

National Indian Health Board



MMPC Fact Sheet

What is the MMPC?

The Medicare, Medicaid and Health Reform Policy Committee (MMPC) is a standing committee of the National Indian Health Board (NIHB). The committee is chaired by a member of the NIHB Board of Directors.

Who is MMPC?

Membership in MMPC is open to individuals authorized to represent: a Tribe; Tribal Organization; Urban Indian Program; or Indian Health Service (IHS). A primary purpose of MMPC is to provide technical support to the Tribal Technical Advisory Group to the Centers for Medicare and Medicaid Services (TTAG). TTAG advises the Centers for Medicare and Medicaid Services (CMS) on Indian issues related to Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and any other health care program funded (in whole or part) by CMS.

What does the MMPC do?

MMPC continues work on the Affordable Care Act (ACA) and Indian Health Care Improvement Act (IHCIA) health policy issues, regulation review and the development of draft positions with the greatest opportunities and highest priority for the Indian Health System. MMPC also acts as a national forum to identify, discuss, advise and act on issues that will improve the health of American Indians and Alaska Natives (AI/ANs). In this capacity MMPC has the ability to pool expertise in Indian health care from across the country in order to develop information and recommendations on current issues. Implementation of components of the IHCIA and the ACA that are outside the jurisdiction of CMS are examples.

How did the MMPC start?

NIHB established a Technical Advisory Committee in 2002 to preserve the Indian Health Service and tribal All Inclusive Rate (AIR) and to stop CMS's implementation of the Medicare Outpatient Prospective Payment System (OPPS) in Indian health facilities. .

As a result of this work, on December 6, 2002, the Department of Health and Human Services (DHHS) announced that the IHS and tribal hospitals and clinics would be exempt from OPPS. At that meeting, tribal leaders presented DHHS with a position paper on tribal consultation that called for a Tribal Technical Advisory Group (TTAG) for CMS and a Tribal Leaders Group (TLG) for DHHS. This position paper was endorsed by NCAI and Tribal Self-Governance Advisory Committee. Those organizations also passed resolutions endorsing an Interim TTAG and Interim TLG.

The original tribal group continued to meet as the Interim TTAG until October 1, 2003, when CMS formally announced the establishment of a CMS TTAG and the charter under which it

would operate. The Interim TTAG changed its name to the Medicare and Medicaid Policy Committee and asked NIHB to develop a formal relationship as sponsor of the group. In 2004, the MMPC was officially created.

What has MMPC done lately?

- MMPC advocated for CMS to change the agency's interpretation of its policy regarding 100% federal medical assistance percentage (FMAP) for services furnished to Medicaid-eligible AI/ANs. Most importantly, providing 100% FMAP to services rendered by a provider that is not an Indian Health Service (IHS) or Tribal provider, so long certain conditions are met. The MMPC is currently working with CMS and Tribes on the implementation.
- MMPC has been working on the Definition of "Indian" in the ACA. The definition in the ACA is narrower than currently used by IHS and CMS which could result in fewer AI/AN enrolled in the ACA. This is an ongoing project of the MMPC to correct and has resulted in legislation presented in both the House and Senate for consideration.
- MMPC is advocating for a Tribal exemption to the employer mandate that will soon impose a significant financial hardship for Tribal employers and undercut the right of AI/ANs to obtain health care, obligated by the federal trust responsibility, at Indian Health Service (IHS), Tribal, and Urban Indian Organization health facilities (I/T/Us).
- MMPC developed a White Paper on Medicaid Asset Recovery regarding long-term care. This is important because those enrolling are under the assumption that any enrollment in Medicaid automatically brings the Asset Recovery into play. In fact, only long-term care may be subject to Asset Recovery. MMPC is working with CMS to create a waiver for asset recovery for long term care.
- MMPC is advocating for stricter enforcement of Qualified Health Plans, in the Federally Facilitated Marketplace, offering contracts with an Indian Addendum to I/T/Us.
- MMPC is working with TTAG on revising and amending the CMS Tribal Consultation Policy.

When does MMPC Meet?

MMPC holds three Face-to-Face meetings annually in February, July, and November, to analyze issues and develop consensus on tribal position and strategies. An annual retreat is also held in late spring to identify top priorities and strategies for the year. MMPC also hosts a monthly two hour conference call on the first Wednesday of every month where updates are provided and new priorities and issues are identified.

How can you become involved?

If you would like to participate and be added to the MMPC distribution list or if you would like more information, please contact Devin Delrow at ddelrow@nihb.org.