

# Alaska Native Tribal Health Consortium



**1998 Annual Report**

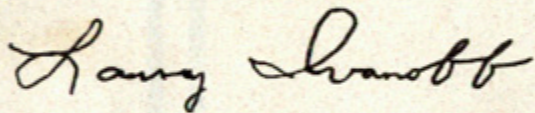
To All Alaska Natives:

On behalf of the Board of Directors of the Alaska Native Tribal Health Consortium, I am pleased to present our first annual report describing our activities for the fiscal year ending September 30, 1998.

Since the establishment of the Consortium in December 1997, we have made significant progress towards our long-standing goal of having Native management of the entire Alaska Native health system. This year, the Consortium assumed responsibility for the operations of most of the Indian Health Service's Alaska Area Office programs. In 1999, we expect to be responsible for management and operations of the Alaska Native Medical Center.

Our Board of Directors takes very seriously our responsibility to manage these resources and programs on behalf of all Alaska Native tribal governments. We pledge our commitment to work closely with affiliated tribal health programs throughout Alaska to maintain a unified health care system serving all Alaska Natives.

We acknowledge the many individuals representing both the Indian Health Service and the Alaska Native tribal health programs whose contributions made our initial year of operations successful.



Larry Ivanoff  
Chairman of the Board  
Alaska Native Tribal Health Consortium

To All Alaska Natives:

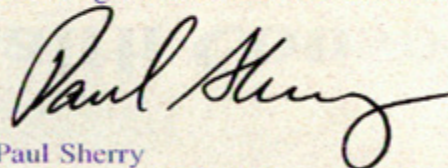
It is an honor and a privilege to serve the Alaska Native Tribal Health Consortium as your President and Chief Executive Officer during this developmental year. In 1998, the Consortium evolved from being a concept to a full-scale health services organization in less than twelve months.

Extensive effort went into establishing the basic infrastructure of the organization and developing the understandings through which statewide Indian Health Service programs are being transferred to Native management. This process required many meetings and work products of federal and tribal leaders, administrators, medical care providers, financial officers, attorneys, consultants, and support staff over the past year.

This annual report and our annual meeting with tribes, tribal organizations and beneficiaries demonstrates our commitment to providing the Alaska Native community with information concerning our services and future plans, and to obtaining your valuable input and recommendations for long-range improvements.

In 1999, the Consortium expects to manage the largest American Indian/Alaska Native self-governance agreement in the United States, employing over 1000 staff, and be responsible for over \$150 million in health care resources.

The management of the Consortium is committed to excellence in fulfilling our obligations to all Alaska Natives.



Paul Sherry  
President and Chief Executive Officer  
Alaska Native Tribal Health Consortium

# Alaska Native Tribal Health Consortium

## 1997/98 Timeline of Events

1997

1998

Oct Dec Jan Feb Mar Jun Aug Sept Oct Dec

Congressional Authorizing Legislation Approved

X

Organizational Board Meeting Held

X

Articles and Bylaws Approved

X

Board Members Appointed

X

President/CEO Selected; Offices Opened

X

Initial P.L. 93-638 Contract Proposal Submitted

X

I.H.S. Tribal Management Grant Awarded

X

Offices Relocated to 4141 Ambassador Drive

X

Initial P.L. 93-638 Title I Contract Approved

X

- Community Health Services
- Professional Recruiting Services
- Business Office Services
- Maintenance and Improvement Funds

P.L. 93-638 Title I Contract Modified

X

Proposal Submitted for Alaska Native Medical Center

X

Title III Self-Governance Compact Approved

X

- Environmental Health and Engineering
- Additional Area Office Services

First Annual ANTHC Meeting

X

# Alaska Native Tribal Health Consortium Board of Directors



Larry Ivanoff, Chairman



Lincoln Bean, Vice Chairman



H. Sally Smith, Secretary



Esther Ronne, Treasurer



Evelyn Beeter



Terrance Booth



Eileen Ewan



Katherine Grosdidier



Eben Hopson, Jr.



Henry Hunter, Sr.



