

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education

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INDIAN HEALTH SERVICE TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE AND TECHNICAL WORKGROUP QUARTERLY MEETING

Tuesday, July 21, 2015 (8:00 am to 5:00 pm)

Wednesday, July 22, 2015 (8:30 am to 1:30 pm)

Embassy Suites Washington DC - DC Convention Center

900-10th Street NW

Washington, DC 20001

Phone: (202) 739-2001

Meeting Summary

Tuesday, July 21, 2015 (8:00 am to 5:00 pm)

Meeting of Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC) and Technical Workgroup with IHS Deputy Director Robert G. McSwain

Chief Lynn Malerba, TSGAC Chairwoman, called the TSGAC meeting to Order at 9:10 AM Eastern.

Invocation

Vice-President Johnston provided the opening invocation.

TSGAC members and guests introduced themselves.

Roll Call

Alaska: Jerry Moses, Senior Director, Intergovernmental Affairs, Alaska Native Tribal Health Consortium

California: Shane McCullough, Councilman, Hoopa Valley Tribe

Nashville: Marilyn "Lynn" Malerba, Chief, Mohegan Tribe

Tobias Vanderhoop, Chairman, Wampanoag Tribe of Gay Head (Aquinnah)

Stephanie White, Treasurer, Wampanoag Tribe of Gay Head (Aquinnah)

Navajo: Carolyn Drouin, Proxy for Vice President Nez

Oklahoma 1: Rhonda Butcher, Proxy for Chairman Baker

George Thurman, Principal Chief, Sac and Fox Nation

Oklahoma 2: Mickey Peercy, Proxy for Chief Batton, Choctaw Nation

Vickey Hanvey, Proxy for Principal Chief Baker

Phoenix: Lindsay Manning, Chairman, Shoshone-Paiute Tribes of the Duck Valley Indian Reservation

Portland: W. Ron Allen, Chairman, Jamestown S'Klallam Tribe

Tyson Johnston, Vice President, Quinault Indian Nation

Julie Finkbonner, Councilwoman, Lummi Indian Nation

Aliza Brown, 3rd Councilwoman, Quinault Indian Nation

Albuquerque: Raymond Loretto, DVM, Governor, Pueblo of Jemez

Shawn Duran, Tribal Administrator, Taos Pueblo

TSGAC Opening Remarks

Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut and Chairwoman, IHS TSGAC

Chief Malerba welcomed TSGAC Member and thanked everyone for traveling. She also thanked everyone for their hard work and continued partnership.

IHS Opening Remarks and Update

Robert G. McSwain, Deputy Director, Indian Health Service

- Deputy Director thanked attendees for traveling to DC and looks forward to his second meeting with Self-Governance.
- Mr. McSwain also highlighted the first DSTAC/TSGAC meeting in May. During the meeting the two groups discuss commonalities.
 - o Mr. McSwain feels that the meeting worked towards improving the relationship between DSTAC/TSGAC and hopes to see additional meetings in the future.
- Change in title to Deputy Director
 - o Mr. McSwain's "Acting" status expired in early July and he had to return to his prior title.
 - o Though his time as the Acting Director ran out, the Secretary has given him full authorities to act as the Director of IHS.
- FY 2017 Budget Request
 - o IHS has moved the 2017 budget forward and things look good from the Secretary's office.
 - o The request still needs to clear OMB and will be shared with the full Presidential budget in February 2016.
 - o IHS continues to advocate for Indian health care and budget increases to support need.
- Joint Ventures are moving ahead and scoring summaries will be going out to Tribes.
- Contract Support Costs
 - o Leadership agreed that the issues raised in the TSGAC letter regarding CSC will referred to the CSC Workgroup for discussion and further input.
- Medicaid Expansion
 - o Alaska just announced they are going to expand Medicaid. This will continue to support expanded services in Alaska.
- Gen I Initiatives
 - o IHS has allocated \$25 million to support Generation Indigenous Initiatives including Suicide and Meth Prevention
 - o SAMHSA also has \$25 million to support similar prevention programs.
 - o Pathways Internships
 - IHS already has 28 pathways internships across the Nation.
- Staffing and Housing
 - o Mr. McSwain has charged the FAAB to look at the need for residency housing.
- Mr. McSwain values his partnership with TSGAC and plans to move forward. He has identified several outstanding issues on which he hopes to move forward in the near future.

