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Office of the Chief

**Chuck Hoskin Jr.**  
*Principal Chief*

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February 27, 2025

TO: Dr. Stephen Jones, Chief Executive Officer of Cherokee Nation Health Services  
FR: Chuck Hoskin, Jr.  
Principal Chief  
CC: Cabinet Dr. Corey Bunch, Chief of Staff  
Sub-Cabinet  
Mike Shambaugh, Speaker of the Council of the Cherokee Nation

**Administration Memorandum Directing a Review of the State of Medicare Part B, C and D Usage by Cherokee Nation Health Services Patients and Opportunities to Support such Usage by the Work Group on Medicare Usage and Access Support**

The purpose of this memorandum is to direct a review of current usage of Cherokee Nation Health Services patients of Medicare part B, C and D and evaluate what opportunities exist to support patients accessing these federal health insurance programs.

**I. Overview: Medicare Parts B, C & D**

Cherokee Nation's Health Services actively encourages, though does not require, patients to apply for third party payor programs, including private health insurance and government funded programs such as Medicaid and Medicare.

Patients who apply for and qualify for Medicare are automatically enrolled in Medicare Part A, which covers hospital stays, hospice care, and certain limited post-surgery skilled nursing services.

Medicare Part B is optional coverage that helps pay for outpatient services, including but not limited to doctor visits, ambulance services, diagnostic screenings, lab tests, and medical equipment.

Medicare Advantage plans, also known as Medicare Part C, are an optional, private insurance option, combining Medicare Part A and Part B, which are required by law. Many Medicare Advantage Care plans include prescription drug coverage.

Medicare Part D is an insurance option designed to help cover the cost of prescription drugs. It is available to those with Medicare Part A or Part B. Part D plans vary in coverage and costs, and beneficiaries can choose from a range of plans based on their medication needs.

**II. Elected leadership can more effectively support the continued expansion of telemedicine by gaining a clearer understanding of current patient utilization of Medicare optional plans, as well as identifying opportunities and barriers in helping patients access these plans.**

Cherokee Nation's commitment to excellence in health care requires a broad understanding of our growing and increasingly complex health system by not only health care staff and leadership but also by elected and appointed leadership outside of our health system. Cherokee Nation leadership is deeply invested in the success of our health system, and every leader has the opportunity to support and strengthen it. Additionally, citizens look to Cherokee Nation leadership to have sufficient depth of knowledge of the health system to answer questions and understand concerns.

Citizens' interest in Medicare access grows as the cost of healthcare rises and as our gaining population explores health coverage options in their later years. This interest extends, naturally, to Cherokee Nation leadership on their behalf. Understanding how Medicare operates, how it is accessed and what it costs participants can be complex for individuals and even more so as it relates to access to and financing of the Cherokee Nation health system.

To support our Health System's continued growth in telemedicine, leadership needs an overview of the current state of Medicare utilization, as well as future opportunities and challenges in improving citizen access to Medicare Plans B, C, and D.

Similarly, as Cherokee Nation has steadily expanded access to our health care system to at-large citizens and provided related forms of support, there is naturally a desire on the part of leaders and citizens to go further. An examination of Medicare optional plans should also explore how expanding access to coverage to at large citizens in the future could benefit both the citizens and our health system particularly in the areas of mail order prescription services and telemedicine.

**III. Medicare Usage and Access Work Group**

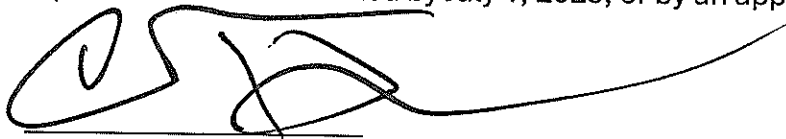
On the basis of the foregoing, I am directing a Work Group on Medicare Usage and Access Support. The Work Group is composed of:

- Health leadership and staff as designated by Dr. Jones
- Chief of Staff Corey Bunch or Designee
- Deputy Secretary of State Canaan Duncan

The Work Group will draft and submit a concise report to the Principal Chief, outlining current Medicare usage statistics by plan part, along with opportunities to enhance patient access to Medicare Parts B, C, and D, as determined by Dr. Jones. The report will focus on key Medicare-related issues, as identified by Dr. Jones, and should address the following topics:

- What are the current statistics on Medicare usage by our patients?
- What opportunities exist now, or may exist in the future, to support patient access to parts B, C and D, including premium support?
- What barriers exist to providing access support for our citizens to Medicare Parts B, C or D, including financial risks to the patient.
- Do any unique opportunities exist to support access to Medicare or other third party coverage for at-large citizens given that our health system provides mail order prescription drug services and increased access to telemedicine?

The Work Group described herein is not a public body within the meaning of Cherokee Nation FOIA, but the report or a summary thereof will be disclosed to members of the Council of the Cherokee Nation and to the general public as the Principal Chief directs. The report should be submitted by July 1, 2025, or by an approved deadline extension.



Chuck Hoskin, Jr.  
Principal Chief of the Cherokee Nation