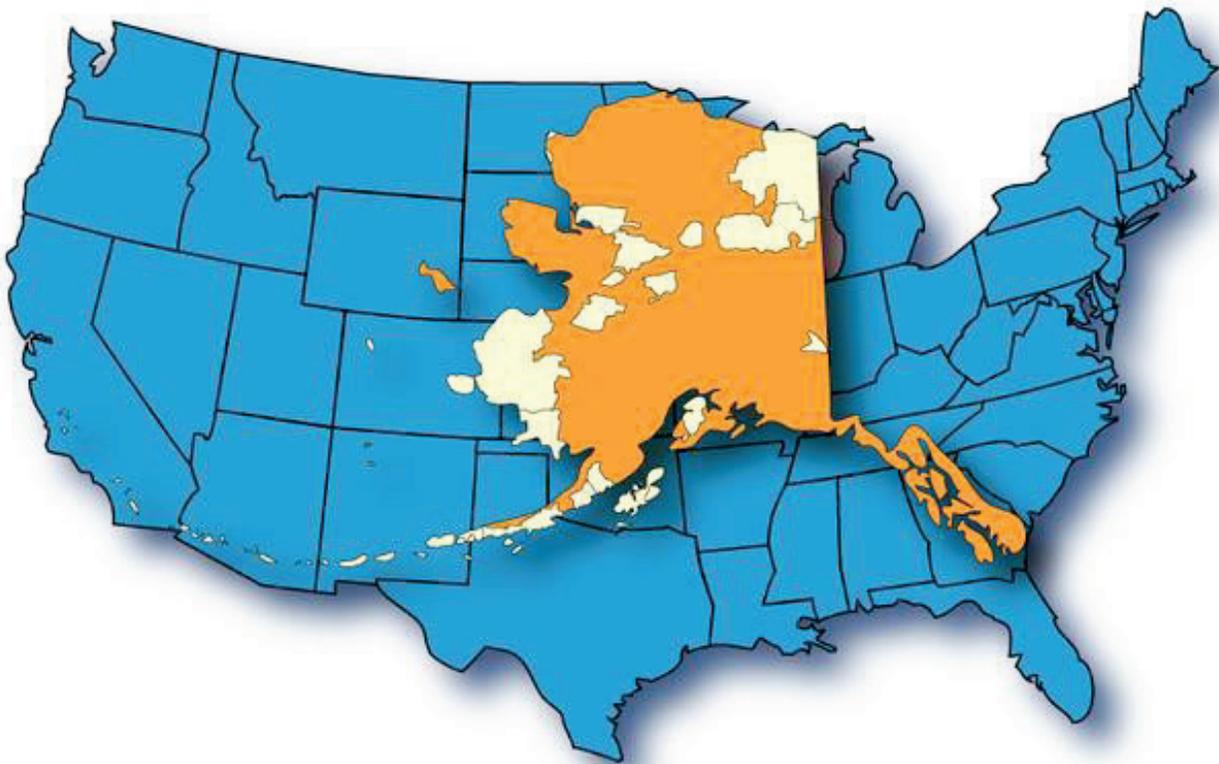


ALASKA MEDICAID ACCESS MONITORING REVIEW PLAN



2018 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 SFY2017 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 (SPA) requests that will have the effect of reducing provider rates for services paid under fee-for-service payment arrangements.

Based on the AMRP methods of review completed through SFY2018 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.

Alaska Medicaid allows providers to submit claims for services up to one year after the service is delivered. This allowance limits the program's ability to evaluate recipient utilization and provider enrollment for at least one year after the end of the fiscal year. This report provides a complete analysis of provider enrollment and recipient utilization through SFY2018 and also includes initial information necessary to review cost containment measures implemented for SFY 2020.

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 SFY2018, Alaska Medicaid provided coverage to approximately 242,786 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 United States with just 736,239 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.

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 significantly, providing coverage to 33 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 SFY2016, SFY2017 and SFY2018. 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

Additional cost containment strategies implemented in SFY2020 will require monitoring each of these provider types except nursing facilities, through 2023.

