Alaska Health & Human Services Market Profile: 2024

Health & Human Services Market Profile Overview

A. Executive Summary

A.1. Alaska Physical Health Care Coverage by Payer

Total Alaska Population- 733,583
Estimated SMI Population- 58,687

MEDICAID Enrollees 20%

DUAL ELIGIBLES Enrollees 4%

MEDICARE Enrollees 10%

HEALTH INSURANCE MARKETPLACE Enrollees 3%

COMMERCIAL Enrollees 43%

TRICARE Enrollees 10%

UNINSURED Population 10%

Medicaid Fee-For-Service

Small Group Market

Individual Market

Top Five Private Health Plans

Moda Health Plan, Inc.

Premera BCBS of Alaska

Aetna ASO

ODS Health Plan ASO

Premera Blue Cross

Cigna ASO

UnitedHealth ASO

"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

OPEN MINDS

A.2. Alaska Behavioral Health Care Coverage by Payer

MEDICARE SMI Enrollees 28%	DUAL ELIGIBLES SMI Enrollees 7%	MEDICAID SMI Enrollees 29%	COMMERCIAL SMI Enrollees 23%	TRICARE SMI Enrollees 6%	UNINSURED SMI Population 7%

Medicaid
Fee-For-Service
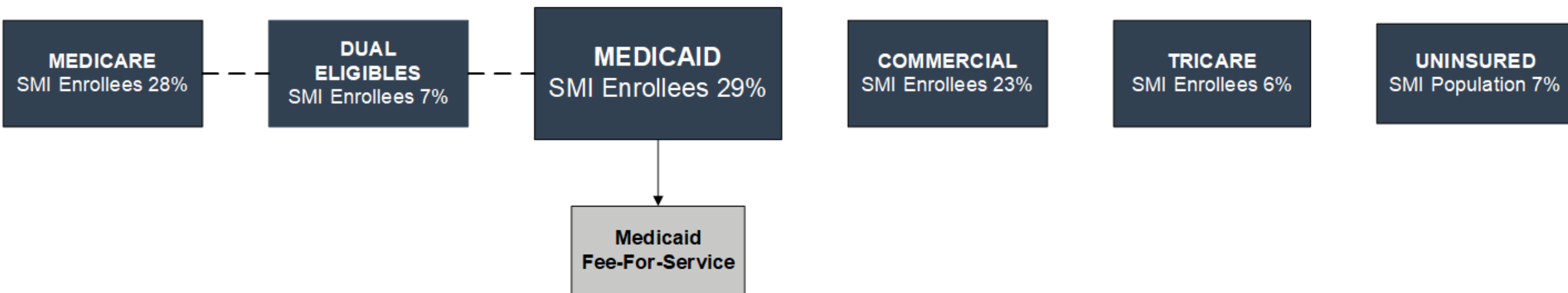
"Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer.

A.3. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan		The state's plan to implement a managed care demonstration are on hold.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		The state is exploring implementation of chronic condition health homes.
Patient-Centered Medical Home (PCMH)	✓	The state provides PCMH services through the Providence Family Medical Center (PFMC).
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates two CCBHCs.
Other Care Coordination Initiatives	✓	The Alaska Medicaid Coordinated Care Initiative (AMCCI) is a voluntary care coordination program for high-utilizers of services.

A.4. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- Safety-net physical health services are provided by the Office of Healthcare Access within the Alaska Department of Health (DHSS).

Mental Health Services

- The Division of Behavioral Health within DHSS contracts with a network of provider organizations to provide mental health services to the safety-net population.

Addiction Treatment Services

- The Division of Behavioral Health within DHSS contracts with a network of provider organizations to provide addiction treatment services to the safety-net population.

B. Alaska Health Financing System Overview

B.1. Population Demographics
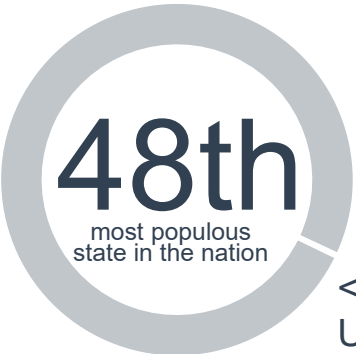
Population Distribution By Income To Poverty Threshold Ratio

Total Alaska Population- 733,583
Estimated SMI Population- 58,687

48th
most populous
state in the nation

<1% of the
U.S. population

Legend:
- 200% and above
- 139% to 199%
- 101% to 138%
- 100% and below

AK
- 64%
- 17%
- 14%
- 5%

U.S.
- 59%
- 22%
- 8%
- 12%

138% of poverty level

Median Household Income	
Alaska	$88,121
U.S.	$74,755

Population Distribution By Age

- Under 19 (192,106) 26%
- Ages 19 to 64 (440,003) 60%
- Age 65+ (101,474) 14%
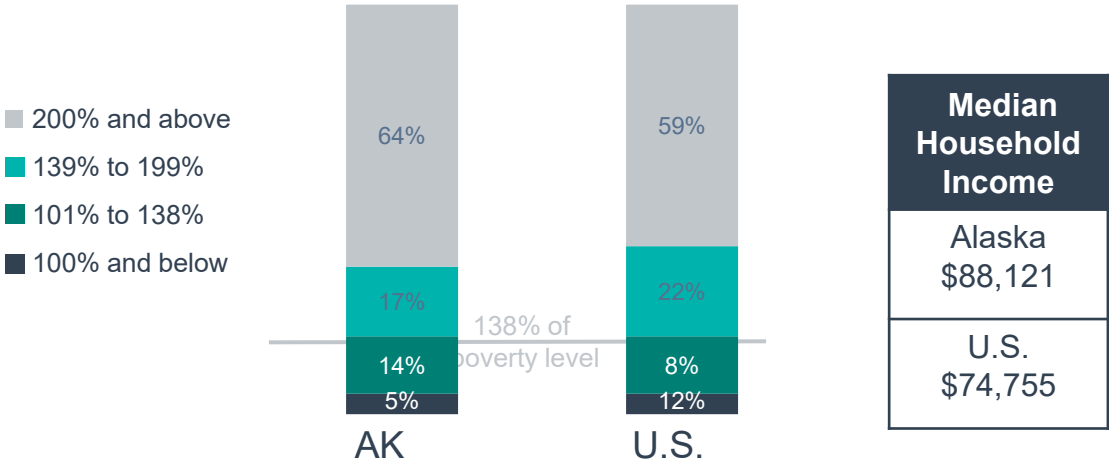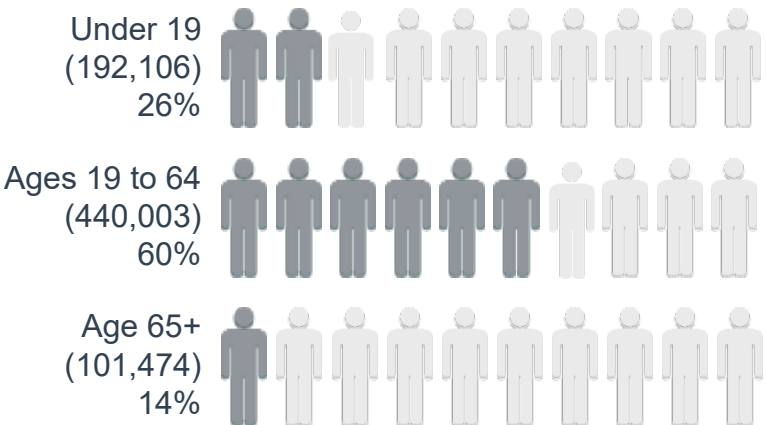
Alaska & U.S. Racial Composition

