

**2015 Legislature - Operating Budget
Transaction Compare - House Structure
Between 16GovAmd+ and House Fin2**

**Numbers and Language
Differences
Agencies: H&SS**

Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Behavioral Health													
Behavioral Health Treatment and Recovery Grants													
AMD: Achieve Savings by Reviewing Level of DHSS Grants and by Expanding Medicaid to Some Clients	16GovAmd+	Dec	-1,558.7	0.0	0.0	0.0	0.0	0.0	-1,558.7	0.0	0	0	0
<i>The division will implement cuts to agencies based on lapsed funds for the previous year and the success of agencies in efficiently using their funds. The division has recently developed a baseline rating system for agencies receiving Consortium for Behavioral Health Training and Research (CBHTR) funds, called Grant Equitable Distribution (GED). Agencies will be rated on how well they are doing at providing services to their clients (efficiently and effectively), and on the use of their funds in comparison to the use of other available funds. While this is a reduction in expenditures, the division expects no loss of services as these services would be provided through Medicaid expansion. Those adults ages 21-64 under 138 percent of Federal Poverty Level will become eligible and will transition out of grant services to Medicaid services at 100 percent federal match.</i>													
1037 GF/MH (UGF)			-1,558.7										
Replace \$3 million of UGF with Alcohol and Other Drug Abuse Treatment & Prevention Funding	House Fin2	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)			-3,000.0										
1180 A/D T&P Fd (DGF)			3,000.0										
Decrement funding in BH Treatment and Recovery Grants in order to add \$500.0 UGF to SDA Community Based Grants	House Fin2	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
1004 Gen Fund (UGF)			-500.0										
* Allocation Difference *			1,058.7	0.0	0.0	0.0	0.0	0.0	1,058.7	0.0	0	0	0
Alcohol Safety Action Program (ASAP)													
Replace UGF with GF/Prgm Receipts	House Fin2	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)			-1,203.8										
1005 GF/Prgm (DGF)			1,203.8										
Replace Uncollectible GF/Prgm Rcpts with UGF and Alcohol Trtmt & Prevention Funding (1180)	House Fin2	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>This amendment replaces uncollectible GF/Program Receipts that were put in the House Subcommittee budget with UGF and Alcohol Treatment Funding (code 1180).</i>													
1004 Gen Fund (UGF)			703.8										
1005 GF/Prgm (DGF)			-1,203.8										
1180 A/D T&P Fd (DGF)			500.0										
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse													
Travel Reduction	House Fin2	Dec	-50.0	0.0	-50.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)			-50.0										
* Allocation Difference *			-50.0	0.0	-50.0	0.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			1,008.7	0.0	-50.0	0.0	0.0	0.0	1,058.7	0.0	0	0	0

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	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Children's Services													
Front Line Social Workers													
Add UGF and 3 PFT Positions to Help Address Workload Issues	House Fin2	Inc	250.0	250.0	0.0	0.0	0.0	0.0	0.0	0.0	3	0	0
1004 Gen Fund (UGF)			250.0										
* Allocation Difference *			250.0	250.0	0.0	0.0	0.0	0.0	0.0	0.0	3	0	0
Family Preservation													
Reduce Grants by another \$330.5 (Total Reduction is \$500.0 when combined with Governor's reduction of \$169.5)	House Fin2	Dec	-330.5	0.0	0.0	0.0	0.0	0.0	-330.5	0.0	0	0	0
1004 Gen Fund (UGF)			-330.5										
Federal TANF Funding is available to fund the Child Advocacy Centers. Replace UGF with I/A Rcpts from Public Assistance	House Fin2	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The Office of Children's Services plans to partner with the Division of Public Assistance to use available TANF grants funding to provide funding for Child Advocacy Centers. The receipt authority in the Division of Public Assistance is sufficient.</i>													
1004 Gen Fund (UGF)			-2,938.4										
1007 I/A Rcpts (Other)			2,938.4										
* Allocation Difference *			-330.5	0.0	0.0	0.0	0.0	0.0	-330.5	0.0	0	0	0
** Appropriation Difference **			-80.5	250.0	0.0	0.0	0.0	0.0	-330.5	0.0	3	0	0

Health Care Services

Catastrophic and Chronic Illness Assistance (AS 47.08)

AMD: Reduce UGF because Catastrophic & Chronic Illness Prgm Clients will be Eligible for Medicaid when Expanded	16GovAmd+	Dec	-1,000.0	0.0	0.0	0.0	0.0	0.0	-1,000.0	0.0	0	0	0
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In FY2014, 463 recipients were served by the Catastrophic and Chronic Illness Assistance program for a total cost of \$957.1 from a budget of \$1,471.0.

