CENTERS FOR MEDICARE & MEDICAID SERVICES
2010 TRIBAL CONSULTATION REPORT TO
DEPARTMENT OF HEALTH AND HUMAN SERVICES

SECTION III: REGIONAL OFFICES

HIGHLIGHTS OF REGION-SPECIFIC ACCOMPLISHMENTS

Region 1

- **Tribal/State Consultation processes – ongoing.** The Boston Regional Office Medicaid Program Branch continues to work with State Medicaid agencies with regard to the ARRA Section 5006 requirement for formal State Tribal consultation policies. Regional office staff conducted conference calls on the topic with Medicaid officials in each of the four New England States with Federally recognized Tribes.
  Status: We continue to work with the States and CMS central office staff as the States develop and submit State plan amendments describing their formal policies.

- **Tribal/State issues and technical assistance.** The Boston Regional office continues to assist the ten Tribes in the region with any issues involving CMS programs. Technical assistance took the form via conference calls, e-mails and other communications. Among the issues addressed during this year were: Tribal FQHC payment in Rhode Island, Indian health provider licensing questions, Medicare Secondary Payer, ESRD, Medicare Like Rates issues, assistance with grants information, HITECH inquiries, Contract Health Services/payer of last resort, and outreach and enrollment funding issues.

- **American Indian CHIPRA Outreach and Enrollment Grants.** The Boston regional office NAC serves as project officer for three Tribal CHIPRA outreach grantees, in Massachusetts, New York and North Carolina.

Region 2

- **Training for Tribes in the Nashville North Area.** This was the first time that the Nashville North and South area has been split and had two separate IHS Area trainings. Training for the Nashville North Area was a two day training held August 12-13 at the Seneca Niagara Hotel in Niagara Falls, New York. Region 2 was the principal organizer and IHS moderated the training. Topics included an overview of Health Care Reform by the Regional Director of Region 2 (Dr. Jaime Torres) other presentations included Medicare 101 and Medicare Updates, Medicaid and CHIP 101, CHIPRA & ARRA, and CMS resources all presented by CMS Regional and Central Office staff, Behavioral Health Care and Substance Abuse presented by SAMSHA, Medicaid eligibility presented by New York City Department of Health, Social

Security updates by an SSA representative via phone and Electronic Health Records & Meaningful Use presented by IHS.
Status: The training was very successful with over twenty- two attendees (tribal and others) including representation from American Indian House in New York City as well as 10 attendees on the phone. There was consensus that additional training would be useful as well as monthly meetings with the Regional office. These meetings are expected to begin middle or late January of 2011.

- **Meetings with American Indian Community House Representatives.** The American Indian Community House is an urban Indian organization that provides services to Native Americans residing in New York City. The Regional NAC has had meetings with American Indian Community House representatives to discuss their concerns and technical assistance which included a better understanding of Medicaid and Medicare. , One issue of particular concern is clarification of tribal documentation needed for Indians to access Medicaid services.

- **Tribal Visitations.** Regional NAC is in discussion with the Regional Director's office to set up tribal visitations for spring and summer 2011.

- **Cross Border Medicaid Payment Issues.** The St. Regis Mohawk Tribe operates Partridge House Treatment Program which is an inpatient substance abuse facility on their reservation in Hogansville, NY. The clinic has been in operation since 1983 and is licensed by the State of New York. Partridge House provides culturally sensitive treatment that is unique from other non-tribal treatment facilities along with other accepted treatment practices. Partridge House accepts and provides treatment to American Indians/Alaskan Natives (AI/AN) from anywhere in the United States who qualify for their program.
  Status: The Regional NAC and Regional management continue to participate in calls and workgroups regarding cross border Medicaid payment issues.

Region 4

- **2010 Region IV Tribal Consultation:** Consultation was hosted by HHS in Atlanta, Georgia for the Tribal representatives in Region 4 on March 30-31, 2010. This Tribal Consultation provided the opportunity to discuss HHS policies, processes, and Tribal Advisory Committees.

- **Training for Tribes in IHS Nashville Area South:** Training was held in Hollywood, Florida for the Tribes in the Nashville IHS Area South on July 28-29, 2010, which included for the first time an opportunity for the Tribes to participate by WebEx. It was a two-day session which included an overview of Medicare, Medicaid, which included 1915 and 1115 waivers; the new legislation on CHIPRA and ARRA and the impact on AI/AN, Cross Border issues and Survey and Certification. The training was attended by representatives of 5 out of the 6 Tribes in Region 4. Tribal representatives attending the training sessions and CMS-IHS staff

agreed that there is a need to hold more training/meetings that include IHS, CMS, Tribes and States.

Region 5

- **CMS/IHS Bemidji strategy session January 20, 2010**
  On January 20, 2010, the Region 5 ARA of the Division of Medicaid and Children's Health Operations (DMCHO), the Region 5 NAC, and DMCHO staff met with the Deputy Director of the IHS Bemidji Area office. The purpose of this meeting was to discuss the upcoming IHS/CMS area trainings and conduct a pilot project in the State of Michigan to increase education, enrollment and reimbursement of tribes in CMS programs.
  Status: Ongoing discussions with IHS and the State.

- **CMS/IHS Training for Tribes in Michigan, Minnesota and Wisconsin**
  IHS and CMS worked together to provide state-specific tribal training in June, July and August for the tribes in Michigan, Minnesota and Wisconsin. Tribal feedback was used to develop the agendas for each training session and topics covered included: ARRA and CHIPRA updates, State Medicaid activities, Medicare program updates and an IHS/CMS overview of the Health Information Technology for Economic and Clinical Health Act.
  Status: The training evaluations are being reviewed and assessed for further training needs.

- **HHS Meeting with Ho Chunk (WI) District Representatives**
  On June 14, 2010, the CMS Region V NAC participated in a meeting with the Regional Director (Cristal Thomas) and the Ho-chunk nation in Wisconsin. The purpose of the meeting was to share information on CMS programs/tribal resources, grants, provide technical assistance and answer questions.
  Status: As a follow up to the meeting, the NAC arranged for the Financial Director of the tribal clinic to obtain assistance from the National Government Services (NGS) on how to reconcile their past and current FQHC Medicare cost reports, thereby allowing the Tribe to receive reimbursement for suspended claims.

