

All –

See the attachments for information on the Department of Health and Human Services' upcoming tribal consultations in Denver, Colorado. The Department will host a consultation on **Health Care Reform and the Indian Health System** on July 7<sup>th</sup>. The Centers for Medicare and Medicaid Services (CMS) will host consultations on the CMS-specific provisions in **CHIPRA and the Recovery Act** on July 8<sup>th</sup> and 10<sup>th</sup>.

The most noteworthy announcement is that the Indian Health Service is allowing a *limited* number of elected tribal leaders to register at this late date for the Indian Health Summit. Registrations must be received by **Monday, June 22**. No registrations will be accepted past this date. Registration forms (attached) should be emailed to [jkim@thehillgroup.com](mailto:jkim@thehillgroup.com). IHS is allowing these late registrations to encourage attendance at the consultations for those elected tribal leaders that could not register for the Indian Health Summit before the registration closed.

Please let me know if you have any questions,  
Tom

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## **U.S. Department of Health and Human Services Information on July 2009 Tribal Consultation Sessions | Denver, Colorado**

### **THE DEPARTMENT WANTS YOUR INPUT**

The Department of Health and Human Services recognizes that Tribes have specific needs and interests with regard to health care reform, the Children's Health Insurance Program Reauthorization Act (CHIPRA), and the American Recovery and Reinvestment Act (ARRA). A Dear Tribal Leader Letter was sent to all Tribes announcing tribal consultation sessions on these issues.

### **OPPORTUNITIES FOR GOVERNMENT-TO-GOVERNMENT CONSULTATION**

The Department will host three consultation sessions in Denver, Colorado, in conjunction with the Indian Health Service's Indian Health Summit. One, hosted by the Department itself, will focus on **Health Care Reform and the Indian Health Care System**. Two other sessions, hosted by the Centers for Medicare and Medicaid Services, will focus on the CMS-specific provisions of **CHIPRA and ARRA**. Information for the sessions is below:

#### **Health Care Reform and the Indian Health Care System**

**July 7, 2009 – 1:30-5:00 PM**

Mineral Rooms F&G

Hyatt Regency Denver at the Colorado Convention Center

650 15<sup>th</sup> Street

Denver, Colorado

#### **CMS Consultations on CHIPRA and ARRA (RSVP to [lois.serio@cms.hhs.gov](mailto:lois.serio@cms.hhs.gov))**

**July 8, 2009 – 8:30 AM to 1:00 PM**

Rooms 301 and 302

Denver Convention Center

700 14<sup>th</sup> Street

Denver, Colorado

**July 10, 2009 – 8:30 AM to 1:00 PM**

7<sup>th</sup> Floor Conference Room

Colorado State Bank and Trust Building

1600 Broadway

Denver, Colorado

### **COLLABORATION WITH THE INDIAN HEALTH SERVICE**

The location for these consultations was itself selected in consultation with tribal leaders, who appreciated the convenience of attaching the sessions to the Indian Health Summit. Some tribal leaders might like to attend the sessions, but have found the Indian Health Summit's registration closed. The Indian Health Service will allow an *extremely limited number* of elected tribal leaders to register for the Indian Health Summit at this late time. The registration form is attached to this email. The late registration fee is \$225, and tribal leaders must register by **Monday, June 22**.

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Sharing Wisdom and Showcasing Innovation*

## Registration Form - Elected Tribal Leaders

### I. Registration Profile

**Registrations MUST BE received by June 22, 2009.**

» Registration Fee - \$225

\* required field

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First Name\*

Last name\*

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Title

Degree(s)

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Facility Name

Organization\*

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Tribes Represented by Your Organization

---

Address\*

---

Address 2

---

City\*

State\*

Postal Code\*

---

Phone\*

Fax

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Email\*

### II. Other Information

Check appropriate box:

IHS

Urban Program

Tribal Program

Other \_\_\_\_\_

Please list any special dietary needs:

Please list any disability accommodations:

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### III. Payment Information

» Registration Fee - \$225

Visa

Master Card

Check (payable to; "the Hill Group")

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Total \$ \_\_\_\_\_

Please email this form to [jkim@thehillgroup.com](mailto:jkim@thehillgroup.com), or fax to 301-897-9587, or mail original with payment to:

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