Draft #8 – Graphic Placeholder

The final objective is to analyze ongoing CMS research activities to identify

Objective 2c –	CMS and the Office of Legislation will provide timely analysis of legislation that affects AI/AN access to CMS services or I/T/U

Budget request:

Goal 4: Develop and improve CMS data systems in order to evaluate and expand the capacity of CMS to serve American Indians

Objective 4b – From 2010 to 2011, the Enterprise Data Architecture Group at CMS will work with

In recognition of the federal trust responsibility for

Choice of

AI/AN Low Enrollment in Medicaid and Medicare

Because IHS care is supplied to AI/ANs without charge, many Indian people do not see any need to enroll in Medicaid, Medicare, or SCHIP. They believe that the federal government should fully fund the Indian health care system. IHS and tribal programs must work vigorously to persuade

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- **The CMS institutional organization undermines efforts to properly address**

types

Goal 4 Continued: Develop and

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Objectives & Tasks	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014

contains no explicit language that defines the trust relationship. Rather, the parameters of the trust responsibility have

Constitution, the "guardian-ward"

health professionals, including Indian health professionals; and the need for health care for Indian people who had moved from reservations to urban areas. The legislation addressed each of these deficiencies through focused titles: Manpower; Health Services; Health Facilities (including sanitation facilities); Access to Medicare and Medicaid; Urban Indian Health; and a