

Omnibus Medicaid Coverage and Payment Regulations

7 AAC 105 – 7 AAC 160

Finding your way around

Objectives . . .

- Create room for growth
- Reorganize for logic and readability
- Accurately reflect *current* policy
- Separate *coverage policy* from *payment rates*
- Simplify future regulation projects

Mission Accomplished

7 AAC 100. Medicaid Eligibility

- New comprehensive regulations
- Effective July 20, 2007

7 AAC 105 – 160. Medicaid Coverage and Payment

- Total reorganization and rewrite
- Repeals 7 AAC 43 *entirely*
 - ...except for mental health clinic and substance abuse rehabilitation services (*coming soon*)
- **Effective February 1, 2010**

Coverage vs. Payment

Coverage regulations are separated from payment regulations in order to

- More clearly write coverage policy sections
- Present payment rates in context with the methodology used to determine those rates

The result is a basic organization
that looks like this . . .

New Structure

General provisions that apply to all provider types and services are placed at the beginning and the end.

General Provider Requirements



General Provisions



New Structure

Specific coverage policy for each type of provider or category of service comes next.

General Provider Requirements

Specific Coverage Policy



General Provisions

New Structure

Next comes payment methodology and payment rates, including the prospective payment system used to determine facility payment rates.

General Provider Requirements

Specific Coverage Policy

Payment Methodology and Rates



General Provisions

New Structure

Only two sections in Chapter 155 address tribal health providers, but eventually this chapter will include comprehensive Medicaid tribal health program regulations.

General Provider Requirements

Specific Coverage Policy

Payment Methodology and Rates

Tribal Health Programs

General Provisions

Putting the Pieces Together

7 AAC ...

- 105. Scope, Provider Enrollment and Responsibilities
- 110. Coverage of Professional Services
(Chiropractors, Dental, Physicians, EPSDT, Vision, etc.)
- 115. Coverage of Therapies
(OT, PT, SLP, Hearing, and School-Based)
- 120. Coverage of Drugs, Medical Supplies, DME, Transportation
- 125. Coverage of Personal Care and Home Health
- 130. Coverage of Home and Community-Based Waiver Services
- 135. Coverage of Behavioral Health (coming soon)
- 140. Coverage of Facilities
- 145. Payment Methodology and Rates
- 150. Prospective Payment System
- 155. *Tribal Health Programs (coming soon)*
- 160. General Provisions

Other Features

- Another significant change is the way **adoptions by reference** are handled. Now, nearly all adoptions by reference are made in one regulation section, 7 AAC 160.900. This will allow updates to be made more timely and efficiently.
- A Crosswalk has been developed to assist with the transition from old to new versions of the regulations. Click [here](#) to view the Crosswalk.

Wrap-Up

Effective February 1, 2010

- 7 AAC 43 is almost entirely repealed
- New Medicaid coverage and payment regulations in 7 AAC 102 – 7 AAC 160 will take over.

The Medicaid portion of the new integrated behavioral health regulations are coming soon to 7 AAC 135.

Look for future development of Medicaid tribal health program regulations in 7 AAC 155.

Clean-up

- Every effort has been made to keep these regulations as complete and accurate as possible. If you have questions or concerns, please contact Susan Dunkin at

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What's Next

After the integrated behavioral health regulations are done, I think I am going to tackle WORLD PEACE.

It shouldn't take as long.

(end)