

From: Ecoffey, Stacey (HHS/IEA) [<mailto:stacey.ecoffey@hhs.gov>]

Subject: HHS Consultation Announcement and Attachment of the Affordable Care Act Quarterly Report

The Department of Health and Human Services (HHS) invites you to participate in three upcoming tribal consultation sessions on the Affordable Care Act. HHS is interested in your input on two topics: the Exchange Blueprint guidance released on May 16, 2012, on the federally-facilitated Exchange (FFE) that will be established under the Affordable Care Act and an education session on Medicaid expansion. HHS is working hard to implement policies that will improve the quality and accessibility of health services for American Indian and Alaska Native (AI/AN) people and we welcome your input on this important component of the Affordable Care Act.

Consultation Sessions

Tribal consultation sessions will be held in three cities to allow you to select the most convenient consultation to attend. If possible, we ask that you preregister so we can ensure enough materials are available at each site. You can preregister by sending an email to consultation@hhs.gov. More details are included in the attached letter. The dates and locations are listed below:

<u>JULY 26, 2012</u> Washington, DC 9:30 AM – 4:30 PM HHH Building: Room 800 200 Independence Ave. SW Washington, D.C. 20201	<u>AUGUST 7, 2012</u> Anchorage, AK 9:00 AM – 4:00 PM Location: TBA	<u>AUGUST 9, 2012</u> Denver, CO 9:00 AM – 4:00 PM Location: TBA In Conjunction with the Indian Health Service Tribal Consultation Summit
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- Exchange Blueprint: <http://cciio.cms.gov/resources/files/Exchangeblueprint05162012.pdf>.
- Federally Facilitated Exchange Guidance: http://cciio.cms.gov/resources/files/FFE_Guidance_FINAL_VERSION_051612.pdf.

Please let me know if you have any questions about any of this information.

Thank you,
Stacey

Stacey L. Ecoffey, MSW (Oglala Lakota)

Principal Advisor for Tribal Affairs
Immediate Office of the Secretary
Office of Intergovernmental Affairs
Department of Health and Human Services

“Our Lives Begin To End the Moment We Become Silent about Things That Matter”
Martin Luther King, Jr.



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 22, 2012

Dear Tribal Leader:

The Department of Health and Human Services (HHS) invites you to participate in three upcoming tribal consultation sessions on the Affordable Care Act. HHS is interested in your input on two topics: the Exchange Blueprint guidance released on May 16, 2012, on the federally-facilitated Exchange (FFE) that will be established under the Affordable Care Act and an education session on Medicaid expansion. HHS is working hard to implement policies that will improve the quality and accessibility of health services for American Indian and Alaska Native (AI/AN) people and we welcome your input on this important component of the Affordable Care Act.

We have also continued to release guidance and information to states on Affordable Insurance Exchanges (Exchanges), Essential Health Benefits, expanded Medicaid eligibility, and much more. These new policies have been shaped with substantial input from states and tribes, and HHS appreciates your willingness to work with us to continually improve our health care system.

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9:30 AM – 4:30 PM

HHH Building: Room 800
200 Independence Ave. SW
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AUGUST 7, 2012

Anchorage, AK

9:00 AM – 4:00 PM

Location: TBA

AUGUST 9, 2012

Denver, CO

9:00 AM – 4:00 PM

Location: TBA
In Conjunction with the
Indian Health Service Tribal
Consultation Summit

Exchanges

Consistent with the belief that individual states best understand their own health insurance markets and the direction from the Affordable Care Act that states be the primary establishers of Exchanges, the Administration is taking steps to assist and enable states to establish their own Affordable Insurance Exchanges.

Exchanges are state-specific marketplaces that will allow individuals and small businesses access to qualified health plans. We have released helpful resources to assist states in this process and ensure that you and your community are informed. First, we are releasing the Exchange Blueprint, which outlines the materials to apply for certification of a state-based Exchange or

approval for a state to participate in a Partnership Exchange. The Blueprint can be found at <http://cciio.cms.gov/resources/files/Exchangeblueprint05162012.pdf>. The Blueprint is due no later than November 16, 2012, which is 30 business days before the Exchange certification deadline of January 1, 2013. We also awarded six more Exchange Establishment Grants, bringing the total awardees to 34 states plus the District of Columbia. These grants assist states in developing strategies, systems, and human resources to implement Exchanges that fit the unique needs of each state. As a condition of accepting federal Exchange Establishment Grant funding, state governments are required to consult with Indian Tribes in their state regarding the establishment of a state-based Exchange.