Legend: White | Black | Hispanic | Other

AK
- White 62%
- Black 5%
- Hispanic 7%
- Other 27%

U.S.
- White 62%
- Black 12%
- Hispanic 16%
- Other 9%
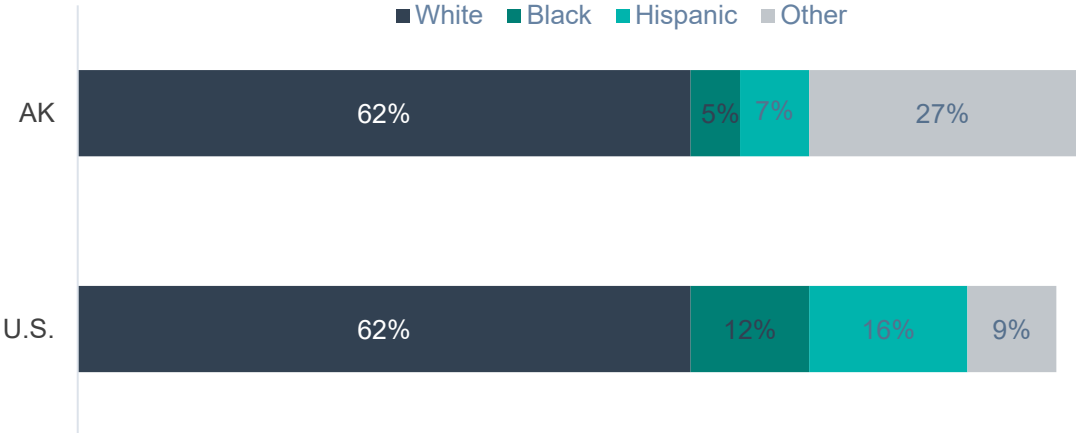
Totals may not equal 100% due to rounding.

B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	**Alaska MSA Residents**	**Percent Of Population**
Total MSA Population	**496,063**	**68%**
Anchorage, AK	400,470	55%
Fairbanks, AK	95,593	13%

B.3. Population Distribution By Payer: National vs. State

Legend: Commercial | Medicaid | Full Duals | Partial Duals | Medicare | Uninsured | TRICARE

AK: Commercial 46%, Medicaid 20%, Full Duals 2%, Partial Duals 2%, Medicare 10%, Uninsured 10%, TRICARE 10%

U.S.: Commercial 51%, Medicaid 20%, Full Duals <1%, Partial Duals 1%, Medicare 17%, Uninsured 9%, TRICARE 3%
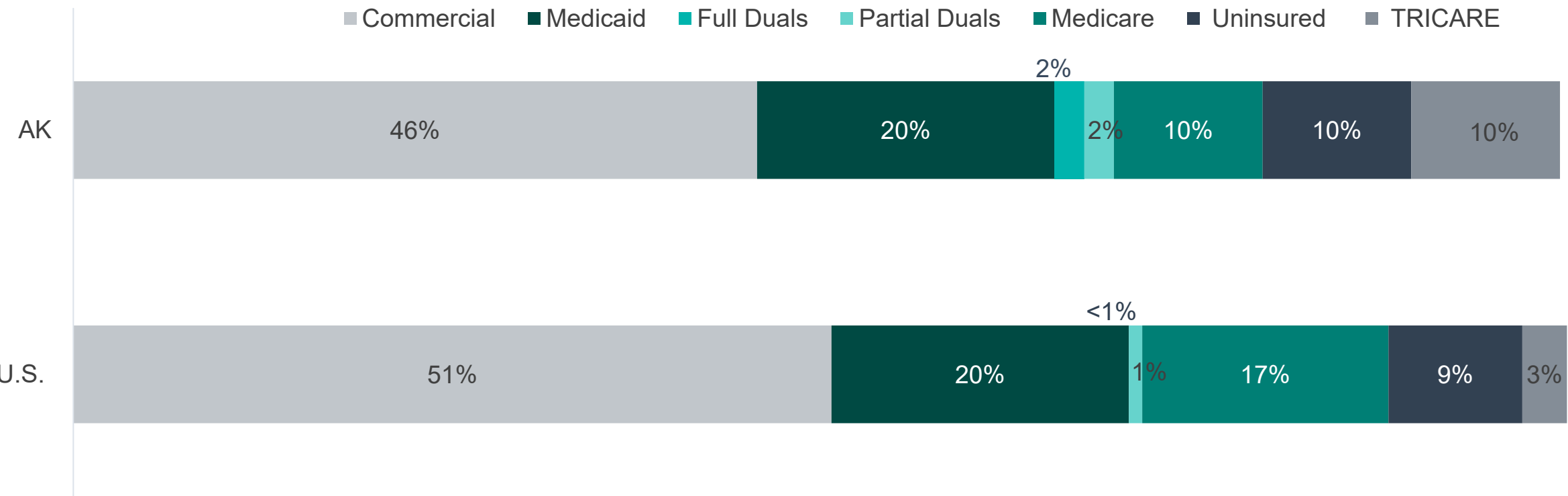
Totals may not equal 100% due to rounding.

B.3. SMI Population Distribution By Payer: National vs. State

Legend: ■ Commercial ■ Medicaid ■ Full Duals ■ Partial Duals ■ Medicare ■ Uninsured ■ TRICARE

AK: Commercial 23% | Medicaid 29% | Full Duals 4% | Partial Duals 3% | Medicare 28% | Uninsured 7% | TRICARE 6%

U.S.: Commercial 25% | Medicaid 29% | Full Duals 3% | Partial Duals 3% | Medicare 30% | Uninsured 6% | TRICARE 3%
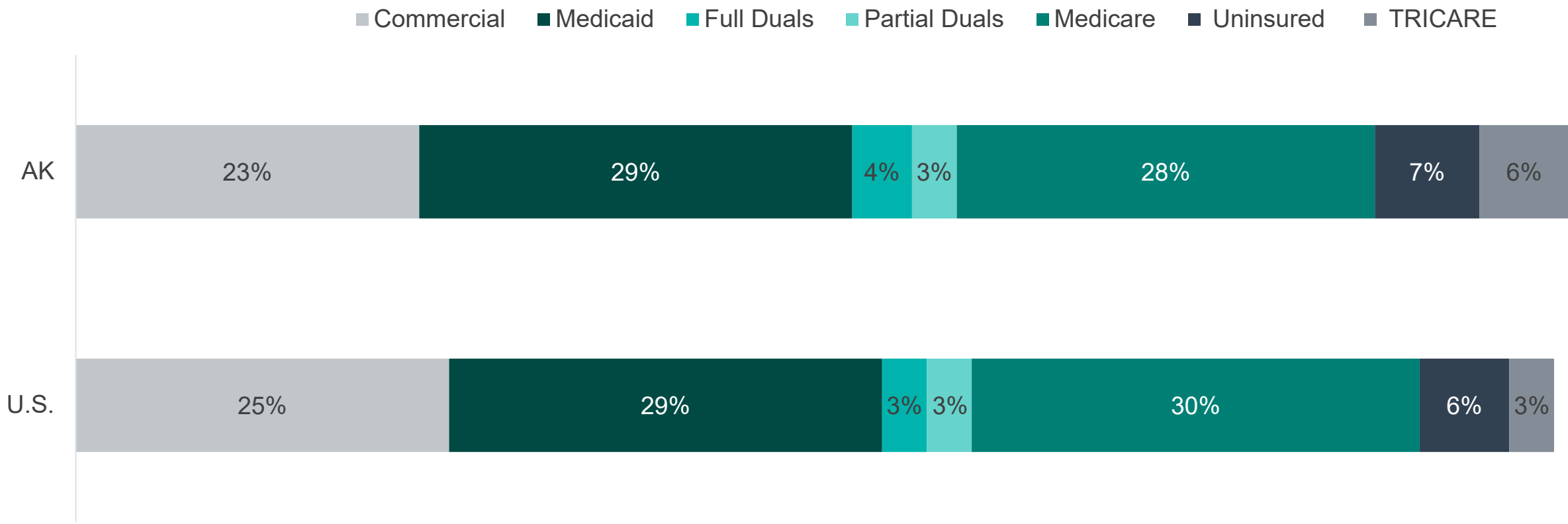
Totals may not equal 100% due to rounding.