Office of Tribal Self-Governance Update

P. Benjamin Smith, Director, Office of Tribal Self-Governance

- Self-Governance Tribes are setting a path for the future... Tribes are changing the interaction with the Federal government, encouraging greater consultation and taking over more of federal responsibilities.
- OTSG has hosted two regional trainings thus far and both were very successful. An additional training is being hosted at the Mohegan Sun in August.
- OTSG is hosting internal training this week on writing clarity, internal procedures, and the importance of fundamental contract principles to ISDEAA negotiations.

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- OTSG Staff Update
 - o Alexandria Smith is the new OTSG Staff Assistant
 - She has experience in the Marine Corp for four years and will work with all the analysts to keep the analysts and office running.
 - o Jennifer Cooper will return to OTSG on 7/27/15 as the Deputy Director full time.
 - o The office will be recruiting for a program management and policy analyst soon.
 - OTSG Database
 - o Will be changed to the Office of Tribal Self-Governance Funds Management (OTSGFM) System and is being updated to meet the standards of modern technology.
 - o The new system will continue to provide access to funding agreements, provide information for budget justification.
 - o It will also meet USA Spending requirements.
 - Planning and Cooperative Agreements Update
 - o Over seventeen applications were received this year; seven agreements were awarded.
 - o Five planning cooperative agreements
 - Two of these went to the Great Plains (one of the areas without current representation in SG) – Rosebud and Winnebago
 - Otoe Missouri
 - Ponca Tribe of Oklahoma
 - Match-e-be-nash-she-wish Band of Potawatomi Indians of Michigan (Gun Lake)
 - o Two negotiation cooperative agreements
 - Seminole Nation of Oklahoma
 - Osage Nation of Oklahoma
 - ACA Update
 - o TSGAC has been able to provide substantial policy analysis, outreach and education.
 - o OTSG will be doing another year of implementation of NIHOE.

Information Technology: Meaningful Use and ICD-10 Update

CDR Mark Rives, MBA, MSCIS, Director, Office of Information Technology, IHS

- There have been substantial changes in the Office of Information Technology.
- The Information Systems Advisory Committee met via teleconference last week, ushered in some new members, and have filled several vacancies.
 - o There's been a selection of Tribal and Federal Co-Chairs.
 - o A number of positions were filled with sites that are non-RPMS systems.
- ICD-10 Roll Out
 - o Rolling out ICD-10 upgrades to RPMS has gone fairly smoothly; no major problems.
 - o A number of change requests were submitted for issues uncovered during beta testing.
- Meaningful Use Stage 2
 - o Install 2014 Certified EHR
 - o Signed Data Sharing Agreements
 - o Onboard data to RPMS Network
 - o And conducted patient outreach
- Participation Agreements
 - o Interim MPA and network policies went into place on June 22, 2015.
 - o There were revisions to the MPA and joinder agreement based on comments.
 - There were some concerns about the adoption of IHS policy from Tribes, and OIT will respond to the concerns quickly.
- RPMS Network
 - o The focus is to ensure that sites can attest for Meaningful Use Stage 2, full functionality will not happen until afterwards.

- The Sequoia Project
 - o IHS is participating with the Nationwide Health Information Network (third party process)
 - o More information <http://sequoiaproject.org/>
- IT Security
 - o In order to be more pro-active and prevent any breaches, IHS made network changes to increase security. However, IHS has NOT experienced any breaches.
 - o Changes for users and system administrators mandated by OMB and HHS.
 - o Changes reflect modern security practices (e.g. two-factor authentication).

