ALASKA WORKERS' COMPENSATION
MEDICAL SERVICES REVIEW COMMITTEE MEETING

June 7, 2024

ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKERS' COMPENSATION
Telephone 977-853-5247 ID 867 2796 5944
Zoom Conference https://us02web.zoom.us/j/8672796544

AGENDA

June 7, 2024

9:00 am Call to order
- Roll call - establishment of quorum
- Approval of Agenda
- Issues from AWCB, DWC staff or MSRC

9:50 am Break

10:15 am Public Comment Period

11:15 am Break

11:30 pm Overview/Discussion of MSRC Fee Schedule Issues
- Approval of meeting dates
- National Council on Compensation Insurance: Analysis of Alaska Medical Fee Schedule Changes, Effective January 1, 2024
- Changes in CMS that effect Alaska
- Effects of recent Legislation
- Treatment guidelines and drug formularies?

5:00 pm Adjournment

ANALYSIS OF ALASKA MEDICAL FEE SCHEDULE CHANGES
EFFECTIVE JANUARY 1, 2024

NCCI estimates that the changes to the medical fee schedule in Alaska, effective January 1, 2024, will result in an impact of +0.1% on overall workers compensation system costs.

SUMMARY OF CHANGES

The Alaska medical fee schedule (MFS), effective January 1, 2024, is based on 2024 Medicare values with state-specific conversion factors (CFs) established by the Department of Labor and Workforce Development (DLWD).

The changes to the Alaska MFS, effective January 1, 2024, include the following:

Provider Schedule

- Update the maximum allowable reimbursements (MARs) to be based on 2024 Medicare Resource-Based Relative Value Units (RBRVUs) established for each CPT[1] code and published by the Centers for Medicare and Medicaid Services (CMS). The prior MARs were based on the 2023 Medicare RBRVUs.

- All physician services' CFs remain unchanged.

Hospital Outpatient and Ambulatory Surgical Center (ASC)

- Update the MARs to be based on 2024 Medicare Outpatient Prospective Payment System (OPPS) relative weights. The prior MARs were based on 2023 OPPS relative weights.

- The CFs for Hospital Outpatient and ASC services remain unchanged.

Hospital Inpatient

- Update the MARs to be based on 2024 Medicare Severity Diagnosis Related Group (MS-DRG) weights. The prior MARs were based on 2023 MS-DRG weights. The DLWD establishes multipliers for each hospital to be applied to the Medicare MAR. There is no change to the multipliers.

[1] Current Procedural Terminology maintained by the American Medical Association.

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ACTUARIAL ANALYSIS

NCCI's methodology to evaluate the impact of medical fee schedule changes includes three major steps:

1. Calculate the percentage change in maximum reimbursements
    - Compare the prior and revised maximum reimbursements by procedure code to determine the percentage change by procedure code. For hospital inpatient services, the prior and revised maximum reimbursements are compared by episode.
    - Calculate the weighted-average percentage change in maximum reimbursements for the fee schedule using observed payments by procedure code as weights. For hospital inpatient services, the observed payments by episode are used as weights. For hospital outpatient and ASC services, observed payments are aggregated according to packaging rules, where applicable.

2. Determine the share of costs that are subject to the fee schedule
    - The share is based on a combination of fields, such as procedure code, provider type, and place of service, as reported on the NCCI Medical Data Call, to categorize payments that are subject to the fee schedule.
    - Any potential impact from the share of costs not subject to the fee schedule will be realized in future claim experience and reflected in subsequent NCCI loss cost filings, as appropriate.

3. Estimate the price level change as a result of the revised fee schedule
    - NCCI research by David Colón and Paul Hendrick, "The Impact of Fee Schedule Updates on Physician Payments" (2018), suggests that approximately 80% of the change in maximum reimbursements for physician fee schedules is realized on payments impacted by the change.
    - For facility fee schedule changes, a price realization factor of 80% is assumed.

In this analysis, NCCI relies primarily on two data sources:

- Detailed medical data underlying the calculations in this analysis are based on NCCI's Medical Data Call for Alaska for Service Year 2022. Due to low data volume, the hospital inpatient impact analysis is based on NCCI's Medical Data Call for Alaska for Service Years 2021 and 2022. Reported medical experience for COVID-19 claims as reported in NCCI Call 31 for Large Loss and Catastrophe have been excluded from the data on which this analysis is based.
- The share of benefit costs attributed to medical benefits is based on NCCI's Financial Call data for Alaska from Policy Years 2017, 2018, 2019, 2020, and 2021 projected to the effective date of the benefit changes.

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Summary of Impacts

The impacts from the fee schedule changes in Alaska, effective January 1, 2024, are summarized below.

Type of Service	(A) Impact on Type of Service	(B) Share of Medical Costs	(C) = (A) x (B) Impact on Medical Costs
Physician	-0.3%	43.0%	-0.1%
Hospital Inpatient	+0.9%	12.9%	+0.1%
Hospital Outpatient	+1.5%	14.4%	+0.2%
ASC	+0.3%	11.8%	Negligible Increase[2]
Combined Impact on Medical Costs (D) = Total of (C)			**+0.2%**
Medical Costs as a Share of Overall Costs (E)			65%
Combined Impact on Overall Costs (F) = (D) x (E)			**+0.1%**

Refer to the appendix for the weighted-average changes in MARs by physician practice category, the share of costs subject to the fee schedule by type of service, and the weighted-average change in MAR by type of service.

Non-Quantified Changes

- Maximum reimbursement for dental services, durable medical equipment, prosthetics, orthotics, supplies, and ambulance services are also governed by the fee schedule in Alaska. The share of these payments with a MAR makes up a small portion of medical costs. Therefore, the impact on overall costs due to updating the fee schedule for these services is not anticipated to be material. As such, any potential impact from this change will be realized in future claim experience and reflected in subsequent NCCI loss cost filings in Alaska, as appropriate.

[2] Negligible is defined in this document to be an impact smaller in magnitude than +/-0.1%

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APPENDIX

Weighted-Average Percentage Change in MARs Prior to Price Realization by Physician Practice Category

Physician Practice Category	Share of Physician Costs	Percentage Change in MARs
Anesthesia	3.7%	0.0%
Surgery	23.5%	-0.3%
Radiology	9.5%	-1.5%
Pathology & Laboratory	0.6%	0.0%
Evaluation & Management	22.1%	+0.4%
Medicine	35.8%	-0.7%
Other HCPCS*	0.0%	0.0%
Subject to the Fee Schedule	**95.2%**	**-0.4%**
Payments with no specific MAR	4.8%	–
Total	**100%**	**-0.4%**

*Healthcare Common Procedure Coding System

Share of Costs Subject to the Fee Schedule (FS) and Weighted-Average Percentage Change in MARs by Type of Service

Type of Service	(A) Change in MARs for Costs Subject to the FS	(B) Share of Costs Subject to the FS	(C) = (A) x (B) Change in MARs by Type of Service	(D) = (C) x 80% Impact after Price Realization
Physician	-0.4%	95.2%	-0.4%	-0.3%
Hospital Inpatient	+1.5%	76.2%	+1.1%	+0.9%
Hospital Outpatient	+2.1%	88.9%	+1.9%	+1.5%
ASC	+0.4%	91.7%	+0.4%	+0.3%

THIS DOCUMENT AND ANY ANALYSIS, ASSUMPTIONS, AND PROJECTIONS CONTAINED HEREIN PROVIDE AN ESTIMATE OF THE POTENTIAL PROSPECTIVE SYSTEM COST IMPACT(S) OF PROPOSED/ENACTED SYSTEM CHANGE(S) AND IS PROVIDED SOLELY AS A REFERENCE TOOL TO BE USED FOR INFORMATIONAL PURPOSES ONLY. THIS DOCUMENT SHALL NOT BE CONSTRUED OR INTERPRETED AS PERTAINING TO THE NECESSITY FOR OR A REQUEST FOR A LOSS COST/RATE INCREASE OR DECREASE, THE DETERMINATION OF LOSS COSTS/RATES, OR LOSS COSTS/RATES TO BE REQUESTED. THE ANALYSIS CONTAINED HEREIN EVALUATES THE DESCRIBED CHANGES IN ISOLATION UNLESS OTHERWISE INDICATED; ANY OTHER CHANGES NOT INCLUDED IN THIS ANALYSIS THAT ARE ULTIMATELY ENACTED MAY RESULT IN A DIFFERENT ESTIMATED IMPACT. I, AMELIA CARROLL, ACAS, MAAA, AM AN ACTUARIAL CONSULTANT FOR THE NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC. AND THE ACTUARY RESPONSIBLE FOR THE PREPARATION OF THIS DOCUMENT. THIS DOCUMENT IS PROVIDED "AS IS" ON THE DATE SET FORTH HEREIN AND INCLUDES INFORMATION AND EVENTS AVAILABLE AT THE TIME OF PUBLICATION ONLY.

