

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

February 17, 2010

TTAG Conference Call - Action Items

Action Item	Timeline	Person Responsible	Status	Notes
Distribute the implementation plan to TTAG members for their review and comment.	ASAP	CMS	Ongoing	
Produce a matrix of TTAG Strategic Plan activities and funding.	ASAP	CMS/Budget Subcommittee	Ongoing	
Provide an explanation of the available mechanisms for expending funding.	ASAP	CMS	Ongoing	
Provide CMS with an advance copy of testimony to be given at the March 4 Tribal Consultation Session.	ASAP	TTAG	Ongoing	
Share draft list of training sessions with TTAG members.	ASAP	CMS	Ongoing	
Share the list of Title 5 programs with TTAG members.	ASAP	CMS	Ongoing	
Share copies of the CHS letter with TTAG members.	ASAP	CMS	Ongoing	
Coordinate TTAG/NASMD working group volunteers.	ASAP	NIHB	Ongoing	
Provide information on the February 23 HITECH training session.	ASAP	CMS	Ongoing	
Distribute HITECH incentive program presentation.	ASAP	Ms. Pro	Ongoing	
Present on HITECH incentives at the next face-to-face meeting.	April 29-30	Ms. Pro	Ongoing	

February 17, 2010

TTAG Conference Call Minutes

Agenda Item	Discussion	Action
Documents Received	<ul style="list-style-type: none"> • Agenda (Attachment A) • Dates Available/Possible Conflicts • TTAG Response to December 18, 2009, Federal Register Notice (74 FR 67232-67234) • IDDA 09-50 (4/1/09-12/31/09) Long Term Care Research Project (NIHB) • IDDA 09-50 (4/1/09-12/31/09) Regulations/Initiatives Impact Analysis Project (NIHB) • Long Term Care Objective C (Medical Waiver) (NIHB) • CMS Regulations Update 11/20/2009-12/31/2009 (NIHB) • State/Tribal LTC Consultation Comparison (NIHB) 	

<p>Welcome and Call to Order</p>	<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 and asked that the roll be taken.</p>	
<p>Roll Call</p>	<p>Ms. Tyra Baer, CMS Project Assistant, National Indian Health Board (NIHB), took the roll of the TTAG members participating in the call:</p> <p>TTAG: Alaska – Valerie Davidson Aberdeen – absent Albuquerque – Carolyn Finster Bemidji – Kathy Hughes Billings – absent California – James Crouch Nashville – Dee Sabattus Navajo – Anselm Roanhorse Oklahoma – Tracy Jones Phoenix – absent Portland – James Roberts Tucson – Grace Manuel TSGAC – Mickey Peercy NIHB – Sally Smith NCAI – absent IHS – Carl Harper, NCUIH – Carmelita Skeeter</p> <p>Tribes and Tribal Organizations: Carol Barbero Jim Lamb Kris Locke Myra Munson Alida Montiel Bob Newcombe Phil Norrgard Gail Sims</p> <p>CMS: Lindsey Cometa Jackie Garner Cyndi Gillespie Rodger Goodacre Nancy Granos Robert Inzer John Johns Jim Lyon Kitty Marx</p> <p>IHS: Lisa Tonrey Chris Manydeeds Tammy Clay Brenda Jeanotte-Smith</p> <p>NIHB: Tyra Baer Robin Carufel</p> <p>NCAI: Jessica LePak</p>	

