

**Centers for Medicare and Medicaid Services Tribal Technical Advisory Group
CMS TTAG
Conference Call Notes**

**May 14, 2008
Conference Call**

TTAG Members Present

Aberdeen	
Alaska	Valerie Davidson
Albuquerque	Carolyn Finster
Bemidji	Phil Norrgard
Billings	Nancy Vaughn
California	
Nashville	
Navajo	Anslem Roanhoarse

CMS	Dorothy Dupree Nancy Rios Rodger Goodacre Sharon Brown Judy Richard Billera Lisa Caroll Mark Reed
IHS	Elmer Brewster

Oklahoma	
Phoenix	David Reede
Portland	Jim Roberts
Tuscon	

GAO	Michelle Rosenberg Elayne Heisler Carolyn Yocom
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Others Present	Rhonda Butcher Mickey Percy Kitty Marx Stacy Bohlen Lynette Burke Jim Lamb Myra Munson Carol Barbero Roselyn Begay Linda Frizell Stephanie Craig Craig Pardon Kris Locke Cyndi Holmes
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TSGAC

NIHB

NCAI	Cinda Hughes
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**Centers for Medicare and Medicaid Services Tribal Technical Advisory Group
CMS TTAG
Summary of Action Items**

**May 14, 2008
Conference Call**

Action Item	Timeline	Person Responsible	Notes
Follow up with CMS on the approval of minutes for the February 21 st and 22 nd and the April 9 th TTAG conference call minutes	ASAP	NIHB	
Coordinate conference call on Encounter Rate with proposed work group.	No specified time	NIHB	Completed
Send TTAG documents regarding CMS work on Encounter Rate.	No specified time	CMSO	Completed
Add Section 1011 discussion to next TTAG agenda.	5/30	Caitlin Wesaw	Completed
Outreach and Education subcommittee discussion on Section 1011 during conference call.	5/20	Rodger Goodacre	
Organize conference call to discuss FY 2010 budget.	No specified time	Jim Roberts	
Send TTAG email regarding new TSA rules on Tribal identification cards.	5/14	Cinda Hughes	Completed
Send out proposed objectives to the Strategic Plan for TTAG review.	5/16	Jim Roberts	Completed
Work with NIHB to coordinate subcommittee meetings.	Ongoing	Subcommittee chairs	Completed