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Inpatient PPS Web Pricer

Now Available: Web Pricer Application With FY 2024 Updates

The application has been updated to include Fiscal Years (FYs) 2020 through 2024 updates for the Hospice, Inpatient, Inpatient Psychiatric Facility, Inpatient Rehabilitation Facility, Long Term Care Hospital and Skilled Nursing Facility Prospective Payment System Web Pricers. The Web Pricer can be accessed via the following link: https://webpricer.cms.gov/#/

For the best user experience, access this Web Pricer through Google Chrome. You may also access it through Microsoft Edge, or Mozilla Firefox. Microsoft Internet Explorer is not supported.

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Inpatient Prospective Payment System (IPPS) Web Pricer

- https://webpricer.cms.gov/#/pricer/ipps

ALASKA DEPARTMENT OF LABOR
& WORKFORCE DEVELOPMENT

Workers' Compensation Medical Services Review Committee

Medical Services Review Committee Members

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Jeff Moore, MD
Mason McCloskey, DC
Mary Ann Foland, MD
Jeff Gilbert
Misty Steed
Pam Scott
Valerie Mittelstead
Susan Kosinski

Schedule for 2024

Meeting dates set for this year are an in person kick off on **June 7th** in the Eagle Street location in suite 208 at 9am. Zoom meetings are scheduled for **June 28th**, at 9am and **July 19th** at 9am. On **August 9th** at 9am the meeting will be in person at the Eagle St. building. All meetings will be broadcast with Zoom and a quorum must be present for all meetings. Public comments will be taken at all meetings and recorded in the minutes.

A joint AWCB/MSRC meeting will be held in person on **August 23rd**, 2024, in the same location. The committee recommendations will be presented at this meeting.

Address is Department of Labor and Workforce Development 3301 Eagle St., suite 208 Anchorage, AK 99503.

Medical Cost Information

The analysis by National Council of Compensation Insurance, (NCCI), the state's actuary, was published in late March. This analysis is based on medical call data from Alaska in 2022. As data volume was low for hospital inpatients in 2022, the study includes 2021 data also. All Covid-19 claims were excluded.

The estimate from NCCI on the impact of medical fee schedule changes in Alaska effective January 1, 2024, results in a 10.15 rise in overall workers compensation system costs.

Type of Service	(A) Impact on Type of Service	(B) Share of Medical Costs	(C) = (A) x (B) Impact on Medical Costs
Physician	-0.3%	43.0%	-0.1%
Hospital Inpatient	+0.9%	12.9%	+0.1%
Hospital Outpatient	+1.5%	14.4%	+0.2%
ASC	+0.3%	11.8%	Negligible Increase[2]
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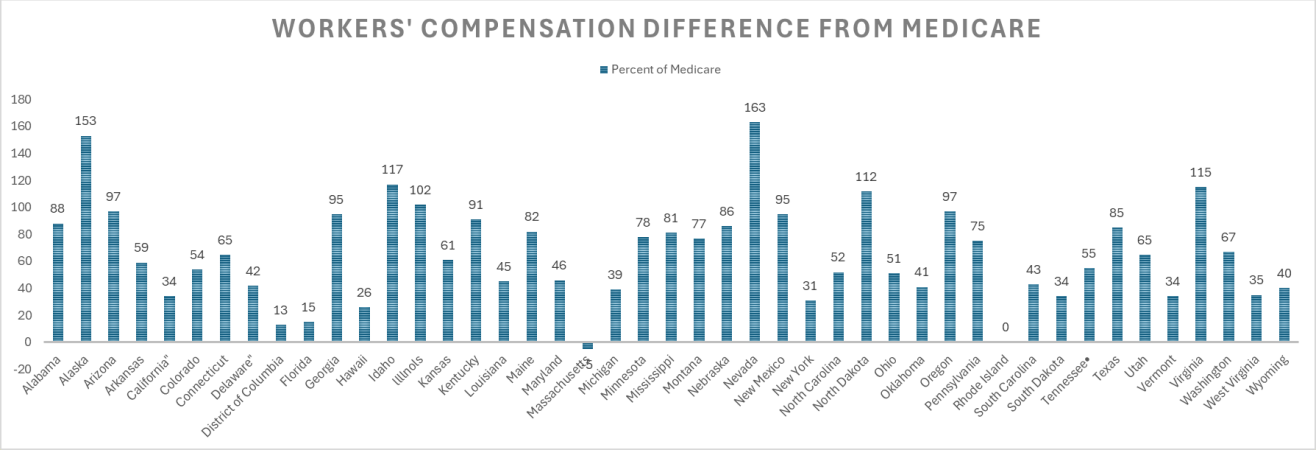
Comparing medical costs from Alaska with other states is a difficult maneuver. All states have different workers' compensation laws, medical fee schedules, and sometimes more direct state control of reimbursement amounts. For example, Washington is a monopolistic workers'

compensation state, this allows for direct control by the state government on insurance coverage, benefit reimbursement, and medical provider referral.

The most common denominator to gauge progress of properly reimbursing for medical providers is to use Medicare as the base line and compare the difference between state fee schedule amounts to Medicare on an annual basis. Included are tables from a study by the Workers' Compensation Research Institute charting costs in comparison to Medicare, in 2019 Alaska had an overall score of 179% above the Medicare fee schedule and the highest among the states with a fee schedule in the nation. In 2022, Alaska has reduced the overall score to 153%, but is 2.3 times the nationwide average.



NCCI also charts workers' compensation reimbursement to Medicare schedule reimbursement as shown here:

The chart below shows the average percentage of Medicare schedule reimbursement[2] amounts for physician payments by category for Alaska, the region, and countrywide. Note that "all physician services" in Chart 5 below refers only to the categories listed in the chart, and the state comparison reflects Medicare's geographic adjustments. In Alaska, 92% of "all physician services" payments are included in the chart below.

Chart 5

Physician Payments as a Percentage of Medicare

Physician Service Category	Alaska	Region	Countrywide
General and Physical Medicine	162%	142%	133%
Surgery	276%	212%	250%
Evaluation and Management	187%	155%	137%
Radiology	324%	199%	219%
Anesthesia	288%	267%	290%
All Physician Services	**204%**	**161%**	**160%**

Goals for 2025 Alaska Medical Fee Schedule

Alaska has seen an improvement when charted next to other jurisdictions nationwide, with the Oregon Workers' Compensation Premium Rate Ranking study placing Alaska in the middle of the ranking at 21st position. This still shows Alaska at a 107% of the median for all US jurisdictions for premium costs. The AWCB has signaled support for continuing to monitor and manage costs for a like outcome in the 2024 ranking.

