



Health Care Services FY2022 Overview

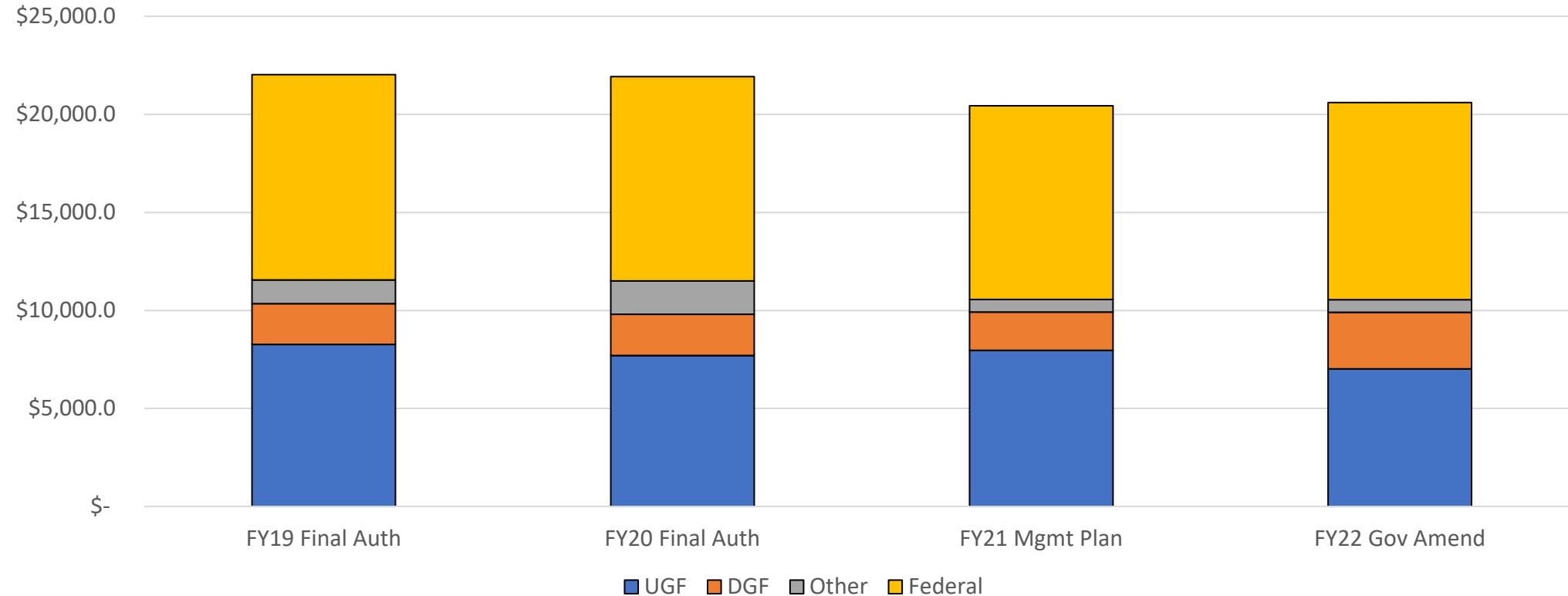
*House Health & Social Services
Finance Subcommittee*

Renee Gayhart, Director

March 13, 2021



Health Care Services Operating Budget Comparison FY2019-FY2022 (in thousands)



	FY19 Final Auth	FY20 Final Auth	FY21 Mgmt Plan	FY22 Gov Amend	Difference FY19 and FY22	% Difference FY19 and FY22	Difference FY21 and FY22
UGF	\$ 8,263.8	\$ 7,708.0	\$ 7,961.9	\$ 7,021.2	\$ (1,242.6)	-15.0%	\$ (940.7)
DGF	\$ 2,082.0	\$ 2,093.2	\$ 1,958.2	\$ 2,886.9	\$ 804.9	38.7%	\$ 928.7
Other	\$ 1,209.6	\$ 1,705.5	\$ 641.7	\$ 641.7	\$ (567.9)	-46.9%	\$ -
Federal	\$ 10,476.1	\$ 10,424.9	\$ 9,885.5	\$ 10,060.7	\$ (415.4)	-4.0%	\$ 175.2
Total	\$ 22,031.5	\$ 21,931.6	\$ 20,447.3	\$ 20,610.5	\$ (1,421.0)	-6.4%	\$ 163.2



