



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Analyses, Research and Studies to Address the Impact of CMS Programs on American Indian/Alaska Native (AI/AN) Beneficiaries and the Health Care System Serving these Beneficiaries

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of single source award.

SUMMARY: This notice supports expansion of research on the impact of CMS programs on the Indian health care system through a single source award. The Indian Health Service (IHS), Tribes and Tribal Organizations and Urban programs, deliver health care services to American Indian/Alaska Native (AI/AN) people through a network of hospitals, clinics and other providers. This award expands research on the impact of CMS programs and the delivery of health care to AI/AN beneficiaries.

FOR FURTHER INFORMATION CONTACT:

Georgeline Sparks

Centers for Medicare & Medicaid Services

Center for Medicaid and CHIP Services/IEAG/Division of Tribal Affairs

7500 Security Boulevard, M/S S1-05-06

Baltimore, MD 21244-1850

(410) 786-4608

Intended Recipient: National Indian Health Board (NIHB)

Purpose of Award:

The IHS and Tribal health programs have had long standing authority to bill Medicare and Medicaid for services provided at their facilities. These participating and billing authorities were expanded by the American Recovery and Reinvestment Act of 2009 (ARRA), the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), and the Affordable Care Act in 2010

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS UATHORIZED BY LAW:

This information has not been publicly disclosed and may be privileged or confidential. It is for internal government use only and must not be disseminated, distributed or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

(ACA). AI/AN people have traditionally been medically underserved and have health disparities significantly above those of the population as a whole. In order to ensure that AI/AN people have full knowledge of these new changes and the fullest access to CMS programs, this award will study the adoption and impact of these new authorities on the Indian health care system.

Amount of the Award:

The total amount of funding available over a five year period is \$4,000,000. The initial award will be awarded at \$800,000. The subsequent years will be awarded on a non-competing continuation basis at approximately \$800,000 per year for a total of 5 years, and will be subject to the availability of funds and satisfactory performance by the recipient.

Justification for Single Source Award:

For the past five years through a Cooperative Agreement with CMS, NIHB has provided analysis and research of the potential and actual impact of CMS programs on AI/AN beneficiaries and the health care system serving these beneficiaries. This work has included analysis and research on Medicare and Medicaid data enrollment of AI/AN beneficiaries to understand utilization of the AI/AN population in the context of CMS programs. In addition, NIHB has been instrumental in tracking CMS regulations and providing analysis and research to better understand the implications of CMS regulatory guidance on the Indian health programs. Based on this experience, NIHB is the only entity capable of carrying out the scope of activities because the scope of work builds on past experience and knowledge. Any other source would not have all of the knowledge and experience gained in the last five years. The NIHB provides research on health program issues impacting AI/ANs to over 567 Federally-recognized Tribes and has historically provided these services for several decades in conjunction with the IHS. The NIHB program has a national focus relevant to its AI/AN constituency who need to know through substantive research about the changes and updates in the latest health care services and access through CMS programs.

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS UATHORIZED BY LAW:

This information has not been publicly disclosed and may be privileged or confidential. It is for internal government use only and must not be disseminated, distributed or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Project Period:

The anticipated period of performance for this cooperative agreement is September 29, 2017 through September 28, 2022 with funding awarded in 12-month budget increments subject to the availability of funds and satisfactory performance.

Provisions of the Notice:

CMS has solicited a proposal from the NIHB to undertake analysis, research and studies to address the impact of CMS programs and AI/AN beneficiaries and the health care system serving those beneficiaries. The project consists of five principal research objectives:

- Study the ongoing impact of CMS programs on the Indian health system through analysis of, response to, and implementation of CMS regulations by Indian health providers.
- Study AI/AN demographic, enrollment, and utilization data and propose strategies to increase CMS data system capabilities to create more Indian specific reporting capacity.
- Provide ongoing study of CMS efforts to increase AI/AN knowledge of CMS programs and CMS responsiveness to Indian health system.
- Provide research support on the use and effectiveness of the CMS Tribal Consultation Policy.
- Evaluate the effectiveness of outreach and enrollment efforts to AI/AN beneficiaries in CMS programs.

CMS requested that NIHB submit an application which includes:

1. Cover Letter.
2. SF-424 Application for Federal Assistance.
3. SF-424A Budget Information – Non-Construction Programs.
4. SF-424B Assurances.
5. A budget narrative

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS UATHORIZED BY LAW:

This information has not been publicly disclosed and may be privileged or confidential. It is for internal government use only and must not be disseminated, distributed or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

6. Abstract of Project.
7. A research project narrative that describes each of the five separate objectives
8. 501(c)(3) Non-Profit certification.
9. Resumes of all key personnel.
10. Position descriptions.
11. Disclosure of Lobbying Activities, if applicable.
12. Copy of approved indirect cost rate agreement, if applicable.
13. Documentation of current OMB A-133 required financial audit, if applicable.

Evaluation criteria for review of the application will be comprised of three principal areas:

- a. Program information which includes current organizational capabilities and operations.
- b. Program planning and evaluation which includes identification of measurable goals, products, personnel and workplanning.
- c. Program reporting which includes organizational capabilities and qualifications and categorical budget and justification.

Authority: Section 1110 of the Social Security Act, codified at 42 U.S.C. Sec. 1310

Dated: September 15, 2017.

Derrick Heard,

Chief Grants Management Officer,

Office of Acquisition and Grants Management,

Centers for Medicare & Medicaid Services.

BILLING CODE: 4120-01-P

[FR Doc. 2017-22811 Filed: 10/19/2017 8:45 am; Publication Date: 10/20/2017]

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS UATHORIZED BY LAW:
This information has not been publicly disclosed and may be privileged or confidential. It is for internal government use only and must not be disseminated, distributed or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.