

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

84th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

529 Health and Human Services Commission

Item: 1 Maternal, Infant, and Early Child

Objects of Expense

Strategy: 1-1-1 ENTERPRISE OVERSIGHT AND POLICY

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
1001 SALARIES AND WAGES	\$412,582	\$611,842	\$171,445	\$9,715	\$0	\$0
1002 OTHER PERSONNEL COSTS	\$247	\$16,838	\$5,194	\$3,497	\$0	\$0
2001 PROFESSIONAL FEES AND SERV	\$2,842,275	\$1,788,513	\$1,099,366	\$86,089	\$0	\$0
2003 CONSUMABLE SUPPLIES	\$1,464	\$816	\$104	\$0	\$0	\$0
2004 UTILITIES	\$201	\$15,000	\$1,908	\$0	\$0	\$0
2005 TRAVEL	\$99,686	\$120,000	\$143,356	\$8,484	\$0	\$0
2009 OTHER OPERATING EXPENSE	\$343,727	\$211,830	\$125,009	\$9,687	\$0	\$0
4000 GRANTS	\$15,607,996	\$6,996,725	\$5,894,659	\$428,746	\$0	\$0
SUBTOTAL, Strategy 1-1-1	\$19,308,178	\$9,761,564	\$7,441,041	\$546,218	\$0	\$0
TOTAL, Objects of Expense	\$19,308,178	\$9,761,564	\$7,441,041	\$546,218	\$0	\$0

Method of Financing

FEDERAL FUNDS

Strategy: 1-1-1 ENTERPRISE OVERSIGHT AND POLICY

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.505.000 ACA Hm Visiting Program	\$11,397,900	\$7,08,174	\$894,823	\$0	\$0	\$0
555 Federal Funds 93.505.001 ACA Home Visitation Grant - Competitive	\$7,910,278	\$2,674,390	\$6,546,218	\$546,218	\$0	\$0
SUBTOTAL, Strategy 1-1-1	\$19,308,178	\$9,761,564	\$7,441,041	\$546,218	\$0	\$0
SUBTOTAL, FEDERAL FUNDS	\$19,308,178	\$9,761,564	\$7,441,041	\$546,218	\$0	\$0
TOTAL, Method of Financing	\$19,308,178	\$9,761,564	\$7,441,041	\$546,218	\$0	\$0

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Full-Time Equivalents

Strategy: 1-1-1 ENTERPRISE OVERSIGHT AND POLICY	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
TOTAL, Full-Time Equivalents	10.5	10.5	3.0	0.2	0.0	0.0

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

Patient Protection and Affordable Care Act (PPACA) §2951, 42 U.S.C. §711 (2006).

DESCRIPTION/KEY ASSUMPTIONS:

Based on federal dollar amounts available, no state match is required but a maintenance of effort (MOE) is required. The MOE requirements are tied to maintaining "non-Federal funding (State General Revenue Funds) for grant activities at the level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010." Texas calculates MOE expenditures using invoiced paid with state general revenue funds for evidence-based home visiting programs.

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Item: 2 Tobacco Cessation Pregnant Women

Objects of Expense

Strategy: 2-1-3 PREGNANT WOMEN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$319,470	\$347,141	\$345,528	\$348,791	\$18,609	\$23,134
SUBTOTAL, Strategy 2-1-3	\$319,470	\$347,141	\$345,528	\$348,791	\$18,609	\$23,134
TOTAL, Objects of Expense	\$319,470	\$347,141	\$345,528	\$348,791	\$18,609	\$23,134

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-1-3 PREGNANT WOMEN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$128,619	\$141,981	\$144,085	\$145,690	\$7,760	\$9,663
SUBTOTAL, Strategy 2-1-3	\$128,619	\$141,981	\$144,085	\$145,690	\$7,760	\$9,663
SUBTOTAL, GENERAL REVENUE FUNDS	\$128,619	\$141,981	\$144,085	\$145,690	\$7,760	\$9,663

FEDERAL FUNDS

Strategy: 2-1-3 PREGNANT WOMEN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$190,851	\$205,160	\$201,443	\$203,101	\$10,849	\$13,471
SUBTOTAL, Strategy 2-1-3	\$190,851	\$205,160	\$201,443	\$203,101	\$10,849	\$13,471
SUBTOTAL, FEDERAL FUNDS	\$190,851	\$205,160	\$201,443	\$203,101	\$10,849	\$13,471
TOTAL, Method of Financing	\$319,470	\$347,141	\$345,528	\$348,791	\$18,609	\$23,134

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LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

Patient Protection and Affordable Care Act (PPACA) §4107, 42 U.S.C. §1396d (2006).

DESCRIPTION/KEY ASSUMPTIONS:

Under the Affordable Care Act, Texas must cover tobacco cessation services (i.e. pharmacotherapy and counseling) for pregnant women in Medicaid. Texas implemented this item in January 1, 2012. States are eligible for a 1% increase in FMAP for these services in January 2013. CMS guidance related June 24, 2011 also required EPSDT coverage of these services. The estimates above assume both services.

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Item: 3 SKIP into CHIP Federal Match

Objects of Expense

Strategy: 3-1-1 CHIP

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$17,414,098	\$18,978,822	\$19,330,716	\$19,689,135	\$755,691	\$1,570,339
SUBTOTAL, Strategy 3-1-1	\$17,414,098	\$18,978,822	\$19,330,716	\$19,689,135	\$755,691	\$1,570,339
TOTAL, Objects of Expense	\$17,414,098	\$18,978,822	\$19,330,716	\$19,689,135	\$755,691	\$1,570,339

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 3-1-1 CHIP

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
8025 Tobacco Receipts Match for CHIP	\$5,029,192	\$5,564,591	\$1,703,036	\$1,366,426	\$66,576	\$108,982
SUBTOTAL, Strategy 3-1-1	\$5,029,192	\$5,564,591	\$1,703,036	\$1,366,426	\$66,576	\$108,982
SUBTOTAL, GENERAL REVENUE FUNDS	\$5,029,192	\$5,564,591	\$1,703,036	\$1,366,426	\$66,576	\$108,982

FEDERAL FUNDS

Strategy: 3-1-1 CHIP

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.000 CHIP	\$12,384,906	\$13,414,231	\$17,627,680	\$18,322,709	\$689,115	\$1,461,357
SUBTOTAL, Strategy 3-1-1	\$12,384,906	\$13,414,231	\$17,627,680	\$18,322,709	\$689,115	\$1,461,357
SUBTOTAL, FEDERAL FUNDS	\$12,384,906	\$13,414,231	\$17,627,680	\$18,322,709	\$689,115	\$1,461,357
TOTAL, Method of Financing	\$17,414,098	\$18,978,822	\$19,330,716	\$19,689,135	\$755,691	\$1,570,339

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LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

Health Care and Education Reconciliation Act of 2010 §1202, 42 U.S.C. §1396a (2006).

DESCRIPTION/KEY ASSUMPTIONS:

Prior to September 1, 2011, Texas provided a premium subsidy contribution towards Employees Retirement System (ERS) dependent coverage under the State Kids Insurance Program (SKIP). The Affordable Care Act made these children eligible to receive federally-matched coverage in CHIP instead. Assume 12,131 children of public employees will enroll in CHIP in FY 2012 and use caseload growth trends to project future caseload. Assume the addition of these children to Texas CHIP will save the state \$14.7 million in general revenue funds in fiscal year 2012. Effective date was September 1, 2011.

Costs exclude HIIT related taxes, as these are all part of item 15.

CONCERNS:

FY 2012-2013 expenditures are based on HB1 caseload projections of roughly 12,000, which were estimated prior to actual SKIP migration into CHIP. Actual data has been lower than expected and currently averages approximately 7,000 would-be SKIP members per month in CHIP. However, beyond the initial transfer of children from SKIP to CHIP, data identifying some additional children enrolled in CHIP because SKIP is not available. Therefore, the 7,000 identified initially may not include all CHIP enrollees who would have previously been served in SKIP.

