**Alaska Medicaid Section 1115 SUD Demonstration Status Report**

**Operational Updates for SUD Components for Pre-Implementation Period**

**January 1 – March 31, 2021**

## 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<br>BH Component: September 3, 2019 |
| Approval Periods | SUD Component: January 1, 2019 – December 31, 2023<br>BH Component: September 3, 2019 – December 31, 2023 |
| Demonstration Goals and Objectives | 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.<br>Objectives:<br>• Increased rates of identification, initiation, and engagement in treatment<br>• Increased adherence to and retention in treatment<br>• Reduced overdose deaths, particularly those due to opioids<br>• 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<br>• Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate<br>• 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, 2021 and March 31, 2021:

In previous submissions of this report, DBH began Section 2 with information regarding the number of agencies, site locations, and individual rendering providers that had begun the authorization process to deliver 1115 services. The 1115 is a transformational change on how organizations conduct business, and each organization must develop and implement new policies and procedures to take advantage of the array of opportunities offered by the 1115 while maintaining compliance with the waiver protocols. As we have moved past the initial onboarding phase, DBH believes it is more prudent to focus on 1115 utilization in the state, rather than authorizations; as such, this and future submissions will instead report on how many agencies, site locations, and individual rendering providers are utilizing 1115 services through analysis of billing activity.

To date, the State of Alaska has 15 MH agencies and 23 SUD agencies, operating in 73 site locations with approximately 825 individual rendering providers, delivering 1115 services.

The State's contracted ASO, Optum, continues to facilitate live claims processing for both SUD and MH claims. The state continues to work closely with Optum to build and refine reports that accommodate claims reconciliation efforts, metric calculations, and other data analysis tasks. DBH's Research & Analysis (R&A) section continues to conduct testing and validation of the State/Optum automated financial interface. These efforts will ensure data elements align with reporting needs and audit policy within the finalized automated production environment. The State eagerly anticipates transitioning full administrative burden to our ASO partners.

The global crisis of the COVID-19 pandemic is an ongoing concern. On February 14, 2021, the State of Alaska's Declaration of Public Health Disaster Emergency expired. Despite this causing certain authorities to no longer be active, DHSS continues to make every effort possible to minimize disruptions between Alaskans and DHSS. DHSS also continues to provide the COVID-19 vaccine helpline, as well as vaccine appointment scheduling and pertinent COVID-19 data online.

The State continues to host provider outreach opportunities, to address shortfalls in navigating DBH and Optum enrollment site activities, reviewing 1115

Wavier 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 demonstration year 3, quarter 1, 1926 unique members received 29,201 units of 1115 treatment services, totaling $9,959,955.77. Broken out by member categories (Tables 1 and 2), the data illustrates that Medicaid Expansion recipients are the primary beneficiaries of 1115 services during this quarter ($4.9 million, 49.74% of total expenditures). In terms of treatment service codes (Table 3), approximately $5.2 million (52.92% total expenditures) was paid to support expanded 1115 residential services.

DY3Q1 Table 1. Service Units and Amount Paid Broken Out by Member Eligibility Category

| Member Elig Category | Paid Units | Total Paid |
|---|---|---|
| Disabled | 6590 | $1,825,724.93 |
| General MCAID | 8704 | $3,179,443.76 |
| Expansion | 13907 | $4,954,787.08 |
| **Grand Total** | **29201** | **$9,959,955.77** |

DY3Q1 Table 2. Service Units and Amount Paid Broken Out by Member Eligibility Code

| Medicaid Mem Elig Cd | Paid Units | Paid Amount |
|---|---|---|
| AD11SI | 1 | $135.43 |
| AD20DW | 19 | $3,836.99 |
| AD20RC | 56 | $6,650.50 |
| AD20SI | 1691 | $465,166.81 |
| AD20ST | 150 | $24,412.55 |
| AD30AS | 3 | $406.29 |
| AD34SI | 3 | $406.29 |
| AD40AS | 7 | $948.01 |
| AD44RC | 2 | $270.86 |
| AD44SI | 11 | $1,951.41 |

