilization for Increased HIV/HCV Awareness and Coalition Building in Rural American Indian Communities**

*Room Fiesta 1 & 2*

Native organizations need to utilize strategic planning methods, collaboration and restructuring to demonstrate their credibility to provide HIV prevention programming for rural Indian communities. This training will feature the Navajo Nation who will discuss how they developed a comprehensive, culturally sensitive strategic plan to address rising numbers of HIV diagnosis on the reservation. The second half will feature Sacred Spirits-First Nation Coalition presenting a framework for community mobilization based upon their efforts to address injection drug use on the White Earth reservation. In addition to highlighting these successes, presenters will provide tips to develop a plan and in formulating a coalition-based public health effort to address HIV and Hepatitis C in Indian communities.

**MICHAELA GREY**, Manager of Programs, National Native American AIDS Prevention Center

**PHILENE HERRERA**, Program Manager, Navajo Health Education and HIV Prevention Program

**KURT BEGAYE**, Navajo Health Education and HIV Prevention Program

**CLINTON ALEXANDER** Executive Program Director, Sacred Spirits Project CEDAR

1:00-4:30 pm

### **Public Health Accreditation Board-What Is Accreditation and How Can Departments Be Successful in the Process**

*Room Fiesta 3 & 4*

This session will provide an overview of the Public Health Accreditation Board (PHAB) accreditation program, including the process, benefits, Standards and Measures, and the latest updates about PHAB. Additionally, participants will receive tips from an Accreditation Specialist on getting organized for the process. The session will be interactive, allowing for participants to ask questions throughout the presentation.

**JENNIFER JIMENEZ**, Accreditation Specialist, Public Health Accreditation Board

6:00 pm

### **Opening Reception**

Sponsored by the Albuquerque Area Indian Health Board

*Grand Pavilion Ballroom*

7:30-9:00 pm

### **Native Youth Health Film Festival**

*Grand Pavilion Ballroom*

Featuring Digital Stories created by American Indian Youth during the NIHIB Native Youth Health Summit, September 4-8 at Navajo Nation.

With opening and comments from:

**RON LESSARD**, Chief of Staff, White House Initiative on American Indian and Alaska Native Education

*Providing Support, Building What Works and Creating Positive Change for Youth*

And:

**STACY A. BOHLEN**, Executive Director, National Indian Health Board

**SARAH KASTELIC, PHD**, Deputy Director, National Indian Child Welfare Association

**JACKIE JOHNSON PATA**, Executive Director, National Congress of American Indians

**ROBIN MINTHORN**, Board of Directors, National Indian Education Association

*First Kids Ist!*

An introduction to the First Kids 1st Initiative, a national Native Youth empowerment project for all Tribes, through collaboration with the National Indian Health Board, National Native Child Welfare Association, National Congress of American Indians and the National Indian Education Association.

# Tuesday

## September 9, 2014

### Plenary

*Grand Pavilion Ballroom*

8:00 am

#### **Opening Ceremony** **Posting of the Colors**

**WINGATE HIGH SCHOOL ROTC COLOR GUARD**

#### **Blessing**

8:30-9:00 am

#### **Welcome and Opening Remarks**

**CATHY ABRAMSON**, Chairperson, National Indian Health Board

9:00-9:30 am

#### **Welcome from the Host Tribe**

**BEN SHELLY**, President, Navajo Nation (invited)

9:30-10:00 am

#### **Key Note**

**ROBERT M. WAH, MD**, President of the American Medical Association (AMA)

Dr. Wah will speak about his perspective on how American Indians/Alaska Natives can work with the AMA for better health outcomes. Our alliance with the AMA can provide opportunities to put forward important policy issues as Official Observers at the House of Delegates and submit Resolutions for the AMA Membership to consider.

10:00-10:10 am

#### **Video Greeting**

**THE HONORABLE SYLVIA MATHEWS BURWELL**, Secretary of the United States Department of Health and Human Services

10:10-10:45 am

#### **Remarks, Updates and Q&A with the Indian Health Service**

**YVETTE ROUBIDEAUX, MD, MPH**, Acting Director, Indian Health Service

10:45-11:05 am

## Address and Updates from Health Resources and Services Administration

MARY WAKEFIELD, PHD, Administrator, Health Resources and Services Administration

11:05-11:30 am

### Increasing Health Care Services to Indian Country

JENNIFER RYAN, Director, Intergovernmental and External Affairs Group, Center for Medicaid and CHIP Services

11:30-11:45 am

### Grassroots Advocacy: Creating the Conditions for Change

PEGGY FLANAGAN, Executive Director, Children's Defense Fund of Minnesota

TIMOTHY SCHUERCH, President/CEO, Maniilaq Association

CAITRIN SHUY, Director, Congressional Relations, National Indian Health Board

11:45 am-12:15 pm

### Dental Health Aid Therapy-Hope for Affordable Dentistry in Indian Country and the United States

SENATOR BENNY SHENDO, New Mexico Legislature

JOHN STEPHENS, Director of Health and Social Services, Swinomish Tribe

12:15-1:30 pm

### Special Luncheon Discussion (Lunch Provided to Registered Conference Attendees)

*Grand Pavilion Ballroom*

#### Discussion:

#### *Electronic Medical Records Implementation in Indian Country*

What is the NIHB HITECH-REC? This odd acronym stands for the National Indian Health Board (NIHB) Health Information Technology for Clinical and Economic Health (HITECH), Regional Extension Center (REC) for the Implementation of Electronic Medical Records in Indian Country. We will discuss the status of this ground breaking project, assess the future of HITECH in Indian Country and answer your questions.

#### Context:

In 2010, the HHS Office of the National Coordinator for Health Information Technology (ONC) funded and created 62 HITECH-RECs in every geographic region of the U.S. NIHB received a cooperative agreement from ONC to establish the American Indian/Alaska Native (AI/AN) Regional Extension Center (REC). While most RECs serve a single state, the NIHB AI/AN REC is the only national center and is the only REC solely devote to serving Tribes and urban Indian populations located in 37 states throughout the U.S. The purpose of the project is to help Indian Country achieve "meaningful use" of electronic health records in every sector of the I/T/U system. In order to take on this national-scope work, NIHB hired four partner Tribal organizations to help us achieve the NIHB HITECH-REC. Today, the NIHB HITECH-REC has completed the 4 year period of the cooperative agreement and is currently in a one-year no cost extension period, ending April 2015. As we close out this program, we must assess the progress made thus far, the work that remains to be done by April 2015, and ask the most important question: What is next for Indian Country in our quest to fully implement electronic health records? Our partners join us today for this important panel discussion and invite audience members to share their ideas on a future pathway.

