



CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities

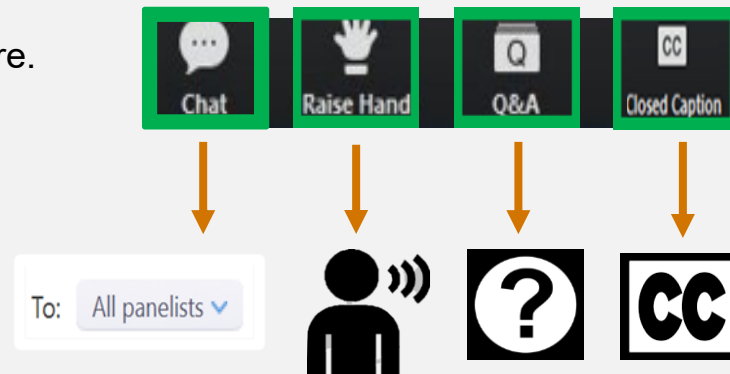
**Wednesday, January 17, 2024
3–4 p.m. Eastern Time**

Technical Notes and Support

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If you experience technical difficulties, **send a note using the chat box in your bottom menu bar,** and we'll assist you from there.

Enjoy the session!





Disclaimer

This webinar series is supported by GS-00F-0012S/75FCMC22F0101 awarded by the Centers for Medicare & Medicaid Services.

W O R K I N G T O A C H I E V E H E A L T H
E Q U I T Y



Advancing Tribal Health Roundtable

January 17, 2024

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Agenda

- Welcome
- Tribal Health Resources
- Current CMS Rural, Tribal, and Geographically Isolated Health Initiatives
- Discussion

CMS Office of Minority Health

The Centers for Medicare & Medicaid Services (CMS) is the largest provider of health insurance in the United States, responsible for ensuring that more than 160 million individuals supported by CMS programs can get the care and health coverage they need and deserve.

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) is one of eight offices of minority health within the U.S. Department of Health and Human Services. CMS OMH works with local and Federal partners to eliminate health disparities while improving the health of all minority populations.



Terminology

- For the purposes of this roundtable, we will collectively refer to rural, Tribal, and geographically isolated communities.
 - Given today's audience, we may refer to just rural or Tribal communities as appropriate throughout the session.
- The term "geographically isolated" is inclusive of frontier or remote communities, as well as the U.S. territories and other island communities.
- Under 42 CFR 485.610(b)(1)(I), a rural area is any area that is outside a Metropolitan.

Tribal Health Resources

American Indian and Alaska Native Resources

LTSS webinar, January 24 – Robotics in Aging

American Indian/Alaska Native Long-Term Services and Supports

SOLUTIONS

Technical assistance for culturally competent care

December 2023

LTSS Technical Assistance Center

Visit the [online LTSS TA Center](#) for videos, best practices, toolkits, a resource library, and a step-by-step planning roadmap.




[Tribal Behavioral Health Coverage](#)

[Prepare for a Behavioral Health Appointment](#)

[Substance Use Disorders](#)

[Behavioral Health Terms](#)

[Additional Resources](#)

[Service Locator](#)

Medication-Assisted Treatment 101

MAT stands for Medication-Assisted Treatment. MAT combines prescribed medicine with a behavioral health provider to treat opioid use disorder while avoiding an overdose.

▼ What is tribal MAT?

Tribal MAT was developed to provide culturally competent care to American Indian and Alaska Native populations. It was created to honor and recognize the values, traditions, and culture of each tribe. Rather than approaching MAT from a medical perspective only, tribal MAT provides ways to bring culture and tradition into the treatment plan. An example would be adding a traditional medicine appointment or provider to the MAT team. That person would then have a medical doctor to monitor the medicine used to help, a behavioral health practitioner to help guide the behavioral choices, as well as a traditional health provider to supplement the person's recovery. This is one example, but the concept is the same: the person's culture, history, and traditions become an important component of their recovery and treatment plan.

Latest Public Service Announcement



Protect Our Elders (December 2023)

Our elders are sacred and deserve the best.

Check in with them and make sure they have the health care coverage they need.



Audio

[English](#) [Cherokee](#) [Inupiat](#) [Lakota](#)
[Navajo](#) [Ojibwe](#) [O'odham](#) [Salish](#)
[Tlingit](#) [Yupik](#) [Zuni](#)



Video

[English](#) [Cherokee](#) [Inupiat](#) [Lakota](#)
[Navajo](#) [Ojibwe](#) [O'odham](#) [Salish](#)
[Tlingit](#) [Yupik](#) [Zuni](#)

Health Care Workforce Shortage

Tribal communities face persistent challenges with the shortage of health care professionals.

