

Tribal Technical Advisory Group

American Indian and Alaska Native Strategic Plan 2020-2025



Annual Budget Recommendation

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GOAL SUBTOTALS:

GOAL 1:

CMS will develop policy relevant to the Indian Health System ..\$3,220,000

GOAL 2:

CMS will apply policy relevant to the Indian Health System \$1,568,000

GOAL 3:

CMS shall support activities to evaluate policy relevant
to the Indian Health System \$750,000

GOAL 4:

Respond to changing needs and priorities of the
Indian Health System and CMS.....\$200,000

GRAND TOTAL: \$5,738,000

GOAL 1

CMS WILL DEVELOP POLICY RELEVANT TO THE INDIAN HEALTH SYSTEM

= \$3,220,000

OBJECTIVE 1A –

CMS must fully engage with Tribes through regular, meaningful consultation and listening sessions = \$160,000

Task 1: CMS will provide funding for technical assistance and support for Tribal leaders and their representatives at Tribal Consultations and Listening Sessions.

Task 2: CMS will provide timely notice of activities and biannual reports of the outcomes of Tribal Consultations and Listening Sessions.

OBJECTIVE 1B –

CMS must fully engage with Tribes to expand and enhance review of CMS' proposed policies = \$905,000

Task 1: CMS will collaborate and consult with TTAG and Tribes before the policy development process begins, where Tribes have requested to be involved or where such policies have Tribal implications.

Task 2: TTAG will continue to conduct timely monitoring, comprehensive review and final comments to CMS on regulations, guidance and other documents issued by CMS that have Tribal implications.

Task 3: CMS will support activities to catalogue information submitted by TTAG and affiliated Tribal organizations in response to its requests for comments; provide TTAG with a summary of TTAG and Tribal recommendations quarterly; clearly list CMS' response to each of the TTAG's recommendations; and note any action items that will be discussed at the TTAG

meeting immediately following. Tracking will include letters from TTAG, white papers, data reports, and regulatory comments.

Task 4: CMS will support regulatory impact analysis in order for TTAG to engage in the regulatory review process.

Task 5: CMS will conduct periodic regulatory impact analysis of CMS' proposed policies on Indian Country and share this information with TTAG as frequently as necessary to ensure TTAG has the most current and updated information.

OBJECTIVE 1C –

CMS must fully engage with Tribes to develop the capacity to collect data, in a manner that is informed by Tribal best practices = \$600,000

Task 1: CMS will support work to establish capacity to access and link data to Tribal citizens and other IHS eligible individuals across the IHS National Data Warehouse and CMS Medicare and Medicaid databases.

Task 2: CMS will support TTAG's goals by promulgating policies for Tribal Access to CMS programs data.

Task 3: CMS will support and provide access for compilation and analysis of CMS program data in collaboration with Tribal data sources.

Task 4: CMS will support work to evaluate, use, and inform States on how the use of state plan amendments (SPA), 1115 waivers, or other demonstrations can

improve access for Tribal citizens and other IHS-eligible individuals to timely health care services.

Task 5: CMS will work with TTAG, in collaboration with Tribes, to develop best practices for data collections.

Task 6: CMS will work with TTAG to identify gaps in data for policy development and plans for collection of data measures that address the social determinants of health.

Task 7: CMS will support the development of data reports around maternal and child health, elders, and young adults and other Tribal priorities as identified by TTAG.

OBJECTIVE 1D –

CMS will prepare Tribes through the TTAG to take advantage of emerging opportunities for funding and policy changes that arise due to a changed focus of the non-Indian health system = \$75,000

Task 1: CMS will provide TTAG quarterly updates on emerging issues and funding opportunities.

Task 2: Whenever legislation is being proposed, adopted or implemented, that will have an impact on AI/ANs and IHS, CMS will provide timely information to TTAG.

OBJECTIVE 1E –

CMS and the TTAG will work together to assure that AI/ANs continue to receive needed services and the I/T/U continues to receive payment for those services. = \$150,000

Task 1: When States reform Medicaid through State Plan Amendments (SPAs) or through waivers, CMS will take all steps available and permissible to ensure continued services for AI/ANs from I/T/U, and payment for those services.

Task 2: CMS will ensure compliance with Medicaid managed care regulations at 42 CFR 438.14 for payment to Indian health care providers.

