



<u>Purpose</u>

- Approved tribal health organizations (THO) and Tribes will increase Medicaid and Denali KidCare enrollment and retention of eligible and potentially eligible tribal and non-tribal utilizers using outreach, enrollment, and renewal activities.
- Partner THOs and Tribes will receive reimbursement for some administrative costs associated with performing allowable Medicaid and Denali KidCare outreach and linkage activities.



Tribal Health Organization/Tribe Roles

- Must be an Alaskan Tribal Health Organization or Tribe with a signed TMAC agreement with DHSS
- Conduct approved outreach and enrollment activities for Alaska Natives, American Indians, and non-Tribal members served by the entity
- Utilization of provided forms
- Provide payment of non-Federal portion of the required state match
- Timely submission of requested forms and payment
- Understand TMAC processes using provided training and resources
- Inform DHSS TMAC staff of any contact information changes



DHSS Roles

- Maintain TMAC Memorandum of Agreement
- Provide training sessions upon request
- Make available online access of current forms and processes
- Prompt payment of Administrative Fee to partners
- Provide monitoring and oversight through reconciliation and audit processes



General Process

1

- Entity does enrollment outreach
- Data is collected and entered in forms

2

- Entity submits forms and EFT transfer
- Submission must be timely for payment

3

- DHSS pays administrative fees to entity
- DHSS reconciles Medicaid services recipient list with Medicaid claims list



- Medicaid and Denali KidCare application and renewal assistance using Division of Public Assistance (DPA) paper and online applications and through the Federally Facilitated Marketplace
- Arrangement of travel for clients
- Community outreach at events such as health fairs
- Screening and enrolling during patient registration
 - ❖ DPA website includes information and applications
 - Federally Facilitated Marketplace reviews and may be able to determine Medicaid eligibility



Department of Health and Society

Quarterly Submission Documents

All forms and non-federal portion of the required state match must be submitted to DHCS 45 days after the end of each quarter. Failure to submit timely will result in <u>nonpayment</u>.

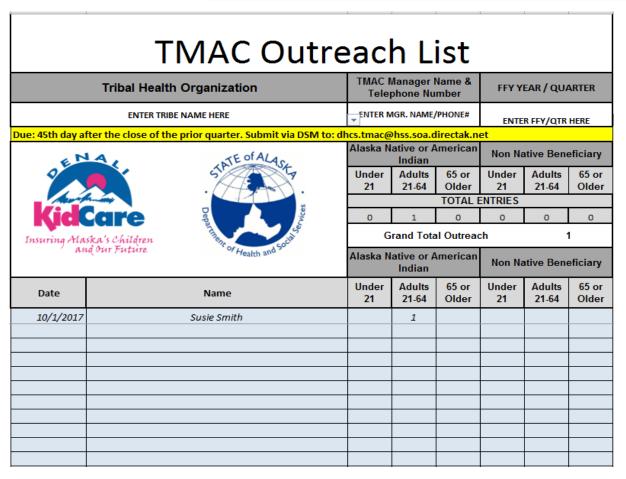
- 1. TMAC Outreach List
- 2. Tribal Outreach Attestation Submission
- 3. Medicaid/Denali KidCare Unduplicated Medicaid Recipients
- 4. Tribal Medicaid Administrative Claiming Invoice and Attestation Submission

*All documents are on the <u>TMAC website</u> or by request at: <u>tmac.hss@alaska.gov</u>





Form 1: TMAC Outreach List



- Provide full names
- Outreach and enrollment employees complete this form

Form 2: Tribal Outreach Attestation Submission

- Outreach and enrollment employees complete this form
- Signed by the entity's TMAC manager

Tribal Outreach Attestation Submission



(To be submitted through the DSM email address below along with list of patient registration and outreach lists)