- **Oneida Tribe (WI) Cost reports**
  In July, CMS responded to the Oneida tribe of Wisconsin Health Division's Business Director's request for assistance in deferring unfiled cost report debts from being referred to the Treasury Department's Collection Center, thereby allowing the tribe to work through the cost report with their accounting department.
  Status: CMS contacted NGS who assisted the health center in completing their cost reports. NGS assured CMS that they will not refer the Tribe's debt to the United States Department of Treasury.

- **Training for Tribal Federally Qualified Health Centers (FQHC)**
  The Region 5 NAC and staff in the Medicare Operations branch coordinated training on cost reporting for Tribal FQHCs (non-IHS clinics) by NGS.
  Status: NGS provided the FQHCs with the NGS DVD and handbook on cost report training.

Region 6

- **CMS/IHS Training for Tribes in Oklahoma**
  The CMS Co-NACs worked with the Oklahoma City IHS Area Office Business Office Coordinator and the Oklahoma City Area Inter-Tribal Health Board to coordinate the training session for the Oklahoma tribes. The training was held August 3-4, 2010 at the Postal Center in Norman, Oklahoma. Topics covered included the overview of Medicare and Medicaid, Sooner Care/CHIP, HITECH, Health Reform, new enrollment periods, and Trailblazer claims. Three CMS RO staff attended and made presentations.
  Status: The training was successful. There were 56 individuals in attendance each day. Suggestions for future trainings included disabilities & ESRD services, how to bill for FQHC for two visits the same day, and have one day training on Medicare Part D.

- **CMS/IHS Training for Tribes in New Mexico**
  The CMS Co-NACs worked with the Albuquerque IHS Area Office Business Office Coordinator to coordinate the training session for the New Mexico tribes. The training was held August 9-10, 2010 at the Hard Rock Hotel & Casino in Isleta, New Mexico. Topics covered included Health Reform, an of how CMS works in Indian Country, Medicare 101, TTAG Update, CHIP 101 and CHIPRA, ARRA, HITECH, Medicaid 101, and Fee for Service/Eligibility. Two CMS RO staff attended and made presentations.
  Status: The training was successful with 132 attendees the first day and 96 attendees the second day.

- **Proposed Termination of Mescalero Family Center – Dialysis Facility, Mescalero, New Mexico**
  Mescalero Family Center is a dialysis facility owned by the Mescalero Apache Tribe. On June 10, 2010, the New Mexico Department of Health completed a recertification survey during which the State surveyors identified immediate jeopardy (IJ) related to the facility's failure to complete the required monthly water system microbiological monitoring for more than a year. The patients were transferred to another facility until Mescalero was able to get culture and Endotoxin results demonstrating these systems were safe. The IJ was abated and the facility was placed on a 90 day

termination with non-compliance in nine Conditions of Coverage. CMS staff worked with Tribe to implement an interim agreement to allow the facility to be operational.

Region 7

- **Kansas Health Policy Authority (KHPA) Indian Health Training.** The NAC, in collaboration with the Oklahoma Area IHS, conducted training for KHPA, KS Department of Social & Rehabilitation Services, Kansas Department of Health & Environment, and KS Department on Aging staff on Indian Health and CMS' Role in AI/AN Healthcare. The training also included a discussion on the Indian specific provisions in the Recovery Act and CHIPRA. A meeting with KHPA and SRS Mental Health staff followed the training to discuss enrollment of Indian health providers in Medicaid MCO's.

- **EMTALA Training for Aberdeen Area IHS and Tribal Facilities**. The Region 7 NAC, in collaboration with the Denver RO Survey & Enforcement Branch and KCRO DQI, facilitated and conducted EMTALA training for Aberdeen Area IHS and Tribal facilities. The training was held on June 1, 2010 at the Marina Inn Conference Center in South Sioux City, NE. Forty-seven people attended the one-day training which included the participation of IHS Aberdeen Area and QI staff, CEOs, DON, and CMOs.
  Status: As a follow up to this training, Denver and KC will continue to collaborate with the Aberdeen Area Office to coordinate additional hospital COP training, technical assistance, and best practices sessions. The Denver and KC Regional Offices will continue to coordinate with the Aberdeen Area Office to distribute timely and accurate information to their facilities on an on-going basis.

- **CMS-IHS Aberdeen & Oklahoma Area Training.** The CMS-IHS training session for Region 7 I/T/Us was held on August 17 and 18 at the Prairie Band Potawatomi Casino & Resort. It included the participation of multiple agencies such as VA, SSA, NE DHHS, Kansas Health Policy Authority, Iowa Medicaid Enterprise, and Sooner Care Oklahoma. Medicare and Medicaid 101, Medicare Prescription Drug Plan Finder, Medicare-like-Rates, HITECH, CHIPRA, the Recovery Act and the Affordable Care Act were among the topics presented to approximately 45 attendees. The HHS Regional Director joined the training on day 2 and provided a live demo of the HHS Portal.

- **Policy Guidance to NE DHHS on Multiple Encounters**. Region 7 and Region 8 NACs held a conference call with DMCHO staff and the NE State Medicaid Agency to discuss Nebraska's current Medicaid payment methodology for Tribal and IHS facilities and CMS' recent guidance allowing states to pay for multiple encounters per day. NE State Medicaid staff expressed concerns regarding MMIS and the cost to change the system to allow for payments for multiple encounters. Region 7 and 8 NACs reminded the State Agency about the 100% FMAP and the enhanced FMAP for MMIS.

Status: The issue was also presented during the last State-Tribal Consultation meeting by the IHS Aberdeen Area Chief Pharmacist. He has been tasked with collecting information on other states' current payment methodology as well as any system challenges. The NAC will schedule a follow up call for end of January 2011.

- **MOU between the Ponca Tribe (CHIPRA Grantee) and NE DHHS**. The NAC facilitated a conference call between the Ponca Tribe and NE Medicaid to discuss CHIPRA grant requirements, Ponca's project, and the need for technical assistance and data sharing.
  Status: NE Medicaid not only provided training but also signed a Memorandum of Understanding (MOU) with this grantee. The MOU provides the Ponca Tribe access to the state's application database (NFocus), baseline and quarterly data, as well as a point of contact at the State agency to discuss eligibility/application status.

