

Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board 926 Pennsylvania Avenue, SE Washington, DC 20003 (202) 507-4070 (202) 507-4071 fax

March 9, 2011

TTAG Conference Call Action Items

Action Item	Timeline	Person Responsible	Status	Notes
Work with CMS program staff to schedule a meeting concerning the pharmacy reimbursement issue.	ASAP	Ms. Marx	Ongoing	
Follow up with CMS program staff working on the pharmacy reimbursement issue about previous meetings with other stakeholders.	ASAP	Ms. Marx	Ongoing	
Provide a copy of the Jamestown S'Kallam Tribe letter concerning group payer issues to CMS.	ASAP	Ms. Locke	Completed	
Set up a meeting with CMS program staff concerning the calculation of I/T/U patient volume for meaningful use.	ASAP	Ms. Marx	Ongoing	
Write a letter formally requesting a CMS meeting with TTAG concerning the calculation of I/T/U patient volume for meaningful use.	ASAP	NIHB	Ongoing	
Submit comments on the CHIP outreach video to Ms. Cometa.	By March 16	TTAG Members	Completed	
Forward TTAG letter concerning secondary payer rules to CMS program staff.	ASAP	Ms. Marx	Ongoing	
Provide background information on the secondary payer issue to CMS staff.	ASAP	TTAG members	Ongoing	
Work with the TTAG to address ongoing concerns with the CMS contracting process.	ASAP	Ms. Marx	Ongoing	
Identify behavioral health strategies that could be shared at an upcoming conference.	ASAP	Behavioral Health Subcommittee	Ongoing	
Provide feedback on the best format for future HHS tribal budget consultation meetings.	ASAP	TTAG Members	Ongoing	

March 9, 2011

TTAG Conference Call Minutes

Agenda Item	Discussion	Action
Documents Received	<ul style="list-style-type: none"> Agenda (Attachment A) 	
Welcome and Call to Order	<p>Ms. Valerie Davidson, Chair, Tribal Technical Advisory Group (TTAG) and Executive Vice President and Senior Director, Legal and Intergovernmental Affairs, Alaska Native Tribal Health Consortium, welcomed participants.</p>	

