

# JOINT BUDGET COMMITTEE



## SUPPLEMENTAL BUDGET REQUESTS FY 2017-18 AND FY 2016-17

### DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

(Executive Director's Office, Medical Services Premiums, Indigent  
Care Programs, and Other Medical Programs)

JBC WORKING DOCUMENT - SUBJECT TO CHANGE  
STAFF RECOMMENDATION DOES NOT REPRESENT COMMITTEE DECISION

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# DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

## DEPARTMENT OVERVIEW

The Department helps pay medical and long-term care expenses for low-income and vulnerable populations. To assist with these costs the Department receives significant federal matching funds, but must adhere to federal rules regarding program eligibility, benefits, and other features, as a condition of accepting the federal money. The major programs administered by the Department include:

- **Medicaid** – serves people with low income and people needing long-term care
- **Children's Basic Health Plan** – provides a low-cost insurance option for children and pregnant women with income slightly higher than the Medicaid eligibility criteria
- **Colorado Indigent Care Program** – defrays a portion of the costs to providers of uncompensated and under-compensated care for people with low income, if the provider agrees to program requirements for discounting charges to patients on a sliding scale based on income
- **Old Age Pension Health and Medical Program** – serves elderly people with low income who qualify for a state pension but do not qualify for Medicaid or Medicare.

The Department also performs functions related to improving the health care delivery system, including advising the General Assembly and the Governor, distributing tobacco tax funds through the Primary Care and Preventive Care Grant Program, financing Public School Health Services, and housing the Commission on Family Medicine Residency Training Programs.

## SUMMARY: FY 2016-17 APPROPRIATION AND RECOMMENDATION

### REQUEST/RECOMMENDATION DESCRIPTIONS

**S13 RELEASE OVEREXPENDITURE RESTRICTION:** The Department requests and the JBC staff recommends the release of restrictions on the FY 2017-18 appropriations imposed by the State Controller due to over-expenditures in prior years. Because of the entitlement nature of the Medicaid program, statute (Section 24-75-109, C.R.S.) allows the Department to overexpend Medicaid line items, except administrative line items, as long as the overexpenditures are consistent with the statutory purposes of the Medicaid program. However, the State Controller restricts the current fiscal year's appropriation until the General Assembly approves a supplemental for the prior year overexpenditures. Releasing the overexpenditure restriction requires increasing the FY 2016-17 appropriation by \$19,746,159 total funds, including \$761,291 General Fund.

## SUMMARY: FY 2017-18 APPROPRIATION AND RECOMMENDATION

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: RECOMMENDED CHANGES FOR FY 2017-18						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
<b>FY 2017-18 APPROPRIATION</b>						
SB 17-254 (Long Bill)	\$9,954,228,476	\$2,821,961,889	\$1,217,535,979	\$77,268,980	\$5,837,461,628	456.8
Other legislation	974,204	838,694	111,007	0	24,503	1.7
<b>CURRENT FY 2017-18 APPROPRIATION</b>	<b>\$9,955,202,680</b>	<b>\$2,822,800,583</b>	<b>\$1,217,646,986</b>	<b>\$77,268,980</b>	<b>\$5,837,486,131</b>	<b>458.5</b>
<b>RECOMMENDED CHANGES</b>						
Current FY 2017-18 Appropriation	\$9,955,202,680	2,822,800,583	\$1,217,646,986	\$77,268,980	\$5,837,486,131	458.5
S1 Medical Services Premiums	353,389,551	53,900,141	(8,927,993)	(246,086)	308,663,489	0.0
S3 Children's Basic Health Plan	0	0	0	0	0	0.0
S4 Medicare Modernization Act	(2,314,420)	(2,314,420)	0	0	0	0.0
S6 Home care visit verification	376,750	37,675	0	0	339,075	0.8
S7 Administrative contracts	177,606	88,803	0	0	88,803	0.0
S8 Emergency transport CPE	0	0	0	0	0	0.0
S11 County administration	6,769,910	0	4,087,350	0	2,682,560	0.0
S12 Public school health services	12,795,136	0	6,330,313	10,878	6,453,945	0.0
S13 Release overexpenditure restriction	0	0	0	0	0	0.0
Fund source correction	0	0	0	0	0	0.0
Nonprioritized supplementals	Pending					
1331 Children's Basic Health Plan	9,617,758	0	9,617,758	0	0	0.0
<b>RECOMMENDED FY 2017-18 APPROPRIATION</b>	<b>\$10,336,014,971</b>	<b>\$2,874,512,782</b>	<b>\$1,228,754,414</b>	<b>\$77,033,772</b>	<b>\$6,155,714,003</b>	<b>459.3</b>
<b>RECOMMENDED INCREASE/(DECREASE)</b>	<b>\$380,812,291</b>	<b>\$51,712,199</b>	<b>\$11,107,428</b>	<b>(\$235,208)</b>	<b>\$318,227,872</b>	<b>0.8</b>
Percentage Change	3.8%	1.8%	0.9%	(0.3%)	5.5%	0.2%
<b>FY 2017-18 EXECUTIVE REQUEST</b>						
Request Above/(Below) Recommendation	(\$3,266,969)	\$94,421	(\$4,119,455)	\$0	\$758,065	0.0

### REQUEST/RECOMMENDATION DESCRIPTIONS

**S1 MEDICAL SERVICES PREMIUMS:** The Department requests and the JBC staff recommends an adjustment for projected changes in caseload, per capita expenditures, and fund sources.

**S3 CHILDREN'S BASIC HEALTH PLAN:** The Department requests an adjustment for projected changes in caseload, per capita expenditures, and fund sources, but the JBC staff recommends delaying action until figure setting, in hope federal decisions about funding will be made before then.

**S4 MEDICARE MODERNIZATION ACT:** The Department requests and the JBC staff recommends an adjustment for a projected change in the state obligation.

**S6 HOME CARE VISIT VERIFICATION:** The Department requests and the JBC staff recommends funding to begin implementing a federally required electronic system to track and verify the time that personal care and home health workers spend on home visits. The staff recommendation is slightly

less than the request due to application of the JBC's common policies regarding the first year benefits for new FTE.

**S7 ADMINISTRATIVE CONTRACTS:** The Department requests and the JBC staff recommends funding for higher-than-expected costs for a federally-required electronic asset verification program for Medicaid applicants who are elderly, blind, or disabled.

**S8 EMERGENCY TRANSPORT CPE:** The Department requests, but the JBC staff does not recommend, \$180,000, including \$90,000 General Fund, to prepare for taking funds spent by local governments on emergency medical transportation (EMT) and certifying those funds as public expenditures in order to claim matching federal funds. The staff recommendation is to fund the request for FY 2018-19, rather than FY 2017-18, since the JBC staff believes the request does not meet the JBC's supplemental criteria.

**S11 COUNTY ADMINISTRATION:** The Department requests and the JBC staff recommends combining two line items that pay for eligibility determination services that counties perform in support of Medicaid. The Department also requests removing an "(M)" notation that restricts the General Fund if the federal funds increase or decrease, but the JBC staff does not recommend this change. Instead, the JBC staff recommends an increase in funding based on projected local county expenditures and estimated matching federal funds.

**S12 PUBLIC SCHOOL HEALTH SERVICES:** The Department requests and the JBC staff recommends an adjustment for projected changes in certified public expenditures by local school districts and boards of cooperative education services.

**FUND SOURCE CORRECTION:** The JBC staff recommends a fund source correction to increase appropriations from the Healthcare Affordability and Sustainability Fee and decrease appropriations from the Hospital Provider Fee.

**NONPRIORITIZED SUPPLEMENTALS:** The JBC staff recommendation is pending on \$6.8 million total funds, including \$1.5 million General Fund, for nonprioritized supplementals with a lead department other than the Department of Health Care Policy and Financing.

**1331 CHILDREN'S BASIC HEALTH PLAN:** The JBC previously approved an interim supplemental, through the process authorized by H.B. 98-1331, to allow the Department to continue operating the Children's Basic Health Plan through at least the end of February with cash fund reserves in the Children's Basic Health Plan Trust Fund.

#### REQUEST ABOVE/(BELOW) RECOMMENDATION

The JBC staff recommendation deviates from the request as follows:

- The JBC staff recommends delaying action on *S3 Children's Basic Health Plan* until figure setting when there might be more clarity about federal funding.
- The JBC staff recommends funding *S8 Emergency transport CPE* in FY 2018-19, rather than FY 2017-18, as it does not meet the JBC's supplemental criteria.

- The JBC staff recommends *S6 Home care visit verification* and *S11 county administration*, but with different dollar amounts than the request.
- The JBC staff recommends a technical fund source correction not requested by the Department.

## PRIORITIZED SUPPLEMENTAL REQUESTS

### S1 MEDICAL SERVICES PREMIUMS

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>\$353,389,551</b>	<b>\$353,389,551</b>
General Fund	53,900,141	53,900,141
Cash Funds	(8,927,993)	(8,927,993)
Reappropriated Funds	(246,086)	(246,086)
Federal Funds	308,663,489	308,663,489

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES**

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

**Explanation:** JBC staff and the Department agree that this request is the result of new data that was not available when the original appropriation was made regarding actual enrollment and expenditures.