Task 3: CMS will engage the TTAG on emerging payment approaches (such as managed care and value based programs), analyze how those approaches may affect the I/T/U, and share that information.

Task 4: All CMS programs will review their payment policies to assure that the I/T/U can be reimbursed for telehealth services delivered to AI/AN, to the extent authorized by regulations and Medicare or Medicaid policy. CMS shall address barriers that may be preventing permissible payments.

Task 5: Value based payments will include either funding for reporting requirements and IT infrastructure or exemptions from certain requirements that exceed the capacity of the Indian health providers.

OBJECTIVE 1F –

CMS will improve and expand the development of Long-Term Services and Supports (LTSS) throughout Indian communities = \$1,100,000

Task 1: CMS will continue to work with the Administration for Community Living (ACL) and IHS to maintain a website that will serve as an AI/AN LTSS Portal.

Task 2: CMS will work with the TTAG, IHS, and ACL to develop technical assistance materials for the I/T/U.

Task 3: CMS will collaborate with Tribes on creating best practices to build LTSS in Indian communities.

Task 4: CMS will collaborate with Tribes to identify barriers to implementing LTSS programs.

Task 5: CMS and TTAG will work collaboratively to educate Tribal leaders and Tribal stakeholders about long term care program planning and implementation, particularly with regard to the growing need for services that address the needs of elders, veterans, and persons with disabilities. This includes community-based services and other options to allow AI/AN elders to age in place.

OBJECTIVE 1G –

CMS will engage with the TTAG and Tribes as it develops its rural health strategy. = \$150,000

Task 1: CMS will work with Tribes to ensure Tribes are included in any current or future programs and policies of the Rural Health Initiative.

Task 2: CMS will provide technical assistance to Indian health care providers to help them comply with policies and implement CMS policies and initiatives to transform their practice.

Task 3: CMS and Tribes will identify and accelerate promising and evidence-based practices to improve access to services and providers across Indian Country.

Task 4: CMS TTAG will explore opportunities within existing CMMI demonstrations that could cover certain transportation services in Indian Country and work with CMS to improve rural patients' care which includes certain telehealth flexibilities to bring care to rural locations or Indian Health Care Providers (IHCP).

OBJECTIVE 1H –

CMS will reduce unnecessary burden on Indian health care providers, increase efficiency, and improve the AI/AN beneficiary experience = \$80,000

Task 1: CMS and TTAG will review current quality measures across the CMS programs to ensure that measures are streamlined, outcome based, and meaningful to Indian health care providers and AI/ANs.

Task 2: CMS will provide information and education to the Office of Inspector General to advance the goal of including new safe harbors for Indian health care providers that would create parity with existing safe harbors for Federally Qualified Health Centers.

GOAL 2

CMS WILL APPLY POLICY RELEVANT TO THE INDIAN HEALTH SYSTEM = \$1,568,000

OBJECTIVE 2A –

Ensure Tribes are provided the information they need to implement new and existing policies and programs = \$450,000

Task 1: CMS will provide technical assistance to the CMS TTAG and IHCPs necessary to understand, ensure compliance and take full advantage of new policies that are the result of legislation or regulatory action.

Task 2: CMS will seek out and compile Tribal and state level examples of successful policies and programs. This includes best practices on enrollment in CMS health insurance, in the implementation of new benefits, and the compliance requirements of CMS programs.

OBJECTIVE 2B –

Ensure Tribes maximize health benefit programs enrollment and utilize the revenue to build health services capacity = \$200,000

Task 1: TTAG will identify and build relationships with key partners and stakeholders such as the National Association of Medicaid Directors, the National Congress of State Legislators, the National Governors Association, and the Association of State and Territorial Health Officials to educate them on the I/T/U system and the critical role that Medicaid plays.

Task 2: CMS will develop materials and training capacity through staff or contractors to assist Tribes' efforts to maximize enrollment in CMS health insurance programs.

Task 3: TTAG will provide the I/T/U programs with information (obtained from Tribes, States Medicaid Programs, and CMS) on the ways to build service capacity using funding from revenues.

OBJECTIVE 2C –

Share information about grant opportunities and provide technical support = \$40,000

Task 1: CMS will ensure that I/T/U and ancillary programs are aware of grant funding opportunities by providing timely notice and on-going communications.

