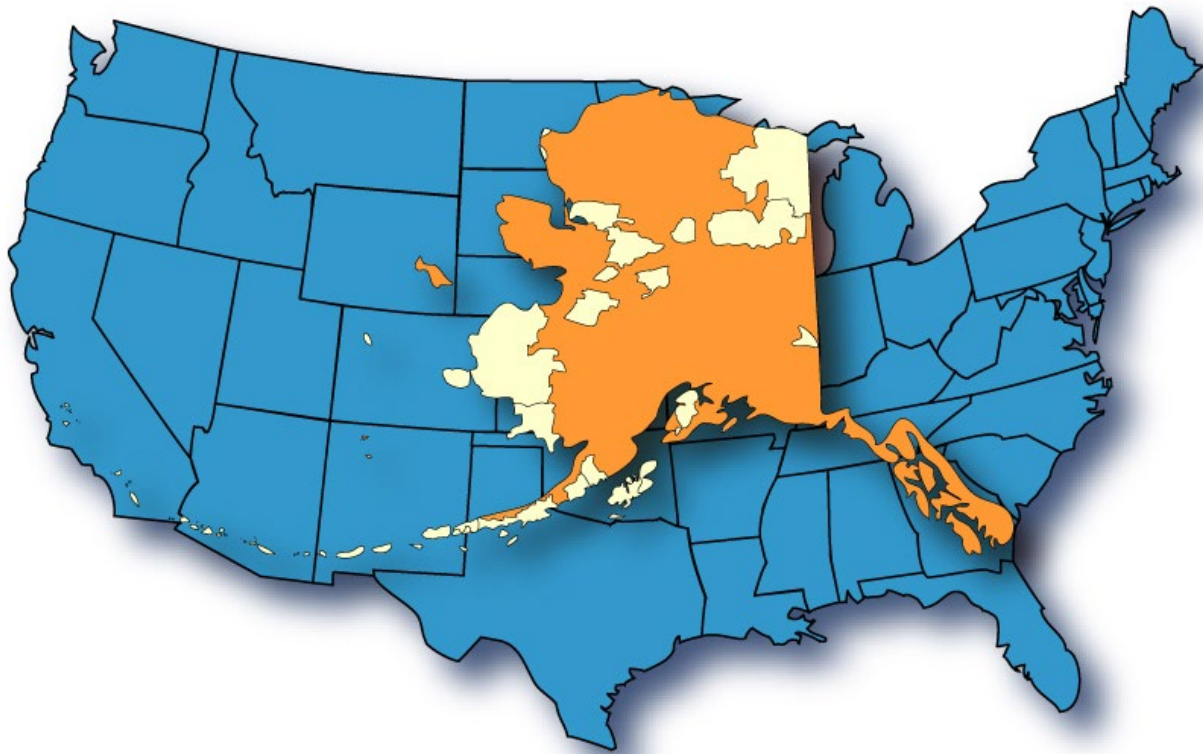


# ALASKA MEDICAID ACCESS MONITORING REVIEW PLAN



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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 (SFY) 2017 and SFY 2018 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 SFY 2019 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 SFY 2019 and 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 eligible low-income individuals including children, pregnant women, individuals with disabilities, elderly, parents of eligible children, and other eligible adults. The Alaska Medicaid program was expanded in September 2015 to improve access to health care services throughout the state. Over the last four plus years, enrollment in the Alaska Medicaid program has grown significantly, providing coverage to 34 percent of Alaska's residents.

In SFY 2019, Alaska Medicaid provided coverage to approximately 251,499 beneficiaries with total expenditures of approximately \$2.26 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 731,283 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.

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 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 SFY 2016, SFY 2017, and SFY 2018. In SFY 2016 and SFY 2017, Alaska implemented cost containment strategies that suspended customary inflation adjustments for specified Medicaid providers. Additional cost containment measures were implemented in SFY 2018, 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, 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 SFY 2023:

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

In SFY 2019, cost containment measures implemented in SFY 2018 were reversed and inflation was granted. On January 1, 2019, a rebase increase to community behavioral health services of about 20 percent was implemented. In SFY 2020, a one-year 5 percent rate reduction was applied to all providers except primary care providers, critical access hospitals, federally qualified health centers, services priced at Medicare rates such as durable medical equipment and hospice, providers paid at billed charges such as taxis, and select other providers whose rates have not been adjusted in several years such as private duty nursing services. Annual inflation was also withheld for providers who typically receive inflation. In SFY 2020 additional cost containment strategies were adopted, requiring the following provider types to also be subject to AMRP monitoring through 2023.

- Additional Behavioral Health Services Behavioral Health Autism, and Behavioral Analyst services
- Transportation and Lodging services
- Personal Care Services
- Nursing services
- Dental 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.

