

# **State of Alaska FY2024 Governor's Operating Budget**

## **Department of Health 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: the Divisions of Health Care Services; Behavioral Health; and Senior and Disabilities Services.

### Core Services

- Direct services provided to clients 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 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 and psychiatric evaluation; and approval.
- Direct Waiver Services: Five 1915 (c) Medicaid Home and Community Based Waivers: Intellectual and Developmental Disabilities (IDD); Alaskans Living Independently (ALI); Adults with Physical and Developmental Disability (APDD); Children with Complex Medical Conditions (CCMC); Individualized Supports Waiver (ISW).
- The 1915 (k) Home and Community Based Services State Plan: Community First Choice.
- Additional services to supplement the state plan services have been approved in the Section 1115 Waiver

Demonstration Project.

- Other direct client senior and disabilities services include Personal Care Services, Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities and Nursing Homes.

## Major Component Accomplishments in 2022

1115 Medicaid Waiver Demonstration Project: The Division of Behavioral Health continues to phase in implementation of the approved 1115 Waiver and onboarded federal claiming through weekly check writes issued by its administrative service organization (ASO) for behavioral health services.

American Rescue Plan Act: The Division of Senior and Disabilities Services received approval of its spending plan from the Centers for Medicare and Medicaid Services (CMS) for the home and community-based services funding initiative through the American Rescue Plan Act (ARPA). Implementation planning was under development with implementation in FY2023.

State Plan: As federal and state policies changed, Department of Health and Social Services (DHSS - prior to bifurcation) made many updates to the Medicaid State Plan – the written agreement between the state and federal government outlining the details of the state’s Medicaid program – as required to ensure continued compliance.

- The department submitted to the Centers for Medicare and Medicaid Services several Medicaid state plan amendments to bring Alaska Medicaid into compliance with new and changing rules, regulations, and guidance. The Centers for Medicare and Medicaid Services approved the amendments.

### Pandemic Response:

- Successfully applied for flexibilities from the Centers for Medicare and Medicaid Services to address the public health emergency and ease provider burdens, including:
  - A comprehensive 1135 Medicaid Waiver,
  - Disaster State Plan Amendments (SPA), and
  - The 1915 (c) Appendix K, a standalone appendix that DHSS utilized during the public health emergency to request amendments to approved 1915 (c) waivers. The Appendix K has provided flexibilities to the DHSS home and community-based waiver authority.
- Modified and suspended many existing regulations to assist with access to care.
  - One area of specific growth has been services which use telehealth as a method of delivery. Early in the public health emergency, many elective and allied health care services were suspended for a period of time. This led to a decrease in claims and accessibility of health care in many sectors, most noticeably in behavioral health. Increasing flexibilities for telehealth has more than compensated for this decrease and allowed for the continued delivery, and even growth, of services.
  - Telehealth has continued to grow as a method of delivering health care services, and the Department of Health is exploring ways to make some of these flexibilities permanent.

## 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.
- Due to the requirements around essential health benefits for adults in the Affordable Care Act, there functionally are no optional Medicaid state plan benefits that can be reduced.
- The opioid crisis continues to strain limited state resources for substance dependence services and chronic pain management.
- Developing and implementing cost saving program updates while complying with a complex federal and state regulatory environment.
- Maintaining 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 department continues to be challenged to address multiple large implementation projects concurrently to comply with changing department policies and regulations as well as state and federal legislation. Many cost containment and Medicaid reform initiatives are under policy development throughout the department, and 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.

## Significant Changes in Results to be Delivered in FY2024

- 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 other states.

