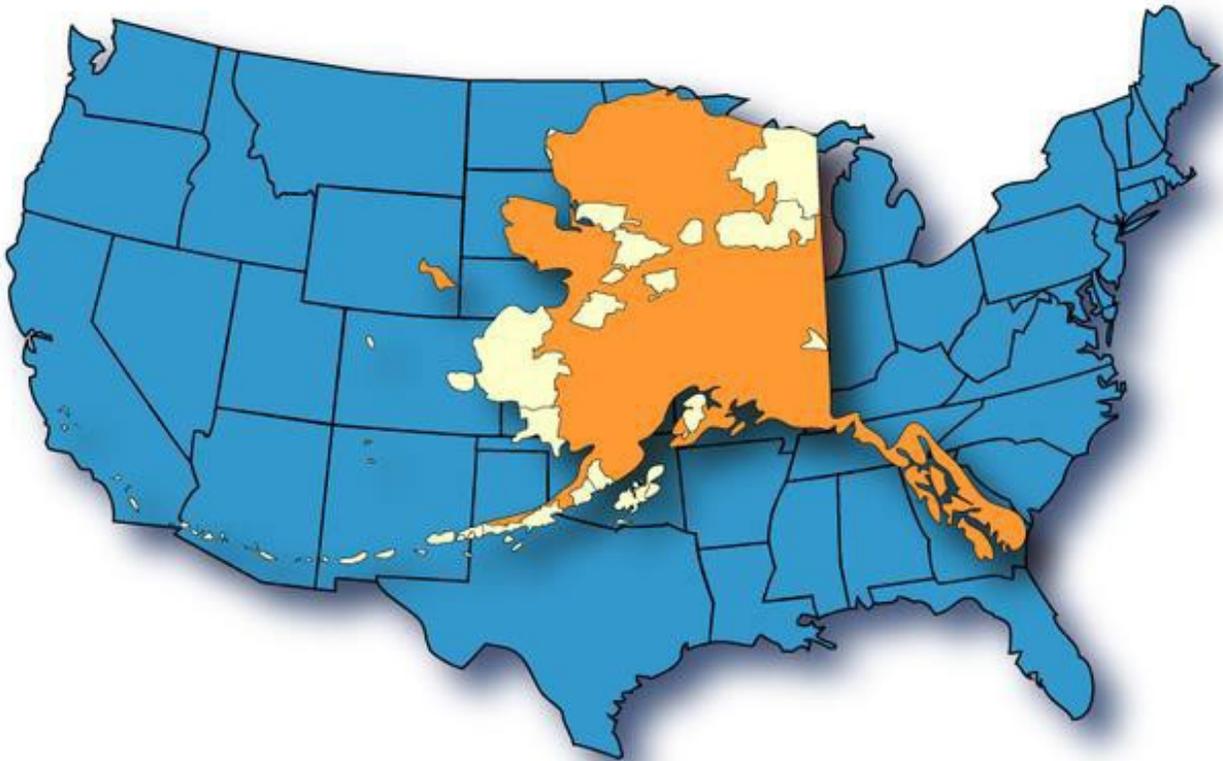


ALASKA MEDICAID ACCESS MONITORING REVIEW PLAN



2017 REPORT

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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. Alaska's AMRP was initially submitted to the federal Centers for Medicare and Medicaid Services (CMS) in July 2016. Evaluations of beneficiary access that were conducted in compliance with this plan for state fiscal year 2016 affirmed that Alaska Medicaid reimbursement rates were "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...".

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.

Alaska Medicaid annually reviews providers covered under the AMRP using the methodology described in the *Monitoring Access* section. 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 are implemented 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
- Inpatient and outpatient hospital services
- Nursing facility services
- Professional services

Based on the AMRP methods of review completed through state fiscal year 2017 that evaluated provider enrollment, beneficiary utilization and provider payment rates, the State of Alaska concludes that Alaska's Medicaid fee-for-service payments remain in compliance with and support the access standards in Section 1902(a)(30)(A) of the Social Security Act and 42 CFR 447.203 and 447.204.

Background

Administered by the Alaska Department of Health and Social Services (DHSS), the Alaska Medicaid program provides health care coverage for low-income individuals including children, pregnant women, individuals with disabilities, elderly, parents of eligible children, and other eligible adults. 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, and 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 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 for three years any service affected by a Medicaid provider rate reduction to ensure beneficiary access is not significantly impacted by the reduction. 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
- Inpatient and outpatient hospital services
- Nursing facility services
- Professional services

To fulfill federal AMRP monitoring requirements, Alaska Medicaid applies the same evaluation and review criteria to all services covered under the plan. All services are reviewed at the same time for reliability purposes as well. Using these strategies ensures access is evaluated consistently and facilitates the monitoring of the impact of rate reductions on access.

