

Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 21-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

November 18, 2021

Albert E. Wall, Deputy Commissioner, Medicaid Director
Attn: Courtney O'Byrne King
DHSS Commissioner's Office
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Alaska State Plan Amendment (SPA) Transmittal Number 21-0008

Dear Deputy Commissioner Wall:

We have reviewed the proposed Alaska State Plan Amendment (SPA) to Attachment 4.19-C of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 20, 2021. This plan amendment is to modify rates payable to Indian Health Services and eligible tribal health facilities operating under P.L. 93-638.

CMS notes that the state has submitted a 4.19-C plan page as it relates to their AK-21-0008 state plan amendment (SPA). While 4.19-C plan pages normally signify a SPA related to an Institutional cost or methodology, we are aware of the special circumstances surrounding the state's use of the 4.19-C plan page previously, as it concerns their Tribal Health Facilities. As this SPA is related to a Non-Institutional methodology, which would require a 4.19-B plan page, CMS would like to further develop and assist the state in the proper placement of this methodology in the state plan and the state has committed to doing so prospectively.

Based upon the information provided by the State, we have approved the amendment with an effective date of November 01, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith via 214-767-6453 or lajoshica.smith@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
21-0008

2. STATE
AK

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
November 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
1905(l)(2)(B)(iv) & 1902(bb)(6) of the Act.

7. FEDERAL BUDGET IMPACT:
a. FFY 22 \$ 0
b. FFY 23 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-C, page 2.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
N/A

10. SUBJECT OF AMENDMENT:

This SPA adds an alternate payment methodology for Tribal Federally Qualified Health Centers.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Does not wish to comment

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Albert E. Wall

14. TITLE: Deputy Commissioner – Medicaid Director

15. DATE SUBMITTED: August 20, 2021

16. RETURN TO:

Courtney O'Byrne King
DHSS Commissioner's Office
3601 C street, suite 902
Anchorage, AK 99503

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 08/20/21

18. DATE APPROVED:
November 18, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/21

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Todd McMillion

22. TITLE: Director, Division of Reimbursement Review

23. REMARKS:

Tribal Federally Qualified Health Center – Alternate Payment Methodology:

Tribal facilities operating in accordance with section 1905(l)(2)(B) of the Social Security Act and the Indian Self-Determination Act (Public Law 93-638) and enrolled in Alaska Medicaid as a Tribal Federally Qualified Health Center (TFQHC) have agreed through tribal consultation to reimbursement using an alternative payment methodology (APM), which is the federal all-inclusive rate (AIR) published annually in the Federal Register. The Medicaid agency establishes a PPS methodology so the TFQHCs can determine on an annual basis that the published AIR rate is at least equal to the PPS rate. TFQHCs are not subject to the Health Resources and Services Administration (HRSA) FQHC requirements.

The Medicaid agency or its designee reimburses TFQHCs, electing reimbursement at the AIR, for all covered FQHC and other ambulatory services. A tribal FQHC is eligible to receive separate per visit reimbursement for only one medical, one dental, and one behavioral health encounter per recipient per day. In addition, the state Medicaid Agency reimburses TFQHCs for covered services provided outside of the facility setting.