## 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

Contact Information
<p><b>Contact:</b> Sylvan Robb, Division Director <b>Phone:</b> (907) 465-1630 <b>E-mail:</b> sylvan.rob主@alaska.gov</p>

**Component Detail All Funds**  
**Department of Health**

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

Formula Component

	FY2022 Actuals	FY2023 Conference Committee	FY2023 Authorized	FY2023 Management Plan	FY2024 Governor	FY2023 Management Plan vs FY2024 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	66,808.5	74,009.0	74,009.0	74,009.0	74,009.0	0.0	0.0%
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	2,397,129.6	2,361,911.2	2,339,061.2	2,339,061.2	2,359,943.8	20,882.6	0.9%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
<b>Totals</b>	<b>2,463,938.1</b>	<b>2,435,920.2</b>	<b>2,413,070.2</b>	<b>2,413,070.2</b>	<b>2,433,952.8</b>	<b>20,882.6</b>	<b>0.9%</b>
<b>Fund Sources:</b>							
1002 Fed Rcpts (Fed)	1,856,958.0	0.0	0.0	0.0	0.0	0.0	0.0%
1003 G/F Match (UGF)	480,833.3	0.0	0.0	0.0	0.0	0.0	0.0%
1004 Gen Fund (UGF)	43,677.3	0.0	0.0	0.0	0.0	0.0	0.0%
1007 I/A Rcpts (Other)	250.0	0.0	0.0	0.0	0.0	0.0	0.0%
1037 GF/MH (UGF)	80,780.8	0.0	0.0	0.0	0.0	0.0	0.0%
1108 Stat Desig (Other)	1,341.2	0.0	0.0	0.0	0.0	0.0	0.0%
1168 Tob Ed/Ces (DGF)	97.5	0.0	0.0	0.0	0.0	0.0	0.0%
1002 Fed Rcpts (Fed)	0.0	1,750,182.5	1,750,332.5	1,750,332.5	1,750,482.5	150.0	0.0%
1003 G/F Match (UGF)	0.0	544,011.1	521,011.1	521,011.1	539,143.7	18,132.6	3.5%
1004 Gen Fund (UGF)	0.0	38,426.9	38,426.9	38,426.9	41,026.9	2,600.0	6.8%
1005 GF/Prgm (DGF)	0.0	210.0	210.0	210.0	210.0	0.0	0.0%
1007 I/A Rcpts (Other)	0.0	5,218.8	5,218.8	5,218.8	5,218.8	0.0	0.0%
1037 GF/MH (UGF)	0.0	82,155.8	82,155.8	82,155.8	82,155.8	0.0	0.0%
1108 Stat Desig (Other)	0.0	15,495.3	15,495.3	15,495.3	15,495.3	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>605,291.4</b>	<b>664,593.8</b>	<b>641,593.8</b>	<b>641,593.8</b>	<b>662,326.4</b>	<b>20,732.6</b>	<b>3.2%</b>
<b>Designated General (DGF)</b>	<b>97.5</b>	<b>429.8</b>	<b>429.8</b>	<b>429.8</b>	<b>429.8</b>	<b>0.0</b>	<b>0.0%</b>
<b>Other Funds</b>	<b>1,591.2</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>1,856,958.0</b>	<b>1,750,182.5</b>	<b>1,750,332.5</b>	<b>1,750,332.5</b>	<b>1,750,482.5</b>	<b>150.0</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**

