

<p style="text-align: center;">Public Comment/Question Tracking Log - Emergency Regulations Medicaid Payment Rates and Cost Containment (7AAC 145; 160) Public Comment Period: July 1, 2019 - August 8, 2019 Office of Rate Review</p>					
Date	Question or Public Comment	Email	Name/Entity	Summary of Question/Comment	State Response
7/1/2019	Question	denise.daniello@alaska.gov	Denise, Daniello, M.A. Executive Director Department of Health and Social Services Alaska Commission on Aging	Do these new regulations: Reduce payments by 5% below FY2019 rates for Medicaid home-and community based waiver, Personal Care Services, transportation, and targeted case management? Reduce payments by 5% to nursing homes and non-critical hospitals? Does the DHSS have an estimated annual amount of cost savings from implementation of these regulations? When would the new 5% reduction go into effect on August 1, 2019 after a 30-day notice to providers?	<p>7/2/19 Email to Denise Daniello: The Department is implementing a freeze to inflation adjustments for Medicaid payment rates that would otherwise be increased for inflation in fiscal year 2020 with the exception of Federally Qualified Health Centers, Critical Access Hospitals, and primary care professional services; and imposing a five percent (5%) rate reduction to:</p> <p>Hospital inpatient, hospital outpatient and ambulatory surgical centers, except for the inpatient and outpatient rates for facilities licensed as a Critical Access Hospital (CAH).</p> <p>Non-primary care professional services, personal care services, long term services and supports targeted case management, community behavioral health services, applied behavioral analysis services, residential psychiatric treatment centers, freestanding birthing centers, and transportation and accommodation services.</p> <p>The emergency regulations do freeze inflation, but do not reduce rates 5%, for home and community based waiver services (including transportation provided under the waiver) and infant learning program targeted case management. Additional proposed rates packages related to rate reductions for home and community based waiver services will be released after federal approval of changes related to the 1915(c) waivers. The waiver process requires a different process and timeline for federal approval than for the state plan services. The emergency regulations do reduce rates 5% for personal care services, transportation rates listed on the department's Transportation/Accommodation fee schedule that have set rates, and long term services supports targeted case management services.</p> <p>To be in compliance with the State's Long-Term Care Upper Payment Limit (UPL) calculation, a three percent (3%) rate reduction will be applied to nursing facility rates under federal authority CFR §447.272, and are not part of the emergency regulations. Tribal Skilled Nursing Facilities are not impacted by these regulations.</p> <p>Several rate adjustments were proposed to the legislature in public hearings beginning in March 2019 to include implementation of cost containment measures and reform initiatives. The operating budget developed by the legislature included a portion of these savings expectations. Additional rate adjustments may be necessary throughout the year in order to meet the final budget expectations.</p> <p>The effective date for a majority of the services is July 1. Non-primary care professional services and primary care professional services will be the later date of August 1, 2019 or after a 30-day notice to providers through remittance advice (RAs). Professional services that are billed under Resource Based Relative Value Scale (RBRVS) require a major change to the Medicaid Management Information System (MMIS) to be able to pay different rates for the same services for providers with different rendering provider specialties. The different effective date for these services reflects the time needed to implement the change to the MMIS while avoiding reprocessing of claims.</p>
7/2/2019	Question	camaiden@gmail.com	Dawn Dental Innovations	Hoping you could specify which services are being discontinued. It says Preventative, but what is considered Preventative? We have patients scheduled for fillings and crowns. Is that still being paid?	7/2/19 Email from Susan Dunkin to Dental Innovations: The Medicaid dental fee schedules are grouped into adult emergent and adult enhanced (preventive) services. New fee schedules will be released in the coming weeks, but codes should remain grouped as they were on the FY2019 fee schedule.
7/2/2019	Question	dbernhardt@reachak.org	Diana Bernhardt, Medical Billing Specialist REACH Inc.	Are hold harmless rates still the same? We have not heard anything and out FY20 billing will start going out at the end of next week, thank you!	7/2/19 Email from Kate McDonald to REACH Inc. The current emergency regulations do not apply the 5% rate reduction to home and community based waiver providers. This is true for both the Chart of Waiver Services and for providers with individually negotiated provider rates per 7 AAC 145.520(g). Additional proposed rate packages related to rate cuts for Home and Community Based Waiver services will be released after federal approval of changes related to the 1915(c) waivers.
7/2/2019	Question	j.kosin@MSrmc.com	Jared C. Kosin, JD, MBA Associate Administrator Mat-Su Regional Medical Center	Can you email us a copy of the Department's written finding, including the statement of facts that constitute the emergency, that was used for the recently released cost containment regulations? I looked at the online public notice system and do not see it. Jamie Walker is listed as a contact who can provide copies of the regulations and corresponding materials, so I left her a voicemail and am cc'ing her on this email. If it is otherwise easily available, feel free to point me in the right direction. I assume I am simply overlooking it.	7/2/19 email to Jared Kosin: Thank you for your email. You can find these documents under attachments at the following links: https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=19475 https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=194753

7/3/2019	Question	kim@entalaska.com	Kim Hancox, Administrator ACENT	I was wondering what the anticipated Medicaid cut will be for independent provider offices. I have heard it will be 5%, but I wanted to confirm that with you.	7/3/19 Email to Kim Hancox: Yes, that is correct. Rendering provider types and provider specialties for professional services other than those listed in 7AAC 145.050(c)(1)-(2) will be subject to the 5% rate reductions. There are two emergency regulation packages adopted by the Department to address Medicaid Payment Rates: 7 AAC 150. Prospective Payment System; Other Payment, is proposed to be changed as follows: Apply inflationary freeze and rate reductions on select Medicaid reimbursement rates. On-line Public Notice can be found here: https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=194742 7 AAC 145. Medicaid Payment Rates, is proposed to be changed as follows: (1) freeze inflation for non-primary care professional services, home and community-based waiver and personal care services, community behavioral health services, and targeted case management services; and (2) reduce reimbursement rates for non-primary care professional services, personal care services, community behavioral health services, applied behavioral analysis services, and transportation & accommodation services. On-line Public Notice can be found here: https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=194743 The emergency regulation takes effect on July 1, 2019, and will expire October 28, 2019. The Department of Health & Social Services intends to make the emergency regulation permanent. You may comment on the regulation changes, including the potential costs to private persons of complying with the changes, by submitting written comments to Ms. Jamie Walker, Office of Rate Review, at 3601 C Street, Suite 978, Anchorage, AK 99503. Additionally, the Department of Health & Social Services will accept comments by electronic mail at jamie.walker@alaska.gov . The comments must be received not later than 5 p.m. on August 8, 2019. Separate regulation packages related to additional cost containment efforts, including rate reductions to home and community based waiver services, may also come forward during state fiscal year 2020. For future On-line Public Notices please subscribe here: https://aws.state.ak.us/OnlinePublicNotices/Default.aspx
7/3/2019	Question	sara.harbison@providence.org	Sara Harbison, Clinic Coordinator Providence Kodiak Island Counseling Center	I have a question regarding the Emergency regulation implantation of the 11115 waiver. I know that our providers will need to be re-registered with Medicaid and receive a new provider ID number. We are I believe region 9. Region 1 has just reached their deadline to put their applications in. My question is with the Emergency regulation being implemented does this mean we should turn our provider registration packets in now?	7/3/2019 Answered by Rick Calcote
7/4/2019	Question	ashleybrighton@idealoption.net	Ashley Brighton, CPC, CPCO, CPMA VP Compliance Ideal Option, PLLC	Will payments to the specified provider types be reduced during this period through Oct 28? Also, is there a % that the rates are going to be reduced by and I am assuming that this pertains to all physician services that are non primary care, is that accurate?	7/8/19 Email to Ashley The Department is implementing a freeze to inflation adjustments for Medicaid payment rates that would otherwise be increased for inflation in fiscal year 2020 with the exception of Federally Qualified Health Centers, Critical Access Hospitals, and primary care professional services; and imposing a five percent (5%) rate reduction to Hospital inpatient, hospital outpatient and ambulatory surgical centers, except for the inpatient and outpatient rates for
7/5/2019	Question	denise.daniello@alaska.gov	Denise Daniello, Executive Director Alaska Commission on Aging	Follow up to 7/1/19 Email: I have one more question. Based on my understanding of your email below, it appears that rates for primary care professionals will be subject to a reduction with no inflation adjustment to be finalized August 1 or later. Is my understanding correct?	7/5/19 Email to Denise Daniello: Currently, all professional services billed under Resource Based Relative Value Scale (RBRVS) are paid the same rate for the same services. The mechanisms needed in the Medicaid Management Information System (MMIS) to pay professional providers differently will not be available until at least August 1, 2019. Therefore, all professional services will receive the same, non-inflated rates on July 1, 2019. After the later date of August 1, 2019 or a 30 day notice to providers through remittance advices (RAs), non-primary care professional services will receive a 5% rate reduction while primary care professional services will receive inflation.
7/5/2019	Question	mckenzie suites@yahoo.com	Shannon McKenzie	What does this exactly mean for home based waiver?	7/5/19 Email to Shannon McKenzie. Home and Community Based Waiver services are not receiving rate cuts at the same time as other services because Home and Community Based Waiver services are not listed in the Medicaid State Plan, and instead receive their federal approval through the waiver process. The waiver process requires a different process of federal approval for rate reductions than the state plan process. Additional proposed rate packages related to rate cuts for Home and Community Based Waivers will be released concurrently with an amendment to the governing 1915 waiver. Additional information can be obtained from: Senior and Disabilities Services Technical assistance with 1915(k) and (c) waivers: Deb Etheridge, deb.etheridge@alaska.gov or (907) 465-5481 Jetta Whittaker, jetta.whittaker@alaska.gov or (907) 465-1605

7/7/2019	Question	bweiko@gmail.com	Bruce Welkovich	Can you please send me a copy of emergency regulation on Medicaid cost containment?	<p>7/8/19 Email to Bruce Welkovich Thank you for your email. There are two emergency regulation packages adopted by the Department to address Medicaid Payment Rates:</p> <p>7 AAC 150. Prospective Payment System; Other Payment, is proposed to be changed as follows: Apply inflationary freeze and rate reductions on select Medicaid reimbursement rates. On-line Public Notice can be found here: https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=194742</p> <p>7 AAC 145. Medicaid Payment Rates, is proposed to be changed as follows: (1) freeze inflation for non-primary care professional services, home and community-based waiver and personal care services, community behavioral health services, and targeted case management services; and (2) reduce reimbursement rates for non-primary care professional services, personal care services, community behavioral health services, applied behavioral analysis services, and transportation & accommodation services. On-line Public Notice can be found here: https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=194743</p> <p>The emergency regulation takes effect on July 1, 2019, and will expire October 28, 2019. The Department of Health & Social Services intends to make the emergency regulation permanent.</p> <p>You may comment on the regulation changes, including the potential costs to private persons of complying with the changes, by submitting written comments to Ms. Jamie Walker, Office of Rate Review, at 3601 C Street, Suite 978, Anchorage, AK 99503. Additionally, the Department of Health & Social Services will accept comments by electronic mail at jamie.walker@alaska.gov. The comments must be received no later than 5 p.m. on August 8, 2019.</p> <p>Separate regulation packages related to additional cost containment efforts, including rate reductions to home and community based waiver services, may also come forward during state fiscal year 2020.</p> <p>For future On-line Public Notices please subscribe here: https://aws.state.ak.us/OnlinePublicNotices/Default.aspx</p>
7/8/2019	Question	allisonlee@vitallee.com	Allison Lee, Executive Director Alaska Association for Personal Care Supports	Thank you so much for taking my call this morning. I did find the section in regulation, but cannot find a rate chart for the Targeted Case Management Services. https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=194743	7/8/19 Emailed Allison Lee Thank you for your email. Under the proposed emergency regulations, the LTSS and TCM services are being reduced 5% and will not receive inflation. The link to the chart can be found here: http://dhss.alaska.gov/dsds/Documents/pca/Chart_LTSSTargetedCase%20Management_7-1-2019.pdf .