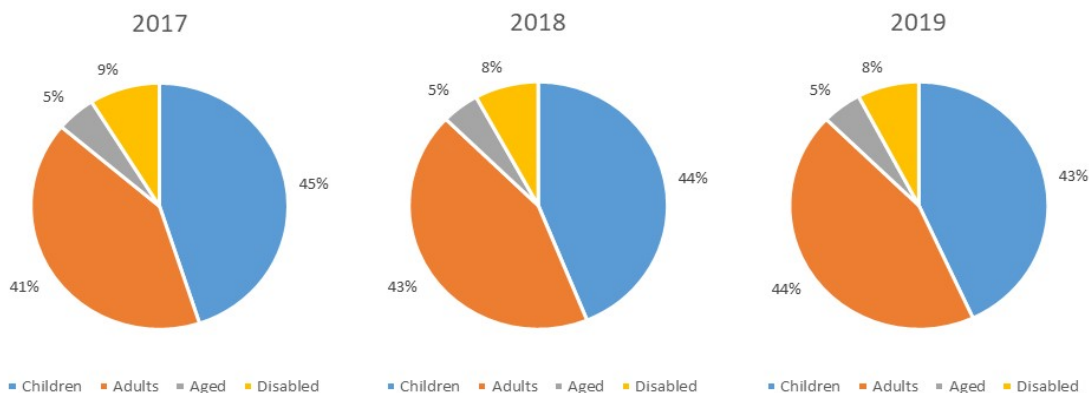
To protect the members’ privacy and for ease of reporting, eligible individuals (see “Background” on page 4) have been grouped by Eligibility Category. Children include all children age birth through 20 years old. Adults are members who are 21 through 64 years old. The Aged group includes members 65 years of age and older, while the Disabled group includes members with a permanent disability as described by the Social Security Administration.

Figures 1 and 2 below detail Alaska Medicaid beneficiary enrollment by eligibility category for SFY 2017 through SFY 2019.

**Figure 1. ALASKA MEDICAID BENEFICIARY ENROLLMENT BY ELIGIBILITY CATEGORY**

Statewide Beneficiary Enrollment by Eligibility Category			
ELIGIBILITY CATEGORY	2017	2018	2019
Children	104,474	106,466	108,504
Adults	95,728	105,498	111,021
Aged	11,536	11,428	12,512
Disabled	20,590	19,394	19,462
Total	<b>232,328</b>	<b>242,786</b>	<b>251,499</b>

**Figure 2. DISTRIBUTION OF ALASKA MEDICAID BENEFICIARY ENROLLMENT BY ELIGIBILITY CATEGORY**



## Medicaid Services

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.

## Medicaid 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 16 of Alaska’s 19 boroughs as “Counties with Extreme Access Considerations [CEAC].”<sup>1</sup> 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.

To ensure privacy and HIPAA compliance, rather than utilize the MACT described above, Alaska is drawing from the objective time and distance standards used by its Department of Labor and Workforce Development (DOLWD) for population and census work. The DOLWD 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).

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<sup>1</sup> See CY2015 MA HSD Provider and Facility Specialties and Network Adequacy Criteria Guidance. Verified September 15, 2020. [https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/Downloads/MA\\_Network\\_Adequacy\\_Criteria\\_Guidance\\_Document\\_1-10-17.pdf](https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/Downloads/MA_Network_Adequacy_Criteria_Guidance_Document_1-10-17.pdf)

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**

<b>ALASKA ECONOMIC REGIONS</b>	<b>2017 Total Population</b>	<b>2018 Total Population</b>	<b>2019 Total Population</b>
<b>Anchorage/Mat-Su</b> Anchorage, City and Municipality of Matanuska-Susitna Borough	401,649	401,108	<b>398,283</b>
<b>Gulf Coast</b> Kenai Peninsula Borough Kodiak Island Borough Valdez-Cordova Census Area	80,698	81,058	<b>80,866</b>
<b>Interior</b> Denali Borough Fairbanks North Star Borough SE Fairbanks Census Area Yukon-Koyukuk Census Area	111,191	111,214	<b>109,847</b>
<b>Northern</b> Nome Census Area North Slope Borough Northwest Arctic Borough	27,705	27,704	<b>27,432</b>
<b>Southwest</b> Aleutians East Borough Aleutians West Borough Bethel Census Area Bristol Bay Borough Dillingham Census Area Kusilvak Census Area Lake and Peninsula Borough	42,202	42,279	<b>42,206</b>
<b>Southeast</b> 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	72,915	72,876	<b>72,373</b>
<b>Total State Population</b>	<b>737,080</b>	<b>736,239</b>	<b>731,283</b>



## 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 SFY 2019, Alaska Medicaid had 17,679 enrolled in-state providers and 9,131 out-of-state providers. These providers were active for at least some part of SFY 2019 but may not have been active for the entire year. On average, the program received 325 applications for new provider enrollments each month during SFY 2019. 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 SFY 2017 through SFY 2019 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 \$91.2 million in SFY 2019. 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. In 2018, approximately 250 Alaskan communities had telehealth capability; currently telehealth is being utilized throughout the state.

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 SFY 2017 through SFY 2019. With the implementation of cost containment strategies in SFY 2020, enrollment for providers affected by the rate adjustments will be monitored through SFY 2023 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.

Within the provider community, Alaska has an extensive network of 677 statewide safety-net providers.<sup>2</sup> 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.

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<sup>2</sup> *Directory of Alaska Health Care Safety Net Providers.*

<http://dhss.alaska.gov/dph/HealthPlanning/Pages/SafetyNetDirectory.aspx> Verified September 1, 2020

## 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 Type Code	Description
001	General Hospital
002	Inpatient Psychiatric Hospital
003	Residential Psychiatric Treatment Center
010	SNF/ICF 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 Occ, Speech, and PT center
046	Direct Entry Midwife
051	Federally Qualified Health Center
054	Family Planning Clinic
058	Private Duty Nursing Agency
060	Home Health Agency <sup>1</sup>
061	Care Coordination Agency
062	Ambulatory Surgical Centers <sup>2</sup>
063	Licensed Practical Nurse
064	Registered Nurse
068	Care Coordinator
075	Optician

081	Radiology Provider
082	Ground Ambulance Service
085	Airline
086	Wheelchair Van Services
087	Prematernal Home
088	Hotel/Motel with Restaurant
089	Hotel/Motel without Restaurant
094	Personal Care Assistant
095	Personal Care Agency
097	Free Standing Birthing Center <sup>3</sup>
102	Air Ambulance
107	Behavioral Health <sup>4</sup>
108	Behavioral Rehabilitation Services Center <sup>4</sup>
112	ESRD Free Standing or Indep Facility
117	Certified Registered Nurse Anesthetist
123	Board Certified Behavior Analyst
125	Autism Behavior Technician

Providers are identified by determining 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, 2019 to June 30, 2020, the in-state Alaska Medicaid provider base dropped by 4.53%. The decrease is attributed, in part, to the department’s commencement of a provider clean-up effort to disenroll providers that had not billed the program during the most recent 18 months.<sup>3</sup> 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.

