

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

September 8, 2010

TTAG Conference Call - Action Items

Action Item	Timeline	Person Responsible	Status	Notes
Use the TSGAC process for distributing information on the interim PECOS enrollment process.	ASAP	CMS	Ongoing	
Work to involve Trailblazer in the effort to provide PECOS enrollment information to providers.	ASAP	CMS	Ongoing	
Follow up on the response to the TTAG's comments on the Part D I/T/U amendment.	ASAP	Ms. Marx	Ongoing	
Set up a Policy Subcommittee call to discuss the licensure issue.	September 15	NIHB	Completed	
Work with IHS to ensure that IHS representatives participate in the Policy call.	September 15	Ms. Marx	Completed	
Report on IHS LTC conference steering committee activities and communicate TTAG comments to the committee.	ASAP	Mr. Roberts	Ongoing	
Ensure that the TTAG outcomes measures are included in the OEABS implementation plan.	ASAP	Ms. Marx	Ongoing	
Share the TTAG outcomes measures with the Medicare and Medicaid centers.	ASAP	Ms. Marx	Ongoing	
Review action items in preparation for the next TTAG meeting.	ASAP	TTAG Members	Ongoing	

September 8, 2010

TTAG Conference Call Minutes

Agenda Item	Discussion	Action
Documents Received	<ul style="list-style-type: none"> Agenda and Action Items (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>	
Roll Call	<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, Jim Lyon Aberdeen – absent Albuquerque – Carolyn Finster</p>	

	<p>Bemidji – Phil Norrgard Billings – absent California – James Crouch Nashville – absent Navajo – Anselm Roanhoarse Oklahoma – Rhonda Butcher Phoenix – Alida Montiel Portland –James Roberts Tucson – absent TSGAC – absent NIHB – absent NCAI – absent IHS – Absent NCUIH – absent</p> <p>TTAG Tech Advisors: Carol Barbero, Technical Advisor, Nashville Area Kris Locke, Technical Advisor, TSGAC</p> <p>Tribes and Tribal Organizations: Sonciray Bonnell Karol Dixon, Self Governance Legislative Associate Robert Two Bears</p> <p>CMS: Alisha Banks Jim Bossenmeyer Jackie Garner Cyndi Gillaspie Roger Goodacre Cecile Greenway Paula Hammond Bonnie Hillsberg Michael Lyman Kitty Marx Lane Terwilliger</p> <p>IHS: Raho Ortiz Chris Manydeeds</p> <p>NIHB: Tyra Baer Stacy Bohlen</p> <p>Other: Sue Clain, ASPE Arnoldo Moore, Social Security Administration Margaret Patterson, Social Security Administration</p> <p>Because a quorum was not present, Ms. Davidson called the meeting to order as a working session.</p>	
<p>Report from Chair</p>	<p>Ms. Davidson apologized for the difficulties that participants experienced dialing into the call. She did not offer a report.</p>	
<p>Report from Secretary</p>	<p>Ms. Carolyn Finster, TTAG Secretary and Director, Pine Hill Health Center, reported that the minutes for the July 28-29 face-to-face meeting have been distributed to the TTAG members for review. She has received no comments on the document. Ms. Finster recommended approval of the minutes. Because a quorum was not present, the approval of the minutes was tabled until a later date.</p>	

