
Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 14-005

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, Washington 98104



Division of Medicaid & Children's Health Operations

Valerie Davidson, Commissioner
Department of Health and Social Services
Post Office Box 110601
Juneau, Alaska 99811-0601

DEC 11 2014

RE: Alaska State Plan Amendment (SPA) Transmittal Number 14-005-MM7

Dear Ms. Davidson:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-005-MM7, implementing Hospital Presumptive Eligibility (HPE). This amendment provides Medicaid coverage for individuals determined presumptively eligible under 42 CFR 435.1110 and in accordance with the Affordable Care Act.


This SPA is approved effective January 1, 2014.

This SPA approval and accompanying companion letter reflects the acceptance of the paper application for HPE submitted and reviewed at the time of the submission of AK-14-005-MM7. The State of Alaska has informed CMS that it plans to implement an electronic HPE online application process in 2015, pending system design and completion. By way of this approval letter, CMS is notifying Alaska that it will need to submit an updated SPA with the electronic application screen captures when this system is complete and ready for implementation.

The new pages, S21-1 through S21-3, should be placed in a separate section at the back of the state plan.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,


Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Gennifer Moreau, SPA Coordinator, gennifer.moreau-johnson@alaska.gov
Margaret Brodie, Director of Health Care Services, margaret.brodie@alaska.gov

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, Washington 98104



Division of Medicaid & Children's Health Operations

Valerie Davidson, Commissioner
Department of Health and Social Services
Post Office Box 110601
Juneau, Alaska 99811-0601

DEC 11 2014

RE: Alaska State Plan Amendment (SPA) Transmittal Number 14-005-MM7

Dear Ms. Davidson:

This letter is being sent as a companion to our approval of Alaska State Plan Amendment (SPA) AK-14-005-MM7, which specifies options for presumptive eligibility conducted by hospitals into the Medicaid state plan in accordance with the Affordable Care Act. This amendment was submitted on March 28, 2014, with an effective date of January 1, 2014.

Section 1902(a) of the Social Security Act (the Act) requires that states have a State Plan for medical assistance that meets certain Federal requirements that set out a framework for the State program. Implementing regulations at 42 CFR 430.10 require that the State Plan be a comprehensive written statement describing the nature and scope of the state's Medicaid program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the plan can be approved to serve as the basis for Federal Financial Participation in the state program. The CMS' analysis determined that additional changes related to the state's implementation of the hospital presumptive eligibility provision are needed in the Alaska Medicaid State Plan as specifically indicated below.

1. **Implementation date:** In reviewing the state plan pages, CMS found issues related to the State's proposed implementation date of the hospital presumptive eligibility provision. As set forth in Section 1902(a)(47)(B) of the Social Security Act, states must provide a program for hospitals that choose to provide hospital presumptive eligibility determinations, effective January 1, 2014, as codified in the Section 2202 of the Affordable Care Act. Alaska has provided sufficient SPA pages and supporting materials in the AK-14-005-MM7 submission to show that it has policies in place and can begin to train providers as qualified entities allowing CMS to approve this SPA.

CMS also acknowledges that systems limitations are preventing the state from fully implementing its hospital presumptive eligible program, so we are giving the State time to come into compliance with its approved state plan, which has an effective date of January 1, 2014.

We understand that the state is still in the process of finalizing its system to support hospital presumptive eligibility and is in discussion with its system integrator to revise an implementation date, after recently learning that the original effective date of December

20, 2014, is no longer feasible. Within 30 days of this letter, please reply to CMS with an update on the state's continuing implementation efforts, including the revised timeline, if changed from December 20, 2014. If the program is not yet implemented by that time, please include in your reply a corrective action plan to comply with requirements of 42 CFR 430.10 and 42 CFR 440.167, which outlines a timeline and the steps the state will take to finalize the implementation of the program and come into compliance with the January 1, 2014, effective date in statute and in the state's approved SPA. During the 30 days, CMS will remain available to provide technical assistance, as requested or required.


2. **Period of presumptive eligibility:** The state has indicated that, at the present time, it is not able to automatically end hospital presumptive eligibility in the middle of the month for those individuals who have been found not eligible for full Medicaid. Pursuant to 42 CFR § 435.1101, a period of presumptive eligibility means a period that begins on the date on which a qualified entity determines that an individual is presumptively eligible and ends with the earlier of:
- (a) In the case of an individual on whose behalf a Medicaid application has been filed, the day on which a decision is made on that application; or
 - (b) In the case of an individual on whose behalf a Medicaid application has not been filed, the last day of the month following the month in which the determination of presumptive eligibility was made.

Per this requirement, a state cannot extend hospital presumptive eligibility to the end of the month if an individual is found not eligible for full Medicaid before then (i.e., in the middle of the month).

Alaska has informed CMS that it continues to pursue changes to its eligibility system and Medicaid Management Information System (MMIS). We understand that the state is working with its system integrator to revise an implementation date, after recently learning that the originally projected date of December 20, 2014, is no longer feasible. Within 30 days of this letter, please reply to CMS with an update on these system changes. If the changes are not yet operational, please describe the state's plan to finalize the changes, including the revised timelines.

If you have questions concerning this letter, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,


Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Gennifer Moreau, SPA Coordinator, gennifer.moreau-johnson@alaska.gov
Margaret Brodie, Director of Health Care Services, margaret.brodie@alaska.gov

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Alaska

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

AK-14-005

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.1110

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$0.00
Second Year	2015	\$0.00

Subject of Amendment

Hospital Presumptive Eligibility

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Does not wish to comment.

Signature of State Agency Official

Submitted By: Gennifer Moreau
 Last Revision Date: Nov 20, 2014
 Submit Date: Mar 28, 2014

Date Received: 3-28-14	Date Approved: DEC 11 2014
PLAN APPROVED- ONE COPY ATTACHED	
Effective Date of Approved Material: 1-01-14	Signature of Regional Official: /s/
Typed Name: Carol J.C. Peverly	Title: Associate Regional Administrator Division of Medicaid & Children's Health



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



Medicaid Eligibility

Yes No

Select one or both:

- The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards: 80% of the individuals determined to be presumptively eligible will submit a regular application for Medicaid before the end of their presumptive eligibility period.

- The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

TN NO: 14-005

Approval Date: 12/11/14

Effective Date: 1/01/2014

Superseded TN NO: N/A

Alaska



Medicaid Eligibility

The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is

being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN NO:: 14-005

Approval Date:: 12/11/14

Effective Dare:: 1/01/2014

Superseded TN NO:: N/A

Alaska