CMS Tribal Technical Advisory Group (TTAG)

The Centers for Medicare & Medicaid Service Tribal Technical Advisory Group (CMS TTAG)

- The CMS TTAG was established in 2003.
- TTAG provides advice and input to the CMS on policy and program issues affecting delivery of health services to American Indians and Alaska Natives served by CMS-funded programs.
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Telehealth Flexibilities through Medicare

- COVID-19 has demonstrated the importance of telehealth to increasing access to providers during the pandemic.
- It has also demonstrated it can increase access to needed primary, specialty, and behavioral health services, particularly in rural areas.
- Telehealth for Medicare needs to be sustainable and must be integral for any health care program.

Recommendations:

The flexibilities made during the public health emergency should be made permanent. More work is necessary for additional services and provider types to be approved as well as increases to adequate reimbursement levels for Indian Health Care Providers.

Also, much of Indian country is in rural areas and lacks access to advanced methods of audio and video real-time communication. As a result, Medicare should allow telehealth to be provided through audio-only telephonic and two-way radio communication methods when necessary.

Medicare Telehealth Reimbursement

Recommendations:

CMS must address the issue of payment parity for services provided by telehealth. The Medicare reimbursement rates should be equal to in-person services provided by IHCPs at the OMB encounter rate. Receiving $12 for telehealth services equates to a significant loss for reimbursement to Tribes. There are no changes to the quality of care our patients are provided from an in-person visit compared to a telehealth visit.

CMS should continue to provide guidance and encouragement to states for telehealth waivers that states can make permanent for Medicaid.

Research:

We are exploring if a statutory change is required or if these antiquated reimbursement rates be revised through regulatory changes.

Originating Site

42 U.S.C. § 1834(m) prohibits reimbursement when the home is the originating site and imposes other outdated and outmoded limitations that are inconsistent with today's technologies and how health care is delivered.

Recommendation:

The current flexibilities around the originating site should be made permanent so our beneficiaries could continue to receive services from the home. Many AI/ANs live in remote, rural areas where access to transportation is a challenge. Eliminating the barriers around originating site will reduce one of the greatest barriers to accessing care -- distance.

CMS should commit to working with Congress, and providing TA, to eliminate restrictions around the originating site.

CMS should commit to informing TTAG about which flexibilities can be made permanent unilaterally and which need Congressional intervention.

Telehealth Infrastructure

Much of Indian Country is rural. In fact, more AI/ANs live in rural spaces than any other population. Further, many rural Tribal areas are among the poorest in the country. The combination of these factors has led to a connectivity gap. In fact, a 2019 Federal Communications Commission study found that only around 46% of rural Tribal homes had access to a broadband connection. This is a substantial barrier. You cannot expand telehealth without addressing the critical infrastructure needs in Indian Country.

Recommendation:

CMS needs to assist in addressing this issue and work with Indian Country in this process.

Telehealth Grants

Addressing the infrastructure issues will involve a robust financial investment in Indian Country. In order to fully take advantage of telehealth, we will need an investment in the building of infrastructure to support it.

Recommendations:

The applicable agencies should consider Tribal set-asides and make any grants available on a non-competitive basis. Competitive grant making disproportionately disadvantages lesser resourced Tribes, who may benefit the most from this funding.

Any future funding should be allocated using pre-existing mechanisms, such as through the Indian Health Service.

HRSA gives out grants for telehealth. Funding from this source should be directed to Tribes to address their needs.

Requests for Medicaid

- Encourage States to Increase Medicaid Tele Health Reimbursement for Indian Health Care Providers
- Issue Medicaid SHO Letter to Managed Care Organizations to Enforce The Indian Provisions Of Medicaid Managed Care
- Shield Indian healthcare providers from state benefit cuts or enrollment limitations
- Continue to pull back the initiative to promote work requirements, community engagement requirements, and the like.
- Continue to support extensions to the four walls limitation grace period. More time will be needed to craft and implement a "T-FQHC" option in Alaska and a few other states.

Thank you