<p>Roll Call</p>	<p>Ms. Jennifer Cooper, Legislative Director, National Indian Health Board (NIHB), took the roll of the TTAG members participating in the call:</p> <p>TTAG:</p> <ul style="list-style-type: none"> Alaska – Valerie Davidson Aberdeen – absent Albuquerque – absent Bemidji – Kathy Hughes Billings – absent California – James Crouch Nashville – Donita Stevens Navajo – Roselyn Begay Oklahoma – Judy Goforth Parker Phoenix – absent Portland – James Roberts Tucson – absent TSGAC – W. Ron Allen NIHB – excused NCAI – Jason Dollarhide IHS – Carl Harper NCUIH – absent <p>Tribes and Tribal Organizations:</p> <ul style="list-style-type: none"> Carol Barbero, TTAG Tech Advisor, Nashville Sonciray Bonnell Rhonda Butcher, TTAG Alternate, Oklahoma Danielle Delaney, TTAG Tech Advisor, NCUIH Mim Dixon, TTAG Tech Advisor, TSGAC Linda Frizzell, TTAG tech Advisor, Portland Teresa Jackson Tracy Jones Kris Locke, TTAG Tech Advisor, TSGAC Jerry Moses Myra Munson, TTAG Tech Advisor, Alaska Phil Norrgard, TTAG Alternate, Bemidji J.T. Petherick, TTAG tech Advisor, Oklahoma Ahniwake Rose, TTAG Tech Advisor, NCAI Jay Steiner Linda Triest <p>CMS:</p> <ul style="list-style-type: none"> Rodger Goodacre Bonnie Hilsberg John Johns Kitty Marx Lane Terwilliger <p>Native American Contacts:</p> <ul style="list-style-type: none"> Cyndi Gillaspie, Lead NAC Cecile Greenway, Region X Cindy Smith, Region VIII <p>NIHB:</p> <ul style="list-style-type: none"> Jennifer Cooper Doneg McDonough <p>IHS:</p> <ul style="list-style-type: none"> Tammy Clay Chris Manydeeds Sherriann Moore 	
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	<p>Other: Sam Ennis Ed Fox, KAI</p> <p>A quorum being present, Ms. Davidson called the meeting to order.</p>	
<p>Report from Chair</p>	<p><u>TTAG Request to Meet with CMS Leadership on Pharmacy Reimbursement Issue</u></p> <p>Ms. Davidson reported that the TTAG would like to meet with Centers for Medicare & Medicaid Services (CMS) leadership to discuss pharmacy reimbursement issues. Ms. Kitty Marx, Director, Tribal Affairs Group (TAG), Office of External Affairs and Beneficiary Services (OEABS), CMS, asked if the TTAG wished to meet with CMS as part of a monthly TTAG call or as a separate meeting and whether the discussion would be a follow up to previous discussions of these issues. Ms. Davidson thought that a subcommittee meeting would be the more appropriate approach.</p> <p>Mr. Carl Harper, Director, Office of Resource Access and Partnerships, Indian Health Service (IHS), stated that the purpose of the call would be to follow up on the earlier discussion of the Notice of Proposed Rule Making (NPRM) that would require states to reimburse at the actual acquisition cost plus a dispensing fee. He noted that there has been no information released about when the NPRM would be published. Ms. Marx indicated that the proposed rule is under development, but she was uncertain about how much information program staff could share at this point concerning the NPRM. She promised to work with the appropriate program staff to schedule the meeting.</p> <p>Ms. Myra Munson, TTAG Technical Advisor, Sonosky, Chambers, Sachse, Miller & Munson, LLP, asked that Ms. Marx ask the program staff whether they had met with any other stakeholder groups. She was also interested in learning which groups have already met with CMS and when they met. Ms. Marx indicated that she would make the inquiries.</p> <p><u>Process and Plan for Continuing Policy Discussions with CCIIO</u></p> <p>Ms. Davidson indicated that the TTAG had a productive initial conversation with staff from the Center for Consumer Information and Insurance Oversight (CCIIO) during the face-to-face meeting in February and expressed hope that meetings would continue to occur on a regular basis. She hoped that future meetings would address CCIIO's policy work as it relates to individual American Indians/Alaska Natives (AI/ANs) and IHS facilities. Ms. Marx indicated that she has been in contact with CCIIO staff and that they are interested in learning more about instances in which tribal governments were able to pay premiums as a group payer. Ms. Marx asked the TTAG to identify information – barriers, challenges, etc. – on this topic that could be helpful to CCIIO as it develops the proposed regulation. She indicated that it might be possible to schedule a Policy Subcommittee meeting during the upcoming week to discuss this with CCIIO.</p> <p>Ms. Kris Locke, TTAG Technical Advisor, pointed out that the Jamestown S'Klallam Tribe sent a letter to CCIIO's predecessor organization, the Office of Consumer Information and Insurance</p>	<p>Ms. Marx will work with CMS program staff to schedule a meeting with the TTAG concerning the pharmacy reimbursement issue.</p> <p>Ms. Marx will follow up with CMS staff working on the pharmacy reimbursement issue concerning other stakeholders with whom they have already met.</p> <p>Ms. Locke will provide a copy of the Jamestown S'Kallam Tribe letter concerning group</p>

