

On January 23, the Governor released his budget proposal, known as House 1, for Fiscal Year (FY) 2014, which begins on July 1, 2013. Proposed FY 2014 funding for the Massachusetts Medicaid program (MassHealth) and for other subsidized health coverage programs and related activities totals \$13.6 billion, or just under \$1.0 billion more than estimated FY 2013 spending. The increase mostly reflects an increase in MassHealth enrollment from 1.38 million to over 1.64 million members due chiefly to the transfer of people currently receiving subsidized health coverage under other state programs to a new MassHealth program. While gross spending on health programs constitutes about 36 percent of the budget, roughly half is funded by reimbursements from the federal government (and more than half of the FY 2014 increase will be federally reimbursed).

The FY 2014 budget reflects major changes that will occur when central provisions of the federal Affordable Care Act (ACA) take effect in January 2014, midway through the state fiscal year. These changes will lead to an increase in MassHealth enrollment, alter the way Massachusetts provides subsidized coverage, and bring new federal Medicaid revenue into the state. The proposed budget uses much of this new Medicaid revenue for MassHealth hospital rate increases and restoration of adult

dental benefits cut in 2010. After taking into account the expected increase in the number of MassHealth members, due to both ACA implementation and other factors, and also taking into account the net effect of proposed savings strategies and new spending initiatives, spending on MassHealth programs increases by \$267.9 million. This 2.5 percent increase is lower than the 3.6 percent target for calendar year 2014 growth in statewide health spending dictated in recent payment reform legislation (Chapter 224 of the Acts of 2012).

The projected health care spending is part of a larger state budget proposal, and the administration has indicated that its ability to reinvest new federal dollars received under ACA implementation in health care, rather than diverting them for other budgetary uses, depends on approval of other aspects of the proposed budget, including a plan to raise new revenues through a variety of tax reforms. The House 1 health spending proposal also relies on approval of a plan to modify and repurpose an existing employer assessment currently used to fund a separate health coverage program and use the revenue to provide general support for subsidized health coverage available through MassHealth and the Commonwealth Health Insurance Connector.

MASSEALTH AND HEALTH REFORM (MILLIONS OF DOLLARS)

		FY 2013 Current Appropriations*	FY 2013 Estimated Spending*	FY 2014 Governor
MassHealth (Medicaid)	MassHealth	10,869.94	10,855.95	11,808.17
	MassHealth ACA Expansion	0.00	0.00	460.91
	MassHealth Administration**	92.63	92.63	99.40
	MassHealth Subtotal	10,962.6	10,948.6	12,368.5
Commonwealth Care Trust Fund	General Fund Transfer	740.27	661.25	470.64
	Tobacco Tax Transfer	120.00	120.00	120.00
	CCTF Subtotal***	860.3	781.2	590.6
Other Health Finance and Safety Net Funding	HHS Information Technology	91.92	94.28	106.12
	Center for Health Information and Analysis & Other Initiatives	34.88	34.66	29.90
	Prescription Advantage	17.93	17.93	16.81
	Medical Assistance Trust Fund	566.31	565.01	392.00
	Delivery System Transformation Initiatives Trust Fund	186.91	186.91	93.45
	Health Information Technology Trust Fund	0.00	0.00	1.13
	Subtotal	897.9	898.8	639.4
Total Spending		12,720.79	12,628.61	13,598.52
State Budget Total****		35,304.05		37,597.16

*FY 2013 Current Appropriations represent spending approved in the FY 2013 General Appropriations Act, supplemental spending approved through January 2013, and 9C spending reductions announced in December 2012. FY 2013 Estimated Spending reflects the administration's current expectations about final actual FY 2013 expenditures.

**MassHealth Administration includes line items funding auditing, operations, and payment reform activities, as well as the main administrative line item (see table on last page for more detail).

***In addition to these transfers, the CCTF receives revenue from two assessments and in FY 2013 will also rely on about \$53.6 million in funds carried forward from FY 2012.

****State Budget Total includes all line item appropriations, operating transfers, and direct spending from statutorily designated taxes, as well as adjustments to account for municipal participation in the Group Insurance Commission and tuition retained by state universities and colleges; these adjustments allow for more accurate year-to-year comparisons.

