



Addendum
to the
Centers for Medicare and Medicaid (CMS)
American Indian and Alaska Native (AI/AN) Strategic Plan, 2013-2018
Adopted: 2/20/14

I. Background

The CMS AI/AN Strategic Plan, 2013-2018, was adopted by the Tribal Technical Advisory Group (TTAG) to CMS at their meeting on November 14, 2012. The purpose of the Plan is to outline a path for CMS to collaborate with Tribal governments in order to achieve mutually beneficial goals and objectives. The Plan includes five goals and related objectives and tasks that apply to all CMS programs, including Medicare, Medicaid, CHIP, and Health Insurance Exchanges. The five goals in the 2013-2018 Plan related to Tribal Consultation, policy development, Long Term Services and Support (LTSS), outreach and enrollment, and data.

The purpose of this Addendum is to make adjustments as needed based on an evaluation of the progress that has been made in implementing the plan in the first year, through December 31, 2013.¹ Specifically, two new goals have been identified. One goal is related to the Centers for Consumer Information and Insurance Oversight (CCIIO), the portion of CMS charged with implementation of the new health insurance marketplaces in the Affordable Care Act (ACA); and the other new goal is related to the Center for Medicare & Medicaid Innovation (CMMI) to support the development and testing of innovative health care payment and service delivery models.

II. Methods

In order to assist in addressing the success of the goals and objectives included in the Plan, an annual Evaluation of the Strategic Plan has been conducted. This Evaluation process provides an opportunity to review the Plan objectives, assess progress made on specific tasks, identify any obstacles and confer with TTAG and CMS on any recommendation changes.

The evaluation process included developing a tracking tool for all of the objectives and tasks, determining whether each was funded, and assessing progress in implementation. This part of the evaluation was done by the TTAG subcommittees that were involved in the development of the plan and assigned to provide oversight to the implementation of the plan. In addition, interviews were held with key people at CMS to obtain their perspectives on the current plan, any changes that may be needed, and how the TTAG can be more effective in assisting CMS to address issues related to AI/AN and the I/T/U.

This Addendum to the 2013-2018 Strategic Plan was reviewed by the TTAG Strategic Plan Subcommittee in February 2014, and approved by the TTAG at their meeting in Washington, DC, on February 20, 2014.

¹ See separate stand-alone report, *Evaluation of the CMS TTAG Strategic Plan*, dated 2/12/14.



III. Accomplishments & Findings on Goals and Objectives/Tasks

Since the TTAG Strategic Plan was enacted in November 2012, significant work and progress has been accomplished in the following areas: 1) review and drafting of responses to regulations (most of which have been finalized); 2) national education and outreach activities, e.g. trainings, development of materials and tools for AI/AN Tribal communities; establishment of Website resources; 3) development of a Long Term Services and Support Road Map (formerly Toolkit) for Indian communities to provide information and guidance to I/T/Us wishing to research the possibilities of implementing LTSS programs in their communities; 4) recommendations for electronic verification of AI/AN; 5) participation of key CMS leadership in TTAG meetings; and, 6) retention of 8 FTE in the CMS Tribal Affairs Group.

Over the past 9 months, the ACA focus has shifted to implementation issues, including enrollment in the health insurance marketplaces; applying for the Indian exemption and the IHS hardship exemption; trainings and further outreach and education in Tribal communities (Navigator) activities. The focus within Medicaid has been on Medicaid Expansion and 1115 waivers. To address the opportunities and challenges, a new TTAG Subcommittee on Medicaid Waivers has been established.

IV. Revised Objectives and Tasks to Current Goals

Based on the information in a separate Evaluation report, only one change has been made to the existing goals, objectives and tasks. Under Goal 1, the following addition is shown in underline:

Goal 1: Tribal Consultation

Objective 1.a, Task 1: Evaluate and revise existing CMS Tribal Consultation Policy, in collaboration with the TTAG and CMS Tribal Affairs Group (TAG), and provide an opportunity for Tribal consultation on this policy no later than November 2014.

Goal 2: Policy Development and Implementation

Goal 3: Long Term Services and Support

Goal 4: Outreach and Education

Goal 5: Data for Evaluation

No changes have been made to Goals 2-5.

