

Governor's Office - Division of Medicaid

Walter Sillers Building

Dr. David Zielak

AGENCY

ADDRESS

CHIEF EXECUTIVE OFFICER

	Actual Expenses June 30,2015	Estimated Expenses June 30,2016	Requested For June 30,2017	Requested Over/(Under) Estimated		
				AMOUNT	PERCENT	
I. A. PERSONAL SERVICES						
1. Salaries, Wages & Fringe Benefits (Base)	47,651,634	58,108,478	63,645,720			
a. Additional Compensation						
b. Proposed Vacancy Rate (Dollar Amount)						
c. Per Diem						
Total Salaries, Wages & Fringe Benefits	47,651,634	58,108,478	63,645,720	5,537,242	9.53%	
2. Travel						
a. Travel & Subsistence (In-State)	468,005	496,252	496,751	499	0.10%	
b. Travel & Subsistence (Out-Of-State)	143,988	295,674	328,321	32,647	11.04%	
c. Travel & Subsistence (Out-Of-Country)						
Total Travel	611,993	791,926	825,072	33,146	4.19%	
B. CONTRACTUAL SERVICE S (Schedule B)						
a. Tuition, Rewards & Awards	105,626	179,295	181,695	2,400	1.34%	
b. Communications, Transportation & Utilities	727,728	1,079,072	1,084,072	5,000	0.46%	
c. Public Information	67,467	49,580	52,800	3,220	6.49%	
d. Rents	4,139,642	4,418,534	4,520,934	102,400	2.32%	
e. Repairs & Service	387,290	333,333	335,000	1,667	0.50%	
f. Fees, Professional & Other Services	87,942,312	157,762,650	162,073,511	4,310,861	2.73%	
g. Other Contractual Services	1,894,031	1,630,150	1,660,360	30,210	1.85%	
h. Data Processing	3,480,584	3,084,186	3,087,158	2,972	0.10%	
i. Other	4,645,163	32,500	32,500			
Total Contractual Services	103,389,843	168,569,300	173,028,030	4,458,730	2.65%	
C. COMMODITIES (Schedule C)						
a. Maintenance & Construction Materials & Supplies		10,000	10,000			
b. Printing & Office Supplies & Materials	315,193	288,921	300,336	11,415	3.95%	
c. Equipment, Repair Parts, Supplies & Accessories	71,679	31,400	34,400	3,000	9.55%	
d. Professional & Scientific Supplies & Materials	1,681					
e. Other Supplies & Materials	227,734	296,498	524,034	227,536	76.74%	
Total Commodities	616,287	626,819	868,770	241,951	38.60%	
D. CAPITAL OUTLAY						
1. Total Other Than Equipment (Schedule D-1)						
2. Equipment (Schedule D-2)						
b. Road Machinery, Farm & Other Working Equipment						
c. Office Machines, Furniture, Fixtures & Equipment	153,052	465,900	468,100	2,200	0.47%	
d. IS Equipment (Data Processing & Telecommunications)		3,427,111	3,868,000	440,889	12.86%	
e. Euiipment - Lease Purchase						
f. Other Equipment						
Total Equipment (Schedule D-2)	153,052	3,893,011	4,336,100	443,089	11.38%	
3. Vehicles (Schedule D-3)		67,280	70,000	2,720	4.04%	
4. Wireless Comm. Devices (Schedule D-4)						
E. SUBSIDIES, LOANS & GRANTS (Schedule E)	5,433,966,945	6,112,245,558	5,900,335,988	(211,909,570)	(3.47%)	
TOTAL EXPENDITURES	5,586,389,754	6,344,302,372	6,143,109,680	(201,192,692)	(3.17%)	
II. BUDGET TO BE FUNDED AS FOLLOWS:						
Cash Balance-Unencumbered						
General Fund Appropriation (Enter General Fund Lapse Below)	820,447,356	902,655,576	973,902,974	71,247,398	7.89%	
State Support Special Funds	157,653,227	62,782,638	62,782,638			
Federal Funds	4,101,991,634	4,837,554,533	4,585,661,738	(251,892,795)	(5.21%)	
Other Special Funds (Specify)						
Medical Care Fund	408,328,276	434,616,785	408,319,013	(26,297,772)	(6.05%)	
Other Special Funds	97,969,261	106,692,840	112,443,317	5,750,477	5.39%	
Less: Estimated Cash Available Next Fiscal Period						
TOTAL FUNDS (equals Total Expenditures above)	5,586,389,754	6,344,302,372	6,143,109,680	(201,192,692)	(3.17%)	
GENERAL FUND LAPSE						
III: PERSONNEL DATA						
Number of Positions Authorized in Appropriation Bill	a.) Full Perm	1,028	1,028	1,078	50	4.86%
	b.) Full T-L	29	37	37		
	c.) Part Perm	2	2	2		
	d.) Part T-L					
Average Annual Vacancy Rate (Percentage)	a.) Full Perm					
	b.) Full T-L					
	c.) Part Perm					
	d.) Part T-L					

Approved by: Margaret King
Official of Board or Commission
Budget Officer: Phillip Allen / Phillip.Allen@medicaid.ms.gov

Submitted by: Phil Allen
Phone Number: 601 959-9561

Date: 9/8/2015 6:03 PM
Title: CFO

Name of Agency : Governor's Office - Division of Medicaid

Specify Funding Sources As Shown Below	FY 2015 Actual Amount	% of Line Item	% of Total Budget	FY 2016 Estimated Amount	% of Line Item	% of Total Budget	FY 2017 Requested Amount	% of Line Item	% of Total Budget
1. General State Support Special (Specify)	22,607,819	47.44%		27,773,634	47.80%		30,400,721	47.77%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Hurricane Disaster Reserve Fund									
7. Capital Expense Fund									
8. Federal Other Special (Specify)	25,043,815	52.56%		30,334,844	52.20%		33,244,999	52.23%	
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Salaries	47,651,634		0.85%	58,108,478		0.92%	63,645,720		1.04%
1. General State Support Special (Specify)	258,886	42.30%		395,963	50.00%		412,536	50.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Hurricane Disaster Reserve Fund									
7. Capital Expense Fund									
8. Federal Other Special (Specify)	353,107	57.70%		395,963	50.00%		412,536	50.00%	
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Travel	611,993		0.01%	791,926		0.01%	825,072		0.01%
1. General State Support Special (Specify)	29,983,054	29.00%		48,461,266	28.75%		49,356,010	28.52%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Hurricane Disaster Reserve Fund									
7. Capital Expense Fund									
8. Federal Other Special (Specify)	73,406,789	71.00%		120,108,034	71.25%		123,672,020	71.48%	
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Contractual	103,389,843		1.85%	168,569,300		2.66%	173,028,030		2.82%
1. General State Support Special (Specify)	308,144	50.00%		313,410	50.00%		434,386	50.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Hurricane Disaster Reserve Fund									
7. Capital Expense Fund									
8. Federal Other Special (Specify)	308,143	50.00%		313,409	50.00%		434,384	50.00%	
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Commodities	616,287		0.01%	626,819		0.01%	868,770		0.01%

Name of Agency : Governor's Office - Division of Medicaid

Specify Funding Sources As Shown Below	FY 2015 Actual Amount	% of Line Item	% of Total Budget	FY 2016 Estimated Amount	% of Line Item	% of Total Budget	FY 2017 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Hurricane Disaster Reserve Fund									
7. Capital Expense Fund									
8. Federal _____ Other Special (Specify) _____									
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Capital Other Than Equipment									
1. General _____ State Support Special (Specify) _____	76,526	50.00%		1,946,505	50.00%		2,168,050	50.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Hurricane Disaster Reserve Fund									
7. Capital Expense Fund									
8. Federal _____ Other Special (Specify) _____	76,526	50.00%		1,946,506	50.00%		2,168,050	50.00%	
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Capital Equipment	153,052			3,893,011		0.06%	4,336,100		0.07%
1. General _____ State Support Special (Specify) _____				33,640	50.00%		35,000	50.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Hurricane Disaster Reserve Fund									
7. Capital Expense Fund									
8. Federal _____ Other Special (Specify) _____				33,640	50.00%		35,000	50.00%	
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Vehicles				67,280			70,000		
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Hurricane Disaster Reserve Fund									
7. Capital Expense Fund									
8. Federal _____ Other Special (Specify) _____									
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Wireless Communication Devs.									

Name of Agency : Governor's Office - Division of Medicaid

Specify Funding Sources As Shown Below	FY 2015 Actual Amount	% of Line Item	% of Total Budget	FY 2016 Estimated Amount	% of Line Item	% of Total Budget	FY 2017 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____	767,212,927	14.12%		823,731,158	13.48%		891,096,271	15.10%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund	68,046,422	1.25%		62,782,638	1.03%		62,782,638	1.06%	
5. Tobacco Control Fund									
6. Hurricane Disaster Reserve Fund									
7. Capital Expense Fund	89,606,805	1.65%							
8. Federal _____ Other Special (Specify) _____	4,002,803,254	73.66%		4,684,422,137	76.64%		4,425,694,749	75.01%	
9. Medical Care Fund	408,328,276	7.51%		434,616,785	7.11%		408,319,013	6.92%	
10. Other Special Funds	97,969,261	1.80%		106,692,840	1.75%		112,443,317	1.91%	
11.									
12.									
Total Subsidies	5,433,966,945		97.27%	6,112,245,558		96.34%	5,900,335,988		96.05%
1. General _____ State Support Special (Specify) _____	820,447,356	14.69%		902,655,576	14.23%		973,902,974	15.85%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund	68,046,422	1.22%		62,782,638	0.99%		62,782,638	1.02%	
5. Tobacco Control Fund									
6. Hurricane Disaster Reserve Fund									
7. Capital Expense Fund	89,606,805	1.60%							
8. Federal _____ Other Special (Specify) _____	4,101,991,634	73.43%		4,837,554,533	76.25%		4,585,661,738	74.65%	
9. Medical Care Fund	408,328,276	7.31%		434,616,785	6.85%		408,319,013	6.65%	
10. Other Special Funds	97,969,261	1.75%		106,692,840	1.68%		112,443,317	1.83%	
11.									
12.									
TOTAL	5,586,389,754		100.00%	6,344,302,372		100.00%	6,143,109,680		100.00%

SPECIAL FUNDS DETAIL

REVISED: 9/11/2015 10:17:29 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

S. STATE SUPPORT SPECIAL FUNDS		(1) Actual Revenues FY 2015	(2) Estimated Revenues FY 2016	(3) Requested Revenues FY 2017
Source (Fund Number)	Detailed Description of Source			
	Cash Balance-Unencumbered			
Budget Contingency Fund	BCF - Budget Contingency			
Education Enhancement Fund	EEF - Education Enhancement Fund			
Health Care Expendable Fund	HCEF - Health Care Expendable Fund	68,046,422	62,782,638	62,782,638
Tobacco Control Fund	TCF - Tobacco Control Fund			
Hurricane Disaster Reserve Fund	HDRF - Hurricane Disaster Reserve Fund			
Capital Expense Fund	CEF - Capital Expense Fund	89,606,805		
State Support Special Fund TOTAL		157,653,227	62,782,638	62,782,638

A. FEDERAL FUNDS *		Percentage Match Requirement FY 2016 FY 2017	(1) Actual Revenues FY 2015	(2) Estimated Revenues FY 2016	(3) Requested Revenues FY 2017
Source (Fund Number)	Detailed Description of Source				
	Cash Balance-Unencumbered				
Federal Funds (5332800000)	Federal Government		4,101,991,634	4,837,554,533	4,585,661,738
Federal Fund TOTAL			4,101,991,634	4,837,554,533	4,585,661,738

B. OTHER SPECIAL FUNDS (NON-FED'L)		(1) Actual Revenues FY 2015	(2) Estimated Revenues FY 2016	(3) Requested Revenues FY 2017
Source (Fund Number)	Detailed Description of Source			
	Cash Balance-Unencumbered			
Medical Care Fund (3332700000)		408,328,276	434,616,785	408,319,013
Other Special Funds (3332800000)		97,969,261	106,692,840	112,443,317
Other Special Fund TOTAL		506,297,537	541,309,625	520,762,330

SECTIONS S + A + B TOTAL	4,765,942,398	5,441,646,796	5,169,206,706
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C. TREASURY FUND/BANK ACCOUNTS *		(1) Reconciled Balance as of 6/30/15	(2) Balance as of 6/30/16	(3) Balance as of 6/30/17
Name of Fund/Account	Fund/Account Number	Name of Bank (If Applicable)		

* Any non-federal funds that have restricted uses must be identified and narrative of restrictions attached.

**NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY
FUND/BANK ACCOUNTS**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

FEDERAL FUNDS

Federal funds are received for Medicaid Title XIX and CHIP Title XXI.

STATE SUPPORT SPECIAL FUNDS

DOM requests level funding from the Health Care Expendable Fund.

OTHER SPECIAL FUNDS

Assessments received from hospitals and long-term care facilities are reported in the Medical Care Fund. The hospital assessments are projected to remain at \$104,000,000. The long term care assessments are projected to remain at approximately \$98,000,000. The Medical Care fund reduction shown from SFY16 to SFY17 does not represent a need or request for replacement of general funds. Instead, the decrease is due to a reduction in DSH/UPL authority requested in SFY17. The other source of special funds is the state match paid by other state agencies for medical service claims. DOM anticipates an increase in Other State Agency matching to replace a portion of the loss of BIP grant funds.

TREASURY FUND / BANK

Governor's Office - Division of Medicaid (328-00)

SUMMARY OF ALL PROGRAMS

Name of Agency	Program				
	FY 2015 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe	22,607,819		25,043,815		47,651,634
Travel	258,886		353,107		611,993
Contractual Services	29,983,054		73,406,789		103,389,843
Commodities	308,144		308,143		616,287
Other Than Equipment					
Equipment	76,526		76,526		153,052
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	767,212,927	157,653,227	4,002,803,254	506,297,537	5,433,966,945
Total	820,447,356	157,653,227	4,101,991,634	506,297,537	5,586,389,754
No. of Positions (FTE)	500.00		528.00		1,028.00

	FY 2016 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe	27,773,634		30,334,844		58,108,478
Travel	395,963		395,963		791,926
Contractual Services	48,461,266		120,108,034		168,569,300
Commodities	313,410		313,409		626,819
Other Than Equipment					
Equipment	1,946,505		1,946,506		3,893,011
Vehicles	33,640		33,640		67,280
Wireless Communication Devices					
Subsidies, Loans & Grants	823,731,158	62,782,638	4,684,422,137	541,309,625	6,112,245,558
Total	902,655,576	62,782,638	4,837,554,533	541,309,625	6,344,302,372
No. of Positions (FTE)	500.00		528.00		1,028.00

	FY 2017 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe	2,627,087		2,910,155		5,537,242
Travel	16,573		16,573		33,146
Contractual Services	894,744		3,563,986		4,458,730
Commodities	120,976		120,975		241,951
Other Than Equipment					
Equipment	221,545		221,544		443,089
Vehicles	1,360		1,360		2,720
Wireless Communication Devices					
Subsidies, Loans & Grants	67,365,113		(258,727,388)	(20,547,295)	(211,909,570)
Total	71,247,398		(251,892,795)	(20,547,295)	(201,192,692)
No. of Positions (FTE)	25.00		25.00		50.00

Note: FY2017 Total Request = FY2016 Estimated + FY2017 Incr(Decr) for Continuation + FY2017 Expansion/Reduction of Existing Activities + FY2017 New Activities.

Governor's Office - Division of Medicaid (328-00)

SUMMARY OF ALL PROGRAMS

Name of Agency	Program				
	FY 2017 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2017 New Activities				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2017 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe	30,400,721		33,244,999		63,645,720
Travel	412,536		412,536		825,072
Contractual Services	49,356,010		123,672,020		173,028,030
Commodities	434,386		434,384		868,770
Other Than Equipment					
Equipment	2,168,050		2,168,050		4,336,100
Vehicles	35,000		35,000		70,000
Wireless Communication Devices					
Subsidies, Loans & Grants	891,096,271	62,782,638	4,425,694,749	520,762,330	5,900,335,988
Total	973,902,974	62,782,638	4,585,661,738	520,762,330	6,143,109,680
No. of Positions (FTE)	525.00		553.00		1,078.00

Note: FY2017 Total Request = FY2016 Estimated + FY2017 Incr(Decr) for Continuation + FY2017 Expansion/Reduction of Existing Activities + FY2017 New Activities.