<p>Report from CMS</p>	<p>Ms. Kitty Marx, Director, Tribal Affairs Group (TAG), Office of External Affairs and Beneficiary Services (OEABS), Centers for Medicare & Medicaid Services (CMS), reminded participants that the July TTAG face-to-face meeting included a discussion about the difficulties Indian health providers encountered using the Provider Enrollment, Chain and Ownership System (PECOS) to enroll individual providers. With the support of Dr. Donald Berwick, CMS Administrator, the agency developed an interim solution and anticipates putting a permanent solution in place within nine months. She introduced Mr. Jim Bossenmeyer, Director, Division of Provider/Supplier Enrollment, Office of Financial Management (OFM), CMS, and Ms. Alisha Banks, OFM, CMS, who explained the resolution to the application problem.</p> <p>Ms. Banks indicated that CMS has devised a process that allows Indian Health Service (IHS) facilities to use the Internet-based version of PECOS. At the end of the enrollment process, IHS facilities should forward all information to Trailblazer, the administrative contractor responsible for processing IHS applications, along with a cover letter certifying that the facility is an IHS facility. Mr. Bossenmeyer added that IHS facilities can use the paper application or the electronic application to enroll in the Medicare program. Organizations such as clinics, hospitals, nursing homes, home health agencies, or other entities submitting Form 855A or Form 855B will need to allow up to three weeks to set up their Internet-based PECOS identity management accounts. He recommended setting up the enrollment accounts before they are needed. He directed the call participants to the getting started guide on the website, http://www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp#TopOfPage, specifically to the PECOS tab on the left side. Facilities that need to enroll people quickly and have not already set up their PECOS accounts will need to submit paper applications.</p> <p>Organizations setting up new locations will only be required to fill out those screens relating to the relevant enrollment requirements (such as change of information or initial application). These organizations must sign and date the certification statement and mail it and a cover letter to Trailblazer.</p> <p>Mr. Bossenmeyer indicated that the long-term solution would include changes to the routing rules that will automatically route these applications directly to Trailblazer rather than to the administrative contractor for the respective states in which applying facilities are located.</p> <p>Ms. Marx added that Ms. Baer sent out information on accessing the PECOS getting started webpage prior to the call as well as information about the interim process, including sample cover letters. Mr. Bossenmeyer stated that Medicare administrative contractors have received instructions for managing the process during the interim period. CMS is working on clearing formal instructions for the long-term solution as well as a <i>Medicare Learning Network Matters</i> article. The article and the formal instructions will be available on the website should users have questions.</p> <p>Ms. Finster asked how CMS sent out the information mentioned by</p>	<p>CMS will use the TSGAC</p>
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Ms. Marx. **Ms. Marx** replied that the instructions were sent by NIHB to TTAG and Medicare and Medicaid Policy Committee (MMPC) members. She was uncertain whether IHS had sent this information to its facilities or to the tribal clinics. She indicated that information could also be sent to tribal clinics through TAG or the Tribal Self Governance Advisory Committee (TSGAC). **Ms. Davidson** indicated that it would be beneficial to send out the information through the TSGAC so that it is distributed as widely as possible. **Ms. Marx** agreed to use the TSGAG process for distributing the information and promised to look into involving Trailblazer in the effort to provide this information to providers. **Ms. Kris Locke**, TTAG Technical Advisor, suggested using the Native American Contacts to distribute the information. **Ms. Paula Hammond**, Dallas Regional Office, CMS, reported that Trailblazer has already sent out the interim instructions through its listserve.

Ms. Davidson thanked CMS for all of its efforts to resolve this issue. **Ms. Marx** asked call participants to inform CMS of any problems they encounter as they begin enrolling individuals.

Budget/Strategic Plan

Ms. Marx reported that the Budget/Strategic Plan Subcommittee recently held a conference call to follow up on the issues discussed during the July face-to-face meeting.

She indicated that there was nothing new to report concerning FY 2011 funding.

TAG submitted a request for end-of-year funds but has not received any feedback on the request.

Mr. James Roberts, Policy Analyst, Northwest Portland Area Indian Health Board, added that the Subcommittee is working with NIHB to set up a meeting to develop a response to CMS' questions concerning TTAG work.

ACA Implementation

With regard to implementation of the Patient Protection and Affordable Care Act (ACA), **Ms. Marx** stated that TAG staff met with IHS staff concerning some of the provisions in the Indian Health Care Improvement Act (IHCA) that are anticipated to have an effect on CMS programs. IHS' Office of Resource Access and Partnerships (ORAP) is looking at the provisions identified by CMS to determine the best way to coordinate activities related to the provisions and to disseminate guidance. TAG still needs to follow up on some of the Medicaid provisions.