Beneficiaries, Services and Regions

Medicaid Beneficiaries

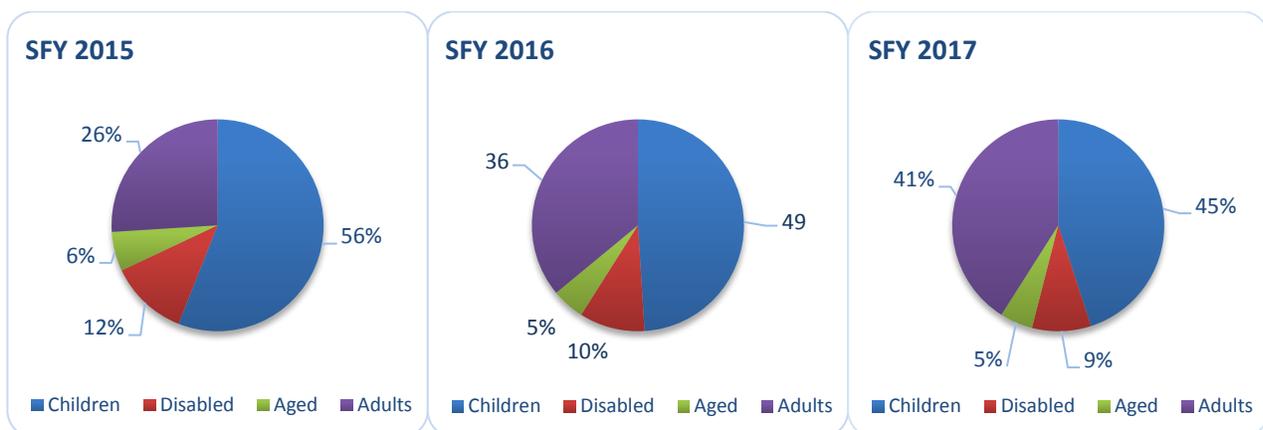
On September 1, 2015, the State of Alaska expanded its Medicaid program to cover individuals between the ages of 19 and 64, who have no dependent children, earn less than 133% of the federal poverty level for Alaska, and are otherwise ineligible for any other Medicaid or Medicare program. As a result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

Figures 1 and 2 below detail Alaska Medicaid beneficiary enrollment by eligibility category for state fiscal years 2015-2017.

Figure 1. Alaska Medicaid Beneficiary Enrollment by Eligibility Category

STATEWIDE BENEFICIARY ENROLLMENT BY ELIGIBILITY CATEGORY			
ELIGIBILITY CATEGORY	2015	2016	2017
Children	92,784	93,989	104,485
Adults	43,102	68,387	95,741
Aged	9,568	10,059	11,538
Disabled	20,200	19,702	20,591
TOTAL	165,654	192,137	232,355

Figure 2. Distribution of Alaska Medicaid 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. Waiver services are not included in the AMRP.

In state fiscal years 2016 and 2017, Alaska implemented cost containment strategies that suspended customary inflation adjustments for specified Medicaid providers. Additional cost containment measures were implemented in state fiscal year 2018, which sustained the suspension of inflation adjustments, as well as implemented a 5 percent reduction in payment rates for hospitals 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 must also monitor access to the following additional services through state fiscal year 2021:

- Ambulatory surgery centers
- 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 participating 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 into different categories. According to the MACT, Alaska's most populous region, the Anchorage Municipality, 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.

Alaska Medicaid considered use of the Medicare MACT defined geographic areas during development of the AMRP. 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 September 4, 2018

In an effort to ensure privacy and HIPAA compliance, rather than utilize the Medicare Advantage County Types 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 organizes Alaska into six economic regions. Alaska Medicaid has chosen to use these 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 utilized by the AMRP, 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 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 beneficiaries residing in the most remote locations in Alaska, the Alaska Medicaid program has a robust transportation benefit with a budget of \$92.4 million in state fiscal year 2017. The transportation 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 accept new patients. 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. A final analysis is required after a complete data set is available. Appendix C includes the final analysis of provider enrollment for state fiscal years 2015 through 2017, and Appendix D includes the 3-month pre- and post-implementation review of provider enrollment for the rate adjustments implemented in state fiscal year 2018. Enrollment for providers affected by the rate adjustments will be monitored through state fiscal year 2021.

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 transportation 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 beneficiaries and the uninsured.

