

## Current Medicaid Payment Rates

#### Alaska Medicaid Payment Rates

Effective Payment Rates as of October 1, 2025, for Alaska Hospitals (combined & acute care), Freestanding Nursing Facilities, Federally Qualified Health Centers (FQHC), Out of State Intermediate Care Facilities for Individuals with Intellectual or Developmental Disabilities (ICF/IID) Medicaid Providers and Ambulatory Surgical Centers.

## Payment Rate Tables

A breakdown of the rates by provider type is shown below

#### Combined Facilities

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

Facility Name	Location	Inpatient	Outpatient	Long- Term Care	Time Frame	Temporary
Cordova Community Medical Center <sup>2,3</sup>	Cordova	\$15,067.99	60.63%	\$1,203.73	01/01/2025-12/31/2025	No
PeaceHealth Ketchikan Medical Center/New Horizons Long-Term						
Care <sup>2</sup>	Ketchikan	\$7,080.09	44.97%	\$1,557.43	07/01/2025-06/30/2026	No
Norton Sound Regional Hospital/Quyanna Care Center <sup>2</sup>	Nome	\$7,292.89	84.17%	\$2,201.70	10/01/2025-09/30/2026	No
Petersburg Medical Center <sup>2</sup>	Petersburg	\$11,315.02	93.53%	\$1,184.68	07/01/2025-06/30/2026	No
Providence Kodiak Island Medical Center/Chiniak Bay Elder House <sup>2</sup>	Kodiak	\$8,821.60	46.49%	\$1,318.13	01/01/2025-12/31/2025	No
Providence Seward Medical Center/Seward Mountain Haven <sup>2</sup>	Seward	\$15,373.62	39.12%	\$1,203.45	01/01/2025-12/31/2025	No
Providence Valdez Medical Center <sup>2</sup>	Valdez	\$14,288.06	65.95%	\$1,537.57	01/01/2025-12/31/2025	No
South Peninsula Hospital <sup>2,3</sup>	Homer	\$7,127.88	39.88%	\$1,573.39	07/01/2025-06/30/2026	No
Wrangell Medical Center (SEARHC) <sup>2</sup>	Wrangell	\$14,501.35	97.26%	\$1,507.29	10/01/2025-09/30/2026	No

#### **DRG Facilities**

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

Facility Name	Location	DRG Base	CCR	Outpatient	Long-Term Care	Timeframe
Alaska Regional Hospital	Anchorage	\$18,484.00	0.2032	8.37%	N/A	01/01/2025-12/31/2025
Bartlett Regional Hospital/Wildflower Court <sup>1</sup>	Juneau	\$20,686.00	0.5796	44.30%	\$552.87	07/01/2025-10/12/2025
Bartlett Regional Hospital/Wildflower Court <sup>1</sup>	Juneau	\$20,686.00	0.5796	44.30%	\$786.45	10/13/2025-06/30/2026
Central Peninsula General Hospital/Heritage Place <sup>1</sup>	Soldotna	\$23,522.00	0.4691	28.68%	\$591.01	07/01/2025-06/30/2026
Fairbanks Memorial Hospital/Denali Center <sup>1</sup>	Fairbanks	\$17,190.00	0.4416	35.32%	\$906.61	01/01/2025-12/31/2025
Mat-Su Regional Medical Center <sup>1</sup>	Palmer	\$16,110.00	0.2173	10.72%	N/A	01/01/2025-12/31/2025
Providence Alaska Medical Center	Anchorage	\$18,580.87	0.2065	17.96%	N/A	01/01/2025-12/31/2025

1=Sole Community Hospital

2=Critical Access Hospital

3=Small Facility Agreement

#### Acute Care Facilities

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

Facility Name	Location	Inpatient	Outpatient	Timeframe	Temporary
Alaska Psychiatric Institute	Anchorage	\$1,906.07	N/A	07/01/2025-06/30/2026	No
Arctic Slope Native Association dba Samuel Simmonds Memorial Hospital <sup>2</sup>	Utiqiagvik	\$16,720.48	65.64%	10/01/2025-09/30/2026	No
North Star Hospital	Anchorage	\$1,425.67	N/A	01/01/2025-12/31/2025	No
St. Elias Specialty Hospital (LTCH)	Anchorage	\$3,531.24	N/A	01/01/2025-12/31/2025	No

1=Sole Community Hospital

2=Critical Access Hospital

3=Small Facility Agreement

#### Freestanding Nursing Facilities

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

Facility Name	Location	Long-Term Care	Timeframe	Temporary
Maple Springs of Palmer	Palmer	\$807.31	01/01/2025-12/31/2025	No
Maple Springs of Wasilla	Wasilla	\$939.19	01/01/2025-12/31/2025	No
Centennial Post Acute	Anchorage	\$536.27	01/01/2025-12/31/2025	No

