



Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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May 8, 2013

Ms. Gennifer Moreau
Medicaid State Plan Coordinator
Alaska Department of Health and Social Services
4501 Business Park Blvd., Suite 24, Bldg L
Anchorage, AK 99503
Via email: gennifer.moreau@alaska.gov

Re: Proposed Medicaid State Plan Amendments identified in your April 8, 2013 letter

Dear Ms. Moreau:

I write on behalf of the Alaska Native Health Board (ANHB) in response to your letter of April 8, 2013. ANHB is a statewide organization representing tribes and tribal organizations carrying out health services on behalf of the 229 federally-recognized tribes in the state of Alaska pursuant to the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended.

We appreciate the Department's efforts to consult with tribal health organizations on proposed Medicaid State Plan changes that may affect them or the Alaska Native and American Indian beneficiaries they serve.

Your letter identifies only one proposed change the Department anticipates may affect tribal health programs or their beneficiaries: the proposal to amend the Plan to cover Frontier Extended Stay Clinic (FESC) services. Because the funding for these services through a CMS pilot program evidently ended on April 15, 2013, you anticipate covering FESC under the State Plan will be beneficial for tribal health programs and their beneficiaries.

We absolutely agree that these essential services should continue to be funded, and strongly support the Department's stated plan to cover them under the Medicaid program. However, as you know, there are no current or proposed Medicaid regulations that specifically describe the scope and conditions of FESC coverage or the reimbursement methodology the State will adopt for these crucial and often high-cost services. For that reason, at this stage our support for the proposal must be with reservations: we cannot unreservedly endorse a plan until these important details are explained and a more meaningful opportunity for tribal consultation is provided.

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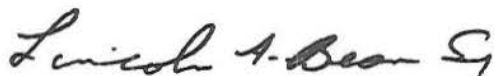
We realize that immediate State action may be needed to ensure there is no disruption in funding for FESC services. We would not want our reservations about the details of the plan to delay action that may be necessary to prevent such a disruption. However, even if immediate steps must be taken first, we ask that tribal health programs promptly be provided a complete explanation of the scope and conditions of the proposed FESC coverage, a full description of how tribal and other providers will be paid for them, and a further opportunity to present their views, ask questions, or suggest further changes.

Addressing the reimbursement amount and methodology will be especially important. Your letter suggests that tribal programs could elect to be paid at the Indian Health Service outpatient encounter rate for these "clinic" services. However, tribal health programs may elect to be paid in the same manner as non-tribal providers. Your letter does not describe how non-tribal providers would be paid for the services nor indicate whether an "enhanced" payment would be available for longer patient stays, as has been the case under the pilot project. It is vitally important that enhanced payment be provided not only for longer patient stays, but also for shorter stays involving intensive services, as when patients with an emergency medical condition are cared for pending transfer to an acute-care hospital or critical access hospital. Payment rates should be sufficient to cover the high cost of care for FESCs, which must have medical staff always on duty and prepared to provide primary, emergent, and extended care services. ANHB could fully support Medicaid State Plan coverage for FESC services only if the reimbursement level is adequate to cover the services' reasonable costs. For further information on the cost of care, please refer to the study conducted by the Institute of Social and Economic Research in December 2011 for the Alaska Frontier Extended Stay Clinic Consortium, *Frontier Extended Stay Clinic Demonstration Volume I*.

Your letter also briefly identifies several other proposed State Plan changes, but assures that "no substantive change is proposed," that the Plan would be amended simply "in order to clarify language," and that the changes are "not anticipated to affect Alaska Native and American Indian recipients or reimbursement for tribal health providers." While we appreciate those assurances and have no reason to doubt them, we also believe a fuller description of the proposed changes is essential for there to be meaningful tribal consultation. Accordingly, we respectfully request you provide the text of the clarifying language changes and a further opportunity for tribal programs to respond to them.

Thank you again for your letter. We look forward to receiving additional information on these proposals as part of the tribal consultation process. In the meantime, if you have any questions or would like to discuss these matters further, please do not hesitate to contact me.

Sincerely,



Lincoln Bean, Sr.
Chairman, Alaska Native Health Board

cc: Patricia Atkinson, SEARHC Frontier Extended Stay Clinic Program Manager