

Alaska Medicaid Section 1115 SUD Demonstration Status Report
Operational Updates for SUD Components for Pre-Implementation Period
January 1 – March 31, 2020

I. Transmittal Page for the State’s SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Transmittal Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this transmittal table should stay consistent over time.

State	Alaska
Demonstration Name	Alaska Medicaid Section 1115 Behavioral Health Demonstration (SUD -BHP) (Project Number: 11-W-00318/0)
Approval Dates	SUD Component: November 28, 2018 BH Component: September 3, 2019
Approval Periods	SUD Component: January 1, 2019 – December 31, 2023 BH Component: September 3, 2019 – December 31, 2023
Demonstration Goals and Objectives	<p>Goal: Create a data-driven, integrated behavioral health system of care for Alaskans with serious mental illness, severe emotional disturbance, and/or substance use disorders.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Increased rates of identification, initiation, and engagement in treatment • Increased adherence to and retention in treatment • Reduced overdose deaths, particularly those due to opioids • Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other more appropriate and focused SUD use/misuse/abuse- related services • Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate • Improved access to care for physical health conditions among beneficiaries

II. Operational Updates

Describe all operational updates and activity under the demonstration.

The state has made progress on implementation of the SUD component of the 1115 demonstration waiver. The following is a summary of activities between January 1, 2020 and March 31, 2019:

To date, the Division of Behavioral Health (DBH) has reviewed and approved approximately 43 agencies, operating in 114 site locations, and over 650 individual rendering providers to deliver 1115 services within the State of Alaska.

The State continues to revise its Evaluation Design based upon CMS feedback. Notably, the State awarded the contract for an Independent Evaluator (IE) during the review period. Collaboration between the State and the IE is anticipated to contribute significantly to further refinement and implementation of the Evaluation Design.

On Feb 1, 2020 the State's contracted ASO, Optum, went live with 1115 SUD Medicaid claims processing. Subsequent to this hand-off, DBH's Research & Analysis (R&A) section began testing the State/Optum automated financial interface. The State anticipates moving swiftly to a production environment upon validating the system crosswalk and waterfall frameworks. These successes represent a significant reduction of administrative burden to the State.

With live claims processing, Optum launched an information dashboard that provided the State with a suite of pre-built reporting metrics. DBH R&A section representatives are still in conversation with our ASO partner to better define data access and elements of interest to the division for both regular, standardized reporting and ad-hoc data needs.

With the emergence of the pandemic COVID-19 crisis, the State capitalized on the opportunity to support utilization of telehealth behavioral health services. Residential SUD service agencies/providers across the state implemented temporary bed count reductions to comply with CDC recommendations for reducing disease transmission.

The State continues to host provider outreach opportunities, to address shortfalls in navigating DBH and Optum enrollment site activities, reviewing 1115 Waiver service delivery criteria, and authorization and claim form completion and submission requirements. DBH continues to monitor all claims transactions to support providers throughout the Waiver transition and implementation period.

III. Performance Metrics

Narrative description on the information here regarding the impact of the demonstration in providing insurance coverage to beneficiaries and the uninsured population, as well as outcomes of care, quality and cost of care, and access to care.

During the review period 273 unique members received 9,467 units of 1115 SUD treatment services, totaling \$6,796,338.87. Broken out by member categories (Tables 1 and 2), the data illustrates that General Medicaid recipients are the primary beneficiaries of 1115 services during this quarter (\$2.23 Million, 65.8% total expenditures). In terms of treatment service codes (Table 3), approximately \$5 Million (73.6% total expenditures) was paid to support newly expanded 1115 residential services.

Table 1. Service Units and Amount Paid Broken Out by Member Eligibility Category

Member Elig Category	Paid Units	Total Paid
Disabled	235	\$89,958.12
General MCAID	3851	\$4,472,466.31
Expansion	5381	\$2,233,914.44
Grand Total	9467	\$6,796,338.87

Table 2. Service Units and Amount Paid Broken Out by Member Eligibility Code

Medicaid Mem Elig Cd	Paid Units	Paid Amount
AD20SIC	105	\$54,846.36
AD20STC	79	\$21,771.35
AD69SIC	3	\$450.66
AD69STC	48	\$12,889.75
AF11PB/N	368	\$262,543.91
AF11PRN	580	\$644,113.07
AF20AFC	1675	\$2,582,627.46
AF20MXN	5381	\$2,233,914.44
AF50SUN	795	\$737,611.57
AF50TON	433	\$245,570.30
Grand Total	9467	\$6,796,338.87

