Dedication to Sue Crystal

Former HCA Administrator

Sue Crystal,
April 6, 1953 to August 25, 2001

The Washington State Health Care Authority (HCA) dedicates its 2008-2010 Centennial Accord Plan to the memory of Sue Crystal, who served as HCA Administrator from December 2000 to August 2001. Sue's spirit continues to inspire the work of the HCA today.

The artwork on the cover page, entitled "Crystal Vision," was created in honor of Sue's spirit of inclusion. The original serigraph, created by Andrea Wilbur Sigo of the Squaxin Island Tribe, was commissioned by a group of Sue's friends and donated to the HCA. The artist was inspired by these words from Sue's friends: "She plants seeds in the hearts and minds of the people that surround her."

Sue, an expert on state policy, left her strongest legacy in health care policy and tribal affairs. State government, tribal leaders, and leaders in the health care industry all benefited from Sue's wisdom and vision.

Sue got involved in Indian affairs as the protégé of Professor Ralph Johnson at the University of Washington law school in the mid-1970s. After earning her law degree in 1978, she served as counsel to the U.S. Senate Appropriations Committee and as a special assistant to Senator Warren Magnuson on Indian budget and policy issues. While working for Magnuson, she was instrumental in acquiring land for the Wa He Lut Indian School and helped negotiate the historic Puyallup Land Claims Settlement.

Sue had an equally distinguished record in health care. She had a role in virtually every major health care development in this state throughout the late 1980s and 1990s. She helped create the Basic Health Plan, served as chair of the Health Care Policy Board, and advised Governors

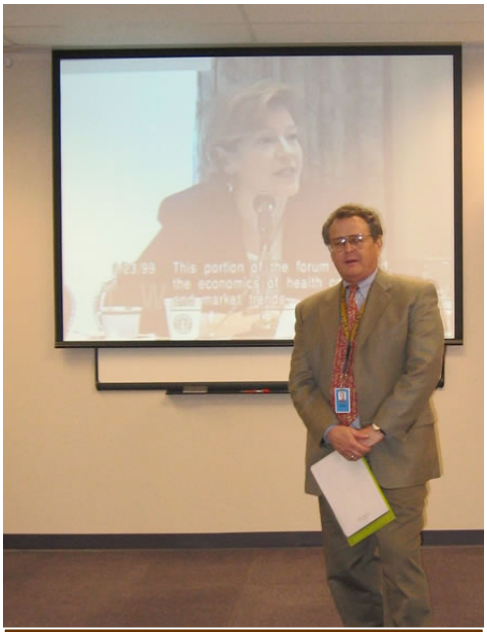
From left to right: Sue's Son Willie Frank and husband Billy Frank, Jr. along side the original serigraph, "Crystal Vision."

Locke and Lowry on health care issues. She also advised former Governor Mike Lowry on American Indian issues. She had just begun a new chapter in her health care career, taking over as Administrator of the Health Care Authority and overseeing health care benefits for public employees and low income Washington residents, before her untimely death in August 2001.

The result of Sue's hard work on tribal issues and in health care continues today. The HCA's efforts resulted in significant improvements in tribal relations and partnerships, including the establishment of the first Centennial Accord Plan in 2003. During the 2006 Legislative session, the HCA worked jointly with the American Indian Health Commission and Washington tribes to develop legislation that allows tribal employees to receive health care coverage through the HCA's Public Employees Benefits Board program. As this bill worked its way through the legislative process, those who knew Sue Crystal thought of her and how pleased she would be that this bill melded health care and tribal issues, two areas for which she had such great passion.

On April 6, 2007, the HCA sponsored an event at the Capitol to recognize and honor Sue's legacy of leadership and vision. Steve Hill announced the renaming of the agency's primary conference room, The Sue Crystal Center. Governor Gregoire signed a proclamation honoring Sue's dedication to public service. She was joined by former Governors Gary Locke and Mike Lowry. Billy Frank, Jr., Sue's husband, and their son, Willie Frank, friends and colleagues, tribal leaders, and other state officials attended the event.

The artwork "Crystal Vision," a plaque, and Sue's photograph are on permanent display in the Sue Crystal Center as a reminder to the HCA staff and visitors of the impact that Sue Crystal had on this state, and her dedication to providing health care access to all Washington residents.



Steve Hill, HCA Administrator, stands before a video from TVW's archives of Sue Crystal speaking about health care issues at a 1999 Association of Washington Business conference.

Washington State Health Care Authority

Centennial Accord Plan

2008-2010

TABLE OF CONTENTS

Washington State Health Care Authority

Centennial Accord Plan

2008-2010

INTRODUCTION

The Washington State Health Care Authority (HCA) seeks to make affordable, quality health care more accessible and decrease health disparities of American Indians and Alaska Natives through state-tribal partnerships. HCA acknowledges the importance of state-tribal government-to-government relations and has increasingly made agency programs and systems accessible to tribal governments through the Centennial Accord Plan and the Tribal Consultation Policy (Attachment A).

The HCA Centennial Accord Plan establishes the agency's policy and action plan to implement its state-tribal government-to-government relations. The plan includes an introduction to the agency, followed by descriptions of program and program support divisions, accomplishments for 2005-07, goals for 2008-10, and definitions. The agency contact information and matrix of agency activities, including goals and accomplishments since 2002, are also attached (see Attachments B and C respectively).

The HCA utilizes the guiding principles and critical elements identified in the *Centennial Accord*,[1] the *New Millennium Agreement*,[2] and the *Centennial Accord Implementation Guidelines*.[3] The HCA is fully committed to the principles cited in the Centennial Accord and the New Millennium Agreement. As mandated by the *Centennial Accord*, the HCA seeks to establish policies embraced by both state and tribal officials in its Centennial Accord plan for 2008-2010. The HCA Centennial Plans are developed on a biennial basis, although modifications may be made as areas of mutual interest are identified and new collaboration opportunities develop with tribes in Washington State. Updates on agency activities are provided as part of the annual Centennial Accord briefing highlights.

Agency Level Dispute Resolution

The HCA will make every effort to cooperatively resolve issues of concern and address problems that arise at the appropriate program level of authority. However, when consultation has not been successful in resolving issues at the program level, Tribes have the authority to raise the issues to the HCA Administrator or the Governor.

[1] Centennial Accord between the Federally Recognized Indian Tribes in Washington State and the State of Washington, August 4, 1989, executed by Governor Booth Gardner and 26 Tribal Chairs.

[2] New Millennium Agreement, signed 1999.

[3] 2000 Centennial Accord Implementation Guidelines was developed by a combined tribal and state taskforce.

HEALTH CARE AUTHORITY (HCA) http://www.hca.wa.gov/
Statutory Authority: Chapter 41.05 Revised Code of Washington (RCW) | Title 182 Washington Administrative Code (WAC)

The HCA, a cabinet level agency, oversees Basic Health (BH), Community Health Services (CHS), Health Insurance Partnership (HIP), Health Technology Assessment (HTA), Prescription Drug Program (PDP), Public Employees Benefits Board (PEBB) programs, Public Employees Health Plans (PEHP), and Washington Wellness (WW).

The HCA administers health care benefits for more than 500,000 Washington residents through the BH program for low-income residents and the PEBB program for state government workers and retirees. With the passage of Senate Bill 5640 in the 2007 legislative session, employees of tribal governments may apply to participate in PEBB insurance coverage effective January 1, 2009. The HCA also helps expand access to health care through grant programs administered by CHS and other agency programs that encourage the use of evidence-based practices, promote health information technology, and help consumers make informed health care decisions.

Funding for HCA programs is authorized by the legislature to provide health service delivery to those eligible for participation in PEBB and BH, as well as to Community Health Services grant recipients. State funding for BH and CHS comes from the Health Services Account (HSA). State funding for PEBB comes to HCA from a variety of state agency fund sources.

