

State of Alaska FY2018 Governor's Operating Budget

Department of Health and Social Services Health Care Medicaid Services Component Budget Summary

Component: Health Care Medicaid Services

Contribution to Department's Mission

The Health Care Medicaid Services component is responsible for the majority of Medicaid programs, which assist in the provision of adequate and competent medical care to eligible persons.

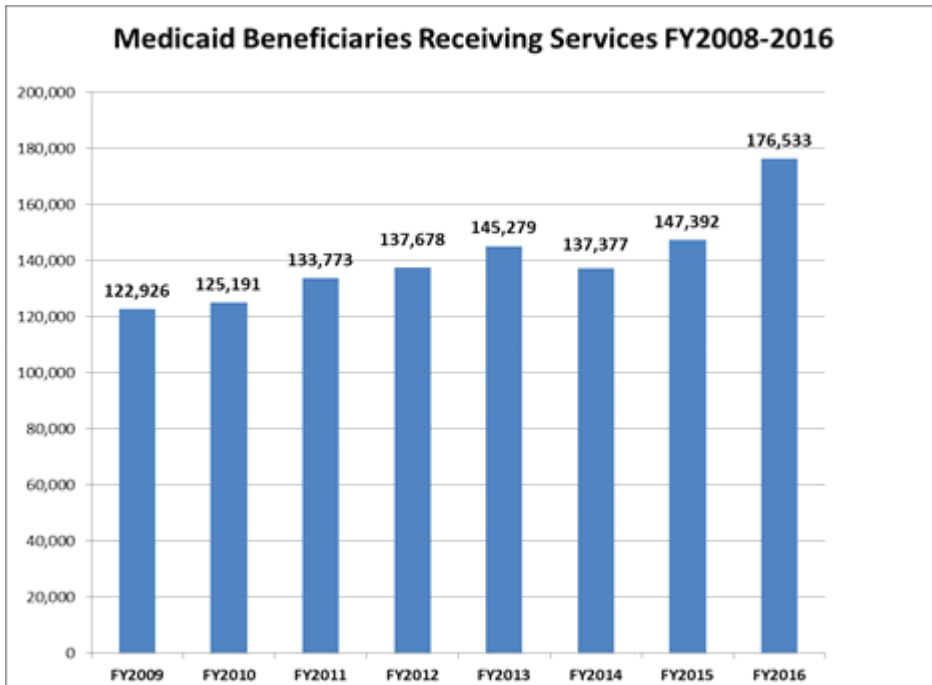
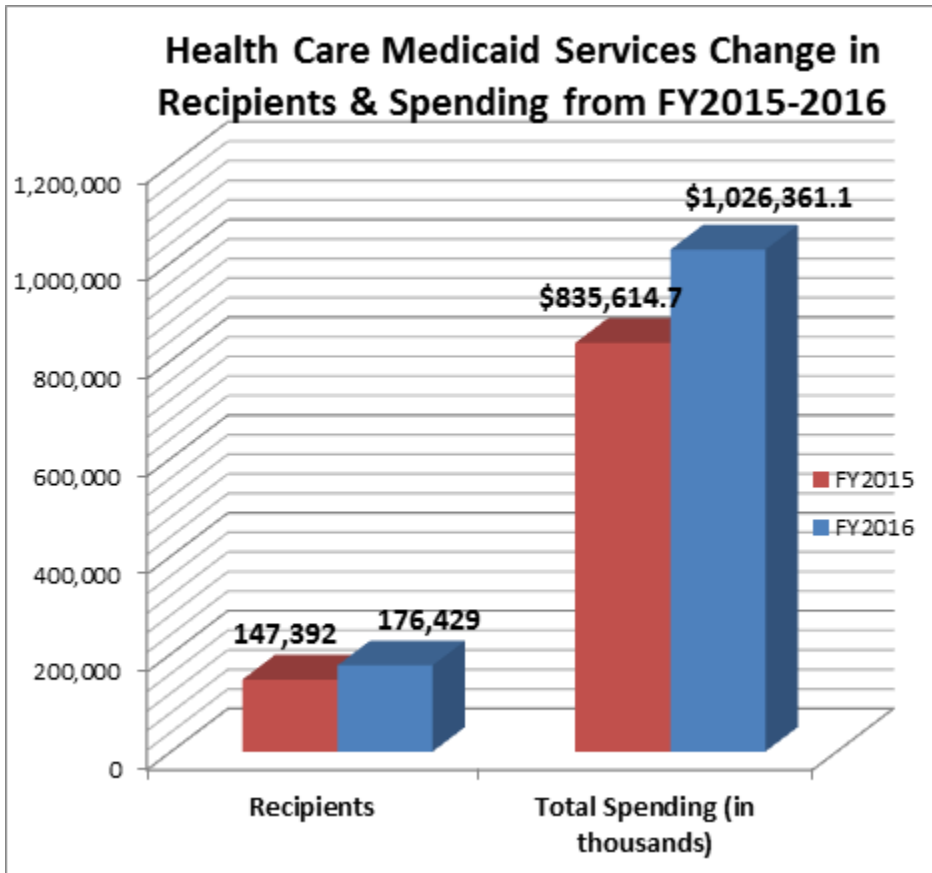
This component of Alaska Medicaid is under the programmatic oversight of the Department of Health and Social Services, Division of Health Care Services.