	<p>Oversight (OCCIO), addressing this issue. She promised to forward a copy of the letter to CMS.</p> <p>Mr. James Roberts, Policy Analyst, Northwest Portland Area Indian Health Board (NPAIHB), asked if it would be possible to view copies of the comments submitted by tribes to OCCIO during the initial comment phase for this issue. He felt that this would help the TTAG identify processes for addressing the core issues. Mr. John Johns, TAG, OEABS, CMS, stated that the comments are part of the public record and could be found at www.regulations.gov. The group discussed the challenges of using the website, including problems with comments that are not posted because the regulations were never finalized and the difficulty of searching the site.</p> <p>Ms. Danielle Delaney, Consultant, National Council of Urban Indian Health (NCUIH), thought that the TTAG had submitted comments during the comment period on the exchanges. Mr. Doneg McDonough, Consultant, NIHB, stated that NIHB submitted letters in both October and December 2010 concerning tribes' ability to pay group premiums. He thought it would be advisable to touch base with CCIIO to get a better understanding for the type of information that would be most helpful to the Center.</p> <p>Ms. Delaney indicated that NCUIH's Boston program had a lot of experience with the Massachusetts state program and suggested that the TTAG could submit lessons learned based on that program's experience.</p> <p>Dr. Mim Dixon, TTAG Technical Advisor, Mim Dixon & Associates, recalled two papers written in 2007 concerning the Fond du Lac experience with Medicare Part D. One paper was a case study and the other focused on what other tribes could learn from the experience. She felt that they should be updated, but that they could serve as a resource for CCIIO.</p> <p>Mr. Phil Norrgard, Director of Human Services, Fond du Lac Band of Lake Superior Chippewa, noted that he spoke with TAG staff about his tribe's experience purchasing and reimbursing for Part D and Part B insurance. He promised to make an article about this available to CCIIO. Ms. Marx indicated that TAG shared the information about the conversation with CCIIO. She felt that a single conference call on the premium issue could be as productive as having CCIIO read multiple papers.</p> <p><u>I/T/Us as Essential Community Providers (TTAG Letter)</u></p> <p>Ms. Davidson noted the importance of designating Indian/Tribal/Urban (I/T/U) programs as essential community providers. In many cases, the I/T/Us are the only providers in their respective areas. She asked the TTAG to approve the two-page position paper developed for submission to CMS on I/T/Us as essential community providers that was distributed to the TTAG at the face-to-face meeting. Mr. Norrgard made a motion to accept the paper. The motion carried unanimously with no objections.</p>	<p>payer issues to CMS.</p>
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NIHB Analysis on Meaningful Use Incentive Payments (TTAG Letter)

Ms. Davidson stated that there has been much confusion over meaningful use regarding the electronic health records (EHRs) incentive program. She asked the TTAG members to endorse the draft TTAG letter to CMS dated March 9 on the determination of patient volume in tribal and urban Indian health programs for meaningful use incentives. The letter asks CMS to clarify whether tribal health programs fall within the definition of federally qualified health centers for purposes of determining patient volume for meaningful use incentive payments. **Mr. Roberts** made a motion for open discussion on the paper. **Mr. W. Ron Allen**, TTAG Vice-Chair representing the Jamestown S’Klallam Tribe seconded the motion.

Mr. Roberts asked TAG staff how they would prefer to receive documents such as this one (i.e., on TTAG letterhead or NIHB letterhead with the understanding that it represents the TTAG’s position, etc.). He was concerned that the method of transmission ensure that the position outlined in the paper be treated as the official position of a CMS advisory committee. **Ms. Marx** felt that the most effective presentation would be to send the paper with a TTAG cover letter addressed to **Dr. Donald Berwick**, the CMS Administrator. The paper should include a footnote showing that it was produced by an Indian organization. **Ms Davidson** indicated that the footnote currently cites TTAG. **Ms. Marx** felt that the footnote would be appropriate. She added that TAG would scan the letter and attachment as a single document for forwarding to the executive office.

Mr. Roberts recommended that the submission be reformatted to incorporate the analysis into the body of the letter instead of sending a cover letter and separate analysis.

Ms. Davidson asked for a voice vote on sending a revised letter incorporating the analysis of the calculation of patient volume for meaningful use incentives. The motion carried unanimously.

TTAG Request to Meet with CMS Leadership Regarding Meaningful Use

Ms. Davidson believed that it would be helpful for the TTAG to meet with CMS and discuss the I/T/U patient volume calculation issue. **Ms. Marx** agreed to set up a meeting. She suggested that the TTAG submit a formal request for a meeting with CMS leadership, which forces a response on the part of CMS. She further suggested that the letter indicate the TTAG wished to discuss both the patient volume issue and pharmacy reimbursement issue. NIHB will work on drafting the letter for submission to CMS.

Indian Health Care Improvement Act Section 405c (TTAG Letter)

Ms. Davidson stated that a draft TTAG letter concerning Section 405c of the Indian Health Care Improvement Act, which requires the Departments of Defense and Veterans Affairs to reimburse IHS, tribes, and tribal organizations for services provided to beneficiaries, was provided to the TTAG for consideration as part of the face-to-face meeting materials. The letter indicates that the TTAG concurs with the analysis prepared by the NIHB. While CMS is not responsible for the implementation of law, there are implications of the law for Medicare

Ms. Marx will work to set up a meeting with CMS program staff concerning the calculation of I/T/U patient volume for meaningful use.

