

# **State of Alaska FY2022 Governor's Operating Budget**

## **Department of Health and Social Services Medicaid Services Component Budget Summary**

## Component: Medicaid Services

### Contribution to Department's Mission

Medicaid is a jointly funded (federal and state) program that provides coverage for the cost of medically necessary health care services for Alaska's low-income children, pregnant women, families, disabled individuals, adults without dependents, and elderly. The program is managed through a contractual relationship with the U.S. Centers for Medicare and Medicaid Services (CMS), articulated in a series of documents, which comprise the State Plan.

The Medicaid program contributes to the department's mission through three distinct service venues:

- Provision of adequate and basic health care services to eligible persons.
- Access to integrated behavioral health services for individuals experiencing a behavioral health disorder; a serious mental illness and/or a substance use disorder; or at risk of a diagnosis for any of the three.
- Facilitate access for individuals with disabilities; seniors; and vulnerable adults ensuring their safety while promoting independence, personal choice, and dignity.

Medicaid services are under the programmatic oversight of three operating divisions within the Department of Health and Social Services - the Divisions of Health Care Services; Behavioral Health Services; and Senior and Disabilities Services.

### Core Services

- Direct Services provided to the client and processed through the Medicaid Management Information System and Administrative Service Organization.
- Direct Health Care 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).
- Behavioral Health Clinic Services are provided to children and adults who have been identified through an assessment as experiencing an emotional disturbance. Services include the following: crisis intervention; family, individual, or group psychotherapy; intake and psychiatric assessment; psychological testing; and medication management. Clinic services are provided by state-approved outpatient community mental health clinics and mental health physician clinics.
- Rehabilitation Services are provided to children and adults identified through an assessment as experiencing a severe emotional disturbance, a serious mental illness, or a substance use disorder. Services include assessments, therapeutic behavioral services, comprehensive community support, peer support, recipient support services, medication management, day treatment, case management, structured residential programs, and medical services directly related to substance use and detoxification.
- Psychological services are limited to medically necessary psychological testing to determine the status of a recipient's mental, intellectual, and emotional functioning. Services require a referral and must include administration of psycho-diagnostic tests, the interpretation of results, and a written report.
- Inpatient Psychiatric Facility Services are provided to children under 21 years of age who are experiencing a severe emotional disturbance with a documented need for inpatient psychiatric hospital or residential psychiatric treatment center services. Services must be based on certification of an interdisciplinary team that the treatment needs of the patient cannot be met in a community setting; clinical information that includes diagnostic evaluation and a psychiatric evaluation; and approval.
- Direct client services associated with five 1915 (c) Medicaid Home and Community Based Waivers: Intellectual & Developmental Disabilities (IDD); Alaskans Living Independently (ALI); Adults with Physical and Developmental Disability (APDD); Children with Complex Medical Conditions (CCMC); Individualized Supports Waiver (ISW)

- Direct client services associated with the 1915 (k) Home & Community Based Services State Plan: Community First Choice
- Other direct client senior and disabilities services include Personal Care Services, Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities and Nursing Homes.
- Additional services to supplement the state plan services have been approved in the Section 1115 Waiver Demonstration Project.

## **Major Component Accomplishments in 2020**

- The Medicaid program divisions and/or units have successfully requested and received multiple 1135 Waiver flexibilities from the Centers for Medicare and Medicaid Services to address the public health emergency and ease provider burden.
- The Centers for Medicare and Medicaid Services approved Alaska's section 1115 demonstration project and the state is in the process of implementing the new services. Regulations have been adopted and the Division of Behavioral Health is in process of supporting agencies to onboard the new services.
- The Administrative Services Organization for Behavioral Health reform has been implemented using a phased-in approach. Claims payment has been initiated and utilization management is being introduced.
- The Health Care Services Systems unit completed a major system enhancement in editing of physician administered drugs to ensure accurate and appropriate billing. Other initiatives completed in the past year including transitioning payment of services for the 1115a Waiver to the Administrative Services Organization.
- The Health Care Services Medicaid Operations unit have identified more than 25 cost-saving and streamlining regulatory projects, 12 of which have been or are in process of being public noticed in FY2021.
- The Community First Choice (CFC) state plan options, allowed by the Social Security Act Section 1915(k) to provide enhanced personal care services for individuals who meet nursing facility-level of care criteria, continued to be developed in FY2020. DHSS is currently developing amendments to regulations, the 1915(c) Waivers, and the Medicaid State Plan that transitions the waiver service of Chore into the Community First Choice program, which will bring in an additional six percent in federal match for that service under CFC. The planned effective date for this transition is January 1, 2020.
- The new 1915(c) Individualized Supports Waiver that was approved by the Centers for Medicare and Medicaid Services at the end of FY2018 (June 2018) continued to grow in FY2020. As of June 30, 2020, 387 people have been enrolled on the Individualized Supports Waiver, to receive services through that waiver since the state-funded grant for developmental disabilities was phased out in FY2018.
- The Office of Rate Review was instrumental in FY2020 in accomplishing a significant milestone for the finalization of the Behavioral Health and Dental Services Tribal Encounter Settlements, initiated in 2007 and spanning over the past 13 years.