**Centers for Medicare and Medicaid Services Tribal Technical Advisory Group
CMS TTAG
Summary of Conference Call**

**May 14, 2008
Conference Call**

Agenda Item	Discussion	Action
Opening	Chair Valerie Davidson opened the conference call at 2:35 pm (ET).	
Report from Chair	Chair Valerie Davidson apologized for missing the last TTAG Conference Call due to a family emergency and further expressed appreciation to Ron Allen for stepping in and facilitating the call.	
<p data-bbox="90 548 253 611">Report from Secretary</p> <p data-bbox="147 646 269 709">Election of Secretary</p> <p data-bbox="142 1104 272 1167">Minutes for Review</p>	<p data-bbox="344 548 1166 579">Mickey Peercy informed the group that he is no longer the TTAG Secretary.</p> <p data-bbox="344 611 1240 667">Chair Valerie Davidson opened the floor to recommendations and nominations for the Secretary position.</p> <p data-bbox="344 699 984 730">Mickey Peercy gave an overview of the Secretary position.</p> <ul style="list-style-type: none"> <li data-bbox="391 730 984 762">- Work with NIHB to maintain minutes and quorum. <p data-bbox="344 793 573 825">Election of Secretary</p> <ul style="list-style-type: none"> <li data-bbox="391 825 1179 882">- Chair Valerie Davidson opened up the floor for nominations for the Secretary position. <li data-bbox="391 882 1227 938">- Anslem Roanhoarse nominated Carolyn Finster from Albuquerque and the nomination was seconded by Mickey Peercy and Phil Norrgard <li data-bbox="391 938 854 970">- Carolyn Finster accepted nomination <li data-bbox="391 970 951 1001">- Carolyn Finster elected by unanimous consent <p data-bbox="344 1033 1224 1064">Kitty Marx updated the group of the status of the February and the April minutes.</p> <ul style="list-style-type: none"> <li data-bbox="391 1064 1224 1155">- Dorothy Dupree was sent the minutes from February 21st and 22nd, on May 8th and the April 9th minutes were sent April 14th. The February 21st and 22nd minutes will be redrafted. <p data-bbox="344 1186 1234 1243">It was decided to table approval of minutes for the next TTAG meeting in June 11th and NIHB will follow up with Dorothy Dupree.</p>	<p data-bbox="1274 1098 1487 1155">NIHB follow up on minutes for review.</p>
<p data-bbox="90 1253 293 1316">Report on GAO Study Findings</p> <p data-bbox="123 1352 290 1409">Background on GAO study</p> <p data-bbox="131 1808 282 1839">Methodology</p>	<p data-bbox="344 1253 1235 1285">Michelle Rosenburg, Carolyn Yocom, and Elayne Heisler represented the GAO.</p> <p data-bbox="344 1316 1211 1348">Carolyn Yocom provided the TTAG with a brief background of the GAO Study:</p> <ul style="list-style-type: none"> <li data-bbox="391 1348 927 1379">- The study has been worked on for 18 months. <li data-bbox="391 1379 1252 1463">- The Senate Finance Committee asked the GAO to look at the consultation process CMS has with tribal groups and the interactions between CMS and IHS. <li data-bbox="391 1463 1252 1619">- They found that there were a lot of activities going on that were not necessarily consultation in that there was not a government to government relationship being established, but they were beneficial in terms of ensuring that Native American populations were gaining access to services that they qualify for. These services are mainly Medicare and Medicaid. <li data-bbox="391 1619 1252 1774">- The scope of work was expanded to take a look what kind of activities were going on in terms enrolling and identifying people who qualify for the Medicare and Medicaid programs. This was in addition to looking at the interactions between CMS and IHS, CMS and the tribes, as well as the interactions of a select few states and the tribes. <p data-bbox="344 1803 1094 1835">Elayne Yocom gave the background of the methodology of the study:</p> <ul style="list-style-type: none"> <li data-bbox="391 1835 1252 1892">- Over one hundred interviews were conducted with staff from the central and regional CMS offices, staff at headquarters and the 12 regional offices 	

