



**Alaska Native Tribal Health Consortium**

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Via email: [gennifer.moreau-johnson@alaska.gov](mailto:gennifer.moreau-johnson@alaska.gov)  
Ms. Gennifer Moreau, Medicaid State Plan Coordinator  
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Re: Proposed State Plan Amendment to Correct Recent  
Amendments to Attachment 4.19-B

Dear Ms Moreau:

On behalf of the Alaska Native Tribal Health Consortium (ANTHC), I write to again thank you for the opportunity to consult with the Department on proposed State Plan Amendments that would correct errors and avoid unintended consequences of recent amendments to Attachment 4.19-B of the Alaska Medicaid State Plan that took effect on July 1, 2013.

As you know, the recent amendments to Attachment 4-19-B were adopted at the request of the Centers for Medicare and Medicaid Services (CMS) and were intended to simply remove redundant language from the Plan. Among other things, the provision describing payment for "physician services" was amended to delete a paragraph on payment for services of "physician collaborators" and to replace it with separate payment provisions for the various types of non-physician practitioners (NPPs) that had been included on the "physician collaborator" list. Unfortunately, several NPP types were inadvertently omitted altogether, including Community Health Aides and Practitioners (CHA/Ps), who are essential providers in the tribal healthcare system. Further, neither CMS nor the Department realized that deleting the "physician collaborator" language could adversely impact payment to tribal health programs under Attachment 4.19-C of the Plan, which provides payment for "physician services under the methodology described in Attachment 4.19-B," and uses the term "physician services" to include midlevel practitioners on the old "physician collaborator" list. Because the impact on tribal programs was not recognized, the recent amendments were adopted without meaningful tribal notice or consultation. We appreciate the Department's expeditious efforts to remedy these errors once they were discovered and to engage in the required tribal consultation.

To correct these manifest errors and prevent unintended harm to tribal health programs, changes are needed both to Attachment 4.19-B and to Attachment 4.19-C of the Plan.

Attachment 4.19-B of the Plan should be further amended to add provisions describing the long-standing payment methodology for the following practitioner types, all of which were included in the old "physician collaborator" provision but inadvertently omitted in the recent amendments: Community Health Practitioners and Community Health Aides III or IV, Physician Assistants, and Certified Registered Nurse Anesthetists. As you know, these practitioners' services, like those of the other NPPs already listed in Attachment 4.19-B, are paid at 85% of the physician fee schedule.

Attachment 4.19-C should also be amended to preserve the old *status quo* and to clarify that (1) services of physicians and midlevel practitioners continue to be paid separately from, and in addition to, the encounter rate for inpatient services; (2) except as described in (3) below, tribal outpatient hospital and clinic services are paid under the all-inclusive outpatient encounter rate and services of physicians and midlevel practitioners are not separately reimbursed; (3) however, a tribal hospital may elect an optional payment methodology for its outpatient services, under which the services of physicians and midlevel practitioners are paid separately from and in addition to a reduced encounter rate that excludes those practitioners' costs; and (4) CHA/P services are paid separately in all settings and do not generate an encounter rate payment.

We also urge that Attachment 4.19-C specifically list the practitioner types whose services are separately payable and whose costs are excluded from the inpatient and optional reduced outpatient encounter rates. The deleted "physician collaborators" provision contained a long list of NPPs including, for example, audiologists. However, our research confirms that only the costs of some NPPs -- PAs, ANPs, Nurse Midwives, and CRNAs -- are excluded from or separately accounted for in the cost reports from which the encounter rates are calculated, and that only their professional services historically have been reimbursed separately to tribal hospitals by the Alaska Medicaid program. If the costs for other types of NPPs cannot be separately identified in the cost reports, those costs cannot and should not be excluded from the encounter rate, and those practitioners' services should not be separately billable. Listing the practitioner types whose services are separately reimbursable will promote accurate billing and payment for their services and help ensure that the encounter rates are correctly calculated to include the costs of all other NPP types. However, to maximize the flexibility for tribal programs that is afforded under the optional outpatient methodology, we request the language be crafted to allow separate payment for the services of additional categories of NPPs if, in the future, their costs can be readily identified in cost reports.

Careful drafting is called for to ensure the SPA has the desired effect and does not unintentionally alter or jeopardize other payment or the scope of Medicaid coverage. We attach proposed amendment language for the Department's consideration, which is intended to accomplish the objectives described above. However, we have found it puzzling how best to address and describe payment for CHA/P services in the various settings, which as you know are always paid on a fee basis, outside the encounter rate, and do not generate an encounter rate payment. Our draft also suggests language, based on a provision in the tribal provider billing manual, to the effect that EPSDT screening services provided by CHA/Ps are paid at 100% of the physician fee schedule, but perhaps that special payment provision is better addressed elsewhere in the Plan. We trust the Department will accurately address and clarify these issues in the SPA that you ultimately present to CMS for approval.

