

# **State of Alaska FY2019 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 2017**

- With responsibilities that include effective management of the state's contract with the federal Center for Medicare and Medicaid Services, covering all aspects of the Medicaid program, the unit drafted and submitted 11 Medicaid state plan amendments in FY2017. As part of the submission process, the unit arranged and performed tribal consultation for each amendment, coordinating with multiple divisions to ensure timely and concurrent notice to the public of associated regulatory changes.
- During SFY2017 the Health Care Services systems unit completed activities related to the Medicaid Management Information System (MMIS) implementation of the federally-mandated Transformed Medicaid Statistical Information System (T-MSIS) reporting requirements. After many months of work, the state submitted the first set of T-MSIS files to The Centers for Medicare and Medicaid Services (CMS) on July 11, 2017. These files contain complete records of all claims processed by Alaska Medicaid, in addition to all provider, member, and Third Party Liability information. These expanded data reports allow for cross-state comparisons of Medicaid data and national analyses of Medicaid health outcomes.
- With responsibilities that include effective management of the state's contract with the federal Center for Medicare and Medicaid Services, covering all aspects of the Medicaid program, the unit drafted and submitted 11 Medicaid state plan amendments in FY2017. As part of the submission process, the unit arranged and performed tribal consultation for each amendment, coordinating with multiple divisions to ensure timely and concurrent notice to the public of associated regulatory changes.
- Health Care Services continues to leverage participation in the multi-state National Medicaid Pooling Initiative (NMPI) to secure supplemental drug rebates for covered outpatient drugs. Through the work of the Drug Utilization Review Committee, the Pharmacy and Therapeutics Committee, and the Division, while per claim pharmacy reimbursement rose by 5.8 percent between CY16Q1 and CY17Q1 – driven in large part due to specialty drug products – the final net spend per pharmacy claim dropped by 5.5 percent due to combined federal and supplemental rebate positioning. The joint work of the Committees and program ensured program resources were being spent in a manner that maximized the services received by the recipients.
- During FY2017, the Care Management Program saved the Medicaid program approximately \$2,957.0 in Medicaid costs attributed to overutilization of services. The program assigns recipients with a history of overutilization of services to a single primary care provider and pharmacy to improve continuity of care for the

individual and reduce unnecessary office visits and excessive medications.

## **Key Component Challenges**

- The cost of medically necessary travel, both intrastate and interstate, continues to be a challenge for the Medicaid program. As a result of Alaska's limited availability of basic medical services in remote villages, Alaska Medicaid members who live in remote areas must travel to receive a majority of their medical care. And as a result of the limited availability of specialized medical services in Alaska, those who require services not available in Alaska must travel outside to receive specialized care. The Division of Health Care Services continues to explore new ways to reduce transportation costs while meeting the needs of rural Alaskans and remaining in compliance with federal Medicaid transportation regulations.
- The Medicaid Operations Unit is also challenged by the lack of available hotel rooms for Medicaid recipients who must travel to receive medically necessary care. The lack of rooms is the result of the limited number of enrolled non-tribal hotels. Most hotels are unwilling to enroll and accept the current Alaska Medicaid \$89 per night non-tribal reimbursement rate when the same rooms can be rented for as much as \$350 per night for federal employees on official travel. Further, hotel rooms are often unavailable to Alaska Medicaid recipients during the summer when occupancy is higher and when tourists are willing to pay significantly increased rates, as much as two to three times higher than the Alaska Medicaid reimbursement rate.
- The Systems Unit is challenged to address multiple large implementation projects, concurrently, to comply with changing department policies and regulations, and state and federal legislation. Many Medicaid Reform initiatives are under policy development throughout the department, and nearly each of these initiatives has systems implications that must be evaluated and scheduled.
- Health Care Services Operations Unit are challenged to oversee Medicaid Management Information System (MMIS) claims processing for 7,477,457 claims annually, submitted by 30,077 enrolled providers; research and manually resolve 1,500 pended claims monthly; provide regulatory oversight and management of more than 30 provider types and services; adjudicate 2<sup>nd</sup> level appeals for more than 50 enrolled provider types; provide regulatory oversight and management of the operations, publications, and training components of the fiscal agent contract; provide regulatory oversight and management of the division's utilization management and case management contract; provide regulatory oversight and management of the division's vision services contract; promulgate regulations for more than 40 provider types; provide legislative session support and respond to all legislative inquiries and requests for information; and comply with state and federal annual, monthly, and ad hoc reporting requirements.
- The Office of Rate Review is completing development of new rate methodology for Community Behavioral Health Services. As a result of potential changes attributed to Senate Bill 74 activities, this project requires coordination with the Division of Behavioral Health to promote a smooth transition to the new rates. These rates will be revised as necessary in response to potential future changes in the behavioral health delivery system.
- The new Federal regulations to be implemented in three phases beginning in FY2016 continued into FY2017 and have required continuous training. A new federal survey process for skilled nursing facilities was introduced and training was initiated end of FY2017 and will continue for all surveyors into FY2018.

