

DEPARTMENT OF HEALTH & SOCIAL SERVICES



PROPOSED CHANGES TO REGULATIONS

7 AAC 150. Prospective Payment System; Other Payment.

- *Sec 160. Methodology and criteria for approval or modification of a payment rate.*
- *Sec. 990. Definitions.*



PUBLIC REVIEW DRAFT

June 13, 2018

COMMENT PERIOD ENDS: August 2, 2018

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paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined*.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 150. Prospective Payment System; Other Payment.**

7 AAC 150.160. Methodology and criteria for approval or modification of a payment rate.

7 AAC 150.160(g) is amended to read:

(g) If a new facility or a new psychiatric unit in a general acute care hospital is licensed or certified **or a new provider begins to participate in the prospective payment system**, the rates for the facility will be calculated as follows:

7 AAC 150.160(g)(4) is amended to read:

(4) rates for a new facility, [OR] a new separately licensed or certified psychiatric unit in a general acute care hospital, **or a new provider to the prospective payment system** will be established under (b) - (f) of this section after two full fiscal years of cost data, **timely filed with the department in accordance with 7 AAC 150.130(c)**, is reported.

(Eff. 2/1/2010, Register 193; am 10/1/2017, Register 223; am ____/____/____, Register____)

Authority: AS 47.05.010 AS 47.07.070

7 AAC 150.990. Definitions.

7 AAC 150.990 is amended by adding a definition to read:

(1) “new provider” means an actively enrolled Medicaid facility currently receiving reimbursement for Medicaid services outside of the state prospective payment system that elects to enter into the state prospective payment system.

(Eff. 2/1/2010, Register 193; am ____/____/____, Register ____/____/____)

Authority: AS 47.05.010 AS 47.07.070 AS 47.07.073