



February 25, 2020

Submitted by email to: [susan.dunkin@alaska.gov](mailto:susan.dunkin@alaska.gov)

Dear Ms. Dunkin,

The Alaska State Hospital and Nursing Home Association (ASHNHA) is submitting comments on the Department of Health and Social Services proposed changes to the Medicaid Care Management Program Restriction of recipient's choice of providers. The Department proposes to adopt regulation changes in Title 7 of the Alaska Administrative Code, dealing with the Medicaid care management program.

ASHNHA is supportive of the following changes:

- Expansion of the behavioral patterns the Department will use to identify a recipient as a candidate to restrict the choice of providers related to prescription drug use such as opioids, cash payments, etc.
- Addition of assigning a recipient a behavioral health provider and a dental provider along with a primary care and pharmacy provider.
- Ensure the recommendation for restriction is evaluated by the Medicaid medical director or pharmacy based on data from the clinical record.
- Maintain all recipient fair hearing rights.

ASHNHA has concerns related to the designation of providers to Medicaid recipients who have their choice restricted. We want to be sure that the primary care providers and other designated providers are willing to take on these high needs, high risk Medicaid recipients and will be able to provide access to the care needed. If the "locked in" recipient is not able to easily access services through their designated provider, they are likely to go an emergency room to receive care.

We also want to ensure there are adequate behavioral health providers to meet the needs of the "locked in" recipients. Many of the behaviors that will lead to the restriction of providers are related to substance abuse issues and require treatment beyond simple restriction of access to prescriptions or providers.

We recommend the department consider an incentive or shared savings payment to primary care providers who are willing to take on the care of the high risk "locked in" recipients. These are patients that require more intensive care management and will take significant time on the part of primary care providers to meet the health care needs.

Finally, ASHNHA has concerns about a potential issue of Medicaid recipients with restricted access to providers who choose to come to the emergency department. If a patient shows up at the emergency department, federal law (i.e. EMTALA) requires the facility to evaluate the

patient, regardless of his or her status as a restricted Medicaid recipient. It is unclear how this situation will be handled. For example, if the emergency department claims are retrospectively denied as not meeting the criteria of a true “emergency,” the result is simply a cost shift from the Medicaid program to the emergency department despite the emergency department following federal law as it relates to patients who present.

If we want to reduce the use of the emergency department for non-emergent conditions, it is critical to do more than deny the claims for the visits. The process of restricting access to providers must ensure that the assigned providers have the resources and ability to meet the needs of the patients. This may involve providing after hours/weekend care, social workers or care coordinators, transportation, and other services..

The concepts related to restricting access to providers for certain Medicaid recipients makes sense, but the details related to how these recipients will be cared for are critical.

Thank you for the opportunity to provide comments on the proposed regulations.

Sincerely,

A handwritten signature in black ink, appearing to be "JK" or similar initials, written in a cursive style.

Jared Kosin JD, MBA  
President &CEO