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

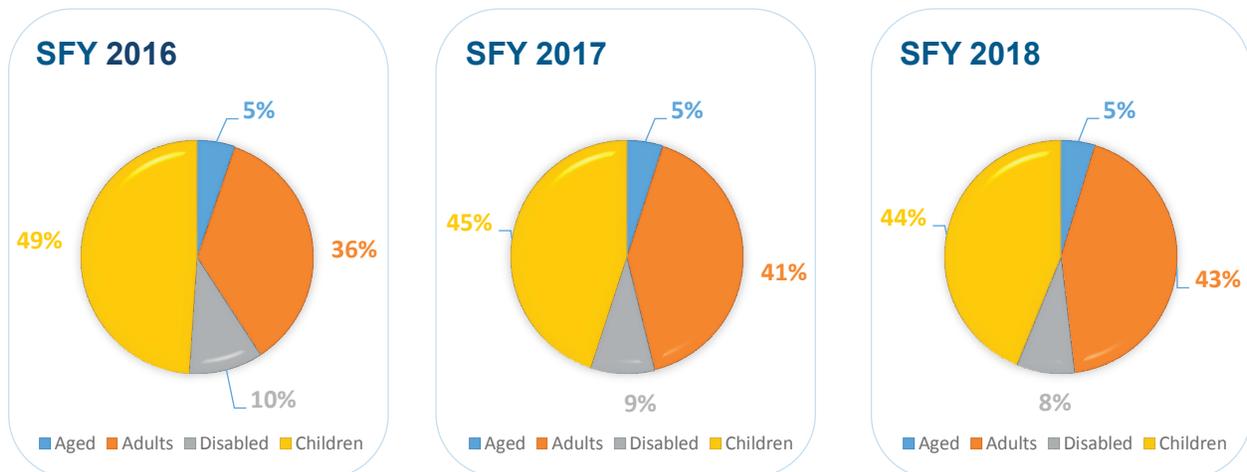
On September 1, 2015, the State of Alaska expanded its Medicaid program to cover individuals between the ages of 19 and 64, who have no dependent children, earn less than 133% of the federal poverty level for Alaska, and are otherwise ineligible for any other Medicaid or Medicare program.

Figures 1 and 2 below detail Alaska Medicaid beneficiary enrollment by eligibility category for SFY 2016 to SFY2018.

Figure 1. ALASKA MEDICAID BENEFICIARY ENROLLMENT BY ELIGIBILITY CATEGORY

Statewide Beneficiary Enrollment by Eligibility Category			
ELIGIBILITY CATEGORY	2016	2017	2018
Children	93,989	104,474	106,466
Adults	68,387	95,728	105,498
Aged	10,059	11,536	11,428
Disabled	19,702	20,590	19,394
Total	192,137	232,328	242,786

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 SFY2016 and SFY2017, Alaska implemented cost containment strategies that suspended customary inflation adjustments for specified Medicaid providers. Additional cost containment measures were implemented in SFY2018, which sustained the suspension of inflation adjustments, as well as

implemented a one-year 5-percent reduction in payment rates for hospitals and ambulatory surgery centers that was restored in SFY 2019, and a 10.3 percent permanent 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 SFY2023:

- Ambulatory surgery centers
- Inpatient and outpatient hospital services
- Nursing facility services
- Professional services

In SFY2020, a one-year 5 percent rate reduction was applied to all providers except primary care providers, critical access hospital's and federally qualified health centers. Annual inflation was also withheld for these providers. This follows the inflationary increases granted in SFY2019 along with the return of the 5 percent rate cuts for the SFY2018 effective provider types, hospitals and ambulatory surgery centers. This also follows a January 1, 2019 rebase increase to community behavioral health services of about 20 percent. With the implementation of these additional payment adjustments, all providers except those noted will be subject to AMRP monitoring through 2023.

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 (HIPPA) 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.

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

¹ See CY2015 MA HSD Provider and Facility Specialties and Network Adequacy Criteria Guidance. Verified September 4, 2018. https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/Downloads/CY2013_HSD_Provider_Facility_Specialties_Criteria_Guidance_111011.pdf

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	2018 Total Population
Anchorage/Mat-Su Anchorage, City and Municipality of Matanuska-Susitna Borough	401,635	401,649	401,108
Gulf Coast Kenai Peninsula Borough Kodiak Island Borough Valdez-Cordova Census Area	81,126	80,698	81,058
Interior Denali Borough Fairbanks North Star Borough SE Fairbanks Census Area Yukon-Koyukuk Census Area	113,154	111,191	111,214
Northern Nome Census Area North Slope Borough Northwest Arctic Borough	27,827	27,705	27,704
Southwest Aleutians East Borough Aleutians West Borough Bethel Census Area Bristol Bay Borough Dillingham Census Area Kasilvak Census Area Lake and Peninsula Borough	42,274	42,202	42,279
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	72,876
Total State Population	739,709	737,080	736,239

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 SFY2018, Alaska Medicaid had 18,518 enrolled in-state providers and 9,658 out-of-state providers. These providers were active for at least some part of SFY 2018, but may not have been active for the entire year. On average, the program received 277 applications for new provider enrollments each month during SFY 2018. 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 SFY2015 through SFY2018 for providers covered under the AMRP.

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 \$85.7 million in SFY2018. 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 2018, approximately 250 Alaskan communities had telehealth capability.

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 SFY2015 through SFY2018. With the implementation of cost containment strategies in SFY2020, enrollment for providers affected by the rate adjustments will be monitored through SFY2023 to determine if adjustments are needed.

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 that includes ground, water, and air transport, and extensive telehealth coverage throughout the state.