**SUMMARY OF PROGRAMS
FORM MBR-1-03sum**

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Governor's Office - Division of Medicaid (328-00)

Name of Agency

FUNDING REQUESTED FISCAL YEAR 2017

	PROGRAM	GENERAL	ST. SUPP. SPECIAL	FEDERAL	OTHER SPECIAL	TOTAL
1.	ADMINISTRATIVE SERVICES	82,806,703		159,966,989		242,773,692
2.	MEDICAL SERVICES	788,138,436	62,782,638	3,954,474,732	520,762,330	5,326,158,136
3.	CHILDREN'S HEALTH INSURANCE PROGRAM			171,723,690		171,723,690
4.	HOME & COMMUNITY BASED SERVICES	102,957,835		299,496,327		402,454,162
	Summary of All Programs	973,902,974	62,782,638	4,585,661,738	520,762,330	6,143,109,680

Governor's Office - Division of Medicaid (328-00)

ADMINISTRATIVE SERVICES

Name of Agency

Program

	FY 2015 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe	22,607,819		25,043,815		47,651,634
Travel	258,886		353,107		611,993
Contractual Services	29,983,054		73,406,789		103,389,843
Commodities	308,144		308,143		616,287
Other Than Equipment					
Equipment	76,526		76,526		153,052
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	53,234,429		99,188,380		152,422,809
No. of Positions (FTE)	500.00		528.00		1,028.00

	FY 2016 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe	27,773,634		30,334,844		58,108,478
Travel	395,963		395,963		791,926
Contractual Services	48,461,266		120,108,034		168,569,300
Commodities	313,410		313,409		626,819
Other Than Equipment					
Equipment	1,946,505		1,946,506		3,893,011
Vehicles	33,640		33,640		67,280
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	78,924,418		153,132,396		232,056,814
No. of Positions (FTE)	500.00		528.00		1,028.00

	FY 2017 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe	2,627,087		2,910,155		5,537,242
Travel	16,573		16,573		33,146
Contractual Services	894,744		3,563,986		4,458,730
Commodities	120,976		120,975		241,951
Other Than Equipment					
Equipment	221,545		221,544		443,089
Vehicles	1,360		1,360		2,720
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	3,882,285		6,834,593		10,716,878
No. of Positions (FTE)	25.00		25.00		50.00

Note: FY2017 Total Request = FY2016 Estimated + FY2017 Incr(Decr) for Continuation + FY2017 Expansion/Reduction of Existing Activities + FY2017 New Activities.

Governor's Office - Division of Medicaid (328-00)

ADMINISTRATIVE SERVICES

Name of Agency

Program

	FY 2017 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2017 New Activities				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2017 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe	30,400,721		33,244,999		63,645,720
Travel	412,536		412,536		825,072
Contractual Services	49,356,010		123,672,020		173,028,030
Commodities	434,386		434,384		868,770
Other Than Equipment					
Equipment	2,168,050		2,168,050		4,336,100
Vehicles	35,000		35,000		70,000
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	82,806,703		159,966,989		242,773,692
No. of Positions (FTE)	525.00		553.00		1,078.00

Note: FY2017 Total Request = FY2016 Estimated + FY2017 Incr(Decr) for Continuation + FY2017 Expansion/Reduction of Existing Activities + FY2017 New Activities.

Governor's Office - Division of Medicaid (328-00)

MEDICAL SERVICES

Name of Agency

Program

	FY 2015 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	656,519,008	157,653,227	3,555,277,439	506,297,537	4,875,747,211
Total	656,519,008	157,653,227	3,555,277,439	506,297,537	4,875,747,211
No. of Positions (FTE)					

	FY 2016 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	720,086,522	62,782,638	4,231,158,053	544,324,584	5,558,351,797
Total	720,086,522	62,782,638	4,231,158,053	544,324,584	5,558,351,797
No. of Positions (FTE)					

	FY 2017 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	68,051,914		(276,683,321)	(23,562,254)	(232,193,661)
Total	68,051,914		(276,683,321)	(23,562,254)	(232,193,661)
No. of Positions (FTE)					

Note: FY2017 Total Request = FY2016 Estimated + FY2017 Incr(Decr) for Continuation + FY2017 Expansion/Reduction of Existing Activities + FY2017 New Activities.

Governor's Office - Division of Medicaid (328-00)

MEDICAL SERVICES

Name of Agency

Program

	FY 2017 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2017 New Activities				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2017 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	788,138,436	62,782,638	3,954,474,732	520,762,330	5,326,158,136
Total	788,138,436	62,782,638	3,954,474,732	520,762,330	5,326,158,136
No. of Positions (FTE)					

Note: FY2017 Total Request = FY2016 Estimated + FY2017 Incr(Decr) for Continuation + FY2017 Expansion/Reduction of Existing Activities + FY2017 New Activities.

Governor's Office - Division of Medicaid (328-00)

CHILDREN'S HEALTH INSURANCE PROGRAM

Name of Agency

Program

	FY 2015 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	36,271,989		158,922,352		195,194,341
Total	36,271,989		158,922,352		195,194,341
No. of Positions (FTE)					

	FY 2016 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	7,918,287		159,315,520		167,233,807
Total	7,918,287		159,315,520		167,233,807
No. of Positions (FTE)					

	FY 2017 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	(7,918,287)		12,408,170		4,489,883
Total	(7,918,287)		12,408,170		4,489,883
No. of Positions (FTE)					

Note: FY2017 Total Request = FY2016 Estimated + FY2017 Incr(Decr) for Continuation + FY2017 Expansion/Reduction of Existing Activities + FY2017 New Activities.

Governor's Office - Division of Medicaid (328-00)

CHILDREN'S HEALTH INSURANCE PROGRAM

Name of Agency

Program

	FY 2017 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2017 New Activities				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2017 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants			171,723,690		171,723,690
Total			171,723,690		171,723,690
No. of Positions (FTE)					

Note: FY2017 Total Request = FY2016 Estimated + FY2017 Incr(Decr) for Continuation + FY2017 Expansion/Reduction of Existing Activities + FY2017 New Activities.

Governor's Office - Division of Medicaid (328-00)

HOME & COMMUNITY BASED SERVICES

Name of Agency

Program

	FY 2015 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	74,421,930		288,603,463		363,025,393
Total	74,421,930		288,603,463		363,025,393
No. of Positions (FTE)					

	FY 2016 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	95,726,349		293,948,564	(3,014,959)	386,659,954
Total	95,726,349		293,948,564	(3,014,959)	386,659,954
No. of Positions (FTE)					

	FY 2017 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	7,231,486		5,547,763	3,014,959	15,794,208
Total	7,231,486		5,547,763	3,014,959	15,794,208
No. of Positions (FTE)					

Note: FY2017 Total Request = FY2016 Estimated + FY2017 Incr(Decr) for Continuation + FY2017 Expansion/Reduction of Existing Activities + FY2017 New Activities.

Governor's Office - Division of Medicaid (328-00)

HOME & COMMUNITY BASED SERVICES

Name of Agency

Program

	FY 2017 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2017 New Activities				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2017 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	102,957,835		299,496,327		402,454,162
Total	102,957,835		299,496,327		402,454,162
No. of Positions (FTE)					

Note: FY2017 Total Request = FY2016 Estimated + FY2017 Incr(Decr) for Continuation + FY2017 Expansion/Reduction of Existing Activities + FY2017 New Activities.

Governor's Office - Division of Medicaid

1 - ADMINISTRATIVE SERVICES

Name of Agency	Program Name					
	A	B	C	D	E	F
EXPENDITURES	FY 2016 Appropriated	Escalations By DFA	Non-Recurring Items	Program Management	Total Funding Change	FY 2017 Total Request
SALARIES	58,108,478			5,537,242	5,537,242	63,645,720
GENERAL	27,773,634			2,627,087	2,627,087	30,400,721
ST. SUP. SPECIAL						
FEDERAL	30,334,844			2,910,155	2,910,155	33,244,999
OTHER						
TRAVEL	791,926			33,146	33,146	825,072
GENERAL	395,963			16,573	16,573	412,536
ST. SUP. SPECIAL						
FEDERAL	395,963			16,573	16,573	412,536
OTHER						
CONTRACTUAL	168,569,300			4,458,730	4,458,730	173,028,030
GENERAL	48,461,266			894,744	894,744	49,356,010
ST. SUP. SPECIAL						
FEDERAL	120,108,034			3,563,986	3,563,986	123,672,020
OTHER						
COMMODITIES	626,819			241,951	241,951	868,770
GENERAL	313,410			120,976	120,976	434,386
ST. SUP. SPECIAL						
FEDERAL	313,409			120,975	120,975	434,384
OTHER						
CAPITAL-OTE						
GENERAL						
ST. SUP. SPECIAL						
FEDERAL						
OTHER						
EQUIPMENT	3,893,011			443,089	443,089	4,336,100
GENERAL	1,946,505			221,545	221,545	2,168,050
ST. SUP. SPECIAL						
FEDERAL	1,946,506			221,544	221,544	2,168,050
OTHER						
VEHICLES	67,280			2,720	2,720	70,000
GENERAL	33,640			1,360	1,360	35,000
ST. SUP. SPECIAL						
FEDERAL	33,640			1,360	1,360	35,000
OTHER						
WIRELESS DEV						
GENERAL						
ST. SUP. SPECIAL						
FEDERAL						
OTHER						
SUBSIDIES						
GENERAL						
ST. SUP. SPECIAL						
FEDERAL						
OTHER						
TOTAL	232,056,814			10,716,878	10,716,878	242,773,692

FUNDING

GENERAL FUNDS	78,924,418			3,882,285	3,882,285	82,806,703
ST. SUP. SPCL FUNDS						
FEDERAL FUNDS	153,132,396			6,834,593	6,834,593	159,966,989
OTHER SP. FUNDS						
TOTAL	232,056,814			10,716,878	10,716,878	242,773,692

POSITIONS

GENERAL FTE	500.00			25.00	25.00	525.00
ST. SUP. SPCL. FTE						
FEDERAL FTE	528.00			25.00	25.00	553.00
OTHER SP. FTE						
TOTAL	1,028.00			50.00	50.00	1,078.00

PRIORITY LEVEL :

				1		
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Governor's Office - Division of Medicaid

2 - MEDICAL SERVICES

Name of Agency	Program Name							
	A	B	C	D	E	F	G	H
EXPENDITURES	FY 2016 Appropriated	Escalations By DFA	Non-Recurring Items	2016 Estimated Surplus	2016 Estimated Deficit	FMAP Increase	Premiums Part A,B, and D	Crossover Claims
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	5,558,351,797			(299,039,960)	71,349,371		5,545,225	2,146,621
GENERAL	720,086,522				71,349,371	(19,623,503)	2,929,207	549,159
ST. SUP. SPECIAL	62,782,638							
FEDERAL	4,231,158,053			(299,039,960)		20,698,703	2,616,018	1,597,462
OTHER	544,324,584					(1,075,200)		
TOTAL	5,558,351,797			(299,039,960)	71,349,371		5,545,225	2,146,621

FUNDING

GENERAL FUNDS	720,086,522				71,349,371	(19,623,503)	2,929,207	549,159
ST. SUP. SPCL. FUNDS	62,782,638							
FEDERAL FUNDS	4,231,158,053			(299,039,960)		20,698,703	2,616,018	1,597,462
OTHER SP. FUNDS	544,324,584					(1,075,200)		
TOTAL	5,558,351,797			(299,039,960)	71,349,371		5,545,225	2,146,621

POSITIONS

GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :

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PROGRAM DECISION UNITS

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	I	J	K	L	M	N	O	
EXPENDITURES	Managed Care One Time FFS	Program Growth	Increase in Other Special	Quasi-CHIP	DSH/UPL Authority	Total Funding Change	FY 2017 Total Request	
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	(116,000,000)	212,244,919			(108,439,837)	(232,193,661)	5,326,158,136	
GENERAL	(30,133,900)	55,741,217	(5,815,965)	(6,943,672)		68,051,914	788,138,436	
ST. SUP. SPECIAL							62,782,638	
FEDERAL	(85,866,100)	156,503,702		6,943,672	(80,136,818)	(276,683,321)	3,954,474,732	
OTHER			5,815,965		(28,303,019)	(23,562,254)	520,762,330	
TOTAL	(116,000,000)	212,244,919			(108,439,837)	(232,193,661)	5,326,158,136	

FUNDING

GENERAL FUNDS	(30,133,900)	55,741,217	(5,815,965)	(6,943,672)		68,051,914	788,138,436	
ST. SUP. SPCL FUNDS							62,782,638	
FEDERAL FUNDS	(85,866,100)	156,503,702		6,943,672	(80,136,818)	(276,683,321)	3,954,474,732	
OTHER SP. FUNDS			5,815,965		(28,303,019)	(23,562,254)	520,762,330	
TOTAL	(116,000,000)	212,244,919			(108,439,837)	(232,193,661)	5,326,158,136	

POSITIONS

GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :

	1	1	1	1	1			
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Governor's Office - Division of Medicaid

3 - CHILDREN'S HEALTH INSURANCE PROGRAM

Name of Agency

Program Name

	A	B	C	D	E	F	G	
EXPENDITURES	FY 2016 Appropriated	Escalations By DFA	Non-Recurring Items	Federal Match Rate	Program Growth	Total Funding Change	FY 2017 Total Request	
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	167,233,807				4,489,883	4,489,883	171,723,690	
GENERAL	7,918,287			(7,730,383)	(187,904)	(7,918,287)		
ST. SUP. SPECIAL								
FEDERAL	159,315,520			7,730,383	4,677,787	12,408,170	171,723,690	
OTHER								
TOTAL	167,233,807				4,489,883	4,489,883	171,723,690	

FUNDING

GENERAL FUNDS	7,918,287			(7,730,383)	(187,904)	(7,918,287)		
ST. SUP. SPCL. FUNDS								
FEDERAL FUNDS	159,315,520			7,730,383	4,677,787	12,408,170	171,723,690	
OTHER SP. FUNDS								
TOTAL	167,233,807				4,489,883	4,489,883	171,723,690	

POSITIONS

GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :

				1	1			
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PROGRAM DECISION UNITS

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Governor's Office - Division of Medicaid

4 - HOME & COMMUNITY BASED SERVICES

Name of Agency	Program Name							
	A	B	C	D	E	F	G	H
EXPENDITURES	FY 2016 Appropriated	Escalations By DFA	Non-Recurring Items	FMAP Increase	Program Growth	BIPP Replacement	Total Funding Change	FY 2017 Total Request
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	386,659,954				15,794,208		15,794,208	402,454,162
GENERAL	95,726,349			(1,589,694)	3,787,056	5,034,124	7,231,486	102,957,835
ST. SUP. SPECIAL								
FEDERAL	293,948,564			1,589,694	12,007,152	(8,049,083)	5,547,763	299,496,327
OTHER	(3,014,959)					3,014,959	3,014,959	
TOTAL	386,659,954				15,794,208		15,794,208	402,454,162

FUNDING

GENERAL FUNDS	95,726,349			(1,589,694)	3,787,056	5,034,124	7,231,486	102,957,835
ST. SUP. SPCL. FUNDS								
FEDERAL FUNDS	293,948,564			1,589,694	12,007,152	(8,049,083)	5,547,763	299,496,327
OTHER SP. FUNDS	(3,014,959)					3,014,959	3,014,959	
TOTAL	386,659,954				15,794,208		15,794,208	402,454,162

POSITIONS

GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :

				1	1	1		
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EXPENDITURES							
SALARIES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
TRAVEL							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
CONTRACTUAL							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
COMMODITIES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
CAPITAL-OTE							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
EQUIPMENT							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
VEHICLES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
WIRELESS DEV							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
SUBSIDIES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
TOTAL							

FUNDING

GENERAL FUNDS							
ST. SUP. SPCL FUNDS							
FEDERAL FUNDS							
OTHER SP. FUNDS							
TOTAL							

POSITIONS

GENERAL FTE							
ST. SUP. SPCL. FTE							
FEDERAL FTE							
OTHER SP. FTE							
TOTAL							

PRIORITY LEVEL :

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PROGRAM NARRATIVE
Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic
Planning Act of 1994
(To accompany Form MBR-1-03)

Governor's Office – Division of Medicaid
Agency

ADMINISTRATIVE SERVICES
Program

I. Program Description

The administrative component of the Medicaid program includes: an area dedicated to collections from any third party coverage available to recipients; an office (consisting of over half of the Agency's staff) to determine Medicaid eligibility; an area dedicated to surveillance, utilization and investigation of program abuse or misuse by both providers and recipients; areas charged with implementing and overseeing over 30 programs including those for maternal, child, and adult health services and ensuring accurate provider service authorizations and alternatives to institutionalization such as home and community based services; a finance and administrative office to record, analyze, control and report agency revenue and expenditures, and provide budgeting and statistical information; an information systems office to help analyze, manage and utilize the Mississippi Medicaid Information System (MMIS) and ensure the fiscal agent operates the MMIS in compliance with key performance indicators and guidelines.

The number of beneficiaries covered by Medicaid on June 30, 2015 was 740,937, an increase of 51,784 from the previous June 30. In addition, there are 49,399 children covered by the separate Children's Health Insurance Program (CHIP) implemented in January, 2000. As our budget reaches the \$6 billion level and the number of beneficiaries grows, we must consider all options and alternatives available that will allow us to both accommodate and afford such growth. Such options, however, must fall within the parameters established through state and federal legislation (including the Patient Protection and Affordable Care Act (PPACA) as amended by H.R. 4872 – Reconciliation Act of 2010).

II. Program Objective

The Mississippi Division of Medicaid (DOM) has over 1,000 employees located throughout one central office, 30 regional offices and over 90 outstations. These employees are collectively responsible for running agency operations. The vast majority of our employees are spread out among the 30 regional offices - the front lines of Medicaid - accepting, processing and managing beneficiary applications and cases. However, as one might imagine, it takes a strong workforce to be able to accommodate over 31,000 enrolled Mississippi Medicaid providers and over 780,000 beneficiaries.