Provider Enrollment Review

Alaska Medicaid annually reviews enrollment levels in each provider service category covered under the AMRP. An annual loss of 10 percent or less of providers in any service category is deemed acceptable due

to natural attrition issues such as retirement, death, relocation out-of-state, etc. Enrollment in the following provider service categories are subject to annual AMRP review:

Providers Continuously Reviewed Under 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 types² except the following: 001 General Practice; 008 Family Practice; 016 Obstetrics and Gynecology; 054 Obstetrics; and 069 Clinic. These specialty types are excluded because they are already captured in the measures for primary care services and obstetric services.

Pre- and Post-Natal Obstetric Services Including Labor and Delivery – Facilities providing pre- and post-natal obstetric services including labor and delivery, are measured using two 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 type 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 Adjustments³

Ambulatory Surgery Centers – Ambulatory Surgery Centers are measured using provider type 062 Ambulatory Surgery Centers.

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 provider types: 021 Health Professional Group; 025 Chiropractor; 033 Physician Assistant; 034 Advanced Practice Registered Nurse; 035 Optometrist; 036 Podiatrist; 039 Physical Therapist; 040 Speech

² Alaska Medicaid does not require providers to select or declare a specialty when they enroll. The number of specialty providers delivering Medicaid services is therefore likely underreported.

³ Includes only those providers not continuously reviewed under the AMRP

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.

Enrollment Findings

The Alaska Medicaid provider base has been steadily increasing since state fiscal year 2015. When calculating the number of enrolled in-state Alaska Medicaid providers, factors contributing to the reduction of available providers such as natural attrition due to retirement, death, relocation out-of-state, etc., are also considered. The loss of less than 10 percent of providers in any AMRP provider service category is deemed acceptable due to natural attrition. Losses over 10 percent are examined in greater detail to determine the primary reason for loss.

During the 2017 AMRP review period, overall enrollment in the provider service categories covered under the plan held steady with modest increases. Only one category of service showed a greater than 10 percent decrease in overall statewide enrollment. In this category, 003 Residential Psychiatric Treatment Clinic, the review revealed that the provider had not billed the Medicaid program for two years and failed to renew enrollment in accordance with state regulations.

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 an overall statewide 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 aligned as service categories rather than individual services. As such, there may be multiple Medicaid reimbursement rates and rate development methodologies in each service category.

For example, the behavioral health service category consists of five provider types. One of the provider types, inpatient psychiatric, has a Medicaid rate based on costs reported on Medicare Cost Reports. Another of the provider types included in this category, 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 established for service categories covered under the AMRP:

Ambulatory Surgery Centers – Medicaid rates for Ambulatory Surgery Centers (provider type 062) 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 prospective cost-based rates 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 via 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 and 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 all professional services are set using Medicare’s Resource Based Relative Value Scale, adjusted for Alaska. Alaska pays at or above Medicare for these services.

Provider Rate Findings

Based on the 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 uses two systems of measurement. The first utilizes quantitative measures of Medicaid claims for services rendered by providers to Medicaid beneficiaries for dates of service occurring in state fiscal year 2017. The second employs a qualitative survey to evaluate patient experience.

Access to care is largely driven by provider adequacy, and provider adequacy is greatly incentivized and maintained by program payment rates. Access to care is deemed sufficient when there are an adequate number of providers delivering services at existing Medicaid provider payment rates. The analysis of provider enrollment in state fiscal years 2015, 2016 and 2017 reveals enrollment stability and overall growth in the number of providers delivering Medicaid services in the state of Alaska. Given this information access to care is deemed sufficient. With this established, the AMRP next evaluates utilization to ensure there are no disruptions or imbalances that could compromise access to care.

Medicaid beneficiary service utilization is measured by provider type and reviewed by region in order to identify any signs of disruption or imbalance. Region assignment is determined by the recipient’s location rather than where the service is physically rendered. Due to Alaska’s unique geography and low overall population, many beneficiaries travel to other regions to receive services. Using the beneficiary’s home locale reveals the extent to which 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 year of complete data is available. Appendix F includes the final analysis of beneficiary utilization applicable to the rate adjustments implemented in state fiscal year 2018.

Figure 4 includes Medicaid recipient utilization data for state fiscal years 2015, 2016 and 2017. The table reflects the average number of services an Alaska Medicaid beneficiary receives during the year. As Medicaid enrollment increases (see Figure 1), the average number of utilization encounters is expected to decrease. This trend is reflected in the table. A larger than anticipated reduction in per enrollee encounters will be reviewed to ensure beneficiary access to providers has not been impacted by a reduction in provider rates. Service utilization information was derived from claims paid by the Alaska Medicaid program during the applicable year.

**Figure 4. 2015-2017 Medicaid per Enrollee Utilization Encounters
Average Encounters Per Beneficiary**

Program	2015	2016	2017
Children	11.11	10.97	9.9
Adults	13.14	13.04	12.71
Aged	52.25	48.35	43.93
Disabled	60.75	64.82	65.22
Average Overall	20.07	19.19	17.65

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.