#### Department Request

The Department requests a net increase in funding based on a new projection of enrollment and expenditures under current law. The Medical Services Premiums line item pays for physical health care and most long-term services and supports for clients eligible for the Medicaid program. The forecast used for the original FY 2017-18 appropriation incorporated trend data through December 2016 while the latest forecast used for this supplemental request incorporates data through June 2017. The Department will submit a new forecast in February that uses data through December 2017. If that February forecast is significantly different than the forecast used for this supplemental, then the JBC staff may recommend a supplemental add-on to the Long Bill.

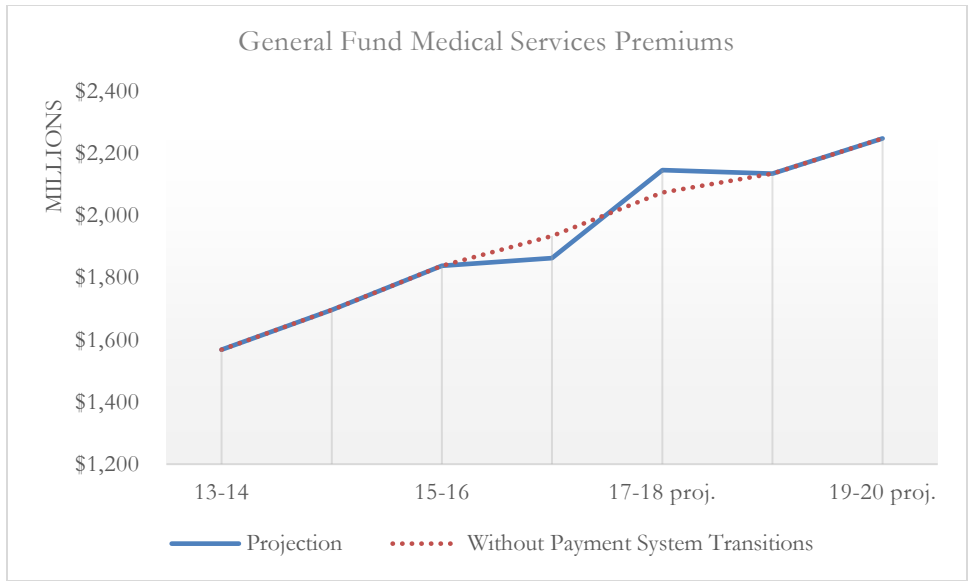
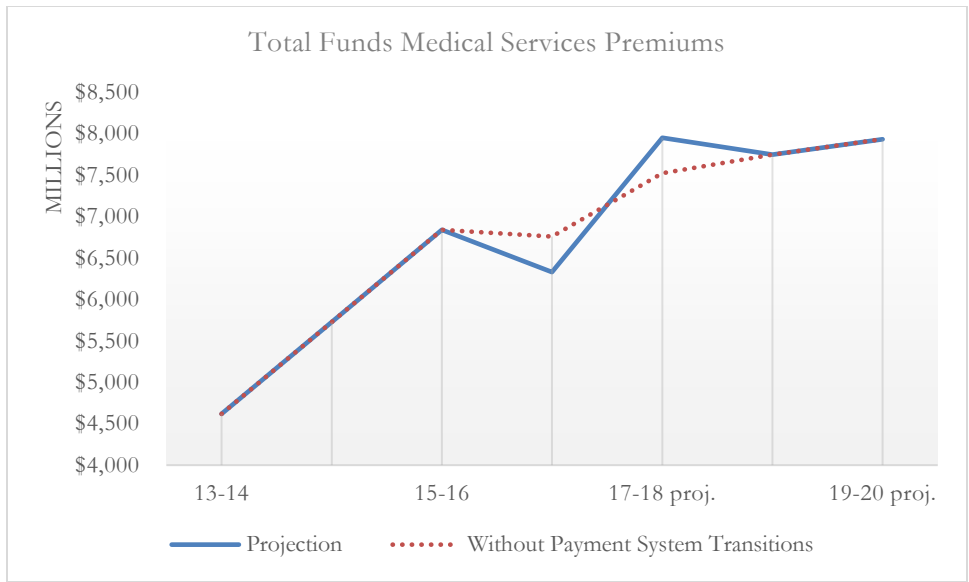
The FY 2017-18 revised projection of expenditures is \$353.4 million, or 4.7 percent, higher than the appropriation in total. The revised projection of General Fund is \$53.9 million, or 2.9 percent, higher than the appropriation.

Most of the projected change is due to payments shifting from FY 2016-17 to FY 2017-18 as a result of transitions to new billing systems. In March 2017, i.e. the last quarter of FY 2016-17, the Department replaced the Medicaid Management Information System (MMIS) that processes bills from providers with a new MMIS called interChange. Initially, a number of claims submitted to the new interChange were suspended or denied for a variety of reasons. For example, the system rejected claims without a nine-digit zip code to identify the correct provider ID, or with a mismatched service and rendering provider type/specialty. The system suspended multiple surgery claims until the Department could manually price them. The Department estimates that the high rate of suspended and denied claims lowered expenditures in FY 2016-17 by \$378.5 million total funds, including \$59.3 million General Fund. The Department anticipates a resolution of the suspended and denied claims from FY 2016-17 in FY 2017-18 as providers resubmit claims with corrections to comply with the new system standards, the Department reduces the suspended claims backlog, and the Department and providers work through kinks in the payment system.

In addition, the Department discovered that a new vendor for the pharmacy benefits management system erroneously billed drug companies for rebates already billed by the previous vendor. At the same time the Department replaced the MMIS, the Department also replaced a supporting system

that helps manage the pharmacy benefit, including prior authorization reviews, preferred drug lists, and drug rebates. The double billing for rebates was due to miscommunication during the transition between vendors for the Pharmacy Benefits Management System, rather than a system error. The Department accounts for drug rebates as an offset to expenditures. The excess drug rebates lowered net expenditures in FY 2016-17 and the refund of those rebates will increase net expenditures in FY 2017-18 by \$56.0 million total funds, including \$15.9 million General Fund.

The charts below show the Department's estimates of total funds and General Fund expenditures with and without the payment system transitions. After adjusting for the payment system transitions, total expenditures still dip in FY 2016-17 and recover in FY 2017-18. This waggle is primarily attributable to a restriction on provider fees from hospitals imposed by the General Assembly in FY 2016-17 and removed in FY 2017-18.





## Staff Recommendation

Staff recommends approval of the request. The new forecast uses more recent data than the forecast used for the original appropriation. All of the expenditures contained in the supplemental are for programs authorized in current law. If the February forecast is significantly different than the forecast used for this supplemental, then the JBC staff may recommend a supplemental add-on to the Long Bill.

The table below shows key differences between the Department's November 2017 forecast for FY 2017-18 and the FY 2017-18 appropriation. Note that the table does not show differences from FY 2016-17 expenditures. For example, the table shows that the Department lowered the forecast for long-term home health by \$5.0 million total funds from the assumptions used for the appropriation, but the Department still expects long-term home health will increase significantly, by \$33.1 million total funds or 12.1 percent, from the FY 2016-17 actual.

FY 2017-18 Medical Services Premiums Enrollment/Utilization Trends				
	TOTAL FUNDS	GENERAL FUND	OTHER STATE	FEDERAL FUNDS
FY 2017-18 Appropriation	\$7,597,898,847	\$2,092,528,266	\$956,717,577	\$4,548,653,004
Acute Care				
Traditional populations	(28,515,053)	(9,117,366)	(4,252,918)	(15,144,769)
ACA expansion	(1,671,417)	0	831,987	(2,503,404)
MCHIP populations	4,846,593	581,591	0	4,265,002
ACA drug rebate	<u>(13,278,529)</u>	<u>0</u>	<u>0</u>	<u>(13,278,529)</u>
<i>Subtotal - Acute Care</i>	<i>(38,618,406)</i>	<i>(8,535,775)</i>	<i>(3,420,931)</i>	<i>(26,661,700)</i>
Long-term Services and Supports				
HCBS waivers	903,620	451,810	0	451,810
Long-Term Home Health	(5,023,200)	(2,511,600)	0	(2,511,600)
Private Duty Nursing	(4,010,972)	(2,005,486)	0	(2,005,486)
Nursing Homes	2,008,855	1,004,427	0	1,004,428
PACE	3,853,913	1,926,957	0	1,926,956
Hospice	<u>(987,182)</u>	<u>(493,591)</u>	<u>0</u>	<u>(493,591)</u>
<i>Subtotal - LTSS</i>	<i>(3,254,966)</i>	<i>(1,627,483)</i>	<i>0</i>	<i>(1,627,483)</i>
Medicare Insurance Premiums	(2,212,333)	(1,194,659)	0	(1,017,674)
Provider Fees				
Hospitals	(18,696,211)	0	(9,410,226)	(9,285,985)
Nursing Homes	<u>851,146</u>	<u>0</u>	<u>425,573</u>	<u>425,573</u>
<i>Subtotal - Provider Fees</i>	<i>(17,845,065)</i>	<i>0</i>	<i>(8,984,653)</i>	<i>(8,860,412)</i>
Recoveries	0	(6,728,949)	(1,824,279)	8,553,228
Other	(12,186,814)	321,573	(6,322,356)	(6,186,031)
<b>CHANGE without Billing System Transitions</b>	<b>(\$74,117,584)</b>	<b>(\$17,765,293)</b>	<b>(\$20,552,219)</b>	<b>(\$35,800,072)</b>
Percentage Change	-1.0%	-0.8%	-2.1%	-0.8%
Billing System Transitions				
interChange	371,535,843	55,750,283	10,056,408	305,729,152
Pharmacy rebates	<u>55,971,293</u>	<u>15,915,151</u>	<u>1,321,732</u>	<u>38,734,410</u>
<i>Subtotal - Billing system transitions</i>	<i>427,507,136</i>	<i>71,665,434</i>	<i>11,378,140</i>	<i>344,463,562</i>
<b>CHANGE with Billing System Transitions</b>	<b>\$353,389,552</b>	<b>\$53,900,141</b>	<b>(\$9,174,079)</b>	<b>\$308,663,490</b>
Percentage Change	4.7%	2.6%	-1.0%	6.8%
FY 2017-18 Projection	\$7,951,288,399	\$2,146,428,407	\$947,543,498	\$4,857,316,494

