



## **MEDICARE, MEDICAID, AND HEALTH REFORM POLICY COMMITTEE (MMPC)**

### **WHAT IS THE MMPC?**

The Medicare, Medicaid, and Health Reform Policy Committee (MMPC) is a standing committee of the National Indian Health Board (NIHB). The Indian Health Service (IHS) provides 100 percent of NIHB's funding for the MMPC. The MMPC is chaired by a member of the NIHB Board of Directors.

The MMPC assists NIHB in evaluating program and payment policies of the Centers for Medicare and Medicaid Services (CMS) and its programs and has developed significant recommendations to the CMS for the benefit of the IHS/Tribal/Urban (I/T/U) system. It has demonstrated its ability to bring together representatives from all twelve IHS areas to affect legislation for expanded outreach, education and enrollment of American Indians and Alaska Natives (AI/ANs) into Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). It also assists in the development of position and policy statements for the Tribal Technical Advisory Group to CMS (TTAG), in line with NIHB's effort to improve access to quality health care for our Tribal communities.

### **WHO IS INVOLVED?**

Membership in MMPC is open to individuals authorized to represent a Tribe, Tribal Organization, Urban Indian Program, or the IHS. A primary purpose of MMPC is to provide technical support to the TTAG, which advises CMS on Indian issues related to Medicare, Medicaid, CHIP, and other health care program funded by CMS.

If you would like to join the MMPC, or if you would like more information, please contact NIHB's **Federal Relations Department** at [federalrelations@nihb.org](mailto:federalrelations@nihb.org).

### **HOW DID THE MMPC GET STARTED?**

NIHB established a Technical Advisory Committee in 2002 to preserve the IHS and Tribal all-inclusive rate and to stop CMS from implementing the Medicare Outpatient Prospective Payment System in Indian health facilities. This group succeeded, and then continued to meet as the Interim TTAG until October 2003, when CMS formally announced the establishment of a CMS TTAG. The Interim TTAG was renamed to the Medicare and Medicaid Policy Committee and asked NIHB to develop a formal relationship as sponsor of the group. In 2004, the MMPC was officially created. The MMPC added "Health Reform" to its name following the passage of the Patient Protection and Affordable Care Act (ACA), in order to encompass the necessary areas of policy that impact the Indian healthcare system.

## **WHAT HAS THE MMPC ACCOMPLISHED LATELY?**

- MMPC actively engages in the regulatory space by monitoring the federal register, providing notice, and informing Tribes about proposed rules and requests for information. Most recently, the NIHB helped secure a promise from CMS leadership to address the four walls issue via rulemaking before the end of 2024. This will permit the reimbursement to IHS and Tribal facilities for Medicaid clinic services provided to AI/ANs outside the physical four walls of the facility.
- MMPC advocated for the guarantee that the HHS Secretary would provide Tribes a 60-day notice prior to the end of the COVID-19 public health emergency. The Secretary provided a 90-day notice.
- MMPC has been on the front lines of health reform, advocating for AI/AN exemptions to Medicaid reform and preserving AI/AN-specific protections in the ACA. It advocated for an Indian exemption to Medicaid work requirements. At that time, Arizona was the only state in which members of federally recognized Tribes were granted an exemption.
- MMPC advocated for stricter enforcement of Qualified Health Plans in the Federally Facilitated Marketplace (FFM), by offering contracts with an Indian Addendum to I/T/Us. Specifically, MMPC worked with the Tribal Self-Governance Advisory Committee (TSGAC) to decrease barriers for AI/ANs who enroll in the FFM—this included reinforcing cost-sharing protections and advocating for best-practices in enrolling blended families.
- MMPC continues to push for the reimbursement of mid-level providers like Dental Health Aide Therapists (DHATs) and for the expansion of the Community Health Aide Program (CHAP) to the lower-48, following its success in Alaska.
- MMPC developed an extensive matrix of Medicare and Medicaid issues affecting IHS/Tribal health programs. This list was compiled from IHCIA reauthorization proposals prepared by Tribal leaders, from Tribal health directors' own experiences, and MMPC members' ideas for improved access to Medicare and Medicaid revenues. This issues matrix was provided to IHS and CMS.
- MMPC advocated for – and secured – AI/AN exemptions under the Social Security Act from premiums, copays, and cost-sharing of any kind in the Medicaid program.
- Between 2015 and 2016, MMPC advocated for CMS to change its interpretation of its policy regarding 100% federal medical assistance percentage (FMAP) for services furnished to Medicaid-eligible AI/ANs. Most importantly, providing 100% FMAP to services rendered by a provider that is not an IHS or Tribal provider, so long as certain conditions are met.
- MMPC – along with the TTAG – revised and amended the CMS Tribal Consultation Policy in 2015. Today, the MMPC continues to be involved in evaluating consultation policies of health-related agencies such as CMS, providing technical assistance to the agency as it shapes its policies to better reflect the needs of Indian Country.