Health Care Services Division

- Medicaid Operations Unit
- Pharmacy & Ancillary Services Unit
- Tribal Health Program
- Systems & Analysis Unit
- Accounting & Recovery Unit
- Health Facilities Licensing and Certification Unit
- Residential Licensing Unit
- Background Check Unit
- Quality Assurance Unit
- Clinical Review Team



FY2020 Medicaid Claims Processed through the Medicaid Management Information System (MMIS) and the Administrative Services Organization (ASO)

- MMIS Claims: 6,872,019
- MMIS Reimbursement: \$2,191,619,782

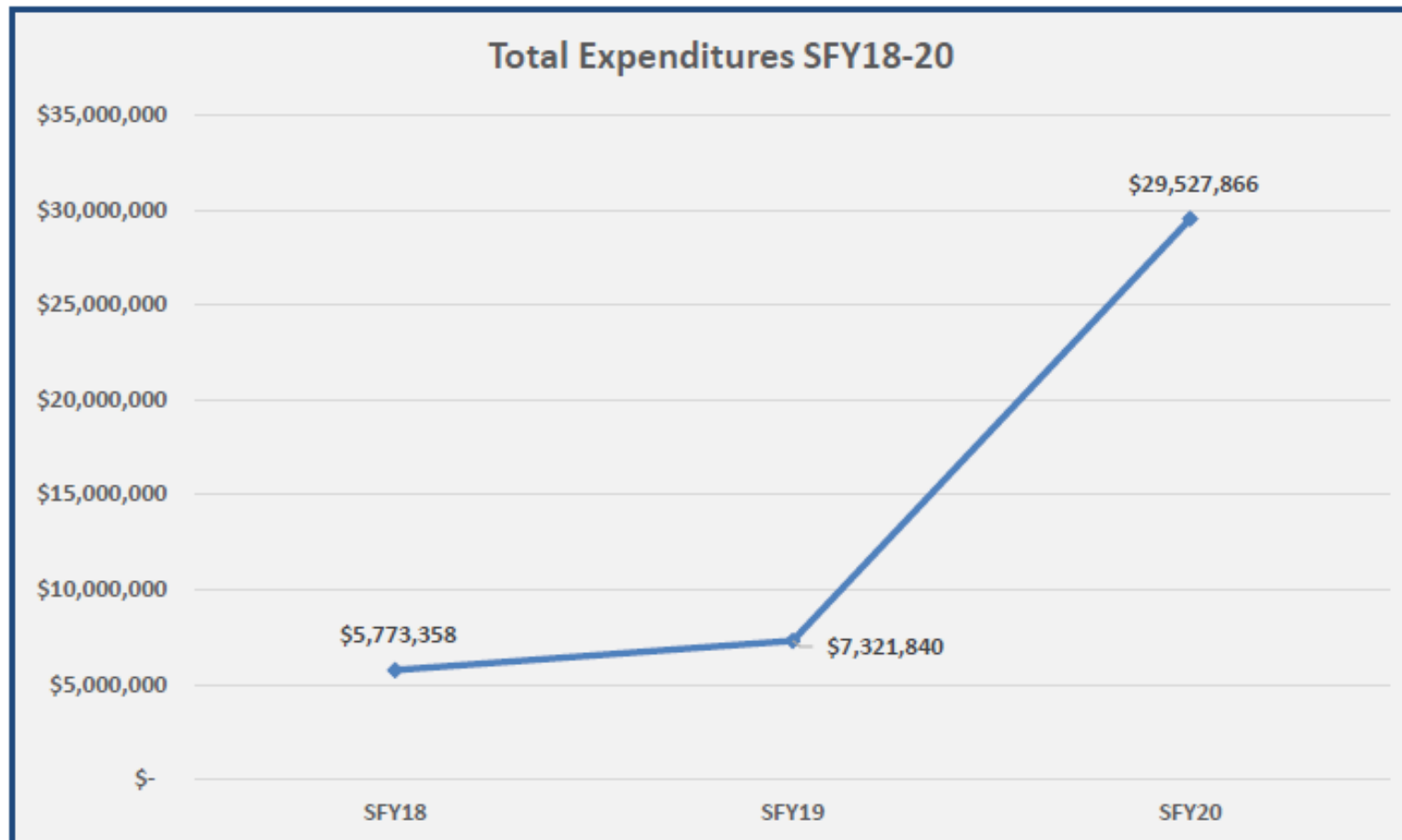
Top 10 Reimbursements by Provider Type		Top 10 Claim Types	
General Hospital - Inpatient	\$378,069,154	Pharmacy	1,665,624
Home & Community Based Services	\$274,819,408	Health Professional Group	1,311,024
General Hospital - Outpatient	\$254,987,573	Behavioral Health	824,784
Health Professional Group	\$245,581,529	Home & Community Based Services	564,951
Behavioral Health	\$224,337,834	General Hospital - Outpatient	456,772
Skilled Nursing Facility/Intermediate Care Facility	\$189,300,818	Transportation	438,289
Pharmacy	\$169,453,159	Federally Qualified Health Center/Rural Health Clinic	361,375
Federally Qualified Health Center/Rural Health Clinic	\$144,213,967	Medicare Crossover - Part B	336,091
Transportation	\$109,576,673	Dental	212,468
Dental	\$81,044,925	Personal Care Agency	172,184