V. New Goals for 2014

The following two new Goals and additional objectives and tasks have been recommended for 2014. Additional budget amounts have not been requested for these new goals. However, it is recommended that CMS consider any potential re-allocation of existing resources that may be used to support these objectives and tasks.

Goal 6: Assure that American Indians and Alaska Native are able to enroll in state-based and federally-facilitated Marketplace plans and maximize participation by the I/T/U as providers in those plans.



Objective 6.a. On a regular basis review metrics that provide indicators of AI/AN participation in Marketplace plans and I/T/U participation a network providers in the Marketplace.

Task 1: CCIIO will identify data sources that can be used to extract data on AI/AN enrollment in zero cost sharing plans and limited cost sharing plans, develop a reporting process and format, and provide quarterly reports to CMS leadership and the TTAG.

Task 2: CCIIO will identify data sources that can be used to extract data on I/T/U participation as network providers in the Marketplace, develop a reporting process and format in consultation with the TTAG ACA Policy Subcommittee, and provide annual reports to CMS leadership and the TTAG.

Task 3: In conjunction with the TTAG, CCIIO will set annual targets for AI/AN enrollment and I/T/U network participation.

Objective 6.b. CMS will work with IHS and Tribes to utilize the IHS National Data Warehouse in the data hub to provide an electronic method of verifying I/T/U users.

Task 1: CCIIO will develop a workplan and timetable for implementing the IHS data base as part of the federal data hub for Marketplaces.

Task 2: CCIIO will coordinate with IHS and Tribes in the implementation of the plan, and the guidelines for utilization of the data.

Objective 6.c. CMS will provide an effective and timely enrollment case management system for problems AI/AN experience when attempting to enroll in Marketplace plans to assure that individuals receive the benefits for AI/AN under ACA.

Task 1: CMS will identify roles, responsibilities, and timeframes for individuals assigned to solve problems with AI/AN enrollment in all Marketplaces, both state and federal.

Task 2: In conjunction with the TTAG, CMS will publicize names and contact information for people who are assigned the case management responsibilities with regard to AI/AN enrollment.

Task 3: CMS will develop and implement a tracking system for problems that are identified and for their solution, and a summary report will be provided at each TTAG teleconference or meeting.

Objective 6.d. CMS will work assure that Marketplace plans make accurate and timely payments to the I/T/U for services that are provided to people enrolled in Marketplace plans, and that the cost sharing reductions for AI/AN are handled properly at the time of service.



Task 1: CMS will identify individuals assigned to solve problems with reimbursement to the I/T/U in all Marketplaces, both state and federal, and publicize contact information to the I/T/U.

Task 2: As issues arise, CMS will work with the TTAG ACA Policy Subcommittee to develop guidance for issuers for reimbursement for I/T/Us, and engage in Tribal Consultation as needed.

Task 3: CMS will work with the TTAG to assure that information provided on ID cards issued by plans to AI/AN is accurate with regard to zero cost sharing and limited cost sharing variations.

Task 4: CMS will work with the TTAG to increase the number of Indian health providers with in-network contracts with QHPs.

Task 5: CMS will work with the TTAG ACA Policy Subcommittee to clarify the use of tax credits, cost sharing reductions for AI/AN, and payments for I/T/U services for Stand Alone Dental Plans for pediatric dental services.

Objective 6.e. CMS will work with the TTAG to revise the application for the Indian and IHS beneficiary exemptions from the tax penalty prior to 2015, or at such time that revisions are being made, in order to make the questions more understandable for intended users.

Goal 7: Promote opportunities for I/T/U's to be included in new and innovative payment and service delivery models consistent with the rest of the health care system.

The ACA required CMS to establish the Center for Medicare & Medicaid Innovation (CMMI) to support the development and testing of innovative health care payment and service delivery models. CMMI has created an initiative for states and health care providers to undertake a process to plan, design, test, and evaluate new payment and health service delivery models. CMMI is interested to test these new models in order to lower costs for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), while maintaining or improving quality of care for program beneficiaries.

The objective of these new models is to shape larger health system transformation. The Innovation Center's mandate gives it flexibility within these parameters to select and test the most promising innovative payment and service delivery models. The statute provides \$10 billion in direct funding for these purposes in fiscal years 2011 through 2019.

