Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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October 30, 2019

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., Bldg. L.
Anchorage, AK 99503-7167
Via Email: Courtney.King@alaska.gov

Re: ANHB comment on proposed State Plan Amendment to implement the Medicaid Drug Utilization Review provisions in Section 1004 of the SUPPORT Act

Dear Ms. King,

The Alaska Native Health Board (ANHB)[1] appreciates the opportunity to provide these comments as part of our tribal consultation on the proposed State Plan Amendment (SPA) to implement the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-disorder Prevention that Promotes Opioid Recovery and Treatment for Patient and Communities Act (SUPPORT Act), on which we also held in-person consultation on October 15, 2019.

During our in-person consultation on October 15, we discussed the Department's step-down approach to implementation of the proposed SPA, communication concerns related to the tribal consultation process, and override codes for prior authorization requirements. We appreciate the Department's awareness of the administrative burden associated with new claims review limitations, as well as the Department's step-down implementation approach to help alleviate those burdens. Prior authorization requirements, in particular, increase workload for tribal health providers, delay patient care, and negatively impact revenue if authorization is denied or reimbursement is delayed.

ANHB recognizes the importance of these new safety edits to promote clinically appropriate use of opioid medications. But as discussed at our October 15 consultation, tribal health leaders did not receive notice that prior authorization requirements would be implemented on October 1, 2019 until September 30, 2019—only one day before the

[1] 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 175,000 Alaska Natives and American Indians 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.

requirements went into effect and were deployed in the pharmacy point-of-sale claims processing system. The Department has a duty to "request [tribal] consultation at the earliest opportunity."[2] The DUR Committee reviewed and approved the proposed SPA safety edits at the Committee's April 19, 2019 meeting. Yet tribal health leaders were not notified of these new safety edits for over five months, and the one-day notice did not give tribal health leaders "adequate time to consider and respond to the impact of the communication" before the changes went into effect.[3]

While we understand that affected providers may have been notified through other channels of communication, such as remittance advices and Medicaid program updates, these are not directed to tribal health leaders, and as we discussed at the in-person consultation on October 15, these notices are challenging to access. We would like to work with the Department to agree on improved channels and methods of communication for proposed changes that do not require formal tribal consultation. In the meantime, however, both to ensure timely and meaningful tribal consultation and to allow tribal health programs to respond to and implement new requirements in a timely manner, we respectfully request that tribal health leaders be notified at least 30 days in advance of the effective date of all new requirements that will significantly impact the operation and workload of tribal health organizations, regardless of whether they require a State Plan Amendment and formal consultation. We value the opportunity to continue to work together to improve systems of communication and access to information that is relevant to tribal health organizations and their beneficiaries. We thank the Department for committing to work to address these information access challenges moving forward.

In our October 15 meeting we also discussed override codes for the new safety edits, and whether pharmacists should be given broader authority to override the prior authorization requirement for regimens exceeding the cumulative morphine milligram equivalent (MME) threshold, and not only for individuals who are receiving hospice or palliative care or treatment for cancer, or who are residents of long-term care facilities. Prior authorization is not required by the SUPPORT Act, and therefore this safety edit is not necessary for State compliance with the federally-mandated DUR claims review limitations. Further, and as we discussed, prior authorization requirements impose additional workload requirements and costs on providers and pharmacists and can delay getting medications to patients who legitimately need them. We recognize that the initial threshold of 300 MME per day is well above the State's long-term goal of 90 MME per day, and that very few patients in the State currently exceed the 300 MME threshold. We also understand that neither the MME threshold number nor the prior authorization requirement will be stated in the SPA, meaning that they can be modified by the Department in the future without further amending the State Plan. For these reasons, we agree it is not necessary at this stage to authorize pharmacists to override the 300 MME safety edit. But we respectfully request that, as the threshold is reduced over time, the Department be open to further discussion and tribal consultation on whether pharmacists should be empowered to override the limits at the point of sale.

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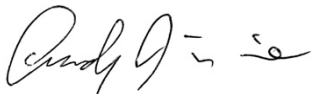
[2] STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT, Tribal Consultation Policy, § 1.4 (eff. Jan. 1, 2012), http://dhss.alaska.gov/Commissioner/Documents/tribalhealth/tribalconsultation/tribalconsultationagreement.pdf.

[3] *Id.*

We thank the Department again for consulting with us on these proposed State Plan Amendments. We value the Department's engagement in the tribal consultation process and its commitment to healthy communities throughout Alaska. If the Department would like further dialogue or information on this request, please do not hesitate to contact us. You may reach ANHB at (907) 562-6006 or at anhb@anhb.org.

Sincerely,



Andrew Jimmie
Chairman, Elected Tribal Leader, Village of Minto

cc: Erin Narus, Lead Pharmacist, Pharmacy & Ancillary Services Manager, Division of Health Care Services