



Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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Submitted via email: emily.beaulieu@alaska.gov

November 25, 2024

Emily Beaulieu
Medicaid State Plan Coordinator
Alaska Department of Health
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923

RE: Tribal Consultation – DRG Reimbursed Hospitals – Inpatient Stay Authorizations
and 1915K CFC Services Alignment

Dear Ms. Beaulieu,

On behalf of the Alaska Native Health Board (ANHB)¹, this letter responds to the Department of Health (DOH) notification of Tribal consultation regarding the proposed Medicaid state plan amendment (SPA) and Alternative Benefit Plan amendment to exempt hospitals that are reimbursed based on the Diagnosis Related Groups (DRG) payment rate methodology from continued stay authorizations. ANHB recognizes that this proposed SPA aligns with corresponding regulations.

In the DOH Tribal consultation notice, the department states it does not anticipate an impact on Medicaid-eligible Alaska Native and American Indian beneficiaries, Tribal health programs, or the Indian Health Service. The letter further states that the department anticipates the amendment exempting hospitals reimbursed based on the DRG payment rate methodology from continued stay authorization requirements, which will positively impact all Medicaid beneficiaries by reducing administrative barriers to covered services. Tribal hospitals are adversely affected by continued length of stay authorizations and often must keep patients in hospitals because there is no lower level of care facilities to discharge patients to. Alaska is currently ranked 50th out of 50 states in skilled nursing facility (SNF) beds per capita and has approximately half of the SNF beds per capita as the 49th-ranked state. The lack of SNF capacity in the state is felt in the Alaska Tribal Health System as well as with non-Tribal health care providers, who also struggle with placing patients.

¹ ANHB was established in 1968 to promote 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 180,000 Alaska Native and American Indian people throughout the state. As the statewide Tribal health advocacy organization, ANHB supports Alaska's Tribes and Tribal programs to achieve effective consultation and communication with state and federal agencies on matters of concern.

The notice states that only those facilities reimbursed based on DRG payment rate methodology are impacted, and to date, no Tribal health programs have elected to receive payment based on DRG payment rate methodology. While the proposed amendment will benefit relevant hospitals by reducing administrative burden, it does not alleviate the administrative burden for Tribal hospitals. All hospitals are affected by the maximum length of stay for a single admission.

The Tribal system works in close partnership with the State to maximize the federal policy of 100% FMAP, in situations when non-Tribal health providers provide care to Alaska Natives and American Indians not served by Tribal health facilities. This helps to maximize the federal policy of 100% FMAP when providing services to Alaska Natives. The ANHB agrees that the continued stay exemption will have a positive impact, but it could go further to include Tribal hospitals that are reimbursable at 100% federal match. Therefore, to maximize the impact of this policy change, ANHB supports the SPA with an exemption of the continued stay authorization that is also applicable to Tribal hospitals. This is consistent with and supports the partnership of the ATHS with the State Medicaid program. To this end, ANHB suggests the following friendly amendment to the SPA language:

INPATIENT HOSPITAL SERVICES: All hospitalizations must be physician-prescribed. The maximum hospital length of stay for any single admission is three days except for

- a. Psychiatric admissions authorized by the department's utilization review contractor, and
- b. Maternal and newborn hospital stays related to childbirth, which are limited to 48 hours of inpatient stay for a normal vaginal delivery and 96 hours of inpatient stay for a cesarean delivery.
- c. **Hospitals that are reimbursed under the Diagnosis Related Groups (DRG) methodology or Tribal inpatient hospitals that are reimbursed at the all-inclusive rate (AIR) posted in the Federal Register and calculated by the federal Office of Management and Budget (OMB).**

Furthermore, a consistent exemption from the continued stay authorization for hospitals paid at the DRG and the AIR would allow the vendor (Comagine) to operationalize a consistent policy, thus reducing workload for the vendor and the added benefit to decreasing contractual payments.

We thank the State for conducting a Tribal consultation on November 19, 2024, to provide formal input and the opportunity to share our recommendation on a friendly amendment to the proposed SPA. If you have any comments or questions regarding our recommendations in this letter, please contact ANHB at anhb@anhb.org or via telephone (907) 729-7510.

Sincerely,



Chief William F. Smith, Chairman
Alaska Native Health Board