



Department of Health & Social Services

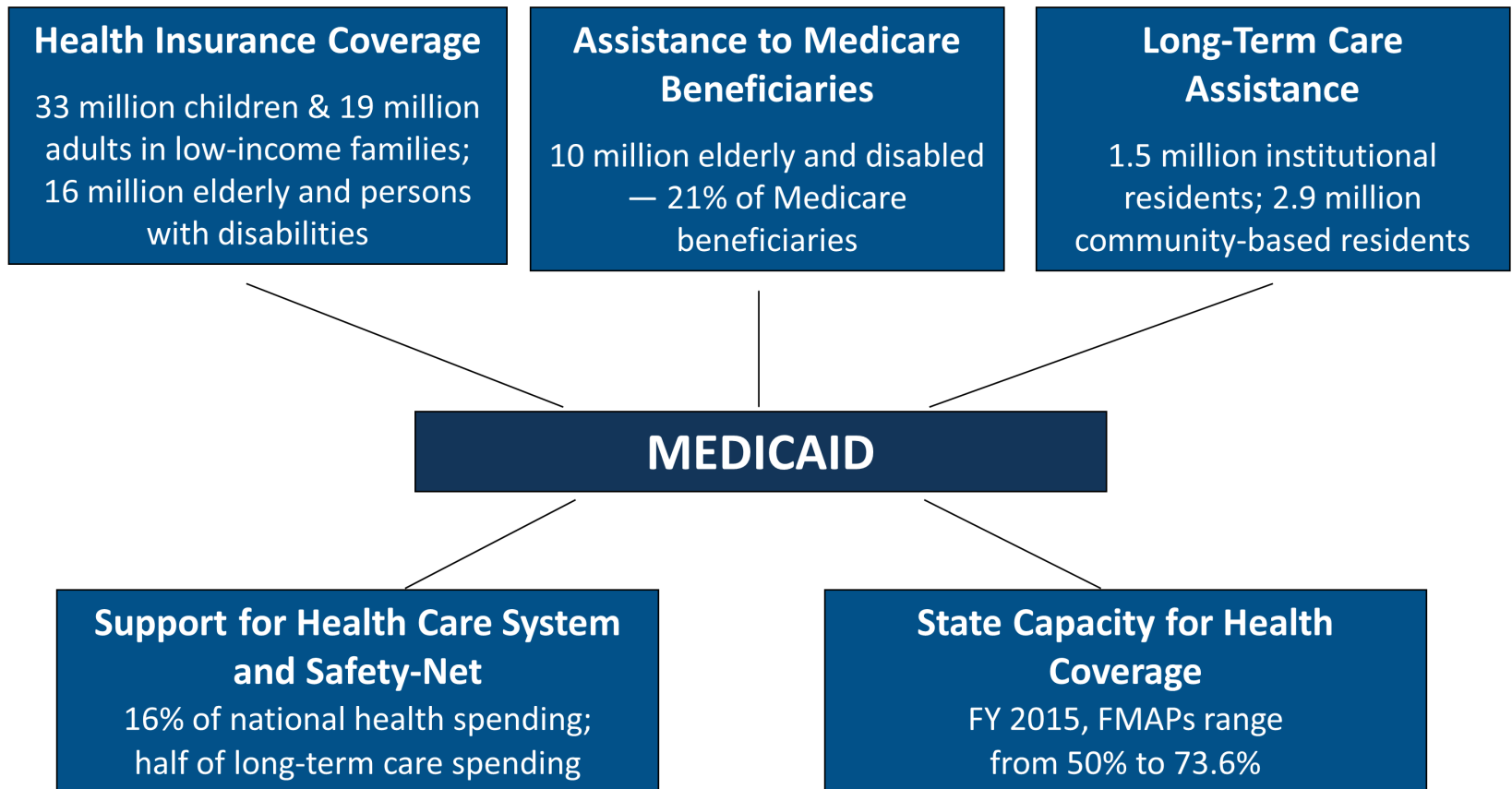
Margaret Brodie – Health Care Services Director