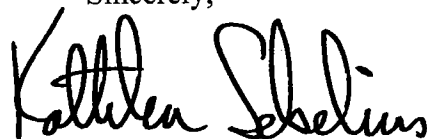
At the same time, some states will need additional time before they are ready to run their own Exchange. In those states, HHS will operate a Partnership Exchange or federally-facilitated Exchange to ensure that all Americans in all states will be able to purchase insurance through an Exchange. The Department has recently released guidance, found at http://cciio.cms.gov/resources/files/FFE_Guidance_FINAL_VERSION_051612.pdf, in which we outline a high-level vision of the business processes and operational approach we plan for each federally-facilitated Exchange. The guidance also contains information on state responsibilities in the context of the Partnership models, where the state supports and operates some Exchange functions on behalf of the federally-facilitated Exchange. We encourage states not operating their own Exchange to participate in a Partnership Exchange. We believe that this range of options provides maximum flexibility for states, while ensuring access to quality, affordable coverage for all Americans.

Medicaid Expansion

In 2014, many AI/ANs are expected to be eligible for the Medicaid program's expansion to include all individuals up to 138 percent of the federal poverty level (about \$31,000 for a family of four or \$39,000 in Alaska) including a 5 percent disregard. Because of the potential impact on health insurance coverage in Indian Country, the consultation sessions will also include a general overview and an educational session on the Medicaid expansion final rule.

Your participation in this consultation process is vital to forming effective health and human services policy under the Affordable Care Act. I look forward to receiving your advice and input during these sessions and to continuing to work together to improve the health of the tribal communities. For more information, please contact Stacey Ecoffey, Principal Advisor for Tribal Affairs, HHS Office of Intergovernmental and External Affairs, at (202) 690-6060 or by e-mail at stacey.ecoffey@hhs.gov.

Sincerely,



Kathleen Sebelius



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 22, 2012

Dear Tribal Leader:

The Department of Health and Human Services (HHS) is committed to working with tribes at the highest Administration and Departmental levels to promote strong, healthy people, and strong, healthy communities. I am writing to provide you with an update on the latest efforts of HHS to implement the Affordable Care Act, the health care law of 2010.

As you know, the law contains important benefits for American Indians and Alaska Natives. First, the law includes the permanent reauthorization of the Indian Health Care Improvement Act, taking critical steps forward to modernize and update the Indian Health Service (IHS). However, it is not the only part of the law that applies to tribal communities. Many provisions of the Affordable Care Act specifically reference federally recognized Indian tribes, urban Indian organizations, the IHS, or tribal and urban Indian health facilities. Tribes have businesses, employ people, and administer health programs and grants. Therefore, tribes are among the primary beneficiaries of insurance reforms, grant programs, and cost-saving measures of the Affordable Care Act.

Attached is the Department's fifth update on health reform activities relevant to tribes. It is the first update of 2012 and covers the time period of October 1, 2011, through March 31, 2012. I hope you find this information helpful. Questions or concerns may be submitted to Stacey Ecoffey, Principal Advisor for Tribal Affairs, at (202) 690-6060 or Stacey.Ecoffey@hhs.gov. I also encourage you to use HHS's outreach calls, listening sessions, e-mail, and written forms of communication to stay updated on important activities related to the health care law. Additional information on the Affordable Care Act can be found at www.healthcare.gov.

We are working hard to change lives for the better in Indian Country and take our consultation and communication responsibilities seriously. Your input and partnership are very important at every step of the way. I look forward to our continued partnership over the coming months and years as we work to improve the health of American Indians and Alaska Natives.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Sebelius". The signature is written in a cursive, flowing style.

Kathleen Sebelius

Enclosure



U.S. Department of Health and Human Services

www.healthcare.gov

Tribal Outreach and Communication: Affordable Care Act

At the Department of Health and Human Services (HHS), tribal consultation is a critical element of a sound and productive federal-tribal relationship and crucial to the successful implementation of the Affordable Care Act. While the Indian Health Service (IHS) has been taking the lead in the Indian Health Care Improvement Act (IHCA) implementation and has made significant progress, tribes wanted more information and opportunities to consult on Affordable Care Act provisions that affected them. The Office of Intergovernmental and External Affairs (IEA) developed an outreach plan to provide information on the activities of HHS relating to Indian Country and the Affordable Care Act, including the compilation of a quarterly report.

This is the fifth report since the Department began providing these updates and the first of 2012. The current report covers the time period of October 1, 2011, through March 31, 2012. It is intended to inform tribes, tribal organizations, urban Indian organizations, and American Indian and Alaska Native (AI/AN) individuals and families about important funding opportunities, consultation sessions, informational meetings, and other efforts relevant to tribal communities that have been implemented at HHS during this period.