Recruiting and retaining adequate health care workforce: Leads to significant gaps in essential medical services

Factors include: Geographic isolation, limited resources, and high demand for health care services

Spans various health care specialties: Primary care, specialists, nurses, and allied health professionals

Press release

CMS Awards 200 New Medicare-funded Residency Slots to Hospitals Serving Underserved Communities

Jan 09, 2023 Hospitals, Medicare Parts A & B

Share    

First of Five Awards, New Positions Target Primary Care and Mental

Today, the Centers for Medicare & Medicaid Services (CMS) took a critical step to advance health equity and access to care, awarding the first 200 of 1,000 Medicare-funded physician residency slots to enhance the health care workforce and fund additional positions in hospitals serving underserved communities. Approximately three-quarters of the new positions will be for primary care and mental health specialties.

Current CMS Rural, Tribal, and Geographically Isolated Health Programs

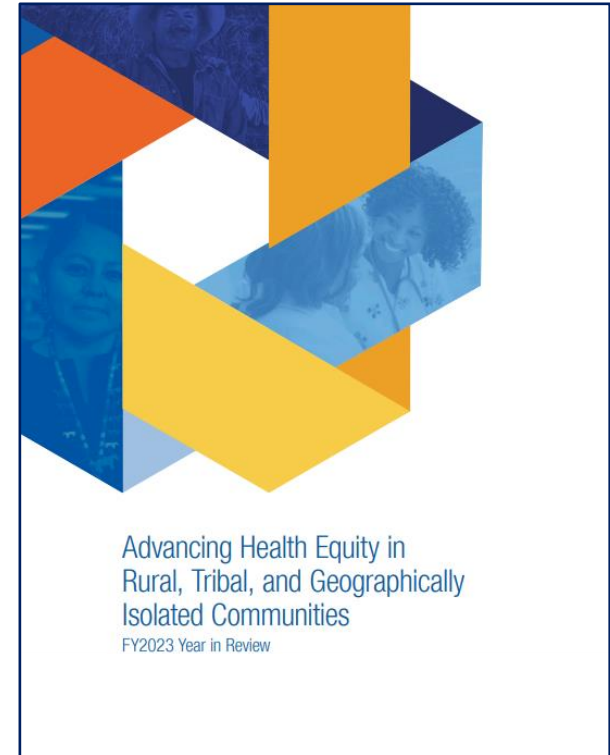
CMS FRAMEWORK & RURAL HEALTH COUNCIL

Overview

CMS OMH released the updated *CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities* in November 2023.

To help shape the framework, CMS held listening sessions with government agencies, individuals, and organizations across the country who have experience receiving health care or supporting health care service delivery in rural communities.

The Framework focuses on **six priorities** over the next five years.



CMS FRAMEWORK & RURAL HEALTH COUNCIL

Six Priority Areas



Priority 1: Apply a Community-Informed Geographic Lens to CMS Programs and Policies



Priority 2: Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities



Priority 3: Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities



Priority 4: Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities



Priority 5: Expand Access to Comprehensive Health Care Coverage, Benefits, and Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities



Priority 6: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities

CMS FRAMEWORK & RURAL
HEALTH COUNCIL

Rural Health at CMS

- Rural Health Council
- Rural Health Open Door Forums
- Rural Health Coordinators



DATA & PUBLICATIONS

CMS Data Tools & Publications

The screenshot shows the CMS.gov website interface. At the top, it says "An official website of the United States government" and "Search CMS.gov". The main navigation bar includes "CMS.gov Centers for Medicare & Medicaid Services" and "About CMS Newsroom". Below this, there are several menu items: "Medicare", "Medicaid/CHIP", "Medicare-Medicaid Coordination", "Private Insurance", "Innovation Center", "Regulations & Guidance", "Research, Statistics, Data & Systems", and "Outreach & Education". The breadcrumb trail reads: "About CMS > CMS Office of Minority Health > Research & Data > Mapping Medicare Disparities (MMD) Tool".

The main content area is titled "Mapping Medicare Disparities (MMD) Tool". It features a navigation bar with links: "CMS Office of Minority Health", "About CMS Office of Minority Health", "Health Equity Programs", "Research and Data", "Resource Center", and "Contact Us". On the left, there is a "Research & Data" sidebar with links to "Health Care Disparities Data", "Data Highlights", "Data Snapshots", "Issue Briefs", "Research Reports", "Stratified Reporting", "Mapping Medicare Disparities (MMD) Tool", and "Data Tools".