- ASO 1115 Substance Use Disorder Reimbursement: \$4,828,629



Medicaid Operations Unit

TELEHEALTH Total Expenditures FY2018 – FY2020



Pharmacy & Ancillary Services Unit

- Establishment and oversight of evidence-based Covered Outpatient Drugs (COD)* including operation of:
 - A Drug Utilization program to encourage appropriate medication use,
 - A Preferred Drug List program guided by a Pharmacy & Therapeutics Committee,
 - A federally mandated Drug Rebate program.
- Point-of-sale pharmacy claims processing to allow patient access and timely provider reimbursement.

* medications dispensed by pharmacies or administered in clinics





Tribal Health Program

Tribal Reclaiming

SFY	Target	State GF Savings (Transportation)	State GF Savings (Other Services)	Total State GF Savings
SFY2017	\$32M	\$10,589,538	\$24,192,302	\$34,781,840
SFY2018	\$42M	\$15,901,959	\$29,285,001	\$45,186,960
SFY2019	\$84M	\$26,922,884	\$45,724,251	\$72,647,135
SFY2020	\$104M	\$35,998,891	\$59,119,442	\$95,118,333
TOTAL		\$89,413,272	\$158,320,996	\$247,734,268

5,153 Care Coordination Agreements

397 Providers

13 Tribal Health Organizations Participating in Tribal Reclaiming

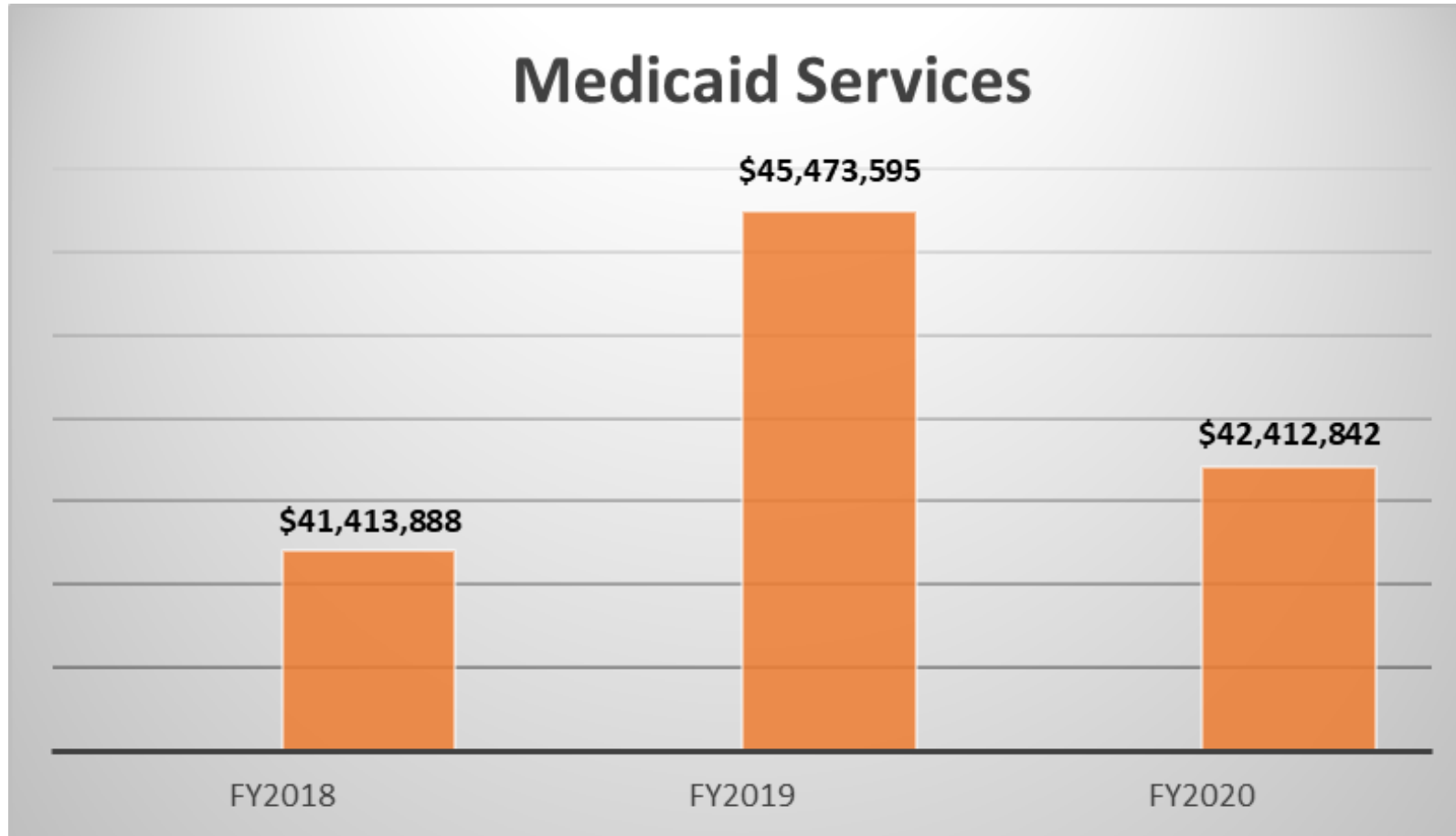
Accounting & Recovery Unit

Third Party Liability Collections & Savings SFY2018 - SFY2020			
	SFY18 TOTALS	SFY19 TOTALS	SFY20 TOTALS
<u>MEDICAID RECOVERIES</u>			
TPL Contracted Recoveries	\$7,341,422.03	\$6,859,568.32	\$7,526,355.87
Working-Disabled Program Premiums	\$113,315.00	\$99,781.32	\$102,530.00