**WHAT IS THE RELATIONSHIP BETWEEN THE MMPC AND THE TTAG?**

The MMPC and the TTAG have some overlapping membership. However, there are differences in the two groups and their functions as outlined below.

|                   | <b>CMS TTAG</b>   | <b>MMPC</b>   |
|-------------------|---|---|
| <b>MEMBERSHIP</b> | <p>There is a principal member and an alternate from IHS, and from each of the twelve (12) IHS service areas. These areas are Alaska, Aberdeen, Albuquerque, Bemidji, Billings, California, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson.</p> <p>In addition, there is representation from the DC-based advocacy organizations: NIHB, NCAI, TSGAC, and NCUIH.</p> | <p>Anyone from any Tribe or Tribal organization and their technical advisors/consultants can participate.</p>   |
| <b>MEETINGS</b>   | <p>Three (3) in-person meetings per year plus monthly teleconferences. Only members or their alternates are permitted to speak.</p>   | <p>Monthly teleconferences and three (3) annual Face to Face meetings to analyze issues and develop consensus on Tribal positions and strategies. These meetings align with the TTAG meetings in order for members to prepare for those conversations with CMS.</p> <p>Tribal leaders, health policy analysts and consultants, attorneys, and health directors can share their expertise.</p> |
| <b>FUNDING</b>    | <p>Federal funding for either TTAG principal member or alternate member for travel &amp; accommodations.</p>  | <p>Financial support for the MMPC comes from the IHS. Funding for the participation of Tribal representatives (Tribal leaders, technical advisors, etc.) is provided by the attending entity.</p> <p>NIHB secures unrestricted funding for congressional advocacy activities.</p>   |
| <b>ACTIVITIES</b> | <p>The TTAG serves as an advisory committee to CMS on important health care matters associated with the Medicare, Medicaid, and CHIP programs.</p> <p>TTAG Charter: <a href="#">click here</a></p>  | <p>The MMPC serves as a forum to share information between Tribes on emerging health care issues.</p> <p>It provides essential technical assistance to the TTAG with the identification of agenda and action items, through the consideration of MMPC general meetings and workgroups that tackle topics in greater detail.</p>   |

## MMPC AND TTAG WORKGROUPS AND SUBCOMMITTEES

The MMPC and the CMS TTAG have various workgroups and committees intended to provide space for members to discuss issues at a more focused level and with experts in the area of focus. Most meet on a monthly basis, some more frequently, while some are temporary in order to focus on pressing matters such as the COVID-19 public health emergency.

### MMPC WORKGROUPS:

- REGULATIONS WORKGROUP
  - Chairperson: **Vacant**
  - NIHB **Randy Gipson-Black** | Policy Analyst, NIHB  
Contact: [RGipson-Black@nihb.org](mailto:RGipson-Black@nihb.org)
  
- MANAGED CARE WORKGROUP
  - Chairperson: **David Larson** | Director of Continuum Care, Oneida Nation | [dlarson@oneidation.org](mailto:dlarson@oneidation.org)
  - NIHB **Alanna Cronk** | Government Relations Coordinator, NIHB  
Contact: [acronk@nihb.org](mailto:acronk@nihb.org)
  
- IHS-TRIBAL WORKGROUP
  - Chairperson: **Melanie Fourkiller** | Policy Advisor, Choctaw Nation Health Authority | [mfourkiller@choctawnation.com](mailto:mfourkiller@choctawnation.com)
  - NIHB **Randy Gipson-Black** | Policy Analyst, NIHB  
Contact: [rgibson-black@nihb.org](mailto:rgibson-black@nihb.org)

### TTAG SUBCOMMITTEES:

*REMINDER: THE ACTIVITIES OF THE TTAG ARE FUNDED BY THE FEDERAL GOVERNMENT AND ARE DISTINCT FROM THE WORK OF THE MMPC*

- DATA SUBCOMMITTEE
  - Chairpersons:
    - **Mark LeBeau** | Chief Executive Officer, California Rural Indian Health Board | [mlebeau@crihb.org](mailto:mlebeau@crihb.org)
  - NIHB Contact:
    - **Dr. Rochelle Ruffer** | Tribal Health Data Project Director | [rruffer@nihb.org](mailto:rruffer@nihb.org)
  