B.4. Largest Alaska Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Medicaid fee-for-service (FFS)	Medicaid	253,707
Premera Blue Cross	Commercial	135,625
Alaska Medicare FFS	Medicare	102,816
TRICARE	Other public	80,863
Aetna	Commercial administrative services organization (ASO)	43,633
UnitedHealthcare	Commercial ASO	9,155
Cigna	Commercial ASO	5,666
ODS Health Plan	Commercial ASO	2,815
Aetna Life Insurance Company	Commercial	2,474
Aetna Medicare	Medicare Advantage	893

*Medicaid enrollment as of March 2023; TRICARE as of December 2023; Commercial as of March 2023; Medicare enrollment as of March 2023

B.4. Largest Alaska Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Alaska Medicare FFS	Medicare	102,816	32,901
Alaska Medicaid FFS	Medicaid	253,707	12,432
TRICARE	Other public	80,863	6,712
Premera Blue Cross	Commercial	135,625	6,646
Aetna	Commercial administrative services organization (ASO)	43,633	2,138
UnitedHealthcare	Commercial ASO	9,155	449
Cigna	Commercial ASO	5,666	278
Aetna Medicare	Medicare Advantage	893	143
ODS Health Plan	Commercial ASO	2,815	138
Aetna Life Insurance Company	Commercial	2,474	121

*Medicaid enrollment as of March 2023; TRICARE as of December 2023; Commercial as of March 2023; Medicare enrollment as of March 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace Enrollment Percentage	3%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2024 Individual Market Health Plans
1. Premera Blue Cross Blue Shield of Alaska

2024 Small Group Market Health Plans
1. Moda Health Plan

B.6. Accountable Care Organizations

Medicare ACOs
1. CHSPSC ACO 6, LLC
2. CHSPSC ACO 8, LLC
3. Health Connect Partners, LLC

C. Medicaid Administration, Governance & Operations

C.1. Medicaid Governance: Organization Chart

Department of Health
- Division of Senior and Disabilities Services
- Division of Public Health
- Division of Public Assistance
  - Medicaid
    - Chronic and Acute Medical Assistance
    - Family Nutrition
    - General Relief Assistance
    - Senior Benefits
  - Child Care
    - Adult Public Assistance
    - SNAP Benefits
    - Heating Assistance
    - Temporary Assistance
- Division of Health Care Services
- Division of Behavioral Health
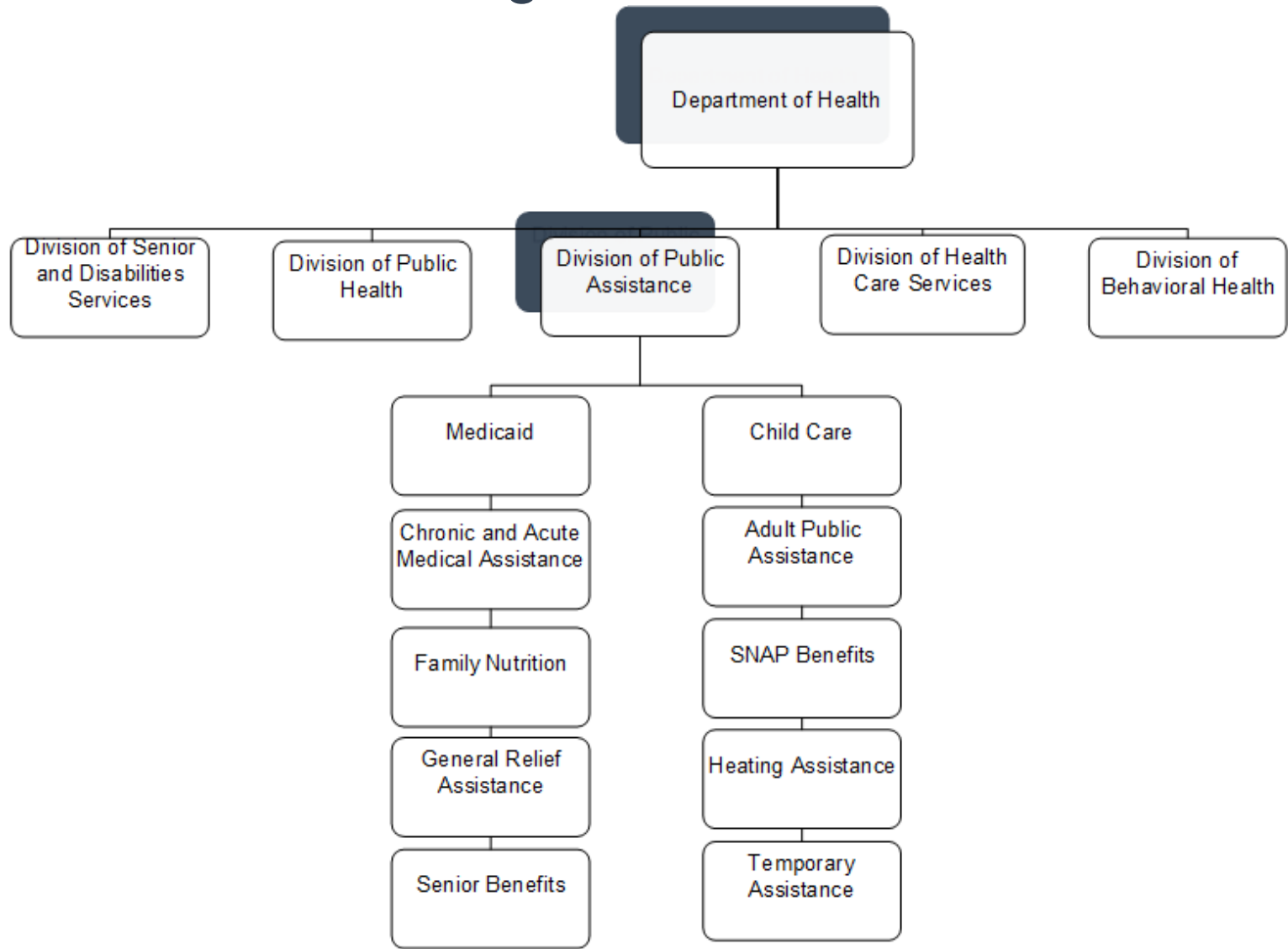
C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Heidi Hedberg	Commissioner	Department of Health	heidi.hedberg@alaska.gov
Emily Beaulieu	Medicaid State Plan Coordinator	DOH	Emily.Beaulieu@alaska.gov
Emily Ricci	Deputy Commissioner	DOH	emily.ricci@alaska.gov
Deb Ethridge	Director	DOH, Division of Public Assistance	Deb.ethridge@alaska.gov
Jamie Walker	Division Operations Manager	DOH, Division of Health Care Services	jamie.walker@alaska.gov