- **Meeting with the Heart of America Indian Center.** The NAC and the HHS Regional Director met with the Heart of America Indian Center (HAIC) Executive Director to discuss Kansas City Urban Indian issues, access to health and social services, and barriers to obtaining Tribal enrollment cards and Certificate of Degree of Indian Blood (CDIBs). The need for partnerships and collaboration with KS tribes were also discussed in order to access additional funding and grants.
  Status: The NAC facilitated meetings between the HAIC Executive Director and Kickapoo and Prairie Band Potawatomi Tribal Leaders. As a result, the Executive Director was invited to the Four Kansas Tribes Meeting to talk about the Center and discuss opportunities for collaboration and partnerships. The Kickapoo Health Director offered to provide transportation to HAIC clients for health and/or social services appointments at the Kickapoo Clinic.

- **American Indian Council Meeting**. A meeting was held with the American Indian Council (AIC) to discuss health issues and needs of the AI/AN urban community in the KC metro area. The lack of culturally sensitive Medicaid/CHIP outreach to the Urban Indian community and knowledge on Health Reform and its impact on Urban Indians were among the issues brought forward by the AIC. The AIC shared data and stories/testimonials to illustrate the significant need for an Urban Indian Clinic in the KC metro area. AIC agreed to put the information presented in a report that will be shared by the NAC with the Oklahoma Area IHS. The NAC provided the AIC AI/AN Medicare, Medicaid and CHIP outreach materials as well as copies of the Medicare and the New Health Care Law publication.
  Status: The NAC will be scheduling a follow up call with AIC and the Missouri Department of Social Services Family Support Division to discuss Medicaid/CHIP outreach.

- **KS Tribes Meeting.** On July 28th, the NAC participated in a KS Tribal meeting facilitated by the HHS Regional Director. The meeting included the participation of Tribal Leaders from the Prairie Band Potawatomi Nation and Kickapoo Tribes, Four Tribal Women's Wellness Coalition Board, Kansas Department of Health and Environment Secretary, University of Kansas Medical Center, and the IHS Area

Office. Among the topics discussed were Medicare group payer option for Part B and D and the Affordable Care Act.
Status: The NAC sent via e-mail additional information to the Prairie Band Potawatomi Chairman and Health Director on the requirements to enter into a Formal Group Payer Agreement with CMS for Part B. Also, the NAC shared information on best practices, specifically the Fond du Lac Medicare Part D Program Case Study, "Strategies for Tribes to Increase Pharmacy Reimbursements from the Medicare Part D Prescription Drug Benefit".

- **Kickapoo Health Fair.** The NAC, in partnership with the Kansas Health Policy Authority, exhibited at this annual fair. Medicare, Medicaid and CHIP enrollment, resources and general information were shared with attendees.

- **Medicare 101 Training at National Meetings.** The Region 7 NAC provided Medicare 101 training at the Contract Health Services and National Indian Health Board Conferences.

- **AI/AN CHIPRA Grants Status.** Region 7 NAC served as a facilitator for a CHIPRA grant review panel. The NAC serves as the Project Officer for two CHIP grantees in Region 7 and facilitated the panel discussion on scores, proposal's strengths and weaknesses and prepared a final report for Central Office.
  Status: Nine grants were reviewed and scored.

Region 8

- **IHS and CMS Area Training Sessions** CMS Staff worked with IHS and tribal staff to develop training sessions in the following IHS Areas: Aberdeen, Phoenix, Billings and Albuquerque. Topics covered at all of trainings included Medicaid and CHIP 101, Provider Enrollment for CMS Programs, CHIPRA and Recovery Act changes. State's specific information about Medicaid/CHIP programs was presented by each State Medicaid Agency's staff. Social Security Administration (SSA) and Veterans Administration (VA) also presented at the trainings.
  Status: Approximately 40-50 people attended each of the Training sessions. Evaluations were very positive as to the success of the trainings.

- **North Dakota Pharmacy Reconciliation Process.** CMS Regional Staff worked with IHS pharmacy staff, and North Dakota Medicaid Agency to reconcile fee-for-service (FFS) pharmacy claims to the All-Inclusive-Rate (AIR). This involved extensive review of the CMS-64, and pharmacy claims by the Regional Financial Management and IHS pharmacy staff. The review showed additional payments due to IHS pharmacy in the final reconciliation to the AIR.
  Status: The State has paid some of the reconciliation amounts with the remaining reconciliation still due to the IHS Pharmacy.

- **Colorado and Utah CHIP MCOs compliance with 5006(d).** During the IHS/CMS trainings it was brought to the attention of CMS staff that the CHIP Managed Care Organizations (MCOs) were requiring the I/T/Us to enroll in their provider network to receive reimbursement. CMS staff provided training and worked with both States to come into compliance with the ARRA Section 5006 tribal consultation requirements. .
  Status: Both States are now in compliance and working on reconciliation of payment to the IHS programs.

- **Colorado submits State Plan for Multiple visits.** Colorado Tribes had expressed interest in receiving reimbursement for multiple encounters per day for a client. Regional staff worked with the Medicaid Agency to submit a State Plan amendment to detail the change. The amendment clarifies that the State makes payments for multiple visit/encounter claims for different types of services provided to a client on the same date of service by the same Indian health facility when the services provided are different or are for different diagnosis codes.
  Status: State Plan Amendment approved and effective August 11, 2010.

Region 9

- **2010 Tribal Self Governance Annual Conference**
  On May 2–6, 2010 the National Tribal Self-Governance Conference was held in Scottsdale, AZ. The CMS Region 9 Native American Contact staffed the exhibit which drew close to 300 visitors to answer questions on CMS programs posed by tribal leaders, executive directors, chief executive officers and other healthcare professionals.

- **12th Annual Indian Health Service National Partnership Conference**
  On March 24, 2010 the CMS Regional Office NAC presented on Medicare & Indian Health at the IHS Partnership Conference held in Nashville, TN. An emphasis was placed on enrolling in CMS programs.. There were 41 breakout sessions during the entire conference.
  Status: Close to 600 attended the conference.

