

	Total	\$9,351,970	(\$146,800)	\$7,965,355	(\$121,800)	(\$121,800)
01. Executive	FTE	0.0	0.0	0.0	0.0	0.0
Director's Office -	GF	\$3,117,387	(\$51,925)	\$2,431,211	(\$60,900)	(\$60,900)
General	CF	\$1,463,609	\$0	\$1,413,609	\$0	\$0
Professional	RF	\$0	\$0	\$0	\$0	\$0
Services and	FF	\$4,770,974	(\$94,875)	\$4,120,535	(\$60,900)	(\$60,900)
Special Projects						
	Total	\$32,784,833	\$400,000	\$34,937,013	\$207,500	\$530,000
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive	GF	\$6,823,649	\$0	\$7,198,178	\$0	\$132,500
Director's Office -	CF	\$1,919,380	\$0	\$2,089,729	\$0	\$0
MMIS Maintenance	RF	\$293,350	\$0	\$293,350	\$0	\$0
and Projects	FF	\$23,748,454	\$400,000	\$25,355,756	\$207,500	\$397,500
	Total	\$6,194,093	(\$363,268)	\$5,871,935	(\$130,679)	\$99,910
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive	GF	\$2,686,447	(\$142,655)	\$2,599,347	(\$124,467)	(\$43,482)
Director's Office -	CF	\$336,621	\$0	\$336,621	\$0	\$0
Customer Outreach	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$3,171,025	(\$220,613)	\$2,935,967	(\$6,212)	\$143,392
	Total	\$11,881,984	\$102,425	\$11,679,128	\$5,879	\$125,878
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive	GF	\$3,183,748	(\$37,500)	\$3,145,534	(\$50,000)	(\$20,000)
Director's Office -	CF	\$461,089	\$0	\$461,089	\$0	\$0
Professional Service	RF	\$0	\$0	\$0	\$0	\$0
Contracts	FF	\$8,237,147	\$139,925	\$8,072,505	\$55,879	\$145,878
	Total	\$6,594,830,484	\$6,074,000	\$6,543,446,738	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0
02. Medical Services	GF	\$1,816,359,768	\$0	\$1,798,277,508	\$0	\$0
Premiums - Medical	CF	\$703,597,288	\$0	\$700,504,787	\$0	\$0
and LT Care	RF	\$0	\$0	\$0	\$0	\$0
Services for	FF	\$4,074,873,428	\$6,074,000	\$4,044,664,443	\$0	\$0
Medicaid Eligible						
Indvls						

Letternote Text Revision Required?	Yes	No	X	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number: FF: Colorado Demonstration to Integrate Care for Medicare-Medicaid Enrollees (1000)				
Reappropriated Funds Source, by Department and Line Item Name: N/A				
Approval by OIT?	Yes	No	Not Required:	X
Schedule 13s from Affected Departments:	N/A			
Other Information: N/A				



Cost and FTE

- The Department requests \$6,374,303 total funds, including a reduction of \$276,303 General Fund, in FY 2015-16; \$253,422 total funds, including a reduction of \$282,959 General Fund, in FY 2016-17; and \$886,825, including \$0 General Fund, in FY 2017-18 in order to properly align appropriations with current assumptions and account for expected expenditure of grant funding from the Centers of Medicare and Medicaid Services (CMS). No FTE are requested.

Current Program

- The Accountable Care Collaborative: Medicare-Medicaid Program (ACC:MMP) is a demonstration under the ACC to align and coordinate health care for clients who are fully eligible for both Medicare and Medicaid. CMS awarded the Department funding for two grant periods to implement the demonstration, one that consists of 100% federal grant funds and one that requires a 25% state match in order to use the 75% grant funding.
- The Department requested the funding for the state match in FY 2014-15 BA-12, “State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees.” The Joint Budget Committee approved the request for the state funds and included the grant funds as part of the Department’s federal funds spending authority.

Problem or Opportunity

- CMS has informally indicated that the Department will have the ability to use any unexpended funds from the first year of the grant, which is funded with 100% grant funding, beyond the first year. The Department has formally requested approval from CMS to roll-forward the 100% grant funding into FY 2015-16 and beyond, until the funding runs out.
- Many of the Department’s administration lines that have appropriations for the ACC:MMP have the (M) headnote. Because the General Assembly placed the federal grant funds associated with this program on budget, an increase to the federal funding expenses on these lines could result in a General Fund restriction.
- The current program is on a different timeline and has different administrative needs than originally anticipated in the Department’s FY 2014-15 request.

Consequences of Problem

- CMS requires a degree of flexibility with the application of the federal grant funds for the ACC:MMP; without that flexibility, Department access to roll-forward grant funds could be jeopardized.
- The Department’s current appropriations for the administrative lines affected by the ACC:MMP would not reflect actual program need, which could negatively impact the program’s ability to perform minimum demonstration requirements required by CMS.

Proposed Solution

- The Department is requesting technical adjustments to its appropriations, along with a change to the (M) headnote in certain line items, to properly account for continued program operations.