If not for the billing system transitions, the Department would have lowered the forecasted expenditures for FY 2017-18 by \$74.1 million total funds, including \$17.8 million General Fund. This is primarily due to lower than expected enrollment, particularly among traditional Medicaid populations, driving a decrease in projected acute care expenditures. The Department also decreased projected growth assumptions for long-term home health and private duty nursing. Finally, consistent with the lower enrollment assumptions, the Department believes overall recoveries will decrease, but revised the mix of recoveries attributable to the General Fund and federal funds to reflect historic fund splits.

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### S3 CHILDREN’S BASIC HEALTH PLAN

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>\$3,278,732</b>	<b>\$0</b>
Cash Funds	(32,105)	0
Federal Funds	3,310,837	0

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES**

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

**Explanation:** JBC staff and the Department agree that this request is the result of new **data that was not available** when the original appropriation was made regarding actual enrollment and expenditures.

#### DEPARTMENT REQUEST

The Department requests funding based on a new projection of enrollment and expenditures under current law. The Children’s Basic Health Plan pays for physical health services for eligible children and pregnant women and for dental services for children. The forecast used for the original FY 2017-18 appropriation incorporated trend data through December 2016 while the latest forecast used for this supplemental request incorporates data through June 2017. The Department will submit a new forecast in February that uses data through December 2017. If that February forecast is significantly different than the forecast used for this supplemental, then the JBC staff may recommend a supplemental add-on to the Long Bill. The FY 2017-18 revised projection of expenditures is \$3.3 million, or 1.8 percent, higher than the appropriation in total. The request assumes Congress reauthorizes federal funding for CHP+ with a federal match rate for federal fiscal year 2017-18 of 88.0 percent.

#### STAFF RECOMMENDATION

Staff recommends delaying action on the request until figure setting. For CHP+ and other medical services the JBC typically sponsors a supplemental based on the November forecast and then includes an add-on to the Long Bill further adjusting prior year expenditures based on the February forecast. In this case, the JBC staff has concerns about the value of an initial supplemental, since Congress, as of the preparation of this document, has not reauthorized federal funding. A supplemental might be premature.

Delaying action until figure setting will not affect the Department's ability to pay claims. If the federal funding is delayed or not reauthorized, the JBC previously approved an interim supplemental allowing the Department to use a balance in the CHP+ Trust Fund to continue payments through at least the end of February. If federal funding is reauthorized, the Department has sufficient spending authority to continue payments until figure setting. Delaying action will not affect General Fund balancing, since the supplemental does not include a change to the total General Fund.

## S4 MEDICARE MODERNIZATION ACT

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>(\$2,314,420)</b>	<b>(\$2,314,420)</b>
General Fund	(2,314,420)	(2,314,420)

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?** **YES**

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

**Explanation:** JBC staff and the Department agree that this request is the result of new data that was not available when the original appropriation was made regarding actual enrollment and expenditures.

### DEPARTMENT REQUEST

The Department requests funding based on a new projection of enrollment and expenditures under current law. The Medicare Modernization Act line item reimburses the federal government for a portion of prescription drug costs for people dually eligible for Medicare and Medicaid. In 2006 Medicare took over responsibility for these drug benefits, but to defray the costs the federal legislation requires states to make an annual payment based on a percentage of what states would have paid for this population in Medicaid, as estimated by a federal formula. This is a 100 percent state obligation and there is no federal match. However, in some prior years the General Assembly applied federal bonus payments received for meeting performance goals of the Children's Health Insurance Program Reauthorization Act (CHIPRA) to offset the need for General Fund in this line item.

The forecast used for the original FY 2017-18 appropriation incorporated trend data through December 2016 while the latest forecast used for this supplemental request incorporates data through June 2017. The Department will submit a new forecast in February that uses data through December 2017.

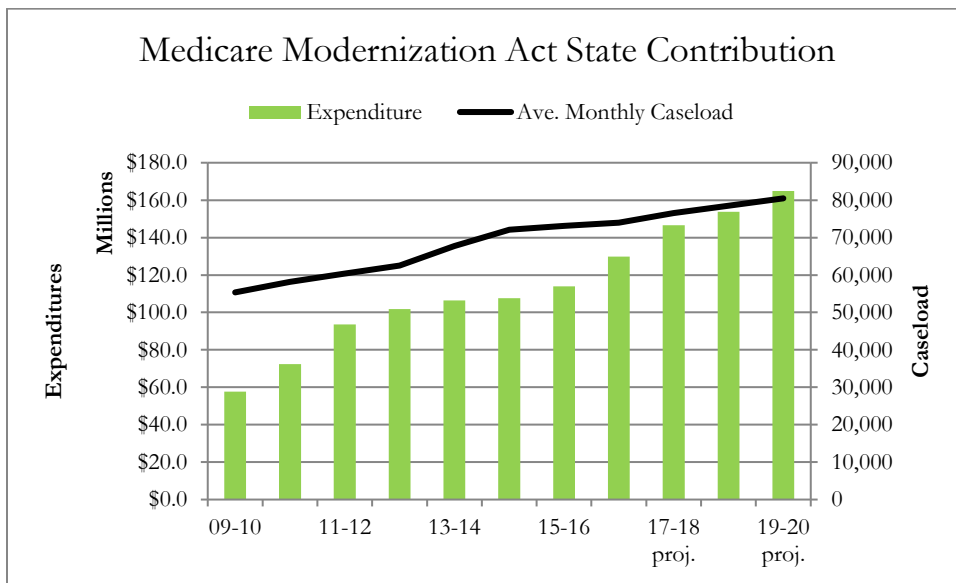
The FY 2017-18 revised projection of expenditures is \$2.3 million General Fund, or 1.6 percent, lower than the appropriation.

### STAFF RECOMMENDATION

Staff recommends approval of the request. The new forecast uses more recent data than the forecast used for the original appropriation. The obligation to the federal government is calculated based on a federal formula over which the General Assembly has no control. If the February forecast is significantly different than the forecast used for this supplemental, then the JBC staff may recommend a supplemental add-on to the Long Bill.

The table and chart below summarize recent expenditures for the Medicare Modernization Act.

Medicare Modernization Act State Contribution					
Fiscal Year	TOTAL FUNDS	GENERAL FUND	FEDERAL FUNDS	Total Change	Percent Change
FY 08-09	\$73,720,837	\$73,720,837	\$0		
FY 09-10	57,624,126	57,624,126	0	(16,096,711)	-21.8%
FY 10-11	72,377,768	72,377,768	0	14,753,642	25.6%
FY 11-12	93,582,494	93,582,494	0	21,204,726	29.3%
FY 12-13	101,817,855	52,136,848	49,681,007	8,235,361	8.8%
FY 13-14	106,376,992	68,306,130	38,070,862	4,559,137	4.5%
FY 14-15	107,620,224	107,190,799	429,425	1,243,232	1.2%
FY 15-16	114,014,334	114,014,334	0	6,394,110	5.9%
FY 16-17	129,807,096	129,807,096	0	15,792,762	13.9%
FY 17-18 proj.	146,635,899	146,635,899	0	16,828,803	13.0%
FY 18-19 proj.	153,834,714	153,834,714	0	7,198,815	4.9%
FY 19-20 proj.	164,976,430	164,976,430	0	11,141,716	7.2%



## S6 HOME CARE VISIT VERIFICATION

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>\$420,959</b>	<b>\$376,750</b>
FTE	0.8	0.8
General Fund	42,096	37,675
Federal Funds	378,863	339,075

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES**

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

**Explanation:** JBC staff and the Department agree that this request is the result of **data that was not available** when the original appropriation was made regarding the requirements of the federal 21<sup>st</sup> Century Cures Act. The Act was signed December 13, 2016, or too late to analyze and respond to and still meet the deadline for submitting budget amendments for FY 2017-18 of January 2, 2017.