MQT & Miller Trust Recoveries	\$1,997,284.55	\$2,344,127.11	\$2,091,706.35
****Resource Rembursements	\$7,916.61	\$42,251.98	\$25,178.65
Drug Rebate Recoveries	\$81,353,826.63	\$104,252,665.08	\$105,723,346.63
AG's Subrogation	\$1,484,756.75	\$2,944,623.88	\$2,929,770.26
AG's Restitution/Lawsuits/Malpractice	\$6,546.92	\$11,913.28	\$127,724.30
AG's Estate Recovery	\$319,086.03	\$274,550.36	\$459,693.84
CAMA/ADMIN	\$1,474.51	\$525.12	\$25,713.38
Total Overall SFY20 Collections	\$92,625,629.03	\$116,830,006.45	\$119,012,019.28
<u>COST AVOIDANCE SAVINGS</u>			
Health Insurance Premium Program - HIPP	\$3,013,026.17	\$3,568,145.69	\$3,351,562.11
*Medicare Paid	\$153,266,822.52	\$201,344,103.60	\$176,407,612.98
**Other Resource Paid Prior to Medicaid Payment	\$150,557,233.78	\$157,422,263.49	\$190,275,202.60
Total Overall SFY20 TPL Savings	\$306,837,082.47	\$362,334,512.78	\$370,034,377.69
<u>PREMIUMS and FEES</u>			
TPL Contractor Recovery Fees Paid	\$2,008,363.17	\$1,835,806.63	\$1,974,249.61
Medicare Part A Hospital Premiums Paid	\$2,957,458.00	\$2,909,870.00	\$3,315,199.00
Medicare Part B Medical Premiums Paid	\$27,462,735.50	\$29,650,847.30	\$30,986,381.20
Total Overall SFY20 Fees/Premiums Paid	\$32,428,556.67	\$34,396,523.93	\$36,275,829.81
Combined TPL Collections and Savings	\$399,462,711.50	\$479,164,519.23	\$489,046,396.97
Minus Total Fees	\$32,428,556.67	\$34,396,523.93	\$36,275,829.81
Grand Total TPL Collections & Savings SFY	\$367,034,154.83	\$444,767,995.30	\$452,770,567.16