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Item: 4 TRS CHIP Federal Match

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 3-1-1 CHIP

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
8025 Tobacco Receipts Match for CHIP	\$(18,142,998)	\$(13,047,066)	\$(16,434,840)	\$(17,090,191)	\$(645,046)	\$(1,368,356)
SUBTOTAL, Strategy 3-1-1	\$(18,142,998)	\$(13,047,066)	\$(16,434,840)	\$(17,090,191)	\$(645,046)	\$(1,368,356)
SUBTOTAL, GENERAL REVENUE FUNDS	\$(18,142,998)	\$(13,047,066)	\$(16,434,840)	\$(17,090,191)	\$(645,046)	\$(1,368,356)

FEDERAL FUNDS

Strategy: 3-1-1 CHIP

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.000 CHIP	\$18,142,998	\$13,047,066	\$16,434,840	\$17,090,191	\$645,046	\$1,368,356
SUBTOTAL, Strategy 3-1-1	\$18,142,998	\$13,047,066	\$16,434,840	\$17,090,191	\$645,046	\$1,368,356
SUBTOTAL, FEDERAL FUNDS	\$18,142,998	\$13,047,066	\$16,434,840	\$17,090,191	\$645,046	\$1,368,356
TOTAL, Method of Financing	\$0	\$0	\$0	\$0	\$0	\$0

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

Health Care and Education Reconciliation Act of 2010 §1202, 42 U.S.C. §1396a (2006).

DESCRIPTION/KEY ASSUMPTIONS:

Prior to September 1, 2011, Texas could not claim federal match for the dependents of Teacher Retirement System (TRS) ActiveCare members who were enrolled in CHIP. The Affordable Care Act made these children eligible to receive federally-matched coverage in CHIP. Fiscal year 2014 assumes 15,454 children of public education employees enrolled in CHIP in FY 2014 and the receipt of federal

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match for CHIP coverage for these children increased the federal share of CHIP funding by \$18,142,998 for fiscal year 2014. Effective date was September 1, 2010.

Costs exclude HIIT related taxes, as these are all part of item 15.

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Item: 5 Curative Children Electing Hospice

Objects of Expense

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$226,345	\$236,518	\$241,626	\$258,966	\$9,181	\$15,689
SUBTOTAL, Strategy 2-1-5	\$226,345	\$236,518	\$241,626	\$258,966	\$9,181	\$15,689
TOTAL, Objects of Expense	\$226,345	\$236,518	\$241,626	\$258,966	\$9,181	\$15,689

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$93,390	\$99,101	\$103,174	\$110,760	\$3,920	\$6,710
SUBTOTAL, Strategy 2-1-5	\$93,390	\$99,101	\$103,174	\$110,760	\$3,920	\$6,710
SUBTOTAL, GENERAL REVENUE FUNDS	\$93,390	\$99,101	\$103,174	\$110,760	\$3,920	\$6,710

FEDERAL FUNDS

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$132,955	\$137,417	\$138,452	\$148,206	\$5,261	\$8,979
SUBTOTAL, Strategy 2-1-5	\$132,955	\$137,417	\$138,452	\$148,206	\$5,261	\$8,979
SUBTOTAL, FEDERAL FUNDS	\$132,955	\$137,417	\$138,452	\$148,206	\$5,261	\$8,979
TOTAL, Method of Financing	\$226,345	\$236,518	\$241,626	\$258,966	\$9,181	\$15,689

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LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §2302, 42 U.S.C. §§10905(o)(1) and 2110(a)(23) (2006).

DESCRIPTION/KEY ASSUMPTIONS:

Provides curative treatment to children in CHIP and Medicaid who select hospice. Previous policy required individuals selecting hospice to waive curative treatment. HHSC implemented this provision in August 2010.

Costs exclude HIIT related taxes, as these are all part of item 15.

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Item: 6 Rebate Recapture for Supplemental

Objects of Expense

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$143,730,142	\$142,217,219	\$156,458,745	\$151,260,600	\$10,005,174	\$20,096,080
SUBTOTAL, Strategy 2-1-5	\$143,730,142	\$142,217,219	\$156,458,745	\$151,260,600	\$10,005,174	\$20,096,080
TOTAL, Objects of Expense	\$143,730,142	\$142,217,219	\$156,458,745	\$151,260,600	\$10,005,174	\$20,096,080

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
706 Vendor Drug Rebates - Medicaid	\$42,692,812	\$40,7400,419	\$46,737,896	\$46,530,722	\$4,817,502	\$10,209,672
8081 Vendor Drug Rebates - Sup Rebates	\$(14,018,987)	\$(15,580,715)	\$(16,141,614)	\$(18,081,432)	\$(827,974)	\$(2,115,010)
SUBTOTAL, Strategy 2-2-2	\$28,673,825	\$25,159,704	\$30,596,282	\$28,449,290	\$3,989,528	\$8,094,662
SUBTOTAL, GENERAL REVENUE FUNDS	\$28,673,825	\$25,159,704	\$30,596,282	\$28,449,290	\$3,989,528	\$8,094,662

FEDERAL FUNDS

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$115,056,317	\$117,057,515	\$125,862,463	\$122,811,310	\$6,015,646	\$12,001,418
SUBTOTAL, Strategy 2-2-2	\$115,056,317	\$117,057,515	\$125,862,463	\$122,811,310	\$6,015,646	\$12,001,418
SUBTOTAL, FEDERAL FUNDS	\$115,056,317	\$117,057,515	\$125,862,463	\$122,811,310	\$6,015,646	\$12,001,418
TOTAL, Method of Financing	\$143,730,142	\$142,217,219	\$156,458,745	\$151,260,600	\$10,005,174	\$20,096,080

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LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §2501, 42 U.S.C. §§1396r-8(c)(B) (2006).

DESCRIPTION/KEY ASSUMPTIONS:

The federal Patient Protection and Affordable Care Act (PPACA), H.R. 3590, signed into law March 2010, increased the minimum manufacture rebates for pharmaceuticals to be utilized by the federal government. This request resulted in a reduction in the state supplemental rebates, but a net increase in total rebate revenue. However, some of this increase in federal rebates is kept by the federal government, and the GR portion is paid back to through quarterly payments made to offset these increases.

CONCERNS:

Estimates above capture both the estimated loss in supplemental rebates as well as increase to federal rebates, net of the Quarterly Rebate Offset Amounts paid to the federal government. This change does not impact client services costs.

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Item: 7 PCP Rate Increase

Objects of Expense

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$165,627,146	\$28,557,956	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-1	\$165,627,146	\$28,557,956	\$0	\$0	\$0	\$0

Strategy: 2-1-2 DISABILITY-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$276,198,223	\$66,764,309	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-2	\$276,198,223	\$66,764,309	\$0	\$0	\$0	\$0

Strategy: 2-1-3 PREGNANT WOMEN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$62,754,337	\$14,568,657	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-3	\$62,754,337	\$14,568,657	\$0	\$0	\$0	\$0

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$31,137,438	\$7,964,440	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-4	\$31,137,438	\$7,964,440	\$0	\$0	\$0	\$0

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$342,891,270	\$89,268,380	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-5	\$342,891,270	\$89,268,380	\$0	\$0	\$0	\$0

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Strategy: 2-2-5 MEDICARE PAYMENTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$1,947,898	\$10,417,998	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-2-5	\$1,947,898	\$10,417,998	\$0	\$0	\$0	\$0
TOTAL, Objects of Expense	\$880,556,312	\$217,541,740	\$0	\$0	\$0	\$0

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$21,428,652	\$407,969	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-1	\$21,428,652	\$407,969	\$0	\$0	\$0	\$0

Strategy: 2-1-2 DISABILITY-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$3,885,405	\$953,772	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-2	\$3,885,405	\$953,772	\$0	\$0	\$0	\$0