- **Phoenix IHS/Tribes/Urban Meeting**
  On May 27, 2010, the CMS NAC presented at the Inter-Tribal Council of Arizona Tribal Leaders Steering Committee and the IHS/Office of Self-Determination I/T/U Meeting held in Phoenix. The audience was comprised of tribal leaders and health directors from Arizona, Nevada and Utah.
  Status: IHS estimated 50 attendees.

- **2010 CMS Region 9 Outreach & Education Training**
  CMS, IHS, and Tribal Representatives coordinated training sessions for Indian health providers on CMS programs. In FY2010, CMS Region 9 training sessions were held

in Navajo Nation, Sacramento, Tucson, San Diego, Phoenix, Reno and Utah (coordinated by the Denver RO). The Phoenix IHS Area Office includes Arizona, Nevada and Utah.

- **Arizona Provider Certification Process**
  As part of its annual tribal provider certification process for Medicaid participation, AHCCCS sends the Regional Office the provider certifications for review and approval. The Regional Office recently reviewed this process with input from the CMS Division of Survey and Certification, the CMS Office of External Affairs staff, AHCCCS staff and the Tribes. This resulted in CMS modifying the letter used for its review of these tribal provider documents.
  Status: Starting in August 2010, the language in the CMS letter indicates that CMS has received a copy of the attestation that the Tribal provider has provided AHCCCS that indicates that the providers meet AHCCCS' requirements to participate in Medicaid. Using this modified letter, CMS and AHCCCS will continue the current Tribal provider certification process.

- **AIAN Traditional Healing Services Coverage**
  On September 8, 2010, CMS Region 9 queried the CMS Native American Contacts (NACs) on which of their states cover traditional healing services. This request was generated initially by a provider outside of our region who was interested in whether Arizona covered any traditional healing services. The Arizona Department of Health Services responded that traditional healing services have not been eliminated from the subvention covered services but the subvention funding was cut significantly. AHCCCS is now interested in how many states cover this service nationally.

- **5th Annual Nevada Urban Indians, Inc. Diabetes Health Fair** - On March 27, 2010, the CMS NAC exhibited at the event to promote CMS diabetes and preventive service. The health fair was held in Reno, Nevada. The urban provider estimated an attendance of 1000.

- **Sacramento Native American Health Center** - On March 30, 2010 the CMS NAC attended a face to face meeting with Indian Elders and the Benefits Navigator for the Sacramento Native American Health Center to discuss Medicare Part D.
  Status: Most had excellent drug coverage through a Federal Employee Health Benefits (FEHB) plan, previous employment and VA coverage. It was suggested that Elders discuss their options first with their health plan before changing to another plan.

- **California Consortium for Urban Indian Health** - On April 23, 2010, the CMS NAC presented on CMS programs at the California Urban Indian Health Conference held in Sacramento, CA. The conference was organized by the California Consortium for Urban Indian Health. Presenters included representatives from the California Rural Indian Health Board, Indian Health Service, California Department of Health and Human Services , and the Indian Health Program. Sacramento Mayor

Kevin Johnson and Senator Barbara Boxer received awards for their assistance to Indian people..

- **San Diego American Indian Health Center** - On June 14, 2010, the NAC discussed resources and training with the Program Development Director at the San Diego American Indian Health Center. The Director had created a new outreach position to assist American Indians to enroll in Medicare, Medicaid and CHIP programs. We discussed CMS online resources, grants, local resources, NAC availability and the upcoming CMS/IHS I/T/U Program training on August 4-5 in San Diego.

- **CMS and California State Monthly Call**
  CMS RO has been holding monthly state calls with Department of Health Care Services and State Indian Health Programs to discuss new, pending or follow-up Tribal concerns and to provide updates.

Region 10

- **IHS Area Training Sessions in Anchorage and Seattle.** The NAC worked with the Alaska Native Health Consortium and the Northwest Portland Area Indian Health Board to develop training sessions in Anchorage, AK; Fairbanks, AK; Pocatello, ID; Spokane, WA; and Seattle, WA. Sessions provided training for staff at Tribal and IHS sites in Alaska, Washington, Idaho, and Oregon. State staff from all four states also attended and presented at the sessions. Topics covered included Medicare 101, Medicaid and CHIP 101, Medicaid and Medicare Compliance Audits, Telemedicine, Medicaid Mental Health Issues and Billing, Pharmacy Billing, Outreach and Enrollment Strategies, Medicaid Provider Enrollment, ARRA provisions, CHS and CMS Coordination, FQHC Cost Reports, and Medicare like Rates.
  Status: Approximately 224 individuals participated.

- **Washington Tribe Approved as Eligibility Site.** The Port Gamble S'Klallam Tribe in Seattle requested the State's assistance in being able to make eligibility determinations for Medicaid and Food Stamps in 1999. This year, that request was finally achieved with approved plan amendments to CMS and USDA. **Status: The Tribe's Medicaid office was fully** operational November, 2009. The Tribe has reported that they are having much greater success than they had anticipated in finding eligible beneficiaries and presented their efforts at the 2010 National Indian Health Board meeting in Sioux Falls.

- **Medicaid Administrative Matching (MAM).** All four of the Region 10 states have agreements with federally recognized tribes for administrative claiming under their Medicaid program. Only Washington has sought approval of a unique tribal claiming plan submitted in 2006. CMS has continued to allow the state to make payments based on the existing plan while concurrently working with the State and Tribes to resolve continuing concerns regarding statistical validity. Alaska, Oregon, and Idaho continue to operate their programs under existing agreements.

Status: CMS, TTAG, and the State have renewed efforts to resolve the on-going concerns. Washington is continuing to work on drafting an approval plan.

- **FQHC Re-certification issues.** Several Tribes in the Portland Area needed to be recertified as FQHCs this year for Medicare billing. The Regional NAC assisted the Lower Elwha Klallam Tribe, the Coeur d'Alene Tribe, and Siletz in this process.
  Status: It is expected that this new requirement will continue to raise questions and issues pending completion of the MAC transitions.