- HEALTH EQUITY SUBCOMMITTEE
  - Chairpersons:
    - **Jim Roberts** | Interim Vice President, Intergovernmental Affairs, Alaska Native Tribal Health Consortium | [jcroberts@anthc.org](mailto:jcroberts@anthc.org)
    - **Dr. Susan Karol** | Chief Medical Officer, CMS Division of Tribal Affairs | [susan.karol@cms.hhs.gov](mailto:susan.karol@cms.hhs.gov)
  - NIHB Contact:
    - **Carrie Field** | Senior Policy Analyst | [cfield@nihb.org](mailto:cfield@nihb.org)
  
- MANAGED CARE SUBCOMMITTEE
  - Chairpersons:

- **Melanie Fourkiller** | Policy Advisor, Choctaw Nation Health Authority | [mfourkiller@choctawnation.com](mailto:mfourkiller@choctawnation.com)
- **Lane Terwilliger** | CMS Division of Tribal Affairs  
[lane.terwilliger@cms.hhs.gov](mailto:lane.terwilliger@cms.hhs.gov)
- NIHB Contact:
- **Alanna Cronk** | Government Relations Coordinator | [acronk@nihb.org](mailto:acronk@nihb.org)
  
- POLICY SUBCOMMITTEE
  - Chairpersons:
    - **Melissa Gower** | Senior Advisor, Policy Analyst, Chickasaw Nation Department of Health | [melissa.gower@choctaw.net](mailto:melissa.gower@choctaw.net)
    - **Rachel Ryan Pedersen** | CMS Division of Tribal Affairs  
[rachel.ryanpedersen@cms.hhs.gov](mailto:rachel.ryanpedersen@cms.hhs.gov)
  - NIHB Contact:
    - **Randy Gipson-Black** | Policy Analyst | [rgibson-black@nihb.org](mailto:rgibson-black@nihb.org)
  
- OUTREACH & EDUCATION SUBCOMMITTEE
  - Chairpersons:
    - **Kristen Bitsuie** | Tribal Health Care Outreach and Education Policy Manager, NIHB | [kbitsuie@nihb.org](mailto:kbitsuie@nihb.org)
    - **Beverly Lofton** | CMS Division of Tribal Affairs  
[beverly.lofton@cms.hhs.gov](mailto:beverly.lofton@cms.hhs.gov)
  - NIHB Contact:
    - **Kristen Bitsuie** | Tribal Health Care Outreach and Education Policy Manager, NIHB | [kbitsuie@nihb.org](mailto:kbitsuie@nihb.org)
  
- WAIVER SUBCOMMITTEE
  - Chairpersons:
    - **Judy Goforth Parker** | Commissioner of Health Policy, Chickasaw Nation Department of Health  
[judy.parker@chickasaw.net](mailto:judy.parker@chickasaw.net)
    - **Lane Terwilliger** | CMS Division of Tribal Affairs  
[lane.terwilliger@cms.hhs.gov](mailto:lane.terwilliger@cms.hhs.gov)
  - NIHB Contact:
    - **Carrie Field** | Senior Policy Analyst | [cfield@nihb.org](mailto:cfield@nihb.org)
  
- LONG-TERM SERVICES AND SUPPORTS (LTSS) SUBCOMMITTEE
  - Chairpersons:
    - **Judy Goforth Parker** | Commissioner of Health Policy, Chickasaw Nation Department of Health  
[judy.parker@chickasaw.net](mailto:judy.parker@chickasaw.net)
    - **John Johns** | Health Insurance Specialist, CMS Division of Tribal Affairs | [john.johns@cms.hhs.gov](mailto:john.johns@cms.hhs.gov)
  - NIHB Contact:
  
- BEHAVIORAL HEALTH SUBCOMMITTEE
  - Chairperson:

- **Vacant (Tribal Chair)**
- **Dr. Susan Karol** | Chief Medical Officer, CMS Division of Tribal Affairs | [susan.karol@cms.hhs.gov](mailto:susan.karol@cms.hhs.gov)
- NIHB Contact:
  - **Randy Gipson-Black** | Policy Analyst | [rgibson-black@nihb.org](mailto:rgibson-black@nihb.org)
- UNWINDING SUBCOMMITTEE
  - Chairpersons:
    - **Yvonne Myers** | ACA/Medicaid Consultant, Citizen Potawatomi Nation Health Services | [ymyers@potawatomi.org](mailto:ymyers@potawatomi.org)
  - NIHB Contact:
    - **Kristen Bitsuie** | Tribal Health Care Outreach and Education Policy Manager | [kbitsuie@nihb.org](mailto:kbitsuie@nihb.org)