



Sent via email and U.S. Mail to: courtney.king@alaska.gov

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Courtney O'Byrne King
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Division of Health Care Services
Alaska Department of Health & Social Services
4501 Business Park Blvd., Building L
Anchorage, AK 99503

RE: Alaska Medicaid Disaster Relief State Plan Amendment Tribal Consultation

Dear Ms. King:

The Bristol Bay Area Health Care Corporation is pleased to offer the following comments on the Department of Health & Social Services' (the Department) Disaster Relief State Plan Amendment (DR-SPA). The DR-SPA makes important changes to the Medicaid State Plan that will be critically important in addressing the coronavirus pandemic in Alaska.

We understand that the DR-SPA was not subject to the normal prior tribal consultation process under the Center's for Medicaid and Medicare Services' (CMS) expedited emergency procedures before it was submitted to CMS. We appreciate the Department's commitment to being open to changes and amendments to the DR-SPA after submission in order to address tribal concerns.

As you know, on April 10th the Alaska Native Health Board (ANHB) submitted a detailed set of recommended changes designed to ensure that the DR-SPA addresses the unique needs of the Alaska Native Health System. We were disappointed to see that the DR-SPA did not contain any of those recommended changes. We understand if the timing of the proposal did not allow for changes before submission to CMS, but now that the DR-SPA has been submitted, we ask that you amend it to accommodate the changes proposed by ANHB on behalf of the Alaska Native Health System. We include the proposed changes below. Please note that they include some technical fixes and a new provision regarding enhanced reimbursement for tribal targeted case management.

We look forward to consulting with you about this proposal.

Sincerely,

BRISTOL BAY AREA HEALTH CORPORATION

Robert J. Clark
President/Chief Executive Officer

Attachment

cc: Verné Boerner, President and CEO, ANHB
Gary Hale, Vice President/Chief Financial Officer, BBAHC

Bristol Bay Area
Health Corporation is
a tribal organization
representing 28 villages in
Southwest Alaska:

Aleknagik
Chignik Bay
Chignik Lagoon
Chignik Lake
Clark's Point
Dillingham
Egegik
Ekuk
Ekwok
Goodnews Bay
Ivanof Bay
Kanatak
King Salmon
Knugank
Kollganek
Levelock
Manokotak
Naknek
New Stuyahok
Perryville
Pilot Point
Platinum
Port Heiden
Portage Creek
South Naknek
Togiak
Twin Hills
Ugashik

Our mission is to
provide quality
health care with
competence,
compassion, and
sensitivity.

Tribal Requests for Disaster Relief State Plan Amendment

CMS DISASTER SPA TEMPLATE SECTION D - BENEFITS.1

1. The agency adds the following optional benefits in its state plan:

Add to the list of other covered providers at Attached Sheet to Attachment 3.1 A, Page 2, subparagraph 6.d.4 the following, and cover their services within the full scope of their authorized practice and when furnished in any setting: Marriage and Family Therapists, Licensed Professional Counselors.

2. The agency makes the following adjustments to benefits currently covered in the state plan:

Cover all services, otherwise covered by the State Plan or any waiver, that are furnished in any setting by an individual acting within the scope of his or her health care licensure or certification issued by or for any State, tribe, US territory, the District of Columbia, or the Community Health Aide Program Certification Board, to the same extent as if the service had been furnished by a physician or other qualified provider, and without limitation as to frequency, site of service, prior authorization, or other special coverage or payment limitations.

Add the following to the list of practitioners whose services earn the IHS Encounter rate in tribal facilities: licensed psychologists, clinical social workers, licensed marriage and family therapists, professional counselors.

Remove the requirement that hospitals obtain prior continued stay authorizations for inpatient stays over three days.

Remove the qualifications for case managers working in Tribal Targeted Case Management Programs.

Remove the requirement for prior authorizations for community behavioral health center services furnished in excess of the stated limits.

5. *Telehealth*. The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Expand the services that may be reimbursed when furnished via telehealth to include all covered services except as expressly forbidden by any non-waived federal or state law, and including services the Plan otherwise requires to be furnished face-to-face.

Reimburse services furnished via all non-public facing communication technologies, both store-and-forward and live-and-interactive technologies, and including services furnished via video or audio-only telephone, and radio.

CMS DISASTER SPA TEMPLATE SECTION E - PAYMENTS

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:
 - a. 100% of Published fee schedules.
 - b. Other: For any COVID-19 related services furnished by or through a tribal health facility or program are reimbursed at 125% of the otherwise applicable IHS encounter Rate, CHP Encounter Rate, or physician fee schedule.

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:
 - Services furnished by or through an Indian or tribal health facility.
 - Services furnished via telehealth.
 - a. Payment increases are targeted based on the following criteria:
 - Reimburse Tribal Targeted Case Management per episode rate equal to the existing monthly rate, this increase is reflective of the increased requirements for TTCM providers during the PHE.
 - b. Payments are increased through:
 - Payments for any COVID-19 related services are increased through an increase of 25% to the otherwise applicable IHS encounter rate, physician fee schedule, or CHP Encounter Rate.
 - Tribal clinics will be paid at the IHS encounter rate for services furnished outside the facility's four walls by clinic personnel acting under the general supervision of a physician, and at 125% of the IHS outpatient encounter rate for any such services that are COVID-19 related.
 - Tribal outpatient hospitals and clinics will be paid at the enhanced encounter rate for any COVID-19 related services of the following additional practitioners acting within the scope of their licensed or certified practice, and at 100% of the applicable encounter rate for their other services: licensed psychologists, clinical social workers, licensed marriage and family therapists, and professional counselors.
 - All providers involved in a telehealth service will be reimbursed at the applicable enhanced rate (e.g., at 125% of the applicable IHS encounter or CHP Encounter Rates), including the presenting, referring, and consulting providers.
 - Reimburse at the federal per diem rate patient and escort accommodations that are leased or contracted for governmental and tribal providers, as well as those that they directly "operate."