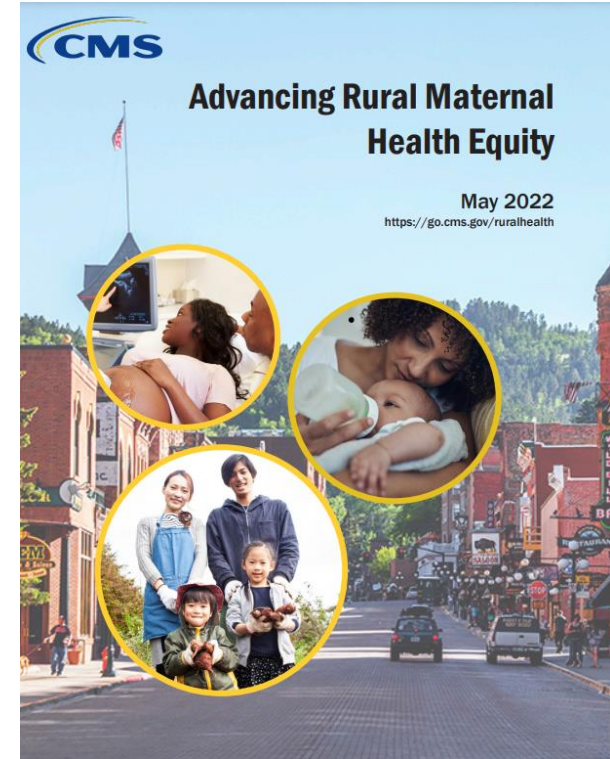
The main content area includes a header image of a man working on a laptop, a "Feedback" button, and a map of the United States titled "Mapping Medicare Disparities". Below the map is a "Get Started" button with a "GO" button and a "Share" button with social media icons. At the bottom, there is a "Questions" section with a question mark icon and the text: "If you have any questions, feedback or suggested enhancements from your experience using the MMD Tool, please contact".

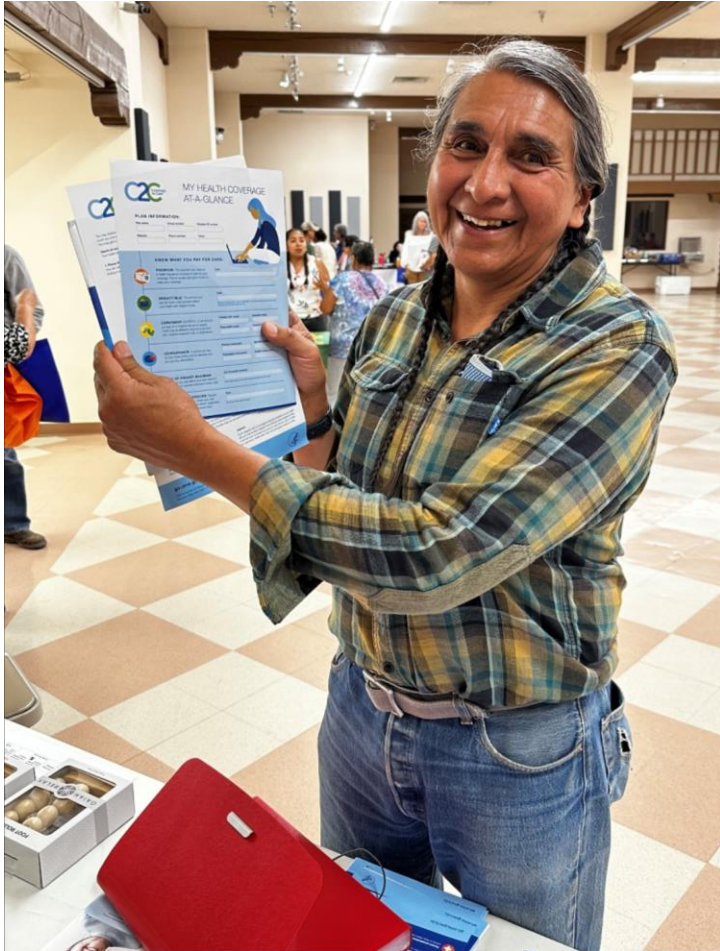
The cover features a large, abstract graphic composed of overlapping geometric shapes in shades of blue, orange, and yellow. The text on the cover reads: "Advancing Health Equity in Rural, Tribal, and Geographically Isolated Communities", "FY2023 Year in Review", "NOVEMBER 2023", and the CMS logo.

