

State of Alaska FY2020 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 2018

Implemented several Medicaid reform initiatives including the enrollment of Behavioral Health Aides and Community Health Aides and revisions to their associated covered services. The unit also completed major system design work associated with the 1915k Community First Choice state plan option and the 1915c Individualized Supports Waiver allowing for an October 1, 2018, effective date. In alignment with federal requirements, the unit implemented system changes to support delivery of applied behavioral analysis services for children under age 21 with an autism diagnosis, changes to the transmission of electronic transactions in support of HIPAA Operating Rules requirements, and changes to member records to support the usage of the new Medicare Beneficiary Identifier.

With responsibilities that include the effective management of the state's contract with the federal Center for Medicare and Medicaid Services covering all aspects of the Medicaid program, the program review unit drafted and submitted eight Medicaid state plan amendments in FY 2018. As part of the submission process, the unit arranged and performed tribal consultation for each amendment, coordinating with multiple divisions and tribal health entities to ensure timely and concurrent notice to the public of associated regulatory changes.

Health Care Services Pharmacy 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 1.7 percent between CY17Q1 and CY18Q1 – driven in large part due to specialty drug products – the final net spend per pharmacy claim dropped by 0.6 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.

The Alaska Medicaid Coordinated Care Initiative saved the Medicaid program approximately \$9,500.0 in Medicaid costs attributed to overutilization of services. The program provides case management and healthcare navigation services to recipients that are high-utilizers of Medicaid benefits. The savings from this program are primarily attributed to reductions in emergency room use, and inpatient hospitalizations.

The Care Management Program saved the Medicaid program approximately \$2,770.0 in Medicaid costs attributed to overutilization of services. The program assigns recipients with a history of over-utilizing 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.

The Office of Rate Review rebased rates for Tribal Medicaid Administrative Claiming. This is a new process and requires coordination between the Tribal Health Organizations and various divisions within the Department of Health and Social Services. In addition to Tribal Medicaid Administrative Claiming rebasing efforts, a quarterly quality assurance review is performed to validate Tribal Medicaid Administrative Claiming submissions.

Key Component Challenges

The new federal regulations require long-term care (nursing homes) reviews be completed using Centers for Medicare and Medicaid Services designed software products. The survey team faced multiple challenges complying with this mandate including hardware issues with tablet functionality and software problems with frequently required updates. The unit experienced an increased need for Information Technology (IT) resources and training from Centers for Medicare and Medicaid Services surveyors in FY2018.

The Quality Assurance unit anticipates challenges with the Alaska Medicaid Coordinated Care Initiative (AMCCI) as other Medicaid reform projects come online to serve the same/similar population as AMCCI. Quality Assurance also expects an increased level of effort to support provider enrollment may be necessary as new provider types are being enrolled, and additional provider types come due for federally mandated revalidation.

Specialty pharmaceuticals with little to no competition have significantly influenced pharmacy reimbursement spend (\$56.3M for 11,486 combined utilizers in SFY2017; \$61.6M for 14,279 combined utilizers in SFY2018; 9.4 percent pharmacy reimbursement and 24 percent combined utilizer increase) and have outpaced traditional pharmaceutical spend within the same time period (\$75.9M for 395,449 combined utilizers in SFY2017; \$83.3M for 433,665 combined utilizers in SFY2018; 9.7 percent pharmacy reimbursement and utilizer increase).

The Quality Assurance unit expects the implementation of a new provider enrollment module, as well as finalizing the design and structure of a new decision support system in FY2019. Both of these system upgrades will enhance the ability to stay compliant with state and federal law and will allow for increased reporting accuracy.

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.

Significant Changes in Results to be Delivered in FY2020

The Operations Unit is streamlining service authorizations for physician services by developing and implementing a “Golden Ticket.” This process will allow providers, who meet defined criteria, to bypass requesting a service authorization for procedures. This program will lead to Medicaid recipients receiving services in a timelier manner. Internal review and audit processes are being developed to ensure appropriate monitoring. The “Golden Ticket” implementation will start on January 1, 2019.

The current reimbursement model only reimburses pharmacists for their professional services if a medication is dispensed. Pharmacist cognitive services supports transition of care and chronic care management and wellness programs, a focus of several CDC Initiatives. In FY2018, regulations were proposed to provide a mechanism to add pharmacists as an independent provider type separate from pharmacies to recognize the state-authorized scope of practice, to include independent prescribing of opioid reversal agents and vaccines. Adoption of these regulations will pave the way to provide a mechanism to reimburse pharmacists for cognitive services, such as drug regimen reviews. Such mechanisms would allow for reimbursement of situations where prescription medication was not dispensed due to intervention by the pharmacist. Expanding the number of available professionals with medication expertise to provide clinical services assists with access to care issues in Alaska, which frequently has difficulty recruiting and retaining health care professionals.

