Medicaid Services "Received Through" an Indian Health Service/Tribal Facility: A Request for Comment

Centers for Medicare & Medicaid Services

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Introduction:

There is one (1) Urban Indian Organization (UIO) in the state of Utah. Classified as a Title V UIO, the Urban Indian Center – Salt Lake (UICSL) medical & dental services delivery system is operationalized through an outreach and referral program. The population served is principally those tribal urban American Indian/Alaska Native members who reside along the Wasatch Front in Utah. The Wasatch Front is a long and narrow (approximately 120 miles long and averaging 5 miles wide) metropolitan region primarily in the north-central part of Utah, encompassing six counties: Box Elder, Weber, Davis, Cache, Salt Lake and Utah. It consists of a chain of cities and towns stretched along the Wasatch Range; roughly 80% of Utah's population resides in this region. UICSL service delivery area designated by the Phoenix Area Indian Health Service unit consists of 5 counties: Weber, Davis, Salt Lake, Utah and Tooele; but AI/AN individual's access UICSL health and behavioral health services from outside the service area as well, as UICSL is the only urban program between Denver, CO and Reno, NV.

Utah has the 16th highest percentage of American Indians/Alaska Natives (AI/AN) at 1.5% (42,049), above the national rate of 1.2% (Governor's office of Management and Budget, 2013) and a relatively young population. The AI/AN population in the 5 counties designated as the urban service delivery area total is 23,535 (Ibid), accounting for approximately 56% of the Utah AI/AN population. According to a recent Utah Health Status by Race and Ethnicity Report, the majority of AI's are 44 years old and younger, approximately 25% are under 15 years old. Thirty seven percent (37%) of AI in Utah are without access to needed healthcare (UDOH Center for Multi-Cultural Health 2010).

Comment:

While Medicaid programs are extremely important to accessing health care and providing additional resources for the Tribal health programs across the state, the prospective proposal appears to benefit the state Medicaid programs thru visits to non IHS/Tribal facilities. Expanding the definition of contractor for the Tribes will increase access to services for tribal member, but may place added burden on Tribes to create & maintain 'outside' contracts. Larger tribes may have the capacity to absorb the increase in

administrative workload but the smaller tribes will find the additional workload challenging.

Who benefits from the 100 percent FMAP reimbursement to the contractual agent 'outside' the IHS/Tribal facility; the state Medicaid program or the contractual agent? There is the appearance that the state will receive additional federal funds for the state Medicaid programs but what guarantee, if any, will exist to ensure 100 percent FMAP reimbursement benefits IHS/Tribal health system and more importantly improve the health of the AI/ANs? Until it can be shown there is a benefit to AI/ANs, the UICSL does not support this policy change.