

CMS IMPLEMENTATION PLAN TO ADDRESS TRIBAL PRIORITIES

The following chart is the CMS TTAG implementation plan to address the ongoing priority issues identified by the TTAG at its face to face and monthly conference call meetings. The plan is organized in a table format identifying the issue, and describing background, next steps, and timeframes. Many of the issues are expected to be developed in more detail at the subcommittee level with involvement of CMS staff with technical expertise needed for successful resolution of the issues. The implementation plan is monitored and updated and reviewed by the TTAG on a regular basis to ensure the issues are tracked and resolved in a timely manner.

ONGOING

Issue: TTAG Involvement in Affordable Care Act Implementation	Background	Next Step/Plan	Timeframe/Target Dates
	<p>1) The IHCIA was reauthorized as sect. 10221 of the Affordable Care Act. In addition, there are several provisions in other Titles of the Affordable Care Act that directly impact AI/ANs and Indian health programs</p> <p>2) TTAG identified a need to develop a shared understanding of the Affordable Care Act requirements, definitions, and goals with regard to Indian Country.</p>	<p>1) TTAG will provide definitions of success and desired outcomes concerning implementation of the Affordable Care Act. CMS will ensure that the TTAG outcome measures are incorporated into the agency's measures of success.</p> <p>2) TTAG & TAG formed The Affordable Care Act Policy Subcommittee to identify provisions in the Affordable Care Act and IHCIA that directly and/or indirectly impact Indian health programs. Working through this subcommittee, an implementation timeline, tribal consultation activities,</p>	<p>1) July 1, 2010, NIHB and TTAG submitted a letter to Secretary Sebelius commenting on tribal consultation process, IHCIA priorities and the Affordable Care Act priorities. The letter identifies desired outcomes for Indian health programs for HHS to consider in implementing the Affordable Care Act.</p> <p>2) The Affordable Care Act Policy Subcommittee held conference calls on 08/18/10, 8/25/10, 9/15/10, 10/06/10, 10/20/10, 10/27/10, 11/3/10 and 11/17/10 the next is scheduled for 12/01/10. The subcommittee developed a tracking matrix of the identified provisions. In addition CMS announced All Tribes Calls for October through December, 2010. The calls are scheduled for 10/22, 11/5, 11/19 &12/3 with more to follow in 2011.</p> <p>3) 8/3/10 OCIO requested comments regarding</p>

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	<p>3) TTAG identified the need for Tribal Consultation and Indian Health program input on the development of health insurance exchanges. Note: It was suggested that a possible solution would be to develop an addendum for I/T/U providers for exchanges (similar to the addendum to Part “D”).</p> <p>4) TTAG identified the need for a mechanism to facilitate discussions between the TTAG and non-CMS entities within HHS with the Affordable Care Act implementation responsibilities.</p>	<p>education & outreach will be developed.</p> <p>3) TAG will work with OCIIO to formulate plan on how Indian health program issues will be addressed under health insurance exchange options and develop a method of Tribal Consultation on Health Insurance Exchanges.</p> <p>4) TAG/CMS will develop a mechanism to connect TTAG with the appropriate HHS officials to discuss specific Affordable Care Act implementation issues.</p>	<p>the Health Insurance Exchange provisions (75 FR 148 pg 45584-45590) Comments due by 10/04/10 NOTE: NIHB, NCUIH and Jamestown S’Kallam Tribe submitted comments on 10/04/10.</p> <p>4) CMS working with HHS/IGA on coordinated approach to Tribal consultation on ACA.</p> <p>TAG hosted three All Tribes Calls on November 5, November 19th, and December 3rd</p>
Issue: TTAG continued involvement in ARRA and CHIPRA implementation	Background	Next Step/Plan	Timeframe/Target Dates
	<p>TTAG identified issues at local Tribal/State level in implementation of SHO and SMD letters/guidance on Section 5006 of ARRA and provisions in CHIPRA.</p>	<p>CMS entered into an IDDA with IHS for NIHB to assess the impact of CHIPRA and ARRA provisions and determine awareness and understanding of these provisions in Indian Country. TTAG reconvened ARRA Policy Subcommittee to review Tribal consultation guidance to States.</p>	<p>IHS published Federal Register notice of availability of funds to NIHB to carry out activities under the IDDA. Oct 15th Budget/SP Subcommittee to clarify SOW under IDDA.</p> <p>ARRA policy subcommittee held several conference calls and TTAG members provided input to 2001 SMD letter on Tribal consultation. CMCS to incorporate Tribal comments into SMD guidance.</p>