Alaska Medicaid administered the CAHPS survey for services delivered to children enrolled in Medicaid in state fiscal year 2015 (Figure 5), and for both adults and children in state fiscal year 2016 (Figure 6). The results show a slight improvement in patient experience for children between the two years, but indicate there is room for quality improvement from the patient experience perspective for both populations.

Figure 5. RESULTS 2015 CAHPS SURVEY – CHILDREN

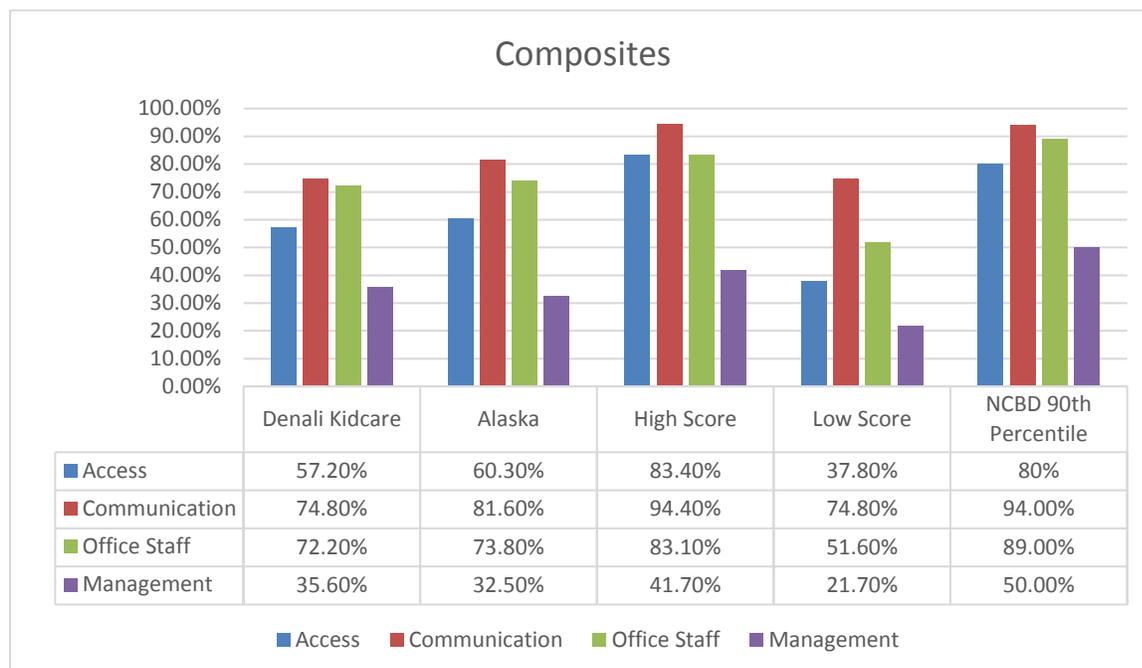
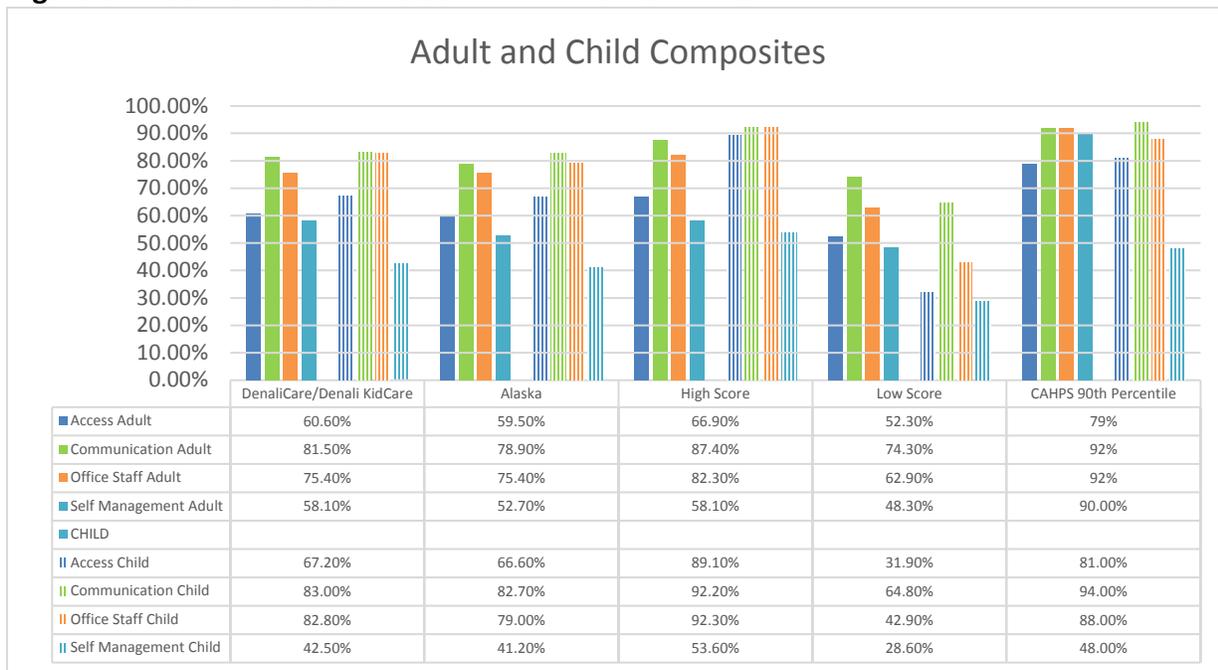