HCA Mission and Vision
Vision: Shaping the Future of Health Care.
Mission: HCA is a leader in health care policy, purchases quality health care and other benefits, and provides excellent services for its programs.

HCA Strategic Plan 2007-09
Goals 2007-09
Cost: Make PEBB and BH more affordable for participants and the state.
Quality: Improve the quality of care delivered through the PEBB and BH programs.
Leadership: Lead in the statewide expansion of access to quality, affordable care.
Performance: Build a high performance HCA organization.

HCA Administrator

Steve Hill was appointed in April 2005 by Governor Christine Gregoire to serve as the Administrator of the Washington State Health Care Authority; he is a member of the Governor's Health Policy team. The Governor’s Health Policy team is leading the state's effort in effective uses of technology, consumer incentives, wellness promotion, and other avenues to improve access to affordable, quality health care.

The HCA Administrator directly oversees HCA’s Financial & Contract Services, Health Care Policy, and Public Affairs. Agency-tribal relations are also under the direct authority of the HCA Administrator, who provides leadership in state-tribal government-to-government relations. The role of the HCA Administrator is to establish, implement and continue to enhance government-to-government policies in recognition of the unique legal status of federally recognized tribes as

sovereign nations with specific rights assured through historic treaties that create a unique relationship between tribes and state agencies. The Administrator meets routinely with the agency tribal liaison, who reports directly to the Administrator on tribal issues.

HCA Tribal Liaison

Jan Ward Olmstead has served as HCA's Tribal Liaison since 2003. The Tribal Liaison's role, at the direction of the HCA Administrator, is to coordinate and manage relationships between the HCA and tribes by:

- Acting as the point of contact for tribes, tribal organizations, and federal, state, and local agencies on tribal issues relative to the HCA.
- Collaborating with tribes and tribal entities to identify opportunities for partnerships in program areas.
- Working with internal staff, the Governor's Office of Indian Affairs, tribal entities, and tribal organizations to minimize health care barriers and enhance quality of health care.
- Providing regular updates and briefings to the HCA Administrator.

Jan can be reached by phone at 360-923-2803 or by e-mail at jan.olmstead@hca.wa.gov. Organizationally, the tribal program is in CHS.

HCA Deputy Administrators

Beth Dupre, Deputy Administrator, is responsible for the HCA's daily operations, including the delivery of services. She ensures that policies are in place, staff is adequately trained, and appropriate procedures are followed. Her role in tribal relations is to ensure staff awareness of the HCA's Centennial Accord Plan and government-to-government policies and to make improvements in HCA's organizational infrastructure to enhance consultation and collaboration. Beth has direct authority over the Benefits Administration and Insurance Accounting System (BAIAS) project, BH Procurement, Human Resources & Administration Services, Legal Services, Print & Production Services, BH, CHS, Information Services, Performance & Accountability, and PEBB. Beth was the HCA's Assistant Administrator for BH prior to her appointment as Deputy Administrator in May 2006.

John Williams, Deputy Administrator, was appointed in October 2007 to serve as a Deputy Administrator in the HCA. He is responsible for benefits administration, including policy development, planning, and management of the health benefits programs delivered to customers. John has direct authority over: HTA, PEBB procurement, PEHP, Office of the Medical Director (OMD), PDP, and WW. John's role in tribal relations is to improve organizational infrastructure to support cultural competencies in health care delivery and evidence based practices.

HCA Organizational Structure

Programs

- Basic Health (BH)
- Community Health Services (CHS)
- Health Insurance Partnership (HIP)
- Health Technology Assessment (HTA)
- Prescription Drug Program (PDP)
- Public Employees Benefits Board (PEBB)
- Public Employees Health Plans (PEHP)
- Prescription Drug Program (PDP)

Support Divisions

- Financial and Contract Services
- Health Care Policy
- Human and Administrative Resources
- Information Services
- Legal Services
- Office of the Medical Director
- Print and Production Services
- Public Affairs

BASIC HEALTH (BH) http://www.basichealth.hca.wa.gov/
Statutory Authority: RCW 70.47 | Chapter 182-25 WAC

Basic Health is a state-sponsored program which offers health care coverage to income-eligible Washington residents whose incomes fall below 200% of the Federal Income Guidelines (FIG). Monthly premiums are based on family size, income, age, and the health plan selected. Coverage is available to eligible Washington residents through five contracted health plans. Currently, coverage is available in all Washington counties.

For those who qualify for BH, state funds are used to help pay a portion of the monthly premium. To qualify, applicants must meet BH income guidelines, live in Washington State, not be eligible for Medicare, not be in the country on a temporary student visa, and not institutionalized at the time of enrollment.

Members may pay low monthly premiums for each enrollee. BH has an annual deductible, out-of-pocket yearly maximum, coinsurance, and copayments.

Basic Health Financial Sponsor Program
Statutory Authority: RCW 70.47.010(b) and .060(2) (d) | Chapter 182-25-070 WAC

The Financial Sponsor Program allows employers and other financial sponsors to assist in purchasing health care by paying all or a portion of the premiums on behalf of their eligible enrollees.

Services Available to Tribes: Tribes, like other financial sponsors, may pay all or a portion of the premiums for their enrollees, and assist them with the BH application process. Tribes and members participate in BH through a contractual agreement with the HCA. Currently, BH has tribal sponsorship agreements with the Jamestown S'Klallam, Kalispel, Lower Elwha Klallam, Lummi, Makah, Port Gamble S'Klallam, Quileute, Quinault, Shoalwater Bay, and Squaxin Island Tribes to provide BH coverage to eligible tribal members.

Funding Currently Available to Tribes: Not applicable.

Consultation Processes and Procedures: Varying degrees of consultation and coordination may be initiated by contacting the operations staff, or the Tribal Liaison, or through communication with the BH Assistant Administrator, the Deputy Administrators or the HCA Administrator. Agency protocol requires the operations staff to inform the Tribal Liaison of tribal communication.

Tribal sponsor meetings, the BH Advisory Board, and the American Indian Health Commission for Washington State will be used as venues for ongoing communication and coordination. Consultation will be held in accordance with the HCA Consultation Policy (Attachment A).

Dispute Resolution Process: There is a specific process to allow individual enrollees to appeal BH decisions. Tribal representatives may assist tribal enrollees in this process.

COMMUNITY HEALTH SERVICES (CHS) Grant Program http://www.chs.hca.wa.gov
Statutory Authority: RCW 41.05.220 | Chapter 182-20 WAC

CHS offers grants to not-for-profit health organizations and other community based organizations that provide primary health services to people at or below 200 percent of the Federal Income Guideline. Tribal organizations may compete for any CHS state grant.

CHS currently funds the following Tribes or Urban Indian Clinics:

- Port Gamble S'Klallam Tribe
- Seattle Indian Health Board
- Shoalwater Bay Indian Tribe
- Stillaguamish Tribe of Indians
- The N.A.T.I.V.E. Project
- Makah Tribe

Community Health Care Collaborative (CHCC) Grant Program
The 2006 Legislature established this competitive grant program to provide funding to community based organizations that serve low-income individuals who are uninsured or underinsured. The goals of the program are to: 1) increase access to medical treatment, 2) use health care resources efficiently, and 3) improve quality of care. The focus of the program is to foster innovative health care delivery models that can be replicated by other organizations throughout the state. Port Gamble S'Klallam Tribe is a recipient of this grant.

Adult Dental Access (ADA) Grant Program
The 2008 Legislature established this competitive grant program to increase access to dental care for adults. It is a one time grant that increases the number of adult dental services by funding any of the following four areas: 1) purchase of equipment, 2) remodel of existing facilities, 3) new construction, or 4) recruitment of staff. Shoalwater Bay Tribe and Seattle Indian Health Board are recipients of this grant.