<p>Objective 1: Describes Interactions between CMS and IHS</p> <p>Objective 2:</p>	<p>of IHS, and a number of tribal representatives including members of area health boards and almost all of the members of the TTAG.</p> <ul style="list-style-type: none"> - Site visits were conducted at four tribal sites in the Bemidji and Navajo IHS areas. These areas were selected because they included a mix of geographic locations, level of project and health services, the mix of tribal and IHS run facilities, but the determining factor for their inclusion in the report was their convenience. - Met with tribal leaders and their designated tribal officials from 14 tribes and visited 25 IHS funded facilities. - Visited 4 of the 10 regional HHS offices specifically the offices that were in charge of the Bemidji and Navajo Areas. - Met state officials from Arizona, Montana, Minnesota, New Mexico, Utah and Wisconsin and their Medicaid departments. <p>Objective 1: Describes Interactions between CMS and IHS (Elayne Heisler)</p> <ul style="list-style-type: none"> - Found that CMS and IHS interact to provide direct support and interact to discuss their policy and regulatory issues - In terms of direct support, CMS and IHS interactions that help tribes with Medicare and Medicaid. <ul style="list-style-type: none"> o Specifically how CMS and IHS collaborate on educating tribes and facilities staff on Medicare and Medicaid o Examples of direct support: CMS providing assistance to IHS facilities with issues such as Medicare and Medicaid premiums and provider enrollment; CMS and IHS interactions to obtain support from Tribal representatives; how CMS and IHS staff work with the TTAG; and HHS Regional Consultations and how the CMS and IHS staff meet to coordinate to plan and hold these meetings - Broader policy and regulatory concerns: How CMS and IHS work together to ensure that policies meet the needs of IHS beneficiaries <ul style="list-style-type: none"> o The policy initiatives highlighted in the report describe how CMS and IHS work to ensure that policies needs are addressed , such as Medicare Like Rates, Equitable Relief and the implementation of Medicare Part D o CMS Regulatory process, specifically the process through which Medicare and Medicaid regulations are formulated and implemented <ul style="list-style-type: none"> ▪ The opportunities for IHS, CMS and HHS to identify which CMS regulations might affect AI/AN whether eligibility for services or how IHS funded facilities are reimbursed ▪ For example, the Tribal Affairs Group can identify a regulation and inform IHS that they should review it or there are often times when IHS will identify a regulation for review o The report recognizes that this is a challenging process because of the amount of CMS regulations <ul style="list-style-type: none"> ▪ There are different examples when the process has worked well such as when, IHS has been informed and reviews regulations. An example of when the process has not worked well is when IHS has been informed of a regulation, but they are not given the opportunity to review it before it is implemented. ▪ CMS efforts to identify additional procedures to better identify what regulations could affect AI/AN was also discussed in the report. <p>Objective 2: Examine mechanisms CMS uses to interact and consult with Indian</p>	
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<p>Examine Mechanisms CMS uses to Interact and Consult with Indian Tribes</p>	<p>Tribes (Michelle Rosenberg)</p> <ul style="list-style-type: none"> - There were a lot of activities going on that were not actual consultation, but were determined to be important and that Congress should be aware of these activities. Such as the annual HHS regional consultation sessions as a way to consult with Tribes. - It was found that CMS uses two mechanisms to interact with Tribes <ol style="list-style-type: none"> 1. Tribal liaisons at their central offices (Tribal Affairs Group) and the regional offices' Native American Contact 2. TTAG - The TAG and NAC's have interacted with Tribal representatives using several different methods such as the participation in conferences and training sessions, visitations to reservations and providing technical assistance and written guidance to Indian Tribes. <ul style="list-style-type: none"> o The report lists several specific examples of the TAG and NAC's, one example is the CMS Day at NIHB's Annual Consumer Conference. - Tribal representatives consulted for the study had varying opinions of the effectiveness of the CMS Tribal liaisons. <ul style="list-style-type: none"> o Some praised the efforts of the TAG staff while others raised concerns over the lack of decision making authority. - The report also notes the use of the TTAG as a method in Tribal consultation. <ul style="list-style-type: none"> o The history and the meeting structure of the TTAG was included in the report o It was noted in the report that the TTAG is an important vehicle for input from Tribal representatives, but not a replacement for Tribal consultation. In other words, it is meant to complement CMS' consultation efforts. o The TTAG's composition, schedule and structure provides an opportunity for CMS to obtain a nation wide input from Tribal members/representatives o Monthly meetings allow for timely discussion of events and the opportunity for both CMS and Tribal representatives to address their concerns. o The subcommittee structure allows Tribal representatives and CMS to conduct in depth analysis and dialogue on Medicare and Medicaid topics that are a priority to CMS and Tribes. <p>Michelle Rosenberg opened the floor for questions from the group.</p>	
<p>Tribal Consultation in the GAO report</p>	<p>Mickey Peercy asked Michelle Rosenberg if the report will reflect that the Tribal Consultation Policy has not been signed by CMS.</p> <p>Michelle Rosenberg responded that the HHS Tribal consultation policy was discussed, but because there is not a formal CMS Tribal Consultation Policy the GAO report will remain silent.</p> <p>Mickey Peercy expressed his disagreement with the silence of the report on the lack of a signed Tribal Consultation Policy.</p> <p>Michelle Rosenberg will take Mickey Peercy's comments under advisement.</p> <p>Chair Valerie Davidson asked Michelle Rosenberg whether or not the report can include that a Tribal Consultation Policy was drafted and is currently under review at CMS.</p> <p>Michelle Rosenberg informed the group that the GAO generally does not report on works in process, but an internal discussion can take place on the question whether</p>	