Core Services

- Direct Services provided to the client and processed through the Medicaid Management Information System. Direct Services include these service categories: inpatient and outpatient hospital, physician, health clinic, surgical clinic, prescribed drugs, durable medical equipment, prosthetic devices, dental, transportation, physical therapy, and occupational therapy.
- Indirect services include payments for insurance premiums (primarily Medicare), contracts for Medicaid operations and cost containment activities, third-party liability services, subrogation, estate recovery, and supplemental payments to hospitals for uninsured and uncompensated care (Disproportionate Share Hospital program or DSH).
- Medicaid Financing Services for activities that maximize federal funding.

Major Component Accomplishments in 2016

- The Health Care Medicaid Services component provided services to 176,553 Medicaid recipients during FY2016 with expenditures of \$1,026,361.1. The average annual Medicaid cost for services billed was approximately \$5.8 per recipient during FY2016. Benefits provided to children (standard health care) comprised 32.07 percent of all claim payments processed in FY2016. Medical benefits provided to adults comprised 31.76 percent, services for disabled adults 22.91 percent, elderly 7.46 percent, and disabled children 4.04 percent. These five groups are treated as discrete, non-overlapping beneficiary categories in the Medicaid program.
- During FY2016, Alaska Medicaid provided services to 29,161 more recipients than in FY2015. Total cost for services increased by \$190,746.5 and cost per recipient increased by \$144.00.



Source: Systems and Analysis Section, Health Care Services

OPERATIONS:

- In compliance with the Patient Protection and Affordable Care Act, and in consideration of public input and tribal consultation, the Department's regulations allowing direct billing by, and reimbursement to, free-standing birth centers, were filed March 17, 2016, effective May 1, 2016. Under the previous payment methodology, reimbursement for costs related to the use of a free-standing birth facility was made to the attending midwife. Four free-standing birth centers, 2 in Anchorage and 1 each in Fairbanks and Palmer, have enrolled with Alaska Medicaid.
- The Division of Health Care Services implemented new dental and orthodontic services regulations to apply service limitations for full and partial dentures and for lifetime limitations for orthodontic appliances. Further, the regulations require demonstrated oral hygiene adequate to successfully complete treatment as a prerequisite to orthodontic treatment. These changes align Medicaid requirements more closely with that of commercial insurance carriers and were fully supported by enrolled dental providers, based on solicited input prior to drafting of the proposed regulations and on public comment received.
- The Division of Health Care Services realized a \$16.00 to \$1.00 return on investment (ROI) in FY2016 for inpatient and outpatient utilization management (UM) services performed by its contractor, Qualis Health, and a \$5.00 to \$1.00 return on investment for case management services provided by Qualis Health. Total net savings realized in FY2016 from services provided by Qualis Health was \$5,516.8.
- The Division of Health Care Services' Operations Unit reduced the number of provider appeals from more than 600 in FY2015 to 231 in FY2016. The decrease in volume is a result of system edit corrections.

SYSTEMS:

- ICD10: During FY2016 the Health Care Services systems unit completed activities related to Medicaid Management Information System implementation of the federally-mandated International Classification of Diseases (ICD) version 10. On October 1, 2015 processing rules enforced requirements for use of these new diagnoses and surgical procedure codes in claims editing and payment. Disease classifications and surgical procedure codes increased significantly within version 10 providing for greater disease specificity, granularity, laterality and more effective reporting of advances in medical technology.
- Medicaid Expansion: In FY2016 the Health Care Services systems unit, in collaboration with other sections across the department, completed Medicaid Management Information System updates needed to identify Medicaid Expansion members as well as capture, process, edit and pay claims for the Medicaid Expansion population.
- 1095B Member Notices: To comply with standards of the Affordable Care Act (ACA) requiring individuals to include their months of health care coverage when filing tax returns to the Internal Revenue Service, Medicaid Management Information System enhancements were completed in FY2016 to generate Internal Revenue Service form 1095B notices to members. These Internal Revenue Service forms provide members whose Medicaid coverage meets the minimum essential health care coverage standards of Affordable Care Act with necessary information for filing their tax returns.
- Free-standing Birthing Center regulations: In compliance with requirements of the Affordable Care Act (ACA), regulations were adopted in FY2016 to enroll and process claims for free-standing birthing center providers. Medicaid Management Information System design changes were completed to establish enrollment rules for this new provider type category, covered services and billing rules, payment methodology and payment rate to comply with these new regulations.

PHARMACY:

- Drug Utilization Review (DUR) Committee: The Committee continuously reviews its evidence-based clinical criteria to prioritize treatment of chronically infected hepatitis C individuals in most immediate need. Due to the Division's participation in the multi-state National Medicaid Pooling Initiative (NMPI), the Division of Health Care Services was able to continue to negotiate additional supplemental drug rebates as additional agents entered the market. This work allowed the program to incrementally expand the prioritization pool. Despite

supplemental rebates, the cost of these and other specialty drug products continue to place significant strain on the system with the current allocated resources. Further cost-management strategies are in deliberation for specialty drug products, including alternate payment models, to ensure system sustainability so as to not adversely impact overall service delivery.

