

Health Care Services FY2023 Overview

House Health and Social Services
Finance Subcommittee

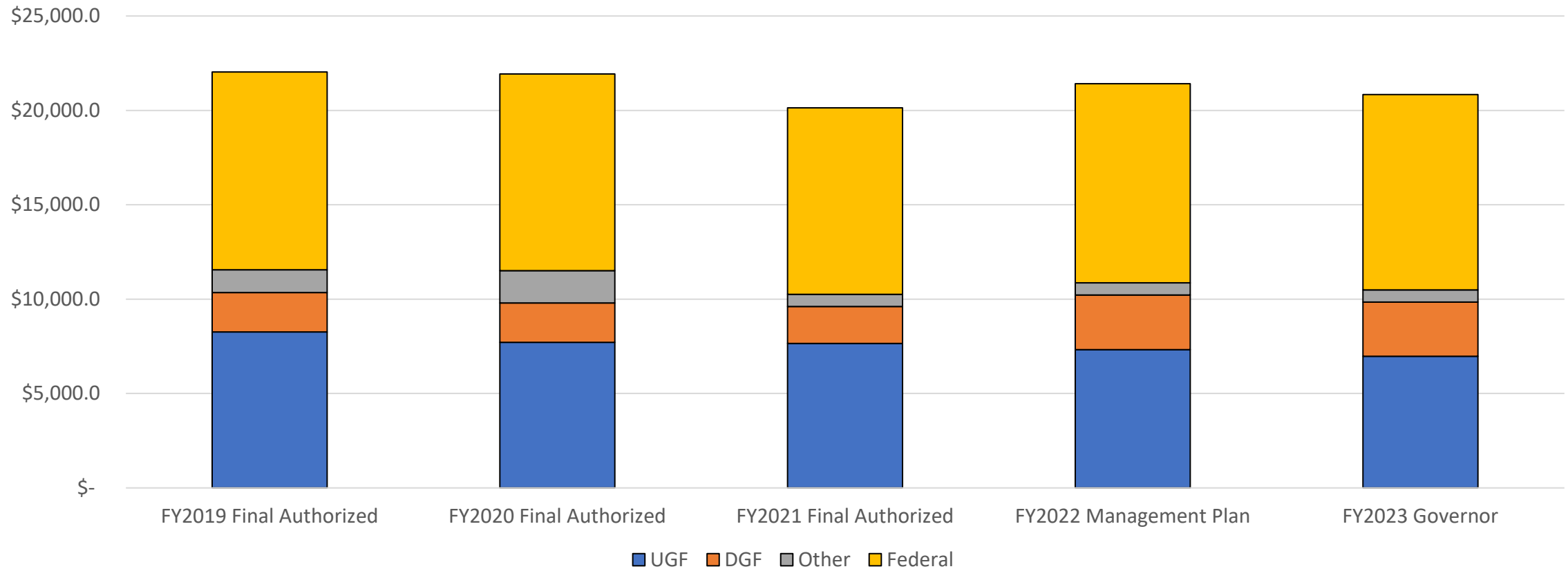
Thursday, February 10, 2022

Renee Gayhart, Director
Martha Hewlett, Administrative Operations Manager



Health Care Services Operating Budget Comparison

FY2019-FY2023 (in thousands)



	FY2019 Final Authorized	FY2020 Final Authorized	FY2021 Final Authorized	FY2022 Management Plan	FY2023 Governor	Difference FY2019 and FY2023
UGF	\$ 8,263.8	\$ 7,708.0	\$ 7,652.9	\$ 7,323.0	\$ 6,967.7	\$ (1,296.1)
DGF	\$ 2,082.0	\$ 2,093.2	\$ 1,958.2	\$ 2,891.1	\$ 2,879.3	\$ 797.3
Other	\$ 1,209.6	\$ 1,705.5	\$ 641.7	\$ 651.2	\$ 645.1	\$ (564.5)
Federal	\$ 10,476.1	\$ 10,424.9	\$ 9,885.6	\$ 10,546.5	\$ 10,351.1	\$ (125.0)
Total	\$ 22,031.5	\$ 21,931.6	\$ 20,138.4	\$ 21,411.8	\$ 20,843.2	\$ (1,188.3)