Task 2: CMS will support a dedicated clearinghouse and data resource center so Tribes, Tribal organizations, and urban Indian health organizations can easily access required grant information and data about AI/AN population, income, education, and health insurance status.

Task 3: CMS will support creation of a toolkit and support technical assistance that will aid Tribes, Tribal organizations, and urban Indian organizations in the grant application process to connect them with new and existing resources.

Task 4: CMS will support the development of data gathering capacity and the creation of useful information on health, income, education, housing, and insurance coverage for grant applications.

OBJECTIVE 2D –

CMS will work with the TTAG to develop a universal approach to health benefit reimbursement assistance for all CMS programs = \$300,000

Task 1: CMS will identify and address barriers which restrict health benefit reimbursements.

Task 2: CMS will work with TTAG to identify and remove barriers to I/T/U, ancillary programs, and others paying premiums for enrollment in federal-ly-funded programs.

Task 3: CMS will create and deliver trainings on I/T/U program billing to help maximize reimbursements.

OBJECTIVE 2E –

CMS will work with the TTAG and Tribes to recruit and retain AI/ANs into the CMS workforce = \$28,000

Task 1: CMS will actively recruit American Indians and Alaska Natives to hire for key policy positions, including those who are responsible for the administration of, technical assistance for, and outreach regarding health benefit programs.

Task 2: In coordination with TTAG leadership, CMS will develop a succession plan to preserve institutional knowledge and minimize impacts to Agency operations when staff turnover occurs.

Task 3: In coordination with TTAG leadership, CMS will develop a transition plan when there are changes in the Administration.

OBJECTIVE 2F –

CMS will work with the TTAG to produce and market I/T/U enrollment trainings for the Marketplace, Medicare, Medicaid, and CHIP programs = \$550,000

Task 1: CMS will hold 13-16 regional trainings annually to promote AI/AN enrollment in healthcare programs.

Task 2: CMS will target regional trainings based on the latest data around enrollment in CMS programs.

GOAL 3

CMS SHALL SUPPORT ACTIVITIES TO EVALUATE POLICY RELEVANT TO THE INDIAN HEALTH SYSTEM

= \$750,000

OBJECTIVE 3A –

Monitor American Indian and Alaska Native participation in CMS Programs; Provide Outreach and Education to Promote Enrollment; Evaluate Efforts and Policy to Identify Areas for Improvement = \$250,000

Task 1: CMS will provide an annual report on Medicaid enrollment, Medicare enrollment, and Marketplace enrollment using administrative data, the American Community Survey, and other relevant data resources.

Task 2: Using data reports, TTAG will identify barriers impeding enrollment and make recommendations to CMS for policy or regulatory changes to address these problems.

Task 3: CMS and TTAG will use lessons learned and/or evaluations to develop and improve outreach and education materials and programs.

Task 4: CMS will provide focused reports on how to access CMS programs for new and emerging areas of concern including LTSS and Substance Use Disorder.

Task 5: Reports will link its research, findings, and recommendations to the Strategic Plan.

OBJECTIVE 3B –

Evaluation activities shall be conducted collaboratively between entities likely to be impacted, including CMS, IHS, Tribes, Tribal Organizations and Urban Indian Organizations = \$250,000

Task 1: CMS will maintain up-to-date contact list of representatives by their role and participation on TTAG and its subcommittees.

OBJECTIVE 3C –

CMS shall, whenever feasible and practicable, provide access to CMS resources and technical expertise in support of the TTAG's work = \$250,000

Task 1: Annually, CMS will host TTAG members to attend meetings and trainings at the CMS headquarters in Baltimore, MD.

GOAL 4

RESPOND TO CHANGING NEEDS AND PRIORITIES OF THE INDIAN HEALTH SYSTEM AND CMS

= \$200,000

OBJECTIVE 4A –

Develop Annual List of Priorities

Task 1: TTAG will annually analyze the progress in meeting the goals of the TTAG Strategic Plan and make recommendations for priority areas for the succeeding year.

Task 2: TTAG will conduct an annual review of outstanding issues and categorize these issues into those that need a legislative solution, a regulatory solution, policy solution, or enhanced outreach and education.

GOAL SUBTOTALS:

Goal 1: \$3,220,000

Goal 2: \$1,568,000

Goal 3: \$ 750,000

Goal 4: \$ 200,000

GRAND TOTAL: \$5,738,000