	<p>NCUIH: Danielle Delaney</p> <p>Other: Sue Clain, ASPE, HHS Rosario Arreola Pro, CRIHB</p> <p>State Medicaid Directors: Diane Bast, Louisiana Trevlyn Cross, Oklahoma Rick Fenton, NASMD Jerry Fuller, Alaska Annette Grey, Georgia Carolyn Ingram, New Mexico and NASMD Vice Chair Lynn Mitchell, Oklahoma Judy Mohr-Peterson, Oregon Doug Porter, Washington</p> <p>A quorum being present, Ms. Davidson called the meeting to order.</p>	
Report from Chair	In consideration of the amount of information to be covered during the call, Ms. Davidson did not offer a report.	
Report from Secretary	<p>Ms. Carolyn Finster, TTAG Secretary and Director, Pine Hill Health Center, presented the notes from the following meetings and conference calls for approval by the TTAG membership:</p> <ul style="list-style-type: none"> • November 10-11, 2009 face-to-face meeting, • October 14 TTAG conference call, and, • December 9 TTAG conference call. <p>Mr. Mickey Peercy, made a motion to approve all of the minutes by unanimous consent. The TTAG members approved the minutes without changes.</p>	
CMS Tribal Affairs Group Report	<p><u>TAG Implementation Plan</u></p> <p>Ms. Kitty Marx, Director, Tribal Affairs Group (TAG), Office of External Affairs (OEA), Centers for Medicare & Medicaid Services (CMS), noted that CMS had planned to discuss the implementation plan during the February face-to-face meeting that was cancelled due to the recent series of snowstorms in the Washington, DC, area.</p> <p>Ms. Marx reported that CMS is undergoing an internal realignment (not a reorganization). This requires both clearance by the Secretary of Health and Human Services (HHS) and posting in the <i>Federal Register</i>. Ms. Charlene Frizzera will continue as the CMS Acting Administrator and Chief Executive Officer. The realignment created the position of Principal Deputy Administrator, which will be filled by Ms. Marilyn Tavenner. Additionally, Dr. Peter Budetti, an expert on healthcare fraud, has been appointed as the Deputy Administrator for the Center for Program Integrity.</p> <p>Ms. Marx announced that the HHS Tribal Consultation Session is scheduled for March 4, with the CMS session occurring at 1:15 pm.</p> <p><u>FY 2010 Budget</u></p> <p>Mr. Rodger Goodacre, TAG, OEA, CMS, reported that TAG has received its budget for FY 2010, which totals almost \$2.3 million and represents a significant increase over the previous year. The funding</p>	CMS will distribute the implementation plan to TTAG members for their review and comment.

covers all of the usual categories (e.g., training, strategic plan support, etc.) as well as for activities supporting Child Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and Health Information Technology for Economic and Clinical Health (HITECH) initiatives.

CMS recently met with the Budget Subcommittee to discuss the allocation of the funding. Because the increased level of funding comes with restrictions on the types of contract mechanisms that can be used to allocate the money, CMS is limited in how much it can discuss about the dollar amounts available for specific activities. In conjunction with the Budget Subcommittee, CMS will produce a matrix linking the funding to specific activities in the Strategic Plan and an explanation of the process for expending funds (e.g., simplified contracts, regular contracts, Intra-Departmental Delegation of Authority, etc.).

With regard to the March 4 Tribal Consultation Session, **Mr. Goodacre** indicated that **Ms. Frizzera** will be invited as well as a representative from the Office of Financial Management. CMS will work with the Budget Subcommittee as it prepares testimony for the budget consultation session. **Ms. Marx** indicated that the session will feature discussions of both budget issues and cross-cutting issues related to the discontinuation of Medicaid services.

Ms. Davidson indicated that she and **Mr. W. Ron Allen**, TTAG Vice-Chair representing the Jamestown S'Klallam Tribe, would present testimony on behalf of the TTAG. She promised to provide CMS with an advance copy of their testimony. **Ms. Carmelita Skeeter**, Executive Director, Indian Health Care Resources Center of Tulsa, will present testimony on behalf of the urban Indian programs. **Mr. James Crouch**, Executive Director, California Rural Indian Health Board, Inc. (CRIHB), will chair one of the days; he expressed great concerns over reduced funding for Medicaid at the state level and its effect on optional benefits. Other TTAG members planning to attend were **Ms. Jessica LePak**, National Congress of American Indians; **Mr. Jim Lamb**, Alaska Area Alternate and Director, Patient Financial Services, Alaska Native Medical Health Consortium; and **Mr. Carl Harper**, Director, Office of Resource Access and Partnerships, Indian Health Service (IHS).

Ms. Kris Locke, TTAG Technical Advisor, asked if the process for drafting testimony related to the cross-cutting issues has been discussed or determined. The Budget Subcommittee addressed this topic in a recent conference call.

