

Payment may be made to a Skilled Nursing Facility, an Intermediate Care Facility or an Intermediate Care Facility for the Mentally Retarded when necessary to reserve a bed for a patient during a temporary leave of absence as part of a patient's plan of care.

Payment for reserved beds will only be made at the ICF daily rate. In cases where the patient is at SNF level of care, payment will be at the ICF rate for the facility. For those facilities that are SNF only, payment will be made at the Statewide weighted average rate for ICF.

Absences up to five (5) consecutive days may be covered. Where absences are intended to be longer than five days, the facility must complete a Nursing Home Authorization Request Form, 06-7027. The completed form should be forwarded to the Medical Practice Review Office for approval prior to the scheduled leave of absence.

Payment will not be made to reserve a bed when absence is due to hospitalization

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. Payment for services provided to inpatients by physicians, physician assistants, advanced nurse practitioners, nurse midwives, and certified registered nurse anesthetists are made in accordance with the practitioner payment methodologies 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 solely 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, with the exception of 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 solely 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 locations, 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 published outpatient per visit rate:

Physicians

Physician Assistants

Nurse Midwives

Advance Nurse Practitioners

Speech-Language Pathologists

Audiologists

Physical Therapists

Occupational Therapists

Podiatrists

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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REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL FACILITIES – CONTINUED

Other Physician Services:

At the option of Tribal outpatient hospitals certified or deemed to meet Medicare Conditions of Participation by the State Survey Agency or a national accreditation organization under a program approved by the Centers for Medicare and Medicaid Services:

1. Outpatient hospital services are reimbursed at the all-inclusive rate published by the Indian Health Service (IHS), reduced by the average amount for the services of any or all of the practitioner types listed in (2) below for whose professional services the tribal outpatient hospital elects to be separately reimbursed; and
2. Covered services rendered to Medicaid recipients in the outpatient hospital setting by the following practitioner types and whose costs are excluded from the all-inclusive rate as described under (1) above, are also paid a fee for service practitioner payment according to the methodology for their services described in Attachment 4.19-B:  
Physicians  
Physician Assistants  
Advance Nurse Practitioners  
Nurse Midwives  
Certified Registered Nurse Anesthetists  
Speech-Language Pathologists  
Audiologists  
Physical Therapists  
Podiatrists

The Indian Health Service will provide the State with the revised outpatient hospital service rates, reduced by the average amount for the services of any or all of the practitioner types listed in this section.

Community Health Provider Services:

Payment for covered Community Health Provider (CHP) Services is made at a single statewide CHP Encounter Rate as described below.

The CHP Encounter Rate will equal total allowable costs for all levels and practice area categories of such CHPs, divided by their total annual encounters. The rate will be calculated by the Department's Office of Rate Review as described below, in close consultation with affected tribal health organizations, adjusted annually for inflation using the Global Insight's *Health-Care Cost Review*, Skilled Nursing Facility Total Market Basket available sixty days before January 1, and rebased every four years.

For state fiscal year 2018, the annual inflation referenced in the above paragraph will not apply.

The initial rate will be calculated using costs associated with providing CHP services by an identified group of Alaska tribal health programs. The costs will be reviewed and adjusted by the department to

ensure they do not include unallowable or duplicative costs and will be adjusted for inflation using the Global Insight's *Health-Care Cost Review*, Skilled Nursing Facility Total Market Basket available sixty days before January 1 to the midpoint of the rate year. Encounter data will be provided to the Department for the same year by an identified group of Alaska tribal health programs; the Department will review the encounter data and make any necessary adjustments in close consultation with affected tribal health programs. It is anticipated that the first CHP Encounter Rate will be established for Calendar Year 2017; using Federal Fiscal Year 2014 encounters data and Federal Fiscal Year 2014 costs, adjusted for inflation. If necessary, a different year can be utilized for a Tribal Health Organization (THO) if agreed to by the department and the THO. The total cost of providing the services includes salary, benefits, and other personnel costs of the CHPs whose services qualify for reimbursement under the CHP Encounter Rate, work-related travel, training costs, facility costs, costs of supplies and equipment, and overhead costs. Salary, benefits, and other personnel costs of physicians and other licensed practitioners who direct or supervise CHPs are included only to the extent that they are excluded for purposes of calculating the tribal hospital and tribal physician clinic encounter rates.

Payment is made to the enrolled Tribal Health Organization that employs or contracts with the CHP and is limited to one CHP Encounter Rate payment per patient, per CHP, per day.

The CHP Encounter Rate includes payment for medical supplies and drugs used or administered during, and incidental to, the encounter, unless the services or supplies are billed under a separate methodology. The CHP Encounter Rate does not include payment for covered outpatient drugs, which are separately reimbursed under the methodology described at Attachment 4.19-B, Page 7.

The CHP Encounter Rate does not apply to services furnished by a CHP as part of a reimbursable Behavioral Health Service provided by an enrolled Tribal Community Behavioral Health Center, and the costs and encounters associated with such services are excluded from the CHP Encounter Rate. The CHP Encounter Rate does not apply to dental services furnished by dental health aides as described by the Alaska Community Health Aide Program Certification Board (CHAPCB) Standards and Procedures, which are paid at the methodology described at Attachment 4.19-B (page 14).

The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

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