In addition to these supports, Alaska has an extensive network of 677 statewide safety-net providers.² 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.

² *Directory of Alaska Health Care Safety Net Providers.*

<http://dhss.alaska.gov/dph/HealthPlanning/Pages/SafetyNetDirectory.aspx> Verified September 9, 2019

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 Reviewed Under AMRP:

Provider Types
001 – General Hospital
002 – Inpatient Psychiatric Hospital
003 – Residential Psychiatric Treatment
010 – Skilled Nursing Facility /Intermediate Care Facility
020 – Physician (MD)
021 – Health Professional Group
025 – Chiropractor
030 – Dentist
033 – Physician Assistant
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 center
046 – Direct Entry Midwife
051 – Federally Qualified Health Center
060 – Home Health Agency
062 – Ambulatory Surgical Center
075 – Optician
081 – Radiology Provider
097 – Free Standing Birthing Center
107 – Behavioral Health
108 – Behavioral Rehabilitation Services
112 – ESRD Free Standing or Independent Facilities
117 – Certified Registered Nurse Anesthesiologist

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

From July 1, 2017 to June 30, 2018, the in-state Alaska Medicaid provider base dropped by 2.04%. Although a decrease, in accordance with federal program integrity and provider enrollment requirements, the department began a provider clean-up effort to disenroll providers that had not billed the program for at least 18 months.³ The department began this clean-up effort in September 2017. These clean-up activities coupled with natural attrition actions such as retirement, death, relocation out-of-state, etc., fully account for the reduction in providers and are taken into consideration for this evaluation. In accordance with federal allowances, the loss of less than 10 percent of providers in any service category evaluated under the AMRP is deemed acceptable due to both natural attrition and program integrity cleanup efforts. 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 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.

³ Each month the fiscal agent runs a report of all providers that have not submitted a claim within the previous 18 months. These providers are reviewed and deactivated. Providers deactivated during SFY 2018 had disassociated themselves from the program before cost containment measures were initiated.

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.

In December 2018, Medicaid rates for services similar to those provided in the Medicare program were compared to the corresponding Medicare rates. The analysis identified that Medicaid rates continue to exceed Medicare rates for those services. For professional services paid at Resource Based Relative Value Scale (RBRVS), Alaska Medicaid adopts the federal Relative Value Units (RVUs) and the federal Geographic Practice Cost Indices (GPCIs). The only difference in the rates are the conversion factor. Alaska Medicaid’s conversion factor (CF) for SFY18 was 40.5730; Medicare’s conversion factor for CY18 was 35.9996. The larger CF for Alaskan Medicaid means professional services were reimbursed 12.7% above Alaska Medicare rates during SFY18.

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 D 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 SFY2018. 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 SFY2016 and SFY2017 reveals enrollment stability and overall growth in the number of providers delivering Medicaid services in the state of Alaska. There is a slight dip in fiscal year 2018 as shown in Appendix B. However, 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.

Figure 4 includes a table of Medicaid recipient utilization data for SFY2016, SFY2017, and SFY2018. 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 greater than 10% 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. 2016-2018 MEDICAID PER ENROLLEE UTILIZATION ENCOUNTERS

Average Encounters per Beneficiary			
Program	2016	2017	2018
Children	10.97	9.9	10.09
Adults	13.04	12.71	12.64
Aged	48.35	43.93	31.58
Disabled	64.82	65.22	59.66
Average Overall	19.19	17.65	16.17

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 adults and children enrolled in Medicaid in SFY2016 (Figure 5) and in SFY2017 (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 2016 CAHPS SURVEY - ADULTS AND CHILDREN