The Board's contractor, Optum, was asked to provide guidance on the actual trends for costs on the more commonly used procedure codes in workers' compensation for Alaska. This project started with a presentation of a few of the codes with the breakout of the cost comparison year over year. This will show us the effect, if any, of the Relative Value Units, RVU's, on changes in the Fee Schedule. Although the Alaskan conversion factor remained static, the reimbursement amount changed as the example of the table below on office visits:

Category	Code	Description	2021 RVU	2022 RVU	2023 RVU	2021 Fee	2022 Fee	2022 Fee
Em	99203	Office Visit, New Patient 30-44 minutes	4.18	4.204	4.219	334.40	336.32	337.52
Em	99204	Office Visit, New Patient 45-59 minutes	6.322	6.350	6.360	505.76	508.00	508.80
Em	99213	Office Visit, Est. Patient 20-29 minutes	3.409	3.420	3.418	272.72	273.60	273.44
Em	99214	Office Visit, Est. Patient 30-39 minutes	4.867	4.865	4.867	389.36	389.20	389.36

The MSRC may also carefully consider both treatment guidelines and drug formularies at next year's meetings. As the continued concern over "continuing and multiple treatments of a similar nature" a consensus among the committee on the benefits an evidence-based guideline was discussed. The MSRC has asked to be updated on the status of other jurisdictions who have moved to this process. The report from some recent adopters shows:

- Texas: Savings of 72% in premiums, 34% decline in absence, 30% reduction in medical costs, 81% drop in N Drug use (and total drug costs fell by 35%), opioid costs decreased 58%, denial rates went down by 50%, treatment delay reduced 53%, and access to care went up 42% (with reports of injured workers having no problem getting care increasing 25%), and the state became NASI's #1 state under ODG

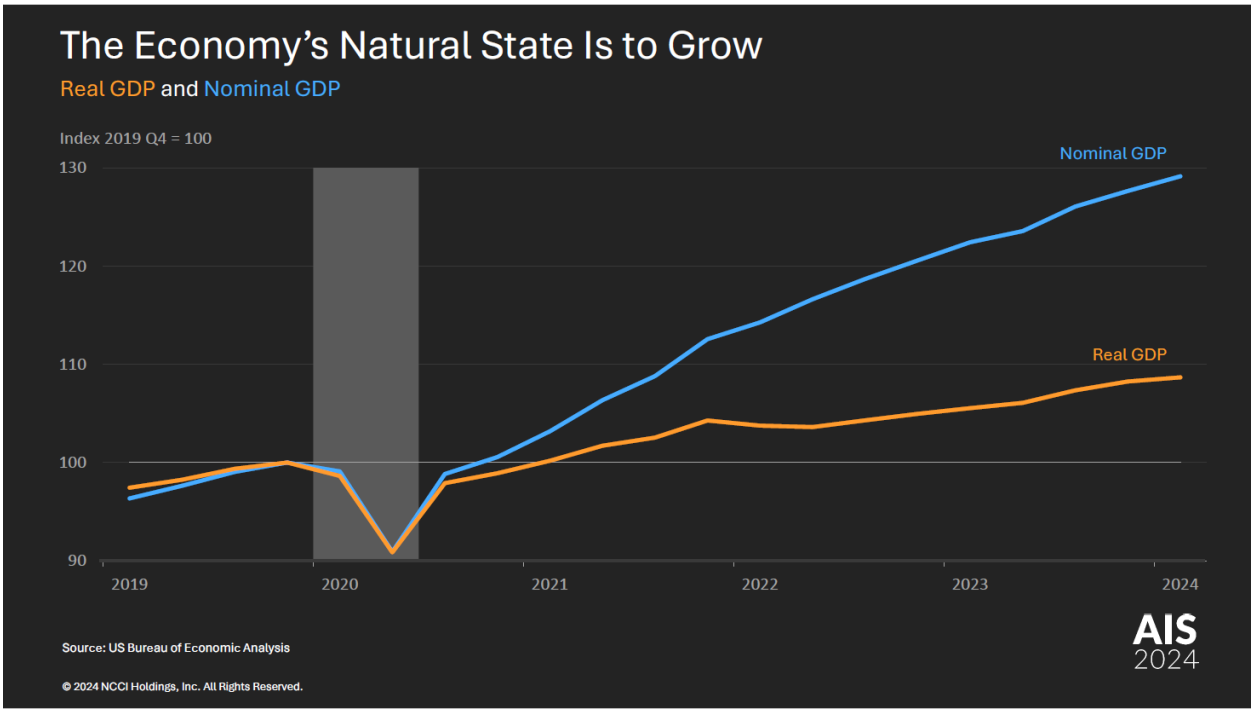
- Ohio: Average lost time down 66%, savings of 60% in medical costs, and 77% reduction in treatment delay, along with 84% provider approval
- North Dakota: Premium reductions of 40% and $52M credit, and the state becomes perennial #1 in national workers' comp premium ranking
- Oklahoma: Annual workers' comp premiums dropped 64%
- New Mexico: Total annual losses for outliers ($500k+) drop 78%
- Tennessee: TTD dropped 65%, case duration lessened by 63%, workers' compensation loss costs decreased by 56%, and 50% more injured workers have been able to return to their old jobs

According to the Oregon Workers' Compensation Premium Rate Ranking, Texas was 48th, Ohio 47th, North Dakota 51st, New Mexico 27th, and Tennessee 34th on the scale of cost of premiums. Oklahoma was an outlier at 17th, higher than Alaska, but was a recent convert to the ODG system. Nine states use ODG, one state uses ACOEM guides, and 15 states have specific guidelines, those are based mostly on the RAND/ACOEM model with local adjustments. That leaves 25 or half of the nation with no EBM guides.

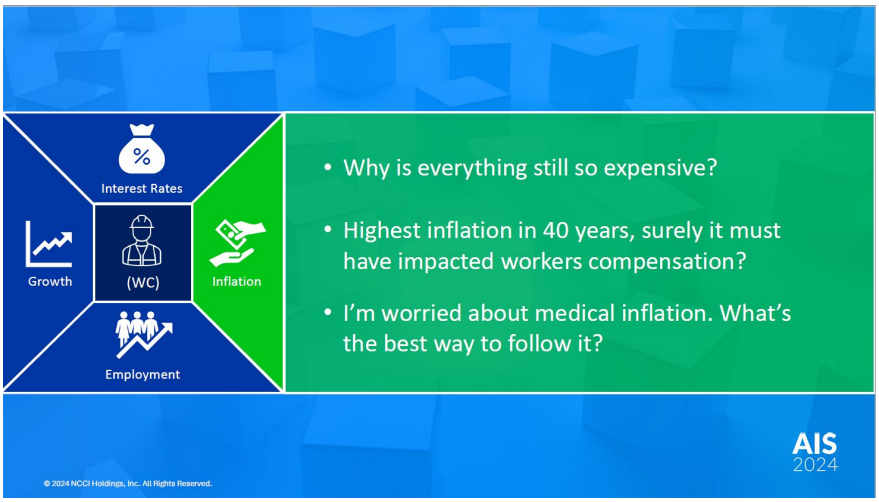
Another question left from 2023 was should the schedule include a section on addiction preventive practice or counseling?

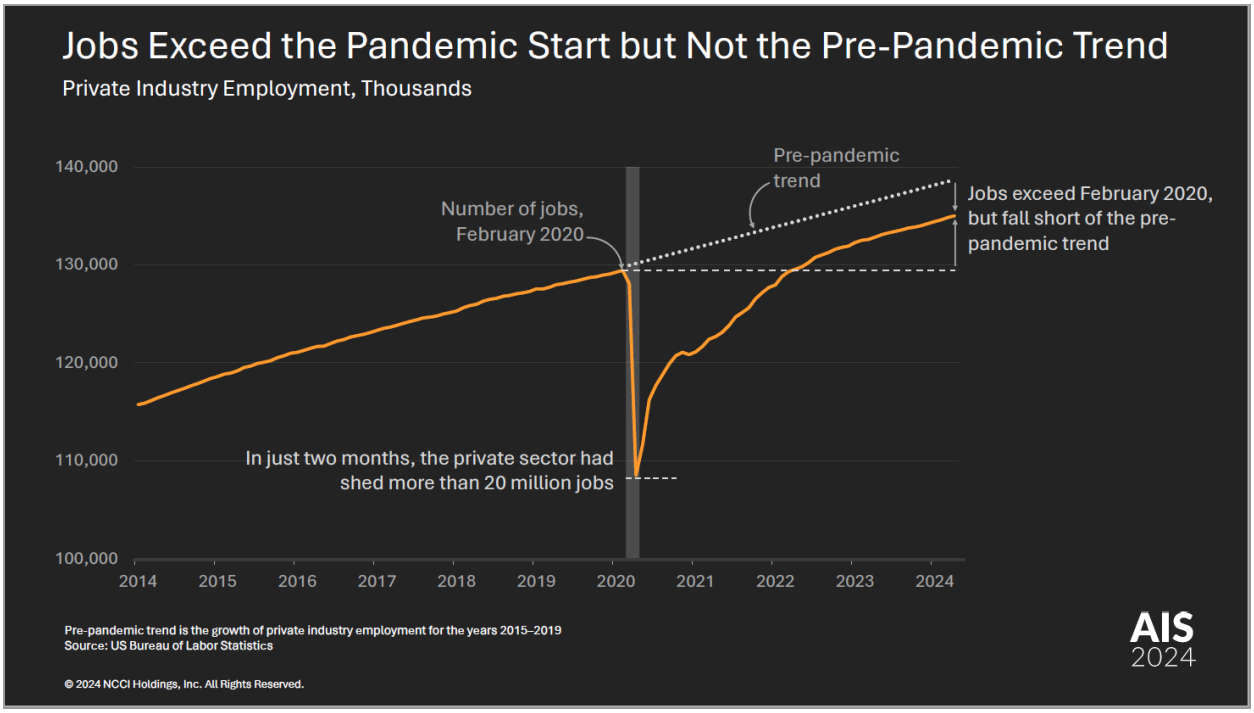
Impacts of Inflation on Workers' Compensation