Accounting & Recovery Unit

Medicaid Average Weekly Provider Check Write FY2018 – FY2020



Health Facilities Licensing & Certification Section

- General Acute Care Hospitals (6)
 - Long Term Acute Care Hospital (1)
 - Specialty Hospitals (2)
 - Critical Access Hospitals (7)
 - Frontier Extended Stay Clinics (2)
 - Long Term Care Facilities (15)
 - Volunteer Hospice (7)
 - Hospice Agencies (5)
 - Home Health Agencies (17)
 - Ambulatory Surgical Centers (22)
 - Free Standing Birth Centers (16)
-
- Biennial licenses are renewed every other year (two-year license cycle)

Residential Licensing Section

- Assisted Living Homes - 701
 - Senior Homes – 236
 - Development and Mental Health Disability Homes – 421
 - Dual Licenses – 44
- Residential Child Care Facilities– 40
- Residential Psychiatric Treatment Facilities for Children – 5
- Biennial licenses are renewed every other year (two-year license cycle)
- Provisional licenses are renewed every year (one-year license cycle)



Background Check Program

During CY2020, the HCS Background Check Program received and processed 33,510 background check applications.

- 23,680 New background check requests completed
- 9,830 Additional applications entered, connecting to a previous determination, receiving an instant clearance

Background Check Program

State Program Position Categories (SDS, DBH, HCS, DPS, DEED, OCS) Serviced by BCP

Assisted Living Facilities	Administrator, Caregiver, Food Service Personnel, Household member, Janitorial, Nurse, Office Staff, Owner, Resident Manager
Autism Service Providers	Behavior Analyst, Behavior Technician
Behavior Health Facility	Administrative Assistant/Clerical, Case Manager, Clinical Associate, Clinical Director, Community Mental Health Nurse, Counselor Assistant, Executive Director, Floor Monitor, Food Services, Grants Coordinator, Job Developer, Medical Billing, Mental Health Clinician, Non-Profit Facility Volunteer, Nurse, Peer Support Worker, Physician, Program Manager, Psychiatrist, Quality Improvement Specialist, Records, Substance Abuse Counselor, Trauma Informed Clinician
Child Care Facility	Administrator, Caregiver, Child Care Associate, Facility Staff (not caregiver), Household Member, Owner
EED: Pre-K/Pre-School/Head Start	Administrator, Family Advocate, Health Provider, Kitchen Staff, Maintenance/Janitorial, Teacher, Teaching Aid
Foster Home	Caregiver (not household member), CPA Administrator, Foster Parent, Household Member
Grant Funded Program	Grant Administrator, Grantee Care Provider, Grantee Foster Grandparent, Grantee Staff
Personal Care Agency	Case Manager, Clerical, Contractor/Consultant, Financial, Individual Service Provider, Janitorial, Managerial, Nurse, Owner/Operator, Personal Care Worker, Volunteer
Residential Child Care Facility	Administrator, Associate Administrator, Caregiver, Designee, Doctor, Food Service Personnel, Maintenance/Janitorial Personnel, Mental Health Professional, Nurse, Office Staff
Student/Apprentice Training (healthcare related careers)	Student, Teaching, Teaching Office Staff



Background Check Program

State Program Position Categories (SDS, DBH, HCS, DPS, DEED, OCS) Serviced by BCP