Other and Federal Fund Sources

Other

- Interagency Receipts
 - Background Check Program
 - Medicaid Physician
 - Department of Corrections Pharmacy Support
- Statutory Designated Program Receipts
 - Civil Money Penalties

Federal

- Title XVIII Medicare
- Title XIX Medicaid Administration
- Title XXI Children's Health Insurance Program (CHIP) Administration



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

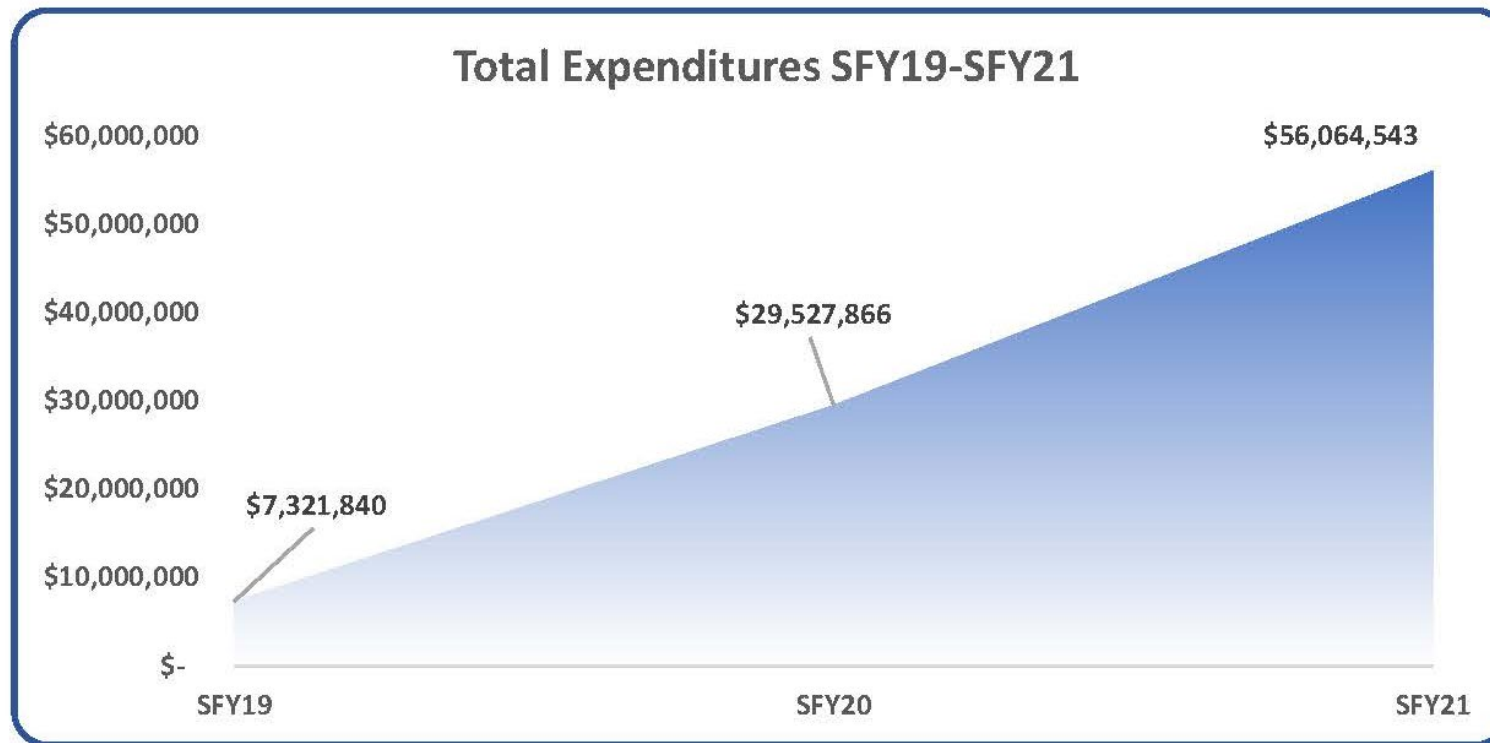
FY2021 Medicaid Claims Processed through the Medicaid Management Information System (MMIS) – Conduent Fiscal Agent