Ms. Locke asked which provisions are being discussed with ORAP. **Ms. Marx** indicated that the provisions were the ones included in the chart on IHCA provisions developed by the ACA Policy Subcommittee. Some of the IHCA provisions are updates to or reauthorizations of existing authorities. New provisions include Section 221 (licensing of health professionals), Section 408 (non-discrimination), and Section 205 (long-term care [LTC]). With regard to the data sharing provisions, which pertain to all federal agencies, **Ms. Marx** reported that CMS has met with IHS concerning the sharing of Medicaid data. An additional

process for distributing information on the interim PECOS enrollment process.

CMS will work to involve Trailblazer in the effort to provide PECOS enrollment information to providers.

provision is the Navajo Nation feasibility study, which still requires funding; CMS is working to identify funding for this study. The final provision relates to cancer screenings that are referred out. CMS is working with IHS to coordinate implementation – such as sending guidance to both the tribes and the State Medicaid Directors (SMDs) – to ensure that existing provisions are more effectively implemented in the future.

The Medicare provision that treats Part D prescription drugs as incurred costs for True Out of Pocket, which is still being worked on within CMS, goes into effect in January 2011. TAG has requested policy guidance on this subject.

Ms. Marx added that IHS is reaching out to the TTAG for assistance in planning an LTC conference scheduled for November 1-2.

The TTAG recently submitted comments on the Part D Indian/Tribal/Urban (I/T/U) addendum. CMS anticipates receiving comments from IHS. **Ms. Marx** indicated that CMS plans to post another request for comments on this topic. **Ms. Carol Barbero**, TTAG Technical Advisor, asked which of the issues in the TTAG comments on the I/T/U addendum require internal follow-up. **Ms. Marx** indicated that she did not have information on which she could report and promised to follow up on this with IHS. **Ms. Barbero** asked if IHS' comments are publicly available. **Ms. Marx** responded that IHS commented on TTAG's comments and did not submit its own.

Additionally, TAG has made some contacts with staff at the Office of Consumer Information and Insurance Oversight (OCIIO) to raise awareness about tribal issues and the availability of experts in reimbursement issues and other areas of interest to the agency.

Mr. Roberts stated that the Northwest Portland Area Indian Health Board is submitting a letter to the Secretary of Health and Human Services (HHS) expressing concern over the lack of tribal input on deliberations within agencies such as OCIIO on issues related to ACA implementation. They hope to ensure involvement of Indians early in the decision making process.

Ms. Barbero noted that the Policy Subcommittee discussed an SMD letter on the "licensed in any state" issue. She inquired about the status of the letter, specifically whether CMS was waiting for approval from IHS before it issues a letter stating that providers working in tribal health programs do not need to hold a license in the state in which they are working. **Ms. Marx** cited this as an example of the need to coordinate guidance and information between CMS and IHS. CMS does not have to wait for permission from IHS to issue an SMD letter, but does need to coordinate with IHS and TTAG to ensure that the guidance does not cause confusion or misunderstanding. **Ms. Alida Montiel**, Health Systems Analyst, Inter Tribal Council of Arizona, suggested that the licensure issue could be addressed in the state health official letters. She was concerned that IHS is not accustomed to sending out this sort of guidance. **Ms. Marx** replied that CMS would be responsible for sending out such a letter, but that they would

Ms. Marx will follow up on the response to the TTAG's comments on the Part D I/T/U amendment.

reflect IHS' understanding of the provisions.

Ms. Lane Terwilliger, Family and Children's Health Program Group, Center for Medicaid, CHIP, and Survey & Certification (CMCS), CMS, asked **Ms. Barbero** to clarify if she was asking whether there had been a formal request for an SMD letter concerning licensure. **Ms. Barbero** recounted her memory of the various subcommittee discussions concerning the need for providers serving Indians in IHS clinics to hold a license in a state in which IHS operates but not necessarily in the state in which he/she practices. She recalled having a discussion about what constitutes a request for an SMD letter from the TTAG (e.g., discussion during a subcommittee meeting versus discussion during a TTAG meeting followed by a formal request). Based on her memory, she thought that **Ms. Terwilliger** had indicated that discussion in a subcommittee call was sufficient to trigger the development of a letter. **Ms. Cyndi Gillaspie**, Lead Native American Contact, CMS, assured **Ms. Barbero** that CMS agrees that a letter addressing licensure issues is needed. She stressed that CMS is working hard to ensure that any guidance is coordinated with IHS.