- **Self Governance Annual Meeting.** The Region 10 Native American Contact provided helped staff a booth at the 22nd Self Governance Conference in Arizona with the Region 10 NAC. This provided an opportunity to interact with over 200 tribal leaders to explain how CMS programs and services can advance and support decisions regarding self governance.
  Status: Elected and other leaders were provided information and contacts.

- **Medicare-Like Rates Issue Resolution.** Tribes and hospitals continue to raise questions about the applicability of Medicare like Rates (MLR) and the methodologies used to determine payments for CHS services. The majority of Tribes in Region 10 are self governance and in the Portland IHS Area where there are no IHS hospitals. These two conditions create additional challenges in implementation of MLR. First, there is possibly greater use of hospital referred services for outpatient needs which in another Area might be delivered in an IHS hospital; and second, there are no free software or other resources for outpatient claims recalculation. Tribes are employing a variety of strategies to reprice claims. Hospitals that are receiving reimbursements from multiple tribes are confused by the different methodologies. The NAC continues to provide information to hospitals and tribal CHS programs.
  Status: There continue to be questions posed by hospitals and tribes which are responded to on an individual basis.

- **Part D Training**. The Region 10 NAC organized Medicare Part D enrollment training session for Tribes. Tribal representatives from all four Region 10 States attending. Presentations included Medicare overview, Part D, how to use the plan finder, and Social Security. There was also planned time for sharing enrollment strategies that are used by the tribes.
  Status: Region X will host a longer event in FY 2011, and will request the IRS to participate as many of the questions that came up in FY 2010 pertained to tax liabilities for tribal assistance in enrolling.

- **Colville Training.** IHS is the primary provider of health care services in this area. The Tribe has contracted for behavioral health and community health and has implemented two tribally operated clinics with funding from IHS and HRSA 330 in two communities.. CMS regularly receives questions from the Tribe, referral sources, IHS, and HRSA regarding the differences in the requirements due to the different funding streams and/or administrative structure. At the request of the Tribal Council the NAC arranged a training session that included the IHS, the tribal health programs,

the board for the HRSA funded sites, HRSA, and the State to clarify the similarities and differences between the programs, the Federal requirements under HRSA, IHS, and CMS and to facilitate communication at the local level.
Status: About 25 were in attendance representing all of the entities. While many of the questions and assumptions were clarified, it is expected that this will be an on-going need at Colville.

- **WA. Bridge Waiver Tribal Meeting**: Washington State submitted an 1115 Affordable Care Act waiver to begin expansion for some populations below 133% into Medicaid. The State's proposal is to utilize three existing State funded programs and pull those individuals below 133% FPL into the waiver population. The State's design is dependent on maintaining the existing structure of the State funded programs which would include waiver of some of the provisions found in Section 5006 of ARRA. CMS conducted a meeting with the Washington State tribes to understand the issues and the implications from the tribes directly.
  Status: The State has addressed the cost sharing issue to be in compliance with ARRA 5006(a) requirements. Issues are still being discussed regarding managed care arrangements, payment rates, and payment methodologies.

- **Idaho Outstation Locations:** The Coeur d'Alene Tribe (CDA) requested CMS assistance in working with the State to resolve issues following the State elimination of outstation workers. CMS worked with the State, the CDA tribe, the Idaho State Tribal group, and the Nez Perce Tribe in understanding the Federal requirements and reaching an amicable agreement within the State's budgetary concerns.
  Status: While the agreement has been reached and is being implemented with two of the five tribes in Idaho, CMS will continue to monitor compliance with the Outstation Location requirements.

- **Consultation TA:** TA sessions were provided to Idaho, Oregon, and Alaska. While these States have submitted their consultation SPA> There are on-going issues with implementation and existing authorities.
  Status: Alaska, Idaho, and Oregon have submitted their consultation SPAs and are under review.

- **Washington Behavioral Health:** Washington provides behavioral health services primarily through a waiver – the exception are AI/AN served within Indian Health facilities. Due to a change in State law that went into effect July 1, 2010, many of the providers employed by Indian health programs were no longer eligible to provide services and consequently receive reimbursement.
  Status: The State has proposed a strategy to address the issue with Tribes. the State. Tribes are continuing to work on resolution.

TRIBAL DELEGATION MEETINGS

Region 6

- **DHHS Regions 6 & 7 Tribal Consultation Session, Albuquerque, New Mexico**
  The Tribal consultation session was held at the Pueblo Cultural Center in Albuquerque, New Mexico on April 22, 2010. Tribal representatives along with DHHS Regional Office staff from Regions 6 & 7 (Regional Directors, ACF, AoA, CMS, OCR, HRSA, etc.) were in attendance.

Region 7

- **Kansas State-Tribal Consultation Meetings.** The NAC facilitated two Kansas State-Tribal Consultation meetings in 2010. The meetings, hosted by the Prairie Band Potawatomi Nation (PBP), included the participation of the HHS Regional Director, CMS Regional Administrator, IHS Oklahoma Area Director, and State Medicaid Director (SMD). KS Tribal Leaders, Health Directors, and CEOs from Indian Health, Tribal, and Urban Indian Clinics were in attendance. During the meetings, the SMD shared information on KHPA program changes and provided budget updates. Tribal Leaders and Health Directors had an opportunity to discuss and address Medicaid issues specific to their Tribes and Clinics, barriers to enrollment as well as needs for technical assistance and training.
  Status: Through these meetings, KHPA and the OK IHS collaborated to complete pharmacy provider applications for Haskell Health Center and the White Cloud Health Station. Pharmacies are now enrolled as Medicaid providers and collecting reimbursement for services provided to eligible patients. The NAC and Hunter Health CEO will continue to work with KHPA to further explore the possibility of developing an Express lane eligibility pilot project with I/T/Us to test the effectiveness of this strategy in their outreach and enrollment efforts.

