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NIHB, Partners to Host National Tribal Health Reform Training April 18-19

National Indian Health Board (NIHB) and its National Indian Health Outreach and Education (NIHOE) partners who include National Tribal Health Reform Training partners from each of the 12 Indian Health Service (IHS) Areas, National Congress of American Indians (NCAI) and Indian Health Service (IHS), invite you to attend a two-day training at Mystic Lake Casino Hotel in Minnesota, April 18-19, 2012.

Why should you attend?

This two-day training will provide community representatives with tribal-specific health reform education opportunities, consumer-oriented materials to use in local outreach efforts, and training to help them actively manage education campaigns for four consumer groups including individual consumers, health directors, tribal governments and employers. Sessions will include information on tribal enrollment in the Federal Employees Health Benefits program, individual

enrollment under the expansion of Medicaid, and participation in development of state-based exchanges.

Where is it?

Mystic Lake Casino & Hotel 2400 Mystic Lake Boulevard Northwest, Prior Lake, MN 55372
Please call 952-445-9000 or 1-800-262-779 to reserve your room today!

Registration is free, but required by April 13, 2012. To register, click [here](#).

To view the event summary, click [here](#).

For a draft agenda, click [here](#).

NIHB Submits Comments on IHS-VA Draft Agreement Summary

On April 4, the National Indian Health Board (NIHB) submitted comments to the Indian Health Service (IHS) and the Department of Veterans Affairs (VA) regarding the agencies' **draft agreement for reimbursement for direct health care services**.

Among other issues raised, the NIHB recommended the formation of a Tribal Advisory Workgroup to advise the VA during the implementation process; the clarification of eligibility and services covered; and a reconsideration of the current VA opinion that copayment for AI/AN veterans cannot be waived.

To read the full text of NIHB's comments, click [here](#).



Call for Proposals Extended for NIHB Public Health Summit

The National Indian Health Board (NIHB) is holding its 3rd Annual National Tribal Public Health Summit May 30 – June 1, 2012 at the Hard Rock Casino in Tulsa, OK. The theme is, “Our Health, Our Way: Achieving Healthy Native Communities.” Recently, NIHB extended its **Call for Proposals deadline to April 16th**.

The NIHB invites proposals for presenters addressing Tribal public health topics such as:

- Public Health Accreditation
- Promising research
- Epidemiologic practices, Findings, or Innovations in advancing AI/ANs in Public Health
- Traditional practices
- Social marketing
- Environmental Health
- Emergency Preparedness
- Building successful partnerships
- Public Health messaging
- Behavioral Health
- Health promotion and disease prevention
- Digital Storytelling
- Public Health Law
- Community Assessments

Proposals that build evidence for and strengthen the use of regulatory, legal and policy solutions to improve Tribal Public Health are strongly encouraged. Also, proposal outside of these suggestions or cross-cutting topics will be considered.

To view more information about the Summit, including the Workshop Application, click [here](#).

ADMINISTRATION UPDATES

IHS Director Provides IHS-VA Consultation Update

In a recent blog post, Indian Health Service (IHS) Director, Dr. Yvette Roubideaux, provided an

update on the status of consultation to facilitate the Department of Veteran Affairs (VA) reimbursement for direct care services provided by the Indian Health Service (IHS) and Tribal health facilities to eligible American Indian and Alaska Native (AI/AN) Veterans.

On March 5, 2012, VA and IHS sent Tribes a letter requesting input on the main points we propose to include in a draft underlying agreement. While the agencies are reviewing the input submitted by Tribes on the main points document, they are now requesting Tribal input on the draft agreement. Comments are due on May 7, 2012.

To read a “Dear Tribal Leader” letter on the agreement, click [here](#).

To read the IHS-VA draft agreement, click [here](#).

IHS Releases IHCIA Implementation Update

In a recent blog post, celebrating the 2-year anniversary of the passage of the Affordable Care Act (ACA), the Director of the Indian Health Service (IHS), Dr. Yvette Roubideaux, released a chart updating Tribes on progress made on the implementation of the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA).

IHS has worked with its partners across the federal government to implement several provisions that improve the services and resources for IHS, tribal, and urban Indian health programs. Some examples include:

- Over 50 Tribes have already applied to purchase federal health and life insurance for their employees through the same system as federal employees do. This means those employees will get access to better health insurance coverage and the Tribes will save money on employee insurance premiums.
- The law makes sure that any third-party



reimbursements that a local facility collects will remain at the facility to help them improve local staffing and services.

- Health care professionals in tribal facilities are now allowed to work under a license from any State, which helps with recruitment efforts.
- And the law also makes sure that if a patient is referred to an outside provider and their referral is authorized for payment by the Contract Health Services program, the outside provider cannot go after that patient for the billed charges.

The Affordable Care Act and the permanent reauthorization of the Indian Health Care Improvement Act both contain many more provisions that are important to the health of Indian Country.

To read IHS' summary on IHCIA implementation to date, click [here](#).

HRSA Releases Final Tribal Consultation Policy

Following two in-person consultation sessions and a request for Tribal comment on a draft consultation policy, the Health Resources and Services Administration (HRSA) has released its final, updated Tribal consultation policy.

The new policy is attached to this document. For more information about HRSA and American Indian/Alaska Native health, click [here](#).

