

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

**October 15, 2008
Conference Call**

TTAG Members Present

Aberdeen

Alaska

Albuquerque

Bemidji

Billings

California

Nashville

Navajo

Valerie Davidson

Carolyn Finster

Phil Norrgard

Nancy Vaughn

Jim Crouch

Dee Sabattus

Roz Begay

CMS

Rodger Goodacre

Mike Lyman

Cecile Greenway

Lane Terwilliger

IHS

Carl Harper

Brenda Jeanotte-Smith

Jessica Imotichey

Balerma Burgess

Oklahoma

Phoenix

David Reede

Portland

Jim Roberts

Tucson

Others Present

Rhonda Butcher

John Johns

Kitty Marx

Myra Munson

Carol Barbero

Linda Frizell

Kris Locke

TSGAC

NIHB

Mickey Peercy

NCAI

**Centers for Medicare & Medicaid Services Tribal Technical Advisory Group
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Summary of Action Items**

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Action Item	Timeline	Person Responsible	Notes
NIHB will send invitation to IHS Area Directors and compile an orientation package for IHS Area Directors as part of briefing materials for the November meeting	ASAP	Kitty Marx	Talked with Dorothy Dupree. She is the IHS Area Director contact and will be the only AD attending the TTAG meeting. She is planning to attend the MMPC meeting on 11/12.
NIHB to submit comments on TTAG letterhead under the Chair's signature	10/21/2008	John Johns	Completed
NIHB to schedule Medicaid Citizenship Documentation Subcommittee Conference Call or Meeting at TTAG face to face	10/31/08	Kitty Marx	
Schedule MMPC conference call Oct. 22 with OIG	ASAP	Kitty Marx	Completed
Invite CMS representative to discuss data to meeting in November.	ASAP	Mike Lyman	Completed

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Summary of Conference Call**

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Agenda Item	Discussion	Action
Opening	Chair Valerie Davidson opened the conference call at 2:30 pm. Roll call was taken and with 10 TTAG members present a quorum was established.	
Report from Chair	<p>Valerie Davidson reported that at the NIHB Consumer Conference the role of the TTAG, M/M/SCHIP and its challenges in implementation were discussed. One item that came out of that discussion was to invite the IHS Area Directors to the next TTAG face to face meeting in November. She asked for reaction from the TTAG members.</p> <p>Roz Begay, Navajo Nation representative, responded that she thought it was a good idea as long as the Area Director attends and does not send an alternate. Many people on the call concurred that it was a good idea because it would improve communications with IHS and bring IHS into the loop on TTAG issues. Concern was raised that TTAG funds should not be used to pay Area Directors' travel.</p> <p>Kris Locke asked whether the TTAG could pull together a briefing packet for the IHS Area Directors.</p> <p>Hearing no objections, the Chair asked the NIHB to invite the IHS Area Directors to the November TTAG meeting.</p>	NIHB will send invitation to IHS Area Directors and compile an orientation package for IHS Area Directors as part of briefing materials for the November meeting
Report from Secretary	<p>Carolyn Finster, Secretary, reported that she has reviewed the July 30-31 TTAG minutes and are at CMS for review. She has reviewed part of the February TTAG minutes and is waiting additional documents. The plan is to have the February, July and October minutes ready for approval at the November meeting.</p> <p>Kris Locke asked for the status of other minutes and have they been approved.</p> <p>Kitty Marx, NIHB, responded that all of the minutes have been approved except those mentioned above.</p>	
Report from CMS Status of TAG Director	<p>Rodger Goodacre gave the report from CMS.</p> <p>Rodger Goodacre reported that the Director vacancy announcement was posted in Indian Country Today on Oct 15th. It is also posted on the USA Jobs website and announced at the NIHB conference. The USA Jobs website is an electronic based application process. He reported that at around the time of the TTAG meeting, he expects to have a panel certified. CMS leadership is committed to moving the job to closure before current leadership leaves office.</p> <p>Jim Roberts, Portland Area representative, asked what the role of the TTAG</p>	