## **Significant Changes in Results to be Delivered in FY2019**

- The Division of Health Care Services will research and propose, as supported, regulations to limit services prone to overuse and misuse; implement rate parity for identical or similar services across provider types; enact license and liability insurance requirements for transportation providers not otherwise subject to municipal or local license and insurance requirements; and enact liability insurance requirements for accommodation providers not otherwise subject to municipal or local insurance requirements.
- 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 tribal entities, which results in 100 percent federal reimbursement for travel for Medicaid recipients who are Alaska Native..

- Significant changes to Medicaid Systems processing are scheduled to be completed within FY2019, including the implementation of the Health Insurance Portability and Accountability Act Operating Rules Federal mandate impacting electronic data submission. Additionally, federal requirements associated with the Social Security Removal Initiative will be implemented within the Medicaid claims processing system. This will provide the Medicaid/Medicare eligible with added measures of privacy and security in transmission of data. A Medicaid Information Technology Architecture (MITA) 3.0 assessment is being completed. MITA 3.0 is required by Centers for Medicare & Medicaid Services (CMS) for continued enhance funding for the MMIS system. MITA framework is required for all Medicaid Programs. From the information we will be able to tell prescriber habits as well as the number of Medicaid recipients that each provider is seeing. With more targeted data analytics we will be able to determine which Medicaid Reform activities are successful much quicker. It will also provide a basis for other Medicaid Reform initiatives.
- The division put forward regulations for the Durable Medical Equipment/Medical Supplies and Prosthetics & Orthotics (P&O) programs with a focus on increasing claims payment efficiency and alignment with Medicare program rules. The department took into account public comment and released supplemental public notice in November 2017 following substantive changes. The regulation updates are expected to go into effect in early 2018 with the most significant impact anticipated in FY2019. The updated payment regulations cap Medicaid reimbursement at no more than Medicare rates as per federal regulation effective January 1, 2018. The net impact to this program area is approximately a \$400,000 increase as it brings P&O payment rates up to Medicare rates.

### **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

<b>Contact Information</b>
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**Component Detail All Funds**  
**Department of Health and Social Services**

