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**Health Co-Management, Non-Insured Health Benefits
Yellowhead Tribal Council, Edmonton, Alberta
February 9 – 10, 2016**

Co-Chairs:

Tanya Churchill, FNIHB
Carolynn Small Legs, Treaty 7

Liaisons:

Nora Alook, Treaty 8
Nicole Tailfeathers, Treaty 7

Guests:

Roxanne Perry, Treaty 8
Marija Small Legs, Treaty 7
Allison Tremblay, Treaty 6
Dale Tallman, Treaty 8
Evelyn Johnston, Saddle Lake
Kimberly Loh, FNIHB
Amy Hillier, FNIHB
Sheila Redcrow, Saddle Lake
Rhonda Laboucan, FNIHB
Samantha Noskiye, Bigstone
Caroline Adams, Treaty 8
Shirley Gagnon, FNIHB
Kris Janvier, Treaty 8
Minh Vuong, FNIHB

Subcommittee:

Trista Simpson, Treaty 8
Barry Phillips, Treaty 8
Randy Littlechild, Treaty 6
Gerry Eagle Speaker, Treaty 7

HCoM:

Beverly Swampy
Darcy Jagodzinsky

Regrets:

Barb Paul, Treaty 6
Arleen Thomas, Treaty 6

1. Meeting Call to Order
2. Invocation
3. Review of Agenda:

9:23 a.m.
Gerry Eagle Speaker

2015-02-09-#01 Moved by Gerry Eagle Speaker, to adopt the agenda with amended sequencing, seconded by Trista Simpson, all in favor, motion carried.

4. Meeting Summaries

Sub-Committee

NIHB Sub-Committee to review Action Items for September 22-23, 2016 and October 5, 2015 on Friday February 26, 2016 via teleconference on 9:00 am – 12:00 pm.

Action Item: Teleconference to be set up through the Health Secretariat to review the actions items on February 26, 2016.

Action Item: Health Secretariat to forward Bias Free Training opportunity to all partners once additional information is received.



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Action Item: Health Secretariat to forward the request for NIHB Administration positions to be included in the Salary Parity Analysis by the Financial Analysis Working Group

5. **Aboriginal Peoples Employment Program (APE)**

Shirley Gagnon

The APE program is part of a Federal employment equity program, which is legislated. The goal of the program is to increase the number of Aboriginal Peoples employed within the Federal Government. There currently is an Aboriginal Employee Network; the network is exploring activities on recruitment, professional development, retention, outreach, and communication to potential Aboriginal employees.

Discussions:

- The term aboriginal is a politically incorrect term. It is possible to change the title to Indigenous?
- Not For Us with Out Us is an Alberta concept. The role of Co-Management is to support FNIHB, where possible. It would be great for Alberta First Nations to have the opportunity to support FNIHB Partners.

Action Item: Tanya Churchill to forward Alberta statistics from Shirley Gagnon

Action Item: Alberta Region to consider providing opportunities for Alberta First Nation Communities to support the Aboriginal Peoples Employment Program Processes

6. **MTS Data Follow up**

Minh Vuong

The document links population growth and benefit usage. The benefits are growing on par with population growth. NIHB is a needs based program and approvals are based on needs. The Mclvor legislation decisions that impacted population growth came with a special purpose allocation from the National Office.

Discussions

- Benefits are transferable between provinces
- There are concerns that the program funding is based on allocations that were established in the 1980's
- The national office is exploring the ability to pull numbers by Band Membership, which provides a clearer picture of First Nations accessing benefits
- Alberta received 500 invoices from the Yukon region for the 2015 year. So that equals just over 1 invoice per day for the Alberta region to process.
- BC Clients access services in Alberta are redirected to the BC First Nations Health Authority.

Action Item: Minh Vuong to adjust expenditure tables to identify Mclvor and Calihoo Clients in Alberta

Action Item: Tanya Churchill to develop a chart to identify specifics regarding billings for out of Province and clients accessing services in Alberta

7. **MTS Presentation**

Joyce Houle

The Edmonton Referral Unit and First Nation Communities in Alberta use the Medical Transportation System. Training requests are offered throughout the year ongoing. Joyce Houle provides the training to First Nation communities as needed.



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Discussions

- Randy Williamson works with both Medical Transportation and Dental. If John and Randy are not available, individuals can contact Kimberly Loh.
- There are concerns that navigators and communities are not contacted back despite multiple messages that are left in the region
- There are concerns that there is no communication between the Navigators and the Edmonton Referral Unit
- There are concerns about the processes between the hospital and the Edmonton Referral Unit

Action Item: The processes between the hospital and ERU to be communicated.

Action Item: Health Secretariat to work with FNIHB to set up a joint meeting between the ERU and the Treaty Area Navigators.

8. Lunch

12:20 p.m. – 1:10 p.m.