Mr. Phil Norrgard, Director of Human Services, Fond Du Lac Band of Lake Superior Chippewa, indicated that it would be helpful for the TTAG to be informed of the various steps in the process of developing guidance and SMD letters and the associated timelines so that the TTAG could help facilitate their development. **Ms. Gillaspie** indicated that the TTAG had requested that CMS use the same process as that employed in the American Recovery and Reinvestment Act (ARRA) and Child Health Insurance Program Reauthorization Act of 2009 (CHIPRA) implementation including all-tribes calls and discussions with TTAG subcommittees prior to the all-tribes calls.

Ms. Barbero asked for more information on the points of coordination with IHS. **Ms. Marx** suggested that the group schedule a conference call with the ACA Policy Subcommittee and IHS staff for the following week to focus on moving guidance on the licensure provision through the process. **Ms. Baer** agreed to set up a call for Wednesday, September 15. **Ms. Marx** committed to ensuring that IHS representatives participate in the call.

Ms. Montiel asked if there has ever been a discussion with TTAG concerning states' responses to guidance, especially with regard to the ACA or IHCA. **Ms. Gillaspie** replied that CMS conducted an all-states call on the ARRA provisions and did not receive feedback. **Ms. Jackie Garner**, Consortium Administrator, CMCS, CMS, indicated that CMS has gained some knowledge of issues that are important to states through the State Plan Amendment (SPA) process and the consultation process. States now understand the importance of the consultation process and understand that CMS will not automatically approve all of the SPAs it receives.

She added that CMS, in an effort to deal with the large volume of guidance being issued - particularly Medicaid guidance - is now bundling guidance and SMD letters into an informational bulletin issued twice a month. Once new policies are articulated and coordinated with IHS, the TTAG should help CMS determine whether they should be issued as stand-alone pieces or in the bundled

NIHB will set up a Policy Subcommittee conference call on September 15 to discuss the licensure issue.

Ms. Marx will work with IHS to ensure that IHS representatives participate in the call.

	<p>guidance, which is popular with the states.</p> <p>Mr. Norrgard noted the importance of the guidance, especially for tribal/state interactions. He felt that the nature of each issue would determine whether it was included in a bundle or sent separately. Ms. Montiel agreed that the guidance that is coming out now is very important to the states as they develop laws in response to ACA.</p> <p>Ms. Barbero asked if there were any plans to bundle guidance related to Indian issues. Ms. Garner did not anticipate bundling as it could cause problems with the timely distribution of guidance if CMS waited until it had several pieces to distribute. She anticipated that Indian-related guidance would be included in the general bundle, which states now expect to receive on a regular basis. Mr. Roberts pointed out that stand-alone letters on tribal issues might underscore the importance of the issues addressed.</p>	
<p>Subcommittee Reports: CMS Day</p>	<p>Capt. Michael Lyman, TAG, OEABS, CMS, reminded participants that CMS Day would take place on Wednesday, September 22 during the NIHB Consumer Conference. The day will consist of two plenary sessions in the morning and two rounds of six workshops in the afternoon. Ms. H. Sally Smith, Alaska Area Representative, NIHB and Chairman, Bristol Bay Area Health Corporation; Ms. Teresa Niño, Director, OEABS, CMS; and Ms. Garner will offer welcoming remarks. One of the morning panels will focus on state/tribal consultation and will feature representatives from the state government and tribes in South Dakota. The second plenary will focus on new CHIPRA outreach and enrollment practices and will feature representatives of organizations using these practices. Ms. Marx noted that NIHB emailed the full agenda to TTAG members prior to the call, which included information on the individual workshops.</p>	
<p>Subcommittee Reports: Data</p>	<p>Mr. James Crouch, Executive Director, California Rural Indian Health Board, Inc. (CRIHB), reported that the recent Data Symposium was a great success. CRIHB finalized a report and recommendations based on the transcript. He anticipated that the report, which is being circulated for review and comment, would be ready for a formal review at the November face-to-face meeting.</p> <p>He announced that the IHS institutional review board approved the CMS linking project. While still awaiting approval to release the data, the Albuquerque Data Center is currently developing the code needed to produce the requested file.</p>	
<p>Subcommittee Reports: Across State Borders</p>	<p>Mr. Anslem Roanhorse, Executive Director, Navajo Nation Division of Health, reported that the Across State Borders (ASB) Subcommittee met earlier in the day. The Subcommittee discussed the case study report produced by Kauffman and Associates, Inc. (KAI), which summarizes 28 interviews conducted by KAI staff at three sites, and six associated recommendations. Based on the discussion, the Subcommittee will undertake additional work on the recommendations in the near future. He anticipated that the Subcommittee would present the final report and recommendation to the TTAG later this year.</p> <p>The second item discussed was the CMS proposal for a model</p>	

