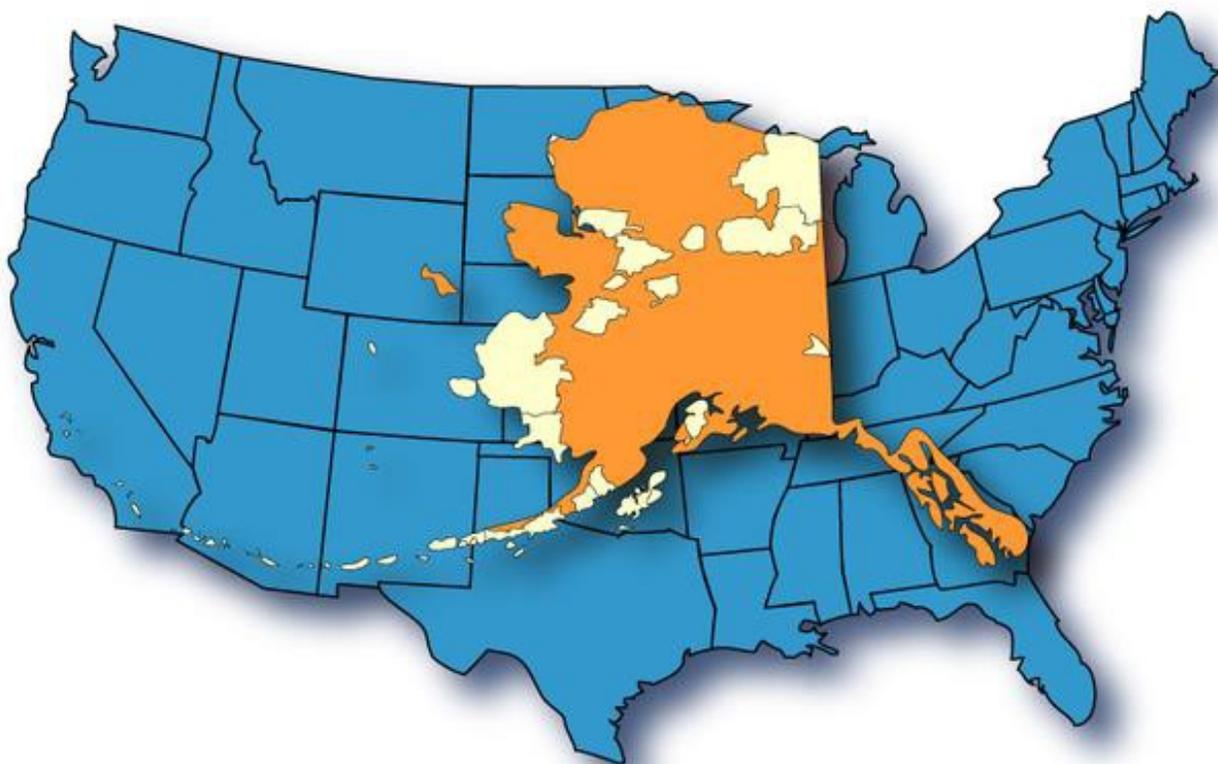


ALASKA MEDICAID ACCESS MONITORING REVIEW PLAN



2017 INTERIM REPORT

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Table of Contents

- Executive Summary..... 2
- Background 3
- Beneficiaries, Services and Regions 4
 - Services Covered Under the AMRP 5
 - AMRP Regions 6
- Provider Adequacy 8
 - Adequacy..... 8
 - Measures for Provider Enrollment 9
 - Preliminary Findings..... 10
- Rate Adequacy 10
 - Adequacy..... 10
 - Rate Development Methodology..... 11
 - Preliminary Findings..... 12
- Utilization 12
 - Measures..... 12
- Monitoring Access..... 15
- Overall Preliminary Findings 15
- Report Submission and Public Input 16
- APPENDIX A..... 17
- APPENDIX B..... 19
- APPENDIX C 21
- APPENDIX D..... 23
- APPENDIX E 25
- APPENDIX F 27
- APPENDIX G..... 29

Executive Summary

Alaska Medicaid's Access Monitoring Review Plan (AMRP) was developed in accordance with section 1902(a)(30)(A) of the Social Security Act and 42 CFR 447.203 and 447.204 to assess beneficiary access to Medicaid covered services. Evaluations of beneficiary access to Medicaid covered services conducted in compliance with this plan for state fiscal year 2016 affirm that Alaska Medicaid reimbursement rates are "sufficient to enlist enough providers so that care and services are available...at least to the extent that such care and services are available to the general population...".

Initially submitted to the federal Centers for Medicare and Medicaid Services (CMS) in July 2016, Alaska Medicaid must submit the results of the evaluations performed under Alaska Medicaid's AMRP to CMS every three years. The AMRP must also be updated and submitted to CMS with State Plan Amendment requests that will have the effect of reducing provider rates for services paid under fee-for-service payment arrangements.

Work to evaluate adequacy for state fiscal year 2017 is currently underway but cannot be completed until the closeout of the fiscal year on June 30, 2018, after a year of provider timely filing allowances is complete. This interim report will be submitted to CMS in support of a State Plan Amendment request.

Alaska Medicaid annually reviews providers covered under the AMRP using the methodology described in the *Monitoring Access* section below. At a minimum, the AMRP evaluations must include the following service categories when delivered under fee-for-service payment arrangements:

- Behavioral health services
- Home health services
- Physician specialist services
- Pre- and post-natal obstetric services, including labor and delivery
- Primary care services

States must also include review of other services delivered under fee-for-service payment arrangements when the state reduces Medicaid provider reimbursement rates. These additional services must be reviewed for three years after the rate reductions take effect to monitor provider enrollment and beneficiary access. During state fiscal years 2016, 2017 and 2018, Medicaid cost containment measures were implemented that reduced Medicaid provider payments in several service categories. As a result, the following service categories paid under fee-for-service arrangements have been added to the AMRP and will be monitored through state fiscal year 2021:

- Ambulatory surgery center services
- Federally qualified health services
- Inpatient hospital services
- Nursing facility services
- Professional services

Based on the AMRP methods of review that evaluate beneficiary utilization, provider adequacy and provider rates completed through state fiscal year 2016, the State of Alaska concludes that Alaska's Medicaid fee-for-service payments comply with and support the access standards in Section 1902(a)(30)(A) of the Social Security Act. Reviews are underway for state fiscal year 2017 and will be completed after the final closeout of the fiscal year (June 30, 2018).

Background

Alaska Medicaid provides healthcare coverage for low-income individuals, including children, pregnant women, individuals with disabilities, elderly, parents of eligible children and other eligible adults. The Alaska Department of Health and Social Services (DHSS) is the single state agency that administers the Medicaid program. In state fiscal year 2017, Alaska Medicaid provided coverage to approximately 222,905 beneficiaries with total expenditures of approximately \$1.33 billion for the year.

Alaska is unique in terms of its geography, size and population. Covering more than 663,300 square miles, Alaska is the largest state in the country, and is larger than the next three largest states (Texas, California, Montana) combined. Uncharacteristic for its size, Alaska has the third lowest population in the U.S. with just 737,080 residents. With a population density of 1.1 persons per square mile, a road system accessible only by a fraction of the state, and numerous remote communities and villages, Alaska uses a framework of state, tribal, and federal resources to ensure sufficient access to health care services for its Medicaid beneficiaries.

Alaska Medicaid provides coverage to 30 percent of Alaskans.

The Alaska Medicaid program was expanded in 2015 to improve access to health care services throughout the vast state. In just over two years, enrollment in Alaska Medicaid has grown 26

percent, providing coverage to 30 percent of Alaska's residents.

On January 4, 2016, the federal Centers for Medicare & Medicaid Services (CMS) adopted regulations at 42 C.F.R. sections 447.203 and 447.204 that require state Medicaid programs to ensure beneficiaries have access to covered services at least to the same extent as such services are available to the general public. The Alaska Medicaid Access Monitoring Review Plan (AMRP) was developed in accordance with these regulations and must at a minimum focus on the following service categories when delivered under fee-for-service payment arrangements:

- Behavioral health services
- Home health services
- Physician specialist services
- Pre- and post-natal obstetric services, including labor and delivery
- Primary care services

Federal regulations also require the AMRP to review and monitor services affected by Medicaid provider rate reductions for three years to ensure beneficiary access is not significantly impacted by the reductions. A downturn in Alaska's economy led the state to implement cost containment strategies in state fiscal years 2016, 2017 and 2018. In response to these rate adjustments, the following additional providers have been added to the Alaska Medicaid AMRP and will be monitored through 2021:

- Ambulatory surgery center services
- Federally qualified health services
- Inpatient and outpatient hospital services
- Nursing facility services
- Professional services

Alaska Medicaid has prepared this interim report to support submission of a State Plan Amendment implementing the aforementioned Medicaid cost containment measures for state fiscal year 2018. The report was developed using existing and currently available enrollment and Medicaid claim information for state fiscal years 2015, 2016, and 2017.

The flexibilities that allow a provider to submit claims up to one year after delivery of service, as well as system issues that delay payment for claims, have a considerable impact on the results of the reviews required under the AMRP. For these reasons, data sets are not considered complete until one year after the close of a given state fiscal year. To ensure a complete data sets are reviewed, CMS allows states to submit preliminary limited data when the AMRP is revised in response to a requested State Plan Amendment that adjusts rates.

Several of the data elements included in this report were derived from complete data sets for state fiscal years 2015 and 2016. However, only partial information is available for state fiscal year 2017, and limited information for state fiscal year 2018 which has yet to conclude.

