



Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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ALASKA NATIVE TRIBAL
HEALTH CONSORTIUM

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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

MANIILAQ ASSOCIATION

METLAKATLA INDIAN
COMMUNITY

MT. SANFORD
TRIBAL CONSORTIUM

NATIVE VILLAGE
OF EKLUTNA

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

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 Extend Enhanced Pharmacy Dispensing Fees

Dear Ms. Beaulieu,

The Alaska Native Health Board (ANHB)¹ 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 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 provide 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.

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 180,000 Alaska Native and American Indian people 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 concern.

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 this 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 ANHB by email at anhb@anhb.org or by telephone at (907) 729-7510.

Sincerely,

A handwritten signature in black ink, appearing to read "W F Smith". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Chief William F. Smith, Chairman
Alaska Native Health Board
Tribally-Elected Leader of the Valdez Native Tribe