

# State of Alaska Responses to Questions Received During Tribal Consultation – Proposed Tribal Federally Qualified Health Center Alternative Payment Methodology Amendment

## Chart of Tribal Questions and State of Alaska Responses

(note: questions are transcribed from tribal document verbatim and question numbers in chart correspond with the items in that document)

#	Tribal Question	State Response
2	<p><b>Four Walls Restriction:</b> We understand that covered Tribal FQHC and ambulatory services will be reimbursed when delivered outside the four walls of the facility space, which is an integral part of the solution offered by CMS to rely on the FQHC provider type.</p>	HCS confirms this understanding
3	<p><b>Facility Dual Enrollment:</b> We understand that Tribal FQHCs will not be allowed to “dually” enroll as providers of clinic services, but that the facility will be able to concurrently enroll as a Community Behavioral Health/Mental Health Center to offer a broader array of behavioral health services than are covered for FQHCs.</p>	HCS confirms this understanding
4.a	<p><b>CHAP Services:</b> We understand that Community Health Aide provider types (CHA/Ps, BHA/Ps, and DHATs) are not considered tribal clinic providers, and as such are not subject to the clinic “four walls restriction.”</p>	HCS confirms this understanding
4.b	<p><b>CHAP Services:</b> We understand that services furnished by enrolled Community Health Aide provider types, including any that are based in a Tribal clinic or FQHC facility, will continue to be covered through Health Professional Groups, with reimbursement at the CHP rate. However, services furnished by Community Health Provider Types as “clinical associates” in tribal Community Behavioral Health Centers will continue to qualify for reimbursement as a CBHS service, at the IHS All-Inclusive Rate (AIR).</p>	HCS confirms this understanding
5	<p><b>Laboratory and Radiology Services:</b> We also understand that Tribal FQHCs will be reimbursed for standalone laboratory and radiology services, just as Tribal Clinics are now.</p>	CMS previously clarified that reimbursements for standalone services, including laboratory and radiology, are specifically allowed under the IHS AIR as currently defined in the state plan and regulation. TFQHCs electing to retain this reimbursement methodology will continue to be reimbursed for these services.

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6	<p><b>Clinic Services Alignment:</b></p> <p>Given the resolution on the question of coverage and payment of Lab and Radiology services furnished by Tribal FQHCs, does the Department agree that all services that have been covered for Tribal Clinics and that earn the AIR when furnished in a clinic will continue to be covered and to earn the AIR if the clinic changes to FQHC enrollment?</p>	HCS previously confirmed that dental, labor and delivery, pharmacy, and certain behavioral health services would require separate enrollments under the corresponding provider types.
6.a	<p>If so, would it agree to add a statement to the SPA similar to one used by other States: “The AIR is paid to TFQHCs choosing that APM for all covered FQHC and ambulatory services, including all the same services for which tribal clinics are covered and paid the AIR.”</p>	The department will modify the SPA language to include a reference to the AIR reimbursing all covered FQHC and ambulatory services.
6.b	<p>If not, which services will not be covered in FQHCs, or will have more limited coverage in FQHCs, or will not earn an AIR payment if furnished by FQHC staff other than physicians, PAs, and APRNs: For example:</p>	See response to #6.
6.b.i	<p>Will an FQHC be eligible for an AIR payment for services furnished by a PT, OT, or SLP – without the same-day visit with a physician, PA, APRN, or other practitioner type? Therapy services furnished by a PT, OT, or will be limited in FQHCs, compared to Clinics? Which services?</p>	See response to #5
6.b.ii	<p>Will an FQHC be eligible for an AIR payment for services furnished by the following practitioners, without a same-day visit with a physician, PA, APRN, or other practitioner type:</p> <ol style="list-style-type: none"> <li>1. Audiologists</li> <li>2. Podiatrists</li> </ol>	See response to #5
7	<p><b>Advantages of FQHC designation:</b></p> <p>In addition to offsite services, please confirm the other services that are covered for FQHCs and that may be paid at the AIR without a same-day visit with a physician/PA, or ANP, including the following:</p> <ol style="list-style-type: none"> <li>a. Clinical Social Work services</li> <li>b. Licensed Psychologist Services</li> <li>c. Nutritionist Services</li> <li>d. Chiropractic Services for adults</li> <li>e. Adult Dental services</li> </ol>	<p>(a), (b), (c), &amp; (e) – see response to #5 and #6</p> <p>(d) – Alaska Medicaid currently does not cover chiropractic services for adults, except that Medicaid will pay copays and deductibles related to Medicare-covered chiropractic services for Medicaid recipients who are dually eligible.</p>

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8.a	<p><b>Medicare Enrollment and Cost Reporting:</b></p> <p>We understand that Tribal FQHCs, regardless whether they choose the AIR APM or another payment methodology, will not be required to enroll in Medicare or comply or operated in accordance with any federal Medicare requirements</p>	HCS confirms this understanding.
8.b	<p><b>Medicare Enrollment and Cost Reporting:</b></p> <p>We also understand that Tribal FQHCs that elect for the AIR APM will not be required to do the cost reporting which is part of the Prospective Payment System and facility-based rates.</p>	THOs electing the AIR APM are not required to submit cost reports to the ORR. THOs electing the state PPS or APM rate setting will be required to submit cost reports to the ORR.
9	We have a series of clarifying questions regarding the limitation on the number of payments that will be made per recipient per day.	
9.a	<p>Alaska Medicaid has a long history of paying separate encounters for services provided by the same clinic facility to the same recipient on a single day, when the recipient suffers a new injury or illness after a visit and needs to be seen again. Would the Department add language to that effect to the proposed SPA? Or at least alter the wording to allow it to make exceptions in these circumstances? Several other States' Medicaid Plans include language to that effect.</p>	<p>This is not an accurate statement.</p> <p>The current state plan and regulations for IHS AIR reimbursements allow one encounter payment per recipient, per facility, per day, per encounter type: medical, behavioral health, and dental. DHSS does not intend to alter the current policy.</p>
9.b	Further, is the Department's intent to allow:	
9.b.i	Two Behavioral Health AIR payments, when distinct behavioral health services are furnished on the same day to the same recipient by a facility that is enrolled as both an FQHC and as a Tribal Community Behavioral Health Center?	The current state plan and regulations for IHS AIR reimbursements allow one encounter payment per recipient, per facility, per day, per encounter type: medical, behavioral health, and dental.
9.b.ii	One Behavioral Health AIR payment and one Community Health Provider Rate payment, when distinct behavioral health services are furnished on the same day to the same recipient by an enrolled BHA working under a Health Professional Group and by a Community Behavioral Health Center or Tribal FQHC?	The current state plan and regulations for IHS AIR reimbursements allow one encounter payment per recipient, per facility, per day, per encounter type: medical, behavioral health, and dental.
9.b.iii	Two Behavioral Health AIR payments and one Community Health Provider rate payment, when distinct behavioral health services are furnished on the same day to the same recipient by an enrolled BHA working under a HPG, by a	The current state plan and regulations for IHS AIR reimbursements allow one encounter payment per recipient, per facility, per day, per encounter type: medical, behavioral health, and dental.

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	Community Behavioral Health Center, and by a Tribal FQHC that is dually enrolled with the CBHC?	
9.b.iv	One Medical AIR payment and one BH AIR payment, a recipient received a Medical service from a Tribal FQHC and a behavioral health service from a dually-enrolled CMHC on the same day, or vice-versa?	The current state plan and regulations for IHS AIR reimbursements allow one encounter payment per recipient, per facility, per day, per encounter type: medical, behavioral health, and dental.