- MMIS Claims: 5,678,575
- MMIS Reimbursement: \$1,974,878,989

Top 10 Reimbursements by Provider Type		Top 10 Claim Types	
General Hospital - Inpatient	\$348,736,821.13	Pharmacy	1,727,456
General Hospital - Outpatient	\$274,120,352.52	Health Professional Group	1,227,605
Home & Community Based Services	\$272,165,469.61	Home & Community Based Services	528,259
Health Professional Group	\$246,077,678.56	General Hospital - Outpatient	399,950
Pharmacy	\$192,846,074.94	Federally Qualified Health Center/Rural Health Clinic	317,995
Skilled Nursing Facility/Intermediate Care Facility	\$183,220,918.00	Medicare Crossover - Part B	302,541
Federally Qualified Health Center/Rural Health Clinic	\$169,651,524.30	Transportation	246,230
Dental	\$84,756,546.94	Dental	191,017
Transportation	\$62,136,511.45	Personal Care Agency	139,133
Behavioral Health	\$30,253,993.84	Durable Medical Equipment	136,033

Medicaid Operations Unit

TELEHEALTH Total Expenditures FY2019 – FY2021



Tribal Health Program

Tribal Reclaiming

SFY	Target	State GF Savings (Transportation)	State GF Savings (Other Services)	Totals State GF Savings
SFY17	32M	\$ 10,589,538.00	\$ 24,192,302.00	\$ 34,781,840.00
SFY18	42M	\$ 15,901,959.00	\$ 29,285,001.33	\$ 45,186,960.33
SFY19	84M	\$ 26,922,884.00	\$ 42,423,291.00	\$ 69,346,175.00
SFY20	104M	\$ 35,998,890.84	\$ 58,112,308.30	\$ 94,111,199.14
SFY21	104M	\$ 15,532,936.95	\$ 41,934,934.94	\$ 57,467,871.89
SFY22	104M	\$ 8,748,421.06	\$ 23,426,641.65	\$ 32,175,062.71
TOTAL		\$ 113,694,629.85	\$ 219,374,479.22	\$ 333,069,109.07

State Health Official (SHO) letter 16-002 established tribal reclaiming (SB74)