Transportation (medical transport services/disabled individuals)	Driver, Office Staff
Waiver Service Provider	Care Coordinator, Case Manager, Clerical, Contractor/Consultant, Financial, Individual Service Provider, Janitorial, Managerial, Nurse, Owner/Operator, Volunteer
Health Care: Executive, Administrative, Managerial	Administrator, Clerical, Director/Business Manager, Nursing Home Administrator, Owner/Operator
Health Care: Food and Dietary Services	Cook, Kitchen Worker Food Preparer, Waiter/Waitress
Health Care: Housekeeping and Engineer Services	Cleaner, Janitor, Maid
Health Care: Laboratory and Radiology Services	Laboratory Technician, Radiology Technician
Health Care: Professional/Licensed Health Care	Dentist, Dietitian, Faculty, Licensed Practical/Licensed Vocational, Medical Director, Medical Student, Mental Health Clinician, Mental Health Professional, Nursing Student, Occupation/Vocational Therapist, Pharmacist, Physical Therapist, Physician, Physician Extender, Podiatrist, Psychiatrist, Registered Nurse, Social Worker, Speech/Language Pathologist
Health Care: Technical, Unlicensed Health Care	Care Coordinator, Feeding Assistant, Individual Service Provider, Medication Aide-Technician, Nurse Aide, Nurse Aide in Training, Occupation/Vocational Therapy Aide/Assistant, Orderly Attendant, Physical Therapy Aide/Assistant, Psychiatric Nurse Assistant, Student Nurse
Health & Social Services Headstart	Admin/Clerical, Administrator, Family Advocate, Food Services/Kitchen Staff, Maintenance/Janitorial, Supervisor/Coordinator, Teacher, Teaching Aid
Tribal Cosigner	Provider

Quality Assurance Unit

Alaska Medicaid Provider Enrollment FY2018 – FY2020

Top Medicaid Enrolled Provider Types:

Provider Type	SFY2018	SFY2019	SFY2020
020 - Physician (MD)	9,230	8,146	7,017
094 - Personal Care Assistant	7,388	6,178	4,956
034 - Advanced Practice Registered Nurse	1,772	1,855	1,672
021 - Health Professional Group	1,409	1,332	1,212
033 - Physician Assistant	948	971	983
030 - Dentist	879	855	791
039 - Physical Therapist	658	634	655
131 - Behavioral Health Clinical Associate	N/A	N/A	599
055 - Community Health Aide/Practitioner	565	582	484
001 - General Hospital	534	522	422
047 - Home Community Based Agency	265	294	338
117 - Certified Registered Nurse Anesthetist	331	365	313
Total Medicaid Enrolled Providers	SFY2018	SFY2019	SFY2020
In-State	18,731	17,756	17,558
Out of State	9,673	8,104	6,487
Total	28,404	25,860	24,045

Note: Overall drop in enrolled providers from previous years is primarily due to out-of-state providers who failed to revalidate and were dropped from active enrollment.