CMS /IHS Trainings

Mr. Goodacre informed participants that CMS received \$450K for training. Twenty-one training sessions will be conducted under an interagency agreement between CMS and IHS. Planning for the sessions has already begun. A small workgroup was formed within the Outreach and Education Subcommittee to determine the location of each of the sessions as well as overall content. CMS hopes that there will be greater state participation in the sessions as the expanded number of sessions eliminates the requirement for out-of-state travel.

CMS and the Budget Subcommittee will produce a matrix of TTAG Strategic Plan activities and funding.

CMS will provide an explanation of the available mechanisms for expending funding.

Ms. Davidson promised to provide CMS with an advance copy of testimony to be given at the March 4 Tribal Consultation Session.

	<p>Ms. Carol Barbero, TTAG Technical Advisor, asked how the funds would be distributed among the training sessions. Mr. Goodacre replied that the funds would be split equally among the 21 training sessions with each session receiving approximately \$21,400. Most areas – except Tucson and Billings – will receive funds for two training sessions (\$42,800).</p> <p>Ms. Barbero asked what expenses the \$21,400 will cover (e.g., meeting room rental, participant travel, etc.). Mr. Goodacre responded that the funding would cover all expenses related to the conduct of the sessions (except travel of government personnel). He promised to share the draft list of training sessions with the TTAG members and pointed out that dates for each session have not been identified.</p>	<p>Mr. Goodacre will share the draft list of training sessions with TTAG members.</p>
<p>Update on Recovery Act & CHIPRA</p>	<p><u>SMD Letter on ARRA Protections for Indians</u></p> <p>Ms. Marx told participants that CMS sent a letter regarding protections for Indians included in the American Recovery and Reinvestment Act (ARRA) to the State Medicaid Directors (SMDs) on January 22. Ms. Cyndi Gillaspie, Region VIII (Denver), CMS, explained that the letter addresses the five provisions of ARRA Section 5006:</p> <ul style="list-style-type: none"> • <u>Premiums and Cost-Sharing Protections:</u> Indians will not be charged cost sharing when using an Indian/Tribal/Urban (I/T/U) or for enrollment or premium fees if they are active or previous users of Indian health providers. This guidance is a little broader with relation to the evidence needed to prove use of an I/T/U for waiver purposes. • <u>Exemption of Properties from Resources from Medicaid and State Health Insurance Assistance Program (SHIP) Eligibility:</u> The letter provides guidance on how to handle special categories of properties, including information on how to handle sale proceeds. • <u>Continuing the Medicaid Estate Recovery Provisions:</u> All states are now following the guidance in the Medicaid manual. • <u>Managed Care Protections:</u> Indians can use an I/T/U and the Medicare managed care organization must pay the I/T/U. States must ensure that the I/T/Us receive payment up to their normal payment rates. • <u>Medicaid and SHIP Consultation:</u> CMS is working with the regions and states to ensure that consultations have occurred before changes are approved. Alaska and Wisconsin have submitted amendments to their consultation policies. <p>Ms. Davidson thanked CMS for sending out the SMD letters. She indicated that she had heard concerns about the way the template was drafted. The template requires states to consult with tribes prior to the development of state plan amendments (SPAs). The Indian community believes that the requirement should also include consultation on a regular or ongoing basis to address changing situations and evolving SPAs. Secondly, it appears that states can appoint their own representatives to serve on state advisory committees. This is not a problem for states with consultation processes that work well. However, other states might not appoint individuals who are experts in the area of health programs. Ms. Davidson expressed the TTAG's desire that states work with tribes</p>	

and tribal organizations to appoint individuals who have been identified by both tribal groups and the state. She asked CMS to work with the TTAG on this issue to ensure the correct implementation of the requirements.

Ms. Marx indicated that CMS hoped to focus on this issue during the CMS/IHS training sessions, particularly in those states struggling with the consultation issue. CMS wants to work with the TTAG and NIHB to identify states that need assistance and to work with the area health boards to improve the process and address specific issues. She also acknowledged the importance of ongoing consultation.

Ms. Locke suggested that a small group of TTAG members work with CMS to finalize the guidance, which is still marked "draft." Among the inadequacies that need to be addressed is the possibility that states will appoint individuals who do not fully understand the issues and will not advocate for Indians. Another is the question of whether states will seek appropriate advice from tribes before submitting their SPAs. **Ms. Gillaspie** did not know the status of the template in the clearance process. The template is not a required process; it is simply a tool to help states describe their consultation process. CMS does verify that states consulted with tribes as part of their consultation development process.