Contract Support Cost Workgroup Update and Discussion

Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut

Chairman W. Ron Allen, Jamestown S'Klallam Tribe

Mickey Peercy and Rhonda Butcher, IHS Contract Support Costs Workgroup Members

- Meetings
 - o IHS needs to make meetings more productive and there should be clear outcomes from the August meeting.
 - o TSGAC requests more regular/rapid follow up meetings to move decisions forward. This will avoid using extra time in the meeting to review previous workgroup meetings.
 - o There has been a lot of staff turnover; new staff should know CSC well and be able to negotiate with Tribes on solutions.
 - o There has been very little discussion between IHS and workgroup to effect decisions, and the technical workgroup products have not progressed thru the full workgroup or used to make decisions.
 - o TSGAC also requests additional follow up to discuss the incurred costs methodology. Tribes and Federal policy should work together to find decisions that are good for Tribes and the IHS.
- Negotiations
 - o TSGAC needs ALNs to work more collaboratively and from a common sense perspective. Continually denying Tribes is not productive.
- IBC Rate Determinations
 - o Only 5% of Tribes have a current IDC rate.
 - o If you change methodology and/or choose not to recognize the rate, it affects all other rates, including those not related to IHS.
 - o Almost 60% have Tribes have a 2013 or earlier IDC rate, which will affect the incurred costs methodology.
- Cost Incurred Approach
 - o Incurred costs is not included in the policy and the agency has variance in its definition.
 - o There's been no discussion between the workgroup and IBC to determine the effect that the cost incurred approach will have on CSC.
- TSGAC recommends that IHS bring someone who is knowledgeable about IDC and CSC negotiations to update the CSC policy. They also recommend that IHS work more closely with the DOI CSC Workgroup.
- Deputy Director McSwain Response:
 - o IHS has sent an invitation to the August CSC Workgroup meeting to IBC and DCA.
 - o He will charge the group to come up with a workplan that clearly identifies outcomes at the next CSC meeting.
 - o He will also ask that the committee set a schedule for meetings.
 - o IHS is continuing to educate the new OMB examiner.
- Admiral Sandra Pattea

- CSC workgroup spent time reviewing CSC policy for new Tribal leaders and members on the workgroup.
- One request from the workgroup that has been a great success is the development of the ACC tool which has created consistency between Tribes.
- In February the CSC workgroup considered the mandatory proposal.
- The CSC leads have also provided training and updates in nearly 8 regions.
- IHS recognizes that staffing levels play a role in slowing down the process.

Discussion and Update on Budget Issues

Caitrin Shuy, Director of Congressional Relations, NIHB

- Ms. Shuy extended an invitation to the NIHB Annual Consumer Conference
 - Deadline to submit proposals for breakout session is August 14th
 - NIHB will also host a Congressional Reception.
 - She also requested that TSGAC nominate individuals for NIHB awards banquet and gala.
 - Update from the National Tribal Budget Formulation Workgroup requested additional funds to implement IHClA provisions in FY2017.
- The national budget formulation meeting is on February 17-18, 2016 in Washington, DC
- TSGAC would like to start to advocate for long term care services in particular.
 - We need to provide the economics of access or lack thereof to support funding requests.
- Appropriations
 - President recommend 5.1 billion (Tribal rec was 5.4 billion)
 - House 4.787 billion
 - Senate 4.777 billion
 - There is still an impasse about how the democrats and republicans will solve the appropriations issue.
- House appropriation language includes a request for HHS to clarify the definition of Indian and to create authorizing legislation to authorize Medicare-like rates.