| AD54DC | 631 | $168,351.78 |
|---|---|---|
| AD54DK | 64 | $28,777.31 |
| AD67QM | 2 | $270.86 |
| AD68SL | 153 | $56,453.22 |
| AD69RC | 68 | $22,204.62 |
| AD69SI | 1176 | $272,396.30 |
| AD69ST | 1847 | $576,367.79 |
| AD70IN | 65 | $9,554.21 |
| AD71DC | 7 | $1,198.06 |
| AD71SI | 128 | $24,813.43 |
| AD71ST | 10 | $1,008.95 |
| AD74RC | 31 | $6,138.07 |
| AD74SI | 67 | $20,004.49 |
| AD74ST | 77 | $15,983.80 |
| AD78SL | 149 | $71,952.86 |
| AD91IN | 6 | $1,680.55 |
| AD92DC | 117 | $34,534.53 |
| AD92ST | 1 | $135.43 |
| AD94SI | 22 | $5,186.92 |
| AD94ST | 26 | $4,526.61 |
| AF11PB | 1 | $78.16 |
| AF11PR | 99 | $39,081.33 |
| AF20AF | 1888 | $656,326.37 |
| AF20FF | 93 | $11,404.09 |
| AF20MI | 144 | $73,667.65 |
| AF20MX | 13763 | $4,881,119.43 |
| AF50CP | 40 | $15,439.42 |
| AF50H1 | 3 | $406.29 |
| AF50H2 | 72 | $29,487.47 |
| AF50HC | 82 | $41,255.96 |
| AF50IV | 613 | $250,697.43 |
| AF50S1 | 4 | $541.72 |
| AF50S2 | 281 | $100,652.87 |
| AF50SO | 4 | $445.83 |
| AF50SU | 2797 | $1,166,369.65 |
| AF50TO | 453 | $123,225.21 |
| AF51FC | 1138 | $360,541.25 |
| AF51JC | 1133 | $383,322.29 |
| AF71TO | 3 | $168.42 |
| **Grand Total** | **29201** | **$9,959,955.77** |

DY3Q1 Table 3. Service Units and Amount Paid Broken Out by 1115 SUD Waiver Service code

| Procedure Code | Paid Units | Paid Amount |
| --- | --- | --- |
| H0007 GT HB HQ V1 | 325 | $48,513.53 |
| H0007 GT V1 | 563 | $137,284.80 |
| H0007 HB HQ V1 | 380 | $30,286.20 |
| H0007 V1 | 286 | $33,114.80 |
| H0010 TG V1 | 796 | $643,356.75 |
| H0011 V1 | 212 | $318,000.00 |
| H0014 V1 | 1 | $960.00 |
| H0015 GT HQ V1 | 802 | $213,260.50 |
| H0015 GT HQ V1 XE | 1 | $78.16 |
| H0015 GT HQ V2 | 5 | $586.20 |
| H0015 GT V1 | 125 | $44,227.19 |
| H0015 GT V2 | 2 | $828.44 |
| H0015 HQ V1 | 1012 | $103,478.15 |
| H0015 HQ V2 | 3 | $781.60 |
| H0015 V1 | 253 | $28,899.36 |
| H0015 V2 | 104 | $60,179.14 |
| H0023 GT V1 | 14 | $1,066.66 |
| H0023 GT V2 | 209 | $13,473.60 |
| H0023 V1 | 1139 | $140,141.27 |
| H0023 V2 | 211 | $16,633.94 |
| H0033 V1 | 1 | $168.42 |
| H0035 V1 | 312 | $156,000.00 |
| H0035 V2 | 410 | $205,000.00 |
| H0039 V2 | 2517 | $340,268.67 |
| H0047 GT V1 | 35 | $10,500.00 |
| H0047 HA TF V1 | 898 | $447,760.76 |
| H0047 HA V1 | 4 | $1,994.48 |
| H0047 TG V1 | 4792 | $2,224,705.62 |
| H0047 V1 | 29 | $8,700.00 |
| H2020 V2 | 3665 | $1,079,892.25 |
| H2021 GT HQ V1 | 484 | $15,071.51 |
| H2021 GT HQ V2 | 10 | $384.65 |
| H2021 GT V1 | 60 | $3,798.42 |
| H2021 GT V2 | 130 | $13,430.70 |
| H2021 HQ V1 | 554 | $29,605.64 |
| H2021 HQ V2 | 100 | $16,941.18 |
| H2021 V1 | 226 | $27,525.30 |
| H2021 V2 | 1615 | $832,147.58 |
| H2036 HA V1 | 31 | $10,974.93 |

| H2036 HF V1 | 4005 | $1,763,210.90 |
|---|---|---|
| T1007 V1 | 151 | $25,046.45 |
| T1007 V1 GT | 95 | $23,698.10 |
| T1007 V2 | 401 | $54,882.00 |
| T1007 V2 GT | 858 | $120,220.93 |
| T2016 TG V2 | 788 | $378,413.36 |
| T2016 V2 | 481 | $289,374.41 |
| T2033 TF V2 | 106 | $45,089.22 |
| **Grand Total** | **29201** | **$9,959,955.77** |