5,712 Care Coordination Agreements

440 Providers

13 Tribal Health Organizations Participating in Tribal Reclaiming

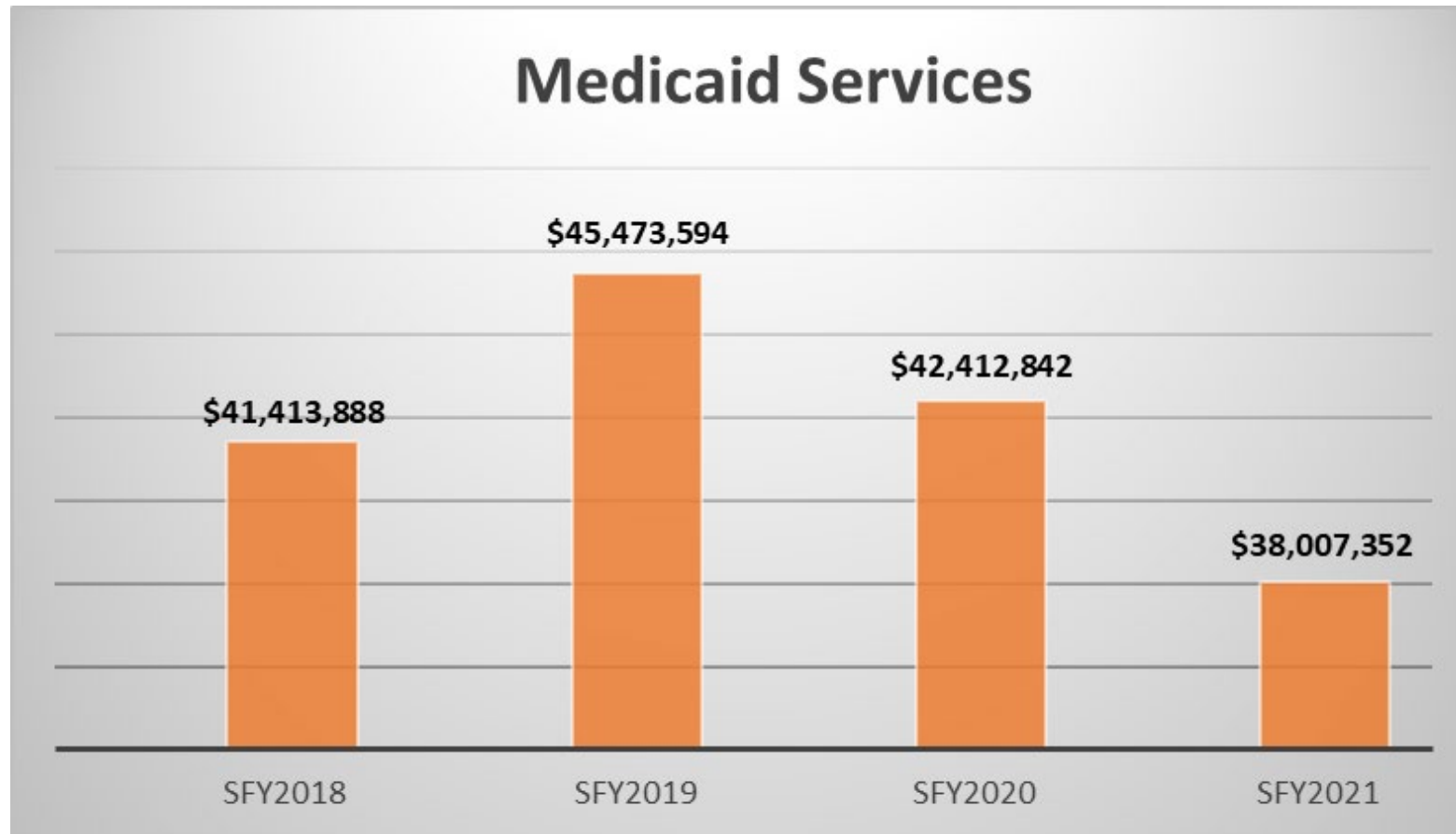
Accounting & Recovery Unit

Third Party Liability
Collections & Savings
SFY2019 - SFY2021

	SFY19 TOTALS	SFY20 TOTALS	SFY21 TOTALS
MEDICAID RECOVERIES:			
TPL Contracted Recoveries	\$6,859,568	\$7,526,356	\$26,163,883
Working-Disabled Program Premiums	\$99,781	\$102,530	\$92,455
Trust Recoveries	\$2,344,127	\$2,091,706	\$1,832,940
Resource Reimbursements	\$42,252	\$25,179	\$56,536
Drug Rebate Recoveries	\$104,252,665	\$105,723,347	\$123,751,954
AG's Subrogation	\$2,944,624	\$2,929,770	\$2,469,326
AG's Restitution/Lawsuits/Malpractice	\$11,913	\$127,724	\$26,607
AG's Estate Recovery	\$274,550	\$459,694	\$160,828
CAMA/ADMIN	\$525	\$25,713	\$2,080
Cost of Care			\$35,665
Total Overall SFY Collections	\$116,830,006	\$119,012,019	\$154,592,274
COST AVOIDANCE SAVINGS:			
Health Insurance Premium Program - HIPP	\$3,568,146	\$3,351,562	\$2,777,966
Medicare Paid	\$201,344,104	\$176,407,613	\$176,211,709
Other Resource Paid Prior to Medicaid Payment	\$157,422,263	\$190,275,203	\$226,707,664
Total Overall SFY TPL Savings	\$362,334,513	\$370,034,378	\$405,697,339
PREMIUMS and FEES:			
TPL Contractor Recovery Fees Paid	\$1,835,807	\$1,974,250	\$4,252,174
Medicare Part A Hospital Premiums Paid	\$2,909,870	\$3,315,199	\$3,151,228
Medicare Part B Medical Premiums Paid	\$29,650,847	\$30,986,381	\$33,960,224
Total Overall SFY Fees/Premiums Paid	\$34,396,524	\$36,275,830	\$41,363,626
Combined TPL Collections and Savings	\$479,164,519	\$489,046,397	\$560,289,613
Minus Total Fees	\$34,396,524	\$36,275,830	\$41,363,626
Grand Total TPL Collections & Savings SFY	\$444,767,995	\$452,770,567	\$518,925,987