	<p>interstate process for coordination of services for enrollment, retention, and coverage of low-income Medicaid and CHIP-eligible children, which was developed in response to CHIPRA Section 213 requirements. KAI developed some comments for informal submission to CMS. Future activities relating to the proposal involve supporting CMS' effort to develop a Report to Congress in 2011.</p> <p>The meeting concluded with a discussion of preparations for the ASB workshop that will be offered as part of CMS Day.</p>	
<p>Subcommittee Reports: ARRA Protections Workgroup</p>	<p>Ms. Marx reported that the Subcommittee had not met for a while. Mr. Roberts stated that he drafted a revised version of the letter on tribal consultation, which is currently circulating among the TTAG members serving on the Subcommittee. He expected to send the draft to CMS later in the day.</p>	
<p>Other Business</p>	<p><u>Lunch with NASMD</u> Ms. Davidson reminded TTAG members that the National Association of State Medicaid Directors (NASMD) extended an invitation for the TTAG to join them for lunch on Tuesday, November 9. The next TTAG face-to-face meeting will take place on November 9-10 in Washington, D.C. Ms. Garner alerted participants that a new group recently split off from NASMD.</p> <p><u>LTC Steering Committee</u> IHS is sponsoring an LTC conference in Washington, D.C., on November 1-2, and is looking for volunteers to serve on the conference steering committee. Interested individuals should contact Ms. Baer to be placed on the distribution list. Mr. Roberts reported that he volunteered and promised to report to the TTAG on planning activities and to share comments from the TTAG with the steering committee. Mr. Roanhorse recommended that Mr. Albert Long, Navajo Nation, be included on the committee distribution list.</p> <p><u>Review of TTAG Action Items</u> Ms. Davidson referred participants to the list of action items that were attached to the agenda. Ms. Marx thought that the TTAG should focus on consolidating the various agenda items, rather than reporting on individual items. She felt that the group should discuss ways to better track issues. Ms. Marx struggled with identifying the best way to reconcile the list with the implementation plan. Ms. Locke noted that the action items are a mix of broad general items and small discreet actions and suggested that the group categorize the items by issue as they are discussed.</p> <p>Ms. Davidson noted that the action items were included in the call agenda because the TTAG realized that action items were falling through the cracks and not being adequately addressed. Including them on the agenda is an attempt to ensure that all items receive proper follow-up.</p> <p>Ms. Davidson led a discussion of the individual action items:</p> <ol style="list-style-type: none"> 1. <u>Provide a timeline of ACA implementation activities/deadlines:</u> This is an ongoing activity. 2. <u>Ensure that the TTAG ACA outcome measures are incorporated into CMS' measures of success:</u> Ms. Marx reported that CMS 	<p>Mr. Roberts, who serves on the IHS LTC conference steering committee, will report to the TTAG on its activities and communicate TTAG comments to the committee.</p> <p>Ms. Marx will ensure that</p>