<p>Budget and Funding</p> <p>Survey & Certification: Enforcement of Section 506 Medicare-Like Rates</p>	<p>will be in the interview process.</p> <p>Rodger Goodacre explained that the TTAG can make recommendations but the selection is limited to Federal officials. He also indicated that the TTAG could select a few individuals to be involved in the process. The TTAG will need to make a decision as to who will represent the TTAG.</p> <p>Mickey Peercy, NIHB representative indicated that the tribes have already decided that the Chair and Vice-Chair of the TTAG would represent the TTAG.</p> <p>Rodger Goodacre indicated that the TAG hopes to receive 2009 funding in the 1st quarter of the year. His office has not received an invoice of allowance authorizing expenditures of funds</p> <p>Rodger Goodacre explained that the memorandum issued by Survey & Certification is very straight forward regarding enforcement requirements – Medicare participating hospitals are required to take CHS patients and if not, will be subject to termination. If people are aware that hospitals are not in compliance, then they should notify CMS and it will investigate.</p> <p>Jim Crouch pointed out that the Office of Inspector General (OIG) work plan indicates that the OIG will be monitoring Medicare like rates and would do your neighboring hospitals a favor by notifying them of the OIG investigation.</p> <p>Carl Harper, IHS, reported that the OIG is making a request to Tribes for claims data and asking for information on what IHS and Tribes are paying above the MLR for ambulatory/outpatient care. If IHS and Tribes are paying higher than MLR, then the OIG report could be the driver to extend the MLR to outpatient services. Carl thinks that this could be a big plus for saving CHS dollars. IHS is going to request the data from its FI.</p> <p>Dee Sabattus expressed concerns from Nashville Area tribes about a quick turn around time to submit data and wanted to let everyone know that the OIG has extended deadline to Oct 31st.</p> <p>Mickey Peercy concurred that the Tribal Self-Governance Advisory Committee was concerned with short turn around time. The TSGAC is also concerned that the OIG is looking for January through March, 2008 data. This might not be a good indication of rates paid because MLR regulations would not have been implemented that long.</p> <p>Jim Roberts raised similar concerns with the OIG request for data information. There are additional concerns for those Tribes in CHS dependent areas, who by January – March are in Priority 1 status and might not have as many hospital based claims as they would in October. Jim suggested that October through December might have been a better range for seeking data. In addition, small tribes might not have the staff to pull the claims data. Jim indicated that he talked with the OIG who indicated that the January through March time frame will be the universe of claims and from that time frame, the OIG will extrapolate a sample time frame with specific dates. The small tribes might want to wait until the OIG identifies that smaller time frame of</p>	
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dates before they submit data. Lastly, Jim pointed out that hospitals in his Area seem to be breaking out services as physician group or ambulatory services instead of inpatient hospital services, but physician group is still associated with the hospital. He cited an example of one service involving brain surgery, which he found disturbing. Not sure if this breaking out of services is being done in order to avoid paying MLRs.

Kris Locke said that it was her understanding of the regulations that it is incumbent on hospitals to accept the MLRs. She asked whether the Tribes have anything to fear from this study if Tribes were paying more than the MLR.

Carol Barbero explained that the hospital is required to accept MLR as the payment rate and the hospital is responsible if in violation of the MLR regulations.

Myra Munson responded that based on her experience, it is extraordinary for hospitals to have their Medicare certification pulled.

Rodger Goodacre pointed out that non-compliance with Section 506 is subject to termination subject to procedures.

Carol Barbero asked whether hospitals have to submit a corrective action plan before termination occurs. Is there CMS oversight?

Rodger Goodacre indicated that there is a CMS an internal protocol and oversight

Carol Barbero indicated that something to keep in mind is that IHS and tribal programs might see a decline in individual practitioners participating in Medicare due to the MLRs. It would depend on the number of health professionals that have Medicare participating agreements. It would be very helpful to know what percentage of health care professionals, especially those who work in Indian Country, who are Medicare providers.

Rhonda Butcher indicated that even if the providers participate in Medicare, some providers are not taking new patients and might not take Medicare patients. If providers have a full practice, Tribal patients might be turned away because of the lower MLR and fill up their practice with higher paying patients.

Rodger Goodacre indicated that there is no obligation for providers to see any particular patient

Carol Barbero explained that she has no statistics on whether providers might turn patients away or drop out of the Medicare program. It is going to differ from Area to Area. Perhaps the OIG could scope out of that aspect of this issue.