Accounting & Recovery Unit

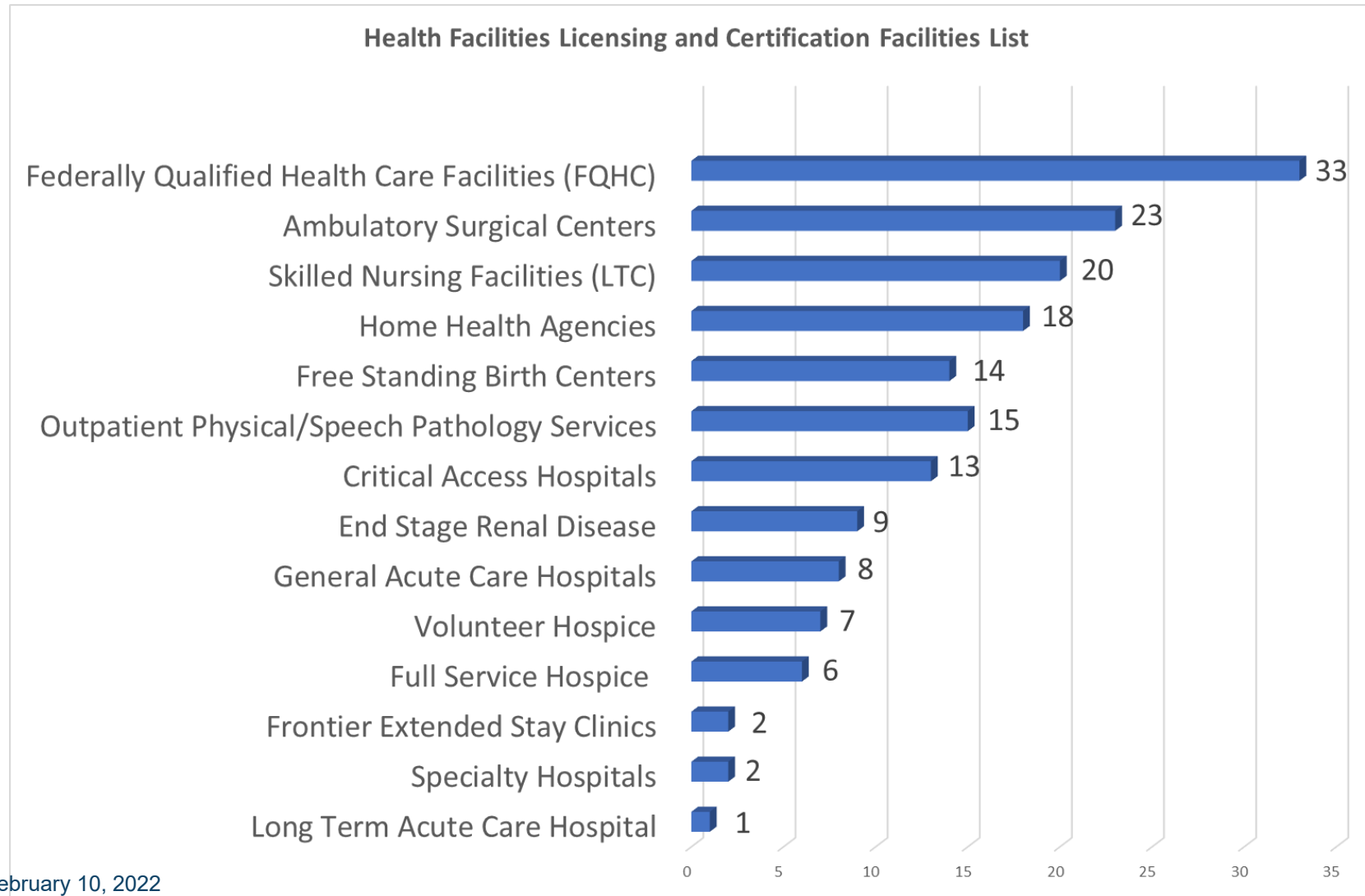
Medicaid Average Weekly Provider Check Write SFY2018 – SFY2021



