MUSCOGEE NATION DEPARTMENT OF HEALTH: PAST AND PRESENT
OUR HISTORY: WHERE WE CAME FROM
MUSCOGEE (CREEK) NATION

- 4th largest federally recognized tribe
- More than 100,000 citizens worldwide
- 80% of our citizenship resides within Oklahoma
- In a 2017 economic impact report produced by Oklahoma City University professor, Dr. Kyle Dean, the MCN’s impact on Oklahoma’s economy was more than $866 million; $1.4 billion across the United States.
OUR HISTORY: A TRUST RESPONSIBILITY

• American Indian and Alaska Native (AI/AN) tribes have had a unique history with the United States.

• This history has resulted in a complex web of federal Indian policy, treaties, and intergovernmental relationships.

• Services provided to AI/AN persons (e.g., housing, education, health care) have been guaranteed through treaties, executive orders, and other legal bases.
The Indian Health Care Improvement Act, along with the Snyder Act of 1921, forms the statutory basis for the delivery of federally-funded health care and the direct delivery of care to American Indians and Alaska Natives.
The Nation entered into a pilot program with the federal government in the 1970's to operate our own hospital after the hospital was on the brink of closure under the municipality. This hospital is a Critical Access Hospital located in Okemah, OK named Creek Nation Community Hospital. It was relocated and new construction completed in 2017.
Since 1977, MCN Health has grown to be one of the largest tribal health systems in Oklahoma, providing more than 201,000 visits annually. The MCN Health facilities include:

- 2 community hospitals located in Okmulgee and Okemah
- 1 specialty hospital, Council Oak Comprehensive Healthcare, located in Tulsa
- 7 outpatient primary care clinics
In addition to the hospitals and primary care facilities, MCNDH operates many other services, grants and programs such as:

- Behavioral Health
- Special Diabetes Program
- Contract Health aka Purchased/Referred Care
- Public Health Nursing including mobile immunizations
- Sexual Assault Nurse Examiner Program: Adults and Pediatrics
- Pain Management
As a direct response to the effect of the pandemic, the Nation purchased the former Cancer Treatment Centers of America facility in Tulsa in August 2021, renaming the hospital Council Oak Comprehensive Healthcare. This expansion helps ensure that citizens have health care access during a pandemic or bed-shortage crisis.

Additionally, Council Oak enables the Muscogee Nation to expand healthcare for Native people and strengthen our services for the Tulsa community. This new campus brings much needed specialty care closer to our citizens.

Inpatient services at Council Oak began in September 2022.
NATIVE HEALTHCARE SYSTEMS ARE NOT...
• **Not an entitlement program**
  • The Federal Trust Responsibility forms the federal government’s duty to provide health services to Tribes; healthcare for Native Americans and Alaska Natives is not an entitlement.

• **Not an insurance program**
  • Native Blue – A product designed in conjunction with BCBS to cover Native and non-Native employees. 100% benefit for in-network providers, with zero out-of-pocket costs for our employees when using in-network services. Pharmacy is covered at 100% if prescriptions are filled within MCN Health facilities; however, it is only a $10 co-pay when using pharmacies outside of MCN Health.
  • Significant cost savings received with this program
  • Streamlines the Medicare-like payments allowed to the tribes without any provider or citizen abrasion
MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT 2003

• The "Medicare-like" payment rate constitutes payment in full to Medicare-participating hospitals that deliver services to American Indians and Alaska Natives referred through IHS-funded programs. The final rule includes all IHS-funded health care programs, whether operated by the IHS, Tribes, Tribal organizations or Urban Indian organizations.

• The "Medicare-like" rates regulations will reduce contract health expenses for hospital services and enable Indian health programs to use the resulting savings to increase services to their beneficiaries.
QUESTIONS?

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