COLT

COALITION OF LARGE TRIBES

Blackfeet Nation • Cheyenne River Sioux Tribe • Confederated Tribes of the Warm Springs Indian Reservation of Oregon • Crow Creek Sioux Tribe • Crow Nation • Eastern Shoshone Tribe • Fort Belknap Indian Community • Mandan, Hidatsa & Arikara Nation • Muscogee (Creek) Nation • Navajo Nation • Northern Arapaho Tribe • Northern Cheyenne Tribe • Oglala Sioux Tribe • Rosebud Sioux Tribe • San Carlos Apache Tribe • Shoshone-Bannock Tribes • Shoshone-Paiute Tribes of the Duck Valley Indian Reservation • Sisseton Wahpeton Sioux Tribe • Spirit Lake Nation •Spokane Tribe • Standing Rock Sioux Tribe • Ute Indian Tribe • Ute Mountain Ute Tribe • Walker River Paiute Tribe

Resolution: February 18, 2025, 2025-Resolution #06-2025 (Rapid City)

Resolution Supporting Indian Managed Care, 100% FMAP for American Indians and Alaska Natives, Establishment Of Ptaya Wicozani, Inc. (Section 17 Intertribal Corporation) To Serve As An Indian Managed Care Entity To Improve Medicaid And Indian Health Services In The Great Plains Region

WHEREAS, the Coalition of Large Tribes (COLT) was formally established in early April 2011, and is comprised of Tribes with large land base, including the Blackfeet Nation • Cheyenne River Sioux Tribe • Confederated Tribes of the Warm Springs Indian Reservation • Crow Creek Sioux Tribe • Crow Nation • Eastern Shoshone Tribe • Fort Belknap Indian Community • Mandan, Hidatsa & Arikara Nation • Muscogee (Creek) Nation • Navajo Nation • Northern Arapaho Tribe • Northern Cheyenne Tribe • Oglala Sioux Tribe • Rosebud Sioux Tribe • San Carlos Apache Tribe • Sisseton Wahpeton Sioux Tribe • Shoshone Bannock Tribes • Shoshone-Paiute Tribes of the Duck Valley Reservation • Spirit Lake Nation • Spokane Tribe • Standing Rock Sioux Tribe • Ute Indian Tribe • Ute Mountain Ute Tribe • Walker River Paiute Tribe and is Chaired by J. Garret Renville of the Sisseton-Wahpeton Oyate of the Lake Traverse Reservation, South Dakota; and

WHEREAS, COLT was organized to provide a unified advocacy base on all issues affecting Tribes that govern large trust land bases and that strive to ensure the most beneficial use of those lands for Tribes and individual Indian landowners; and

WHEREAS, COLT further advocates for legislative, regulatory, and policy reforms that impact large land base Tribes and our citizens; and

WHEREAS, the Indian Health Service Reports that American Indian people have long experienced lower health status when compared with other Americans:

- Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions;
- Diseases of the heart, malignant neoplasm, unintentional injuries, and diabetes are leading causes of American Indian and Alaska Native deaths; and

- American Indians have a life expectancy that is 13.5 years less than the U.S. all races population (65 years to 78.5 years, respectively).

American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases; and

WHEREAS, the Sisseton-Wahpeton Oyate (SWO) has taken the lead in developing an Intertribal Section 17 Corporation, *Ptaya Wicozani, Inc.,* to serve as an Indian Managed Care Entity for the Management of Medicaid Services to American Indians in the Great Plains Region, and Indian Managed Care provides the opportunity for our Great Plains Indian nations and tribes to take control and increase the quality of health care for our American Indian people to improve our health status, quality of life, and life expectancy; and

WHEREAS, in 1965, Congress established the Medicaid program as a joint federal and state program to provide medical assistance to individuals with low incomes; Under the Medicaid program, each state that chooses to participate in the program and receive federal financial participation (FFP) for program expenditures, establishes eligibility standards, benefits packages, and payment rates, and undertakes program administration in accordance with federal statutory and regulatory standards; and

WHEREAS, in 2010, President Obama and Congress enacted the *Patient Protection and Affordable Care Act* (P.L. 111-148) to provide health coverage to approximately 32 million Americans who currently do not have any and reform the health insurance system, including banning pre-existing condition exemptions, capping out- of-pocket expenses, increasing competition and providing increased government oversight; and

WHEREAS, enacted as part of the Affordable Care Act, the Indian Health Care Improvement Act, codified in part at 25 U.S.C. sec. 1601, seeks to improve Indian health care in several ways:

- improve workforce development and recruitment of health professionals in Indian country;
- fund facilities construction as well as maintenance and improvement funds;

- improve access and financing of health care services for Indians;
- allows IHS to carry out long term care related services and be reimbursed for them, such as home and community-based services; and
- modernizes the delivery of health services provided by IHS; and

WHEREAS, in the Indian Health Care Improvement Act, Congress established national goals for Indian Health Care, including:

- (1) to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy;
- (2) to raise the health status of Indians and urban Indians to at least the levels set forth in the goals contained within the Healthy People 2010 initiative or successor objectives;
- (3) to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities;

25 U.S.C. sec. 1603; and

WHEREAS, since the 1990s, Medicaid has increasingly been administered through Managed Care Entities, so that today, 70% or more of Medicaid and 80% or more of CHIPS patients receive health care through Managed Care Organizations; and

