FISCAL NOTE

STATE OF ALASKA 2010 LEGISLATIVE SESSION				Fiscal Note Number: Bill Version: () Publish Date:		SB199		
Identifier (file name):SB199-DHSS-MAA-2-9-10				Dept. Affected	d: Health & Social Services			
Title Medicaid Coverage for Dentures			es	RDU Health Care Services				
				Component Medical Assistance		nce Administrati	Administration	
Sponsor	EI	lis		_				
Requester	Senate Finance			Component Nu	umber	242		
Expenditures/Revenue			(Th	- ousands of Do	llare)			
Note: Amounts do not incl		s otherwise no		ousarius or De	mais)			
	Appropriation Required			Infor	mation			
OPERATING EXPENDIT	FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	
Personal Services	84.5	-	-					
Travel								
Contractual	54.8							
Supplies	1.0							
Equipment Land & Structures	7.6							
Grants & Claims								
Miscellaneous								
TOTAL OPERATING	147.9	0.0	0.0	0.0	0.0	0.0	0.0	
CAPITAL EXPENDITURE								
CHANGE IN REVENUES								
FUND SOURCE			(TI	nousands of Dol	lars)			
1002 Federal Receipts	86.4		0.0	0.0	0.0	0.0	0.0	
1003 GF Match	61.5		0.0	0.0	0.0	0.0	0.0	
1004 GF								
1005 GF/Program Receip								
1037 GF/Mental Health Other Interagency Receipt								
TOTAL	147.9	0.0	0.0	0.0	0.0	0.0	0.0	
Estimate of any current	year (FY2010) c	-		-				
POSITIONS Full-time	1.0	1		1	T I			
Part-time	1.0							
Temporary								
ANALYSIS: (Attach a sep. SB199 is meant to addre annual limit. The annual Medicaid recipients to w The bill would authorize however when these ser preventative and restora	ss limitations of co I limit provides for vait until the subse the department t vices are provided	r expenditures equent fiscal ye o allow for prod d the adult reci	that would type ear to obtain the vision of both ipient would no	ically cover only be opposing den an upper and lo	y an upper or low ture under the M wer denture with	er denture, thus ledicaid progran nin the same star	s requiring n. te fiscal year,	
Prepared by: William J. S		nmissioner			_	(907) 334-2520		
Division DHSS Healt	h Care Services				_ Date/Time	2/9/10 9:58 AM		
Approved by: Alison Elgee	e, Assistant Comm	nissioner			_ Date	2/9/2010		
	lanagement Servi		<u> </u>		<u>'</u>			

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ANALYSIS CONTINUATION

The Division of Health Care Services estimates that it will need a total of 1 FTE to fully track expenditures and to authorize procedures up to the limit of the proposed legislation in the first year of the program, prior to modification of the claims payment system (MMIS) to permit automated tracking of expenditures.

Administrative Costs:

1 Medical Assistance Administrator II (Range 18), \$84,510; All personal services costs include benefits. Assumes \$9.6 per FTE annually for office space, phones, and other contractual costs; \$2.6 one time costs per FTE for computers and software; \$5.0 one time costs per FTE for office equipment; \$2.0 per FTE annually for supplies. GF portion of these expenses is 50%.

Medical Assistance Administrator II Duties

If legislation is passed and implemented to allow recipients the ability to utilize two fiscal year's annual cap for dentures (full sets and partials) during SFY2011, it will create a labor intensive process of tracking the service limits manually. Our current Medicaid Management Information System has the capability of applying service exceptions on an annual basis only. Combining two years limits will inititally require a manual work-around for tracking the 11 denture and partial procedure codes being utilized by approximately 4,400 recipients, and follow-up to ensure limits are not exceeded nor services duplicated at any point in the two year period. To authorize payment of individual dental claims, staff will have to research, review, and evaluate the recipients' claims and treatment history for the two year period in question. The division estimates the need for a Medical Assistance Administrator II to handle the increased workload until modifications can be made to the MMIS.

Modification of MMIS

DHSS estimates that it will cost \$50.0 in contractual to modify the present MMIS or enhance the new MMIS currently in development. Part of the development process involves ceasing all modifications to the current MMIS prior to conversion, to ensure that the new system can replicate the functionality of the present system. DHSS assumes that it will not be able to make the necessary modifications prior to the "freeze" of the current system, like to occur early in the summer of 2010. If DHSS is able to make the modifications before the freeze, it will not fill the position requested. GF portion of the system modification is 25%.