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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 15-0002-B

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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, WA 98104



Division of Medicaid & Children's Health Operations

September 15, 2015

Jon Sherwood, Deputy Commissioner
Department of Health and Social Services
Post Office Box 110601
Juneau, Alaska 99811-0601

RE: Alaska State Plan Amendment (SPA) Transmittal Number 15-0002-B

Dear Mr. Sherwood:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Alaska State Plan Amendment (SPA) Transmittal Number 15-0002-B.

Alaska submitted this SPA to revise the payment methodology for physician services provided in the Tribal outpatient hospital setting.

This SPA is approved effective January 1, 2015, as requested by the State.

If you have any questions concerning this SPA, please contact me, or have your staff contact Treva Wornath at (907) 271-1920 or via email at treva.wornath@cms.hhs.gov.

Sincerely,

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS,



David L. Meacham
Associate Regional Administrator

cc:

Naomi Harris, Medicaid Policy Analyst for Health Care Services
Gennifer Moreau-Johnson, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 15 - 002 -B (P&I)	2. STATE: Alaska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: January 1, 2015	

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: 42 CFR 447.210, 447.302	7. FEDERAL BUDGET IMPACT: a. FFY <u>2015</u> \$ <u>0</u> b. FFY <u>2016</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19-C page 2 4.19-C page 2a 4.19-B page 1 (P&I) 4.19-B page 1.1 (P&I) 4.19-B page 5 (P&I) 4.19-B page 5b (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 4.19-C page 2 4.19-C page 2a 4.19-B page 1 (P&I) 4.19-B page 1.1 (P&I) 4.19-B page 5 (P&I) 4.19-B page 5b (P&I)


10. SUBJECT OF AMENDMENT:

Restoring mid-level physician service language.


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: 	16. RETURN TO: Department Health and Social Services 350 Main Street, Suite 404 Juneau, Alaska 99801-1149
13. TYPED NAME: Jon Sherwood	
14. TITLE: Deputy Commissioner DHSS	
15. DATE SUBMITTED: 3/31/15 (P&I)	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/31/15	18. DATE APPROVED: 09/15/2015
PLAN APPROVED - ONE COPY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2015	20. 
21. TYPED NAME: David L. Meacham	22. TITLE: Associate Regional Administrator

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041858
, cn=David L. Meacham -S
Date: 2015.09.16:14:39:30 -05'00'

23. REMARKS:

9/9/15: Box 1: The state authorized P&I change.
9/9/15: Box 8: The state authorized P&I change.
9/9/15: Box 9: The state authorized P&I change.
9/9/15: Box 15: The state authorized P&I change.

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. 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 III or IV to inpatients are not included in the per diem rate, and are instead reimbursed solely according to the methodology described in Attachment 4.19-B.

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. 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 III or IV 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-B.

Clinic Service: 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

Advance Nurse Practitioners

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 III or IV are not included in the outpatient per visit rate, and are instead reimbursed according to the methodology described in Attachment 4.19-B.

REIMBURSEMENT FOR INDIAN HEALTH SERVICE

AND TRIBAL FACILITIES

(Continued)

Other Physician Services:

At the option of Tribal outpatient hospitals certified or deemed to meet Medicare Conditions of Participation by the State Survey Agency or a national accreditation organization under a program approved by the Centers for Medicare and Medicaid Services.

- 1) Outpatient hospital services are reimbursed at the all-inclusive rate published by the Indian Health Service (IHS), reduced by the average amount for the services of any or all of the practitioner types listed in (2) below for whose professional services the tribal outpatient hospital elects to be separately reimbursed; and
- 2) Covered services rendered to Medicaid recipients in the outpatient hospital setting by the following practitioner types and whose costs are excluded from the all-inclusive rate as described under (1) above, are also paid a fee for service practitioner payment according to the methodology for their services described in Attachment 4.19-B:

Physicians

Physician Assistants

Advance Nurse Practitioners

Nurse Midwives

Certified Registered Nurse Anesthetists

Speech-Language Pathologists

Audiologists

Physical therapists

Podiatrists

The Indian Health Service will provide the State with the revised outpatient hospital service rates, reduced by the average amount for the services of any or all of the practitioner types listed in this section.