

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

December 10, 2008

Conference Call Notes

TTAG Members Present

Aberdeen

Alaska

Albuquerque

Bemidji

Billings

California

Nashville

Navajo

Oklahoma

Phoenix

Portland

Tucson

Valerie Davidson

Carolyn Finster

Phil Norrgard

Nancy Vaughan

Brenda Shore

Anslem Roanhorse

CMS

Cecile Greenway

Paula Hammond

Cindy Gillaspie

Rodger Goodacre

Mike Lyman

Lindsey Cometa

Bob Inzer

Dan Green

Lisa Carroll

IHS

Chris Watson

Others Present

Carol Barbero

Kris Locke

Roz Begay

Rhonda Butcher

Jim Lamb

Ed Fox

Sonicray Bonnell

Gerald Moses

Myra Munson

TSGAC

NIHB

Mickey Peercy

NCAI

NIHB Staff

Kitty Marx

John Johns

**Centers for Medicare & Medicaid Services Tribal Technical Advisory Group
December 10, 2008
Summary of Action Items**

Action Item	Timeline	Person Responsible	Notes
For more information on e-prescribing please visit www.cms.hhs.gov/pqri			
Provide a direct link and PowerPoint to the TTAG	No date specified	Dr. Green	
Send the question of how I/T/Us play into the system to Dr. Green for further information	As soon as possible	Phil Norrgard	
Provide the TTAG with more information and ask Dr. Cullen for a status report	As soon as possible	Chris Watson	
Send question to Rodger Goodacre for Dr. Green to forward on for an answer on FQHC's and e-prescribing	As soon as possible	Cecile Greenway	
Status of 11-13-08 and 11-14-08 minutes on next TTAG call	December 2008	NIHB	
Send issues/concerns on Indian health to Kitty Marx for inclusion in transition team meetings	As soon as possible	ALL	
Invite Lisa Carroll and Richard Billera to the February meeting	No date specified	NIHB	
Provide a summary of their work to TTAG before the February meeting	As soon as possible	Lisa Carroll	
Send comments on NIHB network report to Caitlin Wesaw by December 17, 2008	December 17, 2008	ALL	
Add upcoming meeting dates and conference call to agendas	As soon as possible	NIHB	

**Centers for Medicare & Medicaid Services Tribal Technical Advisory Group
December 10, 2008
Summary of Meeting**

Agenda Item	Discussion	Action
Opening	Chair Valerie Davidson opened the meeting at 2:30 pm (ET).	
Roll Call	<p>Roll call was taken by Kitty Marx, NIHB, only five TTAG members or alternates were present. Please see previous page for complete list of participants.</p> <p>Chair Valerie Davidson proceeded with the conference call as a working call.</p>	
Presentation on E-Prescribing Rules	<p>Daniel Green, MD, F.A.C.O.G., from CMS' Quality Measurement & Health Assessment Group presented on E-Prescribing Rules.</p> <p>Medicare Improvements for Patients and Providers Act (MIPPA) was passed in July 2008 and has several new authorities and requirements for quality reporting at Patient Quality Reporting Integrity (PQRI) for 2009 and beyond.</p> <ul style="list-style-type: none"> • 2009-2010 Incentive payment = 2% • 2011-2012 Incentive payment = 1% • 2013 Incentive payment = .5% <p>Section 132 talks of the MIPPA legislation also provides a 2% incentive for professionals who successfully electronically prescribe as defined in the statute. This begins in 2009 and beginning in 2012, there will be a penalty of 1% if they are not e-prescribing.</p> <p>The incentive payments are a percentage of all of the provider's Medicare Part B covered services.</p> <p>The legislation specifically referred to the 2008 PQRI Measure Number 125 on electronic prescribing.</p> <p>The e-prescribing measure will be removed from PQRI for 2009 and added to the e-prescribing incentive program.</p> <p>For 2009 in the stand alone program providers only need to report 50% of eligible cases to be eligible to</p>	<p>For more information on e-prescribing please visit www.cms.hhs.gov/pqri</p>