DY3Q1 Table 4. Service Units and Amount Paid Broken Out by 1115 SUD vs BH

| SUD or BH | Paid Units | Total Paid |
|---|---|---|
| BH | 11615 | $3,468,527.87 |
| SUD | 17586 | $6,491,427.90 |
| **Grand Total** | **29201** | **$9,959,955.77** |

## 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. Since May 18th, 2020, DBH has worked with our Independent Evaluator (Health Services Advisory Group) HSAG per the 9/3/19 STCs. Notably, DBH has received CMS approval that its Evaluation Design and Monitoring Protocol. The 50-page Evaluation Design and the Part A Excel and Part B Word document Monitoring Protocol are significant deliverables required per STCs.

Significantly, CMS recently reported to DBH that its accepted Monitoring Protocol would undergo a Conversion to align with the latest CMS format and requirements. DBH reviewed, edited, and modified as appropriate Part A, Part B, an Attachment A, and the Word Notes document and its Tables received from CMS to align with and respond to the CMS queries, and has submitted the four needed files (Part A Excel, Part B Word, Attachment A, and Notes) to PMDA. DBH has shared the submitted

MP conversion version with HSAG, its independent evaluator, and also has negotiated with CMS that it will begin reporting the metrics by the end of September 2021.

Furthermore, during the reporting period covered by this report, the State of Alaska Division of Behavioral Health (DBH) and its independent evaluator, Health Services Advisory Group, Inc. (HSAG), worked together to ensure that beneficiary surveys that are a part of the DBH 1115 Evaluation Design are in the process of being conducted and then analyzed by HSAG and HSAG's subcontractor. This process involved several iterations of revisions to the survey protocol, including responsive feedback from DBH, CMS, and HSAG and its subcontractor. Additionally, the qualitative key informant interview semi-structured protocol was developed together with HSAG, including responsive revisions based on DBH feedback. Together with DBH, HSAG developed an appropriate sampling strategy, and mechanism to ensure inclusion of appropriate stakeholders, including interviews with DBH staff and with representatives from tribal entities. These interviews are in the process of being scheduled and conducted by HSAG's interviewers, and the qualitative aspect will ensure a well-rounded mixed methods evaluation design, that utilizes both quantitative information (such as numeric claims counts) and qualitative information, and is in keeping with research best practices and with CMS/Mathematica guidance for Alaska's CMS approved 1115 Evaluation Design to ensure the most robust design possible.

In the previous reporting period, DBH with HSAG collaborated to produce the CMS required Mid-Point Assessment (MPA), which evaluated the substance use disorder (SUD) monitoring, highlighted progress toward the implementation milestones/goals, as well as performance targets, collaborated with consumer representatives and key stakeholders, estimated budget neutrality, and provided recommendations to the State and stakeholders on the waiver demonstration. The sixty-five-page draft MPA was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 26, 2020. In this current reporting period, DBH apprised HSAG of the status of the MPA in terms of CMS feedback and expectations, including the likelihood of eventually including retrospective reporting once information becomes available.

Additionally, in the previous reporting period, regarding the Monitoring Protocol, DBH has determined that DBH itself will calculate the metrics, rather than utilize a subcontractor to calculate them, and as noted above has negotiated a September 2021 date to produce additional metrics. DBH has utilized a computer programming specialist to ensure files with the needed data fields and reporting periods have been produced that will permit reporting of the simple counts and percentage rates needed for the MP claims metrics; DBH has submitted what it believes is its current status of ability to report claims metrics, including data fields, and subpopulations per the Technical

Specifications Manual, and additional value/code sets and CMS documentation guidance, and also understands that elements of some of the claims metrics may require additional negotiation/modification with approval from CMS, to respond to data element gaps in system collection. For the non-claims metrics, DBH will be able to report the new reporting period on the three state defined IT metrics, and will be able to provide data from non-claims, or partially non-claim metrics, including metrics 13 (using a QAP methodology) and 14 (using a modified methadone only definition), and with information from Alaska Public Health, metrics 26 and 27, and from Alaska PDMP (for Q1), from Alaska Project Echo (for Q2) and from AKAIMS/reporting database (for Q3). DBH's submitted MP conversion documents also note that CMS has excused DBH from a number of recommended but non required MP metrics, including twelve metrics: 1, 2, 16, 19, 20, 28, 29, 30, 21, 33, 34, and 35; thus including the 3 State Defined IT metrics (Q1, Q2, and Q3), DBH anticipates reporting 27 metrics. If in the future, DBH/SOA/provider system modifications and capacity permit collection of the excused metrics, DBH will reconsider reporting them.

