

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education
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Via email: Denise.Turk@ihs.gov

November 10, 2014

Dr. Yvette Roubideaux, M.D., M.P.H.
Acting Director
Indian Health Service
801 Thompson Avenue, Suite 440
Rockville, MD 20852

RE: Tribal Consultation on Medicare-like Rates (MLR) Regulations and/or Guidance

Dear Dr. Roubideaux,

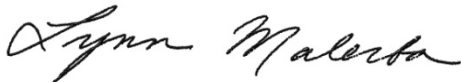
At the Tribal Self Governance Advisory Committee (TSGAC) Quarterly Meeting in October 2014, you stated that the Indian Health Service is in the process of developing regulations or guidance on the application of Medicare –Like Rates (MLR) for services purchased under the Purchased and Referred Care (PRC) program. On behalf of the TSGAC, I am writing to request that Tribes be consulted in the development of any regulations on this subject.

As you know, Tribes have been advocating for legislation on this topic to make it a condition of participation in the Medicare program. In early June, Representatives McCollum and Cole introduced HR 4843, the Native Contract Rate and Expenditure Act (the Native CARE Act). That bill has broad bi-partisan support in the House, and Tribes are working to get a companion bill introduced in the Senate. We are concerned that without legislation to make MLRs mandatory for all services, including those services that are not facility based (e.g. physician services, radiology, lab, etc.), Tribes will pay more than is necessary, thereby limiting American Indian and Alaska Native access to medical care. Because of this, Tribes are supportive of strategies to maximize PRC budgets and to increase services.

Given the complexity of this issue, and the variations in the number of health care providers in the private sector in communities, it is important that Tribes be consulted in the development of any regulations on this subject. The regulations should make the MLR requirement as strong as possible while ensuring continued access to care and giving Tribes flexibility to respond to their particular circumstances. Tribes may have different ideas about how this could best be implemented.

In closing, we respectfully request Tribal Consultation on Medicare-Like Rates before the Indian Health Service and/or the Centers for Medicare and Medicaid Services (CMS) publishes any notices of proposed rule-making or any guidance on this topic. Thank you.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe
Chairwoman, TSGAC

cc: P. Benjamin Smith, Director, OTSG, IHS
TSGAC and Technical Workgroup