From our friends at NCCI, information on the economy in general and the impact of economic factors on the Workers' Compensation system.

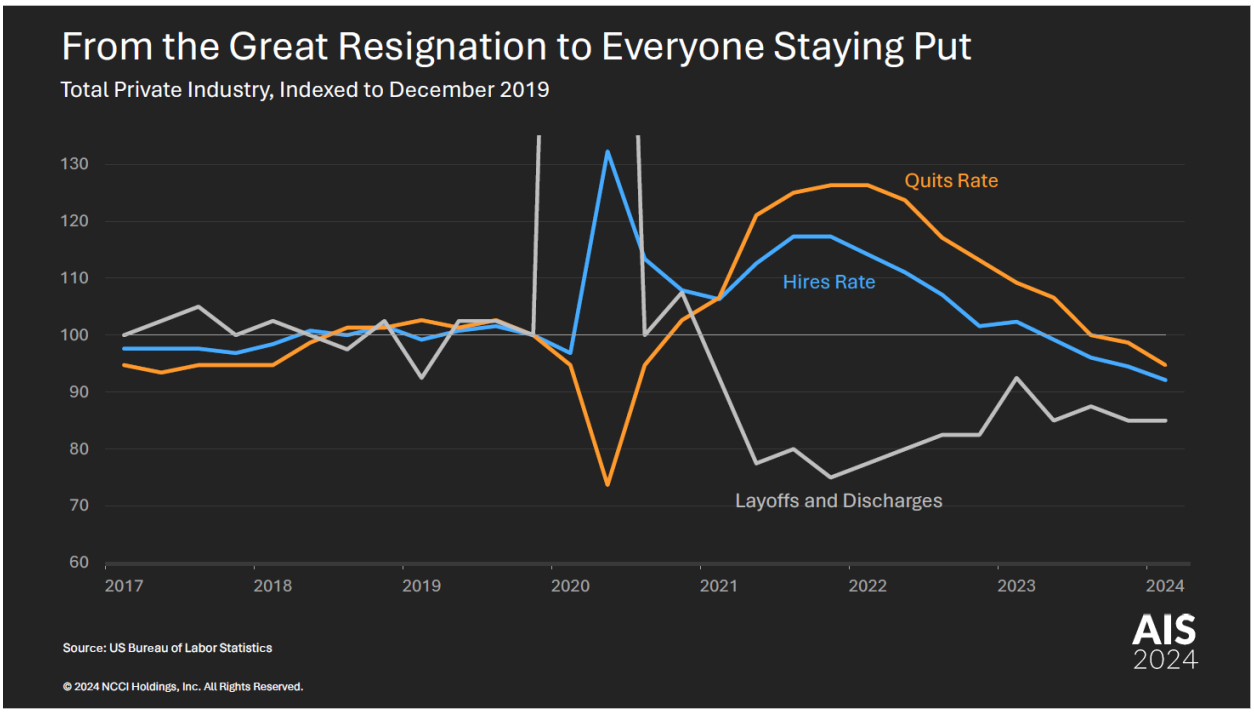


The difference between Real GDP and Nominal GDP is inflation factors. How does this affect workers' compensation and especially the cost of medical services covered by workers' compensation.



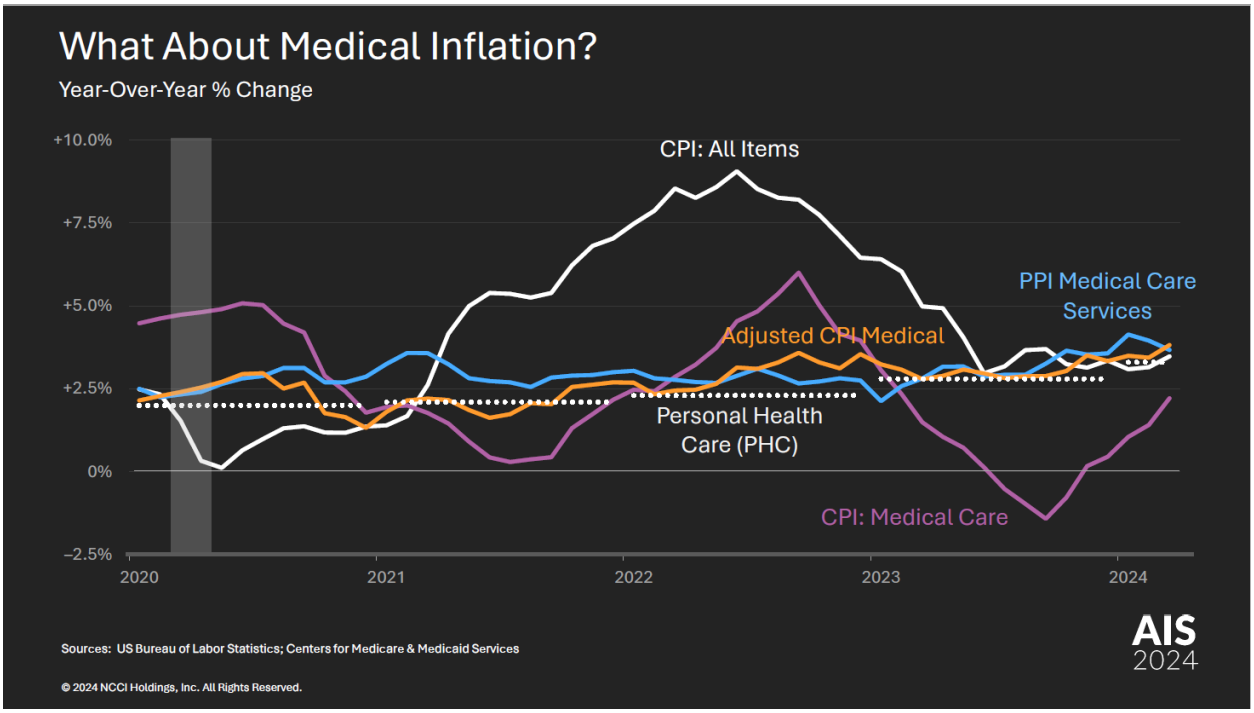


Job growth has continued through 2023 and into 2024. In Alaska, from March of 2023 to March of 2024 we have added 8,900 jobs, mostly in the construction industry.

