



Health Care Services FY2022 Overview

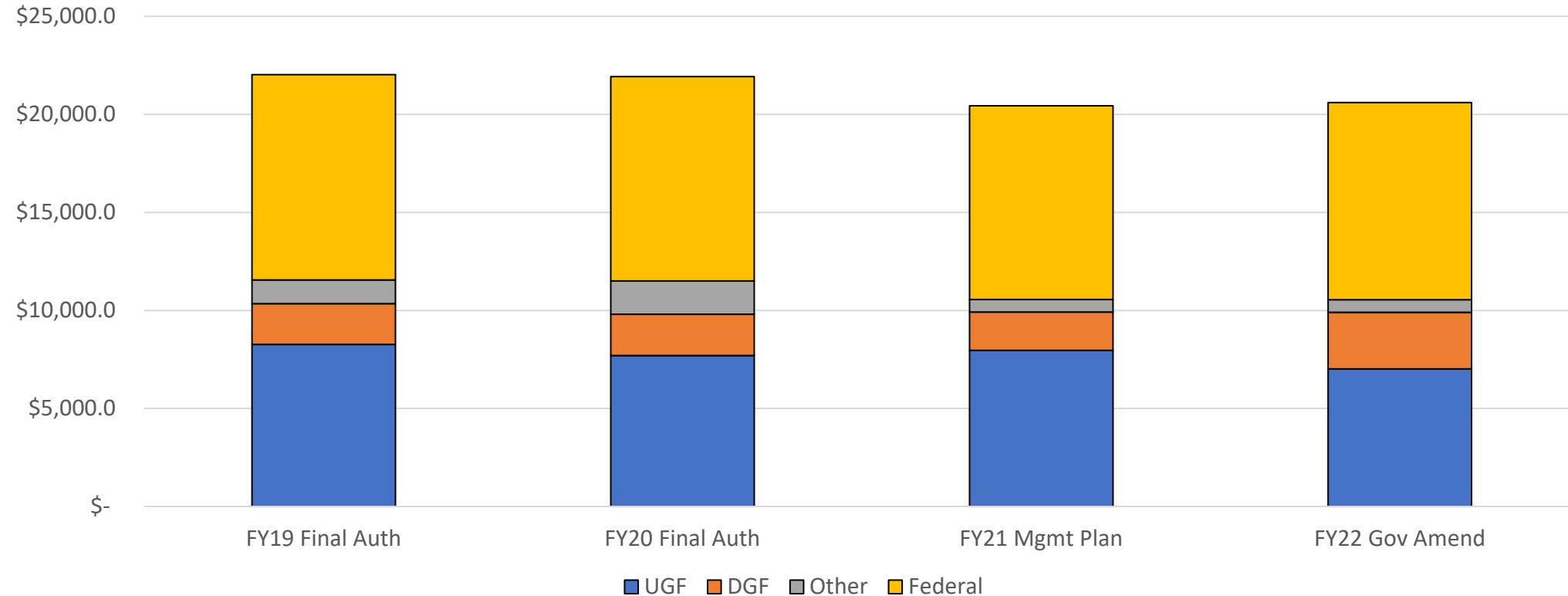
*Senate Health & Social Services
Finance Subcommittee*

Renee Gayhart, Director

March 1, 2021



Health Care Services Operating Budget Comparison FY2019-FY2022 (in thousands)



	FY19 Final Auth	FY20 Final Auth	FY21 Mgmt Plan	FY22 Gov Amend	Difference FY19 and FY22	% Difference FY19 and FY22	Difference FY21 and FY22
UGF	\$ 8,263.8	\$ 7,708.0	\$ 7,961.9	\$ 7,021.2	\$ (1,242.6)	-15.0%	\$ (940.7)
DGF	\$ 2,082.0	\$ 2,093.2	\$ 1,958.2	\$ 2,886.9	\$ 804.9	38.7%	\$ 928.7
Other	\$ 1,209.6	\$ 1,705.5	\$ 641.7	\$ 641.7	\$ (567.9)	-46.9%	\$ -
Federal	\$ 10,476.1	\$ 10,424.9	\$ 9,885.5	\$ 10,060.7	\$ (415.4)	-4.0%	\$ 175.2
Total	\$ 22,031.5	\$ 21,931.6	\$ 20,447.3	\$ 20,610.5	\$ (1,421.0)	-6.4%	\$ 163.2



