

National Indian Health Board



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February 29, 2016

Centers for Medicare and Medicaid Services (CMS)
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier OMB/Control Number_Room C4-26-05
7500 Security Boulevard, Baltimore, MA 21244-1850

Re: CMS–R-284, Agency Information Collection Activities: Proposed Collection; Comment Request

Dear CMS:

On behalf of the National Indian Health Board (NIHB), we write to submit comments on the CMS Information Request (CMS-R-284) regarding Medicaid Statistical Information System (MSIS) and Transformed – Medicaid Statistical Information System (T-MSIS).

The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance, or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

Thank you for the opportunity to comment on CMS's intention to collect information regarding the Medicaid Statistical Information System and Transformed – Medicaid Statistical Information System. The Medicaid program is extremely important to American society, but especially to AI/ANs. American Indians and Alaska Natives continue to suffer from a variety of health disparities when compared with the rest of the U.S. Population. While some statistics have gotten better for AI/ANs over the years, they are still alarming and not improving fast enough. In 2003, it was reported AI/ANs have a lower life expectancy of almost 6 years less than any other racial/ethnic groups. While the group still has a lower life expectancy than any other group, it is now 4.8 years less. In some areas, it is even lower. For instance, “white men in Montana lived 19 years longer than American Indian men, and white women lived 20 years longer than

American Indian women.”¹ In South Dakota, in 2014, “for white residents the median age was 81, compared to 58 for American Indians.”² Twenty-five (25) percent of AI/AN deaths were for those with ages under 45. This compared with fifteen (15) percent of black decedents and seven (7) percent of white decedents in 2008 who were under 45 years of age.³

In 1976, Congress authorized the Indian Health Service (IHS) and Tribal health facilities to bill Medicare and Medicaid as a way to provide critically important resources to the underfunded Indian health system and help meet its federal trust responsibility for the health care of American Indian and Alaska Native people. Since then, Medicaid resources have become a critically important component of the Indian health funding stream, and allowed many IHS and Tribal facilities to begin to address some of the chronic health disparities faced by Indian people in the United States. Without meaningful access to Medicaid resources, many Indian health programs would be unable to maintain current levels of service.

American Indians and Alaska Natives also have certain premium and cost-sharing protections under Medicaid and exemption from certain Indian-specific property from consideration in determining Medicaid eligibility and from Medicaid estate recovery. Indian health care providers and providers of purchase and referred care under a referral from an Indian health care provider, receive full payment for the services received. There are also certain Medicaid managed care protections for Indian health programs and Indian beneficiaries and requirements for consultation on Medicaid and CHIP with Indian health programs.⁴

According to the Background and Justification Statement for this request for information, the data reported in MSIS/T-MSIS will be used by Federal, State, local officials, as well as private researchers and corporations to monitor past and projected future trends in the Medicaid program. Tribes and Tribal organizations are left off this justification and **must be included**. These data provide the only national level information available on enrollees, beneficiaries, and expenditures. They are also the only national level information available on Medicaid utilization. As a result, the data collected by these system is crucial to CMS, HHS, and Tribal actuarial forecasts.

We fully support the provision that State Medicaid programs have monthly submissions of data to CMS in order to have timely data on Medicaid enrollees and providers. This data is important for HHS, CMS, Tribes, and Tribal organizations to monitor the implementation of AI/AN Medicaid protections and provide accurate measures of outreach and education efforts on

¹ “The State of the State’s Health: A Report on the Health of Montanans.” Montana Department of Public Health and Human Services. 2013. p. 11.

² “2014 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators.” South Dakota Department of Health. 2014. P. 62.

³ Trends in Indian Health 2014 Edition.” U.S. Department of Health and Human Services, Indian Health Service, Office of Public Health Support, Division of Program Statistics. 2014. p 63.

⁴ SMDL#: 10-001, *Re: ARRA Protections for Indians in Medicaid and CHIP*, January 22, 2010

Medicaid and CHIP enrollment efforts. Since the implementation of MSIS, Tribes have routinely requested information on AI/AN enrollment and the number of Indian health care providers in Medicaid but we have not seen those reports. As T-MSIS is implemented and more flexible file formats are used to offer robust, up to date, and current information, we ask that IHS and Tribal health systems and programs be included. We also request that this information be provided to the Tribal Technical Advisory Group (TTAG) to CMS on a quarterly basis. The TTAG advises CMS on Indian health policy issues involving Medicare, Medicaid, the Children's Health Insurance Program, and any other health care programs funded (in whole or part) by CMS. In particular, TTAG focuses on providing policy advice to CMS on improving the availability of health care services to American Indians and Alaska Natives (AI/ANs) under these Federal health care programs, including through providers operating under the health programs of the Indian Health Service (IHS), Indian Tribes, Tribal organizations, and urban Indian organizations (referred to collectively as I/T/Us). As a result, TTAG is best equipped to be stewards of this information

In addition we would like to ensure that states are gathering information on Indian-status and are using the T-MSIS capability to record Indian-status so that AI/AN receive the benefits and protections that they are entitled to. This information is critical to ensuring that all Medicaid eligible AI/AN have meaningful access to Medicaid resources.

In summary, NIHB requests the following:

- 1. We support the monthly submissions of data to CMS by states on Medicaid enrollees and providers**
- 2. We request that Indian-status is included in the information being collected by states on Medicaid enrollees and providers, including Indian health care providers**
- 3. We request that the TTAG is provided regular reports on a quarterly basis to monitor the use of measures, AI/AN protections, and I/T payments from T-MSIS to ensure the quality, utility, and clarity of the information to be collected.**

Thank you for this opportunity to comment. Please do not hesitate to contact us for further information and guidance.

Sincerely,



Lester Secatero
Chair, National Indian Health Board

Re: CMS-10519

February 29, 2016

Cc: Kitty Marx, Director, CMS Division of Tribal Affairs