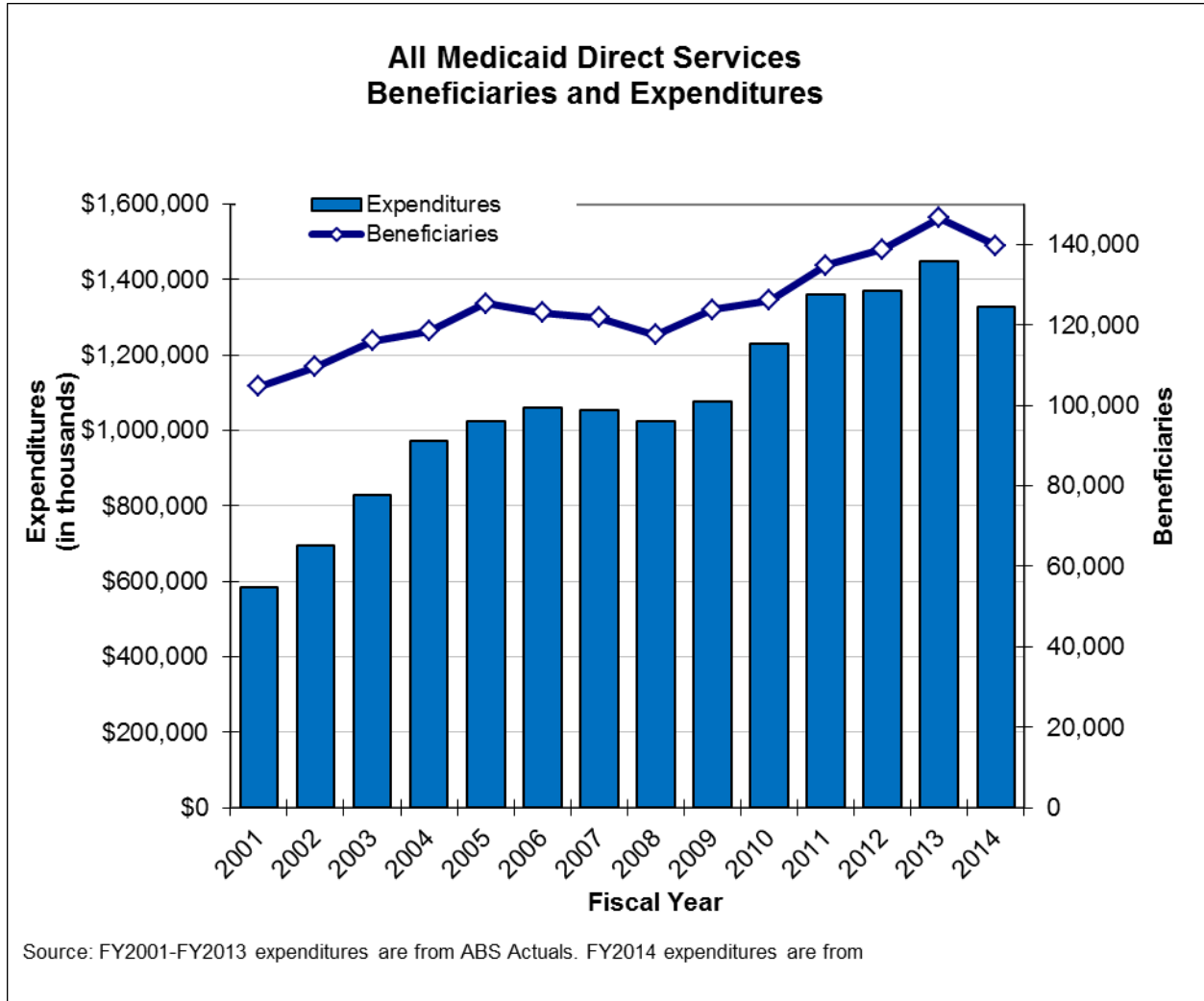


Questions and Responses for House-HSS Committee Hearing

Follow-up from Thursday March 5, 2015

1. Please provide a graph of the past 10 years of Medicaid enrollees and Medicaid expenditures.



**Medicaid Expenditures by Fund Source**  
(dollars in thousands)

<b>Fiscal Year</b>	<b>Beneficiaries*</b>	<b>Unrestricted General Funds</b>	<b>Designated General Funds</b>	<b>Federal Funds</b>	<b>Other Funds</b>	<b>Total Funds</b>
<b>2001</b>	104,717	\$152,427	\$364	\$387,432	\$43,671	\$583,894
<b>2002</b>	109,541	\$192,558	\$364	\$461,847	\$38,911	\$693,680
<b>2003</b>	115,987	\$211,075	\$1,427	\$558,581	\$57,034	\$828,117
<b>2004</b>	118,453	\$230,119	\$4,512	\$658,741	\$78,119	\$971,491
<b>2005</b>	125,309	\$276,089	\$1,533	\$685,474	\$61,822	\$1,024,918
<b>2006</b>	122,975	\$348,648	\$1,500	\$664,722	\$45,007	\$1,059,877
<b>2007</b>	121,865	\$374,492	\$52	\$651,908	\$26,924	\$1,053,376
<b>2008</b>	117,472	\$408,250	\$1,558	\$604,348	\$9,632	\$1,023,788
<b>2009</b>	123,791	\$389,170	\$74	\$682,270	\$6,774	\$1,078,288
<b>2010</b>	126,127	\$400,284	\$87	\$822,907	\$6,982	\$1,230,260
<b>2011</b>	134,768	\$466,585	\$192	\$888,944	\$4,527	\$1,360,248
<b>2012</b>	138,755	\$566,267	\$195	\$798,346	\$4,825	\$1,369,633
<b>2013</b>	146,613	\$613,951	\$455	\$827,695	\$6,692	\$1,448,793
<b>2014</b>	139,755	\$562,553	\$205	\$758,061	\$5,684	\$1,326,503

Source: Medicaid Budget Group using Alaska Budget System data. AKSAS for FY2014.

**2. Please provide the numbers for Medicaid expansion at full enrollment.**

If, on July 1, 2015, all Alaskans newly eligible for Medicaid expansion services enroll, we would expect the following in FY2016:

Newly Eligible Adults	41,910
Spending Per Enrollee	\$7,248
Federal Participation Rate	100%
Federal Spending	\$303,763,680
State Spending*	\$1,460,650
Offsets to State Spending from CAMA, Department of Corrections, and Behavioral Health Grants	(\$6,100,000)
Savings to State	(\$4,639,350)