Moderator:

CAROLYN CROWDER, HITECH Coordinating Consultant to the National Indian Health Board

Panel:

NATIONAL INDIAN HEALTH BOARD

UNITED SOUTH AND EASTERN TRIBES

## Afternoon Workshops

SESSION ONE, TUESDAY 1:45-3:15 PM

### Health IT System Thinking: From “Have To” 2 “Want To”?

*Room: Enchantment E*

Health information technology (health IT) makes it possible for health care providers to better manage patient care through secure use and sharing of health information. Health IT includes the use of electronic health records (EHRs) instead of paper medical records to maintain people’s health information. The NIHB AI/AN REC project was designed to provide practical, customized support to meet the needs of local health care providers. Learn tips for motivating providers and care teams to adopt and implement health information technology in order to improve health care quality, efficiency, and safety and achieve Meaningful Use (MU) goals.

**JAMES SPILLANE, IA**, Informatics & Applications Project Manager, Sitnasuak Health Solutions, ISAC Member, ONC Fellow

### Enrollment Assistors: Best Practices and Lessons Learned

*Room: Enchantment C*

This workshop will provide an overview of enrollment strategies and a presentation on how to increase enrollment for Health Insurance in 2015.

**APRIL HALE**, Tribal Health Care Reform Communications Coordinator, National Indian Health Board

**TINKA DURAN**, Program Manager, Great Plains Tribal Chairmen’s Health Board Navigator Program

**ALLAN KING**, Alternate Resource Representative/Certified Application Counselor, Native Health Phoenix

### 1115 Demonstration Waivers, Medicaid Expansion Status—Uncompensated Care Waivers

*Room: Sendero I*

This panel will provide an overview of the Section 1115 Demonstration Waiver program, examine how states are using Demonstration Waivers to redesign their Medicaid programs, and examine Tribal rights and opportunities to work with states to use Demonstration Waivers to enhance Tribal health programs. This panel will also discuss how Tribes in Arizona, AHCCCS and CMS overcame outstanding issues to institute uncompensated care payments, including the determination of the state match for non-Indians served at IHS and 638 facilities, Medicaid comparability rules and civil rights issues.

**ELLIOTT MILHOLLIN**, Partner at Hobbs, Strauss, Dean, & Walker, LLP

**LANE TERWILLIGER**, Technical Director, Medicaid, Division of State Demonstrations & Waivers

**ALIDA MONTIEL**, Inter-Tribal Council of Arizona

**JIM ROBERTS**, Policy Analyst, Northwest Portland Area Indian Health Board

### Affordable Care Act (ACA) 101 (Repeating Workshop)

*Room: Enchantment B*

This workshop will cover the basics of the Affordable Care Act and the special provisions for American Indian and Alaska Natives.

**DAWN M. COLEY**, National Indian Health Board

**EULANDA CICARELLA**, Claims Analyst, Navajo Nation  
**ADAM ARCHULETA**, ACA Coordinator, Tucson Area Indian Health Service

## **Achieving Advance Appropriations for the Indian Health Service-Legislative and Grassroots Strategies**

*Room: Sendero III*

The workshop will focus on legislative and grassroots strategies to achieving positive change in communities. Presenters will focus on how to build new and existing relationships in order to advance issues of importance to Indian Country. Participants will look specifically at the issue of achieving advance appropriations for the Indian Health Service.

**TIMOTHY SCHUERCH**, President and CEO, Maniilaq Association

**PEGGY FLANAGAN**, Executive Director, Children's Defense Fund of Minnesota

**CAITRIN SHUY**, Director of Congressional Relations, National Indian Health Board

## **Food for Life: SDPI**

*Room: Fiesta III-IV*

This workshop will present on Food for Life, a plant based diet of Fruits, Vegetables, Grains and Legumes. During the presentation we will discuss a typical six week curriculum used by Navajo Special Diabetes for Indians (SDPI) Project Nutritionists that include recipes, focused on the three sisters (Corn, Squash, and Beans), rediscovering the foods of native ancestors, who never had diabetes.

**BETTI DELROW**, Program Manager, Navajo Nation

**CAROLINE TRAPP**, Director of Diabetes Education and Care, Physicians Committee for Responsible Medicine

**LENA GUERITO**, Nutritionist, Navajo Special Diabetes Project, Navajo Nation

## **We R Native**

*Room: Fiesta I-II*

We R Native is a national multimedia health resource for Native youth, run by the Northwest Portland Area Indian Health Board. We R Native includes a website ([www.WeRnative.org](http://www.WeRnative.org)), text messaging service, Facebook page, YouTube channel, Twitter feed, Instagram account, and a variety of educational resources. This presentation will share strategies to promote adolescent health in your local community using We R Native. The session will explore tips and lessons learned for those interested in managing their own multimedia campaigns. Participants will leave with information about available AI/AN health promotion media campaigns, tools, resources, and ideas for incorporating their use back home.

**AMANDA GASTON**, Project Manager for Native It's Your Game (IYG), Northwest Portland Area Indian Health Board

**THOMAS LEE GHOST DOG, JR.**, Project Assistant for Project Red Talon, Northwest Portland Area Indian Health Board

## **Approaches to Oral Health Care that Establish a Continuum of Care: Dental Therapists Training and in Action**

*Room: Enchantment D*

This workshop will provide an opportunity to learn how the Alaska Native Tribal Health Consortium (ANTHC) selected and implemented the highly successful Dental Health Aide Therapist (DHAT) model to address dental care in their village communities. Panelists will describe how oral disease among Alaska Natives had reached crisis proportions and the barriers to dental care due to high rates of dental provider vacancies. Numerous children were sent out of villages to operating rooms for dental treatment, an indication of a failing system. Ten years after ANTHC launched its program in 2003, DHATs living and working in remote tribal communities are filling a critical need. Today, a DHAT see 830 patients in 1,200 patient encounters per year, providing preventive services about 700 times. DHATs in Alaska have been

able to serve 80 communities reaching more than 40,000 Alaska Natives. This session will introduce Tribes outside of Alaska to this model and provide insights into how to create the model training program in 15 other states considering this approach.

