



August 5, 2021

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,

Maniilaq Association provides these comments as part of the tribal consultation on a proposed Medicaid 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.

Maniilaq Association is one of 12 Regional Native 501 (c) (3) Non-profit Corporations located within the State of Alaska, that serves twelve federally recognized Iñupiaq tribes in Northwest Alaska, that includes Kotzebue, which is the regions Hub and largest community and 11 other villages. Maniilaq Association organization mission is: Savaqatigiiksugut (we are working together). Maniilaq provides comprehensive health care to over 8,000 people in our service area, while promoting prevention, fitness, wellness, holistic strategies and incorporating local traditional core values and beliefs. With approximately 550 in its workforce, Maniilaq Association is also the largest employer in our region.

As you know, a virtual "in-person" tribal consultation session was held with the Department of Health & Social Services (the Department or DHSS) on July 14, 2021. Pursuant to that meeting, the Department agreed to make a small change to the draft SPA language to clarify that all FQHCs and all ambulatory services furnished by an FQHC will be eligible for payment at the IHS-AIR APM. It also confirmed, in writing, certain key understandings regarding the SPA and the services to which it pertains, which have informed the Alaska Tribal Health System's evaluation of the proposed SPA. With that clarifying change to the SPA's language, and with the understandings summarized below, we support the proposed SPA.

We thank the Department for confirming the following understandings, which are integral to the Tribal health system'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

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Kotzebue Qikiqtagruk, Ambler Ivisaappaat, Buckland Nunatchiaq, Deering Ipnatchiaq, Kiana Katyaak, Kivalina Kivaliniq, Kobuk Laugviik, Noatak Nautaaq, Noorvik Nuurvik, Point Hope Tikigaq, Selawik Akuligaq, Shungnak Isinnaq



- 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 are 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, that cost reports will be required for such rate setting.

We want to appreciate the Department for agreeing 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.

Finally, we wish to express our appreciation for the Department's time and efforts through collaborative and diligent work with the Tribal health system to understand, evaluate, adopt, and implement this important Tribal FQHC reimbursement option.

Should the Department have any comments, questions, or clarifications on our written comments, please contact myself at tim.gilbert@maniilaq.org or our CFO Daniel Bain daniel.bain@maniilaq.org.

Sincerely,

Tim Gilbert, President/CEO

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