**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	
<b>***** Changes From FY2023 Conference Committee To FY2023 Authorized *****</b>												
<b>FY2023 Conference Committee</b>												
	ConfCom	2,435,920.2	0.0	0.0	74,009.0	0.0	0.0	2,361,911.2	0.0	0	0	0
1002 Fed Rcpts		1,750,182.5										
1003 G/F Match		544,011.1										
1004 Gen Fund		38,426.9										
1005 GF/Prgm		210.0										
1007 I/A Rcpts		5,218.8										
1037 GF/MH		82,155.8										
1108 Stat Desig		15,495.3										
1247 Med Recov		219.8										
<b>Realize Savings from Tribal Reclaiming and Continued Public Health Emergency</b>												
	Veto	-23,000.0	0.0	0.0	0.0	0.0	0.0	-23,000.0	0.0	0	0	0
1003 G/F Match		-23,000.0										
<b>Mental Health Facilities; Meds; Patients Ch41 SLA2022 (HB172) (Sec2 Ch11 SLA2022 P47 L13 (HB281))</b>												
	FisNot	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
1002 Fed Rcpts		150.0										
House Bill 172 allows for new "evaluation facilities" for involuntary commitment, similar to existing Designated Evaluation and Stabilization (DES) and Designated Evaluation and Treatment (DET) centers, thereby expanding capacity for psychiatric stabilization and treatment.												
<b>Subtotal</b>		<b>2,413,070.2</b>	<b>0.0</b>	<b>0.0</b>	<b>74,009.0</b>	<b>0.0</b>	<b>0.0</b>	<b>2,339,061.2</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>***** Changes From FY2023 Management Plan To FY2024 Governor *****</b>												
<b>Second Year of Mental Health Facilities; Meds; Patients (Ch41 SLA2022 (HB172))</b>												
	FisNot	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
1002 Fed Rcpts		150.0										
House Bill 172 expands capacity for psychiatric stabilization and treatment by allowing new "evaluation facilities" for involuntary commitment, similar to existing Designated Evaluation and Stabilization (DES) and Designated Evaluation and Treatment (DET) centers.												
This increase compensates providers when there is no other payor source that is sufficient to pay for Designated Evaluation and Stabilization (DES) and Designated Evaluation and Treatment (DET) services.												
<b>Medicaid Utilization and Inflation Due to the Public Health Emergency Wind Down</b>												
	Inc	18,132.6	0.0	0.0	0.0	0.0	0.0	18,132.6	0.0	0	0	0
1003 G/F Match		18,132.6										

The U.S. Department of Health and Human Services has issued guidance for ending the public health emergency. The department will no longer receive the

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

**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
additional 6.2% of federal medical assistance percentage (FMAP) as a result of the public health emergency ending and FMAP will go back to the normal rate. Medicaid costs are increasing due to the winding down of the public health emergency, coupled with increased utilization, inflation, and other Centers for Medicare and Medicaid Services (CMS) plan changes.												
<b>Extend Postpartum Medicaid Coverage</b>												
	Inc	2,600.0	0.0	0.0	0.0	0.0	0.0	2,600.0	0.0	0	0	0
1004 Gen Fund		2,600.0										
Medicaid and Children's Health Insurance Program (CHIP) play critical roles in caring for pregnant and postpartum Alaskans but currently only provide coverage for up to 60 days postpartum. Many states have extended postpartum coverage to address maternal morbidity and mortality (more than half of pregnancy-related deaths occur in the 12-month postpartum period). Improved health outcomes including chronic disease prevention, reduced maternal morbidity, improved maternal mental health, and other areas are associated with cost savings (the average total per patient costs in 2013 for Medicaid-enrolled pregnant women with severe maternal morbidity was \$10,134 compared to \$6,894 for women without severe maternal morbidity).												
<b>Totals</b>		<b>2,433,952.8</b>	<b>0.0</b>	<b>0.0</b>	<b>74,009.0</b>	<b>0.0</b>	<b>0.0</b>	<b>2,359,943.8</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

**Component:** Medicaid Services (3234)

Line Number	Line Name		FY2022 Actuals	FY2023 Management Plan	FY2024 Governor
3000	Services		66,808.5	0.0	0.0
Object Class	Servicing Agency	Explanation	FY2022 Actuals	FY2023 Management Plan	FY2024 Governor
<b>3000 Services Detail Totals</b>			<b>66,808.5</b>	<b>0.0</b>	<b>0.0</b>
3000	Education Services	Education services	293.1	0.0	0.0
3001	Financial Services	Financial Services	57,277.3	0.0	0.0
3003	Information Technology	Operations and Maintenance, Xerox Corporation.	108.5	0.0	0.0
3011	Other Services	Behavioral Health contracts	8,012.9	0.0	0.0
3024	Inter-Agency Legal	Admin - Department-wide Reimbursable services agreement with Department of Law for legal services	500.0	0.0	0.0
3024	Inter-Agency Legal	Law - Department-wide Reimbursable services agreement with Department of Law for legal services	576.7	0.0	0.0
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 & Social Services**  
**Grants, Benefits**