Catastrophic and Chronic Illness Assistance is a state-funded program for low-income Alaskans who have inadequate or no health insurance, but who do not qualify for Medicaid. Catastrophic and Chronic Illness Assistance provides limited services to eligible individuals only if diagnosed with one of the following conditions:

- Terminal illness*
- Cancer requiring chemotherapy*
- Chronic diabetes or diabetes insipidus*
- Chronic seizure disorder*
- Chronic mental illness*
- Chronic hypertension*

Covered services for those who qualify for Catastrophic and Chronic Illness Assistance are limited to:

Medical services provided by a physician, advanced nurse practitioner, and physician assistant in the practitioner's office or an outpatient clinic

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Health Care Services (continued)													
Catastrophic and Chronic Illness Assistance (AS 47.08) (continued)													
AMD: Reduce UGF because Catastrophic & Chronic Illness Prgm Clients will be Eligible for Medicaid when Expanded (continued)													
<i>Outpatient hospital services limited to chemotherapy and radiology for the treatment of cancer Three (3) prescriptions per month and medical supplies limited to a 30-day supply</i>													
<i>Catastrophic and Chronic Illness Assistance provides no coverage for inpatient hospitalization, transportation, and other services that are mandatory under Medicaid coverage.</i>													
<i>This component was chosen because it is 100 percent funded by unrestricted general funds and because the services provided under this program will be absorbed by Medicaid expansion. Medicaid expansion is expected to be implemented by the State on July 1, 2015.</i>													
	1004 Gen Fund (UGF)		-1,000.0										
* Allocation Difference *			1,000.0	0.0	0.0	0.0	0.0	0.0	1,000.0	0.0	0	0	0
Health Facilities Licensing and Certification													
	Replace UGF with GF/Program Receipts	House Fin2	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
	1004 Gen Fund (UGF)		-356.8										
	1005 GF/Prgm (DGF)		356.8										
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Medical Assistance Administration													
	AMD: Funding for 3 PFTs for Medicaid Expansion Implementation	16GovAmd+	Inc	410.0	351.0	2.0	28.2	28.8	0.0	0.0	3	0	0
<i>Health Care Services projects that it will need a total of five staff positions to fully implement Medicaid expansion. Beginning with FY2016, the division projects that it will need one full-time, range 20, Anchorage, Medical Assistance Administrator III (06-#103); and two full-time, range 21, Anchorage, Medical Assistance Administrator IV positions (06-#104 and 06-#105), along with associated administrative costs to support the positions. The initial costs of the three positions are \$351.0 (\$112.6 for the Medical Assistant Administrator III, and \$119.2 for each Medical Assistant IV position). Each position assumes hiring at step C with a start date of July 1, 2015. These costs include benefits. Administrative costs assumes \$9.4 per full time equivalent (FTE) annually for office space, phones, and other contractual costs; \$2.6 one-time costs per FTE for computers and software; \$5.0 one-time costs per FTE for office equipment; \$2.0 per full time equivalent FTE annually for supplies; \$2.0 per year for total travel costs for all positions.</i>													
<i>Personal services costs are projected out using 2.5 percent salary increase for FY2016, one percent salary increase for FY2017, one percent salary increase for FY2018, and a one percent salary increase for FY2019. A one percent salary increase has been used to project salaries for FY2020, and a one percent salary increase was used for FY2021. In addition to the appropriate percentage across the board salary adjustments, each position has the appropriate step increase as well. The step increase was projected using 3.7 percent for a general government unit (GGU) employee.</i>													
<i>These costs have been projected out to include the hiring of one Medical Assistant Administrator III position in FY2018 (\$114.9), and one Medical Assistant Administrator III in FY2020 (\$118.3).</i>													