UPDATED 12/07/2010

Issue: Across State Border: Reimbursement for Medicaid Services provided to Indians residing out of State	Background	Next Step/Plan	Timeframe/Target Dates
	<p>AI/AN Medicaid and CHIP beneficiaries who cross state borders for a variety of reasons are not able to access Medicaid services. Also, Indian health providers, such as youth regional treatment centers, are not able to receive reimbursement for services provided to these AI/AN beneficiaries. TTAG is seeking administrative solution to access Medicaid services, especially in those situations where States are paid at 100% FMAP for Medicaid services provided to AI/ANs in Indian health facilities.</p>	<p>1) TAG contracted with KAI to prepare a report to assess the extent to which the Across State Border issues complicate access to healthcare for AI/AN Medicaid and CHIP beneficiaries.</p> <p>Section 213 of CHIPRA requires a report to Congress and information from the KAI report is expected to be included in the report to Congress.</p>	<p>KAI Submitted Case Study report on 8/3/10 and recommendation report on 8/27/10. These documents were reviewed on 9/8/10 by ASB Subcommittee. KAI will revise the recommendations per the comments from the ASB Subcommittee.</p> <p>12/06/10 KAI submitted “The Draft Six Recommendations to Address Across State Border Issues for American Indian/Alaska Native Medicaid and CHIP Beneficiaries” to the ASB Subcommittee for review. Comments due to ASB by COB 12/17/10</p>
Issue: Direct Tribal Access to Medicaid Services and Revenue Streams based on Political vs. Racial classification	Background	Next Step/Plan	Timeframe/Target Dates
	<p>Because States are paid 100% FMAP for services provided in IHS & Tribal facilities and to address specific health disparities in tribal</p>	<p>TTAG asked for an open dialogue with CMS regarding the legal implications of the political vs. racial issue. In addition, TTAG requested that</p>	<p>CMS has begun preliminary analysis of options available under existing authorities for Indian health system specific benefits, including broader review of issues of waiver demonstration and waiver authority for specific AI/AN benefits</p>

UPDATED 12/07/2010

	<p>communities, Tribes request direct access to Medicaid services, without going through State Medicaid programs, for such services as behavioral health, transportation, home health, dental & other services.</p> <p>Due to State budget shortfalls, many states are discontinuing Medicaid optional services. How IHS and Tribal federally funded programs can continue to access these optional services is an ongoing issue. TTAG contends that Indian is a political classification not a racial and therefore, to allow these optional services to continue for IHS and Tribal programs would not be discriminatory.</p>	<p>the Office of General Counsel (OGC) and the Office of Civil Rights (OCR) be included in these discussions so that TTAG may have a better understanding of their positions on this issue.</p>	<p>packages.</p> <p>CMS continues to explore options to test the viability of continued optional Medicaid services provided at tribal facilities that are reimbursed at 100% FMAP. Once a determination has been made regarding a particular State situation, CMS will explore the overarching issue of an Indian specific package of Medicaid services and reimbursements.</p> <p>11/09/10: CMS will present the paper on Indian political status developed by the Oneida tribe to CMS leadership.</p>
Issue: CMS Tribal Consultation Policy	Background	Next Step/Plan	Timeframe/Target Dates
	<p>TAG and TTAG have been working several years to finalize the CMS tribal consultation policy. A number of key issues are outstanding: such as, what events trigger consultation, State requirements for consultation, and extent to</p>	<p>TAG offered to convene TTAG Tribal Consultation Policy subcommittee and revisit outstanding issues, especially in the context of new ARRA provisions requiring State-tribal consultation process.</p>	<p>On May, 2009 TTAG conference call, the TTAG decided to postpone discussion of CMS Tribal Consultation Policy until July 30-31, 2009 TTAG face to face meeting.</p> <p>At July 2009 TTAG meeting, TTAG requested that no further action be taken on CMS Tribal Consultation Policy until White House Tribal Leaders' meeting in Fall 2009.</p>