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<sup>3</sup> 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 2019 had disassociated themselves from the program before cost containment measures were initiated.

## 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 rendered via 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 (RBRVS), 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

Alaska Medicaid's rate structure can be summarized into three main categories and a catch all: Cost; Charge; Resource Based Relative Value Scale (RBRVS); and Other. The following is an overview of how the different rates are composed:

**Cost Based Rate** – Prospective cost-based rates are calculated using Medicare Cost Reports, working trial balance, audited financial statements, and other supporting documentation. These rates are based on allowable costs, establishing a rate based on historical information.

**Charge Based Rate** – A charge-based rate is a reimbursement based on actual charges determined after the service has been provided. Alaska pays based on a percent of the charged amount typically within certain limits.

**RBRVS-** RBRVS is based on the Providers work, their expenses and liability insurance costs. This payment rate is used by CMS and other providers. In December 2018, Medicaid rates for services like 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 (CF). Alaska Medicaid's CF for SFY 18 was 40.5730; Medicare's CF for Calendar Year (CY) 18 was 35.9996. The larger CF for Alaskan Medicaid means professional services were reimbursed 12.7% above Alaska Medicare rates during SFY 18.

**Other-** "Other services fall into the catch all category of "Other" because they have rates that were set using methodologies that don't fall into the three main categories. These other rates include services that are set at Medicare rates, are modeled methodology rates, or are fee schedule rates.

## Provider Rate Findings

Based on the analysis of each provider type for each category of service subject to the AMRP, 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

### Quantitative 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 SFY 2019. 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 SFY 2018 and SFY 2019 reveals a slight dip, (4.53%) in overall enrollment. There is an increase of loss of providers in several of the reviewed providers in SFY 2019 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 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 SFY 2017, SFY 2018, and SFY 2019. 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**

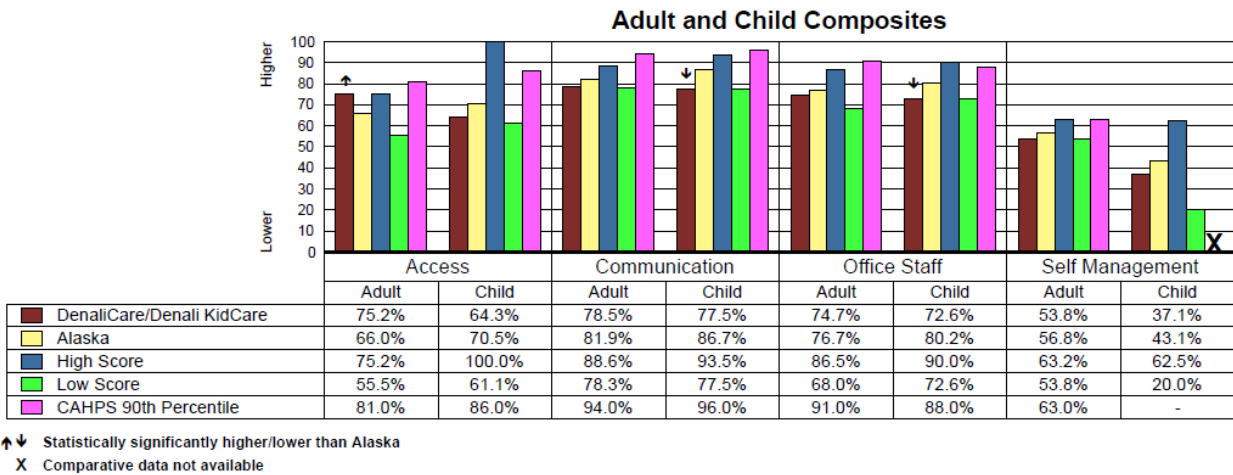
<b>Average Encounters per Beneficiary</b>			
<b>Program</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Children</b>	12.76	12.42	14.25
<b>Adults</b>	16.40	14.62	16.59
<b>Aged</b>	55.12	38.88	46.23
<b>Disabled</b>	82.19	72.34	86.65
<b>Average Overall</b>	<b>22.52</b>	<b>19.41</b>	<b>22.48</b>