COLORADO

Department of Health Care
Policy & Financing

FY 2015-16 and FY 2016-17 Funding Request | January 4, 2016

John W. Hickenlooper
Governor

Susan E. Birch
Executive Director

Department Priority: S-10, BA-10
Request Detail: ACC:MMP Grant Funding True Up

Summary of Incremental Funding Change for FY 2015-16	Total Funds	General Fund
ACC:MMP Grant Funding True Up	\$6,374,303	(\$276,303)

Summary of Incremental Funding Change for FY 2016-17	Total Funds	General Fund
ACC:MMP Grant Funding True Up	\$253,422	(\$282,959)

Problem or Opportunity:

The Department requests to true up funding for the Accountable Care Collaborative: Medicare-Medicaid Program (ACC:MMP), previously referred to as the State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees. Multiple changes have occurred between the approval of the original request, FY 2014-15 BA-12, “State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees”, and the actual program implementation, including the timing and amount of the grant award and the type of administrative funding needed to support the demonstration.

The Centers for Medicare and Medicaid Services (CMS) recently indicated that the Department would have permission to roll forward any unspent grant funding originally awarded for the first year of the ACC:MMP (Grant Year 1). Services and administrative costs paid for with this funding receive 100% grant funding and no state match is necessary. The Department submitted the request for roll-forward authority to CMS on October 24, 2015 and anticipates formal approval shortly. This request meets the Supplemental/Budget Amendment criteria of new information.

Roll-forward authority of federal grant funds for Grant Year 1 funds would push out the timeline of application of Grant Year 2 funds, which consist of 75% grant funding and 25% General Fund. Originally, Grant Year 2 applied to the second year of the program; however, with these timeline changes and roll-forward authority, the term Grant Year 2 is currently used to refer to any period funded with 75% grant funding and 25% General Fund. Based on the current implementation schedule, the Department anticipates that the Grant Year 1 funding will be sufficient to fund the majority of the demonstration costs through FY 2016-17, and the Grant Year 2 funding would fund the demonstration costs in FY 2017-18.

Roll-forward authority of Grant Year 1 funds would result in General Fund savings for the state. However, because the grant funds for the ACC:MMP were placed on budget in the FY 2015-16 Long Bill, the change in funding has the potential to impact other, unrelated programs. In particular, several of the line items with funding for the ACC:MMP have an (M) headnote. Spending more federal dollars on the program than originally appropriated would result in General Fund restrictions for any appropriation line that contains an (M) headnote, unnecessarily restricting funding available for other programs.

Beyond roll-forward authority for Grant Year 1 funds, there are three primary differences between the Department's assumptions in the previous request and actual program operation, as described below.

First, the implementation of the ACC:MMP was delayed compared to the timeline assumed in the FY 2014-15 BA-12 request. The Department assumed that CMS would approve the demonstration early in calendar year 2014. CMS did not approve the demonstration until June 2014, which changed the expected timeline of Grant Year 1 to June 2014 through May 2015. Likewise, the Department expected initial enrollment in the ACC:MMP to begin July 1, 2014, but CMS delayed authority to enroll to September 2014.

Second, total enrollment for the program is less than anticipated because a number of clients who were expected to be eligible for the program were not. Clients who are enrolled in a Medicare Advantage plan are unable to be enrolled in the ACC:MMP, because they are already enrolled in a care coordination program. The Department originally estimated total enrollees using a process that was unable to account for Medicare Advantage enrollment. When CMS made this data available to the Department, 18,000 expected enrollees were in fact enrolled in a Medicare Advantage plan, and thus ineligible for the ACC:MMP. This reduced full enrollment expectations from approximately 50,000 clients to approximately 32,000 clients and modified the workload needs for some of the contracts.

Finally, CMS awarded a higher amount of grant funding than the Department had originally anticipated. This results in more federal funds available than were appropriated in the FY 2014-15 BA-12 request.

Even with this true up between lines and fiscal years, there may potentially be further problems regarding the (M) headnote on these funds. The Department requires flexibility for these funds, as the amount spent from grant funding in each line each year is subject to change based on CMS requests and recommendations, potential changes in timing, and program need. The CMS award for the grant funding allows the Department a degree of flexibility that is not associated with specific line items in the state budget. For instance, CMS allocated a portion of the grant funds as "Contractor Costs," which encompasses seven separate appropriation lines within the Department's budget, many of which contain an (M) headnote. For this reason, the Department also requests a footnote for the affected appropriation lines that would remove the funding for the ACC:MMP from the application of the (M) headnote. This request would allow the Department to remain flexible and adaptable in meeting the needs of CMS and the ACC:MMP overall, especially concerning the federal grant funding associated with this program, without risking General Fund appropriations for other programs in the process.

