

Table of Contents

State/Territory Name: AK

State Plan Amendment (SPA) #: 24-0004

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

April 18, 2024

Emily Ricci
Deputy Commissioner & Medicaid Director
Department of Health Commissioner's Office
3601 C Street, Suite 9022
Anchorage, AK 995033

RE: Alaska State Plan Amendment TN: #24-0004

Dear Director Ricci:

We have reviewed the proposed amendment to Attachment 4.19-C of your Medicaid state plan submitted under transmittal number (TN) 24-0004 effective January 1, 2024. The purposed amendment will add the current process of implementing updated inpatient and outpatient hospital per diem rates published by the by Indian Health Services (IHS) in the Federal Register.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 24-0004 is approved effective January 1, 2024. We are enclosing the CMS-179 and the amended plan page.

If you have any questions, please contact Christine Storey at Christine.Storey@cms.hhs.gov or Diana Dinh at Diana.Dinh@cms.hhs.gov.

Sincerely,



Rory Howe
Director

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 4 — 0 0 0 4 2. STATE AK

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.201 and 42 CFR 447.252

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 \$ 0
b. FFY 25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-C, page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-C, page 2 (AK TN-15-002-B)

9. SUBJECT OF AMENDMENT
The SPA clarifies the 1) current process of implementing the IHS all-inclusive rates published Federal Register; 2) community health practitioners and community health aid levels; 3) referenced state plan section.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted]

12. TYPED NAME
Emily Ricci

13. TITLE
Deputy Commissioner & Medicaid Director

14. DATE SUBMITTED
03/29/2024

15. RETURN TO
Dept of Health Commissioner's Office
c/o Emily Beaulieu
3601 C Street, Suite 902
Anchorage, AK 99503

FOR CMS USE ONLY

16. DATE RECEIVED
March 29, 2024

17. DATE APPROVED
April 18, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
FMG, Director

22. REMARKS

REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL HEALTH FACILITIES

Inpatient Hospital Services: Payment for inpatient hospital services, as described in Attachment 3.1-A, is made at the most current inpatient hospital per diem rate published by the Indian Health Service (IHS). If the inpatient hospital per diem rate is published after the IHS effective date and is higher than the previous rate, the state will reimburse providers the difference between the new and old rates. If the published rate is below the previous rate, the state will adopt the new rates at the time of the Federal Register publication, prospectively. The inpatient hospital per diem rate is paid per patient, per day, per facility. Payment for services provided to inpatients by physicians, physician assistants, advanced nurse practitioners, nurse midwives, and certified registered nurse anesthetists are made in accordance with the practitioner payment methodologies described in Attachment 4.19-B. Services of community health practitioners and community health aides to inpatients are not included in the per diem rate, and are instead reimbursed solely according to the methodology described in Attachment 4.19-C.

Outpatient Hospital Services: Payment for outpatient hospital services, as described in Attachment 3.1-A, is made at the most current outpatient per visit rate published by the Indian Health Service (IHS). If the outpatient hospital per diem rate is published after the IHS effective date and is higher than the current rate, the state will reimburse providers the difference between the new and old rates. If the published rate is below the previous rate, the state will adopt the new rates at the time of the Federal Register publication, prospectively. The outpatient per visit rate is paid per patient, per day, per facility, with the exception of outpatient surgery which is reimbursed at the most current Medicare rates for freestanding Ambulatory Surgical Centers.

Services of community health practitioners or community health aides are not included in the outpatient per visit rate and are instead reimbursed solely according to the methodology for their services described in Attachment 4.19-C.

Clinic Services: Payment for clinic services is made at the most current outpatient per visit rate published by the Indian Health Service, and is paid per patient, per day, per facility. Services may be provided at different facility locations but are billed through a single provider number. The services of the following providers, as described in Attachment 3.1-A, are included in the published outpatient per visit rate:

Physicians
Physician Assistants
Nurse Midwives
Advanced Practice Registered Nurses
Speech-Language Pathologists
Audiologists
Physical Therapists
Occupational Therapists
Podiatrists

Also included in the outpatient per visit rate are laboratory and x-ray services provided on-site and drugs and medical supplies incidental to the services provided to the patient. Services of community health practitioners and community health aides are not included in the outpatient per visit rate, and are instead reimbursed according to the methodology described in Attachment 4.19-C.