C.2. Medicaid Program Spending By Eligibility Group

Percent of Total Medicaid Population

- Aged 6%
- Disabled 6%
- Adults 48%
- Children 40%

Percent of Total Medicaid Spending

- Aged 13%
- Disabled 23%
- Adults 41%
- Children 23%

Based on FY 2021 data
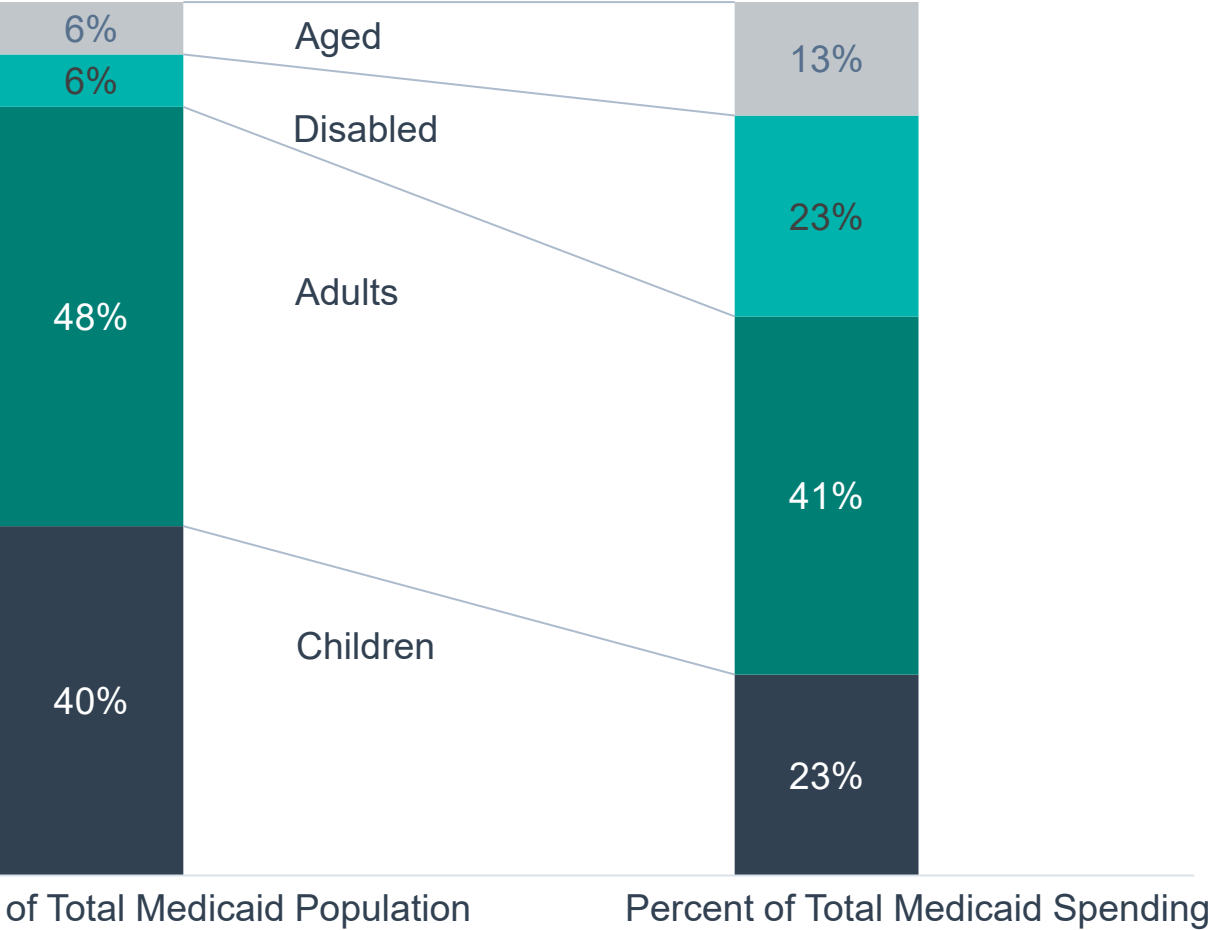
Medicaid Spending Per Enrollee, FY 2021		
	U.S.	AK
All populations	$8,651	$9,050
Children	$3,584	$5,110
Adults	$5,462	$7,093
Expansion adults	$7,486	$8,205
Blind and disabled	$23,935	$32,182
Aged	$18,514	$21,547

C.2. Medicaid Program Spending: Budget

Budget Item	SFY 2022 Spending	Percent Of Budget
Hospital	$755,000,000	31%
Clinic and health center	$499,000,000	20%
Home- and community-based LTSS	$329,000,000	13%
Institutional LTSS	$235,000,000	10%
Other acute services	$184,000,000	7%
Physician	$173,000,000	7%
Drugs	$106,000,000	4%
Dental	$94,000,000	4%
Medicare premiums and coinsurance	$43,000,00	2%
Other practitioner	$41,000,000	2%
Managed care and premium assistance	$1,000,000	<1%
Budget Total: $2,460,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	50%
CY 2024 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time
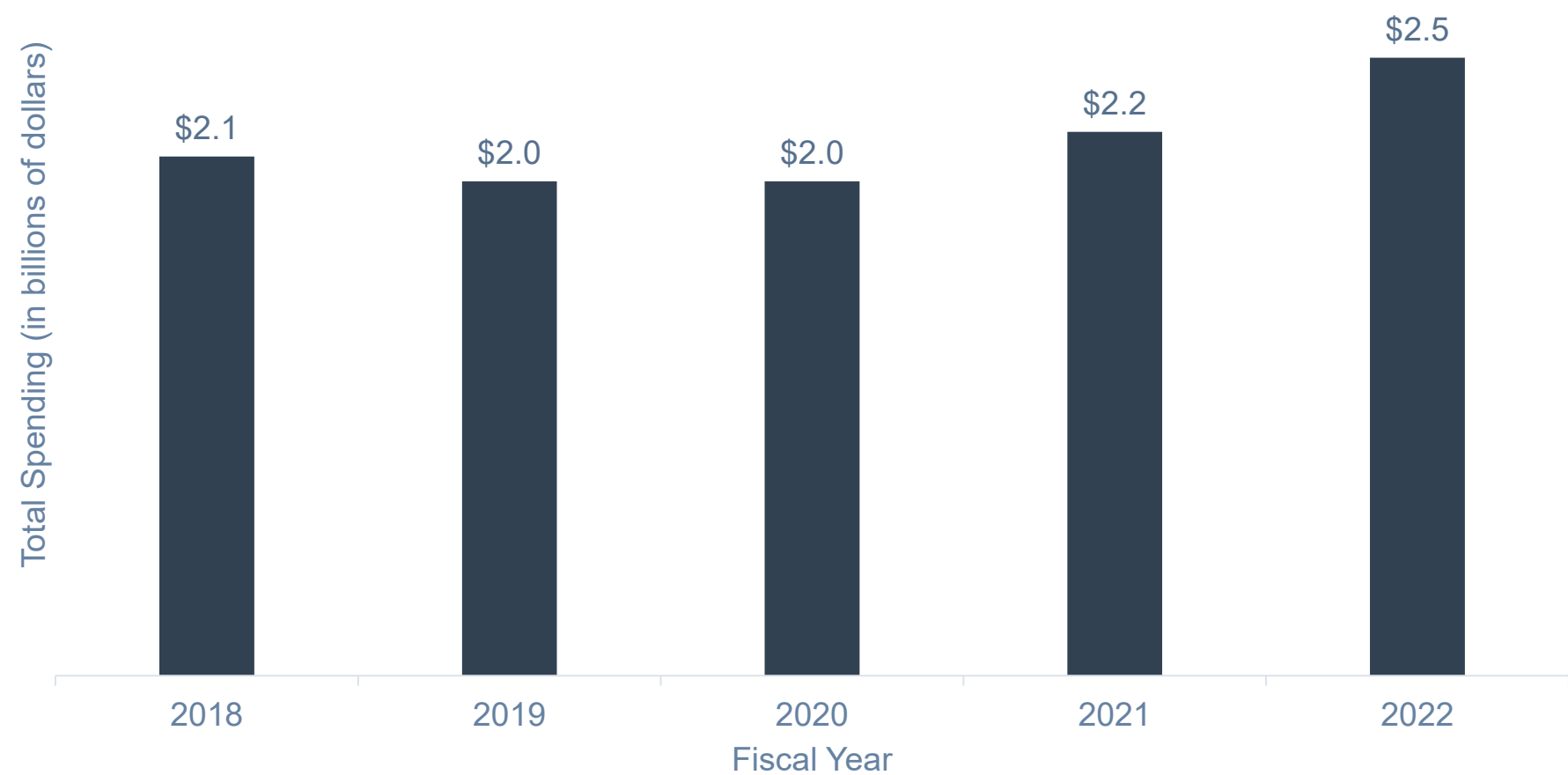
C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	September 2015
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of Federal Poverty Level (FPL) for expansion population and 135% FPL for parent and caretaker relatives. Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	None
Number Of Individuals Enrolled In The Expansion Group (October 2023)	73,557
Number Of Enrollees Newly Eligible Due To Expansion	73,549
Benefits Plan For Expansion Population	The alternative benefit plan is based on and identical to the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care
18. Clinic services
19. Personal care services