Table 3. Service Units and Amount Paid Broken Out by 1115 SUD Waiver Service code

Proc Cd	Mod 1	Mod 2	Paid Units	Paid Amount
H0010	V1	TG	272	\$666,900.00
H0011	V1	(blank)	48	\$285,000.00
H0015	V1	(blank)	230	\$119,535.57
		HQ	586	\$121,727.12
H0023	V1	(blank)	1659	\$347,631.97
H0035	V1	(blank)	370	\$421,500.00
H0047	V1	(blank)	2	\$600.00
		TG	5198	\$4,654,971.30
H2021	V1	(blank)	427	\$89,101.92
		HQ	620	\$69,187.07
H2036	V1	HF	1	\$682.00
T1007	V1	(blank)	54	\$19,501.92
Grand Total			9467	\$6,796,338.87

IV. Evaluation Activities

Narrative description of any results of the demonstration to date per the evaluation hypotheses. Additionally, the state shall include a summary of the progress of evaluation activities, including key milestones accomplished, as well as challenges encountered and how they were addressed.

In terms of progress and developments regarding evaluation activities:

Per CMS's STC's, State of Alaska is required to have an Independent Evaluator (IE) to revise and conduct its 1115 Evaluation Design. DBH solicited a request for proposal (RFP) from eligible applicants to serve as the IE, and formed the proposal evaluation committee (PEC) to act as the RFP scoring body. The PEC boasted members from DBH, as well as other State of Alaska individuals experienced in behavioral health (SU/MH) and methodological/statistical expertise, two PhD research psychologists and an MPH. During the March 20, 2020 meeting to evaluate proposal applications, PEC members unanimously voted to award the contract to the highest scoring proposal for the Evaluation Design. A disappointed non-winning applicant filed a timely protest, which was denied as appropriate by the State, and the award was issued to Health Services Advisory Group (HSAG). The experience offered by this team best represents the ideal breadth and depth of knowledge of mixed methods, Medicaid and 1115 programs, behavioral health and social science research, statistics, and methodology.

Also notably, during this reporting period DBH worked on revising its Monitoring Protocol in light of CMS Feedback and anticipates submitting a revision of its Monitoring Protocol (Excel and Word documents) in advance of the CMS negotiated revision deadline.

V. SUD Health IT

Summarize of progress made regarding SUD Health IT.

Supporting expansion of the State's Health IT infrastructure remains a critical component of the State's contract with our Administrative Services Organization (ASO) partner, Optum. The State seeks an integrated primary and behavioral health care and case management system which complements a more holistic focus on client treatment and recovery support, especially for those with chronic behavioral and medical health conditions. OPTICCS, Optum Alaska's IT platform, is designed to provide comprehensive care coordination of complex or chronic physical and behavioral health conditions and populations, striving to improve quality and reduce cost outcomes. OPTICCS has the capacity to accept and analyze medical as well as behavioral health information, including medical claims extracts, pharmacy claim extracts and lab information. This integrated approach enables Optum clinicians to promptly alert behavioral health providers to client medical needs.

On Feb 1, 2020 Optum went live with 1115 SUD Medicaid claims processing and simultaneously launched an information dashboard to meet the reporting matrix outlined by the ASO contract. DBH representatives are still in conversation with our ASO partner to define data access and elements of interest to the division for regular, standardized reporting.

From the monitoring protocol/metrics workbook.

Alaska Opioid Data Dashboard, DPH – *No Update.*

Project ECHO, University of Alaska Anchorage Center for Human Development – The Pain & Opioid Management Program has seen significant growth in its second iteration for the 2019-2020 series, both in terms of participation and programmatic schedule. Launching in October 2019, the program scheduled 14 total sessions to be completed by May 2020 and boasted 97 unique participants, with an average attendance of 25 participants per session.

