



May 17, 2023

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

RE: Proposed Temporary Medicaid State Plan Amendment to Suspend PA and SA for Behavioral Health State Plan Services

Dear Ms. Beaulieu,

Copper River Native Association writes to provide comment on the proposed temporary Medicaid state plan amendment (SPA) to extend the temporary COVID-19 Public Health Emergency enhanced pharmacy dispensing fee rates. We support the continuation of the pandemic-era enhanced pharmacy dispensing fee rate while we continue to discuss the 2019 Cost of Dispensing Fee Survey and the adoption of a new rate based on that data.

The Copper River Native Association (CRNA) is a mid-sized Tribal Health Organization (THO) and part of the Alaska Tribal Health Care system. The organization is one of the few – and largest – health care providers in its frontier Alaska area that is nearly the size of West Virginia and is located about 200 miles northeast of Anchorage. The Copper River Basin comprises zip codes 99566, 99573, 99586, and 99588 which collectively have 2,952 residents as of the 2010 US Census results. About 25 percent of residents -- and CRNA patients -- are Ahtna Natives (Ahtna People).

The Copper River Basin's population is scattered throughout 19 rural communities recognized as Census Designated Places that range in size from 16 residents to 554 residents. These communities are spread across four paved two-lane highways and several gravel roads in an unorganized borough, as defined by state law. There is not a single traffic light in the entire region. This project will serve all of the communities in the Copper River Basin as well as the more than 100,000 visitors from across the state, the nation, and the world who (normally) flock to the region during the short, intense summer season.

The Alaska Tribal Health System (ATHS) continues to emphasize the incredible impact of inflation and staffing costs on pharmacy providers, and how this is impacting the cost for providers to continue to provider services. By not implementing a permanent rate based on the 2019 Cost of Dispensing Fee Survey data, the ATHS has sustained negative financial impacts that ongoing delays exacerbate. These impacts equate to millions of dollars annually which negatively impacts our ability to render the quality, quantity, and timeliness of care that we would hope to do. There is an urgency to resolving this ongoing dialogue,

and although we support this proposed temporary SPA, we do not wish for it to be a mechanism to delay resolution.

Further, we thank the Department for providing clarity during our consultation meeting on what rates have been shared with the Centers for Medicare and Medicaid Services (CMS) for approval related to a more permanent Pharmacy Dispensing Fee Rate based on the 2019 Cost of Dispensing Fee Survey. We believe additional discussion on these rates is necessary, as they do not accurately reflect the costs for both, Tribal and non-Tribal providers, as currently proposed. Tribal data should not be used to set non-Tribal rates if that rate will not be used to reimburse Tribal programs.

We would urge a fair and equitable rate and process on pharmacy dispensing fees. Equitable rates do not always mean equal rates, particularly the costs we experience delivering services across the vast roadless expanses of the state where our beneficiaries live. CMS regulations require that States consider the unique circumstances and costs for Tribal providers when establishing their pharmacy dispensing fees so that they are adequately reimbursed for the provision of care to beneficiaries. The data in the Meyers and Stauffer 2020 Report was cost-based and had a nearly 100% response rate for our Tribal pharmacy providers and these results from the methodology are consistent with the requirements in the regulation and ensures access.

We share a mutual goal to expeditiously finalize a new dispensing fee based on the 2019 Cost Dispensing Fee Survey which includes cost-impacts of the COVID-19 Pandemic Era. A process of open communication moving forward will support our joint work to achieve a timely approval of a new set of rates on pharmacy dispensing fees, and we look forward to additional conversations on a path forward.

We appreciate our ongoing collaborative work on resolving this pharmacy dispensing fee rate. We thank the Department for the opportunity to engage in this government-to-government Tribal Consultation. If you have any comments or questions regarding our recommendations, you may contact Angela Vermillion or Neal Schanbeck at 907 822 5241.

Sincerely,

Angela Vermillion

Angela Vermillion
Chief Executive Officer
Copper River Native Association
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Proposed Temp SPA on PHE Enhanced Pharmacy Dispensing Fee

Final Audit Report

2023-05-17

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