Ms. Kathy Hughes, Vice Chairwoman, Sovereign Nation of Oneida, asked if CMS could make consultation with tribes a requirement for SPAs. **Ms. Gillaspie** replied that consultation is a requirement and that CMS enforces it. **Ms. Jackie Garner**, Consortium Administrator, Center for Medicaid State Operations (CMSO), CMS, cited the regional HHS consultation meetings as another opportunity to address this issue.

Ms. Marx asked when states must submit their consultation plans. **Ms. Gillaspie** replied that the date has not yet been identified.

Ms. Danielle Delaney, National Council of Urban Indian Health, indicated that her organization is concerned that states include urban Indian health programs that receive Title 5 funding in their consultation processes. She asked if it would be possible for CMS to specify that states must consult with Title 5 urban programs. **Ms. Gillaspie** replied that CMS requires states to provide evidence that they consulted with Title 5 programs.

Ms. Gillaspie stated that CMS is very interested in working with the TTAG to ensure that the guidance is as clear as possible.

Ms. Marx added that CMS has additional funding for training that can help bring tribes and SMDs together. CMS is working with NIHB to identify tribal consultation best practices. CMS is also working on fleshing out the survey on consultation conducted by the Native American Contacts.

Ms. Hughes asked if tribes that have not been able to participate in a consultation session with their state could consult with CMS about the state's plan. **Ms. Garner** indicated that CMS would intervene with the state if that situation occurs and remind the state that

Ms. Marx will forward the list of Title 5 programs to TTAG members.

consultation is a requirement. Tribes and tribal health groups should also feel free to contact their states about the consultation process.

Ms. Barbero asked if there is a regulation or requirement for a state to alert the public that it has submitted a SPA. **Ms. Gillaspie** responded that public notice is required for certain types of SPAs. CMS does not accept public notice in lieu of consultation. **Ms. Garner** reported that CMS is working to make several years' worth of SPAs available on the agency's website. **Ms. Gillaspie** added that most states have laws requiring publication of any rule changes. **Ms. Barbero** noted that it would behoove I/T/Us to get on the rule change notification lists for their respective state.

Ms. Davidson summarized the strategies for dispelling confusion related to the SMD letter, which include TTAG working with CMS to clarify the existing guidance and using the training sessions to provide guidance to states. Individuals who volunteered to work with CMS on clarifying the guidance were **Ms. Davidson, Ms. Locke, Ms. Delaney, Ms. Barbero,** and **Mr. James Roberts**, Policy Analyst, Northwest Portland Area Indian Health Board.

Ms. Gillaspie stated that CMS is in the process of rewriting the July 17, 2001, SMD letter and indicated this would provide a vehicle for clarifying and expanding the guidance.

CHS Referral Letter

Ms. Brenda Jeanotte-Smith, Contract Health System (CHS) Director, IHS, stated that IHS and the TTAG are concerned that providers understand that eligible American Indians are exempt from the cost-sharing provision. IHS developed a provider letter that was sent out to the CHS offices with a request to share it with federal and tribal staff. The generic letter was designed to be attached to referrals and explains the cost-sharing exemption, enrollment fees, premiums, deductibles, co-insurance, co-payments, etc., as well as information on whom to contact for more information. Copies of the form should be attached to purchase orders/referral letters and sent along with the patient. The CHS letter was sent out along with the CMS SMD letter in order to coordinate information.

Ms. Jeanotte-Smith reported that only one state had a tribal program that was still paying co-pays. She indicated that she had asked the state to work with the tribe to ensure that the latter understood the law and to share information with providers concerning IHS guidance and on the need to reimburse the tribal program for co-pays.

Mr. Roberts asked if the cost-sharing exemption covers CHS referrals or CHS-eligible individuals. **Ms. Marx** replied that the referral is covered and noted that the letter is broad enough to cover the various ways different organizations make referrals. **Ms. Myra Munson**, TTAG Technical Advisor, Sonosky, Chambers, Sachse, Miller & Munson, LLP, pointed out that referrals are often made after the fact in emergency cases. As a result, the term "referral" in the statute can be interpreted to cover all communications/authorizations identifying referrals as CHS cases.