**Qualitative Survey**

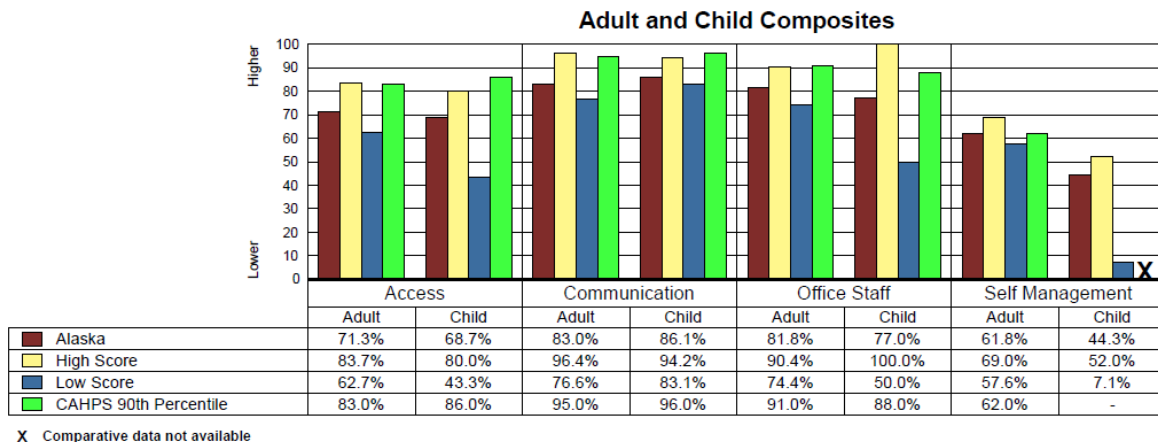
Alaska Medicaid uses the Consumer Assessment of Health Plans and Systems Experience of Care Survey (CAHPS) to measure patient experience and access to care from the patient’s perspective for primary care services delivered to both children and adults.

Alaska Medicaid administered the CAHPS survey for services delivered to adults and children enrolled in Medicaid in SFY 2018 (Figure 5) and in SFY 2019 (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 2018 CAHPS SURVEY - ADULTS AND CHILDREN**



**Figure 6. RESULTS 2019 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, a full-time Recipient Services Manager, and has contracted with an Administrative Services Organization to manage enhancements to Alaska’s behavioral health system with implementation of a Section 1115 Behavioral Health Waiver Demonstration. The Recipient Services Manager communicates daily with beneficiaries to address questions or resolve issues, including investigating complaints about access and quality of care. The Administrative Services Organization is responsible for Provider Regional Capacity Development and Support (Liaisons and Provider Relations), and participant outreach and support.

## 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 is one provider type in one region, 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: 040 - Speech Therapist / Language Pathologist in the Southwest Region. Enrollment decreased by one provider who was disenrolled due to inactivity. The provider failed to submit any claim for services delivered to Alaska Medicaid Recipients in more than 18 months. The percent of decrease is 50.00% and seems high due to the low number of providers of this provider type in the region, going from two (2) providers in SFY 18 to one (1) in SFY 19.



## 2019 Report Findings

The Alaska Medicaid program has seen a decrease (4.53%) in overall statewide provider enrollment from 2017 through 2019 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.

