

Centers for Medicare & Medicaid Services

IHS Indian Health Summit – Federal Panel on Urban Indian Health

July 8, 2009

CMS

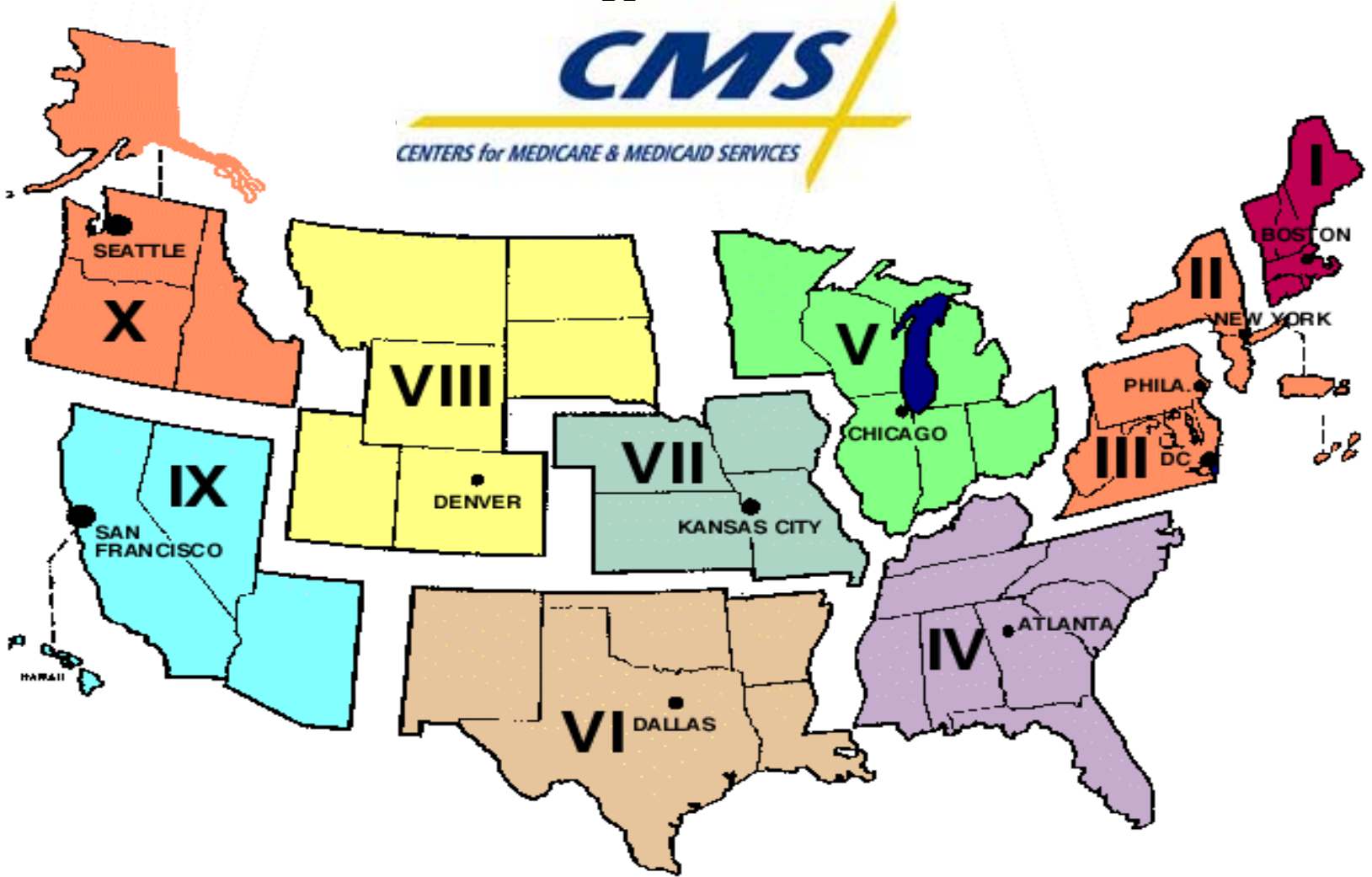
(Centers for Medicare & Medicaid Services)