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



FY2020 Medicaid Claims Processed through the Medicaid Management Information System (MMIS) and the Administrative Services Organization (ASO)

- MMIS Claims: 6,872,019
- MMIS Reimbursement: \$2,191,619,782

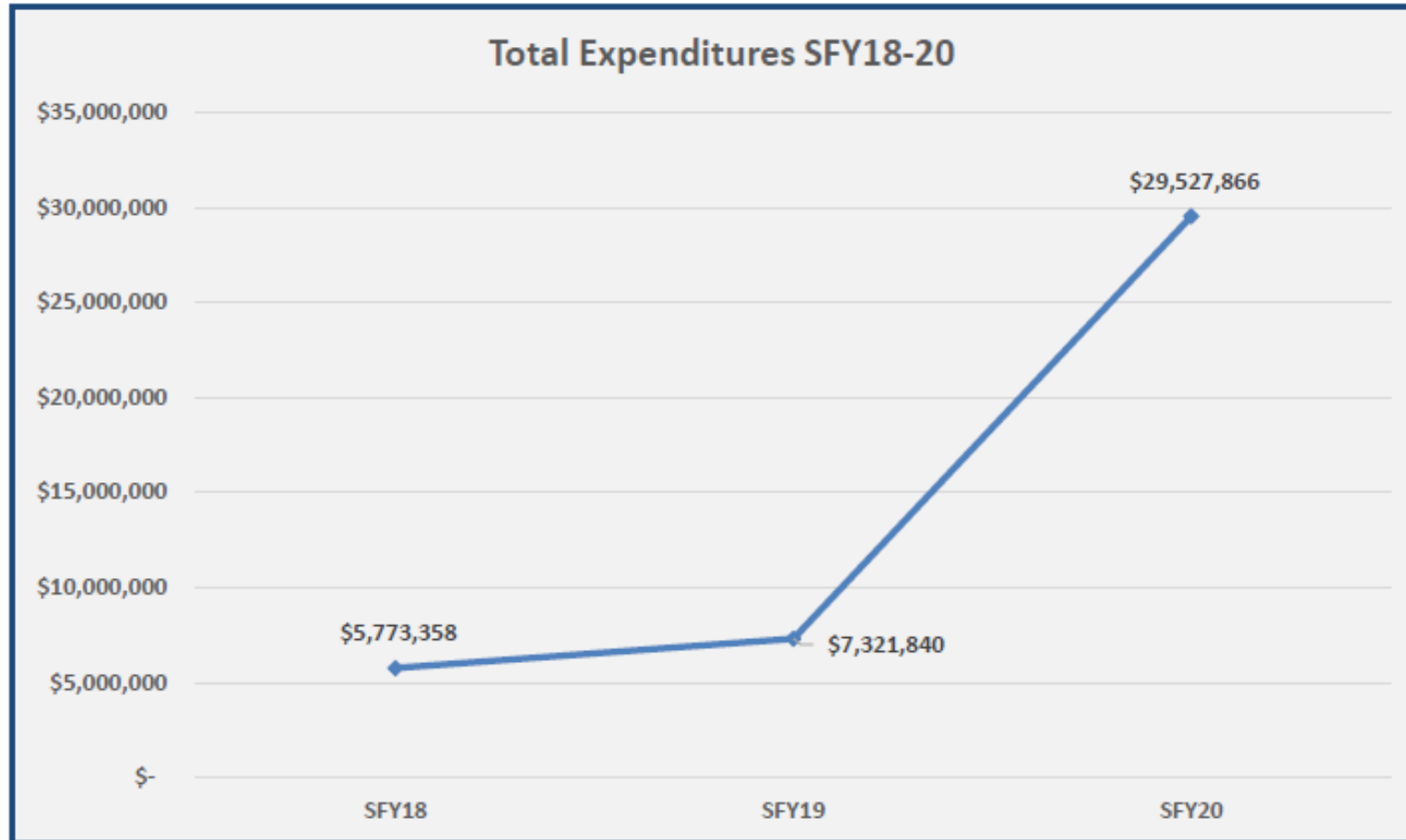
Top 10 Reimbursements by Provider Type		Top 10 Claim Types	
General Hospital - Inpatient	\$378,069,154	Pharmacy	1,665,624
Home & Community Based Services	\$274,819,408	Health Professional Group	1,311,024
General Hospital - Outpatient	\$254,987,573	Behavioral Health	824,784
Health Professional Group	\$245,581,529	Home & Community Based Services	564,951
Behavioral Health	\$224,337,834	General Hospital - Outpatient	456,772
Skilled Nursing Facility/Intermediate Care Facility	\$189,300,818	Transportation	438,289
Pharmacy	\$169,453,159	Federally Qualified Health Center/Rural Health Clinic	361,375
Federally Qualified Health Center/Rural Health Clinic	\$144,213,967	Medicare Crossover - Part B	336,091
Transportation	\$109,576,673	Dental	212,468
Dental	\$81,044,925	Personal Care Agency	172,184

