Alaska Medicaid Section 1115 SUD Demonstration Status Report

Operational Updates for SUD Components for Pre-Implementation Period

October 1 – December 31, 2020

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

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

State	Alaska
Demonstration Name	Alaska Medicaid Section 1115 Behavioral Health Demonstration (SUD -BHP) (Project Number: 11-W-00318/0)
Approval Dates	SUD Component: November 28, 2018 BH Component: September 3, 2019
Approval Periods	SUD Component: January 1, 2019 – December 31, 2023 BH Component: September 3, 2019 – December 31, 2023
Demonstration Goals and Objectives	Goal: Create a data-driven, integrated behavioral health system of care for Alaskans with serious mental illness, severe emotional disturbance, and/or substance use disorders. Objectives: • Increased rates of identification, initiation, and engagement in treatment • Increased adherence to and retention in treatment • Reduced overdose deaths, particularly those due to opioids • Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other more appropriate and focused SUD use/misuse/abuse- related services • Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate • Improved access to care for physical health conditions among beneficiaries

II. Operational Updates

Describe all operational updates and activity under the demonstration.

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

To date, the Division of Behavioral Health (DBH) has authorized approximately 48 MH agencies and 53 SUD agencies, operating in 209 site locations, with over 1051 individual rendering providers to deliver 1115 services within the State of Alaska.

The State continues to revise its Evaluation Design based upon CMS feedback. During demonstration year 2, the State awarded the contract for an Independent Evaluator (IE), and collaboration between the State and the IE has contributed significantly to refinement and implementation of the Evaluation Design.

On Feb 1, 2020 the State's contracted ASO, Optum, went live with 1115 SUD Medicaid claims processing. Throughout the rest of the demonstration year, DBH's Research & Analysis (R&A) section conducted testing and validation of the State/Optum automated financial interface. These efforts will ensure data elements align with reporting needs and audit policy within the finalized automated production environment. The State eagerly anticipates transitioning full administrative burden to our ASO partners.

With live claims processing, Optum launched an information dashboard that provided the State with a suite of pre-built reporting metrics. State plan services claims processing went live on July 1, and DBH R&A section representatives continue conversations with our ASO partner to better define data access and elements of interest for both regular, standardized reporting and ad-hoc data needs.

The global crisis of the COVID-19 pandemic introduced unique challenges for this demonstration year. In response, the State capitalized on the opportunity to support utilization of telehealth behavioral health services. Residential SUD service agencies/providers across the state implemented temporary bed count reductions to comply with CDC recommendations for reducing disease transmission. Effective 5/21/2020, the list of services that providers can bill for telephonic or telehealth video services has been expanded to include services from the 1115 Waiver service array. As an emergency regulation, the department adopted changes in Title 7 of the Alaska Administrative Code dealing with Medicaid 1115 behavioral health waiver services; the department intends to make this regulation permanent. Additionally, the AK Responders Relief Line that went live May 5 continues to provide crisis counseling and

general support for healthcare and behavioral professionals, and their immediate family members, who have been impacted by COVID-19 in their professional and personal lives.

On 9/4/2020, the state filed to make the changes to Alaska Administrative Code Title 7 permanent. These changes were adopted in May as an emergency regulation, but the Department of Health and Social Services always intended to make them permanent. All manuals and rate charts are being updated with the relevant regulatory and/or rate changes. This permanent package is bringing the 1115 to fruition.

Throughout July and August of demonstration year 2, DBH hosted a 6-part webinar series on Peer Support, which was created in partnership with the SAMHSA-funded technical assistance group BRSS-TACS. Many nationally recognized figures in the field of Peer Support and Recovery contributed to create this one-of-a-kind, excellent series exclusively for Alaska, which showcased the effectiveness of peer support as a part of a behavioral health system and provided insight into how to develop and integrate peer support practices into behavioral health services. The community response to the series was extremely positive and enthusiastic about continuing to develop Peer Support in Alaska.