7/11/2019	Comment	cgunderson@denalif.org	Chris Gunderson, LPC-S, NCC President/CEO Denali Family Services	Rate reduction will exacerbate chronic stagnation in capacity growth and program expansion subsequent to many years of inadequate reimbursement rates. Reducing those rates will result in reimbursement which, once again, hovers below the actual cost of service provision, depending on the service. The net result is flat wage growth for service providers and programmatic contraction to avoid deficit spending. Depending on the duration of the emergency regulations (i.e. whether they become permanent following expiration), these impacts will accumulate over time as unavoidable increases in the cost of doing business continue to accrue. A critical concern for our agency is the reductions to group rates. The rate rebasement reduced group rates; this was manageable and substantially offset by rate increases in other services. However, if group rates are reduced further and other services receive rate decrements, it will substantially imperil the financial sustainability of group services. We work primarily with children and adolescents and the prevailing research is clear that group services are an essential and cost-effective intervention for this age group. Group services are the primary means by which we provide psychosocial rehabilitation in our programs for transition-aged youth and early childhood clients. Rate reductions will put critical components in our continuum of care at risk. Whatever modest savings might be realized in the short-term will be overshadowed by increased financial and social costs down the road. Comparatively, behavioral health services make up a very small percentage of the overall Medicaid budget. Concern how providers will continue to meet their licensing and accreditation mandates to provide adequate care for their respective populations.	7/12/19 Email to Mr. Gunderson indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
7/15/2019	Question	apbstina@gmail.com	Tina Stevens Arctic Physician Billing Service	Can you please clarify how new payment rates will affect Emergency Room Physicians? I am not seeing specific language for that specialty in the proposed changes.	7/15/19 Email to Tina Stevens indicating the emergency regulations reduces rates 5% for those enrolled as Provider Specialty 093-Emergency Medicine.
7/15/2019	Question	cvn@chilkatvalleynews.com	Sarah Chatta, Reporter Chilkat Valley News Haines, Alaska	Reporter for the Chilkat Valley News in Haines. Wanted to ask you some questions about the cuts to Medicaid and how they might affect my community? Focusing on effects on seniors and people with disabilities. Understand that Cornerstone Home Care bills Medicaid for its services. Will Cornerstone, and the residents here who rely on it, be affected?	7/16/19 Email to Clinton Bennett who responded to Sarah directly.
7/16/2019	Question	keven@kjardell.com	Kevin Jardell Kjardell Co.	LifeMed Air Ambulance services and I are having difficulty understanding the proposed emergency regulations – can you help me find the right person to explain what the rates will be? Seems out of state emergency transportation may be different than in-state? What will the air ambulance rates be after emergency regulations?	7/16/19 Email to Kevin Jardell: In-state air ambulance rates are listed in regulation 7 AAC 145.440. The emergency regulations state that the payment rates listed in the Transportation/Accommodation Fee Schedule, which includes air ambulance services, for SFY20 will be 95% of the SFY19 rates.
7/18/2019	Comment	imler907@gmail.com	Lara Imler	Family member with drug addiction and cuts are impacting drug rehab. Where will we send drug addicts when they cant get treatment?	7/18/19 Email to Ms. Imler indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

7/18/2019	Question	salaska@mtaonline.net	Steven Cassens	What are the plans for the "cost of care" payments made to Medicaid Long Term Care Waiver program? I pay \$528.00/mo. Will this be decreased also?	7/22/19 Forwarded to HCS/Susan Dunkin who responded a decrease in the recipient cost of car amount is not anticipated, as that amount is based on Medicaid waiver recipient income and not on the amount Medicaid reimburses as the provider. A decrease would occur only in the even the overall reimbursement amount dropped below the recipient's cost of care amount.
7/19/2019	Comment	ericschneider77@yahoo.com	Eric Schneider, DO Family Physician Fairbanks, AK	As a physician practicing in Alaska for 13 years (4 years military, 9 years employed group practice), I am opposed to the emergency Medicaid cuts announced just two days before implementation at the start of the current fiscal year. My opposition is on many grounds: the timing of the cuts, the size of the cuts, both now and in recent years, the negative impact on access to care, if few providers participate in Medicaid, the burden will only increase on those that continue to participate, most medical practices operate on small margins, access to psychiatry and mental health, loss of federal matching dollars. Please immediately reverse the Medicaid cuts.	7/22/19 Email to Mr. Schneider indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
7/22/2019	Question	charlesr@gottlieb.com	Ruth Pierre-Charles, Regulatory Analyst Gottlieb	My name is Ruth and I am the Regulatory Analyst for a medical, billing, and coding company that represents providers. I was wondering if I could have assistance with clarifying some questions I have regarding a memorandum released titled: Department of Health and Human Services Emergency Regulations re: Medicaid Payment Rates and Cost Containment (7 AAC 145;160). Please find listed below, the questions that I have: 1. The memo states that Alaska Medicaid would freeze the inflation adjustments for Medicaid payment rates, but I am trying to understand if those rates were not frozen for the fiscal year of 2020, what would that increased rate be? 2. In the memo, there was also mention of a 5% reduction to non-primary care professional services, home and community-based waiver and personal care services, etc. I am trying to understand if emergency providers fall under this 5% emergency freeze? If so, where would that 5% reduction occur? If an individual in the Department of Health and Human Services could aid me in answering these questions, I would greatly appreciate it.	7/24/19 Email to Ruth Pierre-Charles indicating 1. Professional services would have received 3.0%. The regulations at 7 AAC 145.050(b)(3) require use of Urban Alaska CPI-U. Infant Learning Targeted Case Management is supposed to receive a set 2.7% inflation each year per 7 AAC 145.265(b)(9). Home and Community Based Waiver and Personal Care services would have been 2.8%. FQHCs did receive their inflation. 2. Yes, emergency regulations reduces rates 5% for those enrolled as Provider Specialty 093-Emergency Medicine.
7/24/2019	Question	BLHilborn@selectmedical.com	Beth Hilborn Contract Coordinator NovaCare Rehabilitation>Select Physical Therapy	I am trying to interpret the attached Memo to determine the reduction that is being applied for Outpatient Therapy/Occupational Therapy/ Physical Therapy services effective 7/1/2019. I am having difficulty. Would you be able to tell me what the conversion factor is that we should be using effective 7/1/19 & is there a change to that conversion factor effective 8/1/19? Any help you might be able to provide would be greatly appreciated!	7/25/19 Email to Ms. Hilborn indicating the effective date of the applicable inflation freeze for provider types paid under the resource-based relative value scale rate-setting methodology will be July 1, 2019 for Outpatient Therapy/Occupational Therapy/ Physical Therapy services. The conversion factor is 37.792.
7/24/2019	Comment	camolady650@gmail.com	Kathleen Fitzgerald	As a developmental disability nonprofit board member, a family member and a simple community member I am adamantly opposed to making the emergency rate reduction permanent. Agencies struggle to keep up with increasing cost like workman's comp and insurance, not to mention utility increases, rents, etc. We struggle now to hire as an agency. We struggle to find and keep staff to work with our daughter on an IDD Medicaid Waiver. Making this cut permanent will make the system even more vulnerable and risk the state's ability to adequately care for this very vulnerable population. Please do not make this regulation permanent. If Community based agencies are further reduced, you are risking closures and necessitating out of state institutional placements at a higher rates and at tremendous negative impacts to the individuals we support.	7/15/19 Email to Ms. Fitzgerald indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
7/26/2019	Question	BLHilborn@selectmedical.com	Beth Hilborn Contract Coordinator NovaCare Rehabilitation>Select Physical Therapy	I do have three more questions – Would I be using the current CMS RBRVS file effective, the July 2019 release? If not, would you be able to confirm the correct RBRVS file? Is there a new conversion factor effective 8/1/2019? What I read seemed to indicate that there would be. Is there a bulletin or anything out there on the website that clearly defines what source documents should be used? If so would you be able to send me a link to the document?	7/26/19 Email to Ms. Hilborn indicated RVU Fee Schedule: CMS does provide the Physician Resource Based Relative Value fee schedule. It can be found here: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html . The State of Alaska loads the "B" version of the file, in this case year: 2019, File: RVU19B Currently, all professional services billed under Resource Based Relative Value Scale (RBRVS) are paid the same rate for the same services. The mechanisms needed in the Medicaid Management Information System (MMIS) to pay professional providers differently will not be available until at least August 1, 2019. Therefore, all professional services will receive the same, non-inflated rates on July 1, 2019. After the later date of August 1, 2019 or a 30-day notice to providers through remittance advices (RAs), non-primary care professional services will receive a 5% rate reduction with conversion factor of 37.792 while primary care professional services will receive inflation with conversion factor of 40.974. Physician Fee Schedules: The Division of Health Care Services is working with the fiscal agent on the updated fee schedules and hope to have them published within the next two weeks. Notice to the providers through remittance advices (RAs).