Jim Crouch commented that you all are arguing in favor of global health reform instead of Medicare health reform. Incremental changes are going to have implementation issues.

	<p>Myra Munson suggested that we be clear regarding the OIG study of claims data and the second issue of possibly expanding the MLR to other providers. We need to think carefully about expanding MLR to all providers and needs to be studied further.</p> <p>Carl Harper agrees that this is something that we need to consider as we move forward.</p> <p>Cecile Greenway pointed out another issue regarding implementation of the MLR. She has heard that Tribes are just now implementing MLR and there is no restriction on how far they go back. Hospitals are concerned about paying claims going back to 2007. There might be other Areas experiencing this same concern.</p> <p>Val Davidson asked if there any more comments. There might be an opportunity for a side conversation with the OIG and to seek clarity of some of the tribal issues.</p> <p>Kitty Marx volunteered to schedule a conference call with the OIG at the MMPC conference call on Oct 22.</p> <p>Carl Harper explained that he gave the OIG the TTAG contacts and offered to assist in coordinating conversations with the OIG and MMPC.</p>	<p>Schedule MMPC conference call Oct. 22 with OIG</p>
<p>Medicaid Administrative Match (MAM)</p>	<p>Jim Roberts asked for approval of the letter as a follow up to the TTAG discussions with Acting Administrator Kerry Weems regarding the MAM issues. The letter was sent to the MAM subcommittee for review and a copy was sent to the entire TTAG for this call. The letter requests CMS to hold a national tribal consultation meeting so that we can clarify the CMS position on the MAM program. If the CMS is intending to eliminate the program for school-based programs, the Tribal MAM program might be eliminated as well and Tribes should not invest further. Because of the moving targets and requirements in developing various State MAM plans, a national Tribal consultation meeting is needed so all Tribes understand the criteria and requirements being imposed by CMS.</p> <p>Mickey Peercy pointed out that we have a quorum and asks for unanimous consent for approval of the letter.</p> <p>Val Davidson indicated that she sent edits to the letter and asked that the edits be incorporated. There was a motion and a second to approve the letter with edits. Hearing no objections, the letter is approved.</p> <p>Jim Crouch had to get off the call and provided a brief update on the data subcommittee activities. The subcommittee is working on trading data back and forth.</p>	
<p>TTAG comments on Proposed Rules CMS-0013-P:</p>	<p>John Johns presented an overview of the proposed rules and outlined tribal comments included in the draft TTAG letter to be submitted. He explained that the major concern was implementation issues, especially the training needed to implement the new codes.</p>	<p>NIHB to submit comments on TTAG letterhead under the Chair's signature</p>

<p>HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards To Adopt ICD-10- CM And ICD- PCS</p>	<p>Val Davidson asked whether there were any more edits and questions to the letter.</p> <p>Kris Locke asked about why the letter was put on NIHB letterhead. She also asked about sending the template letter to other tribes for them to use to make comments.</p> <p>John Johns responded yes it will be sent out on TTAG letterhead and will be sent out to Tribes for them to use to make comments.</p> <p>It was moved and seconded that the letter be approved by the TTAG and submitted to CMS as comments on the proposed rules.</p>	
<p>Subcommittee Reports</p> <p>Outreach and Education</p> <p>Long Term Care</p> <p>Medicaid Citizenship Documentation</p>	<p>Rodger Goodacre gave the report on activities for 2009. Rodger noted that Kathy Hughes has been officially appointed to serve on the Medicare Outreach Panel.</p> <p>The O&E subcommittee wants to focus its efforts on ways to expand enrollment opportunities at IHS and Tribal sites such as by sharing best practices and protocols. Other activities planned are to improve Tribal/State relations and Long Term Care outreach activities. Finally, the O&E wants to focus on transitional materials to help provide background for new Administration on CMS TTAG activities.</p> <p>Val Davidson asked if there were any questions for the subcommittee.</p> <p>Val Davidson explained that folks have probably heard that Robert Moore has resigned as Chair of the Long Term Care Subcommittee. We need a new Chair for the LTC Subcommittee.</p> <p>David Reede volunteered to serve as Chair of the LTC subcommittee.</p> <p>Val Davidson exclaimed Yeah! Hearing no objections, David Reede is new chair of LTC Subcommittee.</p> <p>Val Davidson suggested that David meet with Robert Moore and NIHB to transition to new position.</p> <p>John Johns reported on a meeting he attended with AASHA along with Dr. Finke and Kay Branch, to find support at AASHA for a tribal committee on LTC. He will keep the TTAG informed as this new initiative moves forward.</p> <p>Roz Begay reported that subcommittee has not been active but will request NIHB assistance to schedule a subcommittee call. Roz asked Lane Terwilliger, CMS, to provide an overview of the status of the Medicaid Citizenship documentation issues.</p> <p>Lane Terwilliger explained that she presented information at NIHB conference on the Medicaid Citizenship Documentation regulations. It was a well attended workshop. Anslem Roanhoarse gave an overview of the subcommittee work on this issue and the recommendations that were forwarded to Acting Administrator Kerry Weems. Lane explained that CMS</p>	<p>Assist in scheduling of citizenship documentation subcommittee call.</p>