Don Kashevaroff



Denise May



Will Mayo

Photo not available

Ruth M. Moto



Mike Zacharof



Larry Ivanoff, Chairman  
Norton Sound Health Corporation

Lincoln Bean, Sr., Vice-Chairman  
Southeast Alaska Regional Health Consortium

H. Sally Smith, Secretary  
Bristol Bay Area Health Corporation

Esther Ronne, Treasurer  
Chugachmiut

Evelyn Beeter  
Unaffiliated Tribes

Terrance Booth, Sr.  
Metlakatla Indian Community

Eileen Ewan  
Copper River Native Association

Katherine Grosdidier  
Southcentral Foundation

Eben Hopson, Jr.  
Arctic Slope Native Association

Henry Hunter, Sr.  
Yukon-Kuskokwim Health Corporation

Don Kashevaroff  
Unaffiliated Tribes

Denise May  
Kodiak Area Native Association

Will Mayo  
Tanana Chiefs Conference

Ruth M. Moto  
Maniilaq Association

Mike Zacharof  
Aleutian /Pribilof Islands Association

# Alaska Native Tribal Health Consortium

## Organizational Chart - December 1998



### Board of Directors

**President/CEO**  
Paul Sherry

**Director, Finance  
and Administration**  
Garvin Federenko

**Executive Administrative  
Assistant**  
Marianne Gilmore

**Director  
ANMC/APCC  
Business Operations**  
Vacant

**Director  
Environmental  
Health & Engineering**  
Ken Evans (Acting)

**Coordinator  
Area Business Office**  
Lue Rae Erickson

**Director  
Community Health  
Services**  
James Berner, M.D.

**Director  
Professional  
Recruitment**  
Ken Bartline

**Director  
Regional Supply  
Service Center**  
Harold Squartsoff

## Introduction

The Alaska Native Tribal Health Consortium, also referred to as "the Consortium" or ANTHC was established in December, 1997, as a statewide nonprofit health services organization owned by Alaska Native tribal governments and the regional Alaska Native health services organizations they serve.

Planning for Native management of statewide Indian Health Service programs began in the early 1990s under the auspices of the Alaska Native Health Board. An intensive period of planning was conducted between 1995 and 1997, involving tribes and tribal health organizations throughout the State of Alaska. In September 1997 Congress approved legislation which outlined criteria for the structure of the Consortium and established its authority to contract for administrative and health services provided by the Indian Health Service's Alaska Area Office and the Alaska Native Medical Center in Anchorage.

The Consortium established its articles and bylaws in compliance with these requirements and, as of October 1, 1998, has become a co-signer of the Alaska Tribal Health Compact with responsibility to manage and deliver a comprehensive range of health services to all Alaska Natives.

### Consortium Board of Directors

The ANTHC Board of Directors is comprised of fifteen members. Twelve are appointed by the boards of Alaska Native nonprofit corporations providing health services. One is appointed by the Metlakatla Indian Community. Two members are

Two members are elected by tribes unaffiliated with a regional nonprofit corporation. The Board schedules its meetings approximately every six to eight weeks. The current board members, as of October 1, 1998, are listed above.

### Administration

The Consortium's administrative leadership is provided by the President/Chief Executive Officer. The administrative infrastructure of the Consortium has been established on an interim basis; the organizational systems will be gradually revised as the amount of programs being managed increases, and as tribal compact support funding is secured from the Indian Health Service.

The administrative offices of the Consortium are located in the Indian Health Service's Alaska Area Office building at 4141 Ambassador Drive in Anchorage. Consortium employees are working at several different Anchorage facilities, mostly on the Alaska Native health campus surrounding the Alaska Native Medical Center.

### Current Responsibilities

As of October 1, 1998, the Alaska Native Tribal Health Consortium has a self-governance agreement in effect assigning responsibility for the following services of the IHS Alaska Area Office:

*Administrative Services:* Management of portions of the offices of Human Resources, Finance, Acquisition Management, and Awards and Administrative Services.

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## Purpose

**To provide the highest quality health services for Alaska Alaska Natives**

## Core Values

**Self - Determination**

**Unified Relationships based on Trust**

**Respect for Cultural Diversity**

**Respect for our People**

**Respect for People over Money**

**Honesty and Integrity**

## Vision

**A unified Native health system, working with our people, achieving the highest health status in the world.**

## Current Responsibilities (Continued)

*Community Health Services:* This office includes consultants to tribes and tribal health organizations in the areas of immunizations, dental services, alcohol and behavioral health statistics, women's health services, and communicable disease investigations. The Consortium is also providing administrative support for the new Community Health Aide/Practitioner Certification Board.