### DEPARTMENT REQUEST

The Department requests an increase of \$420,959 total funds, including \$42,096 General Fund, and 0.8 FTE to implement a federally required electronic system to track and verify the time that personal care and home health workers spend on home visits. For \$296,267 of the total, the Department requests roll-forward authority, in case payments to the contractor are not due as soon as expected.

In FY 2018-19 the Department projects the electronic visit verification system will result in a net savings of \$777,203 total funds, including a decrease of \$1.2 million General Fund, but an increase of 7.8 FTE. The net projected savings is due to an expected decrease in billed hours for personal care and home health services, based on the experience of other states that have implemented similar systems, partially offset by increased costs for developing and operating the system. The Department proposes that 4.0 of the total FTE be time-limited through FY 2020-21 as they relate to temporary needs for project development, testing, and fraud investigation (for an expected initial spike in fraud cases).

Federal law requires an electronic visit verification system for personal care services by January 2019 and for home health services by January 2023. If systems are not implemented by the deadlines, the federal match rate for services is reduced. The Department proposes implementing electronic visit verification for both services by January 2019: (1) to avoid the need for two separate rounds of bidding, stakeholder engagement, and training; (2) to accelerate the expected savings from fewer billed hours; and (3) to maintain consistency in the billing methods for personal care and home health, especially for providers who offer both services.

R6 Home Care Visit Verification				
	TOTAL FUNDS	GENERAL FUND	FEDERAL FUNDS	FTE
<b>FY 17-18</b>				
Startup costs				
Development staff	\$71,826	\$7,182	\$64,644	0.5
Contractor startup	196,267	19,627	176,640	
IT system interfaces	100,000	10,000	90,000	
Ongoing costs				
Operations staff	52,866	5,287	47,579	0.3
<b>TOTAL FY 17-18</b>	<b>\$420,959</b>	<b>\$42,096</b>	<b>\$378,863</b>	<b>0.8</b>
<b>FY 18-19</b>				
Startup costs				
Development staff	284,648	59,308	225,340	3.9
Contractor startup	392,533	39,254	353,279	
IT system interfaces	200,000	20,000	180,000	
Stakeholder engagement	8,736	4,368	4,368	
Ongoing costs				
Operations staff	329,595	79,515	250,080	3.9
Contract services	<u>1,625,280</u>	<u>406,320</u>	<u>1,218,960</u>	
<i>Subtotal - Costs</i>	<i>2,840,792</i>	<i>608,765</i>	<i>2,232,027</i>	<i>7.8</i>
Home care billed hours				
	(3,617,995)	(1,808,998)	(1,808,997)	
<b>TOTAL FY 18-19</b>	<b>(\$777,203)</b>	<b>(\$1,200,233)</b>	<b>\$423,030</b>	<b>7.8</b>

In FY 2017-18, the General Assembly increased rates for the personal care and home health services affected by the federally required electronic visit verification. The General Assembly's rate increases added approximately \$11.8 million total funds to the estimated FY 2017-18 expenditures.

#### STAFF RECOMMENDATION

Staff recommends approval of the supplemental request, except without first-year funding for benefits for the new staff pursuant to the JBC's common policy regarding new FTE. The electronic visit verification system is mandated by federal statute and will ensure that providers are paid for the actual time spent on home care visits. The Department could delay implementation for home health services until January 2023, but that would delay the projected savings and increase the workload for the Department. One argument for delaying implementation is that the transition to an electronic verification system is potentially administratively burdensome for providers, but providers already need to track service delivery time, and this will just be a different method for some providers, and it may actually be an easier method for some providers. A better argument for delaying is that fewer provider payments will be at risk if technology or process issues develop during the transition that interrupt legitimate payments. However, the vendor will most likely not be creating an electronic visit verification system from scratch, as there are many established systems already in use in other states and in other industries that could be adapted for Colorado, and so the risk of an interruption in payments appears low. Also, the federal law provides that if a state makes a good faith effort to comply and an unavoidable system delay occurs, then the reduction in the federal match rate will not apply in the first year. Thus, in the first year, and only the first year, the Department has an opportunity to temporarily pull the plug on the electronic verification system without incurring a federal funds penalty, should an unavoidable system delay occur.

There are risks in assuming that an electronic visit verification system will result in fewer home care billed hours. The Department consulted with a vendor that identified savings from implementing

similar systems of five to seven percent in Texas, eight percent in Oklahoma, and forty-six percent in Florida. The experiences of other states may not be indicative of what will occur in Colorado. Also, the savings in other states might be related to factors other than implementing an electronic visit verification system (e.g., billed hours were decreasing in Florida for several years prior to the electronic visit verification system, although forty-six percent was the largest year-over-year decrease). Finally, the data about savings in other states is from a vendor with a financial interest in bidding to implement a system in Colorado. The Department assumed a one percent decrease from the otherwise projected increase for services requiring an electronic visit verification. The projected FY 2018-19 savings of \$3.6 million total funds, including \$1.8 million General Fund, is for only a partial year with an electronic visit verification system. In FY 2019-20 the Department projects savings of \$9.4 million total funds, including \$4.7 million General Fund. The JBC staff wants to gather more information about the projection methodology before recommending the Department's estimated savings in FY 2018-19. However, this additional research relates to the figure setting recommendation for FY 2018-19 and does not change the supplemental recommendation for FY 2017-18.

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## S7 ADMINISTRATIVE CONTRACTS

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>\$177,606</b>	<b>\$177,606</b>
General Fund	88,803	88,803
Federal Funds	88,803	88,803

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES**

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

**Explanation:** JBC staff and the Department agree that this request is the result of **data that was not available** with the original appropriation was made regarding vendor costs, the number of reviews annually, and the implementation timeline.

### DEPARTMENT REQUEST

The Department requests \$177,606 total funds, including \$88,803 General Fund, for higher-than-expected costs for a federally-required electronic asset verification program for Medicaid applicants who are elderly, blind, or disabled. The amount grows to \$412,560 total funds, including \$206,280 General Fund, in FY 2018-19. The winning vendor bid for the program came in at \$4.50 per review, compared to the assumption in the appropriation of \$3.30 per review (based on Oklahoma's experience with a similar program). Also, with more information on the enrollment applications and redeterminations requiring review, the Department increased the estimated number of reviews annually. Finally, the request accounts for a delay in implementing the program compared to the assumptions used for the appropriation.

### STAFF RECOMMENDATION

Staff recommends approval of the request. The request makes technical adjustments to the estimated cost of a federally-required program already approved by the General Assembly.

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S8 EMERGENCY TRANSPORT CPE

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>\$180,000</b>	<b>\$0</b>
General Fund	90,000	0
Federal Funds	90,000	0

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?** No

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

**Explanation:** The Department argues this request is the result of **data that was not available** when the original appropriation was made regarding issues with emergency transportation rates and opportunities for financing with certified public expenditures. However, the JBC staff notes that based on the provider rate review process the Department concluded emergency transportation rates are adequate to ensure access for clients. Issues with whether the rates are appropriate to reimburse for high value services and the potential to provide financing with certified public expenditures were known prior to the budget request.

DEPARTMENT REQUEST

The Department requests an increase of \$180,000, including \$90,000 General Fund, to prepare for taking funds spent by local governments on emergency medical transportation (EMT) and certifying those funds as public expenditures in order to claim matching federal funds. The money in FY 2017-18 would pay for contract assistance with stakeholder outreach and with a State Plan Amendment and financial demonstration required for federal approval. In FY 2018-19 and beyond the Department estimates a need for \$668,294 total funds, including \$334,147 General Fund, for on-going technical assistance to the Department and providers in completing the necessary federal documentation.

With the requested funding, the Department anticipates it could claim an additional \$9,547,069 federal funds through Medicaid in FY 2018-19 and beyond. The Department proposes using 10 percent (\$954,707) of the increased federal revenue to offset General Fund costs for the Department and distributing the remaining \$8,592,362 to the publicly financed EMT providers with expenses eligible for a federal match.

S8 Emergency Transport CPE				
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	FEDERAL FUNDS
<b>FY 2017-18:</b>				
Contract services	<b>\$180,000</b>	<b>\$90,000</b>	<b>\$0</b>	<b>\$90,000</b>
<b>FY 2018-19:</b>				
Contract services	668,294	334,147	0	334,147
Eligible local expenditures	19,094,138	0	9,547,069	9,547,069
General Fund offset	(954,707)	(954,707)	0	0
<b>TOTAL FY 2018-19</b>	<b>\$18,807,725</b>	<b>(\$620,560)</b>	<b>\$9,547,069</b>	<b>\$9,881,216</b>

Net Benefit to Providers	
Eligible local expenditures	\$19,094,138
Local contribution	(9,547,069)
General Fund offset	(954,707)
<b>Net Benefit</b>	<b>\$8,592,362</b>

The proposed 10 percent General Fund offset is consistent with what the General Assembly has previously approved for certified public expenditure financing of hospitals, physician services, and Denver Health ambulance payments. However, there are examples of certified public expenditure financing with different General Fund offsets. For Public School Health Services the General Fund offset is equal to actual administrative costs per statute. For nursing facility and home health services 100 percent of the federal funds earned from certified public expenditures is used to offset the General Fund, with no increase in payments to providers.