HCA Tribal Relations Program
The HCA tribal program operates organizationally within CHS.

Funding Currently Available to Tribes: Tribes may participate in the competitive grant process.

Consultation Processes and Procedures: Varying degrees of consultation and coordination may be initiated by contacting the operations staff, or the Tribal Liaison, or through communication with the CHS Executive Director, the Deputy Administrators, or the HCA Administrator. Agency protocol requires the operations staff to inform the Tribal Liaison of tribal communication.

The American Indian Health Commission for Washington State will be used as a venue for ongoing communication and coordination. Consultation will be held in accordance with the HCA Consultation Policy (see Attachment A).

Dispute Resolution Processes: CHS' dispute resolution procedures are defined in the grant award contracts.

Health Care Policy (HCP)
Statutory Authority: RCW 41.05

Health Care Policy formulates agency health care policy, provides data-driven research on emerging health care policy issues, and develops evidence based strategies through collaboration with other state and private health care purchasers, health care providers, and carriers. HCP coordinates HCA's legislative activity and legislative bill review process. HCP also manages various agency and inter-agency policy projects and studies, including legislative studies.

In recent legislative sessions, the HCA was directed to implement several new programs or projects related to both the Governor's five-point plan for improving health care and the Blue Ribbon Commission final report. The initiatives that HCP is responsible for include:

- Health information technology and electronic medical records. Originally authorized in 2005, the HCA with a Health Information Infrastructure Advisory Board produced a final report in December, 2006. The HCA was then directed to implement its recommendations for a consumer centric Health Record Bank (HRB) system in 2007 legislation.
- Health Insurance Partnership (HIP). Authorized in 2007 legislation, the HIP will provide subsidies for employees of small business to purchase health insurance. It is directed to be operational by early 2009.
- Quality Forum. Authorized in 2007 legislation, the Quality Forum (QF) supports the Governor's data transparency goal to make quality, cost, and performance information in the health care system available to consumers, providers, and policy makers.

HCP implements stakeholder plans in support of HCA programs and is a health policy liaison with key external stakeholders, including the health plans, consumers, providers, legislators, legislative staff, and the Governor's office. HCP provides health policy consultation and technical assistance to HCA programs and stakeholders, including analysis and review of proposed legislation.

Consultation Processes and Procedures: Consultation and coordination can be initiated by contacting the Tribal Liaison or through communication with the Director of Health Care Policy, the Deputy Administrator, or the HCA Administrator. Agency protocol requires the operations staff to inform the Tribal Liaison of tribal communications.

The American Indian Health Commission for Washington State will be used as a venue for ongoing communication and coordination. Consultation will be held in accordance with the HCA Consultation Policy (See Attachment A).

HEALTH TECHNOLOGY ASSESSMENT PROGRAM (HTA) htpp://www.hta.hca.wa.gov

Statutory Authority: RCW 70.14 | 182-55 WAC

The Health Technology Assessment Program is leading the state's effort to make health policy and coverage decisions that result in safer health care. The primary goals are to make:

- Health care safer by relying on scientific evidence and a committee of practicing clinicians to decide which technologies have proven value.
- Coverage decisions of state agencies more consistent.
- State purchased health care more cost effective.
- Coverage decision processes more open and inclusive by sharing information, holding public meetings, and publishing decision criteria and outcomes.

The program acts as a resource to five participating agencies by sorting through a flood of information about selected medical technologies and producing independent reports that analyze the information and assess the quality of evidence. The program also provides transparency and consistency to industry stakeholders by publishing evaluation criteria, inviting comments, holding open public meetings, and contracting for independent reports. Finally, coverage decisions are made by the Health Technology Clinical Committee (HTCC), an independent committee of health practitioners who review evidence on these medical devices, procedures, and tests to ensure they are safe, work as promoted, and provide value.

All of the independently produced assessment reports are available online for other health care organizations to use as a resource to help them make similar decisions about where to focus limited health care dollars to ensure delivery of safe care that has maximum value and benefit to patients.

Services Available to Tribes: Not applicable.

Funding Currently Available to Tribes: Not applicable.

Dispute Resolution Processes: Not applicable.

Consultation Processes and Procedures: Consultation and coordination may be initiated by contacting the Tribal Liaison or through communication with the HTA Director, the Deputy Administrator, or the HCA Administrator. Agency protocol requires the operations staff to inform the Tribal Liaison of tribal communications.

The American Indian Health Commission for Washington State will be used as a venue for ongoing communication and coordination. Consultation will be held in accordance with the HCA Consultation Policy (See Attachment A).

OFFICE OF THE MEDICAL DIRECTOR
Statutory Authority: RCW 41.05.015

The Office of the Medical Director plays a major role in pursuing HCA's vision while HCA achieves its mission to make affordable, quality health care more accessible to eligible public employees (PEBB), covered BH members, and individuals accessing community health clinics supported by grants from the CHS.

The Office of the Medical Director is responsible for:
- Oversight and establishment of medical policy.

- Development of quality standards and determining appropriateness of health care services rendered to enrollees.
- Leadership and management of the monitoring and compliance program developed to ensure contractor's fulfillment with HCA's quality standards.
- Assuring clinical appropriateness of HCA decisions on benefits, appeals, and health policy.
- Serves as designated Medical Director for BH and the HCA.
- Advises the HCA Administrator on benefits package design.
- Acts as spokesperson for the agency with provider organizations.
- Manages annual site monitoring of contracted plans related to effective utilization management and quality care provisions.
- Makes recommendations regarding future contractual requirements and compliance, based on monitoring reviews and (national and state) quality initiatives.
- Coordinates with other agency medical directors though the Agency Medical Directors Group on health technology assessment, administrative simplification, patient safety, and quality initiatives.

Consultation Processes and Procedures: Consultation and coordination can be initiated by contacting the Tribal Liaison or through communication with the Medical Director, Deputy Administrator or the HCA Administrator. Agency protocol requires the operations staff to inform the Tribal Liaison of tribal communications.

The American Indian Health Commission for Washington State will be used as a venue for ongoing communication and coordination. Consultation will be held in accordance with the HCA Consultation Policy (see Attachment A).

PRESCRIPTION DRUG PROGRAM (PDP) htpp://www.rx.wa.gov/

Statutory Authority: RCW 70.14 | 182-50 WAC

The Prescription Drug Program is continuing to develop the state's evidence-based preferred drug list as mandated by RCW 70.14. In addition, in February 2007, the HCA implemented the Washington Prescription Drug Program (WPDP) which allows state agencies, local governments, private businesses, and individual Washington residents to pool their purchasing power to negotiate lower prescription drug prices. WPDP is a Washington State Health Care Authority program administered by northwest-based ODS Companies through its pharmacy benefit management partner, MedImpact.

The WPDP offers a new prescription drug discount card program that is open to all Washington State residents who do not have prescription drug insurance coverage, or whose insurance does not cover all their prescription drug needs. There are no other eligibility requirements or fees required for membership in the WPDP discount card program.

Although it is not an insurance program, WPDP discount card users can receive discounts prices on drugs very similar to those available to large health insurance companies. All prescriptions legally prescribed by a person authorized to prescribe drugs are eligible for a discount and can be purchased at participating retail pharmacies, or by mail-order.

Discounts vary depending on whether a drug is generic or brand name. On average, members can save up to 60% on generic drugs and 20% on brand name drugs. At the end of March 2008, more than 76,000 Washington residents had enrolled in the WPDP discount program.

Services Available to Tribes: Not specific to tribes, but they are eligible to participate.

Funding Currently Available to Tribes: Not Applicable.

Consultation Processes and Procedures: Consultation and coordination may be initiated by contacting the Tribal Liaison or through communication with the PDP Manager, the Deputy Administrator, or the HCA Administrator. Agency protocol requires the operations staff to inform the Tribal Liaison of tribal communications.