Many States and health care organizations have received model pre-testing awards to assist them to work with health care leaders to set common aims through a plan that improves the patient experience of care, improves the health of populations, and reduces the per capita cost of care. These efforts are focused on improving patient safety, promoting care that is coordinated across health care settings, investing in primary care transformation, creating new bundled payments for care episodes, and meeting the complex needs of those dually eligible for Medicare and Medicaid. These projects all explore moving from a volume-based and fragmented health care system, to one more based on achieving value for patients and providers through better care, better health, and lower cost. This work



stands to fundamentally reorient payment toward value rather than volume and incent health care delivery redesign.

There are a complex set of federal statutes and regulations that govern the Indian health system and its participation in CMS programs. Past experience demonstrates that unless I/T/U programs and policy experts are involved in the development health system reforms, they will not effectively integrate with the Indian health system. I/T/U programs must be involved in the development of any policy framework to reorient payment policy and health care delivery redesign and Tribal consultation must also be included. The broad policy objectives discussed above will have a profound and lasting impact on the Indian health system. Indian health programs welcome the opportunity to partner with CMMI, States, and others to improve reimbursement and health care delivery models.

Objective 7.a. The Center for Medicare and Medicaid Innovation (CMMI) shall collaborate and consult with the TTAG and Tribes on policies affecting the I/T/U which test innovative payment and service delivery models aimed to reduce program expenditures and improve the quality of care furnished to individuals.

Task 1: CMMI shall regularly consult with the TTAG to identify opportunities for the I/T/U to participate in the development and implementation of new payment and service delivery models that recognize the unique political and legal policies of the Indian healthcare delivery system.

Task 2: CMMI will coordinate with the Tribal Affairs Group [and the TTAG] to provide information and technical assistance to Tribes [and States] about how to adapt the Indian healthcare delivery system to into programs and services implemented by CMMI.

Task 3: CMMI shall coordinate with the Tribal Affairs Group to review that states have consulted with Tribes in the development of proposed innovations and recommendations to ensure that states have consulted and solicited the advice of the I/T/U in the development of such programs.²

Objective 7.b. CMMI in consultation and collaboration with the TTAG and IHS shall develop a special Tribal Initiative that offers CMMI grantees and I/T/U partners the opportunity to build on the existing capacity and infrastructure of the Indian healthcare delivery system to test and evaluate service delivery models aimed at reducing costs and improving quality of care.

VI. Opportunities to Improve Collaboration

The TTAG has been an effective forum in raising and advancing critical policy issues within CMS. A positive working relationship has been established with TTAG and several CMS divisions and

² 42 U.S.C. §§1396a(a)(73) and 1397gg(e)(1)(C), as added by Sec. 5006(e)(2) of the American Recovery and Reinvestment Act (P.L. 111-5) (Feb. 17, 2009).



progress is being made through the TTAG Subcommittees. Additional suggestions on how to advance and improve TTAG and this relationship with CMS include:

- Meetings
 - Request CMS Administrator and other high level people in CMS be scheduled to attend TTAG face-to-face meetings, particularly since the meetings are scheduled for a year ahead.
 - Consider eliminating TTAG monthly teleconferences and focus on a more substantive agenda for the face-to-face meetings.
 - Strengthen TTAG Subcommittees, which have not been fully staffed, and schedule teleconference between TTAG face-to-face meetings. Staffing of TTAG Subcommittees is critical for agenda development, coordination of documents and conference calls and to ensure active involvement of subject matter experts.

- Communications
 - CMS should provide more lead time when possible on issues requiring Tribal review and comment.
 - TTAG should utilize Tribal Affairs contact(s) within CMS as a point of entry to assist in on-going communication on top priority issues.
 - More transparency is needed on the budget to support TTAG Strategic Plan activities. TTAG and CMS need to review and determine if there are any obstacles that are getting in the way of implementation of the goals and objectives.

- Outreach and Education
 - Seek opportunities and forums to share Tribal best practices being developed under the ACA including payment reforms, enrollment experiences, Tribal sponsorship, and improved delivery of care.
 - Explore other funding opportunities within CMS to Tribes and Tribal organizations that are developing new and innovative programs.

- Focus on Top Strategic Plan Priorities
 - TTAG Subcommittees should identify and focus on the top 3-5 issues in the goal for which they are responsible, and regularly review and report on progress or identification of obstacles or roadblocks in implementation of these objectives.
 - Continue annual evaluation and implementation of the existing TTAG Strategic Plan.