Health Care Law Expands Support for Children and Families

To improve the health and development of children, 10 states received grants to provide early childhood supports and home visits to families who volunteer to receive these services, Health and Human Services (HHS) Secretary Kathleen Sebelius announced today.

These awards are part of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) created by the Affordable Care Act. The nearly \$72 million in funding announced today will allow states to expand or establish their home visiting program.

Today's awards include states that have demonstrated a commitment to operating successful early childhood systems for pregnant women, parents, caregivers and children from birth-to-eight years of age. The awards also include states that are developing new home visiting programs, using proven strategies, to support families and improve health and developmental outcomes.

HHS' Administration for Children and Families (ACF) collaborates with HRSA on the implementation of the home visiting program. The two agencies provide states guidance and assistance in early learning and development, the prevention and identification of child maltreatment, the improvement of maternal and child health outcomes, and family engagement.

Awardees include:

- Colorado Department of Public Health and Environment
- State of Connecticut Department of Public Health
- Iowa Department of Public Health
- Kentucky Cabinet for Health and Family Services, Department for Public Health
- Minnesota Department of Health
- New Jersey Department of Health and Senior Services
- Commonwealth of Pennsylvania
- Tennessee Department of Health
- Commonwealth of Virginia Department of Health
- Washington State Department of Early Learning

The MIECHV program is one part of the Obama administration's strong commitment to improve health outcomes for America's children and families.



CMS Makes Improvements to Medicare Drug and Health Plans

Recently, the Centers for Medicare & Medicaid Services (CMS) issued final regulations for Medicare Advantage (MA) and prescription drug benefit (Part D) programs to improve benefits and the quality of care for seniors and people with disabilities enrolled in these programs.

CMS announced the estimated growth rate for 2013 and other policies for its participating health and drug plans for Payment Year 2013. The Rate Announcement and Final Call Letter are combined into a single guidance document and establish updates to payment methodologies, other policies, and program operations for Part C organizations and Part D sponsors. The policies will become effective January 1, 2013, as required by law.

Highlights of the 2013 Rate Announcement and Final Call Letter include:

- An estimated annual growth rate of 3.07%, which will sustain a stable MA landscape for next year (2013);
- 2013 Part D Benefit Parameters, including improved coverage in the coverage gap;
- Guidance on limiting year-over-year cost increases for MA beneficiaries;
- New guidance to strengthen controls against prescription drug abuse.

The drug and health plan program updates, effective January 1, 2013, will help continue the trend of lower premiums and stable or improved benefits that beneficiaries in these programs have experienced over the last two years. Earlier this year, CMS announced that MA premiums had dropped 7 percent over the past year while enrollment increased by about 10 percent. Based on the 2013 policies announced recently, CMS looks forward to retaining access to MA plans as an affordable option for people with Medicare and ensuring that drug and health plan sponsors

are accountable to America's senior and disabled beneficiaries for improved quality of care and stable cost-sharing for the coming year.

CMS also published the final 2013 C and D rule. Highlights of the final rule include:

- Next steps in implementation of the Part D Coverage Gap Discount Program under the Affordable Care Act;
- Greater flexibility for doctors to assist beneficiaries in drug coverage appeals;
- Better reporting of prescriber identifiers to improve program oversight and detect fraud;
- New authority to remove consistently poor performing MA and Part D plans from the program;
- Permitting certain dual eligible special needs plans (D-SNPs) to offer additional supplemental benefits beyond those that other MA plans may offer.

For information on the final rule, please go to: <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>

Fact sheets for the Final Rule and 2013 Rate Announcement and Final Call Letter are available at: <http://www.cms.gov/apps/media/press/factsheet.asp>

Public comments on the proposed rule are posted at www.regulations.gov.

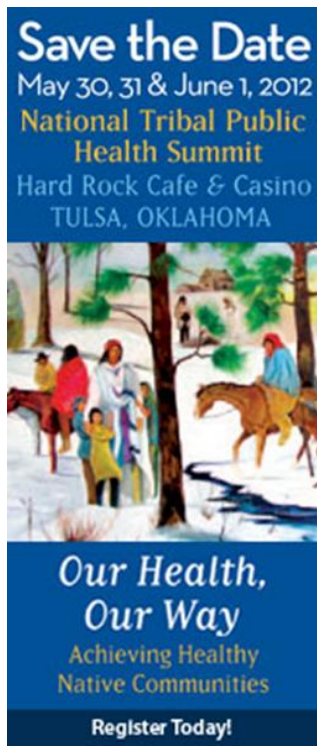


Job Opportunities at NIHB!


The NIHB is currently seeking qualified applicants for the following positions:

- **Regional Extension Center Coordinator**
- **Health Policy Coordinator**

For more information, including a job application, click [here](#).



Save the Date
May 30, 31 & June 1, 2012
National Tribal Public Health Summit
Hard Rock Cafe & Casino
TULSA, OKLAHOMA



Our Health, Our Way
Achieving Healthy Native Communities
Register Today!

UPCOMING EVENTS

The House and Senate are out-of-session until April 16th.

You are cordially invited to attend
National Indian Health Board's
29th ANNUAL CONSUMER
CONFERENCE

Celebrating
NIHB'S 40th Anniversary

September 24- 28, 2012
DENVER, COLORADO

Sign Up for Washington Report, at:

http://www.nihb.org/legislative/washington_report.php

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