SUBMITED VIA: *courtney.king@alaska.gov*

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Courtney O'Byrne King
Medicaid State Plan Coordinator
Alaska Department of Health & Social Services
3601 C Street, Suite 902
Anchorage, AK 99503
Via Email: Courtney.King@alaska.gov

RE: Tribal FQHC Alternative Payment Methodology Proposed Medicaid SPA

Dear Ms. King,

The Alaska Native Tribal Health Consortium (ANTHC) is a statewide tribal health organization that serves all 229 tribes and all Alaska Native and American Indian (AN/AI) individuals in Alaska. ANTHC and Southcentral Foundation co-manage the Alaska Native Medical Center, the tertiary care hospital for all AN/AI people in Alaska. ANTHC also provides a wide range of statewide public health, community health, environmental health and other programs and services for Alaska Native people and their communities.

I am writing in response to your June 23, 2021 letter initiating tribal consultation on a proposed State Plan Amendment (SPA) that would establish the Indian Health Service-Office of Management and Budget Medicaid outpatient all-inclusive rate (IHS-AIR) as an available Alternative Payment Methodology (APM) for Federally Qualified Health Centers (FQHCs) operated by tribal organizations under the Indian Self-Determination Act.

We thank the Department for confirming the following information regarding the questions that were submitted by the Tribal FQHC Workgroup during the tribal consultation session held on July 14, 2021. The Department's confirmation of these issues is integral to ANTHC's support for the proposed SPA:

1. The Department will remove the "four walls" restriction on FQHC and ambulatory services, and will cover those services regardless whether they are furnished inside or outside the four walls of the facility space.
2. FQHCs are allowed to concurrently enroll as a Community Behavioral Health/Mental Health Center to offer a broader array of behavioral health services than are currently covered for FQHC behavioral health services.
3. Community Health Aide provider types (CHA/Ps, BHA/Ps, and DHATs) are not subject to the off-site services restrictions of clinic providers because they not considered a clinic provider type. Further, Community Health Aide provider types are covered through Health Professional Groups, and therefore they will continue to receive the Community Health Provider rate as established by the Department for those services.

4. Tribal FQHCs, regardless whether they choose the IHS-AIR APM or another payment methodology, will not be required to enroll in Medicare or comply or operate in accordance with any federal Medicare requirements.
5. Tribal FQHCs electing the IHS-AIR APM will continue to be reimbursed at the IHS-AIR APM for standalone services (that is, for services furnished without a same-day visit with a physician, physician assistant, or advanced practice registered nurse), including laboratory & radiology services, audiology services, podiatry services, licensed clinical social worker services, licensed psychologist services, nutritionist services, physical therapy services, occupational therapy services, speech-language pathology therapy services, and adult dental services, per CMS clarification that the IHS-AIR as currently provided for in the Medicaid State Plan and regulation allows for such reimbursement.
6. The provision of certain service types, including dental, labor and delivery, pharmacy, and certain behavioral health services (1115 Behavioral Health Waiver and other Behavioral Health State Plan Services) would require separate enrollments under the corresponding provider types, but the services will be reimbursable at the IHS-AIR APM.
7. Tribal FQHCs electing the IHS-AIR APM will not be required to submit cost reports to the DHSS Office of Rate Review (ORR), but if a Tribal FQHC elects the state Perspective Payment System (PPS) Rate or another Facility-based APM Rate, cost reports will be required for such rate setting.

During the July 14th consultation, the Department agreed to revise the SPA language to state that the IHS-AIR APM will apply to all covered FQHC and ambulatory services. Such a statement in the SPA will allow Tribal health programs that are now paid as clinic providers to confidently change their designation to Tribal FQHCs, secure in the knowledge that they will continue to be covered and paid for all the same services, and at the same reimbursement rate, as when they were clinic providers.

Lastly, we commend the Department for its time and effort to collaborate and work with the Alaska Tribal Health System (ATHS) to develop a solution to the four-walls limitation. The process has been meaningful and effective to develop a solution that works for the ATHS and we appreciate that.

Should the Department have any questions concerning our recommendations, please do not hesitate to contact me.

Sincerely,

Gerald Moses, Vice President
Intergovernmental Affairs