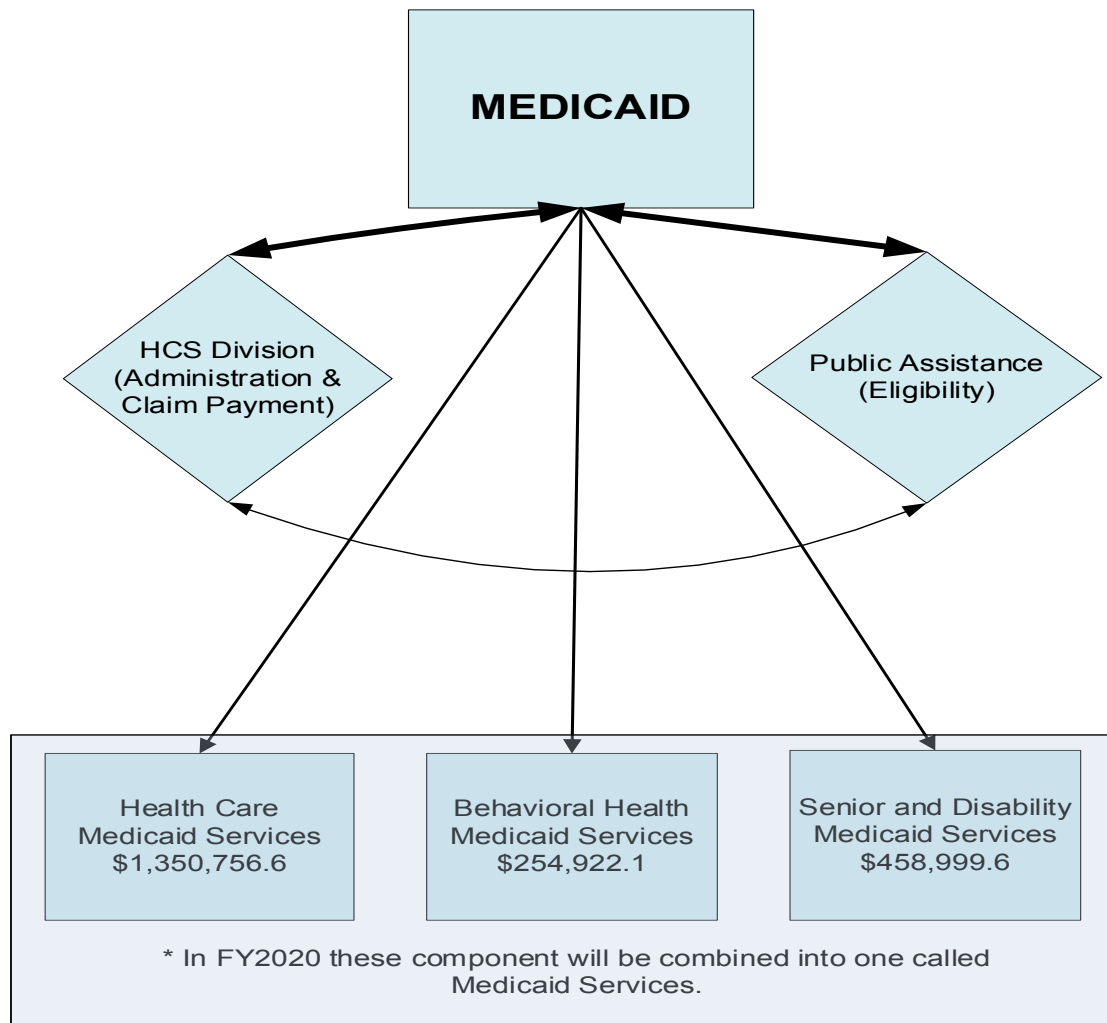
What is Medicaid

- Medicaid was enacted in 1965 along with Medicare
- Originally the program served recipients of two cash assistance programs:
 - Aid to Families with Dependent Children
 - Supplemental Security Income (aged, blind, disabled)

The Role of Medicaid



Alaska Medicaid





Medicaid Services Overview

- Medicaid Goals:
 - Integrate and coordinate services
 - Strategically leverage technology
 - Implement sound policy
 - Practice fiscal responsibility
 - Measure and improve performance



Medicaid Now

- The largest health insurance program in the country
- Covers over 72.6 million low-income Americans (237.9 thousand Alaskans)
- 1 in every 4 children are covered
- 50.6% of people covered are children nationally.
- National Annual Price tag of \$576.64 billion (Alaska is \$2.0 billion)



Medicaid Administration

- Medicaid programs vary from state to state
- Each state runs its program differently
- States have flexibility, but not unlimited flexibility
- 56 distinctly different Medicaid programs
 - One for each state, territory and the District of Columbia



State Plan

- Is an agreement between the state Medicaid agency and the federal government
- The parameters of its Medicaid program in its state plan
- Who will receive services
- Which services will be provided



State Plan (cont.)

- How providers will be reimbursed
- How the state administers the program
- Each state's plan and any amendments to that plan must be reviewed and approved by the federal government
- Approval is needed in order to get the federal matching funds



Waivers

- The U.S. Secretary of Health and Human Services has the authority to waive compliance with certain provisions of Medicaid law to allow for flexibility from federal law
- Used to:
 - Expand coverage
 - Provide services that could not otherwise be offered



Waivers

- Freedom of Choice Waivers (1915b)
 - Used to limit choice of providers under Managed Care Organizations (MCO)
- Section 1115 Research and Demonstration Waivers

Waivers and Options

| | 1915 c | 1915 k |
|----------------------------|---|---|
| | Home and Community-Based Services Waiver | Community First Choice Option |
| Purpose | Provides Home and Community-Based (HCBS) Services to individuals meeting income, resource, and medical (and associated) criteria who otherwise would be eligible to reside in an institution. | Provides a new State plan option to provide consumer controlled home and community-based attendant services and supports. Provides a 6% FMAP increase for this option. |
| Approval Duration | Initial application: 3 years. Renewal: 5 years. | One-time approval. Changes must be submitted to CMS and approved. |
| Other Eligibility Criteria | Must meet institutional level of care. | Individuals must meet institutional level of care. May include the special income group and receiving at least one §1915(c) HCBS waiver service per month. |
| Target Groups | Aged or disabled. Intellectually disabled or developmentally disabled. Mentally ill (ages 22-64). Any subgroup of the above. | No targeting. Services must be provided on a statewide basis, in a manner that provides such services and supports in the most integrated setting appropriate to the individual's needs, and without regard to the individual's age, type or nature of disability, severity of disability, or the form of home and community-based attendant services and supports that the individual requires in order to lead an independent life. |



Medicaid vs Medicare

| Medicaid | Medicare |
|---|--|
| Designed for low-income and disabled people. | Covers individuals aged 65 and over as well as some disabled individuals |
| By Federal law, states must cover low-income pregnant women, children, elderly, disabled and parents. | |
| States are responsible to administer | Federal government is responsible to administer |
| Financed jointly by states and federal government | Financed by federal taxes and premiums |
| Offers a comprehensive set of benefits, including prescription drugs as an optional benefit | Part A covers hospital services |
| | Part B covers physician services |
| | Part D offers a prescription drug benefit. |
| | Gaps in coverage for skilled nursing facilities, hearing, and vision |



Mandatory Eligibility Groups

- Low-income families with children
- Supplemental Security Income (SSI) recipients
- Infants born to Medicaid-eligible pregnant women
- Children under 6 and pregnant women at or below 138% of the federal poverty level
- Children under age 19 at or below 100% of the federal poverty level
- Recipients of adoption assistance and foster care
- Certain Medicare beneficiaries



