Washington State Health Care Authority
Office of Tribal Affairs

All-inclusive rate (AIR)

HCA internal process

1. Program identifies new provider or service being considered for Medicaid reimbursement.
2. Program reviews internally and determines if the service will become Medicaid payable and meets AIR payable requirements:
   - Clinical policy review
   - Who's the authority (waiver, State Plan Amendment (SPA), Legislature, federal, etc.)?
   - Payment methodology
   - Does it meet AIR payment criteria?
3. Financial Services Division (FSD) initiates and competes with the Financial Data Analysis Request (FDAR) process.
4. Program presents initial determination and fiscal analysis to Delivery Systems Operations Committee (DSOC) or review.
5. After DSOC review, program and OTA gather Tribal input.
   - Program and OTA incorporate Tribal feedback into DSOC and request Tribal review, if necessary.
6. Program submits final documents to the Delivery Systems Leadership Committee (DSLC) for final approval and determines Decision Package (DP)/SPA/Washington Administrative Code (WAC) needs.
   - OTA calls for a Tribal Consultation after DSLC provides final approval.
7. Program submits DP/SPA/WAC to Senior Leadership Team (SLT).
8. SLT approves DP/SPA/WAC. The DP/WAC is determined through legislative process, and SPA is subject to Centers for Medicare & Medicaid Services (CMS) review and approval.

The HCA Office of Tribal Affairs logo was designed by Alfred B. Charles of the Lower Elwha Klallam Tribe.