

Summary of Centers for Medicare and Medicaid Services
All Tribes Conference Call on the Implementation of the
Affordable Care Act
December 3, 2010

The Centers for Medicare and Medicaid Services (CMS) conducted the fourth in a series of biweekly teleconferences to explore issues related to the impact of health care reform on Indian Country. Kitty Marx, the Director of the Tribal Affairs Group (TAG), opened the call with a brief introduction of the topics for the teleconference:

- § 151 of the Indian Health Care Improvement Act, S. 1790, “Treatment of Payments under the Social Security Act Health Benefits Programs”; and
- § 153 of the Indian Health Care Improvement Act, S. 1790, “Grants to and Contracts with the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to Facilitate Outreach, Enrollment, and Coverage of Indians under the Social Security Act Health Benefit Programs and Other Health Benefit Programs.”

The call commenced with a discussion of issues related to § 151, which amends § 401 of the Indian Health Care Act. According to § 151, tribal health programs which directly bill and receive payment under Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) for health care services are now required to provide the Indian Health Service (IHS) a list of each provider enrollment number or other identifier under which such programs receive reimbursements or payments. In turn, IHS must supply the CMS with copies of the list of the provider enrollment numbers or other identifiers. IHS must also provide CMS with enrollment data regarding patients served by IHS and tribal health programs to the extent such data are available to IHS. Finally, IHS must furnish any information the Administrator of CMS may require to administer Titles XVIII, XIX, or XXI of the Social Security Act. Participants on the call who spoke to § 151 believed most programs have National Provider Identification (NPI) numbers and State-provided Medicaid numbers in their computer system whether through RPMS or other data bases. Even so, not all Tribes do, and those which do, may very well have varied formats. CMS officials on the call suggested there was a need to find a way to respond § 151 without redundant efforts.

The teleconference also addressed issues related to § 153, which amends § 404 of the Indian Health Care Act; § 404 provides authority to the Secretary, acting through the IHS, to make grants or enter into contracts with Tribes and tribal organizations to assist them to establish and administer programs on or near reservations to conduct outreach and enroll American Indians/Alaska Natives in Medicare, Medicaid, and CHIP. § 153 amends § 404 to permit enrollment through new procedures such as video, electronic delivery message, or telecommunication devices. Various topics that arose during the discussion of outreach and enrollment included (1) CMS’s new promising practices website which will be launched in 2011, (2) definitions of online Medicaid enrollment, (3) the use of the Medicaid Administrative Match, (4) issues related to culturally sensitive outreach, and (5) funding to support outreach and enrollment activities.

The All Tribes calls are held on a bi-weekly basis on Fridays from 1:00 to 2:00 PM (ET). The call-number (1-888-450-4823) and passcode (750568) are used in all the calls. This teleconference was the final one for 2010 with a new schedule of calls anticipated in January 2011.