9. Medical Transportation Presentation

Joyce Houle

There is a resolution in place that Non Insured is the payer of first resort and NIHB processes need to reflect the AoTC Resolution that has been ratified and brought forward. NIHB Clients should not have to deal with other insurance discussions or challenges.

Action Item: Amy Hillier to develop writing scenarios and forward to adjudicators and navigators. The same information needs to be provided both to the adjudicators and navigators to strengthen common understanding.

Action Item: Joyce Houle to send out the list of hotels that are used for NIHB clients.

10. Saddle Lake Medical Transportation Presentation

Sheila Redcrow

Catchment is defined in the community-based framework. Each agreement identifies catchment area clearly.

Action Item: Kimberley Loh to review terms, conditions, policies, framework and catchment areas with the Navigators at the next meeting.

Suggestions

To utilize AMA reports, if there are no weather advisories and consider extending the travel times. The ERU could contact each treaty area to see what the conditions are like. It is noted that some clients do not have the minutes on their phones, which impacts them contacting the ERU while traveling to appointments.

Action Item: If the subcommittee members have any suggestions to forward these to Tanya Churchill or Sheila Redcrow.

11. NIHB Business Planning

Tanya Churchill/Aimie Hillier

The 2016/17 Operational Plan was presented to the subcommittee. It is suggested to identify a working group that can support the development of a business case for wage parity for medical transportation. A concern was brought forward from the Treaty areas, as they need additional capacity dollars to hire staff to support ongoing additional requests.

Action Item: Health Secretariat to work with the Navigators on the development of a business plan that supports building capacity.

Action Item: Kimberley Loh to go back to FNIHB and inform them that the funds are being sent out as the money is there. There could be a few things that tie up the funding from



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flowing but will find out. It is noted that the Medical Transportation Coordinators/MT Forum should be identified as training or policy development. The event could be initiated every 2 years but a business case is required for each session. It is suggested that a business case for additional training also be submitted. It was suggested that HCoM could coordinate this. Business plan document presented can be changed as time goes on, as business cases come up a line can be added. The plan does not include dollar amounts and each is done through a business case.

Action Item: That one treaty area rep to sit with Tanya when developing the MOU with the Optometrist Association. Dale, Nadine and Carolyn to discuss the option of one rep or 3 reps one for each, Vision, MS & E and MHA.

- Note: If business case for capacity is approved it would be added as a line to this.

12. IRS

There is no documentation stating that IRS Workers are to be supports for the Murdered and Missing Indigenous Women Initiative. There was no mandate provided to IRS and if they are expected to do the work, additional resources and capacity is required.

13. Day 2 Meeting Call to Order

9:15 a.m.

14. NIHB Updates

Minh Vuong

Subcommittee reviewed report presented by Minh Vuong.

Action Item: Minh Vuong to report on what is being charged to IRS and what is being charged to non-insured. The National office is working on a different system which addresses delayed payments and combining the claims. This will give data on what is being charged for each in the future.

Action Item: Minh Vuong to send the data on IRS expenditures and Mental Health utilization out to HCoM to disseminate to the subcommittee.

Discussion

Vision: There are problems with the providers not releasing eyewear unless this is paid in full. FNIHB has informed the staff that they are to pay claims as soon as possible. The goal is first in and first out. There was to be an appeals process and a motion was made and also the policy needs to be addressed at national.

15. AFNIGC Denial Tracking

Anita Konzi /Bonnie Healy/Kris Janvier

The goal is to link data sets with Alberta Health to support First Nation decision-making. There are problems capturing information regarding medical transportation as some patients have unique situations. Most of the information captured in the system is not quantitative and most information will be qualitative. All data will need to be coded and categorized.

Action Item: Kris Janvier, Minh Vuong, and Navigators to look at the platform and identify what areas need to be addressed.

Discussions

The team needs to make sure the software is capturing what is required. It is in the best interest to get the best data you possible can. If there isn't good data and no proper collections then we cannot effectively advocate for additional funds to make changes.



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There are some questions on who will host the master data sharing agreement, as each treaty area may not have sufficient numbers to report on denials.

Action Item: Set up a meeting with Ben Choi and sub-committee to further develop criteria.

16. Break

10:15 – 10:30

Denial Tracking Con't: There are concerns from the sub-committee that they had very little input on how this was developed. This project has come to fruition without little input from all partners. There have been requests for demonstrations but this has not occurred. There is a recommendation to hire an independent organization and start from scratch. We would like to build a system with us and for us.

Action Item: Item to be added to the agenda for the February 26, 2016 teleconference call. FNIHB to identify the activity in the operational plan and Treaty area partners to discuss and bring forward possible options.