NIHB will write a letter formally requesting a CMS meeting with TTAG concerning the calculation of I/T/U patient volume for meaningful use incentives.

	<p>and Medicaid. The letter requests that CMS provide assistance with the adoption of the recommendations.</p> <p>Mr. Allen offered a motion to approve the letter by unanimous consent. Mr. McDonough asked if the current format of the letter (TTAG cover letter with an NIHB analysis) is acceptable. Mr. Allen and Mr. Roberts favored the current format. With no objections offered, the motion carried unanimously.</p>	
<p>Report from Secretary</p>	<p>There was no report from the TTAG Secretary.</p>	
<p>Report from CMS</p>	<p><u>Billy Mills Public Service Announcement</u></p> <p>Ms. Marx reported that public service announcement (PSA) featuring Olympic gold medalist, Mr. Billy Mills, is currently running on the Native American Calling, Native Voice One, and Native News Net shows. The radio spots will air through the end of April. The television PSAs are scheduled to air in April and May in Albuquerque, N.M.; Anchorage, Alaska; Billings, Mont.; Bismarck, N.D.; Oklahoma City, Okla.; Rapid City, S.D.; and Tulsa, Okla.</p> <p>Ms. Locke asked if funding for the PSAs came from the general Child Health Insurance Program (CHIP) outreach grants. Ms. Marx stated that TAG was able to fund the spots through a contractor within OEABS using money from the national outreach campaign funds.</p> <p><u>CHIP Video</u></p> <p>At the face-to-face meeting, Ms. Gale Marshall, Two Feathers Management, shared the most recent version of the CHIP outreach video. The videos will be distributed to the CHIP grantees and the IHS tribal and urban clinics to help encourage enrollment in CHIP.</p> <p>Ms. Marx asked the participants to send any additional comments they might have on the video to Ms. Lindsey Cometa, TAG, OEABS, CMS, by March 16.</p> <p>Ms. Carol Barbero, TTAG Technical Advisor, Hobbs, Strauss, Dean & Walker, asked how CMS will distribute the final product. Ms. Marx stated that CMS will distribute the video on CD.</p> <p><u>Update on Medicare and Medicaid Secondary Payer Rules – Veterans Administration</u></p> <p>Ms. Marx felt that the TTAG letter to CMS that will be sent by TTAG on the secondary payer rules (see discussion in the Report from the Chair above) would be helpful. Discussions about the rules with program staff have already begun. She promised to forward the TTAG letter to the appropriate staff and move the CMS response forward.</p> <p>In response to the discussion on tribal self-funded insurance plans and secondary payer rules raised during the face-to-face meeting, Ms. Marx asked the TTAG to provide more information on this issue to help CMS program staff understand the Indian concerns.</p> <p><u>Other</u></p> <p>Mr. Jason Dollarhide, Chair, National Congress of American Indians (NCAI) and Second Chief, Peoria Tribe, asked about the contracts</p>	<p>TTAG members will submit comments on the CHIP outreach video to Ms. Cometa by March 16.</p> <p>Ms. Marx will forward the TTAG letter concerning secondary payer rules to the appropriate CMS program staff.</p> <p>TTAG members will provide background information on the secondary payer issue to CMS staff.</p>

awarded by TAG for research work. **Ms. Marx** stated that TAG expects to receive approximately \$2.2 million in FY 2011 to support TTAG strategic plan activities. Working with the Budget/Strategic Plan Subcommittee, TAG identified several projects supporting the TTAG Strategic Plan. TAG has various mechanisms to support these activities including the IHS cooperative agreement with NIHB, contracts with contractors, and limited competitive contracts up to \$150,000 in value.

Mr. Dollarhide expressed his concern that the TTAG is essentially left out of the contractor work process, especially the development of work plans. In his opinion, bringing completed reports back to the TTAG for review is a waste of resources as it does not take advantage of the TTAG members' expertise. The TTAG should be involved from the beginning, which would help streamline the process.

Ms. Marx respectfully disagreed that the TAG contractors do not share information with the TTAG. Information and that sharing takes place in the subcommittee context.