In June 2012, the United States Supreme Court upheld the constitutionality of the PPACA, but also ruled that states have the ability to opt out of Medicaid expansion, which was unexpected. Although Mississippi has chosen not to expand Medicaid, we still must comply with mandatory provisions of the PPACA. Mandatory provisions include: extending coverage for foster children from age 21 to age 26, a health insurer fee, eligibility modernization (system updates and changes) and related administrative expenses. Also, until 2014 the federal government increased funding for the primary care physician (PCP) fee, which the state supported. After 2014, the state decided to continue the increased payments to PCPs to encourage and retain these physicians in the Mississippi Medicaid program.

Ultimately, the PPACA and subsequent Supreme Court rulings created funding and coverage gaps

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when the law was not upheld in full. As a result, DOM has had to quickly adapt to multiple rules, laws and restrictive time frames all impacting our operations, which in turn affects our staff needs.

As Medicaid programs and legislation changes, the roles of administrative staff must also be flexible. Emphasis is placed on data analysis and decisions are being made using this information; the development of programs and program changes are data-driven. While traditionally the DOM has maintained a high standard of reporting and accountability, it is now necessary that we interpret data to make programmatic decisions, assess the quality of care, and measure health outcomes.

When the Mississippi Coordinated Access Network (MississippiCAN) was initiated in January 2011, it was a relatively small managed care program affecting less than 10 percent of our beneficiary population. Since then, MississippiCAN has seen continuous change and steady growth. During the 2014 legislative session, DOM was granted the ability to include our children's eligibility categories in MississippiCAN. The enrollment of children up to age 19 began in May of this year and concluded in July, resulting in the addition of over 297,000 beneficiaries to MississippiCAN. Since these children represent our largest categories of eligibility, enrollment in MississippiCAN is currently near 70 percent of our Medicaid beneficiaries.

The growth of MississippiCAN has necessitated some organizational restructuring to properly manage and oversee what has become our largest program area. Once overseen entirely by the Office of Coordinated Care, the addition of nearly 330,000 children into MississippiCAN required distributing program oversight across a number of offices including Clinical Support Services, Medical Services, Mental Health, and Pharmacy – areas already serving this population of children and supporting their clinical programs. Similarly, the Offices of Reimbursement, Finance, Financial and Performance Review, and Program Integrity are now responsible for oversight of financial and regulatory aspects of MississippiCAN. All other DOM offices have also been affected in some capacity and even more administrative support is needed because we still support regular fee-for-service Medicaid, in addition to added duties related to supporting and monitoring managed care.

The administrative component of the Medicaid program represents less than 3 percent of the agency's total expenditures. Additional information related to major administrative initiatives is detailed below.

The basic objective of administration for the Agency is to provide services to Medicaid beneficiaries in the state in the most expedient and efficient manner possible, and to identify ways to improve services and/or contain costs. Our mission statement is to responsibly provide access to quality health coverage for vulnerable Mississippians, and we are committed to accomplishing our mission by conducting operations with accountability, consistency and respect.

III. Current Program Activities

DOM continues to emphasize program reviews, recoveries, cost avoidance, and payment accuracy. DOM conducts thorough investigations of providers and beneficiaries suspected of fraud and abuse. During state fiscal year (SFY) 2015, 248 cases were investigated by Program Integrity, 144 of which resulted in corrective actions, and 15 cases were referred to the Medicaid Fraud Control Unit (MFCU) of the Attorney General's Office. Two administrative hearings were held during this period and Program Integrity recovered a total of \$1,243,575.63 for SFY2015.

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During SFY2014, 162 cases were investigated by Program Integrity, 121 of which resulted in corrective actions, and two cases were referred to the Medicaid Fraud Control Unit. Two administrative hearings were held during this period.

In addition to performing audits, Program Integrity meets monthly with AdvanceMed, who is our Medi-Medi partner. AdvanceMed receives a monthly feed of MMIS claims data and runs the information through its algorithms to detect aberrant claims and providers. To date, information from AdvanceMed has assisted Program Integrity with opening 40 investigations.

Also, DOM has contracted with a Recovery Auditor Contractor (RAC) to perform provider audits. During SFY2014 the RAC audited 70 providers and assisted the Agency with recovering \$604,391. During FY2015 the RAC audited 130 providers which resulted in \$345,394 in recovered funds.

The Medicaid Integrity Contractor (MIC) is working with Program Integrity to perform provider audits. During SFY2015 \$122,489 has been collected on MIC cases. Additionally, demand/findings letters have been sent to providers identifying more than a million dollars in overpayments.

In addition, numerous audits are conducted of both cost reports submitted and claims paid. The majority of our recoveries are made through avoidance of claims and the netting of such voids against current medical service claim requests or through cost avoidance.

DOM emphasizes continued savings and return on investment through program reviews by contracting with Utilization Management Quality Improvement Organizations (UM/QIO) to perform prior authorizations (PA) and quality reviews for fee-for-service Medicaid benefits. Denial of inappropriate or medically unnecessary services results in direct cost savings to DOM and ensures compliance with state plan approved services. SFY 2014 cost savings are indicated below:

Service	Savings
Hospital Inpatient Reviews	
Medical/Surgical*	\$3,671,312
Psychiatric*	\$767,225
Psychiatric Residential Treatment	\$379,270
Total Inpatient Savings	\$4,817,806
Hospital Outpatient Reviews	
Physical, Occupational, Speech Therapy	\$12,044,755
Home Health	\$0
MYPAC	\$694,871
Day Treatment	\$374,816
Private Duty Nursing	\$729,339
Hospital Outpatient Mental Health	\$44,175
Hospice	\$84,307
Community Mental Health Centers (CMHC)	\$424,874
Expanded MD	\$6,170
Dental	\$2,191,700
Vision	\$0

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Hearing	\$0
Total Hospital Outpatient Savings	\$16,595,007
TOTAL SAVINGS ACHIEVED FOR DOM	<u>\$21,412,813</u>

DOM implemented an Independent Verification and Validation (IV & V) program contracted through the UM/QIO to perform retrospective reviews validating the All Patient Refined Diagnostic Related Grouper (APR-DRG) assignment. The IV & V program counterbalances the incentive to arrange diagnosis codes to cause a claim to be assigned to a higher-paying APR-DRG. The review process consists of reviewing representative sample APR-DRG's for potential upcoding, other billing errors, or higher than expected utilization.

DOM continued its third party recovery contract with Health Management Systems (HMS) to identify other sources which should have paid Medicaid claims and to seek recovery from these third party insurers. In FY2015 \$12.7 million was collected under this contract and over \$120 million was cost-avoided.

On June 4, 2010 DOM implemented its Medicaid Electronic Health Record/Electronic Prescribing system (MEHRS/e-Script). As a result of the rapidly developing changes in the healthcare landscape, the MEHRS project was strategically re-aligned to conform to evolving Centers for Medicare and Medicaid Services (CMS) direction. This realignment resulted in the discontinuation of the MEHRS/e-Script system and the implementation of a provider portal in June 2014, giving Medicaid providers access to three years of claims history on any Medicaid beneficiary. Additionally, the revisions to the system facilitate data analysis by DOM, which previously could only be done by laborious searching of multiple claim records. Access to this new data will inform the Agency as it incorporates data driven decision-making strategies into the administration of the program.

Enhancements to the system planned for the next two years include continuing to add core clinical components to facilitate the exchange of data with the Mississippi Health Information Network (MS HIN) to receive immunization and hospital Admit/Discharge/Transfer (ADT) data from the State Department of Health. Medicaid providers also have access to the Provider Portal to review three years of longitudinal history based on clinical claims data for their Medicaid beneficiaries. DOM is also working on a pilot project for implementation by September 30, 2015 for direct integration with UMMC to fast-track the exchange of clinical information from the EPIC system to DOM's clinical repository/data warehouse. Additionally, DOM has implemented an analytics package atop the clinical repository that will assist us in managing population healthcare and will facilitate identifying and reporting anomalies as well as trending and provide opportunities to identify fraud and abuse.

Federal funding for the project is provided by annual updates to the State Medicaid Health Information Technology Plan and the accompanying Implementation Advanced Planning Document which was originally approved by CMS in 2010 and since then has been approved annually.

HEALTH CARE REFORM

In the spring of 2010 Congress passed major health care reform legislation under the Patient Protection and Affordable Care Act, as amended by H.R. 4872, the Health Care Education

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Reconciliation Act of 2010 (collectively referred to as the PPACA). Much of this legislation has and will continue to impact the administration of the state's Medicaid program. The passage of ACA required extensive changes to Medicaid's legacy Eligibility Determination System (MEDS) to modernize it as well as to accommodate the new Modified Adjusted Gross Income (MAGI) eligible population. DOM implemented Phase I of the modernized MEDS system and is currently working towards Phases II and III. The goal of these subsequent phases will combine all Medicaid eligible populations into one system and implement a streamlined application through a common web portal as required by the ACA.

Differences between current eligibility requirements and those required by health care reform are cited below:

MISSISSIPPI MEDICAID PROGRAM TODAY

Current need-based categories of eligibility:

1. Infants and Children – eligible solely on the basis of being a child in a household with income below various levels of poverty.
2. Pregnant women – eligible solely on the basis of being pregnant.
3. Low income families – low income parent(s) or caretaker relatives with dependent children under age 18 in the home with low household income.
4. Disabled individuals – living at home or in institutional care.
5. Age 65 & over – living at home or in institutional care.

Current income eligibility standards (some increased by the PPACA): *The Federal Poverty Level (FPL) is determined annually.*

1. Children - as required by the PPACA, income limits for children increased as follows:
 - Birth to age 1 – Medicaid limit increased from 185% FPL to 194% FPL
 - Age 1 to age 6 – Medicaid limit increased from 133% FPL to 143% FPL
 - Age 6 to age 19 – Medicaid limit increased from 100% FPL to 133% FPL
 - Uninsured children from birth to age 19 covered under CHIP increased from 200% FPL to 209% FPL
2. Pregnant women - Medicaid limit increased from 185% FPL to 194% FPL as required by the PPACA.
3. Low income families – covered at very low income levels of 24% of poverty for non-working parents and 44% of poverty for two working parents. The PPACA increased the state established limit but when compared to the FPL, the limit is still within the pre-PPACA range.
4. Aged & Disabled – covered up to 135% of poverty for those with or without Medicare. Higher limits apply to the wages of disabled workers. Individuals in institutions and home & community based waivers can have income up to 300% of the Supplemental Security Income (SSI) at-home limit or higher with the use of an Income Trust. Medicare cost-sharing groups provide limited coverage for individuals with Medicare up to 135% of poverty.

OTHER HEALTHCARE REFORM CHANGES

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- Under the new law, Medicaid kept the traditional Medicaid program, but it was not required to cover the expanded adult population. The adult expansion population originally mandated by the PPACA was deemed to be an optional coverage group by a 2012 Supreme Court decision. As a result, MS Medicaid was not required to cover this new expansion group of parents and childless adults.
- Children added to the program after 2015 are considered part of the regular Medicaid program. From January 2014 through June 2015, there were 72,533 children added to Medicaid. Much of this increase is attributed to the PPACA requirement for families to secure health insurance and the open enrollment periods for the PPACA that enrolled families and children into Medicaid from January 1, 2014 through March 31, 2015.
- CHIP children between 100% and 133% of the FPL transitioned from CHIP to Medicaid. Children were transitioned from CHIP to Medicaid in December, 2014. New children will be added to CHIP that are in households between 133%-209% of the FPL.
- Current eligibility levels, procedures and methodologies are frozen until Sept. 30, 2019 for children.
- From January 1, 2014 to June 30, 2015 there has been a 10.6% increase in Medicaid and CHIP. This increase exceeds the 80% participation rate previously anticipated by DOM based on an estimated 8.5% increase in enrollment.
- All states were required to convert income eligibility to the use of Modified Adjusted Gross Income (MAGI). The covered groups exempted from MAGI include those that cover the aged, blind and disabled populations and foster care/adoption assistance children.
- PPACA requires the use of "gross income" with no deductions. This is why the reconciliation bill allowed a 5% disregard that effectively increased the income level to 138% of poverty to lessen the impact of transitioning to a gross income test. However, MAGI allows deductions for expenses incurred in generating income from self-employment, rents, royalties; deductions for losses from the sale or exchange of property and deduction of alimony or separate maintenance payments – none of which was allowed in budgeting for Medicaid eligibility for families and children prior to PPACA. The result has been an expansion of children and adults that qualify for Medicaid.
- The PPACA raised the age limit from age 21 to age 26 for former foster children.
- PPACA required all states to incorporate compatible National Correct Coding Initiative (NCCI) methodologies in their systems for processing Medicaid claims. The Centers for Medicare and Medicaid Services (CMS) developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to eliminate improper coding. CMS provides NCCI quarterly updates to implement in each states system.

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- Hospitals that participate in Medicaid are now permitted to make presumptive eligibility decisions that will allow hospital staff to place Medicaid eligibility on file for children, pregnant women, low income parent(s) or needy caretakers, former foster care children and certain women with breast or cervical cancer. Presumptive eligibility is subject to regular Federal Medical Assistance Percentage (FMAP) rates; not any enhanced rate.
- The PPACA mandated the creation of a Health Insurance Exchange where individuals and small employers can buy insurance through insurers. The purpose of the Exchange is to facilitate the purchase of “qualified health plans.” Mississippi participates in a federally-facilitated Exchange. A total of 21,444 Medicaid and CHIP electronic applications were received from the federal exchange from July 2014 through June 2015.
- The Exchange must offer tax credits for individuals between 100% and 400% of the federal poverty level. Individuals seeking coverage through the Exchange must be screened for eligibility through the Exchange, Medicaid and/or CHIP and referred to the appropriate program.
- Medicaid, CHIP and the Exchange must use a single form to apply for benefits and apply a “no wrong door” policy. Enrollment procedures for coverage under Medicaid, CHIP and the Exchange must be coordinated and seamless.
- Nursing home eligibility will be unaffected by PPACA; however, states will receive financial incentives to shift Medicaid recipients out of nursing homes and into home & community based settings.
- PPACA also includes increasing the minimum federal brand name and generic rebates. The bill indicates that the impact will be accrued 100% to the federal government. Other changes to the federal rebate program are also included in the legislation.
- The federal government will fund an increase in some fees paid to primary care physicians to equal 100% of Medicare reimbursement in calendar years 2013 and 2014. No additional funding is allocated after 2014. However, the MS legislature funded a continuation of this program by DOM.
- Medicaid Disproportionate Share Hospital (DSH) funding will be reduced depending on the characteristics of each state. A proposed rule regarding the final methodology was issued by CMS on May 15, 2013. CMS further delayed implementation until FFY 2018. Estimates of the funding reductions are not yet available from CMS.

The Division of Medicaid contracted with Milliman Inc., a nationally known health care consulting and actuarial firm, to project the total potential fiscal impact of PPACA to the State of Mississippi budget during state fiscal years (2014-2020). The firm provided an estimated impact of the mandatory provisions of the law of approximately \$272 million to \$436 million depending upon the actual level of participation by the eligible population. This estimated range did not include any additional administrative costs related to reform, any administrative costs related to developing an insurance exchange or the optional expansion of adult eligibility. The

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additional administrative costs could be substantial if Mississippi decided to expand Medicaid eligibility for its adult population. Also, PPACA would cost the state between \$609 million and \$1 billion over that seven year period. For the first full year alone, PPACA optional expansion costs would range from \$73 million to \$104 million. As of this filing, the Mississippi State Legislature has not voted to expand the adult Medicaid population eligibility segments.

OTHER REQUIREMENTS AND INITIATIVES

U.S. HEALTH CARE INDUSTRY CHANGE FOR MEDICAL DIAGNOSIS AND INPATIENT PROCEDURE CODING

Effective October 1, 2015, entities covered under Health Insurance Portability and Accountability Act (HIPAA) are required to use ICD-10 code sets in standard transactions adopted under HIPAA. This means claims with a date of service or date of discharge on or after October 1, 2015 must use ICD-10 codes or they will be denied. Compliance dates are firm and not subject to change, other than at the direction of the Centers for Medicare and Medicaid Services (CMS). DOM and Xerox continue the ongoing process of actively testing with CMS and lagging providers during the period to leading up to the implementation date to ensure a smooth transition to ICD-10.

PROVIDER INCENTIVE PAYMENTS

Federal Provider Incentive Payment funds were made available to the States beginning Jan. 1, 2011 for distribution to providers. Mississippi was one of the first ten states to distribute Medicaid provider incentive payments, issuing \$850,000 to forty eligible providers within the first six months. Such payments are 100% federally funded; however, the administrative costs of the program are only federally funded at 90%.

American Recovery and Reinvestment Act (ARRA) legislation provided federal funds for State Medicaid agencies to make incentive payments to eligible professionals and eligible hospitals that implement certified electronic health records technology and become meaningful users of the technology. The Mississippi EHR incentive payment program provides an initial (first year) incentive payment to eligible providers to adopt, implement, or upgrade to the certified EHR technology. Providers can continue to receive a payment for an additional five years provided they are eligible and meet the meaningful use requirements. A typical physician can receive up to \$63,750 over a six year period. Hospitals will receive a greater payment based on their patient volume and Medicaid share percentage. Hospital payments are made over a three year period. In 2012, Mississippi was qualified to allow Optometrists in the incentive program. Mississippi is one of the few states that allow Optometrists to qualify for the program.