Strategy: 2-1-3 PREGNANT WOMEN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$882,793	\$208,123	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-3	\$882,793	\$208,123	\$0	\$0	\$0	\$0

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Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$438,024	\$113,777	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-4	\$438,024	\$113,777	\$0	\$0	\$0	\$0

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$4,823,606	\$1,275,257	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-5	\$4,823,606	\$1,275,257	\$0	\$0	\$0	\$0

Strategy: 2-2-5 MEDICARE PAYMENTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$803,703	\$4,365,141	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-2-5	\$803,703	\$4,365,141	\$0	\$0	\$0	\$0
SUBTOTAL, GENERAL REVENUE FUNDS	\$32,262,183	\$7,324,039	\$0	\$0	\$0	\$0

FEDERAL FUNDS

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$30,507,006	\$565,705	\$0	\$0	\$0	\$0
555 Federal Funds 93.778.007 XIX ADM @ 100	\$113,691,488	\$27,584,282	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-1	\$144,198,494	\$28,149,987	\$0	\$0	\$0	\$0

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Strategy: 2-1-2 DISABILITY-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$5,531,475	\$1,322,534	\$0	\$0	\$0	\$0
555 Federal Funds 93.778.007 XIX ADM @ 100	\$266,781,343	\$64,488,003	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-2	\$272,312,818	\$65,810,537	\$0	\$0	\$0	\$0

Strategy: 2-1-3 PREGNANT WOMEN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$1,256,794	\$288,590	\$0	\$0	\$0	\$0
555 Federal Funds 93.778.007 XIX ADM @ 100	\$60,614,750	\$14,074,944	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-3	\$61,871,544	\$14,360,534	\$0	\$0	\$0	\$0

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$623,596	\$157,768	\$0	\$0	\$0	\$0
555 Federal Funds 93.778.007 XIX ADM @ 100	\$30,075,818	\$7,692,895	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-4	\$30,699,414	\$7,850,663	\$0	\$0	\$0	\$0

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$6,867,149	\$1,768,315	\$0	\$0	\$0	\$0
555 Federal Funds 93.778.007 XIX ADM @ 100	\$331,20,515	\$86,224,808	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-5	\$338,067,664	\$87,993,123	\$0	\$0	\$0	\$0

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Strategy: 2-2-5 MEDICARE PAYMENTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$1,144,195	\$6,052,857	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-2-5	\$1,144,195	\$6,052,857	\$0	\$0	\$0	\$0
SUBTOTAL, FEDERAL FUNDS	\$848,294,129	\$210,217,701	\$0	\$0	\$0	\$0
TOTAL, Method of Financing	\$880,556,312	\$217,541,740	\$0	\$0	\$0	\$0

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §1202, 42 U.S.C. §§1396A (2006).

DESCRIPTION/KEY ASSUMPTIONS:

PCP rate increases beyond Dec 2014 are not assumed in the LAR forecast.

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Item: 8 Balancing Incentives Payment (BIP)

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$(32,247,334)	\$(58,590,219)	\$(4,129,220)	\$0	\$(87,845)	\$(0)
SUBTOTAL, Strategy 2-1-1	\$(32,247,334)	\$(58,590,219)	\$(4,129,220)	\$0	\$(87,845)	\$0

Strategy: 2-1-2 DISABILITY-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$(13,322,650)	\$(19,079,889)	\$(1,383,073)	\$0	\$(65,391)	\$0
SUBTOTAL, Strategy 2-1-2	\$(13,322,650)	\$(19,079,889)	\$(1,383,073)	\$0	\$(65,391)	\$0
SUBTOTAL, GENERAL REVENUE FUNDS	\$945,569,984)	\$(77,670,108)	\$(5,512,293)	\$0	\$(153,236)	\$0

FEDERAL FUNDS

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$32,247,334	\$58,590,219	\$4,129,220	\$0	\$87,845	\$0
SUBTOTAL, Strategy 2-1-1	\$32,247,334	\$58,590,219	\$4,129,220	\$0	\$87,845	\$0

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Strategy: 2-1-2 DISABILITY-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$13,322,650	\$19,079,889	\$1,383,073	\$0	\$65,391	\$0
SUBTOTAL, Strategy 2-1-2	\$13,322,650	\$19,079,889	\$1,383,073	\$0	\$65,391	\$0
SUBTOTAL, FEDERAL FUNDS	\$45,569,984	\$77,670,108	\$5,512,293	\$0	\$153,236	\$0
TOTAL, Method of Financing	\$0	\$0	\$0	\$0	\$0	\$0

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §10202, (2006).

DESCRIPTION/KEY ASSUMPTIONS:

The Balancing Incentive Program (BIP) authorizes grants to States to increase access to non-institutional long-term services and supports (LTSS) as of October 1, 2011. BIP will help States transform their long-term care systems by lowering costs through improved systems performance and efficiency, creating tools to help consumers with care planning and assessment, and improving quality measurement and oversight. BIP increases the Federal Matching Assistance Percentage (FMAP) to States that make structural reforms to increase nursing home diversions and access to non-institutional LTSS. Enhanced funding is available over 4 years - October 1, 2011 through September 30, 2015. The amounts above represent the 2% federal gain and the offsetting general revenue savings.

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Item: 9 Exchange Integration and MAGI

Objects of Expense

Strategy: 1-2-1 CONSOLIDATED SYSTEM SUPPORT

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
1001 SALARIES AND WAGES	\$1,861,860	\$1,954,953	\$0	\$0	\$0	\$0
1002 OTHE RPERSONNEL COSTS	\$169,260	\$175,946	\$0	\$0	\$0	\$0
2001 PROFESSIONAL FEES AND SERVICES	\$27,902,088	\$2,867,443	\$0	\$0	\$0	\$0
2004 UTILITIES	\$18,126	\$0	\$0	\$0	\$0	\$0
2009 OTHER OPERATING EXPENSE	\$0	\$133,786	\$0	\$0	\$0	\$0
5000 CAPITAL EXPENDITURES	\$4,075,315	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-5	\$34,026,649	\$5,132,128	\$0	\$0	\$0	\$0
TOTAL, Objects of Expense	\$34,026,649	\$5,132,128	\$0	\$0	\$0	\$0

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 1-2-1 CONSOLIDATED SYSTEM SUPPORT

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
1 General Revenue Fund	\$12,488	\$1,884	\$0	\$0	\$0	\$0
758 GR Match for Medicaid	\$3,406,497	\$513,791	\$0	\$0	\$0	\$0
8010 GR Match for Title XXI	\$1,117,700	\$168,579	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-1	\$4,536,685	\$684,254	\$0	\$0	\$0	\$0
SUBTOTAL, GENERAL REVENUE FUNDS	\$4,536,685	\$684,254	\$0	\$0	\$0	\$0

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FEDERAL FUNDS

Strategy: 1-2-1 CONSOLIDATED SYSTEM SUPPORT

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.000 CHIP	\$2,747,100	\$414,336	\$0	\$0	\$0	\$0
555 Federal Funds 93.778.004 XIX ADM @ 75%	\$1,957,812	\$295,290	\$0	\$0	\$0	\$0
555 Federal Funds 93.778.005 XIX FMAP @ 90%	\$24,785,052	\$3,738,248	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 1-2-1	\$29,489,964	\$4,447,874	\$0	\$0	\$0	\$0
SUBTOTAL, FEDERAL FUNDS	\$29,489,964	\$4,447,874	\$0	\$0	\$0	\$0
TOTAL, Method of Financing	\$34,026,649	\$5,132,128	\$0	\$0	\$0	\$0

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §2201, 42 U.S.C. §1397aa et seq. (2006).