- **Nebraska State-Tribal Consultation Meetings.** The NAC facilitated three Nebraska State-Tribal Consultation meetings. The meetings, hosted by the Ponca Tribe, included the participation of the HHS Regional Director, CMS Regional Administrator, IHS Aberdeen Area Director, and NE Department of Health & Human Services (DHHS). NE Tribal Leaders as well as their Health Directors, CEOs and staff from the Nebraska Urban Indian Health Coalition were in attendance. Among the topics discussed during the meetings were barriers to enrollment, provider issues, policy changes, SPAs, State/Tribal Consultation Policy, and implementation of AI/AN specific provisions in CHIPRA and the Recovery Act.
  Status: A huge accomplishment was the appointment, by the Medicaid Director, of four Tribal representatives to the NE Medical Assistance Advisory Council (MAAC). This council advises the Medicaid Director in the development of health and medical care services policies. As a follow up to our last meeting, the NE DHHS Tribal

liaison will revise and edit their draft Consultation policy to include feedback and changes proposed by the Tribes and IHS.

- **HHS Tribal Consultation Session/Region 7 Resource Day.** The Denver/KC Regional Administrator attended the Consultation Session held on April 22nd in Albuquerque, NM. The HHS Regional Director scheduled a Resource Day which was held September 8th and 9th in Kansas City, KS. It included the participation of ACF, AOA, CMS, IHS, HRSA, OCR, SSA, and VA. Tribal leadership from seven of the nine Tribes attended with approximately 60 people participating in the session. Affordable Care Act, HHS Program Resources, Tribal Priorities, and Successful Tribal Programs were among the topics discussed.

Region 9

- **Tribal Consultation**

HHS Tribal Consultations: CMS RO leadership and the NAC attended two HHS Tribal Consultations on April 27, 2010 held in Valley Center, CA and on April 29, 2010 in Phoenix. The purpose was to ensure that input is received from Tribal Leaders on HHS regional tribal consultations in Region 9, HHS policies, processes for the tribal consultations and HHS Tribal Advisory Committees, national and regional tribal issues as well as to hear from HHS Federal Agency representatives on a wide range of topics that impact Tribes.

Section 5006 or the Recovery Act: The RO has been working closely with Arizona, California, Hawaii and Nevada to help them implement the new provisions and has developed an interim internal process for reviewing state plan amendments to ensure compliance with the new requirements.
Status: The four States are in various stages of developing a consultation policy and/or modifying existing policy in consultation with Tribes. On February 23 Regional Office staff participated via phone in the State of Arizona's Tribal consultation. In March Regional Office staff attended the State of California's tribal consultation, which was held as part of the California IHS Area Office's Annual Tribal Leaders Consultation Conference.

Arizona Tribal Leaders Conference
On February 23, 2010, CMS Region 9, the Arizona Health Care Cost Containment System (AHCCCS) and the Arizona State Medicaid program, held a tribal consultation on Medicaid topics with the 23 Tribes in Arizona. AHCCCS sent out 76 invitations.
Status: The NAC discussed the role of the Tribal Affairs Group and the CMS Tribal Technical Advisory Group.

Region 10

- **Home Health Care Certification:** The NAC met with representatives from the Port Gamble S'Klallam Tribe, Washington State Departments of Social and Health Services (DSHS) and Health (DOH) regarding barriers to participation as a home health care provider due to certification requirements and structure. The jurisdictional authorities have resulted in a barrier to Tribes being able to participate in these programs.
  Status: The State, Tribes and CMS are working to identify needed changes in state law and revised practices to facilitate tribal participation in home health, hospice and other programs that require a state survey or license for receipt of reimbursements.

- **State-Tribal Mental Health Workgroups in Washington.** The Region 10 NAC participated at the request of Tribes and the State in on-going roundtable discussions on Mental Health delivery and compliance issues. Washington State's mental health services, with the exception of services provided by tribes to AI/ANs, are through a managed care waiver.
  Status: The State has increasingly become aware of differences in services, provider qualifications, and medical necessity in tribal facilities and is working on strengthening evaluation and compliance with Federal and State requirements.

- **State – Tribal Meetings:** The NAC participated in at least half of the regularly scheduled meetings with Federally recognized Tribes and State Health and Social Service representatives in Washington, Oregon, and Idaho. The NAC participated in one comparable meeting in Alaska. These provide a forum for State and Tribes to identify current and potential issues; provide input on interpretation of Federal and State statutory changes, including suggestions for implementation; and maintain a regular consistent relationship between the States and tribes. The NAC participation allows for an opportunity to share updated information regarding Medicare, Medicaid and the Children's Health Insurance Program, and to maintain Tribal contacts.

- **Regional Consultations and Alaska Federal Health Review**: The Department held two consultation sessions in Region 10 in FY 2010 – one in Alaska and one in Seattle. CMS participated in both. A follow-up meeting was held with the Department in Alaska that overlapped an evaluation of Federally funded health care programs (IHS, CMS, VA, HRSA) required by the Affordable Care Act.
  Status: This resulted in several meetings throughout the State including Tribal health.

REGIONAL VISITS TO TRIBES

Region 1

- **Quarterly Tribal Health Directors Meeting, Indian Township, Maine, May 20, 2010.** The CMS Native American Contact (NAC) attended the meeting of Tribal health directors and other Tribal health representatives from the five federally recognized Tribes in Maine. Also attending the meeting were representatives of the State Medicaid agency (MaineCare Services) and the Regional Department of Health and Human Services Regional Director and staff. The NAC provided information regarding CMS topics including American Recovery and Reconciliation Act (Recovery Act) requirements for State Tribal consultation and exemptions from cost sharing and premiums for Native Americans. The CMS regional office continues to work with Maine and with the Tribes when technical assistance is requested.

- **In-Service for Native American Elder Health, April 13, 2010.** A representative of the Region I CMS Medicaid program branch attended the meeting at Massachusetts Executive Office of Elder Affairs offices in Boston. The program was presented by the Senior Medicare Patrol (SMP) Integration Project.
  Status: Region 1 continues to maintain a relationship with colleagues in the Regional office Medicare division and with SMP staff to assist when possible with their outreach efforts.

Region 5

- **Wisconsin Department of Health Services and Wisconsin Indian Tribes Mid-Year Consultation Meeting - June 16, 2010**
  The CMS Region V State Lead participated in the Wisconsin Department of Health Services (DHS) and the Wisconsin Indian Tribes Mid-Year Consultation Meeting in Green Bay, Wisconsin on June 16, 2010. During the meeting DHS completed the Status of Deliverable section on their November 2009-June 2010 Consultation Implementation Plan. The Plan summarized DHS and the tribe's progress in addressing the issues agreed upon at the November 2009 consultation meeting.
  Status: The Consultation Implementation Plan continues to be revised as needed.