- Preferred Drug List (PDL): The Division of Health Care Services continues to work with the Medicaid Pharmacy and Therapeutics Committee to identify clinically appropriate and fiscally responsible medication therapies. The work of the Committee aids the Division in leveraging the Division's participation in the multi-state National Medicaid Pooling Initiative (NMPI) to obtain negotiated pricing.

QUALITY ASSURANCE

- The Quality Assurance Section is streamlined the process for placement of Medicaid recipients into the Care Management Program (CMP). The lock-in Care Management Program, works with recipients to identify one primary care provider and one pharmacy to improve continuity of care for the individual and reduce unnecessary office visits and excessive medications. Program participation is expected to grow from 260 to 1,000 by the end of FY2018.
- Provider Risk Assessment: Medicaid Management Information System changes were implemented in FY2016 to comply with Affordable Care Act (ACA) requirements to assign categorical risk screening levels to providers enrolled in the Medicaid program.

Key Component Challenges

- Costly in-state and out-of-state travel continues to be a challenge for the Medicaid program. As a result of Alaska's limited availability of medical services, rural nature, and limited road system, Alaska Medicaid members who live in remote areas must travel to receive the majority of their medical care. The Division of Health Care Services is challenged to explore ways to reduce transportation costs while meeting the needs of rural Alaskans and remaining in compliance with federal Medicaid transportation regulations.

Because of Alaska's vast size and rural nature, it is common for Medicaid members to travel out of their home areas to receive care. As part of ongoing efforts to reduce transportation costs, the Department continues to stress the importance of travel policy encouraging providers to coordinate multiple routine and non-emergent medical appointments for individuals into single trips, and to coordinate appointments of multiple family members into single trips. This also includes non-covered transportation services, medical necessity documentation requirements, and conditions of coverage for medical escort.

- The Division of Health Care Services is challenged to establish reasonable reimbursement rates for local ground transportation services that do not discourage transportation providers from participating in the program.

Significant Changes in Results to be Delivered in FY2018

- The Division of Health Care Services' Operations Unit will continue to be focused on development and implementation of initiatives required under SB74. Initial priorities include reduction in travel expenditures by requiring Medicaid recipients to receive medical services in their home communities and to combine appointments for non-emergent care to reduce the number of travel episodes per recipient.
- The Division of Health Care Services will propose new regulations to further align Medicaid adult preventive dental services with that of commercial insurance carriers.
- The Division of Health Care Services' Operations Unit will continue to support the tribal health program in its continuing transition of travel authorizations and arrangements for American Indian/Alaska Native beneficiaries to Alaska Native Tribal Health Consortium.
- The Division of Behavioral Health will implement and manage several new behavior health provider types in FY2018. Through this process, applied behavior analysts, applied behavior health technicians, behavior

health assistants (tribal) and behavior health technicians (tribal) will help expand access to behavior health services throughout the state. The Division of Health Care Services will establish enrollment requirements, covered services, payment methodology, and payment rate.

Statutory and Regulatory Authority

Alaska Statutes:

AS 47.07 Medical Assistance for Needy Persons

AS 47.08 Assistance for Catastrophic Illness and Chronic or Acute Medical Conditions

AS 47.25 Public Assistance

Social Security Act:

Title XVIII Medicare

Title XIX Medicaid

Title XXI Children's Health Insurance Program

Administrative Code:

7 AAC 48 Chronic and Acute Medical Assistance

7 AAC 100 Medicaid Assistance Eligibility

7 AAC 105 - 7 AAC 160 Medicaid Coverage and Payment

Code of Federal Regulations:

Title 42 CFR Chapter IV

Contact Information
<p>Contact: Melissa M. Ordner, Budget Manager Phone: (907) 465-1629 Fax: (907) 465-8262 E-mail: melissa.ordner@alaska.gov</p>

Component Detail All Funds
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)
RDU: Medicaid Services (595)