The quarterly report is just one facet of a larger outreach and communication plan by the Department. HHS is also engaged in monthly conference calls, listening sessions, and weekly e-mails. It is intended that this outreach effort will complement and enhance the interagency implementation effort and help enhance the communication between the federal government and tribes.

The current report contains information from four operating divisions at HHS, including the Administration for Children and Families (ACF), the Centers for Medicare & Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the IHS. The HHS Office of Health Reform and the Office of Personnel Management have also contributed to this report. For additional information, please send a request via e-mail to consultation@hhs.gov. Please also be sure to include your basic contact information, along with your state, tribe, tribal organization, or urban Indian organization you are a member of.

Office of Health Reform (OHR)

Mayra Alvarez, Director of Public Health Policy, OHR, has participated in national and regional tribal consultations to share information regarding the implementation of the many provisions of the Affordable Care Act and to listen to tribes' concerns. Highlights include:

- The Affordable Care Act will protect people from insurance company abuses, help spend health care dollars more wisely, increase access to affordable care, and strengthen the Medicare program.

- The Affordable Care Act ensures that Americans get a fair value for their premium by creating an 80/20 rule (Medical Loss Ratio) that requires insurance companies to spend at least 80 percent of premium dollars on actual health care services or improvements to services or they must repay the money.
- Approximately 54 million Americans were provided at least one new free preventive service in 2011 through their private health insurance plans. An estimated 32.5 million people with Medicare received at least one free preventive benefit in 2011, including the new Annual Wellness Visit.
- Efforts to reduce and prevent fraud, waste, and abuse in Medicare and Medicaid programs will continue to improve with the new tools and resources provided by the Affordable Care Act. Approximately \$4.1 billion stolen or otherwise improperly obtained from federal health care programs was recovered and returned to the Medicare Trust Funds, the Treasury, and others in FY 2011.
- The Affordable Care Act makes an historic investment in tools to help transform our health care delivery system over the long run—tools that will reduce and eliminate preventable injuries to patients, reward quality and innovation, and spur adoption of technology that improves care while better aligning payment incentives to reward providers who work to improve care. CMS is leading many delivery system reform initiatives.
- Established by the Affordable Care Act, the Center for Medicare & Medicaid Innovation (CMMI) fosters health care transformation by finding new ways to pay for and deliver care that improve care and health while lowering costs. The Center identifies, develops, supports, and evaluates innovative models of payment and care service delivery for Medicare, Medicaid and the Children's Health Insurance Program (CHIP) beneficiaries using an open, transparent, and competitive process. Staff in the Center for Consumer Information and Insurance Oversight (CCIIO) are working to have tribal user groups as Exchanges are developed.
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With guidance and input from national Indian organizations, OHR, along with the IHS and IEA, developed an Indian-specific PowerPoint presentation for awareness and outreach. Awareness and outreach events included the April 18-19, 2012, conference *Tribal Health Reform: National Training for Indian Country on the Affordable Care Act and Indian Health Care Improvement Act*. IHS is continuing its work on the National Indian Health Outreach and Education (NIHOE) Initiative, and IEA is working with its Regional Directors to use resources such as the Indian-specific PowerPoint presentation to engage tribal communities across the country.

Office of Personnel Management (OPM)

Various representatives from OPM have participated in the HHS national and regional tribal consultations to provide updates on the implementation of Section 409 of the IHCA: Access to Federal Insurance. This provision entitles Indian tribes, tribal organizations and urban Indian organizations meeting eligibility requirements to purchase Federal Employee Health Benefits (FEHB) coverage for their employees. To date, over 50 tribes have applied for health coverage through the FEHB program.

OPM is partnering with the National Finance Center (NFC), which will serve as the service provider for this program. NFC serves as the payroll provider for the Temporary Continuation of Coverage program. The NFC's experience will be invaluable in assisting tribes, tribal organizations and urban Indian organizations with the FEHB Program.

Administration for Children and Families (ACF)

Administration on Children, Youth and Families: Children's Bureau

In early 2012, ACF released a Task Order to solicit proposals to fund the Tribal Home Visiting Technical Assistance Center for the Maternal, Infant, and Early Childhood Tribal Home Visiting grantees. The Tribal Home Visiting Technical Assistance Center will work in conjunction with the Tribal Evaluation Institute and the Tribal Early Childhood Research Center to provide complimentary, high-quality technical assistance to the tribal home visiting grantees.