<p>Comment Process on GAO Report</p>	<p>to mention this.</p> <p>Kitty Marx asked Michelle Rosenberg whether or not the TTAG would be able to see a draft of the report to provide comments.</p> <p>Michelle Rosenberg informed the group that the final report would be made available to the Tribes, however draft reports are only provided to IHS and CMS for comments on the final report. It is GAO policy that draft reports are provided to the Federal agencies that are being audited. This is the reason why they are discussing findings with the TTAG and Tribes to get feedback that can be considered for the final report.</p>	
<p>Final Report Date</p>	<p>Linda Frizell asked about the when the final report can be expected and Michelle Rosenberg informed the group that the report will be sent to the Congressional requesters at the end of July, but they can hold the report for up to 30 days until public release.</p>	
<p>CMS Representatives Lack of Decision Making Authority</p>	<p>Jim Roberts asked Michelle Rosenberg whether or not the report notes that the TTAG still has problems getting CMS staff in decision making roles to participate in the TTAG meetings and discussions.</p> <p>Michelle Rosenberg explained that the report addresses this topic in two ways: the Tribal liaisons lack of decision making power and the lack of officials with decision making authority attending HHS Regional Consultations.</p>	
<p>Objective 2 Continued</p>	<p>Michelle Rosenberg continued her report on the GAO's findings in regard to Objective 2: Mechanisms CMS uses to consult with tribes</p> <ul style="list-style-type: none"> - The main mechanism to consult with tribes is the annual HHS regional consultation sessions. - The report does note that consulting with 562 federally recognized Tribes is an inherently difficult task due to the variation in size, location, and economic status of the tribes. - These variations make holding meaningful discussions with all parties difficult. - The report found that the HHS regional trainings offered limited time for consultation and discussion. <ul style="list-style-type: none"> o For example, the sessions normally last from 1-2 days and a review of a sample of 8 consultation session agendas found that the time devoted to discussing CMS related issues was limited to less than 30-90 minutes. o The report also notes that the consultation sessions are held only once a year and as such may not allow for meaningful discussions in a timely manner since CMS undergoes many policy changes throughout the year. o The report found that a small number of Tribes participate in the sessions. For example, 18% in 2006 and 27% in 2007. o Several HHS officials explained that Tribal attendance depends on the location of the session. It was also found that Tribal participation is dependent on the amount of notice that is given to the Tribes on the consultation. The report found that an average of 3-8 weeks across the four HHS regions that were reviewed. - In addition to the regional consultation the report found that CMS has consulted with smaller numbers of Tribes and individual Tribes. Several examples are given. - This objective was closed with a discussion of Tribal representatives' opinions on HHS and CMS consultation. <ul style="list-style-type: none"> o Tribal representatives held varying opinions on the effectiveness of HHS and CMS consultation. 	

<p>Objective 3: Examines the Mechanisms that Selected States' Medicaid Programs use to interact with Indian Tribes</p>	<ul style="list-style-type: none"> ○ Included in this were varying perspectives on agency officials involved, a discussion on the lack decision making authority held by the agency representatives involved in Tribal consultations and the format of the consultation sessions. <p>Objective 3: Examines the mechanisms that selected States' Medicaid Programs use to interact and consult with Indian Tribes (Michelle Rosenberg)</p> <ul style="list-style-type: none"> - Six State Medicaid Programs were analyzed Arizona, Montana, Minnesota, New Mexico, Utah and Wisconsin <ul style="list-style-type: none"> ○ States generally use the same mechanisms for interacting and consulting with Tribes. Specifically, all six states use at least 1 designated Tribal liaison to interact and consult with Tribes on issues of Medicaid. These liaisons serve as a communication and coordination link between the State programs and the Tribes, as well as providing input on policies affecting AI/AN and technical assistance and training on Medicaid issues. ○ Examples of the liaisons role in the consultation of Tribes are included in the report. - In addition to the designated Tribal liaison three of the six State Medicaid Programs reviewed reported using advisory boards to interact and in some cases consult with Tribes. The States may use two different types of advisory boards: an Indian Advisory Board, specific to Indian issues but not specific to Medicaid, or a Medicaid Advisory Board that included Tribal representatives. <ul style="list-style-type: none"> ○ Two states include Tribal representatives on their Medicaid Advisory Board ○ One State uses both boards - Three of the six states held regularly scheduled meetings to interact and consult with Indian Tribes. The frequency of the meetings varied by states and they range from bi-monthly to annually. States and Indian Tribes reported discussing various Medicaid issues at these meetings. <ul style="list-style-type: none"> ○ Tribal representatives' assessments of the value of the regular meetings vary. ○ Some Tribal representatives felt the meetings were successful in addressing Tribal needs others felt that the meetings were too big and broad to get anything accomplished. - In addition to these mechanisms, it was found that five of the six states reviewed, reported policies that governed the interactions and in most cases the consultations between State Medicaid programs and Tribes. - One state had a Governors' order which specify that all state agencies should interact with Tribes on a government to government basis and provide consultation between the state and Tribes. - Two states have Tribal consultation policies which established guidelines that state agencies, including Medicaid, consult with Tribes. - Two states had both Governors' orders and Tribal consultation policies. - Most of the states reviewed reported consulting with Tribes before changes were made to the Medicaid program. Four of the six reported consulting with Tribes on changes when a Tribe would be affected and one of the six reported consulting with Tribes only on waiver issues. The remaining state reported not consulting with Tribes on Medicaid changes, but invites Tribes to attend general community forums to discuss general waiver requests and changes as they arise. - Specific state examples were given on Tribal consultation activities. - Tribal representatives' opinions on State Medicaid Programs were also provided in the report. 	
<p>Clarification on timing of SMP</p>	<p>Carol Barbero asked for clarification of whether or not State Medicaid Programs, who reported consulting with Tribes, consulted before or after changes to Medicaid</p>	