## **Key Component Challenges**

- Addressing residential issues associated with the COVID-19 public health emergency including reversing action on multiple federal regulations and waivers associated with federal management of the pandemic.
- Essential adult benefits may not be optional but mandatory due to the choice made by the state regarding using the Medicaid state plan benefits as the alternate benefit plan to avoid cost and complications of multiple plans in the MMIS.
- The opioid crisis continues to strain limited state resources for substance dependence services and chronic pain management.
- Developing and implementing cost saving program updates within compliance of a complex federal and state regulatory environment.
- The Division of Senior and Disabilities Services anticipates the demand for home and community-based waiver services will continue to outweigh resources in FY2022. The number of individuals on the wait list for participation in the Intellectual and Developmental Disabilities Waivers is consistently over 600 individuals. Recipients of services and other stakeholders frequently express their desire for the division to increase the number of individuals drawn from the wait list (currently 50 are drawn per year), but such a change would require more resources than are currently available.
- Maintain compliance with federal and state requirements to manage the Medicaid waiver programs and meet documentation and timeline requirements. This includes initial assessments, reassessments, level of care determinations, and completed plans of care that must be mailed to each participant.
- The Division of Health Care Systems Unit continue to be challenged to address multiple large implementation

projects, concurrently, to comply with changing department policies and regulations, and state and federal legislation. Many cost containment and 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. With a small staff of subject matter experts, this becomes a resourcing challenge.

- Health Care Services Operations Unit is challenged to oversee Medicaid Management Information System (MMIS) claims processing millions of claims annually, submitted by thousands of enrolled providers; research and manual resolution of over a thousand 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 utilization management and case management contracts; provide regulatory oversight and management of the vision services contract; promulgate regulations for more than 40 provider types; and comply with state and federal annual, monthly, and ad hoc reporting requirements.

### **Significant Changes in Results to be Delivered in FY2022**

- Transition from public health emergency regulatory and operating environment to a post COVID-19 pandemic landscape which may differ significantly from the pre-pandemic period.
- Continued development of cost containment initiatives including partnering with the National Association of Medicaid Directors to gain an understanding of what is available and “lessons learned” from sister states.
- The Division of Senior and Disabilities Services is working to introduce a new assessment tool for individuals receiving home and community-based services. The Alaska Mental Health Trust is supporting implementation costs for the new tool, the InterRai, which will allow for a common minimum data set across populations, has a well-established training program, inter-rater reliability, and the potential to apply a resource allocation process that will allow recipients to “drive” their plans and choose services that meet their needs, while also allowing the state to more closely manage the budget for these services. Full development and deployment of the InterRai assessment is expected to take three years.
- All states are required to implement an Electronic Visit Verification (EVV) system, which will validate the delivery of personal care services in home and community settings. In FY2021 the Division of Senior and Disabilities Services began to work on the contracts with vendors to develop EVV and provide independent validation and verification of the project’s progress. Successful implementation of EVV will reduce waste, fraud, and abuse; provide robust data to monitor compliance; and improve quality of care.
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## **Statutory and Regulatory Authority**

### Administrative Code:

7 AAC 43 Medicaid  
7 AAC 48 Chronic and Acute Medical Assistance  
7 AAC 100 Medicaid Eligibility  
7 AAC 105 Medicaid Provider and Recipient Participation  
7 AAC 160 Medicaid Program; General Provisions

### Alaska Statutes:

AS 36 Public Contracts  
AS 37 Public Finance  
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

