

**2015 Legislature - Operating Budget  
Transaction Compare - Governor Amend Structure  
Between 16GovEndorsed and 16GovAmd**

<b>Numbers and Language Differences Agencies: H&amp;SS</b>
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**Agency: Department of Health and Social Services**

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services</b>													
<b>Health Care Medicaid Services</b>													
2/17 AMD: Medicaid Cost Containment Initiatives	16GovAmd	Dec	-20,000.0	0.0	0.0	0.0	0.0	0.0	-20,000.0	0.0	0	0	0

*The Department of Health and Social Services has worked to identify ways to control growth in the current Medicaid program. The following list includes initiatives the Department will undertake to achieve a \$20,000.0 general fund (GF) savings in FY2016 in the current Medicaid program.*

*The majority of these initiatives will require new regulations and fee schedules along with holding public hearings and consultation with tribes. This will require reallocating staff and priorities to accomplish this in a timely manner. The Department will need the cooperation of the Department of Law and the Lieutenant Governor's office to meet tight deadlines to realize savings in FY2016.*

*10% shift in expenses to 100% Federal Medicaid Assistance Percentages (FMAP) for tribal for Neonatal Intensive Care Unit (NICU), Orthopedic, Obstetrics (OB) -- \$10,000.0 GF  
Based on federal fiscal year 2012 (FFY12) figures, Alaska Native/American Indian Medicaid recipients received services at non-tribal providers that totaled \$316 million, which is approximately \$158 million in general funds. A conservative 10% of this would equate to a \$20 million cost shift from non-tribal to tribal providers. The expenditures still occur, but the federal match would go up to 100% and offset \$10 million in general funds. It is anticipated that the expansion of and enhanced Orthopedic, OB and NICU services at Alaska Native Medical Center (ANMC), increased dental services across tribal facilities, and tribal long term care beds, that the Department will see a cost shift of \$20 million to tribal providers. This would equate to \$10 million in general fund savings.*

*Change eligibility for Personal Care Assistance (PCA) services -- \$2,500.0 GF  
Change threshold to qualify for PCA services from one to two activities of daily living (ADL) or more and possible other eligibility changes.*

*Possible savings in Durable Medical Equipment, Vision, and Hearing -- \$1,000.0 GF  
Regulation/rate changes required.*

*Increase number in the Super Utilizer contract for management of care -- \$2,500.0 GF  
Currently have a contract with MedExpert to reach out to this group of high utilizers of Emergency Room services to manage their care and get them assigned to a primary care provider.*

*Dental -- \$1,000.0 GF  
Requires regulation changes and adopting a new fee scale.  
Implement guidelines on no decay in the past year and/or an oral hygiene requirement before beginning orthodontia (except for the cleft palate cases where timing is important for satisfactory treatment even if some teeth will decay with the bands on). Implement an edit in going from partial to full dentures (e.g., 3 years or 5 years) - other states limit the number of times dentures are covered for adults in states that have adult services. Implement recommendations on restricted use of panoramic films and full mouth films allowing for justified exceptions.*

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<b>Medicaid Services (continued)</b>													
<b>Health Care Medicaid Services (continued)</b>													
2/17 AMD: Medicaid Cost Containment													
Initiatives (continued)													
<i>Implement utilization control for Behavioral Health services -- \$2,000.0 GF</i>													
<i>Would include services for conduct disorder, recipient support services, and behavioral rehabilitation services.</i>													
<i>This would require regulation changes.</i>													
<i>Transportation -- \$1,000.0 GF</i>													
<i>Adopt a fee schedule instead of paying billed prices for ground transportation. This would require regulation</i>													
<i>changes and adopting a fee schedule.</i>													
1004 Gen Fund (UGF) -20,000.0													
<b>* Allocation Difference *</b>			-20,000.0	0.0	0.0	0.0	0.0	0.0	-20,000.0	0.0	0	0	0
<b>** Appropriation Difference **</b>			-20,000.0	0.0	0.0	0.0	0.0	0.0	-20,000.0	0.0	0	0	0
<b>*** Agency Difference ***</b>			-20,000.0	0.0	0.0	0.0	0.0	0.0	-20,000.0	0.0	0	0	0
<b>**** All Agencies Difference ****</b>			-20,000.0	0.0	0.0	0.0	0.0	0.0	-20,000.0	0.0	0	0	0

## Column Definitions

**16GovEndorsed (16Governor's Endorsed Bdgt 2/5)** - The Governor's endorsed budget as of February 5, 2015. Includes the December 15th budget submission and 2/5/15 budget Governor's budget submission,

**16GovAmd (FY16 Governor Amended)** - FY16 Governor's Endorsed Budget (Includes Governor's Dec 15th budget and the Governor's Amendments submitted by the 30th day of session).