

Cost Avoidance Strategies — *in* Community-Based Care —




Anchorage Senior Population Snapshot

 **61,000** 60+ Population

 **48,638** On Medicare

 **9,000** Dual Eligible
(Medicare & Medicaid)

 **≈1,845** Home &
Community-Based
Waiver

 **5,000** With
Alzheimer's / Dementia

 **1,547** Homeless

Sources: U.S. Census Bureau | CMS.gov | KFF | Anchorage
Coalition to End Homelessness | Alzheimer's Resource ALaska



Without Transportation, People Can't Access Care

The Care Continuum

Transportation is vital to access care



THE GOAL: Move to lowest level of care possible

LOW ←-----→ HIGH

Key Services



Care Coordination

- Case managers



Rehabilitation

- Therapy, exercise



Home & Community Support

- Visits, assistance

Key Services



Case Managers



Primary Care



In-Home Health

Home & Med Deliveries Primary Care

Transportation = Access to Care



What Transportation

What Transportation Does



Access to Healthcare

- Doctor visits
- Preventive care
- Fewer missed appointments



Medication Stability

- Pharmacy access
- On-time prescriptions



Basic Needs

- Food
- Housing support



Connection & Mental Health

- Adult day programs
- Community engagement



Without Transportation

Without Transportation



Missed Care

- No-shows
- Worsening conditions



Emergency Reliance

- 911 becomes default
- More ER visits



Medication Failure

- Missed prescriptions
- Poor disease control



Higher Costs

- Crisis care replaces prevention

Transportation is the front door to healthcare — not a luxury



AKMHTA



FTA Grants



Grants



Property Taxes



Medicaid Waiver



Muni Operating Budget



Rider Fares



Private Contracts



Stretched to Capacity



AnchorRIDES

“Cost” per Trip \$42.75

Total Trip Segments 176,974

Provides ADA, Senior, and Medicaid Waiver transportation – blending different eligibility and funding systems into one seamless system.

Adult Day Care providers are the **only Transportation** providers that provide community transport to and from their centers.

They are doing over **200k** trips annually!

- They are the **only** other transport form other than **Anchor Rides** 



And the **reimbursement** does not cover the cost of providing that transportation.



2025 Medical Transportation Providers & Trips

Primary Care, Rehab, Dialysis, Behavior Health

<i>Provider</i>	<i>HCBW Certified Voucher Transportation Provider</i>	<i>Total Trips</i>	<i>Rates</i>
Anchor Rides	N/A		Donation Only
United NEMT	Yes	1560	\$35 + 69¢ Mile (HCBW) \$60 – Private Pay
Independent Life		No response	
ASAP		No response	
One Love		No response	
Sala	N/A	6240	\$75 + \$5 mile
Waymakers	Yes	15000	\$ 25 - \$150
Southcentral Foundation	N/A	12,500	Free
Totals			

The True Cost of a 911 Call

\$2,500 – \$6,500
Per 911 Call

We are using the most expensive system for problems that should never reach 911.

Scenario

- 10 Assisted Living Homes
- 2 calls/week (no transport options)
- 1,040 calls/year

 **4.6 Million** annually

25,000+ Medical Calls Per Year

Many are preventable. But we send 911 anyway.



What Drives the Cost

- EMS / Police / Fire salary + benefits
- Dispatch salary + benefits
- Fuel, Vehicle Maintenance, depreciation, Vehicle Deployment costs
- Cost of technology systems
- Medical supplies used on scene
- Training & Certification Costs
- Compliance & Reporting
- Insurance & Liability Coverage
- Legal Ramifications due to overburdened EMS
- System Strain & Burnout – Employee Turnover

This Is Bigger Than Healthcare

This is:



An EMS capacity issue



A public safety issue



A budget issue

Because every non-emergency call:

- Ties up first responders
- Increases response times
- Raises costs for Anchorage

→ But only if people can access care

So the question is simple:

Do we **keep paying for crisis**
(at the highest possible cost)

OR

Do we **invest in access**
(at the lowest cost)

But here's the opportunity—

Keeping people in the community —
instead of in crisis —
saves Alaska hundreds of millions
of dollars every year

Transportation is not a convenience

It is the **FRONT
DOOR TO HEALTHCARE**

And right now in Anchorage —
that door is not open wide enough

**Transportation is not a convenience It is the FRONT
DOOR TO HEALTHCARE**



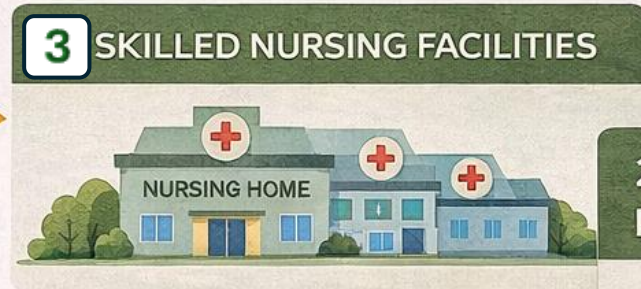
Of **121,760** ER visits in Anchorage, nearly **38,000** were for conditions that are typically treatable in a primary care setting.

Among seniors, this represents over **21,000** potentially avoidable visits—driven by access barriers, not medical necessity.

DO THE MATH ($21,000 \times \$1500 = \$31,500,000$)

Alaska Department of Health, Division of Public Health, Health Analytics & Vital Records Section. Alaska Discharge Dashboard (HFDR data).