DESCRIPTION/KEY ASSUMPTIONS:

HHSC began making system modifications to the TIERS application in order to comply with the Patient Protection and Affordable Care Act (PPACA) Part 2201 - Enrollment Simplification and Coordination with State Health Insurance Exchanges and Part 2002 - Income Eligibility for Nonelderly Determined Using Modified Gross Income. Specifically HHSC has been developing and implementing linkages to the federal exchange and implementing federally-mandated Medicaid and CHIP eligibility changes (including modified adjusted gross income).

The amounts reflect the modifications that HHSC is concurrently making to the TIERS application to comply with the Seven Standard and Conditions as required under sections 1903(a)(e)(A)(i) and 1903(a)(3)(B) of the Social Security Act.

CONCERNS:

Most implementation guidelines have been released to states, but some guidelines such as MITA 3.0 still have not been received. Texas cannot finalize the requirements for TIERS modifications and designs in order to implement solutions to achieve full compliance with federal requirements until the last of the guidelines have been received. The release of these guidelines may impact implementation

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within established federal deadlines as well as required resources. HHSC has submitted and received approval on advance planning documents for this effort.

The information reported in fiscal years 2014 and 2015 only reflect the ACA related components of the approved and planned IT APDs. All ACA related expense is funded with Medicaid and CHIP sources. Development, design, and implementation are typically matched at 90/10 for Medicaid. Any CHIP related expense is at the regular CHIP enhanced match rate.

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Item: 10 Medicaid Children @ 133% FPL

Objects of Expense

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$48,161,255	\$292,162,451	\$332,523,957	\$338,780,408	\$21,273,707	\$44,129,408
SUBTOTAL, Strategy 2-1-5	\$48,161,255	\$292,162,451	\$332,523,957	\$338,780,408	\$21,273,707	\$44,129,408

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$18,168,773	\$111,719,082	\$127,156,021	\$129,548,466	\$11,628,004	\$19,135,598
SUBTOTAL, Strategy 2-2-2	\$18,168,773	\$111,719,082	\$127,156,021	\$129,548,466	\$11,628,004	\$19,135,598

Strategy: 2-2-4 HEALTH STEPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$19,031,263	\$111,631,759	\$130,613,860	\$133,074,509	\$2,675,775	\$9,512,877
SUBTOTAL, Strategy 2-2-4	\$19,031,263	\$111,631,759	\$130,613,860	\$133,074,509	\$2,675,775	\$9,512,877
TOTAL, Objects of Expense	\$85,361,291	\$515,513,292	\$590,293,838	\$601,403,383	\$35,577,486	\$72,777,883

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$13,908,970	\$85,662,030	\$29,295,361	\$23,511,360	\$1,874,214	\$3,062,581
SUBTOTAL, Strategy 2-1-5	\$13,908,970	\$85,662,030	\$29,295,361	\$23,511,360	\$1,874,214	\$3,062,581

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Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$5,247,142	\$32,756,035	\$11,202,445	\$8,990,664	\$1,024,427	\$1,328,010
SUBTOTAL, Strategy 2-2-2	\$5,247,142	\$32,756,035	\$11,202,445	\$8,990,664	\$1,024,427	\$1,328,010

Strategy: 2-2-4 HEALTH STEPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$5,496,229	\$32,730,432	\$11,507,081	\$9,235,371	\$235,736	\$660,194
SUBTOTAL, Strategy 2-2-4	\$5,496,229	\$32,730,432	\$11,507,081	\$9,235,371	\$235,736	\$660,194
SUBTOTAL, GENERAL REVENUE FUNDS	\$24,652,341	\$151,148,497	\$52,004,887	\$41,737,395	\$3,134,377	\$5,050,785

FEDERAL FUNDS

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$34,252,285	\$206,500,421	\$303,228,596	\$315,269,048	\$19,399,493	\$41,066,827
SUBTOTAL, Strategy 2-1-5	\$34,252,285	\$206,500,421	\$303,228,596	\$315,269,048	\$19,399,493	\$41,066,827

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$12,921,631	\$78,963,047	\$115,953,576	\$120,557,802	\$10,603,577	\$17,807,588
SUBTOTAL, Strategy 2-2-2	\$12,921,631	\$78,963,047	\$115,953,576	\$120,557,802	\$10,603,577	\$17,807,588

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Strategy: 2-2-4 HEALTH STEPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$13,535,034	\$78,901,327	\$119,106,779	\$123,839,138	\$2,440,039	\$8,852,683
SUBTOTAL, Strategy 2-1-5	\$13,535,034	\$78,901,327	\$119,106,779	\$123,839,138	\$2,440,039	\$8,852,683
SUBTOTAL, FEDERAL FUNDS	\$60,708,950	\$364,364,795	\$538,288,951	\$559,665,988	\$32,443,109	\$67,727,098
TOTAL, Method of Financing	\$85,361,291	\$515,513,292	\$590,293,838	\$601,403,383	\$35,577,486	\$72,777,883

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §2001, 42 U.S.C. §1396a (2006).

DESCRIPTION/KEY ASSUMPTIONS:

The ACA mandates change in the Medicaid eligibility of children age 6 to 19 with family incomes from 100 to 133% of the federal poverty level. In Texas, children age 6 to 19 above 100 percent FPL are currently enrolled in CHIP. Effective January 1, 2014, this requirement moves children currently enrolled in CHIP to Medicaid once their current term of eligibility in CHIP expires. The population of children would continue to have their Medicaid benefits matched at the EFMAP (the CHIP match rate).

The above estimates reflect the cost of providing services in Medicaid, and does not reflect savings from expenditures no longer incurred in CHIP.

CONCERNS:

Costs exclude PCP related rate increases, as these costs are all on item 7. Costs for HIIT are also excluded, as all costs for this are in item 15.

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Item: 11 Expand Coverage for Former Foster

Objects of Expense

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$3,771,982	\$14,571,507	\$15,378,367	\$16,277,338	\$883,191	\$1,818,755
SUBTOTAL, Strategy 2-1-4	\$3,771,982	\$14,571,507	\$15,378,367	\$16,277,338	\$883,191	\$1,818,755

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$5,333,185	\$11,832,459	\$13,314,574	\$14,053,400	\$707,564	\$1,533,341
SUBTOTAL, Strategy 2-1-5	\$5,333,185	\$11,832,459	\$13,314,574	\$14,053,400	\$707,564	\$1,533,341

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$2,318,441	\$7,375,837	\$7,956,939	\$8,413,832	\$410,174	\$889,811
SUBTOTAL, Strategy 2-2-2	\$2,318,441	\$7,375,837	\$7,956,939	\$8,413,832	\$410,174	\$889,811

Strategy: 2-2-3 MEDICAL TRANSPORTATION

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$70,315	\$532,010	\$565,176	\$598,114	\$28,259	\$61,307
SUBTOTAL, Strategy 2-2-3	\$70,315	\$532,010	\$565,176	\$598,114	\$28,259	\$61,307
TOTAL, Objects of Expense	\$11,493,923	\$34,311,813	\$37,215,056	\$39,342,684	\$1,979,188	\$4,303,214

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Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$1,556,320	\$6,105,462	\$6,566,563	\$6,961,818	\$355,772	\$777,881
SUBTOTAL, Strategy 2-1-4	\$1,556,320	\$6,105,462	\$6,566,563	\$6,961,818	\$355,772	\$777,881

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$2,200,472	\$4,957,800	\$5,685,323	\$6,010,639	\$302,130	\$655,810
SUBTOTAL, Strategy 2-1-5	\$2,200,472	\$4,957,800	\$5,685,323	\$6,010,639	\$302,130	\$655,810

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$956,589	\$3,090,476	\$3,397,613	\$3,598,596	\$175,144	\$380,572
SUBTOTAL, Strategy 2-2-2	\$956,589	\$3,090,476	\$3,397,613	\$3,598,596	\$175,144	\$380,572