Proposed Solution:

The Department requests \$6,374,303 total funds, including a reduction of \$276,303 General Fund, in FY 2015-16; \$253,422 total funds, including a reduction of \$282,959 General Fund, in FY 2016-17; and \$886,825, including \$0 General Fund, in FY 2017-18 in order to properly align appropriations with current assumptions and account for roll-forward of Grant Year 1's 100% grant funding. The Department also requests a footnote to remove the funding for the ACC:MMP from the application of the (M) headnote for each appropriation line that has an (M) headnote.

The requested changes would allow the Department to continue to administer the demonstration while accounting for the roll-forward of the Grant Year 1 funding, which is sufficient to fund activities in FY 2015-16 and FY 2016-17, and the subsequent delayed use of the Grant Year 2 funding, which would be used to fund the demonstration in FY 2017-18. The Department is not requesting a change to the General Fund amount appropriated in FY 2017-18 and ongoing. At that point, the Department anticipates needing to fund a portion of the costs for Grant Year 2 and to support the program on an ongoing basis once the demonstration ends. The request also adjusts the current appropriations for affected lines to account for the current needs of the ACC:MMP.

Anticipated Outcomes:

This request would allow the Department to make use of additional federal grant funds for a longer period than originally expected, without putting other important Department programs at risk through General Fund reversion if more federal grant dollars are used in any line than were previously appropriated. The Department's budget would reflect current expectations of the ACC:MMP.

Assumptions and Calculations:

The Department has organized the Assumptions and Calculations section by appropriation line item. In general, each of these lines has changed from the assumptions of the previous request in similar ways. The Department assumes that:

- Grant Year 1 funding would continue through FY 2015-16 and FY 2016-17, and
- Grant Year 2 funding would begin in FY 2017-18.

(1) Executive Director's Office; (A) General Administration, Personal Services

The ACC:MMP impacts this line item in two ways: Personnel and Beneficiary Rights and Protection Alliance (Ombudsman services). The changes to these items from the original request are outlined below.

Personnel Services

The Department assumed in the FY 2014-15 BA-12 request that any FTE hired to support the program would be 100% federal grant funded, and therefore did not include funding for the staff in the calculation for the request. However, when the General Assembly approved the Department's request, the federal grant dollars included in the request were added to the Department's spending authority. Since the Department did not include grant funding for FTE costs in the request, this portion of grant funding was not added to the Department's federal fund spending authority for personal services.

The Department requests to add the federal grant dollars for personnel to its spending authority, to align with the General Assembly's intent to put the federal grant on budget. The Department expects personnel working on the ACC:MMP to be funded 100% by the federal grant until grant funding for this purpose no longer exists. The Department is not eligible for Grant Year 2 funding designated for this purpose by CMS, as eligibility for the federal dollars is contingent on the Department funding 25% of the costs. The Department currently expects federal dollars for this purpose to run out in FY 2017-18.

Ombudsman Services

The Department estimates that there is a greater need for ombudsman services than originally requested due to an expanded scope of work, including marketing for the ombudsman service to increase client awareness of its availability. However, funding for these services would be fully funded by the federal grant for FY 2015-16 and FY 2016-17, with the roll-forward of Grant Year 1 funds.

(1) Executive Director's Office; (A) General Administration, Operating Expenses

The ACC:MMP impacts this line item in two ways: Travel and Operating Expenses. The changes to these items from the original request are outlined below.

Travel

The Department estimates a lesser need for travel, based on actual travel costs for the ACC:MMP in FY 2014-15. The Department also assumes that these costs would be fully funded by the grant through FY 2016-17, with a 75% federal grant match and 25% State match in FY 2017-18.

Operating Expenses

Similar to Personnel Services under the (1) Executive Director's Office; (A) General Administration, Personal Services appropriation line, the Department did not request any funding for various operating expenses associated with FTE in the original request, besides travel costs that were required by CMS as a condition of funding approval. Therefore, the grant funding associated with these costs were not placed on budget by the General Assembly.

The Department requests to add the federal grant dollars for operating expenses related to FTE to its spending authority to align with the General Assembly's intent to put the federal grant on budget. The Department assumes these operating expenses for the ACC:MMP would be funded 100% by the federal grant until grant funding for this purpose no longer exists. At that time, the Department would absorb these costs in its existing ACC resources. The Department is not eligible for Grant Year 2 funding designated for this purpose by CMS, as eligibility for the federal dollars is contingent on the Department funding 25% of the costs. The Department currently expects federal dollars for this purpose to run out in FY 2017-18.

(1) Executive Director's Office; (A) General Administration, General Professional Services and Special Projects

The Department is no longer contracting with an actuary to perform analysis for this program; instead, the Department is using a quality metrics contractor. The Department requests to remove the appropriation for the ACC:MMP from this line.

(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts

The FY 2014-15 BA-12 request did not include funding for a quality metrics contractor. As the Department moves closer to the implementation of the new Business Intelligence and Data Management (BIDM) services, the Department will have access to more powerful analytics tools than it has in the past. Some contract services previously expected to fall under other lines are now included in the quality metrics contract. For this reason, the Department anticipates using the quality metrics contractor rather than the State Data Analytics Contractor (SDAC) or actuarial services. Therefore, the Department requests to transfer federal grant funding previously expected under some of the other lines to this line. The Department assumes that the costs for this contract will increase in FY 2017-18 in anticipation of needing to complete additional requirements at that time to evaluate the demonstration and provide any necessary feedback to CMS.