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Health Care Services (continued)													
Medical Assistance Administration (continued)													
AMD: Funding for 3 PFTs for Medicaid Expansion Implementation (continued)													
<i>With the exception of one-time costs, all other non-personal services costs have been projected out using a one percent inflation factor.</i>													
			1002 Fed Rcpts (Fed)	205.0									
			1092 MHTAAR (Other)	205.0									
			* Allocation Difference *	-410.0	-351.0	-2.0	-28.2	-28.8	0.0	0.0	-3	0	0
			** Appropriation Difference **	590.0	-351.0	-2.0	-28.2	-28.8	0.0	1,000.0	0.0	-3	0
Juvenile Justice													
Youth Courts													
			Decrement all Youth Courts Program funding										
	House Fin2	Dec	1004 Gen Fund (UGF)	-530.9	-42.1	-19.4	-7.5	0.0	0.0	-461.9	0.0	0	0
			Restore Youth Courts Program funding										
	House Fin2	Inc	1004 Gen Fund (UGF)	530.9	42.1	19.4	7.5	0.0	0.0	461.9	0.0	0	0
			* Allocation Difference *	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
			** Appropriation Difference **	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Public Assistance													
Public Assistance Field Services													
			AMD: Add 23 PFT Positions and Associated Costs to Support Medicaid Expansion										
	16GovAmd+	Inc		2,771.3	1,908.3	0.0	432.9	430.1	0.0	0.0	0.0	23	0
<i>The costs associated with this request are for 23 permanent positions, office space and equipment costs. The division is hopeful to establish the positions in the classification system and fill the positions and train the staff in a very short time frame. Additional challenges associated with this request will be locating space for the incumbents which will also include a one-time cost for purchasing and setting up office furniture and equipment. This will be critical to have a successful transition to Medicaid expansion.</i>													
<i>The division is requesting the following permanent positions to be located in offices throughout the state:</i>													
<i>One Office Assistant II</i>													
<i>One Office Assistant III</i>													
<i>One Research Analyst II</i>													
<i>Three Public Assistance Analyst I</i>													
<i>Two Public Assistance Analyst II</i>													
<i>Ten Eligibility Technician II</i>													
<i>Two Eligibility Technician III</i>													
<i>Two Eligibility Technician IV</i>													
<i>Two Eligibility Office Manager II</i>													
<i>Ongoing costs for lease space and general office supplies are included in the services lines for the out years.</i>													
			1002 Fed Rcpts (Fed)	1,385.6									
			1092 MHTAAR (Other)	1,385.7									

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Public Assistance (continued)													
Public Assistance Field Services (continued)													
Decrement funding to reflect possible savings resulting from AIRES coming on-line	House Fin2	Dec	-2,313.6	0.0	0.0	0.0	0.0	0.0	0.0	-2,313.6	0	0	0
1002 Fed Rcpts (Fed)			-1,212.4										
1003 G/F Match (UGF)			-880.7										
1004 Gen Fund (UGF)			-220.5										
* Allocation Difference *			-5,084.9	-1,908.3	0.0	-432.9	-430.1	0.0	0.0	-2,313.6	-23	0	0
** Appropriation Difference **			-5,084.9	-1,908.3	0.0	-432.9	-430.1	0.0	0.0	-2,313.6	-23	0	0
Public Health													
Nursing													
Remove 5% of the \$16.1 million UGF increase between FY06 and FY16.	House Fin2	Dec	-402.5	0.0	0.0	0.0	0.0	0.0	-402.5	0.0	0	0	0
1004 Gen Fund (UGF)			-402.5										
* Allocation Difference *			-402.5	0.0	0.0	0.0	0.0	0.0	-402.5	0.0	0	0	0
Chronic Disease Prevention and Health Promotion													
Eliminate School District Grants for Obesity Prevention and Control	House Fin2	Dec	-892.2	0.0	0.0	0.0	0.0	0.0	-892.2	0.0	0	0	0
1004 Gen Fund (UGF)			-892.2										
Reduce Fall Prevention Funding (This funding was added in FY14 to the Senior Community Based Grants allocation)	House Fin2	Dec	-150.0	0.0	0.0	0.0	0.0	0.0	-150.0	0.0	0	0	0
1004 Gen Fund (UGF)			-150.0										
* Allocation Difference *			-1,042.2	0.0	0.0	0.0	0.0	0.0	-1,042.2	0.0	0	0	0
State Medical Examiner													
Remove 5% of the \$1,743.9 UGF Increase between FY06 and FY16	House Fin2	Dec	-87.2	0.0	0.0	0.0	-87.2	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)			-87.2										
* Allocation Difference *			-87.2	0.0	0.0	0.0	-87.2	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			-1,531.9	0.0	0.0	0.0	-87.2	0.0	-1,444.7	0.0	0	0	0
Senior and Disabilities Services													
Senior and Disabilities Services Administration													
Additional Funding for Telehealth Service System Improvements	House Fin2	Inc0TI	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)			100.0										
* Allocation Difference *			100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Senior Community Based Grants													
Reduce Adult Day Services grants for twelve grantees across the state	House Fin2	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
<i>This reduction is just over 5% of the UGF in this allocation and leaves \$7,450.4 of UGF available.</i>													
1004 Gen Fund (UGF)			-500.0										