<p>Strategic Plan</p>	<p>is in the process of responding to the letter of recommendations. At the workshop, Lane explained the documentation hierarchy as outlined in the CMS Medicaid regulations</p> <p>Jim Roberts reported that the draft Strategic Plan was sent out for tribal comments. It is posted on NIHB, NAIHP, and TSGAC websites and comments are due 10/31. If necessary, a Strategic Plan Subcommittee call will be held to discuss comments received. Jim will present the final report at the November TTAG meeting. Jim Roberts specifically asked Rodger Goodacre to circulate at CMS for review and comment.</p>	
<p>Face to Face November TTAG Agenda</p>	<p>Val Davidson asked that we move to discussion of the face to face meeting. The hotel reservations are due on Friday.</p> <p>Kitty Marx reported that the NIHB has prepared a draft agenda, subject to change. She reviewed the draft agenda and asked for comments and additional agenda items.</p> <p>Jim Roberts asked questions about the data subcommittee and suggested someone from the CMS data architecture group attend the TTAG meeting. He also suggested that the MAM item be removed from the agenda.</p> <p>Mike Lyman said he would follow up on getting someone from CMS to attend.</p> <p>Kris Locke pointed out that Carolyn Finster had asked for someone to discuss the E-prescribing rules.</p> <p>Rodger Goodacre indicated that CMS has met with IHS several times and thought it would be a good idea.</p> <p>Kris Locke explained that the TTAG is interested in knowing how these rules really impact tribes and how tribes can take advantage of these rules. Tribes have other systems other than RPMS, and for those tribes, how do these rules work for them.</p> <p>Val Davidson asked for any other comments and agenda items. Val reminded that we were going to invite the IHS Area Directors. Discussion was held on whether they would be attending a portion of the meeting or both days. Val suggested that there be a recap of the TTAG major issues and orientation for them. Kitty Marx volunteered to contact Dorothy Dupree as the IHS Area Director contact for more information.</p>	<p>Invite CMS representative to discuss data to meeting in November.</p>
<p>Miscellaneous Issue: Follow up to IHS and CMS memorandum clarifying MLR payments by the FI</p>	<p>Carol Barbero asked about the October 3, 2008 joint memorandum by IHS and CMS. Is this the extent of the IHS and CMS response clarifying how MLR payments will be made by FI?</p> <p>Rodger Goodacre responded that the CMS is working on a memorandum that will be issued to its contracting communities clarifying how the IHS implements the MLR that is, limiting the MLR as payment in full consistent with the Medicare secondary payment rules.</p>	

	<p>Brenda Jeanotte-Smith indicated that IHS plans to include this memorandum as check stuffers that the FI distributes to providers.</p> <p>Carol Barbero asked whether tribes could receive a copy so that they can follow up with their CHS providers.</p> <p>Rodger Goodacre responded that Tribes should share the joint signature memorandum and the October 3 memorandum with their local providers.</p> <p>Both Brenda and Rodger responded that the memorandum will be shared with Tribes after it has been cleared.</p>	
Adjourn	Chair Valerie Davidson adjourned the conference call at 4:00 pm (ET).	