The American Indian Health Commission for Washington State will be used as a venue for ongoing communication and coordination. Consultation will be held in accordance with the HCA Consultation Policy (see Attachment A).

Dispute Resolution Processes: Not applicable.

PUBLIC EMPLOYEES BENEFITS BOARD (PEBB) http://www.pebb.hca.wa.gov/
Statutory Authority: RCW 41.05 | Chapters 182-08 and 182-12 WAC

The state of Washington provides health benefits and related insurance coverage to all eligible state and higher-education employees as a benefit of employment. In addition, K-12 school districts may choose to participate in PEBB insurance coverage and local government entities (such as ports, cities, and water districts) may apply to participate in PEBB insurance coverage.

With the passage of Senate Bill 5640 in the 2007 legislative session, state law extends PEBB eligibility to tribal employees engaged in "essential government functions" to participate in medical, dental, life, and long-term disability coverage through private health insurance plans as a benefit of employment. Tribes will follow the same conditions and requirements as counties, municipalities, and other political subdivisions, effective January 1, 2009.

PEBB, a division of the HCA, establishes eligibility requirements and approves the plan benefits of all participating health care organizations. The PEBB program administers medical, dental, life, and long-term disability insurance coverage for eligible employees. Most coverage is available on a self-paid or partial self-paid basis to eligible retirees, former employees, and employees who are on unpaid leave temporarily.

Services Available to Tribes: As of January 1, 2009, employees of tribal governments which successfully apply to PEBB may receive all of the benefits offered to local governments under PEBB.

Funding Currently Available to Tribes: Tribes that participate in PEBB must use tribal resources to purchase PEBB benefits.

Consultation Processes and Procedures: Consultation and coordination may be initiated by contacting the Tribal Liaison or through communication with the PEBB Assistant Administrator,

the Deputy Administrator, or the HCA Administrator. Agency protocol requires the operations staff to inform the Tribal Liaison of tribal communications.

The American Indian Health Commission for Washington State will be used as a venue for ongoing communication and coordination. Consultation will be held in accordance with the HCA Consultation Policy (see Attachment A).

Dispute Resolution Processes: The HCA will incorporate consistent language in interlocal agreements with tribes that includes a provision for a jointly appointed dispute board to make determinations regarding disputes. In addition, both parties will have the option of requesting intervention by the Governor. These processes will not modify or reduce the Indian Nation's rights to judicial proceedings.

PUBLIC EMPLOYEES HEALTH PLANS (PEHP)
(Includes UNIFORM MEDICAL PLAN (UMP) http://www.ump.hca.wa.gov/ and AETNA PUBLIC EMPLOYEES PLAN http://aetnahca.com)
Statutory Authority: RCW 41.05.140

The Public Employees Health Plans division of HCA manages the Uniform Medical Plan (UMP) as well as the Aetna Public Employees Plan, a new PEBB plan that started January 1, 2008. Some administrative services and the provider network for the Aetna Public Employees Plan are provided by Aetna, a national carrier. Both UMP and the Aetna plan are self-insured, preferred provider health plans. In 2008, they provide health coverage to over 200,000 public employees, retirees, and dependents. They are available only to those covered through PEBB.

UMP covers services from most providers but usually pays more if the provider is in its network. Coverage is available worldwide. With a few exceptions, the Aetna Public Employees Plan only covers services from Aetna network providers. It is available anywhere in the continental US.

When a UMP or Aetna Public Employees Plan enrollee goes to a tribal health clinic, these plans will pay the clinic's claims at the same rate as network providers. This happens regardless of whether the tribal health clinic is contracted with the plan or is shown in its provider network directory.

Prescriptions purchased at tribal health clinics may be processed through Washington State Prescription Services, PEHP's pharmacy benefit manager, by submitting a paper claim if the pharmacy does not bill online.

Services Available to Tribes: Tribes may apply to participate in PEBB benefit programs beginning January 1, 2009. Members choose from among several PEBB health plans with different benefits and premium charges.

Funding Currently Available to Tribes: If tribal members are covered through PEBB and choose either UMP or the Aetna Public Employees Plan for health coverage, services from tribal health clinics will be reimbursed as network benefits.

Consultation Processes and Procedures: Consultation and coordination can be initiated by contacting the Tribal Liaison or through communication with the PEHP Assistant Administrator or the HCA Administrator. Agency protocol requires the operations staff to inform the Tribal Liaison of tribal communications.

The American Indian Health Commission for Washington State will be used as a venue for ongoing communication and coordination. Consultation will be held in accordance with the HCA Consultation Policy (see Attachment A).

Dispute Resolution Processes: If tribal clinics experience problems with billing or claims, they are encouraged to contact the HCA Tribal Liaison or the PEHP Assistant Administrator. Individual tribal members should follow appeals processes outlined in their health plan's Certificate of Coverage.

WASHINGTON WELLNESS (WW) htpp://www.washingtonwellness.gov
Statutory Authority: SB5930, section 40.

Washington Wellness works to make healthy choices easier for state employees, retirees, and their dependents, improve the productivity of state employees, and positively impact the medical cost trend of enrollees in state health plans.

Services Available to Tribes: Not applicable.

Funding Currently Available to Tribes: Not applicable.

Dispute Resolution Processes: Not applicable.

Agency Activities

Accomplishments 2005-07

HCA Agency Wide

- HCA jointly established a State-Tribal-Urban Indian Health Care workgroup to coordinate with tribes, Urban Indian programs, and state agencies to solicit, make recommendations, and consult directly with tribal governments to address issues regarding the Governor's health care priorities relevant to tribes and AI/ANs.
- HCA granted an award of $13,000 in SFY 2008 for the AIHC's efforts with the State-Tribal-Urban workgroup and to promote HCA's programs.
- HCA agency updates and presentations given at AIHC meetings for the purpose of collaboration and communication by HCA Administrator, Deputy Administrator, Medical Director, PDP Director, HCP Director, BH staff, PEBB staff, and Tribal Liaison.
- Director of the Governor's Office of Indian Affairs and the HCA Tribal Liaison provided an overview of the SB5640 to the Northwest Portland Area Indian Health Board in October 2007.
- HCA established a mandatory training policy for HCA executive team members, managers, and supervisors to attend State-Tribal Government-to-Government training; also for those line staff that work with tribes at the recommendation of their supervisor.
- HCA produced agency highlights and updates for annual Centennial Accord meetings.
- HCA made revisions to contracts and interagency agreement language to reflect the government-to-government relations and tribal sovereignty.

Basic Health

- BH conducted outreach visits with four tribes to explore tribal financial sponsorship benefits.
- BH established new active enrollment in tribal sponsor relationships.
    - Shoalwater Bay Indian Tribe 2006
    - Squaxin Island Tribe 2007
    - Kalispel Tribe 2007
    - Makah Tribe 2007
- BH developed and provided in-person operational training for tribal sponsors.
- BH presented an overview of the Basic Health Financial Sponsorship program at the American Indian Health Commission meeting on January 12, 2007.
- BH conducted training in government-to-government relations and Centennial Accord goals to increase staff knowledge for current and new employees.
- BH quarterly joint meetings are under review to determine effectiveness.

Community Health Services

- CHS conducted outreach site visits to three tribes that are not current contractors.
- CHS team conducted a grant application workshop to provide technical assistance specifically for tribes and urban Indian programs interested in applying.
- 19,124 American Indians/Alaska Natives were served by CHS funded Community Clinics in 2007.
- CHS awarded primary care grant funding to two urban Indian clinics and three tribal clinics:

    - Seattle Indian Health Board.
    - Spokane N.A.T.I.V.E. Health.
    - Port Gamble S'Klallam Tribe.
    - Shoalwater Bay Tribe.
    - Stillaguamish Tribe.
    - Makah Tribe.
- CHS awarded Community Health Care Collaborative grant funding to Port Gamble S'Klallam for a digital technology project focused on electronic medical records and continuity of care.
- CHS conducted annual site visits to urban and tribal contractors.