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Senior and Disabilities Services (continued)													
Senior Community Based Grants (continued)													
Restore Adult Day Services grants for twelve grantees across the state	House Fin2	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
1004 Gen Fund (UGF)			500.0										
Decrement Alaska Medicare Clinic funding no longer needed because the clinic was acquired by Alaska Regional Hospital	House Fin2	Dec	-860.0	0.0	0.0	0.0	0.0	0.0	-860.0	0.0	0	0	0
1004 Gen Fund (UGF)			-860.0										
* Allocation Difference *			-860.0	0.0	0.0	0.0	0.0	0.0	-860.0	0.0	0	0	0
Governor's Council on Disabilities and Special Education													
Reduction to the Travel Line	House Fin2	Dec	-50.0	0.0	-50.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH (UGF)			-50.0										
* Allocation Difference *			-50.0	0.0	-50.0	0.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			-810.0	100.0	-50.0	0.0	0.0	0.0	-860.0	0.0	0	0	0
Departmental Support Services													
Public Affairs													
Reduce Portion of Public Outreach Efforts	House Fin2	Dec	-200.0	0.0	0.0	-200.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)			-200.0										
Replace UGF with I/A Receipts to Allow for Budgeted RSAs for Public Affairs Activities	House Fin2	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)			-200.0										
1007 I/A Rcpts (Other)			200.0										
* Allocation Difference *			-200.0	0.0	0.0	-200.0	0.0	0.0	0.0	0.0	0	0	0
Commissioner's Office													
AMD: Establish Project Manager (06-T055) to Manage Medicaid Expansion Team	16GovAmd+	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	1
<i>This full-time nonpermanent range 23 Juneau Project Manager (06-T055) will begin the process of managing the design, planning and implementation of Medicaid expansion in Alaska.</i>													
Replace UGF with I/A Receipts to allow for Budgeted RSA's for Services Provided	House Fin2	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match (UGF)			-500.0										
1007 I/A Rcpts (Other)			500.0										
Delete Funding for the Health Care Commission	House Fin2	Dec	-500.0	0.0	0.0	0.0	0.0	0.0	0.0	-500.0	-2	0	0
1002 Fed Rcpts (Fed)			-150.0										
1004 Gen Fund (UGF)			-350.0										
Decrement funding for PCN 06-T055	House Fin2	Dec	-128.0	-128.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)			-64.0										
1007 I/A Rcpts (Other)			-64.0										
* Allocation Difference *			-628.0	-128.0	0.0	0.0	0.0	0.0	0.0	-500.0	-2	0	-1

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Departmental Support Services (continued)													
Administrative Support Services													
Replace UGF with I/A Rcpts to Provide Budget Authorization for Increased Charges to Various Divisions	House Fin2	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)			-3,500.0										
1007 I/A Rcpts (Other)			3,500.0										
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Information Technology Services													
Replace UGF with I/A Rcpts to Provide Budget Authorization for Increased Charges to Various Divisions	House Fin2	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund (UGF)			-500.0										
1007 I/A Rcpts (Other)			500.0										
* Allocation Difference *			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			-828.0	-128.0	0.0	-200.0	0.0	0.0	0.0	-500.0	-2	0	-1

Medicaid Services

Behavioral Health Medicaid Services

AMD: Medicaid Expansion	16GovAmd+	Inc	4,799.5	0.0	0.0	0.0	0.0	0.0	4,799.5	0.0	0	0	0
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The change request for Medicaid Expansion is calculated by multiplying the estimated number of new enrollees for FY2016 and an estimated number of per-enrollee costs of Medicaid services for the expansion population in FY2016.

Below is the breakdown for estimates of the size of the expansion population and the average cost per potential new enrollee.

1. The Expansion Population.

To estimate the number of persons newly eligible for Medicaid expansion, the study relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the Alaska Department of Labor and Workforce Development (ADLWD). The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.

The primary enrollees of Medicaid expansion are working-age adults 21-64 years of age who are not caring for dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL). This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19-64 years of age that do not meet current income limits for Medicaid eligibility. Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.

Approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance,

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**Medicaid Services (continued)
Behavioral Health Medicaid Services (continued)**

AMD: Medicaid Expansion (continued)

the most common forms of coverage are employer sponsored (19.6 percent) and partial coverage (29.3 percent). Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.

According to the study only 63 percent of newly eligible population will eventually enroll in Medicaid. In the study we call it the "Take up Rate". Also, only 76 percent of those that will eventually enroll in Medicaid will actually enroll in the first year of the implementation, followed by 88 percent in the second year and 100 percent in the third year of implementation. In the study we call this "Lag Rate". By multiplying estimated expansion population (41,910 individuals) by 63 percent and multiplying it again by 76 percent we get 20,066 individuals who will enroll in the first year.

2. Per-Enrollee Spending on Medicaid Services for Newly Eligible Population.

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children. With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.

Based on the analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just one percent to \$6,712 in FY2013. Over this same period, average spending per enrollee was little changed for all working-age adults (growing from \$12,282 to \$12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

The estimated annual cost of Medicaid services for the expansion population varies by gender and age. For men, cost of service rises substantially from about \$3,500 per enrollees for those under 35 to just under \$7,200 for those between 55 and 64. For women, costs do not vary substantially by age, ranging from about \$7,500 for women under 35 to just under \$8,200 for women between 45 and 54.