In May of 2011, Mississippi issued its first payments to eligible professionals and hospitals. As of June 2015, Mississippi has issued 4023 payments totaling \$173,585,831.16 to eligible providers and hospitals in the state. All eligible Mississippi's hospitals have elected to participate in the program and their portion of the above total is \$112,842,706.16. Approximately 53% of the eligible professionals have received their second year payments and over twenty percent of that group has received their third year payments for meeting Meaningful Use. Over two-thirds of the hospitals have received their second year payments and one-third has received their third payment during the state's 2015 fiscal year. Mississippi continues to be in the top ten states based on the percentage of the eligible providers paid. All payments to providers are 100% federally funded. Eligible providers can qualify for the program through 2016 and payments can

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continue through 2021. Mississippi has an active audit team dedicated to the review of payments made under this program. The Mississippi EHR Provider Incentive Program qualifies for enhanced federal funding, and administrative costs only require a ten percent match of state funds.

NEW MEDICAID ENTERPRISE SYSTEM

In October 2003 DOM implemented a renovated Medicaid Management Information System (MMIS), *Envision*. *Envision* offered the improved flexibility, security and data access features necessary to achieve full compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) final rules and achieve improvements in administrative and operational efficiency. Pursuant to CMS requirements, in October 2013, DOM released RFP #20131025 to replace the existing MMIS/Decision Support System (DSS) and Pharmacy Benefits management system (PBM) and Fiscal Agent Services with an updated Medicaid Enterprise System (MES) and is currently evaluating the responses to the RFP. DOM has entered into contract negotiations with a winning proposer. Following successful negotiations, the contract must be approved by CMS and Personal Services Contract Review Board (PSCRB) prior to project kickoff. During the anticipated 60 month implementation, DOM staff will be maintaining and supporting the existing legacy MMIS/DSS/PBM systems as well as managing the implementation of the new system.

Mississippi's MMIS is over ten years old and out of step with current technology. It is the oldest MMIS in the Southeast Region. The last two states to get a new system, Georgia and North Carolina, have recently implemented their systems. The risk of system failure is further heightened by the complex Federal regulations surrounding the PPACA that encourage the use of EHRs and the exchange of data via the MS HIN and Federally Facilitated Exchange (FFE) to prove Meaningful Use, as well as affording providers the ability to qualify for Provider Incentive Payments.

In the spring of 2010 the Agency submitted and received approval of its Advance Planning Document (APD) to secure a contractor to develop a Request for Proposals (RFP) and corresponding Implementation Advanced Planning Document (IAPD) for enhanced federal funding to replace the current Medicaid Management Information System (MMIS), Pharmacy Benefit Management (PBM), and Decision Support System (DSS). The new system will modernize existing system functions and significantly enhance the ability to ensure that eligible individuals receive the health care benefits to which they are entitled and that providers are reimbursed promptly and efficiently. The new MMIS will include imaging and workflow management and a robust business rules engine to support claims adjudication and to aid in creating and managing flexible benefit plans.

A replacement MMIS will provide these benefits:

- Support of dynamic business processes that allow for the necessary expansion of all system-maintained data elements and fields to accommodate expanding scope, new services, changing requirements and legislative mandates.
- Significant reduction of paper-based processing, thus reducing wastage of paper; provide economical data archiving by using Electronic Document Management System (EDMS) and DSS.

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- Better, faster and easy-to-use technology with less operating and maintenance cost, better financial modeling, budgeting tools and expenditure control practices
- Better communication and data sharing bridges among internal users, agency-to-agency and other external vendors, and improved care and recipient management, ensuring CMS funding.
- Improved customer service, enhanced reporting, improved decision-making tools and better use of staff.

Based upon recent MMIS procurements by other states, the cost associated with the design and development of a new MMIS /PBM/DSS solution is anticipated to be approximately \$100,000,000. This amount does not include ongoing operational and maintenance costs once the system is fully implemented or the operational expenses that will continue to be incurred while keeping the legacy system operational during the implementation of the new system.

DOM received approval in the 2015 legislative session to extend its current fiscal agent contract, without procuring, for up to five years.

ADMINISTRATIVE EXPENDITURES

Salaries – DOM requests additional state funding for salaries of \$2,627,087 for FY2017. The federal share request increase for salaries is \$2,910,155, with a total increase in our request of \$5,537,242. The additional salaries are largely due to the increase in staffing needs related to the administrative burden resulting from the PPACA mandates and increasing managed care services. Additional resources are needed for staffing to manage and monitor the program. As the program continues to grow, appropriate employee resources are needed. The DOM personal services request outlines a need for 50 new pins along with the funding authority to fill these pins.

The FY2016 and 2017 salary needs as they relate to CHIP are reflected with use of all federal funds, with a positive impact on the need for state funds of approximately \$450,000 annually. This funding arrangement is expected to continue through September 30, 2019.

Travel - DOM spends less than .3% of our administrative budget on travel. DOM requests additional state funding in the amount of \$16,573 to be matched 50% with federal funds of the same amount. Travel funding is needed and used to provide service support to our regional offices, to perform oversight and audit work and for training to help staff keep up with the administrative needs of the ever-changing Medicaid environment and requirements.

Contractual Services – Contractual services is the largest administrative expense category for DOM. All services are eligible for federal match of at least 50%. DOM maximizes the federal match funding to the full extent of the law and overall expects federal funding to cover 71.5% of our contractual spending. The federal funding is contingent on the state match. We request \$49,356,010 in state funding for FY2017 contractual spending to be matched with \$123,672,020 in federal funding. Our contractual services spending ensure fiscal agent services for paying claims, our reporting system, ten percent of our workforce, location leases for our regional

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offices and various contractors to help with administration and oversight of the program. Additionally, we have included in our request the funding needs for the continued procurement and establishment of a new MES to comply with CMS requirements.

Commodities – The commodities budget is \$868,770 of our total FY2017 request, with the state share request of \$434,386 making up half. The request reflects an increase in state funding of \$120,976 over the prior year, an increase of 38%. DOM requests funding to accommodate needs related to additional workspace to be used during the five year transition to the new Medicaid Enterprise System (MES).

Equipment – DOM is requesting \$221,545 more in FY17 state funds than in FY16. Our total request for equipment in FY2017 is \$4,336,100.

Vehicles –To maintain our vehicle fleet, we are requesting FY2017 state funding of \$35,000, this represents an increase of \$1,360 over the FY2016 budgeted expenditure. With this funding, DOM will purchase 3 fleet sedans, since the state funds will be matched dollar for dollar with federal funds. DOM plans to purchase 3 fleet vehicles also in FY2016, to include two sedans and one SUV. All of these vehicles will replace those being retired in accordance with DFA rules.

IV. Current program activities as supported by the funding in Columns 6-15 (FY 2016 & FY 2017 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) Program Management:

The Division of Medicaid strives to keep administrative costs low, while maintaining the quality of our services. Additional funds for all administrative areas are needed due to required ACA mandates, and the resulting program growth.

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Governor's Office – Division of Medicaid
Agency

MEDICAL SERVICES
Program

I. Program Description:

Medicaid is a federal and state health program, administered individually by states with federal matching dollars. It is a program that provides medical assistance to low-income persons. As of June 30, 2015, the Medicaid eligible population was 740,937 or 24.7% of the state's population (if the 49,399 beneficiaries enrolled in the CHIP program are added to the Medicaid eligible population, the Division of Medicaid provides medical assistance to 26.4% of the state's population). The Federal Medical Assistance Percentage (FMAP) match rate for Mississippi for federal fiscal year (FFY) 2015 is 73.58% and increases to 74.17% for FFY2016. The projected FMAP for FFY2017 is an increase to 74.50%.

II. Program Objective:

The basic objectives of the Division of Medicaid are to: provide all medically necessary services to children living below specified levels of poverty; provide medical assistance to aged or disabled adults living below specified levels of poverty; develop programs demonstrating innovative services or service delivery to increase the benefits of services and/or reduce their cost; purchase insurance in lieu of providing services when cost-effective; and develop the capacity to gather and analyze information necessary for the development of state health policy.

III and IV. Current and Continued Program Activities:

Title XIX of the Social Security Act is a federal-state matching entitlement program which provides medical assistance for certain individuals and families with low incomes and resources. This program, known as Medicaid, became law in 1965 as a jointly funded cooperative venture between the federal and state governments to assist states in the provision of more adequate medical care to eligible needy persons. Medicaid is the largest program providing medical and health-related services to the most vulnerable populations in the United States.

Within broad national guidelines which the Federal government provides, each of the states: (1) establishes its own eligibility standards; (2) determines the type, amount, duration, and scope of services; (3) sets the rate of payment for services; and (4) administers its own program. Thus, Medicaid programs vary considerably from state to state and within each state over time.

Basis of eligibility and maintenance assistance status

Medicaid does not provide medical assistance for all low income persons. Even under the broadest provisions of the federal statute, Medicaid does **not** provide health care services even for very low income persons **unless** they are in one of the groups designated below. And low income is only one test for Medicaid

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eligibility for those within these groups; their resources and assets also are tested against established thresholds (as determined by each state, within federal guidelines).

States generally have broad discretion in determining which groups their Medicaid programs will cover and the financial criteria for Medicaid eligibility. However, to be eligible for federal funds, states are **required** to provide Medicaid coverage for most individuals who receive federally assisted income-maintenance payments, as well as for related groups not receiving cash payments.

States also have the **option** to provide Medicaid coverage for other "categorically needy" groups. These optional groups share the characteristics of the mandatory groups, but the eligibility criteria are somewhat more liberally defined.

Scope of Medicaid services

Title XIX of the Social Security Act requires that, in order to receive federal matching funds, a state **must** offer certain **basic** services to the categorically needy populations:

- Early Periodic Screening Diagnosis and Testing (EPSDT) and Expanded EPSDT Services
- Family Planning Services
- Federally Qualified Health Centers Services
- Home Health Services
- Inpatient Hospital Services
- Laboratory and X-Ray Services
- Nurse Midwife Services
- Nurse Practitioner Services (Pediatric and Family)
- Nursing Facility Services
- Outpatient Hospital Services
- Physicians Services
- Rural Health Clinic Services
- Transportation Services

The Division of Medicaid also receives federal funding for other approved optional services, such as:

- Ambulatory Surgical Center Services
- Chiropractic Services
- Christian Science Sanatoria Services
- Dental Services
- Diabetes Self-Management Training (DSMT)
- Disease Management Services
- Durable Medical Equipment and Medical Supplies
- Eyeglasses and vision services
- Freestanding Dialysis Center Services
- Genetic Testing
- Hospice Services
- Intermediate Care Facilities for the Intellectually/Developmentally Disabled (ICF/IDD) Services
- Inpatient Psychiatric Services

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- Intellectual Disabilities/Developmental Disabilities Community Support Services
- Mental Health Services
- Pediatric Skilled Nursing Services
- Physician – Administered Drugs and Implantable Drug System Devices
- Podiatrist Services
- Prescription Drugs
- Psychiatric Residential Treatment Facilities Services
- State Department of Health Clinic Services
- Targeted Case Management Services for Children with Special Needs
- Telemedicine Services

States may also provide certain waiver services. MS Medicaid has the following waiver programs:

- Home and Community Based Services (HCBS) for Elderly and Disabled
- HCBS for Intellectual Disabilities/Developmental Disabilities
- HCBS for Independent Living
- HCBS for Assisted Living
- HCBS for Traumatic Brain Injury/Spinal Cord Injury
- Healthier Mississippi 1115 Waiver
- Family Planning 1115 Waiver

Amount and duration of Medicaid services

Within broad federal guidelines, states determine the amount and duration of services offered under their Medicaid programs. They may limit, for example, the number of days of hospital care or the number of physician visits covered. With certain exceptions, a state's Medicaid plan must allow recipients to have freedom of choice among participating providers of health care.

In general, states are required to provide comparable amounts, duration and scope of services to all categorically-needy eligible persons. But there are two important exceptions:

1. Services identified as "medically necessary" under the EPSDT and Expanded EPSDT programs must be provided to EPSDT – eligible beneficiaries even if those services are not included as part of the covered services in that state's plan (i.e., only EPSDT – eligible beneficiaries receive specific services); and
2. States may request "waivers" for home and community-based services (HCBS) under which they offer an alternative health care package for persons who might otherwise be institutionalized under Medicaid (i.e., only those persons so designated might receive HCBS). States are not limited in the scope of services they can provide under such waivers as long as they are cost effective (except that, other than as a part of respite care, they may not provide room and board for such recipients).

Payment for Medicaid services

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Medicaid operates as a vendor payment program, with states paying providers directly. Providers participating in Medicaid must accept the Medicaid reimbursement level as payment in full. With a few specific exceptions, each state has broad discretion in determining (within federally-imposed upper limits and specific restrictions) the reimbursement methodology and resulting rate for services.

States may impose nominal copayments on some Medicaid recipients for certain services. However, certain Medicaid recipients must be excluded from cost sharing: pregnant women, children under age 18, hospital or nursing home patients who are expected to contribute most of their income to institutional care, and categorically needy enrollees in health maintenance organizations (HMO). In addition, emergency services and family planning services must be exempt from co-payments for all recipients.

The portion of each state's Medicaid program which is paid by the federal government, known as the Federal Medical Assistance Percentage (FMAP), is determined annually by a formula that compares the state's average per capita income level with the national income average. By law, the FMAP cannot be lower than 50% or higher than 83%. The wealthier states have a smaller share of their costs reimbursed. Mississippi has the highest federal matching rate.

Title XXI authorizes Medicaid to cover uninsured children whose family income does not exceed 209% of the federal poverty level through a separate Children's Health Insurance Program (CHIP). Effective Jan. 1, 2000, Mississippi implemented the coverage of otherwise uninsured children in a separate health plan whereby a per member per month premium is paid for coverage under the health plan. Children enrolled in the CHIP program receive comprehensive major medical coverage, dental benefits, hearing and vision care, prescription drug coverage and immunizations.

Specialty medications are expensive, highly targeted therapies for a specified patient population. Specialty medications, such as those for treatment of hepatitis, hemophilia, human immunodeficiency virus and cystic fibrosis, are addressing unmet needs and may provide treatment where none existed previously. Division of Medicaid partners with the Sovereign States Drug Consortium, other contracted vendors and the Pharmaceutical and Therapeutic Committee and Drug Utilization Committee to evaluate the prior authorization processes, preferred drug list status, utilization and claims adjudication processes of these medications to ensure effective coverage for the Medicaid population while balancing the use of State resources.

COORDINATED CARE PROGRAM

The Mississippi Division of Medicaid implemented a coordinated care program for Mississippi Medicaid beneficiaries called the Mississippi Coordinated Access Network or MississippiCAN. The purpose of the program is to address the following goals:

- **Improve access to needed medical services** - This goal will be accomplished by connecting the targeted beneficiaries with a medical home, increasing access to providers and improving beneficiaries' use of primary and preventive care services.
- **Improve quality of care** - This goal will be accomplished by providing systems and supportive services, including disease state management and other programs that will allow beneficiaries to take increased responsibility for their health care.

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- **Improve efficiencies and cost effectiveness** – This goal will be accomplished by contracting with Coordinated Care Organizations (CCOs) on a full-risk capitated basis to provide comprehensive services through an efficient, cost effective system of care.

This program is active in all 82 counties in the state of Mississippi for all eligible beneficiaries. The target population of MississippiCAN is comprised of selected categories of eligibility. For the purposes of this program, beneficiaries include:

- Supplemental Security Income (SSI)
- Department of Human Services foster care children
- Disabled child living at home
- Working disabled
- Breast cervical cancer
- Pregnant women and infants
- Parents and Caretakers
- All newborns
- Children up to age 19 eligible for Medicaid

Persons in an institution such as a nursing facility, ICF/IDD or PRTF; dual eligibles (Medicare and Medicaid); and waiver members are excluded from the program regardless of the category of eligibility.

Enrollment into MississippiCAN of the targeted populations is mandatory except for certain categories of children (SSI, Disabled Child Living At-Home and DHS foster children) and federally recognized Indian tribes which are protected by federal regulation. Targeted beneficiaries are provided information about the program along with descriptions of each care coordination plan. Beneficiaries enroll in the plan of their choice. If they do not make a selection within 30 days, they will be auto-enrolled by the Division of Medicaid. Auto-enrolled beneficiaries are given 90 days to switch plans, after which they are locked into their plan until the next annual open enrollment period.

A comprehensive package of services is provided by the CCOs that include, at a minimum, the current Mississippi Medicaid benefits. CCOs became responsible for inpatient hospital services on December 1, 2015. Non-emergency transportation will continue to be provided by DOM's current contractor.

The CCOs must encourage beneficiaries to receive wellness exams and appropriate screenings annually. This will ensure that the CCO has a baseline of enrollee's health status, allowing CCOs to measure change and coordinate care appropriately by developing a health and wellness plan and identifying interventions to improve outcomes.