<p>consultation</p> <p>Objective 4: Identifying barriers to enrollment in Medicare and Medicaid Programs</p>	<p>were submitted to CMS.</p> <p>Michelle Rosenberg explained that state programs were asked whether they consulted with Tribes prior to making any changes to Medicaid policies. States indicated that they "try" to consult with tribes before submitting proposed changes to CMS, but sometimes time doesn't permit this.]</p> <p>Objective 4: Identifies barriers to enrollment in Medicare and Medicaid and efforts to help eligible American Indians and Alaska Natives apply for and enroll in these programs (Michelle Rosenberg)</p> <ul style="list-style-type: none"> - The report notes that barriers to enrollment in Medicare and Medicaid do exist in the AI/AN community - They found that two barriers unique to the AI/AN community: <ul style="list-style-type: none"> o Many of the officials reported that some AI/AN believe that they do not need to apply for Medicare or Medicaid because the Federal government has treaty duties to provide health care. o The other barrier is that many AI/AN found that there was no personal benefit to enrolling in Medicare or Medicaid because of the free health care they receive at IHS facilities. - Other barriers to enrollment are shared by other groups across the country including: the complexity of the application process, financial barriers such as premiums, lack of knowledge of the programs, language barriers, limited access to communications devices, mistrust of government and transportation barriers. - Citizenship documentation provides a great deal of barriers for the AI/AN community. - The efforts used to enroll AI/AN in Medicare and Medicaid were included in the report: <ul style="list-style-type: none"> o It was found that the majority of IHS funded facilities visited offered assistance with the application. o Patient registration flagged potential enrollees. o Medicare and Medicaid eligibility staff also assists with enrollment. o Medicare Part D outreach efforts o TTAG video "Our Health, Our Community" o Facility or Community based Health Fairs <p>Michelle Rosenberg opened the report for questions and comments.</p>	
<p>MAM</p>	<p>Jim Lamb asked about Medicaid Administrative Match and its inclusion in the report. He reiterated the importance of the inclusion of MAM in this report.</p> <p>Michelle Rosenberg explained that the report did not specifically refer to MAM rather referred to it in terms of a regulation that detrimentally affects Tribes and Tribal organizations ability to collect MAM. It was also noted as a regulation that IHS did not have an opportunity to review as well as an issue that the TTAG addresses.</p>	
<p>Demographic Information</p>	<p>Cecile Greenway asked whether or not the Tribes visited for this study were representative of general demographic information.</p> <p>Michelle Rosenberg explained that the Tribes and states studied were mainly chosen for convenience sake. The report is not, in any way, generalizing Tribes.</p>	
<p>Citizenship Documentation</p>	<p>Anslem Roanhoarse asked whether or not the group had time to visit some states noted for poor tribal consultation such as South Dakota.</p> <p>Carolyn Yocom explained that the GAO is not able to expand this report at this</p>	