7/30/2019	Comment	julie@towerorthopedic.com	Julie Veronick, CMPE, CPC Practice Administrator; Steven Tower, MD, Orthopedic Surgeon; Christopher Albert, PA-C, Orthopedic Physician Assistant Tower Orthopedic and Joint Replacement	We are a small office over 10% Medicaid patients. A significant portion of our patient population, well over 10% of our patients, are Medicaid. We have been one of the few orthopedic offices in Anchorage that has NOT limited access to Medicaid patients. Now that the new measures have been announced, we have had to stop taking new Medicaid patients because of the proposed reduced reimbursement rates for non-primary professional care services, which we definitely fall into. When 10% of our total income has already been cut by 10% previously and that same 10% of our total income is going to be cut again, we are looking at a serious deficit of income. From what we understand of the way things work with Medicaid funding, if the state cuts funds, this will affect any federal funds received by Alaska, thereby again cutting reimbursement to the providers who are giving much-needed care to those who have no other alternative for medical treatment. These reforms are putting medical care for Medicaid recipients in a downward spiral from which they may not recover in the long run or at least for a very long time.	7/30/19 Email to Ms. Veronick indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

7/31/2019	Comment	mingonzalez907@gmail.com	Marilyn Gonzalez	I have been a care coordinator for 13 years. I was working for an agency for many years but had to leave my job after having a baby. I have been working for a new agency as a care coordinator and earn very little. I am lucky to make 2,500 per month and the rate reduction has decreased my pay even more because the decreased has been handed down to me. I work a very large caseload and do a lot of work for free. It appears that we have been given more job duties with the addition of the CFC program, and we get paid less for the workload increase. This doesn't make any sense. Also, I have barely even seen a pay increase for care coordinators over my past 13 years in the field. Finally, Because of the responsibility increase to my position and decrease pay I may not be able to continue doing this this job which I love and have dedicated years of my life to. Thank you for your time. Please consider advocating for a reversal with the rate decrease.	8/1/19 to Ms. Gonzalez indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/1/2019	Comment	otherworld9811@gmail.com	Sherrie Richey, MD, FACOG President Alaska Perinatology Associates Chairman of Dept. of Obstetrics and Gynecology Providence St. Joseph Medical Center	As a obstetrician and gynecologist, there are fewer and fewer of us willing to provide what amounts to frequently the only primary care and pregnancy care most young women receive. With a decrease in reimbursement, the appointment schedule positions available to provide care for those patients will necessarily become fewer. In this day of decreasing reimbursements and increasing costs, those slots must be held open for patients who will have a more reasonable reimbursement. We are already taking about a 30% reimbursement rate from our charges and the reimbursement currently only covers about 75% of our overhead. Obviously, this is unsustainable at the current reimbursement without cost offsets by other patients. With a drop in those reimbursements, many of us will have to greatly decrease our acceptance of those patients or go out of business. Please reconsider reducing the E/M reimbursement for OB/GYN.	8/1/19 to Ms. Richey indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/1/2019	Comment	sdljroller@msn.com	Sherrie Richey, MD, FACOG President Alaska Perinatology Associates Chairman of Dept. of Obstetrics and Gynecology Providence St. Joseph Medical Center	As a obstetrician and gynecologist, there are fewer and fewer of us willing to provide what amounts to frequently the only primary care and pregnancy care most young women receive. With a decrease in reimbursement, the appointment schedule positions available to provide care for those patients will necessarily become fewer. In this day of decreasing reimbursements and increasing costs, those slots must be held open for patients who will have a more reasonable reimbursement. We are already taking about a 30% reimbursement rate from our charges and the reimbursement currently only covers about 75% of our overhead. Obviously, this is unsustainable at the current reimbursement without cost offsets by other patients. With a drop in those reimbursements, many of us will have to greatly decrease our acceptance of those patients or go out of business. Please reconsider reducing the E/M reimbursement for OB/GYN.	8/1/19 to Ms. Richey indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/1/2019	Comment	johndekeyser@gmail.com	John DeKeyser MD, PC Obstetrics & Gynecology Anchorage, AK	I've been delivering babies for 40 years, the majority of that time in Anchorage. I am usually on the sidelines regarding political issues. I can no longer remain quiet. Please consider: Many providers in Alaska do not accept patients with Medicaid and Medicare due to low reimbursement. One group of internal medicine physicians went bankrupt because they had a high ratio of Medicare & Medicaid patients as opposed to private insurance. Those of us who still accept patients on Medicaid do so out of a sense of commitment to the community. However, magnanimity only can go so far. Our practices lose income when we accept Medicaid patients. However, we still have the same bills to pay: The Municipality of Anchorage doesn't lower our taxes because we accept Medicaid. Our nurses won't take a pay cut just because Medicaid has cut reimbursement. Our landlords don't lower our monthly rent..... You get the idea. As reimbursement drops, the number of providers accepting Medicaid will drop commensurately.	8/1/19 to Mr. DeKeyser indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/1/2019	Comment	evans@obhn.org	Dr. Arom Evans Psychiatry & Neurology-Psychiatry Eagle River, AK	I wanted to voice concern about the proposed cuts to non-primary care professional services. Our clinic provides both in person and telemedicine mental health treatment for children and adolescents across the state. We are a private non-grant funded agency of 2 psychiatrists, 4 PA's and 2 psychologists and d doctorate level therapist. We treat kids as far north as Kotzebue and as far south as Ketchikan. Many of the children we serve have no other access to psychiatric care. Without intervention, these kids often get worse and end up in emergency rooms and hospitals. Further reduction in payment for professional services will threaten our ability to treat the Medicaid population. We already had to stop providing individual therapy to Medicaid clients because cost of overhead and salary for the therapists was higher than Medicaid would reimburse. If further cuts are made to professional services this is likely to occur for psychiatric evaluation and medication management services. We may be forced to stop providing these services to Medicaid clients. We do not want to do this, however as a private non-grant funded agency we cannot pay overhead and salary at a higher rate than we are reimbursement. This would leave a vulnerable population unserved who would likely get worse. In the end it would likely lead to higher costs because these patients may end up in emergency rooms or hospitals. Receiving regular mental health services has been shown to cut emergency services and as much as half.	8/2/19 Email to Mr. Evans indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/1/2019	Comment	matsucarecoordination@gmail.com	Cindy Farrens Care Coordinator Mat-Su Care Coordination	Opposition of the emergency Medicaid reductions under 7AAC 145. Medicaid Payment Rates and 7AAC 150. Prospective Payment System. The reduction is currently impacting the ability to support the vulnerable elder residents of Matanuska Susitna Borough whom I serve as a Care Coordinator. These Home and Community Based Waiver and Personal Care Services are essential to keep disabled and elderly Alaskans in their homes. This reduction will have a significant impact on the quality of care and the hours these Alaskans can receive care. The impacts on the jobs for caregivers will result in reductions in staff, hours, wages, benefits, and holds placed on hires. It is hard to find qualified in-home care under the current reimbursement rate, this will make it even more difficult leaving vulnerable Alaskan at risk of endangerment. Care Coordinators and the Personal Care Service providers have not received annual cost of living increases and the 5% reduction drops vendors to 2013 rates. Care Coordinators continually experience regulatory required additional duties as unfunded mandates. The most recent being Community First Choice (CFC) implemented on 10/1/2018 causing significant increase in Care Coordinator's duties without additional compensation. These extra cost must be absorbed in our business and have caused many to leave this field. There is a shortage of Care Coordinators willing to work under these payment arrangements.	8/1/19 to Ms. Farrens indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/2/2019	Comment	terry.liileyodge@yahoo.com	Terry Ann Gainer	It is a tragedy that funding is being cut from programs such as this. The rate structures are poor and the State of Alaska is losing excellent healthcare provider agencies (housing in particular) due to the instability of the funding and reimbursement.	8/5/19 Email to Ms. Gainer indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/2/2019	Comment	asaptransportationservices@gmail.com	Myla Gatpandan ASAP Transport	This will Potentially impact Medicaid recipients. I am from the transportation business. And a lot of transportation services do not provide social rides due to the fact that the current rate right now can't even pay for 1 employee for even 1 unit of social ride without escort, especially coming from farther distances in the Anchorage area. ASAP Transport is only one of the few that provides social rides due to our commitment and christian ethics. Approving this proposed reduction will also affect jobs: reductions in staff, hours, wages, benefits, holds placed on hires, etc. And will definitely impact our service areas. We are hoping for a consideration and a favorable decision.	8/2/19 to Ms. Gatpandan indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

8/2/2019	Comment	tsmith@chhcicare.com	Tara Smith, President Cornerstone Home Care	<p>Co-owner of a home care agency that represents and serves Juneau, Ketchikan, Haines, Petersburg, Prince of Wales Island , and Angoon's Senior and disabled populations who receive in home care through Medicaid. Personal Care services are the LEAST EXPENSIVE service to all the elderly, frail, and disabled to remain independent and safe at home. We are now receiving about the same reimbursement we received in 2015. This drop has occurred when we are paying employees a higher rate than we paid in 2015, and there are newer state regulatory requirements of more administrative costs, as well as more training costs, without reimbursement. Finding caregivers to provide this important service is difficult to say the least. People looking for employment can work at a grocery store for a higher wage and less training. Alaska Personal Care services cannot take another 5% cut. That cut would take us back to reimbursement rates from 5 years ago, forcing us to cut a PCA employee's pay down to a past hourly rate that working ALASKANS CANNOT SURVIVE ON.</p>	8/5/19 Email to Ms. Smith indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/3/2019	Comment	akbjroberts@gmail.com	Barbara J. Roberts	<p>Client of Anchorage Community Mental Health. They have helped me tremendously. I found very high quality providers there, they all seem to care about their clients. I wish there was more transparency within these new Medicaid changes. I have to assume they mean fewer funds from which to pay the providers there? It would be helpful if the public were able to see & comments on the exact funding & where it goes. Do these changes mean the employees at ACMH will not receive raises or will there be fewer providers when they are already short?</p>	8/5/19 Email to Ms. Roberts email we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/3/2019	Comment	akhippiechic@gmail.com	Lee Ann Crafton Care Coordinator AK Hippie Chic Services	<p>I am writing regarding the proposal of a 5% decrease to care coordination services based on the current governors proposed emergency regulations. I am a single person agency servicing 28 payable clients and approximately 15 non payable clients (pro bono). I travel in my own car, paying my own travel expenses, 2-3 times per month to Homer, Seward, Anchorage and the Valley from Kaslof. I manage and pay for my own IT equipment and services, internet, phone, faxing, printing, and connectivity services to maintain contact with the state for submission of multiple documents necessary to manage my clients cases. I currently am on Medicaid because my income is so low once I pay to manage my business. Cutting income to care coordinators will affect our ability to see and communicate with our clients and their services agencies (part of the state regulations and legal requirements for cc's), as well as affect our ability to support ourselves. As you may or may not know, Care Coordinators are on call 24/7 and are permitted only 48 hours in-between the time a client contacts us and when we are responding to their needs. I would be happy to share my tax returns with you, or anyone for that matter, the short information being that in 2016 I had an adjusted gross income of 50K with a taxable income of 20K. In 2017 the agi was 53K and the taxable income 27K. I feel confident that most care coordinators make about as much money as I do. Please consider that not only do we assure the health and safety of waiver clients we are the lowest paid of all services provided to waiver clients. In the last three years our duties have tripled with increasing paperwork, changing to regulations, and changes to reporting and none of those requirements come with a raise. In fact, CCs have not received a COLA increase in the last 5 years.