



OFFICE OF THE GOVERNOR

The Chickasaw Nation

Post Office Box 1548 • Ada, Oklahoma 74821

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<http://www.chickasaw.net>

BILL ANOATUBBY
GOVERNOR

February 2, 2015

Ms. Betty Gould, Regulations Officer
Indian Health Service
801 Thompson Avenue
TMP STE 450
Rockville, MD 20852

Dear Ms. Gould:

Thank you for allowing the Chickasaw Nation an opportunity to comment on the Indian Health Service Proposed Rule titled, "Payment for Physician and Other Health Care Professional Services Purchased by Indian Health Programs and Medical Charges Associated with Non-Hospital-Based Care." Included with this letter are the requested comments.

If you have any questions, please contact Dr. Judy Goforth Parker, secretary for the Chickasaw Nation Department of Health, at (580) 436-3980.

Sincerely,

/Bill Anaotubby, Governor/

Bill Anoatubby, Governor
The Chickasaw Nation

A handwritten mark, possibly a stylized 'U' or a signature flourish, is located to the right of the typed name.

BJA:sm



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GOVERNOR

February 2, 2015

Mr. Carl Harper, Director
Office of Resource Access and Partnerships
Indian Health Service
801 Thompson Avenue
Rockville, MD 20852

Dear Mr. Harper:

Thank you for allowing the Chickasaw Nation an opportunity to comment on the Indian Health Service Proposed Rule titled, "Payment for Physician and Other Health Care Professional Services Purchased by Indian Health Programs and Medical Charges Associated with Non-Hospital-Based Care." Included with this letter are the requested comments.

If you have any questions, please contact Dr. Judy Goforth Parker, secretary for the Chickasaw Nation Department of Health, at (580) 436-3980.

Sincerely,

/Bill Anoatubby, Governor/

Bill Anoatubby, Governor *U*
The Chickasaw Nation

BJA:sm

**COMMENTS OF THE CHICKASAW NATION
ON THE IHS PROPOSED RULE TITLED “PAYMENT FOR PHYSICIAN AND
OTHER HEALTH CARE PROFESSIONAL SERVICES PURCHASED BY
INDIAN HEALTH PROGRAMS AND MEDICAL CHARGES ASSOCIATED
WITH NON-HOSPITAL-BASED CARE” 79 FED. REG. 72160 (DEC. 5, 2014)**

The Chickasaw Nation strongly supports expanding Medicare-like rates beyond hospital-based providers, and believes that the proposed rule is a good step towards achieving that goal.

The proposed rule addresses one of the most critically important needs in Indian health as we currently cap the rates we pay for hospital services to what the Medicare program would pay for the same service. Currently, this Medicare-like rate cap applies only to hospital services, which represent only a fraction of the services provided through the Purchased/Referred Care (PRC) program.

The United States has a federal trust responsibility to provide health care to American Indian and Alaska Native people, which has been recognized by Congress in numerous federal statutes. The current system results in the rationing of care, a result that is fundamentally at odds with the federal trust responsibility. While the proposed rule would not, in and of itself, provide full funding for PRC so as to meet all remaining unmet needs in Indian country, it would represent a giant step forward for the administration in implementing the federal trust responsibility.

Even though we are supportive of the efforts to place a Medicare-like rate cap on nonhospital services, as drafted, the proposed rule does not provide the flexibility that is necessary to ensure continued access to care. Without a mechanism to ensure such flexibility, the proposed rule could deny many AI/ANs access to critically important and life-saving services. We request the proposed rule be revised with flexibility to ensure continued access to care while still lowering costs and to uphold tribal sovereignty by supporting our tribe’s decision-making process for entering into agreements with providers outside of our Indian health program.

As a result of the implications and direct effects on one or more tribes, tribal consultation is required pursuant to the HHS Tribal Consultation Policy. While we welcome the opportunity to comment on the proposed rule through the notice and public comment process required by the Administrative Procedure Act, the HHS, acting through the director of the IHS, must also engage in tribal consultation on the proposed rule before any action is taken to finalize the rule.