**MARY WILLIARD**, Director, DHAT Education Program, Alaska Native Tribal Health Consortium

**VALERIE DAVIDSON**, Yupik Attorney

**CORA ROBERTS**, DHAT, South East Regional Health Corporation

## **NB3F Native Strong: Healthy Kids, Healthy Futures**

*Room: Enchantment A*

The Notah Begay III Foundation (NB3F) is the only national Native American nonprofit organization solely dedicated to reversing childhood obesity and type 2 diabetes for Native children. Native Strong: Healthy Kids, Healthy Futures is a national initiative launched in Fall 2013. Native Strong focuses on physical activity, healthy nutrition, and building on the inherent strength of Tribal communities to address children's health. It centers on four core key functions – collaboration, grantmaking, knowledge building and capacity building. Critical to each of these core functions and integrated across each is a focus on research and evaluation, policy, advocacy, and communication. This session will provide an overview of NB3 Foundation's Native Strong's approach, focus and investment in research, grant making, technical assistance and advocacy in partnership with Native communities in three key regions. This session will also discuss Native Strong's core intention: to support emerging and promising program and community driven models through a participatory evaluation framework focused on physical activity, healthy nutrition and cultural revitalization in Indian Country.

**DAKOTAH M. JIM**, Research Program Officer, Notah Begay III Foundation

**MICHELLE GUTIERREZ**, Program Officer, Notah Begay III Foundation

**OLIVIA ROANHORSE**, Director, Notah Begay III Foundation

## **Innovations to Increase Primary Care Workforce in Indian Country: New Strategies from the Choctaw Nation**

*Room: Sendero II*

Graduate Medical Education, or GME, is the period of a doctor's training that takes place after they leave medical school and enter residency training. Many are not aware that residency training programs, or GME, is funded through Medicare and is part of this entitlement program. The two parts of the funding mechanism for GME, Indirect and Direct Medical Education comprises physician salary as well as significant infrastructure funding for the institution where the training takes place. In the case of the Choctaw Nation, however, the initiative is supported by the Health Resources and Services Administration. Choctaw Nation is among the first Tribal health programs in Indian Country to undertake development of GME at a Tribal facility. During this workshop you will learn about how Choctaw Nation is doing this work and the opportunities and challenges the endeavor holds.

**JASON L. HILL**, DO, Chief Medical Office, Choctaw Nation, Director of Medical Education and Program Director, Family Medicine Residency

## **Afternoon Workshops**

**SESSION TWO, TUESDAY, 3:30-5:00 PM**

### **Affordable Care Act (ACA) Options and Benefits Through Purchased Referred Care**

*Room: Sendero I*

This workshop will provide an overview of the Affordable Care Act and the Impact on Purchased Referred Care (formerly Contract Health Services) in Tribal Communities. Purchased and Referred Care resources are a vital component to a Health Facility and managing those contracts are essential to provide optimum continuity of care.

**DAWN COLEY**, Tribal Health Care Reform Manager, National Indian Health Board

**ADAM ARCHULETA**, ACA Coordinator, Tucson Area Indian Health Service

**EULANDA CICCARELLO**, Claims Analyst, Navajo Nation

## **Identifying Barriers and Tribal Solutions to ACA Marketplace Qualified Health Plan (QHP) and Medicaid Enrollment**

*Room: Sendero III*

During this workshop we will aim to identify, discuss and offer remedies to current ACA enrollment barriers in Indian Country. In this “working session,” participants will be asked to share challenges and solutions from Tribal Health Organizations (THO). The panel will also discuss current efforts with Tribal premium sponsorship (TSP) and the potential to address some cost barriers. Experts will share experiences with state-wide, Tribe-specific and facility-specific sponsorship program approaches. References and resources will be identified and made available for other THO’s considering TSP.

**JENNIFER DUPUIS**, Associate Director for the Human Services Division of the Fond du Lac Band of Lake Superior Chippewa

**DONEG MCDONOUGH**, Health System Analytics

**ASHLEY TUOMI**, Executive Director of American Indian Health and Family Services

**ED FOX**, Director of Health Services of the Port Gamble S’Klallam Tribe of Washington

## **Exploring New Pathways to Support Tribal Health: Assessing the Feasibility of Developing a Tribal Public Health Institute**

*Room: Enchantment D*

In this workshop, presenters will discuss the role a Tribal Public Health Institute (TPHI) might play to improve health and wellness among American Indian and Alaska Native communities. So far, there are no public health institutes, among the many that exist, specifically designed to serve the public health needs of Indian Country. To inform the discussion, presenters will look at a 2013 report released by Red Star Innovations which examined the role a TPHI might play to improve health and wellness among American Indian and Alaska Native communities. The report concluded that a TPHI would support existing Tribal public health systems by serving as a neutral convener, fostering innovation, and identifying what works to improve health. The TPHI Advisory Board agreed that continued Tribal engagement is necessary to build consensus around the future directions of a potential TPHI. Phase II of the TPHI feasibility project continues to engage Tribes in a consultative process to obtain recommendations regarding a potential TPHI’s structure, governance, and sustainability.

**DONALD WARNE, MD, MPH**, Consultant, Tribal Public Health Institute Feasibility Project, Red Star Innovations

**TOM ANDERSON**, Acting Director, Oklahoma City Area Inter Tribal Health Board; Director, Oklahoma Area Tribal Epidemiology Center; TPHI Advisory Board Member

## **Navajo Nation Medicaid Entity—the 51st State**

*Room: Enchantment A*

The Indian Health Care Improvement Act, as amended by the Affordable Care Act, required the Secretary of the Department of Health and Human Services (HHS) to conduct a study of the feasibility of establishing a Navajo Nation Medicaid agency that would function like a state-run program. The law required HHS to submit a report to Congress on the findings of the study. The report to Congress was submitted on June 3, 2014. This workshop will provide an overview of the findings of the report, including estimated operation costs of establishing and administering a Navajo Nation Medicaid program.