The proposal benefits only publicly financed EMT providers with eligible expenses who complete the administratively burdensome federal documentation process. Of the 188 EMT providers enrolled in Medicaid, 102 (54.3 percent) identified as governmental/public providers that might have eligible expenses. The share of total costs eligible for certification will vary based on the level of government support.

The Medicaid Provider Rate Review Advisory Committee (MPRRAC) analyzed EMT rates before the FY 2017-18 budget cycle and found Colorado Medicaid reimbursements for emergency and nonemergency medical transportation combined<sup>1</sup> were 30.7 percent of the benchmark, based on Medicare's ambulance fee schedule and Medicaid fee schedules for Alabama, Alaska, Arkansas, California, Connecticut, Montana, Nebraska, New Mexico, North Dakota, and Wisconsin. The Department concluded that EMT rates are sufficient to allow for client access and provider retention, because providers cannot refuse service to clients, but noted that despite access sufficiency the rates may not reflect appropriate reimbursement for high-value services. The Department did not recommend a change in rates last year, but committed to:

- Gather information on surrounding state rates;
- Investigate supplemental funding (similar to the Hospital Provider Fee or Nursing Provider Fee) for EMT services;
- Calculate the fiscal impact of opening “treat and release” codes;
- Investigate if changes to regulations could lesson potentially-avoidable utilization of EMT services;
- Gather more information from EMT providers on the rate components they consider inadequate; and
- Forecast budgetary impacts of a rate increase for existing EMT services.

This request follows the Department's investigation of supplemental funding opportunities for EMT services.

#### STAFF RECOMMENDATION

Staff recommends that the JBC deny the request because it does not meet the JBC's supplemental criteria. The JBC staff agrees with the proposal to allow existing expenditures by local governments to receive a federal match, but does not understand why this is a supplemental request, rather than a request through the regular budget cycle. Issues with the adequacy of EMT rates were identified before the FY 2017-18 budget request was submitted, as was the potential for using certified public expenditures to increase reimbursements for publicly-financed EMT providers. Perhaps the Department needed more time to research the certified public expenditure option to make a reasonable cost estimate, but if that is the case, the request should be considered as part of the FY

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<sup>1</sup> Due to data limitations at the time, the Department was only able to estimate the benchmark gap with both services combined. Coding in the new MMIS will allow separate comparisons in the future.

2018-19 budget. Following the rate review process the Department concluded that rates are sufficient to allow for client access and provider retention, and so the JBC staff does not believe any new information the Department has gathered about the fiscal impact of certified public expenditures requires action in FY 2017-18 to preserve access. The request could wait for the regular FY 2018-19 budget process.

The appropriation for the General Professional Services and Special Projects line item currently includes \$3,005,615 General Fund. While that money is needed for other projects, some of those projects may have flexible expenditure timelines. It is possible the Department could move the timing around for other projects to free up the \$90,000 required to prepare a state plan amendment for certified public expenditures for EMT services, as long as the \$90,000 is back filled in FY 2008-09. If the Department is unable or unwilling to adjust expenditure timelines for other projects, then delaying the requested funding until FY 2018-19 would result in a slower implementation of the increased payments for providers and of the General Fund offset. The estimated FY 2018-19 increased payments to providers and the General Fund offset would be reduced in half to \$4,773,535 and \$477,353 respectively, with no changes to out-year projections.

The staff recommendation is a somewhat technical objection to the request, based on the JBC's supplemental criteria. If the JBC feels comfortable with the request, despite the noncompliance with the supplemental criteria, then approving the request would ensure the fastest possible submission for federal approval so that providers and the General Fund could benefit as quickly as possible from claiming additional federal funds.

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S11 COUNTY ADMINISTRATION

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>\$0</b>	<b>\$6,769,910</b>
Cash Funds	0	4,087,350
Federal Funds	0	2,682,560

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES**

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

**Explanation:** JBC staff and the Department agree that this request is the result of **data that was not available** when the original appropriation was made regarding eligible county administration expenses and the federal match rates.

DEPARTMENT REQUEST

The Department requests combining two line items that pay for eligibility determination services that counties perform in support of Medicaid. One line item pays for services for traditional Medicaid clients and the other pays for services for expansion populations financed with the provider fee on hospitals, but the types of services are the same. The line items are currently separated because the Department originally requested that they be separate. When the Medicaid expansion was authorized, some counties expressed concerns they would not be reimbursed appropriately for associated administrative expenses. Separate line items made tracking appropriations and expenditures for county administration for the expansion populations easy.

For FY 2017-18 the Department projects expenditures for traditional Medicaid clients will exceed the appropriation while there will be unused spending authority for expansion populations, and this imbalance would be resolved by combing the line items. The state match for increased expenses related to traditional Medicaid clients will come from county funds, rather than the General Fund.

In addition, the Department proposes that the combined line item include an "(I)" notation on the federal funds, indicating that they are for informational purposes only, and not include an "(M)" notation on the General Fund, which restricts the General Fund if the available federal funds either increase or decrease. Currently, there is an "(M)" notation on the line item that pays for services to traditional Medicaid populations and an "(I)" notation on the line item that pays for services to expansion populations.

STAFF RECOMMENDATION

Staff recommends combining the line items, but with an "(M)" notation on the General Fund and no "(I)" notation on the federal funds. The "(M)" notation ensures that if the federal match ever increases, then the General Assembly has the option to take a General Fund savings, or to provide additional spending authority through a supplemental to allow higher payments to the counties. Without the "(M)" note, the Department could just increase payments to counties (provided the counties are doing sufficient work to justify it), without consulting the General Assembly.

In addition, the JBC staff recommends an increase of \$4,087,350 cash funds and \$2,682,560 federal funds. The cash funds reflect the Department's estimate of increased expenditures by counties. After accounting for the excess federal funds spending authority in the line item that pays for services for expansion populations, the Department estimates increased county expenditures could draw even

more federal funds in the amount recommended by the JBC staff. The Department did not request these amounts, because the Department requested removing the "(M)" notation, which would give the Department flexibility to spend whatever it earned. The JBC staff recommendation to maintain the "(M)" notation means the Department needs additional spending authority in order to maximize the federal funds for counties.

On a side note, the JBC staff is organizing meetings this summer with the Department, the Office of State Planning and Budgeting, the State Controller, and Legislative Legal Services to discuss the "(M)" notation. While the "(M)" notation requires a decrease in General Fund spending authority should the federal funds increase or decrease, the Department has separate statutory authority to overexpend non-administrative line items, bringing into question the practical effect of the "(M)" notation. Also, the Department has many line items with a mix of federal match rates for different activities, and so often a change in the federal funds is attributable to a forecast error regarding the mix of activities with different match rates, rather than a change in the federal match rate. The purpose of the meeting is to discuss the procedures for enforcing the "(M)" notation and whether better options might exist to accomplish a similar purpose, including statutory changes. The JBC staff will ensure that the Department's concerns about long-term flexibility to match changes in local expenditures for county administration are a part of those discussions.

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## S12 PUBLIC SCHOOL HEALTH SERVICES

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>\$12,795,136</b>	<b>\$12,795,136</b>
Cash Funds	6,330,313	6,330,313
Reappropriated Funds	10,878	10,878
Federal Funds	6,453,945	6,453,945

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES**

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

**Explanation:** JBC staff and the Department agree that this request is the result of **data that was not available** with the original appropriation was made regarding certified public expenditures by local school districts and boards of cooperative education services.

### DEPARTMENT REQUEST

The Department requests funding based on a projected increase in certified public expenditures by school districts and Boards of Cooperative Education Services (BOCES). In addition, the Department requests increased reappropriated funds spending authority to reimburse the Department of Education for administrative assistance in operating the program.

Through the School Health Services Program school districts and BOCES are allowed to identify their expenses in support of Medicaid eligible children with an Individual Education Plan (IEP) or Individualized Family Services Plan (IFSP) and claim federal Medicaid matching funds for these costs. Participating school districts and BOCES report their expenses to the Department according to a federally-approved methodology and the Department submits them as certified public expenditures to claim the federal matching funds. The federal matching funds are then disbursed to the school districts and BOCES and may be used to offset their costs of providing services or to expand services for low-income, under or uninsured children and to improve coordination of care between school districts and health providers. Utilization of the program has increased dramatically in recent years due to a variety of factors, including outreach efforts, school districts and BOCES becoming more familiar and comfortable with the required reporting, the efforts of school districts and BOCES to maximize revenues from all sources to help address tight budgets, and increases in enrollment of children in Medicaid.

### STAFF RECOMMENDATION

Staff recommends approval of the portion of the request for cash funds and federal funds. These expenses are driven by an increase in the amount of expenditures by school districts and BOCES that can be claimed for a federal match. The actual amount of certified public expenditures are not in the direct control of the Department, and the availability of data to forecast the expenditures is limited, so this is a line item that frequently receives mid-year adjustments. The Department needs the increase in spending authority to distribute the federal funds to the school districts.