Strategy: 2-2-3 MEDICAL TRANSPORTATION

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$29,012	\$222,912	\$241,330	\$255,813	\$12,067	\$26,221
SUBTOTAL, Strategy 2-2-3	\$29,012	\$222,912	\$241,330	\$255,813	\$12,067	\$26,221
SUBTOTAL, GENERAL REVENUE FUNDS	\$4,742,393	\$14,376,650	\$15,890,829	\$16,826,866	\$845,113	\$1,840,484

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FEDERAL FUNDS

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$2,215,662	\$8,466,045	\$8,811,804	\$9,315,520	\$477,419	\$1,040,874
SUBTOTAL, Strategy 2-1-4	\$2,215,662	\$8,466,045	\$8,811,804	\$9,315,520	\$477,419	\$1,040,874

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$3,132,713	\$6,874,659	\$7,629,251	\$8,042,761	\$405,434	\$877,531
SUBTOTAL, Strategy 2-1-5	\$3,132,713	\$6,874,659	\$7,629,251	\$8,042,761	\$405,434	\$877,531

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$1,361,852	\$4,285,361	\$4,559,326	\$4,815,236	\$235,030	\$509,239
SUBTOTAL, Strategy 2-2-2	\$1,361,852	\$4,285,361	\$4,559,326	\$4,815,236	\$235,030	\$509,239

Strategy: 2-2-3 MEDICAL TRANSPORTATION

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$41,303	\$309,098	\$323,846	\$342,301	\$16,192	\$35,086
SUBTOTAL, Strategy 2-2-3	\$41,303	\$309,098	\$323,846	\$342,301	\$16,192	\$35,086
SUBTOTAL, FEDERAL FUNDS	\$6,751,530	\$19,935,163	\$21,324,227	\$22,515,818	\$1,134,075	\$2,462,730
TOTAL, Method of Financing	\$11,493,923	\$34,311,813	\$37,215,056	\$39,342,684	\$1,979,188	\$4,303,214

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LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §§2004 and 10201, 42 U.S.C. §1396a (2006).

DESCRIPTION/KEY ASSUMPTIONS:

The ACA mandates coverage for former foster care youth up to age 26 effective January 1, 2014. These children will continue to be served in STAR Health up to age 21, after which they will move into STAR in the Other Adults strategy.

CONCERNS:

Costs exclude PCP and HIIT related rate increases, as these costs are all on items 7 and 15.

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Item: 12 Eligible Not Enrolled

Objects of Expense

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$8,699,940	\$32,616,944	\$39,338,802	\$40,039,772	\$2,131,355	\$4,473,861
SUBTOTAL, Strategy 2-1-4	\$8,699,940	\$32,616,944	\$39,338,802	\$40,039,772	\$2,131,355	\$4,473,861

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$52,439,103	\$176,222,354	\$212,012,650	\$216,152,654	\$10,555,109	\$20,873,900
SUBTOTAL, Strategy 2-1-5	\$52,439,103	\$176,222,354	\$212,012,650	\$216,152,654	\$10,555,109	\$20,873,900

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$18,655,056	\$63,711,527	\$79,017,977	\$80,447,957	\$3,961,463	\$8,388,068
SUBTOTAL, Strategy 2-2-2	\$18,655,056	\$63,711,527	\$79,017,977	\$80,447,957	\$3,961,463	\$8,388,068

Strategy: 2-2-3 MEDICAL TRANSPORTATION

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$1,870,086	\$4,607,826	\$5,580,343	\$5,683,250	\$279,017	\$582,533
SUBTOTAL, Strategy 2-2-3	\$1,870,086	\$4,607,826	\$5,580,343	\$5,683,250	\$279,017	\$582,533

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Strategy: 2-2-4 HEALTH STEPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$16,688,539	\$57,192,175	\$69,306,545	\$70,561,427	\$3,395,533	\$7,097,047
SUBTOTAL, Strategy 2-2-4	\$16,688,539	\$57,192,175	\$69,306,545	\$70,561,427	\$3,395,533	\$7,097,047
TOTAL, Objects of Expense	\$98,352,724	\$334,350,826	\$405,256,317	\$412,885,060	\$20,322,477	\$41,415,409

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$3,589,595	\$13,666,500	\$16,797,669	\$17,125,010	\$910,089	\$1,913,470
SUBTOTAL, Strategy 2-1-4	\$3,589,595	\$13,666,500	\$16,797,669	\$17,125,010	\$910,089	\$1,913,470

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$21,636,374	\$73,837,166	\$90,529,401	\$92,448,491	\$4,507,031	\$8,927,768
SUBTOTAL, Strategy 2-1-5	\$21,636,374	\$73,837,166	\$90,529,401	\$92,448,491	\$4,507,031	\$8,927,768

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$7,697,077	\$26,695,130	\$33,740,676	\$34,407,591	\$1,691,545	\$3,587,577
SUBTOTAL, Strategy 2-2-2	\$7,697,077	\$26,695,130	\$33,740,676	\$34,407,591	\$1,691,545	\$3,587,577

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Strategy: 2-2-3 MEDICAL TRANSPORTATION

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$771,597	\$1,930,679	\$2,382,806	\$2,430,726	\$119,140	\$249,149
SUBTOTAL, Strategy 2-2-3	\$771,597	\$1,930,679	\$2,382,806	\$2,430,726	\$119,140	\$249,149

Strategy: 2-2-4 HEALTH STEAPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$6,885,691	\$23,963,521	\$29,593,895	\$30,179,122	\$1,449,893	\$3,035,407
SUBTOTAL, Strategy 2-2-4	\$6,885,691	\$23,963,521	\$29,593,895	\$30,179,122	\$1,449,893	\$3,035,407
SUBTOTAL, GENERAL REVENUE FUNDS	\$40,580,334	\$140,092,996	\$173,044,447	\$176,590,940	\$8,677,698	\$17,713,371

FEDERAL FUNDS

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$5,110,345	\$18,950,444	\$22,541,133	\$22,941,762	\$1,221,266	\$2,560,391
SUBTOTAL, Strategy 2-1-4	\$5,110,345	\$18,950,444	\$22,541,133	\$22,941,762	\$1,221,266	\$2,560,391

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$30,802,729	\$102,385,188	\$121,483,249	\$123,704,163	\$6,048,078	\$11,946,132
SUBTOTAL, Strategy 2-1-5	\$30,802,729	\$102,385,188	\$121,483,249	\$123,704,163	\$6,048,078	\$11,946,132

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$10,957,979	\$37,016,397	\$45,277,301	\$46,040,366	\$2,269,918	\$4,800,491
SUBTOTAL, Strategy 2-2-2	\$10,957,979	\$37,016,397	\$45,277,301	\$46,040,366	\$2,269,918	\$4,800,491

Strategy: 2-2-3 MEDICAL TRANSPORTATION

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	41,098,489	\$2,677,147	\$3,197,537	\$3,252,524	\$159,877	\$333,384
SUBTOTAL, Strategy 2-2-3	41,098,489	\$2,677,147	\$3,197,537	\$3,252,524	\$159,877	\$333,384

Strategy: 2-2-4 HEALTH STEPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$9,802,848	\$33,228,654	\$39,712,650	\$40,382,305	\$1,945,640	\$4,061,640
SUBTOTAL, Strategy 2-2-4	\$9,802,848	\$33,228,654	\$39,712,650	\$40,382,305	\$1,945,640	\$4,061,640
SUBTOTAL, FEDERAL FUNDS	\$57,772,390	\$194,257,830	\$232,211,870	\$236,294,120	\$11,644,779	\$23,702,038
TOTAL, Method of Financing	\$98,352,724	\$334,350,826	\$405,256,317	\$412,885,060	\$20,322,477	\$41,415,409

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §§1501 and 10106, 42 U.S.C. §18091 (2006).

DESCRIPTION/KEY ASSUMPTIONS:

This item accounts for an expected increase in Medicaid caseload beginning in January 2014 as currently eligible but not enrolled clients come into the program as a result of the health insurance coverage mandate.