Distribution of the Expansion Population by Gender and Age.

The study shows that this group will be mostly male (54 percent) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because this demographic group has significantly lower per-enrollee spending than all other gender-age cohorts.

We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about \$7,250, growing to \$8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.

3. Estimated Costs of Medicaid Expansion.

**2015 Legislature - Operating Budget
Transaction Compare - House Structure
Between 16GovAmd+ and House Fin2**

Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Behavioral Health Medicaid Services (continued)													
AMD: Medicaid Expansion (continued)													
<p><i>The take-up rate (63 percent) was taken in consideration when estimating the number of new enrollees and represents the proportion of newly eligible population that will ultimately enroll through the Medicaid expansion and the lag rate represents the percent of the take-up rate that will be achieved that year. Both the take-up and lag rate are from the 2014 study conducted by the Lewin Group for the State of Alaska. The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.</i></p> <p><i>According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the Health Insurance Policy Simulation Model (HIPSM) average 60.5 percent among newly eligible people. Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to but modified from calendar year to fiscal year.</i></p> <p><i>Based on the results of this study, the estimated number of newly eligible population that will enroll in FY2016 is 20,066 enrollees. The average cost per newly eligible enrollee is estimated to be \$7,248. By multiplying the number of enrollees and the average cost per enrollee it results in \$145,438.4 of the total funds needed for Medicaid Expansion in FY2016. Since in the first years of implementation of the Expansion the spending for the newly eligible population are going to be reimbursed by Federal government at 100 percent match rate, all the funds in this request are federal funds.</i></p> <p><i>Based on recent historical spending patterns by the proxy group, that mostly consists of current Medicaid enrollees in Family Medicaid, 3.3 percent of the spending or \$4,799.5 will be used by newly eligible enrollees through Behavioral Health related services.</i></p>													
	1002 Fed Rcpts (Fed)		4,799.5										
	Decrement an amount equal to the FY12 and FY13 Average Lapsing Balances	House Fin2	Dec	-4,611.0	0.0	0.0	0.0	0.0	-4,611.0	0.0	0	0	0
	1037 GF/MH (UGF)		-4,611.0										
	* Allocation Difference *			-9,410.5	0.0	0.0	0.0	0.0	-9,410.5	0.0	0	0	0
Children's Medicaid Services													
	Decrement an amount equal to the FY12 and FY13 Average Lapsing Balances	House Fin2	Dec	-1,596.1	0.0	0.0	0.0	0.0	-1,596.1	0.0	0	0	0
	1037 GF/MH (UGF)		-1,596.1										
	* Allocation Difference *			-1,596.1	0.0	0.0	0.0	0.0	-1,596.1	0.0	0	0	0
Adult Preventative Dental Medicaid Services													
	AMD: Medicaid Expansion	16GovAmd+	Inc	5,381.2	0.0	0.0	0.0	0.0	5,381.2	0.0	0	0	0
<p><i>The change request for Medicaid Expansion is calculated by multiplying the estimated number of new enrollees from the expansion population for FY2016 by an estimated number of per-enrollee costs of Medicaid services for the expansion population in FY2016.</i></p> <p><i>Below is the breakdown for estimates of the size of the expansion population and the average cost per potential new enrollee.</i></p>													

**2015 Legislature - Operating Budget
Transaction Compare - House Structure
Between 16GovAmd+ and House Fin2**

Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Adult Preventative Dental Medicaid Services (continued)													
AMD: Medicaid Expansion (continued)													

1. The Expansion Population

To estimate the number of persons newly eligible for Medicaid expansion, the study relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the Alaska Department of Labor and Workforce Development (ADLWD). The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.

The primary enrollees of Medicaid expansion are working-age adults 21--64 years of age who are not caring for dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL). This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19--64 years of age that do not meet current income limits for Medicaid eligibility. Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.

Approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance, the most common forms of coverage are employer sponsored (19.6 percent) and partial coverage (29.3 percent). Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.

According to the study only 63 percent of newly eligible population will eventually enroll in Medicaid. In the study we call it the "Take up Rate". Also, only 76 percent of those that will eventually enroll in Medicaid will actually enroll in the first year of the implementation, followed by 88 percent in the second year and 100 percent in the third year of implementation. In the study we call this "Lag Rate". By multiplying estimated expansion population (41,910 individuals) by 63 percent and multiplying it again by 76 percent we get 20,066 individuals who will enroll in the first year.

2. Per-Enrollee Spending on Medicaid Services for Newly Eligible

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children. With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.