The staff recommendation is pending for the portion of the request for reappropriated funds. The reappropriated funds pay for administrative activities of the Department of Education and will be addressed during the supplemental for the Department of Education. Until then, the tables in this document reflect the Governor's request for the reappropriated funds portion of the supplemental.

## S13 RELEASE OVEREXPENDITURE RESTRICTIONS

	REQUEST (FY 2016-17)	RECOMMENDATION (FY 2016-17)
<b>TOTAL</b>	<b>\$19,746,159</b>	<b>\$19,746,159</b>
General Fund	761,291	761,291
Cash Funds	8,038,338	8,038,338
Rappropriated Funds	401,424	401,424
Federal Funds	10,545,056	10,545,056

**Does JBC staff believe the request meets the Joint Budget Committee’s supplemental criteria? YES**

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

**Explanation:** JBC staff and the Department agree that this request is the result of **data that was not available** when the original appropriation was made regarding actual expenditures for Medicaid.

### DEPARTMENT REQUEST

The Department requests the release of restrictions on the FY 2016-17 appropriations imposed by the State Controller due to over-expenditures in prior years. Because of the entitlement nature of the Medicaid program, the Medicaid line items are provided with unlimited overexpenditure authority as long as the overexpenditures are consistent with the statutory provisions of the Medicaid program and not for administration (Section 24-75-109, C.R.S.). However, the State Controller restricts the current fiscal year’s appropriation until the General Assembly approves a supplemental for the prior year overexpenditure. This restriction allows the JBC an opportunity to review the reasons for over expenditures and to decide if the overexpenditures could have been avoided with better management of the appropriation or if the overexpenditures occurred as a result of an unforeseen event or forecast error.

Overall the Department reverted significant funding in FY 2016-17, but by fund source and by line item there were some overexpenditures. The FY 2016-17 overexpenditures were primarily of federal funds and cash funds. The largest federal funds overexpenditure was for behavioral health capitation payments and due to a delay in receiving an anticipated recoupment of federal funds. The largest cash funds overexpenditure was from provider fees paid by hospitals due to a forecast error where the Department did not accurately predict the eligible expenditures. The only General Fund overexpenditures were for the Regional Centers that provide services to people with intellectual and developmental disabilities, and these were due to a timing issue between fiscal years and the Department of Human Services (which manages the Regional Centers) working on an accrual accounting basis while the Department of Health Care Policy and Financing works on a cash accounting basis.

Mechanically, the release of the restrictions on the FY 2017-18 appropriations is accomplished by amending the FY 2016-17 appropriations.



**STAFF RECOMMENDATION**

Staff recommends releasing the overexpenditures. The tables below summarizes the release of overexpenditures by line item and fund source.

Recommended Changes to FY 15-16 to Release Over-expenditure Restrictions in FY 16-17					
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
Medical Services Premiums	\$7,188,554	\$0	\$6,787,130	\$401,424	\$0
Behavioral Health Fee-for-service Payments	9,798,127	0	0	0	9,798,127
Children's Basic Health Plan Medical and Dental Costs	766,562	0	766,562	0	0
Public School Health Services	484,696	0	484,696	0	0
Regional Centers	1,501,662	754,733	0	0	746,929
Regional Center Depreciation	6,558	6,558	0	0	0
<b>TOTAL</b>	<b>\$19,746,159</b>	<b>\$761,291</b>	<b>\$8,038,338</b>	<b>\$401,424</b>	<b>\$10,545,056</b>

Cash and Reappropriated Fund Sources	
	TOTAL
<u>Medical Services Premiums Cash Funds</u>	<u>\$6,787,130</u>
Breast and Cervical Cancer Treatment and Prevention Fund	331,697
Healthcare Affordability and Sustainability Fee Cash Fund	6,450,096
Nursing Facility Cash Fund	5,337
<u>Medical Services Premiums Reappropriated Funds</u>	
Transfer from the Old Age Pension State Medical Program	401,424
<u>Children's Basic Health Plan Cash Funds</u>	
Recoveries	766,562
<u>Public School Health Services Cash Funds</u>	
Certified Public Expenditures	484,696

## STAFF-INITIATED SUPPLEMENTALS

### FUND SOURCE CORRECTION

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>
CF – Hospital Provider Fee	0	(46,228)
CF – Healthcare Affordability and Sustainability Fee	0	46,228

### RECOMMENDATION

The JBC staff recommends a fund source correction to increase appropriations from the Healthcare Affordability and Sustainability Fee and decrease appropriations from the Hospital Provider Fee. Senate Bill 17-121 to improve Medicaid client correspondence (Crowder & Lundberg/Danielson & Landgraf) included appropriations from the Hospital Provider Fee that should now be converted to the Healthcare Affordability and Sustainability Fee due to the passage of S.B. 17-267 regarding the sustainability of rural Colorado (Becker & Becker/Sonnenberg & Guzman). The Department addressed some of the necessary changes to fund sources in the forecast requests (S1 through S5), but did not submit a supplemental for the needed changes to administrative line items. The staff recommendation is to make the necessary changes to administrative line items.

Correct Fund Source from HPF to HAS Fee	
Line Item	Amount
General Administration	
Personal Services	\$8,007
Operating Exeptions	3,904
General Professional Services and Special Projects	16,290
Information Technology Contracts and Projects	
Medicaid Management Information System Maintenance and Projects	18,027
<b>TOTAL</b>	<b>\$46,228</b>

## NONPRIORITIZED SUPPLEMENTAL REQUESTS

These requests are not prioritized and are not analyzed in this packet. The JBC will act on these items later when it makes decisions on supplemental requests for the lead department.

Nonprioritized Requests						
Request	Lead Dept	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
CO Benefits Management System	Governor	\$5,063,204	\$748,757	\$504,760	\$32,898	\$3,776,789
OTT-HCPF Security	Governor	278,356	86,847	52,331	0	139,178
Fleet	Personnel	162	81	0	0	81
Mental Health Institutes revenue	Human Services	900,606	450,303	0	0	450,302
Early Intervention	Human Services	518,044	259,022	0	0	259,022
Intensive Residential Treatment	Human Services	(10,104)	(5,052)	0	0	(5,052)
<b>TOTAL</b>		<b>\$6,750,268</b>	<b>\$1,539,958</b>	<b>\$557,091</b>	<b>\$32,898</b>	<b>\$4,620,320</b>

### STAFF RECOMMENDATION

The staff recommendation for these requests is pending Committee action on the supplemental request from the lead department. Staff asks permission to include the corresponding appropriations in the Department's supplemental bill when the Committee acts on the supplementals. If staff believes there is reason to deviate from a common policy, staff will appear before the Committee at a later date to present the relevant analysis.

## PREVIOUSLY APPROVED INTERIM SUPPLEMENTAL

### CHILDREN'S BASIC HEALTH PLAN

	REQUEST	JBC ACTION
<b>TOTAL</b>	<b>\$9,617,758</b>	<b>\$9,617,758</b>
Cash Funds	9,617,758	9,617,758

**Does JBC staff believe the request satisfies the interim supplemental criteria of Section 24-75-111, C.R.S.?** [The Controller may authorize an overexpenditure of the existing appropriation if it: (1) Is approved in whole or in part by the JBC; (2) Is necessary due to unforeseen circumstances arising while the General Assembly is not in session; (3) Is approved by the Office of State Planning and Budgeting (except for State, Law, Treasury, Judicial, and Legislative Departments); (4) Is approved by the Capital Development Committee, if a capital request; (5) Is consistent with all statutory provisions applicable to the program, function or purpose for which the overexpenditure is made; and (6) Does not exceed the unencumbered balance of the fund from which the overexpenditure is to be made.] **YES**

**Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?** [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.] **YES**

**Explanation:** JBC staff and the Department agree that this request is the result of an unforeseen circumstance arising while the General Assembly is not in session and data that was not available when the original appropriation was made. During figure setting the JBC discussed possible contingency plans for CHP+ if Congress did not reauthorize federal funding, but the budget assumed Congress would reauthorize federal funding. As of the request, Congress had not reauthorized federal funding.

### DEPARTMENT REQUEST

The Department requested cash funds overexpenditure authority to continue operating the Children's Basic Health Plan (marketed as the Child Health Plan *Plus*, or CHP+) for the month of February. The Department is currently operating the program with federal funds left over from federal fiscal year 2016-17, but projects those funds will be insufficient to continue coverage beyond January 31, 2018. The proposed extension of CHP+ would be financed with reserves in the Children's Basic Health Plan Trust (CHP+ Trust) with no matching federal funds. State statute does not require a federal match for CHP+. If the JBC does not approve the request, the Department will send letters on December 26 notifying current CHP+ enrollees that their benefits will terminate January 31, 2018.