In quarter 4 of demonstration year 2 specifically, the Alaska Commission on Behavioral Health Certification (ACBHC) and members of the ACBHC Peer Support Advisory Board provide an orientation to the new Peer Support Professional Certification available this coming January 2021. In November, the state communicated with providers regarding the impending sunsetting of services listed in Appendix B of the Alaska 1115 Waiver Demonstration Project application and provided the effective date of March 31, 2021; this communication ensures that providers are taking the necessary steps to effectively transition out of the sunsetting State Plan services and utilize the 1115 waiver services.

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

III. Performance Metrics

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

During demonstration year 2, quarter 4, 632 unique members received 14,657 units of 1115 SUD treatment services, totaling $5,486,355.58. Broken out by member categories (Tables 1 and 2), the data illustrates that Medicaid Expansion recipients are the primary beneficiaries of 1115 services during this quarter ($4 million, 73.09% total expenditures). In terms of treatment service codes (Table 3), approximately $4 million (74.2% total expenditures) was paid to support expanded 1115 residential services.

DY2Q4 Table 1. Service Units and Amount Paid Broken Out by Member Eligibility Category

Member Elig Category	Paid Units	Total Paid
Disabled	2075	$486,981.80
General MCAID	2317	$989,240.44
Expansion	10265	$4,010,133.34
Grand Total	**14657**	**$5,486,355.58**

DY2Q4 Table 2. Service Units and Amount Paid Broken Out by Member Eligibility Code

Medicaid Mem Elig Cd	Paid Units	Paid Amount
AD11SI	5	$2,276.45
AD20RC	5	$398.19
AD20SI	752	$185,327.98
AD20ST	54	$7,511.85
AD68SL	162	$62,190.17
AD69RC	10	$1,347.72
AD69SI	413	$63,006.79
AD69ST	597	$146,123.78
AD71SI	57	$9,693.07
AD78SL	20	$9,105.80
AF11PB	43	$5,178.76
AF11PR	109	$40,049.69
AF20AF	864	$332,933.36
AF20FF	13	$1,417.27
AF20MI	205	$88,811.42
AF20MX	10060	$3,921,321.92

AF50CP	79	$30,426.40
AF50H2	77	$38,393.74
AF50S2	37	$13,516.74
AF50SU	912	$436,774.00
AF50TI	13	$5,918.77
AF50TO	14	$8,148.30
AF51FC	41	$20,443.42
AF51JC	115	$56,039.99
Grand Total	**14657**	**$5,486,355.58**

DY2Q4 Table 3. Service Units and Amount Paid Broken Out by 1115 SUD Waiver Service code

Procedure Code	Paid Units	Paid Amount
H0007 HQ HB V1	15	$783.99
H0007 HQ HB V1 GT	311	$22,685.13
H0007 V1	96	$9,050.92
H0007 V1 GT	297	$23,768.28
H0010 TG V1	734	$567,357.00
H0011 V1	183	$274,500.00
H0014 V1	5	$3,450.00
H0015 HQ V1	191	$17,205.78
H0015 HQ V1 GT	653	$56,685.18
H0015 HQ V2 GT	3	$214.94
H0015 V1	161	$19,512.99
H0015 V1 GT	127	$14,242.41
H0015 V1 HQ	136	$12,556.32
H0015 V2 GT	4	$473.76
H0023 V1	366	$43,957.91
H0023 V1 GT	27	$1,656.13
H0035 V1	412	$206,000.00
H0035 V1 GT	97	$48,500.00
H0035 V2 GT	3	$1,500.00
H0039 V2	1199	$148,096.05
H0047 HA V1 TF	1129	$562,941.98
H0047 TG V1	4071	$1,853,485.59
H0047 V1	19	$6,110.00
H0047 V1 GT	36	$10,800.00
H2021 HQ V1	372	$18,190.53
H2021 HQ V1 GT	169	$5,686.12
H2021 HQ V2	4	$1,442.52