This appropriation line contains the (M) headnote. The Department requests a footnote stating that funds associated with the ACC:MMP be removed from the application of the (M) headnote in order to maintain the flexibility that the federal grant funding for this program requires from CMS.

(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Customer Outreach

The ACC:MMP impacts this line item in two ways: Enrollment Broker services and Stakeholder Engagement. The changes to these items from the original request are outlined below.

Enrollment Broker Services

The Department contracted with the enrollment broker to enroll clients into the ACC:MMP when the program was implemented in FY 2014-15 and does not currently assume any funding would be necessary for these services in FY 2015-16 and FY 2016-17, as there is little fluctuation in the number of clients eligible for the program over time. The Department assumes a need for this service beginning in FY 2017-18 as the program could potentially change based on the evaluation of the demonstration and feedback from CMS, which would likely necessitate additional communication with clients around the evolving program. This is a change from the original request, which assumed that these services would be necessary in each year of the program.

Stakeholder Engagement

The Department assumes that services for the facilitation contractor would not be needed with this request, as the ACC:MMP has not required those services in practice. The Department assumes that conferences, meetings, and education and outreach materials would still be necessary, but to a lesser degree than originally anticipated. Funding sources also changed between the original request and this one, as outlined above.

This appropriation line contains the (M) headnote. The Department would require a footnote stating that funds associated with the ACC:MMP be removed from the application of the (M) headnote in order to maintain the flexibility that the federal grant funding for this program requires from CMS.

(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts

The ACC:MMP impacts this line item in two ways: Utilization Review Contract and Evaluation and Consulting Contract. The changes to these items from the original request are outlined below.

Utilization Review Contract

The FY 2014-15 BA-12 request did not include funding for this purpose. Since the time that request was approved, the Department has identified the need for more in-depth utilization review and chart review to meet CMS requirements. The Department assumes this service would be funded with federal grant funds through FY 2016-17, and 75% federal grant funds and 25% General fund in FY 2017-18. Therefore, federal grant funding previously expected under some of the other lines would move to this line for this purpose with this request.

Evaluation and Consulting Contract

The Department assumes that this service would be needed to a lesser degree in FY 2015-16 in comparison to the original request due to various changes in the program, such as the lower enrollment possibilities with the exclusion of clients in the Medicare Advantage program. In FY 2016-17, the Department assumes there would be no need for payment for this service due to the contract being paid through this time period in FY 2015-16. In FY 2017-18, the Department anticipates a need for this cost again to evaluate the demonstration and provide any necessary feedback to CMS. In FY 2015-16, this would be paid through 100% federal grant funding and in FY 2017-18, this would be paid through 75% federal grant funding and 25% General Fund.

This appropriation line contains the (M) headnote. The Department would require a footnote stating that funds associated with the ACC:MMP be removed from the application of the (M) headnote in order to maintain the flexibility that the federal grant funding for this program requires from CMS.

(2) Medical Services Premiums

The Department included most of the estimated changes to the ACC:MMP service payments through the FY 2016-17 R-1, "Medical Services Premiums". This includes changes in timing, enrollment, available federal funds, and the move from use of the SDAC to the quality metrics contractor.

The Department requests to adjust the Medical Services Premiums spending authority in FY 2015-16 only to account for the roll forward of Grant Year 1 funds into FY 2015-16 for the provider adequacy payments. There is no General Fund impact for this change.

For additional information on Assumptions and Calculations, please see Appendix A.

Supplemental, 1331 Supplemental or Budget Amendment Criteria:

This request meets supplemental and budget amendment criteria through new data resulting in substantive changes in funding need. CMS has indicated to the Department that there will be roll-forward authority on the 100% federal grant funds, which would be sufficient to fund the majority of the administrative components of the ACC:MMP through FY 2016-17. However, the grant funding was originally placed on budget, and higher expenditure in federal funds for some of the appropriation lines with ACC:MMP funding have an (M) headnote, which could result in General Fund restrictions and negatively impact other important Department programs.