ACA CHANGES REFLECTED IN THE FY 2014 BUDGET

The Governor's proposed budget contains few changes to existing health coverage programs for the first half of FY 2014 (i.e., July to December, 2013), but its proposed funding levels and the addition of a major new MassHealth line item reflect changes that will occur after the ACA provisions go into effect on January 1, 2014.

The state currently provides health coverage to low-income people through a mix of programs—e.g., MassHealth, Commonwealth Care, and the Medical Security Program—and covers certain costs of care in hospitals and community health centers for uninsured and underinsured residents through the Health Safety Net (HSN). Most funding for these programs is appropriated through the budget, but some spending also occurs off-budget. All of these programs will be affected by the 2014 changes because implementation of ACA provisions will lead to shifts in eligibility and coverage, as well as some funding changes. This section provides details on these changes and describes how they are reflected in the proposed budget and expectations about off-budget spending.

MassHealth

MassHealth currently provides health coverage for 1.38 million elderly, children, parents, and disabled individuals in Massachusetts. This total also includes low-income adults who fall into particular categories, such as long-term-unemployed adults and people with HIV or breast and cervical cancer. Benefits vary somewhat, depending on a member's eligibility category. The ACA expands Medicaid eligibility to include all adults who are citizens and qualified aliens with incomes up to 133 percent of the federal poverty level (FPL), and includes a 5 percent disregard equal to 5 percentage points of FPL for the applicable family size in the calculation, making the eligibility level effectively 138 percent FPL. The Medicaid expansion group will be eligible for a new MassHealth plan that accords with federal requirements for benchmark coverage and offers benefits that are comprehensive but less generous than the MassHealth Standard plan. The state estimates that more than 325,000 individuals will enroll in the new plan in 2014, including:

- Nearly 137,000 people who are currently enrolled in other MassHealth programs, chiefly MassHealth Essential, and who will shift to the new plan. MassHealth will simplify its eligibility and benefit options by eliminating programs such as MassHealth Basic and MassHealth Essential, which have fewer benefits and lower income limits than the new coverage.
- Nearly 106,000 people who currently receive subsidized health coverage through the Commonwealth Care program, and about 2,000 unemployed people who receive coverage under the state's Medical Security Program (MSP).
- About 81,000 people, many of whom are currently uninsured, including people who are currently eligible for, but not enrolled in, Commonwealth Care and people who are not currently eligible, but will become eligible under ACA rules. Of this group, about 36,000 receive services that are reimbursed by the state's Health Safety Net program.

(See the table on page 4 for more details on shifts in eligibility and enrollment among programs.)

In addition to expanding eligibility, the ACA will provide the state with enhanced federal reimbursement for the Medicaid expansion group. The federal matching rate for those shifting from other subsidized coverage will increase from the current level of 50 percent to 75 percent in 2014 and will continue to rise to 90 percent in 2020. Furthermore, the state submitted a request to the Centers for Medicare and Medicaid Services (CMS) for 100 percent federal reimbursement in 2014 (decreasing to 90 percent in 2020) for individuals who are ineligible for subsidized coverage under current state rules. (Most such individuals are ineligible for Commonwealth Care because they have an employer offer of insurance, but they will become eligible for Medicaid.) Since the state already pays for coverage for about three-quarters of the expansion group, implementation of the enhanced revenue provision of the ACA will result in state savings; the state projects that enhanced federal revenue for existing MassHealth, Commonwealth Care, and MSP enrollees who move to the new MassHealth coverage will exceed added costs for new enrollees by \$155.8 million.

Reflecting these changes, the budget creates a new ACA Expansion Populations line item (4000-0940) with a \$460.9 million appropriation. Of this amount, \$436.9 million will support the full costs of new enrollees (i.e., those coming to MassHealth from Commonwealth Care and the MSP as well as people newly enrolling in subsidized coverage) for the second half of the fiscal year and the incremental costs related to the shift to the new coverage plans by MassHealth members who are currently in other plans such as Essential and Basic. The line item also includes \$24.0 million in funding for initiatives related to the ACA, such as the extension of MassHealth coverage terminations to the end of the month in order to facilitate transitions to coverage through the Exchange (which begins on the first of the month), extending the benefits of the new income methodology to the disabled, standardizing benefits for pregnant women, and continuing state-funded coverage for certain immigrants ineligible for the Exchange but protected under state law. Most costs related to coverage for 19- and 20-year-olds with incomes up to 133 percent FPL are also included in this new line item.

