



# Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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ALASKA NATIVE TRIBAL  
HEALTH CONSORTIUM

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BRISTOL BAY AREA  
HEALTH CORPORATION

CHICKALOON VILLAGE  
TRADITIONAL COUNCIL

CHUGACHMIUT

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TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA  
TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN  
INDIAN COMMUNITY

KODIAK AREA  
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COMMUNITY

MT. SANFORD  
TRIBAL CONSORTIUM

NATIVE VILLAGE  
OF EKUTNA

NATIVE VILLAGE OF EYAK

NATIVE VILLAGE  
OF TYONEK

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YAKUTAT TLINGIT TRIBE

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HEALTH CORPORATION

VALDEZ NATIVE TRIBE

August 5, 2021

Courtney O'Byrne King  
Medicaid State Plan Coordinator  
Alaska Department of Health & Social Services  
3601 C Street, Suite 902  
Anchorage, AK 99503

Via Email: [Courtney.King@alaska.gov](mailto:Courtney.King@alaska.gov)

RE: Tribal FQHC Alternative Payment Methodology Proposed Medicaid SPA

Dear Ms. King,

The Alaska Native Health Board (ANHB)<sup>1</sup> provides these comments as part of the tribal consultation on a proposed Medicaid State Plan Amendment (SPA) that would establish the Indian Health Service-Office of Management and Budget Medicaid outpatient all-inclusive rate (IHS-AIR) as an available Alternative Payment Methodology (APM) for Federally Qualified Health Centers (FQHCs) operated by tribal organizations under the Indian Self-Determination Act.

As you know, a virtual “in-person” tribal consultation session was held with the Department of Health & Social Services (the Department or DHSS) on July 14, 2021. Pursuant to that meeting, the Department agreed to make a small change to the draft SPA language to clarify that all FQHC and all ambulatory services furnished by an FQHC will be eligible for payment at the IHS-AIR APM. It also confirmed in writing certain key understandings regarding the SPA and the services to which it pertains, which have informed ANHB’s evaluation of the proposed SPA. With that clarifying change to the SPA’s language, and with the understandings summarized below, ANHB supports the proposed SPA.

We thank the Department for confirming the following understandings, which are integral to ANHB’s support for the proposed SPA:

1. The Department will remove the “four walls” restriction on FQHC and ambulatory services, and will cover those services regardless whether they are furnished inside or outside the four walls of the facility space.
2. FQHCs are allowed to concurrently enroll as a Community Behavioral Health/Mental Health Center to offer a broader array of behavioral health services than are currently covered for FQHC behavioral health services.
3. Community Health Aide provider types (CHA/Ps, BHA/Ps, and DHATs) are not subject to the off-site services restrictions of clinic providers because they

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<sup>1</sup> ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System, which is comprised of Tribal health programs that serve all of the 229 Tribes and over 177,000 Alaska Native and American Indian (AN/AI) people throughout the state. As the statewide Tribal health advocacy organization, ANHB helps Alaska’s Tribes and Tribal programs (T/THOs) achieve effective consultation and communication with state and federal agencies on matters of concern.

are not considered a clinic provider type. Further, Community Health Aide provider types are covered through Health Professional Groups, and therefore they will continue to receive the Community Health Provider rate as established by the Department for those services.

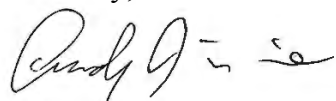
4. Tribal FQHCs, regardless whether they choose the IHS-AIR APM or another payment methodology, will not be required to enroll in Medicare or comply or operate in accordance with any federal Medicare requirements.
5. Tribal FQHCs electing the IHS-AIR APM will continue to be reimbursed at the IHS-AIR APM for standalone services (that is, for services furnished without a same-day visit with a physician, physician assistant, or advanced practice registered nurse), including laboratory & radiology services, audiology services, podiatry services, licensed clinical social worker services, licensed psychologist services, nutritionist services, physical therapy services, occupational therapy services, speech-language pathology therapy services, and adult dental services, per CMS clarification that the IHS-AIR as currently provided for in the Medicaid State Plan and regulation allows for such reimbursement.
6. The provision of certain service types, including dental, labor and delivery, pharmacy, and certain behavioral health services (1115 Behavioral Health Waiver and other Behavioral Health State Plan Services) would require separate enrollments under the corresponding provider types, but the services will be reimbursable at the IHS-AIR APM.
7. Tribal FQHCs electing the IHS-AIR APM will not be required to submit cost reports to the DHSS Office of Rate Review (ORR), but if a Tribal FQHC elects the state Perspective Payment System (PPS) Rate or another Facility-based APM Rate, that cost reports will be required for such rate setting.

We want to thank the Department for agreeing to revise the SPA language to state that the IHS-AIR APM will apply to all covered FQHC and ambulatory services. Such a statement in the SPA will allow Tribal health programs that are now paid as clinic providers to confidently change their designation to Tribal FQHCs, secure in the knowledge that they will continue to be covered and paid for all the same services, at and at the same reimbursement rate, as when they were clinic providers.

Finally, we wish to express our appreciation for the Department's time and efforts through collaborative and diligent work with the Tribal health system to understand, evaluate, adopt, and implement this important Tribal FQHC reimbursement option.

Should the Department have any comments, questions, or clarifications on our written comments, please contact ANHB at [anhb@anhb.org](mailto:anhb@anhb.org) or via telephone at (907) 729-7510.

Sincerely,



Andrew Jimmie, Tribally-Elected Leader of the Village of Minto  
Chairman  
Alaska Native Health Board