Request for Accountable Care Collaborative: Medicare-Medicaid Program

Table 1.1: Summary of Estimated Costs

FY 2015-16	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
Personal Services	\$421,606	\$0	\$0	\$421,606	\$0	\$421,606
Operating Expenses	\$15,641	\$0	\$0	\$15,641	\$0	\$15,641
General Professional Services and Special Projects	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid Management Information System Maintenance and Projects	\$400,000	\$0	\$0	\$400,000	\$0	\$400,000
Professional Services Contracts	\$202,425	\$0	\$0	\$202,425	\$0	\$202,425
Customer Outreach	\$70,000	\$0	\$0	\$70,000	\$0	\$70,000
Medical Services Premiums - Provider Adequacy Grant Funding ¹	\$6,074,000	\$0	\$0	\$6,074,000	\$0	\$6,074,000
FY 2015-16 Total	\$7,183,672	\$0	\$0	\$7,183,672	\$0	\$7,183,672

Table 1.2: Summary of Current Spending Authority

FY 2015-16	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
Personal Services	\$114,160	\$39,060	\$0	\$75,100	\$21,040	\$54,060
Operating Expenses	\$15,141	\$5,163	\$0	\$9,978	\$2,756	\$7,222
General Professional Services and Special Projects	\$146,800	\$51,925	\$0	\$94,875	\$30,450	\$64,425
Medicaid Management Information System Maintenance and Projects	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services Contracts	\$100,000	\$37,500	\$0	\$62,500	\$25,000	\$37,500
Customer Outreach	\$433,268	\$142,655	\$0	\$290,613	\$68,675	\$221,938
Medical Services Premiums - Provider Adequacy Grant Funding ¹	\$0	\$0	\$0	\$0	\$0	\$0
FY 2015-16 Total	\$809,369	\$276,303	\$0	\$533,066	\$147,921	\$385,145

Table 1.3: Request

FY 2015-16	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
Personal Services	\$307,446	(\$39,060)	\$0	\$346,506	(\$21,040)	\$367,546
Operating Expenses	\$500	(\$5,163)	\$0	\$5,663	(\$2,756)	\$8,419
General Professional Services and Special Projects	(\$146,800)	(\$51,925)	\$0	(\$94,875)	(\$30,450)	(\$64,425)
Medicaid Management Information System Maintenance and Projects	\$400,000	\$0	\$0	\$400,000	\$0	\$400,000
Professional Services Contracts	\$102,425	(\$37,500)	\$0	\$139,925	(\$25,000)	\$164,925
Customer Outreach	(\$363,268)	(\$142,655)	\$0	(\$220,613)	(\$68,675)	(\$151,938)
Medical Services Premiums - Provider Adequacy Grant Funding ¹	\$6,074,000	\$0	\$0	\$6,074,000	\$0	\$6,074,000
FY 2015-16 Total	\$6,374,303	(\$276,303)	\$0	\$6,650,606	(\$147,921)	\$6,798,527

¹ The Department incorporated all other service costs in FY 2016-17 R-1, "Medical Services Premiums". See table 5.1 for the total impact to Medical Services Premiums.

Request for Accountable Care Collaborative: Medicare-Medicaid Program

Table 2.1: Summary of Estimated Costs

FY 2016-17	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
Personal Services	\$372,064	\$0	\$0	\$372,064	\$0	\$372,064
Operating Expenses	\$15,642	\$0	\$0	\$15,642	\$0	\$15,642
General Professional Services and Special Projects	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid Management Information System Maintenance and Projects	\$207,500	\$0	\$0	\$207,500	\$0	\$207,500
Professional Services Contracts	\$105,879	\$0	\$0	\$105,879	\$0	\$105,879
Customer Outreach	\$144,021	\$12,883	\$0	\$131,138	\$0	\$131,138
Medical Services Premiums - Provider Adequacy Grant Funding ¹	\$0	\$0	\$0	\$0	\$0	\$0
FY 2016-17 Total	\$845,106	\$12,883	\$0	\$832,223	\$0	\$832,223

Table 2.2: Summary of Current Spending Authority

FY 2016-17	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
Personal Services	\$84,160	\$42,080	\$0	\$42,080	\$42,080	\$0
Operating Expenses	\$11,024	\$5,512	\$0	\$5,512	\$5,512	\$0
General Professional Services and Special Projects	\$121,800	\$60,900	\$0	\$60,900	\$60,900	\$0
Medicaid Management Information System Maintenance and Projects	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services Contracts	\$100,000	\$50,000	\$0	\$50,000	\$50,000	\$0
Customer Outreach	\$274,700	\$137,350	\$0	\$137,350	\$137,350	\$0
Medical Services Premiums - Provider Adequacy Grant Funding ¹	\$0	\$0	\$0	\$0	\$0	\$0
FY 2016-17 Total	\$591,684	\$295,842	\$0	\$295,842	\$295,842	\$0

Table 2.3: Request

FY 2016-17	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
Personal Services	\$287,904	(\$42,080)	\$0	\$329,984	(\$42,080)	\$372,064
Operating Expenses	\$4,618	(\$5,512)	\$0	\$10,130	(\$5,512)	\$15,642
General Professional Services and Special Projects	(\$121,800)	(\$60,900)	\$0	(\$60,900)	(\$60,900)	\$0
Medicaid Management Information System Maintenance and Projects	\$207,500	\$0	\$0	\$207,500	\$0	\$207,500
Professional Services Contracts	\$5,879	(\$50,000)	\$0	\$55,879	(\$50,000)	\$105,879
Customer Outreach	(\$130,679)	(\$124,467)	\$0	(\$6,212)	(\$137,350)	\$131,138
Medical Services Premiums - Provider Adequacy Grant Funding ¹	\$0	\$0	\$0	\$0	\$0	\$0
FY 2016-17 Total	\$253,422	(\$282,959)	\$0	\$536,381	(\$295,842)	\$832,223

¹ The Department incorporated all other service costs in FY 2016-17 R-1, "Medical Services Premiums". See table 5.2 for the total impact to Medical Services Premiums.