WHEREAS, In a Medicaid managed care delivery system, through contracts with managed care plans, states require that the plan provide or arrange for a specified package of Medicaid services for enrolled beneficiaries. States may contract with managed care entities that offer comprehensive benefits, referred to as managed care organizations (MCOs). Under these contracts, the organization offering the managed care plan is paid a fixed, prospective, monthly payment for each enrolled beneficiary. This payment approach is referred to as “capitation.” Beneficiaries enrolled in capitated MCOs must access the Medicaid services covered under the state plan through the managed care plan. Alternatively, managed care plans can receive a capitated payment for a limited array of services, such as behavioral health or dental services. Such entities that receive a capitated payment for a limited array of services are referred to as “prepaid inpatient health plans” (PIHPs) or “prepaid ambulatory health plans” (PAHPs) depending on the scope of services the managed care plan provides. Finally, applicable federal

statute recognizes primary care case managers (PCCM) as a type of managed care entity subject to some of the same standards as MCOs; and

WHEREAS, under Medicaid Rule Sec. 438.14, *Indian health care provider (IHCP)* means a health care program operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U) as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603); and *Indian managed care entity (IMCE)* means a MCO, PIHP, PAHP, PCCM, or PCCM entity that is controlled (within the meaning of the last sentence of section 1903(m)(1)(C) of the Act) by the Indian Health Service, a Tribe, Tribal Organization, or Urban Indian Organization, or a consortium; and

WHEREAS, North Dakota, South Dakota and Nebraska voters approved expanded Medicaid coverage; and

WHEREAS, Federal law authorizes Indian tribes to form Indian Managed Care Entities (ICME) to administer managed Health Care to Medicaid and CHIPS beneficiaries under contracts with states, and Medicaid rules provide flexibility for Indian Medicaid beneficiaries to receive services from Indian health care providers in-state and out-of-state; and

WHEREAS, IRA Section 17 codified as 25 U.S.C. sec. 5124 provides as follows:

> **Incorporation of Indian tribes; charter; ratification by election**
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> The Secretary of the Interior may, upon petition by any tribe, issue a charter of incorporation to such tribe: *Provided*, That such charter shall not become operative until ratified by the governing body of such tribe. Such charter may convey to the incorporated tribe the power to purchase, take by gift, or bequest, or otherwise, own, hold, manage, operate, and dispose of property of every description, real and personal, including the power to purchase restricted Indian lands and to issue in exchange therefor interests in corporate property, and such further powers as may be incidental to the conduct of corporate business, not inconsistent with law; but no authority shall be granted to sell, mortgage, or lease for a period exceeding twenty-five years any trust or restricted lands included in the limits of the reservation. Any charter so issued shall not be revoked or

surrendered except by Act of Congress. (June 18, 1934, ch. 576, §17, 48 Stat. 988; Pub. L. 101–301, § 3(c), May 24, 1990, 104 Stat. 207); and

WHEREAS, under the Supreme Court's decision in *Mescalero Apache v. Jones*, the Internal Revenue Service acknowledges that the Section 17 Corporation has the same non-taxable status as the Tribal Government; IRS Ruling 94-16 (March 24, 1994); and

WHEREAS, to achieve the highest level of health care, the greatest flexibility in the provision of health services, greater access to Indian health care providers and the highest health status for tribal members, SWO has established a Section 17 Intertribal Corporation to serve as an Indian Managed Care Entity: *Ptaya Wicozani, Inc.*; and

WHEREAS, SWO established a Section 17 Corporation, *Ptaya Wicozani,* Incorporated, to serve as the Intertribal Government Indian Managed Care Entity and, *inter* alia, to engage with the United States of America, the States of South Dakota, North Dakota and Nebraska on Indian Managed Care Medicaid Management; and

WHEREAS, the revised Charter of the *Ptaya Wicozani, Inc.* authorizes the Corporation to serve as an Indian Managed Health Care Entity, manage Medicaid for American Indians to improve Indian health care, increase Indian health status, the quality of life and life expectancy to meet or exceed national standards and averages; and

WHEREAS, SWO invited sister Native Sovereign Nations to participate in the Indian Managed Care Entity: *Ptaya Wicozani, Inc.* Section 17 Corporation for Indian Managed Health Care; and

NOW THEREFORE BE IT RESOLVED that the Council of Large Tribes (COLT) supports the *Ptaya Wicozani, Inc.* potential to serve as the Intertrial Section 17 Corporation for Indian Managed Care of Medicaid in the Great Plains Region, to be owned and controlled by participating member Indian nations and tribes to improve Indian health care, increase Indian health status, the quality of life and life expectancy to meet or exceed national standards and averages; and

BE IT FURTHER RESOLVED that COLT acknowledges that American Indians are among the largest populations in our Western States served by Medicaid and the effective management of Medicaid for our Native people is essential to our health and well-being, promotes access to

100%. FMAP for Native Peoples, and extends health care resources well beyond current IHS health care services; and

BE IT FURTHER RESOLVED that COLT supports *Ptaya Wicozani, Inc.* as an Indian Managed Care Entity for Medicaid holds the potential to improve physician and medical staff recruitment, compensation and retention, build Indian health care hospitals, health clinics, and health facilities, and create jobs and economic opportunity as our Indian nations and tribes work together to raise the level of health care to the highest possible level; and

BE IT FURTHER RESOLVED that in order to promote Indian Self-Determination COLT supports Indian Managed Care for Medicaid and supports CMS and HHS continuing to pay 100% FMAP for American Indians and Alaska Natives in keeping with our treaties and the rulings of the Federal Courts in support of Indian Health Care; and

BE IT FINALLY RESOLVED, that this resolution shall be the policy of COLT until it is withdrawn or modified by subsequent resolution.

Attest:

Signed by:
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J. Garret Renville, Chairman, Coalition of Large Tribes

Signed by:
AB79A0D2A3544B1...

Lisa White Pipe, Secretary / Treasurer, Coalition of Large Tribes

CERTIFICATION

This resolution was enacted at virtual meeting of the Coalition of Large Tribes held February 18, 2025 at which a quorum was present, with the resolution approved unanimously.

Dated this February 18, 2025