Formula Component

	FY2016 Actuals	FY2017 Conference Committee	FY2017 Authorized	FY2017 Management Plan	FY2018 Governor	FY2017 Management Plan vs FY2018 Governor	
71000 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
72000 Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
73000 Services	33,535.7	36,588.3	38,475.8	38,475.8	36,624.8	-1,851.0	-4.8%
74000 Commodities	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
75000 Capital Outlay	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
77000 Grants, Benefits	1,025,211.0	925,596.6	937,628.8	937,628.8	950,037.3	12,408.5	1.3%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Totals	1,058,746.7	962,184.9	976,104.6	976,104.6	986,662.1	10,557.5	1.1%
Fund Sources:							
1002Fed Rcpts (Fed)	716,228.7	695,462.2	709,010.6	709,010.6	719,780.6	10,770.0	1.5%
1003G/F Match (UGF)	265,302.3	248,410.8	248,639.7	248,639.7	248,389.7	-250.0	-0.1%
1004Gen Fund (UGF)	72,162.1	9,814.0	9,814.0	9,814.0	9,814.0	0.0	0.0%
1005GF/Prgm (DGF)	0.0	200.0	200.0	200.0	200.0	0.0	0.0%
1007I/A Rcpts (Other)	3,598.9	4,700.4	4,700.4	4,700.4	4,700.4	0.0	0.0%
1092MHTAAR (Other)	0.0	0.0	7.5	7.5	2.5	-5.0	-66.7%
1108Stat Desig (Other)	1,357.2	3,500.0	3,500.0	3,500.0	3,500.0	0.0	0.0%
1168Tob Ed/Ces (DGF)	97.5	97.5	97.5	97.5	97.5	0.0	0.0%
1247Med Recov (DGF)	0.0	0.0	134.9	134.9	177.4	42.5	31.5%
Unrestricted General (UGF)	337,464.4	258,224.8	258,453.7	258,453.7	258,203.7	-250.0	-0.1%
Designated General (DGF)	97.5	297.5	432.4	432.4	474.9	42.5	9.8%
Other Funds	4,956.1	8,200.4	8,207.9	8,207.9	8,202.9	-5.0	-0.1%
Federal Funds	716,228.7	695,462.2	709,010.6	709,010.6	719,780.6	10,770.0	1.5%
Positions:							
Permanent Full Time	0	0	0	0	0	0	0.0%
Permanent Part Time	0	0	0	0	0	0	0.0%
Non Permanent	0	0	0	0	0	0	0.0%

Change Record Detail - Multiple Scenarios with Descriptions
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)
RDU: Medicaid Services (595)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2017 Conference Committee To FY2017 Authorized *****												
FY2017 Conference Committee												
	ConfCom	962,184.9	0.0	0.0	36,588.3	0.0	0.0	925,596.6	0.0	0	0	0
1002 Fed Rcpts		695,462.2										
1003 G/F Match		248,410.8										
1004 Gen Fund		9,814.0										
1005 GF/Prgm		200.0										
1007 I/A Rcpts		4,700.4										
1108 Stat Desig		3,500.0										
1168 Tob Ed/Ces		97.5										
Medicaid Reform; Telemedicine; Drug Database Ch25 SLA2016 (SB74) (Sec2 Ch1 4SSLA2016 P9 L26 (HB257))												
	FisNot	7.5	0.0	0.0	7.5	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		7.5										
Medicaid Reform; Telemedicine; Drug Database Ch25 SLA2016 (SB74) (Sec2 Ch3 4SSLA2016 P49 L18 (HB256))												
	FisNot	13,912.2	0.0	0.0	1,880.0	0.0	0.0	12,032.2	0.0	0	0	0
1002 Fed Rcpts		13,548.4										
1003 G/F Match		228.9										
1247 Med Recov		134.9										

SB 74 section 38 (d)(5) directs the department to provide incentives for telehealth, including increasing the capability for, and reimbursement of, telehealth for recipients. The department's first step in implementing this new provision will be to convene a workgroup, including stakeholders from the health care community, for one year to identify legal, technical and financial barriers to increasing use of telehealth in Alaska.

Existing department employees will staff this effort, and meetings of the workgroup will occur telephonically with no travel costs incurred. A consultant will be hired to facilitate the meetings and compile a report on the workgroup's findings and recommendations.

SB 74 section 34 (b) allows the Department to assess interest on recoveries for audits performed under AS 47.05.200 as well as other audits and reviews conducted by the state and federal government. There is no additional cost to the department to implement interest penalties on identified overpayments, but recoveries will increase. The Department estimates it will take three years to reach the current volume of outstanding appeals subject to interest penalties. Interest penalty recoveries are calculated by taking the current amount of outstanding appeals and applying an estimated recovery percentage. The result is multiplied by the statutory rate for post-judgment interest of 3.75% and phased in over a period of three years, as shown below. Recoveries will be categorized as revenue receipts, recorded under new fund code #1247, Medicaid Monetary Recoveries.

Section 36 47.05.270 Medical assistance reform program (a) (2) of this bill requires the department to provide an electronic distribution of an explanation of medical assistance benefits to recipients for health care services received under the program. It is the intent of the department to fully implement this section of the bill through the My Alaska Portal. The department estimates that it will cost \$707.5 (90% federal/10% GF) to fully implement the electronic distribution of an explanation of medical assistance benefits in FY2017. After the initial set-up, estimated on-going costs are the concurrent user license, \$76.5, and the yearly maintenance fee, \$17.0, for a total of \$93.5 (50% federal/50% GF) annual costs.