Figure 6. RESULTS 2016 CAHPS SURVEY – ADULTS AND CHILDREN



In addition to the CAHPS patient experience survey, Alaska Medicaid maintains a Medicaid beneficiary 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 the number of enrolled beneficiaries, number of enrolled providers, provider payment rates, utilization, system quality, and results of any corrective actions necessary to support access. Each year these items are evaluated 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 areas noted below:

Rate Changes – In the event a Medicaid fee-for-service payment rate is decreased, the 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 research the circumstances leading to 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 corrective action. In addition, 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.

2017 Report Findings

The Alaska Medicaid program has seen a slight but steady increase in overall statewide provider enrollment from 2015 to 2017. During this same time, beneficiary enrollment increased 26 percent. Utilization measured by the number of Medicaid encounters per beneficiary remained fairly stable throughout this time as well, even with the aforementioned rate adjustments and increase in program enrollment.

After having reviewed provider enrollment, payment rates and utilization as required under the AMRP, 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 and 42 CFR 447.203 and 447.204.

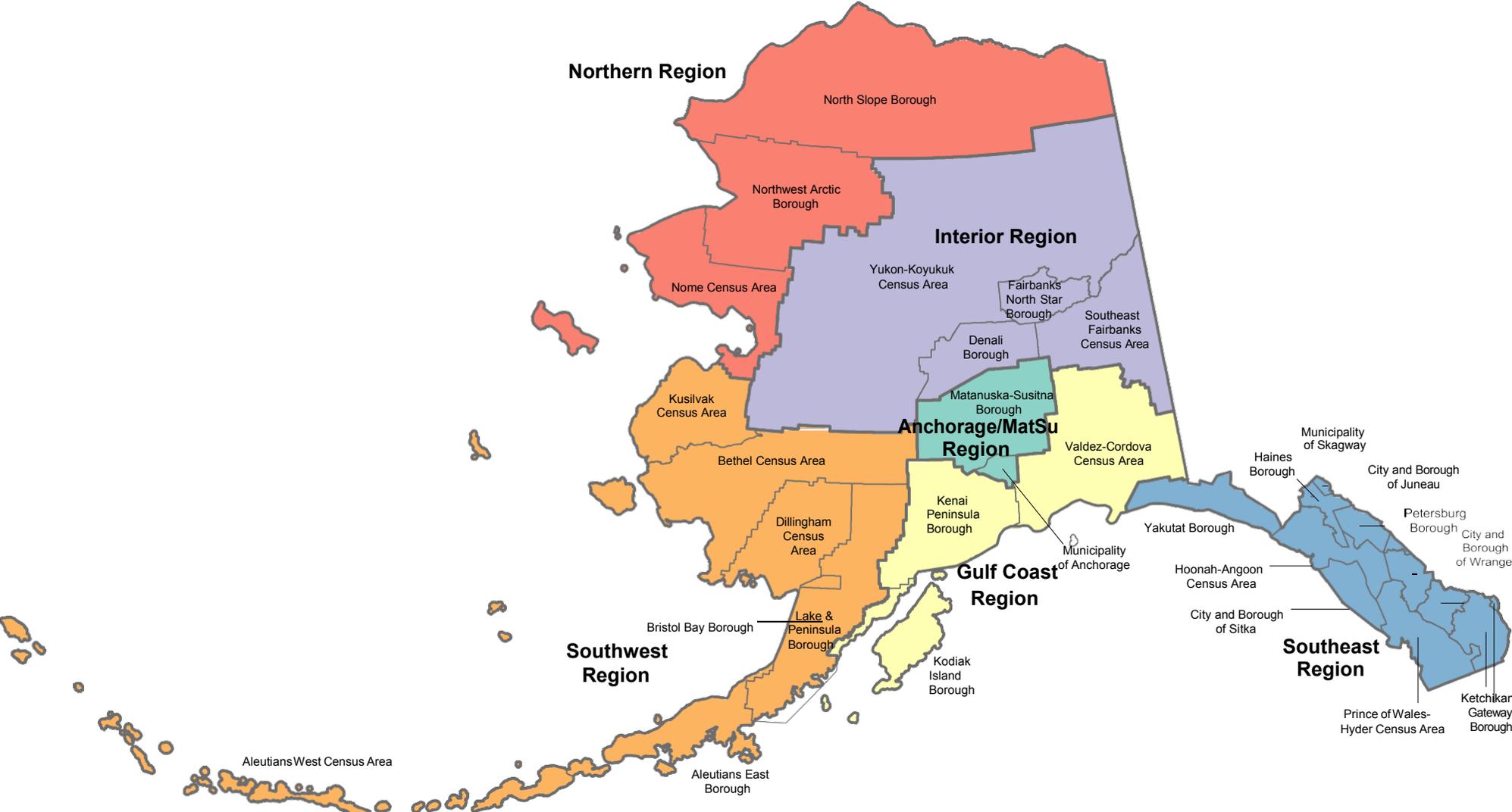
Report Submission and Public Input

Alaska’s AMRP is submitted to the federal Centers for Medicare and Medicaid Services (CMS) at least every three years. The report was first submitted to CMS in 2016. Prior to submission, Alaska Medicaid presented the results of the 2017 Interim AMRP Report to the Alaska Medical Care Advisory Committee (MCAC) on February 2, 2018 and the final report on September 24, 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 public comment periods were February 5, 2018 through March 7, 2018, and September 25, 2018 through October 23, 2018. Appendix G includes a copy of the public announcements.

APPENDIX A

Alaska Economic Regions



Note: Based on 2013 Geography

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

APPENDIX B

Alaska Medicaid AMRP Provider Enrollment State Fiscal Years 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
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
060 - Home Health Agency	12	15	16	5	8	8	2	2	2	1	1	2	0	0	0	4	4	4	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
072 - Respiratory Therapist	2	2	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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
112 - ESRD Clinic	8	9	9	5	6	6	1	1	1	1	1	1	0	0	0	1	1	1	0	0	0
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	6,382	7,033	7,689	3,710	4,098	4,439	627	677	765	798	858	938	190	210	233	790	881	978	267	309	336