In response to state law passed in 2015, DOM enrolled approximately 300,000 children into the MississippiCAN program during May, June and July, 2015. This action increased the percentage of Medicaid enrollees in managed care to 68% as of August 1, 2015. Work is in process to add inpatient hospital services to the managed care program services effective December 1, 2015. The premiums paid to the managed care companies for inpatient hospital services will include an amount to make hospital access payments at the SFY2015 inpatient hospital supplemental Medicare upper payment limit (UPL) level. The UPL payments are being discontinued after SFY2015. Hospitals will continue to fund the program through provider taxes at historical levels. Savings realized by having inpatient hospital services added to the managed care program

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will be roughly offset by CCO administrative costs, the Health Insurer Fee (HIF) and the 3% premium tax. DOM will incur program cost increases for the premium tax and HIF related to the Mississippi Hospital Access Program (MHAP), mandated with a roll-in of hospital inpatient services to managed care. The premium tax is projected to be \$16.5M annually and payment for the HIF beginning in SFY2017 is projected to be \$17.7M annually. DOM is eligible to receive the federal medical services match funding for these expenditures. The proceeds of the 3% premium tax are paid to the MS Department of Insurance. The 3% premium tax paid during SFY2015 was \$30,506,499 and estimated payments for SFY2016 and SFY2017 are \$77,758,641 and \$85,569,769, respectively. DOM will receive federal matching funds of approximately 74% of these amounts. The remainder of these amounts is included in DOM's request for state funds. Because the Department of Insurance will receive the entire 3% premium tax, the effect of the state funds requested by DOM will have no effect on the overall state budget.

There is an initial cost impact for payments related to timing. Payments to providers for fee-for-service claims will continue to be submitted to Medicaid for payment of past services in initial months where Medicaid is also paying the per member per month fee to the CCO's. This is a normal effect when enrolling new categories of eligibility and services into the coordinated care program and impacts payments for several months. The one-time cost impact during SFY2016 for transitioning the children into the program is estimated to total \$64 million, an increase of \$17 million above expenditures estimated to have been spent during SFY2015 for the transitioning. The one-time cost impact for adding inpatient hospital services December 1, 2015 is \$50 million. These costs are not repeated in our SFY2017 forecast and funds request.

General Program Growth

Program growth is measured in terms of service utilization, payment rates and eligible beneficiaries. The measures were applied at varying levels for the various categories of eligibility and provider groups for this request. Our overall medical services program growth estimate is 2.3%.

V. Current program activities as supported by the funding in Columns 6-15 (FY 2016 & FY 2017 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) 2016 Estimated Surplus:

DOM was awarded a surplus of federal funding for the FY'16 budget.

(E) 2016 Estimated Deficit:

SFY16 appropriations are \$71,349,371 less than our SFY16 estimated costs included in our SFY17 State Budget Request. The main reasons for this deficit include: revised program growth projections; one-time costs related to transitioning Inpatient Hospital services to managed care; the premium tax related to the Mississippi Hospital Access Program; and an expected shortfall.

(F) FMAP Increase:

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The federal government sets the federal match rates for each state at the beginning of each federal fiscal year. The rate is projected to increase for Federal fiscal year 2017 to 74.50%, up from the Federal fiscal year 2016 rate of 74.17%.

(G) Premiums Parts A, B, and D:

These expenses are driven by the number of dually eligible participants and the premium rates charged by CMS. The Division of Medicaid pays premiums so that providers bill Medicare as primary payer for eligible services. States are required to reimburse the Federal government a percentage of the savings realized by the state for dual eligibles that participate in Medicare's Part D program. This reimbursement is referred to as "Clawback". Increases in Parts A, B, and D premiums result from projected increases in enrollment and premium trends.

(H) Medicare Part A and Part B Crossover:

Claims should increase during FY17 due to projected growths in dual eligibles and utilization trends.

(I) Managed Care One Time FFS Expenses:

Costs associated with fee-for-service run-out claims being paid at the same time as pre-paid capitation resulted in approximately \$116 million one-time payments made in SFY16. These expenses were shown as a decision unit to enable program growth to be fully stated for SFY17.

(J) Program Growth:

The Division of Medicaid estimates growth for medical services over SFY16 projected levels. The growth is primarily due to increases in service utilization, enrollment growth, and medical service costs.

(K) Increase in Other Special Funds:

SFY17 projections for funding from Other Special Funds are expected to increase over SFY16 levels.

(L) Quasi Chip:

DOM will receive 100% federal funding for Quasi-CHIP children beginning 10/1/15. Therefore DOM will receive a full fiscal year of 100% federal funding for Quasi-CHIP children during SFY17, in contrast to only nine months of enhanced federal funding during SFY16.

(M) DSH/UPL:

Overall DSH/UPL projections for SFY17 provider taxes paid to the Medical Care Fund decreased from SFY16. The authority for SFY17 is set up to match expected receipts for provider taxes.

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Governor's Office – Division of Medicaid
Agency

CHILDREN'S HEALTH INSURANCE PROGRAM - CHIP
Program

I. Program Description

Title XXI authorizes Medicaid to cover uninsured children whose family income does not exceed 209% of the federal poverty level through a separate Children's Health Insurance Program (CHIP). Effective Jan. 1, 2000. Mississippi implemented the coverage of otherwise uninsured children in a separate health plan whereby a per member per month premium is paid for coverage under the health plan. The number of beneficiaries enrolled as of June, 2015 was 49,399, a decrease of 21,506 from the previous year. More than 19,000 children transitioned to the Medicaid rolls December 1, 2014. Children in families with income of 100% to 138% of the Federal Poverty Level (FPL) were shifted to Medicaid from CHIP as mandated by the Patient Protection and Affordable Care Act (PPACA). This transitioned group is named the "Quasi-CHIP" population.

State fiscal year (SFY) 2015 CHIP expenditures totaled \$195,194,341, a decrease of 12%. A corresponding increase occurred in the SFY2015 Medicaid program expenditures for the Quasi-CHIP population. The CHIP enhanced federal match rate was 81.51% in federal fiscal year (FFY) 2015. Mississippi's CHIP enhanced federal match rate will increase to 100% October 1, 2015. There will be no state match requirements for CHIP and Quasi-CHIP through September 30, 2019.

II. Program Objective

The CHIP program's objective is to provide major medical coverage, dental benefits, hearing and vision care, prescription drug coverage and immunizations to children from birth to age 19 whose family income does not exceed 209% of the federal poverty level, who are not otherwise eligible for Medicaid and have no other health insurance.

III. Current Program Activities

CHIP services are provided by our state's two Medicaid managed care organizations through contractual arrangements using actuarially sound per member per month capitation rates. This new arrangement for the delivery of CHIP services payment is titled MississippiCHIP.

IV. Program Continuation

As a result of the PPACA provision for an increase to CHIP federal funding, the State will only bear cost sharing in the first quarter of SFY2016. The remaining three quarters of SFY2016 CHIP expenditures will be paid with Federal funds. Per the PPACA, 100% federal funding for the CHIP program will extend through FFY2019. DOM projects CHIP enrollment to be 50,239 and 51,093 for SFY2016 and SFY2017, respectively. The annual total program costs are forecasted to be \$167,233,807 in SFY2016 and \$171,723,690 in SFY2017. The state share is forecasted to be \$7,918,287 for SFY2016 and \$0 for SFY2017.

The 100% enhanced federal CHIP funding also extends to the "Quasi-CHIP" population expenditures, for those children who transferred to Medicaid due to income limit changes mandated by PPACA. The associated costs and funding after December 1, 2014 are presented in the Medicaid program area of the budget.

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- V. Current program activities as supported by the funding in Columns 6-15 (FY 2016 & FY 2017 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) Federal Match Rate Increase:

The federal government sets the federal match rates for each state at the beginning of each federal fiscal year. Due to a provision of PPACA, the federal match rate for the CHIP program in Mississippi will be 100% during federal fiscal years 2016 and 2017. The blended rate (based on state fiscal year) will increase from 95.38% during FY16 to 100% during FY17. An increase in the federal match percentage will result in the elimination of state funds needed for the program.

(E) Program Growth:

Program growth is mainly related to projections in capitation rate increases and enrollment increases.

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Governor's Office – Division of Medicaid
Agency

HOME AND COMMUNITY BASED SERVICES
Program

I. Program Description

The Medicaid Home and Community-Based Services (HCBS) waiver programs are authorized in §1915(c) of the Social Security Act. The programs permit a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. Also, HCBS programs are more cost efficient than institutionalization. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

II. Program Objective

The HCBS waiver programs are for individuals who, but for the provision of such services, would require an institutional level(s) of care such as a nursing facility or an intermediate care facility, the costs of which would be reimbursed under the approved Medicaid State Plan. The objective of the waiver programs is to provide the highest quality of care to ensure waiver participants attain and maintain life in a home and community based setting.

Waiver programs **are not** an entitlement program.

III. Current Program Activities

The Division of Medicaid has five HCBS waiver programs.

- ✓ Elderly and Disabled waiver
- ✓ Assisted Living waiver
- ✓ Independent Living waiver
- ✓ Traumatic Brain Injury/ Spinal Cord Injury waiver
- ✓ Intellectual Disability/Developmental Disability waiver

The next page provides a summary description of each HCBS waiver detailing the eligibility requirements, total authorized slots in accordance with the federally approved waiver, number of slots funded by the State legislature, number of persons served and anticipated to be served, and the waiver services.

Additional program activities include:

- The State's Balancing Incentive Program awarded by the Centers for Medicare and Medicaid Services (CMS) now offers \$76.3 million in enhanced Federal Medical Assistance Percentage (FMAP) savings available for use to enhance community-based Long Term Services and Supports. The program requires the following structural components: (a) a No Wrong Door access point for information and referrals; (b) implementation of a uniform core standardized assessment for waiver and facility placement; and (c) conflict-free case management policies.

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- Bridge to Independence (B2I) is Mississippi's Money Follows the Person (MFP) initiative. MFP is a federal program to help states balance their long-term care systems and enhance consumer choice. The goal of Bridge to Independence is to assist 595 individuals living in nursing homes and intermediate care facilities return to the community by 2018. The program targets Seniors (65+), persons with serious mental illness, persons with physical disabilities, and persons with intellectual and developmental disabilities who are also Medicaid eligible and have lived at least 90 days in a nursing home or intermediate care facility for persons with intellectual or developmental disabilities. The State will receive an enhanced Federal Medical Assistance Percentage (FMAP) rate for services provided to beneficiaries enrolled in B2I, with the savings for B2I beneficiary services required to be used for the purpose of enhancing community-based services and waiver capacity. Program expenses are projected to average \$6,500,000 annually, with federal funding of \$5,700,000.

IV. Program Continuation

The Division of Medicaid continuously works to grow HCBS programs which are more cost effective than institutional care. On average, annual expenses for HCBS programs are \$30,000 less per beneficiary compared to long term care facility expenses. Of course not all beneficiaries in long term care facilities can be served in the community. Therefore, long term care facilities will always be a vital need for many Medicaid beneficiaries. The Division of Medicaid expects HCBS services to increase from SFY16 to SFY17 due to increased HCBS waiver slots and utilization trends.

Funding for the State's Balancing Incentive Program will officially end 9/30/15, however, the grant allows for adjustments after the official end date. The grant resulted in State savings for SFY15 of \$21,970,388 and estimated State savings for SFY16 of \$8,049,083, shared between DOM, Department of Mental Health, and the Department of Rehabilitation Services. The state will receive full benefit of BIP funds during the first quarter of SFY16 and to a lesser extent in subsequent quarters as finalization of the grant occurs. DOM requests BIP replacement funds in the amount of \$9,910,553 for SFY16 and \$5,034,124 for SFY17. State matching funds from Department of Mental Health and Department of Rehabilitation Services will replace the balance of State savings.

The State's Money Follows the Person demonstration project (B2I) will complete its initial 6-year period of operation on March 31, 2016. While it is anticipated that federal out-year funding will be available for an additional 4-year period after March 31, 2016, the grant will need to be replaced gradually with State funds as the project nears its end in 2020.

- V.** Current program activities as supported by the funding in Columns 6-15 (FY 16 Estimated & FY 17 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

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(D) FMAP Increase:

The federal government sets the federal match rates for each state at the beginning of each federal fiscal year. The rate is projected to increase for Federal fiscal year 2017 to 74.50%, up from the Federal fiscal year 2016 rate of 74.17%.

(E) Program Growth:

The Division of Medicaid expects HCBS services to increase from SFY16 to SFY17 due to increased HCBS waiver slots and utilization trends.

(F) Replacing BIP Funds:

Funding for the State's Balancing Incentive Program will officially end 9/30/15, however, the grant allows for adjustments after the official end date. The grant resulted in a State savings for SFY15 of \$21,970,388 and estimated State savings for SFY16 of \$8,049,083, shared between DOM, Department of Mental Health, and the Department of Rehabilitation Services. The state will receive full benefit of BIP funds during the first quarter of SFY16 and to a lesser extent in subsequent quarters as finalization of the grant occurs. DOM requests BIP replacement funds in the amount of \$9,910,553 for SFY16 and \$5,034,124 for SFY17.

UNDUPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2015

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
001	SSI - INDIVIDUAL AGED BLIND DISABLED TOTAL ELIGIBLES QMB/QMB DUAL <100%	1 1 1 1	0 1 339 340	0 3 1,100 1,103	0 9 2,646 2,655	0 5 2,613 2,618	0 48 18,205 18,253	0 13 2,319 2,332	1 648 74,442 75,091	8,673 165 13,789 22,627	8,674 892 115,453 125,019
002	SSI RETRO ELIGIBILITY AGED BLIND DISABLED TOTAL ELIGIBLES QMB/QMB DUAL <100%	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 1 1	0 0 0 0	0 0 2 2	1 0 0 1	1 0 3 4
005	SSI ONLY INST AGED BLIND DISABLED TOTAL ELIGIBLES QMB/QMB DUAL <100%	1 1 1 1	0 0 0 0	0 0 0 0	0 0 0 0	0 5 5 0	0 193 193 0	0 27 27 1	7 1,526 1,533 87	875 0 875 855	882 0 1,751 2,633
006	PROTECTED SSI CHILD BLIND DISABLED TOTAL ELIGIBLES QMB/QMB DUAL <100%	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0
020	EMRGY - SSI LMTD CASE AGED BLIND DISABLED TOTAL ELIGIBLES QMB/QMB DUAL <100%	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 1 0	0 0 1 0	0 0 1 0
003	ADULT REFUGEES QMB/QMB DUAL <100%	0 0	0 0	0 0	0 0	0 0	1 0	0 0	7 0	0 0	8 0
003	IV-E FOSTER CARE QMB/QMB DUAL <100%	3 3	72 0	199 0	259 0	162 0	548 0	1 0	0 0	0 0	1,241 0
003	IV-E ADOPTION ASSISTANCE QMB/QMB DUAL <100%	4 4	0 0	14 0	221 0	249 0	1,996 2	118 0	9 0	0 0	2,607 2
007	PROTECTED FC CHILD QMB/QMB DUAL <100%	0 0	0 0	0 0	0 0	0 0	30 0	171 1	215 1	0 0	416 2
026	CWS FOSTER CARE QMB/QMB DUAL <100%	2 2	59 0	295 0	455 0	292 0	1,280 0	117 1	14 0	0 0	2,512 1
026	CWS ADOPTION ASSISTANCE QMB/QMB DUAL <100%	5 5	0 0	24 0	155 0	141 0	805 0	26 0	1 0	0 0	1,152 0

UNDULICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2015

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
071	NEWBORN 0-1 YRS QMB/QMB DUAL <194% SLMB/SLMB DUAL <100% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0	23,394	3,046	1	0	0	0	0	0	26,441
072	CHILDREN 1-5 YRS QMB/QMB DUAL <143% SLMB/SLMB DUAL <100% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0	1	19,049	36,606	2,253	1	0	0	0	57,910
073	CHILDREN 6-19 YRS QMB/QMB DUAL <107% TOTAL W/MEDICARE	0	0	2	3	20,347	90,021	510	1	0	110,884
074	CHILDREN 6-19 YRS SLMB/SLMB DUAL <133% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0	0	0	0	2,860	26,234	133	0	0	29,227
075	PARENT/CARETAKER OF MINORS QMB/QMB DUAL <100% SLMB/SLMB DUAL <120% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0	0	0	0	0	52	1,561	40,527	1	42,141
085	FAMILY/CHILDREN-MCAID ONLY QMB/QMB DUAL <100% TOTAL W/MEDICARE	0	133	4,817	8,800	6,250	21,793	301	22,552	0	64,646
087	CHILD <6 YRS - 133% POV. QMB/QMB DUAL <100% SLMB/SLMB DUAL <120% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0	99	2,301	3,180	975	0	0	0	0	6,555
088	P.G. WOMEN/CHILD-185% POV. QMB/QMB DUAL <100% SLMB/SLMB DUAL <120% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0	43	1,098	0	0	234	2,162	11,124	0	14,661
091	CHILD <19 YRS - 100% POV. QMB/QMB DUAL <100% TOTAL W/MEDICARE	0	767	17,472	18,945	13,687	62,265	306	0	0	113,442
010	NH - UNDER 300% AGED BLIND DISABLED TOTAL ELIGIBLES QMB/QMB DUAL <100% SLMB/SLMB DUAL <120% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	7,842	7,842

UNDULICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2015

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE 1	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
011	LT HOSP - UNDER 300% AGED BLIND	0	0	0	0	0	0	0	0	9	9
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	3	0	3
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	3	9	12
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	1	4	5
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
012	TOTAL W/MEDICARE	0	0	0	0	0	0	0	2	5	7
	SWINGBED - UNDER 300% AGED BLIND	0	0	0	0	0	0	0	3	9	12
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
013	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	NH - SSI ELIG AT HOME AGED BLIND	0	0	0	0	0	0	0	0	2,812	2,812
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	53	20	1,162	0	1,235
	QMB/QMB DUAL <100%	0	0	0	0	0	53	20	1,162	2,812	4,047
014	TOTAL W/MEDICARE	0	0	0	0	0	0	10	1,027	2,800	3,837
	LTH - SSI ELG AT HOME AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	1	0	4	0	5
	QMB/QMB DUAL <100%	0	0	0	0	0	1	0	4	0	5
	TOTAL W/MEDICARE	0	0	0	0	0	0	2	0	0	2
015	SWING BED SSI IF HOME AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
019	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	1	1
	DISABLED CHLD AT HOME AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	24	108	196	137	720	7	0	0	1,192
	QMB/QMB DUAL <100%	0	24	108	196	137	720	7	0	0	1,192
	SLMB/SLMB DUAL <120%	0	0	0	0	0	4	0	0	0	4
021	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	4	0	0	0	4
	EMERGENCY IMMIGRANT AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	6	0	6
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
021	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	EMERGENCY IMMIGRANT AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	6	0	6
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
021	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	EMERGENCY IMMIGRANT AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	6	0	6
021	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	EMERGENCY IMMIGRANT AGED BLIND	0	0	0	0	0	0	0	0	0	0
021	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE	AGES 1	AGES 3	AGES 6	AGES 8	AGES 19	AGES 21	AGES 25	AGE 65 AND OVER	TOTAL
025	WORKING DISABLED	0	0	0	0	0	0	0	0	0	0	0
	AGED BLIND	0	0	0	0	0	0	0	5	0	0	5
	DISABLED	0	0	0	0	0	0	0	1,141	551	0	1,696
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	1,146	551	0	1,701
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	1	100	54	155
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	164	86	250
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	568	410	978	978
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	1	832	550	1,383
027	BREAST/CERVICAL	0	0	0	0	0	0	0	0	1	0	1
	AGED BLIND	0	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	145	0	0	145
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	146	0	0	146
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0	0
029	FAMILY PLANNING	0	0	0	0	0	0	331	3,230	16,528	0	20,089
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0	0
045	HEALTHY MS WAIVER	0	0	0	0	0	0	0	0	0	0	0
	AGED BLIND	0	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	1	0	3	3	36	50	4,860	25	0	4,978
	TOTAL ELIGIBLES	0	1	0	3	3	36	50	4,860	25	0	4,978
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	6	1	7	14
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	3	0	3	6
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	20	2	22	42
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	29	3	32	64
031	QMB ONLY	0	0	0	0	0	0	0	0	23,624	23,624	47,248
	AGED BLIND	0	0	0	0	0	0	0	0	30	0	30
	DISABLED	0	0	0	0	0	1	17	25,928	0	0	25,946
	TOTAL ELIGIBLES	0	0	0	0	0	1	17	25,958	23,624	49,600	75,546
	QMB/QMB DUAL <100%	0	0	0	0	0	1	16	25,807	23,617	49,441	98,865
035	QWDI	0	0	0	0	0	0	0	0	0	0	0
	AGED BLIND	0	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0	0

UNDUPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2015

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE	AGES 1	AGES 3	AGES 6	AGES 8	AGES 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
051	SLMB ONLY	0	0	0	0	0	0	0	0	0	11,295	11,295
	AGED	0	0	0	0	0	0	0	0	0	11,295	11,295
	BLIND	0	0	0	0	0	0	0	0	15	0	15
	DISABLED	0	0	0	0	0	0	0	6	9,677	0	9,683
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	6	9,692	11,295	20,993
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	6	9,640	11,290	20,936
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	6	9,640	11,290	20,936
054	QUAL INDIV (QI)-1	0	0	0	0	0	0	0	0	0	7,686	7,686
	AGED	0	0	0	0	0	0	0	0	4	0	4
	BLIND	0	0	0	0	0	0	0	3	5,403	0	5,406
	DISABLED	0	0	0	0	0	0	0	3	5,407	7,686	13,096
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	QI-1/MEDICARE	0	0	0	0	0	0	0	3	5,385	7,683	13,071
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	3	5,385	7,683	13,071
062	HCBS ASST LVNG < 300%	0	0	0	0	0	0	0	0	0	281	281
	AGED	0	0	0	0	0	0	0	0	0	1	1
	BLIND	0	0	0	0	0	0	0	0	121	0	121
	DISABLED	0	0	0	0	0	0	0	0	122	281	403
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	65	78	143
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	25	42	67
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	29	159	188
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	119	279	398
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	6,167	6,167
063	HCBS ELD/DSABL < 300%	0	0	0	0	0	0	0	0	0	2	2
	AGED	0	0	0	0	0	0	0	0	3,533	0	3,533
	BLIND	0	0	0	0	0	0	0	0	3,535	6,167	9,702
	DISABLED	0	0	0	0	0	0	0	0	1,639	2,949	4,588
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	719	1,309	2,028
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	965	1,902	2,867
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	3,323	6,160	9,483
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	25	25
064	HCBS MR/DD < 300%	0	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	1	43	14	562	0	620
	TOTAL ELIGIBLES	0	0	0	0	0	1	43	14	562	25	645
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	1	239	16	256
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	1	136	5	142
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	2	160	4	166
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	4	535	25	564
065	HCBS IND LVNG < 300%	0	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	728	678	1,406
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	728	678	1,406
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	330	347	677
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	148	141	289
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	201	189	390
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	679	677	1,356

UNDUPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2015

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE 1	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
066	TRM BRAIN INJ < 300% AGED BLIND DISABLED TOTAL ELIGIBLES QMB/QMB DUAL <100% SLMB/SLMB DUAL <120% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 1 1 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 1 1 0 0 0	0 0 433 433 12 83 146	39 0 0 39 12 9 18 39	39 0 435 474 180 92 164 436
067	MYPAC < 300% QMB/QMB DUAL <100% SLMB/SLMB DUAL <120% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0
092	HR1 QMB/QMB DUAL <100% SLMB/SLMB DUAL <120% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0
093	COST OF LIVING AGED BLIND DISABLED TOTAL ELIGIBLES QMB/QMB DUAL <100% SLMB/SLMB DUAL <120% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	5 0 4 5 9 5 0 0 5	5 0 4 9 9 0 0 0 9
094	DISABLED ADULT CHLD AGED BLIND DISABLED TOTAL ELIGIBLES QMB/QMB DUAL <100% SLMB/SLMB DUAL <120% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 17 17 6 0 0 6	0 2 942 944 907 0 0 907	10 0 0 10 10 0 0 10	10 2 959 971 923 0 0 923
095	WIDOW (ER) 60+ AGED BLIND DISABLED TOTAL ELIGIBLES QMB/QMB DUAL <100% SLMB/SLMB DUAL <120% DUALY ELIG MCD/MCR >120% TOTAL W/MEDICARE	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 11 11 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 11 11 0 0 0 0 0

UNDUPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2015

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE	1	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
096	WIDOW (ER) 50+	0	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	6	0	0	6
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	6	0	0	6
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0	0
KK	K-BABIES	0	182	2	0	0	0	0	0	0	0	184
	UNKNOWN MEDICAID ELIGIBLES	0	0	0	4	1	0	0	0	0	0	5
	UNKNOWN MEDICAID/QMB DUALS	0	0	0	0	0	0	0	0	0	0	0
	TOTAL MEDICAID ELIGIBLES	25,115	49,530	71,484	49,981	224,898	11,135	224,240	84,554	740,937		
	TOTAL QMB/QMB DUAL <100%	1	1	1	1	22	166	55,348	55,781	111,321		
	TOTAL SMB/SLMB DUAL <120%	0	0	0	0	0	7	11,378	14,416	25,801		
	TOT DUAL ELIG MCD/MCR>120%	0	0	0	0	0	2	2,585	6,408	8,995		
	TOTAL QI-1/MEDICARE	0	0	0	0	0	3	5,385	7,683	13,071		
	TOTAL W/MEDICARE	1	1	1	1	22	178	74,696	84,288	159,188		

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DIVISION OF MEDICAID

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UNDUPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2015

----- PAYMENT CODE DESCRIPTION -----
0 - NOT RECEIVING CASH ASSISTANCE
1 - RECEIVING CASH ASSISTANCE
2 - CWS FOSTER CARE
3 - RECEIVING IV-E ASSISTANCE
4 - RECEIVING IV-E SUB ADOPTION ASSISTANCE
5 - RECEIVING CWS ADOPTION ASSISTANCE

----- AGE CATEGORY DESCRIPTION -----
BIRTH TO AGE 1 (BIRTH THROUGH THE MONTH THE CHILD TURNS 1 YR.)
AGES 1 TO 3 (MO. AFTER AGE 1 THRU THE MONTH THE CHILD TURNS 3 YRS.)
AGES 3 TO 6 (MO. AFTER AGE 3 THRU THE MONTH THE CHILD TURNS 6 YRS.)
AGES 6 TO 8 (MO. AFTER AGE 6 THRU THE MONTH THE CHILD TURNS 8 YRS.)
AGES 8 TO 19 (MO. AFTER AGE 8 THRU THE MONTH THE CHILD TURNS 19 YRS.)
AGES 19 TO 21 (MO. AFTER AGE 19 THRU THE MONTH THE CHILD TURNS 21 YRS.)
AGES 21 TO 65 (MO. AFTER AGE 21 THRU THE MONTH PRIOR TO MONTH OF 65YRS.)
AGE 65 & OVER (MO. OF REACHING AGE 65 AND OVER)

UNDUPLICATED COUNT PERIOD SUMMARY REPORT

REPORT PERIOD -----	TOTAL MEDICAID ELIGIBLES -----	TOTAL MED/QMB ELIGIBLES -----	TOTAL RSAIDCAT RECORDS WRITTEN -----
2014/07	695,496	157,116	276
2014/08	700,786	157,583	276
2014/09	704,321	157,676	276
2014/10	709,820	157,788	276
2014/11	713,334	158,257	276
2014/12	736,517	156,577	276
2015/01	744,668	158,645	276
2015/02	745,517	159,124	276
2015/03	746,151	159,174	276
2015/04	745,775	158,713	276
2015/05	743,362	158,823	276
2015/06	740,937	159,188	276

*** END OF REPORT ***

Mississippi Medicaid 1915(c) Home and Community-Based Services Waivers

HCBS WAIVER PROGRAM	ELIGIBILITY REQUIREMENTS	FEDERALLY AUTHORIZED SLOTS	FUNDED SLOTS	PERSONS SERVED (including projections)	WAIVER SERVICES
Elderly and Disabled Administered and Operated by the Division of Medicaid	✓ 21 yrs. Or older ✓ COE of SSI, 300% SSI ✓ Nursing Home level of care	FY12 - 19,000 FY13 - 19,000 FY14 - 19,500 FY15 - 20,000 FY16 - 20,500 FY17 - 21,000	FY12 - 16,800 FY13 - 16,800 FY14 - 17,300 FY15 - 17,800 FY16 - 17,300 FY17 - 17,800	FY12 - 14,762 FY13 - 16,800 FY14 - 17,620 FY15 - 17,707 FY16 - 20,000 FY17 - 20,000	✓ Case Management ✓ Homemaker Services ✓ Home Delivered Meals ✓ Adult Day Services ✓ Escorted Transportation ✓ Institutional Respite ✓ In-Home Respite ✓ Extended Home Health ✓ Transition Assistance
Assisted Living * Administered and Operated by the Division of Medicaid	✓ 21 yrs. Or older ✓ COE of SSI, 300% SSI ✓ Nursing Home level of care	FY12 - 700 FY13 - 700 FY14 - 700 FY15 - 900 FY16 - 900 FY17 - 1000	FY12 - 500 FY13 - 500 FY14 - 605 FY15 - 628 FY16 - 625 FY17 - 650	FY12 - 454 FY13 - 500 FY14 - 651 FY15 - 656 FY16 - 630 FY17 - 656	✓ Personal Care Services ✓ Homemaker Services ✓ Chore Services ✓ Attendant Care Services ✓ Medication Oversight ✓ Therapeutic, Social & Recreational Program ✓ Medication Administration ✓ Intermittent and Skilled Nursing Services ✓ Transportation ✓ Attendant Call Systems
Independent Living Administered by the Division of Medicaid and Operated by the Department of Rehabilitation Services	✓ 16 yrs or older ✓ COE of SSI, 300% SSI ✓ Nursing Home level of care ✓ Ortho/neuro impairment	FY12 - 4,200 FY13 - 4,200 FY14 - 4,000 FY15 - 4,500 FY16 - 5,000 FY17 - 5,500	FY12 - 2,700 FY13 - 2,600 FY14 - 2,700 FY15 - 2,850 FY16 - 2,850 FY17 - 2,850	FY12 - 2,502 FY13 - 2,600 FY14 - 2,391 FY15 - 2,775 FY16 - 2,850 FY17 - 2,850	✓ Case Management ✓ Personal Care Attendant Services ✓ Specialized Medical Equipment and Supplies ✓ Transition Assistance ✓ Environmental Accessibility Adaptation
Traumatic Brain Injury/Spinal Cord Injury Administered by the Division of Medicaid and Operated by the Department of Rehabilitation Services	✓ No age restrictions ✓ COE of SSI, 300% SSI ✓ Working Disabled ✓ Nursing Home level of care ✓ Dx of traumatic brain/ spinal cord injury and medically stable	FY12 - 3,000 FY13 - 3,300 FY14 - 3,300 FY15 - 3,600 FY16 - 2,700 FY17 - 2,700	FY12 - 850 FY13 - 850 FY14 - 850 FY15 - 900 FY16 - 900 FY17 - 900	FY12 - 817 FY13 - 850 FY14 - 870 FY15 - 926 FY16 - 900 FY17 - 930	✓ Case Management ✓ Respite Care ✓ Environmental Accessibility Adaptation ✓ Specialized Medical Equipment & Supplies ✓ Attendant Care ✓ Transition Assistance
Intellectual Disabilities/ Developmental Disabilities Administered by the Division of Medicaid and Operated by the Department of Mental Health	✓ No age restrictions ✓ COE of SSI, 300% SSI, TANF, Disabled child living at Home ✓ ICF/MR level of care ✓ Dx of intellectual disability or developmental disability	FY12 - 2,800 FY13 - 3,000 FY14 - 2,300 FY15 - 2,500 FY16 - 2,700 FY17 - 2,900	FY12 - 1,889 FY13 - 1,850 FY14 - 2,000 FY15 - 2,200 FY16 - 2,200 FY17 - 2,200	FY12 - 1,753 FY13 - 1,850 FY14 - 2,189 FY15 - 2,296 FY16 - 2,700 FY17 - 2,900	✓ Day Services ✓ Prevocational Services ✓ Residential Habilitation ✓ Respite (in-home, community, ICF/MR) ✓ Support Coordination ✓ Supported Employment ✓ Behavior Support/Intervention ✓ Home and community supports ✓ Specialized Medical Supplies ✓ Physical, Occupational, Speech/ Hearing/ Language Therapy
MYPAC Mississippi Youth Programs Around the Clock Administered and Operated by the Division of Medicaid	✓ Age 0 to 21 ✓ COE of SSI, 300% of SSI, TANF, DCLH ✓ PRTF Level of Care ✓ Dx of Serious Emotional Disturbance	FY12 - 721 FY13 - 600 FY14 - 250 FY15 - 0 FY16 - 0 FY17 - 0	FY12 - 721 FY13 - 600 FY14 - 250 FY15 - 0 FY16 - 0 FY17 - 0	FY12 - 721 FY13 - 600 FY14 - 192 FY15 - 0 FY16 - 0 FY17 - 0	✓ Assessment ✓ Case Management ✓ Wraparound Services ✓ Respite

PROGRAM PERFORMANCE INDICATORS AND MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

1 - ADMINISTRATIVE SERVICES

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2015 ACTUAL	FY 2016 ESTIMATED	FY 2017 PROJECTED
1 Providers Submitting Electronic Claims	22,325.00	21,770.00	22,350.00
2 Third Party Funds Recovered	16,488,690.00	28,050,110.00	30,855,121.00
3 Admin as a % of Total Budget	2.73	3.87	3.66

PROGRAM EFFICIENCIES: (This is the measure of the cost, unit cost or productivity associated with a given outcome or output. This measure indicates linkage between services and funding, i.e., cost per investigation, cost per student or number of days to complete investigation.)

	FY 2015 ACTUAL	FY 2016 ESTIMATED	FY 2017 PROJECTED
1 % of Clean Claims Processed within 90 days of receipt	100.00	100.00	100.00
2 % of Clean Claims Processed within 30 days of receipt	99.00	99.00	99.00

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.)