To fulfill federal AMRP requirements, Alaska Medicaid applies the same evaluation criteria to all services within the plan. All services are reviewed at the same time for reliability purposes as well. With this, the AMRP consistently evaluates access and can closely monitor the impact of rate reductions on access.

Beneficiaries, Services and Regions

Medicaid Beneficiaries

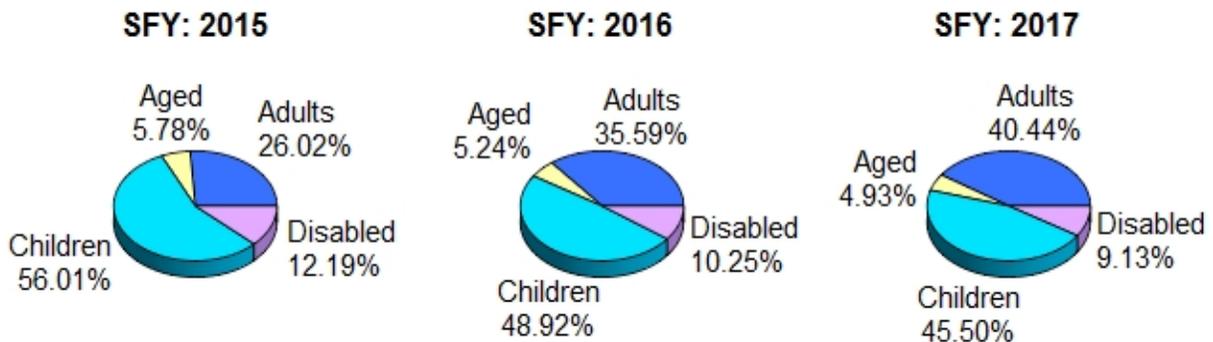
On average in state fiscal year 2017, 183,866 Alaskans were enrolled in Alaska Medicaid in any given month. On September 1, 2015, the State of Alaska expanded its Medicaid program to cover individuals between the ages of 19 and 64, who have no dependent children, earn less than 133% of the federal poverty level for Alaska, and are otherwise ineligible for any other Medicaid or Medicare program.

Alaska Medicaid beneficiary enrollment by eligibility category for state fiscal years 2015 thru 2017 is identified in Figure 1 and Figure 2 below.

Figure 1 – Alaska Beneficiary Enrollment by Eligibility Category

| | STATEWIDE BENEFICIARY ENROLLMENT BY ELIGIBILITY CATEGORY | | |
|----------------------|--|----------------|----------------|
| ELIGIBILITY CATEGORY | 2015 | 2016 | 2017 |
| Children | 82,388 | 87,447 | 96,721 |
| Adults | 52,262 | 76,848 | 95,396 |
| Aged | 12,962 | 13,545 | 13,459 |
| Disabled | 17,019 | 16,847 | 17,329 |
| TOTAL | 164,631 | 194,687 | 222,905 |

Figure 2 – Distribution of Alaska Beneficiary Enrollment by Eligibility Category



Services Covered Under the AMRP

The Alaska Medicaid program covers all mandatory services required under 42 U.S.C. 1396 – 1396p, plus several optional and waiver services. Alaska Medicaid’s AMRP primarily focuses on the five service categories paid under fee-for-service payment arrangements required in the federal regulations. These service categories include: primary care services; physician specialist services; behavioral health services; pre- and post-natal obstetric services including labor and delivery; and home health services. The plan also includes review of additional services paid under fee-for-service arrangements when the state takes action to reduce payment rates for such services.

In state fiscal years 2016 and 2017, the State of Alaska implemented cost containment strategies that suspended customary inflationary rate adjustments for specified Medicaid providers. Additional cost containment measures were implemented in state fiscal year 2018, which sustained the suspension of inflationary rate reductions, as well as implemented a 5 percent reduction in payment rates for inpatient and outpatient hospital services and ambulatory surgery centers, and a 10.3 percent reduction in payment rates for professional services paid under the federal resource-based relative value scale (RBRVS). Given these changes to Medicaid rates, the AMRP is also monitoring access to the following additional services through state fiscal year 2021:

- Ambulatory surgery center services
- Federally qualified health services
- Inpatient and outpatient hospital services
- Nursing facility services
- Professional services

AMRP Regions

Alaska's unique geography and multitude of small communities poses challenges to the delivery of health care services. These challenges affect all Alaskans, not just those in Medicaid.

The federal Medicare program uses "Medicare Advantage County Types" (MACT) for evaluating Medicare access issues. When considering Alaska's uniqueness, the MACT classifies a majority of Alaska's 19 boroughs as "Counties with Extreme Access Considerations [CEAC]."¹ Alaska's Medicare CEAC regions consist of small towns, villages, and bush communities. The distance of these communities from a health facility can range from 14 air miles to over 1,190 air miles.

In addition to the CEACs, the MACT classifies each of Alaska's largest communities differently as well. According to the MACT, Alaska's most populous region, the Anchorage city and borough, is classified as a metro area; the next largest community, Fairbanks, is classified as a micro area; and the third largest community, Juneau, is classified as a rural area (all other communities are classified as CEACs).

During development of the AMRP, Alaska Medicaid considered use of the Medicare MACT defined geographic areas. However, after analyzing several of the individual CEACs, it was discovered that the populations in many of these areas are so small reporting data in the AMRP on a CEAC community-by-community basis could violate federal Health Information Portability and Accountability Act (HIPAA) regulations. Due to the level of detail provided, such a breakout could allow a reader to determine an individual's identity and Medicaid status by comparing the data to other basic, publicly-available community information.

¹ See CY2015 MA HSD Provider and Facility Specialties and Network Adequacy Criteria Guidance.

https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/Downloads/CY2013_HSD_Provider_Facility_Specialties_Criteria_Guidance_111011.pdf

Verified January 30, 2018

In an effort to ensure privacy and HIPAA compliance, rather than utilize the Medicare Advantage County Types as described above, Alaska is drawing from the objective time and distance standards used by its Department of Labor and Workforce Development (DLWD) for population and census work. The DLWD organized the State of Alaska into six economic regions. Alaska Medicaid has chosen to use these six economic regions to fulfill the requirements of the AMRP (see Appendix A for a map of the regions).

Figure 3 includes a breakdown of the six economic regions including the overall population and the boroughs or census areas in each.

Figure 3. Alaska Economic Regions

| ALASKA ECONOMIC REGIONS | 2016 Total Population | 2017 Total Population |
|---|------------------------------|------------------------------|
| Anchorage/Mat-Su Anchorage, City and Municipality of Matanuska-Susitna Borough | 401,635 | 401,649 |
| Gulf Coast Kenai Peninsula Borough Kodiak Island Borough Valdez-Cordova Census Area | 81,126 | 80,698 |
| Interior Denali Borough Fairbanks North Star Borough SE Fairbanks Census Area Yukon-Koyukuk Census Area | 113,154 | 111,191 |
| Northern Nome Census Area North Slope Borough Northwest Arctic Borough | 27,827 | 27,705 |
| Southwest Aleutians East Borough Aleutians West Borough Bethel Census Area Bristol Bay Borough Dillingham Census Area Kusilvak Census Area Lake and Peninsula Borough | 42,274 | 42,202 |
| Southeast Haines Borough Hoonah-Angoon Census Area Juneau, City and Borough of Ketchikan Gateway Borough Petersburg Borough Prince of Wales-Hyder Census Area Sitka, City and Borough of Skagway Borough, Municipality of Wrangell, City and Borough of Yakutat, City and Borough of | 73,812 | 72,915 |
| Total State Population | 739,709 | 737,080 |

To ensure sufficient access to care for Medicaid recipients residing in the most remote locations in Alaska, the Alaska Medicaid program has a robust travel component with a budget of \$92.4 million in state fiscal year 2017. The travel services covered under the Alaska Medicaid program include an emergency response program for ground, water, and air transport as necessary. Access is further enhanced through extensive telehealth capabilities throughout the state, much of which is possible through partnerships with tribal health entities. As of 2017, approximately 250 Alaskan communities had telehealth capability.

Provider Adequacy

Adequacy

Using the methodology described in the *Monitoring Access* section below, the Alaska Medicaid program affirms that to-date there are an adequate number of Medicaid providers to ensure beneficiaries have access to care that is at least to the same extent as such care and services are available to the general public.

In state fiscal year 2017, Alaska Medicaid had 21,240 enrolled in-state providers and 9,121 enrolled out-of-state providers. On average, the program receives 16 applications for new provider enrollments each month. The provider enrollment application includes an optional field that allows the provider to indicate whether it is accepting new patients. Approximately 93% of in-state Alaska Medicaid providers regularly accept new patients. Additionally, Alaska Medicaid has mechanisms to collect input from beneficiaries and providers concerning experience and quality. Appendix B includes a breakdown of provider enrollment for state fiscal years 2015 through 2017 for providers covered under the AMRP.

To begin analysis of provider adequacy in response to rate adjustments, federal regulations require the state to submit an analysis of provider enrollment for the three months prior to adoption of the rate adjustment and for three months after, and then a final analysis after a complete data set is available. Appendix C includes the completed analysis of provider enrollment for state fiscal year 2016, and Appendix D includes the 3-month pre- and post-implementation review of provider enrollment for the rate adjustments that were implemented in state fiscal year 2018. The final analysis will be performed after a complete claims data set is available (12 months after the close of the corresponding state fiscal year).

As previously described, in addition to the service providers operating in Alaska's six economic regions, Alaska Medicaid employs a system of state, tribal, and federal supports to ensure sufficient access to care for its Medicaid beneficiaries. For those in the most remote locations, the program includes a robust travel budget, an emergency response program for ground, water, and air transport, and extensive telehealth coverage throughout the state.

