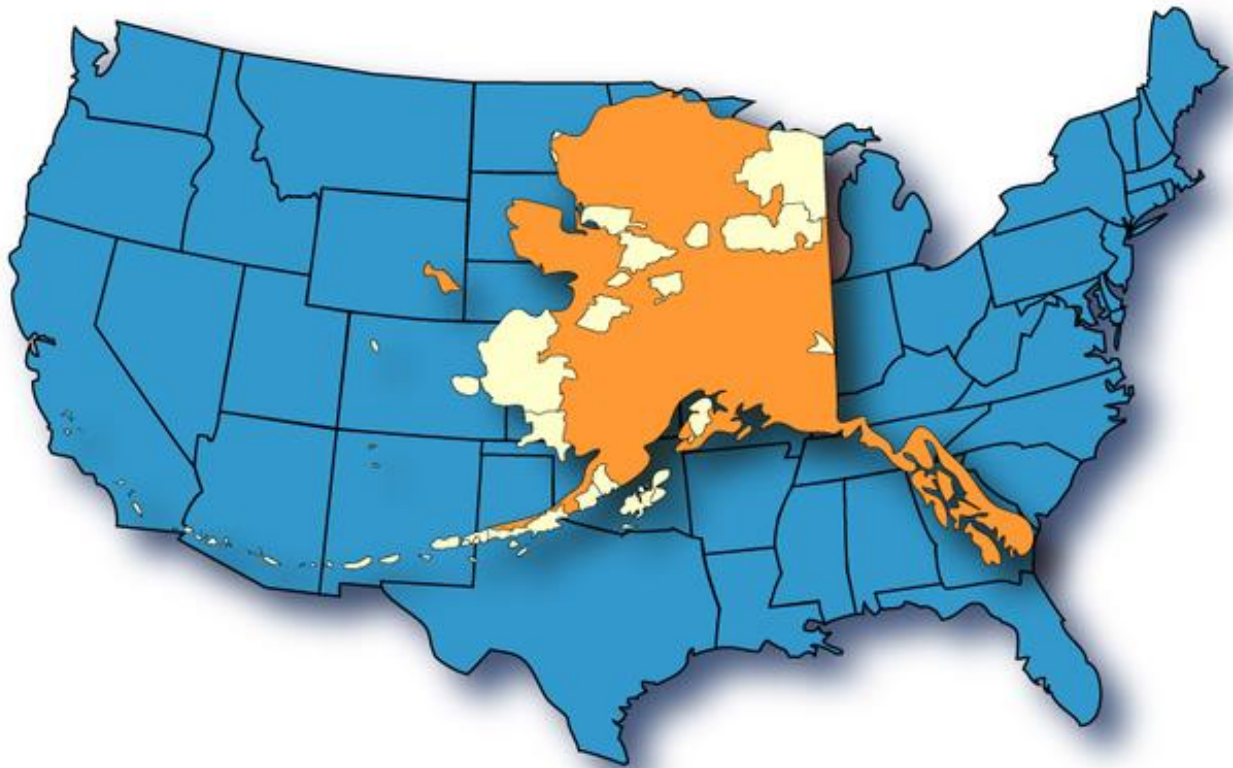


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# ALASKA MEDICAID ACCESS MONITORING REVIEW PLAN



**July 1, 2016**

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## Overview

Alaska Medicaid developed this Access Monitoring Review Plan in accordance with 42 CFR 447.203, Methods for Assuring Access to Covered Medicaid Services. The law requires state Medicaid programs to ensure that their beneficiaries have the same access to care and services as the general population in the same geographic area. The plan focuses on the following service categories provided under a fee-for-service arrangement:

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

The Access Monitoring Review Plan will also be used to evaluate services affected by Medicaid rate reductions, including services that were affected by the State's suspension of inflationary rate adjustments in SFY 2016. The plan was developed in 2016 during the months of January through June, and it received input from the Alaska Medical Care Advisory Committee, and the general public.

