

# DEPARTMENT OF HEALTH AND SOCIAL SERVICES



## PROPOSED CHANGES TO REGULATIONS

**7 AAC 165.020; 165.050; 165.080.**

**Alaska Medicaid Electronic Health Record Incentive Program. Provider registration & attestation; Program standards for continuing participation; Appeals.**



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***September 15, 2016***

**COMMENT PERIOD ENDS: December 23, 2016**

Please see the public notice for details about how to comment on these proposed changes.

**Notes to reader:**

1. Except as discussed in note 2, new text that amends an existing regulation is **bolded and underlined**.
2. If the lead-in line above the text of each section of the regulations states that a new section, subsection, paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined*.
3. [ALL-CAPS TEXT WITHIN BRACKETS] indicates text that is to be deleted.
4. When the word “including” is used, Alaska Statutes provide that it means “including, but not limited to.”
5. Only the text that is being changed within a section of the current regulations is included in this draft. Refer to the text of that whole section, published in the current Alaska Administrative Code, to determine how a proposed change relates within the context of the whole section and the whole chapter.

**Title 7 Health and Social Services.****Chapter 165. Alaska Medicaid Electronic Health Record Incentive Program.****7 AAC 165.020. Provider registration and attestation**

7 AAC 165.020(e) is amended to read:

(e) The electronic registration process is not complete until

(1) the provider sends the attestation and all supporting documentation to the department as an electronic document through the Alaska Medicaid state-level registry for provider incentive payments; [OR AS A FACSIMILE COPY] **and**

[(2) THE PROVIDER MAILS TO THE DEPARTMENT THE ORIGINAL SIGNED ATTESTATION; AND]

**(2)** [(3)] the department has received the material submitted under (1) [AND (2)] of this subsection.

(Eff. 6/1/2011, Register 198; am 1/20/2013, Register 205; am \_\_\_\_/\_\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

**7 AAC 165.050. Program standards for continuing participation**

7 AAC 165.050(b) is amended to read:

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(b) The department may investigate a provider and audit the provider's records to verify that the provider

(1) continues to be enrolled and in compliance with the Medicaid program under 7 AAC 105 - 7 AAC 160;

**(2) connects to and maintains participation in the Alaska Health Information Exchange to support meaningful use including transmitting their public health data to the state via the HIE;**

**(3)** [(2)] continues to meet the requirements of this chapter, including

(A) the accurate calculation and reporting of Medicaid patient volume, needy individual patient volume, and total patient volume for the type of provider, in accordance with 42 C.F.R. 495.302 - 495.306, adopted by reference in 7 AAC 165.010(b)(1); and

(B) in each participation year after the provider's initial year of participation, meaningful use objectives and measures applicable to the type of provider that are established in 42 C.F.R. 495.6, adopted by reference in 7 AAC 165.020(c)(2);

(3) received accurate payments; and

(4) is not subject to any sanctions under 7 AAC 105.400 - 7 AAC 105.490.

(Eff. 6/1/2011, Register 198; am 1/20/2013, Register 205; am \_\_\_\_/\_\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

### **7 AAC 165.080. Appeals**

7 AAC 165.080(a)(5) is amended to read:

(a) A provider may appeal the department's decision to do any of the following:

(5) terminate or suspend participation in the Medicaid program in this state **under 7 AAC 105.400-.490.**

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7 AAC 165.080(e) is amended to read:

(e) A provider who is not satisfied with the first-level appeal decision under (d) of this section may request a second-level appeal by submitting a written request to the commissioner no later than 30 days after the date of the first-level appeal decision. The request for second-level appeal must include

- (1) a copy of the department's first-level appeal decision;
- (2) a description of the basis upon which the decision is being appealed;
- (3) a copy of the first-level appeal submitted by the provider; and
- (4) any additional supporting documentation that supports the basis upon which the

provider is making [MALTING] the appeal; [.]

**(5) send the appeal to the State of Alaska, Department of Health & Social Services,**

**Commissioner's Office, Attention: EHR Appeals, PO Box 110601, Juneau, AK 99811-0601.**

(Eff. 6/1/2011, Register 198; am 1/20/2013, Register 205; am \_\_\_\_/\_\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040