### Code of Federal Regulations:

2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards  
42 CFR Chapter IV Centers for Medicare & Medicaid Services, DHHS (continued)  
45 CFR Part 95 General Administration-Grant Programs (Public Assistance, Medical Assistance and State Children’s Health Insurance Programs)

### Social Security Act:

Title XIX Medicaid  
Title XVIII Medicare  
Title XXI Children's Health Insurance Program

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

**Component:** Medicaid Services (3234)  
**RDU:** Medicaid Services (595)

Formula Component

	FY2020 Actuals	FY2021 Conference Committee	FY2021 Authorized	FY2021 Management Plan	FY2022 Governor	FY2021 Management Plan vs FY2022 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	67,851.6	48,284.2	48,403.1	74,127.9	74,009.0	-118.9	-0.2%
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	2,173,434.0	2,338,640.4	2,341,894.8	2,316,170.0	2,281,104.4	-35,065.6	-1.5%
78000 Miscellaneous	0.0	3,468.8	0.0	0.0	0.0	0.0	0.0%
<b>Totals</b>	<b>2,241,285.6</b>	<b>2,390,393.4</b>	<b>2,390,297.9</b>	<b>2,390,297.9</b>	<b>2,355,113.4</b>	<b>-35,184.5</b>	<b>-1.5%</b>
<b>Fund Sources:</b>							
1001 CBR Fund (UGF)	0.0	138,518.1	138,772.7	138,772.7	0.0	-138,772.7	-100.0%
1002 Fed Rcpts (Fed)	1,647,185.1	1,732,924.1	1,731,889.5	1,731,889.5	1,731,798.5	-91.0	0.0%
1003 G/F Match (UGF)	462,218.5	386,954.9	386,956.0	386,956.0	480,888.3	93,932.3	24.3%
1004 Gen Fund (UGF)	45,612.3	28,599.1	29,282.5	29,282.5	39,029.4	9,746.9	33.3%
1005 GF/Prgm (DGF)	1.8	210.0	210.0	210.0	210.0	0.0	0.0%
1007 I/A Rcpts (Other)	250.0	5,218.8	5,218.8	5,218.8	5,218.8	0.0	0.0%
1037 GF/MH (UGF)	80,521.2	81,780.8	81,780.8	81,780.8	81,780.8	0.0	0.0%
1092 MHTAAR (Other)	3,001.6	0.0	0.0	0.0	0.0	0.0	0.0%
1108 Stat Desig (Other)	2,397.6	15,495.3	15,495.3	15,495.3	15,495.3	0.0	0.0%
1168 Tob Ed/Ces (DGF)	97.5	97.5	97.5	97.5	97.5	0.0	0.0%
1246 Recid Redu (DGF)	0.0	375.0	375.0	375.0	375.0	0.0	0.0%
1247 Med Recov (DGF)	0.0	219.8	219.8	219.8	219.8	0.0	0.0%
<b>Unrestricted General (UGF)</b>	<b>588,352.0</b>	<b>635,852.9</b>	<b>636,792.0</b>	<b>636,792.0</b>	<b>601,698.5</b>	<b>-35,093.5</b>	<b>-5.5%</b>
<b>Designated General (DGF)</b>	<b>99.3</b>	<b>902.3</b>	<b>902.3</b>	<b>902.3</b>	<b>902.3</b>	<b>0.0</b>	<b>0.0%</b>
<b>Other Funds</b>	<b>5,649.2</b>	<b>20,714.1</b>	<b>20,714.1</b>	<b>20,714.1</b>	<b>20,714.1</b>	<b>0.0</b>	<b>0.0%</b>
<b>Federal Funds</b>	<b>1,647,185.1</b>	<b>1,732,924.1</b>	<b>1,731,889.5</b>	<b>1,731,889.5</b>	<b>1,731,798.5</b>	<b>-91.0</b>	<b>0.0%</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:** Medicaid Services (3234)  
**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 FY2021 Conference Committee To FY2021 Authorized *****												
<b>Conference Committee</b>												
	ConfCom	2,390,393.4	0.0	0.0	48,284.2	0.0	0.0	2,338,640.4	3,468.8	0	0	0
1001 CBR Fund		138,518.1										
1002 Fed Rcpts		1,732,924.1										
1003 G/F Match		386,954.9										
1004 Gen Fund		28,599.1										
1005 GF/Prgm		210.0										
1007 I/A Rcpts		5,218.8										
1037 GF/MH		81,780.8										
1108 Stat Desig		15,495.3										
1168 Tob Ed/Ces		97.5										
1246 Recid Redu		375.0										
1247 Med Recov		219.8										
<b>Administration of Psychotropic Medication (SB120) (Sec2 Ch28 SLA2020 P42 L19 (HB205))</b>												
	FisNot	63.0	0.0	0.0	63.0	0.0	0.0	0.0	0.0	0	0	0
1001 CBR Fund		23.3										
1002 Fed Rcpts		49.1										
1003 G/F Match		-9.4										
This bill provides an extension of authority to prescribe emergency psychotropic medications to the specified mid-level practitioners and will likely reduce the workload burden on psychiatrists and other physicians in psychiatric treatment settings. Implementation of providing this extension is not anticipated to increase cost of Medicaid services.												
<b>Medicaid Coverage of Licensed Counselors (SB134) (Sec2 Ch18 SLA2020 P42 L27 (HB205))</b>												
	FisNot	3,310.3	0.0	0.0	55.9	0.0	0.0	3,254.4	0.0	0	0	0
1001 CBR Fund		231.3										
1002 Fed Rcpts		2,385.1										
1003 G/F Match		10.5										
1004 Gen Fund		683.4										
The bill allows licensed professional counselors (LPCs) to enroll and participate in the Medicaid program as individual billing providers, and receive Medicaid reimbursement for medically-necessary services provided to eligible Medicaid beneficiaries outside of a clinic setting.												
<b>Await Morse Ruling Final Judgement - Federal Portion</b>												
	Veto	-3,468.8	0.0	0.0	0.0	0.0	0.0	0.0	-3,468.8	0	0	0
1002 Fed Rcpts		-3,468.8										