Alaska is a highly unique state in terms of geographic size and population. Geographically, Alaska is the largest state in the union. At approximately 663,300 square miles, Alaska is larger than the next three biggest states (Texas, California, Montana) combined. With its vast land, Alaska also happens to have the third lowest population in the U.S. at 737,625. With a population density of 1.1 people per square mile, a road system that is accessible 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 care for its Medicaid beneficiaries.

Alaska Medicaid provides healthcare coverage for low-income individuals, including children, pregnant women, individuals with disabilities, elderly, parents and other eligible adults. The Alaska Department of Health and Social Services is the single state agency that administers the Medicaid program. In State Fiscal Year (SFY) 2015, Alaska Medicaid provided coverage to approximately 164,783 enrolled beneficiaries with total expenditures of approximately \$1.33 billion.

Based on Alaska Medicaid's Access Monitoring Review Plan, the State of Alaska concludes that access to care is sufficient and, in accordance with section 1902(a)(30)(A) of the Social Security Act, all Medicaid rates in Alaska are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general public.

## Beneficiaries, Services and Regions

Alaska Medicaid beneficiaries' service needs are met.

### *Medicaid Beneficiaries*

On average, 126,868 Alaskans are enrolled in Alaska Medicaid in any given month. On September 1, 2015, the State of Alaska expanded its Medicaid program to cover individuals between the ages of 19 and 64, who have no dependent children, earn less than 133% of the federal poverty level for Alaska, and are not eligible for another type of Medicaid or Medicare.

Alaska Medicaid beneficiaries by eligibility for SFY 2015 are as follows:

<b>SFY 2015 MEDICAID BENEFICIARIES ELIGIBILITY</b>		
<b>Beneficiaries</b>	<b>Statewide</b>	<b>Percentage</b>
Children	86,376	52.4%
Adults	48,452	29.4%
Aged	9,279	5.6%
Disabled	20,676	12.5%
Total	164,783	100.0%

### *Services*

Alaska Medicaid covers all mandatory services required under 42 U.S.C. 1396 – 1396p. Additionally, Alaska Medicaid covers several optional services and waiver services. Alaska Medicaid's Access Monitoring Review Plan focuses on the following service categories provided under a fee-for-service arrangement:

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

On July 1, 2015, the State of Alaska suspended customary inflation adjustments to Medicaid rates for several services. In its November 12, 2015 response to CMS' inquiry concerning the State Plan Amendment that covers this action, the State demonstrated its compliance with section 1902(a)(30)(A) of the Social Security Act by showing that access to care is sufficient despite the change in Medicaid rates. CMS approved the State Plan on December 17, 2015. Given this change to Medicaid rates, the State will use its Access Monitoring Review Plan to monitor access to care for at least three years for the following additional services:

- Hospital inpatient services
- Professional services

- Nursing facility services
- Federally qualified health centers
- Targeted case management services for infant learning

Since CMS expressly approved the changes to Medicaid rates for these services on December 17, 2015, and since CMS accepted the State’s demonstration that the rate changes comply with section 1902(a)(30)(A) of the Social Security Act in that they are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general public, these services only need to be monitored prospectively using the procedures outlined in the *Monitoring Access* section below.

### ***Regions***

Alaska Medicaid’s Access Monitoring Review Plan evaluates data based on geographic regions that are defined by objective time and distance standards. As the largest state in the union, Alaska has unique challenges defined by its geography and reflected by its population density of 1.1 people per square mile, a road system that is accessible by a fraction of the state, and numerous remote communities and villages.

Given this dynamic, Medicare’s “Medicare Advantage County Types” identifies a majority of Alaska’s census boroughs as “Counties with Extreme Access Considerations [CEAC].” See *CY2015 MA HSD Provider and Facility Specialties and Network Adequacy Criteria Guidance*.

Alaska’s CEAC regions consist of small towns, villages, and bush communities. The distance of these communities to a health facility can range from 14 air miles to over 1,190 air miles. To ensure sufficient access to care, Alaska Medicaid has a robust travel component with a budget of \$75.6 million in SFY 2015. This includes an emergency response program for ground, water, and air transport. Alaska Medicaid also has extensive telehealth coverage throughout the state, much of which is possible through partnerships with tribal health entities. As of SFY 2015, approximately 220 communities have telehealth capability.