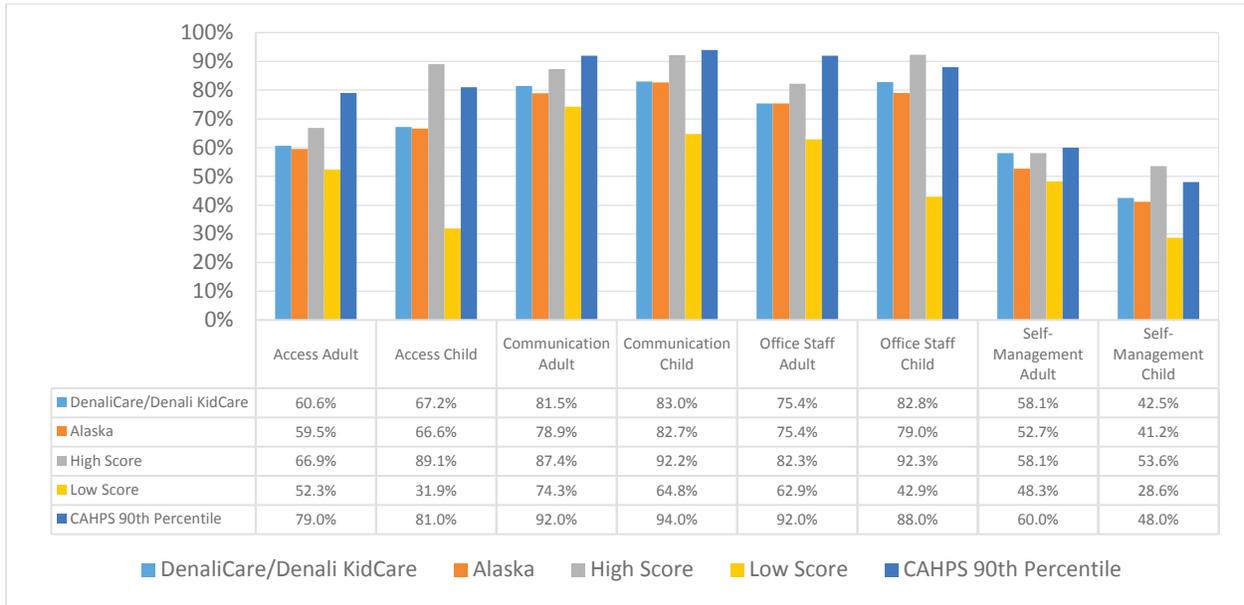
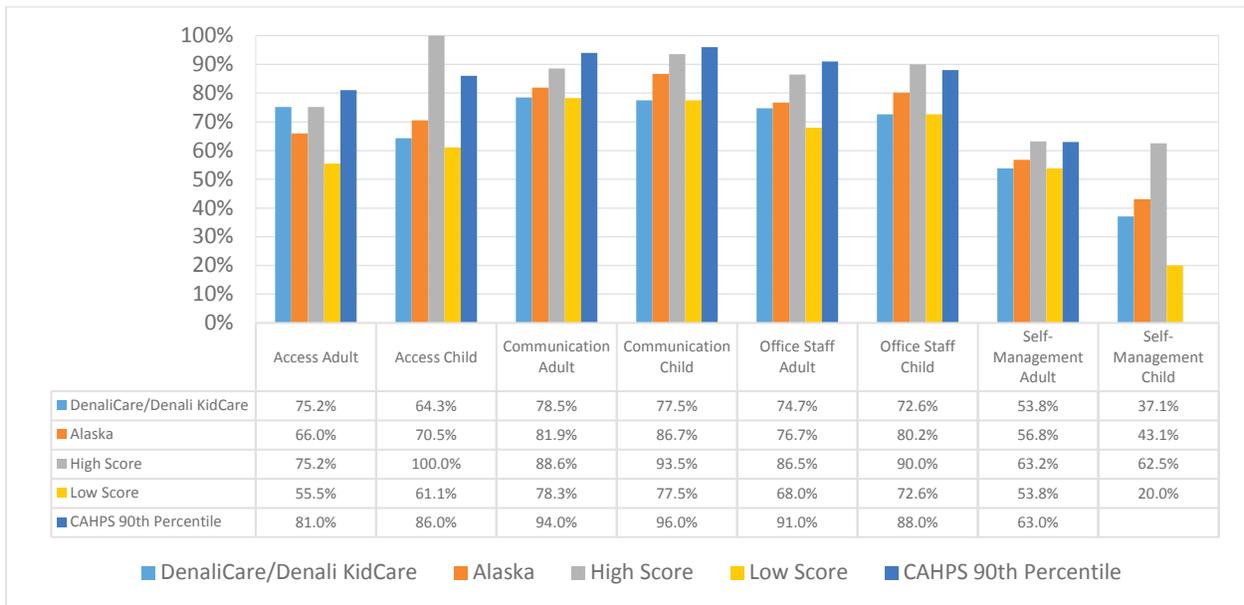


Figure 6. RESULTS 2017 CAHPS SURVEY - ADULTS AND CHILDREN



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. CMS has reviewed and accepted the following actions the program will take 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.

As a result of this year's analysis, there are two provider types that met the CMS approved AMRP strategies criteria of a 15% or more drop in utilization and a 10% or more drop in corresponding provider enrollment:

075 – Opticians; this provider type enrollment decreased by two technicians whose licenses expired and those providers did not submit renewed credentials. The percent of decrease is

11.76% and seems high due to the low number of Opticians in the state, going from 17 providers in SFY 17 to 15 in SFY18. The utilization decreased by 55.8%. The total services for this provider type went from 414 to 183. Analysis of the situation revealed that according to the Vision Program manager recipients and some opticians serving the Medicaid program were unhappy with the former Vision Contractor. The State recently entered a new contract with Classic Optical and enhanced the services requirements included in the contract. The program manager expects to see utilization increase as well as an increase in providers enrolling to deliver Medicaid services.