This item was added to the budget in anticipation of the Morse Ruling (case number: 3AN-18-09814C). Rather than speculate as to the outcome of that ruling, it is more appropriate to wait for a final judgement or settlement to ensure that the terms ordered by the presiding judge match appropriations made in satisfaction of that ruling.

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

**Component:** Medicaid Services (3234)  
**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
<b>Subtotal</b>		<b>2,390,297.9</b>	<b>0.0</b>	<b>0.0</b>	<b>48,403.1</b>	<b>0.0</b>	<b>0.0</b>	<b>2,341,894.8</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** <b>Changes From FY2021 Authorized To FY2021 Management Plan</b> *****												
<b>Align Authority with Anticipated Expenditures</b>												
LIT		0.0	0.0	0.0	25,724.8	0.0	0.0	-25,724.8	0.0	0	0	0
Transfer authority from grants to cover anticipated services costs. The remaining grants authority is sufficient to cover anticipated expenditures.												
<b>Subtotal</b>		<b>2,390,297.9</b>	<b>0.0</b>	<b>0.0</b>	<b>74,127.9</b>	<b>0.0</b>	<b>0.0</b>	<b>2,316,170.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** <b>Changes From FY2021 Management Plan To FY2022 Governor</b> *****												
<b>Reverse Medicaid Coverage of Lic. Counselors (SB134) (Sec2 Ch8 SLA2020 P42 L27 (HB205))</b>												
OTI		-55.9	0.0	0.0	-55.9	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-41.9										
1004 Gen Fund		-14.0										
The bill allows licensed professional counselors (LPCs) to enroll and participate in the Medicaid program as individual billing providers, and receive Medicaid reimbursement for medically necessary services provided to eligible Medicaid beneficiaries outside of a clinic setting.												
<b>Reverse 2020 SB__120 1 ALT TO ARREST/CRISIS CENTERS/ MEDICATION</b>												
OTI		-63.0	0.0	0.0	-63.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-49.1										
1003 G/F Match		-13.9										
The first-year costs to modify the Medicaid Management Information System (MMIS) to add new provider types and associated business rules related to implementing crisis stabilization are completed.												
<b>Medicaid Program Reduction</b>												
Dec		-35,065.6	0.0	0.0	0.0	0.0	0.0	-35,065.6	0.0	0	0	0
1003 G/F Match		-35,065.6										

Medicaid is a federal entitlement program administered by the state to provide payment for medical services for low-income citizens. Covered services provided to eligible individuals under the current Medicaid State Plan and the Centers for Medicare and Medicaid (CMS) requirements must be paid. Therefore, reductions in the Medicaid program must be carefully analyzed to determine if changes in the state plan or negotiations with CMS are required to achieve those reductions and an accurate timeframe to implement those changes.