Provider Surveillance Utilization Review (SUR) expects an increased caseload and capacity for analysis based on the new data profiling tool going live in FY2019. Additionally, leads from the newly generated EOMB's are expected to have a positive impact on recoveries and provider overpayments.

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.

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
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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

	FY2018 Actuals	FY2019 Conference Committee	FY2019 Authorized	FY2019 Management Plan	FY2020 Governor	FY2019 Management Plan vs FY2020 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	61,244.5	36,524.8	36,524.8	36,524.8	36,997.4	472.6	1.3%
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	1,289,512.1	1,370,030.5	1,370,030.5	1,370,030.5	1,408,817.8	38,787.3	2.8%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Totals	1,350,756.6	1,406,555.3	1,406,555.3	1,406,555.3	1,445,815.2	39,259.9	2.8%
Fund Sources:							
1002 Fed Rcpts (Fed)	998,332.4	1,083,724.7	1,083,724.7	1,083,724.7	1,082,291.1	-1,433.6	-0.1%
1003 G/F Match (UGF)	303,370.9	289,356.1	289,356.1	289,356.1	311,967.1	22,611.0	7.8%
1004 Gen Fund (UGF)	45,833.6	24,744.3	24,744.3	24,744.3	29,862.7	5,118.4	20.7%
1005 GF/Prgm (DGF)	1.2	210.0	210.0	210.0	210.0	0.0	0.0%
1007 I/A Rcpts (Other)	0.0	4,700.4	4,700.4	4,700.4	17,190.4	12,490.0	265.7%
1092 MHTAAR (Other)	0.0	2.5	2.5	2.5	475.1	472.6	18904.0%
1108 Stat Desig (Other)	3,121.0	3,500.0	3,500.0	3,500.0	3,501.5	1.5	0.0%
1168 Tob Ed/Ces (DGF)	97.5	97.5	97.5	97.5	97.5	0.0	0.0%
1247 Med Recov (DGF)	0.0	219.8	219.8	219.8	219.8	0.0	0.0%
Unrestricted General (UGF)	349,204.5	314,100.4	314,100.4	314,100.4	341,829.8	27,729.4	8.8%
Designated General (DGF)	98.7	527.3	527.3	527.3	527.3	0.0	0.0%
Other Funds	3,121.0	8,202.9	8,202.9	8,202.9	21,167.0	12,964.1	158.0%
Federal Funds	998,332.4	1,083,724.7	1,083,724.7	1,083,724.7	1,082,291.1	-1,433.6	-0.1%
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 FY2019 Conference Committee To FY2019 Authorized *****												
FY2019 Medicaid Funding Sec13b Ch17 SLA2018 P74 L10 (HB286) (FY19-FY20)												
1002 Fed Rcpts	ConfC(L)	7,000.0	0.0	0.0	0.0	0.0	0.0	7,000.0	0.0	0	0	0
The sum of \$7,000,000 is appropriated from federal receipts to the Department of Health and Social Services, Medicaid services, health care Medicaid services, for hospital-based mental health care, for the fiscal years ending June 30, 2019, and June 30, 2020.												
FY2019 Conference Committee												
1002 Fed Rcpts	ConfCom	1,399,555.3	0.0	0.0	36,524.8	0.0	0.0	1,363,030.5	0.0	0	0	0
1003 G/F Match		289,356.1										
1004 Gen Fund		24,744.3										
1005 GF/Prgm		210.0										
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		219.8										
Subtotal		1,406,555.3	0.0	0.0	36,524.8	0.0	0.0	1,370,030.5	0.0	0	0	0
***** Changes From FY2019 Management Plan To FY2020 Governor *****												
Reverse Mental Health Trust Recommendation												
1092 MHTAAR	OTI	-2.5	0.0	0.0	-2.5	0.0	0.0	0.0	0.0	0	0	0
Reverse Mental Health Trust recommendation to reflect zero-based mental health budget.												
Reverse FY2019 Medicaid Funding Sec13b Ch17 SLA2018 P74 L10 (HB286) (FY19-FY20)												
1002 Fed Rcpts	OTI	-7,000.0	0.0	0.0	0.0	0.0	0.0	-7,000.0	0.0	0	0	0
Reverse language section transaction from the base budget.												
Fourth Year Medicaid Reform; Telemedicine; Drug Database Ch25 SLA2016 (SB74)												
1003 G/F Match	FNOTI	-6,443.2	0.0	0.0	0.0	0.0	0.0	-6,443.2	0.0	0	0	0
Fiscal Note 63 - SB 74												

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

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) 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 statute 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.

