ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Indian Health Care Improvement Fund Update

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Inter-Governmental Affairs

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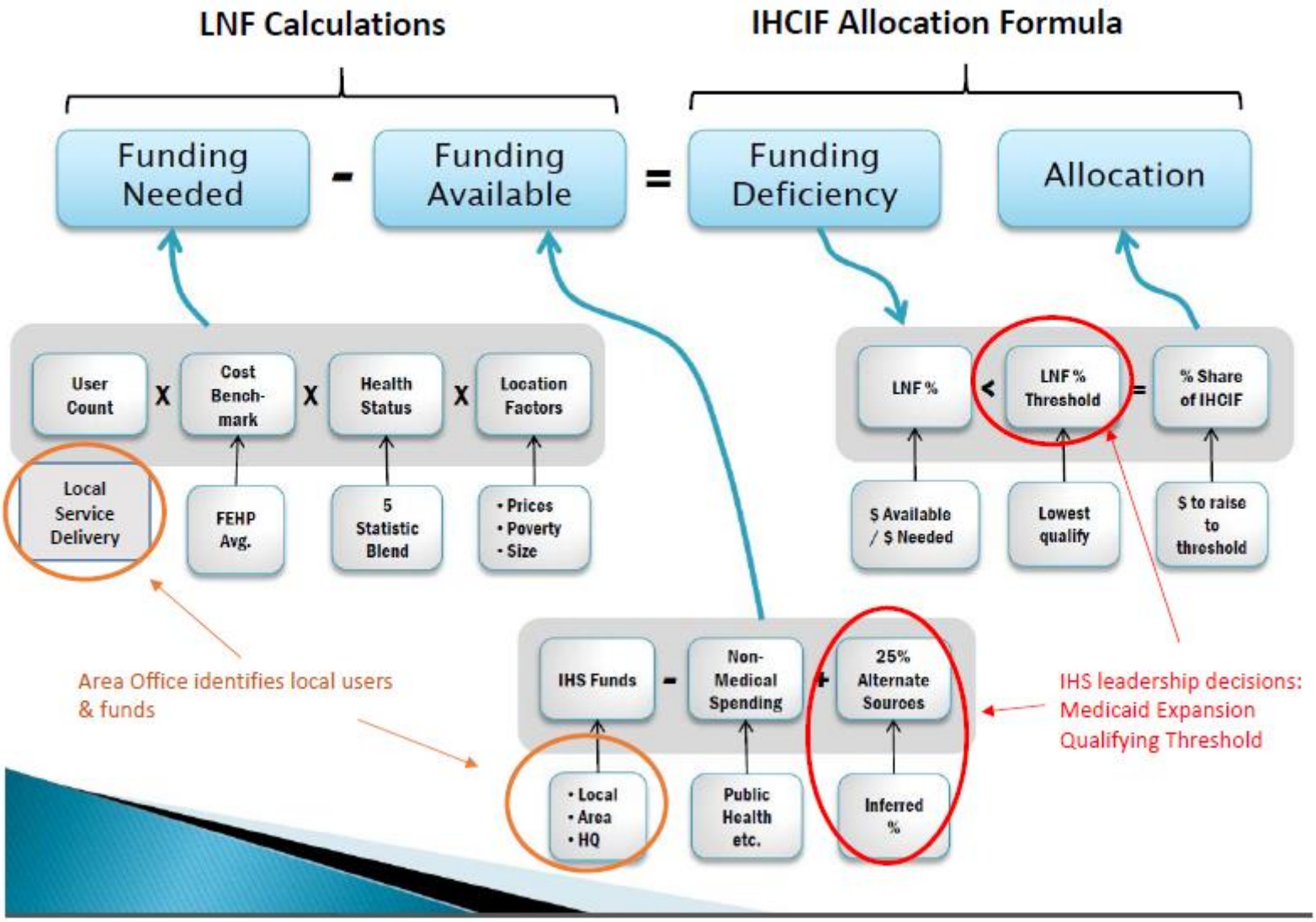
Past Workgroup Decisions

- FY 2011 Data Workgroup convened to revisit IHCIF data elements and formula
- 2011 Findings and Recommendations
  1. User Counts
  2. Alternative Health Status Index
  3. Per User Cost Benchmark
  4. Adjusting Benchmark for sites
  5. New Guidance for Area Collection of Data
  6. Index of CMS Spending
  7. Forwarded CHS Topics
- IHS Director decided not to change IHCIF until all operating units reach 55% of their level of need

IHCIF Formula Conceptual Framework



2018 Decision Points

- Following wide range of discussion on previous issues, four sub-workgroups formed:
  1. Per Person Benchmark
  2. User Counts
  3. Alternate Resources
  4. PRC Dependency/Access to Care
- Decisions/Work organized into two phases due to urgency to get FY 2018 funds distributed

Per Person Benchmark

- Assess the rationale and impact of replacing the Federal Employee Health Plans (FEHP) per user cost benchmark with a benchmark based on national health care expenditures (personal health care services)
- **Decision/Recommendation**: move from an insurance model benchmark to the FEHP
  - The FEHP is more representative of IHCIA services
  - Takes into consideration dental and vision
  - Other public health factors

User Count Workgroup

- Assess the rationale and impact for modifying and/or augmenting user population now used in the methodology. List any implications if any of switching from an insurance plan benchmark to the national health care expenditure benchmark
- Consideration of non-CHSDA users among 263 operating units
- Evaluation Service Population, American Community Survey, or other population related data
- **Decision/Recommendation**: Continue to use User Population with addition on non-CHSDA users
- Continue discussion related to “fractionalization” of users

Phase Two Issues

1. Continue work on the Alternate Resource Factor to determine if actual operating unit data rather than state-wide averages can be used.
2. Refining User Population measure to determine if fractionalization data can be accurately measured to the operating unit.
3. Assessing if a PRC/Access to Care Factor can be added to the formula (e.g. distance, facility conditions, level of care, TSA, etc.)
4. Medicaid coverage gaps related to State benefits and program capacity
5. IHCIF Funding Allocations: *Minimum or maximum allocations*

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Alaska Native people are the healthiest people in the world.

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