



NATIONAL ASSOCIATION OF
Community Health Centers

Main Office
7501 Wisconsin Ave.
Suite 1100W
Bethesda, MD 20814
301.347.0400 Tel
301.347.0459 Fax

November 24, 2015

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: Tribal Affairs
7500 Security Boulevard
Baltimore, MD 21244-1850

**Division of Federal, State
and Public Affairs**
1400 Eye Street, NW
Suite 910
Washington, DC 20005
202.296.3800 Tel
202.296.3526 FAX

Submitted to TribalAffairs@cms.hhs.gov

RE: Medicaid Services “Received Through” an Indian Health Service/ Tribal Facility: Request for Comment

The National Association of Community Health Centers (NACHC) appreciates the opportunity to comment on the Issue Paper entitled “Medicaid Services “Received Through” an Indian Health Service/ Tribal Facility: Request for Comment.”

NACHC is the national membership organization for federally qualified health centers (FQHCs). FQHCs play a critical role in the health care system, serving as the health home to over 23 million people, the majority of whom live below the Federal Poverty Level. In 2013, FQHCs served over 1 in 7 Medicaid beneficiaries nationwide. With over 9,300 sites, FQHCs provide affordable, high quality, comprehensive primary care to medically underserved individuals, regardless of their insurance status or ability to pay for services. For additional information on FQHCs, please see the attachment.

NACHC fully supports CMS’s proposed changes in the interpretation of section 1905(b) of the Act. The proposed revisions to the second, third, and fourth conditions of the current interpretation would lead to the federal government assuming more of the costs for services provided to American Indian and Alaska Native (AI/AN) populations. NACHC believes that these adjustments are appropriate given the federal government’s legal responsibility for health care for AI/AN individuals; in addition, they will encourage delivery innovation and reform by IHS/Tribal facilities.

Thank you for the opportunity to comment on this Issue Paper. NACHC staff, and our member health centers, would be happy to provide CMS with any further information that would be beneficial. To initiate a discussion, please contact me at 202-296-0158 or cmeiman@nachc.org.

Sincerely,

Colleen P. Meiman, MPPA

Director, Regulatory Affairs
National Association of Community Health Centers

Overview of Federally Qualified Health Centers

For 50 years, Health Centers have provided access to quality and affordable primary and preventive healthcare services to millions of uninsured and medically underserved people nationwide, regardless of their ability to pay. At present there are almost 1,300 health centers with more than 9,300 sites. Together, they serve **over 22 million patients**, including nearly seven million children and more than 1 in 7 Medicaid beneficiaries.

Health centers provide care to all individuals, regardless of their ability to pay. All health centers provide a full range of primary and preventive services, as well as services that enable patients to access health care appropriately (e.g., translation, health education, transportation.) A growing number of Health Centers also provide dental, behavioral health, pharmacy, and other important supplemental services.

To be approved by the Federal government as a Health Center, an organization must meet requirements outlined in Section 330 of the Public Health Service Act. These requirements include, but are not limited to:

- Serve a federally-designated medically underserved area or a medically underserved population. Some Health Centers serve an entire community, while other target specific populations, such as persons experiencing homelessness or migrant farmworkers.
- Offer services to all persons, regardless of the person's ability to pay.
- Charge no more than a nominal fee to patients whose incomes are at or below the Federal Poverty Level (FPL)
- Charge persons whose incomes are between 101% and 200% FPL based on a sliding fee scale
- **Be governed by a board of directors, of whom a majority of members must be patients of the health center.**

Most Section 330 Health Centers receive Federal grants from the Bureau of Primary Health Care (BPHC) within HRSA. BPHC's grants are intended to provide funds to assist health centers in covering the otherwise uncompensated costs of providing care to uninsured and underinsured indigent patients, as well as to maintain the health center's infrastructure. Patients who are not indigent or who have insurance, whether public or private, are expected to pay for the services rendered. In 2013, on average, the insurance status of Health Center patients is as follows:

- 41% are Medicaid recipients
- 35% are uninsured
- 14% are privately insured
- 8% are Medicare recipients

No two health centers are alike, but they all share one common purpose: to provide primary health care services that are coordinated, culturally and linguistically competent, and community-directed care to uninsured and medically underserved people.