</p>	8/5/19 Email to Ms. Crafton indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/3/2019	Comment	alexandervonhaftten@gmail.com	Alexander von Hafften, MD Psychiatry & Neurology-Psychiatry Anchorage, AK	<p>I oppose reducing reimbursement rates for the evaluation and treatment of persons experiencing mental illness and substance use disorders ("behavioral health services"). Alaska DHSS should be increasing not reducing access to care. Access to out-patient and in-patient care for persons experiencing mental illness and substance use disorders in Alaska is already too limited. Inadequate access and poor quality mental health and substance use disorder care are cost shifts. The National Institute of Mental Health (NIMH) has reported that depression and substance use disorders are two of the major causes of disability and the largest cost associated with mental illness and substance use disorders is decreased workplace productivity not evaluation and treatment. High ACE scores increase the risks of high-risk behavior, mental illness, substance use disorders and non-psychiatric metabolic disorders in children throughout their lifetimes. Additionally, epigenetic research demonstrates that children with high ACE scores experience changes in gene regulation that pass on to subsequent generations. My experience is that reducing rates is one of the many ways that access to care is reduced. So, what more can be asked then is it evidence-based public policy or sound economic policy to reduce access to care even further? We pay now or we pay later. If later, the price will be much higher.</p>	8/5/19 Email to Mr. von Hafften indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/5/2019	Comment	aliddle@gci.net	Amy L Liddle Office Manager Dr. John DeKeyser, MD	<p>I have been an medical office manager since 1995 for two practices, one a Family Practice and one an OB/GYN practice. In both practices we filled or are filling the need, by seeing patients who are in need who have Denali/St of AK Medicaid insurance. It is and has been our pleasure to service our community. Our reimbursements for these services have steadily declined. We have tried limiting the number of these patients to our practice, but the need continues to grow and will continue to grow under the austerity planned in our present state political agenda. This cut will effectively be the "straw that breaks the camel's back"; we will no longer be able to sustain ourselves at these rates and will be forced to no longer accept new or returning patients with Medicaid Insurance. I suspect that will be the case for many physicians if this plan goes forward. For too long the medical doctors have been the scapegoat of the high cost of medicine, this is not the case. We have bills to pay: payroll, rent, school loans, supplies, compliance, mandatory regulations,... the list goes on. We understand that the state needs a balanced budget, but not at the expense of the people the government serves.</p>	8/5/19 Email to Ms. Liddle indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/5/2019	Comment	vstrupauroraadvocacyllc.com	Vicki Stroup Aurora Advocacy LLC	<p>I am writing to address my concerns regarding the 5% reduction in reimbursement for Medicaid services. As a care coordinator, I cannot afford a pay cut. Being employed by a small, independent employer already means that I have no benefits, which means that I have to pay out of pocket for health insurance. In order to maintain my rate of pay, I will have to increase the amount of people on my caseload. This will mean a decrease in the quality of services I am able to provide to those people. It is very important to me to provide the highest quality of care coordination service I possibly can, but with an increased number of people and the increased amount of work that is continually being placed on care coordinators (The most recent being CFC implemented on 10/1/2018 causing significant increase in CC duties), one person can only do so much. It is also important to note that provider agencies can only take so many cuts before they will be unable to continue providing services, which could mean the loss of habilitative and group home services to individuals who desperately need those services. CC and PCS vendors have not received annual cost of living increases and the 5% reduction drops vendors to 2013 rates. I know that many providers are already raising their cost of care, which many of the people on my caseload cannot afford. A 5% reduction would be detrimental to anyone receiving or providing Medicaid waiver services. Also, the people on my caseload cannot afford the out of pocket expense for dental care, so that needs to be reinstated as well. It should not be okay for their teeth to rot out of their mouth due to lack of proper dental care just because they have a disability and live on a very limited income. Please stop this reduction, for the benefit of all people receiving Medicaid waiver services!</p>	8/5/19 Email to Ms. Stroup indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

8/5/2019	Comment	Bev.Schoonover@alaska.gov	Beverly Schoonover, Acting Executive Director Statewide Suicide Prevention Council Alaska Mental Health Board	<p>Behavioral health Medicaid provider rates were rebased this fiscal year for the first time since 1992. While a significant improvement over the previous rates, the FY19 behavioral health rates did not fully close the gap of increased inflation rates (over 81% since 1992) and the increasing cost of doing business in Alaska. We caution that these proposed cost containment efforts could impact the fiscal solvency of behavioral health providers around the state, which could impact their service array and have negative impacts on the vulnerable Alaskans they serve. Possible consequences of the proposed emergency regulations to reduce behavioral health rates by 5% this fiscal year include:</p> <p>Private insurance rates could grow as medical providers charge more to make up for lower Medicaid revenue. Individual behavioral health providers employed by agencies able to bill Medicaid may leave these agencies, as they realize they can operate with less restrictions and charge more as a private pay provider. Behavioral health providers who are less likely to have the cash on hand to weather these reductions in funding, could choose to stop accepting Medicaid patients or close their doors altogether. Nonprofit organizations, often serving as safety nets for their communities, will have less capacity to provide services which often act as protective factors in preventing the need for higher cost services downstream. Waitlists for important behavioral health services will grow as demand will continue to outscore agencies' capacity. This may result in lost workforce productivity, increased and prolonged emergency department and hospital stays, increased health care costs, and increased involvement in corrections and child welfare systems. We understand emergency regulations were issued as an immediate solution to the anticipated and insufficient appropriations to the Medicaid program for FY20. As an alternative to these proposed cost containment measures, we would welcome the opportunity to discuss other ideas for streamlining and improving the effectiveness of a behavioral health care system that best meets the needs of Alaskans.</p>	8/5/19 Email to Ms. Schoonover indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/5/2019	Comment	hscott@ccqp.onmicrosoft.com	Holly Scott, Administrator Quintessence Planning and Care Coordination	<p>These 5% cuts will have a dramatic impact on the individuals served on Home and Community Based Waivers and Personal Care Services. The Department of Health and Social Services, Seniors and Disabilities have made several changes in the past five years that continue to lead to a decline in health and safety for recipients that receive HCBW services and Personal Care Services. Conflict Free Care Coordination led many service providers to cut care coordination services and encourage care coordinators to start their own provider agencies. The rates for reimbursement for care coordinators were low as this service category has not received an increase since 2013. Care coordinators like most Medicaid providers are already working at or above capacity. There has been a continual push for care coordinators to travel to other regions to support recipients and the rates do not allow for travel costs. There have been continual regulatory requirements that have added significant duties that are unfunded mandates. The roll out of new Medicaid waivers that increase Federal percentage of funds has exponentially tasked care coordinators with duplication of work with PCS providers. The introduction of Harmony has slowed production and added another layer of time-consuming data processing for the State of Alaska, again, no compensation to the providers to assist.</p>	8/5/19 Email to Ms. Scott indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/6/2019	Comment	chris@obhn.org	Christopher D. Dietrich AK Collaborative for Telemedicine and Telehealth	<p>I am currently a PA practicing primarily in Child and Adolescent Psychiatry. The rate designated to be changed and limited will directly impact my patient care and may limit my ability to provide care leading to increased hospital visits that will directly increase Medicaid cost and lead to poorer health outcomes. I additionally work in corrections and limiting service access and reducing providers will likely lead to increase cost on inmates being newly remanded. Working for an advocacy group promoting health care access. This would directly reduce health care access.</p>	8/6/19 Email via secure mail to Mr. Dietrich indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/6/2019	Comment	cwright@ccqp.onmicrosoft.com	Chuck Wright Quintessence Planning and Coordination	<p>I have written to legislators and now will write to you of my strong opposition to 7 AAC 145 which reduces reimbursement rates for various services. I am a Care Coordinator and of course am much opposed to going back to 2013 rates while job responsibilities have increased. This change will cross a threshold of not being worth it and will undoubtedly greatly shorten my work as a Care Coordinator which I have been doing for over 20 years. I very much enjoy supporting people who experience disabilities through my work but do need to be treated at least fairly. However, my much more serious concern is for the agencies who provide services. I am especially familiar with Hope Community Resources and very aware of the extreme cuts they have already made due to previous freezes and reductions that other Medicaid providers did not experience. The additional 5% cut is ridiculous and obviously not remotely thought out when considering the very negative impact on people supported by Hope. Please convey my message to NOT reduce reimbursement rates.</p>	8/6/19 Email to Mr. Wright indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/6/2019	Comment	bob@abacuscarecoordination.com	Robert Croley Abacus Care Coordination's Inc.	<p>Hey Gov! I am a care coordinator.. I operate a care coordination business with a paltry 4% profit margin and you're gonna take that away from me, thanks dude! Were that not bad enough, over the last several years there has been repeated changes in regulations that make it more difficult for me to operate, and result in more hours and more labor and more benefit to the state and yet not a penny more about this... If you're going to roll us back to 2013 compensation, then fix the expectations to match... You apparently have little to no idea of the impact of the changes you make... Where and how are we going to manage our indigent dead? You've taken away the money that general relief uses to cremate them, whatcha got planned for that??? We've got one idiot in Washington, we don't need another in Juneau. I'm a voter... and you can bet your ass that I won't forget this the next time I step into a ballot booth and I'm gonna tell a thousand friends.</p>	8/7/19 Email to Mr. Croley indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/6/2019	Comment	kbb@acsalaska.net	Dr. Karl Baulrick, MD Obstetrician-Gynecologist Fairbanks, AK	<p>I am an OBGYN in Fairbanks and very concerned about the pending Medicaid changes. I own a 6 provider clinic that employs 21 people. We see a large proportion of Medicaid recipients and will be profoundly affected. Our clinic is barely limping along now, if we don't get the already meager reimbursements from Medicaid we will have to lay people off at best, close our doors at worst. Many of our patients have mobility, access issues and won't be able to get to the clinic without Medicaid help. The inflationary changes are required to keep up with basic costs of supplies and wages. Please add my concerns to others discouraging these changes, Sincerely Karl Baurick MD</p>	8/7/19 Email to Mr. Baulrick indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/6/2019	Comment	abby@alpenglowcarecoordination.com	Abby Bingham Alpenglow Care Coordination	<p>Today I am writing in regard to the 5% rate reduction. As a care coordinator I work with a case load of clients to ensure that their long term Medicaid waiver's care current and assisting to arranges services that provide with their daily care needs. My job is broad and I often go above and beyond to help clients that have no other natural supports. I work with the most delicate of our population; people who experience disabilities and the elderly. The cuts to Senior Benefits and Adult Dental have been devastating to this population and my clients need my assistance more than ever. In the midst of this, my own pay has been decreased by 5% due to the Medicaid cuts from Dunleavy. This means that my case load remains the same, my work load is increasing due to clients needs and the services for my fees are decreased by 5%. There has not been a cost of living increase for these services since 2013 and the recent 5% decrease is felt. Please know that working people are being impacted by these changes, not just large hospitals. I am a small business owner with no other cushion. These cuts are not justifiable.</p>	8/7/19 Email to Ms. Bingham indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

