



Notes from the Chief

What I'm working on for You



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Cherokee Nation Health Services offers our citizens some of the best care available in Indian Country. Folks in northeast Oklahoma know this, but recently we changed a few things that are creating more and better health services for Cherokee families. I am proud to say we are reaping the benefits of those efforts.

When someone comes to a Cherokee Nation health center and needs something that our own clinics do not provide, like a knee replacement for example, we send them to a specialist who is outside our network of Cherokee Nation doctors and health care providers. Under that system, we negotiate with insurance companies, hospitals, doctors and other vendors and pay for those services. When patients have a primary insurance, Medicare Part A and Part B, or Medicaid we are able to spend significantly less on the required service and then spend those dollars on other patients.

In our recent history, the growth of referrals for care like this have been dramatic. In 2004, our system averaged 87 of these referrals per day. In 2017, those referrals had grown to an average of 410 per day. Because of this growth in needed referrals, our programs have had to manage their available resources. Some of the services that were being declined over the past year include elective orthopedics and some of the related diagnostic tests to those procedures.

To help address some of the recent limitations we had on issuing referrals for outside costly, nonlife-threatening treatments, we changed our records system, moving all patient health and medical records to a digital format. When a patient comes in, our newly installed software communicates with all payment systems, including IHS, private insurance companies, Medicare and Medicaid.

The new efficiency has helped enable the tribe to collect almost \$9.5 million in the first three months of FY2018 in third-party billing. Those additional funds will translate to more contract health dollars to

approve referrals for surgeries, MRIs and other related tests and help cover a portion of more elective orthopedic referrals for our patients, who visited Cherokee Nation Health Services more than 1.2 million times last year.

It also allowed us to measure quality outcomes and efficiency, so doctors can earn more incentives when patients are treated and get what they need. The strategic changes in the physician salary structure reward our doctors for the quality and quantity of patients they see. Quality is up across the board at Cherokee Nation Health Services, and we have more funds dedicated to contract health needs.

I am proud of the strategic efforts we made to modernize our health system and collect more from private insurance, Medicaid and other third-party billing streams. The increase in collections also comes from our successful outreach to sign up more patients for Affordable Care Act marketplace insurance, SoonerCare and Medicare. These aggressive efforts to enroll more Cherokee Nation Health Services patients have been successful and are helping provide better health care services for our people.

Our patients have more health needs than we could ever possibly meet, so we are evolving with the times. There is constant growth in health care, especially as the “baby boomer” generation matures and needs more and more care. We want all our patients—Cherokees as well as other Natives in northeast Oklahoma—to live healthier lives. To address these growing challenges, we have been resolute in committing more gaming revenue dollars specifically for contract health services, which now is an annual commitment of about \$7 million.

We feel that these changes will set Cherokee health on a path for unprecedented financial security and open up more dollars for specialty care, including visits to cancer doctors and heart doctors and a return to covering a range of bone and joint surgeries.

Soon we will open the largest tribal health care facility ever built in America. A topping out ceremony is planned on March 9, and in 2019, when the facility (located at the W.W. Hastings campus in Tahlequah) is opened, it will house more health care specialists of our own and have two MRI machines. Currently, Cherokee Nation does not have either of those specialty services in-house, and we use contract health dollars to help pay for citizens needing those medical services.

Patients can get more information about additional coverage options by contacting their patient benefits coordinator at any Cherokee Nation Health facility or visiting www.CherokeeCare.com.

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