On April 16, 2012, and April 17, 2012, the Tribal Home Visiting Annual Grantee Meeting was held in Washington, DC, in conjunction with the 18th National Conference on Child Abuse and Neglect. The meeting's theme, "We Are All Related: Building Relationships to Promote Quality Implementation," was highlighted throughout the 2-day meeting with sessions that focused on keys to quality implementation, reflective practice, trauma informed care with home visitation, community engagement, and supporting quality and transparency in evaluation of these projects. The meeting promoted the use of evidence-based knowledge and disseminated best practice approaches to support their efforts; provided an opportunity for grantees to enhance existing and build new relationships with federal staff and technical assistance providers; and allowed information to be shared to continue to build a robust peer-support and knowledge sharing network.

The Tribal Maternal, Infant, and Early Childhood Home Visiting Program is described in greater detail in the *Department of Health and Human Services Partnership – ACF and HRSA* section later in this update.

Administration on Children, Youth and Families: Family and Youth Services Bureau

The Tribal Personal Responsibility Education Program (Tribal PREP) was authorized through Section 2953 of the Affordable Care Act. In Fiscal Year (FY) 2011, 16 discretionary, competitive grants were awarded to tribes and tribal organizations to develop and implement evidence-based, medically accurate adolescent pregnancy prevention programs.

Tribal PREP grantees met for their first conference in Scottsdale, Arizona, in December 2011. In this first year Planning Phase of their projects, grantees are focused heavily on capacity building, community needs assessment, and the ground-level work necessary to design effective data collection, data analysis, and frameworks for program evaluation. Efforts in January and February 2012 have reflected a strong emphasis on targeted Training and Technical Assistance (T/TA) through webinars as well as technical assistance provided by federal project officers and

tribal PREP T/TA providers. Based on the findings of their needs assessments, grantees are beginning to look at the potential evidence-based models they may choose to use/adapt to the culture of their respective native communities.

Office of Family Assistance (OFA): Health Profession Opportunity Grants Program (HPOG)

The purpose of the Health Profession Opportunity Grants Program (HPOG) is to provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for occupations in the health care field that pay well and are expected to either experience labor shortages or otherwise be in high demand. The Office of Family Assistance (OFA) is responsible for the HPOG program. In FY 2011, OFA awarded 32 HPOG continuation grants totaling almost \$68 million. Consistent with the authorizing legislation and awards made in the first year, five grants were made to tribal applicants. The grantees are now implementing their programs and enrolling students in health care training and education. The second annual grantees' meeting was held November 2-4, 2011, in Washington, DC. Representatives from all grantees, including tribal grantees, were in attendance. A complete list of grantees can be found at <http://www.acf.hhs.gov/programs/ofa/>. The tribal grantees are located in Wisconsin, North Dakota, Montana, and Alaska. Site visits to provide technical assistance have been made to all tribal grantees. Further, a roundtable was held for tribal grantees April 4-5, 2012, in Green Bay, Wisconsin, to develop program maps that show strategies for recruitment, assessment, training, supportive services, and employer engagement.

Centers for Medicare & Medicaid Services (CMS)

CMS Tribal Consultation Policy

On November 17, 2011, the CMS tribal consultation policy was signed by then CMS Administrator Dr. Don Berwick. CMS has been working on an agency specific tribal consultation policy for several years and the policy is consistent with the HHS tribal consultation policy. The purpose of the policy is to establish a clear, concise, and mutually acceptable process for consultation between CMS and Indian Tribes and to improve greater access to CMS programs by AI/ANs. The CMS tribal consultation policy will be instrumental in obtaining advice and input as provisions of the Affordable Care Act are implemented.

Affordable Insurance Exchanges and Medicaid Expansion Final Regulations

On March 12, 2012, HHS published a final rule on Affordable Health Insurance Exchanges, which combines policies from two Notices of Proposed Rulemaking (NPRMs) published last summer.

In addition, on March 23, 2012, HHS published a final rule on Medicaid Program Eligibility Changes under the Affordable Care Act. This final rule and the recently issued Affordable Insurance Exchange final rule build a seamless system of coverage so that in 2014, Medicaid, CHIP, and the Affordable Insurance Exchanges will work together to efficiently meet consumers' health care needs, improve quality, and lower costs.

As reported previously, HHS, in coordination with CMS and IHS, held tribal consultation sessions and webinars to obtain tribal input regarding the NPRMs. Comments to the NPRMs were received from tribal governments and summaries of the tribal comments and responses can be found in the preamble to the final rules.

