



Alaska Medical Assistance

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<http://medicaidalaska.com>

Remittance Advice (RA) Message

Title: **Hospice Quality Reporting Requirements**

Issue Date: 09/07/2018

Run Length: 6 weeks

Provider Type(s): 059

Message: Effective 10/1/2015, payment rates for hospice providers will be contingent upon whether or not a hospice provider has complied with the quality data submission requirements outlined in Section 3004 of the Affordable Care Act. To ensure that you are correctly reimbursed for services rendered, you must provide confirmation or an attestation to Alaska Medicaid that your agency has completed the quality data submission as required by Section 3004. As required by Section 1814(i)(5)(A) of the Social Security Act, reimbursement rates will be reduced for providers who do not comply with this requirement.

Effective October 1, 2018, the Centers for Medicare and Medicaid Services established new Medicaid Hospice Payment Rates that are calculated based on the annual hospice rates established under Medicare and that are authorized by section 1814(i)(1)(C)(ii) of the Social Security Act. Additional information on new hospice rates can be found at <https://www.gpo.gov/fdsys/pkg/FR-2018-08-06/pdf/2018-16539.pdf>.

To ensure that your rates are not reduced, please submit your confirmation or attestation no later than September 19, 2018 to tracy.stephens@alaska.gov or 907.269.3622 (facsimile).

Questions? Contact Tracy Stephens at 907.334.2436.