

ALASKA STATE LEGISLATURE

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REPRESENTATIVE LIZ VAZQUEZ

District 22 – Jewel Lake, Sand Lake, Kincaid & Dimond

MEMORANDUM

Date: Monday, March 09, 2015

To: 3/9/15 resending 3/5/15 questions on memo form for publication

From: Rep. Liz Vazquez

Re: Medicaid expansion questions for Commissioner Davidson for Thursdays HSS committee meeting

1. How many individuals are currently enrolled in Medicaid?
2. How does the federal poverty level in Alaska compare to the rest of the Nation? Will the higher federal poverty level (FPL) in Alaska be a cause for concern with regards to expansion? Has this been considered with the forecasts that are being presented in support of expansion?
3. When did the eligibility rules change so that assets or resources are not considered to determine eligibility for Medicaid? Was this a federal Statute or regulation change?
4. How many individuals in Alaska currently are eligible for Medicaid but are not enrolled? Medicaid.gov reports that in 2012 only Alaska had a 77 percent enrollment for existing eligible beneficiaries. Given that eligibility rules have changed to disregard assets, this number of individuals eligible for Medicaid prior to expansion may now be significantly greater. Are these individuals eligible for a 50 percent Federal Medical Assistance Percentages (FMAP), are they Alaska Native beneficiaries eligible for 100 percent due to their dual eligible status, or are they eligible for the expansion FMAP if they enroll?
5. How many individuals will be enrolled in the Medicaid program as a result of expansion?
6. Is there a co-pay or deductible for Medicaid services? If yes, what are the co-pays and deductibles for Alaska Medicaid eligible individuals?

7. Since Asset rules recently changed is it possible more individuals will qualify for Medicaid than data shows and if so, which FMAP do these enrollees qualify for? How many individuals have ever been denied for excess assets that might now qualify for Medicaid regardless of expansion and are they currently enrolled? If not, wouldn't that indicate that the 2012 data showing a 77 percent enrollment of existing eligible individuals may underestimate those currently eligible for Medicaid without expansion who are currently living in Alaska?
8. Do beneficiaries understand if they hold assets that Medicaid programs are required to recover assets through estate recovery efforts upon their death if Medicaid paid for their healthcare costs?
9. Alaska offers mandatory services required under 42 U.S.C 1396-1396p (Title XIX of the Social Security Act) but also provides additional optional services outlined under AS 47.07.030 that are NOT provided in many other states. Please inform us of all of the optional services that are currently available. Will these optional services be a factor that impacts the Medicaid enrollment as expansion moves forward?
10. Is it possible that applicants might reduce their wages or benefits in order to qualify for Medicaid?
11. Is it possible that many might lower wages in order to gain access to optional services many private insurers don't cover?
12. Is it possible that the high cost of deductibles for those privately insured will impact populations employment in an effort to qualify for Medicaid because of low cost-sharing and a lack of deductibles for Medicaid?
13. Since Medicaid pays more than many other insurers, including Medicare and the Veterans Administration, does expansion pose a risk to access for beneficiaries of these programs? Will this create access problems for others?
14. Once individuals without coverage qualify for Medicaid is utilization of healthcare expected to increase?
15. How will the health care needs of new enrollees be met when many already enrolled in Medicaid report access problems (a lack of available providers)?
16. What safety net programs will cease to exist to make way for expansion? How does the State plan to address the needs of those who receive services from these programs that don't qualify for Medicaid? Will they be left without access to any health care services or be forced to pay for services they too may not be able to afford?
17. Given that the plan for Alaska is to pull back on expansion if the FMAP drops below 90 percent, what exit strategy exists to ensure we don't create a fiscal crisis after 2020 as the safety net programs that exist today are going away to make way for expansion and to pursue the maximum federal reimbursements for services for those who qualify?
18. How will expansion improve program performance and lead to reform?

19. If Indian Health Service (IHS) programs are NOT insurance, how can the State restrict any services for IHS beneficiaries without restricting freedom of choice allowed under 42 CFR 431.51? What is the likelihood that the Centers for Medicare and Medicaid Services (CMS) might approve a waiver to allow for such a restriction?
20. Alaska currently is facing the fastest growing populations ever. Is it possible health care jobs in Alaska will grow regardless of expansion?
21. How can the forecast of new health care jobs be directly linked to Medicaid expansion? Where will these providers come from, especially in light of the fact that Medicaid currently has a health care shortage for Medicaid populations?
22. What are the projected administrative costs to expand Medicaid for the first five years?