When the cost of the new ACA expansion line item is added to projected spending on other MassHealth programs, overall funding for MassHealth (excluding administrative costs) rises by \$1.4 billion. However, the availability of enhanced federal revenue means that the state share of this increase is just \$488.7 million, or 34 percent. The increase in MassHealth spending will also be offset by reductions in spending on Commonwealth Care and the Medical Security Program, as enrollees in those programs shift into MassHealth or to coverage subsidized through federal tax credits.

Commonwealth Care and Qualified Health Plans

The Commonwealth Care program provides subsidized health coverage for about 200,000 low-income people who are not eligible for MassHealth. Plans are sold through the Commonwealth Health Insurance Connector Authority and are currently funded through the Commonwealth Care Trust Fund (CTF), which receives General Fund revenue, revenue from a portion of the tobacco tax, fines on people who

do not purchase health coverage that is deemed affordable, and Fair Share Contribution revenue from employers who do not offer health coverage.

The Commonwealth Care program will end when ACA implementation begins. As noted above, about 106,000 adults who are now enrolled in Commonwealth Care with income up to 133 percent FPL (138 percent when the income disregard is taken into account) and who satisfy Medicaid's immigrant eligibility rules will shift to the new MassHealth expansion group. The remaining 104,000 Commonwealth Care enrollees—those who have incomes of 134 percent to 300 percent FPL, as well as certain lawfully present immigrants with incomes of 0 percent to 300 percent of the FPL—will transition to a new form of subsidized coverage under the ACA, called Qualified Health Plans (QHPs). These will be sold through the Connector functioning as Massachusetts' Exchange. This coverage will be subsidized through federal tax credits and federal cost-sharing subsidies.

The federal tax credits and subsidies available under the ACA are less extensive than current Commonwealth Care coverage. For example, a Commonwealth Care enrollee earning \$20,000 a year could see monthly premiums jump to \$85 from \$40 and average monthly cost-sharing (co-payments, etc.) jump to \$49 from \$12. House 1 therefore proposes to fund "wrap" coverage that will be combined with federal credits and subsidies in order to maintain the affordability of the current Commonwealth Care program. This state-funded wrap spending is estimated to be \$123.7 million (including \$3.3 million for restoration of dental benefits and \$2.0 million for operational costs). CMS has indicated that a 50 percent match will be available for some premium-assistance payments, resulting in federal matching funds of approximately \$21 million for the wrap coverage. In the absence of the ACA and federal funding in the form of tax credits and subsidies, the population that would move to state wrap coverage would remain in Commonwealth Care, the Medical Security Program, the Health Safety Net, and MassHealth with a net state cost of about \$50 million.

House 1 assumes that the CCTF will continue to receive tobacco tax revenue and fines from individuals who have not purchased insurance, but that the Fair Share Contribution will be abolished and replaced by an Employer Responsibility Contribution and federal penalties on employers who do not provide health coverage. A portion of funds from the new assessment will be used to support Connector programs but will be deposited in a new fund (see below). The proposed General Fund transfer amount drops from \$661.2 million in FY 2013 to \$470.6 million in FY 2014, a reflection of the shift of some Commonwealth Care enrollees to MassHealth and the lower costs of the wrap program (funding levels reflect an expectation that dental coverage will be restored in January for individuals with income up to 133 percent FPL, and will be included in wrap coverage).