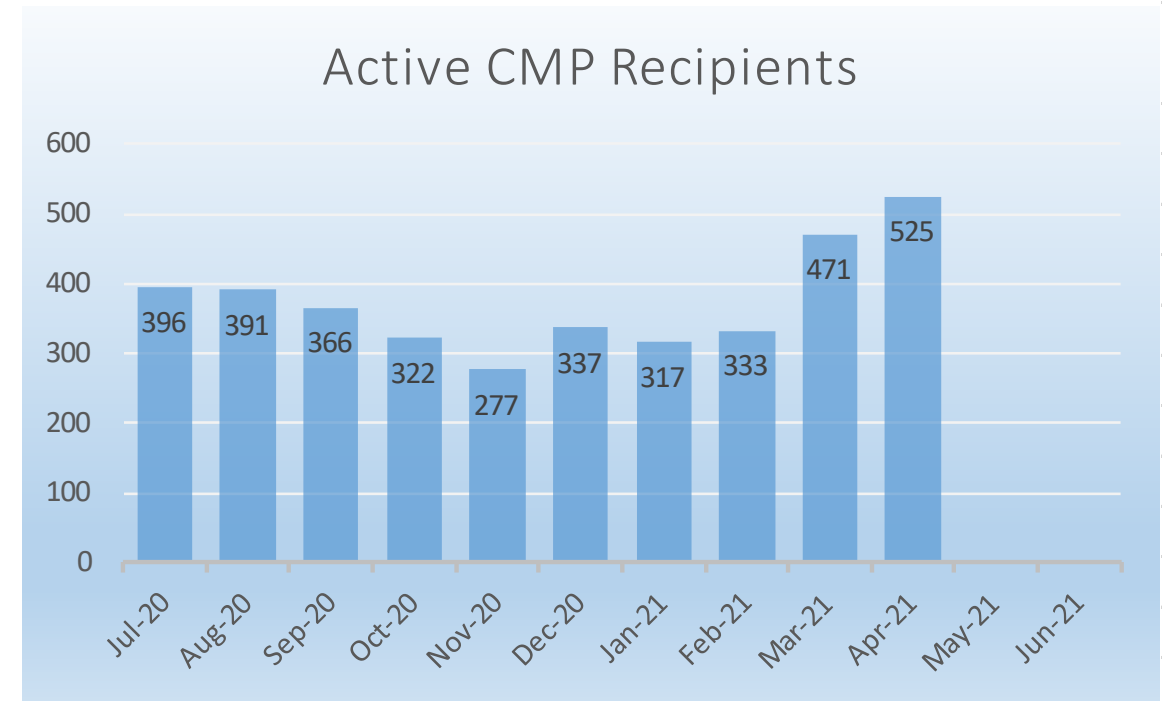
Quality Assurance Unit

Care Management Program Summary

Year to Date Active Summary -- FY2021

Active CMP Recipients	
Currently in CMP	317
Recipients Beginning CMP This Month	1
Recipients Serving Final Month	7
Recipients Beginning February 2021	20
Recipients Beginning March 2021	143

Month	Active CMP Recipients
Jul-20	396
Aug-20	391
Sep-20	366
Oct-20	322
Nov-20	277
Dec-20	337
Jan-21	317
Feb-21	333
Mar-21	471
Apr-21	525
May-21	
Jun-21	



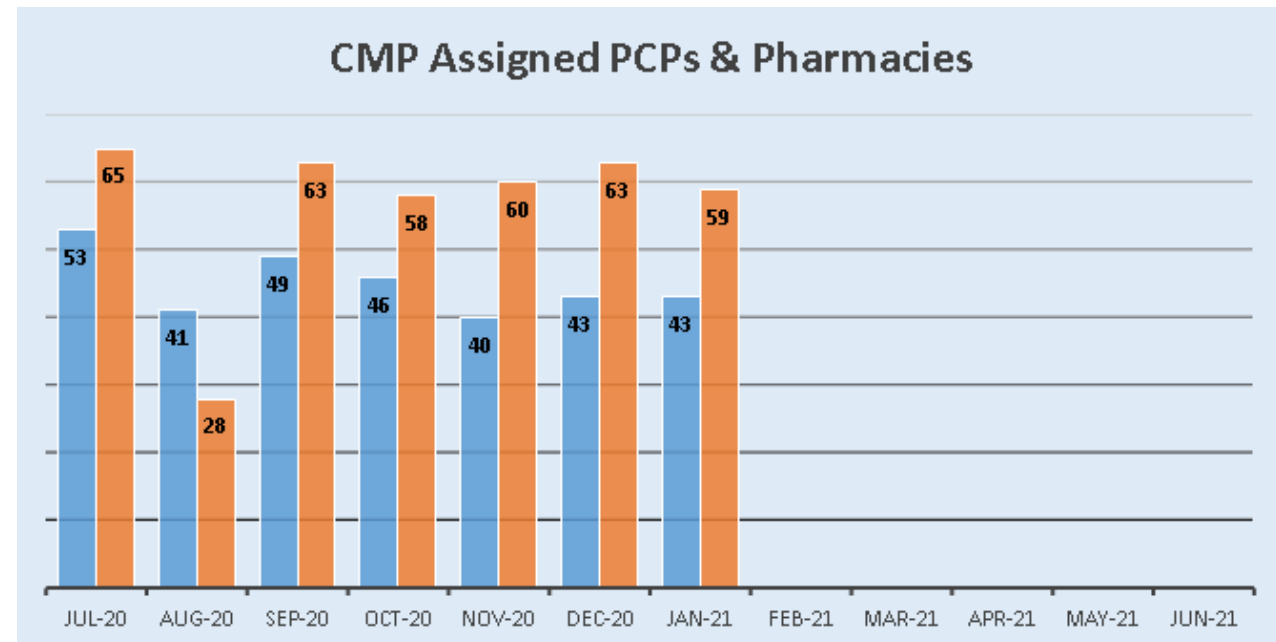
Quality Assurance Unit

Care Management Program

- Currently there are 43 primary care providers and 63 pharmacies that work with recipients in their medical and prescription needs.
- Southcentral Foundation currently acts as the Primary Care Provider & Pharmacy for most CMP recipients.

