3.A. STRATEGY REQUEST

80th Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST) DATE: TIME:

8/18/2006 6:59:51PM

Agency code: 529

Agency name: Health and Human Services Commission

Statewide Goal/Benchmark:

3 1.

GOAL:

Medicaid

Service Categories:

OBJECTIVE:

1 Medicaid Health Services

STRATEGY: 5 For Clients Dually Eligible for Medicare and Medicaid.			Service: 17 Income: A.2 Age: B.3		
CODE DESCRIPTION	Exp 2005	Est 2006	Bud 2007	BL 2008	BL 2009
Output Measures:		10 C 00# 00	524.077.60	542 529 00	564,229.00
1 Average SMIB Recipient Months Per Month	461,206.00	496,997.00	524,967.00 49,168.00	542,528.00 49,873.00	50,565.00
2 Average Part A Recipient Months Per Month	46,864.00	47,953.00	81,457.00	87,768.00	94,965.00
3 Average QMBs Recipient Months Per Month	68,706.00	74,662.00	81,437.00	07,100.00	7 1,7 00 10 0
Efficiency Measures:		0.7.15	07.22	85.03	85.03
1 Average SMIB Premium Per Month	74.43	85.15	97.33		385.41
2 Average Part A Premium Per Month	362.61	385.42	411.88	385.38	
3 Avg Qualified Medicare Beneficiaries (QMBs) Cost Per Recipient Month	140.06	137.78	141.82	137.16	137.16
Objects of Expense:	#400 BDD	ድብ <i>ለ</i> የ <i>ላ</i> ብ	\$1,001,614	\$996,294	\$1,107,613
1001 SALARIES AND WAGES	\$488,802	\$948,840	\$25,930	\$31,773	\$35,014
1002 OTHER PERSONNEL COSTS	\$22,598	\$28,416	· · · · · · · · · · · · · · · · · · ·	\$20,203,847	\$20,438,500
2001 PROFESSIONAL FEES AND SERVICES	\$3,228,605	\$2,181,735	\$21,172,959	\$20,203,847	\$177
2002 FUELS AND LUBRICANTS	\$5	\$153	\$142		\$7,120
2003 CONSUMABLE SUPPLIES	\$896	\$7,272	\$5,303	\$6,479	\$53,921
2004 UTILITIES	\$20,889	\$43,673	\$57,434	\$49,004	\$35,921 \$7,649
2005 TRAVEL	\$9,030	\$11,635	\$12,981	\$6,939	
2006 RENT - BUILDING	\$6,164	\$71,010	\$104,486	\$94,235	\$103,548
2007 RENT - MACHINE AND OTHER	\$1,320	\$10,106	\$7,401	\$11,175	\$12,362
2009 OTHER OPERATING EXPENSE	\$130,954	\$128,323	\$89,659	\$106,137	\$116,834
3001 CLIENT SERVICES	\$733,484,209	\$983,809,511	\$1,285,520,061	\$928,669,474	\$965,870,898
4000 GRANTS	\$53,165	\$1,335,902	\$1,434,230	\$1,418,972	\$1,563,921
5000 CAPITAL EXPENDITURES	\$106,272	\$27,469	\$896,962	\$458,419	\$505,069
TOTAL, OBJECT OF EXPENSE	\$737,552,909	\$988,604,045	\$1,310,329,162	\$952,052,910	\$989,822,626

Method of Financing:

3.A. STRATEGY REQUEST

80th Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST) DATE:

8/18/2006

TIME: 6:59:51PM

Agency code: 529

Agency name: Health and Human Services Commission

GOAL:

2 Medicaid

Statewide Goal/Benchmark:

3

OBJECTIVE:

Medicaid Health Services

Service Categories:

Service: 17

Income: A.2

B.3 Age:

STRATEGY:

5 For Clients Dually Eligible for Medicare and Medicaid.

CODE DESCRIPTION	Exp 2005	Est 2006	Bud 2007	BL 2008	BL 2009
758 GR MATCH FOR MEDICAID	\$283,304,900	\$303,882,974	\$392,067,105	\$366,262,483	\$379,278,102
8056 SUPPLEMENTAL: GR MATCH FOR MEDICAID	\$0	\$26,257,203	\$0	\$0	\$0
8092 Medicare Giveback Provision	\$0	\$133,265,298	\$289,298,868	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)	\$283,304,900	\$463,405,475	\$681,365,973	\$366,262,483	\$379,278,102
Method of Financing:					
555 FEDERAL FUNDS 93.778.000 Medical Assistance Program	\$454,248,009	\$484,677,535	\$628,963,189	\$585,790,427	\$610,544,524
CFDA Subtotal, Fund 555	\$454,248,009	\$484,677,535	\$628,963,189	\$585,790,427	\$610,544,524
8059 SUPPLEMENTAL: FEDERAL FUNDS 93.778.000 Medical Assistance Program	\$0	\$40,521,035	\$0	\$0 .	\$0
CFDA Subtotal, Fund 8059	\$0	\$40,521,035	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)	\$454,248,009	\$525,198,570	\$628,963,189	\$585,790,427	\$610,544,524
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)				\$952,052,910	\$989,822,626
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)	\$737,552,909	\$988,604,045	\$1,310,329,162	\$952,052,910	\$989,822,626
FULL TIME EQUIVALENT POSITIONS:	11.1	19.2	18.8	18.9	21.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST

80th Regular Session, Agency Submission, Version 1 Automated Budget and Evaluation System of Texas (ABEST) DATE:

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TIME:

Agency name: Health and Human Services Commission Agency code: 529

Medicaid Health Services

3

GOAL: OBJECTIVE: Medicaid

Service Categories:

Service: 17

Income: A.2

Age:

B.3

STRATEGY:

For Clients Dually Eligible for Medicare and Medicaid.

Statewide Goal/Benchmark:

DESCRIPTION CODE

Exp 2005

Est 2006

Bud 2007

BL 2008

BL 2009

This program includes the hospital, physician, and other medical services provided to Medicaid-eligible aged and disabled clients who are also eligible for Title XVIII Medicare coverage. Services are provided through the payment of premiums to the Social Security Administration, and through the payment of Medicare coinsurance and deductibles by an independent contractor. Dual eligible clients utilize Medicare services before utilizing Medicaid services, making this a cost-effective program. Eligibility for the array of Medicare payments depends on income, resource limits, and working enough quarters to qualify for Social Security Payments for Medicare include Part A (hospital) and Part B (physician, lab, and outpatient services). The eligibility for Qualified Medicaid Beneficiaries (QMB) requires that a person must be enrolled in Medicare Part A, income cannot exceed 100 percent FPL, and resources cannot exceed twice the resource limit of the Supplemental Security Income (SSI) Program.

Although the Medicare payments are established by the federal government the projected 2008-09 expenditures in the base request reflect reductions to FY2006 cost levels. Projected expenditures in the base request reflect client service cost reductions to FY2006 levels. A 10% reduction in administrative functions in contracts, staffing, and general operating expenses is reflected.

During FY 06-07, the monthly "clawback" payments to the federal government required by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) were paid from this strategy.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The demand for medical services covered by this strategy is expected to continue to increase due to a continuance in caseload growth and utilization of services.

Since services covered under this strategy are mandated under a State administered Medicaid program, the risk of non-compliance and federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation as well as covering all eligible persons. Projected expenditures for increases in caseload and cost are requested as exceptional items. Provider rate restoration and rate increases are also requested as exceptional items.

Congress authorized an adjustment to the calculation of Texas' Medicaid matching rate for the impact of Hurricane Katrina evacuees to the State's per capita income. This adjustmen which is unknown at this time, will impact Texas' (Federal Medical Assistance Percentage) FMAP for a three-year periode beginning in FY 2008. The FMAPs for both FY 2008-09 are estimates as the FMAP for FY 2008 will be determined in Fall 2006 and the FMAP for FY 2009 will be determined in Fall 2007