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

Formula Component

	FY2017 Actuals	FY2018 Conference Committee	FY2018 Authorized	FY2018 Management Plan	FY2019 Governor	FY2018 Management Plan vs FY2019 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	33,852.7	36,624.8	36,624.8	36,624.8	36,524.8	-100.0	-0.3%
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	1,295,626.5	934,721.2	934,721.2	934,721.2	1,393,251.2	458,530.0	49.1%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
<b>Totals</b>	<b>1,329,479.2</b>	<b>971,346.0</b>	<b>971,346.0</b>	<b>971,346.0</b>	<b>1,429,776.0</b>	<b>458,430.0</b>	<b>47.2%</b>
<b>Fund Sources:</b>							
1002Fed Rcpts (Fed)	988,610.3	719,780.6	719,780.6	719,780.6	1,076,724.7	356,944.1	49.6%
1003G/F Match (UGF)	305,502.7	233,073.6	233,073.6	233,073.6	319,356.1	86,282.5	37.0%
1004Gen Fund (UGF)	28,732.2	9,814.0	9,814.0	9,814.0	24,965.0	15,151.0	154.4%
1005GF/Prgm (DGF)	1.3	200.0	200.0	200.0	210.0	10.0	5.0%
1007I/A Rcpts (Other)	2,955.1	4,700.4	4,700.4	4,700.4	4,700.4	0.0	0.0%
1092MHTAAR (Other)	0.0	2.5	2.5	2.5	2.5	0.0	0.0%
1108Stat Desig (Other)	3,580.1	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	177.4	177.4	177.4	219.8	42.4	23.9%
<b>Unrestricted General (UGF)</b>	<b>334,234.9</b>	<b>242,887.6</b>	<b>242,887.6</b>	<b>242,887.6</b>	<b>344,321.1</b>	<b>101,433.5</b>	<b>41.8%</b>
<b>Designated General (DGF)</b>	<b>98.8</b>	<b>474.9</b>	<b>474.9</b>	<b>474.9</b>	<b>527.3</b>	<b>52.4</b>	<b>11.0%</b>
<b>Other Funds</b>	<b>6,535.2</b>	<b>8,202.9</b>	<b>8,202.9</b>	<b>8,202.9</b>	<b>8,202.9</b>	<b>0.0</b>	<b>0.0%</b>
<b>Federal Funds</b>	<b>988,610.3</b>	<b>719,780.6</b>	<b>719,780.6</b>	<b>719,780.6</b>	<b>1,076,724.7</b>	<b>356,944.1</b>	<b>49.6%</b>
<b>Positions:</b>							
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 FY2018 Conference Committee To FY2018 Authorized *****												
<b>FY2018 Conference Committee</b>												
	ConfCom	971,346.0	0.0	0.0	36,624.8	0.0	0.0	934,721.2	0.0	0	0	0
1002 Fed Rcpts		719,780.6										
1003 G/F Match		233,073.6										
1004 Gen Fund		9,814.0										
1005 GF/Prgm		200.0										
1007 I/A Rcpts		4,700.4										
1092 MHTAAR		2.5										
1108 Stat Desig		3,500.0										
1168 Tob Ed/Ces		97.5										
1247 Med Recov		177.4										
	<b>Subtotal</b>	<b>971,346.0</b>	<b>0.0</b>	<b>0.0</b>	<b>36,624.8</b>	<b>0.0</b>	<b>0.0</b>	<b>934,721.2</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** Changes From FY2018 Management Plan To FY2019 Governor *****												
<b>Reverse Mental Health Trust Recommendation</b>												
	OTI	-2.5	0.0	0.0	-2.5	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		-2.5										
Reverse Mental Health Trust recommendation.												
<b>MH Trust:Quality &amp; Cost Effectiveness Workgroup Fiscal Note SB74</b>												
	IncOTI	2.5	0.0	0.0	2.5	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		2.5										
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.												
<b>Third Year Medicaid Reform; Telemedicine; Drug Database Ch25 SLA2016 (SB74)</b>												
	OTI	-12,633.4	0.0	0.0	-100.0	0.0	0.0	-12,533.4	0.0	0	0	0
1002 Fed Rcpts		-2,716.7										
1003 G/F Match		-9,916.7										

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.

**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

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.

**Third Year Medicaid Reform; Telemedicine; Drug Database Ch25 SLA2016 (SB74)**

	Inc	42.4	0.0	0.0	0.0	0.0	0.0	42.4	0.0	0	0	0
1247 Med Recov		42.4										

Fiscal Note 63 - SB 74

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**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>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.</p>												
<p>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.</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>												
<b>FY2019 Medicaid Projections</b>												
	Inc	471,021.0	0.0	0.0	0.0	0.0	0.0	471,021.0	0.0	0	0	0
1002 Fed Rcpts		359,660.8										
1003 G/F Match		96,199.2										
1004 Gen Fund		15,151.0										
1005 GF/Prgm		10.0										

During production of the FY2018 budget the department did not anticipate the success of the federal claiming initiatives, such as the Tribal Health program and other reform efforts, as a result existing federal appropriations do not reflect the amount of revenue anticipated by the department. Additional federal authority is needed across the Medicaid RDU to enable uninterrupted payment of provider billings. In FY 2019 the savings created by the Tribal Health program associated with increased enrollment and service delivery is projected to level out and increases in enrollment for non-Medicaid expansion are expected to slow down.