Health Facilities Licensing & Certification Section

- Ensures basic levels of quality and safety for all patients receiving care from Medicare and Medicaid certified and/or licensed providers.
- DHSS continues with federal flexibility to include the emergency licensing program to establish alternate settings for care as a result of COVID-19.
- Responsible for state licensing and federal certification of health care facilities in the State of Alaska.
- Investigates reports of abuse and neglect and complaints made against certified/licensed health care facility providers.
- Monitors nursing homes and home health agency assessments for every adult Medicare or Medicaid client receiving skilled nursing services.

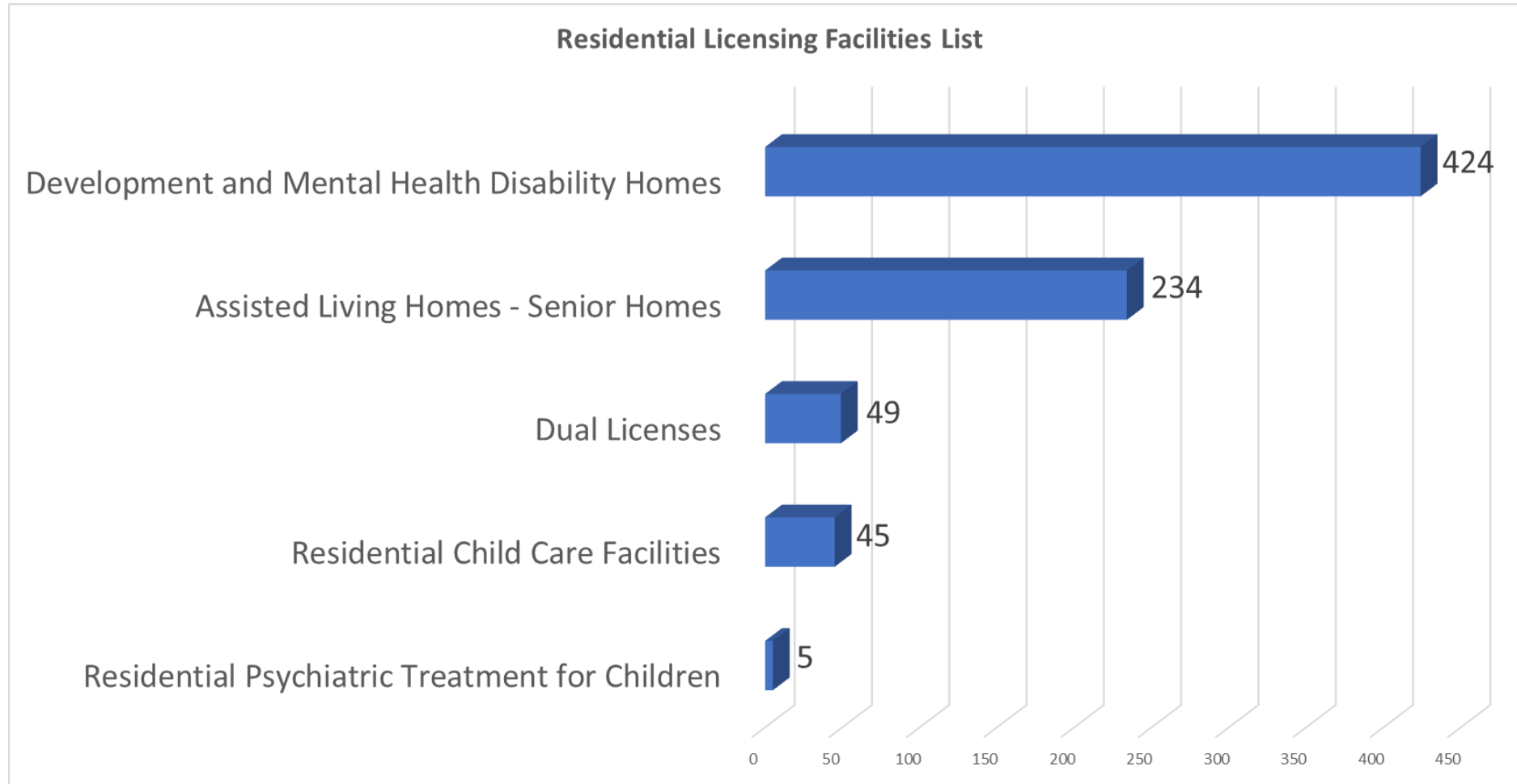
Health Facilities Licensing & Certification Section



