

Underserved Priority Setting Alaska eHealth Network Policy 5.100

I. Rationale:

The State of Alaska is federally classified by the U.S. Department of Health and Human Services as underserved.¹ In addition, mapping the state of Alaska Rural-Urban Commuting Area Codes (RUCA), a new Census tract-based classification scheme that utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information, depicts most of the state as rural or isolated/rural.²

Even in populated areas such as Anchorage, primary care and specialty physicians routinely provide consultative care/clinics by clinicians visiting remote and rural areas of Alaska. In addition, patients residing in underserved areas must travel great distances (up to 2000 miles) to receive primary care in Anchorage, the only urban center in the state. Due to Alaska's underserved status and rural geography, up to 30% of primary care providers may fall into the "Other Underserved Setting".

¹<http://bhpr.hrsa.gov/shortage/>

²http://depts.washington.edu/uwruca/map_7.php

II. AeHN Policy and Procedure:

This policy applies to all primary care practices (as defined by ONC for RECs) in the State of Alaska without exception.

Every effort will be made to distribute REC funds equally and fairly to all providers who serve the uninsured, the underinsured, and the medically underserved. AeHN will maintain documentation that demonstrates why the practice was labeled underserved.

For practices with over 10 providers, AeHN will utilize the "Other Underserved Setting" if any of the following conditions apply:

- The clinic resides in a HPSA, MUA & MUP, and/or RUCA area of the state.
- The practice sees 30% or greater uninsured patients, Medicaid, Alaska Native, and free clinic patients
- The practice provides one (1) or more clinics in RUCA areas every quarter

No more than 300 providers may be categorized as "Other Underserved". If this number is reached, primary care practices will be recorded as "Not Eligible for Grant Credit".

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APPROVED BY: AeHN Board of Directors	ADOPTED:	11/18/2010
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