CHILDREN'S BASIC HEALTH PLAN (CHP+) REQUEST	
LINE ITEM	CASH FUNDS (CHP+ TRUST)
Children's Basic Health Plan Administration	\$400,793
Children's Basic Health Plan Medical and Dental Costs	\$9,216,965
<b>TOTAL</b>	<b>\$9,617,758</b>

CHP+ is Colorado's version of the federal Children's Health Insurance Program (CHIP) and provides low-cost health insurance for children and pregnant women in families with slightly more income than Medicaid eligibility criteria allow. The effective income eligibility limits for Colorado's CHP+ are 148 percent to 265 percent of the federal poverty guidelines for children<sup>2</sup> and 201 percent to 265 percent

<sup>2</sup> The federal poverty guidelines vary based on family size. For reference, a family of three would qualify with effective income from \$30,017 to \$54,113.

of the federal poverty guidelines for pregnant women.<sup>3</sup> Annual membership premiums vary based on income, with an example being \$75 to enroll one child in a family earning 215 percent of the federal poverty guidelines. The Department's November 1, 2017 forecast projected an average monthly enrollment in FY 2017-18 of 74,446, including 73,684 children and 762 pregnant women. The federal match rate for CHP+ is currently 88.0 percent. The state match for CHP+ comes primarily from an annual statutory allocation of tobacco master settlement money to the CHP+ Trust.

### JBC ACTION

The JBC approved the request. Subsequent to the JBC's action, Congress provided short-term federal funding that should allow the Department to extend CHP+ operations beyond the end of February, but the amount of additional time is dependent on the distribution of funds by the federal Centers for Medicare and Medicaid Services and the needs in other states. As of the preparation of this document, Congress has not taken action on long-term funding for CHP+.

Pursuant to Section 24-75-111 (5), C.R.S., the JBC must introduce a supplemental appropriation for any overexpenditure approved during the interim. Once the supplemental is introduced, it can be amended for any reason, such as federal action making the supplemental moot.

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<sup>3</sup> The federal poverty guidelines vary based on family size. For reference, a family of three would qualify with effective income from \$40,840 to \$54,113.

*JBC Staff Supplemental Recommendations - FY 2017-18*  
*Staff Working Document - Does Not Represent Committee Decision*

**Appendix A: Number Pages**

	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
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**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

**Kim Binsteyer**, Executive Director

**S1 Medical Services Premiums**

**(2) MEDICAL SERVICES PREMIUMS**

Medical and Long-Term Care Services for Medicaid

Eligible Individuals	<u>6,330,278,759</u>	<u>7,597,898,847</u>	<u>353,389,551</u>	<u>353,389,551</u>	<u>7,951,288,398</u>
General Fund	1,032,811,311	1,169,459,933	53,900,141	53,900,141	1,223,360,074
General Fund Exempt	830,201,667	923,068,333	0	0	923,068,333
Cash Funds	687,831,607	886,165,101	(8,927,993)	(8,927,993)	877,237,108
Reappropriated Funds	9,504,132	70,552,476	(246,086)	(246,086)	70,306,390
Federal Funds	3,769,930,042	4,548,653,004	308,663,489	308,663,489	4,857,316,493

<b>Total for S1 Medical Services Premiums</b>	6,330,278,759	7,597,898,847	353,389,551	353,389,551	7,951,288,398
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	1,032,811,311	1,169,459,933	53,900,141	53,900,141	1,223,360,074
General Fund Exempt	830,201,667	923,068,333	0	0	923,068,333
Cash Funds	687,831,607	886,165,101	(8,927,993)	(8,927,993)	877,237,108
Reappropriated Funds	9,504,132	70,552,476	(246,086)	(246,086)	70,306,390
Federal Funds	3,769,930,042	4,548,653,004	308,663,489	308,663,489	4,857,316,493

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	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
<b>S3 Childrens Basic Health Plan</b>					
<b>(4) INDIGENT CARE PROGRAM</b>					
Children's Basic Health Plan Medical and Dental Costs	<u>153,062,926</u>	<u>179,773,700</u>	<u>3,278,732</u>	<u>0</u>	<u>179,773,700</u>
General Fund	2,069,366	181,276	929	0	181,276
General Fund Exempt	432,590	440,340	(929)	0	440,340
Cash Funds	22,551,321	23,336,070	(32,105)	0	23,336,070
Federal Funds	128,009,649	155,816,014	3,310,837	0	155,816,014
<b>Total for S3 Childrens Basic Health Plan</b>	153,062,926	179,773,700	3,278,732	0	179,773,700
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	2,069,366	181,276	929	0	181,276
General Fund Exempt	432,590	440,340	(929)	0	440,340
Cash Funds	22,551,321	23,336,070	(32,105)	0	23,336,070
Federal Funds	128,009,649	155,816,014	3,310,837	0	155,816,014

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	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
<b>S4 Medicare Modernization Act</b>					
<b>(5) OTHER MEDICAL SERVICES</b>					
Medicare Modernization Act State Contribution					
Payment	<u>129,807,096</u>	<u>148,950,319</u>	<u>(2,314,420)</u>	<u>(2,314,420)</u>	<u>146,635,899</u>
General Fund	129,807,096	148,950,319	(2,314,420)	(2,314,420)	146,635,899
<b>Total for S4 Medicare Modernization Act</b>	129,807,096	148,950,319	(2,314,420)	(2,314,420)	146,635,899
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	129,807,096	148,950,319	(2,314,420)	(2,314,420)	146,635,899



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	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
<b>S6 Electronic visit verification</b>					
<b>(1) EXECUTIVE DIRECTOR'S OFFICE</b>					
<b>(A) General Administration</b>					
Personal Services	<u>29,364,616</u>	<u>30,884,154</u>	<u>52,218</u>	<u>52,218</u>	<u>30,936,372</u>
FTE	418.4	418.4	0.8	0.8	419.2
General Fund	10,232,108	10,512,849	5,222	5,222	10,518,071
Cash Funds	2,985,617	2,985,184	0	0	2,985,184
Reappropriated Funds	1,407,908	1,885,978	0	0	1,885,978
Federal Funds	14,738,983	15,500,143	46,996	46,996	15,547,139
Health, Life, and Dental	<u>3,434,070</u>	<u>3,637,126</u>	<u>39,635</u>	<u>0</u>	<u>3,637,126</u>
General Fund	1,230,952	1,305,776	3,963	0	1,305,776
Cash Funds	337,577	344,132	0	0	344,132
Reappropriated Funds	104,755	103,855	0	0	103,855
Federal Funds	1,760,786	1,883,363	35,672	0	1,883,363
Short-term Disability	<u>55,072</u>	<u>58,060</u>	<u>84</u>	<u>0</u>	<u>58,060</u>
General Fund	20,569	21,586	8	0	21,586
Cash Funds	4,588	4,802	0	0	4,802
Reappropriated Funds	1,393	1,364	0	0	1,364
Federal Funds	28,522	30,308	76	0	30,308
S.B. 04-257 Amortization Equalization Disbursement	<u>1,434,489</u>	<u>1,615,047</u>	<u>2,245</u>	<u>0</u>	<u>1,615,047</u>
General Fund	535,695	600,398	225	0	600,398
Cash Funds	119,586	133,634	0	0	133,634
Reappropriated Funds	36,269	37,970	0	0	37,970
Federal Funds	742,939	843,045	2,020	0	843,045

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	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
S.B. 06-235 Supplemental Amortization Equalization					
Disbursement	<u>1,419,546</u>	<u>1,615,047</u>	<u>2,245</u>	<u>0</u>	<u>1,615,047</u>
General Fund	530,115	600,398	225	0	600,398
Cash Funds	118,340	133,634	0	0	133,634
Reappropriated Funds	35,891	37,970	0	0	37,970
Federal Funds	735,200	843,045	2,020	0	843,045
Operating Expenses	<u>2,024,191</u>	<u>2,162,529</u>	<u>28,265</u>	<u>28,265</u>	<u>2,190,794</u>
General Fund	947,590	961,889	2,826	2,826	964,715
Cash Funds	71,522	74,170	0	0	74,170
Reappropriated Funds	10,449	26,219	0	0	26,219
Federal Funds	994,630	1,100,251	25,439	25,439	1,125,690
<b>(1) EXECUTIVE DIRECTOR'S OFFICE</b>					
<b>(C) Information Technology Contracts and Projects</b>					
Medicaid Management Information System					
Maintenance and Projects	<u>31,555,877</u>	<u>41,646,122</u>	<u>296,267</u>	<u>296,267</u>	<u>41,942,389</u>
General Fund	8,031,732	5,955,404	29,627	29,627	5,985,031
Cash Funds	1,800,106	4,288,071	0	0	4,288,071
Reappropriated Funds	13,366	11,808	0	0	11,808
Federal Funds	21,710,673	31,390,839	266,640	266,640	31,657,479
<b>Total for S6 Electronic visit verification</b>	69,287,861	81,618,085	420,959	376,750	81,994,835
FTE	<u>418.4</u>	<u>418.4</u>	<u>0.8</u>	<u>0.8</u>	<u>419.2</u>
General Fund	21,528,761	19,958,300	42,096	37,675	19,995,975
Cash Funds	5,437,336	7,963,627	0	0	7,963,627
Reappropriated Funds	1,610,031	2,105,164	0	0	2,105,164
Federal Funds	40,711,733	51,590,994	378,863	339,075	51,930,069