In addition to these supports, Alaska has an extensive network of 675 statewide safety-net providers. A safety-net provider is defined by two distinguishing characteristics: the provider maintains an “open door” policy offering services to all patients regardless of ability to pay; and a substantial share of the provider’s patient mix consists of Medicaid recipients and the uninsured.

Measures for Provider Enrollment

Alaska Medicaid uses the following to identify provider participation and measure adequacy:

Providers Continuously Reviewed in AMRP

Behavioral Health Services – Providers of behavioral health services are measured using five provider types: 002 Inpatient Psychiatric Hospital; 003 Residential Psychiatric Treatment Center; 042 Psychologist; 107 Behavioral Health; and, 108 Behavior Rehabilitation Services.

Home Health Services – Providers of home health services are measured using one provider type: 060 Home Health Agency.

Physician Specialist Services – Providers of physician specialist services are measured using provider type 020 Physician in combination with all specialty types except 001 General Practice, 008 Family Practice, 016 Obstetrics and Gynecology, 054 Obstetrics, and 069 Clinic because these specialty types are already captured in the measures for primary care services and obstetric services.

Pre- and Post-Natal Obstetric Services, Including Labor & Delivery – Facilities providing pre- and post-natal obstetric services, including labor and delivery, are measured using three provider types: 001 General Hospital, and 097 Birthing Center. Individual physicians providing pre- and post-natal obstetric services, including labor and delivery, are measured using provider type 020 Physician in combination with specialty types 016 Obstetrics and Gynecology, and 054 Obstetrics.

Primary Care Services – Clinics providing primary care services are measured using provider types 051 Federally Qualified Health Center. Individual physicians providing primary care services are measured using provider type 020 Physician in combination with specialty types 001 General Practice and 008 Family Practice.

Providers Under AMRP Review SFY2016 – SFY2021 Due to Rate Adjustments²

Ambulatory Surgery Centers – Ambulatory Surgery Centers are measured using provider type 067 Ambulatory Surgery Centers.

² Includes only those providers not continuously reviewed under the AMRP

Hospital Inpatient and Outpatient Services – Facilities providing inpatient and outpatient hospital services are measured using provider type 001 General Hospital.

Nursing Facility Services – Providers of nursing facility services are measured using provider type 010 Nursing Facility/ICF.

Professional Services – Providers in the “professional services” category are measured using the following providers types: 021 Health Professional Group; 025 Chiropractor; 033 Physician Service; 034 Advanced Practice Registered Nurse; 035 Optometrist; 036 Podiatrist; 039 Physical Therapist; 040 Speech Therapist/Language Pathologist; 041 Occupational Therapist; 042 Psychologist; 043 Audiologist; 045 Outpatient Occupational, Speech and Physical Therapy Centers; 046 Direct Entry Midwife; 075 Optician; 081 Radiology; and 117 Certified Registered Nurse Anesthetist.

Providers are identified by calculating the number of rendering providers delivering Medicaid services in each service category. For some provider types, such as behavioral health providers, an agency is identified as the rendering provider although individual providers deliver the services. When agencies are identified as the rendering provider, the number of available providers is underreported.

Preliminary Findings

Through state fiscal year 2017, the in-state Alaska Medicaid provider base has increased slightly overall. When calculating providers, issues such as natural attrition due to retirement, death, relocation out-of-state, etc., were taken into consideration. The loss of less than 10 percent of providers in any service category evaluated under the AMRP is deemed acceptable due to natural attrition. Losses over 10 percent will be examined in greater detail to determine the primary reason for loss.

Rate Adequacy

Adequacy

Medicaid rates in Alaska are deemed sufficient to ensure access to care for Alaska Medicaid beneficiaries at least to the extent that such care and services are available to the general public if they meet one of the following: (1) are greater than or equal to Medicare rates; (2) are calculated from and reimburse for provider costs; or (3) pay a percentage of charges that is equivalent to reimbursing at cost. For payment rates that do not fall into one of the categories above, a complete analysis of the rate and methodology will be performed for any service category experiencing a provider enrollment decrease of 10 percent or more following a reduction in rates.

Since most services are measured using multiple provider types, the services are more akin to service categories rather than individual services. As such, there may be multiple Medicaid reimbursement rates and rate development methodologies in each category.

For example, behavioral health services consist of five provider types. One of the provider types, inpatient psychiatric, has a Medicaid inpatient rate based on costs reported in the Medicare Cost Report. Another of the provider types, psychologist, has a Medicaid rate based on Medicare's resource-based relative value scale, adjusted for Alaska. The inpatient psychiatric Medicaid rate is sufficient to ensure access to care for Alaska Medicaid beneficiaries at least to the extent that such care and services are available to the general public because it reimburses those providers for allowable costs. The Medicaid rate for psychologists is deemed sufficient to ensure access to care for Alaska Medicaid beneficiaries at least to the extent that such care and services are available to the general public because it reimburses providers at an amount that is equal to or greater than Medicare reimbursement for the same service.

Rate Development Methodology

The following is an overview of how reimbursement rates are determined for the service categories covered in the AMRP:

Ambulatory Surgery Centers – Medicaid rates for Ambulatory Surgery Centers (provider type 067) were set prospectively using the Medicare Grouper model and inflated each year.

Behavioral Health Services – Medicaid rates for inpatient psychiatric services (provider type 002) are set using Medicare Cost Reports from providers. Alaska pays cost for these services. Medicaid rates for residential psychiatric treatment centers (provider type 003) are set using periodic cost surveys from providers. Alaska pays cost for these services. Medicaid rates for psychologists (provider type 042) are set using Medicare's Resource Based Relative Value Scale, adjusted for Alaska. Alaska pays at or above Medicare for these services. Medicaid rates for behavioral health provider types 107 and 108 are paid based on a fee-schedule.

Federally Qualified Health Center Services – Medicaid rates for federally qualified health centers (provider type 051) are set using Medicare Cost Reports from providers.

Home Health Services – Medicaid rates for home health agencies (provider type 060) are set using 80% of provider charges. Comparing this reimbursement amount to recent Medicare Cost Reports shows that Alaska pays at least cost for these services.

Hospital Inpatient and Outpatient Services – Medicaid rates for general hospitals (provider type 001) are set using Medicare Cost Reports from providers. Alaska pays prospective cost-based rates for these services.

Nursing Facility Services – Medicaid rates for nursing facilities (provider type 010) are set using Medicare Cost Reports from providers. Alaska pays prospective cost-based rates for these services.

Pre- and Post-Natal Obstetric Services, Including Labor & Delivery – Medicaid rates for general hospitals (provider type 001) are set using Medicare Cost Reports from providers. Alaska pays prospective cost-based rates for these services. Medicaid rates for birthing centers (provider type 097) are set using a percentage of hospital rates. Alaska pays prospective cost-based rates for these services. Medicaid rates for physician obstetric services (provider type 020) are set using Medicare’s Resource Based Relative Value Scale, adjusted for Alaska. Alaska pays at or above Medicare for these services.

Physician Specialist Services – Medicaid rates for physician specialist services (provider type 020 and all specialty types) are set using Medicare’s Resource Based Relative Value Scale, adjusted for Alaska. Alaska pays at or above Medicare for these services.

Primary Care Services – Medicaid rates for physician services (provider type 020) are set using Medicare’s Resource Based Relative Value Scale, adjusted for Alaska. Alaska pays at or above Medicare for these services. Medicaid rates for federally qualified health centers (provider type 051) are set using Medicare Cost Reports from providers.

Professional Services – Medicaid rates for professional services are set using Medicare’s Resource Based Relative Value Scale, adjusted for Alaska. Alaska pays at or above Medicare for these services.

Preliminary Findings

Based on the preliminary analysis of each provider type for each category of service subject to the Access Monitoring Review Plan, Alaska Medicaid concludes that at the writing of this report, all corresponding provider rates remain sufficient to ensure access to care for Medicaid beneficiaries at least to the extent that such care and services are available to the general public. Appendix E includes the rate methodology for each of the providers covered under Alaska Medicaid’s AMRP.

Utilization

Measures

This section utilizes quantitative measures for services rendered by providers to Medicaid beneficiaries for dates of service occurring in state fiscal year 2016, and qualitatively measures system quality through patient experience surveys.

Access to care is largely driven by provider adequacy, and provider adequacy is greatly incentivized and maintained by rate adequacy. If there are adequate providers and rates, access to care is sufficient. Given stability and overall growth in provider enrollment between state fiscal years 2016 and 2017, access to care is deemed sufficient throughout Alaska. With this established, the AMRP turns to utilization as a means to analyze service delivery between provider and Medicaid beneficiary to ensure there is no disruption or imbalance that could compromise access to care.

To ensure signs of disruption or imbalance are not missed, utilization is measured by provider type and reviewed by region. Region assignment is determined by the recipient's location rather than where the service is physically rendered. This is critical because many recipients travel to other regions to receive services. Using the recipient's home locale reveals the extent Medicaid beneficiaries from each region access and use services, rather than the extent services are delivered in a particular region. Federal regulations require the AMRP to provide a review of utilization for the three months prior to adoption of a rate adjustment and for three months after, and then a final analysis after a complete data set is available. Appendix F includes the completed analysis of beneficiary utilization applicable to the rate adjustments that were implemented in state fiscal year 2018.

Figure 4 updates the baseline of service utilization presented in the original AMRP report with final 2016 utilization data. The per Medicaid recipient service utilization information was derived from Alaska Medicaid program submitted claims data.