In FY2022 the Medicaid program continues to assess the service array including associated utilization of services for additional savings or cost shifts by increasing the federal share, such as preventive screenings; chore services; and pharmacy. The federal share is calculated at the blended rate of 72 percent federal and 28 percent general fund match.

Other updates include:



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

**Component:** Medicaid Services (3234)

**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
<ul style="list-style-type: none"> <li>Increases in nursing home beds with new and/or the expansion of existing facilities to address the increase demand in the senior population;</li> <li>Changes in federal policy and program requirements;</li> <li>Residual unknowns associated with the COVID-19 pandemic;</li> <li>Public Consulting Group Medicaid strategy paper is still being finalized for possible recommendations to implement;</li> <li>The Department of Health and Social Services' projections for FY2022; and</li> <li>Evergreen Economics is updating the Short-Term Alaska Medicaid Projection (STAMP) and the Medicaid Enrollment and Spending in Alaska (MESA) with most current numbers.</li> </ul>												
<b>Fund Source Adjustment of CBRF to UGF</b>												
	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1001 CBR Fund	-138,772.7											
1003 G/F Match	129,011.8											
1004 Gen Fund	9,760.9											
Replace Constitutional Budget Reserve Fund (CBRF) used as a one-time funding mechanism in FY2021.												
<b>Medicaid Program</b>												
	Language	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Sec. 14. DEPARTMENT OF HEALTH AND SOCIAL SERVICES. (a) Federal receipts received during the fiscal year ending June 30, 2022, for Medicaid services are appropriated to the Department of Health and Social Services, Medicaid services, for Medicaid services for the fiscal year ending June 30, 2022.												
<b>Totals</b>		<b>2,355,113.4</b>	<b>0.0</b>	<b>0.0</b>	<b>74,009.0</b>	<b>0.0</b>	<b>0.0</b>	<b>2,281,104.4</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:** Medicaid Services (3234)

Line Number	Line Name		FY2020 Actuals	FY2021 Management Plan	FY2022 Governor
3000	Services		67,851.6	74,127.9	74,009.0
Object Class	Servicing Agency	Explanation	FY2020 Actuals	FY2021 Management Plan	FY2022 Governor
<b>3000 Services Detail Totals</b>			<b>67,851.6</b>	<b>74,127.9</b>	<b>74,009.0</b>
3001	Financial Services	Financial Services	59,670.8	17,843.7	17,724.8
3002	Legal and Judicial Services		890.0	0.0	0.0
3003	Information Technology	Operations and Maintenance, Xerox Corporation.	155.4	190.0	190.0
3003	Information Technology	Information Technology Consulting, Oregon Health and Sciences University.	0.0	155.0	155.0
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	3,000.0	3,000.0
3005	Health Services	Medical Assistance Provider Audits, Myers and Stauffer.	0.0	1,700.0	1,700.0
3005	Health Services	Cost Avoidance and Post Payment Recovery, Health Management Systems, Inc.	0.0	1,750.0	1,750.0
3005	Health Services	Claims Processing Operating Contract, 50 percent Xerox Corporation.	0.0	2,600.0	2,600.0
3005	Health Services	Claims Processing Operating Contract, 90 percent Xerox Corporation.	0.0	1,585.0	1,585.0
3005	Health Services	Claims Processing Operating Contract, 75 percent Xerox Corporation.	0.0	15,675.0	15,675.0
3005	Health Services	Tribal Medicaid Administrative	0.0	2,400.0	2,400.0

