

ALASKA COMMUNITY AND PUBLIC TRANSPORTATION ADVISORY BOARD
SUBCOMMITTEE MEETING: Barriers to Coordination/Medical Resources
Thursday, February 7, 2013
Participants: Bill Herman, Doug Bridges, Connie Sipe, Eric Taylor

CTTF Action Plan Goal 3:

The State of Alaska and federally recognized tribes are able to identify and account for resources spent on human service and public transportation, identify and address barriers to the coordination of those resources, and leverage those funds as appropriate.

Team Objective:

- Identify resources associated with medical transportation (land and air) across systems and services within the state of Alaska.
- Identify requirements and barriers to coordination of those resources.
- Evaluate those barriers and develop recommendations for how to address them.

Discussion Notes

- Concern about identifying the IHS funding - huge job – tribal law attorney Myra Munson offered suggestions (see note to Connie attached)
- Many different levels - from the village level on up to the regional health consortiums like SEARHC, YKHC, etc. And then the statewide Alaska Native and Tribal Hospital in Anchorage. Questions: Don't have time to do this, and don't know to what end either
- Medicaid alone is huge and still need tribal data respective to Medicaid
- Need a contractor to accurately characterize
- Could contact some folks on the inside who may have accumulated some of that information - Connie will email to Lanie Fox and Valerie Jamison - ask if they are aware of any consortiums who are studying travel costs to see what they are doing and where we might be able to go for information - one example and assume that it's representative - see what they are willing to share (Connie)
- Big problems - medivacs, ambulance, airfare and probably cabs - our coordinated transit systems have no tie into those things
- Doug is attending a public meeting tomorrow of the Medicaid Services Advisory Board, which has some Alaska Medicaid Tribal Issues on the agenda - perhaps they can be of some help
- Bill working with the Medicaid policy group who is trying to find solutions, but still listening, not asking
- Can we do focus groups around the state?
- Lots of public input already and probably not scope/time - perhaps brainstorm/develop viable solutions and float them for feedback rather than continue to collect issues? Consider scenarios Connie has already described (attached)

- Connie suggestion: "Instead of getting Medicaid to pay 50% of dentist procedures in the OTHER town where the client travels for care and the client and escort's travel costs to the OTHER town (especially for multiple trips)-- it would on many occasions be less expensive to have the State use 100% State general funds (with 0% Medicaid participation) to simply pay a dentist in the HOME town to perform the dentistry work—maybe at the **same** rate of pay per procedure as the OTHER town dentist would receive under Medicaid. That way, the hometown dentist would NOT have to enroll as a Medicaid provider (in itself a very very taxing process) but could just be paid a check by the State of Alaska for doing dental procedures. The Hometown dentist does not WANT to deal with the complex Medicaid billing system just for a few clients—the hometown dentists I've talked to don't even begrudge the procedure payment levels (rates) in Medicaid as being too low—they just don't want to get into the Medicaid billing SYSTEM.

Next Steps:

- Consider developing a list of suggestions to float at April meeting
- Continue to work to secure Tribal and Medicaid information
- Next call on Thursday, February 21 at 1:30

Connie,

First, it is nice to hear from you.

Secondly, you are correct that IHS will not have any useful information about travel costs incurred by tribal health programs in Alaska. Your understanding of the funding is wrong in that the tribal programs do not get a sum per beneficiary. Instead they receive the amount IHS would have spent in the year the tribal program took over the responsibility from IHS with the only increases resulting from increased appropriations allocated on various formulae in which numbers to be served is a small factor, if relevant at all.

To a significant extent the costs for travel for Alaska Native and American Indian patients of the tribal health system are borne by Medicaid or, occasionally private insurance. To the extent those alternative resources are not available and the tribal health programs have the resources they do cover travel costs – air ambulance, chartered air flights, scheduled air flights, taxis, as well as tribally operated routine transport van services in some locations. Because of the great distances and absence of roads, travel costs are significant. I think the only way to get a complete understanding of all the costs would be to send an inquiry to all the programs. I am copying a couple of people who might be able to provide other advice or help with the effort.

Let me introduce:

- Lanie Fox, President of the Alaska Native Health Board (they will not have the data, but can circulate or coordinate information within the Alaska Tribal Health System);
- Valerie Davidson, Senior Director of Legal and Intergovernmental Affairs for the Alaska Native Tribal Health Consortium, which co-manages the Alaska Native Medical Center and administers the largest contract health service program among tribal providers and through which much travel is paid. As I'm sure you know, ANTHC is a statewide consortium controlled by a Board on which representatives of the other tribal health programs serve. I am copying a couple of people in Valerie's department also since she is currently on a week of holiday leave.

I think I can fairly anticipate their first questions to you: "What is the purpose of the subcommittee and what are its objectives?" You can understand that the tribal health system is like other health providers (and businesses) in being reluctant to share provider specific information without fully understanding the purpose to which it will be put – and sometimes even then.

I hope this helps you get started.

And, since you mentioned that the Subcommittee is also focusing on Medicaid, I wonder if you have information that can be shared regarding Medicaid expenditures. ANTHC is working on an analysis of the impact of Medicaid expansion and more detailed information about current Medicaid expenditures (i.e. break-out of numbers of patients, costs, what kind of carrier was paid for what kind of travel) would be very helpful. If there is any information that might be public, could you send it to me since I am working on the expansion project? Also is there a way that members of the public can follow the work of the subcommittee and for that matter the full Advisory Committee? Thanks for considering these separate requests.