	FY 2015 ACTUAL	FY 2016 ESTIMATED	FY 2017 PROJECTED
1 Third Party Liability Costs Avoided (\$ Thou)	1,325,353.00	1,320,104.00	1,386,109.00
2 Applications Processed within Std. of Promptness (%) - Medicaid	82.00	90.00	90.00
3 Turnover rate of employees	11.91	11.00	11.00

PROGRAM PERFORMANCE INDICATORS AND MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

2 - MEDICAL SERVICES

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2015 ACTUAL	FY 2016 ESTIMATED	FY 2017 PROJECTED
1 Medicaid Recipients - Enrolled (Persons)	740,937.00	723,611.00	731,855.00
2 Costs of Emergency Room Visits (\$)	63,533,392.00	74,606,017.00	62,898,058.00
3 Number of Emergency Room Visits	390,825.00	372,996.00	372,996.00
4 Child Physical Exams (Ages 0-20)	313,752.00	272,029.00	316,890.00
5 Adult Physical Exams (21-older)	1,716.00	5,126.00	1,733.00
6 Number of Fraud and Abuse Cases Investigated	295.00	170.00	175.00
7 Number of Kidney Dialysis Trips	503,097.00	493,552.00	493,552.00
8 Medicaid beneficiaries assigned to a PCP	425,700.00	575,000.00	585,000.00
9 Number of Medicaid beneficiaries assigned to a managed care company	425,700.00	575,000.00	585,000.00
10 Number of Medicaid Providers	30,500.00	34,000.00	35,000.00

PROGRAM EFFICIENCIES: (This is the measure of the cost, unit cost or productivity associated with a given outcome or output. This measure indicates linkage between services and funding, i.e., cost per investigation, cost per student or number of days to complete investigation.)

	FY 2015 ACTUAL	FY 2016 ESTIMATED	FY 2017 PROJECTED
1 % MSCAN Diabetic members aged 17-75 receiving HBA1c test	86.20	81.10	82.10
2 % MSCAN members with persistent asthma are appropriately prescribed medication	79.44	84.00	75.66
3 Rate of EPSDT well child screening	69.00	75.00	75.00
4 % Change of Medicaid beneficiaries assigned to a managed care company	36.00	29.00	5.00

PROGRAM PERFORMANCE INDICATORS AND MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

2 - MEDICAL SERVICES

Name of Agency

PROGRAM NAME

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.)

	FY 2015 ACTUAL	FY 2016 ESTIMATED	FY 2017 PROJECTED
1 % Change in number of recipients enrolled from last year	7.50	4.00	1.20
2 % Change in number of providers from prior year	7.00	5.00	2.00
3 % Medicaid beneficiaries assigned to a PCP	60.00	80.00	70.00

PROGRAM PERFORMANCE INDICATORS AND MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

3 - CHILDREN'S HEALTH INSURANCE
PROGRAM

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2015 ACTUAL	FY 2016 ESTIMATED	FY 2017 PROJECTED
1 CHIP Enrollees	49,946.00	48,027.00	49,983.00

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.)

	FY 2015 ACTUAL	FY 2016 ESTIMATED	FY 2017 PROJECTED
1 Applications Processed within Std. of Promptness (%) - CHIP	82.00	90.00	90.00

PROGRAM PERFORMANCE INDICATORS AND MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

4 - HOME & COMMUNITY BASED SERVICES

Name of Agency

PROGRAM NAME

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.)

	FY 2015 ACTUAL	FY 2016 ESTIMATED	FY 2017 PROJECTED
1 (ID) Change in persons on waiting list %	10.00	(1.00)	10.00
2 (TBI) Change in persons on waiting list %	72.00	75.00	76.00
3 (IL) Change in persons on waiting list %	4.00	3.00	5.00
4 (AL) Change in persons on waiting list %	15.00	18.00	20.00
5 (E&D) Change in persons on waiting list %	2.00	(1.00)	3.00

PROGRAM 3% GENERAL FUND REDUCTION AND NARRATIVE EXPLANATION

Governor's Office - Division of Medicaid (328-00)

	Fiscal Year 2016 Funding			FY 2016 GF PERCENT REDUCED
	Total Funds	Reduced Amount	Reduced Funding Amount	

Program Name: (1) ADMINISTRATIVE SERVICES				
General	78,924,418	(2,367,733)	76,556,685	(3.00%)
State Support Special				
Federal	153,132,396	(4,593,971)	148,538,425	
Other Special				
TOTAL	232,056,814	(6,961,704)	225,095,110	

Narrative Explanation:

A decrease in Administrative Services will negatively impact the agency's ability to serve the citizens of the state.

Program Name: (2) MEDICAL SERVICES				
General	720,086,522	(21,602,595)	698,483,927	(3.00%)
State Support Special	62,782,638	(1,883,479)	60,899,159	
Federal	4,231,158,053	(126,934,742)	4,104,223,311	
Other Special	544,324,584	(16,329,737)	527,994,847	
TOTAL	5,558,351,797	(166,750,553)	5,391,601,244	

Narrative Explanation:

A reduction of general funds from the medical services program would be managed by a reduction in services to Medicaid beneficiaries or a reduction in payment provider rates. However, these factors are legislatively determined.

Program Name: (3) CHILDREN'S HEALTH INSURANCE PROGRAM				
General	7,918,287	(237,549)	7,680,738	(3.00%)
State Support Special				
Federal	159,315,520	(4,779,466)	154,536,054	
Other Special				
TOTAL	167,233,807	(5,017,015)	162,216,792	

Narrative Explanation:

A reduction in CHIP general funds would require a reduction in the per member per month payments for medical services to the children covered by CHIP. The premiums are contractually determined and a reduction may or may not be achievable.

Program Name: (4) HOME & COMMUNITY BASED SERVICES				
General	95,726,349	(2,871,790)	92,854,559	(3.00%)
State Support Special				
Federal	293,948,564	(8,818,457)	285,130,107	
Other Special	(3,014,959)	90,448	(2,924,511)	
TOTAL	386,659,954	(11,599,799)	375,060,155	

Narrative Explanation:

A reduction in general funds available for home and community based waivers would result in a reduction in the number of beneficiaries served (slots).

Program Name: (99) Summary of All Programs				
General	902,655,576	(27,079,667)	875,575,909	(3.00%)
State Support Special	62,782,638	(1,883,479)	60,899,159	
Federal	4,837,554,533	(145,126,636)	4,692,427,897	
Other Special	541,309,625	(16,239,289)	525,070,336	

PROGRAM 3% GENERAL FUND REDUCTION AND NARRATIVE EXPLANATIONGovernor's Office - Division of Medicaid (328-00)

	Fiscal Year 2016 Funding			FY 2016 GF PERCENT REDUCED
	Total Funds	Reduced Amount	Reduced Funding Amount	
TOTAL	6,344,302,372	(190,329,071)	6,153,973,301	

☐ **MEMBERS**

Governor's Office - Division of Medicaid (328-00)
Name of Agency

A. Explain Rate and manner in which board members are reimbursed:

B. Estimated number of meetings FY 2016:

C. Names of Members	City, Town, Residence	Appointed By	Date of Appointment	Length of Term
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Identify Statutory Authority (Code Section or Executive Order Number)*

*If Executive Order, please attach copy.

**SCHEDULE B
CONTRACTUAL SERVICES**

REVISED: 9/11/2015 10:17:37 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested for FY Ending June 30, 2017
A. Tuition, Rewards & Awards (61050xxx-61080xxx)			
61050000 Tuition Expenses	657	10,670	6,020
61060000 Employee Training	65,641	84,750	87,200
61070000 Travel Related Registration	39,328	83,875	88,475
Total	105,626	179,295	181,695
B. Transportation & Utilities (61100xxx-61200xxx)			
61100000 Transportation of Goods	20,123	27,572	27,572
61110000 Postal Services	364,826	691,500	691,500
61200000 Utilities	342,779	360,000	365,000
Total	727,728	1,079,072	1,084,072
C. Public Information (61300xxx-61310xxx)			
61300000 Advertising and Public Information	53,267	37,580	37,800
61310000 Promotional Expenses	14,200	12,000	15,000
Total	67,467	49,580	52,800
D. Rents (61400xxx-61490xxx)			
61400000 Building and Floor Space Rental	2,769,947	3,010,000	3,110,000
61420000 Equipment Rental	128,561	161,150	163,550
61430000 Capitol Facilities Rental	1,227,384	1,227,384	1,227,384
61450000 Conference Rooms, Exhibits and Display Rentals	13,750	20,000	20,000
Total	4,139,642	4,418,534	4,520,934
E. Repairs & Service (61500xxx)			
61500000 Repair and Maintenance Services	387,290	333,333	335,000
Total	387,290	333,333	335,000
F. Fees, Professional & Other Services (61600xxx-61690xxx)			
61600000 Inter-agency Fees	985,149	587,060	597,160
61610000 Contract Worker Payroll - EFT	3,340,528	2,778,545	2,782,661
61625000 Contract Worker Payroll Matching - EFT	272,371	223,939	221,206
61660000 Accounting and Financial Services	1,811,010	3,322,500	3,347,500
61665000 Investment Managers and Actuary Services	1,196,433	4,511,000	4,511,500
61670000 Legal and Related Services	388,685	744,868	744,500
61680000 Medical Services	10,625,618	10,327,647	9,304,974
61690000 Fees and Services	69,314,410	135,161,591	140,457,460
61695000 Professional Fees and Services - Travel-1099	185		

**SCHEDULE B
CONTRACTUAL SERVICES**

REVISED: 9/11/2015 10:17:37 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested for FY Ending June 30, 2017
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61696000 Professional Fees and Services - Travel- No 1099	7,923	105,500	106,550
Total	87,942,312	157,762,650	162,073,511

G. Other Contractual Services (61700xxx-61790xxx, 61900xxx)			
61700000 Insurance Fees and Services	54,200	60,300	65,300
61705000 Banking and Credit Card Fees	48,580	48,000	48,000
61710000 Membership Dues	33,002	22,235	22,735
61735000 Salvage, Demolition and Removal Service	26,709	30,000	30,000
61760000 Transportaation of Clients	1,688,742	1,432,315	1,456,825
61900000 Procurement Card-Contractual Purchases	42,798	37,300	37,500
Total	1,894,031	1,630,150	1,660,360

H. Information Technology (61800xxx-61890xxx)			
61800000 Basic Telephone Monthly-Outside Vendor	10,999	4,040	4,040
61806000 Data Line and Network Charges-Outside Vendor	28,330		
61818000 Cellular Usage Time-Outside Vendor	26,036		
61824000 Satellite Voice Transmission Services-Out Vendor	9,231		
61830000 IT Professional Fees-Outside Vendor	986,161	50	50
61836000 Outsourced IT Solutions-Outside Vendor	84,463	71,180	73,180
61839000 Software Acq, Installation & Maint-Out Vendor	1,095,826		1,000,000
61845000 Off-site Storage of IS Software & Data- Out Vendor	2,429		
61848000 Maintenance & Repair of IT Equipment- Outside Vend	111,608		
61850000 Payments to ITS	1,125,501	3,008,916	2,009,888
Total	3,480,584	3,084,186	3,087,158

I. Other (61910xxx-61990xxx)			
61960000 Prior Year Expense-Contractual	1,960,858		
61965000 Prior Year Expense-Contractual 1099	2,684,305	32,500	32,500
Total	4,645,163	32,500	32,500

Grand Total (Enter on Line 1-B of Form MBR-1)	103,389,843	168,569,300	173,028,030
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Funding Summary:			
General Funds	29,983,054	48,461,266	49,356,010
State Support Special Funds			
Federal Funds	73,406,789	120,108,034	123,672,020
Other Special Funds			
Total Funds	103,389,843	168,569,300	173,028,030

**SCHEDULE C
COMMODITIES**

REVISED: 9/11/2015 10:17:38 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested for FY Ending June 30, 2017
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A. Maintenance & Constr. Materials & Supplies (62000xxx, 62015xxx)			
62015000 Bldg & Construct Mat		10,000	10,000
Total		10,000	10,000

B. Printing & Office Supplies & Materials (62010xxx, 62085xxx, 62100xxx, 62125xxx, 62400xxx)			
62010000 Book, Maps, Instr Mat	29,047	46,900	51,400
62085000 Office Supplies	180,212	170,100	175,050
62100000 Printing Costs and Supplies	64,895	56,521	56,486
62400000 Furniture and Equipment	41,039	15,400	17,400
Total	315,193	288,921	300,336

C. Equipment Repair Parts, Supplies & Acces. (62050xxx, 62072xxx, 62110xxx, 62115xxx, 62120xxx, 62130xxx)			
62050000 Fuel	3,945	27,000	27,000
62055000 Fuel Card Rep & Maint	35,000		5,000
62110000 Parts-Heat/Cool/Plm	5,017		
62115000 Parts-Office/IT/Oth	27,717	4,400	2,400
Total	71,679	31,400	34,400

D. Professional & Sci. Supplies and Materials (62025xxx, 62030xxx, 62070xxx, 62095xxx, 62105xxx)			
62070000 Lab and Medical Supplies	1,681		
Total	1,681		

E. Other Supplies & Materials (62005xxx, 62020xxx, 62035xxx, 62040xxx, 62045xxx, 62060xxx, 62065xxx, 62075xxx-62080xxx, 62090xxx, 62135xxx, 62140xxx, 62405xxx, 62415xxx, 62500xxx-62999xxx)			
62040000 Food for Business Meetings	11,915	37,089	37,312
62060000 Janitorial and Cleaning Supplies	5,552	12,010	13,020
62078000 Other Miscellaneous Supplies	7,800	2,625	2,125
62415000 Computers and Computer Equipment	82,000	134,000	357,875
62900000 Procurement Card - Commodity Purchases	115,667	109,274	111,002
62960000 Prior Year Expense - Commodities	4,800	1,500	2,700
Total	227,734	296,498	524,034

Grand Total (Enter on Line 1-C of Form MBR-1)	616,287	626,819	868,770
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Funding Summary:			
General Funds	308,144	313,410	434,386
State Support Special Funds			
Federal Funds	308,143	313,409	434,384
Other Special Funds			

**SCHEDULE C
COMMODITIES**

REVISED: 9/11/2015 10:17:38 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested for FY Ending June 30, 2017
Total Funds	616,287	626,819	868,770

**SCHEDULE D-1
CAPITAL OUTLAY
OTHER THAN EQUIPMENT**

REVISED: 9/11/2015 10:17:38 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested for FY Ending June 30, 2017
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Grand Total

(Enter on Line 1-D-1 of Form MBR-1)

Funding Summary:

General Funds			
State Support Special Funds			
Federal Funds			
Other Special Funds			
Total Funds			

**SCHEDULE D-2
CAPITAL OUTLAY EQUIPMENT**

REVISED: 9/11/2015 10:17:39 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

EQUIPMENT BY ITEM	Act. FY Ending June 30, 2015		Est. FY Ending June 30, 2016		Req. FY Ending June 30, 2017	
	No. of Units	Total Cost	No. of Units	Total Cost	No. of Units	Total Cost

C. Office Machines, Furniture, Fixtures, Equip. (63200100)						
Capital Outlay - Equipment -Direct		153,052		465,900		468,100
Total		153,052		465,900		468,100

D. IS Equipment (DP & Telecommunications) (63200100)						
Equipment				3,427,111		3,868,000
Total				3,427,111		3,868,000

Grand Total (Enter on Line 1-D-2 of Form MBR-1)		153,052		3,893,011		4,336,100
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Funding Summary:						
General Funds		76,526		1,946,505		2,168,050
State Support Special Funds						
Federal Funds		76,526		1,946,506		2,168,050
Other Special Funds						
Total Funds		153,052		3,893,011		4,336,100

**SCHEDULE D-3
PASSENGER/WORK VEHICLES**

REVISED: 9/11/2015 10:17:40 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	Vehicle Inventory June 30, 2015	Act. FY Ending June 30, 2015		Est. FY Ending June 30, 2016		Req. FY Ending June 30, 2017	
		No. of Units	Total Cost	No. of Units	Total Cost	No. of Units	Total Cost

A. Passenger & Work Vehicles (63300100)

63300100 Vehicle	15			3	67,280		
63300100 Vehicle						3	70,000
Total (A)	15			3	67,280	3	70,000

GRAND TOTAL

(Enter on Line 1-D-3 of Form MBR-1)

					67,280		70,000
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Funding Summary:

General Funds					33,640		35,000
State Support Special Funds							
Federal Funds					33,640		35,000
Other Special Funds							
Total Funds					67,280		70,000

SCHEDULE D-4
WIRELESS COMMUNICATION DEVICES

REVISED: 9/11/2015 10:17:40 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	Device Inventory June 30, 2015	Act. FY Ending June 30, 2015		Est. FY Ending June 30, 2016		Req. FY Ending June 30, 2017	
		No. of Devices	Actual Cost	No. of Devices	Estimated Cost	No. of Devices	Requested Cost

Grand Total <i>(Enter on Line 1-D-4 of Form MBR-1)</i>			
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Funding Summary:			
General Funds			
State Support Special Funds			
Federal Funds			
Other Special Funds			
Total Funds			

**SCHEDULE E
SUBSIDIES, LOANS & GRANTS**

REVISED: 9/11/2015 10:17:41 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested for FY Ending June 30, 2017
B. Grants to I.H.L. & Other Political Subdivisions (67020xxx, 67650xxx-67670xxx)			
67020000 Grantor Payments Nontaxable	336,349		
Total	336,349		
E. Other (67000xxx-67019xxx, 67021xxx-67199xxx, 67998xxx, 68500xxx-68860xxx, 70045xxx-70080xxx, 80000xxx-80500xxx)			
67065000 Medical Care for the Needy	5,359,264,850	6,112,245,558	5,900,335,988
67155000 Vehicle Inspection Stickers	20		
67998000 Prior Year Expense-Subsidies	46,824,865		
68515000 Transfers to Other Funds	27,540,861		
Total	5,433,630,596	6,112,245,558	5,900,335,988
Grand Total (Enter on Line 1-E of Form MBR-1)	5,433,966,945	6,112,245,558	5,900,335,988
Funding Summary:			
General Funds	767,212,927	823,731,158	891,096,271
State Support Special Funds	157,653,227	62,782,638	62,782,638
Federal Funds	4,002,803,254	4,684,422,137	4,425,694,749
Other Special Funds	506,297,537	541,309,625	520,762,330
Total Funds	5,433,966,945	6,112,245,558	5,900,335,988

NARRATIVE 2017 BUDGET REQUEST

Governor's Office – Division of Medicaid (328-00)

The Division of Medicaid (DOM) budget request for SFY2017 and a deficit request for FY2016 are herein presented for consideration by the Legislative Budget Office and the State Legislature. Of the \$6,143,109,680 in total projected expenditures for SFY2017, DOM requests direct state support in the amount of \$1,036,685,612. The direct state support request represents 16.9% of the total funding needs projected to operate DOM and make payments for healthcare services provided to Mississippi's most vulnerable citizens.