**ATTACHMENT: THE ALASKA NATIVE TRIBAL HEALTH  
CONSORTIUM'S RECOMMENDED SPA LANGUAGE**

**Revise Attachment 4.19-B to add the following provisions:**

Certified Registered Nurse Anesthetist Payment is made at the lesser of billed charges, 85 percent of the Resource Based Relative Value Scale methodology used for physicians, or the provider's lowest charge.

Community Health Aides Payment for the services of community health aides III or IV or a certified community health practitioner is made at the lesser of billed charges, the provider's lowest charge, the state maximum allowable for procedures that do not have an established RVU, 85 percent of the Resource Based Relative Value Scale methodology used for physicians or, for EPSDT screening services, 100 percent of the Resource Based Relative Value Scale methodology used for physician.

Physician Assistants Payment is made at the lesser of billed charges, 85 percent of the Resource Based Relative Value Scale methodology used for physicians, the provider's lowest charge, or the state maximum allowable for procedures that do not have an established RVU.

**Revise Attachment 4.19-C Pages 2 and 2a as follows (proposed new language is underlined; language to be deleted is capitalized and enclosed in brackets):**

**Attachment 4-19-C Page 2**

**REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL HEALTH FACILITIES:**

**Inpatient Hospital Services:** Payment for inpatient hospital services, as described in Attachment 3.1-A, is made at the most current inpatient hospital per diem rate published by the Indian Health Service. The inpatient hospital per diem rate is paid per patient, per day, per facility, except that covered services [FOR PHYSICIAN SERVICES] rendered to inpatients by any or all of the following practitioners are also separately [WHICH ARE] reimbursed according to the methodology [FOR PHYSICIAN SERVICES] described in Attachment 4-19-B, provided their costs were not included in establishing the inpatient hospital per diem rate: physicians, physician assistants, advanced nurse practitioners, nurse midwives, and certified registered nurse anesthetists, which are reimbursed according to the methodology for their services described in Attachment 4.19-B. Services of community health practitioners and community health aides III or IV to inpatients are not included in the per diem rate, and are instead reimbursed according to the methodology described in Attachment 4.19-B.

**Outpatient Hospital Services**

Payment for outpatient hospital services, as described in Attachment 3.1-A, is made at the most current outpatient per visit rate published by the Indian Health Service. The outpatient per visit rate is paid per patient, per day, per facility, except for outpatient surgery which is reimbursed at the most current Medicare rates for freestanding Ambulatory Surgical Centers. Services of community health practitioners or community health aides III or IV are not included in the outpatient per visit rate and are instead reimbursed according to the methodology for their services described in Attachment 4.19-B.

**Clinic Service**

Payment for clinic services is made at the most current outpatient per visit rate published by the Indian Health Service, and is paid per patient, per day, per facility. Services may be provided at different facility venues, but are billed through a single provider number. The services of the following providers, as described in Attachment 3.1-A, are included in the outpatient per visit rate:

- Physicians
- Physician Assistants
- Nurse Midwives
- Advanced Nurse Practitioners
- Speech-Language Pathologists
- Audiologists
- Physical Therapists
- Occupational Therapists
- Podiatrists
- Optometrists

Also included in the outpatient per visit rate are laboratory and x-ray services provided on-site and drugs and medical supplies incidental to the services provided to the patient. Services of community health practitioners and community health aides III or IV are not included in the outpatient per visit rate, and are instead reimbursed according to the methodology described in Attachment 4.19-B.

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**Attachment 4-19-C Page 2a**

**Other Physician and Practitioner Services.**

At the option of the Tribal Hospital:

1) Outpatient hospital services are reimbursed at the all-inclusive rate published by the Indian Health Service, reduced by the average amount for the services [DELETE: FOR PHYSICIAN SERVICES] of any or all of the practitioner types listed in (2) below for whose professional services the tribal hospital elects to be separately reimbursed and whose separate costs can be readily identified in the cost reports on which the all-inclusive rate was based; and

2) Covered services [PHYSICIAN SERVICES] rendered to Medicaid recipients in the outpatient hospital setting by the following practitioner types, and whose costs are excluded to establish the reduced encounter rate under (1) above, are also reimbursed according to the methodology for their services [PHYSICIAN SERVICES] described in Attachment 4.19-B:

- Physicians
- Physician Assistants
- Advanced Nurse Practitioners
- Nurse Midwives
- Certified Registered Nurse Anesthetists
- Speech-Language Pathologists
- Audiologists
- Physical Therapists
- Occupational Therapists
- Podiatrists
- Optometrists