Region 6

- **PACE Review for Cherokee Elder Care, Oklahoma.** The Division of Medicaid and Children's Health (DMCH) and Division of Medicare Health Plan Operations (DMHPO) worked jointly with the State to perform an operational review of Cherokee Elder Care, Oklahoma's first PACE program. The review yielded no

findings, and the review team provided technical guidance in the continued delivery of service to eligible seniors.

Region 7

- **White Cloud Health Station.** On April 14th, White Cloud Health Station Acting Director, Kelly Battese, conducted an on-site RPMS demo for CMS Region 7 and KHPA staff.

- **Fred LeRoy Health & Wellness Center (Ponca Tribe) Staff Training.** The NAC conducted training for the Clinic's staff at their Omaha site and via video conference to their Lincoln and Norfolk office. The training focused on Open Enrollment and plan finder updates.
  Status: The NAC will work with the Clinic's Administrative Officer to schedule regular training sessions for the staff using their video conference capability and technology.

Region 8

- **Regional Staff and Consortium Administrator meet with clinic staff at Flandreau Santee Sioux Tribe**. The Medicaid Consortium Administrator and CMS staff met with Indian Health Service Staff at the Flandreau Santee Sioux Tribe. Staff at the facility provided a tour of the clinic and other facilities. CMS staff discussed Medicaid, CHIP, services and billing issues.

Region 9

- **CMS Participates in IHS Area Office Training for CA Tribes**
  On January 21-22, 2010, the CMS NAC attended the California Area Indian Health Service two-day training on Contract Health Services, Catastrophic Health Emergency Fund and the Medicare Like-Rate (MLR) which is calculated by Indian Health designated personnel. CMS clarified policy and reimbursement concerns regarding the MLR and the CMS protocol for handling Section 506 non-compliance violations at the CMS regional office level, required documentation, timeframe for processing and contacts with the hospital administrator to obtain documentation for review. The regulation outlines the requirement that Medicare-participating hospitals must accept no more than a Medicare-like rate from the Indian health programs as payment in full.
  Status: There appears to be a need for more specific training on calculation of the Medicare like rate and Medicare contractor resources to assist tribes with calculation.

- **California IHS Tribal Leaders Conference – March 9-11, 2010**
  On March 9-11, 2010 CMS regional/central office leadership and the NAC attended the California IHS Tribal Leaders Conference in Cabazon, CA. The California tribes had 46 significant issues that were brought up, most resulting from the California

Medi-Cal optional benefit cuts. March 10th was devoted to California State Medicaid Program issues, and March 11th was geared to HHS/CMS concerns.
Status: CMS staff responded to 46 issues raised by the tribes.

- **American Diabetes Association Expo**
  On April 24, 2010, the CMS Region 9 NAC and the Medicaid expert exhibited at the American Diabetes Association Diabetes Expo. The CMS exhibit drew close to 400 visitors asking CMS program question. The ADA Diabetes Expo arranged a cultural section which included Native Health, Gila River Health Care, Navajo Special Diabetes Project of Window Rock, Inter-Tribal Council of Arizona, Ak-Chin Diabetes Program, Hispanic Organizations, the National Assn of Hispanic Nurses-Valle del Sol Chapter.
  Status: There was a significant increase in American Indian attendees from the year before. A total of 66 companies exhibited.

Region 10

- **Northwest Portland Area Indian Health Board**: The NAC participated in two of the NPAIHB quarterly board meetings and Health Director Meetings and presented on Medicare provider enrollment, and the IHS – CMS MOU and the IHS facility list, equitable relief and Medicare Part B, and outreach efforts for enrolling eligible individuals in Medicare, Medicaid, and CHIP.

- During FY 2010, the NAC visited the Lower Elwha Klallam Tribe, the Squaxin Island Tribe, Puyallup, Suquamish, Tulalip, Colville, Coeur d'Alene, Fort Hall, Cow Creek, Squaxin Island, Cook Inlet, Southcentral Foundation, Alaska Native Medical Center, Nez Perce, and Kalispel Tribe. Topics discussed during these meetings varied depending on the interest and need of the individual Tribe.

SECTION IV: HHS DIVISIONS

HIGHLIGHTS OF DIVISION SPECIFIC ACCOMPLISHMENTS/ACTIVITIES:

- **INCREASED STAFFING OF TRIBAL AFFAIRS GROUP:** The Tribal Affairs Group, (TAG) within the Office of External Affairs and Beneficiary Services, serves as the point of contact on Indian health issues for the agency. In 2010, the TAG increased its staff to 8 FTEs and tripled its operating budget. TAG provides ongoing and regular support to CMS components regarding Indian health implications and Tribal perspectives, and responds to external partners such as other agencies in HHS, including IHS, national Indian organizations, and Tribes and Tribal organizations.

- **TRIBAL TECHNICAL ADVISORY GROUP:** TAG provides administrative and policy support to the Tribal Technical Advisory Group (TTAG). The TTAG held three face to face meetings on November 2009, April 2010, and July 2010. The TTAG holds monthly conference calls. The TAG developed an implementation plan to track priorities issues identified by the TTAG. Of the 32 priority issues identified by the TTAG, the TAG has been able to resolve 15 and are monitoring and working to resolve the more complicated issues, involving discontinuation of Medicaid optional services, behavorial health, long term care, Affordable Care Act implementation, and ARRA Section 5006 implementation**.**

- **TTAG SUBCOMMITTEE ACCOMPLISHMENTS:** TAG provides administrative and policy support to the TTAG subcommittees that meet by conference call on a weekly or bi-weekly basis and are organized by subject matter, such as Data research and analysis, Long Term Care, Across State Borders, Outreach and Education, ACA implementation, ARRA policy implementation, Behavorial Health, and Budget/Strategic Planning. The subcommittees develop policy and program recommendations that are brought back to the TTAG membership as a whole for review and recommendations. The subcommittee work provides the Tribal expertise and analysis of many of the CMS issues, which are often complex and technical in nature.