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

**Component:** Medicaid Services (3234)

Object Class		Servicing Agency	Explanation	FY2020 Actuals	FY2021 Management Plan	FY2022 Governor
<b>3000 Services Detail Totals</b>				<b>67,851.6</b>	<b>74,127.9</b>	<b>74,009.0</b>
3005	Health Services		Claiming (TMAC), per recipient, per quarter, for outreach activities.			
3005	Health Services		Pharmacy Benefit Management System, Xerox Corporation.	0.0	120.0	120.0
3005	Health Services		Consumer Assessment of Healthcare Providers and Systems Contract, Datastat Inc.	0.0	50.0	50.0
3005	Health Services		Medicaid Management Information System- Tech Stack	0.0	14,986.7	14,986.7
3005	Health Services		Disproportionate Share Hospital (DSH), Fairbanks Memorial Hospital.	0.0	1,100.0	1,100.0
3005	Health Services		Disproportionate Share Hospital (DSH) Bartlett Regional Hospital.	0.0	253.5	253.5
3006	Delivery Services		Postage, Xerox Corporation.	0.0	210.0	210.0
3011	Other Services		Behavioral Health contracts	5,683.2	8,000.0	8,000.0
3011	Other Services		MedExpert International, \$3.85 per member per month.	0.0	475.0	475.0
3011	Other Services		MedExpert Explanation of Benefits	0.0	1,485.0	1,485.0
3024	Inter-Agency Legal	Admin - Department-wide		500.0	0.0	0.0
3024	Inter-Agency Legal	H&SS - Medicaid Services (3234)		51.7	0.0	0.0
3024	Inter-Agency Legal	Law - Department-wide		860.5	0.0	0.0
3024	Inter-Agency Legal	Law - Department-wide	Reimbursable Services Agreement with Department of Law - Medicaid Program Legal Services	0.0	230.0	230.0
3024	Inter-Agency Legal	Law - Department-wide	Reimbursable Services Agreement with Department of Law - Medicaid Program Legal Services - Program Integrity	0.0	269.0	269.0
3038	Inter-Agency Management/Consulting	Courts - Department-wide	Inter-agency management/consulting services	40.0	0.0	0.0

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

**Component:** Medicaid Services (3234)

Line Number	Line Name		FY2020 Actuals	FY2021 Management Plan	FY2022 Governor
7000	Grants, Benefits		2,173,434.0	2,316,170.0	2,281,104.4
Object Class	Servicing Agency	Explanation	FY2020 Actuals	FY2021 Management Plan	FY2022 Governor
<b>7000 Grants, Benefits Detail Totals</b>			<b>2,173,434.0</b>	<b>2,316,170.0</b>	<b>2,281,104.4</b>
7001	Grants		74,605.0	0.0	0.0
7002	Benefits	Services for Medicaid clients including: hospitals, physicians, pharmacy, dental transportation, Lab and X-ray, durable medical equipment, audiology, vision, physical therapy, occupational and speech therapy, chiropractic, home health and hospice.  This also includes payments for services for Medicaid clients newly eligible through Medicaid expansion.	2,096,376.5	2,316,170.0	2,281,104.4
7003	Sub-Recipient Pass-Through Grants		2,452.5	0.0	0.0

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

**Component:** Medicaid Services (3234)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2020 Actuals	FY2021 Management Plan	FY2022 Governor
<b>5002 Fed Rcpts (1002 Fed Rcpts)</b>			<b>1,647,185.1</b>	<b>1,731,889.5</b>	<b>1,731,798.5</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 (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.	1,647,185.1	1,729,293.9	1,729,202.9
5019 Federal - Miscellaneous Grants		Title XXI - Medicaid Federal Collections - Enhanced Federal Medical Assistance Percentage 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>104.7</b>	<b>210.0</b>	<b>210.0</b>
5103 Program Receipts - Charges for Services		Program Receipts related to the Working Disabled Program and the Health Insurance Program.	105.6	210.0	210.0
5115 Program Receipts Health & Human Svcs - Charges for Services			-0.9	0.0	0.0
<b>5007 I/A Rcpts (1007 I/A Rcpts)</b>			<b>250.0</b>	<b>5,218.8</b>	<b>5,218.8</b>
5301 Inter-Agency Receipts	Admin - Department-wide		250.0	0.0	0.0
5301 Inter-Agency Receipts	H&SS - Adult Public Assistance (222)	Medicaid Services Reimbursement from Department of Health and Social Services, Division of Public	0.0	500.0	500.0