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CONCERNS:

Costs exclude PCP and HIIT related rate increases, as these costs are all on items 7 and 15.

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Item: 13 Twelve Month Recertification Per

Objects of Expense

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$410,345	\$13,147,282	\$19,665,491	\$20,917,388	\$1,065,466	\$2,337,213
SUBTOTAL, Strategy 2-1-4	\$410,345	\$13,147,282	\$19,665,491	\$20,917,388	\$1,065,466	\$2,337,213

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$12,259,511	\$220,974,509	\$287,727,811	\$314,988,190	\$14,356,027	\$30,645,076
SUBTOTAL, Strategy 2-1-5	\$12,259,511	\$220,974,509	\$287,727,811	\$314,988,190	\$14,356,027	\$30,645,076

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$3,884,802	\$71,296,972	\$98,784,804	\$108,956,280	\$4,932,123	\$11,335,110
SUBTOTAL, Strategy 2-2-2	\$3,884,802	\$71,296,972	\$98,784,804	\$108,956,280	\$4,932,123	\$11,335,110

Strategy: 2-2-3 MEDICAL TRANSPORTATION

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$417,330	\$4,859,318	\$6,522,283	\$7,154,379	\$326,114	\$733,324
SUBTOTAL, Strategy 2-2-3	\$417,330	\$4,859,318	\$6,522,283	\$7,154,379	\$326,114	\$733,324

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Strategy: 2-2-4 HEALTH STEPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$3,890,489	\$72,344,587	\$96,305,196	\$106,172,167	\$4,728,427	\$10,710,620
SUBTOTAL, Strategy 2-2-4	\$3,890,489	\$72,344,587	\$96,305,196	\$106,172,167	\$4,728,427	\$10,710,620
TOTAL, Objects of Expense	\$20,822,477	\$382,622,668	\$509,005,585	\$558,188,404	\$25,408,157	\$55,761,343

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$169,309	\$5,508,711	\$8,397,164	\$8,946,367	\$454,954	\$999,626
SUBTOTAL, Strategy 2-1-4	\$169,309	\$5,508,711	\$8,397,164	\$8,946,367	\$454,954	\$999,626

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$5,058,273	\$92,588,320	\$122,859,776	\$134,720,448	\$6,130,023	\$13,106,898
SUBTOTAL, Strategy 2-1-5	\$5,058,273	\$92,588,320	\$122,859,776	\$134,720,448	\$6,130,023	\$13,106,898

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$1,586,365	\$29,873,431	\$42,181,111	\$46,600,601	\$2,106,017	\$4,848,027
SUBTOTAL, Strategy 2-2-2	\$1,586,365	\$29,873,431	\$42,181,111	\$46,600,601	\$2,106,017	\$4,848,027

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Strategy: 2-2-3 MEDICAL TRANSPORTATION

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$172,191	\$2,036,054	\$2,785,015	\$3,059,928	\$139,251	\$313,643
SUBTOTAL, Strategy 2-2-3	\$172,191	\$2,036,054	\$2,785,015	\$3,059,928	\$139,251	\$313,643

Strategy: 2-2-4 HEALTH STEAPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$1,605,216	\$30,312,382	\$41,122,319	\$45,409,836	\$2,019,038	\$4,580,932
SUBTOTAL, Strategy 2-2-4	\$1,605,216	\$30,312,382	\$41,122,319	\$45,409,836	\$2,019,038	\$4,580,932
SUBTOTAL, GENERAL REVENUE FUNDS	\$8,591,354	\$160,318,898	\$217,345,385	\$238,737,180	\$10,849,283	\$23,849,126

FEDERAL FUNDS

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$241,036	\$7,638,571	\$11,268,327	\$11,971,021	\$610,512	\$1,337,587
SUBTOTAL, Strategy 2-1-4	\$241,036	\$7,638,571	\$11,268,327	\$11,971,021	\$610,512	\$1,337,587

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$7,201,238	\$128,386,189	\$164,868,035	\$180,267,742	\$8,226,004	\$17,538,178
SUBTOTAL, Strategy 2-1-5	\$7,201,238	\$128,386,189	\$164,868,035	\$180,267,742	\$8,226,004	\$17,538,178

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Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$2,258,437	\$41,423,541	\$56,603,693	\$62,355,679	\$2,826,106	\$6,487,083
SUBTOTAL, Strategy 2-2-2	\$2,258,437	\$41,423,541	\$56,603,693	\$62,355,679	\$2,826,106	\$6,487,083

Strategy: 2-2-3 MEDICAL TRANSPORTATION

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$145,139	\$2,823,264	\$3,737,268	\$4,094,451	\$186,863	\$419,681
SUBTOTAL, Strategy 2-2-3	\$145,139	\$2,823,264	\$3,737,268	\$4,094,451	\$186,863	\$419,681

Strategy: 2-2-4 HEALTH STEPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$2,285,273	\$42,032,205	\$55,182,877	\$60,762,331	\$2,709,389	\$6,129,688
SUBTOTAL, Strategy 2-2-4	\$2,285,273	\$42,032,205	\$55,182,877	\$60,762,331	\$2,709,389	\$6,129,688
SUBTOTAL, FEDERAL FUNDS	\$12,231,123	\$222,303,770	\$291,660,200	\$319,451,224	\$14,558,874	\$31,912,217
TOTAL, Method of Financing	\$20,822,477	\$382,622,668	\$509,005,585	\$558,188,404	\$25,408,157	\$55,761,343

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §§1413(a), (c)(2) and 1943(b)(3), 42 U.S.C. §1397aa et seq. (2006); 42 C.F.R. §435.916.

DESCRIPTION/KEY ASSUMPTIONS:

Effective January 1, 2014, Medicaid clients will receive 12 month recertification periods once they renew their Medicaid coverage. The first month that this change will impact our Medicaid caseload is assumed to be July 2014, once clients who will renew or enter Medicaid in January 2014 would have had to renew their coverage under pre-MAGI rules.

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CONCERNS:

Costs exclude PCP and HIIT related rate increases, as these costs are all on items 7 and 15.

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Item: 14 Provider Enrollment Fee

Objects of Expense

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-1	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL, Objects of Expense	\$0	\$0	\$0	\$0	\$0	\$0

Method of Financing

FEDERAL FUNDS

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$0	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-1	\$0	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL, Method of Financing	\$0	\$0	\$0	\$0	\$0	\$0

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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OTHER FUNDS

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
8062 Approp Receipts-Match for Medicaid	\$0	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-1	\$0	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, OTHER FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL, Method of Financing	\$0	\$0	\$0	\$0	\$0	\$0

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §§6401, 10603(c)(2) and 1943(b)(3), 42 U.S.C. §1866(j)(2)(C) (2006).

DESCRIPTION/KEY ASSUMPTIONS:

The Provider screening and enrollment fees are defined as payments from medical providers and suppliers required by the U.S. Centers for Medicare and Medicaid Services as a condition for enrolling as a provider in the Medicaid and CHIP programs. HHSC will collect and receive the funds as Appropriated Receipts - Match for Medicaid. Collected funds may be expended as authorized by federal law to support provider enrollment. In the event revenues collected are greater than expenditures, any unused fee balances shall be disbursed to the federal government as required by federal law.