- **CHIPRA NATIONAL ENROLLMENT CAMPAIGN AND GRANT SOLICITATION:** On April 16, 2010, the CMS awarded $10 million in funding to 41 grantees to carry out outreach and enrollment activities for enrollment of AI/AN children in Medicaid and CHIP. The grants were awared to the IHS, Tribes, Tribal organizations, and Urban Indian organizations under the authority of section 201 of CHIPRA. TAG staff, along with NACs, serves as project officers of these grants. TAG was instrumental in the development of the grant solicitation and awarding of the grants in a culturally appropriate manner. TAG has the lead role within CMS in the development of outreach materials for the enrollment of AI/AN children in Medicaid and CHIP including a PSA featuring Olympic gold medalist Billy Mills (Lakota Sioux), a CHIP video to support outreach activities, and culturally appropriate brochures and posters.

- **"CMS DAY" AT NATIONAL INDIAN HEALTH BOARD CONSUMER CONFERENCE.**
  TAG directed the planning and implementation of "CMS Day" on September 22, 2010 at the NIHB annual conference. Workshop and plenary sessions were planned, in collaboration with the TTAG and in partnership with NIHB, to address topics of interest to Tribes. Plenary Sessions showcased Promising Practices in Outreach and Enrollment in Medicaid and CHIP and Promising Practices in State/Tribal Consulation. Workshop sessions included a CMS American Indian and Alaskan Native Data Symposium, CMS related provisions in the Indian Health Care Improvement Act and the Affordable Care Act, CHIP Grantees shared experiences in Indian Country, Tribal State consultation and promising practices, screening and the

prevention of cancer in Tribal communities, Across State Borders issues coordinating services for Medicaid beneficiaries, I/T/U Regional Extension Centers and HITECH, Long Term Care in Indian Country, and Medicare and Medicaid 101. The workshop sessions featured successful CMS, IHS, State, and Tribal collaboration projects.

- **MEDICINE DISH BROADCASTS.**
  Medicine Dish broadcasts are held bi-monthly on a variety of CMS topics that are an important training tool for Indian health care professionals and administrators. These programs serve as a path to open communication, providing information and promoting discussion about Medicare, Medicaid and the Children's Health Insurance Programs (CHIP) programs and updates important to the health of American Indian and Alaska Native people. In 2010, the broadcasts featured: Urban Indian Health Programs, CHIPRA and ARRA Provisions, CMS Electronic Health Record Incentive Programs and Medicare Part D and Program Updates.

- **TRAINING PROGRAMS IN IHS AREAS ON MEDICARE, MEDICAID AND CHIP.**
  TAG, in collaboration through an Inter-Agency Agreement with the IHS, organized trainings in each of the 12 IHS geographic areas. The trainings are an example of the successful collaboration with the IHS to provide training opportunities to IHS and Tribal staff on CMS programs that would otherwise be unavailable in Indian country. The trainings provide an opportunity for fact to face discussions with CMS regional staff, State Medicaid and CHIP program directors, IHS, tribal leaders and tribal program staff. For 2010, there were more than 24 training sessions held with over 1500 participants.

- **ALL TRIBES CALLS.**
  In collaboration with HHS's IGA, the CMS TAG sponsored a series of All Tribes' Calls, a bi-weekly teleconference, to obtain advice and input from Indian Country regarding CMS related provisions in the Affordable Care Act. The calls featured such topics as new licensing provisions for Tribal health professionals and facilities in the IHCIA: How these requirements impact Medicaid and Medicare participation; New or expanded home community based services and programs under Medicaid; Provider and beneficiary enrollment; Data reporting requirements from IHS to CMS; Outreach and enrollment promising practices; and Dissemination of information. Approximately, 80 participants are on each call and the summary of each call outlining major issues and questions are posted on the AI/AN Center on the CMS website.

- **NATIONAL MEETINGS**

  - **NIHB Annual Consumer Conference**: TAG Director participated in a panel presentation with other HHS OPDIVS at the NIHB Annual Consumer Conference on collaboration of Indian health issues within the Department.

  - **HHS Regional Tribal Consultation Session:** OEABS Director (Teresa Nino) participated in several HHS Regional Tribal Consultation Sessions and provided an overview of CMS initiatives and priorities. TAG Director and staff participated and participated in several HHS Regional Tribal Consultation Sessions.

  - **HHS Federal Tribal Workgroup:** TAG staff represented CMS on the HHS Federal/Tribal Workgroup on HHS Tribal Consultation Policy.

  - **HITECH Roundtable:** TAG, in conjunction with the April TTAG face to face meeting, sponsored a HITECH Roundtable that brought together CMS, IHS, and Tribal experts on HITECH to examine how the HITECH incentive programs will impact the Indian health delivery system and major issues and barriers that need to be addressed. Some of the recommendation and findings include: provide information on HITECH training opportunities to ITUs; look into the possibility of counting patients without third party payers toward the Medicaid incentive threshold; develop solicitations concerning the EHR readiness assessments and training; report back on which ITUs actually receive incentives.

  - **DATA Symposium:** On July 30, 2010, the TAG, in collaboration with one of our Tribal partners, California Regional Indian Health Board (CRIHB), sponsored a Data Symposium to better understand existing reports and identify the need for further data analysis. CRIHB presented the findings from the Data Symposium at the NIHB Annual Consumer Conference and is in the process of producing a Medicine Dish broadcast on the Symposium findings and updates.

  - **IHS-BOC Partnership Meeting:** The CMS Lead NAC provided Medicaid/CHIP breakout session presentations at the Partnership meeting for the Indian Health Service Business Office Coordinator Staff at their national meeting.

  - **IHS Contract Health Services Meeting:** The CMS Lead NAC provided Medicaid/CHIP breakout session presentations at the Indian Health Service Contract Health Services national meeting.

  - **Direct Service Tribes Meeting:** TAG and the CMS Lead NAC participated in a panel presentation with, IHS Headquarters staff persons and the Billings Area Executive Officer in a session focused on Third Party Revenue Enhancement at the Direct Service Tribes national meeting.

- **<u>Tribal Self Governance Meeting</u>:** CMS Region 10 NAC participated in a panel presentation focusing on third party payment.