*Personnel and Professional Recruiting:* This office coordinates individual and group training for Area Office personnel, Alaska Native Medical Center personnel, and selected training and continuing education programs for tribal health providers from throughout the Alaska Area. The office also recruits throughout Alaska and nation-wide for health professionals to serve at the Alaska Native Medical Center and all tribal health program sites in Alaska (physicians, dentists, pharmacists, sanitarians, etc.) The office also provides information to IHS beneficiaries interested in acquiring Indian Health Service and other health scholarships.

*Business Office Services:* This office provides technical assistance to tribes and tribal health organizations regarding processes for reimbursement from Medicare, Medicaid, CHAMPUS, and private insurance resources.

*Regional Service Supply Center:* This warehouse provides pharmaceuticals, medical supplies, office supplies, and subsistence supplies to Alaska Native-managed hospitals and health centers in the state.

*Environmental Health and Engineering:* This department provides a range of services for tribal health organizations and individual tribes for the purpose of protecting the health of the community and improving community health facilities.

Environmental Health Services provides coordination and assistance to tribal injury prevention programs in Alaska, supports the sanitarians employed by regional tribal health organizations, and conducts health institution safety surveys.

Division of Health Facilities provides financial support for the maintenance and improvement of tribally-owned hospitals and health care facilities around the state, and provides engineering and other technical support in support of specific projects. This program also provides funding for equipment for tribal health facilities.

Division of Sanitation Facilities Construction provides planning, design, and construction services for individual community water and sanitation projects in rural Alaska. The Consortium has assumed responsibility for a substantial number of projects and the associated staff. Additional projects will be transferred from IHS to Consortium management as tribal agreements for project transfers are completed. This division also provides training in the area of operations and maintenance of sanitation facilities.

As of October 1, 1998, the Consortium employs a total of 180 employees, most of whom are Federal employees assigned through federal/tribal employment



## Current Responsibilities (*Continued*)

agreements. Our current FY 1999 budget is \$28 million, of which \$16 million is for community water and sanitation projects.

### Management of the Alaska Native Medical Center

On September 30, 1998, the Alaska Native Tribal Health Consortium filed with the Indian Health Service our formal proposal for management of the majority of operations of the Alaska Native Medical Center in Anchorage. This \$160 million facility, opened in May 1997, employs more than 1200 staff and has an annual operating budget of approximately \$130 million.

Development of the Consortium's proposal was made complex by the requirements of Section 325 of P.L. 105-83 (FY 1998 appropriations law) that specified that primary care service programs at the Medical Center are to be managed by Southcentral Foundation (SCF), the non-profit Native health organization serving Anchorage and the Matanuska-Susitna valley area.

Negotiations between the Consortium and Southcentral Foundation were conducted between May and September 1998; the negotiated plan was approved by both organizations' boards in late September. Our proposals call for the operating budget of the Medical Center to be allocated approximately 2/3 to the Consortium (approximately \$90 million annually) and 1/3 to SCF (approximately \$40 million annually).

Southcentral Foundation has committed to purchasing services valued at \$9 million annually from the Consortium, so that all of the core central components of the Medical Center are managed solely by the Consortium (including the emergency room, pharmacy, radiology, internal medicine, surgery, etc.).

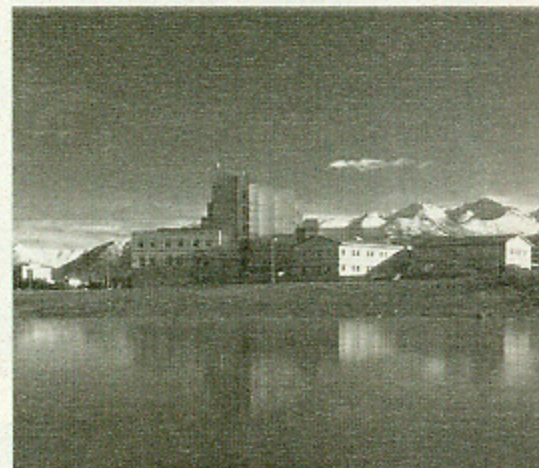
Southcentral Foundation will be responsible for management of programs at the Primary Care Center, the dental clinic, the optometry clinic, the audiology clinic, and portions of several support programs.