Section 37 directs the department to implement the Primary Care Case Management system authorized under AS 47.07.030(d). This is a foundational component

Change Record Detail - Multiple Scenarios with Descriptions
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)
RDU: Medicaid Services (595)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
<p>to other initiatives and projected savings. This system would assign Medicaid enrollees to a case manager in order to increase use of primary and preventive care, and decrease the use of specialty care and hospital services. The department proposes expansion of an existing case management contract, at \$500.0 across FY2017-2018 (50% federal/50% GF match). The contractor will case manage at \$3.85 per member per month to approximately 30,000 recipients. This approach would reduce implementation timelines.</p> <p>The Prescription Drug Monitoring Program (PDMP) is an integral part of this initiative, as it is required to help prevent the misuse and abuse of opioids prescribed or administered through emergency departments. Access to the PDMP database by physicians and pharmacists could be improved if the current stand-alone system was integrated into the Health Information Exchange (HIE). The following costs are one -time in addition to \$20.0 annual operating costs: FY2017 PDMP system and interface to the HIE is \$285.0 (90%federal/10%GF), and FY2017 costs to connect pharmacies is \$480.0 (90%federal/10% GF)</p> <p>Section 39 (47.07.039)(C) authorizes the department to contract with one or more entities to demonstrate the use of local, provider-led coordinated care entities that agree to monitor care across multiple care settings and that will be accountable to the department for the overall cost and quality of care. This demonstration project will be implemented in three regions of the state. Planning and development would begin in FY2017, with implementation starting in FY2019. An estimated 30,000 Medicaid recipients would be enrolled to receive services through this demonstration project. For purposes of estimation, the Department assumes the entities would be reimbursed on a fee-for-service basis plus shared-savings, with the entities receiving a portion of any savings accrued to the state Medicaid program, for the first two years. The department's best estimate at this time is approximately \$1,500.0 in GF savings. The state's fiscal agent will require 3 additional staff members for the additional work in provider enrollment, claims processing, and telephone inquiries as a result of the change - increase contract by \$318.0 (50% federal/50% GF). These individuals will provide support across the primary care case management project, health homes, and the hospital emergency room project as well.</p>												
Subtotal		976,104.6	0.0	0.0	38,475.8	0.0	0.0	937,628.8	0.0	0	0	0
***** Changes From FY2017 Management Plan To FY2018 Governor *****												
Transfer Infant Learning Program to Senior and Disabilities Medicaid Services												
	Trout	-500.0	0.0	0.0	-500.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-250.0										
1003 G/F Match		-250.0										
<p>Authority for this program has been budgeted in the Health Care Medicaid Services component and expended by the Early Intervention Infant Learning Programs component within the Senior and Disabilities division through a reimbursable services agreement. To align the project authority with operations it will be transferred to the Senior and Disabilities Medicaid Services component.</p>												
Reverse Mental Health Trust Recommendation												
	OTI	-7.5	0.0	0.0	-7.5	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		-7.5										
<p>This zero-based adjustment record includes all MHTAAR and/or MHT Admin authority for FY2017 for this component.</p>												
Second Year Medicaid Reform; Telemedicine; Drug Database Ch25 SLA2016 (SB74)												
	Dec	-4,100.4	0.0	0.0	-1,346.0	0.0	0.0	-2,754.4	0.0	0	0	0
1002 Fed Rcpts		11,020.0										

Change Record Detail - Multiple Scenarios with Descriptions
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)
RDU: Medicaid Services (595)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1003 G/F Match		-15,162.9										
1247 Med Recov		42.5										

Fiscal Note 63 - SB 74

SB 74 section 34 (b) allows the Department to assess interest on recoveries for audits performed under AS 47.05.200 as well as other audits and reviews conducted by the state and federal government. There is no additional cost to the department to implement interest penalties on identified overpayments, but recoveries will increase. The Department estimates it will take three years to reach the current volume of outstanding appeals subject to interest penalties. Interest penalty recoveries are calculated by taking the current amount of outstanding appeals and applying an estimated recovery percentage. The result is multiplied by the statutory rate for post-judgment interest of 3.75% and phased in over a period of three years, as shown below. Recoveries will be categorized as revenue receipts, recorded under new fund code #1247, Medicaid Monetary Recoveries.

Section 36 47.05.270 Medical assistance reform program (a) (2) of this bill requires the department to provide an electronic distribution of an explanation of medical assistance benefits to recipients for health care services received under the program. It is the intent of the department to fully implement this section of the bill through the My Alaska Portal. The department estimates that it will cost \$707.5 (90% federal/10% GF) to fully implement the electronic distribution of an explanation of medical assistance benefits in FY2017. After the initial set-up, estimated on-going costs are the concurrent user license, \$76.5, and the yearly maintenance fee, \$17.0, for a total of \$93.5 (50% federal/50% GF) annual costs.

Section 37 directs the department to implement the Primary Care Case Management system authorized under AS 47.07.030(d). This is a foundational component to other initiatives and projected savings. This system would assign Medicaid enrollees to a case manager in order to increase use of primary and preventive care, and decrease the use of specialty care and hospital services. The department proposes expansion of an existing case management contract, at \$500.0 across FY2017-2018 (50% federal/50% GF match). The contractor will case manage at \$3.85 per member per month to approximately 30,000 recipients. This approach would reduce implementation timelines.