Request for Accountable Care Collaborative: Medicare-Medicaid Program

Table 3.1: Summary of Estimated Program Costs

FY 2017-18	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
Personal Services	\$324,931	\$36,037	\$0	\$288,894	\$0	\$288,894
Operating Expenses	\$23,090	\$3,437	\$0	\$19,653	\$0	\$19,653
General Professional Services and Special Projects	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid Management Information System Maintenance and Projects	\$530,000	\$132,500	\$0	\$397,500	\$0	\$397,500
Professional Services Contracts	\$225,878	\$30,000	\$0	\$195,878	\$0	\$195,878
Customer Outreach	\$374,610	\$93,868	\$0	\$280,742	\$0	\$280,742
Medical Services Premiums - Provider Adequacy Grant Funding ¹	\$0	\$0	\$0	\$0	\$0	\$0
FY 2017-18 Total	\$1,478,509	\$295,842	\$0	\$1,182,667	\$0	\$1,182,667

Table 3.2: Summary of Current Spending Authority

FY 2017-18	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
Personal Services	\$84,160	\$42,080	\$0	\$42,080	\$42,080	\$0
Operating Expenses	\$11,024	\$5,512	\$0	\$5,512	\$5,512	\$0
General Professional Services and Special Projects	\$121,800	\$60,900	\$0	\$60,900	\$60,900	\$0
Medicaid Management Information System Maintenance and Projects	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services Contracts	\$100,000	\$50,000	\$0	\$50,000	\$50,000	\$0
Customer Outreach	\$274,700	\$137,350	\$0	\$137,350	\$137,350	\$0
Medical Services Premiums - Provider Adequacy Grant Funding ¹	\$0	\$0	\$0	\$0	\$0	\$0
FY 2017-18 Total	\$591,684	\$295,842	\$0	\$295,842	\$295,842	\$0

Table 3.3: Request

FY 2017-18	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
Personal Services	\$240,771	(\$6,043)	\$0	\$246,814	(\$42,080)	\$288,894
Operating Expenses	\$12,066	(\$2,075)	\$0	\$14,141	(\$5,512)	\$19,653
General Professional Services and Special Projects	(\$121,800)	(\$60,900)	\$0	(\$60,900)	(\$60,900)	\$0
Medicaid Management Information System Maintenance and Projects	\$530,000	\$132,500	\$0	\$397,500	\$0	\$397,500
Professional Services Contracts	\$125,878	(\$20,000)	\$0	\$145,878	(\$50,000)	\$195,878
Customer Outreach	\$99,910	(\$43,482)	\$0	\$143,392	(\$137,350)	\$280,742
Medical Services Premiums - Provider Adequacy Grant Funding ¹	\$0	\$0	\$0	\$0	\$0	\$0
FY 2017-18 Total	\$886,825	\$0	\$0	\$886,825	(\$295,842)	\$1,182,667

¹ The Department incorporated all other service costs in FY 2016-17 R-1, "Medical Services Premiums". See table 5.3 for the total impact to Medical Services Premiums.

Calculation of Costs for Accountable Care Collaborative: Medicare-Medicaid Program

Table 4.1: FY 2015-16 Estimated Program Costs

Item	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds	Comment
Personal Services	\$421,606	\$0	\$0	\$421,606	\$0	\$421,606	
Personnel	\$256,706	\$0	\$0	\$256,706	\$0	\$256,706	Personnel are fully grant funded for each year of the demonstration.
Ombudsman	\$164,900	\$0	\$0	\$164,900	\$0	\$164,900	Based on contract costs for expected work.
Operating Expenses	\$15,641	\$0	\$0	\$15,641	\$0	\$15,641	
In-State Travel	\$2,814	\$0	\$0	\$2,814	\$0	\$2,814	Based on actual travel costs in FY 2014-15.
Out-of-State Travel	\$3,484	\$0	\$0	\$3,484	\$0	\$3,484	Based on actual travel costs in FY 2014-15.
Operating Expenses	\$9,343	\$0	\$0	\$9,343	\$0	\$9,343	Based on actuals for FY 2014-15 and estimates on continued operating need.
General Professional Services and Special Projects	\$0	\$0	\$0	\$0	\$0	\$0	
Actuarial Analysis	\$0	\$0	\$0	\$0	\$0	\$0	The Department is no longer contracting with an actuary to perform analysis for this program; instead, the Department is using a quality metrics contractor.
Medicaid Management Information System Maintenance and Projects	\$400,000	\$0	\$0	\$400,000	\$0	\$400,000	
Quality Metrics	\$400,000	\$0	\$0	\$400,000	\$0	\$400,000	Contract costs based on expected workload and similar contracts.
Professional Services Contracts	\$202,425	\$0	\$0	\$202,425	\$0	\$202,425	
Utilization Review Contractor	\$175,000	\$0	\$0	\$175,000	\$0	\$175,000	Contract costs based on existing contracts with similar scope.
Evaluation and Consulting Contract	\$27,425	\$0	\$0	\$27,425	\$0	\$27,425	Contract adjusted for timeline change for program, but otherwise unchanged.
Customer Outreach	\$70,000	\$0	\$0	\$70,000	\$0	\$70,000	
Enrollment Broker	\$0	\$0	\$0	\$0	\$0	\$0	The Department does not anticipate needing funding for this purpose in FY 2015-16; see narrative for more detail.
Stakeholder Engagement	\$70,000	\$0	\$0	\$70,000	\$0	\$70,000	Adjusted for timeline change for program, and to remove facilitation contractor costs.
Medical Services Premiums	\$6,074,000	\$0	\$0	\$6,074,000	\$0	\$6,074,000	
Provider Adequacy Payments	\$6,074,000	\$0	\$0	\$6,074,000	\$0	\$6,074,000	Actual amount remaining in grant for provider adequacy, and amount expected to be spent through December 2015 on provider adequacy and incentive payments.
FY 2015-16 Total	\$7,183,672	\$0	\$0	\$7,183,672	\$0	\$7,183,672	