The net result is that 900 of the hospital's employees will be assigned to the Consortium and 300 will be assigned to Southcentral Foundation. The organizations have agreed to standardize policies and procedures within the Medical Center, and to coordinate budget processes and credentialing of medical providers through a Joint Operating Board with members named by both parties.

A revenue-sharing agreement has been developed so that both organizations benefit from collections from Medicaid, Medicare, and private insurance payors fairly.

Assurances have been developed by both organizations concerning commitments to maintaining IHS levels of service at the facility and for outlying hospitals, health centers, and communities that rely on the Medical Center for support.

Initial plans have been developed for the allocation of a funding increase for the Medical Center anticipated





## Current Responsibilities (Continued)

from the FY1999 appropriations legislation. A significant portion of this increase will be allocated to improve services for the 50 tribes that are located in the Anchorage Service Unit area (Chugach, Copper River, Kodiak, Aleutians, Cook Inlet, Iliamna, upper Kuskokwim districts).

Negotiations with the Indian Health Service are expected to occur during the months of October-December 1998, with the contract effective date of January 1, 1999.

### Annual Meeting of Tribes

The Consortium's bylaws call for an annual meeting between the organization's Board of Directors and administration with all tribes, tribal organizations, and beneficiaries to provide information concerning the accomplishments of ANTHC during the prior year, to outline plans for the coming year, and to address issues of common interest.

During this meeting, recommendations will be developed to guide the Board of Directors for strategic planning and development. This year's annual meeting is tentatively scheduled for the first week of December 1998. All tribal governments are urged to send one or more representatives to the session.

### Challenges for the Future

The Consortium faces many development challenges during 1998-1999. Among the most significant identified by our Board of Directors:

- the successful implementation of health service programs contracted to date from the Indian Health Service
- transition of management of the Alaska Native Medical Center
- the acquisition of sufficient contract support costs for administrative support from the Indian Health Service
- development of a long-range plan for services development, including the identification of potential new revenues and programs to meet unmet health service needs throughout the Alaska Area
- a plan for allocation of interest revenues generated from the investment of lump-sum payments received throughout Annual Funding Agreement with IHS
- the potential for development of new contractual and business relationships with regional Alaska Native health organizations and with individual tribal governments.

### Conclusion

The Alaska Native Tribal Health Consortium is committed to improving statewide health services provided to tribes and tribal health organizations in Alaska. This year we have made significant progress towards reaching the vision held by tribal leaders since the early 1970s of a total health system owned by the Alaska Native people.



# Alaska Native Tribal Health Consortium

## Statement of Financial Revenue and Expenses

For the Period from December 5, 1997 (Date of Inception) to September 30, 1998

	Tribal Management Grant	Community Health Aide Program	Tribal Management Grant	General	Total
<b>Revenue</b>					
Contract/Grant Revenue	8,496,409	115,165	180,000		8,791,574
Interest				93,396	93,396
Tribal Contribution			94,033	4,777	98,810
<b>Total Revenue</b>	<b>8,496,409</b>	<b>115,165</b>	<b>274,033</b>	<b>98,173</b>	<b>8,983,780</b>
<b>Expenditures</b>					
Salaries and benefits	634,265	-	105,217	-	739,482
Travel	15,498	3,355	2,627	-	21,480
Supplies	-	-	4,446	-	4,446
Minor Equipment	-	-	4,271	-	4,271
Contractual Services	252,129	-	89,484	-	341,613
Contract health emergency funds	922,454	-	-	-	922,454
Maintenance and improvement projects	2,451,631	-	-	-	2,451,631
Other direct costs	65,030	-	23,777	6,342	95,149
<b>Total expenses</b>	<b>4,341,007</b>	<b>3,355</b>	<b>229,822</b>	<b>6,342</b>	<b>4,580,526</b>