Figure 4. 2016 Medicaid Per Enrollee Utilization Encounters

| Average Encounters Per Medicaid Beneficiary | | |
|--|--------------|--------------|
| Program | 2015 | 2016 |
| Children | 11.11 | 10.97 |
| Adults | 13.14 | 13.04 |
| Aged | 52.25 | 48.35 |
| Disabled | 60.75 | 64.82 |
| Average Overall | 20.07 | 19.19 |

Alaska Medicaid uses the Consumer Assessment of Health Plans and Systems Experience of Care Survey (CAHPS) to measure patient experience and access to care from the patient's perspective for primary care services delivered to both children and adults.

Results from the survey which Alaska Medicaid administered for services delivered to children enrolled in Medicaid in state fiscal year 2015 (Figure 6), and for both adults and children in state fiscal year 2016 (Figure 7). The results show an improvement in patient experience for children between the two years. Results in each year for both children and adults reveal there is room for quality improvement on patient experience.

Figure 6. RESULTS 2015 CAHPS SURVEY – CHILDREN

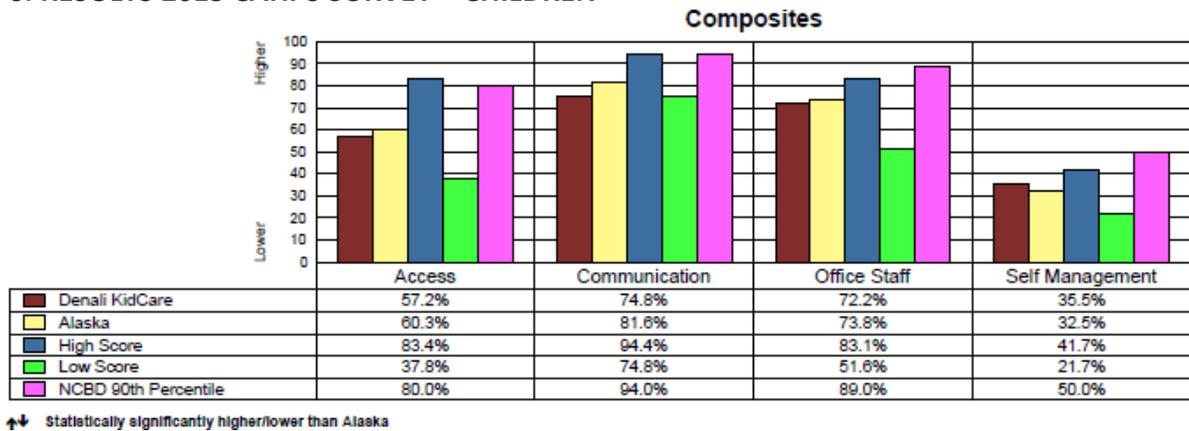
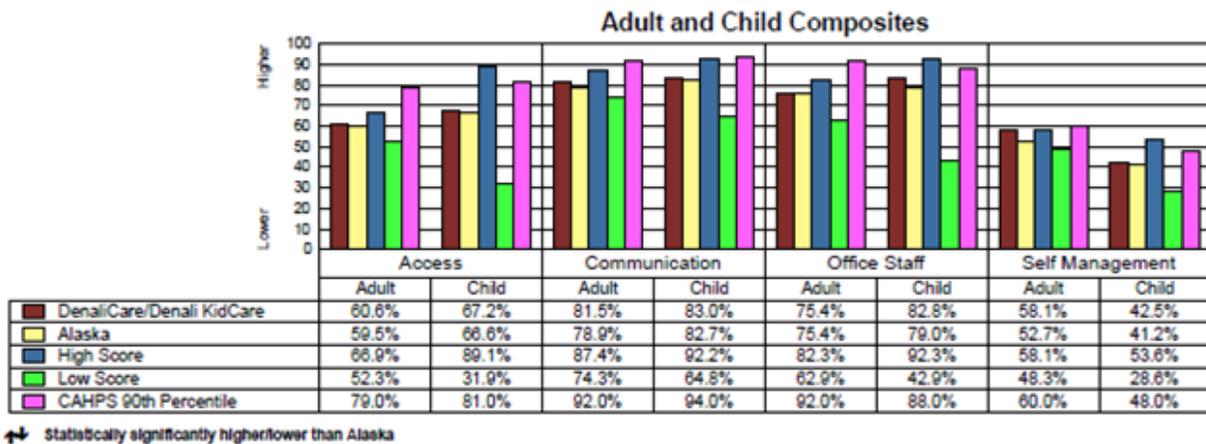


Figure 7. RESULTS 2016 CAHPS SURVEY – ADULTS AND CHILDREN



In addition to the CAHPS patient experience survey, Alaska Medicaid maintains a Medicaid recipient helpline, a full-time Quality Assurance team, and a full-time Recipient Services Manager. The Recipient Services Manager communicates daily with beneficiaries to address questions or resolve issues, including investigating complaints about access and quality of care.

Monitoring Access

To ensure continued access to care for Medicaid beneficiaries, Alaska Medicaid regularly monitors Medicaid enrollment and claims data related to rate changes, the number of enrolled beneficiaries, number of enrolled providers, utilization, system quality, and results of any corrective actions. Each year Alaska Medicaid evaluates these items to identify and analyze trends related to beneficiary access to care. The following describes action to be taken during the annual review process should the analysis reveal a downward trend in any of the following:

Rate Changes – In the event a Medicaid fee-for-service payment rate is decreased, its corresponding service will be added to the AMRP for a review period of three years. Prior to making the decision to decrease a Medicaid fee-for-service rate, Alaska Medicaid will evaluate the most recent data trends from its AMRP to ensure access to care is sufficient at the time the rate is reduced.

Enrolled Providers – At least once each state fiscal year, Alaska Medicaid will identify the number of enrolled providers by category of service and region. If the analysis reveals greater than a 10 percent reduction in the number of providers delivering a specific service, Alaska Medicaid will extensively evaluate the precise circumstances for the reduction in providers.

Utilization – At least once each state fiscal year, Alaska Medicaid will identify the volume of Medicaid services rendered by provider type and region. A greater than 15 percent drop in utilization that corresponds with a 10 percent loss of providers delivering the service will be extensively reviewed.

System Quality – At least once each state fiscal year, Alaska Medicaid will review results from the Consumer Assessment of Health Plans and Systems Surveys to evaluate patient experience and system quality for primary care services.

Corrective Action – If at any point Alaska Medicaid finds that access to care is not sufficient, it will assess the precise circumstances causing the deficiencies and take immediate action to rectify them. If analysis of the provider enrollment and utilization components of the AMRP reveal that a 10 percent reduction in the number of providers delivering a specific service has resulted in lower levels of utilization, Alaska Medicaid will extensively evaluate the precise circumstances for the reduction in providers and take immediate action to preserve access to the service.

Overall Preliminary Findings

The Alaska Medicaid program has seen a slight increase in provider enrollment from 2015 to 2017. During this time, program enrollment has also increased 26 percent. Utilization as measured through the number of Medicaid encounters per beneficiary remained fairly stable through state fiscal year 2016, even with the aforementioned rate adjustments and increase in program enrollment.

Alaska Medicaid will report on the results of required reviews for state fiscal years 2017 and 2018 at the closeout of each year. With the preliminary information gathered, the State of Alaska concludes that at the writing of this report, Alaska's Medicaid fee-for-service payments comply with and support the access standards in Section 1902(a)(30)(A) of the Social Security Act.

Report Submission and Public Input

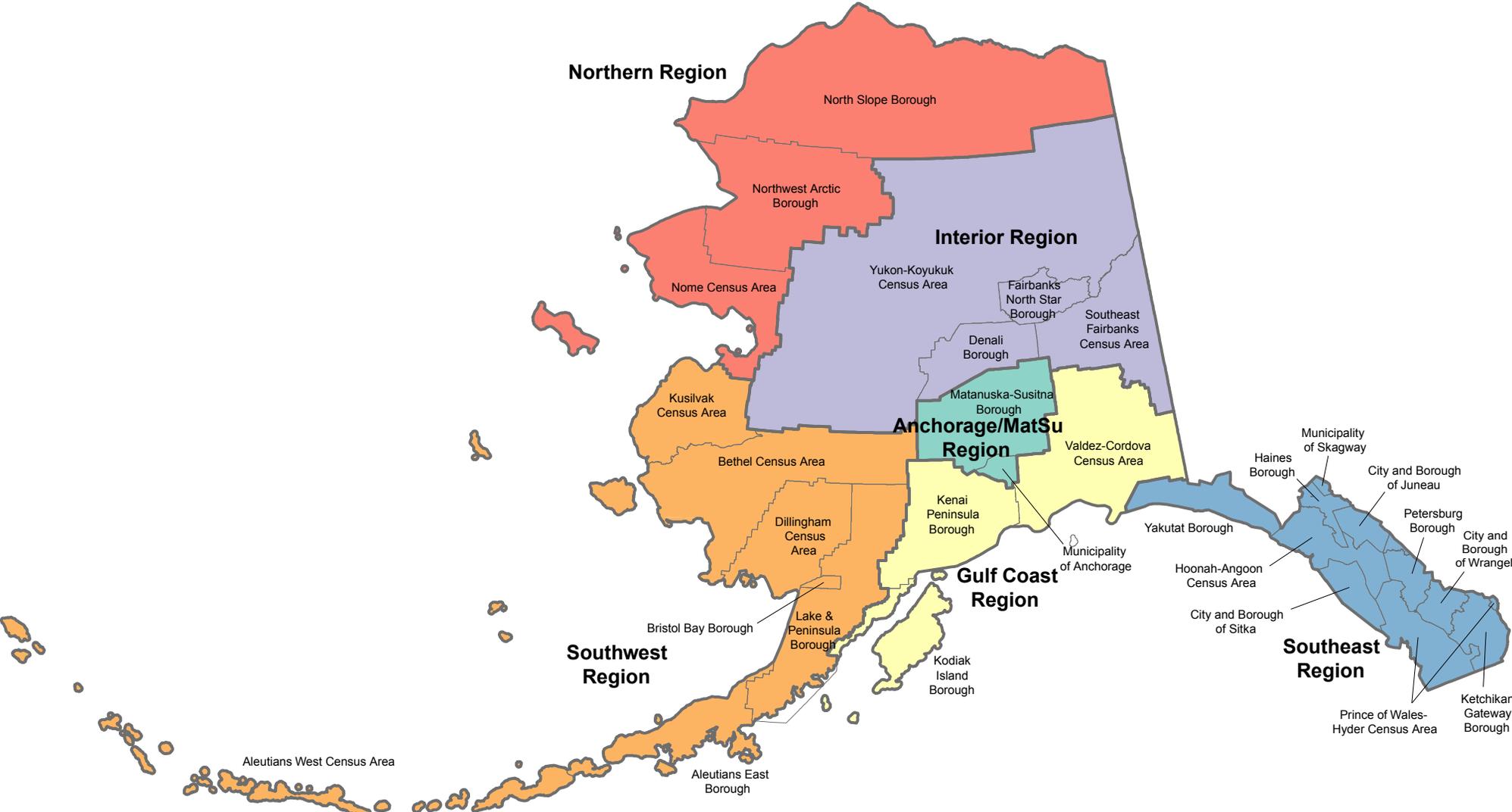
Alaska's AMRP is submitted to the federal Centers for Medicare and Medicaid Services at least every three years. The report was first submitted to CMS in 2016. This interim report is required for submission of a State Plan Amendment (SPA) that will have the effect of adjusting provider rates. The SPA submission follows rate adjustments that were made in state fiscal year 2017.