The Prescription Drug Monitoring Program (PDMP) is an integral part of this initiative, as it is required to help prevent the misuse and abuse of opioids prescribed or administered through emergency departments. Access to the PDMP database by physicians and pharmacists could be improved if the current stand-alone system was integrated into the Health Information Exchange (HIE). The following costs are one -time in addition to \$20.0 annual operating costs: FY2017 PDMP system and interface to the HIE is \$285.0 (90%federal/10%GF), and FY2017 costs to connect pharmacies is \$480.0 (90%federal/10% GF)

Section 39 (47.07.039)(C) authorizes the department to contract with one or more entities to demonstrate the use of local, provider-led coordinated care entities that agree to monitor care across multiple care settings and that will be accountable to the department for the overall cost and quality of care. This demonstration project will be implemented in three regions of the state. Planning and development would begin in FY2017, with implementation starting in FY2019. An estimated 30,000 Medicaid recipients would be enrolled to receive services through this demonstration project. For purposes of estimation, the Department assumes the entities would be reimbursed on a fee-for-service basis plus shared-savings, with the entities receiving a portion of any savings accrued to the state Medicaid program, for the first two years. The department's best estimate at this time is approximately \$1,500.0 in GF savings. The state's fiscal agent will require 3 additional staff members for the additional work in provider enrollment, claims processing, and telephone inquiries as a result of the change - increase contract by \$318.0 (50% federal/50% GF). These individuals will provide support across the primary care case management project, health homes, and the hospital emergency room project as well.

Medicaid Cost Projections

Inc	15,162.9	0.0	0.0	0.0	0.0	0.0	0.0	15,162.9	0.0	0	0	0
-----	----------	-----	-----	-----	-----	-----	-----	----------	-----	---	---	---

Change Record Detail - Multiple Scenarios with Descriptions
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)
RDU: Medicaid Services (595)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1003 G/F Match		15,162.9										
<p>Medicaid program cost projections are composed of a number of factors including: population growth, demographic changes, service utilization, and price changes. Additionally, in FY2017, the Department of Health and Social Services instituted a number of reform efforts provided by SB74 that are designed to mitigate the cost of medical care and create savings in the Medicaid program. The department is reviewing the effects of these reform initiatives over the first few months of FY2017 and performing analysis on the specific population, demographic, utilization factors, and management initiatives affecting the Medicaid program.</p> <p>Sufficient data was not available in time to provide a more precise estimate of FY2018 Medicaid program costs for the initial December release of the FY2018 budget. In order to include more of the FY2017 payment experience in the cost projection formula the department will provide a refined estimate of FY2018 costs in the budget amendment process. Budgeted general fund authority in this initial release represents funding at the FY2017 level.</p>												
MH Trust:Quality & Cost Effectiveness Workgroup Fiscal Note SB74												
1092 MHTAAR	IncOTI	2.5	0.0	0.0	2.5	0.0	0.0	0.0	0.0	0	0	0
		2.5										
	Totals	986,662.1	0.0	0.0	36,624.8	0.0	0.0	950,037.3	0.0	0	0	0

This funding is for DHSS to hire a contractor to facilitate a workgroup with stakeholders to address quality and cost effectiveness as part of Medicaid Redesign.

Line Item Detail (1676)
Department of Health and Social Services
Services

Component: Health Care Medicaid Services (2077)

Line Number	Line Name		FY2016 Actuals	FY2017 Management Plan	FY2018 Governor
3000	Services		33,535.7	38,475.8	36,624.8
Object Class	Servicing Agency	Explanation	FY2016 Actuals	FY2017 Management Plan	FY2018 Governor
3000 Services Detail Totals			33,535.7	38,475.8	36,624.8
3001	Financial Services		29,186.0	0.0	0.0
3003	Information Technology	Operations and Maintenance, Xerox Corporation.	196.5	115.0	115.0
3003	Information Technology	Information Technology Consulting, Oregon Health and Sciences University.	0.0	180.0	180.0
3003	Information Technology	InterQual License and Software, McKesson Technologies.	0.0	50.0	50.0
3005	Health Services	Utilization and Case Management Services, Qualis Health	0.0	3,300.0	3,300.0
3005	Health Services	Medical Assistance Provider Audits, Myers and Stauffer.	0.0	900.0	900.0
3005	Health Services	Cost Avoidance and Post Payment Recovery, Health Management Systems, Inc.	0.0	1,280.0	1,280.0
3005	Health Services	Claims Processing Operating Contract, 50% FFP, Xerox Corporation.	0.0	2,600.0	2,600.0
3005	Health Services	Claims Processing Operating Contract, 90% FFP, Xerox Corporation.	0.0	1,585.0	1,585.0
3005	Health Services	Claims Processing Operating Contract, 75% FFP, Xerox Corporation.	0.0	15,675.0	15,675.0
3005	Health Services	Transformed - Medicaid Statistical Information Systems (T-MSIS) and Operating Rules to the Medicaid	0.0	305.0	305.0

Line Item Detail (1676)
Department of Health and Social Services
Services

Component: Health Care Medicaid Services (2077)