Based on the analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just one percent to \$6,712 in FY2013. Over this same period, average spending per enrollee was little changed for all working-age

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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	<u>Column</u>	<u>Trans Type</u>	<u>Total Expenditure</u>	<u>Personal Services</u>	<u>Travel</u>	<u>Services</u>	<u>Commodities</u>	<u>Capital Outlay</u>	<u>Grants</u>	<u>Misc</u>	<u>PFT</u>	<u>PPT</u>	<u>TMP</u>
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Medicaid Services (continued)

Adult Preventative Dental Medicaid Services (continued)

AMD: Medicaid Expansion (continued)

adults (growing from \$12,282 to \$12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

The estimated annual cost of Medicaid services for the expansion population varies by gender and age. For men, cost of service rises substantially from about \$3,500 per enrollees for those under 35 to just under \$7,200 for those between 55 and 64. For women, costs do not vary substantially by age, ranging from about \$7,500 for women under 35 to just under \$8,200 for women between 45 and 54.

Distribution of the Expansion Population by Gender and Age.

The study shows that this group will be mostly male (54 percent) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because this demographic group has significantly lower per-enrollee spending than all other gender-age cohorts.

We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about \$7,250, growing to \$8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.

3. Estimated Costs of Medicaid Expansion.

The take-up rate (63 percent) was taken in consideration when estimating the number of new enrollees and represents the proportion of newly eligible that will ultimately enroll through the Medicaid expansion and the lag rate represents the percent of the take-up rate that will be achieved that year. Both the take-up and lag rate are from the 2014 study conducted by the Lewin Group for the State of Alaska. The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.

According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the Health Insurance Policy Simulation Model (HIPSM) average 60.5 percent among newly eligible people. Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to but modified from calendar year to fiscal year.

Based on the results of this study, the estimated number of newly eligible population that will enroll in FY2016 is 20,066 enrollees. The average cost per newly eligible enrollee is estimated to be \$7,248. By multiplying the number of enrollees and the average cost per enrollee it results in \$145,438.4 of the total funds needed for Medicaid Expansion in FY2016. Since in the first years of implementation of the Expansion the spending for the newly eligible population are going to be reimbursed by Federal government at 100 percent match rate, all the funds in this request are federal funds.

Based on recent historical spending patterns by the proxy group, which mostly consists of current Medicaid enrollees in Family Medicaid, 3.7 percent of newly eligible enrollees will use Adult Preventative Dental Services

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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Adult Preventative Dental Medicaid Services (continued)													
AMD: Medicaid Expansion (continued)													
<i>resulting in \$5,381.2 in spending.</i>													
			1002 Fed Rcpts (Fed)	5,381.2									
	House Fin2	Dec	Decrement an amount equal to the FY12 and FY13 Average Lapsing Balances	-184.8	0.0	0.0	0.0	0.0	-184.8	0.0	0	0	0
			1004 Gen Fund (UGF)	-184.8									
			* Allocation Difference *	-5,566.0	0.0	0.0	0.0	0.0	-5,566.0	0.0	0	0	0
Health Care Medicaid Services													
	16GovAmd+	Inc	AMD: Medicaid Expansion	132,348.9	0.0	0.0	0.0	0.0	132,348.9	0.0	0	0	0

The change request for Medicaid Expansion is calculated by multiplying the estimated number of new enrollees for FY2016 and an estimated number of per-enrollee costs of Medicaid services for the expansion population in FY2016.

Below is the breakdown for estimates of the size of the expansion population and the average cost per potential new enrollee.

1. The Expansion Population.

To estimate the number of persons newly eligible for Medicaid expansion, the study relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the Alaska Department of Labor and Workforce Development (ADLWD). The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.

The primary enrollees of Medicaid expansion are working-age adults 21--64 years of age who are not caring for dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL). This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19--64 years of age that do not meet current income limits for Medicaid eligibility. Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.

Approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance, the most common forms of coverage are employer sponsored (19.6 percent) and partial coverage (29.3 percent). Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.

According to the study only 63 percent of newly eligible population will eventually enroll in Medicaid. In the study we call it the "Take up Rate". Also, only 76 percent of those that will eventually enroll in Medicaid will actually enroll in the first year of the implementation, followed by 88 percent in the second year and 100 percent in the third year of implementation. In the study we call this "Lag Rate". By multiplying estimated expansion population (41,910 individuals) by 63 percent and multiplying it again by 76 percent we get 20,066 individuals who will enroll

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Numbers and Language Differences Agencies: H&SS
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Agency: Department of Health and Social Services

	<u>Column</u>	<u>Trans Type</u>	<u>Total Expenditure</u>	<u>Personal Services</u>	<u>Travel</u>	<u>Services</u>	<u>Commodities</u>	<u>Capital Outlay</u>	<u>Grants</u>	<u>Misc</u>	<u>PFT</u>	<u>PPT</u>	<u>TMP</u>
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**Medicaid Services (continued)
Health Care Medicaid Services (continued)**

AMD: Medicaid Expansion (continued)
in the first year.