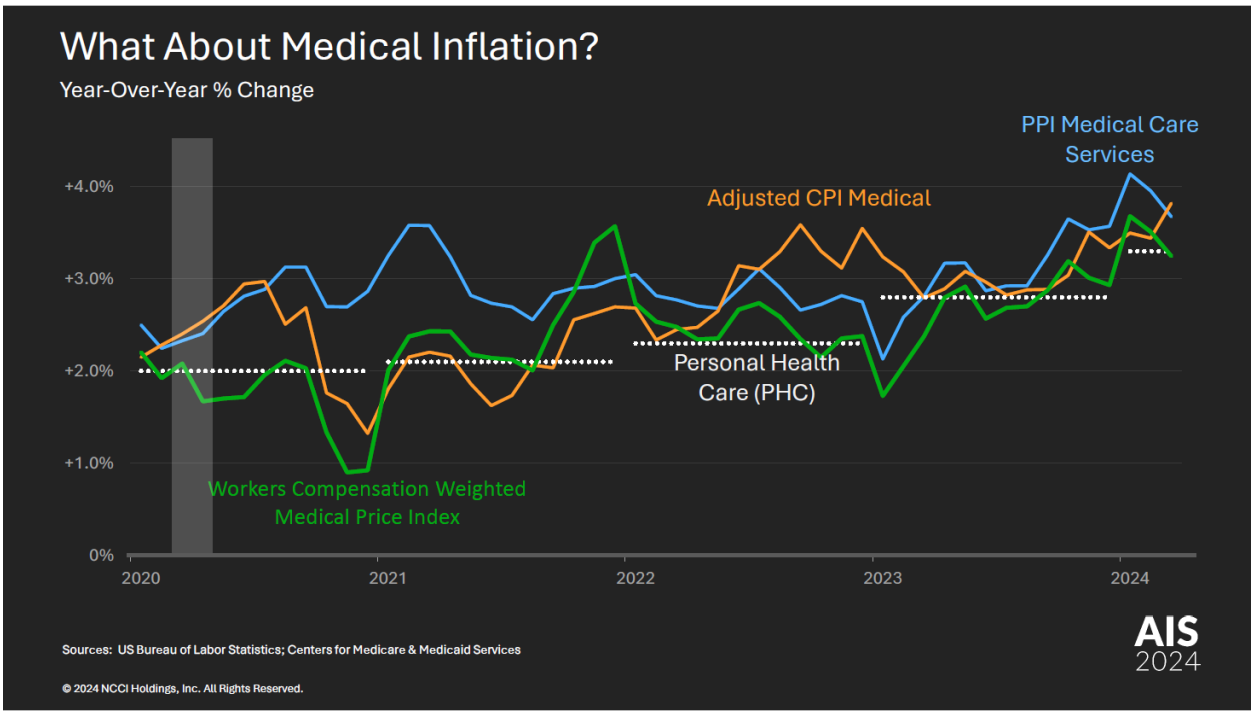


Not only has job growth remained strong, but the number of workers also staying at their current job has risen. This affects workers' compensation directly as a claim for on the job injury is statistically higher for new hires than for tenured workers. This impacts costs to the system and since medical costs are 65% of the total costs to workers' compensation in Alaska, it may have an even larger impact in Alaska.

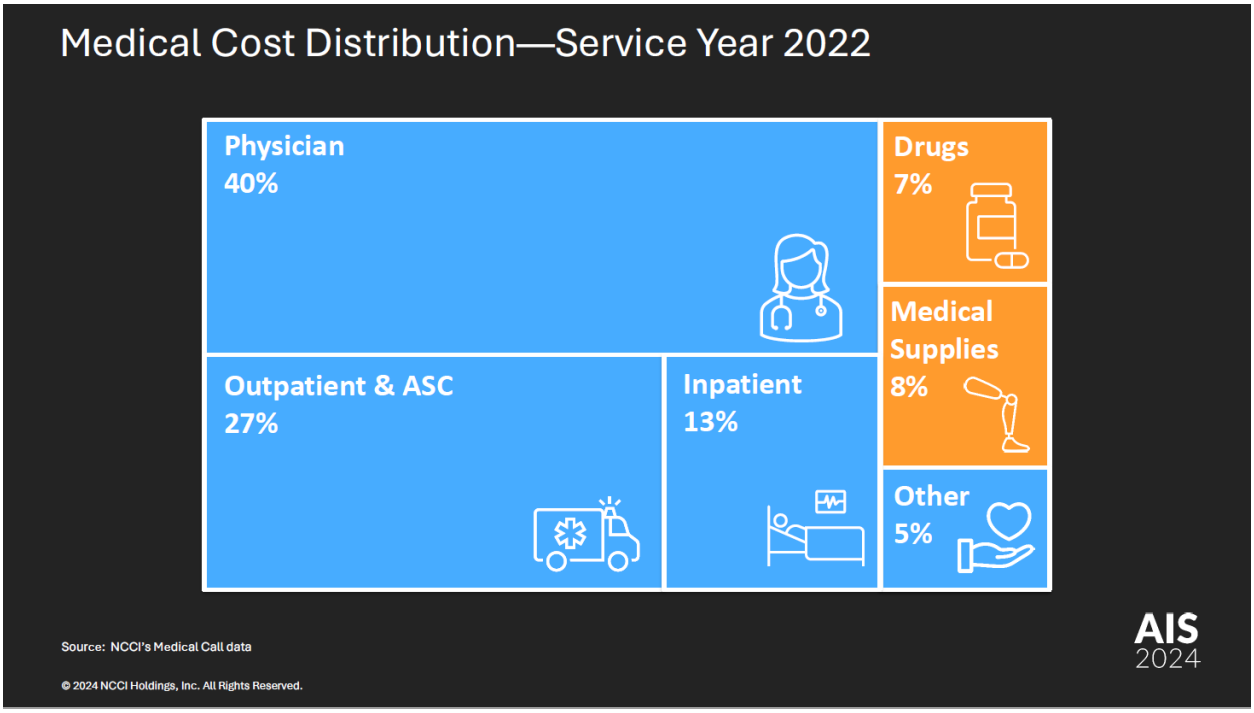
What about medical inflation? The common theme is "everything costs more" is this true in medical costs also? When charted, once again from our friends at NCCI, medical costs would seem to be on the rise.



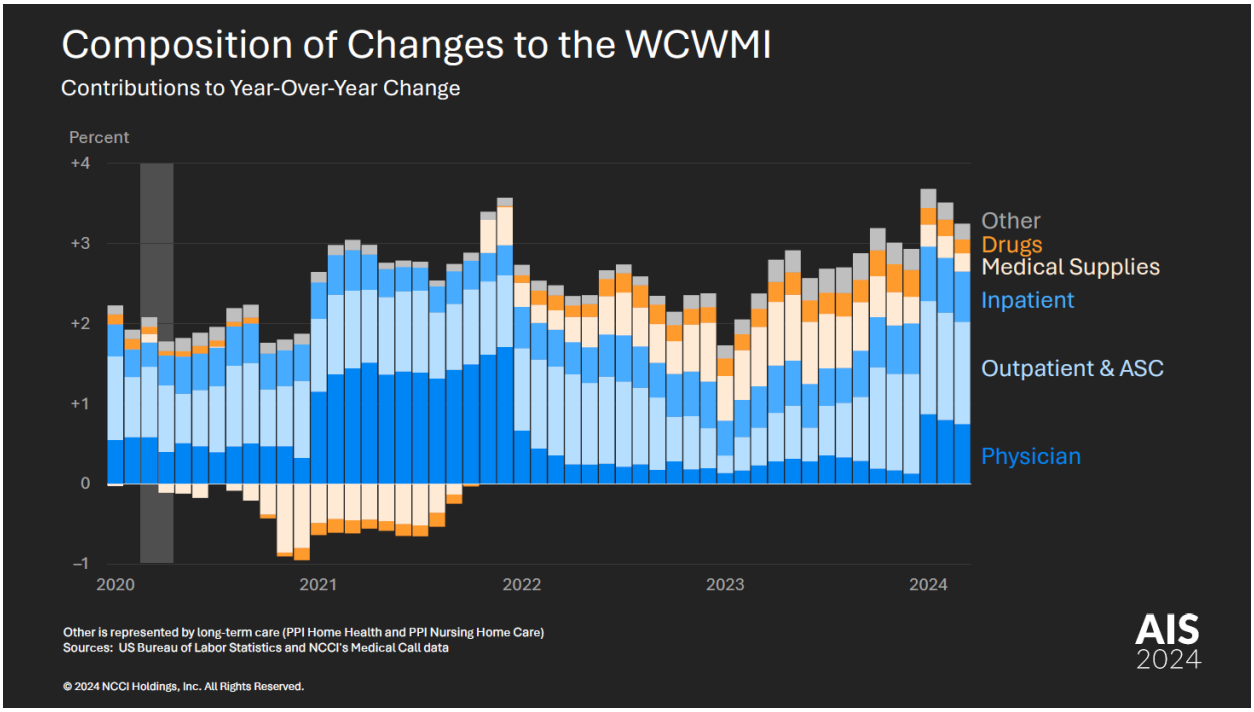
However, the cost of all items, (white line), includes the cost of health insurance premiums, notice that when removed the trend is a 2 to 3 percent growth, much more in line with what would be expected.