Object Class	Servicing Agency	Explanation	FY2016 Actuals	FY2017 Management Plan	FY2018 Governor
3000 Services Detail Totals			33,535.7	38,475.8	36,624.8
		Management Information System for Alaska Medicaid Health Insurance Portability Accountability Act (HIPAA), 90% FFP			
3005	Health Services	Tribal Medicaid Administrative Claiming (TMAC), per recipient, per quarter, for outreach activities.	0.0	1,500.0	1,500.0
3005	Health Services	Pharmacy Benefit Management System, Xerox Corporation.	0.0	120.0	120.0
3005	Health Services	CAHPS Contract, Datastat Inc.	0.0	50.0	50.0
3005	Health Services	Future contracts.	0.0	739.8	488.8
3006	Delivery Services	Postage, 50% FFP, Xerox Corporation.	200.7	210.0	210.0
3011	Other Services	Medicaid Expansion Impact Analysis, Implementation Plan, Qualis Health.	1,327.1	2,200.0	1,100.0
3011	Other Services	MedExpert International, \$3.85 per member per month.	0.0	700.0	700.0
3011	Other Services	Health Care Provider Tax Feasibility Study and Recommendation, Myers and Stauffer, 50% FFP	0.0	200.0	200.0
3024	Inter-Agency Legal	Admin - Department-wide RSA with Dept. of Administration, Recipient Support for Guardianship Clients.	500.0	500.0	500.0
3024	Inter-Agency Legal	Law - Department-wide RSA with Dept. of Law for Medicaid Collections (TPL/Subrogation).	1,588.0	500.0	500.0
3024	Inter-Agency Legal	Law - Department-wide RSA with Dept. of Law for Medicaid Program Legal Services.	0.0	1,600.0	1,600.0
3032	Inter-Agency Health	H&SS - Early Childhood Services (298)	500.0	500.0	0.0
3032	Inter-Agency Health	Disproportionate Share Hospital (DSH) RSA, Fairbanks Memorial	0.0	1,400.0	1,400.0

Line Item Detail (1676)
Department of Health and Social Services
Services

Component: Health Care Medicaid Services (2077)

Object Class		Servicing Agency	Explanation	FY2016 Actuals	FY2017 Management Plan	FY2018 Governor
			3000 Services Detail Totals	33,535.7	38,475.8	36,624.8
3032	Inter-Agency Health		Hospital. Disproportionate Share Hospital (DSH) RSA, Single Point of Entry Psychiatric.	0.0	1,266.0	1,266.0
3032	Inter-Agency Health		Disproportionate Share Hospital (DSH) RSA, Bartlett Regional Hospital.	0.0	925.0	925.0
3036	Inter-Agency Safety	H&SS - Health Planning & Systems Develo (2765)		37.4	0.0	0.0
3036	Inter-Agency Safety	H&SS - Women, Children and Family Healt (2788)	RSA with Dept. of Health & Social Services, Public Health, Specialty Clinics for Medicaid Eligible Clients.	0.0	75.0	75.0

Line Item Detail (1676)
Department of Health and Social Services
Grants, Benefits

Component: Health Care Medicaid Services (2077)

Line Number	Line Name		FY2016 Actuals	FY2017 Management Plan	FY2018 Governor
7000	Grants, Benefits		1,025,211.0	937,628.8	950,037.3
Object Class	Servicing Agency	Explanation	FY2016 Actuals	FY2017 Management Plan	FY2018 Governor
		7000 Grants, Benefits Detail Totals	1,025,211.0	937,628.8	950,037.3
7001	Grants		43,328.9	0.0	0.0
7002	Benefits	Services for Medicaid clients including: hospitals, physicians, pharmacy, dental transportation, Lab & X-ray, durable medical equipment, audiology, vision, physical therapy, occupational & speech therapy, chiropractic, home health & hospice. This also includes payments for services for Medicaid clients newly eligible through Medicaid expansion.	981,882.1	937,628.8	950,037.3

Revenue Detail (1681)
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2016 Actuals	FY2017 Management Plan	FY2018 Governor
5002 Fed Rcpts (1002 Fed Rcpts)			716,228.7	709,010.6	719,780.6
5019 Federal - Miscellaneous Grants		Title XIX - Medicaid Federal Collections - The bulk of the federal funding for Medicaid Benefits come from claims reimbursed at the federal medical assistance percentage of FMAP. Additional Medicaid fund sources are ISH (Indian Health Services) at 100% FMAP for specific programs; Enhanced FMAP for the State Children's Health Insurance Program (SCHIP); and, Breast and Cervical Cancer (BCC). Actual collections are based on the proportion of the expenditures eligible for each type of federal reimbursement.	716,228.7	706,415.0	717,185.0
5019 Federal - Miscellaneous Grants		Title XXI - Medicaid Federal Collections - Enhanced FMAP for the State Children's Health Insurance Program (SCHIP).	0.0	2,595.6	2,595.6
5005 GF/Prgm (1005 GF/Prgm)			103.1	200.0	200.0
5103 Program Receipts - Charges for Services		Program Receipts related to the Working Disabled Program and the Health Insurance Program.	103.1	200.0	200.0
5007 I/A Rcpts (1007 I/A Rcpts)			3,598.9	4,700.4	4,700.4
5301 Inter-Agency Receipts		Program Receipts related to the Working Disabled Program and the Health Insurance Program.	0.0	925.0	925.0
5301 Inter-Agency Receipts	H&SS - Adult Public Assistance (222)	Medicaid Services Reimbursement from Dept. of Health & Social Services, Division of Public Assistance, for non-Medicaid	8.4	20.0	20.0