Health Care Policy

- HCP successfully appointed a tribal representative to the Health Information Infrastructure Stakeholder Advisory Committee (HIISAC), Ed Fox served as the tribal representative.
- HCP presented the initial recommendations from the Health Information Infrastructure Advisory Board (HIIAB) at the AIHC August 2006 meeting.

Prescription Drug Program

- Director of PDP presented program information at the AIHC February 2006 meeting.
- As of July 2008, over 82,000 members have enrolled in the WPDP discount card program.

Public Employees Benefits Board

- HCA sponsored and worked jointly with tribes and the American Indian Health Commission (AIHC) for Washington State to develop SB5640, 2006 legislation that expands eligibility for PEBB health plans to tribes for their employees under the same conditions as counties, municipalities, and other political subdivisions. The law becomes effective January 1, 2009.
- PEBB Staff made presentations at four AIHC meetings, providing updates on PEBB implementation and application processes.
- PEBB held one tribal meeting to discuss the PEBB application process. Eighteen tribes and two tribal organizations were represented.

Office of the Medical Director

- Presented division overview at the AIHC April 2005 meeting.
- Participated in the State-Tribal-Urban Indian workgroup discussions.

Goals 2008-10

HCA Agency Wide

- Finalize 2008-10 Centennial Accord Plan.
- Finalize agency communication protocols.
- Convene State-Tribal Urban Indian Health Care Workgroup to solicit, make recommendations, and consult directly with tribal governments to address issues of concern regarding health care priorities of the Governor.
- Meet with tribes and tribal organizations to expand knowledge of HCA's scope and infrastructure, and provide technical assistance to access programs.
- Seek ways to support cultural competencies in health care delivery and evidence-based practices relevant to tribal communities.
- Improve method for tracking and monitoring progress.

Basic Health

- Make the BH financial sponsorship program available to all tribes in Washington and provide information for them to determine whether it would be of value to their communities.
- Provide for early, proactive communication on policy and procedure changes to allow for consultation when appropriate.
- Provide status updates, joint meetings, and effective communication with tribal sponsors and BH staff.
- Continue to refine agreements to reflect the government-to-government relationship with tribes.
- Collaborate with tribal sponsors to improve business practices to achieve administrative simplification and eligibility determination.
- Review the effectiveness of quarterly tribal sponsor meetings.
- Continue to train BH staff in state government-to-government relations and Centennial Accord goals to increase staff knowledge.
- Conduct site reviews of tribal financial sponsors.

Community Health Services

- Establish relationships with tribal clinics that are not current contractors.
- Research alternatives to educate and disseminate cultural competencies in health care and evidence-based practices relevant to tribal communities.
- Continue to refine agreements to reflect the government-to-government relationship with tribes.
- Provide a program presentation at AIHC meeting.

Health Care Policy

- Provide a Health Record Bank update to the AIHC.
- Market Health Insurance Partnership (HIP) to tribal communities when applications begin to be accepted in early 2009.

Health Technology Assessment

- Give HTA program presentation at an AIHC meeting.
- Participate in Tribal Leader Health Summit as appropriate.

Office of the Medical Director

- Explore avenues with tribes to minimize health disparities.

Public Employees Benefits Board

- Present tribes with information to assess the advantages of PEBB participation.
- Accept and evaluate tribal applications to PEBB.
- Support tribes in the successful implementation of PEBB participation.

Public Employees Health Plans (PEHP)

- Establish early, proactive communication with tribes joining PEBB regarding health plan choices and coverage.
- Facilitate a smooth transition for tribal members selecting UMP and the Aetna Public Employees Plan, including knowledge of their benefits and how to use them.
- Give presentation at an AIHC meeting.

Definitions

American Indian Health Commission for Washington State (AIHC): The Commission consists of federally recognized tribes and urban Indian programs authorized under Title V of the Indian Health Care Improvement Act located in Washington State. The Commission seeks consensus and guides the state of Washington regarding the collective needs of the tribal governments and other individual American Indian people to assure quality and comprehensive heath care to all American Indians and Alaska Natives in Washington State. The Commission does not circumvent the sovereign authority of tribal governments; its objective is to seek unity among American Indian/Alaska Native health care providers.

Basic Health (BH): A state-sponsored program administered by HCA that provides affordable health care coverage to low-income Washington residents through private health plans.

Basic Health Advisory Board: As provided for in RCW 70.47.040(3), the Basic Health Advisory Board is appointed by the HCA Administrator. The board consists of representatives of health care professionals, health care providers, and those directly involved in the purchase, provision, or delivery of health care services, as well as consumers, and those knowledgeable of the ethical issues involved with health care public policy. Committee members are reimbursed for travel expenses pursuant to RCW 43.03.050. The current Basic Health Advisory Board tribal representative is Cindy Lowe, Jamestown S'Klallam Tribe. Ms. Lowe also serves as Vice Chair of the American Indian Health Commission for Washington State.

Community health clinic: Specific to CHS, a community health clinic means a public or private nonprofit tax exempt corporation with the mission of providing primary health care to low-income individuals at a charge based upon ability to pay.

Community Health Services (CHS): A program within the HCA that promotes access to quality and affordable health care for the uninsured, underinsured, and tribes. This program is not related to federal Contract Health Service (CHS) dollars, which are appropriated through the Indian Health Service.

Consultation: Respectful, constructive communication in a cooperative process that works toward a consensus before a decision is made or an action is taken. Consultation is a process, not a guarantee of agreement on outcomes. Consultation requires an enhanced form of communication that emphasizes trust and respect. It requires a shared responsibility that allows an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension.

Contract Health Services (CHS): Indian Health Services funds for services not available from IHS or tribal health clinics or programs that may be purchased from private providers. Specific guidelines and eligibility requirements of tribal status/affiliation are necessary**.**

Coordination and Collaboration: Working and communicating together in a meaningful government-to-government effort to create a positive outcome.

Federally Recognized Tribes: These are self-governing American Indian and Alaska Native governments that are recognized under applicable federal and common law. Because of their unique sovereign status, Federally Recognized Tribes have the inherent power to make and enforce laws on their lands, and to create governmental entities.

Financial sponsor: Individuals, organizations, or agencies that help an individual or family apply for Basic Health, and pay all or a portion of their premium. See Tribal Sponsor.

Government-to-government: The relationship between tribes and the federal government. It is also used to describe other relationships and protocols between tribes and other governments, like states.

Health Care Authority (HCA): An executive cabinet level health care agency that oversees Basic Health (BH), Community Health Services (CHS), Health Insurance Partnership (HIP), Health Technology Assessment (HTA), Prescription Drug Program (PDP), Public Employees Benefits Board (PEBB) programs, Public Employees Health Plans (PEHP), and Washington Wellness (WW).

Health Care Policy (HCP): Health Care Policy formulates agency health care policy, provides data-driven research on emerging health care policy issues, and develops evidence based strategies through collaboration with other state and private health care purchasers, health care providers, and carriers.

Health Services Account (HSA): The health services account is created in the state treasury. Funds in the account may be expended only for maintaining and expanding access to health services for low-income residents, maintaining and expanding the public health system, maintaining and improving the capacity of the health care system, containing health care costs, and the regulation, planning, and administration of the health care system.

Health Technology Assessment Program (HTA): The Health Technology Assessment is an innovative program that determines if health services used by state government are safe and effective.

Prescription Drug Program (PDP): The Prescription Drug Program has developed several tools, established discount card programs, and pooled resources with other organizations to provide information and programs that serve the residents of Washington and their current needs for prescription drug purchasing assistance.