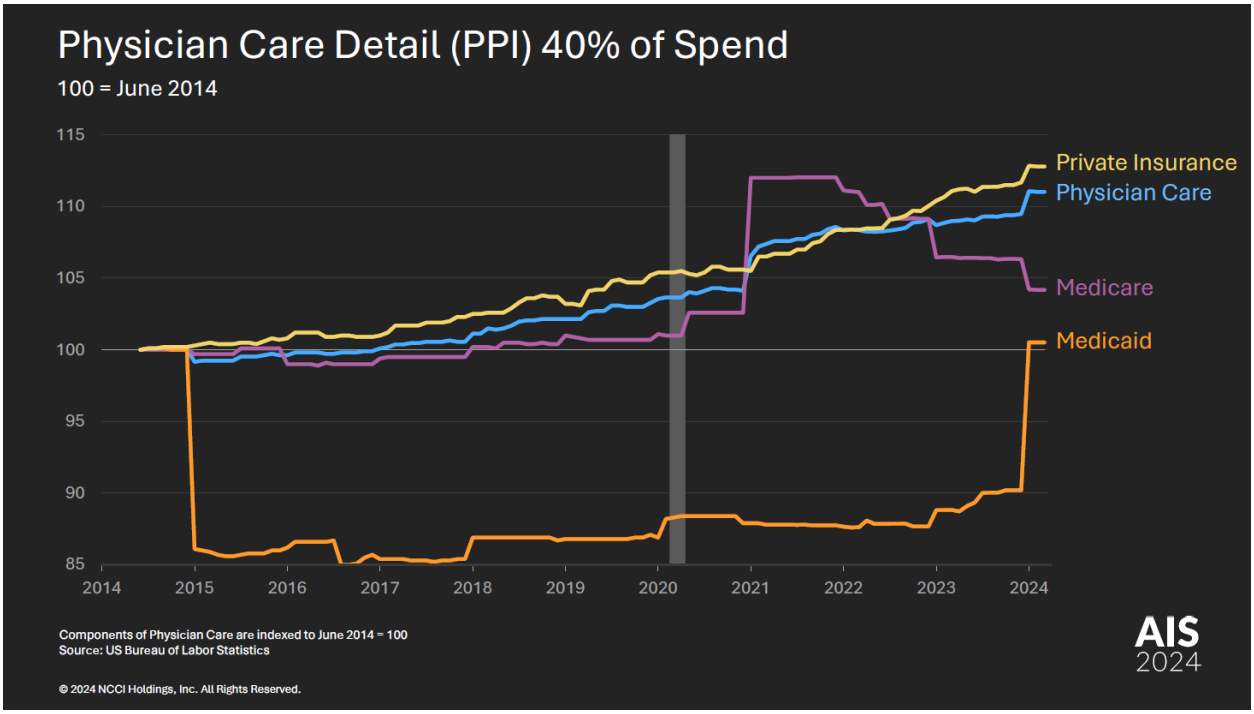
When workers' compensation medical costs are charted next to personal health care, similar increases are shown, currently holding at about a 3% trend upward.



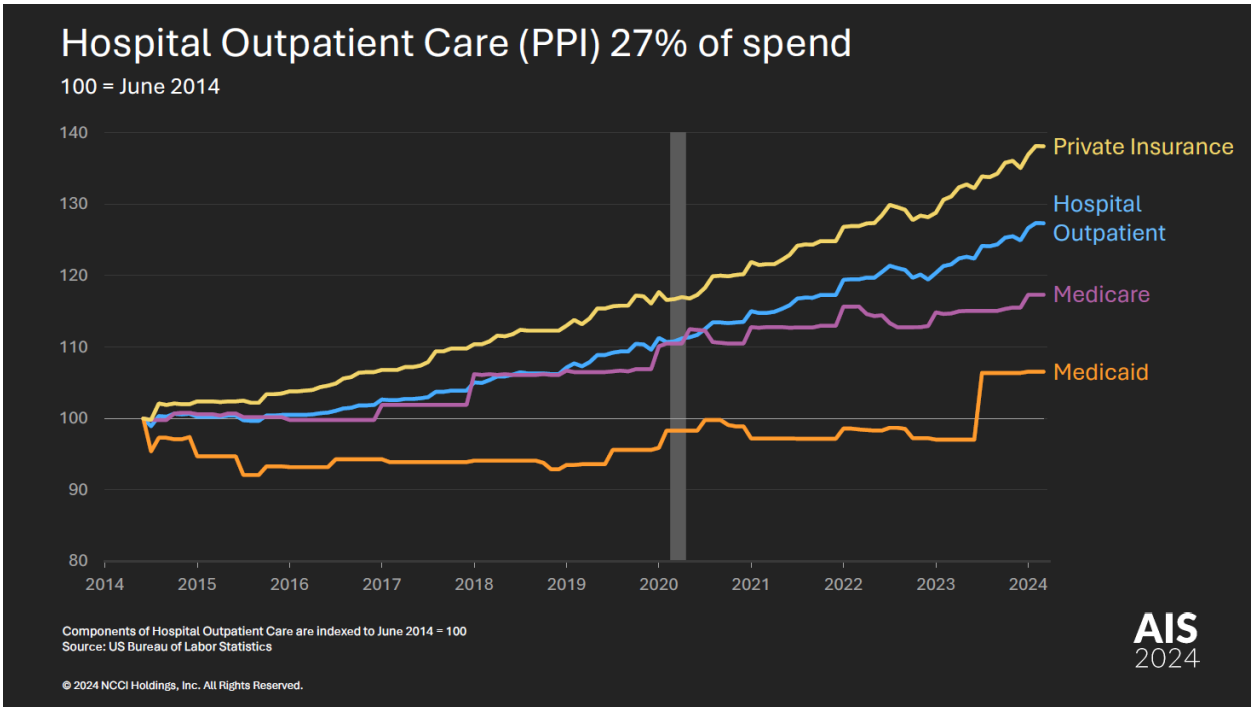
Physician services are the largest portion of medical costs, with facility costs making up the next largest sectors. Other equals long term care, important in workers' compensation.

