

**Summary**  
**Accomplishments of the Centers for Medicare and Medicaid Services (CMS)**  
**Tribal Technical Advisory Group (TTAG)**  
**and**  
**National Indian Health Board (NIHB) Medicare and Medicaid Policy Committee**  
**(MMPC)**

*June 29, 2004*

The MMPC (and its predecessor, the Interim TTAG) was instrumental in the establishment of the formal CMS TTAG including drafting the charter, disseminating information about the TTAG throughout Indian country, recruiting representatives, and helping to forge support for the group.

CMS has not provided sufficient support for the TTAG, so the MMPC has assured the effectiveness of the TTAG by supplying the necessary staff support and technical assistance. This includes identifying and developing tribal positions on complex issues, writing resolutions and letters for consideration by the TTAG, developing agendas for TTAG meetings, maintaining a tracking list to assure that there is follow-through on commitments, keeping notes of the meetings, and providing training for TTAG members so that they can be prepared to discuss issues at TTAG meetings. As a result of these MMPC activities, the TTAG has been able to inject tribal issues into a wide range of policies that have been in development at CMS.

The Medicare Modernization Act that was passed last year has over 600 pages of new legislation, some with very tight deadlines for implementation. The MMPC worked to develop some Indian-specific language for the final Medicare Modernization Act related to allowing Indian programs to bill for all Part B services, setting a limit to the amount CMS pays for hospital services, and making sure American Indians and Alaska Natives (AI/AN) were eligible for the new prescription drug benefit and temporary financial assistance.

The MMPC also reviewed and drafted comments on the interim rules published by CMS to implement the Medicare prescription drug discount card program. Now the MMPC and TTAG are reviewing other parts of the Medicare Modernization Act to identify problems and opportunities for Indian Country.

The TTAG and MMPC have worked to finalize CMS decisions affecting Indian Health Service (IHS), tribal and urban Indian programs (I/T/U) including:

- Repeal of decision to eliminate all-inclusive rate for outpatient hospital services;
- Grandfathering certain clinics as “provider based” for the purpose of receiving higher Medicare rates;
- Granting IHS \$200,000 to provide area trainings on the Medicare Act and Prescription Drug Discount Card;
- Reconsidering AI/AN outreach and education activities within CMS.

For the first time, CMS is proactively providing tribes, through the TTAG, information about Indian policy decisions within CMS and is actively seeking tribal advice on policy implementation. Some of these policy areas include:

- Implementing payments for undocumented aliens receiving treatment at I/T/Us;
- Implementing payments for Medicare durable medical equipment;
- Determining how Indian specific provisions in the new Medicare Law will work, e.g. payment for all Part B services, limit on rates charged by hospitals to CHS, special endorsements for discount drug cards;
- Recommending CMS budget for Tribal Affairs, including funding to develop a plan for AI/AN policy across all CMS divisions.

The TTAG is also initiating discussion on issues primarily identified by tribes including:

- Implementation of new Medicare Part C provisions;
- Implementation of the new Medicare Part D drug benefit;
- Development of sample contract addendums for tribes to participate in the prescription drug card and temporary assistance Medicare programs;
- Organization of CMS, IHS and prescription drug discount card sponsor participation in area trainings to assure complete information for I/T/Us. This has included developing a national training agenda and reviewing enrollee material;
- Revision of group payer rules to facilitate tribes paying Part B premiums directly to CMS.

The TTAG is in the process of working with CMS to issue formal favorable statements on:

- Medicare Administrative Match and use by tribes and tribal organizations;
- Federal supply schedule drugs and rescinding erroneous previous information sent to states;
- Granting equitable relief to waive Part B late enrollment penalties for certain AI/AN.

TTAG meetings have attracted the attention of many federal employees who are working with Medicare, Medicaid, and Child Health Insurance Programs. By coming to the meetings and listening to the tribal representatives, they are gaining a greater knowledge and understanding of Indian health care services. As the tribes work together with the IHS, this gives more weight to Indian health issues in CMS and encourages them to give a higher priority to addressing unresolved problems. At the last TTAG meeting in Washington, DC, the new administrator from CMS, Dr. Mark McClellan met with the TTAG. TTAG chair, Valerie Davidson invited Dr. McClellan to visit Indian Country and he accepted that invitation enthusiastically. We believe that there will be both short term and long term benefits from this type of dialog.

These are historic accomplishments. Although the financial impact associated with these policies has not been analyzed, the potential funding is quite significant and will certainly be carried over into years to come, especially as more AI/AN become Medicare eligible and I/T/U become more dependent on Medicare revenue to sustain the continuation of health programs.