



November 17, 2015

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: Tribal Affairs  
P.O. Box 8016  
Baltimore, MD 21244-8016

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

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

Dear Administrator Slavitt:

I am writing on behalf of Molina Healthcare, Inc. (“Molina”) to support CMS’s reinterpretation of section 1905(b) of the Social Security Act to expand the circumstances in which state Medicaid payments for services furnished to American Indians and Alaska Natives (AI/AN) beneficiaries would be considered to be “received through” an IHS/Tribal facility and therefore qualify for 100 percent FMAP. We believe this policy update will strengthen the access and delivery of Medicaid services to AI/AN beneficiaries. Furthermore, we believe the expanded interpretation of section 1905(b) will allow our State partners with significant AI/AN populations to expand their Medicaid programs to cover other vulnerable Medicaid populations as well.

Molina was founded in 1980 as a provider organization serving low-income families in Southern California. We continue to be a Hispanic-owned, physician-led managed care organization focused on breaking down the financial, cultural, and linguistic barriers that prevent low-income families and individuals from accessing appropriate healthcare. In New Mexico, for example, we serve almost 9,000 American Indian beneficiaries and employ four full-time staff who speak New Mexico Native American/pueblo languages to work with IHS, Tribal 638, and Urban Indian Health Program providers. Molina believes the care coordination capabilities, technology, and specialty provider networks managed care brings can be coupled with and complement these providers – creating a robust healthcare system for American Indian and Alaska Native beneficiaries.

American Indians and Alaska Natives face persistent disparities in health and healthcare, including high uninsured rates, significant barriers to obtaining care, and poor health status. We support CMS’s proposed policy update because it facilitates improved access to care and we believe it carries out of the intent of the Affordable Care Act’s permanent reauthorization of the Indian Health Care Improvement Act.

Sincerely,



John M. Puente  
Vice President, Regulatory Affairs

cc: Carolyn Ingram, Vice President, Public Policy