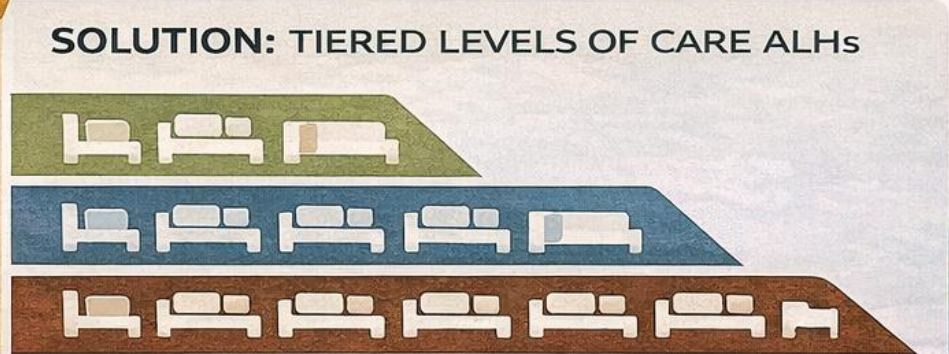
ELDERCARE BOTTLENECK IN ALASKA



THE GAP:
Between ALH Licensed Care
and SNF-Level Care

BOTTLENECK

- Skilled care needs
- Unstable disease processes
- Funding crisis
- Transportation crisis



Tier 1

RN
Onsight
8hrs/day
& On-Call

Tier 2

RN Oversight
& Case
Management

Tier 3

Basic Care
(What ALHs are
designed for)

While federal changes reduce Medicaid funding, the state still has full control over how services are delivered and prioritized. Alaska can choose to protect high-impact services like home and community-based care, invest in more efficient models, and prevent higher downstream costs—or allow the system to become more fragmented and expensive.

Why This Matters to Anchorage:

EMS
Overload

Police
Responding to
Medical/Social
Calls

Fire Resources
Diverted

Increased
Municipal Costs



Paramedics
respond to
low-acuity
medical calls



Taking
resources
away from
law enforcement



Firefighters
tied up on
non-fire
emergencies



Anchorage
is paying for
system failure

Anchorage is paying for "Crisis" care



Cost Avoidance Depends on Access to Care

Table 41. Institutional Long-Term Care Costs and State Cost Avoidance, State Fiscal Year (SFY) 2025⁵⁹

Cost Measure	SFY25
Actual Long Term Support Services (LTSS) spending: Home and Community-Based Services (HCBS) + Institutional	\$625 million
Estimated Institutional Cost* (Cost if HCBS were unavailable and eligible individuals entered institutions)	\$1.316 billion
Estimated annual cost avoidance from HCBS**	= \$691 million

Notes: *The Estimated Institutional Cost reflects a hypothetical scenario in which HCBS waivers were unavailable and waiver recipients entered institutional care at the applicable average cost per person.

**The difference between actual LTSS spending and estimated institutional costs represents the annual cost avoidance attributable to HCBS, while also reflecting the state's policy goal of supporting independence and community-based care when appropriate.

Source: Alaska Department of Health. (2025). SFY 2025 Continuum of Care Cost Analysis, (Final Authorization 25, State of Alaska Automated Budget System, COGNOS).

Focus on Solutions

The Fix: Realign Transportation

Establish HCBW transportation brokerage and increase reimbursement

AnchorRIDES



Overflow / Backup Only

- Serves as overflow for Medicaid & HCBS transport
- Only used when primary providers unavailable

Overflow / Backup Only

BROKER



System Coordinator

- Dispatches transportation
- Issues authorization numbers
- Assigns trips to certified providers when needed

HCBS TRANSPORTATION PROVIDERS



Primary Medicaid & HCBS Transport Provider

- Waiver-certified providers (NEMT)
- Rates restructured to fully cover the cost of service

Primary Medicaid & HCBS Transport Provider

WHAT TRANSPORTATION REFORM CAN DO:

BEFORE



911 Calls



ER Visits



Hospitalizations



~\$2,500 - \$6,500

EXPENSIVE
"CRISIS" CARE

AFTER



Primary Care



Follow-Up Visits



Medication
Adherence



\$72 R/T

AFFORDABLE
MANAGED CARE

FEWER EMERGENCIES

MEDICAL MODEL

ADULT DAY CARE

Comprehensive Care for Healthier Living



Physical & Occupational Therapy

Improve mobility & reduce hospitalizations



Nursing & Case Management

Expert care & Medication Support



Games & Therapeutic Activities

Stimulate mind & boost mood



Daily Supervision & Safety Monitoring

Ensuring safety & well-being



Nutritious Meals & Snacks

Healthy dining & dietary support



Reliable Transportation

Safe, accessible rides

Stay at Home • Stay Independent • Stay Healthy

- Thank you for your time and for your commitment to the people of Anchorage. The challenges we've discussed today are not just healthcare issues—they are community, safety, and fiscal issues that affect all of us. We have an opportunity to shift from reacting to crises to building a system that supports access, stability, and dignity. By investing in transportation and coordinated care, we can reduce strain on emergency services, improve outcomes for our most vulnerable residents, and use public resources more wisely. I appreciate your leadership and consideration as we work toward solutions that strengthen our entire community.