H2021 HQ V2 GT	5	$225.20
H2021 V1	88	$9,746.48
H2021 V1 GT	26	$1,995.78
H2021 V1 HQ	2	$107.20
H2021 V2 GT	1	$85.84
H2036 HA V1	75	$26,552.25
H2036 HF V1	3279	$1,412,635.80
T1007 V1	92	$12,459.56
T1007 V1 GT	110	$14,897.27
T1007 V2	1	$135.43
T1007 V2 GT	3	$406.29
T2016 V2	15	$9,024.15
T2016 TG V2	140	$67,230.80
Grand Total	**14657**	**$5,486,355.58**

During all of demonstration year 2, 1159 unique members received 40,273 units of 1115 SUD treatment services, totaling $15,743,352.46. Broken out by member categories (Tables 1 and 2), the data illustrates that Medicaid Expansion recipients are the primary beneficiaries of 1115 services during this year ($12.4 million, 78.55% total expenditures). In terms of treatment service codes (Table 3), approximately $11.7 million (74.49% total expenditures) was paid to support expanded 1115 residential services.

DY2 Annual Table 1. Service Units and Amount Paid Broken Out by Member Eligibility Category

Member Elig Category	Paid Units	Total Paid
Disabled	3352	$1,083,178.37
General MCAID	5920	$2,293,611.97
Expansion	31001	$12,366,562.12
Grand Total	**40273**	**$15,743,352.46**

DY2 Annual Table 2. Service Units and Amount Paid Broken Out by Member Eligibility Code

Medicaid Mem Elig Cd	Paid Units	Paid Amount
AD11SI	28	$12,748.12
AD20DW	7	$1,050.22
AD20RC	5	$398.19
AD20SI	1395	$512,387.47
AD20ST	340	$143,192.22
AD54DK	17	$8,476.54
AD68SL	164	$62,461.03
AD69RC	10	$1,347.72
AD69SI	499	$113,692.52
AD69ST	810	$208,625.47
AD71SI	57	$9,693.07
AD78SL	20	$9,105.80
AF11PB	134	$31,949.28
AF11PR	327	$136,061.87
AF20AF	3333	$1,180,667.27
AF20FF	19	$1,976.71
AF20MI	304	$134,139.84
AF20MX	30697	$12,232,422.28
AF50CP	128	$54,858.78
AF50H2	106	$52,853.72
AF50IV	31	$15,457.22
AF50S2	75	$32,101.11
AF50SU	1341	$595,967.21
AF50TI	43	$19,577.47
AF50TO	143	$54,137.03
AF51FC	41	$20,443.42
AF51JC	198	$97,425.45
AF52T1	1	$135.43
Grand Total	**40273**	**$15,743,352.46**

DY2 Annual Table 3. Service Units and Amount Paid Broken Out by 1115 SUD Waiver Service code

Procedure Code	Paid Units	Paid Amount
H0001 V1	1	$227.51
H0007 HQ HB V1	15	$783.99
H0007 HQ HB V1 GT	401	$28,316.37
H0007 V1	123	$11,563.64
H0007 V1 GT	304	$24,409.28
H0010 TF V1	1	$710.00
H0010 TG V1	2685	$2,126,361.50
H0011 V1	520	$780,000.00
H0014 V1	5	$3,450.00
H0015 HQ V1	1285	$101,750.47
H0015 HQ GT V1	1093	$94,586.73
H0015 HQ V2 GT	3	$214.94
H0015 V1	596	$78,348.06
H0015 V1 GT	301	$32,034.21
H0015 V1 HQ	136	$12,556.32
H0015 V1 HQ GT	1	$193.28
H0015 V2 GT	4	$473.76
H0023 V1	2063	$174,483.41
H0023 V1 GT	61	$3,845.59
H0035 V1	1570	$785,000.00
H0035 V1 GT	98	$49,000.00
H0035 V2 GT	3	$1,500.00
H0039 V2	1199	$148,096.05
H0047 HA V1 TF	1650	$822,723.00
H0047 HF V1	1	$710.00
H0047 TG V1	16965	$7,723,882.31
H0047 V1	104	$31,610.00
H0047 V1 GT	119	$35,700.00
H0047 V1 TG	11	$3,300.00
H2015 GT V1	3	$86.48
H2015 HQ V1	3	$276.80
H2021 HQ V1	1541	$103,963.58
H2021 HQ V1 GT	564	$19,699.19
H2021 HQ V2	4	$1,442.52
H2021 HQ V2 GT	5	$225.20
H2021 V1	702	$51,636.40
H2021 V1 GT	380	$21,395.62