Based on the Medicare Advantage County Types, Alaska’s most populated region—Anchorage—is classified as a metro area; Fairbanks is classified as a micro area; Juneau is classified as a rural area; and, all other communities are classified as CEACs. In developing the geographic regions and measures for this Access Monitoring Review Plan, Alaska Medicaid analyzed several of its CEACs. However, the populations in many of the CEACs are so small that reporting data on a community-by-community basis could violate Health Information Portability and Accountability Act (HIPAA) rules because such a breakout could allow a user 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 while monitoring access at a more detailed level than the Medicare Advantage County Types described above, Alaska is utilizing the six economic regions used by its Department of Labor and Workforce Development for population and census work.

Accordingly, Alaska is categorized by its six economic regions:

- Region 1: Anchorage/Mat-Su                      2015 Total Population 399,086
- Region 2: Gulf Coast                              2015 Total Population 81,111
- Region 3: Interior                                2015 Total Population 112,818
- Region 4: Northern                              2015 Total Population 27,802
- Region 5: Southeast                            2015 Total Population 74,395
- Region 6: Southwest                            2015 Total Population 42,413

Each region consists of the following communities:

#### Region 1

- Anchorage, Municipality of
- Matanuska-Susitna Borough

#### Region 2

- Kenai Peninsula Borough
- Kodiak Island Borough
- Valdez-Cordova Census Area

#### Region 3

- Denali Borough
- Fairbanks North Star Borough
- Southeast Fairbanks Census Area
- Yukon-Koyukuk Census Area

#### Region 4

- Nome Census Area
- North Slope Borough
- Northwest Arctic Borough

#### Region 5

- 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

#### Region 6

- Aleutians East Borough
- Aleutians West Census Area
- Bethel Census Area
- Bristol Bay Borough
- Dillingham Census Area
- Kusilvak Census Area
- Lake and Peninsula Borough

Based on these regions, Alaska Medicaid beneficiaries are located throughout the state of Alaska as follows:

SFY 2015 MEDICAID BENEFICIARIES							
Beneficiaries	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Children	86,376	48.69%	10.08%	11.35%	6.75%	10.38%	12.74%
Adults	48,452	47.61%	10.34%	10.67%	6.89%	9.71%	14.79%
Aged	9,279	48.67%	12.48%	10.70%	4.89%	11.90%	11.36%
Disabled	20,676	58.58%	12.20%	11.84%	2.44%	10.98%	3.95%
Total	164,783	49.61%	10.56%	11.17%	6.15%	10.35%	12.16%

### Provider Adequacy

#### *Adequacy*

There are adequate Medicaid providers in Alaska that ensure access to care for Alaska Medicaid beneficiaries at least to the extent that such care and services are available to the general public.

In SFY 2015, Alaska Medicaid had 18,449 enrolled in-state providers and 6,798 enrolled out-of-state providers. On average, it receives sixteen applications for provider enrollment per month. The provider enrollment application includes an optional field that allows the provider to indicate whether it is accepting new patients. Approximately 93% of in-state Alaska Medicaid providers regularly accept new patients. Additionally, Alaska Medicaid has mechanisms to collect input from beneficiaries and providers concerning experience and quality.

Medicaid providers for the services at issue are located as follows:

SFY 2015 MEDICAID PROVIDERS							
Providers	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Primary Care (Clinic)	107	13.08%	13.08%	6.54%	15.89%	27.10%	24.30%
Primary Care (Individual)	762	38.71%	14.83%	9.06%	8.79%	18.50%	10.10%
Physician Specialist	2,021	66.60%	6.14%	11.88%	1.48%	12.07%	1.83%
Behavioral Health	178	47.75%	10.67%	14.04%	5.06%	17.98%	4.49%
Obstetric (Facility)	25	24.00%	24.00%	8.00%	12.00%	24.00%	8.00%
Obstetric (Individual)	143	67.83%	3.50%	9.09%	0.70%	18.18%	0.70%
Home Health	12	41.67%	16.67%	8.33%	0.00%	33.33%	0.00%
Total	3,248	56.90%	8.71%	10.99%	3.91%	14.84%	4.65%

As previously described, aside from these service providers operating in the six regions, Alaska has a system of state, tribal, and federal supports to ensure sufficient access to care for its Medicaid beneficiaries. This includes a robust travel budget, an emergency response program for ground, water, and air transport, and extensive telehealth coverage throughout the state made possible by partnerships with tribal health entities.

