Fiscal Note

State of Alaska 2019 Legislative Session

Bill Version: HB 135 Fiscal Note Number: 6

(H) Publish Date: 4/15/2019

Identifier: LL0146-DHSS-MS-4-10-2019 Department: Department of Health and Social Services

Title: MEDICAID EXPANSION; DRUG COST Appropriation: Medicaid Services
CONTAINMENT Allocation: Medicaid Services

Sponsor: RLS BY REQUEST OF THE GOVERNOR OMB Component Number: 3234

Requester: Governor

Expenditures/Revenues							
Note: Amounts do not include in	nflation unless of	otherwise noted	below.			(Thousa	nds of Dollars)
		Included in				•	-
	FY2020	Governor's					
	Appropriation	FY2020		Out-Y	ear Cost Estin	nates	
	Requested	Request					
OPERATING EXPENDITURES	FY 2020	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Personal Services			***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits		(663,000.0)					
Miscellaneous							
Total Operating	0.0	(663,000.0)	***	***	***	***	***
			•	•			
Fund Source (Operating Only))						
1002 Fed Rcpts (Fed)		(450,000.0)					
1003 GF/Match (UGF)		(213,000.0)					

1003 GF/Match	(UGF)
Total	

Total	0.0	(003,000.0)			1
Positions					
Positions					
Full-time					

Full-time		
Part-time		
Temporary		

Change in Revenues

Agency:

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2019) cost: 0.0 (separate supplemental appropriation required)

Estimated CAPITAL (FY2020) cost: 0.0 (separate capital appropriation required)

(662 000 0)

Does the bill create or modify a new fund or account? No

(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes

If yes, by what date are the regulations to be adopted, amended or repealed?

07/01/22

Why this fiscal note differs from previous version/comments:

Office of Management and Budget

The reductions included in the Governor's amended FY2020 column are the total Medicaid reductions proposed. The total reduction is not completely dependent on this legislation but is provided for informational purposes. This reflects the Governor's 3/27/2019 amendment package which reflects \$12.0 million moving from the Behavioral Health Treatment and Recovery Grant Component to Medicaid Services in acknowledgement of additional 1115 waiver revenue provided to these grantees.

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Division:	Department of Health and Social Services	Date:	04/10/2019 10:30 AM
Approved By:	Sana Efird, Administrative Services Director	Date:	04/10/19

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FISCAL NOTE ANALYSIS

STATE OF ALASKA 2019 LEGISLATIVE SESSION

Analysis

This bill creates a framework for the Department of Health & Social Services (DHSS) to make adjustments to the Medicaid program in FY 2020 and beyond. With the new flexibility sought from the Centers for Medicare & Medicaid Services (CMS) as authorized by this bill, a continuum of coverage for low income Alaskans will be created.

DHSS expects to make the changes to the Medicaid program in two major phases. Phase One, planned for FY2020, will focus on more immediate changes to the program that are currently within the control of the department, seeking regulatory changes and state plan amendments through the Centers for Medicare & Medicaid (CMS) as necessary. This bill updates cost containment options for DHSS under AS 47.07.036 by providing for the adoption of emergency regulations to expedite implementation of these changes. Phase Two, to be implemented in FY2021 and beyond, will be a more extensive transformation of the current Medicaid program in partnership with leadership at CMS. These changes will be accomplished through participation in federal waiver programs.

This legislation allows the pharmacy program to incorporate the preferred drug list and prior authorized medication list to material adopted by reference. This will allow the Medicaid Pharmacist to respond quarterly when drug rebates are changed, less expensive generics are added to the market, or other changes lower the cost of medications for Medicaid beneficiaries. The current regulation process can leave a higher cost drug on the preferred list for 6 months to a year before changes can be made to the list.

Phase one savings are projected to total \$174,979.6 (\$90,907.1 GF and \$84,072.5 Fed); however, an additional \$12.0 million reduction (GF) will be taken from community behavioral health treatement and recovey grants in recognition of ongoing redesign efforts surrounding the 1115 waiver for behavioral health services which will leverage federal resources to pay for activities currently funded by state grants.

During Phase Two, DHSS will seek a public-private partnership to increase access to health care coverage for Alaskans at 0%-400% of the federal poverty level, easing the transition between Medicaid and the marketplace and supporting the enrollment of eligible Medicaid enrollees into private health plan coverage. Phase Two overall cost savings are indeterminate at this time.

A table on page three of this fiscal note shows the capital costs and IT projects associated with passage of this legislation.

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FISCAL NOTE ANALYSIS

STATE OF ALASKA 2019 LEGISLATIVE SESSION

BILL NO.	LL0146
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Analysis

Phase One	e Capital Cos	ts:					
		Physician adn	ninistered	drug editing			
To be abl	e to rebate	for physician ad	ministered	drugs without over 10	00 man-hours		
of work.	90% match.						
Federal		General Fund		Total			
\$	450,000	\$	50,000	\$	500,000		
		Diagnosis R	Related Gro	oup (DRG)			
To chang	e the paym	ent methodology	y for hospit	als. 90% match.			
Federal		General Fund		Total			
\$	3,600,000	\$	400,000	\$	4,000,000		
	Rate Reductions						
To imple	ment chang	ges for savings. 7	5% match.				
Federal		General Fund		Total			
\$	225,000	\$	75,000	\$	300,000		
Cre	ate new pr	ovider types for I	rate reduct	ions as well as Electro	nic Visit		
To be abl	e to impler	ment Electronic V	isit Verific	ation and the 1115 wa	iver.		
\$300,000.	90% match	٦.					
Federal		General Fund		Total			
\$	270,000	\$	30,000	\$	300,000		
Ne	ew transact	ions to accommo	date mana	ged care and the EVV	system		
To autom	ate as mucl	h of the systems a	as possible	. 75% match.			
Federal		General Fund		Total			
\$	135,000	\$	45,000	\$	180,000		
35.00			Total Costs				
Federal		General Fund		Total			
\$	4,680,000	\$	600,000	\$	5,280,000		

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