



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

## Department of Health

OFFICE OF THE COMMISSIONER

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January 26, 2024

Dear Tribal Health Leaders,

On behalf of the Department of Health (the department) and in keeping with the responsibility to conduct tribal consultation, I am writing to inform you of a proposed future Medicaid state plan amendment (SPA). *This opportunity for consultation does not require regulation changes.*

#### **Purpose and content of the proposed amendment:**

This proposed SPA adds language in section 4.19-C, which describes the current process of implementing updated inpatient and outpatient hospital per diem rates published by the by Indian Health Services (IHS) in the Federal Register. If the rates are published after the IHS effective date and is higher than the previous rate, the department will reimburse providers the difference between the new and old rates. If the published rates are below the previous rate, the department will adopt the new rates at the time of the Federal Register publication, prospectively.

There are also technical changes to update the language describing reimbursement of services by community health practitioners and community health aides. These changes are 1) the removal 'III or IV,' and 2) amend referenced 'Attachment 4.19-B' to 'Attachment 4.19-C.'

#### **Anticipated impact on Medicaid-eligible Alaska Native/American Indian beneficiaries:**

There are no direct, anticipated impact on Medicaid eligible Alaska Native/American Indian beneficiaries.

#### **Anticipated impact on tribal health programs and the Indian Health Service:**

It is anticipated that the proposed language will impact tribal health programs and IHS as it will add clarity to the department's process of updating payment rates, and the effective date, when the IHS makes updates to the Federal Register.

#### **Mechanism and timeline for comment**

Written comments or questions regarding the proposed amendment are due no later than the close of business, February 26, 2024. If seeking an in-person meeting regarding the proposed changes, please provide a written request within 15-days of the date of this letter. Please direct all written correspondence to Emily Beaulieu, Alaska Department of Health, 3601 C Street, Suite 902, Anchorage, AK 99503, or [emily.beaulieu@alaska.gov](mailto:emily.beaulieu@alaska.gov).

*Thank you for your continued support and partnership as we continue to promote health for all Alaskans.*

Sincerely,

/s/

Emily Beaulieu  
Medicaid State Plan Coordinator