	<p>received the TTAG’s letter concerning outcome measures and that a separate letter on this topic was sent to OCIO. Ms. Locke asked if there is a master HHS document to which this could be attached. Ms. Marx replied that each component within CMS has its own implementation plan. Implementation plans are becoming more organized at the upper levels in the agency. She ensured that these outcomes will be considered within the OEABS implementation plan and that she would share it with the Medicare and Medicaid centers.</p> <p>3. <u>Send a copy of the report on Indians seeking treatment out of state to the CMS Administrator</u>: Mr. Roanhorse anticipated that the report would be available in approximately one month.</p> <p>4. <u>Research and respond to the PECOS and separate benefits class issues raised by the TTAG</u>: Ms. Davidson noted that there is an interim PECOS solution currently in place. Outreach and education efforts are underway. She felt that it was important to continue tracking this topic.</p> <p>5. <u>Share experiences/lessons learned concerning identifying Indians and on assigning cost sharing responsibilities with CMS</u>: Ms. Locke noted that this issue has been discussed in Policy Subcommittee meetings but has not yet been resolved. Mr. Crouch indicated that the staff working on the data project need to meet with the CMS staff responsible for the data architecture and that agreement on definitions needs to be reached.</p> <p>Ms. Davidson elected to table further discussion of the action items due to lack of time. She asked the TTAG members to review these action items and the associated minutes in preparation for further discussion during the next TTAG meeting.</p>	<p>the TTAG outcomes measures are included in the OEABS implementation plan.</p> <p>Ms. Marx will share the TTAG outcomes measures with the Medicare and Medicaid centers.</p> <p>TTAG members will review the action items in preparation for the next TTAG meeting.</p>
Next TTAG Call	The next TTAG conference call will take place on Wednesday, October 13 at 2:30 p.m. EDT.	
Adjourn	With no other business to be discussed, Ms. Davidson adjourned the meeting.	

DRAFT

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, September 8, 2010, 2:30 – 4:00 PM (Eastern)

Call In Number: 1-877-267-1577 Participant Code: 322943

- 2:30** **Welcome** - Valerie Davidson, Chair
Roll Call – Tyra Baer, NIHB
- 2:35** **Report from Chair** - Valerie Davidson
- 2:40** **Report from Secretary** – Carolyn Finster
• Minutes from July 28-29, 2010 TTAG Face to Face
- 2:45** **Report from CMS** – Kitty Marx, Director TAG
• Update on ACA implementation and regulatory activities.
- 3:00** **Subcommittee activities/schedules**
- CMS Day**, NIHB ACC, Sept. 22, 2010, Sioux Falls, S.D. – Kitty Marx, Michael Lyman
 - Outreach and Education** – Kathy Hughes
 - Data** – Jim Crouch
 - CMS/TTAG ARRA Protections Workgroup** – Kitty Marx
 - Across State Borders** – Anslem Roanhorse
 - Budget/Strategic** – Jim Roberts
- 3:30** **Other Business**
- **PECOS electronic application interim process** - Jim Bossenmeyer, OFM/CMS
<http://www.trailblazerhealth.com/Provider%20Enrollment/InternetBasedPECOS.aspx?DomainID=1>
 - **TTAG invited for lunch with the NASMD members.** Tuesday, Nov. 9, 2010, 12:00 pm - 1:15 pm.
 - LTC Steering Committee planning efforts for the upcoming IHS-sponsored Long Term Care Conference, Nov. 1-2, 2010 at Washington Marriott in D.C.
 - **Review TTAG Action Items and discuss how to incorporate into implementation plan** – (attached below)
- 4:00** **Adjourn**

NOTE: Future TTAG Meetings and Conference Calls

- **TTAG Face to Face Meeting: Nov. 9-10, 2010** (at NMAI, Washington, D.C.)
- **Remaining 2010 TTAG Conference Calls:** October 13, and December 8.

NOTE: NIHB Annual Consumer Conference, Sept. 21-23, 2010

http://www.nihb.org/docs/07282010/2696_PC_Proof3.pdf

NASMD Conference: Nov. 7-10, 2010.

