

YUKON-KUSKOKWIM HEALTH CORPORATION

"Fostering Native Self-Determination in Primary Care, Prevention and Health Promotion."

February 19, 2004

Dennis Smith, Acting Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, S.W.
Humphrey Building
Washington, DC 20201

Dear Administrator Smith:

On February 10, 2004, the Tribal Technical Advisory Group (TTAG) to the Centers for Medicare and Medicaid Services voted unanimously to direct that this letter be sent to you. We hope that you will be able to act immediately to implement the recommendations made by the TTAG to increase appropriate outreach under the new drug benefit program.

The TTAG had the opportunity to review and listen to a presentation regarding the recent Office of Research and Development (ORD) report entitled *American Indian and Alaska Native Eligibility and Enrollment in Medicaid, Medicare and SCHIP*. This CMS report has many excellent recommendations regarding strategies to increase enrollment. The TTAG is convinced that these strategies are equally applicable to outreach and education activities needed to implement the new transitional drug benefit card program. The TTAG recommends that CMS immediately direct implementation of the strategies described for outreach and education in the Report.

The TTAG Outreach and Education Subcommittee made the following recommendations that were supported unanimously by the TTAG at our February 10, 2004, meeting:

1. In consultation with the TTAG, the CMS should develop a comprehensive plan for Indian-specific outreach and education regarding Medicare enrollment, including the new prescription drug card, the temporary assistance program, and Medicare Part D.
2. Training regarding Medicare programs and enrollment processes must be provided to Business Office employees, case managers, outreach workers and others who work in the clinics operated by the Indian Health Service, Tribes and urban Indian programs (I/T/U), because these are the people to whom elders turn for assistance and advice regarding Medicare.
3. Resources are needed to accomplish these outreach, education and training activities. These resources should be provided by CMS, as it is the responsibility of CMS to conduct these activities.

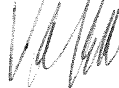
The I/T/U is not funded to train their existing staff to respond to questions, let alone to expand their efforts to accommodate the demands of this new initiative. We are very concerned that, unless CMS provides funding, the cost of these activities will be shifted to the I/T/U, which is already underfunded. The TTAG recommends that CMS provide specific funding to the IHS

from those funds set aside to provide outreach and education services for beneficiaries of the new transitional drug benefit assistance card program. The funds provided to IHS would be used by IHS, Tribal and urban Indian programs to provide targeted outreach and education to American Indians and Alaska Natives. No other strategy is likely to be as successful as having Indian health care organizations that are knowledgeable about the cultures and languages of the target populations to provide the needed information.

We appreciate your consideration of these proposals and look forward to a response prior to our next teleconferenced meeting on March 9, 2004.

We believe that the formation of this TTAG has come at an opportune time. The challenges facing CMS with regard to equitable implementation of the new drug benefits are daunting. We look forward to working with you on meeting these and other challenges.

Sincerely,



Valerie Davidson
Chair, CMS TTAG
Executive Vice-President,
Yukon-Kuskokwim Health Corporation

Cc: Tommy Thompson, Secretary, DHHS
Dr. Charles Grim, Director, IHS
Dorothy Dupree, Senior Policy Advisor, CMS
TTAG Members