Revenue Detail (1681)
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2016 Actuals	FY2017 Management Plan	FY2018 Governor
5301 Inter-Agency Receipts	H&SS - Behavioral Hlth Medicaid Svcs (2660)	eligible clients who receive disability exams (DE-25 Exams). I/A refinancing match from Dept. of Health & Social Services, Division of Behavioral Health, for DSH and ProShare. Exact amount will vary depending on the upper payment limits (UPL's) and date of payments.	0.0	1,265.6	1,265.6
5301 Inter-Agency Receipts	H&SS - BH Treatment and Recovery Grants (3099)		1,265.5	0.0	0.0
5301 Inter-Agency Receipts	H&SS - Designated Eval & Treatment (1014)	State Match from Dept. of Health & Social Services, Division of Behavioral Health, for Bartlett Regional Hospital Designated Evaluation and Treatment (DET) Disproportionate Share Hospital (DSH) Medicaid Payments.	2,325.0	1,300.0	0.0
5301 Inter-Agency Receipts	H&SS - Public Assistance Admin (233)	Medicaid Services Reimbursement from Dept. of Health & Social Services, Division of Public Assistance, for disabled children living at home (TEFRA).	0.0	400.0	400.0
5301 Inter-Agency Receipts		Future reimbursable service agreements.	0.0	789.8	2,089.8
5108 Stat Desig (1108 Stat Desig)			1,417.4	3,500.0	3,500.0
5203 Statutory Dsgntd Prgm Rcpts Hlth/Hmn Svcs - 3rd Prty Clctns		Tribal Medicaid Administrative Claiming (TMAC) receipts for outreach activities.	262.8	1,200.0	1,200.0
5204 Statutory Dsgntd Prgm Rcpts Hlth & Hmn Svcs - Chrgs for Svcs		Statutory Designated Program Receipts Collected from Myers and Stauffer.	99.0	99.0	99.0
5206 Statutory Designated Program Receipts - Contracts		Statutory Designated Program Receipts Collected from schools for Medicaid School Based Services.	1,055.6	2,201.0	2,201.0
5247 Med Recov (1247 Med Recov)			0.0	134.9	177.4

Revenue Detail (1681)
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)

Revenue Type (OMB Fund Code)	Component	Comment	FY2016 Actuals	FY2017 Management Plan	FY2018 Governor
Revenue Source					
5247 Medicaid Monitory Recovery		Medicaid Recovery for Health Care Medicaid Reform, SB74.	0.0	134.9	177.4
6092 MHTAAR (1092 MHTAAR)			0.0	7.5	2.5
6691 Mental Health Trust Auth Auth Rec - Miscellaneous		Mental Health Trust Authority Authorized Receipts	0.0	7.5	2.5

Inter-Agency Services (1682)
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)

				FY2016 Actuals	FY2017 Management Plan	FY2018 Governor
Component Totals				2,625.4	6,766.0	6,266.0
With Department of Administration				500.0	500.0	500.0
With Department of Law				1,588.0	2,100.0	2,100.0
With Department of Health and Social Services				537.4	575.0	75.0
With Unspecified				0.0	3,591.0	3,591.0
Object Class	Servicing Agency	Explanation	FY2016 Actuals	FY2017 Management Plan	FY2018 Governor	
3024	Inter-Agency Legal	Admin - Department-wide				
		RSA with Dept. of Administration, Recipient Support for Guardianship Clients.	500.0	500.0	500.0	
3024	Inter-Agency Legal	Law - Department-wide				
		RSA with Dept. of Law for Medicaid Collections (TPL/Subrogation).	1,588.0	500.0	500.0	
3024	Inter-Agency Legal	Law - Department-wide				
		RSA with Dept. of Law for Medicaid Program Legal Services.	0.0	1,600.0	1,600.0	
3032	Inter-Agency Health	H&SS - Early Childhood Services (298)				
			500.0	500.0	0.0	
3032	Inter-Agency Health					
		Disproportionate Share Hospital (DSH) RSA, Fairbanks Memorial Hospital.	0.0	1,400.0	1,400.0	
3032	Inter-Agency Health					
		Disproportionate Share Hospital (DSH) RSA, Single Point of Entry Psychiatric.	0.0	1,266.0	1,266.0	
3032	Inter-Agency Health					
		Disproportionate Share Hospital (DSH) RSA, Bartlett Regional Hospital.	0.0	925.0	925.0	
3036	Inter-Agency Safety	H&SS - Health Planning & Systems Develo (2765)				
			37.4	0.0	0.0	
3036	Inter-Agency Safety	H&SS - Women, Children and Family Healt (2788)				
		RSA with Dept. of Health & Social Services, Public Health, Specialty Clinics for Medicaid Eligible Clients.	0.0	75.0	75.0	