

DEPARTMENT OF HEALTH



PROPOSED CHANGES TO REGULATIONS.

**MEDICAID PAYMENT RATES, FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)
PRODUCTIVITY STANDARDS & RATE SETTING.**

7 AAC 145. Medicaid Payment Rates.

- 7 AAC 145.710. Calculating total health clinic visits.
- 7 AAC.145.739. Definitions.



PUBLIC REVIEW DRAFT.

April 6, 2023.

COMMENT PERIOD ENDS: May 25, 2023.

**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paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined*.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 145. Medicaid Payment Rates.**

7 AAC 145.710 is repealed and readopted to read:

7 AAC 145.710. Calculating total health clinic visits. For newly rebased rates on or after July 1, 2024, for the purposes of calculating a rate under 7 AAC 145.700(c) for a rural health clinic, or a federally qualified health center, the department will consider the total number of visits to be the sum of the total visits from *Worksheet B Parts I and II* of the adjusted Medicare cost report, and if applicable, dental visits. (Eff. 2/1/2010, Register 193; am 4/24/2020, Register 234; am 11/1/2021, Register 240; am 4/16/2023, Register 246; am ____/____/____, Register____)

Authority: AS 47.05.010 AS 47.07.040 AS 47.07.073
 AS 47.07.030 AS 47.07.070

7 AAC 145.739. Definitions.

7 AAC 145.739 is amended by adding a new paragraph to read:

(4) "adjusted Medicare cost report" means a provider's base year's Medicare cost report that has been adjusted in accordance with 7 AAC 145.700 - 7 AAC 145.720.(Eff.

2/1/2010, Register 193; am_____/_____/_____, Register_____)

Authority: AS 47.05.010 AS 47.07.073 AS 47.07.074

AS 47.07.070

((Publisher: Please change the period at the end of 7 AAC 145.739(3)(C) to a semicolon.)))