- Department of Health and Human Services (DHHS)
- Administers Medicare, Medicaid and Children's Health Insurance Program (CHIP)
 - Serving over 90 million beneficiaries
- Annual Budget of over \$415 billion
- CMS plays a key role in the overall direction of the U.S. health care system

CMS Administrative Role

- Assures that Medicare, Medicaid and CHIP programs are properly run
- Establishes policies for paying health care providers
- Conducts research on health care management, treatment and financing
- Assesses quality of health care facilities
- Provides guidelines to State Medicaid Programs & CHIP

10 CMS Regional Offices



CMS AI/AN Beneficiaries

- AI/AN populations served by IHS – 1.9 million
- AI/AN populations enrolled in:
 - Medicare: 179,794
 - Medicaid: 793,835
 - CHIP: 26,744
- FY 2009, IHS estimates Medicare & Medicaid reimbursements will exceed \$750 million
- The revenues collected at each service unit varies from 15% to 50% of the service unit's hospital and clinics operating budgets

CMS Funding for AI/AN Health Care

- Indian Health Care Improvement Act (IHCIA) of 1976 (P.L. 94-437)
 - Amended the Social Security Act to create section 1880 (Medicare) and section 1911 (Medicaid) authorizing Medicare and Medicaid payment for services delivered in IHS and Tribal facilities, operated under Pub. L. 93-638
- Intended to increase funding streams from Medicare and Medicaid for Indian health care programs and not offset IHS funding

CMS and Urban Indian programs

- Urban Indian programs have authority to participate as Federally qualified health centers (FQHCs)
- Urban Indian programs do not bill under the authorities in title IV of IHCA
- Do not have the option to receive the all-inclusive rate (AIR) [OMB approved rate]
- 100% FMAP does not apply

CMS Provides Assistance to I/T/Us

- CMS is committed to maximizing AI/AN access to Medicare, Medicaid and CHIP – whether served by the IHS, tribes, or urban Indian programs (I/T/Us)
- CMS knows the unique health needs of AI/ANs and the I/T/Us
- CMS has created a team designed to specifically focus on AI/AN health

CMS Resources to Assist I/T/Us

- At each CMS Regional office, there is a Native American Contact (NAC) who is available to provide technical assistance to Tribal programs
- The name and contact information for the NACs is available at the end of this handout
- Contact your NAC if your tribal program has questions about billing and reimbursements; and/or questions about Medicare, Medicaid and CHIP beneficiary services

CMS Resources to Assist I/T/Us

- NACs work with the Tribal Affairs Group, Office of External Affairs, CMS, located in Baltimore
- The Tribal Affairs Group serves as a liaison between the Agency and Tribal communities and other Federal Agencies in regards to AI/AN health and CMS programs.
- Director of TAG is Kitty Marx, who can be reached at kitty.marx@cms.hhs.gov

CMS Training for I/T/Us

- In FY 2009, the TAG, working with NACs and the IHS, is holding Area Trainings on Medicare, Medicaid, and CHIP issues
- Agendas are developed to meet Area needs and include such topics as:
 - Medicare and Medicaid 101
 - Billing practices
 - Long term care
 - Medicaid Administrative Match

Tribal Technical Advisory Group

- CMS established a Tribal Technical Advisory Group (TTAG) to provide advice and input to CMS on policy, legislative, and programmatic issues affecting Indian health programs and AI/AN beneficiaries
- TTAG is comprised of representatives from each of the 12 IHS Areas and a representative from National Indian Health Board (NIHB), National Congress of American Indians (NCAI) and Tribal Self-Governance Advisory Committee (TSGAC)

CMS TTAG

- TTAG meets three times a year in Washington, DC and holds monthly conference calls
- Some of the TTAG Subcommittees are:
 - Data research
 - Outreach & enrollment
 - Long term care
 - Strategic plan and budget
 - Across-State borders
 - Medicaid Administrative Match
 - Policy

CMS TTAG Priorities

- TTAG involvement in implementing CHIPRA and ARRA Indian health provisions
- Increased funding to support TTAG and TTAG Strategic Plan
- Increased CMS support for Long Term Care in Indian Country
- Increased CMS role in facilitating Tribal/State Relationships
- Resolution of long standing issues: Tribal consultation policy, MAM, data access