Alaska's Optional Services

1. Podiatry services
2. Optometry services
3. Home health services
4. Dental services
5. Physical and occupational therapy
6. Services for individuals with speech, hearing, and language disorders
7. Prescribed drugs
8. Dentures, eyeglasses, and prosthetic devices
9. Diagnostic and preventative services
10. Rehabilitative services
11. Services for individuals 65 years or older in IMDs
12. Intermediate care facilities
13. Inpatient psychiatric facility services for individuals under age 21
14. Nursing facility services for individuals under age 21

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics	
Characteristics	**Medicaid Fee-For-Service (FFS)**
Enrollment (December 2023)	240,579
SMI Enrollment	Alaska does not operate a managed care or primary care case management program; therefore, the entirety of the SMI population is enrolled in FFS.
Management	• Alaska Department of Health • Fiscal agent and service authorization: Conduent
Payment Model	FFS
Geographic Service Area	Statewide

Total Medicaid: 240,579 | Total Medicaid With SMI: 27,907

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• As of December 2023: 100% in fee-for-service (FFS), 0% in managed care
SMI population inclusion in managed care	• Alaska does not operate a managed care or primary care case management (PCCM) program; therefore, the entirety of the SMI population is enrolled in FFS. • Estimated 100% of population in FFS, 0% in managed care
Dual eligible population inclusion in managed care	• Alaska does not operate a managed care or PCCM program; therefore, the entirety of the dual eligible population is enrolled in FFS. • Estimated 100% of population in FFS, 0% in managed care
Long-term services and supports (LTSS) inclusion in managed care	• Alaska does not operate a managed care or primary care case management (PCCM) program; therefore, the entirety of the LTSS population is enrolled in FFS.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Covered FFS by the state	Not applicable
Specialty behavioral health	Covered FFS by the state	Not applicable
Pharmaceuticals	Covered FFS by the state	Not applicable
Long-term services and supports (LTSS)	Covered FFS by the state	Not applicable

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

- Alaska does not currently operate a managed care program; therefore, the entirety of the population is enrolled in the FFS system.

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers	X		
Children	X		
Blind and disabled individuals	X		
Aged individuals	X		
Dual eligibles	X		
Medicaid expansion	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care	X		

D.2. Medicaid FFS Program: Overview

- As of December 2023, FFS enrollment was 240,579.
- Conduent Healthcare acts as the state's fiscal agent and provides service authorization for certain benefits, enrolling provider organizations, and verifying recipient eligibility.
  - Comagine Health manages the utilization aspects of the health program.
- The Alaska Medicaid Coordinated Care Initiative (AMCCI) is a voluntary program that provides one-on-one case management services including care coordination, scheduling appointments, addressing barriers, and referrals to specialists and social service supports.
  - However, MedExpert's AMCCI contract with the state of Alaska ended on August 31, 2019. More than 200,000 individuals were eligible to participate in AMCCI but very few participated. Currently, Comagine has the only contract with the state for AMCCI.
  - Senate Bill 74 (see section D.4.) required DHSS to establish a primary care case management system that enroll beneficiaries with multiple hospitalizations. Therefore, DHSS will continue to expand AMCCI.
- DHSS contracts with two organizations that receive a per member per month (PMPM) payment to provide services.
  - MedExpert operates statewide and uses a telecommunications-based case management model.
  - Comagine Health (formerly Qualis Health) operates in the Anchorage area only, and uses face-to-face encounters for about 50 enrollees.
- The state sees the AMCCI program as laying the groundwork for a mandatory primary care case management program.

D.2. Medicaid FFS Program: Behavioral Health Benefits

- All behavioral health and pharmacy services are financed FFS.
- Optum currently serves as the state's behavioral health administrative services organization (ASO).

FFS Mental Health Benefits
1. Inpatient services
2. Screening, assessment, and testing
3. Individual, group, and family therapy
4. Pharmacologic management
5. Medication administration
6. Crisis intervention
7. Case management
8. Peer support services
9. Community support group services

FFS Addiction Treatment Benefits
1. Screening, brief intervention, and referral to treatment (SBIRT)
2. Assessment
3. Treatment plan
4. Crisis intervention
5. Individual, group, and family therapy
6. Pharmacologic management
7. Community support services
8. Peer support services
9. Recipient support services
10. Residential treatment
11. Detoxification services

D.2. Medicaid FFS Program: Behavioral Health Demonstration Waiver Benefits

- With the approval of the 1115 waiver, CMS authorized the following enhanced behavioral health and addiction treatment services for Medicaid beneficiaries.

Behavioral Health Treatment Benefits
1. Home-based family treatment
2. Intensive care management services
3. Partial hospitalization program services
4. Intensive outpatient services
5. Children's residential treatment – level one
6. Therapeutic treatment homes
7. Assertive community treatment (ACT)
8. Adult mental health residential treatment services
9. Peer-based crisis services
10. Mobile outreach and crisis response services
11. 23-hour crisis observation and stabilization services

Addiction Treatment Benefits
1. Opioid treatment services
2. Intensive outpatient services
3. Partial hospitalization
4. Medically monitored and managed intensive inpatient services
5. Ambulatory and clinically managed withdrawal management
6. Residential withdrawal management
7. Intensive inpatient withdrawal services

D.2. Medicaid FFS Program: SMI Population

- Alaska does not operate a managed care or primary care case management program; therefore, the entirety of the SMI population is enrolled in FFS.

- As of December 2023, *OPEN MINDS* estimates that 100% of the SMI population was enrolled in FFS.
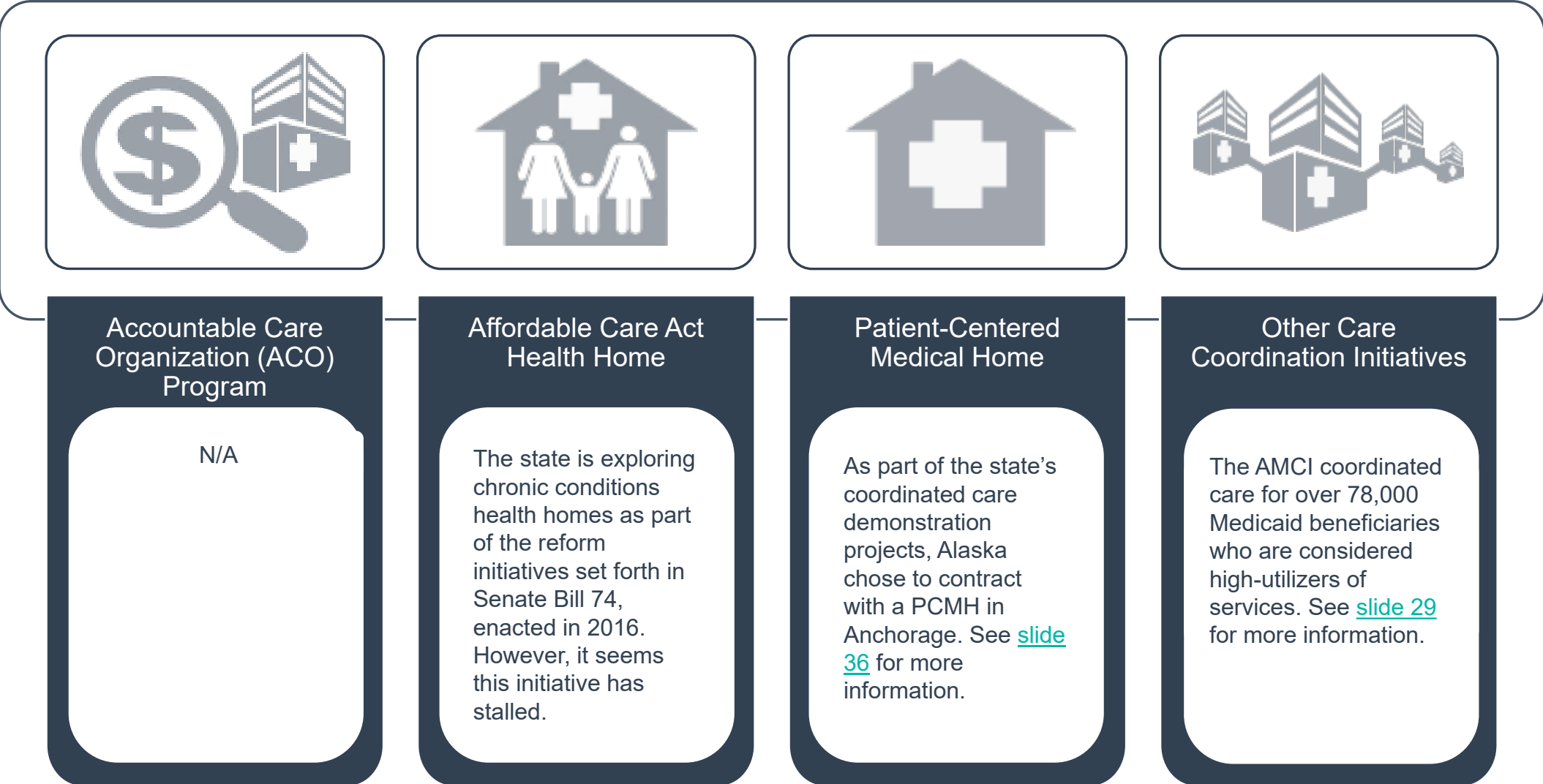
D.2. Medicaid FFS Program: Pharmacy Benefit