In addition to these supports, Alaska has an extensive network of 649 statewide safety-net providers. A safety-net provider is defined by two distinguishing characteristics: the provider maintains an “open door” policy offering services to all patients regardless of ability to pay; and, a substantial share of the provider’s patient mix consists of the uninsured and Medicaid recipients.

### *Measures*

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

**Physician Specialist Services** – Providers of physician specialist services are measured using provider type 020 Physician in combination with all specialty types except 001 General Practice, 008 Family Practice, 016 Obstetrics and Gynecology, 054 Obstetrics, 068 FQHC Tribal, and 069 Clinic because these specialty types are already captured in the measures for primary care services and obstetric services.

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

**Pre- and Post-Natal Obstetric Services, Including Labor & Delivery** – Facilities providing pre- and post-natal obstetric services, including labor and delivery, are measured using three provider types: 001 General Hospital, 005 Tribal Hospital, and 097 Birthing Center (note, Alaska Medicaid did not implement provider type 097 until after SFY 2015, so it will be used in future reports only). Individual physicians providing pre- and post-natal obstetric services, including labor and delivery, are measured using provider type 020 Physician in combination with specialty types 016 Obstetrics and Gynecology, and 054 Obstetrics.

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

## **Rate Adequacy**

### *Adequacy*

Medicaid rates in Alaska are 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.

Since primary care services, physician specialist services, behavioral health services, pre- and post-natal obstetric services, and home health services are measured using multiple provider types, they are more akin to service categories rather than individual services, meaning for each category, there can be multiple Medicaid reimbursement rates.



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

After analyzing each provider type for each category of service that is subject to the Access Monitoring Review Plan, Alaska Medicaid concludes that all of the rates are 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 because the rates are (1) greater than or equal to Medicare rates; (2) calculated from and reimburse provider costs; or, (3) pay a percentage of charges that is the equivalent of reimbursing cost.

A summary of the adequacy of rates for each service category is as follows:

SFY 2015 MEDICAID RATES			
Providers	≥ Medicare	Cost	Charges
Primary Care	X	X	
Physician Specialist	X		
Behavioral Health	X	X	
Obstetric	X	X	
Home Health			X

### ***Methodology***

**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 tribal clinics (provide type 008) are set by the federal Indian Health Services (IHS). Alaska pays the federal IHS encounter rate for these services. Medicaid rates for federally qualified health centers (provider type 051) are set using Medicare cost reports from providers. Alaska pays cost for these services.

**Physician Specialist Services** – Medicaid rates for physician specialist 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.

**Behavioral Health Services** – Medicaid rates for inpatient psychiatric services (provider type 002) are set using Medicare cost reports from providers. Alaska pays cost for these services. Medicaid rates for residential psychiatric treatment centers (provider type 003) are set using

periodic cost surveys from providers. Alaska pays cost for these services. Medicaid rates for psychologists (provider type 042) are set using Medicare's Resource Based Relative Value Scale, adjusted for Alaska. Alaska pays at or above Medicare for these services. Medicaid rates for behavioral health (provider type 107) are set using periodic cost surveys from providers. Alaska pays cost for these services. Medicaid rates for behavior rehabilitation services (provider type 108) are set using periodic cost surveys from providers. Alaska pays cost for these services.

**Pre- and Post-Natal Obstetric Services, Including Labor & Delivery** – Medicaid rates for general hospitals (provider type 001) are set using Medicare cost reports from providers. Alaska pays cost for these services. Medicaid rates for tribal hospitals (provider type 005) are set by the federal Indian Health Services (IHS). Alaska pays the federal IHS encounter rate for these services. Medicaid rates for birthing centers (provider type 097) are set using an analysis of Medicare cost reports from hospitals. Alaska pays cost 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.

