CMS TRIBAL TECHNICAL ADVISORY GROUP PRIORITIES
SUMMARY
MARCH 15, 2023

Medicaid Administrative Priorities

1. CMS should publish guidance informing states that they can permanently reimburse telehealth services performed by Indian health care providers at IHS encounter rates.
2. CMS should fix the four walls issue and authorize providers of clinic services to be reimbursed for services provided outside the four walls of the clinic.
3. CMS should grant state Section 1115 waiver requests to protect AI/AN beneficiaries from state Medicaid budget reductions.

Medicaid Legislative Priorities

1. Congress should authorize all Indian Health Care Providers to bill Medicaid for all Medicaid optional services as well as specified services authorized under the Indian Health Care Improvement Act regardless of whether the State authorizes those services for other providers.
2. Congress should fix the four walls issue by permanently amending the definition of "clinic services" to authorize reimbursements for services furnished by Indian Health Care Providers outside of an IHS or tribal facility.
3. Congress should permanently authorize a 100 percent Federal Medical Assistance Percentage for services received through Urban Indian Organizations.

Medicare Administrative Priorities

1. CMS should ensure that the IHS Outpatient Encounter Rate is available to all Indian outpatient programs that request it.
2. CMS should require Part D plans to promptly pay Indian Health Care Providers without unlawfully imposing discounts as a result of an Indian Health Care Provider exercising its right to discounted pharmaceuticals under Section 340B or the federal supply schedule.
3. (A) CMS should require Medicare Advantage plans to deem Indian Health Care Providers in-network regardless of whether they enroll as a participating provider. CMS should require Medicare Advantage to reimburse Indian Health Care Providers at IHS OMB rates. CMS should develop and implement an Indian Addendum for Medicare Advantage plans.
3. (B) CMS should develop frequently asked questions to ensure that brokers are not using predatory practices to drive enrollment.
4. CMS should permanently cover all telehealth services it permitted during the public health emergency, expand the types of services it permits to be conducted via telehealth, and expand the definition of permitted telehealth to include audio-only telephonic and two-way communication methods, particularly in rural areas.
5. CMS should exempt Indian health care durable medical equipment Medicare suppliers from the competitive bidding process.

Medicare Legislative Priorities

1. (A) Congress should exempt AI/AN beneficiaries from Medicare premiums and deductibles, just as Congress has waived Medicaid cost sharing for IHS beneficiaries.
1. (B) HHS calculates a Medicare cost-based rate for Indian Health Care Providers, but Medicare then only reimburses them for 80% of those costs. Congress should require Medicare to reimburse Indian Health Care Providers for 100% of the calculated cost of their services.

2. Congress should make pharmacists, certified community health aides and practitioners, behavioral health aides and practitioners, and dental health aide therapists eligible for Medicare reimbursement for Indian health care providers.
3. Congress should eliminate originating site requirements, authorize the Secretary of HHS to permanently authorize telehealth services in Indian Country, and enact certain other telehealth flexibilities embodied in the CONNECT for Health Act (H.R. 2903/S. 1512).
4. Congress should exempt IHS hospitals from the Hospital Star Rating System, as it does for Veterans Health Administration and Department of Defense hospitals.
5. Congress should change the Hospital Acquired Condition formula so that it no longer harms low-volume IHS/Tribal hospitals.

Other Priorities

The HHS Office of Inspector General (OIG) should create an Indian safe harbor to the Anti-Kickback statute to ensure that all Indian Health Care Providers have the same flexibility as federally qualified health centers.