TSGAC Members' Executive Session with IHS Acting Director

Patient Protection and Affordable Care Act (ACA) Implementation and Update

Mim Dixon, Consultant, Tribal Self-Governance Advisory Committee

Cyndi Ferguson, Self-Governance Specialist/Policy Analyst, SENSE Incorporated

- Six Month Update of the NIHOE Project is included in the packet and highlights the work that has occurred through the year.
- The webinars have been very popular and all materials are uploaded post-webinar training.
- Positive stories about Tribal Sponsorship have been uploaded to the new website.
- The technical group has also initiated a joint project with DSTAC to make sure all Tribes have access to premium sponsorship.
- The group has also completed a report on Qualified Health Plans. The report included five regions and identified potential improvements to the system.
 - The report found that while some QHPs did offer contracts to ITUs, there are very few ITUs in contract with QHP. Furthermore, number of QHPs did not offer the Indian Addendum.
 - During the TTAG meeting last week, the CMS Center Director agreed to respond to the report and do additional research across the country.

Behavioral Health Topic Discussion

Dr. Alec Thundercloud, Director, Office of Clinical and Preventive Services, IHS

Dr. Beverly Cotton, Director, Division of Behavioral Health, OCPS, IHS

Special Diabetes Program for Indians

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- A two year reauthorization in April 2015.
 - TLDC reviewed Tribal and Urban comments on May 14, 2015 and made recommendations to the Director for future SDPI distribution.
 - The decision from IHS was sent on June 29, 2015 based on recommendations from TLDC.
 - o SDPI set aside funds formerly assigned to CDC will now be assigned to the community directed grant
 - o New and competing continuation funding opportunity announcement plans
 - o No changes to the national funding formula
 - o More recent data (FY2012) will be used in the funding formula
 - DP/HH will be merged with the SDPI Community-Directed (C-D) grant program
 - o Current DP/HH grantees are funded through September 29, 2016
 - o No-cost extensions until September 2017
 - o 3-month grant close-out period up to December 2017
 - C-D programs that would like to implement activities/services similar to those done as part of the DP/HH initiatives can do so by either:
 - o Selecting an appropriate best practice
 - o Proposing DP/HH activities or services as part of “Other Activities/Services not related to selected Best Practice”.
 - Funding Opportunity Announcement (FOA)
 - o Will be posted on Federal Register and available in Grants.gov soon.
 - o 5-year project period (contingent on funds availability)
 - Funds will be awarded to all applicants who successfully meet application criteria. Competition is to achieve a fundable score on the objective application review (not against each other).
 - Applications must be completed on time.
 - New Tribes will be able to join this round.
 - FY16 C-D Grant Amounts
 - o \$25.4 million from merging DP/HH into C-D plus \$1m formerly assigned to CDC
 - 1 million will go to increase the Urban set-aside
 - 25.4 will go into C-D to provide funding for
 - Tribes not currently funded
 - More current data
 - Increase funds to all areas
 - Budget Period for FY 2016
 - o One budget cycle starting in FY 2016
 - January 1-December 31, 2016
 - Use carry-over funds in the fourth quarter for October fiscal year.
 - If you don't have carry-over funds then they will find supplemental.
 - o TSGAC recommended that IHS consider a different fiscal year solution.

Methamphetamine and Suicide Prevention/Domestic Violence Prevention Initiatives

- Dear Tribal Leader Letter issued June 22, 2015 to provide an update on how IHS will move forward with MSPI and DVPI over the next five years.
 - o Funding formula will not change for either
 - o Overall amount will be decreased for MSPI and DVPI
 - o MSPI
 - \$13.6 to \$12.5 million
 - \$1.88 million to \$1 million available to Urbans
 - o DVPI
 - There was a little increase that did not set off the MSPI decreases.
 - \$600,000 available for future grantees

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- In response to National Tribal Advisory Committee on Behavioral Health recommendations, change to Regional Project Officers and Evaluators
 - o 7 area offices will have regional project officers
 - o 5 others will stay at HQ
 - o Will be available for all ITUs who are awarded MSPI/DVPI funding
 - o Recipients will longer be required to use up to 20% of the budget for local evaluation
 - IHS facilities will receive funding through program awards
 - Application Process: all ITUs will submit the same application and undergo the same eligibility and selection criteria.
 - MSPI will have four purpose areas for eligible applicants to apply:
 - o Community and Organizational Needs Assessment and Strategic Planning/Data Sharing Systems
 - o Suicide Prevention, Intervention, and Postvention Services
 - o Meth Prevention, Treatment, and Aftercare Services.
 - o Native Youth Focused – Generation Indigenous Initiative Support
 - DVPI Program Components
 - o Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses
 - o Forensic Healthcare Treatment Services
 - No new data will be used in funding distribution