	<p>receive the bonus. <i>It is important to recognize that those who are eligible to report this measure have to have at least 10% of their total Medicare Part B charges made up of the codes that appear in the denominator of the measure.</i> They are encouraged to report at 100%.</p> <p>If an electronic prescribing system that meets specifications of the measure has not been adopted than there is nothing to report.</p> <p>To take part in the incentive program: The qualified e-prescribing system needs to be adopted.</p> <ul style="list-style-type: none"> • For more information on Measure 125, system specifications, www.cms.hhs.gov/pqri under the e-prescribing tab on the left side. • Program must be able to perform the following functionalities: <ol style="list-style-type: none"> 1. Generate medication list incorporating electronic data received from pharmacy or pharmacy benefit managers if the information is available 2. Be able to select medications, transmit prescriptions electronically, and conduct safety alerts. 3. Provide information on lower cost alternatives if available 4. Provide information on tier formulary medications, patient eligibility and authorization requirements received directly from the patients drug plan • Must employ the current Part D standards for the functionalities that they provide (Messaging of e-prescribing program.) <p>If you are contemplating SureScripts, if it is certified it already meets the 2009 standards.</p> <p>For more information on e-prescribing please visit www.cms.hhs.gov/pqri</p> <ul style="list-style-type: none"> • Fact sheets and step-by-step guides are provided 	<p>Dr. Daniel Green will provide a direct link and PowerPoint to the TTAG.</p>
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	<p>Carol Barbero asked how this applies to tribal facilities.</p> <ul style="list-style-type: none"> • Dr. Green replied that if a pharmacy does have a qualified system, other functionalities, Part D standards it does qualify for the bonus and not just retail pharmacies. • Dr. Green asked Phil Norrgard to email his question to double check how the system is able to participate <p>Kris Locke asked whether or not the I/T/Us are participating in the PQRI.</p> <ul style="list-style-type: none"> • Dr. Green responded that if a program is billing to Medicare Part B they can participate in PQRI. • He pointed out that <i>PQRI and e-prescribing are two separate programs and can both be participated in for up to 4% incentive payments.</i> <p>Ed Fox is the RPMS system an approved system. Chris Watson explained that the system does not currently meet the standards and will send out further information. This issue has been raised with IT and they made it a priority.</p> <p>Cecile Greenway are there restrictions on FQHC's? Dr. Green asked Cecile Greenway to send the question to Rodger Goodacre.</p>	<p>Phil Norrgard will send the question of how I/T/Us play into the system to Dr. Green for further information</p> <p>Chris Watson will provide the TTAG with more information and ask Dr. Cullen for a status report</p> <p>Cecile Greenway will send question to Rodger Goodacre for Dr. Green to forward on for an answer on FQHC's and e-prescribing</p>
Report from Chair	Nothing to report.	
Report from Secretary	Report from the Secretary will be postponed to the next meeting due to lack of quorum.	Status of 11-13-08 and 11-14-08 minutes on next TTAG call
Report from CMS	<p>Rodger Goodacre gave the report from CMS.</p> <ul style="list-style-type: none"> • CMS Transition <ul style="list-style-type: none"> ○ Process still ongoing to fill Director of TAG position ○ Kerry Weems and Herb Kuhn will be leaving on January 20, 2009 • MAM 	

	<ul style="list-style-type: none"> ○ Letter on national consultation on MAM request has not made it up to the Administrator for a response ○ The California MAM plan should be approved by the end of the year ○ Michigan and Nevada have submitted MAM plans ● Tribal Consultation Policy <ul style="list-style-type: none"> ○ Mickey Percy forwarded a letter of the TTAG's concerns and CMS is working on reaching a final plan ● DMEPOS <ul style="list-style-type: none"> ○ There will not be any efforts to obtain a group status for all IHS and tribal pharmacies ○ Each tribal provider of DME equipment will have to seek individual accreditation before October 1, 2009 ○ There will be a call on January 9, 2009 with Sandra Bastinelli to discuss DMEPOS <p>Anslem Roanhorse asked if TTAG should send a letter from TTAG to raise American Indian/Alaska Native issues with the Obama-Biden team. Rodger Goodacre provided internal briefings but it would be helpful if the TTAG forwarded concerns as well.</p> <p>Kitty Marx informed the group that the NIHB has relayed issues raised by TTAG to the transition team. There will be a meeting scheduled shortly to discuss Indian health issues.</p>	<p>Send issues/concerns on Indian health to Kitty Marx for inclusion in transition team meetings.</p>
<p>Discussion of All-Inclusive Rate Study</p>	<p>Lisa Carroll, from CMS, discussed the status of their work on the All-Inclusive Rate with the TTAG.</p> <ul style="list-style-type: none"> ● A summary of the site visits from the Bemidji and Oklahoma City Areas in September. This is the only thing in writing on the All Inclusive Rate and the Encounter Rate because Richard Billera and Lisa Carroll would like feedback and concerns from TTAG before they write a report. ● The objective of the site visits was to collect information on how the tribes and IHS use the AIR and the limitations on the reimbursable 	