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

1002 Fed Rcpts	IncM	754.3	754.3	0.0	0.0	0.0	0.0	0.0	754.3	0.0	0	0	0
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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

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

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FY20 Medicaid Projection True-up

	Inc	51,476.3	0.0	0.0	0.1	0.0	0.0	51,476.2	0.0	0	0	0
1002 Fed Rcpts	4,812.1											
1003 G/F Match	29,054.2											
1004 Gen Fund	5,118.4											
1007 I/A Rcpts	12,490.0											
1092 MHTAAR	0.1											
1108 Stat Desig	1.5											

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
Federal Receipt Collection												
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>												
MH Trust: Actuarial Analysis												
1092 MHTAAR	IncOTI	475.0	0.0	0.0	475.0	0.0	0.0	0.0	0.0	0	0	0
<p>Contractual funding for a consulting firm to assist State personnel with the initial cost neutrality projections contained within the 1115 Behavioral Health waiver application and to assist the State in responding to questions about such projections. Additionally, this contractual support will assist the state through the negotiation process, with necessary changes or refinements to the waiver's target populations, service descriptions, service rates, or the phasing of the implementation plan as proposed. The actuarial firm will run additional projections to determine if any of the changes impact the waiver's original budget neutrality calculations, which is a requirement of 1115 waivers.</p>												
Totals		1,445,815.2	0.0	0.0	36,997.4	0.0	0.0	1,408,817.8	0.0	0	0	0

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

Component: Health Care Medicaid Services (2077)

Line Number	Line Name		FY2018 Actuals	FY2019 Management Plan
3000	Services		61,244.5	36,524.8
Object Class	Servicing Agency	Explanation	FY2018 Actuals	FY2019 Management Plan
3000 Services Detail Totals			61,244.5	36,524.8
3001	Financial Services		50,570.0	0.0
3003	Information Technology	Operations and Maintenance, Xerox Corporation.	56.7	115.0
3003	Information Technology	Information Technology Consulting, Oregon Health and Sciences University.	0.0	180.0
3003	Information Technology	InterQual License and Software, McKesson Technologies.	0.0	50.0
3005	Health Services	Utilization and Case Management Services, Qualis Health	0.0	3,300.0
3005	Health Services	Medical Assistance Provider Audits, Myers and Stauffer.	0.0	900.0
3005	Health Services	Cost Avoidance and Post Payment Recovery, Health Management Systems, Inc.	0.0	1,280.0
3005	Health Services	Claims Processing Operating Contract, 50% FFP, Xerox Corporation.	0.0	2,600.0
3005	Health Services	Claims Processing Operating Contract, 90% FFP, Xerox Corporation.	0.0	1,585.0
3005	Health Services	Claims Processing Operating Contract, 75% FFP, Xerox Corporation.	0.0	15,675.0
3005	Health Services	Transformed - Medicaid Statistical Information Systems (T-MSIS) and Operating Rules to the Medicaid	0.0	305.0

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

Component: Health Care Medicaid Services (2077)

Object Class	Servicing Agency	Explanation	FY2018 Actuals	FY2019 Management Plan
3000 Services Detail Totals			61,244.5	36,524.8
		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
3005	Health Services	Pharmacy Benefit Management System, Xerox Corporation.	0.0	120.0
3005	Health Services	CAHPS Contract, Datastat Inc.	0.0	50.0
3005	Health Services	Future contracts.	0.0	488.8
3006	Delivery Services	Postage, 50% FFP, Xerox Corporation.	51.7	210.0
3011	Other Services	Medicaid Expansion Impact Analysis, Implementation Plan, Qualis Health.	9,248.6	1,100.0
3011	Other Services	MedExpert International, \$3.85 per member per month.	0.0	700.0
3011	Other Services	Health Care Provider Tax Feasibility Study and Recommendation, Myers and Stauffer, 50% FFP	0.0	200.0
3017	Inter-Agency Information Technology Non-Telecommunications	H&SS - Health Care Medicaid Services (2077)	14.2	0.0
3024	Inter-Agency Legal	Admin - Department-wide	423.0	500.0
3024	Inter-Agency Legal	Law - Department-wide	880.3	500.0
3024	Inter-Agency Legal	Law - Department-wide	0.0	1,500.0
3032	Inter-Agency Health	Disproportionate Share Hospital (DSH) RSA, Fairbanks Memorial	0.0	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	FY2018 Actuals	FY2019 Management Plan
3000 Services Detail Totals			61,244.5	36,524.8
3032	Inter-Agency Health	Hospital. Disproportionate Share Hospital (DSH) RSA, Single Point of Entry Psychiatric.	0.0	1,266.0
3032	Inter-Agency Health	Disproportionate Share Hospital (DSH) RSA, Bartlett Regional Hospital.	0.0	925.0
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