Alaska FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Optum Rx.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants, anticonvulsants, and a/typical antipsychotics are included in the general PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid dependence and smoking cessation drugs are included in the general PDL.
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are covered as a pharmacy benefit; injectable atypical antipsychotics require prior approval.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Non-preferred drugs require "medically necessary" documentation. • Atypical antipsychotics require prior approval for therapeutic duplication, use by a child under age five, or to exceed quantity limits. • Suboxone and subutex require prior approval for continuation of care after the first 28 days of medication assisted treatment (MAT).
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, Alaska calls its lock-in program the Care Management Program. Individuals referred to the Care Management Program are typically enrolled for 12 months during which they are restricted to one primary care provider organization and one pharmacy. Treatment services from other provider organizations require prior authorization.

D.3. Medicaid Managed Care Program: Overview

- Alaska does not currently operate a managed care program.

- In 2016, Senate Bill 74 mandated that Alaska test the efficiency of managed care under the Coordinated Care Demonstration Project (CCDP). The managed care pilot program was expected to start in April 2019, but as of January 2021, the program was seen as financially unfeasible.

D.4. Medicaid Program: Care Coordination Initiatives

Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home	Other Care Coordination Initiatives
N/A	The state is exploring chronic conditions health homes as part of the reform initiatives set forth in Senate Bill 74, enacted in 2016. However, it seems this initiative has stalled.	As part of the state's coordinated care demonstration projects, Alaska chose to contract with a PCMH in Anchorage. See slide 36 for more information.	The AMCI coordinated care for over 78,000 Medicaid beneficiaries who are considered high-utilizers of services. See slide 29 for more information.

D.4. Medicaid Program: PCMH

- In 2011, the Alaska Legislature approved a capital grant to support transition to the PCMH model for three community health centers in Alaska: Alaska Island Community Services in Wrangell, Sunshine Health Clinic in Talkeetna, and Bethel Family Clinic with hopes to launch a subsequent PMCH pilot program.

- In January 2014, the Alaska Primary Care Association released a request for health care providers to participate in the Alaska Patient Centered Medical Home Initiative (AK-PCMH-I).

  - The AK-PCMH-I is a 5-year, statewide, multi-stakeholder program to assist practices in transforming to a PCMH model of care, slated to begin in July 2014.

- Alaska currently has 33 NCQA recognized Patient Centered Medical Homes (PCMH) in the state

D.4. Medicaid Program: Behavioral Health ASO

- On April 22, 2019, Optum was awarded the contract to serve as the behavioral health ASO. Services through the state's contract began on November 5, 2019.

- The contract award is valued at $7 million per year for a total of $35 million over five years.
  - The state withholds 5% of the contract amount to be repaid if the performance measures are met.
  - The state has designated 84 performance measures, including 19 process measures, 44 outcome measures, and 21 structural measures.

- The state received approval for the behavioral health aspects of the waiver on September 6, 2019.

- During November 2019, the state signed the contract which went live in February 2020.

- The ASO is responsible for:

  1. Service access and utilization
  2. Provider organization regional capacity development and support
  3. Participant outreach, communication, and support
  4. Quality and outcomes management

  5. Data management
  6. Claims processing
  7. Systems support
  8. Staffing

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Alaska Substance Use Disorder and Behavioral Health Program (SUD-BHP)	The goal is for Alaska to maintain critical access to opioid use disorder and other substance use disorder treatment services and continue delivery system improvements for these services to provide more coordinated and comprehensive behavioral health services and OUD/SUD treatment for Medicaid beneficiaries.	1115	None	01/01/2019	3/31/2028

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
AK Alaskans Living Independently (0261.R06.00)	Individuals who are physically disabled ages 21 to 64, and individuals ages 65 and older	3,054	Division of Senior & Disabilities Services	No
AK People w/Intellectual and Developmental Disabilities (I/DD) (0260.R06.00)	Individuals with autism of any age, and individuals with I/DD of any age	2,120	Division of Senior & Disabilities Services	No
AK Individualized Supports Waiver (1566.R00.00)	Individuals with autism of any age, and individuals with I/DD of any age	620	Division of Senior & Disabilities Services	No
AK Children w/Complex Medical Conditions (0263.R06.00)	Individuals who are medically fragile ages 0 to 21	352	Division of Senior & Disabilities Services	No
AK Adults w/Physical and Developmental Disabilities (0262.R06.00)	Individuals with autism ages 21 and older, and individuals with I/DD ages 21 and older	142	Division of Senior & Disabilities Services	No

D.6. Medicaid Program: New Initiatives

- Alaska is currently exploring the best methods and practices to reform their Medicaid system.
- This project, titled the Alaska Healthcare Transformation Project, is attempting to compare the systems and programs used in other states to determine the best match for Alaska.
  - Alaska is in the early implementation phases of the Healthcare Transformation Project.
- On December 22, 2020, Alaska's Governor Mike Dunleavy announced his intention to divide the Department of Health and Social Services. If approved, they would become Department of Health and Department of Family and Community Services.
  - The Department of Health will be in charge of Medicaid, public health, and public assistance.
  - The Department of Family and Community Services will be in charge of juvenile justice, Pioneer Homes, children's services, and the Alaska Psychiatric Institute.
  - As of July 1, 2022, the two departments are legally separate operating entities.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (August 2023)	112,131	2,827
SMI Enrollment	• *OPEN MINDS* estimates 2% of the population in Medicare Advantage, 98% in Traditional Medicare.	
Management	• Part A: inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 114,958 | Total Medicare With SMI: 26,095

E.2. Medicare System Overview

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of August 2023: 98% in traditional Medicare, 2% in Medicare Advantage.
SMI population inclusion in managed care	• Estimated 98% of population in traditional Medicare, 2% in Medicare Advantage.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	• There are currently no C-SNP plans in Alaska
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	• There are currently no I-SNP plans in Alaska

