

TO: Jennifer Ritchie  
Division of Health Care Services

FROM: Christine Goetz, Audit Supervisor *cg*  
Office of Rate Review

DATE: July 1, 2024

SUBJECT: Current Medicaid Payment Rates

Effective payment rates as of July 1, 2024 for Alaska Hospitals (combined & acute care), Freestanding Nursing Facilities, Federally Qualified Health Centers (FQHC), Out of State Intermediate Care Facilities/Developmental Disabilities (ICF/DD) Medicaid Providers and Ambulatory Surgical Centers.

**Rates for Combined Facilities**

Facility Name	Location	Inpatient Rate	Outpatient Rate	Long Term Care Rate	Time Frame	Temporary
Cordova Community Medical Center <sup>2,3</sup>	Cordova	\$9,007.48	70.69%	\$1,070.26	01/01/2024 - 12/31/2024	No
PeaceHealth Ketchikan Medical Center/New Horizons Long Term Care <sup>2,3</sup>	Ketchikan	\$6,867.92	44.97%	\$1,509.46	07/01/2024 - 06/30/2025	No
Norton Sound Regional Hospital/Quyanna Care Center <sup>2,3</sup>	Nome	\$5,789.46	82.01%	\$1,943.59	10/01/2023 - 09/30/2024	No
Petersburg Medical Center <sup>2</sup>	Petersburg	\$10,975.79	93.53%	\$1,148.28	07/01/2024 - 06/30/2025	No
Providence Kodiak Island Medical Center <sup>2,3</sup>	Kodiak	\$8,545.57	46.49%	\$1,278.76	01/01/2024 - 12/31/2024	No
Providence Seward Medical Center/Seward Mountain Haven <sup>2,3</sup>	Seward	\$14,885.59	39.12%	\$1,193.20	01/01/2024 - 12/31/2024	No
Providence Valdez Medical Center <sup>2,3</sup>	Valdez	\$13,839.43	65.95%	\$1,491.14	01/01/2024 - 12/31/2024	No
South Peninsula Hospital <sup>2,3</sup>	Homer	\$6,927.49	39.88%	\$1,529.15		No
Wrangell Medical Center (SEARHC) <sup>2,3</sup>	Wrangell	\$10,410.43	86.98%	\$963.13	10/01/2023 - 09/30/2024	No

1=Sole Community Hospital 2=Critical Access Hospital 3= Small Facility Agreement

Note: Inpatient and Long Term care rates are expressed as a per day rate. Outpatient rate is expressed as a percentage of charges.

**Rates for DRG Facilities**

Facility Name	Location	DRG Base Rate	Cost-To-Charge Ratio	Outpatient Rate	Long Term Care Rate	Time Frame
Alaska Regional Hospital	Anchorage	\$18,484.00	0.2032	8.37%	N/A	01/01/2024 - 12/31/2024
Bartlett Regional Hospital / Wildflower Court <sup>1</sup>	Juneau	\$20,686.00	0.5796	44.30%	\$848.11	07/01/2024 - 06/30/2025
Central Peninsula General Hospital/Heritage Place <sup>1,4</sup> Temp Rate	Soldotna	\$23,522.00	0.4691	33.27%	\$556.64	07/01/2024 - 06/30/2025
Fairbanks Memorial Hospital/Denali Center <sup>1</sup>	Fairbanks	\$17,190.00	0.4416	35.32%	\$879.54	01/01/2024 - 12/31/2024
Mat-Su Regional Medical Center <sup>1</sup>	Palmer	\$16,110.00	0.2173	10.72%	N/A	01/01/2024 - 12/31/2024
Providence Alaska Medical Center	Anchorage	\$18,580.87	0.2065	17.96%	N/A	01/01/2024 - 12/31/2024

1 = Sole Community Hospital 2 = Critical Access Hospital 3 = Small Facility Agreement 4 = Temporary Rate

Note: Inpatient and Long Term care rates are expressed as a per day rate. Outpatient rate is expressed as a percentage of charges.

**Rates for Acute Care Facilities**

Facilities Names	Location	Inpatient Rate	Outpatient Rate	Time Frame	Temporary
Alaska Psychiatric Institute	Anchorage	\$1,848.76	N/A	07/1/2024 - 06/30/2025	No
Arctic Slope Native Assn dba Samuel Simmonds Memorial Hospital <sup>2</sup>	Utqiagvik	\$22,387.46	86.49%	10/01/2023 - 9/30/2024	No
North Star Hospital	Anchorage	\$1,425.67	N/A	01/01/2024 - 12/31/2024	No
St. Elias Specialty Hospital (LTCH)	Anchorage	\$3,421.56	N/A	01/01/2024 - 12/31/2024	No

1=Sole Community Hospital 2=Critical Access Hospital

Note: Inpatient rates are expressed as a per day rate. Outpatient rate is expressed as a percentage of charges.

**Rates for Freestanding Nursing Facilities**

Facility Name	Location	Long Term Care Rate	Time Frame	Temporary
Maple Springs of Palmer	Palmer	\$783.06	01/01/2024 - 12/31/2024	No
Maple Springs of Wasilla	Wasilla	\$624.42	01/01/2024 - 12/31/2024	No
Prestige Care & Rehabilitation Center of Anchorage	Anchorage	\$520.02	01/01/2024 - 12/31/2024	No
Providence Extended Care	Anchorage	\$783.33	01/01/2024 - 12/31/2024	No
Providence Transitional Care Center	Anchorage	\$1,034.29	01/01/2024 - 12/31/2024	No
Sitka Long Term Care (SEARHC)	Sitka	\$987.16	10/01/2023 - 09/30/2024	No
Utqqanaat Inaat dba Maniilaq Association	Kotzebue	\$1,524.49	10/01/2023 - 09/30/2024	No
Yukon Kuskokwim Elder's Home	Bethel	\$1,116.11	10/01/2023 - 09/30/2024	No

Note: Long Term Care rates are expressed as a per day rate.