Residential Licensing Section

- Conducts licensure activities for all assisted living homes and children's residential treatment facilities.
- Worked closely with Public Health in developing guidelines to best protect residential care facilities while allowing for safe visitation.
- Allowed for variances for facilities facing staffing shortages.

Residential Licensing Section





Background Check Program

During FY2021, the HCS Background Check Program received and processed 24,333 background check applications.

- 16,370 determinations completed, a decrease of 4,162 from FY2020 attributed to the cyberattack on May 17, 2021.
- 7,963 applications were connected to a valid background check determination receiving an instant clearance.

Background Check Program Cyberattack Timeline

May 24, 2021 - Background check interim process put into place.

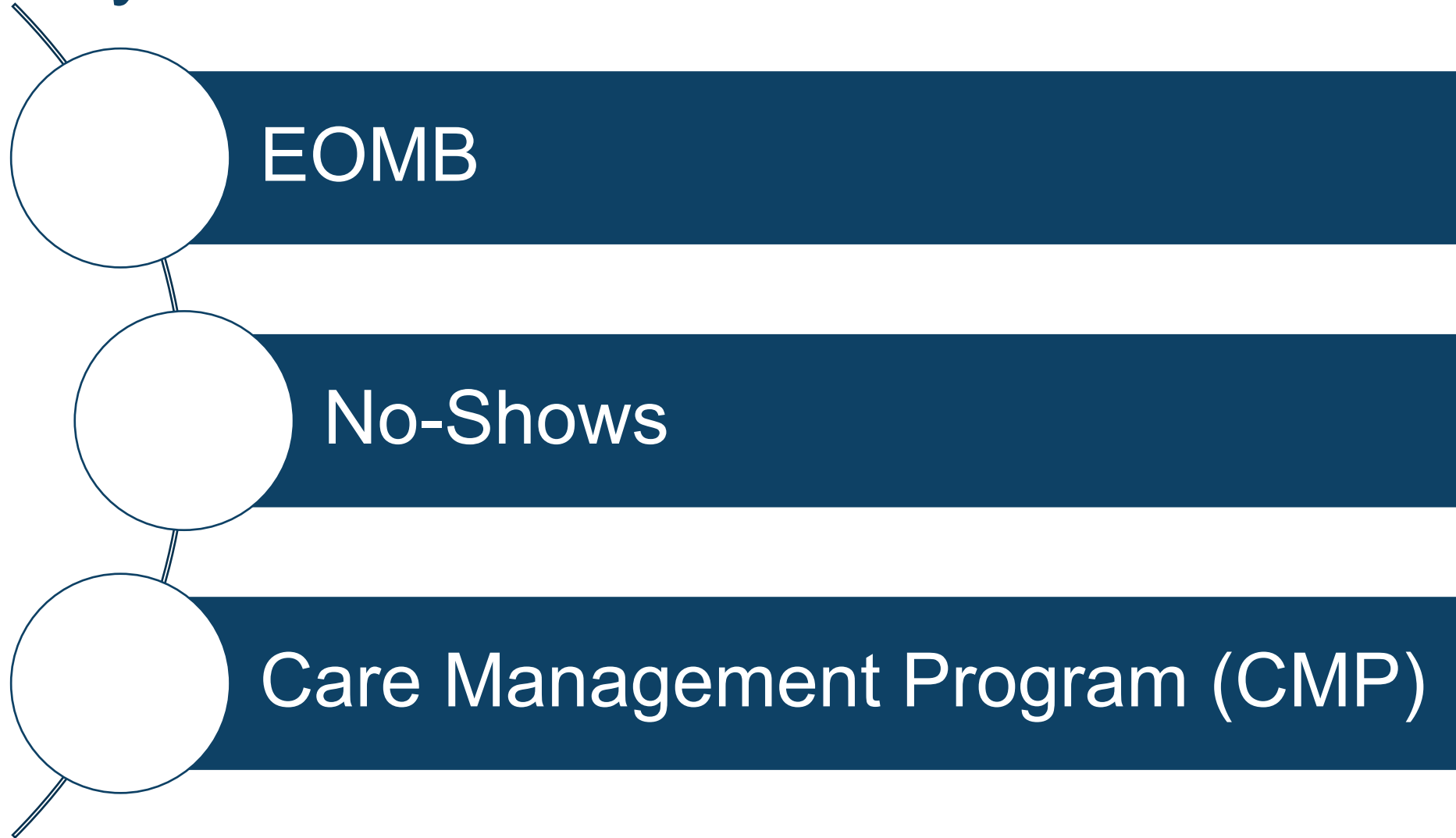
October 6, 2021 - Attestations approved for ASHNHA stakeholders as a result of surge capacity in hospitals.