APPENDIX C

	2015	2016	% Change 15-16	2017	% Change 16-17	2015	2016	% Change 15-16	2017	% Change 16-17	2015	2016	% Change 15-16	2017	% Change 16-17	2015	2016	% Change 15-16	2017	% Change 16-17	2015	2016	% Change 15-16	2017	% Change 16-17	2015	2016	% Change 15-16	2017	% Change 16-17	2015	2016	% Change 15-16	2017	% Change 16-17
002 - Inpatient Psychiatric Hospital	2	2	0.00%	2	0.00%	2	2	0.00%	2	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%
010 - SNF/ICF Facility	18	18	0.00%	19	5.56%	3	3	0.00%	3	0.00%	6	6	0.00%	6	0.00%	1	1	0.00%	2	100.00%	2	2	0.00%	2	0.00%	5	5	0.00%	5	0.00%	1	1	0.00%	1	0.00%
021 - Health Professional Group	906	947	4.53%	1,001	5.70%	570	595	4.39%	624	4.87%	110	118	7.27%	129	9.32%	122	125	2.46%	137	9.60%	4	4	0.00%	4	0.00%	97	102	5.15%	104	1.96%	3	3	0.00%	3	0.00%
033 - Physician Assistant	534	606	13.48%	661	9.08%	239	281	17.57%	311	10.68%	55	58	5.45%	67	15.52%	103	112	8.74%	116	3.57%	29	30	3.45%	31	3.33%	14	16	14.29%	18	12.50%	0	0	0.00%	0	0.00%
034 - Advanced Practice Registered Nurse	700	771	10.14%	879	14.01%	392	432	10.20%	476	10.19%	66	73	10.61%	86	17.81%	69	75	8.70%	86	14.67%	32	34	6.25%	42	23.53%	92	101	9.78%	121	19.80%	49	56	14.29%	68	21.43%
035 - Optometrist	161	175	8.70%	186	6.29%	97	107	10.31%	110	2.80%	10	10	0.00%	12	20.00%	24	24	0.00%	27	12.50%	4	4	0.00%	6	50.00%	17	18	5.88%	18	0.00%	9	12	33.33%	13	8.33%
036 - Podiatrist	23	25	8.70%	27	8.00%	13	15	15.38%	15	0.00%	2	2	0.00%	3	50.00%	3	3	0.00%	4	33.33%	0	0	0.00%	0	0.00%	5	5	0.00%	5	0.00%	0	0	0.00%	0	0.00%
039 - Physical Therapist	441	515	16.78%	588	14.17%	271	318	17.34%	353	11.01%	45	54	20.00%	72	33.33%	70	77	10.00%	89	15.58%	11	12	9.09%	12	0.00%	36	44	22.22%	51	15.91%	8	10	25.00%	11	10.00%
040 - Speech Therapist / Language Pathologist	185	207	11.89%	228	10.14%	123	138	12.20%	147	6.52%	23	23	0.00%	24	4.35%	28	33	17.86%	38	15.15%	0	0	0.00%	1	0.00%	9	11	22.22%	16	45.45%	2	2	0.00%	2	0.00%
041 - Occupational Therapist	153	176	15.03%	211	19.89%	104	119	14.42%	143	20.17%	17	20	17.65%	25	25.00%	20	22	10.00%	25	13.64%	1	2	100.00%	2	0.00%	10	12	20.00%	15	25.00%	1	1	0.00%	1	0.00%
042 - Psychologist	59	67	13.56%	76	13.43%	37	41	10.81%	49	19.51%	3	3	0.00%	2	-33.33%	7	9	28.57%	10	11.11%	3	4	33.33%	4	0.00%	7	7	0.00%	8	14.29%	2	3	50.00%	3	0.00%
043 - Audiologist	36	40	11.11%	43	7.50%	22	24	9.09%	26	8.33%	2	2	0.00%	2	0.00%	3	3	0.00%	4	33.33%	3	4	33.33%	4	0.00%	4	4	0.00%	4	0.00%	2	3	50.00%	3	0.00%