Optional Eligibility Groups

- Infants up to age 1 and pregnant women from 134% to 185% of the federal poverty level
- Women diagnosed with breast or cervical cancer
- Children under 21 who meet income and resource requirements
- Certain aged, blind or disabled adults have income above the mandatory group but below the federal poverty level



Optional Eligibility Groups

- Institutionalized individuals with income and resources below specified limits
- People receiving care under Home and Community-Based Services (HCBS) waivers
- Recipients of state supplementary payments
- Adults with income levels between 100 and 138% of the poverty level



Who is Eligible for Medicaid

- A person must be:
 - Financially and categorically eligible
 - Income
 - Assets
- There are more than 50 groups of individuals who may qualify for Medicaid coverage



How an Applicant Becomes Eligible

- Individual applies to a state or other government agency
- Agrees to cooperation with third party recovery
- Agency verifies the applicant meets financial and general eligibility requirements



Dual Eligibility

- Enrolled in both Medicare and Medicaid
 - Elderly
 - Individuals with disabilities receiving SSI
- Medicare does not cover all long term care
 - They will cover 100 days after a qualifying hospital stay of 3 days
 - Skilled Nursing Facility (SNF) only
- Medicaid covers a large portion of the total health care costs for low-income seniors



Who Benefits

- Seniors
 - Medicaid provides assistance with:
 - Co-pays
 - Deductibles
 - Long-term care
- People with Disabilities
 - The standards for disability qualifications are fairly strict



SCHIP

- State Children's Health Insurance Program
 - Created in 1997
 - Provides additional funding for states to cover low-income children who are not already eligible for Medicaid
 - Higher federal matching rate
 - Most states cover children up to 200% of the federal poverty level
 - States can have separate SCHIP program or expand Medicaid



Low-income Children

- Income thresholds are set by each state
- Poverty levels are set by the federal government:
 - Children age 1 to 6 138%
 - Children age 6 to 18 100%
 - CHIP 200%



Low-income Adults

- Prior to Affordable Care Act (ACA):
 - Low-income parents or caretaker relative
 - Pregnant women
- Since ACA:
 - Low-income adults



Other Options

- Medically needy
 - Income or resources exceed the thresholds
 - Can spend down to qualify
 - Elderly people in nursing homes
 - Children and adults with disabilities
- Breast and Cervical Cancer
 - Must be diagnosed by federally funded screening program



2019 Federal Poverty Guidelines

| Federal Poverty Guidelines (coverage year 2019) Monthly | | | | | | | | |
|---|---------|---------|---------|---------|---------|---------|----------|----------|
| # in Household | 100% | 133% | 138% | 150% | 200% | 250% | 300% | 400% |
| 1 | \$1,041 | \$1,384 | \$1,436 | \$1,561 | \$2,082 | \$2,602 | \$3,123 | \$4,163 |
| 2 | \$1,409 | \$1,874 | \$1,945 | \$2,114 | \$2,818 | \$3,523 | \$4,228 | \$5,637 |
| 3 | \$1,778 | \$2,364 | \$2,453 | \$2,666 | \$3,555 | \$4,444 | \$5,333 | \$7,110 |
| 4 | \$2,146 | \$2,854 | \$2,961 | \$3,219 | \$4,292 | \$5,365 | \$6,438 | \$8,583 |
| 5 | \$2,514 | \$3,344 | \$3,470 | \$3,771 | \$5,028 | \$6,285 | \$7,543 | \$10,057 |
| 6 | \$2,883 | \$3,834 | \$3,978 | \$4,324 | \$5,765 | \$7,206 | \$8,648 | \$11,530 |
| 7 | \$3,251 | \$4,324 | \$4,486 | \$4,876 | \$6,502 | \$8,127 | \$9,753 | \$13,003 |
| 8 | \$3,619 | \$4,814 | \$4,994 | \$5,429 | \$7,238 | \$9,048 | \$10,858 | \$14,460 |

| Federal Poverty Guidelines (coverage year 2019) Annually | | | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|-----------|-----------|
| # in Household | 100% | 133% | 138% | 150% | 200% | 250% | 300% | 400% |
| 1 | \$12,490 | \$16,612 | \$17,236 | \$18,735 | \$24,980 | \$31,225 | \$37,470 | \$49,960 |
| 2 | \$16,910 | \$22,490 | \$23,336 | \$25,365 | \$33,820 | \$42,275 | \$50,730 | \$67,640 |
| 3 | \$21,330 | \$28,369 | \$29,435 | \$31,995 | \$42,660 | \$53,325 | \$63,990 | \$85,320 |
| 4 | \$25,750 | \$34,248 | \$35,535 | \$38,625 | \$51,500 | \$64,375 | \$77,250 | \$103,000 |
| 5 | \$30,170 | \$40,126 | \$41,635 | \$45,255 | \$60,340 | \$75,425 | \$90,510 | \$120,680 |
| 6 | \$34,590 | \$46,005 | \$47,734 | \$51,885 | \$69,180 | \$86,475 | \$103,770 | \$138,360 |
| 7 | \$39,010 | \$51,883 | \$53,834 | \$58,515 | \$78,020 | \$97,525 | \$117,030 | \$156,040 |
| 8 | \$43,430 | \$57,762 | \$59,933 | \$65,145 | \$86,860 | \$108,575 | \$130,290 | \$173,520 |

For households with more than 8, add \$4,320 for each additional person.
 Note: Eligibility for premium tax credits in coverage year 2019 is based on poverty guidelines for 2018.
 FPL = federal poverty line. Source (plus Hawai'i and Alaska guidelines): aspe.hhs.gov/poverty-guidelines