Prior to submission to CMS, Alaska Medicaid presented the results of the AMRP review to the Alaska Medical Care Advisory Committee (MCAC) on February 2, 2018, for feedback and approval. The Alaska AMRP was unanimously approved by the committee.

After MCAC approval, the AMRP was publicly noticed for purposes of sharing the interim results and receiving public comment. The comment period was February 5, 2018 through March 7, 2018. Appendix G includes a copy of the announcement. No public comment was received on the plan.

APPENDIX A

Alaska Economic Regions



Note: Based on 2013 Geography

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

APPENDIX B

AK Medicaid Providers (active, in-state) by State Fiscal Year 2015-2017

Alaska Economic Regions

| Provider Types | Total | | | ANCHORAGE/MAT-SU REGION (1) | | | GULF COAST REGION (2) | | | INTERIOR REGION (3) | | | NORTHERN REGION (4) | | | SOUTHEAST REGION (5) | | | SOUTHWEST REGION (6) | | |
|---|--------------|--------------|--------------|-----------------------------|--------------|--------------|-----------------------|------------|------------|---------------------|------------|--------------|---------------------|------------|------------|----------------------|------------|--------------|----------------------|------------|------------|
| | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 | 2015 | 2016 | 2017 |
| 001 - General Hospital | 19 | 19 | 20 | 5 | 5 | 5 | 6 | 6 | 6 | 2 | 2 | 3 | 1 | 1 | 1 | 5 | 5 | 5 | 0 | 0 | 0 |
| 002 - Inpatient Psychiatric Hospital | 2 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 003 - Residential Psychiatric Treatment | 6 | 6 | 5 | 4 | 4 | 4 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 |
| 010 - SNF/ICF Facility | 18 | 18 | 19 | 3 | 3 | 3 | 6 | 6 | 6 | 1 | 1 | 2 | 2 | 2 | 2 | 5 | 5 | 5 | 1 | 1 | 1 |
| 020 - Physician (MD) | 2,591 | 2,852 | 3,090 | 1,517 | 1,663 | 1,793 | 219 | 236 | 258 | 275 | 295 | 316 | 93 | 107 | 117 | 374 | 420 | 466 | 113 | 131 | 140 |
| 021 - Health Professional Group | 906 | 947 | 1,001 | 570 | 595 | 624 | 110 | 118 | 129 | 122 | 125 | 137 | 4 | 4 | 4 | 97 | 102 | 104 | 3 | 3 | 3 |
| 025 - Chiropractor | 158 | 175 | 184 | 109 | 121 | 127 | 18 | 18 | 19 | 17 | 20 | 20 | 0 | 0 | 0 | 14 | 16 | 18 | 0 | 0 | 0 |
| 030 - Dentist | 698 | 763 | 832 | 349 | 377 | 415 | 94 | 100 | 108 | 79 | 88 | 94 | 31 | 39 | 40 | 97 | 103 | 111 | 48 | 56 | 64 |
| 033 - Physician Assistant | 534 | 606 | 661 | 239 | 281 | 311 | 55 | 58 | 67 | 103 | 112 | 116 | 29 | 30 | 31 | 45 | 53 | 59 | 63 | 72 | 77 |
| 034 - Advanced Practice Registered Nurse | 700 | 771 | 879 | 392 | 432 | 476 | 66 | 73 | 86 | 69 | 75 | 86 | 32 | 34 | 42 | 92 | 101 | 121 | 49 | 56 | 68 |
| 035 - Optometrist | 161 | 175 | 186 | 97 | 107 | 110 | 10 | 10 | 12 | 24 | 24 | 27 | 4 | 4 | 6 | 17 | 18 | 18 | 9 | 12 | 13 |
| 036 - Podiatrist | 23 | 25 | 27 | 13 | 15 | 15 | 2 | 2 | 3 | 3 | 3 | 4 | 0 | 0 | 0 | 5 | 5 | 5 | 0 | 0 | 0 |
| 039 - Physical Therapist | 441 | 515 | 588 | 271 | 318 | 353 | 45 | 54 | 72 | 70 | 77 | 89 | 11 | 12 | 12 | 36 | 44 | 51 | 8 | 10 | 11 |
| 040 - Speech Therapist / Language Pathologist | 185 | 207 | 228 | 123 | 138 | 147 | 23 | 23 | 24 | 28 | 33 | 38 | 0 | 0 | 1 | 9 | 11 | 16 | 2 | 2 | 2 |
| 041 - Occupational Therapist | 153 | 176 | 211 | 104 | 119 | 143 | 17 | 20 | 25 | 20 | 22 | 25 | 1 | 2 | 2 | 10 | 12 | 15 | 1 | 1 | 1 |
| 042 - Psychologist | 59 | 67 | 76 | 37 | 41 | 49 | 3 | 3 | 2 | 7 | 9 | 10 | 3 | 4 | 4 | 7 | 7 | 8 | 2 | 3 | 3 |
| 043 - Audiologist | 36 | 40 | 43 | 22 | 24 | 26 | 2 | 2 | 2 | 3 | 3 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 2 | 3 | 3 |
| 045 - Outpatient Occ, Speech, and PT Center | 16 | 17 | 17 | 8 | 9 | 9 | 4 | 4 | 4 | 2 | 2 | 2 | 0 | 0 | 0 | 2 | 2 | 2 | 0 | 0 | 0 |
| 046 - Direct Entry Midwife | 39 | 46 | 49 | 22 | 25 | 26 | 5 | 7 | 7 | 6 | 7 | 8 | 0 | 0 | 1 | 6 | 7 | 7 | 0 | 0 | 0 |
| 051 - Federally Qualified Health Center | 28 | 29 | 33 | 5 | 6 | 8 | 5 | 5 | 6 | 3 | 3 | 3 | 0 | 0 | 0 | 12 | 12 | 13 | 3 | 3 | 3 |
| 054 - Family Planning Clinic | 5 | 5 | 5 | 1 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 062 - Ambulatory Surgical Center | 15 | 17 | 17 | 13 | 14 | 14 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 1 |
| 075 - Optician | 15 | 15 | 16 | 10 | 10 | 10 | 0 | 0 | 0 | 3 | 3 | 4 | 0 | 0 | 0 | 2 | 2 | 2 | 0 | 0 | 0 |
| 081 - Radiology Provider | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 097 - Free Standing Birthing Center | 0 | 11 | 12 | 0 | 9 | 10 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| 107 - Behavioral Health | 86 | 86 | 94 | 35 | 35 | 40 | 13 | 13 | 14 | 11 | 12 | 12 | 4 | 3 | 3 | 19 | 19 | 21 | 4 | 4 | 4 |
| 108 - Behavioral Rehabilitation Services | 25 | 25 | 25 | 5 | 5 | 5 | 2 | 2 | 2 | 7 | 7 | 7 | 3 | 3 | 3 | 7 | 7 | 7 | 1 | 1 | 1 |
| 117 - Certified Registered Nurse Anesthetist | 138 | 154 | 173 | 91 | 100 | 112 | 11 | 12 | 16 | 16 | 16 | 17 | 0 | 0 | 0 | 15 | 21 | 23 | 5 | 5 | 5 |
| Total | 7,058 | 7,770 | 8,494 | 4,047 | 4,459 | 4,838 | 718 | 774 | 870 | 875 | 944 | 1,029 | 221 | 249 | 273 | 882 | 979 | 1,084 | 315 | 365 | 400 |

APPENDIX C

Change in Alaska Medicaid Providers (active, in-state) State Fiscal Years 2015-2016