<p>Data</p> <p>Tribal Consultation Policy</p>	<p>time. [Editorial note: South Dakota was not one of the 6 states examined.]</p> <p>Kris Locke asked if there was any discussion on the problems created by lack of adequate data on AI/AN enrollment in Medicare and Medicaid. She suggested that lack of data should be noted in the report.</p> <p>Michelle Rosenberg explained that data issues are beyond scope of study. The issue would be relevant for future work.</p> <p>David Reed reiterated Mickey Percy’s point whether there a way to present lack of Tribal Consultation Policy on the report. He also wanted to point out that further effort to educate Tribal communities on the Medicare and Medicaid programs should be included.</p> <p>Carol Barbero asked about the evaluation methods used to measure the effects of Tribal input on CMS regulations; this is in addition to the one state that changed its proposal after receiving tribal input.</p> <p>Michelle Rosenberg explained that the report addressed the mechanisms for interaction and consultation; there is no discussion of impact on Federal policy.</p> <p>The GAO representatives thanked the group for their participation in the reporting process.</p>	
<p>Report from CMS</p> <p>Update on status of MAM plans</p> <p>Encounter Rates</p>	<p>Sharon Brown from CMS provided an update on the status of MAM plans.</p> <ul style="list-style-type: none"> - Since the last TTAG, CMS has received revised plans from four states <ul style="list-style-type: none"> o California (received last week) o Washington o Montana o Oklahoma - The four revised plans are currently under review. - Three of the four plans have comments given and the remaining issues have been discussed. <p>Jim Roberts asked Sharon Brown specific questions regarding the status and the outstanding issues of Washington’s revised plan. Sharon Brown offered to discuss the state specific issues outside of the TTAG conference call.</p> <p>Nancy Vaughn wanted confirmation on whether or not the latest revisions from Montana have been received by CMS and that there were no other issues than time shares. Sharon Brown confirmed the receipt of the revised MAM plan in April.</p> <p>Richard Billera and Lisa Carol from CMSO provided the group with an update on Encounter Rates. CMS is working on how to make the all inclusive rate more consistent and accurate across the States. They recently formed a workgroup to address this issue.</p> <p>Kris Locke expressed concern for the Tribes because this is a complex issue and how it is approached is an important consideration. She asked Richard Billera and Lisa Carol how the TTAG and tribes being included in the discussion of Encounter Rates and the All Inclusive Rate.</p> <p>Richard Billera explained that this is all in the planning stages. The issue of data sources regarding how the current rates are compiled and the information behind them will help determine the work that is necessary to be done to work on Encounter Rates. He explained that this is a tough question to answer because they are not past the pre-planning stage.</p> <p>Jim Lamb expressed concern that the deletion of the current Encounter Rates would</p>	

<p>Tribal Consultation Policy</p>	<p>be counter productive and incongruent with the established process to set this rate. He wanted to say that he looks forward to future discussions on the Encounter Rate.</p> <p>Kitty Marx proposed forming a work group or holding subcommittee meeting to discuss the Encounter Rate further because this could mark major policy changes. Mickey Peercy agreed with the workgroup, but suggested it would be more productive to set up a full subcommittee.</p> <p>Dorothy Dupree reiterated that Richard Bolera and Lisa Carol reported that this is in the information gathering stage. CMSO has been contacted in the past by states, most recently Nevada, who would like to pay the All Inclusive Rate more than one time of the day similar to how other states are doing it. CMSO is aware that the frequency of payments varies greatly from state to state. Dorothy Dupree expressed that it is important for the TTAG and Tribal representatives to be a part of this process due to the implications in Indian Country.</p> <p>Chair Valerie Davidson opened the floor for those who are interested in the workgroup/subcommittee on Encounter Rates. The following would like to be included in the group: David Reede, Jim Lamb, Myra Munson, Jim Roberts, Mickey Peercy, Phil Noorgard, Kris Locke, Nancy Vaughn, Kitty Marx and Rhonda Butcher. Elmer Brewster would also like to participate in the group as a representative of IHS.</p> <p>Dorothy Dupree will have CMSO send documents regarding the Encounter Rate and the work CMS has been doing on the Rates.</p> <p>Rodger Goodacre met with Herb Kuhn and is pleased to report that the Tribal Consultation Policy is moving forward. He hopes that within the next few weeks and before the next TTAG meeting something can be shared with the group.</p>	<p>Coordinate conference call on Encounter Rate with proposed workgroup.</p> <p>CMSO send documents regarding CMS work on Encounter Rate.</p>
<p>Section 1011 – MMA – Payment of Services to Undocumented Aliens</p>	<p>Melissa Dehn was scheduled to talk about Section, but was forced to step away and Dorothy Dupree gave a brief explanation of the Section.</p> <p>Section 1011 is reimbursement for care and services provided to undocumented aliens.</p> <ul style="list-style-type: none"> - This is to ensure that hospitals, ambulance programs and physicians of IHS and tribes are aware of the reimbursement opportunity. - This is in addition to Medicare, Medicaid and SCHIP reimbursements. <p>Dorothy Dupree suggested a separate conference call or to continue the discussion during the next TTAG conference call.</p> <p>It is not known how many IHS and tribes are seeking reimbursement under Section 1011.</p> <p>Valerie Davidson suggested the Outreach and Education Subcommittee address Section 1011 and distribute information out to the tribes.</p> <p>Rodger Goodacre made a note of the agenda addition.</p>	<p>Add Section 1011 discussion to next TTAG agenda.</p> <p>Outreach and Education subcommittee discuss Section 1011 in conference call.</p>
<p>Budget Update</p>	<p>Jim Roberts and Ron Allen met with CMS to discuss the TTAG budget. They will be working with Wes to further develop the budget. The Strategic Plan objectives will be used to help formulate the 2010 budget. NIHB sent out budget documents that will be reviewed for the budget formulation cycle.</p> <p>Kitty Marx asked Jim Roberts when the next Budget Subcommittee/Strategic Plan conference call will be held.</p> <p>Jim Roberts would like to set up a conference call to discuss what additional documents and information will be needed to work on the budget formulation. The</p>	<p>Conference call set up to discuss budget.</p>