Public Employees Benefits Board (PEBB): The Board, created within the HCA, establishes eligibility requirements and approves plan benefits of all participating health care organizations. The board has nine members appointed by the Governor, seven of whom are voting members. The two non-voting members will become voting members when school district enrollment in PEBB plans exceeds 12,000 subscribers.

Public Employees Benefits Board (PEBB) program: The PEBB program is administered through the HCA to provide health benefits and related insurance coverage to all eligible state and higher-education employees as a benefit of employment. In addition, K-12 school districts

and employer groups may also apply to participate in PEBB plans. Passage of Senate Bill 5640 made it possible for tribal governments to apply to participate in PEBB insurance coverage for their employees under the same conditions as counties, municipalities, and other political subdivisions effective January 1, 2009.

Public Employees Health Plans (PEHP): The Public Employees Health Plans division of the HCA administers the self-funded health plans options, Uniform Medical Plan (UMP) and Aetna Public Employees Plan.

Preferred Provider Organization (PPO): A type of health plan that has a higher level of coverage to enrollees who receive care from "preferred" or "network" providers. These providers have contracts with the PPO to see PPO enrollees for a lower charge in exchange for a higher volume of patients.

Treaty: A legally binding written agreement that affirms the government-to-government relationship between two or more nations.

Tribal sponsor: Tribes that sponsor tribal enrollees by helping them to apply for Basic Health and pay for all of a portion of their BH premium.

Trust responsibility: This references the unique legal status of American Indians to the United States. Trust responsibility is a legally enforceable obligation of the United States to protect tribal self-determination, tribal lands, assets, resources, and treaty rights, as well as carry out the directions of federal statutes and court cases.

Tribal sovereignty: American Indian tribes are recognized in federal law as possessing sovereignty over their members and their territory. Sovereignty means that tribes have the power to make and enforce laws, and to establish courts and other forums for resolution disputes. The sovereignty that American Indian tribes possess is inherent, which means that it comes from within the tribe itself and existed before the founding of the United States. Tribal sovereignty is not absolute, but rather is subject to certain limits resulting from the unique relationship of the tribes to the United States. Under federal law, tribes are said to retain all those aspects of the original sovereignty except aspects that have been given up in a treaty, taken away by an act of Congress, or divested by implication as a result of their dependent status. In addition to inherent sovereignty, tribal governments may also exercise authority delegated to them by Congress. Key principles of sovereignty include:

- Tribal sovereignty is the right of tribes, as "domestic dependent nations," to exercise self-determination and the right to self-government, unless these powers have been modified by treaty or by an act of Congress. Sovereignty ensures control over the future of the tribes and encourages preservation of tribal culture, religions, and traditional practices.
- Tribes have the authority to, among other things, govern their people and their land; define their own tribal membership criteria; create tribal legislation law enforcement and court systems; and to impose taxes in certain situations.

Membership in a sovereign tribe is what distinguishes American Indians as a political group rather than solely an ethnic minority.

Urban Indian Clinic/Organization: A program that is funded by the Indian Health Service under Title V (Section 502 or 513) of the Indian Health Care Improvement Act.

Uniform Medical Plan (UMP): A self-insured, preferred provider health insurance plan available to public employees, both active and retired, and their dependents. It is administered by the HCA and designed by the PEBB program.

Washington State Sovereignty: Each state is a sovereign entity in our federal system and has governmental powers, except to the extent the state has agreed in our constitution framework, to the supremacy of federal laws and treaties.

Washington Wellness (WW): Washington Wellness is a program to make healthy choices easier for state employees, retirees, and their dependents; improve the productivity of state employees; and positively impact the medical cost trend of enrollees in state health plans.

References

Attachment A
Health Care Authority Tribal Consultation Policy

Attachment B
Health Care Authority Agency Contact Information

Attachment C
Health Care Authority Matrix of Activities-Goals and Accomplishments

Washington State Health Care Authority
Tribal Consultation Policy

PURPOSE

The Health Care Authority's (HCA) tribal consultation policy is intended to provide a consistent and equitable standard for working with Washington State tribes, while providing a certain amount of flexibility in recognition that each tribe is a distinct sovereign nation. The policy is based on the guidance of the Washington State/Tribal Government-to-Government Implementation Guidelines of 1999, which were developed by a combined tribal and state taskforce (www.goia.wa.gov/govtogov/guidelines.html).

The HCA recognizes that the unique legal status of tribes as sovereign nations and rights assured through historic treaties create a unique relationship between tribes and state agencies. Tribes maintain sovereign rights that predate the formation of the United States and the State of Washington and that are guaranteed under treaties and federal laws. Since 1924, tribal members have been citizens of the United States and the state of Washington. Due to federal laws affirming tribal sovereignty, each reservation in the state constitutes a bordering jurisdiction for state agencies.

The HCA is fully committed to the principles of consultation and cooperation set forth in the Centennial Accord (www.goia.wa.gov/govtogov/centennial.html) and the New Millennium Agreement (www.goia.wa.gov/govtogov/agreement.html). The HCA is committed to government-to-government consultation with tribes on all actions and issues of mutual interest. Consultation means respectful, constructive communication in a cooperative process that works toward a consensus before a decision is made or an action is taken. The Government-to-Government Implementation Guidelines acknowledge that consultation is a process, not a

guarantee of agreement on outcomes. The HCA's goal is to ensure communication and collaboration to identify partnership opportunities that help provide access to quality, affordable health care.

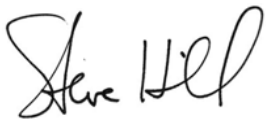
By implementing these principles of consultation, we hope to better understand and respect the rights and interests of tribal governments. Depending on the nature of the issue under consideration, consultation may appropriately be held between the HCA Administrator and the Tribal Chairs, management staff, operational or technical staff, or with the Tribal Liaison. Our goal is to create durable relationships with Washington tribes and other tribal health care organizations to promote opportunities for partnerships in HCA program areas. Implementation of the 1989 Centennial Accord is an ongoing process, and the HCA will continually seek ways to improve its government-to-government relations with tribes.

In 2003, the HCA formalized the Tribal Liaison position in Community Health Services to coordinate and manage relationships between the Health Care Authority and tribes. The Tribal Liaison will work with the Governor's Office of Indian Affairs, tribal entities, and tribal organizations to minimize health care barriers and enhance quality of health care. The liaison will collaborate with tribes and tribal entities to identify opportunities for partnership in HCA program areas. The liaison provides tribes with a point of contact within the agency to help tribes gain access to the appropriate staff to assist in understanding the agency's laws, policies, and programs. Similarly, the liaison assists the agency in understanding tribal issues, making contacts, initiating consultation, and promoting ongoing coordination with tribes. HCA operations staff must inform the Tribal Liaison of all tribal communication as per agency protocol.

There are many opportunities for consultation and communication. Operational activities will be conducted between appropriate agency staff and tribal employees. Official government-

to-government consultation will be conducted between the HCA Administrator or designee and the recognized governing body of each tribe in Washington. The HCA will make every effort to resolve issues of concern at the appropriate level of authority. HCA will also make every effort to reply to tribal requests for agency comments and consultation on tribal actions in a timely manner, and will be receptive to all requests from tribal governments for consultation on actions, policies, and issues within the HCA's authority. As issues of mutual interest are identified, the HCA will work collaboratively with tribal governments and with other tribal health care organizations to pursue consultation.

Dated: January 2, 2006



Steve Hill, Administrator
Washington State Health Care Authority

Please note the following changes:

www.goia.wa.gov/govtogov/guidelines.html is a broken link.

www.goia.wa.gov/govtogov/centennial.html has changed to:
www.goia.wa.gov/Government-to-Government/CentennialAgreement.html.

www.goia.wa.gov/govtogov/agreement.html has changed to:
www.goia.wa.gov/Government-to-Government/millenniumAgreement.html.

