

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 Health Program; or the 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) implementation and Indian Health Care Improvement Act (IHCA) 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.

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' 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 (MMPC) 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?

- Between 2015 and 2016, 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. MMPC continues to work with CMS to ensure that 100% FMAP is implemented.
- MMPC is advocating for an Indian exemption to Medicaid work requirements. Work requirements have been approved in NH, MI, IN, WI, UT, and AZ¹, but AZ is the only state in which members of federally-recognized Tribes were granted an exemption. Similar waivers imposing work requirements are pending in VA, SD, OK, MS, AL, and TN.
- MMPC is advocating for stricter enforcement of Qualified Health Plans in the Federally Facilitated Marketplace (FFM), by offering contracts with an Indian Addendum to I/T/Us. Specifically, MMPC is working with TSGAC to decrease barriers for AIANs who enroll in the FFM—this includes reinforcing cost-sharing protections and advocating for best-practices in enrolling blended families.
- MMPC actively engages in the regulatory space by monitoring the federal register, providing notice, and informing Tribes about proposed rules and requests for information.
- MMPC, along with TTAG, revised and amended the CMS Tribal Consultation Policy in 2015. Tribes found CMS' policy amenable, and MMPC based its recommendations for HHS' Consultation Policy on CMS' successes. (HHS' Tribal Consultation Policy is under revision as of spring 2019.)

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 positions 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 Dominique Covelli, Policy Associate, at dcovelli@nihb.org, or Devin Delrow, Director of Policy, at ddelrow@nihb.org.

¹ As of April 1, 2019. [See Kaiser Family Foundation](#)'s resources for further details.