Alaska Economic Regions

| Provider Types | Total | | | ANCHORAGE/MAT-SU REGION (1) | | | GULF COAST REGION (2) | | | INTERIOR REGION (3) | | | NORTHERN REGION (4) | | | SOUTHEAST REGION (5) | | | SOUTHWEST REGION (6) | | |
|---|-------|------|----------------|-----------------------------|-------|----------------|-----------------------|------|----------------|---------------------|------|----------------|---------------------|------|----------------|----------------------|------|----------------|----------------------|------|----------------|
| | 2015 | 2016 | % Change 15-16 | 2015 | 2016 | % Change 15-16 | 2015 | 2016 | % Change 15-16 | 2015 | 2016 | % Change 15-16 | 2015 | 2016 | % Change 15-16 | 2015 | 2016 | % Change 15-16 | 2015 | 2016 | % Change 15-16 |
| 001 - General Hospital | 19 | 19 | 0.00% | 5 | 5 | 0.00% | 6 | 6 | 0.00% | 2 | 2 | 0.00% | 1 | 1 | 0.00% | 5 | 5 | 0.00% | 0 | 0 | 0.00% |
| 002 - Inpatient Psychiatric Hospital | 2 | 2 | 0.00% | 2 | 2 | 0.00% | 0 | 0 | 0.00% | 0 | 0 | 0.00% | 0 | 0 | 0.00% | 0 | 0 | 0.00% | 0 | 0 | 0.00% |
| 003 - Residential Psychiatric Treatment | 6 | 6 | 0.00% | 4 | 4 | 0.00% | 0 | 0 | 0.00% | 1 | 1 | 0.00% | 0 | 0 | 0.00% | 0 | 0 | 0.00% | 1 | 1 | 0.00% |
| 010 - SNF/ICF Facility | 18 | 18 | 0.00% | 3 | 3 | 0.00% | 6 | 6 | 0.00% | 1 | 1 | 0.00% | 2 | 2 | 0.00% | 5 | 5 | 0.00% | 1 | 1 | 0.00% |
| 020 - Physician (MD) | 2591 | 2852 | 10.07% | 1,520 | 1,666 | 9.61% | 217 | 234 | 7.83% | 274 | 294 | 7.30% | 94 | 108 | 14.89% | 373 | 419 | 12.33% | 113 | 131 | 15.93% |
| 021 - Health Professional Group | 906 | 947 | 4.53% | 570 | 594 | 4.21% | 110 | 118 | 7.27% | 122 | 125 | 2.46% | 4 | 4 | 0.00% | 97 | 102 | 5.15% | 3 | 3 | 0.00% |
| 025 - Chiropractor | 158 | 175 | 10.76% | 109 | 121 | 11.01% | 18 | 18 | 0.00% | 17 | 20 | 17.65% | 0 | 0 | 0.00% | 14 | 16 | 14.29% | 0 | 0 | 0.00% |
| 033 - Physician Assistant | 534 | 606 | 13.48% | 239 | 281 | 17.57% | 55 | 58 | 5.45% | 103 | 113 | 9.71% | 29 | 30 | 3.45% | 45 | 53 | 17.78% | 63 | 72 | 14.29% |
| 034 - Advanced Practice Registered Nurse | 700 | 771 | 10.14% | 392 | 432 | 10.20% | 66 | 73 | 10.61% | 70 | 76 | 8.57% | 32 | 34 | 6.25% | 92 | 101 | 9.78% | 48 | 55 | 14.58% |
| 035 - Optometrist | 161 | 175 | 8.70% | 97 | 107 | 10.31% | 10 | 10 | 0.00% | 24 | 24 | 0.00% | 4 | 4 | 0.00% | 17 | 18 | 5.88% | 9 | 12 | 33.33% |
| 036 - Podiatrist | 23 | 25 | 8.70% | 13 | 15 | 15.38% | 2 | 2 | 0.00% | 3 | 3 | 0.00% | 0 | 0 | 0.00% | 5 | 5 | 0.00% | 0 | 0 | 0.00% |
| 039 - Physical Therapist | 441 | 515 | 16.78% | 272 | 319 | 17.28% | 44 | 53 | 20.45% | 70 | 77 | 10.00% | 11 | 12 | 9.09% | 36 | 44 | 22.22% | 8 | 10 | 25.00% |
| 040 - Speech Therapist / Language Pathologist | 185 | 207 | 11.89% | 122 | 137 | 12.30% | 23 | 23 | 0.00% | 29 | 34 | 17.24% | 0 | 0 | 0.00% | 9 | 11 | 22.22% | 2 | 2 | 0.00% |
| 041 - Occupational Therapist | 153 | 176 | 15.03% | 104 | 119 | 14.42% | 17 | 20 | 17.65% | 20 | 22 | 10.00% | 1 | 2 | 100.00% | 10 | 12 | 20.00% | 1 | 1 | 0.00% |
| 042 - Psychologist | 59 | 67 | 13.56% | 37 | 41 | 10.81% | 3 | 3 | 0.00% | 7 | 9 | 28.57% | 3 | 4 | 33.33% | 7 | 7 | 0.00% | 2 | 3 | 50.00% |
| 043 - Audiologist | 36 | 40 | 11.11% | 22 | 24 | 9.09% | 2 | 2 | 0.00% | 3 | 3 | 0.00% | 3 | 4 | 33.33% | 4 | 4 | 0.00% | 2 | 3 | 50.00% |
| 045 - Outpatient Occ, Speech, and PT Center | 16 | 17 | 6.25% | 8 | 9 | 12.50% | 4 | 4 | 0.00% | 2 | 2 | 0.00% | 0 | 0 | 0.00% | 2 | 2 | 0.00% | 0 | 0 | 0.00% |
| 046 - Direct Entry Midwife | 39 | 46 | 17.95% | 22 | 25 | 13.64% | 5 | 7 | 40.00% | 6 | 7 | 16.67% | 0 | 0 | 0.00% | 6 | 7 | 16.67% | 0 | 0 | 0.00% |
| 051 - Federally Qualified Health Center | 28 | 29 | 3.57% | 5 | 6 | 20.00% | 5 | 5 | 0.00% | 3 | 3 | 0.00% | 0 | 0 | 0.00% | 12 | 12 | 0.00% | 3 | 3 | 0.00% |
| 054 - Family Planning Clinic | 5 | 5 | 0.00% | 1 | 1 | 0.00% | 2 | 2 | 0.00% | 1 | 1 | 0.00% | 0 | 0 | 0.00% | 1 | 1 | 0.00% | 0 | 0 | 0.00% |
| 060 - Home Health Agency | 12 | 15 | 25.00% | 5 | 8 | 60.00% | 2 | 2 | 0.00% | 1 | 1 | 0.00% | 0 | 0 | 0.00% | 4 | 4 | 0.00% | 0 | 0 | 0.00% |
| 062 - Ambulatory Surgical Center | 15 | 17 | 13.33% | 13 | 14 | 7.69% | 0 | 0 | 0.00% | 1 | 1 | 0.00% | 0 | 0 | 0.00% | 1 | 1 | 0.00% | 0 | 1 | 0.00% |
| 075 - Optician | 15 | 15 | 0.00% | 10 | 10 | 0.00% | 0 | 0 | 0.00% | 3 | 3 | 0.00% | 0 | 0 | 0.00% | 2 | 2 | 0.00% | 0 | 0 | 0.00% |
| 081 - Radiology Provider | 1 | 1 | 0.00% | 0 | 0 | 0.00% | 0 | 0 | 0.00% | 1 | 1 | 0.00% | 0 | 0 | 0.00% | 0 | 0 | 0.00% | 0 | 0 | 0.00% |
| 097 - Free Standing Birthing Center | 0 | 11 | 1100.00% | 0 | 9 | 0.00% | 0 | 0 | 0.00% | 0 | 1 | 0.00% | 0 | 0 | 0.00% | 0 | 1 | 100.00% | 0 | 0 | 0.00% |
| 107 - Behavioral Health ¹ | 86 | 86 | 0.00% | 35 | 35 | 0.00% | 13 | 13 | 0.00% | 11 | 12 | 9.09% | 4 | 3 | -25.00% | 19 | 19 | 0.00% | 4 | 4 | 0.00% |
| 108 - Behavioral Rehabilitation Services | 25 | 25 | 0.00% | 5 | 5 | 0.00% | 2 | 2 | 0.00% | 7 | 7 | 0.00% | 3 | 3 | 0.00% | 7 | 7 | 0.00% | 1 | 1 | 0.00% |
| 116 - Dietician | 68 | 79 | 16.18% | 28 | 32 | 14.29% | 9 | 10 | 11.11% | 3 | 4 | 33.33% | 5 | 5 | 0.00% | 14 | 16 | 14.29% | 9 | 12 | 33.33% |
| 117 - Certified Registered Nurse Anesthetist | 138 | 154 | 11.59% | 91 | 100 | 9.89% | 11 | 12 | 9.09% | 16 | 16 | 0.00% | 0 | 0 | 0.00% | 15 | 21 | 40.00% | 5 | 5 | 0.00% |

¹ Provider disenrolled from the program effective June 30, 2014. However due to timely filing allowances, still had claims that are included in the SFY 2015 review