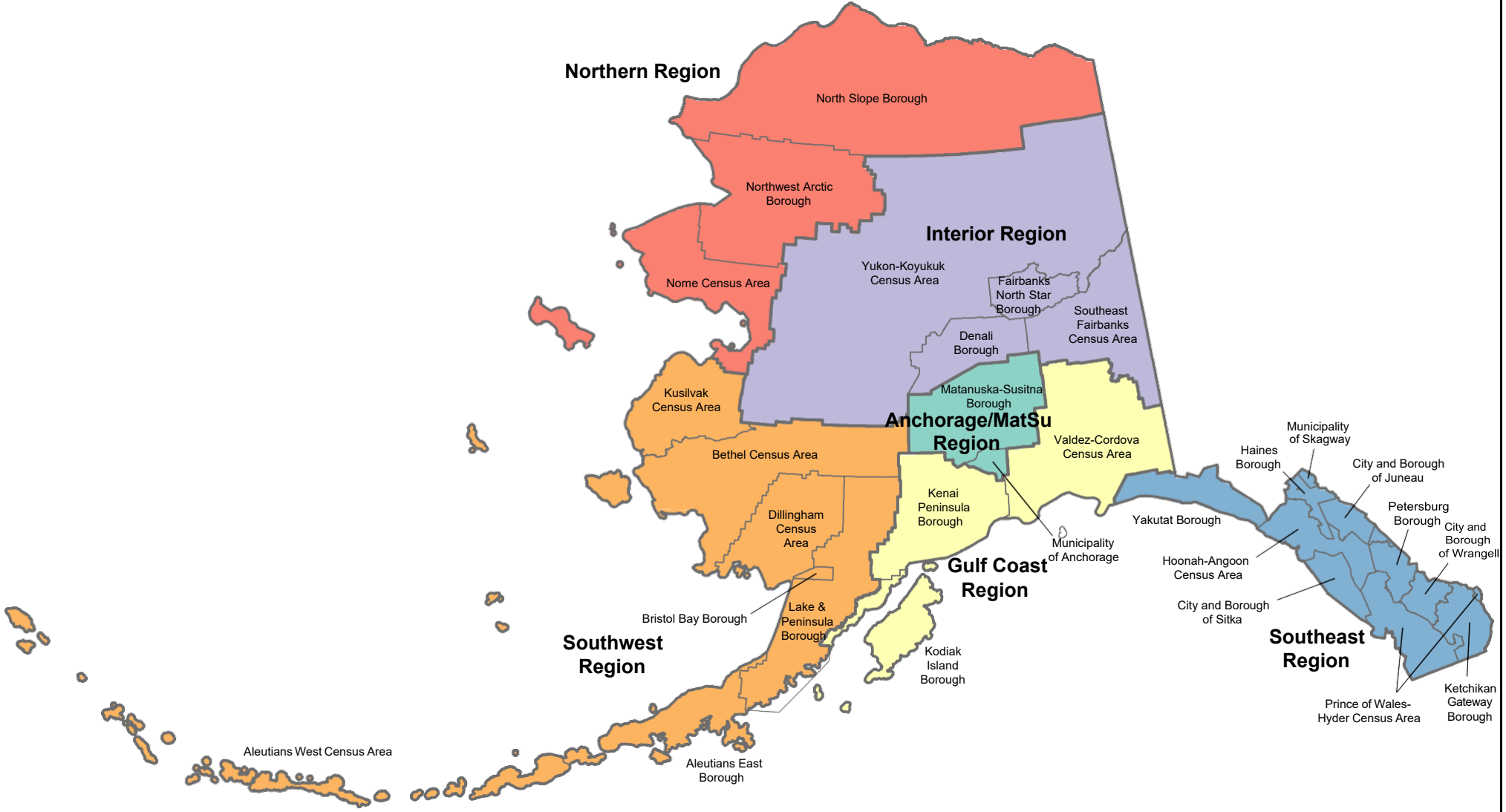
## Report Submission and Public Input

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 SFY 2020. 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 SFY 2020. This follows the inflationary increases granted in SFY 2019 along with the return of the 5 percent rate cuts for the SFY 2018 effected 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 2019 final report will include the required three months prior and three-month post utilization evaluation for the services affected by the SFY 2020 rate adjustments.

Prior to submission to CMS, Alaska Medicaid presented the results of the AMRP for review to the Alaska Medical Care Advisory Committee (MCAC) on September 28, 2020, 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 October 20, 2020 and remained active for comment closing at the end of business on November 21, 2020. There were no public comments received. 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**

AK 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)		
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
001 - General Hospital	20	20	21	5	5	5	6	6	6	3	2	2	1	2	2	5	5	6	.	.	.
002 - Inpatient Psychiatric Hospital	2	2	3	2	2	3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
003 - Residential Psychiatric Treatment	5	5	5	4	4	4	.	.	.	1	1	1	.	.	.	.	.	.	.	.	.
010 - SNF/ICF Facility	19	19	21	3	3	4	6	6	6	2	2	2	2	2	2	5	5	6	1	1	1
020 - Physician (MD)	3090	2969	3090	1782	1769	1862	263	247	249	310	289	287	117	123	140	473	416	419	145	125	133
021 - Health Professional Group	1007	990	1013	629	630	644	129	131	132	139	124	124	4	3	3	103	100	105	3	2	5
025 - Chiropractor	184	187	178	127	131	123	19	20	20	20	18	18	.	.	.	18	18	17	.	.	.
030 - Dentist	836	803	802	418	397	415	112	108	105	92	87	91	38	36	39	108	101	81	68	74	71
033 - Physician Assistant	658	589	632	321	306	330	65	49	52	112	94	98	26	23	26	65	55	58	69	62	68
034 - Advanced Practice Registered Nurse	884	904	994	480	491	540	90	93	103	87	90	89	40	39	48	121	117	132	66	74	82
035 - Optometrist	187	175	177	111	108	106	15	13	13	24	20	21	7	7	8	18	16	18	12	11	11
036 - Podiatrist	27	27	27	15	14	15	3	3	2	4	4	4	.	1	1	5	5	5	.	.	.
039 - Physical Therapist	589	635	654	354	371	382	73	86	84	91	101	105	10	11	11	51	55	61	10	11	11
040 - Speech Therapist / Language Pathol	228	230	227	145	151	150	24	27	27	40	33	30	2	2	2	15	15	17	2	2	1
041 - Occupational Therapist	209	228	246	142	155	168	25	27	28	24	25	28	2	3	2	15	17	19	1	1	1
042 - Psychologist	76	77	73	49	51	52	2	2	2	10	10	7	4	3	4	8	8	6	3	3	2
043 - Audiologist	43	43	50	27	27	28	2	2	2	4	5	5	4	4	5	4	3	6	2	2	4
044 - Hearing Aid Supplier	9	9	9	3	3	3	1	1	1	.	.	.	1	1	1	2	2	2	2	2	2
045 - Outpatient Occ, Speech, and PT cen	17	17	16	9	9	9	4	4	3	2	2	2	.	.	.	2	2	2	.	.	.
046 - Direct Entry Midwife	49	44	47	27	25	24	6	5	6	8	8	10	1	1	2	7	5	5	.	.	.