**Component:** Medicaid Services (3234)

Line Number	Line Name		FY2022 Actuals	FY2023 Management Plan	FY2024 Governor
7000	Grants, Benefits		2,397,129.6	0.0	0.0
Object Class	Servicing Agency	Explanation	FY2022 Actuals	FY2023 Management Plan	FY2024 Governor
		<b>7000 Grants, Benefits Detail Totals</b>	<b>2,397,129.6</b>	<b>0.0</b>	<b>0.0</b>
7001	Grants	Grants	83,993.8	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.	2,312,302.5	0.0	0.0
		This also includes payments for services for Medicaid clients newly eligible through Medicaid expansion.			
7003	Sub-Recipient Pass-Through Grants	Pass-through grants	833.3	0.0	0.0

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

**Component:** Medicaid Services (3234)

<b>Line Number</b>	<b>Line Name</b>		<b>FY2022 Actuals</b>	<b>FY2023 Management Plan</b>	<b>FY2024 Governor</b>
3000	Services		0.0	74,009.0	74,009.0
<b>Object Class</b>	<b>Servicing Agency</b>	<b>Explanation</b>	<b>FY2022 Actuals</b>	<b>FY2023 Management Plan</b>	<b>FY2024 Governor</b>
<b>3000 Services Detail Totals</b>			<b>0.0</b>	<b>74,009.0</b>	<b>74,009.0</b>
3001	Financial Services	Financial Services	0.0	17,724.8	17,724.8
3003	Information Technology	Operations and Maintenance, Xerox Corporation.	0.0	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 Claiming (TMAC), per recipient, per	0.0	2,400.0	2,400.0

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

**Component:** Medicaid Services (3234)

Object Class	Servicing Agency	Explanation	FY2022 Actuals	FY2023 Management Plan	FY2024 Governor
<b>3000 Services Detail Totals</b>			<b>0.0</b>	<b>74,009.0</b>	<b>74,009.0</b>
		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	0.0	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	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

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

**Component:** Medicaid Services (3234)

<b>Line Number</b>	<b>Line Name</b>		<b>FY2022 Actuals</b>	<b>FY2023 Management Plan</b>	<b>FY2024 Governor</b>
7000	Grants, Benefits		0.0	2,339,061.2	2,359,943.8
<b>Object Class</b>	<b>Servicing Agency</b>	<b>Explanation</b>	<b>FY2022 Actuals</b>	<b>FY2023 Management Plan</b>	<b>FY2024 Governor</b>
<b>7000 Grants, Benefits Detail Totals</b>			<b>0.0</b>	<b>2,339,061.2</b>	<b>2,359,943.8</b>
7001	Grants	Grants	0.0	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.	0.0	2,339,061.2	2,359,943.8
7003	Sub-Recipient Pass-Through Grants	Pass-through grants	0.0	0.0	0.0

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

**Component:** Medicaid Services (3234)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2022 Actuals	FY2023 Management Plan	FY2024 Governor
<b>5002 Fed Rcpts (1002 Fed Rcpts)</b>			<b>1,856,958.0</b>	<b>0.0</b>	<b>0.0</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 IHS (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.	1,856,958.0	0.0	0.0
<b>5005 GF/Prgm (1005 GF/Prgm)</b>			<b>78.3</b>	<b>0.0</b>	<b>0.0</b>
5103 Program Receipts - Charges for Services		Program Receipts related to the Working Disabled Program and the Health Insurance Program.	78.3	0.0	0.0
<b>5007 I/A Rcpts (1007 I/A Rcpts)</b>			<b>250.0</b>	<b>0.0</b>	<b>0.0</b>
5301 Inter-Agency Receipts	Admin - Department-wide	Reimbursable Service Agreement	250.0	0.0	0.0
<b>5108 Stat Desig (1108 Stat Desig)</b>			<b>1,348.1</b>	<b>0.0</b>	<b>0.0</b>
5203 Statutory Dsgntd Pgrm Rcpts Hlth/Hmn Svcs - 3rd Prty Clctns		Tribal Medicaid Administrative Claiming (TMAC) receipts for outreach activities.	1,348.1	0.0	0.0