Generation Indigenous (Gen I)

- Youth Engagement
 - o Native youth network
 - o Native youth challenge
 - o Cabinet secretary youth listening tour
 - o White House Tribal Youth Gathering (July 9)
 - o White House Tribal Youth Convening at 2015 Tribal Nations Summit
- IHS Gen I Activities
 - o Development of Youth Steering Committees
 - o Pathways Internship Program
- IHS Gen I Funding Opportunities
 - o MSPI
 - o DVPI
 - o SDPI
- Future Plans: FY16 budget request includes an additional \$25m
 - o Expand Let's Move Indian Country
 - o Increase direct youth engagement by incorporating Gen I Activities
 - o Tribal Behavioral Health Initiative
- Tribal Action Plans: conducted several trainings and created a learning community to assist Tribes in developing a Tribal Action Plan
- Learning Portal is available through Bureau of Justice Affairs (DOJ)

Joint TSGAC and IHS Deputy Director Discussion

- Grant Funding
 - o Area offices are hiring new 7 FTEs to monitor and evaluate the MSPI/DVPI, TSGAC is concerned that IHS is transferring money that could be spent at the tribal level to increase the administration.
- Recent Program Decisions
 - o IHS has been really good about following up on comments from Tribes that summarize the comments and provide action items based on comments.

- IHS commits to respond to the comments provided on the MPA and Joinder Agreement.
- SDPI Grant
 - IHS will review the concerns regarding the effect on Tribes on other fiscal years.
- OEH&E
 - Mr. McSwain agreed with TSGACs request to make the office and their funding more transparent so the Tribes can follow the appropriations.
- Contract Support Costs
 - TSGAC would like the workgroup to commit to two calls before the August in-person meeting, and Mr. McSwain agreed to ask that the workgroup conduct two calls.
 - TSGAC will develop a proposed workplan for the workgroup and submit it for review.
 - TSGAC also would like the group to continue its work on multi-year funding agreements.
- FQHC Designation and MOU
 - McSwain is working with the CMS Acting Administrator to make sure the rule will correct and grandfather provider-based ITUs appropriately.
 - TSGAC suggests that IHS encourage CMS Acting Administrator to tour in Indian Country so he can understand the system better.
 - CMS' actions on this rule may indicate the Tribal consultation reminders are necessary.
- TSGAC would like IHS support during the waiver CMS processes where Tribes are involved.
- Joint Venture Feedback
 - TSGAC has requested that IHS provide feedback on the Joint Venture Applications.
 - Mr. McSwain committed to follow-up on feedback.
- Employee Settlement
 - IHS will make the first series of payments in August.
 - IHS is evaluating the effect the loss of funds, however they won't know until after August 14th
 - TSGAC Discussion:
 - Why hasn't there been any significant change to the system?
 - There is mandatory training going on for supervisors
 - IHS is also reviewing an option called "premium pay" which allows IHS to pay a percentage over their salary to work overtime.
 - Does this affect Tribal facilities?
 - No because their right to bargain is extinguished when the Tribe takes over the facility.