Medical Security Program

Created in 1988 health reform legislation, the Medical Security Program (MSP) provides health coverage for people who are receiving Unemployment Assistance, using funds from an assessment on employers that is similar to the unemployment insurance assessment. This program oper-

ates off-budget—funds from the assessment are deposited into a Medical Security Trust Fund, and the Department of Workforce Development draws on the Trust to pay for the program without any further appropriation. Spending on the program is eligible for federal reimbursement, and that revenue is usually deposited in the General Fund. House 1 assumes that the MSP will end midway through the fiscal year, and that about 17,000 MSP enrollees will enroll in either QHPs or MassHealth, depending on income and other eligibility criteria. The Governor has filed separate legislation both to eliminate the Fair Share Contribution (see above) and to rename the MSP assessment the Employer Responsibility Contribution. Revenue from the renamed assessment would be deposited in a trust fund and used, starting in 2014, to support the costs of subsidized health coverage at MassHealth and the Health Connector. The proposed budget assumes that \$94.0 million from the new assessment will be available in FY 2014.

Health Safety Net (HSN) Program

The Health Safety Net Trust Fund reimburses hospitals and community health centers for a portion of the cost of providing health services to uninsured patients, using revenue received from an assessment on hospitals and insurers as well as a transfer from the Commonwealth Care Trust Fund that is supported by the General Fund and dedicated revenues. The assessment is defined in state statute to yield \$320.0 million, and the CCTF transfer has typically been \$30.0 million in recent years, for a total of \$350.0 million. Because the funding level has tended to remain fixed, when uncompensated care use or costs rise, hospitals receive reimbursement for a smaller proportion of total costs (this shortfall is distributed among hospitals). Like the MSP, the HSN program is off-budget. About 36,000 individuals are expected to shift to the new MassHealth plan from the Health Safety Net when the ACA's Medicaid expansion goes into effect in January 2014, and an additional 29,000 HSN users are expected to purchase QHPs through the Connector. As a result, demand for services funded through the HSN Trust is expected to decline, and the gap between total costs for uncompensated care and the amount available for reimbursements is expected to shrink by 25 to 41 percent.

OTHER SAVINGS AND INVESTMENTS IN THE PROPOSED BUDGET

As in previous years, the House 1 proposal for FY 2014 includes a number of new initiatives and savings measures. While these are not directly related to the ACA changes, the ability to fund some of the new initiatives (and to avoid cuts of the magnitude of recent years) is a result of the availability of new federal revenue that the administration has chosen to invest in health programs rather than to divert it to other budget uses.

New Initiatives

- The Governor's budget proposes to restore dental coverage for adults enrolled in MassHealth and for individuals with income up to 133 percent FPL receiving the QHP wrap through the Health Connector starting in January 2014. This coverage was eliminated in 2002 and restored in the 2006 health reform law, and was cut back again in 2010. The cost of the half-year restoration is \$68.8 million for MassHealth and \$3.3 million for Health Connector enrollees.