The program-wide projected general fund expenditures for FY2019 is \$691,411.5. The FY2019 state general fund projection represents the difference between FY2018 GF projected expenditures plus an additional 4.36% increase to account for population and enrollment changes.

**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>At this time uncertainty exists as to whether the Children's Health Insurance Program (CHIP) will be reauthorized by the Federal government. If CHIP is not reauthorized the federal reimbursement rate for eligible children will decline from 88% to 50%. If reauthorization does not occur an additional \$14,028.0 in additional state general fund authority would be required in order to continue providing Medicaid services to eligible children.</p> <p>As in previous fiscal years, the department continues to implement multiple strategies to help address budget challenges, such as withholding schedule inflationary increases in certain payment rates; rate reductions for professional services; and some service reductions have succeeded in offsetting the anticipated shortfall and the projected state general fund expenditures for the state fiscal year are still less than those authorized for in earlier years.</p> <p>In FY2015 the Medicaid program covered 163,505 unique individuals in the state of Alaska. In FY2017 218,385 individuals were enrolled in the program, about 40,000 through Medicaid expansion. In FY2019 it is projected that greater than 225,000 Alaskans will be covered by Medicaid, however, through significant coordination between the legislature and department to reform and find federal funding sources for the program, the projected general fund need in FY2019 is lower than the FY2015 budget.</p>												
<b>Federal Receipt Collection</b>												
Language		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p>The department is continually making efforts to seek options to leverage federal funds to provide Medicaid services within the state and mitigate the effect of demographic changes on general fund expenditures. Though the department is confident that projections accurately reflect federal revenues, unanticipated changes may provide for opportunities to leverage additional federal receipt authority.</p>												
<b>Flexibility Required to Respond to Program and Demographic Changes</b>												
Language		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<p>Over the past year the department has made considerable effort to refine and strengthen the process and methods used to project future costs in the Medicaid program. These efforts have resulted in a budget submission that the department believes accurately represents FY2019 spending. However, there is significant uncertainty regarding policy and demographic changes which may occur both at the federal level and within the state. In order to ensure the program is able to make payments to providers who provide services to eligible Medicaid beneficiaries the department requires flexibility in the appropriation.</p>												
<b>Totals</b>		<b>1,429,776.0</b>	<b>0.0</b>	<b>0.0</b>	<b>36,524.8</b>	<b>0.0</b>	<b>0.0</b>	<b>1,393,251.2</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

**Component:** Health Care Medicaid Services (2077)

Line Number	Line Name		FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
3000	Services		33,852.7	36,624.8	36,524.8
Object Class	Servicing Agency	Explanation	FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
<b>3000 Services Detail Totals</b>			<b>33,852.7</b>	<b>36,624.8</b>	<b>36,524.8</b>
3001	Financial Services		25,932.6	0.0	0.0
3003	Information Technology	Operations and Maintenance, Xerox Corporation.	75.5	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	FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
<b>3000 Services Detail Totals</b>			<b>33,852.7</b>	<b>36,624.8</b>	<b>36,524.8</b>
		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	488.8	488.8
3006	Delivery Services	Postage, 50% FFP, Xerox Corporation.	0.0	210.0	210.0
3011	Other Services	Medicaid Expansion Impact Analysis, Implementation Plan, Qualis Health.	5,445.5	1,100.0	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
3017	Inter-Agency Information Technology Non-Telecommunications	H&SS - Health Care Medicaid Services (2077)	55.5	0.0	0.0
3017	Inter-Agency Information Technology Non-Telecommunications	H&SS - Information Technology Services (2754)	4.6	0.0	0.0
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).	425.0	500.0	500.0
3024	Inter-Agency Legal	Law - Department-wide RSA with Dept. of Law for Medicaid Program Legal Services.	1,414.0	1,600.0	1,500.0

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

**Component:** Health Care Medicaid Services (2077)

Object Class	Servicing Agency	Explanation	FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
<b>3000 Services Detail Totals</b>			<b>33,852.7</b>	<b>36,624.8</b>	<b>36,524.8</b>
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 - Women, Children and Family Healt (2788)	0.0	75.0	75.0
		RSA with Dept. of Health & Social Services, Public Health, Specialty Clinics for Medicaid Eligible Clients.			