**Rates for Swing Beds**

Swing Bed Rate for the period 1/1/2024 - 12/31/2024 is \$848.11 per day

**Rates for Federally Qualified Health Center Facilities (FQHC)**

Facility Name	Location	Encounter Rate	Time Frame	Temporary
Anchorage Neighborhood Health <sup>1</sup>	Anchorage	\$489.80	07/01/2024 - 06/30/2025	No
Bethel Family Clinic <sup>1</sup>	Bethel	\$748.00	01/01/2024 - 12/31/2024	No
Camai Community Health Center <sup>2</sup>	Naknek	\$292.67	07/01/2024 - 06/30/2025	No
Crossroad Medical Center <sup>1</sup>	Glennallen	\$691.72	04/01/2024 - 03/31/2025	No
Dahl Memorial Clinic <sup>2</sup>	Skagway	\$280.46	07/01/2024 - 06/30/2025	No
Eastern Aleutian Tribes - Whittier Medical Clinic <sup>2</sup>	Whittier	\$259.20	01/01/2024 - 06/30/2024	No
Eastern Aleutian Tribes - Whittier Medical Clinic <sup>2</sup>	Whittier	\$264.23	07/01/2024 - 12/31/2024	No
Girdwood Health Clinic <sup>1</sup>	Girdwood	\$450.88	01/01/2024 - 12/31/2024	Yes
Iliuliuk Family & Health Services <sup>2</sup>	Unalaska	\$274.48	07/01/2024 - 06/30/2025	No
Interior Community Health Center <sup>1</sup>	Fairbanks	\$466.81	07/01/2024 - 06/30/2025	No
Juneau Alliance for Mentally Ill <sup>2</sup>	Juneau	\$389.78	07/01/2024 - 06/30/2025	No

Kodiak Community Health Clinic <sup>1</sup>	Kodiak	\$568.93	01/01/2024 - 12/31/2024	No
Mat-Su Health Services <sup>2</sup>	Wasilla	\$273.68	07/01/2024 - 06/30/2025	No
Peninsula Community Health Services of Alaska <sup>1</sup>	Soldotna	\$358.95	01/01/2024 - 12/31/2024	Yes
Seward Community Health Center Inc. <sup>2</sup>	Seward	\$334.53	01/01/2024 - 06/30/2024	No
Seward Community Health Center Inc. <sup>2</sup>	Seward	\$344.02	07/01/2024 - 12/31/2024	No
Sunshine Health Center <sup>1</sup>	Talkeetna	\$679.26	07/01/2024 - 06/30/2025	No

1=Alternative Payment Methodology (APM) 2=Perspective Payment System (PPS)  
NOTE: FQHC payment rates are on a per visit basis.

**Rates for ICF/DD Facilities**

Facility Name	Location	Per Day Rate	Time Frame	Temporary
Belmont Care Center - 5th Street	Pocatello, ID	\$652.57	7/01/2024 - 6/30/2025	Yes
Belmont Care Center - Vaughn Street	Pocatello, ID	\$645.68	7/01/2024 - 6/30/2025	Yes
ResCare California Inc. - RCCA La Almendra	Sacramento, CA	\$849.12	7/01/2024 - 6/30/2025	No
Springfield #1	Idaho Falls, ID	\$637.11	7/01/2024 - 6/30/2025	Yes

**Ambulatory Surgical Centers and Location**

Facility Name	Location	Rate Type Group
Alaska Cardiovascular Surgery Center	Anchorage	Groups Rates listed Below
Alaska Digestive Center, LLC	Anchorage	Groups Rates listed Below
Alaska Eye Surgery and Laser Center	Anchorage	Groups Rates listed Below
Alaska Spine Center	Anchorage	Groups Rates listed Below
Alaska Surgery Center	Anchorage	Groups Rates listed Below
Alpine Surgery Center	Anchorage	Groups Rates listed Below
Anchorage Endoscopy Center	Anchorage	Groups Rates listed Below
Anchorage Surgicenter, LLC	Anchorage	Groups Rates listed Below
Creekside Surgery Center	Anchorage	Groups Rates listed Below
Dena'Nena'Henash	Fairbanks	Groups Rates listed Below
Geneva Woods Surgical Center	Anchorage	Groups Rates listed Below
Southeast Alaska Surgery Ctr (Juneau Spine & Pain Ctr)	Juneau	Groups Rates listed Below
Pacific Cataract & Laser Institute	Anchorage	Groups Rates listed Below
Surgery Center of Wasilla, LLC	Palmer	Groups Rates listed Below
Susitna Surgery Center	Wasilla	Groups Rates listed Below
The Surgery Center of Fairbanks	Fairbanks	Groups Rates listed Below

NOTE: Ambulatory Surgical Center payment rates are on a per group basis. Group rates listed in the table below.

**Ambulatory Surgical Center Rates by Group**

Group Rates 7/01/2024 - 6/30/2025	Rate	Temporary
Group 1 -	\$735.57	No
Group 2 -	\$1,015.69	No
Group 3 -	\$1,161.47	No
Group 4 -	\$1,433.92	No
Group 5 -	\$1,632.28	No
Group 6 -	\$2,013.21*	No
Group 7 -	\$2,267.97	No
Group 8 -	\$2,347.81*	No
Group 9 -	\$2,347.81*	No

\*Rate Includes \$150 Intraocular Lens Allowance