Washington State Health Care Authority

Street Address
676 Woodland Square Loop SE
Lacey, Washington 98503
Reception desk: 360-923-2600

Mailing address
Use program-specific addresses below

Executive Office		Mailing Address
Steve Hill, Administrator 360-923-2828	Lynn Kennedy, Executive Assistant 360-923-2829 Fax: 360-923-2606	P.O. Box 42700 Olympia, WA 98504-2700
Beth Dupre, Deputy Administrator 360-923-2923	Shelley Buresh, Administrative Assistant 360-923-2837 Fax: 360-923-2606	P.O. Box 42700 Olympia, WA 98504-2700
John Williams, Deputy Administrator 360-923-	Shelley Buresh, Administrative Assistant 360-923-2837 Fax: 360-923-2606	P.O. Box 42700 Olympia, WA 98504-2700
Jan Ward Olmstead, Tribal Liaison 360-923-2803	Lucy Crow, Administrative Assistant 360-923-2777 Fax: 360-923-2605	P.O. Box 42721 Olympia, WA 98504-2721
Nancy L. Fisher, MD, MPH Chief Medical Director 360-923-2709	Amelia Holl, Administrative Assistant 360-923-2729 Fax: 360-923-2606	P.O. Box 42701 Olympia, WA 98504-2700
Richard Onizuka, Director of Health Care Policy 360-923-2820	Karen Brocha, Administrative Assistant 360-923-2733 Fax: 360-923-2766	P.O. Box 42710 Olympia, WA 98504-2710

Basic Health		Mailing Address
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Alyson Chase, Communications Manager 360-923-2765	Cindi Lamont, Administrative Assistant 360-412-4280 Fax: 360-923-2613	P.O. Box 42683 Olympia, WA 98504-2683

Community Health Services		Mailing Address
Dolores Reyes Gonzalez, Executive Director 360-923-2781	Lucy Crow, Administrative Assistant 360-923-2777 Fax: 360-923-2605	P.O. Box 42721 Olympia, WA 98504-2721
Jan Ward Olmstead, Tribal Liaison 360-923-2803	Lucy Crow, Administrative Assistant 360-923-2777 Fax: 360-923-2605	P.O. Box 42721 Olympia, WA 98504-2721

Prescription Drug Program		Mailing Address
Duane Thurman, Director 206-521-2036	Fax: 206-521-2001	P.O. Box 91132 Seattle, WA 98111-9232

Public Employees Benefits Board		Mailing Address
Mary Fliss, Assistant Administrator 360-923-2640	Connie Bergener, Administrative Assistant 360-923-2625 Fax: 360-923-2602	P.O. Box 42684 Olympia, WA 98504-2684
Steve Norsen, Outreach & Training Manager 360-412-4201	Fax: 360-923-2602	P.O. Box 42684 Olympia, WA 98504-2684

Public Employees Health Plans		Mailing Address
Janet Peterson, Assistant Administrator 206-521-2013	Fax: 206-521-2001	P.O. Box 91118 Seattle, WA 98111-9218

YEAR	DIVISION	GOALS	ACCOMPLISHMENTS
2002-03	HCA AGENCY WIDE	Enhance government-to-government relationship with tribes. Develop HCA's 1st Centennial Accord Plan.	Held consultation meeting with leaders from Port Gamble S'Klallam and Jamestown S'Klallam Tribes, and Quinault Nation, September 2002. Visited Port Gamble S'Klallam and Jamestown S'Klallam Tribes for the purpose of collaboration. Those attending included the HCA Administrator, BH Assistant Administrator, CHS Executive Director, and Tribal Liaison, November 2002. Appointed a tribal representative to the Basic Health Advisory Board, 2003. Formalized the Tribal Liaison position in Community Health Services, with direct responsibility for identifying opportunities for improving relationships between the HCA and Washington tribes to promote quality affordable health care to American Indians and Alaska Natives, February 2003. Administrator participated in the May 16, 2003 American Indian Health Commission (AIHC) meeting for the purpose of becoming acquainted with tribes and the AIHC.

YEAR	DIVISION	GOALS	ACCOMPLISHMENTS
2003-05	HCA AGENCY WIDE	Ensure communication and collaboration with tribes to help provide access to HCA program areas. Establish method for tracking and monitoring issues and accomplishments. Establish relationships with tribal clinics that are not current contractors. Refer appropriate staff to the tribal government-to-government training as roles within the agency dictate.	Participated in over 35 onsite visits to tribes for purposes of collaboration. Worked collaboratively with tribes and the AIHC to finalized HCA's first Centennial Accord Plan and Tribal Consultation Policy, March 2004. Participated in tribal meetings and forums such as AIHC, NPAIHB, Tribal Leaders' Health Summit and 2005 Treaty Symposium to enhance communication and collaboration with tribes. Established interagency collaboration with DSHS and DOH to improve communication and coordination on tribal health issues. Provided HCA's first onsite tribal government-to-government training coordinated through the Governor's Office of Indian Affairs, January 2004.

YEAR	DIVISION	GOALS	ACCOMPLISHMENTS
2003-05	BASIC HEALTH	Collaborate with tribes to establish new tribal sponsors (when enrollment permits). Establish early consultation on BH policy changes. Conduct site review of tribal sponsorship programs. Provide quarterly joint meetings with the tribal sponsors and BH staff.	Established four new BH tribal sponsors contracts with the Lower Elwha Klallam, the Quileute Tribe, the Shoalwater Bay Tribe, and the Squaxin Island Tribe. Maintained exemption for existing tribal sponsors from the freeze on new applications. Revised tribal sponsor contract language to allow tribes to verify tribal declaration of non-filing of federal income tax. Provided ongoing quarterly joint meetings with the tribal sponsors and BH staff. Improved internal and external communication structure on tribal accounts. Assigned specific contacts for tribal sponsors. On-going effort to work with tribal representatives to achieve administrative simplification of tribal member eligibility. Identified validation process before tribal members are disenrolled from BH without secondary administrative review and communication with tribal representatives. Conducted annual site reviews of all tribal sponsorship programs.
2003-05	COMMUNITY HEALTH SERVICES		Established Tribal Liaison function in CHS strategic business plan. Entered into a contract with the Port Gamble S'Klallam tribal clinic, the first tribal clinic to receive CHS grant funds, SFY 2004. Entered into contracts with Shoalwater Bay Tribal Clinic and Spokane N.A.T.I.V.E. Project, SFY 2005. Conducted site visits to tribal and urban clinics.

YEAR	DIVISION	GOALS	ACCOMPLISHMENTS
2003-05	PRESCRIPTION DRUG PROGRAM	Explore the impact of the PDP on tribes and tribal interest.	
2003-05	PUBLIC EMPLOYEES BENEFITS BOARD	Work with tribes to examine the policy issue of extending access to PEBB coverage to tribal governments for their employees, as a benefit of employment. This reflects what is extended to local governmental entities. A legislative change would be required.	PEBB outreach coordinator gave a presentation at the AIHC March 5, 2004 meeting to explore tribal interest in the PEBB program.