**LARRY CURLEY**, Executive Director, Navajo Nation Division of Health, Navajo Nation

## **Exploring Health IT Solutions in Indian Country: Public Domain & Commercial Off-The-Shelf (COTS) Electronic Health Records Systems**

### *Room: Enchantment B*

The NIHB HITECH REC (Health Information Technology Regional Extension Center) was established in 2009 to bring the implementation of electronic health records to Indian Country. Along with four regional, Tribal organizations as its partners, the NIHB REC has provided a wide range of services to Indian Country so that Tribes can realize greater efficiency and cost savings benefits that health information technology offers. The California Rural Indian Health Board (CRIHB) is the partner in charge of assisting Tribes across the nation (outside of Alaska) that choose “Commercial Off-The-Shelf” (COTS) applications as their implementation method. Alaska Native Tribal Health Consortium (ANTHC) is the NIHB REC partner serving the Alaska Native health system with electronic medical record implementation and the majority of its system is operating on COTS. USET has chosen to use the RPMS Public Domain System, RPMS, offered through the Indian Health Service. During this workshop CRIHB, ANTHC, and USET will discuss methods for providing assistance, lessons learned from the field and offer advice and insight for Tribes considering EMR implementation.

Moderator:

**JAMES SPILLANE**, Informatics & Applications Project Manager, Sitnasuak Health Solutions

Panel:

**CALIFORNIA RURAL INDIAN HEALTH BOARD**  
**ALASKA NATIVE TRIBAL HEALTH CONSORTIUM**  
**UNITED SOUTH AND EASTERN TRIBES**

### **First Kids 1st!**

#### *Room: Sendero II*

This workshop will introduce participants to the national, joint Campaign of the National Indian Health Board, National Indian Child Welfare Association, National Indian Education Association and the National Congress of American Indians to strengthen, celebrate and support Native kids. Participants will receive an overview of the project and provided information about how to engage their Tribes in this initiative.

**STACY A. BOHLEN**, Executive Director, National Indian Health Board

**SARAH KASTELIC, PHD**, Deputy Director, National Indian Child Welfare Association

**JACKIE JOHNSON PATA**, Executive Director, National Congress of American Indians

**ROBIN MINTHORN**, Board of Directors, National Indian Education Association

### **Ending the Unacceptable Standard of Care in Oral Health Care**

#### *Room: Fiesta III- IV*

Very few studies have documented oral disease among Native populations. According to the Center for Native Oral Health Research (CNOHR) at the University of Colorado, the last full Indian Health Service oral health report was published in 1999; the agency’s research typically aggregates data across regions. Tribal-specific data collected from South Dakota’s Pine Ridge Reservation in 2010 showed that 97 percent of adults and 84 percent of children ages 5 to 18 on the reservation had untreated decay. A year later, a study of the Santo Domingo Pueblo in New Mexico found that the untreated caries rate was 70 percent. Lack of Native-specific data on oral health contributes to Native populations being left out of oral health policy discussions and decisions. The converse also holds true: having such data can help advance solutions to Native health needs. This panel will present the latest in oral health research and offer recommendations for quickly addressing the need.

**TERRY BATLINER**, Director, Center for Native Oral Health Research

**MAXINE JANIS**, Native Researcher

**JOAQUIN GALLEGOS**, Champion for Change and CNAY Policy Fellow

### **From Coverage to Care: How to Use Health Insurance**

#### *Room: Fiesta I - II*

Getting insurance coverage can dramatically improve access to care for American Indian and Alaska Native patients. Getting insurance is a critical first step, but to use insurance effectively, patients need to get the facts on how insurance works. This presentation will provide some of the points to consider in creating and sharing information about insurance and the care that is available.

**CARA JAMES**, Director of the Office of Minority Health, Centers for Medicare and Medicaid Services

## Medicare 101

*Room: Enchantment C*

This session will provide an overview of Medicare administration, eligibility, covered services and reimbursement for Tribal Health Programs staff and beneficiaries with a focus on specific provisions for American Indian and Alaska Natives.

**LINDA BROWN**, Deputy Director, Division of Tribal Affairs, CMS

## Evening Event

6:00-8:00 pm

CULTURE NIGHT — A Night with Navajo Nation  
Featuring Food, Dance, Song, Humor and Artistry

*Grand Pavilion Ballroom*

# Wednesday September 10, 2014

6:30-7:30 am

## Fitness Event

*Meet in Lobby Atrium*

## Plenary

*Grand Pavilion Ballroom*

8:30-8:40 am

## Welcome to CMS Day

**REX LEE JIM**, Vice President, Navajo Nation; Vice Chair, National Indian Health Board

8:40-8:55 am

**DEE SABATTUS**, Co-Chair Tribal Technical Advisory Group (TTAG) to the Centers for Medicare and Medicaid Services (CMS) and Director, Tribal Health Program Support, United South and Eastern Tribes, Inc.

Ms. Sabattus will serve as the Moderator of the CMS Track of the NIHB Annual Consumer Conference

8:55-9:10 am

Purpose, Actions and Tribal Opportunities with the Medicare, Medicaid and Health Care Reform Policy Committee (MMPC), a National, Collaborative Standing Committee of the National Indian Health Board (NIHB)

**H. SALLY SMITH**, MMPC Chairman (invited); NIHB Board Member (Alaska) and Executive Committee Member (Secretary), NIHB Alaska Board Representative; Chairman, Bristol Bay Area Health Corporation