051 - Federally Qualified Health Center	33	24	23	8	8	9	6	6	6	3	3	3	.	.	.	13	4	2	3	3	3
054 - Family Planning Clinic	5	5	5	1	1	1	2	2	2	1	1	1	.	.	.	1	1	1	.	.	.
058 - Private Duty Nursing Agency	4	4	1	2	2	1	1	1	.	.	.	.	.	.	.	1	1	.	.	.	.
059 - Hospice	6	5	6	3	3	4	.	.	.	2	1	1	.	.	.	1	1	1	.	.	.
060 - Home Health Agency	16	15	15	8	8	8	2	2	2	2	1	1	.	.	.	4	4	4	.	.	.
061 - Care Coordination Agency	163	132	131	93	84	89	35	22	22	13	10	9	4	3	2	16	12	8	2	1	1
062 - Ambulatory Surgical Center	17	18	20	14	14	16	.	1	1	1	1	1	.	.	.	1	1	1	1	1	1
063 - Licensed Practical Nurse	138	134	116	138	134	116	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
064 - Registered Nurse	214	213	137	202	206	137	8	4	.	.	.	.	.	.	.	4	3	.	.	.	.
068 - Care Coordinator	319	251	248	178	152	158	64	45	39	26	20	19	6	5	5	36	23	20	9	6	7
075 - Optician	17	15	13	10	8	7	.	.	.	5	5	5	.	.	.	2	2	1	.	.	.
076 - Medical Supplier	117	113	106	68	68	66	22	21	19	15	14	11	.	.	.	12	10	10	.	.	.
081 - Radiology Provider	1	1	1	.	.	.	.	.	.	1	1	1	.	.	.	.	.	.	.	.	.
082 - Ground Ambulance Service	48	49	49	5	5	5	13	13	13	8	10	10	3	3	3	14	13	13	5	5	5
085 - Airline	20	19	.	6	5	.	3	3	.	1	1	.	.	.	.	3	3	.	7	7	.
086 - Wheelchair Van Services	12	11	9	11	10	9	.	.	.	1	1	.	.	.	.	.	.	.	.	.	.
087 - Prematernal Home	3	3	3	.	.	.	.	.	.	.	.	.	1	1	1	.	.	.	2	2	2
088 - Hotel/Motel with Restaurant	40	42	34	16	18	15	3	3	1	6	6	4	3	3	3	7	7	7	5	5	4
089 - Hotel/Motel without Restaurant	34	34	25	18	21	18	2	2	1	5	4	3	.	.	.	5	3	3	4	4	.
094 - Personal Care Assistant	9725	7181	6072	6497	4765	4060	1479	1153	970	707	471	406	70	42	22	646	541	453	326	209	161
095 - Personal Care Agency	70	65	63	39	35	35	12	10	9	4	4	4	2	2	1	11	11	11	2	3	3
097 - Free Standing Birthing Center	12	13	14	10	10	11	.	1	1	1	1	1	.	.	.	1	1	1	.	.	.
102 - Air Ambulance	10	17	18	4	6	6	.	.	.	1	3	3	1	2	3	3	5	5	1	1	1
107 - Behavioral Health	95	114	135	41	56	69	14	17	21	12	14	16	3	3	2	21	20	24	4	4	3
108 - Behavioral Rehabilitation Services	25	24	24	5	5	5	2	2	2	7	7	7	3	3	3	7	6	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	174	158	158	110	107	108	18	15	18	17	12	11	.	.	.	24	21	19	5	3	2
123 - Board Certified Behavior Analyst	.	8	23	.	6	18	.	.	2	.	2	3	.	.	.	.	.	.	.	.	.
125 - Autism Behavior Technician	.	18	92	.	6	66	.	.	4	.	12	22	.	.	.	.	.	.	.	.	.

## APPENDIX C



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

AK 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)				
	2017	2018	2019	% Change 18-19	2017	2018	2019	% Change 18-19	2017	2018	2019	% Change 18-19	2017	2018	2019	% Change 18-19	2017	2018	2019	% Change 18-19	2017	2018	2019	% Change 18-19	2017	2018	2019	% Change 18-19	
001 - General Hospital	20	20	21	5.00%	5	5	5	0.00%	6	6	6	0.00%	3	2	2	0.00%	1	2	2	0.00%	5	5	6	20.00%	.	.	.	.	
002 - Inpatient Psychiatric Hospital	2	2	3	50.00%	2	2	3	50.00%	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
003 - Residential Psychiatric Treatment	5	5	5	0.00%	4	4	4	0.00%	.	.	.	.	1	1	1	0.00%	.	.	.	.	.	.	.	.	.	.	.	.	.
010 - SNF/ICF Facility	19	19	21	10.53%	3	3	4	33.33%	6	6	6	0.00%	2	2	2	0.00%	2	2	2	0.00%	5	5	6	20.00%	1	1	1	0.00%	
020 - Physician (MD)	3,090	2,969	3,090	4.08%	1,782	1,769	1,862	5.26%	263	247	249	0.81%	310	289	287	-0.69%	117	123	140	13.82%	473	416	419	0.72%	145	125	133	6.40%	
021 - Health Professional Group	1,007	990	1,013	2.32%	629	630	644	2.22%	129	131	132	0.76%	139	124	124	0.00%	4	3	3	0.00%	103	100	105	5.00%	3	2	5	150.00%	
025 - Chiropractor	184	187	178	-4.81%	127	131	123	-6.11%	19	20	20	0.00%	20	18	18	0.00%	.	.	.	.	18	18	17	-5.56%	.	.	.	.	
030 - Dentist	836	803	802	-0.12%	418	397	415	4.53%	112	108	105	-2.78%	92	87	91	4.60%	38	36	39	8.33%	108	101	81	-19.80%	68	74	71	-4.05%	
033 - Physician Assistant	658	589	632	7.30%	321	306	330	7.84%	65	49	52	6.12%	112	94	98	4.26%	26	23	26	13.04%	65	55	58	5.45%	69	62	68	9.68%	
034 - Advanced Practice Registered Nurse	884	904	994	9.96%	480	491	540	9.98%	90	93	103	10.75%	87	90	89	-1.11%	40	39	48	23.08%	121	117	132	12.82%	66	74	82	10.81%	
035 - Optometrist	187	175	177	1.14%	111	108	106	-1.85%	15	13	13	0.00%	24	20	21	5.00%	7	7	8	14.29%	18	16	18	12.50%	12	11	11	0.00%	
036 - Podiatrist	27	27	27	0.00%	15	14	15	7.14%	3	3	2	-33.33%	4	4	4	0.00%	.	1	1	0.00%	5	5	5	0.00%	.	.	.	.	
039 - Physical Therapist	589	635	654	2.99%	354	371	382	2.96%	73	86	84	-2.33%	91	101	105	3.96%	10	11	11	0.00%	51	55	61	10.91%	10	11	11	0.00%	
040 - Speech Therapist / Language Pathol	228	230	227	-1.30%	145	151	150	-0.66%	24	27	27	0.00%	40	33	30	-9.09%	2	2	2	0.00%	15	15	17	13.33%	2	2	1	-50.00%	
041 - Occupational Therapist	209	228	246	7.89%	142	155	168	8.39%	25	27	28	3.70%	24	25	28	12.00%	2	3	2	-33.33%	15	17	19	11.76%	1	1	1	0.00%	
042 - Psychologist	76	77	73	-5.19%	49	51	52	1.96%	2	2	2	0.00%	10	10	7	-30.00%	4	3	4	33.33%	8	8	6	-25.00%	3	3	2	-33.33%	
043 - Audiologist	43	43	50	16.28%	27	27	28	3.70%	2	2	2	0.00%	4	5	5	0.00%	4	4	5	25.00%	4	3	6	100.00%	2	2	4	100.00%	
044 - Hearing Aid Supplier	9	9	9	0.00%	3	3	3	0.00%	1	1	1	0.00%	.	.	.	.	1	1	1	0.00%	2	2	2	0.00%	2	2	2	0.00%	