2019 Alaska Poverty Guidelines

| Alaska Poverty Guidelines (coverage year 2019) Monthly | | | | | | | | |
|--|---------|---------|---------|---------|---------|----------|----------|----------|
| # in Household | 100% | 133% | 138% | 150% | 200% | 250% | 300% | 400% |
| 1 | \$1,300 | \$1,729 | \$1,794 | \$1,950 | \$2,600 | \$3,250 | \$3,900 | \$5,200 |
| 2 | \$1,761 | \$2,342 | \$2,430 | \$2,641 | \$3,522 | \$4,402 | \$5,283 | \$7,043 |
| 3 | \$2,222 | \$2,955 | \$3,066 | \$3,333 | \$4,443 | \$5,554 | \$6,665 | \$8,887 |
| 4 | \$2,683 | \$3,568 | \$3,702 | \$4,024 | \$5,365 | \$6,706 | \$8,048 | \$10,730 |
| 5 | \$3,143 | \$4,181 | \$4,338 | \$4,715 | \$6,287 | \$7,858 | \$9,430 | \$12,573 |
| 6 | \$3,604 | \$4,794 | \$4,974 | \$5,406 | \$7,208 | \$9,010 | \$10,813 | \$14,417 |
| 7 | \$4,065 | \$5,407 | \$5,610 | \$6,098 | \$8,130 | \$10,163 | \$12,195 | \$16,260 |
| 8 | \$4,526 | \$6,019 | \$6,246 | \$6,789 | \$9,052 | \$11,315 | \$13,578 | \$18,103 |

| Alaska Poverty Guidelines (coverage year 2019) Annually | | | | | | | | |
|---|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| # in Household | 100% | 133% | 138% | 150% | 200% | 250% | 300% | 400% |
| 1 | \$15,600 | \$20,748 | \$21,528 | \$23,400 | \$31,200 | \$39,000 | \$46,800 | \$62,400 |
| 2 | \$21,130 | \$28,103 | \$29,160 | \$31,695 | \$42,260 | \$52,825 | \$63,390 | \$84,520 |
| 3 | \$26,660 | \$35,458 | \$36,791 | \$39,990 | \$53,320 | \$66,650 | \$79,980 | \$106,640 |
| 4 | \$32,190 | \$42,813 | \$44,423 | \$48,285 | \$64,380 | \$80,475 | \$96,570 | \$128,760 |
| 5 | \$37,720 | \$50,168 | \$52,054 | \$56,580 | \$75,440 | \$94,300 | \$113,160 | \$150,880 |
| 6 | \$43,250 | \$57,523 | \$59,685 | \$64,875 | \$86,500 | \$108,125 | \$129,750 | \$173,000 |
| 7 | \$48,780 | \$64,878 | \$67,317 | \$73,170 | \$97,560 | \$121,950 | \$146,340 | \$195,120 |
| 8 | \$54,310 | \$72,233 | \$74,948 | \$81,465 | \$108,620 | \$135,775 | \$162,930 | \$217,240 |

For households with more than 8, add \$5,530 for each additional person.

Note: Eligibility for premium tax credits in coverage year 2019 is based on poverty guidelines for 2018.
FPL = federal poverty line. Source (plus Hawai'i and Alaska guidelines): aspe.hhs.gov/poverty-guidelines

Mandatory VS Optional Services

Mandatory

- Inpatient hospital
- Outpatient hospital
- Physicians
- Nurse midwives
- Lab and X-ray
- Advanced Nurse Practitioners
- Early Periodic Screening, Diagnosis, and Treatment
- Family planning services
- Pregnancy-related services
- Nursing facility (NF) services
- Home Health (NF qualified)
- Medical/surgical dental services

Optional

- MH Rehab/Stabilization
- Diagnostic/Screening/Preventive
- Therapies (OP, PT, SLP)
- Inpatient psychiatry <21 years
- Drugs
- Intermediate Care Facility/Intellectual Disability
- Personal care
- Dental
- Other home health
- Other licensed practitioners
- Transportation
- Targeted Case Management



Affordable Care Act Essential Health Benefits

| Essential Health Benefits and Medicaid State Plan 1937(b)(1)(A), (B),(C) and (D); 1937(b)(5) Section 1302(b) of the Affordable Care Act 42 CFR 440.330; 42 CFR 440.345; 42 CFR 440.347; 42 CFR 440.360 45 CFR Part 156 | |
|--|---|
| 10 Essential Health Benefit Categories | Alaska State Plan Qualifying Services |
| Ambulatory patient services | Outpatient hospital, physician services, other licensed practitioners, clinic services, family planning, dental, hospice, personal care services. |
| Emergency services | Outpatient hospital, ER transportation, physician services – urgent care. |
| Hospitalization | Hospitalization: inpatient |
| Maternity and newborn care | Physician services, inpatient. |
| Behavioral Health (and Mental Health Parity) | Outpatient Rehabilitative services, Inpatient mental health, outpatient chemical dependency, inpatient chemical dependency. |
| Prescription drugs | Preferred Drug List |
| Rehabilitative and habilitative services | Home health services, supplies equipment, and appliances, physical therapy and related services, nursing facilities. |
| Laboratory services | Coverage is determined the first of each year. |
| Preventive and wellness services and chronic disease management | Preventive and wellness services and chronic disease management: tobacco cessation, preventive services. |
| Pediatric services – EPSDT as called out in 1905(r)(5) of Title XIX | Medicaid EPSDT |



Who Pays for Medicaid

- State and federal government share the cost
- How much a state receives depends on the Federal Medical Assistance Percentage
 - Calculated each year
 - The lowest it can be is 50%
 - Different categories have different rates



FMAP Rates for Alaska

- Indian Health Service (IHS) 100%
- FAMILY PLANNING 90%
- BREAST/CERVICAL CANCER 65%
- SCHIP 88%
- EXPANSION POPULATION 93%
- ALL OTHERS 50%