046 – Direct Entry Midwife: The number of Midwives has decreased from 49 to 44 Statewide (-10.2%). These five providers were each disenrolled due to inactivity; each failed to submit any claim for services delivered to Alaska Medicaid Recipients in more than 18 months. Although the utilization of nurse midwife services decrease by 59.65%, recipients have the choice of providers and can choose to utilize OBGYNs and traditional hospitals for delivery services. The department did not receive reports of pregnant women not being able to receive services.

2018 Report Findings

The Alaska Medicaid program has seen a decrease in overall statewide provider enrollment from 2016 to 2018 as noted in the Enrollment Findings section of this report. 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 continue to 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.

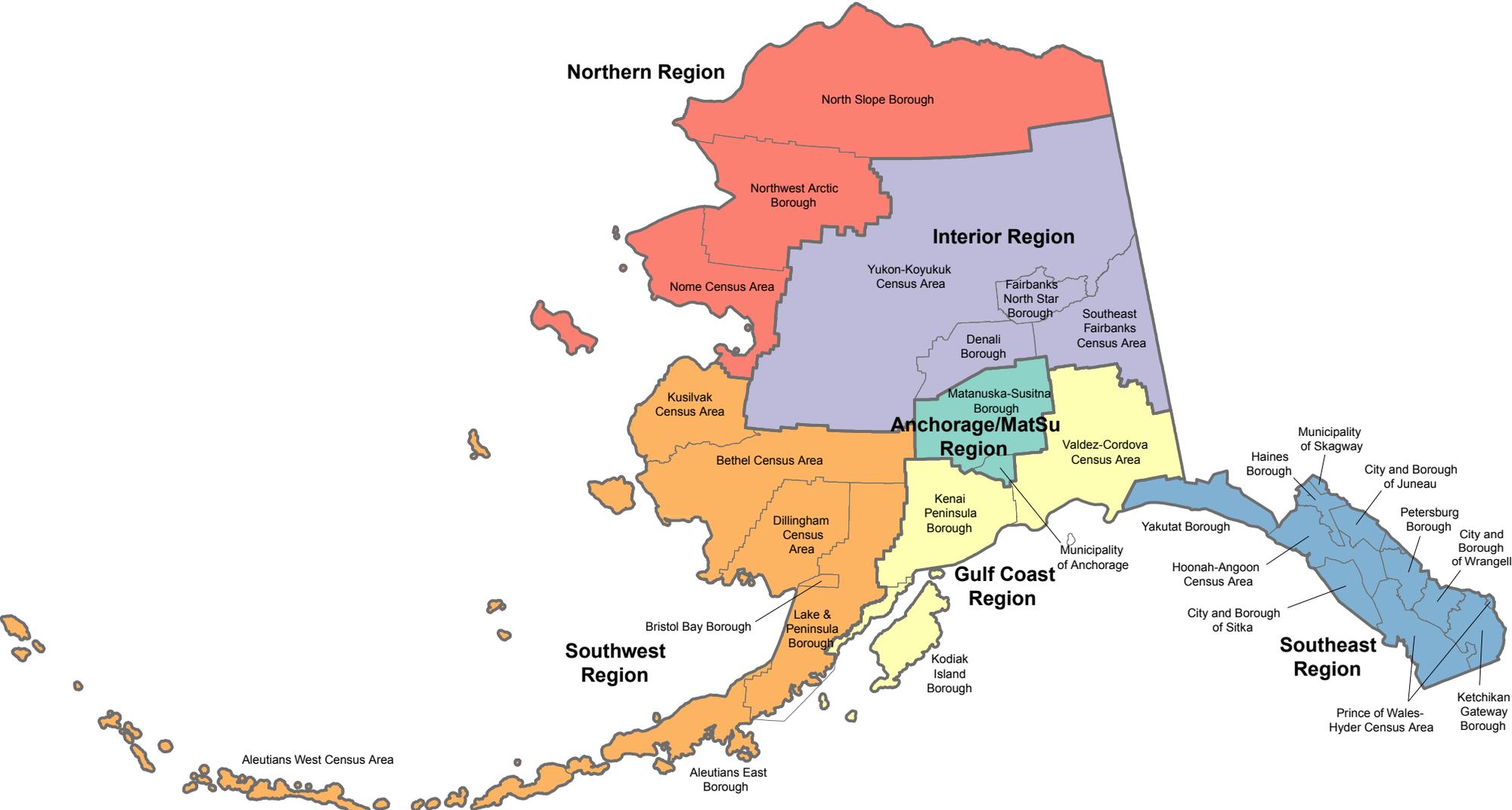
Report Submission and Public Input

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. 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 SFY2020. These adjustments include a 5 percent reduction in rates for all providers except primary care providers, critical access hospitals and federally qualified health centers; as well as withhold of inflation for SFY2020. This follows the inflationary increases granted in SFY2019 along with the return of the 5 percent rate cuts for the SFY2018 effective provider types, hospitals and ambulatory surgery centers. This also follows a January 1, 2019 rebase increase to community behavioral health services of about 20 percent. The 2018 final report will include the required three month prior and three month post utilization evaluation for the services affected by the SFY2020 rate adjustments.