	Deadline: 45 th day after the c Send to: dhcs	close of the prior quarter .tmac@hss.soa.directak.ne
Tribe or T	ribal Health Organization:	
TMAC Ma		
DSM:		
Email:		
Address:		
City:	Zip:	
Please Sp	pecify Quarter and FFY: Click here to select QTR & FFY	v
	Please Specify Outreach Numbers	
	# of Individuals Outreached at Registration	
	# of Individuals Outreached at Other: (please specify below)	
	Other:	
	Other:	
	Other:	10
	Total # of Individuals Outreached	0
and insu info In a Gra chil Kids may rene und payı	(TMAC Manager) certify and attest the ent registrants presenting in the undersigned quarter, for the Iribal health med provided an explanation, either verbally or visually, of the DenaliCare and/or reance programs, for which they may be eligible, including both local Iribal control of the property of the DenaliCare and/or remation. I ddition, If this Iribe or Iribal health organization is the recipient of a CMS of the organization and veneval assist at orany other CMS grant award for Medicaid administrative activities, I center who have been outreached and provided application and veneval assist to Coverage grant or any other federal grant funding for Medicaid outreached and appear in this list since the aggregate total of children outreached and growal assistance will likely be a part of this list; however, those children will be suplicated list of recipients that the Iribe and Iribal health organization subment under IMAC, to carve out these children to prevent duplication of payministrative activities (please refer to corresponding invoice attestation).	lical services, were outreached Denali KidCare public ntact and state contact Connecting Kids to Coverage rify and attest that the trice under the Connecting and enrollment assistance provided application and e eliminated from the uit along with the invoice for
TMAC Ma	nager:	
TMAC Ma	nager Signature:	
Date:		

Form 3: Medicaid/Denali KidCare Unduplicated Medicare Recipients

- Provide full names
- TMAC manager or designated fiscal staff completes this form



Medicaid / Denali KidCare Unduplicated Medicaid Recipients

Tribe or THO	QTR / FFY		This s	ection	will au	to tabu	ılate	
Southeast Alaska Regional Health Consortium	FFY18, QTR2 (Jan 1, 2018 - Mar 31, 2018)	Under 21	Adults 21-64		Under 21	Adults 21-64	65 or Older	Total
	2018 - Mai 31, 2018)	0	0	0	0	0	0	0

Due: 45th day after the close of the prior quarter. Submit via DSM to: dhcs.tmac@hss.soa.directak.net

	DenaliCare / Denali KidCare Identifiers		Alaska Native or American Indian			Non Native Beneficiary			
Recipient Medicaid ID Number	Recipient Name	Date of Birth	Under 21	Adults 21-64	65 or Older		Adults 21-64	65 or Older	Total
1234567890	Joe Example	1/1/1985		1					1





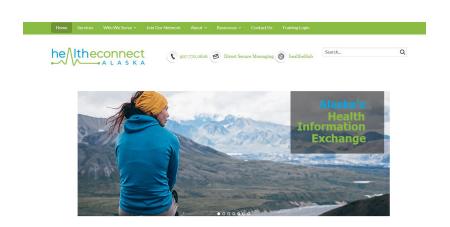
- Quarterly invoice of administrative fees
- Attestation of transferred funds to DHSS represent the non-Federal share of the Federal matching funds for allowable activities
- THO/Tribal CFO signs this form

	h day after the close of the prior quarter. Submit v	ia DSM to: dhcs.	tmac@hss.soa.directal	k.net	
Kidcare Justering Maska's Shilipen and the Parties	State of Alaska Department of Health & Social Services Health Care Services PO Box 110680 Juneau, AK 99811-0880				
Claiming Tribe or THO	Select Tribe or THO from drop down list			(click h	nere)
Street or PO Box					
City, State	FBWC CTTL ION	4 0047 0	4 0047		
FFY / Quarter	FFY18, QTR1 (Oct	1, 2017 - Dec 3	1, 2017)		
TMAC Manager					
TMAC Manager TMAC Manager Telephone #					
TMAC Manager Telephone #					
mino manager cinali					
	INVOICE				
Description	Quantity	Rate	Amount		
Total unduplicated number of					Chec
DenaliCare / Denali KidCare		#NI/A	#MI/A		fund
enrolled individuals provided		#N/A	#N/A		elect
vith services					Cicci
	d the Non-Federal portion / Rosent via IGT electronic transfe	•	#N/A		
	Prepared by Tele	ephone #	Date	_	

Direct Secure Messaging (DSM)



Send forms through a DSM e-mail for HIPAA compliance



To sign up:

<u>healtheconnect Alaska</u> webpage

DSM webpage

E-mail: healtheConnect@helpdesk.inpriva.net

Phone: 866-936-1423

TMAC Direct Secure Messaging:

Email: dhcs.tmac@hss.soa.directak.net



THO/Tribe FFY20 IGT Transfer Due Dates

Each submission encompasses one quarter. All submission documents and EFT of non-federal funds are due 45 days after the last day of each quarter.