Alaska Medicaid Access Monitoring Review Plan

045 - Outpatient Occ, Speech, and PT cen	17	17	16	-5.88%	9	9	9	0.00%	4	4	3	-25.00%	2	2	2	0.00%	.	.	.	.	2	2	2	0.00%	.	.	.	.
046 - Direct Entry Midwife	49	44	47	6.82%	27	25	24	-4.00%	6	5	6	20.00%	8	8	10	25.00%	1	1	2	100.00%	7	5	5	0.00%	.	.	.	.
051 - Federally Qualified Health Center	33	24	23	-4.17%	8	8	9	12.50%	6	6	6	0.00%	3	3	3	0.00%	.	.	.	.	13	4	2	-50.00%	3	3	3	0.00%
054 - Family Planning Clinic	5	5	5	0.00%	1	1	1	0.00%	2	2	2	0.00%	1	1	1	0.00%	.	.	.	.	1	1	1	0.00%	.	.	.	.
058 - Private Duty Nursing Agency	4	4	1	-75.00%	2	2	1	-50.00%	1	1	.	.	.	.	.	.	.	.	.	.	1	1	.	.	.	.	.	.
060 - Home Health Agency	16	15	15	0.00%	8	8	8	0.00%	2	2	2	0.00%	2	1	1	0.00%	.	.	.	.	4	4	4	0.00%	.	.	.	.
061 - Care Coordination Agency	163	132	131	-0.76%	93	84	89	5.95%	35	22	22	0.00%	13	10	9	-10.00%	4	3	2	-33.33%	16	12	8	-33.33%	2	1	1	0.00%
062 - Ambulatory Surgical Center	17	18	20	11.11%	14	14	16	14.29%	.	1	1	0.00%	1	1	1	0.00%	.	.	.	.	1	1	1	0.00%	1	1	1	0.00%
063 - Licensed Practical Nurse	138	134	116	-13.43%	138	134	116	-13.43%	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
064 - Registered Nurse	214	213	137	-35.68%	202	206	137	-33.50%	8	4	.	.	.	.	.	.	.	.	.	.	4	3	.	.	.	.	.	.
068 - Care Coordinator	319	251	248	-1.20%	178	152	158	3.95%	64	45	39	-13.33%	26	20	19	-5.00%	6	5	5	0.00%	36	23	20	-13.04%	9	6	7	16.67%
075 - Optician	17	15	13	-13.33%	10	8	7	-12.50%	.	.	.	.	5	5	5	0.00%	.	.	.	.	2	2	1	-50.00%	.	.	.	.
076 - Medical Supplier	117	113	106	-6.19%	68	68	66	-2.94%	22	21	19	-9.52%	15	14	11	-21.43%	.	.	.	.	12	10	10	0.00%	.	.	.	.
081 - Radiology Provider	1	1	1	0.00%	.	.	.	.	.	.	.	.	1	1	1	0.00%	.	.	.	.	.	.	.	.	.	.	.	.
082 - Ground Ambulance Service	48	49	49	0.00%	5	5	5	0.00%	13	13	13	0.00%	8	10	10	0.00%	3	3	3	0.00%	14	13	13	0.00%	5	5	5	0.00%
085 - Airline	20	19	.	.	6	5	.	.	3	3	.	.	1	1	.	.	.	.	.	.	3	3	.	.	7	7	.	.
086 - Wheelchair Van Services	12	11	9	-18.18%	11	10	9	-10.00%	.	.	.	.	1	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.
087 - Prematernal Home	3	3	3	0.00%	.	.	.	.	.	.	.	.	.	.	.	.	1	1	1	0.00%	.	.	.	.	2	2	2	0.00%
088 - Hotel/Motel with Restaurant	40	42	34	-19.05%	16	18	15	-16.67%	3	3	1	-66.67%	6	6	4	-33.33%	3	3	3	0.00%	7	7	7	0.00%	5	5	4	-20.00%
089 - Hotel/Motel without Restaurant	34	34	25	-26.47%	18	21	18	-14.29%	2	2	1	-50.00%	5	4	3	-25.00%	.	.	.	.	5	3	3	0.00%	4	4	.	.
094 - Personal Care Assistant	9,725	7,181	6,072	-15.44%	6,497	4,765	4,060	-14.80%	1,479	1,153	970	-15.87%	707	471	406	-13.80%	70	42	22	-47.62%	646	541	453	-16.27%	326	209	161	-22.97%
095 - Personal Care Agency	70	65	63	-3.08%	39	35	35	0.00%	12	10	9	-10.00%	4	4	4	0.00%	2	2	1	-50.00%	11	11	11	0.00%	2	3	3	0.00%
097 - Free Standing Birthing Center	12	13	14	7.69%	10	10	11	10.00%	.	1	1	0.00%	1	1	1	0.00%	.	.	.	.	1	1	1	0.00%	.	.	.	.