Prior to submission to CMS, Alaska Medicaid presented the results of the AMRP review to the Alaska Medical Care Advisory Committee (MCAC) on September 12, 2019, for feedback and approval. After MCAC approval, the AMRP was publicly noticed for purposes of sharing the interim results and receiving public comment. The AMRP was posted for public comment September 13, 2019 and remained active for comment for two weeks, closing at the end of business on September 27, 2019. There were no public comments at the end of the two weeks. Appendix E 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 Providers (active, instate) by State Fiscal Year
Alaska Economic Regions**

Provider Types	Statewide			ANCHORAGE/MAT-SU REGION (1)			GULF COAST REGION (2)			INTERIOR REGION (3)			NORTHERN REGION (4)			SOUTHEAST REGION (5)			SOUTHWEST REGION (6)		
	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018
001 - General Hospital	19	20	20	5	5	5	6	6	6	2	3	2	1	1	2	5	5	5	.	.	.
002 - Inpatient Psychiatric Hospital	2	2	2	2	2	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
003 - Residential Psychiatric Treatment	6	5	5	4	4	4	.	.	.	1	1	1	.	.	.	.	.	.	1	.	.
010 - SNF/ICF Facility	18	19	19	3	3	3	6	6	6	1	2	2	2	2	2	5	5	5	1	1	1
020 - Physician (MD)	2,853	3,090	2,969	1,652	1,782	1,769	241	263	247	290	310	289	107	117	123	427	473	416	136	145	125
021 - Health Professional Group	947	1,007	990	596	629	630	118	129	131	125	139	124	4	4	3	101	103	100	3	3	2
025 - Chiropractor	175	184	187	121	127	131	18	19	20	20	20	18	.	.	.	16	18	18	.	.	.
030 - Dentist	764	836	803	379	418	397	104	112	108	86	92	87	36	38	36	100	108	101	59	68	74
033 - Physician Assistant	605	658	589	291	321	306	57	65	49	108	112	94	25	26	23	59	65	55	65	69	62
034 - Advanced Practice Registered Nurse	770	884	904	433	480	491	75	90	93	75	87	90	32	40	39	101	121	117	54	66	74
035 - Optometrist	175	187	175	108	111	108	13	15	13	21	24	20	4	7	7	18	18	16	11	12	11
036 - Podiatrist	25	27	27	15	15	14	2	3	3	3	4	4	.	.	1	5	5	5	.	.	.
039 - Physical Therapist	515	589	635	319	354	371	55	73	86	79	91	101	10	10	11	43	51	55	9	10	11
040 - Speech Therapist / Language Pathol	206	228	230	136	145	151	23	24	27	34	40	33	1	2	2	10	15	15	2	2	2
041 - Occupational Therapist	174	209	228	118	142	155	20	25	27	21	24	25	2	2	3	12	15	17	1	1	1
042 - Psychologist	67	76	77	41	49	51	3	2	2	9	10	10	4	4	3	7	8	8	3	3	3
043 - Audiologist	40	43	43	25	27	27	2	2	2	3	4	5	4	4	4	4	4	3	2	2	2
045 - Outpatient Occ, Speech, and PT cen	17	17	17	9	9	9	4	4	4	2	2	2	.	.	.	2	2	2	.	.	.
046 - Direct Entry Midwife	46	49	44	26	27	25	6	6	5	7	8	8	.	1	1	7	7	5	.	.	.
051 - Federally Qualified Health Center	29	33	24	6	8	8	5	6	6	3	3	3	.	.	.	12	13	4	3	3	3
060 - Home Health Agency	15	16	15	8	8	8	2	2	2	1	2	1	.	.	.	4	4	4	.	.	.
062 - Ambulatory Surgical Center	17	17	18	14	14	14	.	.	1	1	1	1	.	.	.	1	1	1	1	1	1
075 - Optician	15	17	15	10	10	8	.	.	.	3	5	5	.	.	.	2	2	2	.	.	.
081 - Radiology Provider	1	1	1	.	.	.	.	.	.	1	1	1	.	.	.	.	.	.	.	.	.
097 - Free Standing Birthing Center	11	12	13	9	10	10	.	.	1	1	1	1	.	.	.	1	1	1	.	.	.
107 - Behavioral Health	86	95	114	35	41	56	13	14	17	12	12	14	3	3	3	19	21	20	4	4	4
108 - Behavioral Rehabilitation Services	25	25	24	5	5	5	2	2	2	7	7	7	3	3	3	7	7	6	1	1	1
112 - ESRD Free Standing or Indep Facili	9	9	9	6	6	6	1	1	1	1	1	1	.	.	.	1	1	1	.	.	.
117 - Certified Registered Nurse Anesthe	154	174	158	98	110	107	14	18	15	16	17	12	.	.	.	21	24	21	5	5	3
Total (ALL)	7,786	8,529	8,355	4,474	4,862	4,871	790	887	874	933	1,023	961	238	264	266	990	1,097	1,003	361	396	380