H2021 V1 HQ	2	$107.20
H2021 V1 HQ GT	20	$2,475.88
H2021 V2 GT	1	$85.84
H2036 HA V1	75	$26,552.25
H2036 HF V1	4992	$2,292,798.01
T1007 V1	304	$42,894.43
T1007 V1 G7	1	$135.43
T1007 V1 GT	198	$26,815.11
T1007 V2	1	$135.43
T1007 V2 GT	4	$541.72
T2016 V2	15	$9,024.15
T2016 TG V2	140	$67,230.80
Grand Total	**40273**	**$15,743,352.46**

IV. Evaluation Activities

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

In terms of progress and developments regarding evaluation activities:

Per CMS's STC's, State of Alaska is required to have an Independent Evaluator (IE) to revise and conduct its 1115 Evaluation Design. Since May 18th, 2020, DBH has worked with our Independent Evaluator (Health Services Advisory Group) HSAG per the 9/3/19 STCs. Notably, DBH has received CMS indication that its Evaluation Design and Monitoring Protocol are accepted and queued for signature. The 50-page Evaluation Design and the Part A Excel and Part B Word document Monitoring Protocol are significant deliverables required per STCs.

Furthermore, during the reporting period covered by this report, the State of Alaska Division of Behavioral Health (DBH) and its independent evaluator, Health Services Advisory Group, Inc. (HSAG), collaborated to produce the CMS required Mid-Point Assessment (MPA), which evaluated the substance use disorder (SUD) monitoring, highlighted progress toward the implementation milestones/goals, as well as performance targets, collaborated with consumer representatives and key stakeholders, estimated budget neutrality, and provided recommendations to the State and stakeholders on the waiver demonstration. The sixty-five-page draft MPA was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 26,

2020. In addition, HSAG collaborated with DBH to make a minor revision to the Evaluation Design Plan, based on receipt of CMS' feedback to incorporate updates to the independent evaluator section, specifically HSAG (IE) budget information, the removal of one footnote regarding the qualitative analysis, and an update on the State's plan for beneficiary surveys. Thus, the original 52-page draft evaluation design submitted 12/5/2019, is now revised to the 50-page revised version submitted 12/20/2020 in PMDA.

In addition, in preparation for the CMS required Interim Evaluation Report, HSAG and DBH began establishing data acquisition lines to support the adult and child beneficiary surveys and the quantitative analyses; activity involved outreach and ultimately collaboration with Alaska Division of Public Assistance towards obtaining beneficiary contact information necessary to conduct the beneficiaries. In addition, HSAG began development on the adult and child beneficiary survey instrument and anticipated survey administration work plan; DBH research and management staff provided feedback on the survey measures. Though technically outside the reporting period, DBH would like CMS to know the instruments are now with CMS per their request.

Regarding the Monitoring Protocol, near the end of the reporting period covered by this report, DBH has determined that DBH itself will calculate the metrics, rather than utilize a subcontractor to calculate them. The implications of this decision include the need to examine each metric to determine what is required and what is feasible for DBH, and what may require, per STCs, seeking approval for modifications or deviations from the Technical Specifications Manual, and supplemental guidance (such as value/code sets) for each metric.

For the 3 State IT Metrics, DBH has negotiated data provision and data definitions with outside DBH SOA organizations for State Metrics Q1 and Q3, and has negotiated minor data definition modifications with CMS for metrics Q1 and Q3. Notably, in each case, DBH achieved its annual goal. As these metrics cover the reporting period for this report, they are provided below:

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

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

Thus, the Annual Goal of 1% to 3% decrease is met.

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

CY2019 = 178
CY2020 = 188

Thus, the Annual Goal of 1% to 3% Increase is met

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

121 CY19
125 CY20

Thus, the Annual Goal of 1% to 3% Increase is met.