\*State spending for full Medicaid expansion enrollment is initially estimated at \$6,041,300 (\$5,008,800 from the Division of Public Assistance, \$1,032,500 from the Division of Health Care Services). 50% of these costs will be

covered through federal participation and the AK Mental Health Trust has pledged \$1,560,000 for administrative cost support in this first year, leaving \$1,460,650 to be picked up by the state.

**3. Please provide the incomes of the hospitals that reported the \$90 million in uncompensated care.**

Please see attachment, "Hospital Reported Total Net Incomes."

**4. Please provide a written list of the expected savings for various reforms.**

See attachment, "H-HSS Reply to Question on Reforms."

**5. In response to Rep. Tarr's question, please provide information on how Medicaid and Medicaid expansion might help with behavioral health medicine compliance issues.**

- Medicaid expansion allows access to primary and behavioral health care, prescription medication, and case management services. Individuals who currently do not seek care or fill prescriptions for financial or accessibility reasons will now be able to do so.
- Continuity of behavioral health medication prescriptions would be enhanced through Medicaid expansion, particularly for individuals transitioning from hospital care or releases from correctional facilities, because individuals leaving these facilities will not only have prescriptions in hand for their medications but also the coverage to pay for them as long as they are medically necessary.

**6. To clarify Chair Seaton's question earlier: Rep. Seaton would like to hear our opinion on whether expansion legislation could include reform requirements with a delayed implementation timeline to provide a level of accountability and assurance to the legislature.**

Yes. The Department will readily work with the legislature on potential timelines for reform implementation. We don't believe any further delay on Medicaid expansion is warranted.