	meeting in Reno will address budget issues. Kitty Marx reiterated that NIHB must be involved at all stages of the budget formulation.	
Subcommittee Updates		
Outreach and Education	Outreach and Education Subcommittee Update provided by Rodger Goodacre <ul style="list-style-type: none"> - 9 of the 12 IHS CMS trainings have been completed. The outstanding trainings are Phoenix, Bemidji, and Nashville. - The Medicine Dish Broadcast Series is still going. The next broadcast is June 11th. - The next subcommittee conference call will take place on May 20th, the group will discuss further steps during this call and report back to the group. 	
Long Term Care	Long Term Care Subcommittee Update provided by Kitty Marx <ul style="list-style-type: none"> - The subcommittee will draft comments for HCBS proposed rules regarding 1915 (i) in the Social Security Act. - The addition of John Johns to the NIHB staff was announced. He will be working on regulatory issues. 	
Citizenship Documentation	Citizenship Documentation Subcommittee Update provided by Anslem Roanhoarse <ul style="list-style-type: none"> - A conference call held earlier today. - Heather Thompson at NCAI has been contacted to work with the subcommittee - The meeting in Reno at the NCAI will be focused on developing Memorandum of Understanding with the Department of Homeland Security regarding the Western Hemisphere Travel Initiative - Cinda Hughes informed the TTAG that TSA has agreed to accept tribal identification cards for travel identifications on planes and travel to Canada and Mexico. The identification cards must include a photo to be used. The use of Tribal identification cards for travel purposes will hopefully affect other agencies determinations regarding citizenship documentation. She was not positive what the effective date is, but she will double check with Heather Thompson. 	NCAI will send email regarding the new TSA rules.
Strategic Plan	Strategic Plan/Budget Subcommittee Update provided by Jim Roberts <ul style="list-style-type: none"> - The objectives are in the process of revision and will be sent out this week for review. - Preparations are also being made for the face to face meeting in Reno during the first week of June. <p>Chair Valerie Davidson encouraged subcommittee chairs to work with NIHB to coordinate meetings.</p>	Send TTAG proposed Strategic Plan objectives for review. Work with NIHB to coordinate subcommittee meetings
Other Business	Dorothy Dupree informed the TTAG that she has recently been appointed to an internal council, the CMS Rural Health Policy Council. <ul style="list-style-type: none"> - The council will be addressing health issues specific to rural providers and Indian health and whether or not it is necessary to address these policy issues separately from urban providers. - Dorothy Dupree asked the group to bring forward any issues in Indian Country to add to the list of items the council should consider resolving. For example the Durable Medical Equipment issue. 	
Adjourn	Chair Valerie Davidson adjourned the conference call at 4:00 pm (ET). The next TTAG conference call is scheduled for June 11th from 2:30 – 4:00 pm (ET) .	