

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education
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April 5, 2016

Sylvia Matthews Burwell, Secretary,
Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Andy Slavitt
Acting Administrator, Centers for Medicare
and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, D.C. 20201

RE: Comments on Oklahoma Section 1115 Waiver Amendment Request

Dear Secretary Burwell and Administrator Slavitt:

On March 4, 2016, the Oklahoma Health Care Authority formally submitted to the federal Centers for Medicare and Medicaid Services a request to amend its section 1115 waiver to incorporate the Insure Oklahoma Sponsor's Choice Option, which would allow Indian Health Service (IHS), Tribal, and urban Indian organization health care facilities (I/T/Us) to sponsor eligible individuals by paying their premiums for health insurance coverage through Insure Oklahoma. On behalf of the Tribal Self-Governance Advisory Committee (TSGAC) of IHS, I am writing to express our strong support for approval of this request, as it would help address the needs of a severely underfunded Indian health care system in Oklahoma.

For a number of years, the Insure Oklahoma program has operated successfully, and the requested amendment would build on this record of achievement. Under the amendment, the Medicaid program would reimburse the State for providing Tribal health care facilities with advanced reimbursement of premium payments under a new part of the existing Insure Oklahoma Medicaid managed care system. Tribal health care facilities would use these payments to sponsor the enrollment of the individuals they serve in the Medicaid managed care system. As a result, IHS and Tribal health care facilities would gain the ability to bill managed care entities for the health care services they provide to the newly-eligible enrollees in the Sponsor's Choice Option.

The requested amendment, at low cost to the Medicaid program, would provide significant opportunities for reimbursement by IHS and Tribal health care facilities in Oklahoma. In addition, the amendment would result in health insurance coverage for about 80,000 Indians who currently lack sufficient access to needed care. At 28 percent, Oklahoma has one of the highest rates of uninsured non-elderly Indians in the nation.

Approving the amendment request also would help the federal government meet its federal trust responsibility for Indians in Oklahoma. As you know, the federal government has a unique government-to-government relationship with Tribes and a responsibility to provide health care services to Indians. Despite this, appropriations for Indian health care services fall far behind health care spending nationally, as well as spending for other federal health care programs,

resulting in severely reduced access to care. In Oklahoma, I/T/Us in fiscal year 2014 had more than 56,000 unmet Purchased and Referred Care claims that accounted for tens of millions of dollars in necessary – but not provided – specialty care. This waiver – if approved – would greatly reduce the rationing of health care services for Tribal citizens in Oklahoma.

Thank you for the opportunity to provide these comments on the Oklahoma section 1115 waiver amendment request. We recognize the potential challenges posed by this request, but hope you will consider it as soon as possible, based on its merits and with the goals it seeks in mind. We also appreciate the continuing efforts of your department to help ensure that Indian Country remains a priority, both in Oklahoma and nationwide. TSGAC remains willing to assist you and your staffs in these endeavors in any way possible. Should you need additional information or have questions regarding these comments, please contact me at (860) 862-6192; or via email: lmalerba@moheganmail.com. Thank you.

Sincerely,



Marilynn "Lynn" Malerba
Chief, The Mohegan Tribe of Connecticut
Chairwoman, Tribal Self-Governance Advisory Committee

cc: Mary Smith, Principal Deputy Director, Indian Health Service
P. Benjamin Smith, Director, Office of Tribal Self-Governance, IHS
TSGAC and Technical Workgroup Members