APPENDIX C

**Alaska Medicaid Providers (active, instate) by State Fiscal Year
Alaska Economic Regions**

Provider Types	Statewide				ANCHORAGE/MAT-SU REGION (1)				GULF COAST REGION (2)				INTERIOR REGION (3)				NORTHERN REGION (4)				SOUTHEAST REGION (5)				SOUTHWEST REGION (6)			
	2016	2017	2018	% Change 17-18	2016	2017	2018	% Change 17-18	2016	2017	2018	% Change 17-18	2016	2017	2018	% Change 17-18	2016	2017	2018	% Change 17-18	2016	2017	2018	% Change 17-18	2016	2017	2018	% Change 17-18
001 - General Hospital	19	20	20	0.00%	5	5	5	0.00%	6	6	6	0.00%	2	3	2	-33.33%	1	1	2	100.00%	5	5	5	0.00%	.	.	.	.
002 - Inpatient Psychiatric Hospital	2	2	2	0.00%	2	2	2	0.00%	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
003 - Residential Psychiatric Treatment	6	5	5	0.00%	4	4	4	0.00%	.	.	.	.	1	1	1	0.00%	.	.	.	.	.	.	.	.	1	.	.	.
010 - SNF/ICF Facility	18	19	19	0.00%	3	3	3	0.00%	6	6	6	0.00%	1	2	2	0.00%	2	2	2	0.00%	5	5	5	0.00%	1	1	1	0.00%
020 - Physician (MD)	2,853	3,090	2,969	-3.92%	1,652	1,782	1,769	-0.73%	241	263	247	-6.08%	290	310	289	-6.77%	107	117	123	5.13%	427	473	416	-12.05%	136	145	125	-13.79%
021 - Health Professional Group	947	1,007	990	-1.69%	596	629	630	0.16%	118	129	131	1.55%	125	139	124	-10.79%	4	4	3	-25.00%	101	103	100	-2.91%	3	3	2	-33.33%
025 - Chiropractor	175	184	187	1.63%	121	127	131	3.15%	18	19	20	5.26%	20	20	18	-10.00%	.	.	.	.	16	18	18	0.00%	.	.	.	.
030 - Dentist	764	836	803	-3.95%	379	418	397	-5.02%	104	112	108	-3.57%	86	92	87	-5.43%	36	38	36	-5.26%	100	108	101	-6.48%	59	68	74	8.82%
033 - Physician Assistant	605	658	589	-10.49%	291	321	306	-4.67%	57	65	49	-24.62%	108	112	94	-16.07%	25	26	23	-11.54%	59	65	55	-15.38%	65	69	62	-10.14%
034 - Advanced Practice Registered Nurse	770	884	904	2.26%	433	480	491	2.29%	75	90	93	3.33%	75	87	90	3.45%	32	40	39	-2.50%	101	121	117	-3.31%	54	66	74	12.12%
035 - Optometrist	175	187	175	-6.42%	108	111	108	-2.70%	13	15	13	-13.33%	21	24	20	-16.67%	4	7	7	0.00%	18	18	16	-11.11%	11	12	11	-8.33%
036 - Podiatrist	25	27	27	0.00%	15	15	14	-6.67%	2	3	3	0.00%	3	4	4	0.00%	.	.	1	.	5	5	5	0.00%	.	.	.	.
039 - Physical Therapist	515	589	635	7.81%	319	354	371	4.80%	55	73	86	17.81%	79	91	101	10.99%	10	10	11	10.00%	43	51	55	7.84%	9	10	11	10.00%
040 - Speech Therapist / Language Pathol	206	228	230	0.88%	136	145	151	4.14%	23	24	27	12.50%	34	40	33	-17.50%	1	2	2	0.00%	10	15	15	0.00%	2	2	2	0.00%
041 - Occupational Therapist	174	209	228	9.09%	118	142	155	9.15%	20	25	27	8.00%	21	24	25	4.17%	2	2	3	50.00%	12	15	17	13.33%	1	1	1	0.00%
042 - Psychologist	67	76	77	1.32%	41	49	51	4.08%	3	2	2	0.00%	9	10	10	0.00%	4	4	3	-25.00%	7	8	8	0.00%	3	3	3	0.00%
043 - Audiologist	40	43	43	0.00%	25	27	27	0.00%	2	2	2	0.00%	3	4	5	25.00%	4	4	4	0.00%	4	4	3	-25.00%	2	2	2	0.00%
045 - Outpatient Occ, Speech, and PT cen	17	17	17	0.00%	9	9	9	0.00%	4	4	4	0.00%	2	2	2	0.00%	.	.	.	.	2	2	2	0.00%	.	.	.	.
046 - Direct Entry Midwife	46	49	44	-10.20%	26	27	25	-7.41%	6	6	5	-16.67%	7	8	8	0.00%	.	1	1	0.00%	7	7	5	-28.57%	.	.	.	.
051 - Federally Qualified Health Center	29	33	24	-27.27%	6	8	8	0.00%	5	6	6	0.00%	3	3	3	0.00%	.	.	.	.	12	13	4	-69.23%	3	3	3	0.00%
060 - Home Health Agency	15	16	15	-6.25%	8	8	8	0.00%	2	2	2	0.00%	1	2	1	-50.00%	.	.	.	.	4	4	4	0.00%	.	.	.	.
062 - Ambulatory Surgical Center	17	17	18	5.88%	14	14	14	0.00%	.	.	1	.	1	1	1	0.00%	.	.	.	.	1	1	1	0.00%	1	1	1	0.00%
075 - Optician	15	17	15	-11.76%	10	10	8	-20.00%	.	.	.	.	3	5	5	0.00%	.	.	.	.	2	2	2	0.00%	.	.	.	.
081 - Radiology Provider	1	1	1	0.00%	.	.	.	.	.	.	.	.	1	1	1	0.00%	.	.	.	.	.	.	.	.	.	.	.	.
097 - Free Standing Birthing Center	11	12	13	8.33%	9	10	10	0.00%	.	.	1	.	1	1	1	0.00%	.	.	.	.	1	1	1	0.00%	.	.	.	.
107 - Behavioral Health	86	95	114	20.00%	35	41	56	36.59%	13	14	17	21.43%	12	12	14	16.67%	3	3	3	0.00%	19	21	20	-4.76%	4	4	4	0.00%
108 - Behavioral Rehabilitation Services	25	25	24	-4.00%	5	5	5	0.00%	2	2	2	0.00%	7	7	7	0.00%	3	3	3	0.00%	7	7	6	-14.29%	1	1	1	0.00%
112 - ESRD Free Standing or Indep Facili	9	9	9	0.00%	6	6	6	0.00%	1	1	1	0.00%	1	1	1	0.00%	.	.	.	.	1	1	1	0.00%	.	.	.	.
117 - Certified Registered Nurse Anesthe	154	174	158	-9.20%	98	110	107	-2.73%	14	18	15	-16.67%	16	17	12	-29.41%	.	.	.	.	21	24	21	-12.50%	5	5	3	-40.00%
Total (ALL)	7,786	8,529	8,355	-2.04%	4,474	4,862	4,871	0.19%	790	887	874	-1.47%	933	1,023	961	-6.06%	238	264	266	0.76%	990	1,097	1,003	-8.57%	361	396	380	-4.04%