CMS Tribal Affairs Group Meetings

HHS Regional Consultation: February 14, 2012

On February 14, 2012, CMS Tribal Affairs staff attended the HHS Combined Regional Consultation (HHS Regions I, II, IV, VI) Joint Session in Crystal City, Virginia, to consult with tribes regarding HHS issues and to provide updates on HHS initiatives, such as the Affordable Care Act, the CMMI Partnership for Patients initiative, and other specific issues related to CMS. In collaboration with IHS and OHR, representatives from CCIIO presented information on the Affordable Care Act.

HHS Regional Consultation: March 16-17, 2012

CMS participated in the Regional Consultation for tribes in the Bemidji Area on March 16-17 Petoskey, Michigan.

HHS Regional Consultation: March 29-30, 2012

CMS participated in the Seattle Regional Consultation for tribes in the Alaska and Portland Area on March 29-30 in Seattle, Washington. CMS participated in several sessions on the Affordable Care Act and again partnered with other HHS agencies to provide updates.

HHS Tribal Budget Consultation: March 7-9, 2012

On March 7-9, CMS Tribal Affairs staff attended the HHS Tribal Budget Consultation and the Tribal Consultation Resource Day in Washington, DC. The HHS Tribal Budget Consultation provided an opportunity to consult with tribes regarding CMS issues and to provide updates on CMS initiatives such as the new initiatives and preventive services available under the Affordable Care Act, CMMI's Partnership for Patients initiative, and other specific issues related to the Exchanges and Medicaid expansion. One on one sessions were held with tribal leaders and tribal health program directors regarding specific topics of interests. Aryana Khalid, Chief of Staff, presented information on the Affordable Care Act, and Cindy Mann, Director, Center for Medicaid and CHIP Services, presented on Medicaid expansion rules and state/tribal relations.

CMS Tribal Technical Advisory Group (TTAG) Meetings

Face to Face Meeting: November 16-17, 2011

The CMS Tribal Technical Advisory Group (TTAG) face to face meeting was held at the National Museum of the American Indian on November 16-17, 2011, in Washington, DC.

Topics included discussion of Medicaid eligibility expansion and simplification, Exchanges, tribal consultation, Office of the Inspector General reports, the Children's Health Insurance Program Reauthorization Act (CHIPRA), Affordable Care Act outreach, long term care, and behavioral health. Dr. Berwick, the CMS Administrator at this time, met with the TTAG and discussed the CMS tribal consultation policy and specific tribal issues regarding Exchanges and Medicaid. Sarah deLone, Senior Policy Advisor, and Lane Terwilliger of the Centers for Medicaid CHIP and Survey & Certification (CMCS), presented on Medicaid Expansions. Health Insurance Specialists from CCIIO spoke on the Health Exchanges and the provisions of the proposed regulations. Tim Hill, Director of the Office of Health Insurance Exchanges, spoke about the Indian Addendum/Network Adequacy and Eligibility for Exchanges and Sponsorship.

Conference Call: December 14, 2011

TTAG held a regularly scheduled monthly conference call on December 14, 2012, and one of the major agenda items was the Medicaid Electronic Health Record (EHR) Incentive Program. CMCS presented information on the Medicaid EHR Incentive Program and discussed with the TTAG representatives charity care data and its use in the calculation of the Medicaid Hospital EHR Incentive amount for tribal hospitals.

Face to Face Meeting: February 23-24, 2012

TTAG convened their first face to face meeting for 2012 at the National Museum of the American Indian on February 23-24. The agenda items include an update on Medicaid expansion rules from the Director of Children & Adults Health Program Group at CMS; an overview of the Money Follows the Person Grant Program; a presentation by CCIIO regarding Essential Health Provider Bulletin; a discussion of the upcoming Long Term Services and Supports (LTSS) Conference in Denver; a presentation by the General Accounting Office regarding the coordination of public programs; an update of the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), and the National Council of Urban Indian Health (NCUIH) on Affordable Care Act outreach and education partnership with IHS; TTAG Subcommittee updates; and a report from the CMS Tribal Affairs Group.

Training: 2011-2012

During 2011 and 2012, the CMS Tribal Affairs Group, in collaboration with the CMS Native American contacts in each of the HHS Regions, has and is continuing to organize a series of trainings in each of the regions for IHS, tribal, and urban Indian health programs. The goal of the training is to improve services to beneficiaries and aid in increasing the revenue stream to the IHS, tribal, and urban Indian health programs by providing Medicare, Medicaid, and CHIP information to beneficiary advocates. To meet this objective, CMS has partnered with states, the Department of Veterans Affairs (VA), and the Social Security Administration to provide training to patient benefits advocates on the benefits available through Medicare, Medicaid, and CHIP.