045 - Outpatient Occ., Speech, and PT	16	17	6.25%	17	0.00%	8	9	12.50%	9	0.00%	4	4	0.00%	4	0.00%	2	2	0.00%	2	0.00%	0	0	0.00%	0	0.00%	2	2	0.00%	2	0.00%	0	0	0.00%	0	0.00%
046 - Direct Entry Midwife	39	46	17.95%	49	6.52%	22	25	13.64%	26	4.00%	5	7	40.00%	7	0.00%	6	7	16.67%	8	14.29%	0	0	0.00%	1	0.00%	6	7	16.67%	7	0.00%	0	0	0.00%	0	0.00%
051 - Federally Qualified Health Center	28	29	3.57%	33	13.79%	5	6	20.00%	8	33.33%	5	5	0.00%	6	20.00%	3	3	0.00%	3	0.00%	0	0	0.00%	0	0.00%	12	12	0.00%	13	8.33%	3	3	0.00%	3	0.00%
054 - Family Planning Clinic	5	5	0.00%	5	0.00%	1	1	0.00%	1	0.00%	2	2	0.00%	2	0.00%	1	1	0.00%	1	0.00%	0	0	0.00%	0	0.00%	1	1	0.00%	1	0.00%	0	0	0.00%	0	0.00%
060 - Home Health Agency	12	15	25.00%	16	6.67%	5	8	60.00%	8	0.00%	2	2	0.00%	2	0.00%	1	1	0.00%	2	100.00%	0	0	0.00%	0	0.00%	4	4	0.00%	4	0.00%	0	0	0.00%	0	0.00%
062 - Ambulatory Surgical Center	15	17	13.33%	17	0.00%	13	14	7.69%	14	0.00%	0	0	0.00%	0	0.00%	1	1	0.00%	1	0.00%	0	0	0.00%	0	0.00%	1	1	0.00%	1	0.00%	0	1	0.00%	1	0.00%
072 - Respiratory Therapist	2	2	0.00%	2	0.00%	2	2	0.00%	2	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%
075 - Optician	15	15	0.00%	16	6.67%	10	10	0.00%	10	0.00%	0	0	0.00%	0	0.00%	3	3	0.00%	4	0.00%	0	0	0.00%	0	0.00%	2	2	0.00%	2	0.00%	0	0	0.00%	0	0.00%
081 - Radiology Provider	1	1	0.00%	1	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%	1	1	0.00%	1	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%
097 - Free Standing Birthing Center	0	11	0.00%	12	9.09%	0	9	0.00%	10	11.11%	0	0	0.00%	0	0.00%	0	1	0.00%	1	0.00%	0	0	0.00%	0	0.00%	0	1	0.00%	1	0.00%	0	0	0.00%	0	0.00%
107 - Behavioral Health	86	86	0.00%	94	9.30%	35	35	0.00%	40	14.29%	13	13	0.00%	14	7.69%	11	12	9.09%	12	0.00%	4	3	-25.00%	3	0.00%	19	19	0.00%	21	10.53%	4	4	0.00%	4	0.00%
108 - Behavioral Rehabilitation Services	25	25	0.00%	25	0.00%	5	5	0.00%	5	0.00%	2	2	0.00%	2	0.00%	7	7	0.00%	7	0.00%	3	3	0.00%	3	0.00%	7	7	0.00%	7	0.00%	1	1	0.00%	1	0.00%
112 - ESRD Clinics	8	9	12.50%	9	0.00%	5	6	20.00%	6	0.00%	1	1	0.00%	1	0.00%	1	1	0.00%	1	0.00%	0	0	0.00%	0	0.00%	1	1	0.00%	1	0.00%	0	0	0.00%	0	0.00%
117 - Certified Registered Nurse Anesthetist	138	154	11.59%	173	12.34%	91	100	9.89%	112	12.00%	11	12	9.09%	16	33.33%	16	16	0.00%	17	6.25%	0	0	0.00%	0	0.00%	15	21	40.00%	23	9.52%	5	5	0.00%	5	0.00%
Total	6,382	7,033	10.20%	7,689	9.33%	3,710	4,098	10.46%	4,439	8.32%	627	677	7.97%	765	13.00%	798	858	7.52%	938	9.32%	190	210	10.53%	233	10.95%	790	881	11.52%	978	11.01%	267	309	15.73%	336	8.74%