Mr. Roberts clarified **Mr. Dollarhide's** comments by stating that there is a cost associated with providing technical assistance to help the contractors refine their products. Contractors are paid to produce a product. Tribes, health boards, and technical experts bear the cost of reviewing the products. He stressed the need for a mechanism for compensating the tribes and other entities for their work on the various products. He suggested that the contracts encourage the contractors to include community participation in the research design process.

Mr. Dollarhide reiterated his point that the TTAG's expertise is not being put to its fullest possible use. He also expressed his concern that products are being issued under the impression that they are endorsed by tribes through the TTAG, which is not always true.

Mr. Roberts suggested that the contracts require the contractors to use 20 percent of the awarded funds to engage the TTAG and its technical representatives in a community participatory design process. That way, the TTAG will have an influence on the design of products, not just their review.

Ms. Marx promised to continue the discussion of these concerns. She was not certain whether TAG could require contractors to spend a designated sum on community participation.

Playing the role of devil's advocate, **Mr. Dollarhide** asked why the tribes and Indian organizations should be expected to fund activities supporting the development of comments on the work products.

Mr. Allen concurred with **Mr. Roberts** and **Mr. Dollarhide**. He felt that the current system does not support inclusiveness.

Ms. Marx pointed out that CMS has been using its contracts to focus on issues of importance to the TTAG, such as long-term care (LTC) and data analysis. Regardless of the contract mechanism, TAG's contracts link back to the Strategic Plan activities. **Mr. Allen** indicated that the

Ms. Marx will continue to work with the TTAG to address ongoing concerns with the CMS contracting process.

concern is not the linkage to the Strategic Plan; it is a disconnect between the scopes of work and the processes used by the contractors to address the Strategic Plan objectives. Given that the TTAG developed the Strategic Plan, the disconnect occurs when the contractors do not talk to the TTAG about the objectives.

Mr. Roberts stated that the issue is one of resources for the review of contractor work. When TTAG members review work and make improvements that should have been addressed at the outset of the project, they essentially provide free work to the contractor. The contractors are paid for this work by CMS; the TTAG members and advisors are not. One alternative would be for the various tribes, health boards, and technical experts to preserve their resources for policy issues and only provide comments once the various reports are completed. He cited the report on across state border payment issues as an example of a report that required refinement by the TTAG technical representatives. The issue is how the TTAG members fund their work reviewing work products and assisting contractors.

Ms. Marx felt that the issue is one of contract limitations. **Mr. Roberts** countered that root of the problem is a lack of inclusiveness at the beginning of the projects on the part of the contractors. **Ms. Marx** indicated that this could be, and has been, addressed within the various subcommittees. **Mr. Roberts** stressed that the main issue is the cost to TTAG members and advisors of doing business relative to the contractors' projects.

Dr. Judy Goforth Parker, Administrator, Chickasaw Nation Division of Health, felt that the LTC Subcommittee has been very engaged in the process.

Ms. Ahniwake Rose, Policy Analyst for Health and Education, NCAI, asked how TAG would use the end products generated by the contractors if the TTAG members do not have the resources to participate in the review process and the TTAG is, as a result, unable to provide the needed technical comments. **Ms. Marx** stated that the role of the TTAG is to provide advice and input to CMS. Ultimately, TAG is responsible for overseeing its contracts. CMS leadership expects to see deliverables that show progress being made on AI/AN issues. She believed that the work done on issues related to the Patient Protection and Affordable Care Act (ACA) was very helpful from the CMS and TAG perspectives. If the TTAG feels that a report needs more work or does not reflect the group's views, the TTAG can provide such advice and input. The Strategic Plan has been very helpful in providing guidance to CMS on the TTAG's goals and objectives, and TAG is supporting an update of the plan in FY 2011. In the end, though, the projects and associated deliverables belong to CMS. **Ms. Marx** reiterated her commitment to continuing to work with the TTAG on this issue, including meeting with the CMS contracts office.

