

For More Information, Contact:

Stacy A. Bohlen, Executive Director: sbohlen@nihb.org

Caitrin Shuy, Director of Congressional Relations: cshuy@nihb.org

Devin Delrow, Director of Federal Relations: ddelrow@nihb.org

September 11, 2017

MEDICAID

Protect 100 percent federal reimbursement rate for Medicaid services provided to American Indians and Alaska Natives that are received through the Indian health system.

- As Congress and the Administration look to change Medicaid, the federal responsibility for Indian health care must be maintained, rather than passing that obligation on to the states. Congress amended the Social Security Act over 40 years ago in 1976 to authorize Medicare and Medicaid reimbursement for services provided in IHS and tribally operated health care facilities.¹
 - This recognizes that the trust responsibility for health extends to the entire federal government, not just IHS
- **100% FMAP only applies to services received through an IHS or Tribal facility and must not be expanded to providers outside the I/T/U**
 - By keeping the “through” provision of IHS and Tribal facilities, it ensures that the money from Medicaid stays in the Indian health care system and that it helps fill the gap caused by chronic underfunding of IHS
 - Removing the “through” provision would mean that the State gets more money with no guarantee that it goes to help individual Indian patients or the Indian Health Service or Tribal health programs.
 - Keeping the “through” provision ensures that there is proper coordination of care between the I/T/U’s and outside providers leading to better quality care overall
- Extend 100 percent reimbursement to Urban Indian Health Programs
 - Currently 100% FMAP does not apply to services received through Urban Indian Health Programs but Tribes across the country have requested that this policy be expanded to include Urban Indian Health programs which would help Urban Indian Health Programs expand services, access to health care, and improve health care outcomes for AI/ANs.

Just like states want more flexibility with regard to federal requirements, Tribes have the same motivation with regard to state requirements that do not fit well with the Indian Healthcare delivery system

- We request Tribal set asides in the Medicaid program through waivers or otherwise

¹ 42 U.S.C. § 1395qq and § 1396j

- Doing so will impose no additional costs on the States, and will allow Tribes to tailor the Medicaid program to their needs, all while allowing the States to develop their own approaches in an expeditious manner.

Preserve Medicaid Expansion for Indian Country

- Tribal programs that would routinely run out of funds to make referrals for needed care halfway through the year are now able to pay for preventive care. Preventive care has dramatically improved health outcomes for our people and is a more efficient use of federal healthcare resources

Preserve American Indian and Alaska Native specific provisions in Medicaid, including protections from premiums and cost sharing, prohibition of classifying trust lands and cultural and religious items as resources for eligibility purposes, and other protections.