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

**Component:** Health Care Medicaid Services (2077)

Line Number	Line Name		FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
7000	Grants, Benefits		1,295,626.5	934,721.2	1,393,251.2
Object Class	Servicing Agency	Explanation	FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
<b>7000 Grants, Benefits Detail Totals</b>			<b>1,295,626.5</b>	<b>934,721.2</b>	<b>1,393,251.2</b>
7001	Grants		65,092.0	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.	1,230,534.5	934,721.2	1,393,251.2

**Revenue Detail (1681)**  
**Department of Health and Social Services**

**Component:** Health Care Medicaid Services (2077)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
<b>5002 Fed Rcpts (1002 Fed Rcpts)</b>			<b>988,610.3</b>	<b>719,780.6</b>	<b>1,076,724.7</b>
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.	988,610.3	717,185.0	1,074,129.1
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
<b>5005 GF/Prgm (1005 GF/Prgm)</b>			<b>96.3</b>	<b>200.0</b>	<b>210.0</b>
5103 Program Receipts - Charges for Services		Program Receipts related to the Working Disabled Program and the Health Insurance Program.	96.3	200.0	210.0
<b>5007 I/A Rcpts (1007 I/A Rcpts)</b>			<b>4,220.6</b>	<b>4,700.4</b>	<b>4,700.4</b>
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	0.7	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	FY2017 Actuals	FY2018 Management Plan	FY2019 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.	0.0	0.0	0.0
5301 Inter-Agency Receipts	H&SS - Foster Care Special Need (2238)		2,954.4	0.0	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	2,089.8	2,089.8
<b>5108 Stat Desig (1108 Stat Desig)</b>			<b>3,580.1</b>	<b>3,500.0</b>	<b>3,500.0</b>
5203 Statutory Dsgntd Prgm Rcpts Hlth/Hmn Svcs - 3rd Prty Clctns		Tribal Medicaid Administrative Claiming (TMAC) receipts for outreach activities.	695.4	1,200.0	1,200.0
5204 Statutory Dsgntd Prgm Rcpts Hlth & Hmn Svcs - Chrsgs for Svcs		Statutory Designated Program Receipts Collected from Myers and Stauffer.	143.8	99.0	99.0
5206 Statutory Designated Program Receipts - Contracts		Statutory Designated Program Receipts Collected from schools for Medicaid School Based Services.	2,740.9	2,201.0	2,201.0

**Revenue Detail (1681)**  
**Department of Health and Social Services**

**Component:** Health Care Medicaid Services (2077)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
<b>5247 Med Recov (1247 Med Recov)</b>			<b>0.0</b>	<b>177.4</b>	<b>219.8</b>
5247 Medicaid Monitory Recovery		Medicaid Recovery for Health Care Medicaid Reform, SB74.	0.0	177.4	219.8
<b>6092 MHTAAR (1092 MHTAAR)</b>			<b>0.0</b>	<b>2.5</b>	<b>2.5</b>
6691 Mental Health Trust Auth Auth Rec - Miscellaneous		Mental Health Trust Authority Authorized Receipts	0.0	2.5	2.5

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

**Component:** Health Care Medicaid Services (2077)

			FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
<b>Component Totals</b>			<b>2,399.1</b>	<b>2,675.0</b>	<b>2,575.0</b>
		With Department of Health and Social Services	60.1	75.0	75.0
		With Department of Administration	500.0	500.0	500.0
		With Department of Law	1,839.0	2,100.0	2,000.0
<b>Object Class</b>	<b>Servicing Agency</b>	<b>Explanation</b>	<b>FY2017 Actuals</b>	<b>FY2018 Management Plan</b>	<b>FY2019 Governor</b>
3017	Inter-Agency Information Technology Non-Telecommunications	H&SS - Health Care Medicaid Services (2077)	55.5	0.0	0.0
3017	Inter-Agency Information Technology Non-Telecommunications	H&SS - Information Technology Services (2754)	4.6	0.0	0.0
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).	425.0	500.0	500.0
3024	Inter-Agency Legal	Law - Department-wide RSA with Dept. of Law for Medicaid Program Legal Services.	1,414.0	1,600.0	1,500.0
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