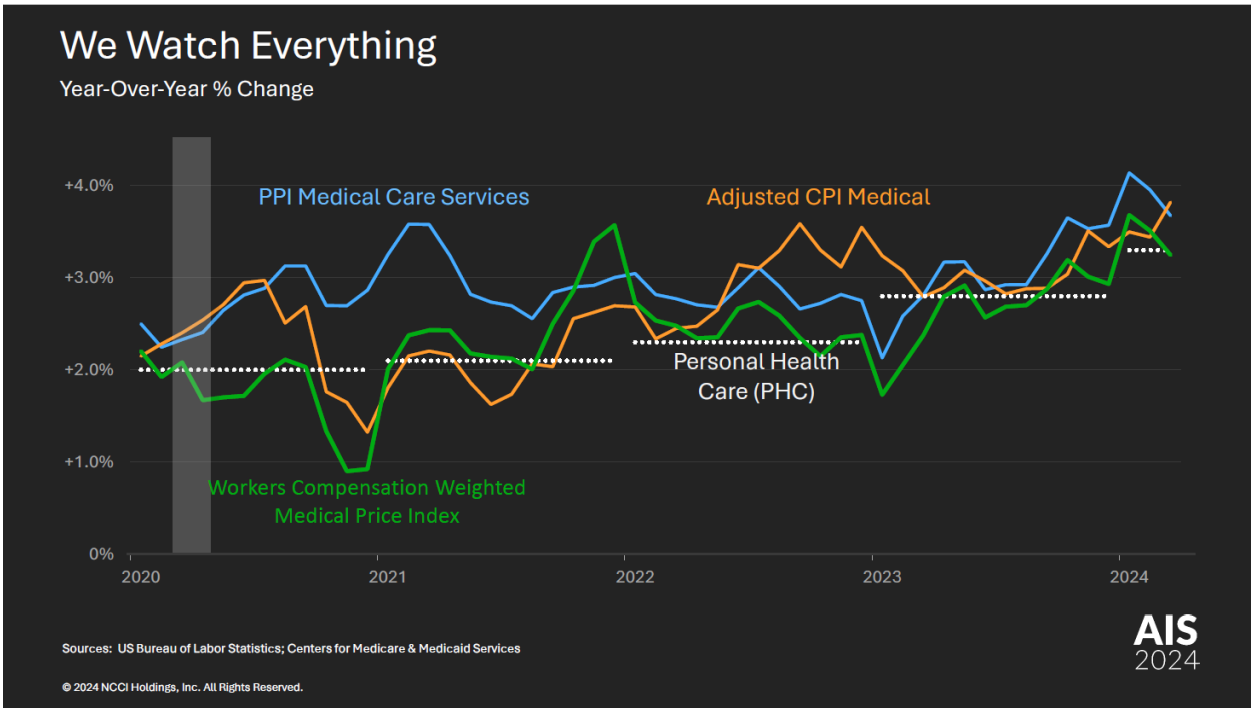


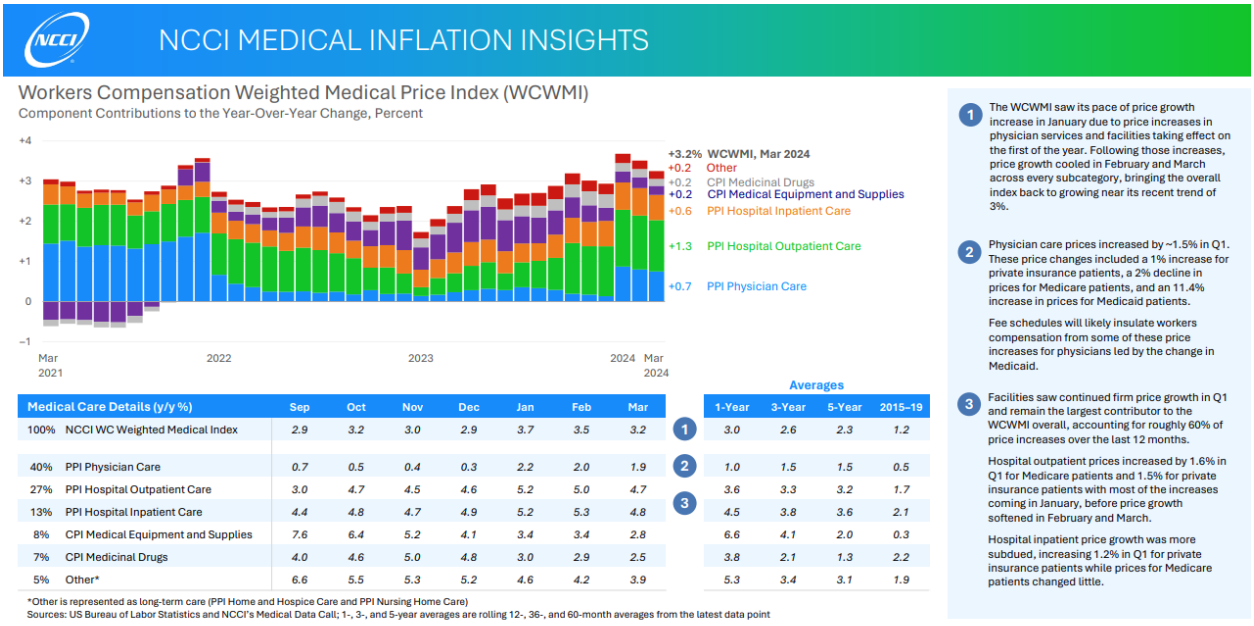
January has a Medicaid adjustment of 11.4%. Most of the increase for 2024 is attributed to this and it will have less of an impact on workers' compensation.



But workers' compensation fee schedules are based on Medicare, as is Alaska's, which just had a 2% decrease in January of this year.







Medical Care Details (y/y %)		Sep	Oct	Nov	Dec	Jan	Feb	Mar
100%	NCCI WC Weighted Medical Index	2.9	3.2	3.0	2.9	3.7	3.5	3.2
40%	PPI Physician Care	0.7	0.5	0.4	0.3	2.2	2.0	1.9
27%	PPI Hospital Outpatient Care	3.0	4.7	4.5	4.6	5.2	5.0	4.7
13%	PPI Hospital Inpatient Care	4.4	4.8	4.7	4.9	5.2	5.3	4.8
8%	CPI Medical Equipment and Supplies	7.6	6.4	5.2	4.1	3.4	3.4	2.8
7%	CPI Medicinal Drugs	4.0	4.6	5.0	4.8	3.0	2.9	2.5
5%	Other*	6.6	5.5	5.3	5.2	4.6	4.2	3.9

Averages	1-Year	3-Year	5-Year	2015–19
1	3.0	2.6	2.3	1.2
2	1.0	1.5	1.5	0.5
3	3.6	3.3	3.2	1.7
	4.5	3.8	3.6	2.1
	6.6	4.1	2.0	0.3
	3.8	2.1	1.3	2.2
	5.3	3.4	3.1	1.9

*Other is represented as long-term care (PPI Home and Hospice Care and PPI Nursing Home Care)
Sources: US Bureau of Labor Statistics and NCCI's Medical Data Call; 1-, 3-, and 5-year averages are rolling 12-, 36-, and 60-month averages from the latest data point

1. The WCWMI saw its pace of price growth increase in January due to price increases in physician services and facilities taking effect on the first of the year. Following those increases, price growth cooled in February and March across every subcategory, bringing the overall index back to growing near its recent trend of 3%.

2. Physician care prices increased by ~1.5% in Q1. These price changes included a 1% increase for private insurance patients, a 2% decline in prices for Medicare patients, and an 11.4% increase in prices for Medicaid patients.

   Fee schedules will likely insulate workers compensation from some of these price increases for physicians led by the change in Medicaid.

3. Facilities saw continued firm price growth in Q1 and remain the largest contributor to the WCWMI overall, accounting for roughly 60% of price increases over the last 12 months.

   Hospital outpatient prices increased by 1.6% in Q1 for Medicare patients and 1.5% for private insurance patients with most of the increases coming in January, before price growth softened in February and March.

   Hospital inpatient price growth was more subdued, increasing 1.2% in Q1 for private insurance patients while prices for Medicare patients changed little.

We can infer from this that inflation does have some impact on workers' compensation costs, but has not overwhelmed the system.

Synopsis of 2023 MSRC Work

No changes recommended for conversion factors for 2024. The Maximum Allowable Reimbursement, (MAR), language has no changes. A definition for Treatment Plans was inserted and an example of the Physician's Report including a treatment plan was placed in the appendix. Further guidance for Treatment Plans was inserted in the General Information and Guidelines chapter.

The Evaluation and Management section was updated for clarity and to match language used in the CPT manual. In the Surgery chapter a heading to separate the reimbursement procedure for Physician Assistants and Advanced Practice Registered Nurse was added.

The Medicine chapter also had the guidance for Treatment Plans inserted, and clarification on Chiropractic reimbursement under Alaska Administrative Code.

HCPCS II had verbiage changes to the Hearing Aids section. This new guidance is in response to confusion around what is reimbursable, to what level, and what is expected to be covered.

New examples were inserted throughout the document and all dates were corrected for the 2024 Medical Fee Schedule.