UPDATED 12/07/2010

	which Tribes can review draft CMS policy and regulatory documents.		<p>White House Roundtable with Tribal Leaders held on November 5, 2009 and Memorandum to Agencies for agencies to provide detailed plans for implementing Tribal Consultation policies due Feb 5th.</p> <p>HHS Regional Tribal Consultation sessions held in Spring 2010. HHS Federal/Tribal Workgroup completed review of HHS tribal consultation policy and revised policy has been distributed to Indian Country for comment.</p> <p>11/09/10 CMS TTAG Tribal Consultation Policy subcommittee with Jason Dollarhide & Ron Allen as Chair and Co-Chair.</p>
Issue: Medicaid Administrative Match	Background	Next Step/Plan	Timeframe/Target Dates
	In October 2008, the TTAG requested that CMS hold a national Tribal consultation meeting to develop a comprehensive Tribal MAM policy and CMS offered to discuss the issue at a single session of TTAG meeting. At the February, 2009 TTAG meeting, the TTAG submitted a second request for CMS to hold a national consultation meeting.	<p>TAG will schedule meeting with appropriate CMCS staff to follow up on outstanding MAM issues and need for tribal consultation meeting.</p> <p>On the June 10, 2009 TTAG conference call, the MAM subcommittee was requested to submit an options paper for tribal specific administrative claiming policy, with national consultation to follow.</p>	<p>At July, 2009 TTAG meeting, TTAG requested CMS leadership intervention in negotiating MAM agreements in Washington and Oklahoma. CMCS established committee to review 15 minute reporting interval requirements.</p> <p>CMCS drafted options paper for MAM subcommittee consideration and options paper was presented at the November 2009 TTAG meeting.</p> <p>ONGOING: CMCS to issue SMD of MAM options for States and Tribes.</p>

Issue: Home & Community Based Waivers (LTC)	Background	Next Step/Plan	Timeframe/Target Dates
	TTAG identified need for information and guidance on HCBS and other LTC needs in Indian Country	<p>1) TTAG needs to reconvene LTC subcommittee, especially in light of new authorities in IHCA and ACA</p> <p>2) Nov 9, 2010 TTAG identified that it would like to see a matrix developed of available programs, funding sources, and eligibility requirements for HCBS programs.</p>	<p>IHS held a LTC Conference in Washington DC on Nov. 1-2, 2010. CMS participated in the Conference.</p> <p>All Tribes call held on Nov 19, 2010 on CMS related ACA LTC provisions.</p> <p>1) 11/09/10 TTAG LTC Subcommittee will reconvene with Judy Goforth Parker & David Reede as Chair and Co-Chair. LTC Conf Call scheduled for 12/07/10.</p> <p>2) CMS will work to see that such a matrix is developed.</p>
Issue: Behavioral Health	Background	Next Step/Plan	Timeframe/Target Dates
AI/ANs experience high health disparity rates with substance abuse, alcohol, and mental health	TTAG established subcommittee to address traditional healing practices and increased/improved reimbursement for services provided by I/T/Us.	<p>TTAG to schedule subcommittee conference call.</p> <p>10/14/10 Subcommittee formed Chair- Linda Frizzel Co-Chair- Mickey Peercy-</p>	More information is needed regarding the types of services that are included in “traditional healing practices” because some of the services might be reimbursable under current Medicaid authority: five examples of what is done and who is providing the service. Behavioral health subcommittee conference call held on 10/27/2010.
Issue: CMS Contracting Procedures	Background	Next Step/Plan	Timeframe/Target Dates
	TTAG is interested in understanding the process and procedures that govern how CMS contracts with vendors. In order to expedite transfer of funds.	TAG to arrange a meeting between CMS Contracting office and TTAG.	Mark Smolenski OAGM, was on 10/13/10 TTAG Conf Call and explained the contracting methods and procedures available.