8/6/2019	Comment	cmulliton@gmail.com	Christine Culliton Independent Care Coordination Agency Southeast, AK	I am the owner of an independent Care Coordination Agency in Southeast we support over a 100 families through the Home and Community Based Waiver and TEFRA option. These services are designed to keep people in our Alaskan communities. The ongoing additional regulations, ever changing forms (weekly from SDS) the additional requirements for 16 more hours of training on top of the regulatory mandated certification trainings, the increase in individuals without Medicaid, the unfunded hours of applying , fair hearing, amendments, Waitlist assessments, have all changed and increased in the past four years while the rate of reimbursement has been reduced. We no longer are paid for level of care, but are now required to do it for SDS, we don't get paid on time(regulation requires we bill the month after our services were performed; no other HCBW provider waits a month by regulation) we don't get paid due to fiscal issues with HSS beyond our control, Plans are often delayed at SDS by reviewer due to a number of factors; delaying payment. My point is this I am not able to retain new Care Coordinators because we are paid about \$11.00 an hour (sometimes less) due to the demands of the population we support. We do this because we care about our communities and the people who are our neighbors and our friends; if you continue to reduce payment while SDS increases our job functions we will have to continue to turn people away. Currently we receive 3 calls per week from people we can't assist because I can't hire a new Care Coordinator to help them; it is heartbreaking to turn people in their worst moments away because we don't get paid. Any further reduction will result in Christine Inc. pulling out of Haines, Hoonah, Petersburg, Kake and Ketchikan due to the high cost and reduction of reimbursement; please reconsider any further reduction to the rate of reimbursement so we can continue to support Alaska's most vulnerable individuals.	8/7/19 Email to Ms. Culliton indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/6/2019	Comment	lscotford@bbahc.org	Lecia Scotford, MD, MHA, EVP & COO Bristol Bay Area Health Corporation	BBAHC is deeply concerned about the emergency regulations impact on tribal health programs. The State has conveyed its impression that these cuts will not negatively impact the Alaska Tribal Health System (ATHS) or the Medicaid beneficiaries that we serve. The emergency regulations contains across-the-board inflation freezes and rate reductions that will impact skilled nursing facilities, long term services and supports targeted case management, specialist services, and other critical services. It remains unclear how the proposed SPA will impact tribal health programs, which bill under a variety of payment systems, and whether the State has considered the costs of patient care. Tribes can only serve non-Indian Medicaid beneficiaries if doing so would not result in diminution of services to Indians. If the rate cuts affect tribal health care providers' ability to continue to provide services to Indians, then they may have to stop serving non-Indians. A Tribal Exemption is Lawful and Appropriate. We believe federal law allows States to pay tribal and non-tribal providers at different rates. It is inconsistent with federal law to implement the inflation freezes and rate cuts as emergency regulations at this time.	8/7/19 Email to Ms. Scotford indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/7/2019	Question	charlesr@gottlieb.com	Ruth Pierre-Charles, Regulatory Analyst Gottlieb	I have some additional follow up questions that I was hoping that you could help me answer. We just want me to make sure that we have all the information necessary when relaying this information to the appropriate parties. We first want to determine the date of service for this 5% reduction, because we are not seeing any reductions occurring on our July 2019 claims. Is there any additional information that you may be willing to provide regarding any changes or enactment of this reduction date of implementation? An effective date of enactment of the 5% reduction would be tremendously helpful in regulatory compliance. My next question is in reference to the provider specialties. Let's say a provider is enrolled as a pediatric, but treats emergency patients in the Emergency Department place of services with ED place of service codes 99281-99285, would the 5% reduction not occur? Or would the provider still be subject to the 5% reduction? Pediatric specialty regardless of the service being performed, no rate reduction. We also want to determine if a doctor that works in the emergency department room, but is dual board certified in Pediatrics and in Emergency Medicine, is that provider sanctioned to these reductions as well? For instance, let's say that a dual board-certified provider that is licensed in both, Pediatrics and Emergency Medicine, changed their specialty to pediatrics, and uses the current procedure terminology (CPT) 99281-99285 codes, would the reduction not occur? Or would the reduction still be applicable in that circumstance?	8/12/19 Response: The effective date of application inflation freezes and rate reductions will be July 1, 2019 for the following services: Inpatient Hospital Outpatient Hospital Ambulatory Surgical Centers, Residential Psychiatric Treatment Centers, Community Behavioral Health Services, Applied Behavioral Health Services ,Personal Care Services, Infant Learning, Targeted Case Management, Long Term Services and Supports, Targeted Case Management, Private Duty Nursing, Free Standing Birthing Centers, Transportation and Accommodation Services Administrative Wait Beds The effective date of applicable inflation freezes will be July 1, 2019 for the following services: All professional services billed under the Resource Based Relative Value Scale rate methodology (RBRVS). These provider types include but are not limited to: physicians, physician assistants, dentists, physical therapists, speech therapists, occupational therapists, skilled nursing facility services, and home and community based waiver services. The effective date of applicable inflation will be the later date of August 1, 2019 or after a 30 day notice to the providers through remittance advices (RAs) for the following services: Primary care professional services and non-primary care professional services. The reason why there are different effective dates for different services is because professional services that are billed under Resource Based Relative Value Scale (RBRVS) require a major change to the Medicaid Management Information System (MMIS) to be able to pay different rates for the same services for providers with different rendering provider specialties. The different effective date for these services reflects the time needed to implement the change to the MMIS while avoiding reprocessing of claims. Additional timelines will be established should further cost containment measures be necessary to support the final SFY 2020 budget. Regardless of the services being performed, a provider enrolled as a pediatric will not be impacted by the rate reduction. Regardless of the services being performed, a provider enrolled with a pediatric specialty will not be impacted by the rate reduction. It will be dependent on the provider specialty type in the enrollment file and not if the provider is dual board-certified. The specialty code identified in the MMIS provider enrollment file as of July 1, 2019 is the specialty code used for the purposes of cost containment rate reductions. Specialty codes may not be changed until rate reductions are removed effective July 1, 2020.
8/7/2019	Comment	drafferty.cccp@gmail.com	Debra Rafferty Compassionate Care Coordination & Planning, LLC	I would like to express my concern regarding the proposed rate cuts for the folks, businesses and entities that provide services in the health care fields. It is hard enough to find qualified folks to provide services in many of the health care fields in Alaska and rate cuts will prohibit more folks from entering these fields as well as decrease the quality of services provided. Please re-consider the 5% Rate Reduction for PCS and Care Coordination Services that have direct impacts on individuals receiving the supportive services.	8/7/19 Email to Ms. Rafferty indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

8/7/2019	Comment	jeannie@ashnha.com	Jeanne Monk, MPH Senior Vice President Alaska State Hospital & Nursing Home Association	Concerned about both the rate cuts and the use of the emergency regulatory process to rate cuts. We are opposed to across the board rate cuts with little to no analysis of the impact of those cuts on Alaska's Medicaid patients and the providers serving them. Attached: 1. ASHNA comment letter & Attachment -Packet ASHNA Pleadings 2. Attachment 2: Affidavit of Donna Steward with Exhibit A-F 3. Attachment 3: Affidavit of Donna Steward Exhibits G-J	8/8/19 Email to Ms. Monk indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/7/2019	Comment	lisa@abacuscarecoordination.com	Lisa Russell, Office Manager Abacus Care Coordination	I am a single parent, and I have chosen to take in foster kids. I work part-time so that I can meet there needs because of their lives traumas they have had to cope with and overcome. I am working on my six foster sons and will see a 7 th because I believe family should stay together. I am adopting a 3 rd son here in a week, and you are cutting my stipend, which will cut into my monthly budget, this boy has five therapies a week to deal with his trauma, and that is a lot of gas money. Hope Community Resources has raised the cost of care on my ward, and he is now \$45 short a month that is coming out of my funds so that he can stay in a safe environment. I work for a Care Coordination Agency, and for two years I have not seen a rise in pay because of your cuts to care coordination however I am putting in more hours to get things completed at the office. Please stop cutting the little guys and start cutting some of these oil tax credits so that Alaska can make some more dollars on a barrel of oil.	8/7/19 Email to Ms. Russell indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/7/2019	Comment	Alyson.Currey@ppvnh.org	Alyson Currey Legislative Liaison Planned Parenthood Votes Northwest & Hawaii	Pleased that several provider specialty types are exempt however, many other critical Medicaid services are still targeted for these drastic cuts. Reducing rates will undermine our entire health care system and prevent more Alaskans from obtaining needed health care. If Alaska slashes Medicaid rates, providers may be forced to offset these costs by decreasing the number of Medicaid patients they see, reducing or eliminating services, or ceasing to serve Medicaid patients entirely. And these cuts do not just impact Medicaid enrollees; they will have ripple effects across the entire health care system of Alaska. If health care providers cannot afford to absorb the proposed reimbursement reductions, they will be forced to shut their doors, threatening all Alaskans' access to health care. we also have significant concerns about the process through which these changes were made. Emergency regulations are typically only enacted when necessary for the immediate preservation of public health and safety. Using the emergency regulation process to establish these rate reductions was inappropriate and denied Alaskan patients and health care providers the thoughtful, transparent process they deserve. Urges the Department to eliminate these cuts to protect access to high quality Medicaid services.	8/8/19 Email to Ms. Currey indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/7/2019	Comment	allisonlee@vitallee.com	Allison Lee Executive Director Alaska Association for Personal Care Supports	As the Association representing Personal Care Provider agencies dedicated to delivering quality services to elderly and disabled clients statewide we respect the difficult job put forth to the Department to control the costs of Alaska's Medicaid services and supports. In close partnership and communication with member organizations, AAPCS has been working to support Providers as they analyze and make business decisions that would allow them to continue serving in the event of a 5% rate reduction. Responses from the membership included some of the following real and potential impacts: Closure of brick and mortar support locations in rural areas of the state. Limitations on any further expansion plans to under-served areas of the state, Reduction of Program Support staff and administrative wages and benefits, Reduction in the geographical range that providers will be able to serve from their regional offices, Reduction of wages and benefits to Direct Service Professional (DSPs). Please preserve existing rates for vital supports for vulnerable Alaskans.	8/8/19 Email to Ms. Lee indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/7/2019	Comment	Evelyn_Rider@MEDNAX.com	Evelyn Rider, MD, FAAP Corporate Medical Director , MEDNAX Alaska Neonatology Associates	Current payer mix is more than 70% Medicaid. Having just undergone a 10% reduction in fees, any further reduction would negatively affect our ability to provide excellent care to Alaska's most vulnerable patients. Alaska Neonatology Associates physicians and nurse practitioners are the sole providers of advanced critical neonatal care for the state. We do not have the option, nor do we desire the option, of declining the care of Medicaid patients. The Alaska Medicaid dollars spent on newborn care has had a high return of investment as evidenced by the vast improvements in morbidities and mortalities among newborns in the state. Essential to maintaining these improvement is having the very best providers in the state invested in optimizing care for sick newborns. In this era of decreasing Neonatology providers nationwide, we are able to recruit some of the best neonatal physicians from the lower 48 and offer a competitive salary. Neonatal care depends on other physician sub-specialty services. Without appropriate subspecialty services, a good portion of sick babies we care for would need to be transferred out of state.	8/8/19 Email to Ms. Rider indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/7/2019	Comment	GreggS@consumerdirectcare.com	Gregg Schomaker Consumer Direct Care Network AK	Cutting the Medicaid reimbursement rates by 5% will substantially challenge our ability to retain capable and high-quality caregiving staff, since caregivers who cannot make ends meet will be forced to find other, better-paying jobs. In the end, this vulnerable population will be left without care. This will also lead to more expensive services, such as emergency room visits, for injuries due to falls that could have easily been prevented if a caregiver was present at the time. Cutting the Medicaid reimbursement rates by 5% will require us to rethink the areas of the state in which we provide services, even as rural Alaskans face daunting challenges in accessing essential care. Without adequate funding, delivering services in rural Alaska is simply too complicated and too costly. We have always been very proud as an agency to say that we provided services statewide. With the 5% rate reduction, we are now re-evaluating providing services statewide. If we stop providing services in some small rural communities, there will be very limited options for the clients who reside there. We strongly urge that the department reconsider the 5% rate reduction in Medicaid rates for Home and Community Based Services (HCBS), Community First Choice (CFC), and Personal Care Services (PCS).	8/8/19 Email to Mr. Schomaker indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