CMS will share copies of the CHS letter with TTAG members.

	<p>Ms. Locke noted that the purpose is to exempt Indians from cost sharing and provide a means of verifying the exemption. She expressed concerns over the cost of issuing paper copies of exemptions and suggested using electronic means of verification. The goal is make it as easy as possible for Indians and as inexpensive as possible for providers.</p> <p>The TTAG members discussed various ways of implementing the cost-sharing exemption such as a letter, a wallet-size card, or an electronic verification process. Ms. Jeanotte-Smith noted that IHS has directed states to work with the tribes and IHS offices in their respective areas to determine what approach the various tribes will use. There is no mandate for use of a particular document or verification process.</p> <p>Ms. Barbero asked if there is a mechanism whereby a provider who collected a co-pay in error can refund it to the patient. Ms. Jeanotte-Smith replied that state Medicaid programs are responsible for requiring providers to have a repayment process.</p> <p>Mr. Lamb noted that all organizations have refund policies in place. CMS also has guidelines that require timely repayments to government payers. Similar processes also exist at the provider level. Ms. Jeanotte-Smith added that Medicaid requires providers to refund co-pays to the eligible patients.</p> <p>Ms. Barbero asked if providers were responsible for initiating the refunds or if patients had to request them. Mr. Lamb indicated that the responsibility lies with the provider. Ms. Jeanotte-Smith added that Medicaid regulations relating to accepting Medicaid payment as payment in full applies in this situation.</p>	
<p>Follow up of TTAG/NASMD 2009 Luncheon and Meeting</p>	<p>Following introductions of the SMDs participating in this portion of the call, Mr. Rick Fenton, Deputy Director of Health Services, National Association of State Medicaid Directors (NASMD), stated that this session was a follow-up to the meeting held in November 2009. It provides an opportunity to determine how to best work together and make plans for moving forward on several issues such as Medicaid administrative claiming, tribal consultation, and straight waiver programs. Ms. Carolyn Ingram, Medical Assistance Division, New Mexico Human Services Department and NASMD Vice Chair, added that the states also have a list of topics they would like addressed including technical issues and broader policy issues (e.g., exemptions from cost-containment). She noted that one of the goals for this call was the possible establishment of a TTAG/NASMD working group to address specific issues.</p> <p>Ms. Davidson asked if the workgroup would address issues in preparation for the November 2010 NASMD meeting. Ms. Ingram replied that the group would both work on current, pressing technical issues and on the November meeting. One approach would be to include agenda items of interest to both NASMD and TTAG during the monthly TTAG call; another would be the formation of a small work group that meets independently of the monthly calls. Ms. Davidson indicated that she recalled discussing the creation of a workgroup.</p>	

	<p>Mr. Roberts asked if consideration had been given to the size of the group (large with comprehensive representation of concerns or smaller and more responsive). Ms. Munson suggested that the group initially meet with all interested parties to identify specific issues and then break down into smaller subgroups – based on interests – that focus on a single issue.</p> <p>Ms. Ingram felt that the committee/subcommittee arrangement would become too cumbersome. She suggested that NASMD and TTAG send out notices to their respective members and determine how many individuals are interested in volunteering for the workgroup.</p> <p>Ms. Marx pointed out that the TTAG already has several subcommittees that address issues of common interest. Ms. Davidson recommended that the TTAG subcommittees include the NASMD representatives in their discussions, as appropriate. She also suggested that TTAG and NASMD form a small group that tracks the ongoing work and receiving updates on subcommittee work.</p> <p>The TTAG and NASMD agreed to determine which of their members are interested in serving on the workgroup and scheduling a call in mid-March. Mr. Fenton will serve as the NASMD point of contact.</p> <p>Mr. Anselm Roanhorse, Executive Director, Navajo Nation Division of Health, noted that the Across State Borders (ASB) Subcommittee discussed the need to work with states on things such as provider agreements.</p> <p>Ms. Davidson thanked the SMDs for participating in the call.</p>	<p>NIHB will coordinate the identification of volunteers to serve on the TTAG/NASMD working group.</p>
<p>HITECH Update</p>	<p>Mr. Jim Lyon, TAG, OEA, CMS, reported that CMS sent out copies of the HITECH press releases in response to requests made during the January TTAG call. He also stated that the HITECH roundtable originally scheduled for February 18 as well as the planning session scheduled for the previous week had been cancelled due to the weather and snow removal challenges.</p> <p>The HITECH planning workgroup will meet via conference call on February 18. It will discuss next steps and identify tribal needs for CMS support.</p> <p>Mr. Lyon announced that CMS will offer a training session with HITECH subject matter experts on Tuesday, February 23. He promised to forward information on this session as soon as it is available.</p> <p>Ms. Rosario Arreola Pro, Health Systems Development Director, CRIHB, provided a brief overview of the HITECH initiative. The focus of her overview was eligible providers, eligibility incentives for electronic health records (EHRs), and Medicare and Medicaid incentive programs (reporting and incentive levels). Because of the limited time available for her presentation, she promised to share a more in-depth presentation and summary document with TTAG members.</p>	<p>Mr. Lyon will provide information on the February 23 HITECH training session.</p> <p>Ms. Pro will share a detailed presentation on the HITECH incentive program.</p>

