



# Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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April 30, 2020

Courtney O’Byrne King,  
State Plan Coordinator and Legislative Liaison  
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 Alaska Native Health Board (ANHB)<sup>1</sup> thanks the Department of Health & Social Services (the Department) for the opportunity to have consultation on the Disaster Relief State Plan Amendment (DR-SPA or SPA) that was concurrently submitted by the Department to the Centers for Medicare and Medicaid Services (CMS). We also appreciate your sharing the DR-SPA as it was submitted to CMS to help inform these comments, and we thank the Department for the many positive changes already included in the SPA.

As you know, there was no opportunity for prior tribal consultation on the DR-SPA under the expedited procedures CMS has allowed for SPAs that address the COVID-19 public health emergency. However, knowing that the Department planned to submit such a SPA, ANHB wrote Commissioner Crum on April 10<sup>th</sup> and asked that the SPA include several provisions that would help tribal providers respond to COVID-19 and mitigate the pandemic’s financial and programmatic impacts.

We were disappointed to note that none of the provisions we requested on April 10<sup>th</sup> were incorporated into the DR-SPA. But we also acknowledge the urgent timing of the submission to CMS, as well as the Department’s assurances that, while prior tribal consultation was not possible, post-submission consultation would be meaningful and the DR-SPA could be amended to address tribal concerns and recommendations.

Accordingly, we now formally and respectfully ask that the Department amend the DR-SPA to add the provisions we outlined in our April 10<sup>th</sup> letter to Commissioner Crum, with some minor technical edits and the addition of a provision that would provide the same enhanced reimbursement for Tribal Targeted Case Management (TTCM) that the DR-SPA now extends to other targeted case management services. (The TTCM provision is included with our

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<sup>1</sup> ANHB was established in 1968 with the purpose of promoting the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System (ATHS), which is comprised of tribal health programs that serve all of the 229 tribes and over 177,000 Alaska Natives and American Indians (AN/AI) throughout the state. As the statewide tribal health advocacy organization, ANHB helps Alaska’s tribes and tribal programs achieve effective consultation and communication with state and federal agencies on matters of mutual concern.

ALASKA NATIVE TRIBAL  
HEALTH CONSORTIUM

ALEUTIAN PRIBILOF  
ISLANDS ASSOCIATION

ARCTIC SLOPE  
NATIVE ASSOCIATION

BRISTOL BAY AREA  
HEALTH CORPORATION

CHICKALOON VILLAGE  
TRADITIONAL COUNCIL

CHUGACHMIUT

COPPER RIVER  
NATIVE ASSOCIATION

COUNCIL OF ATHABASCAN  
TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA  
TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN  
INDIAN COMMUNITY

KODIAK AREA  
NATIVE ASSOCIATION

MANILLAQ ASSOCIATION

METLAKATLA INDIAN  
COMMUNITY

MT. SANFORD  
TRIBAL CONSORTIUM

NATIVE VILLAGE  
OF EKLUKNA

NATIVE VILLAGE OF EYAK

NATIVE VILLAGE  
OF TYONEK

NINILCHIK  
TRADITIONAL COUNCIL

NORTON SOUND  
HEALTH CORPORATION

SELDOVIA VILLAGE TRIBE

SOUTHCENTRAL  
FOUNDATION

SOUTHEAST ALASKA REGIONAL  
HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM  
HEALTH CORPORATION

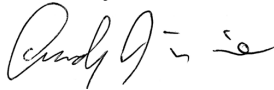
VALDEZ NATIVE TRIBE

original recommendations below.) Each of these directly affects the ability of the Alaska Tribal Health System to participate in Medicaid and respond to and survive the COVID-19 crisis. We believe the requested changes are self-explanatory.

As stated above, we would also like to extend our sincere thanks and appreciation to the Department for the many provisions already included in the DR-SPA that are of great help to tribal and non-tribal providers. Special thanks are due to the Department and to Dr. Erin Narus for the changes regarding pharmacy services and covered outpatient drugs, which are already having an important and beneficial impact.

Should you have any questions concerning them or this letter, please contact the ANHB at (907) 562-6006, or email [anhb@anhb.org](mailto:anhb@anhb.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Jimmie". The signature is written in a cursive style with a horizontal line underneath.

Andrew Jimmie, Tribally-Elected Leader of the Village of Minto  
Chairman  
Alaska Native Health Board

Attachment: Tribal Requests for Disaster Relief State Plan Amendment – April 30, 2020

CC: Renee Gayhart, Director, Health Care Services, DHSS  
Erin Narus, Pharm. D., Pharmacy Program Manager, HCS, DHSS

**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.

## **Tribal Requests for Disaster Relief State Plan Amendment – April 30, 2020**

### **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."