Calculation of Costs for Accountable Care Collaborative: Medicare-Medicaid Program

Table 4.2: FY 2016-17 Estimated Program Costs

Item	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds	Comment
Personal Services	\$372,064	\$0	\$0	\$372,064	\$0	\$372,064	
Personnel	\$269,870	\$0	\$0	\$269,870	\$0	\$269,870	Personnel are fully grant funded for each year of the demonstration.
Ombudsman	\$102,194	\$0	\$0	\$102,194	\$0	\$102,194	Based on contract costs for expected work.
Operating Expenses	\$15,642	\$0	\$0	\$15,642	\$0	\$15,642	
In-State Travel	\$2,815	\$0	\$0	\$2,815	\$0	\$2,815	Based on actual travel costs in FY 2014-15.
Out-of-State Travel	\$3,484	\$0	\$0	\$3,484	\$0	\$3,484	Based on actual travel costs in FY 2014-15.
Operating Expenses	\$9,343	\$0	\$0	\$9,343	\$0	\$9,343	Based on actuals for FY 2014-15 and estimates on continued operating need.
General Professional Services and Special Projects	\$0	\$0	\$0	\$0	\$0	\$0	
Actuarial Analysis	\$0	\$0	\$0	\$0	\$0	\$0	The Department is no longer contracting with an actuary to perform analysis for this program; instead, the Department is using a quality metrics contractor.
Medicaid Management Information System Maintenance and Projects	\$207,500	\$0	\$0	\$207,500	\$0	\$207,500	
Quality Metrics	\$207,500	\$0	\$0	\$207,500	\$0	\$207,500	Contract costs based on expected workload and similar contracts.
Professional Services Contracts	\$105,879	\$0	\$0	\$105,879	\$0	\$105,879	
Utilization Review Contractor	\$105,879	\$0	\$0	\$105,879	\$0	\$105,879	Contract costs based on existing contracts with similar scope.
Evaluation and Consulting Contract	\$0	\$0	\$0	\$0	\$0	\$0	The Department does not anticipate needing funding for this purpose in FY 2016-17; see narrative for more detail.
Customer Outreach	\$144,021	\$12,883	\$0	\$131,138	\$0	\$131,138	
Enrollment Broker	\$0	\$0	\$0	\$0	\$0	\$0	The Department does not anticipate needing funding for this purpose in FY 2016-17; see narrative for more detail.
Stakeholder Engagement	\$144,021	\$12,883	\$0	\$131,138	\$0	\$131,138	Adjusted for timeline change for program, and to remove facilitation contractor costs.
Medical Services Premiums	\$0	\$0	\$0	\$0	\$0	\$0	
Provider Adequacy Payments	\$0	\$0	\$0	\$0	\$0	\$0	None remaining.
FY 2016-17 Total	\$845,106	\$12,883	\$0	\$832,223	\$0	\$832,223	

Calculation of Costs for Accountable Care Collaborative: Medicare-Medicaid Program