- ASO 1115 Substance Use Disorder Reimbursement: \$4,828,629



Medicaid Operations Unit

TELEHEALTH Total Expenditures FY2018 – FY2020



Pharmacy & Ancillary Services Unit

FY2020 Pharmacy Rebate Recoveries

FY2020				
Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
7/1/2019 - 9/30/2019	10/1/2019 - 12/31/2019	1/1/2020 - 3/31/2020	4/1/2020 - 6/30/2020	\$105,723,347
\$26,299,032	\$32,035,646	\$33,700,226	\$13,688,442	

Note: Reduction in Quarter 4 was the result of COVID-19 Public Health Emergency.



Tribal Health Program

Tribal Reclaiming

SFY	Target	State GF Savings (Transportation)	State GF Savings (Other Services)	Total State GF Savings
SFY2017	\$32M	\$10,589,538	\$24,192,302	\$34,781,840
SFY2018	\$42M	\$15,901,959	\$29,285,001	\$45,186,960
SFY2019	\$84M	\$26,922,884	\$45,724,251	\$72,647,135
SFY2020	\$104M	\$35,998,891	\$59,119,442	\$95,118,333
TOTAL		\$89,413,272	\$158,320,996	\$247,734,268

5,153 Care Coordination Agreements

397 Providers

13 Tribal Health Organizations Participating in Tribal Reclaiming

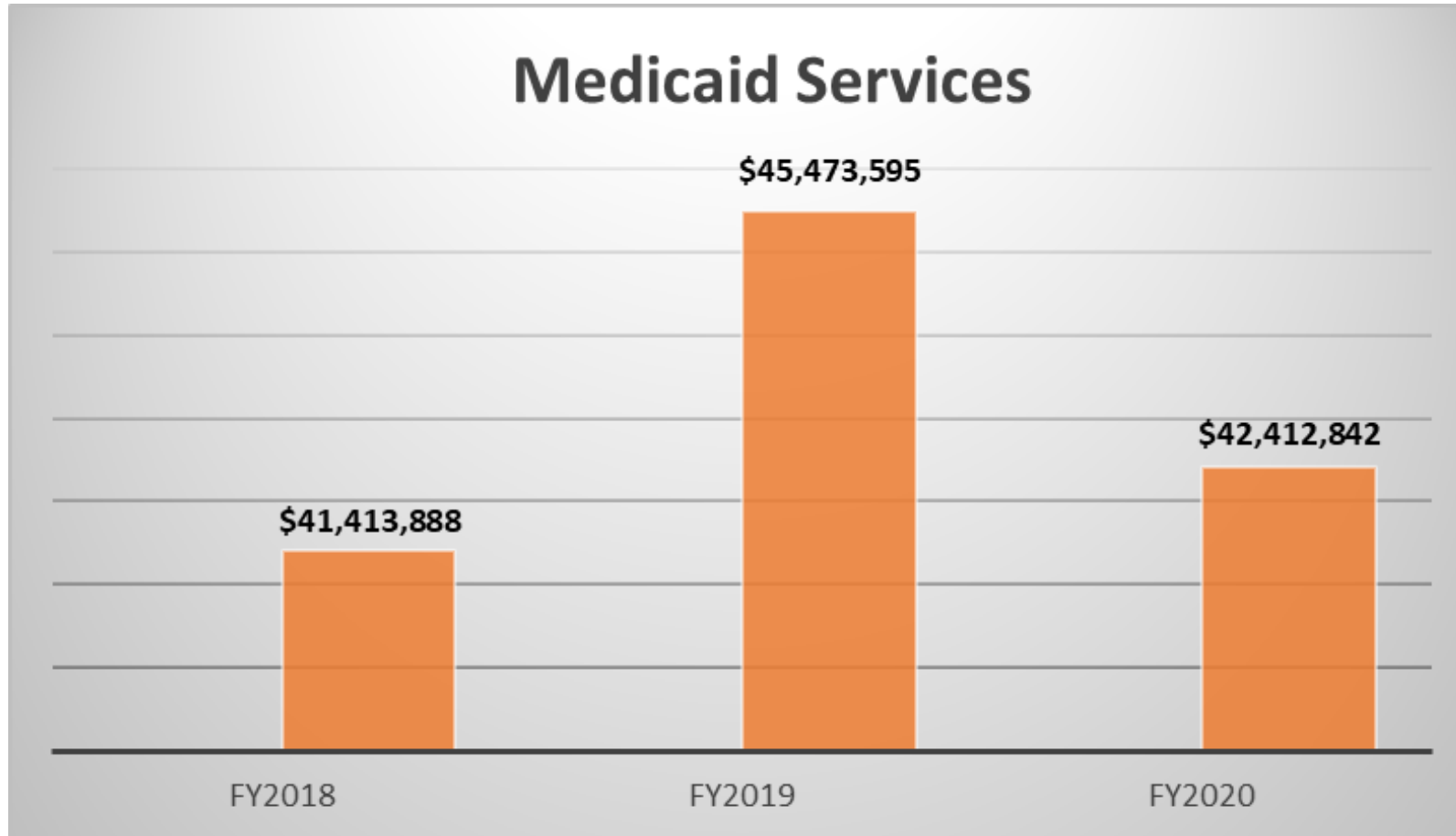
Accounting & Recovery Unit

FY2020 Authorization Report

Third Party Liability Collections & Savings SFY2020					
	SFY20 TOTALS	Q4- FY20	Q3- FY20	Q2- FY20	Q1- FY20
		04/01/2020-06/30/2020	01/01/2020-03/31/2020	10/01/2019-12/31/2019	07/01/2019-09/30/2019
MEDICAID RECOVERIES					
TPL Contracted Recoveries	\$7,526,356	\$3,169,582	\$1,407,109	\$1,356,132	\$1,593,533
Working-Disabled Program Premiums	\$102,530	\$29,158	\$24,409	\$33,386	\$15,577
MQT & Miller Trust Recoveries	\$2,091,706	\$626,357	\$285,470	\$387,134	\$792,746