Primary Care Providers	Recipients
Southcentral Foundation	116
Yukon-Kuskokwim Health Corporations	44
Anchorage Neighborhood Health Center, Inc	34

Pharmacy Providers	Recipients
Southcentral Foundation	97
Yukon-Kuskokwim Health Corporations	46
Alaska Native Tribal Health Consortium	12



Quality Assurance Unit

Explanation of Medical Benefits (EOMB)

- In October 2020 DHCS completed the effort to release EOMB functionality for both adults and children.
- Members can register for EOMB access at <https://member.medicaidalaska.com/>
- Two years of claim information is available for review. Members have the option report questionable claims to DHCS for review.

Clinical Review Team

Medical Care Advisory Committee

Purpose

The Medical Care Advisory Committee (MCAC) is a public advisory group charged with advising the Department of Health and Social Services on Medicaid policy and program changes.

Members

7 – 13 members, including 6 from the following professions:

- Physician
- Behavioral health provider
- Nurse
- Dentist
- Pharmacist
- Hospital Administrator
- Nursing Home Administrator

Subcommittees

Bylaws, Consumer Relations, Executive, Legislative, Strategic Planning

Workgroups

- Chiropractic (Wellness)
- Dental Quality (Oral Health, including Oral Surgery)
- Genetic Testing
- Telehealth (including pediatric telehealth focus)

How has the Public Health Emergency affected programs?

Alaska was approved the flexibility to waive the following requirements:

Section 1135 Waiver

- Suspend Prior Authorization (PA) Requirements
- Extend Pre-Existing Prior Authorizations
- Extend Appeal/Fair Hearing Time Limits by up to 120 days
- Waive certain provider enrollment screening requirements
- Auto enroll providers certified by another state Medicaid program or by Medicare
- Temporarily cease revalidation of Alaska-based providers
- Allow services provided in unlicensed facility to be reimbursed under certain circumstances
- Provision of Care: Suspend enforcement of the Emergency Medical Treatment and Active Labor Act (EMTALA)
- Allow Facilities/institutional providers to setup and bill for ACS, outside licensed and traditional space to be used for COVID

How has the Public Health Emergency affected programs?

Section 1135 Disaster Relief State Plan Amendment

- Do not impose cost sharing for COVID-19 testing and treatments
- Suspend premiums for qualified working disabled under 1902(a)(10)(A)(ii)(XIII)
- Allow for postponement or modification of provider CPR/first aid certification requirements for certain providers
- Claims for outpatient drugs with days' supply up to 68 days shall be permitted
- Raise dispensing fee to \$15.86 when a pharmacy delivers meds (\$23.78 in roadless areas)
- Allow WAC+1% when drug acquisition cost exceeds "lesser of" logic, bypassing FUL and NADAC.

How has the Public Health Emergency affected programs?

Appendix K –

Provider Enrollment and Participation Requirements

- Streamline provider enrollment requirements when enrolling providers
- Postpone deadlines for revalidation of providers who are located in state or otherwise directly impacted by the emergency
- Waive revalidation and provider renewal requirements
- Allow for provider electronic signature
- Postpone fingerprint requirements, allowing the issuance of a background check approval on a provisional basis
- Waive provider and recipient signature requirements
- Waive all face-to-face requirements

Currently in Process for SFY 2021:

- Review telehealth outcomes during COVID-19 public health emergency; identify successes for permanent regulatory change consideration
- Medicaid dental, therapy, and visions services regulatory changes to curtail overuse and misuse of services
- Fiscal agent and Pharmacy RFP
- Transportation Efficiencies
- Additional Pharmacy Rebates
- Additional recoveries in Accounting & Recovery



QUESTIONS?