Table 4.3: FY 2017-18 Estimated Program Costs

Item	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds	Comment
Personal Services	\$324,931	\$36,037	\$0	\$288,894	\$0	\$288,894	
Personnel	\$180,783	\$0	\$0	\$180,783	\$0	\$180,783	Personnel are fully grant funded for each year of the demonstration.
Ombudsman	\$144,148	\$36,037	\$0	\$108,111	\$0	\$108,111	Based on contract costs for expected work.
Operating Expenses	\$23,090	\$3,437	\$0	\$19,653	\$0	\$19,653	
In-State Travel	\$8,235	\$2,059	\$0	\$6,176	\$0	\$6,176	Based on actual travel costs in FY 2014-15.
Out-of-State Travel	\$5,512	\$1,378	\$0	\$4,134	\$0	\$4,134	Based on actual travel costs in FY 2014-15.
Operating Expenses	\$9,343	\$0	\$0	\$9,343	\$0	\$9,343	Based on actuals for FY 2014-15 and estimates on continued operating need.
General Professional Services and Special Projects	\$0	\$0	\$0	\$0	\$0	\$0	
Actuarial Analysis	\$0	\$0	\$0	\$0	\$0	\$0	The Department is no longer contracting with an actuary to perform analysis for this program; instead, the Department is using a quality metrics contractor.
Medicaid Management Information System Maintenance and Projects	\$530,000	\$132,500	\$0	\$397,500	\$0	\$397,500	
Quality Metrics	\$530,000	\$132,500	\$0	\$397,500	\$0	\$397,500	Contract costs based on expected workload and similar contracts.
Professional Services Contracts	\$225,878	\$30,000	\$0	\$195,878	\$0	\$195,878	
Utilization Review Contractor	\$105,878	\$0	\$0	\$105,878	\$0	\$105,878	Contract costs based on existing contracts with similar scope.
Evaluation and Consulting Contract	\$120,000	\$30,000	\$0	\$90,000	\$0	\$90,000	Based on expected contact costs of existing contracts with similar scope, to evaluate the demonstration.
Customer Outreach	\$374,610	\$93,868	\$0	\$280,742	\$0	\$280,742	
Enrollment Broker	\$323,077	\$80,985	\$0	\$242,092	\$0	\$242,092	Contract costs based on existing contracts with similar scope; needed to message to clients changes in demonstration.
Stakeholder Engagement	\$51,533	\$12,883	\$0	\$38,650	\$0	\$38,650	Adjusted for timeline change for program, and to remove facilitation contractor costs.
Medical Services Premiums	\$0	\$0	\$0	\$0	\$0	\$0	
Provider Adequacy Payments	\$0	\$0	\$0	\$0	\$0	\$0	None remaining.
FY 2017-18 Total	\$1,478,509	\$295,842	\$0	\$1,182,667	\$0	\$1,182,667	

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Total Impact to Medical Services Premiums						
Table 5.1: FY 2015-16 Impact						
Item	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
<i>S-X, BA-X ACC-MMP Grant Funding True-Up</i>						
Provider Adequacy Payments	\$6,074,000	\$0	\$0	\$6,074,000	\$0	\$6,074,000
<i>R-1 Medical Services Premiums</i>						
Estimated Expenditure for Payments to RCCOs	\$3,590,500	\$1,766,885	\$0	\$1,823,615	\$1,823,615	\$0
Estimated Expenditure for Payments to PCMPs	\$1,296,000	\$637,762	\$0	\$658,238	\$658,238	\$0
Estimated Savings to Acute Care	(\$5,302,800)	(\$2,609,508)	\$0	(\$2,693,292)	(\$2,693,292)	\$0
FY 2015-16 Total	\$5,657,700	(\$204,861)	\$0	\$5,862,561	(\$211,439)	\$6,074,000
Table 5.2: FY 2016-17 Impact						
Item	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
<i>S-X, BA-X ACC-MMP Grant Funding True-Up</i>						
Provider Adequacy Payments	\$0	\$0	\$0	\$0	\$0	\$0
<i>R-1 Medical Services Premiums</i>						
Estimated Expenditure for Payments to RCCOs	\$7,200,000	\$3,569,760	\$0	\$3,630,240	\$3,630,240	\$0
Estimated Expenditure for Payments to PCMPs	\$1,296,000	\$642,557	\$0	\$653,443	\$653,443	\$0
Estimated Savings to Acute Care	(\$19,969,200)	(\$9,900,729)	\$0	(\$10,068,471)	(\$10,068,471)	\$0
FY 2016-17 Total	(\$11,473,200)	(\$5,688,412)	\$0	(\$5,784,788)	(\$5,784,788)	\$0
Table 5.3: FY 2017-18 Impact						
Item	Total Funds	General Fund	Cash Funds	Federal Funds	Title XIX Funds	Federal Grant Funds
<i>S-X, BA-X ACC-MMP Grant Funding True-Up</i>						
Provider Adequacy Payments	\$0	\$0	\$0	\$0	\$0	\$0
<i>R-1 Medical Services Premiums</i>						
Estimated Expenditure for Payments to RCCOs	\$7,200,000	\$3,582,720	\$0	\$3,617,280	\$3,617,280	\$0
Estimated Expenditure for Payments to PCMPs	\$1,296,000	\$644,890	\$0	\$651,110	\$651,110	\$0
Estimated Savings to Acute Care	(\$19,969,200)	(\$9,936,674)	\$0	(\$10,032,526)	(\$10,032,526)	\$0
FY 2017-18 Total	(\$11,473,200)	(\$5,709,064)	\$0	(\$5,764,136)	(\$5,764,136)	\$0