DBH is actively examining DBH systems and staff capacity to report additional metrics, and though technically outside the period covered by this report, would like CMS to know since January 20201, that DBH is working with Dr. Ma at CMS to negotiate metric modifications as needed, including excusal from reporting Metrics 33, 34, and 35 which were noted as CMS "recommended" rather than "required" reporting priority, and which are not collected presently by DBH in a format or consistency or by sub-population categorization that meet the Mathematica Technical Specifications Manual requirements. If in the future, DBH/SOA/provider system modifications and capacity permit their collection, DBH will reconsider reporting them.

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

V. SUD Health IT

Summarize of progress made regarding SUD Health IT.

Supporting expansion of the State's Health IT infrastructure remains a critical component of the State's contract with our Administrative Services Organization (ASO) partner, Optum. The State seeks an integrated primary and behavioral health care and case management system which complements a more holistic focus on client treatment and recovery support, especially for those with chronic behavioral and medical health conditions. DBH representatives are still in conversation with our ASO partner to define data access and elements of interest to the division for regular, standardized reporting.

From the monitoring protocol/metrics workbook:

Alaska Opioid Data Dashboard, DPH – *No update during the review period.* Difficulty with obtaining regular updates from the Opioid Data Dashboard platform has prompted the State to seek alternative data sources for metric calculations in future submissions.

Project ECHO (AK-ECHO), University of Alaska Anchorage Center for Human Development – throughout demonstration year 2, AK-ECHO provided a virtual learning network for interdisciplinary providers to discuss best practices and strategies to improve treatment outcomes for target clients. The AK-ECHO team has continued to provide sessions of the successful "Pain & Opioid Management" program and the "Co-Occurring Behavioral Health, Opioid, and Stimulant Use Disorders". Building on programmatic success and stakeholder interest, several additional pilot ECHO series have been released to address a wide range of key behavioral and mental health topics, such as "Behavioral Interventions for Early Childhood" and "Mental Health & Development Disabilities".

The Alaska Behavioral Health Referral Network – TreatmentConnections continues to explore additional opportunities to create a more robust network, especially in targeted areas where Crisis Now will be operating. As of December 31, 2020, there are 23 receiving providers and 9 referring entities on network, including state sponsored providers and those with independent memberships. Several other providers statewide are currently in conversation with the TreatmentConnections team as well. Promotion of the platform as a valuable means of connecting vulnerable individuals across the state with behavioral health services is ongoing. A Telehealth campaign was instituted by TreatmentConnections to assist providers with the unique challenges associated with providing telehealth services. Recently,

TreatmentConnections presented their platform to Optum as a potential sub-contractor after State sponsorship expires. The TreatmentConnections team also presented their product platform to another community stakeholder (Alaska Mental Health Trust); they are currently reviewing partnerships/models/platforms/etc that will help them implement the Crisis Now framework.

VI. Tribal Engagement and Collaboration Developments/Issues -

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

State of Alaska representatives regularly participate in Alaska Tribal Health System (ATHS) meetings, ensuring attendance in the biannual Alaska Native Health Board MEGA Meetings, the Tribal Behavioral Health Director (TBHD) Quarterly Meetings, and the quarterly State Tribal Medicaid Task Force (MTF) Meetings. Within the reporting period the State participated in MTF meeting on December 4th and TBHD meeting on December 17th. These meetings related to Tribal Engagement and Collaboration are ongoing and routine. The state remains open to Tribal BH Directors to schedule extra time during the already established TBHD meetings to discuss specific inquiry or concerns. During the quarter the Division continued to actively engage with Tribal partners in a series of workgroups aimed at solutioning through the 4-walls provision as identified in 42 CFR 440.90-Clinci Services.

- As part of the MEGA and MTF meetings the Division and tribal partners maintain open, direct conversation on the status of the implementation of the Alaska 1115 Medicaid Demonstration Waiver for substance use and behavioral health treatment services and the implementation of claims processing through the administrative services organization, Optum. As the pandemic begins to wane, the Division and Tribal partners have maintained open dialogue about the success and challenges of serving behavioral health clients during the pandemic. The focus and expressed interest of our tribal partners has been heavily directed on the benefits and continued need for telehealth flexibilities beyond the end of the public health emergency. The vast geography and sparse density of the state favor the use of telehealth as workforce challenges remain a significant challenge for providers. Providers have noted rural and remote regions have been positively impacted by the increased access telehealth has afforded communities that are off the road system and accessible only by plane or boat. The Department has expressed great interest in continuing telehealth flexibilities.