SHIFTS IN ELIGIBILITY AND ENROLLMENT AMONG PROGRAMS

CURRENT COVERAGE	GOVERNOR'S HOUSE 1 COVERAGE (JANUARY 1, 2014)
<p>MassHealth</p> <p>PREGNANT WOMEN, ELDERLY, CHILDREN & PARENTS, INDIVIDUALS WITH DISABILITIES</p> <p>MassHealth provides coverage for approximately 1.2 million children, adults, and seniors, primarily in MassHealth Standard, CommonHealth, and Family Assistance plans.</p>	<p>MassHealth</p> <p>PREGNANT WOMEN, ELDERLY, CHILDREN & PARENTS, INDIVIDUALS WITH DISABILITIES</p> <ul style="list-style-type: none"> • The scope of benefits in several smaller programs for pregnant women will be improved and standardized. • 19- and 20-year-olds with incomes up to 150% of the federal poverty level (FPL) will be eligible for MassHealth Standard. • Adults under 65, including the disabled, will benefit from the change in income methodology, which applies a 5% income disregard to 133% FPL. <p>There will be no change in coverage for individuals enrolled in MassHealth Standard or CommonHealth, or for children in Family Assistance.</p>
<p>BREAST & CERVICAL CANCER TREATMENT</p> <p>Provides MassHealth Standard coverage for women with incomes up to 250% FPL.</p>	<p>BREAST & CERVICAL CANCER TREATMENT</p> <p>Will continue to provide MassHealth Standard for women with incomes up to 250% FPL.</p>
<p>HIV</p> <p>Provides coverage through the Family Assistance plan for people with incomes up to 200% FPL.</p>	<p>HIV</p> <p>Enrollees with incomes up to 133% FPL will join a new MassHealth plan when the ACA is implemented; those with incomes from 134% to 200% FPL will remain in the current plan.</p>
<p>BASIC</p> <p>Provides coverage for adults receiving cash assistance (EAEDC) from the Dept. of Transitional Assistance or with incomes up to 100% FPL who have been unemployed for over a year and are eligible for Dept. of Mental Health services.</p>	<p>NEW MASSHEALTH PLAN</p> <p>Will provide benchmark coverage that meets federal requirements to most adults with incomes up to 133% FPL (effectively 138% FPL after a 5% income disregard), including:</p> <ul style="list-style-type: none"> • Former Basic and Essential enrollees. • Former Commonwealth Care and Medical Security Program enrollees with incomes up to 133% FPL. • Former Insurance Partnership enrollees with incomes up to 133% FPL.
<p>ESSENTIAL</p> <p>Provides coverage for long-term-unemployed adults who are not eligible for MassHealth Basic.</p>	<p>PREMIUM ASSISTANCE PILOT PROGRAM</p> <p>Will provide premium assistance to adults with incomes of 134%–300% FPL who work for small employers and for whom the employer plan premiums are not affordable.</p>
<p>INSURANCE PARTNERSHIP</p> <p>Provides premium assistance to low-income employees who are self-employed or have access to employer-sponsored insurance from participating small employers; provides subsidy to small employers.</p>	<p>Qualified Health Plans (QHPs)</p> <ul style="list-style-type: none"> • People with incomes of 134%–400% FPL (and certain immigrants with incomes of 0%–400% FPL) be eligible for federal tax credits for health plans purchased through the Health Connector. • The state will provide “wrap coverage” to ensure that premiums and cost-sharing levels for people with incomes at or below 300% FPL are comparable to those currently available under the Commonwealth Care program.
<p>Commonwealth Care</p> <p>Provides coverage for low-income people with incomes up to 300% FPL who are not eligible for MassHealth or other subsidized coverage.</p>	
<p>Medical Security Program</p> <p>Provides coverage for people who are unemployed and eligible for Unemployment Assistance.</p>	

- The budget proposes \$81.4 million in increases to MassHealth hospital rates. Of this amount, \$26.8 million represents the restoration of funding (for rate adjustments for two hospitals with high-risk pediatric patients and critical-access hospitals, and for Infrastructure Capacity Building grants) that was initially included in the FY 2013 budget but was part of 9C budget reductions announced last December. The bulk of the total amount, \$51.4 million, will go toward increasing base hospital rates and rates for hospitals that agree to demonstrate use of alternative payment methodologies (APMs), in accordance with the Chapter 224 cost-control law. The budget proposes to draw on \$20.0 million (\$10.0 million net) from the Healthcare Payment Reform Trust Fund, which was created in the 2011 gaming legislation and funded in Chapter 224, to fund a portion of the increase.
- The budget allocates \$10.0 million to support primary-care providers who accept global payments as part of a MassHealth payment reform

initiative designed to better integrate care delivery and increase provider accountability for cost and quality of care.

- The budget proposes to more than triple funding, from \$1.0 million to \$3.4 million, for the MassHealth Operations line item (4000-1602) that was created in the FY 2013 budget to address backlogs in processing of applications and prolonged call-waiting times. The new funding will support a net increase of approximately 31 Benefit Eligibility and Review Social Workers (BERS) to accommodate the nearly 200,000 new people who are expected to enroll in MassHealth as a result of the ACA, and to continue to improve the eligibility determination process, reduce delays, and strengthen program integrity efforts.
- The budget also includes a \$1.5 million increase within the appropriation for a MassHealth Auditing and Utilization Reviews line item

(4000-0301) that will fund program integrity activities designed to yield savings (see below).