8/7/2019	Comment	rmarinelli2001@yahoo.com	Rebecca Marinelli	I am a State of Alaska certified care coordinator and I am writing to express my concerns about an across the board 5% Medicaid reduction for service of recipients who received Home and Community Based Waiver Services. The 5% reduction will have a significant impact on those vulnerable Alaskans who are trying to remain in their community and receive the most cost effective services. With a 5% reduction these vulnerable Alaskans risk losing access to services as agencies will no longer be paid a sustainable reimbursement rate to offer supports. It is already challenging to hire qualified staff that are willing to do the challenging work of direct care. Some services, such as respite, will no longer be available due to a rate reduction. As a care coordinator I will be forced to limit services to the most vulnerable and difficult to serve, which might force them into a higher cost institution. Care coordinators have not received an increase in reimbursement in several years and are not keeping up with cost of living increases. Care Coordinators are continually mandated additional duties and responsibilities that are not funded, the most recently being travel vouchers and Community First Choice implementation. Both of these duties increase the workload and responsibility of care coordination duties without any consideration to the already overwhelming workload of a care coordinator. A 5% rate reduction may not be sustainable in my field and cause me to limit those I can serve, leaving the most vulnerable without options. Please reconsider an across the board rate reduction for Home and Community Based Services for the benefit of vulnerable Alaskans.	8/8/19 Email to Ms. Marinelli indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/7/2019	Comment	reneerafferty@providence.org	Renee Rafferty, MS, LPC Regional Director of Behavioral Health Services Providence Health & Services, Alaska	The cost containment effort included in the emergency regulation change will impact the fiscal solvency of the behavioral health system in Alaska and have a negative impact on vulnerable Alaskans. The emergency notice of the proposed change states it is necessary to reduce all Medicaid service rates by 5% and to continue cutting behavioral health grants because of budget constraints. The process advanced through the emergency regulation process and rate reductions went into effect on July 1, 2019. The budget constraints and Medicaid shortfalls are a direct result of reductions made by the administration and the gap cannot be closed by continued provider rate reductions without significant impacts to access to care. As an alternative to these proposed cost containment measures, we welcome the opportunity to discuss other ideas for streamlining and improving the effectiveness of a behavioral health care system that best meets the needs of Alaskans.	8/7/19 Email to Ms. Rafferty indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/7/2019	Comment	kevin@kjardell.com	Kevin Jardell Kjardell Co.	Governor Dunleavy made restoring trust in Government a pillar of his campaign and has continued to say this is important to him. The use of emergency regulations in this instance is in opposition of Governor Dunleavy's goal; respecting and allowing for meaningful open public process is a necessary principle imbedded in the concept of political trust. While there may be times emergency regulations make sense in this case the Department knew for months it intended to pursue this path. The Department could have easily started the regulation process earlier so that it coincided with the budget or new fiscal year. This so called emergency is mere convenient excuse to move forward in a shorter period of time without having to deal with a public process.	8/8/19 Email to Mr. Jardell indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	kelly.jepson@brightspringhealth.com	Kelly Jepson, Director BrightSpring Health Services	Opposed to making broad 5% Medicaid rate reductions which went into effect permanently on July 1st. Whether large or small, Medicaid providers who operate solely on Medicaid reimbursement as set by the state cannot raise the price of the goods or services they provide to compensate as a business in another sector would be able to do. In short, we are rate takers not rate setters. While we appreciate that the state is in fiscal crisis, the 5% reduction is already having an impact on Medicaid in-home care services which thousands of Alaskans rely on every day. In addition to the 5% provider rate reductions, the DHSS proposal to permanently withhold inflationary provider rate increases will continue to squeeze an already taxed Medicaid system and make it unsustainable to operate in additional locations. Inflationary increases were put into state statute to help providers keep up with the rising costs of providing services and thus, it is critical that this key Medicaid infrastructure be kept in place.	8/9/19 Email to Ms. Jepson indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	jocelyn@alaskahospitalist.com	Timothy Bateman, MD via Jocelyn Pemberton, Chief Executive Officer The Alaska Hospitalist Group, LLC	Due to EMTALA rules, our practice takes care for all hospitalized patients regardless of their ability to pay. From a financial perspective, our payer mix is dismal at 55% Medicare, 24% Medicaid, 4% self pay and only 17% commercial. We have had to absorb the State's Medicaid cuts for the past two years totaling 13.8%. Another 5% would cause additional financial harm to our practice impacting our ability to recruit and retain physicians to Alaska. We often see a two to three month delay for Medicaid patients to be seen by Primary Care. It is not uncommon that we see increased hospital readmissions and preventable repeat visits to the Emergency Room as a result of a broken system of care. Additional cuts to Medicaid will exacerbate the problem further.	8/9/19 Email to Ms. Pemberton indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	mbailey@hopealaska.org	Michael Bailey, President Alaska Association on Developmental Disabilities	AADD wishes to record grave concern about the ability of providers to recruit and retain a qualified workforce under prolonged freezes of inflationary adjustments to insurance costs. A stable workforce is essential to assure sustainability of all home and community based services within the shared vision of a flexible system which assures that person-directed processes are upheld toward a meaningful life in their home, their job and their community. Concerned that the short-notice period and lack of public comment prior to rapid implementation of the rate reductions has not allowed providers' to adequately prepare their budgets and adjust operations to incorporate these reductions.	8/9/19 Email to Mr. Bailey indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	strong99615@gmail.com	Jonathan Strong	As a small home and community based services provider a rate reduction of 5% including the freeze on rate increases negatively impacts our ability to pay competitive rates and benefits to our staff with respect to large providers. This will lead to a higher staff turn over rate which is not in the best interest of the participants. Recruiting and retaining qualified staff is very difficult as it is. Please take this into consideration while making your decisions.	8/9/19 Email to Mr. Strong indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	bjewell@cdvcmc.com	Barb Jewell, Behavioral Health Program Manager Sound Alternatives Behavioral Health and Developmental Disability Program Cordova Community Medical Center	Writing to protest the currently proposed rate reductions and cost containment measures on select Medicaid reimbursements. These proposed reductions are aimed at reimbursements for services that have consistently not been inflation proofed, are services provided to our most vulnerable populations and will hit small rural providers hardest. As the local and only Community Behavioral Health and Developmental Disabilities provider in Cordova, we are already experiencing decreases in funding based on reductions to grants while also experiencing an increase in administrative costs related to additional regulation and compliance requirements. Medicaid reimbursements already often do not cover the costs of providing this care. And these rate reductions will hit every part of our program. In a field where recruiting, training and retaining qualified providers is already difficult, any reduction in resources results in fewer and less accessible services. The proposed changes do nothing to address underlying cost drivers and may in fact drive up costs in other areas when people have to access more expensive emergency care. I urge you not to implement these proposals for freezing and reducing Medicaid reimbursements.	8/9/19 Email to Ms. Jewell indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

8/8/2019	Comment	Spereault@hotmail.com	Stephanie Pereault Independent Care Coordinator Comfort of Home CC	Anticipate these cuts will decrease access to services and supports from both PCS agencies and CCs. This is especially true in rural and harder to serve areas where the provision of these least costly services can greatly delay higher medical and long-term care expenditures. It will also reduce the quality oversight of the provision of services. As providers are forced to determine where to trim, they will increasingly turn to the "behind the care" services and supports often resulting in weaker quality assurance. Lastly, a reduction in wages and/or benefits for Direct Service Professionals and Frontline Supervisors. Currently the Direct Service wages and benefits alone make up over 70% of the reimbursement rate to Providers of Personal Care and training and oversight services are not reimbursable at all. Most Providers will need to make some adjustments to their pay and benefits in order to maintain any reserves. We, as a state, are already in a caregiver crisis, not having enough caregivers to support the current population.	8/12/19 Email to Ms. Pereault indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	tom@alaskabha.org	Tom Chard Chief Executive Officer Alaska Behavioral Health Association (ABHA)	ABHA strongly opposes the use of emergency regulations to reduce Medicaid reimbursement rates. ABHA believes the use of emergency regulations to reduce provider rates is inappropriate and not permitted by the statutory restrictions on the authority. Because of the limitations to public process inherent in the expedited emergency regulatory process, Alaska law at A.S. 44.62.270 explicitly states that emergencies requiring the use of the process "are held to a minimum and are rarely found to exist." The Department is using its authority to promulgate emergency regulations in order to achieve a net savings of \$7.8 million from rate reductions and \$4.1 million from withholding inflation. Using emergency regulations to make changes to the Medicaid program limits the ability to provide input and the time providers and those served by the program have to make necessary adjustments. The Department's use of Emergency Regulations to implement the reduction to Medicaid reimbursement rates adversely impacts Medicaid providers. Beyond the use of Emergency Regulations to reduce the Medicaid provider reimbursement rates, this proposal places additional hardships on behavioral health providers. Because our goal was to use current, Alaska-specific data to determine the precise cost of care, a 5% reduction to the reimbursement rates means providers are receiving 5% less than what it costs to deliver the care. ABHA is concerned that we will backslide on the progress we have made and again see an increase of prevalence of undiagnosed and untreated behavioral health problems broadly affecting our state.	8/12/19 Email to Mr. Chard indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	corinna@auroramfm.com	Dr. Corinna Muller Physician Owner Aurora Maternal Fetal Medicine, LLC	I recently opened my practice in July of 2018, and have put a considerable amount of present finding into purchasing ultrasound machines, computer systems, electronic medical record, office supplies, and other practice costs to practice in Alaska. I was born and raised here and went to UAF for my undergraduate training before medical school. I feel that quality care should be available to our most vulnerable patients and that they should not have to travel out of state if the opportunity is here in Alaska to pursue this care. The Governor's proposed cuts to Medicaid funding in the state of Alaska jeopardize patients who need quality medical care. It also makes it very difficult for a private solo subspecialty clinic to remain productive considering the high cost of equipment that I have in my subspecialty when physician reimbursement is significantly decreased. I would like the opportunity to continue to use my expertise in my home state and practice here, and propose that there are no fee schedule changes for non-primary physicians providing specialty care in Alaska.	