The Alaska Behavioral Health Referral Network – The TreatmentConnections network expanded during this quarter, now consisting of 24 active State-sponsored treatment agencies, 3 active unsponsored agency members, and 14 sponsored agencies pending completion of onboarding activities. TreatmentConnections memberships were activated by some of the State’s largest BH providers, as well as tribal health organization (THO) partners, illustrating the potential utility of this platform to connect vulnerable individuals across the state with behavioral health services. With approximately 15 sponsored membership slots still available, the State anticipates continued growth in this area.

VI. Tribal Engagement and Collaboration Developments/Issues

A summary of the state’s tribal engagement activities with respect to this demonstration.

State of Alaska representatives regularly participate in Alaska Tribal Health System (ATHS) meetings, ensuring attendance in the biannual Alaska Native Health Board MEGA Meetings, the Tribal Behavioral Health Director (TBHD) Quarterly Meetings, and the quarterly State Tribal Medicaid Task Force (MTF) Meetings. Within the reporting period, MEGA meeting held February 5, 2020, and TBHD meetings on March 5th 2020. These meetings related to Tribal Engagement and Collaboration are ongoing and routine. The state remains open to Tribal BH Directors to schedule extra time during the already established TBHD meetings to discuss specific inquiry or concerns.

- As part of the MEGA and MTF meetings the Division and tribal partners maintain open, direct conversation on the status of the implementation of the Alaska 1115 Medicaid Demonstration Waiver for substance use treatment services and the onboarding and implementation of the administrative services organization.
- As part of the TBHD meeting the Division maintains open, direct conversation with the tribal directors on their success, challenges, and barriers implementing 1115 SUD services. The Division has also introduced members of the Optum executive leadership team and the Optum tribal liaison. The Division recognizes developing a relationship between our tribal partners and Optum is critical to meaningful feedback on the ASO implementation and positive long term outcomes.
 - TBHD feedback included comments and questions about the role of the Optum tribal liaison. The state emphasized the liaisons function are to

facilitate communication and a close working relations between Optum and TBHD partners; however, this association does not take the place of the government to government relationship between the state and TBHD.

- The state and behavioral health providers meet monthly during the Alaska Behavioral Health Association teleconference. Tribal providers participate in ABHA (and currently ABHA leadership is by tribal providers). The 1115 waiver and other topics are discussed at ABHA meetings.
- The State of Alaska continues to invite AHS representatives to participate in workgroups and policy meetings.

VII. Financial/Budget Neutrality Developments/Allotment Neutrality Developments/Issues *Identify all significant developments/issues/problems with financial accounting, budget neutrality. Identify the State's actions to address these issues.*

The bifurcated deployment of the 1115 Waiver's SUD and MH components created unforeseen challenges regarding the IMD exclusion criteria in the Budget Neutrality (BN) workbooks. DBH leadership collaborated with CMS representatives to better define how these related services should be represented in BN deliverables, specifically, in an IMD/Non-IMD BN SUD workbook and an IMD/Non-IMD BN SMI workbook. DBH is working with our actuary to prepare a White Sheet that standardizes both the SUD and SMI Budget Neutrality Workbooks.

On Feb 1, 2020 Optum went live with 1115 SUD Medicaid claims processing. This mid-quarter hand-off created a second data source, necessitating complex data analysis and careful crosswalks between Cognos MMIS and Optum Medicaid data sets to ensure accurate computations in this quarter's BN submission. Methodology and calculations were submitted to our actuarial partners for secondary review. Both the SUD and SMI BN workbooks experienced difficulties with the divergent data capture of expenditures and member months. In future iterations, DBH BN reports will be calculated mostly from Optum Medicaid data sets.

The 1115 SUD reimbursable Medicaid claims significantly increased during this quarter. The BN SUD's spending actual and *member months* actual aligned with projected figures, and the quarterly outcome resulted in federal savings and no corrective action required. The SMI IMD services amendment was still outstanding in this quarter, therefore no SMI Medicaid reimbursements were available to review.

VIII. Enclosures/Attachments

Identify by title any attachments along with a brief description of the information contained in the document.


There are no attachments for this status update.

IX. State Contact(s)

Identify individuals by name, title, telephone, fax, and address so that CMS may contact individuals directly with any questions.



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X. Date Submitted to CMS

Enter the date submitted to CMS in the following format: (mm/dd/yyyy).

3/31/2020