* Yukon Kuskokwim Health has a registered Residential Psychiatric Treatment Center but has not billed the Alaska Medicaid program for two years. The provider status is identified as "inactive"

APPENDIX D

Alaska Medicaid AMRP Provider Enrollment Pre- and Post Cost Containment (April 2017 - September 2017)

Alaska Economic Regions

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	Post	Net Change	Prior	Post	Prior	Post	Prior	Post	Prior	Post	Prior	Post	Prior	Post
001 - General Hospital	19	19	0.00%	5	5	6	6	2	2	1	1	5	5	0	0
002 - Inpatient Psychiatric Hospital	2	2	0.00%	2	2	0	0	0	0	0	0	0	0	0	0
010 - SNF/ICF Facility	19	19	0.00%	3	3	6	6	2	2	2	2	5	5	1	1
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	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
051 - Federally Qualified Health Center	24	22	-8.33%	8	8	6	6	2	2	0	0	5	3	3	3
054 - Family Planning Clinic	5	5	0.00%	1	1	2	2	1	1	0	0	1	1	0	0
062 - Ambulatory Surgical Center	17	18	5.88%	14	14	0	1	1	1	0	0	1	1	1	1
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
097 - Free Standing Birthing Center	12	12	0.00%	10	10	0	0	1	1	0	0	1	1	0	0
117 - Certified Registered Nurse Anesthetist	153	153	0.00%	100	100	14	14	16	16	0	0	20	20	3	3
Total	6688	6894	1.07%	3989	4121	661	681	789	810	189	196	791	808	269	278

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-birth hospital stay

⁴ Fee Schedule

APPENDIX F

Alaska Medicaid Utilization of Services by Provider Type and Beneficiary Eligibility Category
Pre- and Post-Cost Containment: April 2017 - September 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
<i>Facility</i>																														
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
<i>Facility Subtotal</i>	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
<i>Psychiatric</i>																														
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
<i>Psychiatric Facility Subtotal</i>	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
<i>Ambulatory Surgical Center</i>																														
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	385
<i>ASC Subtotal</i>	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	385
<i>Professional</i>																														
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	19	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	6	47	567	205	205	15	24	445
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	275
041 - Occupational Therapist	25	5	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
<i>Professional Subtotal</i>	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
<i>Nursing</i>																														
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
<i>Nursing Facility Subtotal</i>	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
<i>Federal Qualified Health Center</i>																														
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
<i>FQHC Subtotal</i>	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	48,385	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
Created 2/5/2018 2:40:46 PM by krserezhenkov
Modified 2/5/2018 2:46:47 PM by krserezhenkov

Details
Department: Health and Social Services
Category: Public Notices
Sub-Category:
Location(s): Statewide
Project/Regulation #:

Publish Date: 2/5/2018
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Events/Deadlines:

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Public Invited to Provide Comment on the Alaska Medicaid Access Monitoring Review Plan (AMRP) 2017 Final Report

Public comment is invited on the draft Department of Health and Social Services Alaska Medicaid Access Monitoring Review Plan (AMRP) 2017 Final 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 Final 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, October 23, 2018.

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