8/12/19 Email to Ms. Muller indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	kristin.vandagriff@alaska.gov	Kristin Vandagriff Governor's Council on Disabilities & Special Education	The Council is very concerned about the direct impacts the proposed regulations will have on our states' most vulnerable populations. The reductions in agency reimbursement rates are likely to reduce the availability of services for people with disabilities statewide, and could jeopardize health, safety, and welfare. High cost services such as personal care for medically fragile individuals will most likely be too difficult for agencies to offer, especially in rural areas where local staffing is already challenging. This rate cut is especially devastating for provider agencies who service rural communities, which are already challenged by providing services due to distances and staff shortages. Agencies may be forced to eliminate service in unprofitable service areas, and many agencies may close, further reducing options for access to care. These impacts reduce our state's ability to provide adequate Home and Community Based Services (HCBS) for people with disabilities. These proposed reductions are coming at a time when the demand for senior services for individuals with disabilities is increasing. And as natural supports for people with disabilities are also aging, they become less able to help, increasing the unmet need for DSPs to care for the increase in our older adult population. Council is concerned that the state may not have fully complied with 42 C.F.R. §§ 447.2031 and .2042, which require it to document that proposed rate reductions will not interfere with patients' access to care and to seek beneficiary input "on beneficiary access to the affected services and the impact that the proposed rate change will have, if any, on continued service access. The state should maintain a record of the public input and how it responded to such input."	8/12/19 Email to Ms. Vandagriff indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	alaskaccn@gmail.com	Denise Shelton, MA <i>Aurora Specialized Services, Inc.</i> Kate Hanson, MS <i>Alaska Care Connections, Inc.</i> Megan Wilts, MS, LPC <i>Possibilities, LLC</i> Founding Members and Leadership of the Alaska Care Coordination Network	We anticipate these cuts will decrease access to services and supports from both PCS agencies and CCs. This is especially true in rural and harder to serve areas where the provision of these least costly services can greatly delay higher medical and long-term care expenditures. It will also reduce the quality oversight of the provision of services. As providers are forced to determine where to trim, they will increasingly turn to the "behind the care" services and supports often resulting in weaker quality assurance. Lastly, a reduction in wages and/or benefits for Direct Service Professionals and Frontline Supervisors. Currently the Direct Service wages and benefits alone make up over 70% of the reimbursement rate to Providers of Personal Care and training and oversight services are not reimbursable at all. Most Providers will need to make some adjustments to their pay and benefits in order to maintain any reserves. We are already in a caregiver crisis, not having enough caregivers to support the currently population.	8/8/19 Email to Ms. Shelton, Ms. Hanson and Ms. Wilts indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	amcuire@opaak.com	Andrea McGuire, CMPE, CPPM, COSC, CPC Orthopedic Physicians	The new proposal of further cuts the timely access to care for Medicaid patients could become a more complex challenge than it currently is. The proposed cuts will further inundate providers who accept Medicaid patients and likely cause some to limit Medicaid access or completely withdraw from the program. The result will be over crowded emergency rooms which will then further drive up the cost to the state and reduce access to care. We respectfully ask that this emergency payment cut be canceled, as it would have dramatic negative impact on our entire medical community, especially in anticipation of an additional 5% cut in 2020.	8/8/19 Email to Ms. McGuire indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

8/8/2019	Comment	kori@turnagainsocialclub.com	Kori Mateaki, President Turnagain Social Club	With this reduction though it will affect client care. It will make less funds available for increased staffing, training, and supplies. It will decrease the quality of employees, because I don't know about you, but I can't live off of \$13 an hour less taxes with a family of six. Medicaid has already reduced how many diapers a person can have in a day, which is less than standard nursing protocol so assisted livings don't want to give up their diapers if they are coming to us. So we pay for that out of pocket because we want to "do it right." The state wants person centered care Plans. Have you ever done a care plan that is person centered? It takes on average 3 days to gather the information and write a care plan. I have to have dedicated staff just for this reason, an ultimate waste of a resource. Of course we are going to do what they want, giving choice, learning about them and providing a safe environment, that's the whole point of adult day care. I know this is regulation and I'm okay with it, I just can't afford it when the state keeps requiring more, yet paying less. We are forced to trim our services to do the basic service. \$1.8 million might seem expensive, but actually, we prevent a lot of hospitalizations and doctors visits. Reducing our wage is a really poor way to do business!	8/9/19 Email to Ms. Mateaki indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	jean.kincaid@mssca.org	Jean Kincaid, Executive Director Mat-Su Services for Children & Adults (MSSCA)	Over the past three fiscal years, almost \$250 million of Senior and Disability Services budget allocation has been used to cover growth in behavioral health and medical health care services. Fund shifting under the Medicaid Reform of previous years created significant reductions to programs for our most vulnerable population. Senior and Disability Services have been disproportionately reduced without transparency across all Medicaid services. Reductions in Senior and Disability Home and Community Based Services comprise 7% of the nearly \$140 million GF savings in FY2018 Medicaid Reform efforts. A proposed additional 5% provider rate cut across all providers in light of rate rebasing and inflationary adjustments awarded is not equitable. Workforce is declining due to wage and benefit rates not keeping pace with increased living costs, which translates to individuals not receiving the services they need. These are long term supports, not primarily treatment services. A stable workforce is essential to assure sustainability of all home and community based services. This proposed 5% rate cut will significantly impact the range of services we can continue to provide. For example, the current reimbursement rate for Respite services is below the cost for us to provide those services. We have struggled with a decision to eliminate Respite services because it is essential for the families we serve. It is often the difference between being able to have their loved one continue to live in their home or having to find more expensive residential services. We also have concerns about the other support services, especially personal care services and behavioral health services that are also at risk and know that those will also have a direct impact on the recipient's access to care. The reduction or withdrawal of personal care services or behavioral health services due to rate reductions will undoubtedly result in higher cost responses to otherwise preventable crisis situations.	8/9/19 Email to Ms. Kincaid indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	dandrews@crossroadcounseling.org	Dave Andrews	The most obvious impact is organizations will stop providing some, or all, services, because they will no longer be able to afford to provide them. Agencies may close or reduce the services they provide. People utilizing those services will have to find them elsewhere or do without. Organizations may start "cherry picking" service recipients, looking for individuals who can be served efficiently at the reduced rates so they can meet costs. More challenging individuals will be left without services, possibly ending up in hospitals, API, or out of state institutions where it is much more expensive to serve them. Agencies could be forced to reduce their workforce to meet costs, which are ever increasing, while rates are being reduced. Workers comp, health care, etc. On the flip side, agencies may be forced to deal with difficulty hiring, as they can get similar wages with better benefits working for wal-mart or even fast food chains. Our agency has been running at a 20-25% employee deficit for a while now, and the most common reasons people decline to work are wages/benefits. We received a 2.5% rate increase last year for our reimbursement rates, the first increase in rates since 2013. Reducing rates by 5% drops our rates back to near, or below, rates from 2013. At our agency, we consistently get referrals from all over the state for individuals who require services, or from out of state institutions who are trying to bring individuals back to the communities where they grew up. Cutting rates reduces our ability to serve those individuals. The result of all this could mean that people who need services will not be able to receive them. They may be turned out to the community if that happens which, in some cases, could be much more expensive than paying agencies who would provide those services enough to actually enable them to provide services. I know above there are instances where I say things may happen, but our organization is already seeing actual effects. There are agencies in our community who have cut out an entire type of service because they can no longer afford to provide them. Assisted living homes have closed, employees have been laid off, and other agencies have stopped providing services to individuals they have served long term, as they can no longer afford to provide them. These rate reductions will impact real people in real ways. From people who need services, or people who provide services, to the community as a whole. I urge everyone to reconsider.	8/9/19 Email to Mr. Andrews indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	csanderson@thearcofanchorage.org	Barbara Rodriguez-Rath, Chief Executive Officer via Clara Sanderson, Sr. Public Relations Officer The Arc of Anchorage	Detrimental decreases such as a 5% reduction to Medicaid reimbursement rates puts an incredible amount of strain on service providers like The Arc on top of a fiscally restricting economic climate on both a state and local level. Donor dollars, corporate support and grants are not able to make up the gap when rate reductions occur. We are not in the position to carry the financial weight of providing services to individuals where costs to serve them outweigh the reimbursement rate and even more so should the rate continue to decrease instead of increase with the rate of inflation and hard costs to provide those services. Want to street our dep concern that the level of funding decreases will have a ripple effect on service providers like The Arc and hinder our ability to meet the unique needs of people who experience intellectual and developmental disabilities, to serve them 365 days a year, and properly support their families who rely on us to care for their loved ones. It is understandable that the state is in a budget crisis, but we can't reduce what was already marginal funding for Alaska's most vulnerable people. Restore the rates so service providers like The Arc of Anchorage can continue to serve Alaskans.	8/9/19 Email to Ms. Rodriguez-Rath indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	amanda.race@tananachiefs.org	Amanda Race, Program Manager/Counselor Tanana Chiefs Conference	We believe that there should be increased transparency in an honest budget. The Governor's budget should at minimum, contain allocations for accountability. We are asking for the demonstration of care for vulnerable Alaskans, by not ignoring the real impacts of recent reductions to their services through utilization caps, and eliminating further provider rate reductions. If rate reductions must be applied, please limit the amount of reduction to rebasing and inflationary increases applied during the past 3 fiscal years (FY17-FY19). Properly funding the skilled and appropriate supports for these vulnerable Alaskans remains a Government responsibility.	8/9/19 Email to Ms. Race indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	ccaa.plange@gmail.com	Patricia Lange, Owner Care Coordinator Care Coordination Advocates of Alaska	Rate reduction impact provider that provide services and their ability to service these individual. There is already a shortage of direct service providers and a decrease in funding can only result in a further shortage. Increased regulatory requirements mean that Care Coordinators and agencies are now providing more oversight for less compensation. Care Coordinator will be especially impacted by this rated as the reimbursement rate cut of 5% will bring us below 2013 reimbursement rates.	8/9/19 Email to Ms. Lange indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

