



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

DIVISION OF HEALTH CARE SERVICES
Director's Office

4501 Business Park Blvd., Suite 24, Bldg L
Anchorage, Alaska 99503-7167
Main: 907.334.2400
Fax: 907.561.1684

January 26, 2015

Dear Tribal Health Leader

On behalf of the Department of Health and Social Services (DHSS), I am writing to inform you of a proposed future Medicaid State Plan Amendment (SPA), in keeping with DHSS's responsibility to conduct tribal consultation.

Payment for Physician Assistants, Community Health Aides, Certified Registered Nurse

Anesthetists, and Nutritionists: This SPA is a technical SPA to describe payment methodologies for certain providers after prior language was removed at the direction of CMS. In reviewing a previous SPA, CMS issued a Request for Information (RAI) and requested that we eliminate duplicate language in the plan related to physician collaborators. Based on CMS guidance the state removed the physician collaborator paragraph. CMS did not request additional consultation, and the state inadvertently removed any description of the payment methodology for the following provider types: Physician Assistants, Community Health Aides, and Certified Registered Nurse Anesthetists. The intent was to remove duplicative language only. The services provided by those practitioners remain approved in the state plan in the service description under physician services in Attached Sheet to Attachment 3.1A page 2, and the State has continued to pay providers under the rate methodologies that were in effect at the time the physician collaborator language was removed. The state intends to insert language into the State Plan that describes this payment methodology for each of these groups individually. No change in reimbursement policy will result from these changes.

Please provide any written comments or questions regarding this State Plan Amendment within 30 days of the date of this letter to Gennifer Moreau, Alaska Department of Health and Social Services, 4501 Business Park Blvd, Building L, Anchorage, Alaska 99503 or gennifer.moreau@alaska.gov. Please also feel free to call at (907) 334-2653, or if you would like to arrange a meeting to discuss this upcoming State Plan Amendment please make a request in writing within 15 days of receipt of this letter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gennifer Moreau".

Gennifer Moreau,
Medicaid State Plan Coordinator