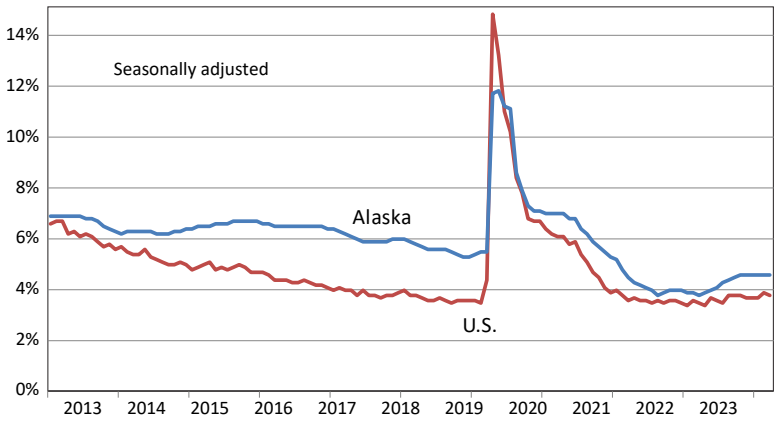
As Alaska has now improved on the Oregon biannual workers' compensation rating list, the MSRC carefully studied and applied Alaska data and concerns to the proposed changes in the Fee Schedule. Due to inflation concerns caution was used in considering conversion factors. Thus, no changes were implemented.

Proposed Meeting Dates for 2025

Yet to be determined.

Unemployment Rates, Alaska and U.S.

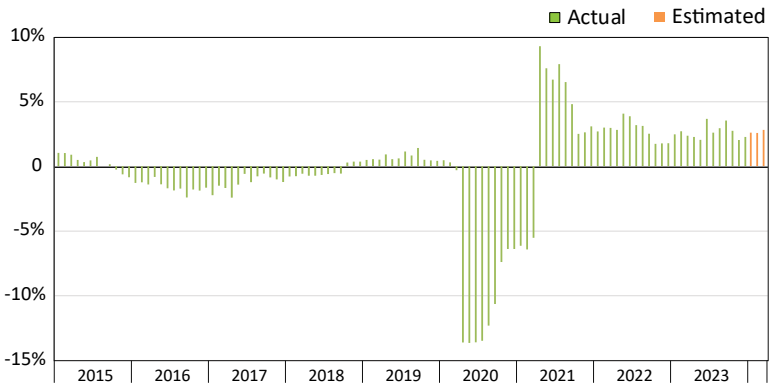
January 2014 to March 2024



Sources: Alaska Department of Labor and Workforce Development, Research and Analysis Section; and U.S. Bureau of Labor Statistics

Wage and Salary Employment

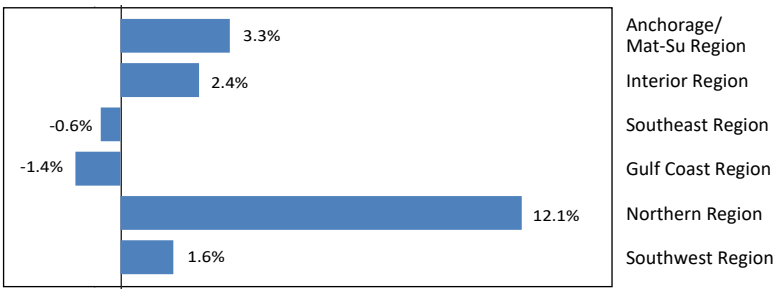
Percent change from same month the previous year



Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

Regional Employment Change

March 2024 compared to March 2023



Regional totals may not sum to statewide total due to rounding and independent estimation methods.

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

Area Unemployment Rates

Not seasonally adjusted[1]

	Rate		
	3/24[P]	2/24	3/23
Anchorage/Mat-Su Region	**4.3**	**4.8**	**3.8**
Anchorage, Municipality	3.8	4.4	3.3
Matanuska-Susitna Borough	5.7	6.2	5.4
Gulf Coast Region	**5.9**	**6.9**	**5.3**
Kenai Peninsula Borough	5.9	6.9	5.3
Kodiak Island Borough	3.5	5.0	3.3
Chugach Census Area	8.4	8.6	6.4
Copper River Census Area	10.7	11.6	9.9
Interior Region	**4.6**	**5.4**	**4.4**
Denali Borough	13.0	13.9	12.9
Fairbanks North Star Borough	4.1	4.9	3.9
Southeast Fairbanks Census Area	6.5	7.3	5.5
Yukon-Koyukuk Census Area	10.8	12.1	10.0
Northern Region	**7.9**	**8.7**	**7.6**
Nome Census Area	8.8	9.2	7.7
North Slope Borough	4.6	5.4	4.3
Northwest Arctic Borough	10.4	11.6	10.9
Southeast Region	**4.7**	**5.6**	**4.3**
Haines Borough	11.3	12.0	8.8
Hoonah-Angoon Census Area	9.7	11.8	11.1
Juneau, City and Borough	3.3	4.2	2.8
Ketchikan Gateway Borough	4.7	5.4	4.6
Petersburg Borough	7.0	6.6	5.7
Prince of Wales-Hyder CA	8.5	9.2	8.3
Sitka, City and Borough	3.0	4.2	3.0
Skagway, Municipality	15.4	17.0	10.2
Wrangell, City and Borough	5.4	6.9	5.2
Yakutat, City and Borough	8.2	11.0	7.2
Southwest Region	**7.8**	**8.6**	**6.5**
Aleutians East Borough	2.5	2.6	1.4
Aleutians West Census Area	2.1	2.4	1.8
Bethel Census Area	11.0	12.2	9.4
Bristol Bay Borough	7.2	9.5	8.2
Dillingham Census Area	8.3	8.9	5.9
Kusilvak Census Area	16.0	17.7	13.5
Lake and Peninsula Borough	7.0	7.5	6.3

P = Preliminary. As more information becomes available, data are revised every month for the previous month and again at the end of every calendar year.

Note: The official definition of unemployment excludes anyone who has not actively attempted to find work in the four-week period up to and including the week that includes the 12th of the reference month.

[1]Unemployment rates that are not seasonally adjusted should not be compared with those that are.

Sources: Alaska Department of Labor and Workforce Development, Research and Analysis Section; and U.S. Bureau of Labor Statistics

Employment By Industry, March 2024

	Average Monthly Employment			Compared to Mar 2023	
	Mar 2024*	Feb 2024*	Mar 2023	Change	Percent
Total Nonfarm Employment	**324,300**	**322,000**	**315,400**	**8,900**	**2.8%**
Total Private	**243,200**	**241,200**	**235,700**	**7,500**	**3.2%**
Mining and Logging	12,400	12,200	11,200	1,200	10.7%
Oil and Gas	8,000	7,900	7,500	500	6.7%
Construction	17,000	16,200	14,600	2,400	16.4%
Manufacturing	12,200	12,000	12,300	-100	-0.8%
Trade, Transportation and Utilities	63,400	63,000	62,000	1,400	2.3%
Wholesale	6,400	6,400	6,300	100	1.6%
Retail	34,500	34,500	34,500	0	0.0%
Transportation, Warehousing and Utilities	22,500	22,100	21,200	1,300	6.1%
Information	4,400	4,400	4,600	-200	-4.3%
Financial Activities	10,800	10,800	10,700	100	0.9%
Professional and Business Services	27,500	27,500	26,600	900	3.4%
Education and Health	52,400	52,700	51,000	1,400	2.7%
Health Care	41,000	41,200	39,700	1,300	3.3%
Leisure and Hospitality	31,200	30,500	31,400	-200	-0.6%
Other Services	11,900	11,900	11,300	600	5.3%
Total Government	**81,100**	**80,800**	**79,700**	**1,400**	**1.8%**
Federal[1]	15,200	14,900	14,800	400	2.7%
State[2]	23,700	23,500	23,300	400	1.7%
Local[3]	42,200	42,400	41,600	600	1.4%

*Estimate
[1]Excludes uniformed military
[2]Includes the University of Alaska
[3]Includes public schools and tribal government

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section