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State/Territory Name: RI

State Plan Amendment (SPA) #: 21-0024

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

May 23, 2022

Womazetta Jones, Secretary
Executive Office of Health and Human Services
State of Rhode Island
3 West Road, Virks Building
Cranston, RI 02920

RE: TN 21-0024

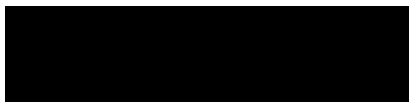
Dear Ms. Jones,

We have reviewed the proposed Rhode Island State Plan Amendment (SPA) to Attachment 4.19-B, RI-21-0024, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 27, 2021 to make tribal facilities recognized as 638 FQHC's to be reimbursed by an alternative payment method.

Based upon the information provided by the State, we have approved the amendment with an effective date of December 1, 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 Lindsay Michael at 410-786-7197 or Lindsay.Michael@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 4

2. STATE

RI

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

12/1/2021

5. FEDERAL STATUTE/REGULATION CITATION

1902(bb)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B Page 3A.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

9. SUBJECT OF AMENDMENT

Tribal Facilities recognized as 638 FQHCs to be reimbursed by an alternative payment method.

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

12. TYPED NAME
Womazetta Jones

13. TITLE
Secretary

14. DATE SUBMITTED
12/23/21

15. RETURN TO
EOHHS
3 West Rd. Virks Building
Cranston, RI 02920

FOR CMS USE ONLY

16. DATE RECEIVED
12/23/2021

17. DATE APPROVED
5/23/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
12/1/2021

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

STATE OF RHODE ISLAND

(z) Alternative Payment Methodology for Tribal Facilities Recognized as 638 FQHCs

For Tribal Facilities Recognized as 638 FQHCs, dates of service on or after December 1, 2021, these FQHCs may elect to be reimbursed under the Alternate Payment Methodology. Reimbursement to an Indian Health Services (IHS) clinic enrolled as an FQHC shall be as follows:

1. IHS/Tribal 638 facilities are reimbursed in accordance with the most recently published Federal Register notice addressing the OMB AIR.
2. There is no limit to the number of OMB AIR Encounters that can be billed per day by Tribal Facilities Recognized as 638 FQHCs.
3. The state will pay 638 FQHCs using an Alternative Payment Methodology that is equivalent to the OMB All Inclusive Rate (AIR). The state will pay the outpatient per visit rate (excluding Medicare) and this rate will be updated each calendar year to align with the most recently approved outpatient rate for that calendar year as published in the federal register. Consistent with the requirements of section 1902(bb) of the Act, the state will ensure that the AIR is not less than the amount the 638 FQHC would have received pursuant to the FQHC Prospective Payment System methodology described at section 1902(bb).