The CMS Tribal Affairs Group organized and participated in two Region IX trainings in Reno, Nevada, on October 21, 2011, and in Phoenix, Arizona, on October 25-26, 2011; Region VIII training in Denver, Colorado on November 8-10, 2011; and Region IV training in Miccosukee,

Florida, on November 16-17, 2011. The trainings included an overview of CMS tribal updates in the Affordable Care Act, CHIPRA, Medicare, and Medicaid. Other topics focused on CMS funding for AI/AN health care, how CMS provides assistance to Indian tribal/urban communities (I/T/U), CMS resources to assist I/T/Us, tribal documentation, and the CMS TTAG.

The CMS Tribal Affairs Group hosted a training for AI/AN CHIPRA grantees on October 31, 2011, in Chicago, Illinois, prior to the National Children's Health Insurance Summit on November 1-3, 2011. The goal of the Pre-Intensive training is to meet with the 41 CHIPRA AI/AN grantees providing outreach efforts in tribal communities and to hear and learn about successful and promising practices in outreach, enrollment, and retention of children and families in the state's Medicaid and CHIP programs. The Tribal Affairs Group will build on the success of each grantee and form a community of learning amongst the AI/AN CHIPRA grantees.

Training for AI/AN CHIPRA grantees was held in conjunction with the National Children's Health Insurance Summit on November 1-3, 2011. The Tribal Affairs Group joined participants from 37 AI/AN grantees along with their project officers, regional Native American contacts, and CMS CHIPRA leadership. The purpose of the training was to share promising practices of outreach, and education efforts. This was the first opportunity for the grantees and project officers to meet face to face. Gale Marshall of Two Feathers Media, who produced a CHIPRA outreach video for Indian Country, received an ECHOE award at the Summit. The Oglala Sioux Tribe's CHIPRA grantee program received an ECHOE award as well for enrolling one thousand children in CHIP and Medicaid.

LTSS Webinar: January 25, February 22, and March 28, 2012

The Affordable Care Act, along with the reauthorized IHCA, offers new authorities and flexibility to provide long term care to tribal communities. To carry out these new authorities, CMS, the Administration on Aging, and IHS developed a Memorandum of Understanding to promote joint activity and expand the development and delivery of long term services and supports. As part of their joint technical assistance effort, a series of webinars on LTSS were created to increase knowledge in preparation for the LTSS Conference that was held on March 21-23, 2012, in Denver, Colorado.

All Tribes Calls: March 16, 2012

An All Tribes Call was held on March 16, 2012, to obtain advice and input regarding the implications of two recently published NPRMs. The two regulations are:

Disproportionate Share Hospital Payments – Uninsured Definition – The Federal Register notice published January 18, 2012, and can be found at <http://www.gpo.gov/fdsys/pkg/FR-2012-01-18/html/2012-734.htm>. This proposed rule addresses the hospital-specific limitation on Medicaid disproportionate share hospital (DSH) payments under the Social Security Act. Specific to tribes, the rule proposes that for Medicaid DSH purposes, AI/ANs are considered to have third party coverage for inpatient and outpatient services received directly from IHS or tribal health programs and for services specifically authorized under the contract health services (CHS) program.

Medicaid Program; Covered Outpatient Drugs – The Federal Register notice published February 2, 2012, and can be found at <http://www.gpo.gov/fdsys/pkg/FR-2012-02-02/html/2012-2014.htm>. This proposed rule would revise requirements pertaining to Medicaid reimbursement for covered outpatient drugs to implement provisions of the Affordable Care Act. The proposed rule specifically solicits public comments and tribal consultation on alternatives for Medicaid payment methodologies for prescription drugs provided at IHS, tribal and urban Indian pharmacies.

Health Resources and Services Administration (HRSA)

HRSA is responsible for implementing several key provisions of the Affordable Care Act that impact AI/AN populations. In FY 2012, HRSA continues to work with IHS and others across HHS to do this work.