July 28-29 2010 - Face-to-Face Meeting – TTAG Action Items

Action Item	Timeline	Person Responsible	Status	Notes
Provide a timeline of PPACA implementation activities/deadlines.	ASAP	CMS	Ongoing	
Ensure that the TTAG PPACA outcome measures are incorporated into CMS' measures of success.	ASAP	CMS	Ongoing	
Send a copy of the report on Indians seeking treatment out of state to the CMS Administrator.	ASAP	ASB Subcommittee	Ongoing	
Research and respond to the PECOS and separate benefits class issues raised by the TTAG.	ASAP	CMS	Ongoing	
Share experiences/lessons learned concerning identifying Indians and on assigning cost sharing responsibilities with CMS.	ASAP	TTAG Members	Ongoing	
Update the TTAG on resolutions to PPACA implementation technical issues.	ASAP	CMS	Ongoing	
Send questions concerning PPAC implementation to Ms. Wachino.	ASAP	TTAG Members	Ongoing	
Track issues related to AI/ANs' political status, especially with regard to PPACA.	ASAP	Ms. Marx	Ongoing	
Share the TTAG's PPACA implementation concerns with HHS staff working on the respective issues.	ASAP	Ms. Wachino	Ongoing	
Work on developing a mechanism to connect the TTAG with the appropriate HHS officials to discuss specific PPACA implementation issues.	ASAP	Ms. Wachino	Ongoing	
Look into a resolution to the barriers to tribes paying members' premiums or copays.	ASAP	CMS	Ongoing	
Provide educational assistance to pharmacies about the Medicare TrOOP payment issue.	ASAP	CMS	Ongoing	
Alert CMS staff about the need to track IHS expenditures in order to get Indian elders through the "donut hole."	ASAP	Ms. Marx	Ongoing	
Share examples of potentially effective outreach strategies for AI/AN communities.	ASAP	TTAG Members	Ongoing	
Forward information on the Indian Health Care Resource Center of Tulsa's outreach programs to CMS.	ASAP	Ms. Skeeter	Ongoing	
Provide CMS with ideas for enabling tribes to be more successful in their grant applications.	ASAP	TTAG Members	Ongoing	
Share ideas concerning the most effective use of the express lane agencies with CMS.	ASAP	TTAG Members	Ongoing	
Submit comments on the I/T/U addendum to CMS by August 10.	August 10	TTAG	Ongoing	
Recommend additions to the Indian Health Handbook document compilation.	ASAP	TTAG Members	Ongoing	
Submit recommendations for filming opportunities for the CHIP outreach video.	ASAP	TTAG Members	Ongoing	
Discuss ways to expedite the transfer of funds to NIHB.	July 28	Budget Subcommittee, CMS, and IHS	Completed	

Present a workshop based on the July 30 Data Symposium at CMS Day.	September 22	CRIHB	Ongoing	
Share recommendations for candidates for the two NIHB REC national positions.	ASAP	TTAG Members	Ongoing	
Submit recommendations for additional CMS Day workshops to Ms. Marx.	ASAP	TTAG Members	Ongoing	
Work with CMS to further develop the HITECH workshop/identify possible presenters.	ASAP	Mr. Lamb	Ongoing	
Contact the Port Gamble S'Klallam Tribe about presenting during the CHIP outreach plenary.	ASAP	Mr. Roberts	Ongoing	
Identify topics that should be included in the state HIT plans.	ASAP	TTAG Members	Ongoing	
Summarize HITECH remarks for distribution.	ASAP	Capt. Lyon NIHB	Ongoing	
Circulate the checklist used to review state HIT plans.	ASAP	Capt. Lyon	Ongoing	
Invite Dr. Cullen to speak during the CMS Day plenary session.	ASAP	CMS	Ongoing	
Draft a summary of TTAG funding sources and associated products for FY 2009 and FY 2010.	ASAP	Mr. Lamb	Ongoing	
Discuss the deliverables for the new TAG research project once the contract is awarded.	ASAP	TTAG TAG	Ongoing	
Develop a list of potential research projects.	ASAP	TTAG	Ongoing	
Include a discussion of research topics and deliverables in a future TTAG agenda.	ASAP	CMS TTAG	Ongoing	
Consider additional contracting options for using TAG funds.	ASAP	TTAG	Ongoing	
Arrange for a meeting with the CMS Procurement Office.	ASAP	CMS TTAG	Ongoing	
Develop a protocol for future budget discussions.	ASAP	TTAG CMS	Ongoing	
Arrange a TTAG/NASMD meeting in November.	ASAP	Ms. Marx	Ongoing	