E.2. Medicare Program: Overview

- Medicare enrollment as of August 2023 was 114,958.
- Alaska has the country's third-lowest population, but the smallest state population enrolled in Medicare.
- Alaska's Medicare beneficiaries make up about 15% of the state's total population, whereas Medicare beneficiaries account for about 19.5% of the U.S. population, which totals over 65 million Medicare recipients.
- Individual Medicare Advantage plans are not available in the state of Alaska (some employers, including the Alaska state government, use group Medicare Advantage plans for retirees).
  - There were two Medicare Advantage plans available to individuals in some areas of Alaska for 2022 and 2023, but they are no longer available for 2024.
- 14 private insurers offer Medigap plans in Alaska, and the state's high-risk pool offers Medigap coverage to those under age 65 who qualify.
  - In addition, one of the private Medigap insurers offers a plan for those under 65.
- There are 19 stand-alone Part D prescription plans available in Alaska for 2024.
  - More than 74,000 beneficiaries were enrolled in them in 2023.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare ACOs
1. CHSPSC ACO 6, LLC
2. CHSPSC ACO 8, LLC
3. Health Connect Partners, LLC

E.4. Medicare: New Initiatives – Making Care Primary Model

- In June 2023, CMS announced a new primary care model – the Making Care Primary (MCP) Model – that will be tested in eight states.
- Access to high-quality primary care is associated with better health outcomes and equity for people and communities.
- MCP aims improve care for patients by expanding and enhancing care management and care coordination, equipping primary care clinicians with tools to form partnerships with health care specialists, and leveraging community-based connections to address patients' health needs as well as their health-related social needs.
- The goals of MCP are to:
  - Ensure patients receive primary care that is integrated, coordinated, person-centered and accountable
  - Create a pathway for primary care organizations and practices – especially small, independent, rural, and safety net organizations – to enter value-based care arrangements
  - To improve the quality of care and health outcomes of patients while reducing program expenditures
- The MCP Model will provide participants with additional revenue to build infrastructure, make primary care services more accessible, as well as better coordinate care with specialists. CMS expects this work to lead to downstream savings over time through better preventive care and reducing potentially avoidable costs, such as repeat hospitalizations.
- MCP will run for 10.5 years, from July 1, 2024, to December 31, 2034. The model will build upon previous primary care models, such as the Comprehensive Primary Care (CPC), CPC+, Primary Care First models, and the Maryland Primary Care Program.

E.4. Medicare: New Initiatives - BPCI Advanced

- In October 2022, CMS announced a two-year extension of the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model. The model launched in October 2018 and was originally set to end in December 2023.
- With the extension, BPCI Advanced is set to end in December 2025.
- New applicants (Model Year 7), must be Medicare-enrolled providers, suppliers, or Medicare Accountable Care Organizations (ACOs).
- BPCI Advanced is part of the continuing efforts by the CMS and the Center for Medicare and Medicaid Innovation in implementing voluntary episode payment models.
- The model aims to support health care providers that invest in practice innovation and care redesign to better coordinate care and reduce expenditures, while improving the quality of care for Medicare beneficiaries.
- BPCI Advanced qualifies as an Advanced Alternative Payment Model (APM) under the Quality Payment Program.
- The BPCI Advanced Model aims to address these issues by having the BPCI Advanced participants take responsibility for ensuring the patient's entire health care team – including the providers from all health care settings – communicate and collaborate on quality and total cost of a patient's care.
- The participant facilitates coordination among the health care team, working to meet the patient's full needs throughout the duration of the episode of care.
- The goal is to provide patients high-quality care, support a successful recovery and reduce the frequency and length of preventable hospital stays and emergency department use.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics	
Characteristics	**Medicaid Fee-For-Service (FFS)**
Enrollment (December 2022)	12,692
Estimated SMI Enrollment	2,665
Management	• Alaska Department of Health • Fiscal agent and service authorization: Conduent
Payment Model	FFS
Geographic Service Area	Statewide

Total Dual Eligible Enrollment: 12,692 | Total Dual Eligible Enrollment With SMI: 2,665

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Medicare Health Plans By Estimated SMI Enrollment

- Alaska does not have any Medicare Advantage D-SNP or PACE plans. All individuals receive services through the Medicare FFS delivery system.

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of December 2022, dual eligible enrollment was 12,692.

- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers long-term services and supports (LTSS) and non-physician behavioral health services.

- Because Alaska does not have a managed care program, all dual eligible individuals receive Medicaid services through the Medicaid FFS system.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Alaska does not have a dual eligible demonstration with the Centers for Medicare & Medicaid Services (CMS) at this time.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

- Alaska does not operate a MLTSS program

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2023)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

Total LTSS Enrollment: N/A | Total LTSS Enrollment With SMI: N/A

*LTSS stands for Long-Term Services & Supports

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults	-	-	-
Disabled children	-	-	-
Blind individuals	-	-	-
Aged individuals	-	-	-
Dual eligibles	-	-	-
Individuals with I/DD	-	-	-
Individuals residing in nursing homes	-	-	-
Individuals residing in ICF/IDD	-	-	-
Other HCBS Recipients	-	-	-
Other populations	-	-	-

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Alaska does not offer MLTSS services and instead all individuals receive traditional services through the FFS system.

G.3. Medicaid LTSS Program: Health Benefits

- Alaska does not offer MLTSS services and instead all services are the same as the FFS program.