Ms. Davidson agreed that this issue continues to come up because it has not been resolved. She felt that there is precedence in other Department of Health and Human Services (HHS) opportunities for including a community participation process in developing work products. She appreciated TAG's support in trying to move the

	discussion forward.	
Subcommittee Reports: Outreach and Education	Ms. Kathy Hughes , Vice Chairwoman, Sovereign Nation of Oneida, reported that the Subcommittee has not held any calls since the face-to-face meeting and, as a result, did not have anything new to report.	
Subcommittee Reports: Data	Mr. James Crouch , Executive Director, California Rural Indian Health Board, Inc. (CRIHB), stated that CRIHB is working on a contract response to an NIHB request in anticipation of the release of funding to NIHB.	
Subcommittee Reports: Across State Borders	Ms. Davidson indicated that the Subcommittee needed to appoint a new chair. Ms. Roselyn Begay , Navajo Nation Division of Health, introduced Mr. Robert Nakai , Division Director, Navajo Nation Division of Health, and nominated him to fill the vacancy. With no others volunteering, Mr. Nakai assumed the post of chairmanship of the Subcommittee.	
Subcommittee Reports: Behavioral Health	<p>Dr. Linda Frizzell, NPAIHB, reported on a recent Substance Abuse and Mental Health Services Administration (SAMHSA) conference call concerning its FY 2012 budget. SAMHSA has set aside \$50 million for Indian projects. Tribal consultation will be used to determine how the money will be divided among the tribes (it is not a grant program) for prevention activities in the behavioral health area.</p> <p>She also reported that the most recent update (February 15) of <i>Strategic Initiatives, Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014</i> is available online (executive summary only). The document does not identify action steps. NPAIHB provided extensive comments on the plan, several of which were incorporated in the executive summary. Dr. Frizzell felt that the initial document represented a good start as it included many references to tribal consultation.</p> <p>Dr. Frizzell indicated that she has not seen an updated version of the IHS strategic plan for behavioral health, even though NPAIHB provided initial and follow up comments.</p> <p>She concluded by alerting participants that NPAIHB is beginning to see cuts in covered services as states are tightening their budgets. Behavioral health services will be affected as there is no way for Medicaid to cost shift expenses in this area.</p> <p>Mr. Norrgard noted that the State of Minnesota recently participated in a grant application submission for a meeting of 13 states to discuss how health disparities, particularly those related to behavioral health, can be addressed through the ACA. The meeting is scheduled to take place in May in San Diego, Calif. He asked the Subcommittee for recommendations concerning strategies that could be shared at the meeting.</p>	Subcommittee members will identify behavioral health strategies that could be shared at an upcoming conference.
Subcommittee Reports: Long-Term Care	Dr. Parker reported that the Subcommittee has not met since the face-to-face meeting. She anticipated that the group would meet prior to the April TTAG conference call.	

	<p>Mr. Johns reported that he did not receive any comments on the revised Subcommittee charge that was distributed at the face-to-face meeting.</p>	
<p>Subcommittee Reports: Budget</p>	<p>Mr. Roberts indicated that there were no updates to report to the TTAG. He anticipated having a Subcommittee call within the next week.</p>	
<p>Other Business</p>	<p><u>Nomination for Advisory Panel on Outreach and Education</u></p> <p>Ms. Davidson asked if any of the TTAG members were interested in serving on the Advisory Panel on Outreach and Education (APOE). Ms. Hughes, who was not interested in serving on the panel, stated that she served on the predecessor panel, the Advisory Panel on Medicare Education (APME), and indicated that the panel is one that should include an Native American representative. Ms. Marx added that the new panel will focus on Medicare, Medicaid, CHIP, and the state exchanges, which is a broader focus than that of the APME. Ms. Marx agreed that it would be helpful to have an Indian representative on the panel. Ms. Hughes indicated that the Indian representative should be familiar with the needs in Indian Country but does not need to be an elected official. Mr. Dollarhide felt that an elected official would be an appropriate representative, preferably one with experience in health issues.</p> <p>Ms. Locke asked if the panel could include a TTAG seat so that the TTAG could appoint a representative prior to each meeting. Ms. Hughes stated that this is not practical as the appointee is considered a federal employee (he or she receives a stipend for participating) and must undergo a background check and fill out tax forms.</p> <p>Ms. Randella Bluehouse, Executive Director, Nation Indian Council on Aging, asked she or another representative from her organization could serve on the APOE on behalf of Indian Country.</p> <p>Ms. Davidson stated that the <i>Federal Register</i> notice indicates that the representative should be knowledgeable about at least one of several fields: senior citizen advocacy, outreach to minority communities, health communications, disease-related advocacy, disability policy and access, health economics research, health insurers and plans, health information technology, direct patient care, and labor and retirement. She felt that Ms. Bluehouse would be an excellent fit for the position. She added that the individual filling the position would not be an official TTAG representative.</p> <p>Ms. Marx indicated that the APOE offers an opportunity to influence how CMS, as an agency, can improve its outreach.</p> <p><u>Review of Secretary’s Tribal Advisory Committee Meeting</u></p> <p>Mr. Allen reported that he presented TTAG’s concerns at the last meeting of the Secretary’s Tribal Advisory Committee. He admitted that his comments were somewhat critical and underscored the idea that the individuals representing the 12 IHS regions and the 565 tribes be included in discussions regarding Medicare, Medicaid, CHIP, and ACA. He noted that the process for securing a spot on the agenda is somewhat difficult. He also noted that a portion of the meeting was closed, and he expressed his displeasure about being excused from</p>	