To conclude, weekly calls between DBH and HSAG ensure that the Independent Evaluator remains on track for successful completion of the work, including preparation and planning for the Interim Evaluation Report and the sampling, interviewing schedule and measures, and analyses required for the Beneficiary Survey component of the Evaluation. In sum, significant progress this reporting period in terms of evaluation included approvals of the Evaluation Design, initiation of interview and survey data collection, and the submission of the Monitoring Protocol conversion and supporting documents.

## 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. 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.

For the three State IT Metrics, DBH has negotiated data provision and data definitions with outside DBH SOA organizations for State Metrics Q1 and Q3, and has

negotiated minor data definition modifications with CMS for metrics Q1 and Q3. Notably, DBH achieved its annual goal for all three State IT Metrics.

PDMP - Difficulty with obtaining regular updates from the public facing Alaska Opioid Data Dashboard platform has prompted the State to seek alternative data sources for controlled substance use metric calculations in this and all future submissions. Working with the same department that was creating the Alaska Opioid Data Dashboard (DPH), DBH now is obtaining a count of schedule II prescriptions dispensed to CMS beneficiaries, with the goal of reducing this number over time. These figures are held in the Alaska Prescription Drug Monitoring Program (PDMP), which is the platform that the State of Alaska uses to track dispensation of controlled substances in Alaska.

The first State IT Metric, Q1, reports the "# of Schedule II prescriptions by schedule dispensed to CMS beneficiaries" utilizing PDMP data.

CY2019 = 7,736,304 (schedule II)
CY2020 = 5,184,842 (schedule II)

Project ECHO (Extension for Community Healthcare Outcomes), University of Alaska Anchorage Center for Human Development – AK-ECHO continues to provide virtual learning opportunities for health care providers and community members in a growing variety of topics. The AK-ECHO team continues to provide sessions of the successful "Pain & Opioid Management" program and the "Co-Occurring Behavioral Health, Opioid, and Stimulant Use Disorders". Additional ECHO series have been piloted and officially implemented into the ECHO offerings to address a wide range of key behavioral and mental health topics, such as "Behavioral Interventions for Early Childhood" and "Mental Health & Development Disabilities". While Project ECHO doesn't provide certifications, DBH is able to calculate the number of medical professionals trained in MAT through this online forum.

The second State IT Metric, Q2, reports the "Number of medical professionals trained in MAT through Alaska's Project Echo."

CY2019 = 178
CY2020 = 188

AKAIMS – Although the state has collaborated with Open Beds previously, DBH assessed current resources and potential competition for similar services with our ASO and decided not to renew our contract with the TreatmentConnections vender. In an

effort to find a sustainable alternative, DBH has determined that our AKAIMS (Alaska's Automated Information Management System) electronic health record platform has a similar capability to capture new provider engagement in the state's BH system. Going forward, DBH will analyze this IT metric by obtaining a distinct count of organizations connected to Alaska's DBH through the AKAIMS platform.

The third State IT Metric, Q3, reports the "Number of organizations connected to Alaska's Division of Behavioral Health" utilizing "AKAIMS or Reporting Database" as its Data Source.

CY 2019 = 121
CY 2020 = 125

## 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 the State participated in MTF meeting on March 5th and TBHD meeting occurring on the afternoon of March 5th. 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. At this time no such request has been made. Throughout the quarter the Division has continued to engage with Tribal partners in a series of workgroups aimed at solutioning through potential services barriers related to federal changes to the 4-walls provision as identified in 42 CFR 440.90-Clinc Services.

- 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 and behavioral health treatment services, claims processing through the administrative services organization, Optum, and system support throughout the transition from the former claims processing system. Throughout this quarter communication remains ongoing about the impacts of the pandemic and ways to leverage lesson learned. Dialogue remains centered on the continued need and benefits of telehealth flexibilities beyond the end of the public health emergency. The pandemic has exacerbated frontline workforce challenges that have been partial

mitigated through the use of telehealth. The Department continues to be supportive of some continued telehealth flexibilities.