2. Per-Enrollee Spending on Medicaid Services for Newly Eligible Population.

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children. With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.

Based on the analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just one percent to \$6,712 in FY2013. Over this same period, average spending per enrollee was little changed for all working-age adults (growing from \$12,282 to \$12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

The estimated annual cost of Medicaid services for the expansion population varies by gender and age. For men, cost of service rises substantially from about \$3,500 per enrollees for those under 35 to just under \$7,200 for those between 55 and 64. For women, costs do not vary substantially by age, ranging from about \$7,500 for women under 35 to just under \$8,200 for women between 45 and 54.

Distribution of the Expansion Population by Gender and Age.

The study shows that this group will be mostly male (54 percent) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because this demographic group has significantly lower per-enrollee spending than all other gender-age cohorts.

We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about \$7,250, growing to \$8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.

3. Estimated Costs of Medicaid Expansion.

The take-up rate (63 percent) was taken in consideration when estimating the number of new enrollees and represents the proportion of newly eligible adults that will ultimately enroll through the Medicaid expansion and the lag rate represents the percent of the take-up rate that will be achieved that year. Both the take-up and lag rate are from the 2014 study conducted by the Lewin Group for the State of Alaska. The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.

According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Health Care Medicaid Services (continued)													
AMD: Medicaid Expansion (continued)													
<i>Health Insurance Policy Simulation Model (HIPSM) average 60.5 percent among newly eligible people. Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to but modified from calendar year to fiscal year.</i>													
<i>Based on the results of this study, the estimated number of newly eligible population that will enroll in FY2016 is 20,066 enrollees. The average cost per newly eligible enrollee is estimated to be \$7,248. By multiplying the number of enrollees and the average cost per enrollee it results in \$145,438.4 of the total funds needed for Medicaid Expansion in FY2016. Since in the first years of implementation of the Expansion the spending for the newly eligible population are going to be reimbursed by Federal government at 100 percent match rate, all the funds in this request are federal funds.</i>													
<i>Based on recent historical spending patterns by the proxy group, that mostly consists of current Medicaid enrollees in Family Medicaid, 91 percent of total spending on Expansion or \$132,348.9 will be contributed by spending through inpatient and outpatient hospital care, physician/practitioner services and other primary care related services that are under Health Care Services Medicaid Component.</i>													
1002 Fed Rcpts (Fed)			132,348.9										
Decrement an amount equal to the FY12 and FY13 Average Lapsing Balances	House Fin2	Dec	-11,464.7	0.0	0.0	0.0	0.0	0.0	-11,464.7	0.0	0	0	0
1004 Gen Fund (UGF)			-11,464.7										
Decrement the Projected Costs for Non-Mandatory Abortion Services in FY16	House Fin2	Dec	-173.2	0.0	0.0	0.0	0.0	0.0	-173.2	0.0	0	0	0
1004 Gen Fund (UGF)			-173.2										
Decrement Funding for the Prescription Database Funding that is RSA'd to DCCED/CBPL	House Fin2	Dec	-85.0	0.0	0.0	-85.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts (Fed)			-42.5										
1004 Gen Fund (UGF)			-42.5										
* Allocation Difference *			-144,071.8	0.0	0.0	-85.0	0.0	0.0	-143,986.8	0.0	0	0	0
Senior and Disabilities Medicaid Services													
AMD: Medicaid Expansion	16GovAmd+	Inc	2,908.8	0.0	0.0	0.0	0.0	0.0	2,908.8	0.0	0	0	0
<i>The change request for Medicaid Expansion is calculated by multiplying the estimated number of new enrollees for FY2016 and an estimated number of per-enrollee costs of Medicaid services for the expansion population in FY2016.</i>													
<i>Below is the breakdown for estimates of the size of the expansion population and the average cost per potential new enrollee.</i>													
1. The Expansion Population.													
<i>To estimate the number of persons newly eligible for Medicaid expansion, the study relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the Alaska Department of Labor and Workforce</i>													

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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Medicaid Services (continued)

Senior and Disabilities Medicaid Services (continued)

AMD: Medicaid Expansion (continued)

Development (ADLWD). The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.

The primary enrollees of Medicaid expansion are working-age adults 21--64 years of age who are not caring for dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL). This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19--64 years of age that do not meet current income limits for Medicaid eligibility.

Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.

Approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance, the most common forms of coverage are employer sponsored (19.6 percent) and partial coverage (29.3 percent). Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.