Year	Division	Goals	Accomplishments
2005-07	HCA Agency Wide	Seek new opportunities for state-tribal partnerships in health care, to make affordable, quality health care more accessible. Make an impact on decreasing American Indian/Alaska Native health disparities. Collaborate with tribes and tribal entities to ensure communication and access to HCA programs and staff. Increase participation in American Indian Health Commission meetings by offering presentations by HCA program and administrative program support functions. Ensure appropriate staff participates in state-tribal government-to-government training. Update Centennial Accord Plan through consultation with tribes. Improve HCA-tribal contracts to reflect government-to-government relationship. Develop HCA internal protocols. Improve method for tracking and monitoring progress.	HCA jointly established State-Tribal-Urban Indian Health Care workgroup to coordinate with tribes, Urban Indian programs, and state agencies to solicit, make recommendations, and consult directly with tribal governments to address issues related to the Governor's health care priorities relevant to tribes and AI/ANs. HCA granted an award of $13,000 in SFY 2008 for the AIHC's efforts with the State-Tribal-Urban workgroup and to promote HCA's programs. HCA agency updates and presentations given at AIHC meetings for the purpose of collaboration and communication by HCA Administrator, Deputy Administrator, Medical Director, PDP Director, HCP Director, BH staff, PEBB staff and Tribal Liaison. Director of the Governor's Office of Indian Affairs and the HCA Tribal Liaison provided an overview of the SB5640 to the Northwest Portland Area Indian Health Board in October 2007. HCA established mandatory training policy for HCA executive team members, managers, and supervisors to attend State-Tribal Government-to-Government training. Also made training available for those line staff that work with tribes at the recommendation of their supervisor. HCA produced agency highlights and updates for annual Centennial Accord meetings. HCA made revisions to contracts/interagency agreement language to reflect government-to-government relationship and tribal sovereignty.

YEAR	DIVISION	GOALS	ACCOMPLISHMENTS
2005-07	BASIC HEALTH	Collaborate with tribes to establish new tribal sponsors (when enrollment permits). Establish early, proactive communication on policy and procedure changes to allow for consultation, when appropriate. Conduct site reviews of tribal sponsor programs to ensure quality and access. Collaborate with tribal sponsors to improve business practices to achieve administrative simplification and eligibility determination. Provide status updates and quarterly joint meetings with the tribal sponsors and BH staff.	BH conducted outreach site visits to four tribes to explore tribal financial sponsorship benefits. BH established new active enrollment in tribal sponsor relationships. Shoalwater Bay Indian Tribe 2006 Squaxin Island Tribe 2007 Kalispel Tribe 2007 Makah Tribe 2007 BH developed and provided for BH process in-person operational training for tribal sponsors. BH presented an overview of the Basic Health Financial Sponsorship program at the American Indian Health Commission meeting on January 12, 2007. BH quarterly joint meetings are pending under review to determine quality and effectiveness.

YEAR	DIVISION	GOALS	ACCOMPLISHMENTS
2005-07	COMMUNITY HEALTH SERVICES	Establish relationships with tribal clinics that are not current contractors. Give program presentation at AIHC meeting. Research alternatives to educate and disseminate cultural competencies in heath care and evidence-based practices relevant to tribal communities.	CHS conducted outreach site visits to three tribes that are not current contractors. CHS team conducted a grant application workshop to provide technical assistance specifically for tribes and urban Indian programs interested in applying. 19,124 American Indians/Alaska Natives served by CHS funded Community Clinics in 2007. CHS awarded primary care grant funding to two urban Indian clinics and three tribal clinics: Seattle Indian Health Board, Spokane N.A.T.I.V.E. Health, Port Gamble S'Klallam Tribe, Shoalwater Bay Tribe, and Stillaguamish Tribe. CHS awarded Community Health Care Collaborative grant to Port Gamble S'Klallam for a digital technology project focused on electronic medical records and continuity of care. CHS conducted annual site visits to urban and tribal contractors.
2005-07	HEALTH CARE POLICY	HCP is seeking to appoint tribal representative to Health Information Stakeholder Advisory Committee (HIISAC) to actively participate in providing feedback and input to the HCA and the HIIAB in development of a strategy for the adoption and promotion of Health IT and EMRs in Washington State that complies with other requirements for interoperability, privacy, security, etc. Give HCP presentation at an AIHC meeting.	HCP successfully appointed a tribal representative to the Health Information Infrastructure Stakeholder Advisory Committee (HIISAC), Ed Fox served as the tribal representative. Presented the initial recommendations from the Health Information Infrastructure Advisory Board (HIIAB) at the AIHC August 2006 meeting.

YEAR	DIVISION	GOALS	ACCOMPLISHMENTS
2005-07	PRESCRIPTION DRUG PROGRAM	Present tribes with opportunity to examine options to participate in the Prescription Drug Purchasing Consortium.	Director of PDP presented program information at the AIHC February 2006 meeting. As of July 2008, over 82,000 members have enrolled in the WPDP discount card program.
2005-07	PUBLIC EMPLOYEES BENEFITS BOARD	Present tribes with an opportunity to examine the policy issue of extending access to PEBB coverage to tribal governments for their employees, as a benefit of employment. This reflects what is extended to local governmental entities. A legislative change would be required.	HCA sponsored and worked jointly with tribes and the American Indian Health Commission for Washington State to develop SB5640, 2006 legislation, to expand eligibility of PEBB to tribes for their employees under the same conditions as counties, municipalities, and other political subdivisions. The law becomes effective January 1, 2009. PEBB Staff presented at four AIHC meetings to provided updates on PEBB implementation and application processes at American Indian Health Commission Meetings. PEBB held tribal meeting to discuss the PEBB application process. Eighteen tribes and two tribal organizations were represented.

Year	Division	Goals	Accomplishments
2005-07	Office of the Medical Director	Give presentation at an AIHC—Medical Director. Explore avenues with tribes to minimize health disparities.	Presented division overview at the AIHC April 2005 meeting. Participated in the State-Tribal-Urban Indian workgroup discussions.
2008-10	HCA Agency Wide	Finalize 2008-10 Centennial Accord Plan. Finalize agency communication protocols Convene State-Tribal Urban Indian Health Care Workgroup to solicit, make recommendations, and consult directly with tribal governments to address issues of concern regarding health care priorities of the Governor. Meet with tribes and tribal organizations to expand knowledge of HCA's scope and infrastructure, and provide technical assistance to access programs. Seek ways to support cultural competencies in health care delivery and evidence-based practices relevant to tribal communities. Improve method for tracking and monitoring progress.	

YEAR	DIVISION	GOALS	ACCOMPLISHMENTS
2008-10	BASIC HEALTH	Make the BH financial sponsorship program available to all tribes in Washington and provide adequate information for them to determine whether it would be of value to their communities. Provide for early, proactive communication on policy and procedure changes to allow for consultation when appropriate. Provide status updates, joint meetings and effective communication with tribal sponsors and BH staff. Continue to review and improve agreements to reflect the government-to-government relationship with tribes. Collaborate with tribal sponsors to improve business practices to achieve administrative simplification and eligibility determination. Review the effectiveness of quarterly tribal sponsor meetings. Train BH staff in state government-to-government relationships and Centennial Accord goals to increase staff knowledge. Conduct site reviews of tribal sponsor programs to ensure quality and access.	
2008-10	COMMUNITY HEALTH SERVICES	Establish relationships with tribal clinics that are not current contractors. Research alternatives to educate and disseminate cultural competencies in heath care and evidence-based practices relevant to tribal communities. Provide a program presentation at AIHC meeting.	

Year	Division	Goals	Accomplishments
2008-10	Health Care Policy	Provide a Health Record Bank update to the AIHC. Market Health Insurance Partnership (HIP) to tribal communities when applications begin to be accepted in early 2009.	
2008-10	Health Technology Assessment	Give HTA program presentation at an AIHC meeting. Participate in Tribal Leader Health Summit as appropriate.	
2008-10	Office of the Medical Director	Explore avenues with tribes to minimize health disparities.	

YEAR	DIVISION	GOALS	ACCOMPLISHMENTS
2008-10	PUBLIC EMPLOYEES BENEFITS BOARD	Present tribes with information to assess the advantages of PEBB participation. Accept and evaluate tribal applications to PEBB. Support tribes in the successful implementation of PEBB participation.	
2008-10	PUBLIC EMPLOYEES HEALTH PLANS	Establish early, proactive communication with tribes joining PEBB regarding health plan choices and coverage. Facilitate a smooth transition for tribal members selecting UMP and the Aetna Public Employees Plan, including knowledge of their benefits and how to use them. Give presentation at an AIHC meeting.	