APPENDIX D

Change in Alaska Medicaid Provider Enrollment April 2017 - September 2017

Alaska Economic Regions

| Prov Type Rollup | Provider Type Code | Statewide | | | Anchorage/Mat-Su Region (1) | | Gulf Coast Region (2) | | Interior Region (3) | | Northern Region (4) | | Southeast Region (5) | | Southwest Region (6) | |
|--|--|------------------------------|---------------------------------|--------------|-----------------------------|-------------|-----------------------|------------|---------------------|------------|---------------------|------------|----------------------|------------|----------------------|------------|
| | | Prior = April thru June 2017 | Post = July thru September 2017 | Δ | Prior | Post | Prior | Post | Prior | Post | Prior | Post | Prior | Post | Prior | Post |
| A | 001 - General Hospital | 19 | 19 | 0.00% | 5 | 5 | 6 | 6 | 2 | 2 | 1 | 1 | 5 | 5 | 0 | 0 |
| | 097 - Free Standing Birthing Center | 12 | 12 | 0.00% | 10 | 10 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 |
| | Subtotal | 31 | 31 | 0.00% | 15 | 15 | 6 | 6 | 3 | 3 | 1 | 1 | 6 | 6 | 0 | 0 |
| B | 002 - Inpatient Psychiatric Hospital | 2 | 2 | 0.00% | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Subtotal | 2 | 2 | 0.00% | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C | 062 - Ambulatory Surgical Center | 17 | 18 | 5.88% | 14 | 14 | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 |
| | Subtotal | 17 | 18 | 5.88% | 14 | 14 | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 |
| D | 020 - Physician (MD) | 2675 | 2781 | 3.96% | 1602 | 1681 | 221 | 229 | 273 | 277 | 95 | 97 | 376 | 386 | 108 | 111 |
| | 021 - Health Professional Group | 925 | 937 | 1.30% | 580 | 589 | 120 | 122 | 119 | 120 | 3 | 3 | 101 | 101 | 2 | 2 |
| | 025 - Chiropractor | 175 | 175 | 0.00% | 124 | 124 | 17 | 17 | 18 | 18 | 0 | 0 | 16 | 16 | 0 | 0 |
| | 033 - Physician Assistant | 547 | 561 | 2.56% | 273 | 279 | 49 | 50 | 95 | 97 | 27 | 28 | 42 | 44 | 61 | 63 |
| | 034 - Advanced Practice Registered Nurse | 771 | 797 | 3.37% | 429 | 440 | 77 | 80 | 70 | 75 | 34 | 37 | 100 | 103 | 61 | 62 |
| | 035 - Optometrist | 163 | 168 | 3.07% | 101 | 103 | 10 | 10 | 23 | 23 | 4 | 5 | 15 | 15 | 10 | 12 |
| | 036 - Podiatrist | 26 | 26 | 0.00% | 14 | 14 | 3 | 3 | 4 | 4 | 0 | 0 | 5 | 5 | 0 | 0 |
| | 039 - Physical Therapist | 558 | 579 | 3.76% | 337 | 347 | 71 | 72 | 79 | 86 | 11 | 12 | 49 | 50 | 11 | 12 |
| | 040 - Speech Therapist / Language Pathologist | 204 | 214 | 4.90% | 135 | 141 | 22 | 24 | 31 | 31 | 1 | 1 | 14 | 16 | 1 | 1 |
| | 041 - Occupational Therapist | 204 | 216 | 5.88% | 141 | 148 | 23 | 25 | 23 | 25 | 2 | 2 | 14 | 15 | 1 | 1 |
| | 042 - Psychologist | 74 | 75 | 1.35% | 47 | 49 | 2 | 2 | 10 | 10 | 4 | 3 | 8 | 8 | 3 | 3 |
| | 043 - Audiologist | 40 | 40 | 0.00% | 24 | 24 | 2 | 2 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 |
| | 045 - Outpatient Occ, Speech, and PT Center | 17 | 17 | 0.00% | 9 | 9 | 4 | 4 | 2 | 2 | 0 | 0 | 2 | 2 | 0 | 0 |
| | 046 - Direct Entry Midwife | 43 | 43 | 0.00% | 22 | 22 | 6 | 6 | 8 | 8 | 1 | 1 | 6 | 6 | 0 | 0 |
| | 054 - Family Planning Clinic | 5 | 5 | 0.00% | 1 | 1 | 2 | 2 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 |
| | 075 - Optician | 14 | 14 | 0.00% | 8 | 8 | 0 | 0 | 4 | 4 | 0 | 0 | 2 | 2 | 0 | 0 |
| | 081 - Radiology Provider | 1 | 1 | 0.00% | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 117 - Certified Registered Nurse Anesthetist | 153 | 153 | 0.00% | 100 | 100 | 14 | 14 | 16 | 16 | 0 | 0 | 20 | 20 | 3 | 3 | |
| Subtotal | 6896 | 7120 | 3.25% | 4234 | 4383 | 648 | 667 | 784 | 805 | 186 | 193 | 779 | 798 | 265 | 274 | |
| E | 010 - SNF/ICF Facility | 19 | 19 | 0.00% | 3 | 3 | 6 | 6 | 2 | 2 | 2 | 2 | 5 | 5 | 1 | 1 |
| | Subtotal | 19 | 19 | 0.00% | 3 | 3 | 6 | 6 | 2 | 2 | 2 | 2 | 5 | 5 | 1 | 1 |
| G | 051 - Federally Qualified Health Center ¹ | 24 | 22 | -8.33% | 8 | 8 | 6 | 6 | 2 | 2 | 0 | 0 | 5 | 3 | 3 | 3 |
| | Subtotal | 24 | 22 | -8.33% | 8 | 8 | 6 | 6 | 2 | 2 | 0 | 0 | 5 | 3 | 3 | 3 |
| Total | | 6989 | 7212 | 3.19% | 4276 | 4425 | 666 | 686 | 792 | 813 | 189 | 196 | 796 | 813 | 270 | 279 |

¹ Reduction in number of providers due to transfer of one facility to IHS status; and merger of two provider enrollment IDs into one

DRAFT ONLY

APPENDIX E

Alaska Medicaid Provider Payment Methodologies

| Provider Type Code | Description | Cost | RBRVS/ Above Medicare | Other |
|--------------------|--|------|-----------------------------|-------|
| 001 | General Hospital | X | | |
| 002 | Inpatient Psychiatric Hospital | X | | |
| 003 | Residential Psychiatric Treatment Center | X | | |
| 010 | SNF/ICF Facility | X | | |
| 020 | Physician (MD) | | X | |
| 021 | Health Professional Group | | X | |
| 025 | Chiropractor | | X | |
| 033 | Physician Assistant | | X | |
| 034 | Advanced Practice Registered Nurse | | X | |
| 035 | Optometrist | | X | |
| 036 | Podiatrist | | X | |
| 039 | Physical Therapist | | X | |
| 040 | Speech Therapist / Language Pathologist | | X | |
| 041 | Occupational Therapist | | X | |
| 042 | Psychologist | | X | |
| 043 | Audiologist | | X | |
| 045 | Outpatient Occ, Speech, and PT Center | | X | |
| 046 | Direct Entry Midwife | | X | |
| 051 | Federally Qualified Health Center | X | | |
| 054 | Family Planning Clinic | | X | |
| 060 | Home Health Agency ¹ | | | X |
| 062 | Ambulatory Surgical Centers ² | | | X |
| 075 | Optician | | X | |
| 081 | Radiology Provider | | X | |
| 097 | Free Standing Birthing Center ³ | | | X |
| 107 | Behavioral Health ⁴ | | | X |
| 108 | Behavioral Rehabilitation Services Center ⁴ | | | X |
| 117 | Certified Registered Nurse Anesthetist | | X | |