Federal Medical Assistance Percentage

Federal Medical Assistance Percentage (FMAP) Calculation

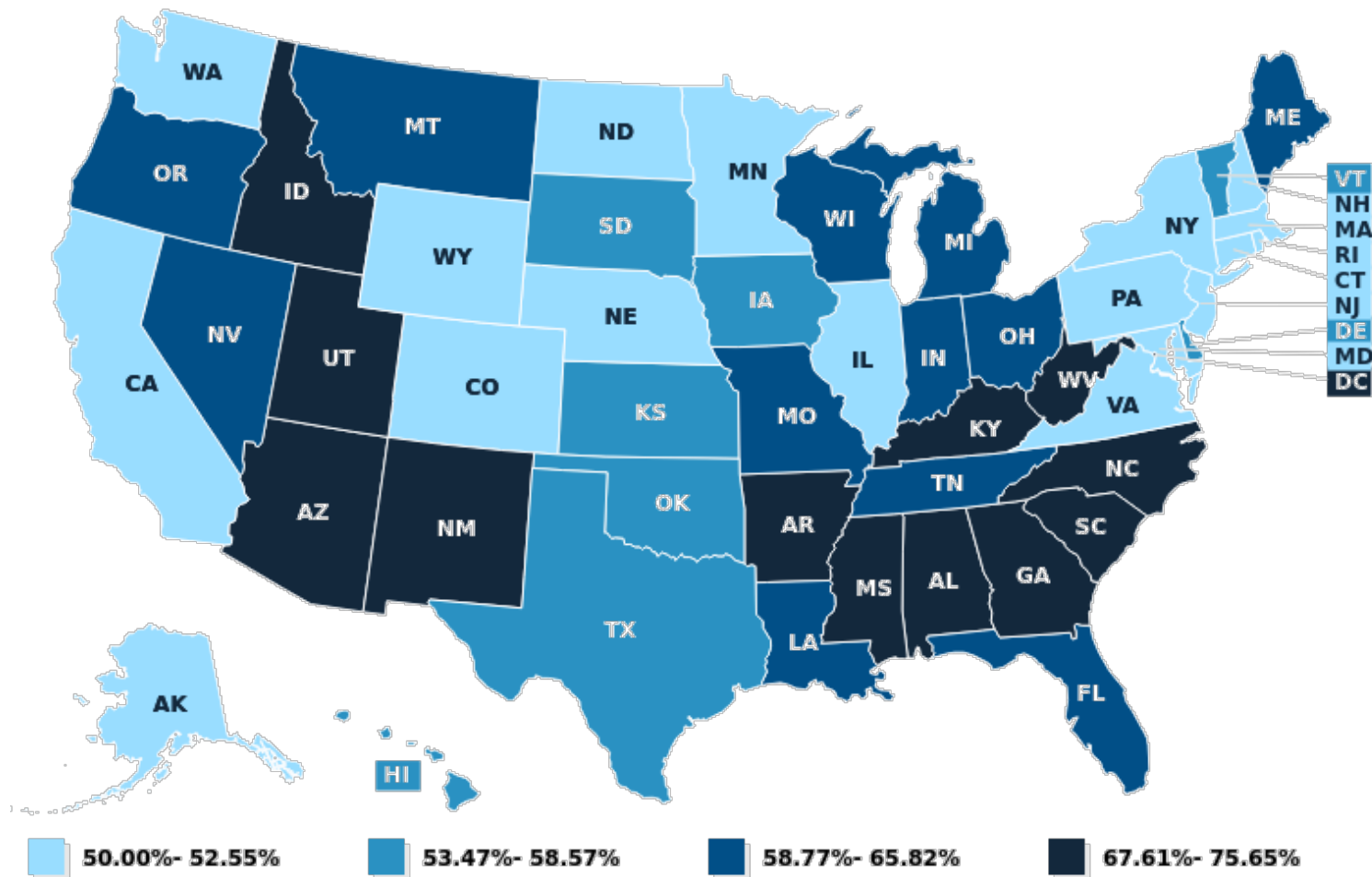
$0.45 \times [\text{State Per Capita Income}^2 / \text{U.S. Per Capita Income}^2]$

- Poor economic conditions of states are not reflected in FMAP calculations for a period of three years at the earliest.

Department of Health & Social Services



Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier: FMAP Percentage, FY 2018





Medicaid and Managed Care

- States began managed care programs in 1990s
- The Balanced Budget Act of 1997 gave states the authority to require recipients to enroll in managed care without getting a waiver



Medicaid and Managed Care

- Two major types:
 - Risk Model
 - Medicaid agency contracts with a health care organization to provide for the provision of services for each enrolled person for a monthly set fee
 - Primary Care Model
 - Medicaid enrollees are assigned to a primary care provider who manages their care, and in some states, acts as a gatekeeper to specialty services

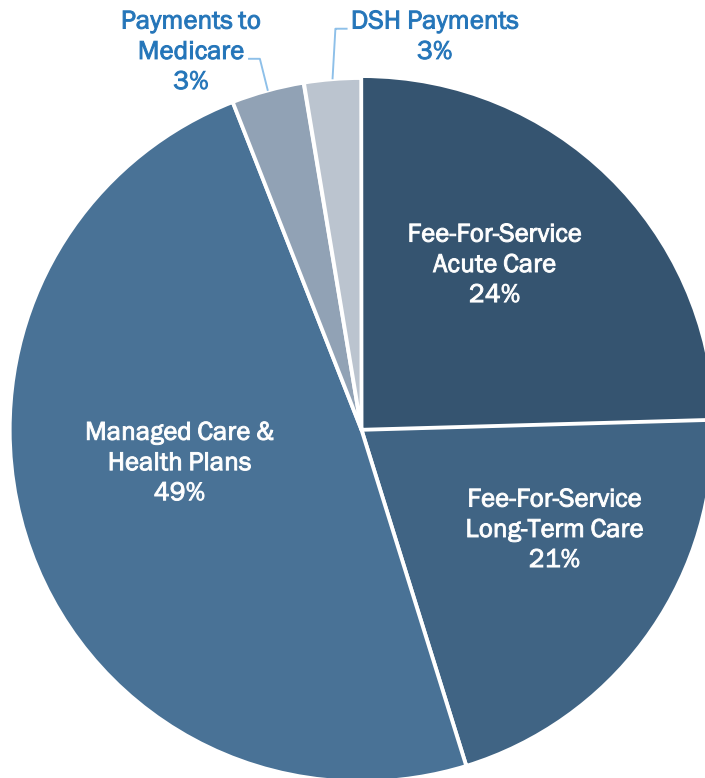
The map displays the following states categorized by their contracting status:

- Contracts with MCOs (39 states including DC):** WA, OR, CA, NV, UT, AZ, NM, CO, NE, KS, TX, MN, ND, SD, WI, MI, IA, MO, IL, IN, OH, KY, TN, MS, AL, GA, FL, SC, NC, VA, WV, PA, NY, CT, RI, MA, NH, ME, VT.
- Does not contract with MCOs (12 states):** MT, ID, WY, OK, AR, LA, HI.
- In process:** AK.

A star is located in Virginia (VA), indicating its selection for the study.

Medicaid Expenditures by Service

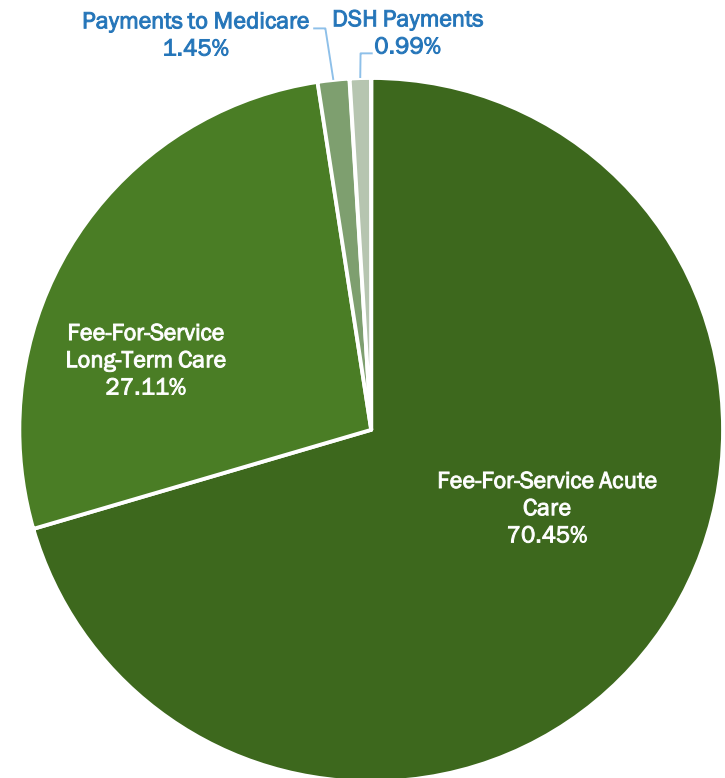
National



Total - \$576.6 billion

Source: Total Medicaid Spending |
The Henry J. Kaiser Family
Foundation

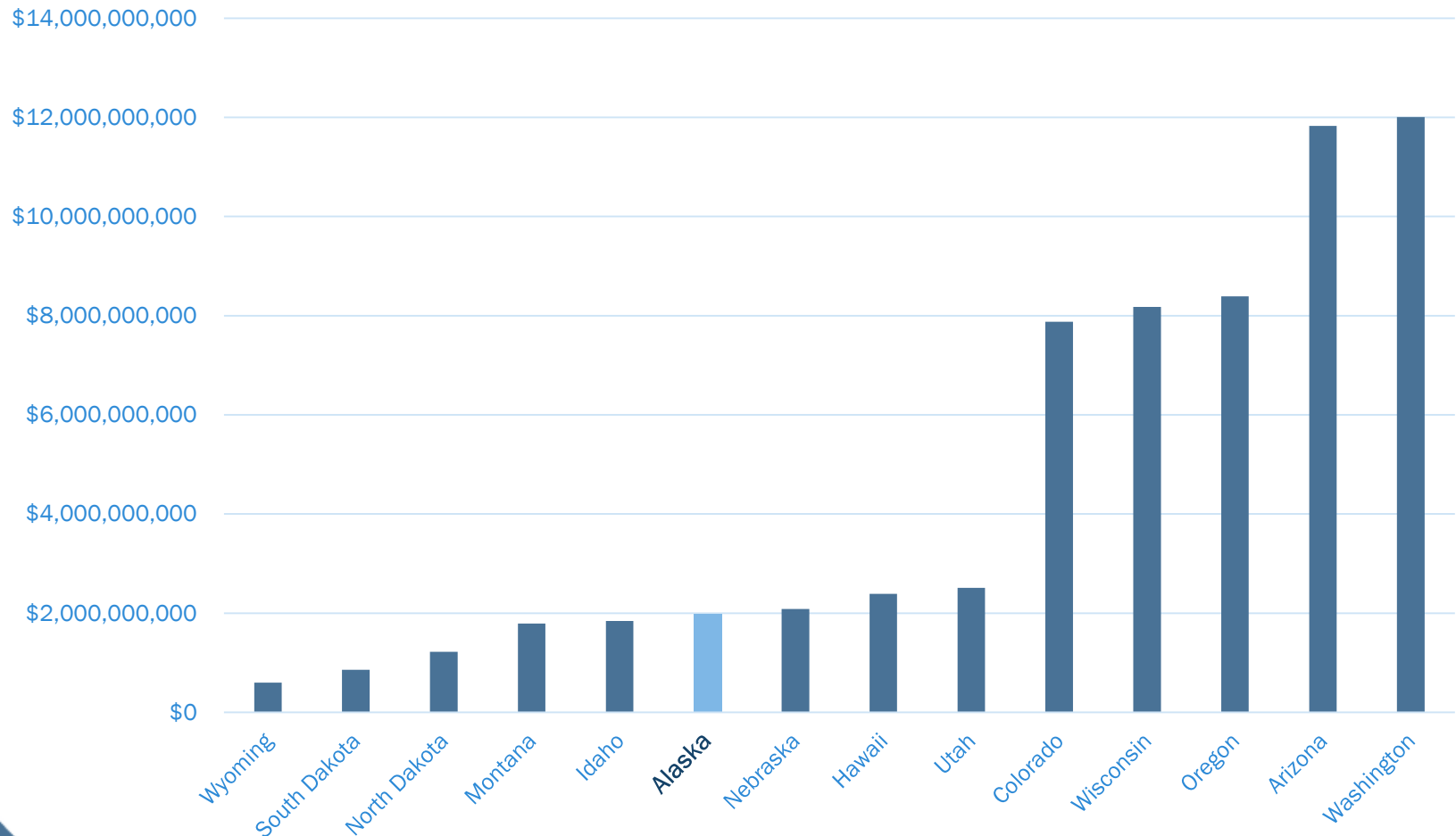
Alaska



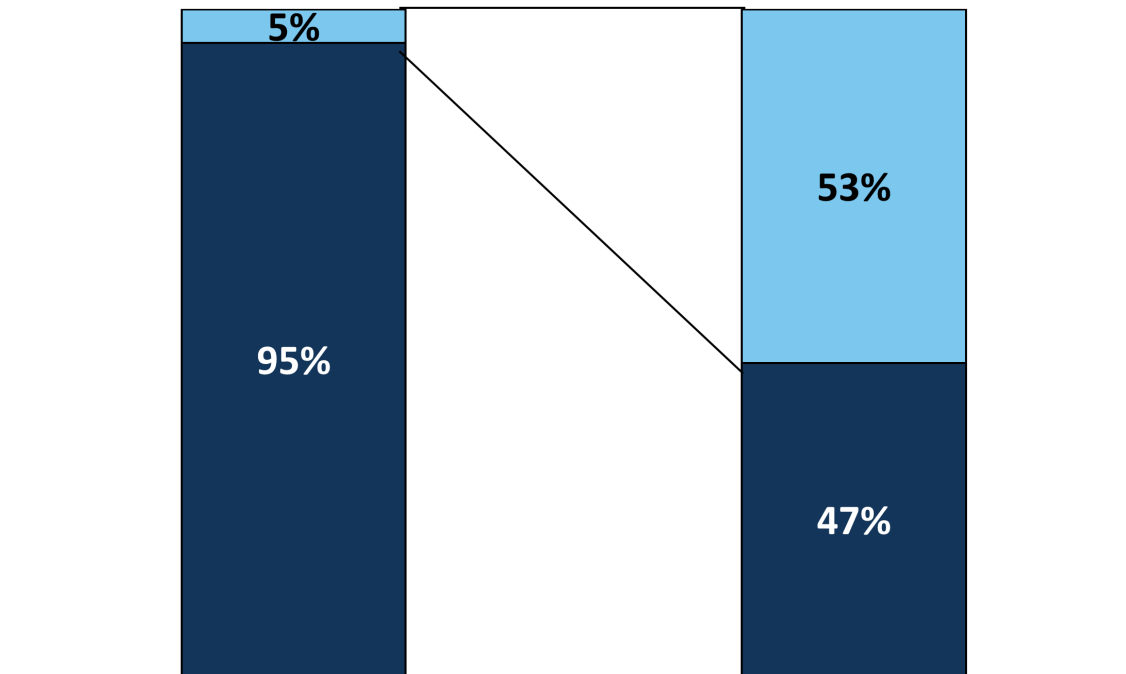
Total - \$2.0 billion



Medicaid Spending



5% of Enrollees Account for More than Half of Medicaid Spending Nationwide



Controlling Growth in Medicaid

Options for controlling spending

- Eligibility

- Compliance/Anti-Fraud

- Covered Services

- Innovations in Service Delivery

- Rates

- Technology

- Utilization Controls

- Maximize Revenue



Covered Services

- Optional benefits
- Limits on benefits
- Considerations
 - Shifting bulge
 - Medicaid rules
 - CMS approval process
 - Access and quality impacts



Rates

- Most common reduction by states
- Considerations
 - Reducing rates in one area may cause cost increases in another
 - Potential litigation
 - CMS approval of State Plan Amendment (SPA)
 - Impact on access and quality of care