Submission Due Dates

• Nov. 14, 2019: FFY19, Q4 (July 1 – Sept. 30)

• Feb. 14, 2020: FFY20, Q1 (Oct. 1 – Dec. 31)

• May 15, 2020: FFY20, Q2 (Jan. 1 – March 31)

• Aug. 14, 2020: FFY20, Q3 (April 1 – June 30)

• Nov. 16, 2020: FFY20, Q4 (July 1 – Sept. 30)



Processing of TMAC Funds

Entity submits the invoice and attestation forms to DHCS via DSM & and non-Federal portion of the required state match via ACH transaction.

DHCS issues and EFT payment to the entity.

DHSS does a quarterly match of the Enterprise claims against each quarter's unduplicated list submitted by the entity. There must be recipient claims submitted by the 4th consecutive quarter or the administrative fee will be offset from future payments from DHCS to the entity.

There must be recipient claims submitted by the 4th consecutive quarter or the administrative fee will be offset from the future payments from DHCS to the entity.

After the 4th consecutive quarter, if there is a recoupment required, it will be subtracted at the time the next EFT is issued to the entity, or an invoice will be issued.



ACH and Wire Transfers to DHSS

Wire Transfer Instructions

Notify the State of Alaska, Treasury Division, by 2:00 PM AST the business day prior to the wire transfer settlement date by e-mail to: dot.trs.cashmgmt@Alaska.gov. The notice must include the payer name, payment amount, settlement date, the state agency the funds are for, and the purpose of the payment.

1. Instruct your bank to initiate a wire transfer of funds through the Federal Reserve wire transfer system to be received and credited to the State of Alaska:

State Street Bank & Trust Company State Street Financial Center 1776 Heritage DR North Quincy, MA 02171 ABA # 011000028 State of Alaska – AY01 General Investment Fun Account # 00657189

- 2. Confirmation is available by calling the Alaska Department of Revenue, Treasury Division at 907-465.2360
- 3. Do not sent ACH credit Transactions to this account.

ACH Transfer Instructions

Notify the State of Alaska, Treasury Division, by 2:00 PM AST the business day prior to the wire transfer settlement date by e-mail to: dot.trs.cashmgmt@Alaska.gov. The notice must include the payer name, payment amount, settlement date, and that the payment is for ACH 06034.

- 1. Prepare the amount due.
- 2. Instruct your bank to initiate an ACH transfer of funds to be received and credited to the State of Alaska:

State Street Bank & Trust Company State Street Financial Center 1776 Heritage DR North Quincy, MA 02171 ABA # 011000028 State of Alaska – AY01 General Investment Fun Account # 00657189

- 3. Confirmation is available by calling the Alaska Department of Revenue, Treasury Division at 907-465.2360
- 4. Do not sent any other State of Alaska payment types to this account.



DHSS Contacts

Staff

- Kyle Skeek, TMAC Receipt & Reconciliation, Health Care Services: 907.465.5829
- Sarah Harlamert, TMAC Receipt & Reconciliation Oversight, Health Care Services: 907.269.7398
- Sarah Harlamert, TMAC Manager, Health Care Services: 907.269.7398
- Renee Gayhart, Division Director, Health Care Services: 907.334.2400

TMAC Mailing Address

State of Alaska
Division of Health Care Services
Attn: TMAC
PO Box 110660
Juneau, AK 99811-0660

E-mail

General e-mail: tmac.hss@alaksa.gov
DSM e-mail: dhcs.tmac@hss.soa.directak.net



<u>Acronyms</u>

- ACH: automated clearing house
- CFO: Chief Financial Officer
- DHCS: Division of Health Care Services
- DHSS: Department of Health and Social Services
- DPA: Division of Public Assistance
- DSM: Direct Secure Messaging
- EFT: electronic funds transfer
- FFP: federal financial participation
- FFY: Federal Fiscal Year, which has four quarters, Q1 (Oct, Nov, Dec); Q2 (Jan, Feb, March); Q3 (April, May, June); Q4 (July, Aug, Sept).
- IGT: intergovernmental transfer
- THO: tribal health organization
- TMAC: Tribal Medicaid Administrative Claiming



QUESTIONS?

Thank You