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Item: 15 Health Issuer Insurance Tax

Objects of Expense

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$22,401,909	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-1	\$0	\$22,401,909	\$0	\$0	\$0	\$0

Strategy: 2-1-2 DISABILITY-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$31,295,637	\$42,478,411	\$42,478,411	\$4,741,252	\$58,368,815
SUBTOTAL, Strategy 2-1-2	\$0	\$31,295,637	\$42,478,411	\$42,478,411	\$4,741,252	\$58,368,815

Strategy: 2-1-3 PREGNANT WOMEN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$11,866,662	\$10,300,432	\$10,201,532	\$7,546,574	\$7,017,311
SUBTOTAL, Strategy 2-1-3	\$0	\$11,866,662	\$10,300,432	\$10,201,532	\$7,546,574	\$7,017,311

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$4,711,126	\$6,286,193	\$6,268,916	\$4,957,665	\$6,122,952
SUBTOTAL, Strategy 2-1-4	\$0	\$4,711,126	\$6,286,193	\$6,268,916	\$4,957,665	\$6,122,952

6.J. Part A Budgetary Impacts Related to Federal Health Care Reform Schedule

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Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$58,375,454	\$61,341,464	\$61,455,170	\$48,121,994	\$46,534,647
SUBTOTAL, Strategy 2-1-5	\$0	\$58,375,454	\$61,341,464	\$61,455,170	\$48,121,994	\$46,534,647

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$27,859,329	\$15,363,615	\$15,363,086	\$11,942,609	\$11,550,556
SUBTOTAL, Strategy 2-2-2	\$0	\$27,859,329	\$15,363,615	\$15,363,086	\$11,942,609	\$11,550,556

Strategy: 2-2-4 HEALTH STEPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$0	\$20,743,002	\$20,743,002	\$16,485,431	\$20,943,722
SUBTOTAL, Strategy 2-2-4	\$0	\$0	\$20,743,002	\$20,743,002	\$16,485,431	\$20,943,722

Strategy: 3-1-1 CHIP

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$8,363,544	\$13,783,654	\$10,388,481	\$0	\$0
SUBTOTAL, Strategy 3-1-1	\$0	\$8,363,544	\$13,783,654	\$10,388,481	\$0	\$0

Strategy: 3-1-2 CHIP PERINATAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$2,808,599	\$4,300,153	\$4,239,321	\$0	\$0
SUBTOTAL, Strategy 3-1-2	\$0	\$2,808,599	\$4,300,153	\$4,239,321	\$0	\$0
TOTAL, Objects of Expense	\$0	\$167,682,260	\$174,593,924	\$171,137,919	\$130,795,525	\$150,538,003

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Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$9,363,998	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-1	\$0	\$9,363,998	\$0	\$0	\$0	\$0

Strategy: 2-1-2 DISABILTY-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$13,081,576	\$18,138,281	\$18,168,017	\$17,823,514	\$24,964,342
SUBTOTAL, Strategy 2-1-2	\$0	\$13,081,576	\$18,138,281	\$18,168,017	\$17,823,514	\$24,964,342

Strategy: 2-1-3 PREGNANT WOMEN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$4,960,264	\$4,271,604	\$4,237,464	\$3,118,863	\$2,901,274
SUBTOTAL, Strategy 2-1-3	\$0	\$4,960,264	\$4,271,604	\$4,237,464	\$3,118,863	\$2,901,274

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$1,969,251	\$2,638,233	\$2,637,129	\$2,075,888	\$2,434,485
SUBTOTAL, Strategy 2-1-4	\$0	\$1,969,251	\$2,638,233	\$2,637,129	\$2,075,888	\$2,434,485

Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$24,400,940	\$25,066,194	\$25,095,790	\$19,639,503	\$18,916,246
SUBTOTAL, Strategy 2-1-5	\$0	\$24,400,940	\$25,066,194	\$25,095,790	\$19,639,503	\$18,916,246

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Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$11,645,200	\$6,333,765	\$6,329,799	\$4,908,207	\$4,741,043
SUBTOTAL, Strategy 2-2-2	\$0	\$11,645,200	\$6,333,765	\$6,329,799	\$4,908,207	\$4,741,043

Strategy: 2-2-4 HEALTH STEPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$0	\$8,172,754	\$8,150,127	\$6,530,228	\$8,274,458
SUBTOTAL, Strategy 2-2-4	\$0	\$0	\$8,172,754	\$8,150,127	\$6,530,228	\$8,274,458

Strategy: 3-1-1 CHIP

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$2,452,191	\$1,214,340	\$720,961	\$0	\$0
SUBTOTAL, Strategy 3-1-1	\$0	\$2,452,191	\$1,214,340	\$720,961	\$0	\$0

Strategy: 3-1-2 CHIP PERINATAL SERVICES

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$823,481	\$378,844	\$294,209	\$0	\$0
SUBTOTAL, Strategy 3-1-2	\$0	\$823,481	\$378,844	\$294,209	\$0	\$0
SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$68,696,901	\$66,214,015	\$65,633,496	\$54,096,203	\$62,231,848

FEDERAL FUNDS

Strategy: 2-1-1 AGED AND MEDICARE-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$13,037,911	\$0	\$0	\$0	\$0
SUBTOTAL, Strategy 2-1-1	\$0	\$13,037,911	\$0	\$0	\$0	\$0

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Strategy: 2-1-2 DISABILITY-RELATED

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$18,214,061	\$24,340,130	\$24,310,394	\$23,917,738	\$33,404,473
SUBTOTAL, Strategy 2-1-2	\$0	\$18,214,061	\$24,340,130	\$24,310,394	\$23,917,738	\$33,404,473

Strategy: 2-1-3 PREGNANT WOMEN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$0	\$23,355	\$23,720	\$17,064	\$16,225
555 Federal Funds 93.778.000 XIX FMAP	\$0	\$6,906,398	\$5,680,700	\$5,620,122	\$4,143,171	\$3,842,244
555 Federal Funds 93.778.005 XIX FMAP @ 90%	\$0	\$0	\$324,773	\$320,226	\$267,476	\$257,568
SUBTOTAL, Strategy 2-1-3	\$0	\$6,906,398	\$6,028,828	\$5,964,068	\$4,427,711	\$4,116,037

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$0	\$2,741,875	\$3,521,960	\$3,510,709	\$2,768,836	\$3,573,361
555 Federal Funds 93.778.005 XIX FMAP @ 90%	\$0	\$0	\$123,000	\$121,078	\$112,941	\$115,106
SUBTOTAL, Strategy 2-2-3	\$0	\$2,741,875	\$3,644,960	\$3,631,787	\$2,881,777	\$3,688,467

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Strategy: 2-1-5 CHILDREN

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$0	\$2,977,006	\$3,034,923	\$2,398,925	\$2,519,087
555 Federal Funds 93.778.000 XIX FMAP	\$0	\$33,974,514	\$33,242,582	\$33,269,310	426,036,646	\$25,053,387
555 Federal Funds 93.778.005 XIX FMAP @ 90%	\$0	\$0	\$55,682	\$55,147	\$46,920	\$45,927
SUBTOTAL, Strategy 2-2-4	\$0	\$33,974,514	\$36,275,270	436,359,380	\$28,482,491	\$27,618,401

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$0	\$546,406	\$565,291	\$460,723	\$466,276
555 Federal Funds 93.778.000 XIX FMAP	\$0	\$16,214,129	\$8,418,953	\$8,403,884	\$6,518,459	\$6,289,395
555 Federal Funds 93.778.005 XIX FMAP @ 90%	\$0	\$0	\$64,491	\$64,112	\$55,220	\$53,842
SUBTOTAL, Strategy 2-2-4	\$0	\$16,214,129	\$9,029,850	\$9,033,287	\$7,034,402	\$6,809,513

Strategy: 2-2-4 HEALTH STEPS (EPSDT) DENTAL

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$0	\$1,841,850	\$1,874,329	\$1,369,736	\$1,774,378
555 Federal Funds 93.778.000 XIX FMAP	\$0	\$0	\$10,728,398	\$10,718,546	\$8,585,467	\$10,894,886
SUBTOTAL, Strategy 2-2-4	\$0	\$0	\$12,570,248	\$12,592,875	\$9,955,203	\$12,669,264

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Strategy: 3-1-1 CHIP

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.000 CHIP	\$0	\$5,911,353	\$12,569,314	\$9,667,520	\$0	\$0
SUBTOTAL, Strategy 2-2-4	\$0	\$5,911,353	\$12,569,314	\$9,667,520	\$0	\$0

Strategy: 3-1-2 CHIP PERINATAL SERVICES

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.767.000 CHIP	\$0	\$1,985,118	\$3,921,309	\$3,945,112	\$0	\$0
SUBTOTAL, Strategy 2-2-4	\$0	\$1,985,118	\$3,921,309	\$3,945,112	\$0	\$0
SUBTOTAL, FEDERAL FUNDS	\$0	\$98,985,359	\$108,379,909	\$105,504,423	\$76,699,322	\$88,306,155
TOTAL, Method of Financing	\$0	\$167,682,260	\$174,593,924	\$171,137,919	\$130,795,525	\$150,538,003

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

PPACA §§19010), 10904, 10905; HCERA §1406; Treas. Reg. (26 C.F.R.) §§57.1 to 57.6302-1.