17. NIHB Updates Continued

Kimberley Loh

Moratorium notice will go out regarding:

- Section 6.2 of the 2005 NIHB Medical Transportation Policy Framework: "when a client does not attend a scheduled appointment and medical transportation benefits have been provided, the client may have to assume the cost of the return trip or of the next trip to access medically required health services unless proper justification is provided to explain why the client was unable to attend or to notify the appropriate public carrier of the cancellation."

This moratorium will be effective for 6 months timeframe, ending on July 15, 2016.

Action Items:

- Kim Loh Follow Up: Primary insurance that is paying for IRS? Are they asking for insurance before using IRS funding?
- Kim Loh Follow up with: Hearings with specialty services for hearing impaired clients. Kim to check with Clarissa on how additional support services would be covered.
- Kim Loh to invite the Treaty 7 Navigators on the quarterly videoconferences
- Kim Loh to bring short-term crisis reporting tool

Action Item: Navigator meeting to be set up with Randy Williamson, FNIHB, and Liaisons on dental. A communiqué was forwarded on third party billing specific to who can direct bill and client service provider options. The association for Dental was made aware of the list being developed and if responded that if the list was distributed, they would sue Health Canada for identifying providers.

Action Item: Minh Vuong could meet/discuss with Navigators on mapping providers within Treaty areas to support database development.

18. AADL

Co-Chairs

There may be two tiers within the process, one will consist of Health Technicians and the other Chiefs and Ministers.

Action Item: Request information on what has been taken off the DBL list.



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Action Item: Identify the process for using NIHB appeals email mailbox and inform HCoM and Navigators, whether they are willing to tag that on their websites.

Action Item: FNIHB to check with the National Office to see if they will add it to the information sheet.

19. Navigators Updates

Marija Small Legs/Allison Tremblay/Caroline Adam

Treaty 7: Navigators are detaining long periods with the ERU with requests to be transferred to speak with managers and then informed that they will be put back in que and denied, as managers are not available. There is an ongoing request a list for providers. Need to address the 300 km concerns but saw that this is being addressed in the mapping. The navigators would like the visit to the ERU and warehouse, to build partnerships.

Treaty 6: Dental benefits are depleting very quickly, clients are upset and this is common in all treaty areas. NIHB raises the rates of dental but dentists go and raise their rates, the gap seems to never close.

Action Item: Information to be sent to Tanya on the different situations with the ERU and cc the other navigators so they can be addressed with the ERU staff.

Suggestion: Angeline and Bonnie to do a presentation on the cancer project. Cancer project has a Navigator and request to have that person come in and see what her role is.

Treaty 8: All same areas of concern. Also wanted a list of staff in Vision and roles in the ERU.

Action Item: Tanya to coordinate a meeting with MHA and have Dr. Sarin and Coreen to do a presentation.

20. Victims of Violence

Carolynn Small Legs

The NIHB funds allocated to Victims of Violence is under the SPA allocation and the region is not able to move the Non Insured money. It is suggested that a proposal be forwarded to the national office declining the monies in stream one and ask for an increase in money to stream 2. The region has been advocating to the national office without any responses to date. It was agreed that in the interim the monies from stream 1 to be funded in a flexible agreement with the intent of waiting for the decision from the national office. MHA are in support of the recommendation. It is agreed that flexibility in the agreement is a priority.

Action Item: Tanya to put out an email to get the feedback from the Treaty areas to see if they are in agreement.

Suggestion: Flow the funds on how they did this fiscal year and then meet with MHA and identify options. It is important to review the original motion and how funds were split.

21. Lunch

12:30 – 1:00 p.m.

22. Events

Carolynn Small Legs

Alberta Region Mapping the Way Contribution Agreement Management

- Double Tree Edmonton, Alberta - March 8 & 9, 2016

Medical Transportation Meeting

- River Cree, Enoch Alberta - March 23 & 24, 2016



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23. NIHB Joint Review

Co-Chairs

Tanya has identified the critical path and has contacted communities on engagement sessions. A Consultant is hired to conduct the sessions; there will be 2 sessions in each treaty area about all benefits.

24. Missing and Murdered Indigenous Women

Carolynn Small Legs

Request that a presentation to be done at the next meeting identifying the mandate and resources. There are concerns that IRS workers will have to perform the work and currently they do not have the capacity and ability to add a whole new program to their current list of duties.

Action Item: Request to address resources and capacity with INAC. An invitation to be forwarded to INAC to provide an update on the program.

25. Select Meeting dates 2016/17 fiscal year

Subcommittee

Meeting Date	Location
April 5 or 8, 2016	Red Deer, Alberta (Joint Meeting with MHA)
June 1-2, 2016	Calgary, Alberta
September 13-14, 2016	Edmonton, Alberta
November 15, 2016	Teleconference/Video Conference
January 18-19, 2017	Teleconference/Video Conference

26. Meeting Adjournment

1: 20 p.m.