Savings

- The Governor's proposed budget assumes \$79.0 million in savings will accrue from maintaining level capitation for rates for the state's behavioral health plan and from adjustments to managed care rates.
- The budget assumes \$46.8 million in savings from a mix of initiatives that include prior authorizations of dental crowns, payment of the amalgam filling rate for all fillings, use of predictive modeling and other program integrity activities and operational efficiencies, such as faster processing of redeterminations in order to identify and disenroll ineligible individuals.
- The budget includes a \$5.0 million cut in supplemental nursing-home rates relative to current FY 2013 levels. Funding for these rates (4000-0640) was also reduced by \$15.0 million as part of the 9C budget reductions made in December, so the proposed funding level represents a \$20.1 million cut relative to the FY 2013 budget approved last summer. The administration plans to continue \$1.4 million in funding for a pay-for-performance incentive program at nursing homes included in FY 2013 funding.
- As in previous years, the budget relies on "cash management" strategies—mainly shifting some costs into the next fiscal year—for about \$316 million in savings.

RELATED HEALTH CARE SPENDING

In addition to the proposals for MassHealth and other subsidized health coverage programs described above, House 1 includes spending proposals that support ongoing attempts to provide access to quality health coverage and control health costs. These include:

• Center for Health Information and Analysis

Chapter 224 created an independent agency, the Center for Health Information and Analysis (CHIA) that has assumed data-gathering and analysis functions previously performed under the Division of Health Care Finance and Policy (DHCFP). The new center will provide analysis to the Health Policy Commission, which will set health care cost-growth targets and monitor the health care system, and will also oversee an All-Payer Claims Database. Responsibility for management of the Health Safety Net program and claims processing, which was formerly under DHCFP, was transferred to MassHealth, and \$6.0 million was provided to support the transfer in FY 2013. Taking this into account, House 1 proposes FY 2014 funding for CHIA that represents a slight increase over the FY 2013 appropriation for DHCFP.

• Health Policy Commission

The new Health Policy Commission (HPC) will be funded through casino licensing revenues and a one-time assessment on hospitals and health plans. The HPC will receive \$30.0 million from casino revenues deposited in the Health Care Payment Reform Trust Fund, while the remaining \$10.0 million will go to MassHealth to assist hospitals in moving to alternative payment methodologies. The HPC also receives 5 percent of the \$225 million one-time assessment on hospitals and health plans that was authorized in Chapter 224. The assessment will be collected and distributed over a four-year period, and thus it is anticipated that \$2.8 million will be available for the HPC in FY 2014.

• Health Information Technology Trust Fund

House 1 includes \$1.1 million for a Health Information Technology (HIT) Trust Fund that was created in 2011. Funding will support the ongoing operations of a state Health Information Exchange (HIE) that allows electronic health information to be shared among providers. The majority of the funding needed to support the operations of the HIE, expected to total \$17.0 million per year when it is fully phased in, will come from federal and private sources. The Governor's proposed capital budget includes \$2 million for the HIT Fund for HIE development costs, expected to total more than \$40.0 million. As with operations, the remaining funding will come from federal and private sources.

• Medical Assistance Trust Fund (MATF) & Delivery System Transformation Initiatives Trust Fund (DSTI)

As in previous years, House 1 proposes funding for two trust funds that provide grants to hospitals with higher proportions of uninsured patients and publicly funded programs. Funding provided through the MATF is supported fully by federal reimbursements and assessment revenue; funding for the DSTI Trust Fund relies on about \$82.2 million in state funds, with the remainder coming from federal reimbursements. The proposed transfer to the DSTI Fund reflects the expected timing of payments—funding is expected to be the same in FY 2014 as in FY 2013 (\$186.9 million), but the second installment will be made after the close of the FY 2014 fiscal year.