DESCRIPTION/KEY ASSUMPTIONS:

Section 9010 requires health insurance issuers, including managed care organizations (MCOs) providing benefits to Medicaid and CHIP members, to pay a fee related to their net premiums written for all books of business. It is assumed that some of the MCOs contracted with HHSC will have a fee assessed against premiums written related to their Texas Medicaid and CHIP business.

FY 2015 is based on the original HIIT estimates, and assumes expenses based on 2.0% of taxable acute premiums. For FY 2016 and 17, Health Issuer Insurance Tax estimates were updated based on preliminary IRS data for 2014 tax bills to health plans and the Wyman report. The updated assumptions assume a rate of 3.2% for FY 16 and 3.05% for FY 17 for premiums paid to taxable plans. Additionally, taxable premiums have been updated to include dental costs. Related Federal Income Tax and State Premium Tax expenses are included.

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CONCERNS:

Staff have not received direction regarding reimbursing the MCOs for the fee. CMS is requiring the cost of the fee to be included in MCP capitation rates. Final payments to IRS will be due by September 30, 2014 for CY 2013.

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Item: 16 Presumptive Eligibility

Objects of Expense

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$25,698,229	\$61,847,370	\$57,555,737	\$2,763,093	\$5,863,922
SUBTOTAL, Strategy 2-1-4	\$0	\$25,698,229	\$61,847,370	\$57,555,737	\$2,763,093	\$5,863,922

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
3001 CLIENT SERVICES	\$0	\$3,798,060	\$13,264,886	\$13,878,732	\$702,793	\$1,479,875
SUBTOTAL, Strategy 2-2-2	\$0	\$3,798,060	\$13,264,886	\$13,878,732	\$702,793	\$1,479,875
TOTAL, Objects of Expense	\$0	\$29,496,289	\$75,112,256	\$71,434,469	\$3,465,886	\$7,343,797

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$10,767,558	\$26,408,827	\$24,616,589	\$1,179,840	\$2,508,000
SUBTOTAL, Strategy 2-1-4	\$0	\$10,767,558	\$26,408,827	\$24,616,589	\$1,179,840	\$2,508,000

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
758 GR Match for Medicaid	\$0	\$1,591,387	\$5,664,106	\$5,935,934	\$300,093	\$632,942
SUBTOTAL, Strategy 2-2-2	\$0	\$1,591,387	\$5,664,106	\$5,935,934	\$300,093	\$632,942
SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$12,358,945	\$32,072,933	\$30,552,523	\$1,479,933	\$3,140,942

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FEDERAL FUNDS

Strategy: 2-1-4 OTHER ADULTS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$0	\$14,930,671	\$35,438,543	\$32,939,148	\$1,583,253	\$3,555,922
SUBTOTAL, Strategy 2-2-3	\$0	\$14,930,671	\$35,438,543	\$32,939,148	\$1,583,253	\$3,555,922

Strategy: 2-2-2 MEDICAID PRESCRIPTION DRUGS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds 93.778.000 XIX FMAP	\$0	\$2,206,673	\$7,600,780	\$7,942,798	\$402,700	\$846,933
SUBTOTAL, Strategy 2-2-4	\$0	\$2,206,673	\$7,600,780	\$7,942,798	\$402,700	\$846,933
SUBTOTAL, FEDERAL FUNDS	\$0	\$17,137,344	\$43,039,323	\$40,881,946	\$1,985,953	\$4,202,855
TOTAL, Method of Financing	\$0	\$29,496,289	\$75,112,256	\$71,434,469	\$3,465,886	\$7,343,797

LEGAL AUTHORITY/STATUTORY REFERENCE FOR ITEM:

42 C.F.R. §§ 435.1102-1103 and 435.1110.

DESCRIPTION/KEY ASSUMPTIONS:

The Affordable Care Act mandates states allow qualified hospital the option to determine Medicaid presumptive eligibility (PE) for pregnant women, children, low-income caretaker relatives, and the new former foster care groups regardless of whether the states choose to provide presumptive eligibility for these groups. The state is prohibited from requiring qualified hospital to verify eligibility criteria and only has the option to require the hospital to ask the applicant to attest to the applicants .S. citizenship/alien status and residency. Qualified hospital must make the eligibility determination based on preliminary information provided by the applicant.

The state may establish standards for the qualified hospitals related to the number of individuals determined PE eligible:

- Who submit an application for on-going Medicaid, or
- Are determined eligible for Medicaid by the state based on the application for on-going Medicaid.

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Texas has taken the option to track both the application submitted and the number eligible for on-going Medicaid. The agency must take action, which could include disqualification from participating as a qualified hospital, if the state determines the hospital is not making, or is not capable of making, PE determinations in accordance with the applicable state policies and procedures, or is not meeting the standards established above.

CONCERNS:

Since eligibility is based on preliminary information that is provided by the applicant, there is the potential of individuals receiving services they are not eligible for. Also, since the requirement requires states to allow hospitals the options to participate and since there are over 600+ hospitals in the state, it is difficult for the state to quantify the number who will participate in order to determine staffing needs.

TOTALS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
ALL ITEMS	\$1,311,611,609	\$1,858,192,280	\$1,975,294,632	\$2,026,495,629	\$228,337,374	\$353,844,891

GENERAL REVENUE FUNDS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
1 General Revenue Fund	\$12,488	\$1,884	\$0	\$0	\$0	\$0
706 Vendor Drug Rebates - Medicaid	\$42,692,812	\$40,740,419	\$46,737,896	\$46,530,722	\$4,817,502	\$10,209,672
758 GR Match for Medicaid	\$68,887,127	\$474,126,019	\$549,714,278	\$569,319,680	\$78,941,051	\$113,842,929
8010 GR Match for Title XXI	\$1,117,700	\$168,579	\$0	\$0	\$0	\$0
8025 Tobacco Receipts Match for CHIP	\$(13,113,806)	\$(4,206,803)	\$(13,138,620)	\$(14,708,595)	\$(578,470)	\$(1,259,374)
8081 Vendor Drug Rebates-Sup Rebates	\$(14,018,987)	\$(15,580,715)	\$(16,141,614)	\$(18,081,432)	\$(827,974)	\$(2,115,010)
SUBTOTAL, GENERAL REVENUE FUNDS	\$85,577,334	\$495,249,383	\$567,171,940	\$583,060,375	\$82,352,109	\$120,678,217

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FEDERAL FUNDS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
555 Federal Funds	\$1,226,034,275	\$1,362,942,897	\$1,408,122,692	\$1,443,435,254	\$145,985,265	\$233,166,,674
SUBTOTAL, FEDERAL FUNDS	\$1,226,034,275	\$1,362,942,897	\$1,408,122,692	\$1,443,435,254	\$145,985,265	\$233,166,,674

OTHER FUNDS

Category	Est 2014	Bud 2015	BL 2016	BL 2017	Excp 2016	Excp 2017
8062 Approp Receipts-Match for Medicaid	\$0	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, OTHER FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL, ALL ITEMS	\$1,311,611,609	\$1,858,192,280	\$1,975,294,632	\$2,026,495,629	\$228,337,374	\$353,844,891