UPDATED 12/07/2010

Issue: ICD -10 Training and implementation	Background	Next Step/Plan	Timeframe/Target Dates
	Change from ICD-9 to ICD-10 is scheduled to be effective October 1, 2013.	TAG to talk with Teresa Cullen about ICD-10 Transition.	TAG has FY2010 Contract with Comanche College to conduct ICD-9 Training. TAG expected to receive FY2011 ICD-10 training funds
Issue: PECOS	Background	Next Step/Plan	Timeframe/Target Dates
	Medicare providers are required to enroll on line through their MACS in their geographic region. Because IHS and tribal Medicare providers use Trailblazers, a MAC outside most IHS/tribal geographic regions, IHS and tribal providers are required to enroll through paper applications. This process is burdensome for IHS and tribes and many of the applications are being denied resulting in Medicare providers not being enrolled in a timely basis.	TTAG raised the issue with Dr. Berwick at the July 28, 2010 TTAG meeting. Dr. Berwick to look into this issue.	CMS made decision to make necessary software and system changes to allow IHS and Tribal Providers to apply electronically effective April 2011. Since correcting the process will take several months, CMS issued a Joint Signature Memorandum to the Medicare Administrative Contractors on August 18, 2010 outlining a temporary process. This process, effective September 1, 2010, is outlined on the TrailBlazer website.
Issue: I/T/U Addendum for Medicare Part "D"	Background	Next Step/Plan	Timeframe/Target Dates
	CMS issued Federal Register notice on June 10, 2010 seeking public comments on documents related to 2012 operation of the Medicare Part D program. The TTAG submitted comments on Aug. 10, 2010 requesting that	On TTAG Conf Call 10/13/10 it was suggested that a separate call be planned to discuss the I/T/U issue to include TTAG, IHS, and CMS.	Calls held 10/15, 10/20 & another scheduled for 10/27. Per CMS The TTAG changes to the Addendum are okay except for paragraph 17. IHS in process of determining if sec. 206 of IHCA applies to Part "D" But CMS must submit package to for clearance by end of October. CMS will issue guidance that the revised addendum will also be used for 2011.

UPDATED 12/07/2010

	CMS revise the I/T/U addendum to reflect relevant changes to Federal law, and that the agency require the addendum, as so revised, to be used for Part D plan contracts with I/T/U pharmacies in both 2011 and 2012.	Section 13 of the I/T/U addendum was questioned by TTAG as it stated that all pharmacies must have an NPI number to be paid while in the previous 2010 Addendum there was an exception for pharmacies without the numbers.	Marla Rothouse & Linda Anders presented at the Nov 9, 2010 TTAG Face to Face meeting regarding the Part “D” addendum. The I/T/U Addendum was changed according to the TTAG redlines except section 17, which, because of CMS’s non-interference policy, will remain as “provides shall pay the rates that are reasonable & appropriate. This Addendum was to be for the 2012 contracts but will also be used with the 2011 contracting by CMS issuing a memo to that effect. Ms. Rothouse stated that they will go back and look at section 13, but she believes that any electronic claims must have an NPI number and the exception may have been for paper claims. She will advise.
Issue: Educational Assistance to pharmacies regarding TrOOP payment	Background	Next Step/Plan	Timeframe/Target Dates
	Sec. 3314 of Affordable Care Act, Effective 1/1/2011 Costs incurred by IHS on behalf of Part D beneficiaries shall count towards a beneficiary’s true-out-of-pocket-costs	TTAG request CMS’ assistance in educating IHS facilities and I/T/U pharmacies about the resolution to the Medicare Part D TrOOP payment issue.	Medicine Dish scheduled for November 17, 2010 to discuss Part “D” Video available at: http://videocast.nih.gov/Summary.asp?File=16279
Issue: Include a discussion of research topics and deliverables in a future TTAG Agenda	Background	Next Step/Plan	Timeframe/Target Dates
	TTAG felt that it and TAG have not spent enough time determining what should be researched and studied. It was	Include this discussion at the November-2010 TTAG face to Face meeting.	Budget/Strategic Plan subcommittee had a meeting on Nov. 10, 2010 at 10 am and developed a list of TTAG strategic Plan items. The Top Five were:

UPDATED 12/07/2010

	suggested that TTAG & TAG discuss and develop a list of needed research that can be used to direct research projects in 2011 and beyond		<ol style="list-style-type: none"> 1) Strategic Plan Update 2) Navigators for Health Exchanges/Express lane readiness 3) Long Term Care Support 4) Regulations Review 5) Ongoing Data Project <p>Next Budget/Strategic Plan subcommittee call will be on December 2, 2010.</p>
Issue: Develop protocol for future budget discussions	Background	Next Step/Plan	Timeframe/Target Dates
	With the increase in TAG's budget it has been suggested that it would be advisable to have a budget on paper with how much money has been allocated to each item and where the funds are going. This would allow for informed discussion by TTAG and TAG.	Budget Subcommittee will keep track of this funding and track progress on these projects, in order to substantiate future funding or program changes. As well as track current commitments.	<p>Budget Sub-Committee, to start holding monthly conference calls. Held calls on 08/05/2010 and 09/02/2010, 10/15/10, 10/26/10, 11/04/10, face to face meeting 11/10/10.</p> <p>11/09/10: The Budget Subcommittee will meet on November 10 to discuss budget priorities for FY 2011.</p> <p>The Budget Subcommittee will present recommendations for TTAG FY 2011 to the TTAG during the December 8 TTAG conference call.</p>
Issue: Develop update of TTAG face-to-face meeting that will be distributed to Indian Country	Background	Next Step/Plan	Timeframe/Target Dates
	To better communicate with Indian Country regarding TTAG actions and initiatives	TAG to develop monthly newsletter.	10/07/2010 TAG had meeting with Director of OEABS to discuss newsletter & communication options.

UPDATED 12/07/2010

Issue: Provide outreach and information on the EHR Incentive Program	Background	Next Step/Plan	Timeframe/Target Dates
	<p>On February 17, 2009, the President signed the Recovery Act which included provisions to improve the nation's health care through health information technology by promoting meaningful use of electronic health records via incentives. Funding is available to certain eligible professionals and hospitals who are meaningful users.</p>	<p>Provide outreach and information to ITUs</p> <p>11/09/10: CMS has awarded a contract to Apprio to identify tribes, tribal organizations, and Indian organization that do not use the IHS' Resource and Patient Management System (RPMS) and have not yet entered into a contract with an off-the-shelf EHR provider</p>	<p>HITECH Roundtable April 30, 2010 Medicine Dish August 18, 2010 Information provided during CMS/IHS trainings – Fall 2010. Information provided at the NIHB Annual consumer conference September 22, 2010.</p> <p>Basic HITECH training for non-RPMS sites – January 2011.</p> <p>11/09/10: Apprio will send out the EHR implementation survey to the organizations it identified as not implementing an EHR system. Apprio will share the results of its survey of Indian health care providers that are not currently implementing an EHR system with the TTAG.</p> <p>Apprio will develop EHR training content and related materials.</p> <p>CMS will send IHS Area Directors letters announcing the EHR implementation training session.</p>