APPENDIX

Line Item	Name	FY 2013 Current Appropriations*	FY 2013 Estimated Spending*	FY 2014 Governor	Cat. †
4000-0300	HHS and MassHealth Administration	88,144,888	88,144,889	90,598,693	A
4000-0301	MassHealth Auditing and Utilization Reviews	1,736,313	1,736,313	4,416,519	A
4000-0309	MassHealth Field Auditing Taskforce**	1,000,000	1,000,000	-	A
4000-0320	MassHealth Recoveries (Retained Revenue)	225,000,000	225,000,000	225,000,000	M
4000-0430	MassHealth CommonHealth Plan	73,165,557	88,421,954	96,628,909	M
4000-0500	MassHealth Managed Care	4,081,345,376	4,257,117,147	4,552,960,913	M
4000-0600	MassHealth Senior Care	2,756,130,662	2,756,696,960	2,911,335,505	M
4000-0640	MassHealth Nursing Home Supplemental Rates	303,600,000	303,989,967	298,600,000	M
4000-0700	MassHealth Fee-for-Service	1,941,722,476	1,819,111,138	2,247,826,061	M
4000-0870	MassHealth Basic Coverage	178,759,689	172,080,738	180,437,109	M
4000-0875	MassHealth Breast and Cervical Cancer Treatment	5,248,099	5,248,099	5,725,199	M
4000-0880	MassHealth Family Assistance Plan	213,894,591	216,175,150	227,161,472	M
4000-0890	MassHealth Premium Asst and Insurance Partnership	30,481,392	30,797,377	33,877,115	M
4000-0895	Healthy Start Program	15,850,244	15,850,244	14,439,991	M
4000-0940	ACA Expansion Populations (NEW)	-	-	460,907,878	M
4000-0950	Children's Behavioral Health Initiative	221,549,097	179,743,708	203,237,576	M
4000-0990	Children's Medical Security Plan	13,298,695	13,298,695	13,214,180	M
4000-1400	MassHealth HIV Plan	18,744,723	19,744,723	23,693,667	M
4000-1405	MassHealth Essential	505,998,456	466,755,623	489,878,244	M
4000-1420	Medicare Part D Phased Down Contribution	285,153,027	285,913,499	284,153,027	M
4000-1602	MassHealth Operations	1,000,000	1,000,000	3,386,727	A
4000-1604	Health Care System Reform	750,000	750,000	999,843	A
4000-1700	HHS Services Information Technology Costs	91,917,894	94,282,975	106,121,424	IT
4100-0060	Center for Health Information and Analysis	22,029,516	21,809,221	24,800,000	C
4100-0061	All Payer Claims Database	4,000,000	4,000,000	4,000,000	C
4100-0360	Health Care Quality and Cost Council (Retained Revenue)	100,000	100,000	-	C
4100-0082	Health Safety Net Claims Migration	6,000,000	6,000,000	-	C
7006-0029	Health Care Access Bureau Assessment	1,100,000	1,100,000	1,100,000	C
9110-1455	Prescription Advantage	17,925,869	17,925,869	16,808,368	Ph
1599-2004	Health Care Cost Containment Reserve	1,654,509	1,654,509	-	C
1595-1067***	Delivery System Transformation Initiatives Trust Fund	186,907,667	186,907,667	93,449,470	T
1595-1068***	Medical Assistance Trust Fund	566,306,556	565,006,556	392,000,000	T
1595-1069***	Health Information Technology Trust Fund	-	-	1,125,000	T
1595-5819***	Commonwealth Care Trust Fund	740,272,286	661,249,148	470,637,393	T
Transfer****	Commonwealth Care Trust Fund	120,000,000	120,000,000	120,000,000	T

*FY 2013 Current Appropriations represent spending approved in the FY 2013 General Appropriations Act, supplemental spending approved through January 2013, and 9C spending reductions announced in December 2012. FY 2013 Estimated Spending reflects the administration's current expectations about final actual FY 2013 expenditures.

**In FY 2014 funding for the MassHealth Field Auditing Taskforce is consolidated with Auditing and Utilization Reviews (4000-0301).

***Trust Fund appropriations reflect transfers made from the General Fund into each fund and not actual spending from the fund.

****In addition to a transfer from the General Fund (1595-5819), the Commonwealth Care Trust Fund receives a direct transfer of tobacco tax revenue that would otherwise go to the General Fund.

† "Cat." refers to the category in the chart on page 1 of this brief. M=MassHealth Program; A=MassHealth Administration; C = CHIA & Other Initiatives; Ph=Prescription Advantage; T=Trust; IT=Information Technology