- As part of the TBHD meeting the Division maintains open, direct conversation with the tribal directors on areas of collaboration including program success, challenges, and barriers implementing 1115 SUD and behavioral health services. The partnership between TBHD and the Division is highly valued as they offer opportunities to contribute directly to early systems development as well as program and policy development throughout the course of the demonstration.
  - TBHD dialogue included comments and questions about the pending sunset services and their concerns with the delays in provider enrollment, both agency and renderers, as a barrier to service provision on April 1. DBH acknowledged the backlog and committed to establishing flexibility prior to the cutoff date to ensure no break in service provision due to administrative barriers. The Division participated in series of questions and answers related to the new 1115 waiver services. Based on dialogue about gaps in services for children, particularly those that require both acute and psychiatric residential care as well as potential barriers in the current regulatory language for Children's Residential Treatment, a new level of care under the waiver. DBH committed to establishing an ad hoc workgroup to discuss in-depth opportunities to improve the system of care and remove unintended barriers.
  - The Optum Tribal Liaison has begun routine monthly 1115 Tribal Behavioral Health Workgroup sessions to support tribal partners understand the new service requirements, provide claims processing systems support, and bridge communication between the Division and tribal partners for more frequent communication.
- The state and behavioral health providers meet monthly during the Alaska Behavioral Health Association teleconference. Tribal providers participate in ABHA and serve on the executive committee. The 1115 waiver and other topics are discussed as standing agenda items during each monthly ABHA teleconference.
  - The Division provided a regulatory update regarding the sunset services. The Division addressed concerns about access barrier for Children's Residential Level II.
- The State of Alaska continues to invite ATHS representatives to participate in workgroups and policy meetings.
  - During this quarter, based on feedback from ATHS, the Division invited trainers from the Center for Alaska Native Health Research to present at

the state's annual provider conference on the Qungasvik model for promoting reasons for life and Well-being in Yup'ik and Cup'ik communities.

## 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 starting of DY 3 QTR 1 continued like DY 2 QTR 4 with data sources largely migrated from MMIS to Optum data. The CMS 64 still isn't accurate requiring accounting adjustments. Accounting for these data discrepancies, our team accounted for them in the total adjustments tab. However, the BN DY 3 QTR 1 workbook continued this quarter in similar manner to DY 2 QTR 4. The central issue is the BH and IMD that are not being programmed into the CMS 64 and therefore not being submitted to CMS. This continues because of the bifurcated deployment of the 1115 Waiver's SUD and BH components that created these challenges in fulfilling the STC's (IMD&BH) criteria.

Our team continued the integration of the data collection and analysis on the SUD-IMD and the associated Optum and DSS expenditures. We executed DY 3 QTR 1 expenditures using our actuarial partner instructions by prepping Optum (and MMIS) expenditures for this quarter's BN. To accomplish this, we conducted meetings with the Research team focusing on the CMS 64 and the associated expenditures. Using this integrated data file, we developed specific expenditures (and member months) for the IMD/Non IMD expenditures tab.

Continuing this manual analysis, Research can track when a provider that is not an IMD becomes an IMD. Though the data still isn't transmitted via the CMS 64, we continue to include this data in the BN workbook that began in DY 2 QTR 3. In addition, we are outlining plans for future Optum data to be programmed to produce IMD expenditures in the CMS 64. These challenges are meticulously documented in our Budget Neutrality files.

The final piece of the DY 3 QTR 1, similar to DY 2 QTR 4, is the 1115 SUD reimbursable Medicaid claims that continued to increase again 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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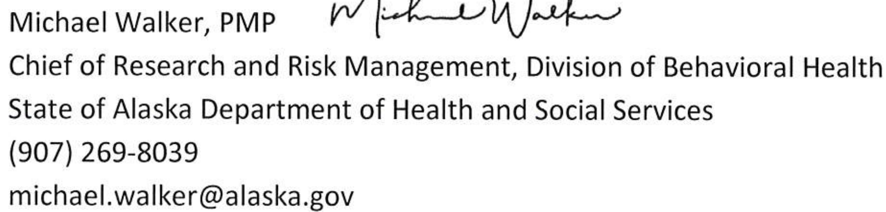

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## X. Date Submitted to CMS

*Enter the date submitted to CMS in the following format: (mm/dd/yyyy).*
05/28/2021