**RICHARD LITSEY**, Director of Policy and Advocacy, NIHB

9:10-9:35 am

### **Review of the TTAG Strategic Plan, Tribal Engagement, Status Report**

**JIM ROBERTS**, Policy Analyst, Northwest Portland Area Indian Health Board

9:35-10:00 am

### **Moving from Coverage to Care: Ensuring Consumers Have the Information They Need about Insurance**

**CARA JAMES**, Director, Office of Minority Health, Centers for Medicare and Medicaid Services (invited)

10:00-11:15 am

### **Affordable Care Act in Indian Country: Outreach, Enrollment, Advocacy and Overcoming Obstacles**

**DAWN COLEY**, Tribal Health Reform Outreach and Education Program Manager, National Indian Health Board – Moderator

**RAHO ORTIZ**, Director, Division of Business Office Enhancement, Office of Resource Access and Partnerships, Indian Health Service

**LAURA BIRD**, Legislative Associate, National Congress of American Indians

**TODD THERINGER**, Executive Director, National Council of Urban Indian Health

**KITTY MARX**, Director, Division of Tribal Affairs, Centers for Medicare and Medicaid Services

**DONEG MCDONOUGH**, Technical Advisor, Tribal Self-Governance Advisory Committee

**JIM ROBERTS**, Policy Analyst, Northwest Portland Area Indian Health Board

11:15-11:30 am

### **NIHB Research Project Assessing the Efficacy of ACA Outreach and Education Efforts in Indian Country**

The National Indian Health Board is partnering with American Indian/Alaska Native (AI/AN) communities across the nation to learn more about the effectiveness of the Affordable Care Act Health Insurance Marketplace messaging to AI/AN Peoples. Through funding from the Centers for Medicare and Medicaid Services, NIHB and the Tribal partners will work together to conduct focus groups and interviews to learn more about best practices for ACA outreach and enrollment efforts to AI/AN beneficiaries. The knowledge gained through this project will be used to help increase access to quality healthcare for both rural and urban AI/AN peoples.

**MUSKADEE MONTANO, MSW, LGSW**, Project Manager, Marketplace Research Project, National Indian Health Board

**JERILYN CHURCH**, Executive Director, Great Plains Tribal Chairman's Health Board

11:30 - 11:50 am

### **The Alaska Dental Health Aid Therapy Program: A Tried and True Model to Address Oral Health Disparities in Tribal Communities**

**VALERIE DAVIDSON**, Tribal Advocate and Attorney (invited)

11:50 am-12:10 pm

### **Direct Service Tribes Briefing: National Policy Priorities and Action**

**SANDRA ORTEGA**, Chairperson, Direct Service Tribes Advisory Committee

12:10-12:30 pm

### **Self Governance Tribes Briefing: National Policy Priorities and Action**

**LYNN MALERBA**, Chairperson, Tribal Self Governance Advisory Committee

12:30-1:30 pm

### **Lunch on Your Own**

## **Afternoon Workshops**

SESSION ONE, WEDNESDAY 1:45-3:15 PM

### **HHS Secretary's Tribal Advisory Committee (STAC) Listening Session**

*Room: Grand Pavilion Ballroom*

The Secretary's Tribal Advisory Committee was founded in 2010, as a Tribal Advisory Committee to the Secretary of Health and Human Services. The committee is composed 17 Tribal leaders (5 at-large members and one member from each Indian Health Service Area). The STAC's primary purpose is to seek consensus, exchange views, share information, provide advice and/or recommendations; or facilitate any other interaction related to intergovernmental responsibilities or administration of HHS programs, including those that arise explicitly or implicitly under statute, regulation or Executive Order. This session will provide an opportunity for Tribal citizens, health practitioners, advocates and Tribal leaders to meet with members of the STAC and share ideas and comments with them regarding HHS Department-Wide concerns of the Tribes.

### **Cherokee Nation Community Engagement and Advocacy**

*Room: Enchantment A*

In August 2013, Cherokee Nation's Government Relations team kicked off an exciting civic engagement program called Project 320K. The project is an innovative way to encourage Tribal members to become active participants in their Tribal, state, local, and federal governments. Using social media, birthday cards to Tribal youth, and direct contact, we are working to engage all of our Tribal citizens. Presenters from Cherokee Nation will discuss our program, techniques, successes and challenges.

**LINDSAY EARLS**, Legislative Counsel for Government Relations, Cherokee Nation  
**CANAAN DUNCAN** Intergovernmental Liaison, Cherokee Nation Government Relations

### **Policy for ACA Employer Mandate and Special Rules for Self-Insured Plans**

*Room: Sendero III*

This panel will examine employer rights, responsibilities, and opportunities under the Affordable Care Act. This includes determining whether you are covered by the "pay or play" employer mandate, how to comply with the mandate, and potential ways to lower insurance costs as an employer while still encouraging employees to sign up for health coverage. Additional topics will include the Federal Employee Health Benefits program and the ACA's interaction with employer self-insured plans.

**LAURA BIRD**, Legislative Associate, National Congress of American Indians  
**DONEG MCDONOUGH**, Health System Analytics  
**SAM ENNIS**, Associate, Sonosky, Chambers, Sachse, Endreson & Perry, LLP  
**ELLIOTT MILHOLLIN**, Partner, Hobbs, Straus, Dean & Walker

### **Creating a Culture of Coverage**

*Room: Enchantment B*

This workshop explains how community-based outreach and education strategies lead to increased numbers of American Indians enrolling in Medicaid and Qualified Health Plans through the New Mexico Health Insurance Exchange. The findings from this project could be replicated in other Native communities to increase participation in new coverage options available through the Affordable Care Act and may have significant impact for Tribes that have assumed management of their health programs or systems. NAPPR is a (501)c 3 non-profit organization that is funded through federal grants. They are also a Navigator Entity and provide Outreach and Education on the Affordable Care Act.

**DAWN M. COLEY**, National Indian Health Board

**EULANDA CICCARELLO**, Claims Analyst, Navajo Nation

**ROXANNE SPRUCE BLY**, Director of Healthcare Education and Outreach, NAPPR Inc., Navigator Grantee for New Mexico

## **ACA 101 (Repeating Workshop)**

*Room: Enchantment C*

This workshop will cover the basics of the Affordable Care Act and the special provisions for American Indian and Alaska Natives.