DATA & PUBLICATIONS

Rural Maternal Health Equity

- *Advancing Rural Maternal Health Equity*
 - Provides a high-level summary of the activities CMS OMH implemented as part of its Rural Maternal Health Initiative
- Women's Preventive Services Flyer
- CMS's Health Plans Committed to Using Birthing-Friendly Designation List
- CMS Maternity Care Action Plan





RESOURCES

Coverage to Care (C2C)

What is C2C?

C2C aims to help individuals understand their health coverage and connect to the primary care and preventive services that are right for them, so they can live a long and healthy life.

RESOURCES

New and Tailored Resources



SPECIAL PROTECTIONS FOR AMERICAN INDIANS & ALASKA NATIVES (AI/AN)

When AI/ANs enroll in a Marketplace health plan, Medicaid, or Children's Health Insurance Program (CHIP), they benefit themselves, their family and their community. AI/ANs enrolled in these programs can continue to receive services from the Indian Health Service (IHS), Tribal programs, or urban Indian programs (known as I/T/Us). By enrolling in the Marketplace, Medicaid or CHIP, this benefits the Tribal community, allowing I/T/Us to provide more services to others who are not covered or are uninsured.

HEALTH INSURANCE MARKETPLACE:

The Marketplace provides certain protections for members of federally recognized Tribes and shareholders in an Alaska Native Claims Settlement Act (ANCSA) corporation (ANCSA shareholders):

- **Special Enrollment Periods (SEP):** Members of federally recognized Tribes (or ANCSA shareholders) may enroll in coverage through the Marketplace throughout the year, not just during the annual Open Enrollment period. Members may also change plans as often as once a month.
 - A household that includes both members of federally recognized Tribes (or ANCSA shareholders), and persons who are not, may choose to enroll on the same Marketplace application. If all family members use the same application and one family member on the application is eligible for the SEP, all family members will benefit from the SEP.
 - However, family members who are not members of federally-recognized Tribes (or ANCSA shareholders) will not be able to use the special cost-sharing plans. Therefore, federally recognized Tribal members (or ANCSA shareholders) and non-Tribal family members with a household income of under 300 percent of the federal poverty level (FPL) should consider enrolling in separate plans if they want to take advantage of all potential savings.
 - In State Marketplaces, using their own platforms, this flexibility may vary.
- **Zero cost sharing plan:** Members of federally recognized Tribes (including ANCSA shareholders) with household income between 100 percent and 300 percent of the FPL can enroll in a zero cost sharing plan, which means these consumers won't have to pay any out-of-pocket costs such as copays, deductibles, or coinsurance when receiving care from ITUs or when receiving essential health benefits (EHB) through a Qualified Health Plan (QHP).
 - In addition, there is no need for a referral from an ITU to avoid a cost sharing obligation when receiving EHBs through the QHP.
 - These consumers can enroll in a zero cost sharing plan at any metal level.

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 - EHBs provided by a non-Indian health care provider under a referral from an ITU are not subject to copays, deductibles, or coinsurance
 - These consumers can enroll in a limited cost sharing plan at any metal level.
- Individuals who qualify for cost sharing reductions are not exempt from premiums. However, they may qualify for Advance Premium Tax Credits depending on income.

MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) PROTECTIONS:

American Indians and Alaska Natives (AI/AN), who are eligible for services from IHS, have the following Medicaid and CHIP protections:

- Do not have to pay Medicaid premiums or enrollment fees; if they are eligible to receive or have received care from an ITU or through a Purchased/Referred Care (PRC) referral to a non-Indian provider.
- Do not have to pay any cost sharing, such as co-payments, deductibles, or co-insurance for any Medicaid service from any Medicaid provider if they are currently receiving or have ever received care from an ITU or through a PRC Program.
- Certain types of Indian income and resources are not counted when determining Medicaid or CHIP eligibility*.



For more information visit www.healthcare.gov/tribal or contact your local tribal health care provider or ITU.

*<https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/AIAN-Trust-Income-and-MAGI.pdf>

RESOURCES

Minority Research Grant Program

The **Minority Research Grant Program (MRGP)** is administered by the CMS Office of Minority Health with the purpose of supporting researchers at minority-serving institutions (MSIs) who are investigating or addressing health care disparities affecting racial and ethnic minorities.