	<p>The EHR meaningful use program offers \$35 billion in incentives. The goal of the incentive program is to encourage the adoption, implement, upgrade, and achievement of meaningful use of EHRs.</p> <p>Eligible Medicaid providers can qualify for up to \$63,750 in incentives. Eligible providers include physicians, dentists, certified nurse-midwives, and nurse practitioners. Some federally qualified health centers and rural health centers led by physician assistants may also qualify. Providers must provide 50 percent of their services at a site employing EHRs. Providers will receive their incentives through their respective state Medicaid agencies.</p> <p>Qualifying patient volume thresholds are 30 percent (percentage of patients receiving Medicaid) for Medicaid incentives.</p> <p>Incentives are related to attributable costs (e.g., purchasing or upgrading an EHR system that allows providers to achieve meaningful use). Practices that purchased or upgraded an EHR system in 2010 or earlier can request up to \$21,250 per provider up to the actual per provider expense incurred to acquire and implement the system.</p> <p>After 2010, there is a five-year window before penalties are imposed on those practices that do not implement an EHR system. Penalties equal approximately three percent of the Medicaid reimbursement rate.</p> <p>Ms. Pro indicated that reporting requirements have not yet been set, but she anticipated that patient volume thresholds will be determined using a 90-day window.</p> <p>Medicare incentives are slightly less. Providers can begin applying for incentives in 2011.</p> <p>Providers working in multiple practices need to identify one practice as the one associated with the incentive program.</p> <p>Programs/practices are allowed to switch between the Medicare and Medicaid incentive programs once.</p> <p>The ultimate goal of the EHR program is to improve clinical outcomes.</p> <p>Ms. Davidson asked TTAG members to send any questions they have directly to Ms. Pro via email. She also asked Ms. Pro to prepare a presentation for the next TTAG face-to-face meeting.</p>	<p>Ms. Pro will prepare a presentation on HITECH incentives for the next TTAG face-to-face meeting.</p>
<p>Subcommittee Activities/Schedules: Outreach and Education</p>	<p>Ms. Hughes reported that the Subcommittee continues its work on promising outreach and enrollment practices and on transportation barriers via the two projects being conducted by Kauffman and Associates, Inc. (KAI). Additionally, it is also working on the transportation video.</p>	
<p>Subcommittee</p>	<p>Mr. Crouch CRIHB reported that on January 23, the CRIHB</p>	