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	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
<b>S7 Administrative contracts</b>					
<b>(1) EXECUTIVE DIRECTOR'S OFFICE</b>					
<b>(A) General Administration</b>					
General Professional Services and Special Projects	<u>5,041,327</u>	<u>9,412,649</u>	<u>177,606</u>	<u>177,606</u>	<u>9,590,255</u>
General Fund	1,455,022	3,005,615	88,803	88,803	3,094,418
Cash Funds	936,811	1,600,352	0	0	1,600,352
Reappropriated Funds	0	150,000	0	0	150,000
Federal Funds	2,649,494	4,656,682	88,803	88,803	4,745,485
<b>Total for S7 Administrative contracts</b>	5,041,327	9,412,649	177,606	177,606	9,590,255
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	1,455,022	3,005,615	88,803	88,803	3,094,418
Cash Funds	936,811	1,600,352	0	0	1,600,352
Reappropriated Funds	0	150,000	0	0	150,000
Federal Funds	2,649,494	4,656,682	88,803	88,803	4,745,485

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	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
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**S8 Emergency transport CPE**

**(1) EXECUTIVE DIRECTOR'S OFFICE**

**(A) General Administration**

General Professional Services and Special Projects	<u>5,041,327</u>	<u>9,412,649</u>	<u>180,000</u>	<u>0</u>	<u>9,412,649</u>
General Fund	1,455,022	3,005,615	90,000	0	3,005,615
Cash Funds	936,811	1,600,352	0	0	1,600,352
Reappropriated Funds	0	150,000	0	0	150,000
Federal Funds	2,649,494	4,656,682	90,000	0	4,656,682

<b>Total for S8 Emergency transport CPE</b>	5,041,327	9,412,649	180,000	0	9,412,649
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	1,455,022	3,005,615	90,000	0	3,005,615
Cash Funds	936,811	1,600,352	0	0	1,600,352
Reappropriated Funds	0	150,000	0	0	150,000
Federal Funds	2,649,494	4,656,682	90,000	0	4,656,682

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	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
<b>S11 County administration</b>					
<b>(1) EXECUTIVE DIRECTOR'S OFFICE</b>					
<b>(D) Eligibility Determinations and Client Services</b>					
County Administration	<u>45,534,281</u>	<u>45,998,063</u>	<u>15,748,868</u>	<u>22,518,778</u>	<u>68,516,841</u>
General Fund	11,114,448	11,114,448	0	0	11,114,448
Cash Funds	5,859,623	5,859,623	4,945,446	9,032,796	14,892,419
Federal Funds	28,560,210	29,023,992	10,803,422	13,485,982	42,509,974
Hospital Provider Fee County Administration	<u>17,184,924</u>	<u>15,748,868</u>	<u>(15,748,868)</u>	<u>(15,748,868)</u>	<u>0</u>
Cash Funds	4,945,446	4,945,446	(4,945,446)	(4,945,446)	0
Federal Funds	12,239,478	10,803,422	(10,803,422)	(10,803,422)	0
<b>Total for S11 County administration</b>	<u>62,719,205</u>	<u>61,746,931</u>	<u>0</u>	<u>6,769,910</u>	<u>68,516,841</u>
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	11,114,448	11,114,448	0	0	11,114,448
Cash Funds	10,805,069	10,805,069	0	4,087,350	14,892,419
Federal Funds	40,799,688	39,827,414	0	2,682,560	42,509,974

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	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
<b>S12 Public school health services</b>					
<b>(1) EXECUTIVE DIRECTOR'S OFFICE</b>					
<b>(B) Transfers to Other Departments</b>					
Public School Health Services Administration, Transfer to the Department of Education					
	<u>170,979</u>	<u>170,979</u>	<u>10,878</u>	<u>10,878</u>	<u>181,857</u>
Reappropriated Funds	170,979	170,979	10,878	10,878	181,857
<b>(5) OTHER MEDICAL SERVICES</b>					
Public School Health Services	<u>93,151,205</u>	<u>93,022,977</u>	<u>12,784,258</u>	<u>12,784,258</u>	<u>105,807,235</u>
Cash Funds	46,241,334	46,505,586	6,330,313	6,330,313	52,835,899
Federal Funds	46,909,871	46,517,391	6,453,945	6,453,945	52,971,336
<b>Total for S12 Public school health services</b>	93,322,184	93,193,956	12,795,136	12,795,136	105,989,092
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Cash Funds	46,241,334	46,505,586	6,330,313	6,330,313	52,835,899
Reappropriated Funds	170,979	170,979	10,878	10,878	181,857
Federal Funds	46,909,871	46,517,391	6,453,945	6,453,945	52,971,336

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	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
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**Fund source correction**

**(1) EXECUTIVE DIRECTOR'S OFFICE**

**(A) General Administration**

Personal Services	<u>29,364,616</u>	<u>30,884,154</u>	<u>0</u>	<u>0</u>	<u>30,884,154</u>
FTE	418.4	418.4	0.0	0.0	418.4
General Fund	10,232,108	10,512,849	0	0	10,512,849
Cash Funds	2,985,617	2,985,184	0	0	2,985,184
Reappropriated Funds	1,407,908	1,885,978	0	0	1,885,978
Federal Funds	14,738,983	15,500,143	0	0	15,500,143
Operating Expenses	<u>2,024,191</u>	<u>2,162,529</u>	<u>0</u>	<u>0</u>	<u>2,162,529</u>
General Fund	947,590	961,889	0	0	961,889
Cash Funds	71,522	74,170	0	0	74,170
Reappropriated Funds	10,449	26,219	0	0	26,219
Federal Funds	994,630	1,100,251	0	0	1,100,251
General Professional Services and Special Projects	<u>5,041,327</u>	<u>9,412,649</u>	<u>0</u>	<u>0</u>	<u>9,412,649</u>
General Fund	1,455,022	3,005,615	0	0	3,005,615
Cash Funds	936,811	1,600,352	0	0	1,600,352
Reappropriated Funds	0	150,000	0	0	150,000
Federal Funds	2,649,494	4,656,682	0	0	4,656,682

**(1) EXECUTIVE DIRECTOR'S OFFICE**

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	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2017-18 Requested Change	FY 2017-18 Rec'd Change	FY 2017-18 Total w/Rec'd Change
<b>(C) Information Technology Contracts and Projects</b>					
Medicaid Management Information System					
Maintenance and Projects	<u>31,555,877</u>	<u>41,646,122</u>	<u>0</u>	<u>0</u>	<u>41,646,122</u>
General Fund	8,031,732	5,955,404	0	0	5,955,404
Cash Funds	1,800,106	4,288,071	0	0	4,288,071
Reappropriated Funds	13,366	11,808	0	0	11,808
Federal Funds	21,710,673	31,390,839	0	0	31,390,839
<b>Total for Fund source correction</b>	67,986,011	84,105,454	0	0	84,105,454
<i>FTE</i>	<u>418.4</u>	<u>418.4</u>	<u>0.0</u>	<u>0.0</u>	<u>418.4</u>
General Fund	20,666,452	20,435,757	0	0	20,435,757
Cash Funds	5,794,056	8,947,777	0	0	8,947,777
Reappropriated Funds	1,431,723	2,074,005	0	0	2,074,005
Federal Funds	40,093,780	52,647,915	0	0	52,647,915



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**1331 Childrens Basic Health Plan**

**(4) INDIGENT CARE PROGRAM**

Children's Basic Health Plan Medical and Dental Costs	<u>153,062,926</u>	<u>179,773,700</u>	<u>9,617,758</u>	<u>9,617,758</u>	<u>189,391,458</u>
General Fund	2,069,366	181,276	0	0	181,276
General Fund Exempt	432,590	440,340	0	0	440,340
Cash Funds	22,551,321	23,336,070	9,617,758	9,617,758	32,953,828
Federal Funds	128,009,649	155,816,014	0	0	155,816,014

<b>Total for 1331 Childrens Basic Health Plan</b>	153,062,926	179,773,700	9,617,758	9,617,758	189,391,458
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	2,069,366	181,276	0	0	181,276
General Fund Exempt	432,590	440,340	0	0	440,340
Cash Funds	22,551,321	23,336,070	9,617,758	9,617,758	32,953,828
Federal Funds	128,009,649	155,816,014	0	0	155,816,014

<b>Totals Excluding Pending Items</b>					
<b>HEALTH CARE POLICY AND FINANCING</b>					
<b>TOTALS for ALL Departmental line items</b>	8,536,949,753	9,955,202,680	377,545,322	380,812,291	10,336,014,971
<i>FTE</i>	<u>458.5</u>	<u>458.5</u>	<u>0.8</u>	<u>0.8</u>	<u>459.3</u>
General Fund	1,705,929,653	1,899,291,910	51,807,549	51,712,199	1,951,004,109
General Fund Exempt	830,634,257	923,508,673	(929)	0	923,508,673
Cash Funds	996,568,337	1,217,646,986	6,987,973	11,107,428	1,228,754,414
Reappropriated Funds	12,741,780	77,268,980	(235,208)	(235,208)	77,033,772
Federal Funds	4,991,075,726	5,837,486,131	318,985,937	318,227,872	6,155,714,003