Health Center Program FY 2012 Funding Opportunities

With the Affordable Care Act Health Center Program service increase in FY 2012, the Health Center Program anticipates funding grants through these programs:

- 1) The Health Center New Access Points (NAP) program will have approximately \$150 million available to establish approximately 220 health center new access points across the country. These grants will support new full-time service delivery sites for the provision of comprehensive primary and preventive health care services to approximately 1 million additional patients.
- 2) The Health Center Controlled Networks will distribute approximately \$20 million to support the adoption of EHR and other health information technology (HIT) systems to improve the quality of care provided by health centers. The Funding Opportunity Announcement is anticipated to be announced April 2012.
- 3) The Expanded Services program will have approximately \$15 million available to support the expansion of health center services including \$5 million in support of the President's National HIV/AIDS Strategy, for a joint effort with the Ryan White Part C Program to enhance care and treatment for individuals living with HIV and AIDS at health centers that are also service providers under Ryan White Part C HIV/AIDS.
- 4) The Health Center Capital Development - Building Capacity program will provide approximately \$600 million to an estimated 125-150 health centers to improve their capacity to provide primary and preventive health services to medically underserved populations. Awards are anticipated to be made in spring 2012.
- 5) The Health Center Capital Development - Immediate Facility Improvement program will provide approximately \$100 million to support an estimated 250-300 health centers to improve immediate facility needs within existing health center sites. Awards are anticipated to be made in spring 2012.

School-Based Health Centers

The Affordable Care Act authorized a new program and appropriated \$50 million a year for 2010 through 2013 for a School-Based Health Center Capital (SBHCC) Program to address capital needs in school-based health centers. The SBHCC grants will address significant and pressing capital expenditures to support the improvement and expansion of services at school-based health centers (SBHC), including new construction, alteration/renovations, and equipment-only projects. Applicants must demonstrate how their proposal will lead to improvements in access to health services for children at a SBHC.

In December 2011, \$500,000 was awarded to the Native American Community Academy to support their school-based health center program through the SBHCC Program.

A new application guidance to support new construction, alteration/renovation, and equipment projects will be issued spring 2012. Approximately \$75 million will be available for about 150 awards to be funded in early FY 2013. Please continue to monitor grants.gov for up to date information or e-mail aianhealth@hrsa.gov with any questions.

National Health Service Corps

To address health care barriers in many IHS and tribal health facilities, IHS and HRSA have worked together to make the National Health Service Corps (NHSC) more accessible to fill health professional vacancies. Since the beginning of FY 2012, 15 new IHS, tribal clinic, and urban Indian health clinic sites have been automatically approved as a result of the May 2011 policy clarification allowing for the auto-approval process for IHS sites to become NHSC eligible sites. Compared to the 60 sites approved in 2010, there are now a total of 506 tribal clinical sites devoted to providing health care to AI/ANs and offering loan repayment to eligible clinicians practicing at these sites.

On December 13, 2011, the NHSC Loan Repayment Program released its 2012 bulletin. In FY 2012, the program will offer tiered award categories, with those serving in Health Professional Shortage Areas (HPSA) of 14 and above eligible to receive up to \$60,000 for two years of full-time service and those working in HPSAs of below 14 eligible for up to \$40,000 for two years of full-time service. This modification will help ensure communities with the greatest need receive support. IHS sites in the highest need areas now have an added incentive when recruiting, addressing a key need for hard to fill sites.

Healthy Weight Collaborative

In September 2010, HRSA awarded \$5 million for the creation of the Prevention Center for Healthy Weight (known as the "Collaborate for Healthy Weight" project) to the National Initiative for Children's Healthcare Quality (NICHQ). The Prevention Center manages the Healthy Weight Collaborative (the Collaborative), a national quality improvement effort to share and spread evidence-based and promising interventions to prevent and treat obesity for children and families. In this two-phased national quality improvement effort, teams comprised of representatives from primary care, public health, and the community will implement, test, and

disseminate evidence and experience-based interventions to prevent obesity using the Breakthrough Series Collaborative approach. Phase 2 of the Collaborative runs from February 2012 to February 2013 and is comprised of 40 teams. Recruitment efforts aimed for broad geographic distribution with a specific interest in tribes and other high need populations. Nine out of the eighty teams that applied to participate had tribal representation and five of those teams were accepted into Phase 2.

Indian Health Service (IHS)

The IHS continues planning for and implementing provisions in the IHCA, as amended, and participates in the Department's implementation of the Affordable Care Act. The IHS has maintained continuous outreach to tribes, provided updates, attended Indian health and tribal meetings, and initiated consultation, when necessary, on significant issues and events surrounding the implementation of the IHCA, which IHS leads for the Department. Tribes can submit comments and provide input on the implementation of the Affordable Care Act or the IHCA at consultation@ihs.gov at any time.

The IHS Director Yvette Roubideaux, M.D., M.P.H., summarized the continued progress being made by the agency, its tribal partners, and partners across the federal government as the IHCA provisions are being implemented. For details, or to see a Summary Table illustrating progress over the last two years, please visit the Director's blog (link provided on last page).

