



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

OFFICE OF RATE REVIEW

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November 18, 2015

Dear HCB Waiver or PCA Provider,

Per 7 AAC 145.531(e), all providers of home and community based Waiver services and personal care attendant services are required to provide to the Office of Rate Review (ORR) an annual report no later than nine months after the end of the provider's fiscal year. The components of an annual report include:

1. Audited financial statements
2. Post audit working trial balance
3. Signed Certification page and Revenue & Statistics page from the Cost Survey.

Per the regulations, providers who received less than \$200,000 in Medicaid payments during the applicable reporting period have the option of taking a 10% or 20% rate reduction instead of fully or partially complying with the annual reporting requirements. Providers who received \$200,000 or more in Medicaid payments during the applicable reporting period must timely submit a complete annual report or be subject to a 20% rate reduction and/or removal from the Medicaid program.

The State of Alaska implemented its new Medicaid Management Information System (MMIS) for Medicaid claims processing and reporting generation on October 1, 2013. Providers rely on certain reports generated by the MMIS system to comply with the annual reporting requirements specified above. Unfortunately, this system function is continuing to be updated, so certain reports are not available for providers to use in completing their annual reports.

We recognize the inconvenience that this may cause providers in complying with the annual reporting requirements set forth in 7 AAC 145.531(e). For this reason, ORR will **NOT** apply rate reductions or rate penalties for the following reports:

- Annual Reports for Provider Fiscal Year 10/1/2014 to 9/30/2015
- Annual Reports for Provider Fiscal Year 1/1/2015 to 12/31/2015
- Annual Reports for Provider Fiscal Year 7/1/2014 to 6/30/2015

Additionally, the Department is in the process of updating its § 1915(c) Waivers with the Centers for Medicare and Medicaid Services. Updates will include seeking approval for a revised rate-setting methodology for HCB Waiver services, PCA services, Care Coordination services, and Residential Supported Living services that eliminates the annual financial audit requirement for most providers.

We appreciate your patience throughout this process. If you have any questions, please contact Katherine Tompkins at (907) 334-2644 or me at (907) 334-2447.

Sincerely,



Jared C. Kosin
Executive Director
Office of Rate Review, DHSS