

**IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE**  
**c/o Self-Governance Communication and Education**  
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March 29, 2016

Ms. Mary Smith, Principal Deputy Director  
Indian Health Service  
U.S. Department of Health and Human Services  
Suite 440, The Reyes Building  
801 Thompson Avenue  
Rockville, MD 20852-1627

**RE: Request for Service Unit Data on Health Insurance Status and 2016 Appropriation**

Dear Principal Deputy Director Smith:

The Tribal Self-Governance Advisory Committee (TSGAC) to the Indian Health Service (IHS) is engaged in two activities that are advancing the mutual goals of the IHS and of Tribes. We are requesting your assistance in securing data needed to facilitate these activities.

First, as part of the TSGAC's efforts under the "Self-Governance National Indian Health Outreach and Education" (NIHOE) contract with the IHS, the TSGAC is performing a range of activities to assist Tribes and the IHS in understanding requirements and maximizing opportunities made available by the enactment of the Patient Protection and Affordable Care Act (Affordable Care Act or ACA) and the permanent extension and reauthorization of the Indian Health Care Improvement Act (IHCIA). One deliverable under this engagement is to "provide measurable outcomes and performance improvement activities for ACA/IHCIA outreach and education actions." Related to this is the task to "monitor and review ACA enrollment metrics."

Second, the TSGAC has undertaken an initiative to advance the interests of Tribal citizens of Direct Service Tribes, as well as Self-Governance Tribes. This is referred to as the "Joint Initiative of Direct Service Tribes Advisory Committee and Tribal Self-Governance Advisory Committee to the Indian Health Service" (or DST-SGT Joint Initiative). The goal of the DST-SGT Joint Initiative is to ensure that each Tribe, no matter where on the direct service to self-governance continuum, is able to use a portion of its congressional IHS appropriation to sponsor Tribal members for health insurance coverage through a Health Insurance Marketplace, if the Tribe chooses this option (referred to as Sponsorship). A key component of the DST-SGT Joint Initiative is to conduct in-depth analyses of the options available to Tribes in order to facilitate the decision-making of Tribes in determining whether to engage in Sponsorship.

To support these initiatives, we are requesting access to two sets of data.

1. Health insurance status of Active Users, by Service Unit (all Service Units)
2. IHS appropriation, by Service Unit (all Service Units)

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Securing these data will facilitate the analyses being conducted and will enable the TSGAC to provide uniform reports on the impact of the range of NIHOE activities underway, including the DST-SGT Joint Initiative, to increase access to comprehensive health insurance coverage for Tribal members.

Although it is possible to engage each Service Unit individually to access these data, that approach is extremely time-consuming and is likely to generate data sets that are not fully consistent in content.

An example of each dataset being requested is shown below. If the data could be provided in a similar format and with the content categories shown, this would be most advantageous.

The first table below (labeled as Table B) displays data on the health insurance status of Active Users, by Service Unit, by IHS Area for five categories of insurance status. If the most recent data available across all Service Units could be provided, this would be preferred.

	Blackfeet		Crow		Flathead		Fort Belknap		Fort Peck		Northern Cheyenne		Rocky Boy		Wind River		Totals	
Insurance Status	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Medicaid	1,503	13%	1,907	14%	2,897	26%	1,134	24%	1,179	13%	1,966	31%	1,665	34%	3,762	33%	16,013	22%
Medicare	1,120	10%	993	7%	1,284	11%	448	10%	724	8%	436	7%	379	8%	860	8%	6,244	9%
Private/Other*	1,926	17%	2,834	21%	3,270	29%	1,027	22%	1,834	20%	1,328	21%	692	14%	2,774	24%	15,685	22%
Uninsured	7,065	61%	7,761	58%	3,718	33%	2,078	44%	5,393	59%	2,623	41%	2,209	45%	3,978	35%	34,825	48%
<b>TOTAL</b>	<b>11,614</b>	<b>100%</b>	<b>13,495</b>	<b>100%</b>	<b>11,169</b>	<b>100%</b>	<b>4,687</b>	<b>100%</b>	<b>9,130</b>	<b>100%</b>	<b>6,353</b>	<b>100%</b>	<b>4,945</b>	<b>100%</b>	<b>11,374</b>	<b>100%</b>	<b>72,767</b>	<b>100%</b>

For the second set of data, the table below is drawn from the IHS FY 2016 Performance Budget submitted by the Department of Health and Human Services to Congress. The table displays the congressional appropriation to the IHS for various discretionary budget categories. Although a report showing each of these categories would be useful, at a minimum we are requesting a report with an aggregate total for the first four categories listed, and a separate figure for the fifth item (“Purchased / Referred Care”). We are requesting that each set of figures for FY 2016 be provided by IHS Area, by Service Unit. It is solely data on the congressional appropriations—and not third party revenues—that are being requested.

**IHS BUDGET DATA - BILLINGS AREA**

*In Thousands of Dollars*


Discretionary Budget Item	FY 2014 Final			FY 2015 Enacted		
	Federal	Tribal	Total	Federal	Tribal	Total
Hospitals and Health Clinics	39,620	59,234	98,854	40,437	61,919	102,356
Dental Health	1,510	2,844	4,354	1,511	3,073	4,584
Mental Health	687	1,626	2,313	687	1,720	2,407
Alcohol and Substance Abuse	1,926	7,952	9,878	1,926	8,196	10,122
<b>Purchased/Referred Care</b>	<b>21,950</b>	<b>40,196</b>	<b>62,146</b>	<b>22,927</b>	<b>41,735</b>	<b>64,662</b>
Public Health Nursing	682	1,563	2,246	685	1,713	2,398
Health Education	120	495	614	122	532	654
Community Health Representatives	324	4,230	4,554	359	4,240	4,599
Urban Indian Health	889	1,387	2,276	943	1,494	2,437
Direct Operations	1,581	637	2,218	1,648	643	2,291
Contract Support Costs	0	11,323	11,323	0	12,256	12,256
				<b>71,245</b>	<b>137,521</b>	<b>\$208,766</b>

Source: HHS/IHS, FY 2016 Performance Budget Submission to Congress

In closing, we appreciate your partnership on advancing issues of critical importance to Tribes and their citizens. If you have any questions, you can reach me at (860) 862-6192; or via e-mail at [lmalerba@moheganmail.com](mailto:lmalerba@moheganmail.com). Also, feel free to contact Doneg McDonough, Technical Advisor to TSGAC, at [DonegMcD@outlook.com](mailto:DonegMcD@outlook.com) or (202) 486-3343 for technical questions on this request.

Thank you.

Respectfully submitted,



Marilynn "Lynn" Malerba  
Chief, The Mohegan Tribe of Connecticut  
Chairwoman, Tribal Self-Governance Advisory Committee  
Board Member, Self-Governance Communication and Education Tribal Consortium

cc: P. Benjamin Smith, Director, Office of Tribal Self-Governance, IHS  
TSGAC and Technical Workgroup Members