****Resource Rembursements	\$25,179	\$11,421	\$7,413	\$4,645	\$1,700
Drug Rebate Recoveries	\$105,723,347	\$13,688,442	\$33,700,226	\$32,770,966	\$25,563,712
AG's Subrogation	\$2,929,770	\$580,518	\$778,827	\$845,106	\$725,319
AG's Restitution/Lawsuits/Malpractice	\$127,724	\$85,309	\$14,584	\$17,807	\$10,024
AG's Estate Recovery	\$459,694	\$170,131	\$218,436	\$31,128	\$39,999
CAMA/ADMIN	\$25,713	\$21,344	\$2,378	\$245	\$1,746
Total Overall SFY20 Collections	\$119,012,019	\$18,382,262	\$36,438,852	\$35,446,550	\$28,744,355
COST AVOIDANCE SAVINGS					
Health Insurance Premium Program - HIPP	\$3,351,562	\$1,017,468	\$722,911	\$755,881	\$855,302
*Medicare Paid	\$176,407,613	\$40,426,680	\$45,780,085	\$43,733,518	\$46,467,330
**Other Resource Paid Prior to Medicaid Payment	\$190,275,203	\$55,307,175	\$49,670,400	\$43,791,074	\$41,506,553
Total Overall SFY20 TPL Savings	\$370,034,378	\$96,751,323	\$96,173,396	\$88,280,473	\$88,829,186
PREMIUMS and FEES					
TPL Contractor Recovery Fees Paid	\$1,974,250	\$707,238	\$393,096	\$433,095	\$440,821
Medicare Part A Hospital Premiums Paid	\$3,315,199	\$856,065	\$838,444	\$838,618	\$782,072
Medicare Part B Medical Premiums Paid	\$30,986,381	\$7,920,409	\$7,856,780	\$7,743,530	\$7,465,663
Total Overall SFY20 Fees/Premiums Paid	\$36,275,830	\$9,483,712	\$9,088,320	\$9,015,243	\$8,688,555
Combined TPL Collections and Savings	\$489,046,397	\$115,133,585	\$132,612,248	\$123,727,023	\$117,573,541
Minus Total Fees	\$36,275,830	\$9,483,712	\$9,088,320	\$9,015,243	\$8,688,555
Grand Total TPL Collections & Savings SFY20	\$452,770,567	\$105,649,873	\$123,523,928	\$114,711,780	\$108,884,986