Additional CMS Resources

- CMS produces the Medicine Dish: a series of broadcasts for health professionals and AI/AN beneficiaries on CMS programs
- Medicine Dish is broadcast on the second Wednesday of every month at 1:30 ET and can be seen at videocast.nih.gov
- July 8th Medicine Dish show is on how to prepare FQHC cost reports

CHIPRA and Recovery Act

- Children's Health Insurance Program Reauthorization Act (CHIPRA) reauthorizes the CHIP program for FY 2009 through FY 2013
- American Recovery and Reinvestment Act (Recovery Act) provides funding opportunities to jumpstart the economy, creates new jobs and addresses long-neglected needs
- The following is a summary of some of the provisions in CHIPRA and the Recovery Act that are specific to I/T/Us:

CHIPRA and Indian Health

- Section 201: outreach and enrollment
 - Provides for \$100 million for all enrollment and outreach activities –
 - \$80 million for outreach and enrollment grants to States and other eligible entities
 - \$10 million for national enrollment campaign, including outreach materials for Native Americans
 - \$10 million set aside for outreach to Indian children through grants to Indian Health providers and urban Indian organizations

Sect 201: CHIP outreach grants

- \$40 million in grants available to enroll children in state Medicaid and CHIP
- <http://www07.grants.gov/search/search.do;jsessionid=yh2NKRqVnRw4BJZHLR2BTKNMFShPLhx59jHGDdtvLv1fZPS36gsF!-723925807?oppld=48293&mode=VIEW>.
- Applications submitted electronically are due by Aug. 6, 2009. Applications submitted by mail are due by Aug. 10, 2009.

CHIP outreach grants (cont'd)

- Grants will be awarded by Sept. 30, 2009. To apply for the grants, applicants must be:
 - A state or local government;
 - An Indian tribe or tribal consortium or other tribal organization;
 - A federal health safety net organization;
 - A national, state, local, or community-based public or nonprofit private organization, including those that use community health workers;
 - A certified faith-based organization or consortium;
 - An elementary or secondary school

Section 202 – Increased Outreach and Enrollment of Indians

- Requires the Secretary to encourage States to take steps for enrollment of Indians into Medicaid and CHIP
 - Includes outstationing eligibility workers
 - Entering into State agreements with I/T/Us
- Requires CMS to take necessary steps to facilitate agreements between States and Tribes
- Exempts from a State's 10% administrative cap for outreach & enrollment activities of Indian children

Section 211: Tribal Documentation

- Applies citizenship documentation requirements to CHIP
- Documentation from a Federally-recognized Tribe (such as a Tribal enrollment card or certificate of degree of Indian blood) is satisfactory evidence of citizenship and identity
- For Tribes located in States having an international border and whose membership includes non-U.S. citizens, the Secretary is to issue regulations, after Tribal consultation, identifying other forms of documentation
- Until such regulations are effective, Tribal enrollment/membership documents for purposes of proving both citizenship and identity are sufficient

Section 5006 of the Recovery Act: Protections for Indians under Medicaid/CHIP

- Exempts AI/ANs from Medicaid cost-sharing for services received directly from I/T/Us or through referrals under contract health services
- Exempts Indian-specific property in determining Medicaid and CHIP eligibility
- Exempts Indian-specific property from Medicaid estate recovery rules

Section 5006 (cont'd)

- Codifies in law the current FACA-exempt TTAG and adds one representative each for IHS and Urban Indian organizations
- Requires States to consult with Tribes and urban Indian programs on Medicaid and CHIP issues having a direct effect on I/T/Us
- Enhanced protections for I/T/Us and for AI/ANs enrolled in Medicaid managed care

CMS Tribal Consultation

- CMS committed to ensuring tribal involvement in implementation of CHIPRA and Recovery Act provisions
- Working with TTAG, established CMS/TTAG policy workgroup
- Scheduled All Tribes' Calls June 5 – July 2
- July 8 and July 10th – CMS Tribal Consultation Sessions, Denver

CMS Native American Contacts

- Region I – Boston (CT, ME, MA, NH, RI, VT) – Nancy Grano
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Questions?

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For more information visit the CMS AI/AN Center:
www.cms.hhs.gov/center/ir.asp