Closing Remarks

Robert McSwain, Deputy Director, Indian Health Service

Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut and Chairwoman, IHS TSGAC

Wednesday, July 22, 2015 (8:30 am – 1:30 pm)

Meeting of TSGAC and Technical Workgroup

Welcome – Call to Order at 8:35 AM Eastern

Roll Call

Alaska: Jerry Moses, Senior Director, Intergovernmental Affairs, Alaska Native Tribal Health Consortium

Billings: Beau Mitchell, Council Member, Chippewa Cree Tribe

California: Shane McCullough, Councilman, Hoopa Valley Tribe

Nashville: Marilyn "Lynn" Malerba, Chief, Mohegan Tribe

Tobias Vanderhoop, Chairman, Wampanoag Tribe of Gay Head (Aquinnah)
Stephanie White, Treasurer, Wampanoag Tribe of Gay Head (Aquinnah)
Navajo: Carolyn Drouin, Proxy for Vice President Nez
Oklahoma 1: Rhonda Butcher, Proxy for Chairman Baker
George Thurman, Principal Chief, Sac and Fox Nation
Oklahoma 2: Mickey Peercy, Proxy for Chief Batton, Choctaw Nation
Vickey Hanvey, Proxy for Principal Chief Baker
Phoenix: Lindsay Manning, Chairman, Shoshone-Paiute Tribes of the Duck Valley Indian
Reservation
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Aliza Brown, 3rd Councilwoman, Quinault Indian Nation
Albuquerque: Raymond Loretto, DVM, Governor, Pueblo of Jemez
Shawn Duran, Tribal Administrator, Taos Pueblo

Opening Remarks

Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut and Chairwoman, IHS TSGAC

TSGAC Committee Business

- Approval of Meeting Summary (March 2015)
 - MOTION
 - Citizen Potawatomi Nation made a motion to approve the March meeting summary.
 - Taos Pueblo seconded the main motion.
 - Motion passed with one abstention.
- Approval of 2016 Quarterly Meeting Calendar
 - MOTION
 - Taos Pueblo recommended a correction to the Strategy Session year in 2016
 - Choctaw Nation made a motion to accept the 2016 Calendar with proposed corrections.
 - Taos Pueblo seconded the motion.
 - Motion passed without objection.
- Approval of Representatives
 - Navajo Nation Representatives
 - Primary: Jonathan Nez, Vice President, Navajo Nation
 - Alternate: Nathaniel Brown, Honorable Delegate of the 23rd Navajo Nation Council
 - Albuquerque Representative
 - Alternate: Raymond Loretto, DVM, Governor, Pueblo of Jemez
 - Phoenix Representative:
 - Primary: Lindsay Manning, Chairman, Shoshone-Paiute Tribes of the Duck Valley Indian Reservation
 - Billings Representative:
 - Primary: Beau Mitchell, Council Member, Chippewa Cree Tribe
 - Nashville Technical Representative:
 - Hillary Andrews, Policy Analyst, United South and Eastern Tribes
 - MOTION
 - Choctaw Nation made a motion to approve all the representatives.
 - Taos Pueblo seconded the motion.
 - The motion was approved without objections.

ISAC Representative

- Chief Malerba reiterated how important it is to engage with the ISAC and that without Carolyn Crowder we haven't had a representative on ISAC.
- Self-Governance representation is important because of the ICD-10 catalogue roll out in FY 2017.
- Floyd Thompson
 - ISAC has representation from a diverse backgrounds.
 - You do not necessarily need a technical background to participate in ISAC.
- OIT committed to host a webinar to learn more about ISAC and help recruit a qualified candidate.

Centers for Medicare & Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG) Update

Chief Marilyn (Lynn) Malerba, Mohegan Tribe of Indians of Connecticut and Chairwoman, Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC)

- Thirty-seven States have expanded Medicaid. However, several states with large Indian populations have not expanded, for example Oklahoma and South Dakota.
- Choosing not to expand is becoming an equity issue.
- Failure to expand also leaves out care for young men.
- Options that Tribes are pursuing in place of expansion include the waiver process, which TSGAC has requested IHS support.

Mim Dixon Consultant, Tribal Self-Governance Advisory Committee

- Proposed Rule for Medicaid Managed Care
 - Important because more than half of the states use managed care.
 - Any changes will affect the interest of tribal patients and tribal facilities.
 - However, there are some coordination issues that TSGAC is concerned about and technical advisors are working on comments to CMS to address these concerns.
 - Comments are due on the 27th of this month and will be distributed to TSGAC beforehand so Tribes can submit their own comments.
 - There are particular states where this comment is more important than others because of their managed care rules.
 - TSGAC will send a letter to support TTAG comments.
 - Rural and Urban definition in the rule will make more folks eligible.