Providence Extended Care <sup>4</sup>	Anchorage	\$785.96	01/01/2025-02/28/2025	No
Polaris Extended Care <sup>4</sup>	Anchorage	\$785.96	03/01/2025-12/31/2025	No
Providence Transitional Care Center <sup>4</sup>	Anchorage	\$1,066.45	01/01/2025-02/28/2025	No
Polaris Transitional Care Center <sup>4</sup>	Anchorage	\$1,066.45	03/01/2025-12/31/2025	No
Sitka Long-Term Care (SEARHC) <sup>3</sup>	Sitka	\$1,316.02	10/01/2025-09/30/2026	No
Utuqqanaat Inaat dba Maniilaq Association <sup>3</sup>	Kotzebue	\$1,715.20	10/01/2025-09/30/2026	No
Yukon Kuskokwim Elder's Home	Bethel	\$1,188.38	10/01/2025-09/30/2026	No

1=Sole Community Hospital

2=Critical Access Hospital

3=Small Facility Agreement

4=Change of Ownership

### Swing Beds

The Swing Bed Rate for the period 01/01/2025 – 12/31/2025 is \$920.31 per day.

## Federally Qualified Health Center Facilities (FQHC)

FQHC payments rates are expressed as a per visit basis.

Facility Name	Location	Encounter	Timeframe	Temporary
Anchorage Neighborhood Health <sup>1</sup>	Anchorage	\$503.52	07/01/2025-06/30/2026	No
Bethel Family Clinic <sup>1</sup>	Bethel	\$1,063.19	01/01/2025-12/31/2025	Yes
Camai Community Health Center <sup>2</sup>	Naknek	\$302.91	07/01/2025-06/30/2026	No
Cross Road Medical Center <sup>1</sup>	Glenallen	\$711.78	04/01/2025-03/31/2026	No
Dahl Memorial Clinic <sup>2</sup>	Skagway	\$280.46	07/01/2025-12/31/2025	Yes
Eastern Aleutian Tribes – Whittier Medical Clinic <sup>2</sup>	Whittier	\$273.48	01/01/2025-02/28/2025	No
Girdwood Health Clinic <sup>1</sup>	Girdwood	\$810.92	01/01/2025-12/31/2025	No
Iliuliuk Family & Health Services <sup>2</sup>	Unalaska	\$284.09	07/01/2025-06/30/2026	No
Interior Community Health Center <sup>1</sup>	Fairbanks	\$479.88	07/01/2025-06/30/2026	No
Juneau Alliance for Mentally III <sup>2</sup>	Juneau	\$403.42	07/01/2025-06/30/2026	No
Kodiak Community Health Clinic <sup>2</sup>	Kodiak	\$568.93	01/01/2025-12/31/2025	Yes
Mat-Su Health Services <sup>2</sup>	Wasilla	\$273.68	07/01/2025-06/30/2026	Yes
Peninsula Community Health Services of Alaska <sup>1</sup>	Soldotna	\$569.34	01/01/2025-12/31/2025	No

Seward Community Health Center Inc. <sup>2</sup>	Seward	\$630.57	01/01/2025-12/31/2025	No
Sunshine Health Center <sup>1</sup>	Talkeetna	\$698.28	07/01/2025-06/30/2026	No

<sup>1=</sup>Alternative Payment Method (APM) 2=Perspective Payment System (PPS)

#### Intermediate Care Facilities for Individuals with Intellectual or Developmental Disabilities (ICF/IID)

All these facilities are located out of state. Currently Alaska does not have any facilities in-state that offer these services.

Facility Name	Location	Per Day	Timeframe	Temporary
Belmont Care Center – 5 <sup>th</sup> Street	Pocatello, ID	\$718.75	07/01/2025-06/30/2026	No
Belmont Care Center – Vaughn Street	Pocatello, ID	\$757.98	07/01/2025-06/30/2026	No
Springfield #1	Idaho Falls, ID	\$791.06	07/01/2025-06/30/2026	No
ResCare California Inc. – RCCA La Almendra	Sacramento, CA	\$889.44	07/01/2025-06/30/2026	No

#### **Ambulatory Surgical Centers**

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

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

Surgery Center of Wasilla, LLC	Palmer	Group Rates listed below
Susitna Surgery Center	Wasilla	Group Rates listed below
The Surgery Center of Fairbanks	Fairbanks	Group Rates listed below

# Ambulatory Surgical Center Rates by Group

Group Rates 07/01/2025 – 06/30/2026	Rate	Temporary
Group 1	\$758.37	No
Group 2	\$1,047.18	No
Group 3	\$1,197.48	No
Group 4	\$1,478.37	No
Group 5	\$1,682.88	No
Group 6	\$1,737.22*	No
Group 7	\$2,338.28	No
Group 8	\$2,081.73*	No
Group 9	\$2,081.73*	No

<sup>\*</sup>Rate includes \$150 Intraocular Lens Allowance