**APRIL HALE**, National Indian Health Board

**ADAM ARCHULETA**, ACA Coordinator, Tucson Area Indian Health Service

## **Making the Most out of Tribal Consultation**

*Room: Sendero II*

Tribal leaders are often called to provide formal consultation for our federal agency partners on matters of policy and regulation. Additionally, it is essential that they advocate for good federal legislation with our congressional leaders. This presentation explores that relationship and how best to achieve Tribal goals when delivering messages important to our communities

**MARILYNN "LYNN" MALERBA**, Co-Chair, Tribal Self Governance Advisory Committee

**SANDRA ORTEGA**, Chair, Direct Service Tribes Advisory Committee

**STACY A. BOHLEN**, Executive Director, National Indian Health Board

## **HIV Prevention and Navajo Nation**

*Room: Enchantment D*

In addition to a brief glimpse into HIV epidemiology on the Navajo reservation, this workshop will provide participants with insight into developing a culturally sensitive HIV strategic plan that addresses the unique needs of a reservation environment coupled with the mandates of the federal and state governments, National HIV/AIDS Strategy, and High Impact HIV Prevention. This workshop will provide participants with the opportunity to examine and perhaps apply this strategic plan to their respective communities. Its potential widespread applicability in addressing other health disparities impacting reservation communities will also be addressed.

**MICHAELA GREY**, Manager of Programs, National Native American AIDS Prevention Center

**KURT BEGAYE**, Navajo Health Education and HIV Prevention Program, Navajo Nation

**PHILENE S. HERRERA**, Program Manager, Navajo Health Education and HIV Prevention Program, Navajo Nation

## **Youth Risk Behavior Survey**

*Room: Fiesta I - II*

Navajo Youth Risk Behavior System has been used to monitor six priority health-risk behaviors among youth in middle and high schools. Health-risk behaviors among youth may lead to early morbidity and mortality, commonly extend into adulthood, are often interrelated, and are preventable.

Administered every 3 years to identify patterns and trends, to develop and implement intervention or prevention initiatives, to evaluate and monitor youth and school health programs to reduce potential behavioral risk factors among Navajo youth. This workshop will inform participants which health risk behaviors common among Navajo youth lead to early morbidity or mortality.

**NATASHA BITSUI**, Senior Health Educator, Navajo Health Education Program, Navajo Nation

**LISHUA GISHIE**, Senior Health Educator, Navajo Health Education Program, Navajo Nation

**DAVID FOLEY**, Epidemiologist, Navajo Epidemiology Center, Navajo Nation

## **Affordable Care Act Statutory Exemption and Hardship Exemption for Indians**

*Room: Sendero I*

Under the Affordable Care Act (ACA), enrolled members of federally recognized Tribes, shareholders in Alaska Native Claims Settlement Act (ANSCA) corporations (regional or village), and others eligible for services through the Indian Health Service (IHS) may apply for an exemption from the tax penalty for not having health coverage. Learn more about exemptions, including exemption categories, eligibility and best practices, as well as current issues with the exemption process.

**LIZ MALERBA**, Health Policy Analyst, United South and Eastern Tribes

**MONIQUE MARTIN**, Government Relations Specialist, Alaska Native Tribal Health Consortium

**MELISSA GOWER**, Health Policy Analyst, Oklahoma City Area Inter-Tribal Health Board

## **Native American Youth and Oral Health**

*Room: Fiesta III - IV*

This session will highlight the efforts of the Center for Native American Youth (CNAY) at the Aspen Institute to elevate Native American youth voices on priorities related to lack of access to health care, including oral health. Through roundtable conversations with Native youth in Tribal and urban Indian communities, CNAY has learned that health access and especially oral health is a priority for young people. In this session, CNAY will invite participants to provide insights on oral health needs in Native communities; highlight Native youth stories and perspectives related to oral health; and learn about the success of Tribally-driven solutions addressing oral health issues.

**JOSIE RAPHAELITO**, Program Associate, Center for Native American Youth, Aspen Institute

**JOAQUIN RAY GALLEGOS**, Policy Fellow, Center for Native American Youth, Aspen Institute

## **Afternoon Workshops**

**SESSION TWO, WEDNESDAY 3:30-5:00 PM**

### **Urban Indian Health Issues in the Era of Health Care Reform Implementation**

*Room: Enchantment A*

The passage of the Indian Health Care Improvement Act (IHCA) and the ACA was a great success as these laws provide the legal basis for the inclusion of urban Native Americans in Federal Programs and increased access to healthcare for thousands of uninsured American Indians/ Alaska Natives. The complexity of the health care law, including the variety of choices available for individual consumers creates a huge need for public education. Through the use of Urban Indian Health Program outreach and enrollment staffs, community education and assistance in Marketplace enrollment has been successful. Many of the lessons learned have been captured through peer-to-peer sharing in a Community of Learning to increase the efficacy of urban Assistants.

**DAWN COLEY**, Tribal Health Care Reform Manager, National Indian Health Board

**KIMBERLY T. FOWLER, PHD**, Director of Technical Assistance, National Council of Urban Indian Health

**TODD THERINGER**, Executive Director, National Council of Urban Indian Health

**SHAPIRO CAMBRIDGE**, Communications and Public Affairs Associate, National Council of Urban Indian Health

## Medicaid 101

*Room: Sendero I*

This session will provide an overview of Medicaid and Children's Health Insurance Programs. This will include administration, eligibility, covered services, and reimbursement for Tribal health program staff and beneficiaries with a focus on specific provisions for American Indians and Alaska Natives.

**CYNTHIA GILLASPIE**, Technical Director for AI/AN Policy & Marketplace Casework for the Consortium for Medicaid & CHIP Operations

## Budget Roundtable

*Room: Sendero II*

Despite significant gains during this administration, the Indian Health Service budget continues to be chronically underfunded which has an impact on the health of our first peoples. This budget roundtable is to discuss the barriers to full funding, how those barriers contribute to health disparities and to develop policy strategies to affect this funding line item in the federal budget.

