

**America's Health  
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November 17, 2015

Centers for Medicaid and CHIP Services  
Centers for Medicare & Medicaid Services (CMS)

Submitted electronically at [TribalAffairs@cms.hhs.gov](mailto:TribalAffairs@cms.hhs.gov)

**Re: Medicaid Services “Received Through” and Indian Health  
Service/Tribal Facility: A Request for Comment**

To Whom it May Concern:

America's Health Insurance Plans (AHIP) appreciates this opportunity to provide feedback on the Request for Comment issued by CMS on a proposed policy change it is considering that would expand the circumstances in which services furnished to Medicaid eligible American Indians and Alaska Natives (AI/AN) would qualify for the 100 percent Federal Medical Assistance Percentage (FMAP) as services received through an IHS/Tribal facility. The proposed policy change is of importance to our members that participate as Medicaid health plans and commonly enroll AI/AN beneficiaries.

In general, AHIP strongly supports the proposed policy changes included in this guidance. The Medicaid program provides an important safety net for many AI/AN individuals who may otherwise be unable to afford comprehensive health care coverage. By expanding federal support, the guidance provides greater stability to programs targeted to this population which otherwise may be subject to changes in funding due to declines in state budgetary environments and local economies.

Medicaid health plans play an important role in ensuring low-income beneficiaries receive high quality care. According to a recent analysis, 70 percent of all Medicaid beneficiaries are now enrolled in Medicaid health plans that provide comprehensive care. Numerous studies document Medicaid health plans outperform fee-for-service (FFS) systems by promoting access to covered services and providing for the seamless coordination of health care services across the continuum of care<sup>1</sup>. In addition, Medicaid health plans are designing programs to provide care in a culturally

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<sup>1</sup> For example, see Janice Carson, MD, Georgia Department of Community Health, PQO Update: Performance Measurement, Presentation to the Georgia Department of Community Health Board, October 11, 2012; López-De Fede, A., Mayfield-Smith, K., Brantley, V., Payne, T., Stewart, J., Watkins, S., et al.. Measuring the Quality of Medicaid Managed Care in South Carolina: A Report of HEDIS and CAHPS Data for Fiscal Year 2009. University of South Carolina, Institute for Families in Society, December 2009; and David Mancuso, PhD, Melissa Ford Shah, MPP, Barbara Felver, MPA, MES, and Daniel Nordlund, PhD., Washington Medicaid Integration Partnership: Medical Care, Behavioral Health, Criminal Justice, and Mortality Outcomes for Disabled Clients Enrolled in Managed Care, Research and Data Analysis Division, Washington Department Social and Health Services, December 2010.

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competent manner, including outreach to community and tribal leaders to ensure care delivery systems are consistent with local practices and sensitive to local needs. These health plans' focus on prevention, disease and care management, and person-centered care is a key reason why states are increasingly relying on Medicaid health plans to address the needs of vulnerable populations, including those with complex conditions.

For these reasons, it is critical that Medicaid policies not serve as a deterrent to the expansion of Medicaid health plan programs for AI/AN beneficiaries. We therefore strongly support the proposed clarification that "To the extent that services are furnished by an IHS/Tribal facility or its employees to AI/AN individuals enrolled in a managed care plan, the State would be able to claim the 100 percent FMAP for the portion of the capitation rate representing those services expended by the managed care plan." Ensuring parity in the manner in which the level of federal funding is applied to Medicaid managed care and FFS will provide additional opportunities for Medicaid health plans to develop innovative programs to address the unique needs of this population.

We have appreciated the opportunity to provide feedback. If additional information would be helpful or if you have questions about the issues we have raised, please feel free to contact me at (202) 778-3256 or [mhamelburg@ahip.org](mailto:mhamelburg@ahip.org).