102 - Air Ambulance	10	17	18	5.88%	4	6	6	0.00%	.	.	.	.	1	3	3	0.00%	1	2	3	50.00%	3	5	5	0.00%	1	1	1	0.00%	
107 - Behavioral Health	95	114	135	18.42%	41	56	69	23.21%	14	17	21	23.53%	12	14	16	14.29%	3	3	2	-33.33%	21	20	24	20.00%	4	4	3	-25.00%	
108 - Behavioral Rehabilitation Services	25	24	24	0.00%	5	5	5	0.00%	2	2	2	0.00%	7	7	7	0.00%	3	3	3	0.00%	7	6	6	0.00%	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	174	158	158	0.00%	110	107	108	0.93%	18	15	18	20.00%	17	12	11	-8.33%	.	.	.	.	24	21	19	-9.52%	5	3	2	-33.33%	
123 - Board Certified Behavior Analyst	.	8	23	187.50%	.	6	18	200.00%	.	.	2	.	.	2	3	50.00%	.	.	.	.	.	.	.	.	.	.	.	.	.
125 - Autism Behavior Technician	.	18	92	411.11%	.	6	66	1000.00%	.	.	4	.	.	12	22	83.33%	.	.	.	.	.	.	.	.	.	.	.	.	
Total	1946	1666	1582	-5.01%	1214	1039	990	-4.73%	253	215	197	-8.31%	181	152	146	-3.55%	355	328	341	3.96%	185	163	155	-5.07%	761	625	586	-6.24%	

## APPENDIX D

## Alaska Medicaid Provider Payment Methodologies

Provider Type Code	Description	Cost	Charges	RBRVS/ Above Medicare	Other (Medicare Rates, Modeled, Fee Schedule, 2005 Costs, etc.)
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	
030	Dentist			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	
044	Hearing Aid Supplier	X			
045	Outpatient Occ, Speech, and PT center			X	
046	Direct Entry Midwife			X	
51	Federally Qualified Health Center	X			
54	Family Planning Clinic		X		
058	Private Duty Nursing Agency		X		
60	Home Health Agency <sup>1</sup>				X
061	Care Coordination Agency				X
062	Ambulatory Surgical Centers <sup>2</sup>				X
063	Licensed Practical Nurse				X
064	Registered Nurse				X
068	Care Coordinator				X
075	Optician			X	

076	Medical Supplier		X		
081	Radiology Provider			X	
082	Ground Ambulance Service				X
085	Airline				X
086	Wheelchair Van Services				X
087	Prematernal Home				X
088	Hotel/Motel with Restaurant				X
089	Hotel/Motel without Restaurant				X
094	Personal Care Assistant				X
095	Personal Care Agency				X
097	Free Standing Birthing Center <sup>3</sup>				X
102	Air Ambulance				X
107	Behavioral Health <sup>4</sup>				X
108	Behavioral Rehabilitation Services Center <sup>4</sup>				X
112	ESRD Free Standing or Indep Facility		X		
117	Certified Registered Nurse Anesthetist			X	
123	Board Certified Behavior Analyst				X

<b>125</b>	<b>Autism Behavior Technician</b>				<b>X</b>
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<sup>1</sup> 80% of billed charges

<sup>2</sup> Paid under former Medicare "Grouper" methodology

<sup>3</sup> 75% of state weighted average of 1 day vaginal-birth hospital stay

<sup>4</sup> 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 Online Public Notices](#) system for public comment. The report was available for comment October 20, 2020 through November 21, 2020.

The screenshot shows the 'State of Alaska' website header with navigation links: myAlaska, My Government, Resident, Business in Alaska, Visiting Alaska, and State Employees. The main heading is 'Online Public Notices'. Below this is a 'VIEW Notice' section with a navigation bar containing 'Home', 'Search', 'Browse', 'View', and 'Log In'. The main content area features the title 'Alaska Medicaid Access Monitoring Review Plan' and a detailed text block. To the right of the text is a 'Tools' section with 'Print' and 'Short URL' links, and a 'Share' section with social media icons for Facebook, Twitter, Email, and a plus sign. Below the main text is a section for 'Attachments, History, Details'. The 'Attachments' section lists 'AMRP Final Draft-Public Comment.docx'. The 'Revision History' section shows three entries: 'Created 10/20/2020 12:13:27 PM by kamollette', 'Modified 10/20/2020 12:14:40 PM by kamollette', and 'Modified 11/16/2020 10:13:06 AM by kamollette'. The 'Details' section includes: Department: Health and Social Services; Category: Public Notices; Sub-Category: Statewide; Location(s): Statewide; Project/Regulation #: 10/20/2020; Publish Date: 10/20/2020; Archive Date: 11/21/2020; and Events/Deadlines: (empty). The footer contains links for 'Help', 'Alaska Admin Journal', and 'Contact'.

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## Alaska Medicaid Access Monitoring Review Plan

Public comment is invited on the draft Department of Health and Social Services Alaska Medicaid Access Monitoring Review Plan (AMRP) 2019 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 AMRP is due every three years, but interim reports are due more frequently should there be rate adjustments. The Alaska Medicaid AMRP 2019 Final Report is required in response to rate adjustments made in state fiscal years 2017 and 2018.

The draft report is attached for public review and comment. Those interested in providing comment may do so by submitting comments through email to [marcey.bish@alaska.gov](mailto:marcey.bish@alaska.gov). You may enter your comments directly into the email or attach a Word document or PDF to your message.

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**Attachments**  
[AMRP Final Draft-Public Comment.docx](#)

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