- As part of the TBHD meeting the Division maintains open, direct conversation with the tribal directors on areas of collaboration including program success, challenges, and barriers implementing 1115 SUD and behavioral health services. The Division continues to rank open and direct communication between our tribal partners and Optum as key to productive feedback regarding the claims processing implementation and long-term outcomes.
    - TBHD feedback included comments and questions about the pending sunset services and their concerns with the availability of applicable services through the 1115 waiver to backfill the gap. The state acknowledged the transition of services represents a significant paradigm shift for tribal as well as behavioral health providers as services have not changed in more than a decade. The Division participated in series of questions and answers related to the new 1115 waiver services.
    - Tribal partners continued to provide feedback and concerns about enrollment and the administrative burden enrolling multiple facilities entails before they can begin to implement 1115 behavioral health services. The Division acknowledged awareness of the backlog and the Medicaid Section Manager agreed to support agencies struggling with enrollment.
    - The Optum Tribal Liaison was recently hired and participated in the meeting. Due to the brevity of the staff members employment engagement was limited to introductions and high-level overview of responsibilities.
- The state and behavioral health providers meet monthly during the Alaska Behavioral Health Association teleconference. Tribal providers participate in ABHA and serve on the executive committee. The 1115 waiver and other topics are discussed as standing agenda items during each monthly ABHA teleconference.
    - Based on feedback from ABHA the Division scheduled an in-depth presentation on state plan amendments specifically addressing the transition between existing state plan services set to transition to more modernized services under the waiver.
- The State of Alaska continues to invite ATHS representatives to participate in workgroups and policy meetings.
    - During this quarter, July 2020, representatives from ATHS participated as panelist during the annual Mental Health Block Grant site review, held virtually.

- The Division and tribal partners meet for continued discussion on current services provided outside the 4-walls of a tribal clinic, the provision of 1115 behavioral health services, and the use of telehealth services.

VII. Financial/Budget Neutrality Developments/Allotment Neutrality Developments/Issues

Identify all significant developments/issues/problems with financial accounting, budget neutrality. Identify the State's actions to address these issues.

During DY2, data sources migrated from MMIS to Optum data. DY 2 QTR 1 started completely MMIS and DY 2 QTR 4 finished largely Optum. To account for data discrepancies, our team accounted for them in the total adjustments tab. However, the BN DY 2 QTR 4 workbook continued this quarter in similar manner to DY 2 QTR 3. The central issue is the BH and IMD that are not being programmed into the CMS 64 and therefore not being submitted to CMS. This occurred because of the bifurcated deployment of the 1115 Waiver's SUD and BH components that created these challenges in fulfilling the STC's (IMD&BH) criteria.

In response, we continued the integration of the data collection and analysis on the SUD-IMD and the associated Optum and DSS expenditures. Next, we executed DY 2 QTR 4 expenditures with our actuarial partner, then prepped Optum (and MMIS) expenditures for this quarter's BN. To accomplish this, we conducted meetings with Milliman and the Research team that focused on IRIS uploads into the CMS 64. Using this file, we developed specific expenditures (and member months) for the IMD/Non IMD expenditures tab.

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

The final piece of the DY 2 QTR 4 is the 1115 SUD reimbursable Medicaid claims that significantly increased during this quarter. The BN SUD's spending actual and *member months actual* aligned with projected figures and the quarterly outcome resulted in federal savings and no corrective action required. The SMI IMD services amendment was still outstanding in this quarter, therefore no SMI Medicaid reimbursements were available to review.

VIII. Enclosures/Attachments

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

There are no attachments for this status update.

IX. State Contact(s)

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

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X. Date Submitted to CMS

Enter the date submitted to CMS in the following format: (mm/dd/yyyy).
04/01/2021