¹ 80% of billed charges

² Paid under former Medicare "Grouper" methodology

³ 75% of state weighted average of 1 day vaginal hospital stay

⁴ Fee Schedule

APPENDIX F

**Alaska Medicaid Utilization of Services by Provider Type and Beneficiary Eligibility Category
April 2017 - July 2017**

| Provider Type | April | | | | | May | | | | | June | | | | | July | | | | | August | | | | | September | | | | |
|---|---------------|---------------|--------------|---------------|----------------|---------------|---------------|--------------|---------------|----------------|---------------|---------------|--------------|---------------|----------------|---------------|---------------|--------------|---------------|----------------|---------------|---------------|--------------|---------------|----------------|---------------|---------------|--------------|---------------|----------------|
| | Children | Adults | Aged | Disabled | Total | Children | Adults | Aged | Disabled | Total | Children | Adults | Aged | Disabled | Total | Children | Adults | Aged | Disabled | Total | Children | Adults | Aged | Disabled | Total | Children | Adults | Aged | Disabled | Total |
| 001 - General Hospital | 4,415 | 8,287 | 1,347 | 3,848 | 17,897 | 4,009 | 8,710 | 1,276 | 3,999 | 17,994 | 3,615 | 7,890 | 1,182 | 3,517 | 16,204 | 3,613 | 8,101 | 1,222 | 3,629 | 16,565 | 4,004 | 8,822 | 1,284 | 3,736 | 17,846 | 4,015 | 8,327 | 1,059 | 3,338 | 16,739 |
| 097 - Free Standing Birthing Center | 18 | 113 | 0 | 1 | 132 | 28 | 144 | 0 | 0 | 172 | 16 | 148 | 0 | 0 | 164 | 27 | 143 | 0 | 1 | 171 | 23 | 114 | 0 | 1 | 138 | 20 | 123 | 0 | 1 | 144 |
| Facility Subtotal | 4,433 | 8,400 | 1,347 | 3,849 | 18,029 | 4,037 | 8,854 | 1,276 | 3,999 | 18,166 | 3,631 | 8,038 | 1,182 | 3,517 | 16,368 | 3,640 | 8,244 | 1,222 | 3,630 | 16,736 | 4,027 | 8,936 | 1,284 | 3,737 | 17,984 | 4,035 | 8,450 | 1,059 | 3,339 | 16,883 |
| 002 - Inpatient Psychiatric Hospital | 100 | 0 | 0 | 11 | 111 | 85 | 0 | 0 | 9 | 94 | 89 | 0 | 0 | 11 | 100 | 90 | 0 | 0 | 12 | 102 | 89 | 0 | 0 | 13 | 102 | 88 | 0 | 0 | 9 | 97 |
| Psychiatric Facility Subtotal | 100 | 0 | 0 | 11 | 111 | 85 | 0 | 0 | 9 | 94 | 89 | 0 | 0 | 11 | 100 | 90 | 0 | 0 | 12 | 102 | 89 | 0 | 0 | 13 | 102 | 88 | 0 | 0 | 9 | 97 |
| 062 - Ambulatory Surgical Center | 60 | 186 | 41 | 75 | 362 | 87 | 179 | 51 | 86 | 403 | 125 | 194 | 36 | 95 | 450 | 87 | 165 | 41 | 81 | 374 | 107 | 189 | 47 | 84 | 427 | 84 | 197 | 33 | 75 | 389 |
| ASC Subtotal | 60 | 186 | 41 | 75 | 362 | 87 | 179 | 51 | 86 | 403 | 125 | 194 | 36 | 95 | 450 | 87 | 165 | 41 | 81 | 374 | 107 | 189 | 47 | 84 | 427 | 84 | 197 | 33 | 75 | 389 |
| 020 - Physician (MD) | 480 | 560 | 139 | 342 | 1,521 | 461 | 648 | 162 | 371 | 1,642 | 413 | 549 | 115 | 303 | 1,380 | 395 | 584 | 134 | 350 | 1,463 | 452 | 602 | 159 | 378 | 1,591 | 496 | 564 | 122 | 323 | 1,505 |
| 021 - Health Professional Group | 26,942 | 36,145 | 7,106 | 18,338 | 88,531 | 26,119 | 38,108 | 7,385 | 20,013 | 91,625 | 23,676 | 34,517 | 6,405 | 17,831 | 82,429 | 22,017 | 33,164 | 6,538 | 17,380 | 79,099 | 28,237 | 38,368 | 6,826 | 19,497 | 92,928 | 25,062 | 34,940 | 6,012 | 17,100 | 83,114 |
| 025 - Chiropractor | 39 | 3 | 21 | 19 | 82 | 28 | 0 | 17 | 29 | 74 | 34 | 1 | 11 | 36 | 82 | 37 | 0 | 9 | 30 | 76 | 35 | 1 | 13 | 33 | 82 | 21 | 1 | 17 | 34 | 73 |
| 034 - Advanced Practice Registered Nurse | 56 | 118 | 4 | 37 | 215 | 35 | 107 | 5 | 37 | 184 | 55 | 109 | 8 | 33 | 205 | 27 | 110 | 6 | 26 | 169 | 47 | 49 | 6 | 18 | 120 | 38 | 98 | 5 | 31 | 172 |
| 035 - Optometrist | 175 | 182 | 13 | 44 | 414 | 124 | 160 | 8 | 28 | 320 | 80 | 130 | 14 | 20 | 244 | 144 | 184 | 14 | 29 | 371 | 253 | 259 | 8 | 47 | 567 | 205 | 205 | 15 | 24 | 449 |
| 036 - Podiatrist | 8 | 2 | 3 | 3 | 16 | 11 | 0 | 2 | 2 | 15 | 7 | 0 | 2 | 1 | 10 | 4 | 0 | 1 | 2 | 7 | 2 | 0 | 3 | 2 | 7 | 6 | 0 | 1 | 1 | 8 |
| 039 - Physical Therapist | 3 | 11 | 5 | 17 | 36 | 3 | 9 | 0 | 13 | 25 | 5 | 6 | 0 | 9 | 20 | 6 | 3 | 0 | 10 | 19 | 1 | 15 | 0 | 11 | 27 | 10 | 24 | 0 | 7 | 41 |
| 040 - Speech Therapist / Language Pathol | 171 | 0 | 0 | 81 | 252 | 186 | 0 | 0 | 101 | 287 | 229 | 0 | 0 | 98 | 327 | 205 | 0 | 0 | 107 | 312 | 196 | 0 | 0 | 84 | 280 | 186 | 0 | 0 | 93 | 279 |
| 041 - Occupational Therapist | 25 | 9 | 0 | 12 | 46 | 41 | 10 | 0 | 14 | 65 | 40 | 4 | 0 | 13 | 57 | 31 | 3 | 0 | 9 | 43 | 29 | 5 | 2 | 15 | 51 | 16 | 10 | 0 | 16 | 42 |
| 042 - Psychologist | 51 | 16 | 0 | 16 | 83 | 72 | 16 | 0 | 30 | 118 | 58 | 11 | 1 | 19 | 89 | 39 | 16 | 0 | 8 | 63 | 67 | 18 | 0 | 14 | 99 | 51 | 11 | 3 | 18 | 83 |
| 043 - Audiologist | 14 | 21 | 12 | 12 | 59 | 10 | 11 | 14 | 14 | 49 | 13 | 16 | 16 | 18 | 63 | 8 | 12 | 9 | 8 | 37 | 7 | 17 | 17 | 13 | 54 | 16 | 16 | 13 | 18 | 63 |
| 046 - Direct Entry Midwife | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 0 | 7 | 0 | 0 | 7 |
| 054 - Family Planning Clinic | 66 | 192 | 0 | 8 | 266 | 91 | 217 | 0 | 5 | 313 | 89 | 162 | 0 | 3 | 254 | 57 | 187 | 0 | 9 | 253 | 85 | 238 | 0 | 4 | 327 | 61 | 191 | 0 | 5 | 257 |
| 075 - Optician | 6 | 17 | 2 | 4 | 29 | 7 | 14 | 0 | 5 | 26 | 4 | 15 | 2 | 5 | 26 | 7 | 8 | 3 | 1 | 19 | 23 | 20 | 3 | 7 | 53 | 7 | 13 | 2 | 3 | 25 |
| 081 - Radiology Provider | 0 | 16 | 0 | 3 | 19 | 0 | 37 | 0 | 6 | 43 | 0 | 14 | 0 | 0 | 14 | 0 | 21 | 0 | 5 | 26 | 0 | 35 | 0 | 4 | 39 | 0 | 0 | 0 | 0 | 0 |
| 117 - Certified Registered Nurse Anesthe | 1 | 3 | 0 | 1 | 5 | 1 | 4 | 0 | 0 | 5 | 3 | 8 | 0 | 1 | 12 | 0 | 1 | 0 | 0 | 1 | 6 | 3 | 0 | 0 | 9 | 0 | 1 | 0 | 0 | 1 |
| Professional Subtotal | 28,317 | 37,479 | 7,326 | 19,038 | 92,160 | 27,513 | 39,624 | 7,619 | 20,834 | 95,590 | 25,036 | 35,791 | 6,600 | 18,549 | 85,976 | 23,278 | 34,493 | 6,742 | 18,141 | 82,654 | 29,821 | 39,915 | 7,054 | 20,336 | 97,126 | 26,495 | 36,295 | 6,197 | 17,776 | 86,763 |
| 010 - SNF/ICF Facility | 0 | 19 | 328 | 152 | 499 | 0 | 24 | 333 | 155 | 512 | 0 | 25 | 315 | 143 | 483 | 0 | 18 | 303 | 146 | 467 | 0 | 18 | 329 | 157 | 504 | 0 | 17 | 312 | 142 | 471 |
| Nursing Facility Subtotal | 0 | 19 | 328 | 152 | 499 | 0 | 24 | 333 | 155 | 512 | 0 | 25 | 315 | 143 | 483 | 0 | 18 | 303 | 146 | 467 | 0 | 18 | 329 | 157 | 504 | 0 | 17 | 312 | 142 | 471 |
| 051 - Federally Qualified Health Center | 1,114 | 2,305 | 361 | 1,021 | 4,801 | 892 | 2,460 | 404 | 1,091 | 4,847 | 851 | 2,502 | 330 | 1,065 | 4,748 | 831 | 2,268 | 374 | 1,056 | 4,529 | 1,365 | 2,461 | 375 | 1,231 | 5,432 | 1,129 | 2,062 | 297 | 1,006 | 4,494 |
| FQHC Subtotal | 1,114 | 2,305 | 361 | 1,021 | 4,801 | 892 | 2,460 | 404 | 1,091 | 4,847 | 851 | 2,502 | 330 | 1,065 | 4,748 | 831 | 2,268 | 374 | 1,056 | 4,529 | 1,365 | 2,461 | 375 | 1,231 | 5,432 | 1,129 | 2,062 | 297 | 1,006 | 4,494 |
| Total | 34,024 | 48,389 | 9,403 | 24,146 | 115,962 | 32,614 | 51,141 | 9,683 | 26,174 | 119,612 | 29,732 | 46,550 | 8,463 | 23,380 | 108,125 | 27,926 | 45,188 | 8,682 | 23,066 | 104,862 | 35,409 | 51,519 | 9,089 | 25,558 | 121,575 | 31,831 | 47,021 | 7,898 | 22,347 | 109,097 |

APPENDIX G

Online Public Notices



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PUBLIC INVITED TO PROVIDE COMMENT ON ALASKA MEDICAID ACCESS MONITORING REVIEW PLAN - 2017 INTERIM REPORT

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Public comment is invited on the draft Department of Health and Social Services Medicaid Access Monitoring Review Plan (AMRP) 2017 Interim Report. Federal regulations require the department to annually review beneficiary access to providers enrolled to deliver services under the state Medicaid program. In addition to the annual requirement, the regulations also require an interim report when rates are adjusted for providers receiving payment under fee-for-service payment arrangements. The Alaska Medicaid AMRP 2017 Interim Report is required in response to rate adjustments made in state fiscal years 2016, 2017 and 2018.

The draft report is attached for public review and comment. Those interested in providing comment may do so in one of two ways:

- Submit comments through email to donna.steward@alaska.gov. You may enter your comments directly into an email or attach a Word document or PDF to your message.
- Fax written comments to (907) 334-2220, Attention: Donna Steward.

Public comment will be accepted until close of business on Tuesday, March 6, 2018."

Attachments, History, Details

Attachments
[AMRP SFY2017 Approved MCAC.pdf](#)

Revision History
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