8/8/2019	Comment	cathysaliens@yahoo.com	Cathy Gerby Fairbanks, AK	I am not in support for freezes to: 1. HCBWS because these services came in under cost in Alaska. Monies were utilized appropriately and for high acuity recipients who need intensive services to live in their communities, cost controls could result in higher costing out of state placements. Waivers operate from a cost containment set of parameters anyhow. This doesn't make sense unless all services are grouped and limited and mental health ends up utilizing the bulk of funds. 2. Alaska struggles significantly with appropriate Community Behavioral health services - and given the limitations of our hospital care settings - if community providers cannot provide services than higher costing services will add a greater fiscal strain to the vulnerable recipients. We struggle with finding providers and adequately compensating them. 3. PCA services save the state monies by maintaining the disabled in their homes for cheaper longer. If organizations can not afford to provide services and to adequately reimburse staff than higher levels of service that are much costlier will become taxed further. Short term views given the aging population will result in higher costs.	8/12/19 Email to Ms. Gerby indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	rmenzies95@hotmail.com	Rita Menzies Ketchikan, AK	Implementing the emergency regulations regarding Medicaid reimbursement rate regulation is unfair, discriminatory, and will have long lasting domino effects on our individuals with disabilities, our families, our communities and our state. If I am not mistaken, there were HUGE cuts made in the Community and Home Based Waivers/Medicaid budget last year - our service providing agencies are NOT going to be able to continue to serve our individuals with disabilities if more cuts are made. Community Connections, a service provider in our community is one of the largest employers in our community. Good business sense does not allow agencies to operate in a deficit and continue. Think about the number of lost jobs if our service agencies have to close due to inadequate reimbursements. My worry is if our provider agencies across the state have to close, will our family members have to be institutionalized again? If that occurs, it will cost three times the amount for Medicaid not to mention the drastic psychological impacts on our family members. The wording in this proposed change is troubling - why is primary care services exempt and what is exactly meant by "primary care"? My assumption is that primary care refers to your primary care physician -- Providing services for my son to perform activities of daily living, dayhab hours, and in home hours would appear to be "primary care". Medical offices and hospitals (even Critical Access Hospitals) have other avenues of revenue and yet they are exempt from this decrease. It appears that those agencies providing care for our disables are being discriminated against at this point. I am "just a Mom" of a young adult with disabilities but this just does not make sense and I do not know how the people who make these decisions can sleep at night! I think those that are making these policies should visit families that this is impacting. You have an open invitation to visit with my family. I know there are huge budget cuts being discussed and implemented in our state currently; however cutting services for our most vulnerable population is not the answer - it is short sighted and will cost more money in the long run not to mention the fact that our family members with disabilities deserve to have a meaningful life in their communities and homes.	8/12/19 Email to Ms. Menzies indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	chinde@crossroadcounseling.org	Chip Hinde Director of Human Resources Crossroads Counseling & Training Services	The attempt to reduce spending by cutting necessary funds is irresponsible. The neediest and most vulnerable Alaskans, those who experience disabilities will be at greater risk of harm if there is a reduction in available services through any cuts or freezes on Medicaid spending. Entities that serve these vulnerable individuals are already seeing reductions across the board from other cuts made in the budget. More and more in the Home and Community Based services world, providers are being asked to do more with less. It is becoming that much more difficult to recruit and retain quality or even provide an adequate number of frontline staffs to help care for those individuals. Those Alaskan citizens, who without support, would be forced to live in more costly and more restrictive assisted living care facilities, which may be outside of Alaska. The state has a responsibility to provide care to our most vulnerable Alaskans in a way that does not harm their wellbeing, limit or restrict their freedom. A smaller reductions of funds, or no reduction at all would help prevent more costly outcomes for those individuals that need the state's support the most.	8/12/19 Email to Mr. Hinde indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	Matt_Jones@assetsinc.org	Matt Jones Executive Director Assets, Inc.	The cost containment measures that will include a 5% reduction in payment rates for necessary Medicaid funded services will devastate ours as well as many other IDD and/MH providers in Alaska. Our Health Insurance did not go down, it went up, our utility costs haven't decreased, our Workers Comp insurance hasn't gone down, our hourly pay rate to the incredible Direct Service Providers hasn't gone down, in fact it needs to go up to just deal with the cost of living. About the only thing that has gone up is our Quality assurance costs, which have quadrupled to help try and survive future Medicaid audits. Our FY 2020 budget approved by the Board of Directors anticipates our company being \$400,000 in the red by the end of the fiscal year; these anticipated rates contributing significantly to that devastating blow. It is almost impossible to think how this will not negatively impact the lives of many individuals with disabilities that need support and the people that have chosen to be those supporters.	8/12/19 Email to Mr. Jones indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	michael.baldwin@alaska.gov	Michael Baldwin Senior Evaluation & Planning Officer Alaska Mental Health Trust Authority	The proposed rate reduction will reduce access to and availability of services for Trust beneficiaries. recommend that going forward, DHSS engage with key behavioral health provider stakeholders to identify alternatives for cost containment that do not threaten the already fragile continuum of care. Stakeholders could also inform how best to ensure appropriate levels of care, including the least restrictive and lowest cost services when and where possible, are in place. The proposed regulations may not be compliant with federal regulation. we also believe that the emergency regulations may not fully comply with federal regulation 42 C.F.R. §§ 447.203 and .204, which require documentation that proposed rate reductions will not interfere with patients' access to care. Further, these federal regulations also state that beneficiary input be sought "on beneficiary access to the affected services and the impact that the proposed rate change will have, if any, on continued service access." It does not appear that those required steps were taken.	8/12/19 Email to Mr. Baldwin indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.

8/8/2019	Comment	bhess@ptarmiganpeds.com	Bruce Hess, D.O. Ptarmigan Pediatrics	<p>It is common knowledge that behavioral healthcare is an area of significant need in our state, just as it is in many other states. I simply want to recommend to DHSS to include all behavioral health providers in the category of primary care providers so that they can be exempt from the nearly 8% reduction in reimbursements that non-primary care providers are subjected to between 7/1/2019 and 10/31/19. It is difficult enough to get our patients into behavioral health due to the shortage of providers able to take DKC. Reducing the reimbursement of those providers who do see kids with DKC, will only result in providers capping the number of kids that they see or stop taking DKC at all. This does not help the problem, but exacerbates the issue, and will entail more expensive visits to the emergency room or to even more expensive places such as North Star, where the duration of stay is upwards of 1 month on an inpatient service, when with a little extra money spent upfront reimbursing outpatient providers and incentivizing them to see DKC patient, the state can save literally \$100k or more per patient by keeping them out of the inpatient psych unit in the first place. Thanks for reading my comments and considering them.</p>	8/9/19 Email to Mr. Hess indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	marna.sanford@tananachiefs.org	Victor Joseph, Chief/Chairman via Marna L. Sanford, Government Relations Tanana Chiefs Conference	<p>We recommend the Department immediately abandon these regulations for a standard public notice and comment process. We recommend that the Department exempt tribal facilities from the rate reductions and inflation freeze applied through 7 AAC 145.; 7 AAC 150.; and 7 AAC 160. We believe that this will bring maximum benefit to the State and to Tribes and Tribal Health Organizations. We recommend that the Department consider expanding this to allow tribal facilities to be as little impacted by rate reductions and inflation freezes as possible.</p>	8/9/19 Email to Mr. Joseph indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	kelli.shroyer@maniilaq.org	Kelli Shroyer Public Communications Manager Maniilaq Association	<p>We recommend that the Department exempt tribal facilities from the rate reductions and inflation freeze applied through 7 AAC 145.; 7 AAC 150.; and 7 AAC 160. We believe that this will bring maximum benefit to the State and to Tribes and THOs. Holding tribal providers harmless will allow the State to maximize access to 100% federal medical assistance percentage (FMAP) match, while continuing to allow Alaska Native and American Indian Medicaid beneficiaries access to the care they need. We recommend that the Department consider expanding this to allow tribal facilities to be as little impacted by rate reductions and inflation freezes as possible.</p>	8/9/19 Email to Ms. Shroyer indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	luann.strickland@tananachiefs.org	Luann Strickland Home Care Manager Division of Wellness & Prevention TCC Home Care Program	<p>We would like the rates to be preserved for both PCS and Home and Community Based Services. As an agency providing services to remote Alaska can be challenging. One of the largest challenges is workforce development. The rate reduction will make providing services in the TCC region unsustainable. Current wages for our Direct Service providers is up to 80% of the Medicaid reimbursement rate. This makes the administrative costs to provide oversight and training impossible. As a service provider we would like to see provider choice for TCC tribal/non-tribal members maintained. We are concerned that with the reduction this will reduce the number of service providers that cover the TCC region. It is always our belief to provide information, support and choice to all of the adults and elders that need the support to remain in their village. The reduction will lead to decreased access, decreased choice, and need for costlier services.</p>	8/9/19 Email to Ms. Strickland indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	wdavis@anhb.org	Andrew Jimmie, Chairman, Elected Tribal Leader Village of Minto via Winn Davis, Policy Specialist Alaska Native Health Board	<p>The Department could have and should have engaged us much earlier on possible rate reductions and inflation freezes, which it was discussing with the Legislature as early as March during the Legislative budget making process. We recommend that the Department exempt tribal facilities from the rate reductions and inflation freeze applied through 7 AAC 145.; 7 AAC 150.; and 7 AAC 160. We believe that this will bring maximum benefit to the State and to Tribes and THOs. Holding tribal providers harmless will allow the State to maximize access to 100% federal medical assistance percentage (FMAP) match, while continuing to allow Alaska Native and American Indian Medicaid beneficiaries access to the care they need. We believe federal law allows States to pay tribal and non-tribal providers at different rates. Some services are already paid differently for tribal and non-tribal providers. (For example, only tribal hospitals are paid at IHS encounter rates, CMS will allow States to pay tribal and non-tribal FQHCs at IHS rates, and tribal pharmacies are reimbursed at lower rates than non-tribal pharmacies for covered outpatient drugs.) We recommend that the Department consider expanding this to allow tribal facilities to be as little impacted by rate reductions and inflation freezes as possible.</p>	8/12/19 Email to Mr. Davis indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.
8/8/2019	Comment	noel@fra-alaska.net	Dennis Hass, President via Noel Murray, Executive Secretary Fairbanks Resource Agency	<p>As an organization, the Key Coalition is very concerned with the continuing erosion of and access to needed supports and services for its stakeholders who are individuals with IDD, their families and community service providers. The changes in the proposed Emergency Regulations only add to that erosion. The Key Coalition maintains that the continued erosion of community supports and services indicates a budget philosophy that devalues our most vulnerable Alaskan citizens and promotes institutionalization. Individuals experiencing disabilities and mental health challenges and their service providers have already taken more than their fair share of "cuts" in reduced services and loss of grant dollars. This loss of funding for stakeholders is resulting in a growing wait list of desperate families and individuals. Further rate cuts will absolutely result in the additional reduction of the service provider workforce, the cessation of access to services and the elimination of support and services, especially in rural areas in our state. As a statewide organization, the Key Coalition is raising our voices to speak strongly and loudly against the proposed Emergency proposed regulations. They will certainly create unnecessary harm for the most vulnerable members of all cities, communities and villages in Alaska. The proposed Emergency Regulations threaten the physical and mental well-being as well as the quality of life for individuals with disabling conditions, outcomes of the services and supports that Alaska has worked diligently to improve and maintain since statehood.</p>	8/9/19 Email to Ms. Hass indicated we have received your comments on the Emergency Regulations affecting Medicaid Rates for SFY20. On behalf of the State of Alaska, thank you for your feedback.