

## Investing in the Bellin Building Expansion Concerns of the Oneida Community Health Center

Based on the Health Care needs of the Oneida Community and the Diversification Strategy of the Oneida Nation there are reasons to do both projects. In no way should Tribal investment in buildings to be leased by Bellin replace the need for internal investment in the Oneida Community Health Center.

It is important not to confuse the issues of Oneida medical care. Oneida patients have extensive health care needs compared to the typical patient population in the area. Furthermore, the Oneida Community Health Center is the lowest cost option for delivering needed care. Too often private and non-profit "HMO" type systems are viewed as the "norm." This is very far from the truth. Health Maintenance Organizations (HMO's) make their money by managing "healthy" populations - basically providing "family practice" health care. Oneida patients for the most part have complex medical needs, i.e., diabetes, upper respiratory, hypertension, cardiovascular, all of which require extensive treatment.

The bottom line is to keep the two issues separate. If Bellin fits in with a real estate ownership and development strategy of the Tribe, then so be it. Such an investment will not limit the need for the Oneida Community Health Center (OCHC). Here are some reasons why.

- 1) Private and Non-profits must operate like a business. They have a bottom line to manage. In all previous discussion with area medical groups, only Oneida insured patients were desired.
- 2) The OCHC serves all Native Americans that "present themselves" for care. Would another group be willing to do that?
- 3) Many of our patients have no resources.
- 4) We accept and provide care to any Native American Medicaid/Medicare patient. Many health care providers do not accept Medicaid/Medicare patients. Will there come a time when our community member receiving Medicaid/Medicare benefits be denied services from a healthcare provider outside of the OCHC? Heard just this morning on the news, that many Nursing Homes are going bankrupt in the State of Wisconsin due to the lowest Medicare and Medical Assistance reimbursement rate in the United States. If, the Medicare reimbursement rate for Nursing Homes is the lowest, what about the reimbursement rates for ambulatory clinics? Will our Medicaid/Medicare population be required to pay co-pays before being able to obtain the services?
- 5) Many local groups are really "Family Practice" groups providing non-specialized medical care. Due to our complicated patient base we provide Internal Medicine, Pediatric, and other specialties at the OCHC. Would our patients have access to the same level of care on a regular basis?
- 6) Historically, area medical groups tend to provide Oneida patients mostly "mid-level" care - Nurse Practitioners and Physician Assistants. Based on the medical profile of our patients they are seriously under served unless treated by Physicians.
- 7) Prevea is the Oneida self-funded insurance preferred provider. How will a "partnership"