



Tribal Technical Advisory Group



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Mr. Dennis Smith, Acting Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, S.W.
Humphrey Building
Washington, DC 20201

Dear Administrator Smith:

The Tribal representatives to the CMS Technical Advisory Group (TTAG) asked me to follow-up on an issue raised in our meeting on February 10, 2004, when heard a presentation about the Medicare HORIZONS program. As you know, HORIZONS is intended to reduce barriers to Medicare enrollment related to location, literacy, culture and language. All of these factors are significant in the historic under enrollment of American Indians and Alaska Natives (AI/AN) in Medicare program. Today, we are faced with new challenges as the Administration implements the complex and confusing provisions of the Medicare Modernization Act. A recent report by the Kaiser Family Foundation indicates that more than 85 percent of seniors nationwide do not understand the new law, and we are sure that the percentage is even higher among AI/AN seniors.

While we want to encourage HORIZONS to serve the AI/AN community, we are concerned about their current strategy of using VISTA and AmeriCorps volunteers to assist in Medicare enrollment in Indian Country. CMS has prepared a report, American Indian and Alaska Native Eligibility and Enrollment in Medicaid, Medicare and SCHIP, that offers many excellent recommendations regarding strategies to increase enrollment: however, the use of VISTA volunteers is not one of the recommended strategies.

We appreciate the VISTA and AmeriCorps programs, but we have several concerns about using these volunteers for Medicare enrollment assistant. Our elders are more likely to speak their tribal languages, so people who explain the Medicare options should be fluent speakers of those languages, as well as understanding the Medicare programs and the Indian health programs. Volunteers who do not speak the language are likely to be drawing on the resources of tribes to provide translators. Tribes and the Indian Health Service have staff that assists patients in enrolling in government programs. Medicare funding for training, education, and outreach would have a more long-term positive impact, if it were used to enhance the capabilities of tribes and the IHS. While the VISTA/AmeriCorps model has some apparent strengths, in the long run, it adds nothing lasting to the tribal community, unlike when one of the tribal members is trained to perform work that will continue to need to be done.

It is our understanding that the HORIZONS program has placed VISTA volunteers with three Indian tribes North Dakota and plans to expand the program to five more tribes. Before this planned expansion, we urge CMS to modify the project by offering some tribes the option of accepting VISTA and AmeriCorps

volunteers OR receiving equivalent funding to train and utilize their own tribal members. A follow-up study should then be undertaken to evaluate the two models with regard to their effectiveness with regard to improving AI/AN Medicare enrollments. These are some of the issues that should be included in the evaluation:

1. Do VISTA and AmeriCorps enlist tribal members and people who speak the tribal language to be volunteers? Are tribes that operate their own enrollment program able to recruit people who speak the tribal language?
2. How are tribes and the IHS involved in selecting, training, supervising and assisting VISTA/AmeriCorps volunteers in the HORIZONS program when compared to tribal enrollment staff?
3. How able are the VISTA/AmeriCorps vs. tribal staff to accurately explain Medicare and respond to questions?
4. What is the cost to the Indian health programs to support the work of VISTA/AmeriCorps volunteers who are assigned to assist with Medicare enrollment compared to the tribal enrollment model?
5. How effective are VISTA/AmeriCorps volunteers in increasing enrollment of eligible AI/AN in Medicare programs compared to tribal staff? What strategies is each using that is perceived as effective or ineffective?
6. What are the long-term benefits/disadvantages to the tribe of each model?

We urge CMS to consult with the TTAG Subcommittee on Outreach and Education in the development of specific evaluation strategies and questions.

We realize that when HORIZONS developed their plan to use VISTA/AmeriCorps volunteers, the TTAG was not yet formed, so they could not consult with us about their ideas. However, we want to encourage a close working relationship in the future. One of the strategies to assure that this happens is for the TTAG to work with CMS to develop a comprehensive plan for American Indian and Alaska Native participation in CMS programs and we intend to suggest this as part of the TTAG work plan for inclusion in the 2005 CMS budget formulation.

Sincerely,



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