According to the study only 63 percent of newly eligible population will eventually enroll in Medicaid. In the study we call it the "Take up Rate". Also, only 76 percent of those that will eventually enroll in Medicaid will actually enroll in the first year of the implementation, followed by 88 percent in the second year and 100 percent in the third year of implementation. In the study we call this "Lag Rate". By multiplying estimated expansion population (41,910 individuals) by 63 percent and multiplying it again by 76 percent we get 20,066 individuals who will enroll in the first year.

2. Per-Enrollee Spending on Medicaid Services for Newly Eligible Population.

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children. With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.

Based on the analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just one percent to \$6,712 in FY2013. Over this same period, average spending per enrollee was little changed for all working-age adults (growing from \$12,282 to \$12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

The estimated annual cost of Medicaid services for the expansion population varies by gender and age. For men, cost of service rises substantially from about \$3,500 per enrollees for those under 35 to just under \$7,200 for those between 55 and 64. For women, costs do not vary substantially by age, ranging from about \$7,500 for

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Senior and Disabilities Medicaid Services (continued)													
AMD: Medicaid Expansion (continued)													
<i>women under 35 to just under \$8,200 for women between 45 and 54.</i>													
<i>Distribution of the Expansion Population by Gender and Age.</i>													
<i>The study shows that this group will be mostly male (54 percent) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because this demographic group has significantly lower per-enrollee spending than all other gender-age cohorts.</i>													
<i>We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about \$7,250, growing to \$8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.</i>													
3. Estimated Costs of Medicaid Expansion.													
<i>The take-up rate (63 percent) was taken in consideration when estimating the number of new enrollees and represents the proportion of newly eligible population that will ultimately enroll through the Medicaid expansion and the lag rate represents the percent of the take-up rate that will be achieved that year. Both the take-up and lag rate are from the 2014 study conducted by the Lewin Group for the State of Alaska. The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.</i>													
<i>According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the Health Insurance Policy Simulation Model (HIPSM) average 60.5 percent among newly eligible people. Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to but modified from calendar year to fiscal year.</i>													
<i>Based on the results of this study, the estimated number of newly eligible population that will enroll in FY2016 is 20,066 enrollees. The average cost per newly eligible enrollee is estimated to be \$7,248. By multiplying the number of enrollees and the average cost per enrollee it results in \$145,438.4 of the total funds needed for Medicaid Expansion in FY2016. Since in the first years of implementation of the Expansion the spending for the newly eligible population are going to be reimbursed by Federal government at 100 percent match rate, all the funds in this request are federal funds.</i>													
<i>Based on recent historical spending patterns by the proxy group which mostly consists of current Medicaid enrollees in Family Medicaid, two percent of total spending on Expansion or \$2,908.8 will be used by newly eligible enrollees though Long-Term Care related services that are under Senior and Disabilities Services Medicaid Component.</i>													
1002 Fed Rcpts (Fed)			2,908.8										
Decrement an amount equal to the FY12 and FY13 Average Lapsing Balances	House Fin2	Dec	-4,852.1	0.0	0.0	0.0	0.0	0.0	-4,852.1	0.0	0	0	0
1004 Gen Fund (UGF)			-4,852.1										

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Medicaid Services (continued)													
Senior and Disabilities Medicaid Services (continued)													
* Allocation Difference *			-7,760.9	0.0	0.0	0.0	0.0	0.0	-7,760.9	0.0	0	0	0
** Appropriation Difference **			-168,405.3	0.0	0.0	-85.0	0.0	0.0	-168,320.3	0.0	0	0	0
Agency-wide Appropriation													
Agency-wide Unallocated Appropriation													
20% Unallocated Travel Reduction	House Fin2	Unalloc	-688.4	0.0	-688.4	0.0	0.0	0.0	0.0	0.0	0	0	0
<i>The reduction was calculated based on the Governor's Amended budget as follows:</i>													
<i>Non-formula Travel: \$6,619.2</i>													
<i>Non-formula Total Funds: \$726,915.5</i>													
<i>Non-formula UGF: \$378,201.1 (52% of Total)</i>													
<i>UGF attributable to Travel (52% X \$6,619.2 = \$3,443.8)</i>													
<i>20% UGF Travel cut: \$688.4</i>													
1004 Gen Fund (UGF)			-688.4										
* Allocation Difference *			-688.4	0.0	-688.4	0.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			-688.4	0.0	-688.4	0.0	0.0	0.0	0.0	0.0	0	0	0
*** Agency Difference ***			-175,830.3	-2,037.3	-790.4	-746.1	-546.1	0.0	-168,896.8	-2,813.6	-25	0	-1
**** All Agencies Difference ****			-175,830.3	-2,037.3	-790.4	-746.1	-546.1	0.0	-168,896.8	-2,813.6	-25	0	-1

Column Definitions

16GovAmd+ (16Governor's Amended +) -

House Fin2 (FY16 House Finance) - The version of the FY2016 operating bill adopted by the House Finance Committee.