APPENDIX D

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
112	ESRD Free Standing or Independent Facilities			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 E

Public Notice

This is confirmation that the Alaska Medicaid Program posted the Access Monitoring Review Plan (AMRP) on the [State of Alaska Public Notice page](#) for public comment. The report was available for two weeks, starting September 13, 2019 and closing September 27, 2019.

The screenshot shows the 'State of Alaska' website's 'Online Public Notices' section. The page title is 'Alaska Medicaid Access Monitoring Review Plan'. Below the title, it states 'Public invited to comment on the Alaska Medicaid Access Monitoring Review Plan 2018 Report.' There is a 'Leave a Comment' button and a 'Tools' menu with options for 'Print', 'Short URL', and 'Leave a Comment'. A 'Share' section includes social media icons for Facebook, Twitter, Email, and a plus sign for more options. A map of Alaska is visible in the background. Below the main content, there is a section for 'Attachments, History, Details'. The 'Attachments' section lists 'AMRP SFY2018 Interim - header and footer fix.pdf'. The 'Revision History' section shows three entries: 'Created 9/13/2019 1:53:52 PM by nedice', 'Modified 9/16/2019 8:34:04 AM by nedice', and 'Modified 9/17/2019 4:22:39 PM by nedice'. The 'Details' section provides metadata: Department: Health and Social Services, Category: Public Notices, Sub-Category: Statewide, Location(s): Statewide, Project/Regulation #: (blank), Publish Date: 9/13/2019, Archive Date: 9/27/2019, and Events/Deadlines: (blank). At the bottom, there are links for 'Help', 'Alaska Admin Journal', and 'Contact'. The footer contains navigation links for 'State of Alaska', 'myAlaska', 'My Government', 'Resident', 'Business in Alaska', 'Visiting Alaska', and 'State Employees', along with 'State of Alaska | © 2019 | Webmaster' and a decorative graphic of stars and the state outline.



Michael J. Dunleavy, Governor
State of Alaska

Adam Crum, Commissioner
Department of Health & Social Services

3601 C Street, Suite 902
Anchorage, Alaska 99503
Phone: (907) 269-7800

www.dhss.alaska.gov/

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