October 11, 2021 - Attestations approved for Staffing Agencies as a result of surge capacity in hospitals.

October 27, 2021 – Began NABCS Whitelisting Efforts.



Quality Assurance Unit



Quality Assurance Unit

Alaska Medicaid Provider Enrollment SFY2018 – SFY2021

Top Medicaid Enrolled Provider Types:

Provider Type	SFY2018	SFY2019	SFY2020	SFY2021
020 - Physician (MD)	9,230	8,146	7,017	8,214
094 - Personal Care Assistant	7,388	6,178	4,956	6,193
034 - Advanced Practice Registered Nurse	1,772	1,855	1,672	1,983
021 - Health Professional Group	1,409	1,332	1,212	1,323
033 - Physician Assistant	948	971	983	1,134
030 - Dentist	879	855	791	859
039 - Physical Therapist	658	634	655	737
131 - Behavioral Health Clinical Associate	N/A	N/A	599	1,335
055 - Community Health Aide/Practitioner	565	582	484	530
001 - General Hospital	534	522	422	483
047 - Home Community Based Agency	265	294	338	361
117 - Certified Registered Nurse Anesthetist	331	365	313	378
Total Medicaid Enrolled Providers	SFY2018	SFY2019	SFY2020	SFY2021
In-State	18,731	17,756	17,558	20,997
Out of State	9,673	8,104	6,487	8,085
Total	28,404	25,860	24,045	29,082

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.

Clinical Review Team

Medical Care Advisory Committee

Purpose:

The Medical Care Advisory Committee (MCAC) is a public advisory group charged with advising the department 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, Pediatric Craniofacial Services, Oral Health Affinity Project)
- Genetic Testing
- Telehealth (Including Pediatric Telehealth, Remote Patient Monitoring)
- Podiatry (will begin early 2022 to review Medicaid coverage of podiatry services)

Executive Order – Benefits to Division of Health Care Services

Governor Dunleavy has introduced a new Executive Order (EO) on the first day of the 2022 legislative session to restructure the Department of Health and Social Services (DHSS) into two departments.

Benefits to agencies and employees:

- Consolidation of contracts previously split across divisions, to address shared tasks and reduce duplicative costs.
- More attention and focus with Commissioner Office in innovating the Medicaid program to include additional savings.
- DHSS staff, its programs, contractors, providers, and the general public will benefit from two Commissioner Offices with more specialized expertise/focus and fewer competing priorities.

Benefits to the public, department clients, and partner organizations:

- Respond to provider associations more effectively due to consolidation of similar programs.

Contact Information:

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