**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.

## Utilization

### *Measures*

This section quantitatively measures services rendered by providers to Medicaid beneficiaries for dates of service occurring in SFY 2015, and qualitatively measures system quality through patient experience surveys.

Access to care is largely driven by provider adequacy, and provider adequacy is greatly incentivized and maintained by rate adequacy. If there are adequate providers and rates, access to care is sufficient. Through the aforementioned data analytics, access to care is sufficient throughout Alaska. With this established, the Access Monitoring Review Plan turns to utilization because it is a means of actively analyzing service delivery between provider and Medicaid beneficiary to ensure there is no disruption or imbalance that could compromise access to care.

To ensure that signs of disruption or imbalance are not missed, rather than limit queries to service category or specialty, utilization is measured by provider type and displayed by region. Additionally, the categorization by region is determined from the recipient's location rather than where the service is physically rendered. This is critical because many recipients travel to other regions to receive services, so measuring by the recipient's home locale demonstrates the extent Medicaid beneficiaries from each region access and use services rather than the extent services are delivered in a particular region.

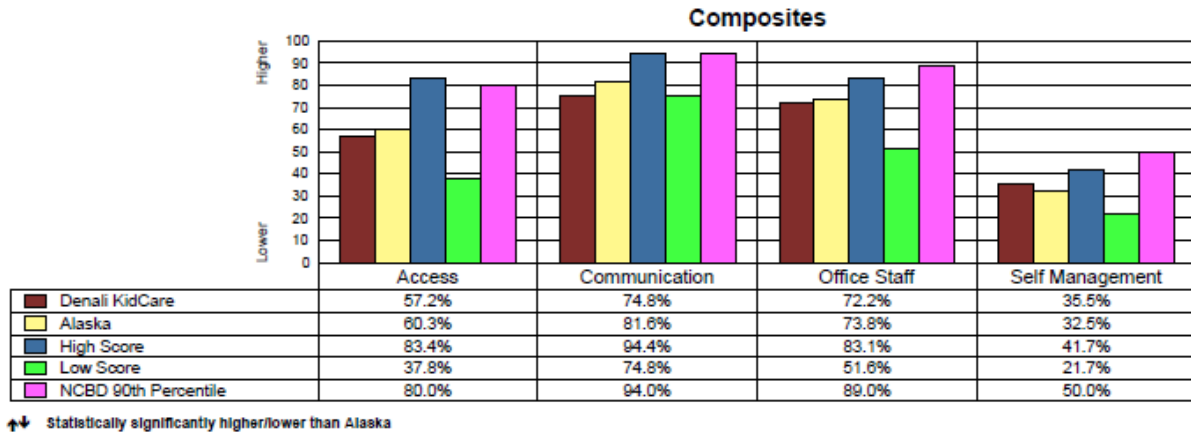
SFY 2015 MEDICAD SERVICES RENDERED							
Providers	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
PT 001 General Hospital	163,694	49.59%	16.12%	13.90%	6.61%	12.87%	0.92%
PT 002 Inpatient Psych	1,542	58.43%	5.64%	8.50%	5.58%	10.83%	11.02%
PT 003 RPTC	4,177	65.72%	5.65%	6.39%	1.17%	17.24%	3.83%
PT 005 Tribal Hospital	126,510	32.54%	2.57%	2.40%	13.13%	4.52%	44.83%
PT 008 Tribal Clinic	110,064	31.42%	7.99%	17.12%	10.08%	16.22%	17.17%
PT 020 Physician	23,491	45.42%	34.60%	3.23%	0.53%	15.39%	0.82%
PT 042 Psychologist	1,276	58.93%	13.71%	4.55%	3.45%	14.42%	4.94%
PT 051 FQHC	45,507	51.19%	23.18%	14.96%	0.16%	6.22%	4.29%
PT 060 Home Health	647	49.30%	16.54%	9.89%	0.77%	22.72%	0.77%
PT 107 BH	196,963	37.20%	19.77%	10.01%	2.25%	25.56%	5.20%
PT 108 BRS	2,615	26.77%	5.39%	18.59%	11.40%	31.89%	5.97%