Utilization Controls

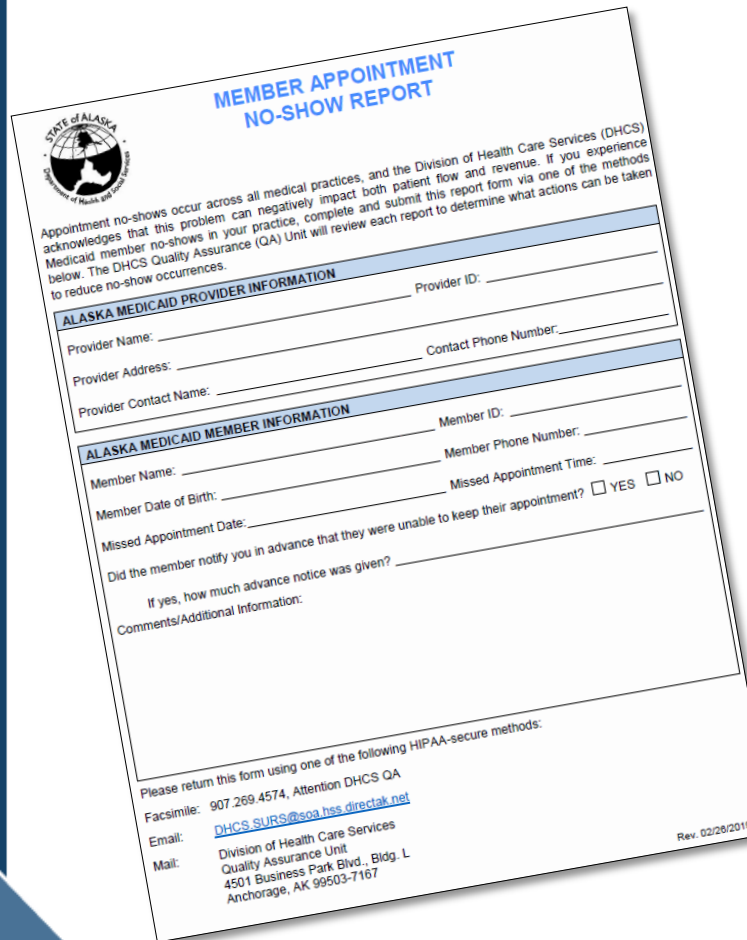
- States may impose utilization controls to ensure appropriateness of treatment being funded
- Wide range of controls and screens
 - Prior authorization
 - Post payment reviews
 - Hard or soft edits
 - Bundling, unbundling, and order of billing
 - New edits and audits for FFS (fee-for-service)



Compliance/Anti-Fraud

- May be an untapped area for savings in some states
- Fraud and abuse in Medicaid is a reality
- Numerous methods and vendors
- Fraud undermines the entire program

Appointment No-Show Reporting

The form is titled "MEMBER APPOINTMENT NO-SHOW REPORT" in blue. It includes a header with the Alaska Department of Health and Social Services logo and a paragraph explaining the purpose of the report. The form is divided into two main sections: "ALASKA MEDICAID PROVIDER INFORMATION" and "ALASKA MEDICAID MEMBER INFORMATION". The provider section includes fields for Provider Name, Provider ID, Provider Address, and Provider Contact Name. The member section includes fields for Member Name, Member ID, Member Date of Birth, Member Phone Number, Missed Appointment Date, and Missed Appointment Time. There are also checkboxes for "YES" and "NO" for the missed appointment, and a field for "Comments/Additional Information". At the bottom, there is a section for return instructions, including a fax number, email address, and mailing address. The form is dated "Rev. 02/26/2019".

MEMBER APPOINTMENT NO-SHOW REPORT

Appointment no-shows occur across all medical practices, and the Division of Health Care Services (DHCS) acknowledges that this problem can negatively impact both patient flow and revenue. If you experience Medicaid member no-shows in your practice, complete and submit this report form via one of the methods below. The DHCS Quality Assurance (QA) Unit will review each report to determine what actions can be taken to reduce no-show occurrences.

ALASKA MEDICAID PROVIDER INFORMATION

Provider Name: _____ Provider ID: _____

Provider Address: _____ Contact Phone Number: _____

Provider Contact Name: _____

ALASKA MEDICAID MEMBER INFORMATION

Member Name: _____ Member ID: _____

Member Date of Birth: _____ Member Phone Number: _____

Missed Appointment Date: _____ Missed Appointment Time: _____

Did the member notify you in advance that they were unable to keep their appointment? ☐ YES ☐ NO

If yes, how much advance notice was given? _____

Comments/Additional Information: _____

Please return this form using one of the following HIPAA-secure methods:

Faxsimile: 907.269.4574, Attention DHCS QA

Email: DHCS.SURS@soa.hss.directak.net

Mail: Division of Health Care Services
Quality Assurance Unit
4501 Business Park Blvd., Bldg. L
Anchorage, AK 99503-7167

Rev. 02/26/2019

Remittance Advice (RA) Message: Appointment no-shows occur across all medical practices, and the Division of Health Care Services (DHCS) acknowledges that this problem can negatively impact both patient flow and revenue. If you experience Medicaid member no-shows in your practice, complete and submit a Member Appointment No-Show Report. The DHCS Quality Assurance (QA) Unit will review each report to determine what actions can be taken to reduce no-show occurrences.

Appointment No-Show Reporting

A screenshot of the Alaska Department of Health and Social Services website. The header includes the state logo and navigation links like "myAlaska", "My Government", "Resident", and "Business in Alaska". The main content area features a "Health Care Services" section with a mission statement, a "Recipients HELP LINE" graphic, and a "HEALTHY ALASKA Medicaid Redesign" announcement. A "GOLDEN TICKET" graphic is also present. The "News" section highlights "Member Appointment No-Show Reporting" and "CMS Declares Alaska Public Health Emergency".

State of Alaska myAlaska My Government Resident Business in Alaska

Alaska Department of Health and Social Services
Division of Health Care Services

Home Divisions and Agencies Services News Contact Us

Health and Social Services > Health Care Services

Health Care Services
Our mission is to provide to all eligible Alaskans access and oversight to the full range of appropriate Medicaid services. We also protect Alaska's most vulnerable populations through our certification and licensing sections.

You can read more about our **Mission, Vision, and Core Values.**

IRS Form 1095-B for Medicaid Recipients
1095B Tax Form FAQ

Recipients HELP LINE

HEALTHY ALASKA Medicaid Redesign
Click here to get the facts.

GOLDEN TICKET
View the list of providers and FAQs

News

Member Appointment No-Show Reporting
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CMS Declares Alaska Public Health Emergency
In response to the 7.0 earthquake that occurred in southcentral Alaska on December 3, 2018, U.S. Health and Human Services Secretary Alex Azar declared a public health emergency in Alaska following the President's emergency declaration on November 30, 2018. This declaration allowed the Centers for Medicare and Medicaid Services to grant an

Member Appointment No-Show Reporting



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Member Appointment No-Show Reporting



Member Appointment No-Show Reporting



QUESTIONS?

Thank You