

The Oklahoma Health Care Authority, Oklahoma's single state Medicaid agency, respectfully submits these comments to *Medicaid Services "Received Through" an Indian Health Service/Tribal Facility: A Request for Comment*.

Oklahoma recognizes the importance of the continued relationship between the AI/AN member and their ITU facility, and suggests and strongly supports expanded and innovative payment relationships between ITU providers and Medicaid programs, strengthening the ability for members to receive care in settings most appropriate to their needs and selection.

Page 3, 2nd paragraph: OHCA supports the 100% federal funding for services furnished to AI/AN members "received through" an ITU facility. In May 2015, OHCA submitted to CMS a draft waiver amendment to its existing Insure Oklahoma Premium Assistance program. The amendment is based on the "received through" concept of 100% FFP for premium assistance as a service provided to individual AI/ANs by the ITU/Tribal facility. Oklahoma suggests and strongly supports the inclusion of language in this final rule providing states the flexibility to define "services received through" an ITU to include payment of premiums and associated cost sharing for AI/AN members who choose to receive premium assistance, with such payments being eligible for the 100% FFP, as is available for other "services rendered through" an ITU.

Page 4, #2: Since the interpretation may include a contractual relationship between the ITU and third party; how will the state Medicaid agencies know which provider has a contract with the ITU? Would this be similar to the 638 facility list provided to states by CMS? There will be significant cost, time, and administrative resources invested by the state Medicaid agencies for design, development and implementation of business and system processes to encompass these welcome changes.

Page 4, #3: Given that ITUs will bill for services rendered by a contracted provider, which entity (ITU or contracted provider) is responsible to the state Medicaid agency for contract compliance for the service provided (i.e. Medical necessity, program integrity processes, etc.?) There will be significant costs, time, and administrative resources to be incurred by the state Medicaid agencies for investment, design, development and implement business and system processes to encompass these welcome changes.