G.4. LTSS Medicaid Financing & Delivery System: New Initiatives

- Alaska has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

H. State Behavioral Health Administration & Finance System

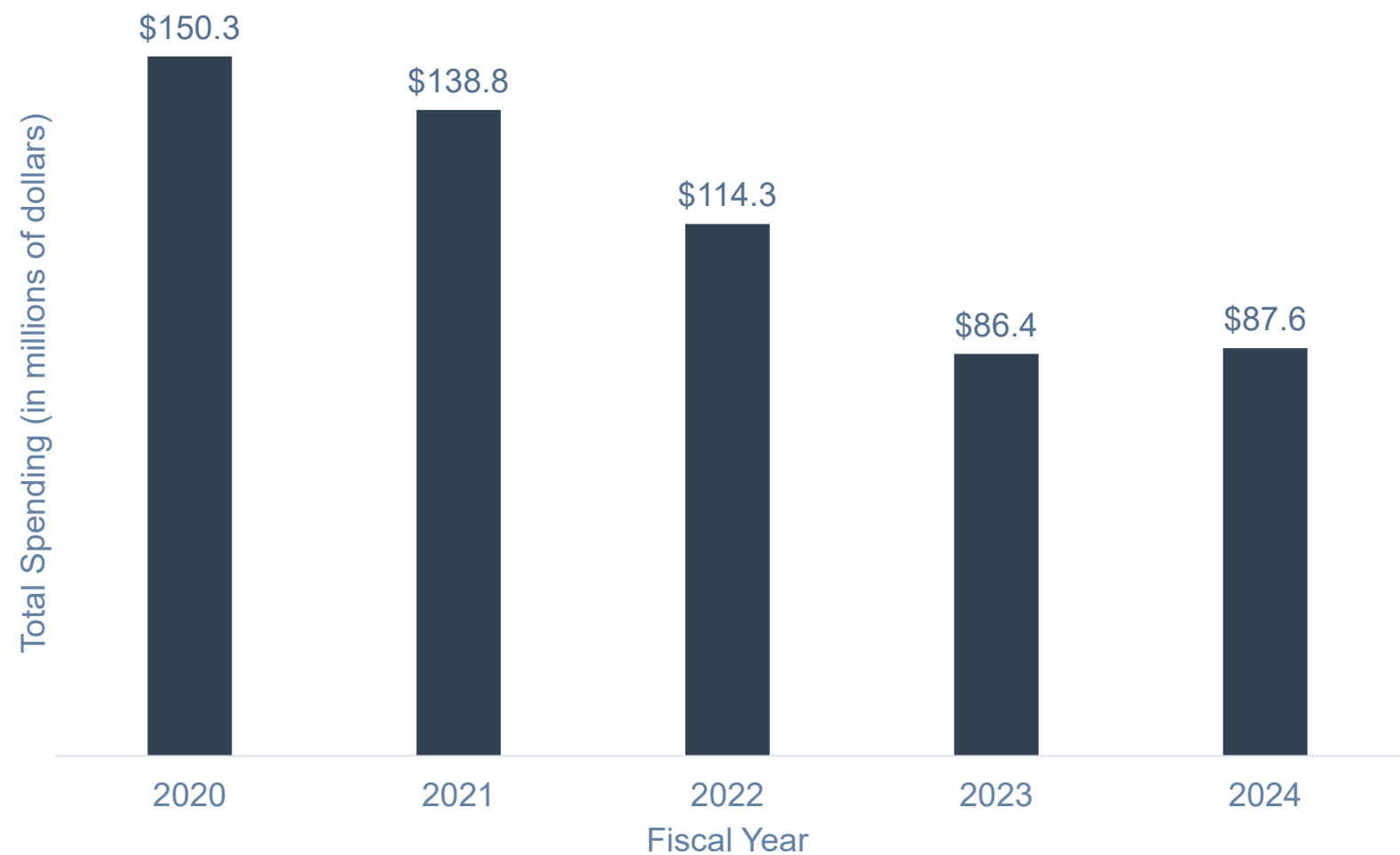# H.1. Division Of Behavioral Health: Organization Chart
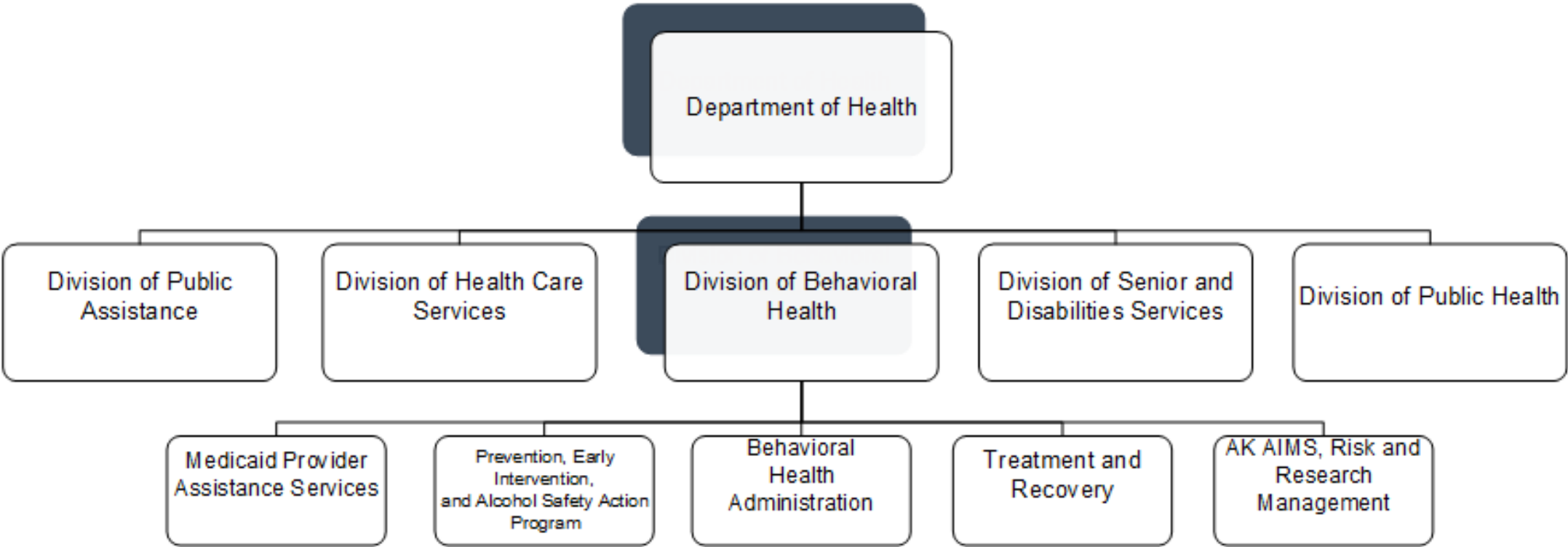
H.1. Division Of Behavioral Health: Key Leadership

Name	Position	Department	Email
Heidi Hedberg	Commissioner	Department of Health (DOH)	heidi.hedberg@alaska.gov
Tracy Dompeling	Director	DOH, Division of Behavioral Health (DBH)	tracy.dompeling@alaska.gov
Andrea Mueca	Deputy Director	DOH, DBH	andrea.mueca@alaska.gov
Tony Piper	Section Manager	DBH, Prevention and Early Intervention	tony.piper@alaska.gov
Kathryn Chapman	Section Manager	DBH, Treatment and Recovery	kathryn.chapman@alaska.gov

H.2. Division Of Behavioral Health: Spending

Budget Item	SFY 2024 Budget	Percent Of Budget
Behavioral Health Treatment Recovery Grants	$47,629,700	54%
Behavioral Health Administration	$22,352,400	26%
Behavioral Health Prevention and Early Intervention Grants	$7,692,000	9%
Alcohol Safety Action Program	$5,156,300	6%
Residential Child Care	$3,153,100	4%
Alaska Mental Health/Alcohol & Drug Abuse Boards	$991,700	1%
Suicide Prevention Council	$601,500	1%
Budget Total: $87,576,700		

H.2. Division Of Behavioral Health: Spending Over Time

Bar chart showing Total Spending (in millions of dollars) by Fiscal Year:
- 2020: $150.3
- 2021: $138.8
- 2022: $114.3
- 2023: $86.4
- 2024: $87.6

H.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	**Location**	**Beds**	**Bed Count as of December 2023**
Alaska Psychiatric Institute	Anchorage	60	53
Alaska Psychiatric Institute- Forensic	Anchorage	10	10

H.4. Behavioral Health Safety-Net Delivery System

- The Division of Behavioral Health within DOH provides mental health and addiction treatment services to the uninsured population by contracting with a network of provider organizations.

- The provider organizations that provide mental health and addiction treatment services to the uninsured population receive funding through Community Behavioral Health Grants.
  - Funding is provided to individuals with mild to relatively severe mental health diagnoses that are unable to meet social or vocational obligations, but are not in need of life-threatening treatment or hospitalization. Additionally, the state is mandated to provide services to individuals with moderate to severe disorders that do not have access to private care due to geographic isolation or economic hardship.

- The services provided by these agencies include:
  - Outpatient, residential, and rehabilitation for adults with SMI or children with SED; emergency outpatient and residential crisis services; and outpatient treatment for adults and adolescents with behavioral health disorders.

- Tribal governments and organizations negotiate agreements with the U.S. Department of Health and Human Services, Indian Health Service to provide physical and behavioral health services for Alaska Natives and Native Americans.

H.5. Behavioral Health System: New Initiatives

- In January 2018, Alaska applied to the Centers for Medicare and Medicaid Services (CMS) for approval of an 1115 behavioral health waiver at the direction of the Alaska Legislature through SB 74.
  - The intent is to create a data-driven, integrated behavioral health system of care for Alaskans experiencing serious mental illness, severe emotional disturbance, substance use disorder (SUD), co-occurring substance use and mental illness, and at-risk families and children.
- At the guidance of CMS, the SUD component was broken out separately from the rest of the behavioral health services to move it forward more quickly in response to the growing opioid epidemic. It was approved in November 2018, with the implementation plan receiving approval in March 2019.
  - The behavioral health component received approval in September 2019.
- Alaska's 1115 Medicaid waiver, the Alaska Substance Use Disorder and Behavioral Health Program, was approved for the original demonstration period of January 1, 2019, through December 31, 2023.
  - Alaska is submitting a renewal application, in accordance with CMS requirements, to continue this demonstration for another five-year period, January 1, 2024 to December 31, 2028.
- The waiver provides flexibility to offer a broad range of substance use disorder and behavioral health services and reduce Alaska's reliance on crisis services.

I. Appendices

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2024, the FPL is $14,580 for an individual and $30,000 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; but since have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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