The IHS is continuing to partner with national and regional Indian organizations on Affordable Care Act and IHCA outreach. The IHS Director has provided continual updates on and announcements about implementation activities to tribes and other key stakeholders. In February 2012, the IHS sponsored a 2-day kick-off event to launch the National Indian Health Outreach and Education (NIHOE) Initiative. The IHS Director met with IHS Area representatives and national tribal health organizations who will lead NIHOE initiatives in tribal and local communities. On April 18-19, 2012, the partners hosted a National Tribal Health Reform Training to assist communities in planning health reform education and outreach campaigns, learn more about the laws' impact in tribal communities, and share nationally developed outreach materials.

The IHS has continued to gather tribal input on provisions that are of the utmost importance to tribes. In January 2012, the IHS initiated national tribal consultation on implementing long-term care provisions arising from the IHCA. To see the IHS Director's letter to all tribes requesting their input, please visit the Director's Blog.

The IHS and the VA jointly initiated consultation with tribes to facilitate reimbursement for direct care services provided by the IHS and tribal health facilities to eligible AI/AN veterans. In March 2012, the VA and the IHS requested tribal input on the main points they proposed to be included in a draft underlying agreement. The two agencies are reviewing the input submitted by tribes on the main points document. In April, the two agencies requested tribal input on the draft agreement, which sets forth the underlying terms and conditions for reimbursement between VA and IHS facilities, and between VA and tribal health facilities should tribes elect to enter into

such agreements with VA. The IHS and VA are proposing that implementation of these agreements begin with a demonstration project at a limited number of sites. They specifically requested recommendations from tribes for the demonstration project, including the types of sites, number of sites, and recommended demonstration locations.

Department of Health and Human Services Partnership - ACF and HRSA

Maternal, Infant, and Early Childhood Home Visiting Programs

The Affordable Care Act authorizes and appropriates \$1.5 billion for home visiting through the Maternal, Infant, and Early Childhood Home Visiting Grant Program (MIECHV) through 2014. Funding is available for states, tribes, and territories to plan and deliver services for early childhood home visiting programs in order to provide comprehensive services and improve outcomes for families living in at-risk communities.

The Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program (THV) will provide \$1.5 million in new grants in FY 2012 for five to seven grants (cooperative agreements) ranging from \$100,000 to \$400,000 each. THV will also provide \$9 million in continuations for FY 2012. Funds will support five-year demonstration grants between ACF and federally-recognized Indian tribes, a consortium of Indian tribes, tribal organizations, or urban Indian organizations to conduct community needs assessments; develop the infrastructure needed for widespread collaborative planning, adopting, implementing, expanding, enhancing, and sustaining of evidence-based maternal, infant, and early childhood home visiting programs; provide high-quality evidence-based home visiting services to pregnant women and families with young children aged birth to kindergarten entry; and conduct rigorous local evaluations. Year one funds will be awarded to conduct a needs assessment and planning. Pending successful completion of year one activities, funds for the implementation phase (years two to five) will be awarded annually thereafter and will be at a level higher than the level of year one funding. It is anticipated that this announcement could be made in May 2012, with awards made by September 30, 2012.

The MCHB MIECHV program works with ACF to conduct outreach for the tribal specific home visiting funds forecasted on the following announcement. The link below is to the ACF Forecast for the THV under the Affordable Care Act. Only Native American tribal entities may apply.

http://www.acf.hhs.gov/hhsgrantsforecast/index.cfm?switch=grant.view&gff_grants_forecastInfoID=36492

ACF is the lead in administering the tribal program and ensuring tribal grants, to the greatest extent practicable, are to be consistent with the grants to states and territories, including conducting a needs assessment and establishing 3 and 5-year benchmarks. The legislation authorizes a 3 percent set-aside—\$3 million in FY 2010, \$7.5 million in FY 2011, \$10.5 million in FY 2012, and \$12 million FYs 2013 and 2014.

Eligible entities include: tribes (including consortia of tribes), tribal organizations, and urban Indian organizations. Thirteen cooperative agreements were awarded in FY 2010 and six cooperative agreements have been awarded in FY 2011. Five to seven cooperative agreements are to be awarded in FY 2012.

Affordable Care Act Related Web Resources

For more information on the implementation of the Affordable Care Act and the provisions that specifically impact Indian Country visit the following websites:

<http://www.healthcare.gov/>

<http://www.ihs.gov/PublicAffairs/DirCorner/index.cfm?module=blog>

Information regarding the Federal Employee Health Benefits program can be found at www.opm.gov/tribalprograms. You can also email questions or concerns to: tribalprograms@opm.gov.