Goal 1: Develop capacity at minority serving institutions to research health disparities and social determinants of health



Goal 2: Understand the root cause of issues—processes, practices, behaviors, and burdens—that lead to health disparities and identify replicable interventions



Goal 3: Strengthen CMS programs by disseminating best practices uncovered through funded research

Learn more: go.cms.gov/minorityresearch

Minority Research Grant Program

The CMS Office of Minority Health administers the Minority Research Grant Program (MRGP). CMS seeks to achieve health equity by improving quality and making care more person-centered, affordable, and accessible. The MRGP is particularly interested in scientific research on disparities affecting racial and ethnic minorities, people with disabilities, sexual and gender minorities, persons who live in rural areas, and persons otherwise adversely affected by persistent poverty or inequality.

GOAL 1. Develop capacity at minority serving institutions to research health disparities and social determinants of health

GOAL 2. Understand the root cause of issues—processes, practices, behaviors, and burdens—that lead to health disparities and identify replicable interventions

GOAL 3. Strengthen CMS programs by disseminating best practices uncovered through funded research

GRANT ELIGIBILITY
Health equity researchers at the following types of institutions are eligible to apply:

- Asian American and Native American Pacific Islander-Serving Institutions (AANAPISIs)
- Hispanic-Serving Institutions (HSIs)
- Historically Black Colleges and Universities (HBCUs)
- Tribal Colleges and Universities (TCUs)

To be eligible, investigators must propose research focused on testing solutions to disparities that impact CMS OMH's target populations that are racial and ethnic minorities, people with disabilities, sexual and gender minorities, and rural populations. For more information on eligibility, visit: go.cms.gov/minorityresearch

TO APPLY
Applicants must use Grants.gov to apply. Grantees are selected through an annual competition that values innovation, community collaboration, and scientific rigor.

FOR MORE INFORMATION
To learn more, visit go.cms.gov/minorityresearch

CONTACT US
To contact us, email HealthEquityTA@cms.hhs.gov

Paid for by the U.S. Department of Health and Human Services | Revision Date: July 2022

RESOURCES & STAYING CONNECTED

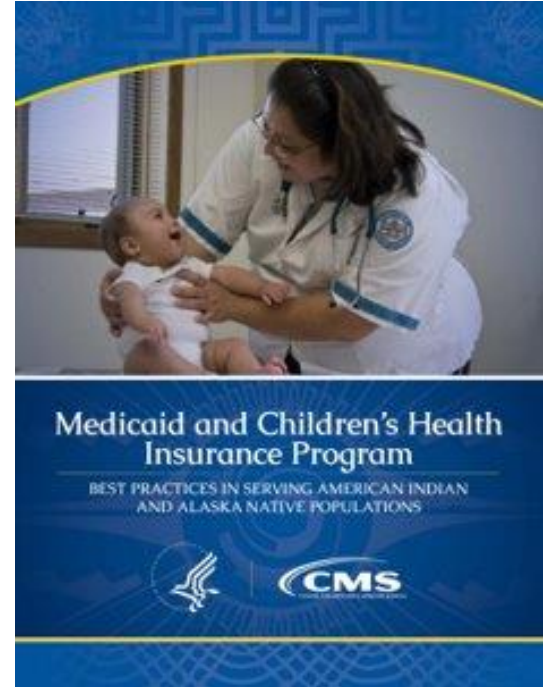
Medicaid Resources

Losing Medicaid or CHIP?

You may be able to get **low-cost, quality health coverage** through the Health Insurance Marketplace



Click Here,
for tools and
guidance on
Unwinding



Medicaid and Children's Health Insurance Program

BEST PRACTICES IN SERVING AMERICAN INDIAN AND ALASKA NATIVE POPULATIONS



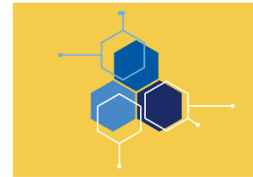
RESOURCES & STAYING CONNECTED

Other Rural Health Resources



[CMS OMH Rural Health Resources](#)

The CMS Office of Minority Health works toward advancing health equity in rural, tribal, and geographically isolated areas through 6 priority areas that influence CMS policies and programs, publications, and accessible resources for consumers. For more information, review the CMS OMH rural health resources.



[Quality Payment Program \(QPP\)](#)

Clinicians in small practices, including those in rural locations, health professional shortage areas, and medically underserved areas are a vital part of our health care system. CMS provides [flexible options](#) to help you actively participate in QPP.