Accounting & Recovery Unit

Medicaid Average Weekly Provider Check Write FY2018 – FY2020



Health Facilities Licensing & Certification Section

- General Acute Care Hospitals (6)
 - Long Term Acute Care Hospital (1)
 - Specialty Hospitals (2)
 - Critical Access Hospitals (7)
 - Frontier Extended Stay Clinics (2)
 - Long Term Care Facilities (15)
 - Volunteer Hospice (7)
 - Hospice Agencies (5)
 - Home Health Agencies (17)
 - Ambulatory Surgical Centers (22)
 - Free Standing Birth Centers (16)
-
- Biennial licenses are renewed every other year (two-year license cycle)

Residential Licensing Section

- Assisted Living Homes - 701
 - Senior Homes – 236
 - Development and Mental Health Disability Homes – 421
 - Dual Licenses – 44
- Residential Child Care Facilities– 40
- Residential Psychiatric Treatment Facilities for Children – 5
- Biennial licenses are renewed every other year (two-year license cycle)
- Provisional licenses are renewed every year (one-year license cycle)

Background Check Program

During CY2020, the HCS Background Check Program received and processed 33,510 background check applications.

- 23,680 New background check requests completed
- 9,830 Additional applications entered, connecting to a previous determination, receiving an instant clearance



Quality Assurance Unit

Alaska Medicaid Provider Enrollment FY2020

- 24,045 Actively Enrolled Providers (652 new providers in FY2020)
 - 17,558 In-State Providers
 - 6,487 Out of State Providers
- Top Medicaid Enrolled Provider Types:

Provider Type/Description	Provider Count
020 - Physician (MD)	7,017
094 - Personal Care Assistant	4,956
034 - Advanced Practice Registered Nurse	1,672
021 - Health Professional Group	1,212
033 - Physician Assistant	983
030 - Dentist	791
039 - Physical Therapist	655
131 - Behavioral Health Clinical Associate	599
055 - Community Health Aide/Practitioner	484
001 - General Hospital	422
047 - Home Community Based Agency	338
117 - Certified Registered Nurse Anesthetist	313