Activities/Schedules: Data	<p>institutional review board (IRB) approved the request for data for the IHS/Medicaid data matching project. The request has been forwarded to the IHS IRB, which will meet on February 18. Additionally, the Subcommittee will hold its next conference call on March 12, which will include an update from Dr. Carol Korenbrot, CRIHB, on the latest Medicaid analyses.</p>	
Subcommittee Activities/Schedules: Long-Term Care	<p>No report.</p>	
Subcommittee Activities/Schedules: Medicaid Administrative Match	<p>Mr. Roberts reported that meetings with the state and CMS are taking place in Oregon to discuss the Medicaid Administrative Match (MAM) options. They are still waiting for guidance from CMS concerning whether states can use multiple options or are limited to a single option. Ms. Garner noted that she believed the guidance is in the clearance process.</p> <p>MAM issues seem to be progressing smoothly in Washington.</p>	
Subcommittee Activities/Schedules: Across State Borders	<p>Mr. Roanhorse reported that the ASB Subcommittee recently met and followed up on the TTAG response to the December 18, 2010, <i>Federal Register</i> notice about model practices for enrollment and retention under CHIPRA. NIHB, in consultation with TTAG, prepared and submitted a response. The Subcommittee is looking into next steps related to this effort.</p> <p>The Subcommittee also received an update on the project being conducted by KAI addressing ASB issues. KAI is scheduled to submit its draft report to CMS on February 19. The Subcommittee will review and comment on the draft report in anticipation of the submission of the final report on March 5.</p> <p>The Subcommittee also addressed potential work with NASMD members and with states to address reimbursement and travel issues.</p>	
Subcommittee Activities/Schedules: Behavioral Health	<p>No report.</p>	
Schedule Next Face-to-Face TTAG Meeting	<p>The TTAG members discussed the possible dates for the next face-to-face meeting.</p> <p>Because of the cancellation of the February meeting due to the bad weather, the group hoped to pick up available dates at the Holiday Inn Capitol, the hotel that was scheduled to host the meeting. Available dates at the hotel were March 11-12, March 18-19, April 1-2, April 15-16, or April 29-30. Subcommittee members discussed the possibility of scheduling the hotel for a face-to-face meeting later in the year, but CMS had already booked the National Museum of the American Indian for both the July and November meetings.</p> <p>After discussing the conflicts posed by the various members' schedules and commitments, the TTAG elected to hold the next face-to-face meeting on April 29-30 at the Holiday Inn Capitol. April 29 will be a full day, and April 30 will be a half day. The HITECH roundtable</p>	

	will be rescheduled for the afternoon of April 30. The Medicare and Medicaid Policy Committee meeting will take place on April 28.	
Adjourn	The next TTAG conference call will take place on March 10 at 2:30 pm Eastern time. With no other business to be discussed, the call adjourned.	

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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 February Conference Call Agenda

Date: Wednesday, February 17, 2010

Time: 2:30pm – 4:30pm

Dial in number for those outside CMS central Office: 1-877-267-1577

Dial in number for those inside CMS Central Office: 6-3100

PIN Code: 531143#

2:30 – 2:35 Welcome Call to Order: Valerie Davidson, Chair, and Alaska Area Representative

Roll Call: Tyra Baer, NIHB

2:35 – 2:45 Report from Chair: Valerie Davidson, Chair

2:45 – 2:55 Report from Secretary: Carolyn Finster, Albuquerque Area Representative

- Approval of minutes: Nov. 2009 Face to Face; Oct. 14 & Dec. 9, 2009; Jan. 13, 2010 TTAG Conference Calls

2:55 – 3:15 CMS Tribal Affairs Group (TAG) Report: Kitty Marx, TAG/OEA

- TAG Implementation Plan
- FY 2010 Budget
- CMS /IHS Trainings

3:15 – 3:30 Update on Recovery Act & CHIPRA:

- **SMD letter on ARRA Protections for Indians:**
 - Kitty Marx, OEA
 - Cyndi Gillaspie, CMSO
- **CHS referral letter:** Brenda Jeanotte-Smith IHS/HQE

3:30 – 3:45 Follow up of TTAG/NASMD 2009 Luncheon and Meeting:

- Organization of Work group and prepare for November 2010 NASMD Meeting
 - Rick Fenton and SMDs conference call

3:45 – 4:15 HITECH Update:

- Jim Lyon, TAG/OEA
- Teresa Cullen, IHS/HQE
- Rosario Arreola Pro, MPH, CRIHB

4:15 – 4:25 Subcommittee Reports:

- **Outreach and Education** - Kathy Hughes
- **Data** - Jim Crouch
- **Long Term Care** - Robert Moore
- **MAM** - Jim Roberts
- **Across State Borders** - Anslem Roanhorse
- **Behavioral Health Subcommittee** - Dr. Warne

4:25 – 4:30 **Schedule next face to face TTAG meeting**

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