

TESTIMONY BEFORE THE UNITED STATES SENATE

COMMITTEE ON INDIAN AFFAIRS

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BY

GREGORY E. PYLE, CHIEF

CHOCTAW NATION OF OKLAHOMA

Mr. Chairman, It is my pleasure to come before this Committee in support of Senate Bills S.406, to allow tribes to bill directly for Medicaid and Medicare and S.299, to elevate the Director of the Indian Health Service to an Assistant Secretary for Indian Health within the Department of Health and Human Services.

I represent the Choctaw Nation of Oklahoma which is the third largest Tribe in the Nation. The Choctaw Nation manages their own hospital and five health centers under a Self-Governance Compact.

The Choctaw Nation was one of the four tribes selected by the Indian Health Service to participate in the Demonstration Project for Direct Billing of Medicare and Medicaid which was a result of the 1988 Amendment, (P.L. 100-713), of the Indian Health Care Improvement Act.

The Choctaw Nation has been direct billing Medicare and Medicaid for almost ten years with great success. The direct billing process has allowed us to decrease our processing time of claims from three (3) or four (4) months to about two (2) weeks and we do not have any findings with Medicare and Medicaid.

It has also allowed us to reduce our administrative overhead from eight (8) positions to four (4) positions to process claims and manage the accounts receivable. Our ability to bill direct has

provided us the opportunity to develop an electronic interface with the respective fiscal intermediaries to reduce our processing and record keeping time.

Our reimbursements have improved by 159 percent since we started billing direct. These reimbursements have allowed the Choctaw Nation to improve our health care facilities and services.

This proposed permanent legislation would not only provide all Tribes with the necessary tools to make them more efficient and effective but it would also reduce the administrative costs within the Indian Health Service which are presently handling all of the claims after they are processed by the Tribes and indirectly trying to keep up with the accounts receivable and accounts payable.

Without question Senate Bill 406 is a win-win situation for the Tribes and the Indian Health Service and has no down side what so ever. The Choctaw Nation request the support of the Senate to make direct billing of Medicare and Medicaid a reality for all Indian Tribes by passing bill S.406.

The Indian Health Service is responsible for the health care of about a 1.3 million Indian people throughout the United States with an annual budget exceeding 2.3 billion dollars. This responsibility requires the Director of the Indian Health Service to interact with all of the other federal health care programs on a direct basis as well as to work directly with the Secretary of the Department of Health and Human Services (HHS).

This direct working relationship can only be accomplished by elevating the Director of the Indian Health Service to an Assistant Secretary so he can report directly to the Secretary without going through the various bureaucratic levels of the department.

The elevation of the Director of the Indian Health Service would also give the Tribes a much better opportunity to access the other programs administered by the Department of HHS thus maximizing all resources for health services.

The elevation of the Director of the Indian Health Service would put him on the same administrative level as Assistant Secretary for the Bureau of Indian Affairs.

The Choctaw Nation supports the elevation of the Director of Indian Health Service to the Assistant Secretary level which will provide for a more affective and efficient Indian Health Service and requests the Senate to pass bill S.299.

The Choctaw Nation of Oklahoma would like to thank the Committee for this opportunity to provide testimony and appreciates the support the Committee has shown for Indian Tribes and Tribal programs.

Gregory E. Pyle, Chief
Choctaw Nation of Oklahoma