**CAITRIN SHUY**, Director of Congressional Relations, National Indian Health Board

**MARILYNN "LYNN" MALERBA**, Chief, Mohegan Tribe

**CAROLYN CROWDER**, Tribal Co-Chair, Tribal Budget Formulation Workgroup

**VICE PRESIDENT REX LEE JIM**, Tribal Co-Chair, Tribal Budget Formulation Workgroup

**ANDY JOSEPH**, Tribal Co-Chair, Tribal Budget Formulation Workgroup

## Benefit and Use of Population Data

*Room: Enchantment C*

The workshop will provide an overview of the Centers for Medicare and Medicaid Services Tribal Technical Advisory Committee's (TTAG) Data Project, and recent Data Project findings. The Data Project was funded to conduct analyses of Medicare, Medicaid, and health insurance data to inform TTAG's work. Findings from a recent project concerning the needs of American Indian and Alaska Native Medicare enrollees with diabetes will be presented. The findings include information on their health status, service utilization, and payments for provided services. Information on an upcoming TTAG Data Symposium that will be held in February 2015 will also be provided.

**JOAN O'CONNELL**, Associate Professor, Centers for American Indian and Alaska Native Health, Colorado School of Public Health, University of Colorado - Denver

**MARK LEBEAU**, Executive Director, California Rural Indian Health Board

## Public Health Accreditation - Conducting a Community Health Needs Assessment in the Fort Defiance Service Unit

*Room: Enchantment D*

A Community Health Needs Assessment (CHNA) is one of three main documents needed to attain Public Health Accreditation from the National Public Health Accreditation Board. The proposal will take the audience through Tsehootsooi Medical Center's (TMC) process to complete a CHNA in a rural Navajo Region. Through secondary sources, primary sources, surveys, and focus groups the TMC Community Health Division was able to identify and prioritize health issues in the 16 chapter communities that it serves. The top six health issues in priority are Diabetes Prevention and Management, Family Foundations, Hospital Services, Mental/Behavioral Health, Elder Care, and Accident/Injury Prevention.

**DOMINIC CLICHEE**, Epidemiologist Tsehootsooi Medical Center

## Navajo Food Fellowship

*Room: Fiesta I-II*

In partnership with the Navajo Division of Health and Navajo Technical University, a Navajo Food Fellowship was piloted this summer. With only 30% of the Navajo population a part of the labor force in 2009, there are few jobs and few opportunities to access higher education. New Mexico Appleseed's innovative, first in the country, Fellowship provided native youth with college/high school dual credit, mentorship, job opportunities and leadership experience to tee them up for success in life. High school seniors and college freshman will share their food and nutrition research projects addressing hunger and obesity. This is a program that can be adapted and implemented in other Native Communities

**CHENOA-BAH STILWELL-JENSEN**, Director of Native American Community Engagement, New Mexico Appleseed

**LARRY CURLEY**, Executive Director, Navajo Nation Division of Health, Navajo Nation

**SONLATSA JIM-MARTIN**, Senior Management Analyst, Navajo Nation Division of Health, Navajo Nation

## **Amplifying Success and Engaging Key Audiences: How Social Media Is Supporting Efforts to Expand Access to Dental Care in Native Communities**

*Room: Fiesta III - IV*

This session will detail recent social media efforts and an upcoming campaign to raise awareness around the need for access to oral health care in Native communities and one potential solution—midlevel dental providers. Attendees will gain insight into social media strategy, specifically, how social media can be used as a tool to advance social change. There will also be a social media 101 portion of the panel where attendees will learn and get to practice some basic skills for popular social media outlets like Facebook and Twitter to engage key audiences and advance social change.

**YVETTE K. JOSEPH**, Project Manager III, Kauffman & Associates, Inc.

**LINDA LORANGER**, Senior Vice President, Burness Communications

## **The Benefits and Uses of a Population Health Data Portal**

*Room: Enchantment B*

The Tribal Epidemiology Center (TEC) at United South and Eastern Tribes (USET) has developed a Population Health Data Portal that has been funded by the Office of Minority Health AI/AN Health Disparities grant. The TEC developed a data portal to assist our 26 member Tribes in better monitoring the health status of their Tribal Citizens. By having current surveillance data readily available in a secure location for the Tribal Health Directors, the Data Portal will assist the Health Directors to identify the highest priority health status objectives and services needed to achieve those objectives. The datasets that the Data Portal uses to show the health status of the Tribal Health communities is enhanced by data from the states and other government entities. The Data Portal will allow the Health Directors to generate customized reports specific to their Tribal service populations, as well as standardized community highlight reports.

This workshop will discuss the project and how USET has been working with our Tribal partners to make Tribe specific information more meaningful and timely to meet their unique needs and guide data driven decision making.

**BRYAN H. HENDRIX**, Healthcare Information Technology Specialist, United South and Eastern Tribes

## **Evening Event**

6:00-8:30 PM

**NIHB ANNUAL HEROES IN NATIVE HEALTH  
AWARDS GALA DINNER**

*Grand Pavilion Ballroom*



# Thursday September 11, 2014

## Morning Workshops

THURSDAY 9:00-10:30 AM

### **Overview of the Federal Employees Health Benefits (FEHB) Program**

*Room: Sendero III*

The FEHB Program offers a wide variety of plans and coverage to help tribal employers meet their employee's health care needs. Tribes or tribal organizations carrying out programs under the Indian Self-Determination and Education Assistance Act (ISDEAA) and urban Indian organizations carrying out programs under Title V of the IHCA are entitled to purchase coverage for their employees.

**AMBER HUDSON**, Program Analyst, U.S. Office of Personnel Management

### **Steps to get the AI/AN Indian Exemption Waiver**

*Room: Sendero II*

Beginning in 2014, individuals are required to have health coverage that meets minimum essential value standards. This is also known as the individual responsibility requirement. Individuals that do not have health coverage may have to pay a tax penalty. However, individuals without coverage may not have to pay a fee if they apply and qualify for an exemption. Exemptions are granted by the Marketplace or the Internal Revenue Service (IRS) through the tax filing process. American Indians and Alaska Natives qualify for an exemption from this penalty under the following criteria: Members of a federally recognized Tribe or eligible for services through an Indian health services provider, Or of Indian Descent and can prove they belong to an Indian Community and are eligible for services through the Indian Health Service. Learn step by step how to file an Indian Exemption Waiver form.