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

**Component:** Medicaid Services (3234)

<b>Revenue Type (OMB Fund Code)</b> <b>Revenue Source</b>	<b>Component</b>	<b>Comment</b>	<b>FY2020 Actuals</b>	<b>FY2021 Management Plan</b>	<b>FY2022 Governor</b>
5301 Inter-Agency Receipts	H&SS - Designated Eval & Treatment (1014)	Assistance, for non-Medicaid eligible clients who receive disability exams (DE-25 Exams). Interagency refinancing match from Department of Health and Social Services, Division of Behavioral Health, for Disproportionate Share Hospital and ProShare. Exact amount will vary depending on the upper payment limits and date of payments.	0.0	4,000.0	4,000.0
5301 Inter-Agency Receipts	H&SS - Public Assistance Admin (233)	Medicaid Services Reimbursement from Department of Health and Social Services, Division of Public Assistance, for disabled children living at home.	0.0	500.0	500.0
5301 Inter-Agency Receipts	H&SS - BH Treatment and Recovery Grants (3099)	Medicaid Services Reimbursement from Department of Health and Social Services, Behavioral Health Treatment and Recovery, Alaska Medicaid Coordinated Care Initiative for Corrections.	0.0	218.8	218.8
<b>5108 Stat Desig (1108 Stat Desig)</b>			<b>3,541.6</b>	<b>15,495.3</b>	<b>15,495.3</b>
5203 Statutory Dsgntd Prgm Rcpts Hlth/Hmn Svcs - 3rd Prty Clctns		Tribal Medicaid Administrative Claiming (TMAC) receipts for outreach activities.	1,270.8	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.	1,175.4	99.0	99.0
5204 Statutory Dsgntd Prgm Rcpts Hlth & Hmn Svcs - Chrsgs for Svcs		Administrative fees collected for providing emergency medical transportation services	0.0	10,727.8	10,727.8
5206 Statutory Designated Program Receipts - Contracts		Statutory Designated Program Receipts Collected from schools for Medicaid School Based Services.	1,095.4	3,468.5	3,468.5

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

**Component:** Medicaid Services (3234)

Revenue Type (OMB Fund Code)				FY2021	
Revenue Source	Component	Comment	FY2020 Actuals	Management Plan	FY2022 Governor
<b>5246 Recid Redu (1246 Recid Redu)</b>			<b>0.0</b>	<b>375.0</b>	<b>375.0</b>
5246 Recidivism Reduction Selective Sales Use Taxes		Recidivism Reduction Fund	0.0	375.0	375.0
<b>5247 Med Recov (1247 Med Recov)</b>			<b>0.0</b>	<b>219.8</b>	<b>219.8</b>
5247 Medicaid Monitory Recovery		Medicaid Recovery for Health Care Medicaid Reform, Senate Bill 74.	0.0	219.8	219.8
<b>6092 MHTAAR (1092 MHTAAR)</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
6691 Mental Health Trust Auth Auth Rec - Miscellaneous		Mental Health Trust Authority Authorized Receipts	0.0	0.0	0.0
<b>6168 Tob Ed/Ces (1168 Tob Ed/Ces)</b>			<b>0.0</b>	<b>97.5</b>	<b>97.5</b>
6811 Tobacco Use Education and Cessation Fund - Tobacco Settlemnt		Tobacco Use Education and Cessation Fund	0.0	97.5	97.5

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

**Component:** Medicaid Services (3234)

			FY2020 Actuals	FY2021 Management Plan	FY2022 Governor
<b>Component Totals</b>			<b>1,452.2</b>	<b>499.0</b>	<b>499.0</b>
		With Department of Administration	500.0	0.0	0.0
		With Department of Health and Social Services	51.7	0.0	0.0
		With Department of Law	860.5	499.0	499.0
		With Judiciary	40.0	0.0	0.0
<b>Object Class</b>	<b>Servicing Agency</b>	<b>Explanation</b>	<b>FY2020 Actuals</b>	<b>FY2021 Management Plan</b>	<b>FY2022 Governor</b>
3024	Inter-Agency Legal	Admin - Department-wide	500.0	0.0	0.0
3024	Inter-Agency Legal	H&SS - Medicaid Services (3234)	51.7	0.0	0.0
3024	Inter-Agency Legal	Law - Department-wide	860.5	0.0	0.0
3024	Inter-Agency Legal	Law - Department-wide Reimbursable Services Agreement with Department of Law - Medicaid Program Legal Services	0.0	230.0	230.0
3024	Inter-Agency Legal	Law - Department-wide Reimbursable Services Agreement with Department of Law - Medicaid Program Legal Services - Program Integrity	0.0	269.0	269.0
3038	Inter-Agency Management/Consulting	Courts - Department-wide Inter-agency management/consulting services	40.0	0.0	0.0