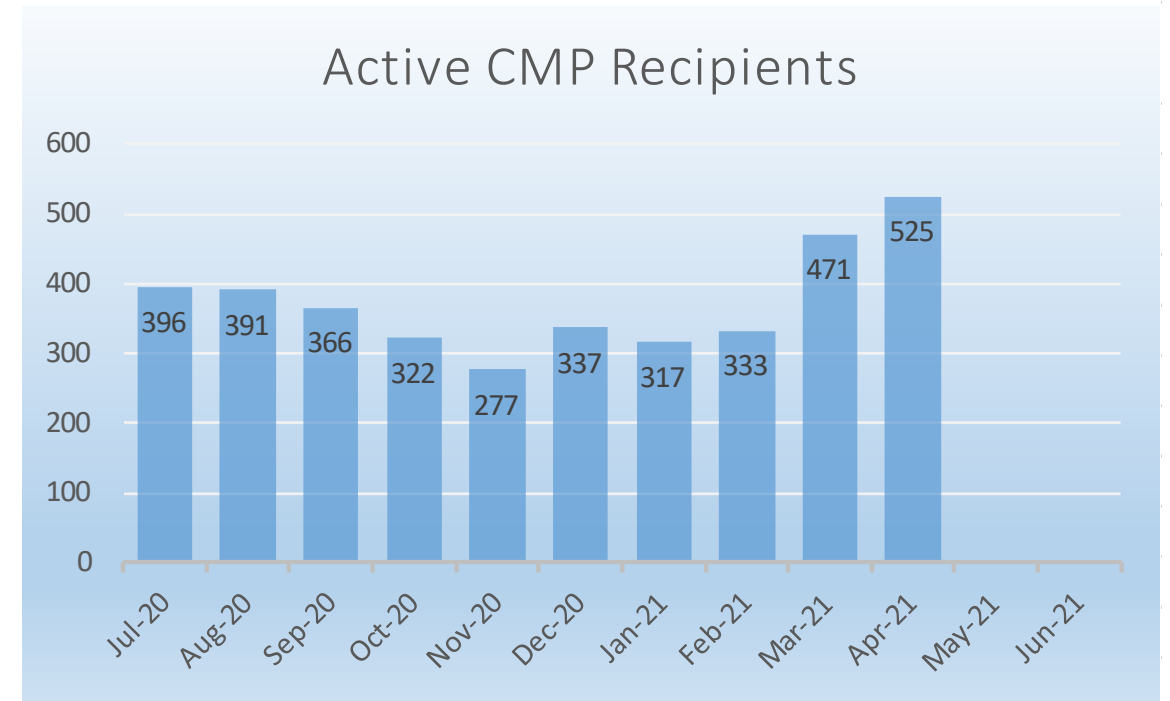
Quality Assurance Unit

Care Management Program – FY2021 Summary

Year to Date Active Summary -- FY2021

Active CMP Recipients	
Currently in CMP	317
Recipients Beginning CMP This Month	1
Recipients Serving Final Month	7
Recipients Beginning February 2021	20
Recipients Beginning March 2021	143

Month	Active CMP Recipients
Jul-20	396
Aug-20	391
Sep-20	366
Oct-20	322
Nov-20	277
Dec-20	337
Jan-21	317
Feb-21	333
Mar-21	471
Apr-21	525
May-21	
Jun-21	



Quality Assurance Unit

Care Management Program: Cost Savings

- Average monthly costs savings, based on current CMP cohort is \$1,503.00 per person.
- General Fund ROI for CMP in FY20 was \$5.35 per dollar invested.
- Total claim ROI (GF/Fed) for CMP was \$17.86 per dollar spent.
- CMP Program Cost Savings in FY21/FY22 are expected to increase.

Quality Assurance Unit

Explanation of Medical Benefits (EOMB)

- In October 2020 DHCS completed the effort to release EOMB functionality for both adults and children.
- Members can register for EOMB access at <https://member.medicaidalaska.com/>
- Two years of claim information is available for review. Members have the option report questionable claims to DHCS for review.

Clinical Review Team

Medical Care Advisory Committee

Purpose

The Medical Care Advisory Committee (MCAC) is a public advisory group charged with advising the Department of Health and Social Services 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)
- Genetic Testing
- Telehealth (including pediatric telehealth focus)



How has the Public Health Emergency affected programs?

Alaska was approved the flexibility to waive the following requirements:

Section 1135 Waiver

- Suspend Prior Authorization (PA) Requirements
- Extend Pre-Existing Prior Authorizations
- Extend Appeal/Fair Hearing Time Limits by up to 120 days
- Waive certain provider enrollment screening requirements
- Auto enroll providers certified by another state Medicaid program or by Medicare
- Temporarily cease revalidation of Alaska-based providers
- Allow services provided in unlicensed facility to be reimbursed under certain circumstances
- Provision of Care: Suspend enforcement of the Emergency Medical Treatment and Active Labor Act (EMTALA)
- Allow Facilities/institutional providers to setup and bill for ACS, outside licensed and traditional space to be used for COVID

How has the Public Health Emergency affected programs?

Section 1135 Disaster Relief State Plan Amendment

- Do not impose cost sharing for COVID-19 testing and treatments
- Suspend premiums for qualified working disabled under 1902(a)(10)(A)(ii)(XIII)
- Allow for postponement or modification of provider CPR/first aid certification requirements for certain providers
- Claims for outpatient drugs with days' supply up to 68 days shall be permitted
- Raise dispensing fee to \$15.86 when a pharmacy delivers meds (\$23.78 in roadless areas)
- Allow WAC+1% when drug acquisition cost exceeds "lesser of" logic, bypassing FUL and NADAC.

How has the Public Health Emergency affected programs?

Appendix K –

Provider Enrollment and Participation Requirements

- Streamline provider enrollment requirements when enrolling providers
- Postpone deadlines for revalidation of providers who are located in state or otherwise directly impacted by the emergency
- Waive revalidation and provider renewal requirements
- Allow for provider electronic signature
- Postpone fingerprint requirements, allowing the issuance of a background check approval on a provisional basis
- Waive provider and recipient signature requirements
- Waive all face-to-face requirements

Currently in Process for SFY 2021:

- Review telehealth outcomes during COVID-19 public health emergency; identify successes for permanent regulatory change consideration
- Medicaid dental, therapy, and visions services regulatory changes to curtail overuse and misuse of services
- Fiscal agent and Pharmacy RFP
- Transportation Efficiencies
- Additional Pharmacy Rebates
- Additional recoveries in Accounting & Recovery



QUESTIONS?