**DAWN COLEY**, Tribal Health Care Outreach and Education Program Manager, National Indian Health Board

**TINKA DURAN**, Program Manager, Great Plains Tribal Chairmen's Health Board Navigator Program

**KIMBERLY FOWLER**, Technical Assistant and Research Director, National Council of Urban Indian Health

### **Payments and Referrals under the ACA-How to Avoid Cost Sharing for your Patients and How to Get Paid By Qualified Health Plans**

*Room: Enchantment B*

The Affordable Care Act and amendments to the Indian Health Care Improvement Act provide significant new opportunities for Tribal health plans to increase third party resources. This panel will examine opportunities for Tribal health programs under the ACA, how cost-sharing exemptions for Indians work and what steps you can take to help them avoid cost-sharing, and strategies for your Tribal health programs to get paid by Qualified Health Plans.

**MYRA MUNSON**, Partner, Sonosky, Chambers, Sachse, Miller & Munson  
**ELLIOTT MILHOLLIN**, Partner, Hobbs, Straus, Dean & Walker LLP

## **Adapting an Evidence-Based Curriculum for Native American Youth in the Southwest**

*Room: Sendero I*

The presentation will share the process of working with three Tribal communities, two urban and one rural to adapt an evidence-based HIV curriculum for Native American youth in the southwest. Presenters will discuss the importance of using a community-based participatory research approach, the measures taken to ensure community ownership and program sustainability, stories of resilience and self-efficacy demonstrated by the youth involved in the project, and lessons learned for other researchers seeking to do similar work.

**AYN N. WHYTE**, Program Manager, Albuquerque Area Indian Health Board  
**LAVINIA NICOLAE**, Program Evaluator, and Consultant for Albuquerque Area Indian Health Board  
**SAVANNAH GENE**, Research Administrative Assistant, Albuquerque Area Indian Health Board  
**MARIE KIRK**, Project Specialist, Albuquerque Area Indian Health Board

## **VA Readjustment Counseling Services and Native American Communities: Building Bridges for Combat Veterans**

*Room: Enchantment D*

This presentation discusses the Readjustment Counseling Service, also known as the Vet Center Program, established in 1979 to provide readjustment counseling to combat Veterans in a community-based setting. Readjustment counseling is a wide range of psycho-social services offered to eligible Veterans and their families in the effort to make a successful transition from military to civilian life. Presently, there are four Vet Centers in operation across Indian Country and the VA Mobile Vet Center program. There are many more Vet Centers located in urban areas, typically within strip malls and locally accessible store front commercial and residential areas.

**SHARON FREDERICKS**, Counselor, Hopi-Navajo Outreach Station, Veterans Administration

## **Nutrition in Navajo Nation**

*Room: Fiesta III-IV*

This work shop will present the finding of the study on Healthful Nutrition of Foods in Navajo Nation Stores: Availability and Pricing. Low availability and affordability of healthier foods in supermarkets and convenience stores on the Navajo Nation (NN) may be a contributing community-level factor to the high prevalence of obesity among the Navajo people living on NN. As there are relatively few studies about the NN's nutrition environment, an assessment of food and beverage availability and pricing in supermarkets and convenience stores throughout the NN was conducted. Methods and results from the study will be shared.

**LARRY CURLEY**, Executive Director, Navajo Nation Division of Health, Navajo Nation  
**SONLATSA JIM-MARTIN**, Senior Management Analyst, Navajo Nation Division of Health, Navajo Nation  
**GAYATHRI KUMAR**, EIS Officer Epidemic Intelligence Service Officer, Obesity Prevention and Control Branch Division of Nutrition, Physical Activity, and Obesity National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

## Dental Therapists: A National and New Mexico Update

*Room: Enchantment A*

This session will include a national update on efforts to bring mid-level dental providers called dental therapists to various states, and then discuss the specific efforts to bring in mid-level providers to New Mexico as a workforce solution to the state's oral health and dental access crisis in tribal, rural and underserved NM communities. Dental therapists are local, community-based providers who provide quality, routine prevention and treatment dental services under the off-site supervision of a dentist. You will receive an update on NM's dental therapist legislation and where it now stands for the 2015 NM Legislative session, the need for access to dental providers in NM's tribal communities, NM's statewide coalition of supporters including prominent Native American communities and organizations in NM, dental therapist education licensure and practice in the US, how dental therapists have improved access to dental care and created jobs and economic opportunity for tribal and underserved communities.

**LAURA BIRD**, National Congress of American Indians

**DAVID JORDAN**, Community Catalyst

**PAMELA K. BLACKWELL**, Health Action New Mexico

## Plenary

*Reconvene in Grand Pavilion Ballroom for Plenary Session*

10:45-11:45 am

### Panel Discussion: Contract Support Costs (CSC)

#### Moderator:

**SANDRA ORTEGA**, Chair, Direct Service Tribes Advisory Committee

### Status of Tribal Claims and Federal Policy Mandating Full Payment of CSC

**LLOYD MILLER, ESQ.**, Partner; Sonosky, Chambers, Sachse, Miller & Munson, LLC, Alaska

### What the New CSC Budgeting and Payment Policy Means for the Tribes

**RON DEMARAY**, Demaray Consulting

### Legislative Ideas for CSC Financial Sustainability

**GEOFF STROMMER, ESQ.**, Partner, Hobbs, Straus, Dean and Walker, Portland, Oregon

Q&A

### Direct Service Tribes Considerations in a Changing CSC Environment

**JESSICA BURGER**, Tribal Manager at Little River Band of Ottawa Indians

### Updates from the Indian Health Service

**ROSLYN TSO**, Indian Health Service CSC Lead, Indian Health Service

11:45 am-12:00 pm

### Cases to Watch: Updates on the Legal Cases Shaping the Implementation of the Affordable Care Act

**ELLIOTT MILHOLLIN**, Partner; Hobbs, Strauss, Dean, & Walker, LLP

12:00-12:10 pm

**Closing Conference Remarks, Announcement of 2015 NIHB Annual Consumer Conference  
and 2015 NIHB National Tribal Public Health Summit**

**NIHB CHAIRPERSON**

12:10-12:30 pm

**Closing Ceremony**

**Closing Blessing**

**Retiring of Colors**

**WINGATE HIGH SCHOOL ROTC COLOR GUARD**