	<p>encounters per day.</p> <ul style="list-style-type: none"> • Met with IHS and state staff as well as a number of facilities. After both visits they recognized the need to modify the application of the AIR and standardized the number of encounters per days, so it is more consistent from state to state. Especially where tribes interact with more than one state for reimbursement. • They came up with a two stage system. The first stage is what they would like to present to leadership at CMS. That is to create a uniform definition of an encounter and to implement multiple billable encounters for all states. That may require a pre-printed state plan amendment that would go out to all states that reimburse at the AIR. The second stage would be to tailor the AIR to each state or tribal area. That would come further down the road. • They just want to propose stage one to leadership and propose it to the TTAG first. There is no definition of encounter set. • Wanted to get TTAG's feedback as to whether or not this is a good idea. • <p>Mickey Peercy suggested that Lisa Carroll and Richard Billera come to the TTAG face to face meeting in February to discuss the AIR and ER.</p> <p>Kris Locke suggested having the subcommittee meet first with the technical advisors before the TTAG meeting to vet issues.</p> <p>Phil Norrgard asked if Lisa Carroll could provide the TTAG with more information in writing before the meeting. Lisa Carroll explained that they have shared the ideas to their group director and he wanted them to get the TTAG feedback first before anything went into writing. She will provide a summary to be sent out to the TTAG. She does not want the TTAG to think that this is something set in stone, and that this is still in the exploration phase.</p> <p>Chair Valerie Davidson reiterated that this document is a preliminary document and not set in stone.</p>	<p>Invite Lisa Carroll and Richard Billera to the February meeting</p> <p>Lisa Carroll will provide a summary of their work to TTAG before the February meeting</p>
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<p>Subcommittee Activities</p>	<p>Outreach and Education – Rodger Goodacre</p> <ul style="list-style-type: none"> • A number of outreach and education activities are ongoing <ul style="list-style-type: none"> ○ Medicine Dish will continue. Future shows will feature preventative services. ○ An IA with IHS will be entered into for trainings. CMS, IHS and TTAG will work together to develop the trainings. ○ Rodger Goodacre and Lindsey Cometa are visiting Utah next week to prepare for a training session next year. ○ Indian Health Care Handbook draft will be shared with the subcommittee in January. • Caitlin Wesaw is looking forward to receiving comments on the network report and the deadline is extended to December 17, 2008. <p>Data – Mike Lyman</p> <ul style="list-style-type: none"> • 2009 statement of work with CRIHB is being worked on • \$100,000 has been allocated for the project • The final report for 2008 deadline will be extended <p>Long Term Care – John Johns</p> <ul style="list-style-type: none"> • Subcommittee held a conference call on November 24, 2008 to discuss the process of revising the Long Term Care Report • Conference call scheduled for November 15, 2008 <p>Citizenship Documentation – Anslem Roanhorse</p> <ul style="list-style-type: none"> • Subcommittee held conference call with George Washington University and met with Sarah Rosenbaum • The report from 2008 was discussed and whether or not there was AI/AN data, it was too difficult to pull the data from the study • The report concluded that there is an adverse affect of citizenship documentation on AI/AN • Subcommittee will continue to work with GWU 	<p>Send comments on NIHB network report to Caitlin Wesaw by December 17, 2008</p>

	<ul style="list-style-type: none"> • Optimistic about new Congress and Administration to fix the citizenship documentation issue • A full report will be given at the TTAG meeting in February • Sarah Rosenbaum is willing to attend the meeting in February <p>Strategic Plan – No Report</p>	
Other Issues	<p>Upcoming meeting dates: January 14, 2009 – Conference Call February 26-27, 2009 July 30-31, 2009 November 5-6, 2009</p>	Add upcoming meeting dates and conference call to agendas
Adjournment	Chair Valerie Davidson adjourned the meeting at 4:00 pm (ET).	