Kitty Marx, Director, Tribal Affairs Group, Office of External Affairs, CMS

- CMS is working on rules to address several issues important to Tribes:
 - Managed Care
 - Across State Borders Issue
 - Eligibility Regulations
 - Give Tribes more leverage to make decisions
- Reorganization to move the Tribal Affairs Division to the Medicaid Center
 - This move enables the Division to comment earlier on policies CMS is proposing.
- CMS Tribal Consultation Policy
 - In 2011 Tribal Consultation Policy was signed by Dr. Burwick, and the policy has empowered the Tribal Affairs Division to educate CMS office and divisions.
 - One issue that came up in TTAG was a balance between administrative regulatory rules and the Tribal consultation executive order.
 - TTAG has two smaller workgroups to assist Tribal comments on two proposed rules
- Managed Care Proposed Rule
 - This rule hasn't been updated in over two decades. It needed to be updated to match the current system of delivery under the Affordable Care Act.

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- If AI/AN patients are enrolled in a Medicaid Managed Care plan, the provider receives a supplemental payment from the state to make up any difference between the provider rate and the state Medicaid available rate.
 - If you are out-of-network, and the Tribal patient is referred, where are they referred? Do they have to go back to the MCO or can the I/T/U provider refer directly to the specialist?
 - Comments are needed to respond to this question.
 - The addendum needs feedback as well.
 - Comments are due July 27, 2015 on the proposed rule.
 - The regulations are on a fast track to be concluded before the Administration transitions.
 - New Mexico audit issues.
 - The issues found during the audits in New Mexico was never shared with Tribes.
 - The organizations were all driven out of business; not many repayments were available.
 - Tribes are interested in the results.
 - Medicare Provider Based Clinics Proposed Rule
 - Last regulations were issued in 2007.
 - The rule limited the mile radius to 35 miles to keep providers outside the area from billing Medicaid under the hospital. However, IHS worked with CMS to grandfather the clinics under the hospital to make an exemption for rural areas.
 - Only a small number of tribal clinics are currently affected by this rule (3 nationwide). It applies to clinics that were billing as a provider-based department of a hospital in 2000 when the regulations were first changed and are in the situation where the hospital and the clinic have a split operation between IHS and tribal operation (i.e. where a Tribe has assumed operation of a clinic that previously billed as provider-based).
 - CMS is proposing to grandfather IHS clinics, so they can keep their Medicaid rate.
 - The greatest concern is when a Tribal facility bills under an IHS hospital.
 - There should not be any issues for those facilities that are governed solely by the Tribe.
 - Comments on the rule are due on September 8, 2015. Sample comments are being developed by TTAG.
 - Tribal Discussion:
 - If you are an FQHC you don't get paid full amount sometimes for three years after the initial billing? Will this rule work to improve the process?
 - Will the rule make sure the co-payment is paid?
 - Kitty is unsure if the rule addresses either of these concerns, however she will make sure both answers are available during the All Tribes' Call next week.
 - Medicaid Expansion
 - CMS is currently considering three concept proposals
 - Waiver from Oklahoma
 - The state is opposed to add a third option to extend Medicaid eligibility to 200% of FPL to allow ITUs to pay sponsorships from Tribes
 - Proposal under review; CMS has hosted a session to hear from OK Tribes.
 - SD Proposals (x2)
 - Expanding how 100% FMAP is applied to areas such as telehealth.
 - Extending 100% FMAP to some CHR services (e.g. non-emergency transportation, well baby visits).
 - Alaska Waiver
 - CMS is interested in looking at innovative ways to use 100% FMAP to benefit AI/AN communities. Not looking to restrict or pull back.

Adjourn TSGAC Meeting