[Rural Health Clinics Center](#)

The CMS Rural Health Clinics (RHCs) Center serves as a hub for information related to RHCs, including educational resources, policy regulations, and billing/payment-related fact sheets.



[CMS Innovation Center](#)

The Center for Medicare & Medicaid Innovation (the Innovation Center) with CMS supports the development and testing of innovative health care payment and service delivery models, including several models relevant to rural communities. For more information, visit the [CMMI website](#).



[Federally Qualified Health Centers](#)

The CMS Federally Qualified Health Centers (FQHCs) Center serves as a hub for information related to FQHCs, including past training opportunities, policy regulations, and preventive service fact sheets.

cms.gov/priorities/health-equity/rural-health/resources

Discussion

Naming Convention

- Rural, Tribal, and Geographically Isolated Communities
- Remote & Tribal Communities
- Rural and Geographically Diverse Communities
- Rural & Tribal Communities+
- Rural, Tribal, Island, and Geographically Isolated Communities

Framework Priorities in Your Organization/Community



Priority 1: Apply a Community-Informed Geographic Lens to CMS Programs and Policies



Priority 2: Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities



Priority 3: Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities



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Priority 6: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities

Data and Publications

- Were you familiar with CMS data and publications prior to today's call?
- What data gaps or essential information is missing or crucial for making informed decisions?

Tribal Roadmap to Better Care Proposed Updates

SPECIAL PROTECTIONS FOR AMERICAN INDIANS & ALASKA NATIVES (AI/AN)

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Tribal Roadmap to Better Care Proposed Updates

- **Introductory Paragraph:**

- This version of the Roadmap has been updated to help members of the American Indian/Alaskan Native community connect to their health care, including benefits provided through the Indian Health Service (IHS), Medicare, Medicaid, Marketplaces, or private insurance. Unlike Medicare, Medicaid, the IHS is not an insurance program or an established benefits package. The IHS cannot guarantee funds are available each year, and as a result sometimes needs to prioritize patients of greatest need.
- The preservation of legacy, heritage, and traditions is vital. This roadmap is designed to help sustain cultural richness and strengthen the well-being of present and future American Indian and Alaska Natives for generations.
- To learn more about enrollment in Marketplace, Medicare, or Medicaid see pages 4 and 5 or visit <https://www.ihs.gov/forpatients/>.

- **Title Change – Special Protections for American Indians & Alaska Natives:**

- Ensuring the Federal Trust Responsibility: Unique Protections for American Indians & Alaska Natives **OR** Strength in Wellness: Empower American Indian & Alaska Native Health

Tribal Roadmap to Better Care Proposed Updates

- **Links:**

- Accessing Tribal Resources section
 - CMS American Indian/Alaska Native information [go.CMS.gov/AIAN](https://www.cms.gov/AIAN)
 - CMS Division of Tribal Affairs Email tribalaffairs@cms.hhs.gov
 - CMS Native American Contacts <https://www.cms.gov/files/document/cms-native-american-contact.pdf>
- Health Insurance Enrollment section
 - Go online to healthcare.gov/tribal or Call 1-800-318-2596

- **Additional Glossary Terms:**

- Indian Health Service, Non-Indians, Urban Indians, American Recovery and Reinvestment Act (ARRA), Contract Health Services of Purchased/Referred Care, Federally Recognized Tribe, I/T/U
- Link to the full Tribal Glossary in the glossary section.

Ongoing CMS OMH Rural Health Resources

- Have you engaged with other Coverage to Care resources?
- How effective are current CMS initiatives in addressing the unique challenges your communities face?

Looking Ahead

- In the upcoming CMS Health Equity Conference, which aspects of health equity that apply to Tribal communities would you like to see featured at the conference?
- How can we anticipate and address potential challenges to further enhance Tribal health care through CMS initiatives?
- How can we amplify opportunities and highlight success stories for those living and providing care in your communities?



Learn more: cmshealthequityconference.com/proposals

Connect with CMS OMH

Rural Health

RuralHealth@cms.hhs.gov

Contact Us

OMH@cms.hhs.gov

Health Equity Technical Assistance Program

HealthEquityTA@cms.hhs.gov

Coverage to Care

CoverageToCare@cms.hhs.gov

Rural Health

go.cms.gov/RuralHealth

Visit Our Website

go.cms.gov/omh

Listserv Signup

bit.ly/CMSOMH



Thank You



Questions?



Contact Information

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