

recommend significant changes, which would, at best, be based on speculation about future events and conditions. In FY 2015 or later, when the impacts of health care reform on the CHS program become clearer and a thorough analysis has been completed, the Workgroup recommends that the Agency conduct new Area and National Tribal Consultation sessions to receive input on options crafted to fit the future conditions.

The Workgroup recommends that a Subcommittee of the Workgroup convene in an appropriate manner no later than 30 days after release of the IHS resource deficiency report, which is due to Congress in the spring of 2013. Earlier Workgroup recommendations on measuring CHS unmet needs were adopted by the IHS. The Workgroup-recommended changes permit calculation of CHS resource deficiencies in that report for the first time. These new deficiency estimates in conjunction with improved measures of deferred and denied CHS cases should be evaluated by the Subcommittee for potential implications to the CHS formula and for potential system improvements arising from calculation and justification of the true CHS short falls.

The Workgroup further recommends that the IHS Director send a Tribal Leader Letter to encourage Tribes to participate in submitting CHS denial and deferral data for inclusion in the national CHS shortfall report. (As of FY 2013, 51 percent of Tribes voluntarily report on CHS data.) Workgroup members have agreed to assist with communicating the necessity of including Tribal CHS data to authenticate current national CHS shortfall estimates.

ROUND III: RECOMMENDATION (3)

Medicare-Like Rates for Non-Hospital Services

The Workgroup recommends the expansion of Medicare-Like Rates for non-Hospital services, provided that available funds are used to provide more services to address growing CHS shortfalls in Indian Country. Furthermore, as alternative payment methods are being considered by the Centers for Medicare & Medicaid Services (CMS) that affect the CHS program, the Workgroup recommends that consultation with Tribes be initiated. Nothing in this amendment shall be construed to alter the provisions of regulations published on June 4, 2007, by the Secretary at 72 Fed. Reg. 30706 et. seq., other than the provisions for payment described in reference to “the higher of Medicaid/Medicare payment rates” provision in the amendment.

ROUND III: RECOMMENDATION (4)

Statewide CHS Delivery Area (CHSDA) for North Dakota, South Dakota, and Arizona, per the Indian Health Care Improvement Act

The Workgroup recommends that this issue be addressed as an Agency regional issue for the time being, as the State of Arizona includes the Navajo Area IHS, Phoenix Area IHS, and Tucson Area IHS. Understanding that additional information is needed to provide a complete analysis related to eligibility and population growth and its subsequent potential impact on CHS, the