This chart represents the first attempt at establishing a baseline for service utilization. As time passes, Alaska Medicaid will regularly update this data and identify trends for purposes of analyzing service delivery between provider and Medicaid beneficiary. It must be noted that Alaska Medicaid implemented a new Medicaid Management Information System (MMIS) in 2013. There were complications with the system, and as those complications are addressed and resolved, claims submitted by providers often need to be reprocessed. Since the SFY 2015 service utilization baseline is based on claims data, and since the claims data is fluctuating from reprocessing efforts and other system issues, the baseline will likely go through several more iterations in the future before it can be used as a firm, reliable baseline for trends analysis. Therefore, the numbers above, and any irregularities therein, should be viewed as an approach to establishing a service utilization baseline rather than an actual baseline for future measure.

In addition to the quantitative measures, Alaska Medicaid's Access Monitoring Review Plan has qualitative measures and supports to track system quality and respond to any complaints or concerns raised by Medicaid beneficiaries and/or Medicaid providers.

Specifically, Alaska Medicaid uses the Consumer Assessment of Health Plans and Systems Patient Centered Medical Home Patient Experience of Care Survey (patient experience survey) to measure patient experience and access to care, from the patient's perspective, for adult and children primary care services.

In SFY 2015, Alaska Medicaid administered the survey to children enrolled in Medicaid (i.e. CHIP), and the table below shows the scores. There is room for quality improvement on patient experience related to children, and this may well become a quality improvement focus area at both the state and practice levels in Alaska given the current focus on health care reform and innovation related to new provider models of care that incorporate care coordination into the standards of care. The survey will be expanded to cover both children and adults starting in 2016.



For reference purposes, the Denali KidCare score covers children enrolled in Alaska Medicaid/CHIP; the Alaska score covers Denali KidCare plus other community health centers and private practices that participated in the survey. The high score and low score represent the single highest and lowest scores achieved among all of the participants in Alaska. Lastly, the NCBD 90<sup>th</sup> percentile represents the 90<sup>th</sup> percentile measure in the national Consumer Assessment of Healthcare Providers and Systems survey benchmarking database.

In addition to these measures, Alaska Medicaid maintains a Medicaid recipient helpline, a full-time Quality Assurance team, and a full-time Recipient Services Manager. The Recipient Services Manager communicates with beneficiaries on a daily basis concerning any questions or issues, including complaints about access and quality of care.

### Monitoring Access

To ensure continued access to care for Medicaid beneficiaries, Alaska Medicaid will regularly monitor the following data elements. Specifically, Alaska Medicaid will update these data elements and measures on an annual basis and analyze trends to ensure access to care.

**Rate Changes** – In the event that a Medicaid rate is decreased, its corresponding service will be added to the Access Monitoring Review Plan for a review period of three years. Prior to making the decision to decrease a Medicaid rate, Alaska Medicaid will evaluate the most recent data trends from its Access Monitoring Review Plan to ensure that access to care is sufficient.

**Enrolled Beneficiaries** – At least on an annual basis, Alaska Medicaid will identify the number of enrolled beneficiaries by eligibility-type and region.

**Enrolled Providers** – At least on an annual basis, Alaska Medicaid will identify the number of enrolled providers by category of service and region.

**Utilization** – At least on an annual basis, Alaska Medicaid will identify Medicaid services rendered by provider type and region.

**System Quality** – At least on an annual basis, Alaska Medicaid will review the Consumer Assessment of Health Plans and Systems Patient Centered Medical Home Patient Experience of Care 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 immediately rectify them.

### **Annual Report and Public Input**

Prior to implementation of this plan on July 1, 2016, the State presented it to and received feedback from the Alaska Medical Care Advisory Committee (MCAC). The State also formally publicly noticed the plan for purposes of receiving public comment and making any necessary final revisions to the plan.

Prior to July 1<sup>st</sup> of each year, the State will submit its annual Access Monitoring Review Report to the Centers for Medicare and Medicaid Services. This will include any identified trends and a conclusion as to whether access to care is sufficient and whether, in accordance with section 1902(a)(30)(A) of the Social Security Act, Medicaid rates in Alaska are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general public. The annual report will be publicly noticed and the general public will have an opportunity to provide formal comment.