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

Component: Health Care Medicaid Services (2077)

Line Number	Line Name		FY2018 Actuals	FY2019 Management Plan
7000	Grants, Benefits		1,289,512.1	1,370,030.5
Object Class	Servicing Agency	Explanation	FY2018 Actuals	FY2019 Management Plan
7000 Grants, Benefits Detail Totals			1,289,512.1	1,370,030.5
7001	Grants		65,845.0	0.0
7002	Benefits	<p>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.</p> <p>This also includes payments for services for Medicaid clients newly eligible through Medicaid expansion.</p>	1,223,667.1	1,370,030.5

Revenue Detail (1681)
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2018 Actuals	FY2019 Management Plan
5002 Fed Rcpts (1002 Fed Rcpts)			998,332.4	1,083,724.7
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.	998,332.4	1,081,129.1
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
5005 GF/Prgm (1005 GF/Prgm)			115.8	210.0
5103 Program Receipts - Charges for Services		Program Receipts related to the Working Disabled Program and the Health Insurance Program.	115.8	210.0
5007 I/A Rcpts (1007 I/A Rcpts)			1,269.2	4,700.4
5301 Inter-Agency Receipts		Program Receipts related to the Working Disabled Program and the Health Insurance Program.	0.0	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	0.0	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	FY2018 Actuals	FY2019 Management Plan
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
5301 Inter-Agency Receipts	H&SS - BH Treatment and Recovery Grants (3099)		1,269.2	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
5301 Inter-Agency Receipts		Future reimbursable service agreements.	0.0	2,089.8
5108 Stat Desig (1108 Stat Desig)			3,842.9	3,500.0
5203 Statutory Dsgntd Pgrm Rcpts Hlth/Hmn Svcs - 3rd Prty Clctns		Tribal Medicaid Administrative Claiming (TMAC) receipts for outreach activities.	804.3	1,200.0
5204 Statutory Dsgntd Prgm Rcpts Hlth & Hmn Svcs - Chrgs for Svcs		Statutory Designated Program Receipts Collected from Myers and Stauffer.	454.1	99.0
5206 Statutory Designated Program Receipts - Contracts		Statutory Designated Program Receipts Collected from schools for Medicaid School Based Services.	2,584.5	2,201.0
5247 Med Recov (1247 Med Recov)			0.0	219.8
5247 Medicaid Monitory Recovery		Medicaid Recovery for Health Care Medicaid Reform, SB74.	0.0	219.8
6092 MHTAAR (1092 MHTAAR)			0.0	2.5
6691 Mental Health Trust Auth Auth Rec - Miscellaneous		Mental Health Trust Authority Authorized Receipts	0.0	2.5

Revenue Detail (1681)
Department of Health and Social Services

Component: Health Care Medicaid Services (2077)

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

Component: Health Care Medicaid Services (2077)

				FY2018 Actuals	FY2019 Management Plan
Component Totals				1,317.5	2,575.0
With Department of Health and Social Services				14.2	75.0
With Department of Administration				423.0	500.0
With Department of Law				880.3	2,000.0
Object Class	Servicing Agency	Explanation	FY2018 Actuals	FY2019 Management Plan	
3017	Inter-Agency Information Technology Non-Telecommunications	H&SS - Health Care Medicaid Services (2077)	14.2	0.0	
3024	Inter-Agency Legal	Admin - Department-wide	423.0	500.0	
		RSA with Dept. of Administration, Recipient Support for Guardianship Clients.			
3024	Inter-Agency Legal	Law - Department-wide	880.3	500.0	
		RSA with Dept. of Law for Medicaid Collections (TPL/Subrogation).			
3024	Inter-Agency Legal	Law - Department-wide	0.0	1,500.0	
		RSA with Dept. of Law for Medicaid Program Legal Services.			
3036	Inter-Agency Safety	H&SS - Women, Children and Family Healt (2788)	0.0	75.0	
		RSA with Dept. of Health & Social Services, Public Health, Specialty Clinics for Medicaid Eligible Clients.			