**Revenue Detail (1681)**  
**Department of Health**

**Component:** Medicaid Services (3234)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2022 Actuals	FY2023 Management Plan	FY2024 Governor
<b>5002 Fed Rcpts (1002 Fed Rcpts)</b>			<b>0.0</b>	<b>1,750,332.5</b>	<b>1,750,482.5</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 IHS (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.	0.0	1,747,736.9	1,747,886.9
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>0.0</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.	0.0	210.0	210.0
<b>5007 I/A Rcpts (1007 I/A Rcpts)</b>			<b>0.0</b>	<b>5,218.8</b>	<b>5,218.8</b>
5301 Inter-Agency Receipts	Admin - Department-wide	Reimbursable Service Agreement	0.0	0.0	0.0
5301 Inter-Agency Receipts	H&SS - Adult Public Assistance (222)	Medicaid Services Reimbursement from Department of Health, Division of Public Assistance, for non-Medicaid eligible clients who receive disability exams (DE-25	0.0	500.0	500.0

**Revenue Detail (1681)**  
**Department of Health**

**Component:** Medicaid Services (3234)

<b>Revenue Type (OMB Fund Code)</b> <b>Revenue Source</b>	<b>Component</b>	<b>Comment</b>	<b>FY2022 Actuals</b>	<b>FY2023 Management Plan</b>	<b>FY2024 Governor</b>
5301 Inter-Agency Receipts	H&SS - Designated Eval & Treatment (1014)	Exams). Interagency refinancing match from Department of Health, 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, 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, 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>0.0</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.	0.0	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.	0.0	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.	0.0	3,468.5	3,468.5
<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

**Revenue Detail (1681)**  
**Department of Health**

**Component:** Medicaid Services (3234)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2022 Actuals	FY2023 Management Plan	FY2024 Governor
<b>6003 G/F Match (1003 G/F Match)</b>			<b>0.0</b>	<b>521,011.1</b>	<b>539,143.7</b>
6103 Match - Miscellaneous		General fund match	0.0	521,011.1	539,143.7
<b>6004 Gen Fund (1004 Gen Fund)</b>			<b>0.0</b>	<b>38,426.9</b>	<b>41,026.9</b>
6047 General Fund - Miscellaneous		General fund	0.0	38,426.9	41,026.9
<b>6037 GF/MH (1037 GF/MH)</b>			<b>0.0</b>	<b>82,155.8</b>	<b>82,155.8</b>
6123 General Fund Mental Health - Miscellaneous		General fund mental health	0.0	82,155.8	82,155.8



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

**Component:** Medicaid Services (3234)

	FY2022 Actuals	FY2023 Management Plan	FY2024 Governor
<b>Component Totals</b>	<b>1,116.7</b>	<b>0.0</b>	<b>0.0</b>
With Department of Administration	500.0	0.0	0.0
With Department of Law	576.7	499.0	499.0
With Judiciary	40.0	0.0	0.0

Object Class	Servicing Agency	Explanation	FY2022 Actuals	FY2023 Management Plan	FY2024 Governor
3024 Inter-Agency Legal	Admin - Department-wide	Reimbursable services agreement with Department of Law for legal services	500.0	0.0	0.0
3024 Inter-Agency Legal	Law - Department-wide	Reimbursable services agreement with Department of Law for legal services	576.7	0.0	0.0
3038 Inter-Agency Management/Consulting	Courts - Department-wide	Inter-agency management/consulting services	40.0	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