	<p>that part of the meeting, given his status as a tribal leader.</p> <p><u>Review of HHS Tribal Budget Consultation</u></p> <p>Mr. Dollarhide felt that the HHS tribal budget consultation was a productive meeting and that the tribal message was well received.</p> <p>Ms. Davidson thanked Mr. Dollarhide and Mr. Roberts for their participation in the meeting. She also thanked the TTAG members who helped prepare the documents presented at the meeting.</p> <p>Ms. Sue Clain, Office of the Assistant Secretary for Planning and Evaluation, HHS, noted that the meeting format consisted of only plenary sessions. While this allows all participants to hear all of the discussions, the sessions are shorter and the opportunities for dialogue are fewer. She asked for feedback from the TTAG members about whether this arrangement or an arrangement with concurrent breakout sessions better meet the group's needs.</p>	<p>TTAG members will provide feedback on the best format for future HHS tribal budget consultation meetings.</p>
Next Meeting	Ms. Davidson reminded participants that the next TTAG conference call would take place on April 13.	
Adjourn	With no other business to be discussed, Ms. Davidson adjourned the meeting.	

Attachment A:

Agenda

Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board 926 Pennsylvania Avenue, SE Washington, DC 20003 (202) 507-4070 (202) 507-4071 fax

TTAG AGENDA

Conference Call

Wednesday, March 9, 2011, 2:30 – 4:00 PM (Eastern)

Call In Number: 1-877-267-1577 Pass Code: 0808

2:30 Welcome - Valerie Davidson, Chair
Roll Call – Tyra Baer, NIHB

2:35 Report from Chair - Valerie Davidson

- TTAG Request to meet with CMS leadership on Pharmacy Reimbursement Issue
- Process and Plan for continuing policy discussions with CCIIO
- I/T/Us as Essential Community Providers – TTAG to approve letter
- NIHB analysis on MU incentive payments – TTAG to approve letter
- TTAG Request to meet with CMS leadership regarding Meaningful Use
- Section 405c of IHCA - TTAG to approve revised letter

2:55 Report from Secretary – Carolyn Finster

3:00 Report from CMS TAG – Kitty Marx

- Billy Mills Public Service Announcement
- CHIP Video- request comments
- Update on Medicare & Medicaid secondary payer rules with regard to VA

3:15 Subcommittee activities/schedules

- Outreach and Education** – Kathy Hughes
- Data** – Jim Crouch
- Across State Borders** (need a new chair)
- Behavioral Health** – Dr. Linda Frizzell
- Long Term Care** – Dr. Judy Goforth Parker
- Budget** – Jim Roberts

3:30 Other Business

- Nomination for Advisory Panel on Outreach and Education (APOE)
 - See attached Fed. Register Notice
- Review of STAC meeting
- Review of HHS Tribal Budget Consultation

4:00 Adjourn

NOTE: Future 2011 TTAG Conference Calls, 1-877-267-1577 meeting ID: 0808

March 9, 2011	August 10, 2011
April 13, 2011	September 14, 2011
May 11, 2011	October 12, 2011
June 8, 2011	December 14, 2011
July 13, 2011	

Future 2011 TTAG Face to Face Meetings (at NMAI, Washington, D.C.)

July 27-28, 2011	November 9-10, 2011
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