Approximately 26% of Mississippi's population was enrolled in Medicaid and the Children's Health Insurance Program (CHIP) as of June, 2015. Enrollment in the two programs totaled 790,336.

The Medicaid budget request is organized by four program areas, including Administrative Services, Medical Services, CHIP and Home and Community Based Services. Narratives explaining key areas and explanations for changes in funding needs for SFY2017 are addressed for each program within this budget request submission.

The direct state support changes from SFY2015 to SFY2016 and SFY2016 to SFY2017 are summarized with the following amounts from each program area:

<u>Change in Direct Funding:</u>	<u>'15 to '16</u>	<u>'16 to '17</u>
Administrative Services	\$25,689,989	\$ 3,882,285
Medical Services	\$40,046,296	(\$ 3,297,457)
CHIP	(\$ 28,353,702)	(\$ 7,918,287)
Home & Community Based	<u>\$ 21,304,419</u>	<u>\$ 7,231,486</u>
Total Change:		
Appropriated/Request	\$58,687,002	(\$101,973)*

Deficit Request for SFY16 \$71,349,371*

Please refer to the program area narratives and the following two pages for more information on the basis for the funding changes.

- DOM requests deficit funding of \$71,349,371 for SFY2016. The SFY2017 budgeted amount anticipates a need for \$71,247,398 of this increased funding again in SFY2017.
- The total direct state support request for SFY2017 is \$1,036,685,612. Please refer to the program area narratives and the following two pages for more information on the basis for the funding changes.

**DIVISION OF MEDICAID
SUMMARY OF DIRECT STATE FUNDING
SUPPORT FOR FY16 DEFICIT REQUEST**

FY2016 Direct State Support Appropriated			
General Funds	\$902,655,576		\$965,438,214
Health Care Expendable Funds	\$62,782,638		
FY-16 Impacts on State Funds Request:			
Administrative Costs:		\$4,360,242	
Projections for CMS Mandated Systems Projects	2,135,891		
Salaries (50 PINS Requested)	1,486,235		
Departmental Budget Projections	738,116		
Medical Services Costs:		27,501,044	
Program Growth Projections	10,847,694		
*One Time Costs for Transition to Managed Care	10,183,180		
**MHAP Premium Tax	4,261,950		
Decrease in Healthcare Expendable Trust Funds	2,208,220		
CHIP Costs:		607,892	
Projections for Medical Services	607,892		
HCBS Costs:		14,559,369	
***HCBS Waiver Increases in Reimbursement Trends and Participants	11,233,347		
Replacing BIP Federal Grant Funds	3,326,022		
Prior Anticipated FY 16 Shortage		24,320,824	
Additional Direct State Funds Requested			\$71,349,371
FY 2016 Direct State Funds Request			<u>\$1,036,787,585</u>

* Expenses for fee-for-service claims continue after enrollment in managed care because providers have a year to submit claims. At the same time we are paying managed care premiums on a monthly basis.

** MHAP premium tax is paid to the Department of Insurance and is largely funded by federal funds at the medical services FMAP. Though there is a need for additional funding through DOM, there is an overall positive impact on the state budget for this tax.

*** DOM works to grow HCBS programs, which are more cost effective than institutional care. On average, annual expenses for HCBS programs are \$30,000 less per beneficiary compared to long term care facilities. Of course not all beneficiaries can be served in the community, and long term care facilities will always be a vital need for many Medicaid beneficiaries.

**DIVISION OF MEDICAID
SUMMARY OF DIRECT STATE FUNDING
BUDGET REQUEST
FY 2017**

FY 2016 Appropriation:			
General Funds		\$902,655,576	
Health Care Expendable Funds		<u>\$62,782,638</u>	
FY2016 Direct State Appropriated Funds			\$965,438,214
FY2016 Estimated Shortfall			\$71,349,371
FY-17 Impacts on State Funds Request:			
FMAP Change	(74.50% - Medicaid FFY17 Projected FMAP)		
Medical Services: Program Growth - Enrollment, Unit Cost, Utilization		-2.05%	-\$21,213,197
Medical Services: Program Growth - Medicare Premiums & Crossover Claims		1.60%	16,634,735
CHIP program FMAP Increase to 100% and Program Growth		0.34%	3,478,366
Replace Balancing Incentive Program Grant Funds		-0.76%	-7,918,287
ACA Mandates Administrative Costs		0.49%	5,034,124
		0.37%	3,882,285
Additional Direct State Funds Requested		-0.01%	-\$101,973
FY 2017 Direct State Funds Request			<u><u>\$1,036,685,612</u></u>

* DOM is committed to controlling costs. This Division of Medicaid projection represents the agency's best predictor of future cash requirements based on current and estimated future expenditure trends. DOM used FMAP projections issued by FFIS. The Division has no control over changes in the Federal match rates. Most medical service expenditures are components of rates and utilization of services that are dictated by state and federal legislation, as well as economic changes. Predicting cashflow outcomes into the future is not possible with 100% accuracy. Administrative expenses remain below 4% of the total Medicaid budget which is a national low.

**OUT-OF-STATE TRAVEL
FISCAL YEAR 2017**

REVISED: 9/11/2015 10:17:42 AM

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Note: All expenditures recorded on this form must be totaled and said total must agree with the out-of-state travel amount indicated for FY 2015 on Form Mbr-1, line 1.A.2.b.

Employee's Name	Destination	Purpose	Travel Cost	Funding Source
Aldridge Meredith	Charleston SC	2014 Natl Association of Hearing Officials Conference	1,325	22328
Andrews Desonya	Tampa FL	NFPRHA Regional Meeting	132	22328
Andrews Desonya	Alexandria VA	NFPRHA Natl Conference	1,325	22328
Atterberry Shera	Arlington VA	2014 HCBS Conference	2,067	22328
Barham Erin	New Orleans LA	SPRF Conference	1,326	22328
Barham Erin	Memphis TN	Natl Association of Government Communicators Conference/Training	412	22328
Bates Rolonda	Franklin TN	PASRR Meeting with Ascend and CMS	116	22328
Bethley Geraldine	Alexandria VA	NFPRHA Natl Conference	1,282	22328
Biglane Paige	New Orleans LA	AAPWA Annual Conference	1,093	22328
Boarden Shanda	Atlanta GA	27th Natl Academy for State Health Policy Conference	369	22328
Boarden Shanda	Washington DC	Association of Maternal Child Health Annual Conference	1,375	22328
Bracey-Mack Sandra	Arlington VA	2014 HCBS Conference	1,898	22328
Browder Lawrence	Memphis TN	MS Academy of Family Physicians Meeting	312	22328
Brown Cindy	San Destin FL	MSMA Conference	1,550	22328
Brunson Christin	Lake Buena Vista FL	HCCA Annual Compliance Institute	2,069	22328
Byars Tamatha	Arlington VA	2014 HCBS Conference	1,972	22328
Cain Cheryl	New Orleans LA	Natl Compensation Assoc of State Governments Conf	769	22328
Cook Deborah	Arlington VA	2014 HCBS Conference	1,989	22328
Cox Latasha	Kansas City MO	Basic Governmental Accounting Course	1,328	22328
Crump Will	Vail CO	2014 Medeanalytics Health Plan Summit	610	22328
Crump Will	Vail CO	2014 Medeanalytics Health Plan Summit	87	22328
Daschbach P Michael	Montgomery AL	RFP Site Visit	328	22328
Daschbach P Michael	Concord NH	RFP Site Visit	1,188	22328
Dickerson Marilyn	New Orleans LA	2015 CPT Coding Updates Workshop	223	22328
Dickerson Marilyn	Las Vegas NV	2015 Healthcon Conference	1,553	22328
Dockins Alwin	San Antonio TX	30th Natl Association of Medicaid Program Integrity Conference	1,713	22328
Douglas Archie	Covington LA	Case Management	157	22328
Douglas Archie	Covington LA	Case Management	152	22328
Dumas David	Kansas City MO	Basic Governmental Accounting Course	1,257	22328

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FISCAL YEAR 2017**

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Dzielak Dr David	Pentagon City VA	Medicaid Managed Care Summit Speaker	836	22328
Dzielak Dr David	Raleigh-Durham NC	ESRI Conference Panalist	946	22328
Dzielak Dr David	Kansas City MO	Cerner Health Conference	1,193	22328
Dzielak Dr David	Atlanta GA	Together on Diabetes Conference	1,110	22328
Dzielak Dr David	Des Moines IA	Medicaid Enterprise Systems Conference	487	22328
Dzielak Dr David	Chicago IL	Natl Association of Medicaid Directors	1,694	22328
Ensley Dinne	San Antonio TX	2014 Natl Association of Medicaid Program Integrity Conference	1,513	22328
Ensley Dinne	Montomery AL/Concord NH	RFP Site Visits	785	22328
Ensley Dinne	Charleston SC	2014 Natl Association of Hearing Officials Conference	595	22328
Ensley Dinne	Concord NH	RFP Site Visit	744	22328
Evans Demetrese	San Antonio TX	30th Natl Association of Medicaid Program Integrity Conference	1,110	22328
Evans Stephanie	New Orleans LA	AAPWA Annual Conference	1,115	22328
Fulcher Jennifer	Baltimore MD	Reinventing Quality Conference	1,578	22328
Fulcher Jennifer	Baltimore MD	2014 HCBS Conference	2,087	22328
Funchess Sheila	Arlington VA	2014 HCBS Conference	2,099	22328
Gipson Gay	Franklin TN	PASRR Meeting with Ascend and CMS	123	22328
Grant Jennifer	Washington DC	2014 Georgetown University Training Institutes	2,162	22328
Hardwick Shannon	Phoenix AZ	ADURS Meeting	115	22328
Harris Stnaley	Kansas City MO	Basic Governmental Accounting Course	1,329	22328
Hill James	Atlanta GA	CMS HIT Regional Conference	1,664	22328
Hogue Sabrina	Charleston SC	2014 Natl Association of Hearing Officials Conference	1,546	22328
Horton James	New Orleans LA	2014 LMHPCO Hospice Conference Speaker	364	22328
Horton James	Arlington VA	2014 HCBS Conference	2,076	22328
Jackson Charles	Atlanta GA	CCNA Routing and Switching Boot Camp	1,906	22328
Jackson Charles	Houston TX	Implementing Cisco Nexus 5000 and 2000 Training	2,280	22328
Johnson Paulette	Arlington VA	2014 HCBS Conference	1,911	22328
Kearney Sheila	Chicago IL	HIMSS Conference	2,460	22328
King Janice	Kansas City MO	Basic Governmental Accounting Course	1,257	22328

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King Margaret	Chicago IL	Natl Association of Medicaid Directors Conference	417	22328
Kirby Terri	Portland ME	SSDC Annual Meeting	511	22328
Koonce Abbie	New Orleans LA	AAPWA Annual Conference	734	22328
Little India	San Destin FL	MSMA Conference	1,111	22328
Litton Nicole	Lake Buena Vista FL	HCCA Annual Compliance Institute	2,081	22328
Litton Nicole	Montgomery AL	RFP Site Visit	481	22328
Litton Nicole	Concord NH	RFP Site Visit	1,401	22328
Lyle Christy	New Orleans LA	2015 CPT Coding Updates Workshop	221	22328
Lyle Christy	Las Vegas NV	2015 Healthcon Conference	1,530	22328
Lyle Christy	Alexandria VA	NFPRHA Natl Conference	692	22328
Lyle Christy	Washington DC	Association of Maternal Child Health Annual Conference	1,102	22328
Lyle Christy	Alexandria VA	NFPRHA Natl Conference	716	22328
Lyle Christy	Montgomery AL	RFP Site Visit	323	22328
Lyle Christy	Concord NH	RFP Site Visit	1,149	22328
Mack Eula Louise	Charleston SC	2014 Natl Association of Hearing Officials Conference	1,475	22328
Maisel Nick	Atlanta GA	CMS HIT Regional Conference	1,529	22328
McDonald Marcus	Orlando FL	Citrix Synergy Training	534	22328
McDonald Marcus	Orlando FL	Citrix Synergy Training	1,071	22328
McSwain Barbara	Kansas City MO	Basic Governmental Accounting Course	1,328	22328
Montgomery Peter	Montgomery AL	RFP Site Visit	404	22328
Montgomery Peter	Concord NH	RFP Site Visit	1,134	22328
Montgomery Peter	Denver Co	2014 Medicaid Enterprise Conference	1,565	22328
Moore LaNassa	Arlington VA	2014 HCBS Conference	1,977	22328
Myers Martha	Charleston SC	2014 Natl Association of Hearing Officials Conference	1,392	22328
Nassar Matthew	Montgomery AL	RFP Site Visit	352	22328
Nassar Matthew	Concord NH	RFP Site Visit	343	22328
Nassar Matthew	Concord NH	RFP Site Visit	745	22328
Parker Zeddie	Atlanta GA	27th Natl Academy for State Health Policy Conference	411	22328
Parker Zeddie	Washington DC	Association of Maternal Child Health Annual Conference	1,330	22328

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Employee's Name	Destination	Purpose	Travel Cost	Funding Source
Parks Bernadette	San Antonio TX	30th Natl Association of Medicaid Program Integrity Conference	1,731	22328
Plotner Kristi	Arlington VA	2014 HCBS Conference	1,950	22328
Plotner Kristi	Madison WI	LTC Governing Roundtable Maintaining Momentum in HCBS	1,485	22328
Plotner Kristi	Franklin TN	PASRR Meeting with ASCEND and CMS	261	22328
Plotner Kristi	Tampa FL	The Childrens Colaborative Promise Conference	1,563	22328
Plotner Kristi	Washington DC	HCBS Annual Conference	185	22328
Randazzo Mary	San Antonio TX	2014 Natl Association of Medicaid Program Integrity Conference	2,166	22328
Reno Laura	San Antonio TX	30th Natl Association of Medicaid Program Integrity Conference	1,635	22328
Rutland Rita	Vail CO	2014 Medeanalytics Health Plan Summit	610	22328
Rutland Rita	Chicago IL	HIMSS Conference	2,311	22328
Rutland Rita	Montgomery AL	RFP Site Visit	149	22328
Rutland Rita	Concord NH	RFP Site Visit	1,390	22328
Rutland Rita	Denver CO	2014 Medicaid Enterprise Conference	1,505	22328
Smith Saranne	Lake Buena Vista FL	HCCA Annual Compliance Institiute	2,097	22328
Stafford Noel	Morristown NJ	Implementing Cisco Nexus 5000 and 2000 Training	2,412	22328
Taylor Pamela	Point Clear AL	14th Gulf Coast Home Care Conference & Exhibition	1,039	22328
Toten Charlene	Franklin TN	PASRR Meeting with Ascend and CMS	395	22328
Wadsworth Susan	Montgomery AL	RFP Site Visit	382	22328
Wadsworth Susan	Concord NH	RFP Site Visit	1,255	22328
Wadsworth Susan	Denver Co	2014 Medicaid Enterprise Conference	1,446	22328
Wakeland Melanie	Montgomery AL	RFP Site Visit	306	22328
Wakeland Melanie	Concord NH	RFP Site Visit	1,237	22328
Washington Jennifer	San Diego CA	2014 EEOC Excel Training Conference	1,853	22328
Washington Jennifer	New York NY	Employee Complaints and Investigations Workshop	1,851	22328
Washington Otis	San Antonio TX	30th Natl Association of Medicaid Program Integrity Conference	1,622	22328
Washington Otis	Boca Raton FL	2015 Truven Conference	891	22328
Westerfield Matt	Memphis TN	Natl Association of Government Communicators Conference/Training	675	22328
Wilson Nathan	New York NY	Employee Complaints and Investigations Workshop	1,976	22328

**OUT-OF-STATE TRAVEL
FISCAL YEAR 2017**

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Governor's Office - Division of Medicaid (328-00)

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Employee's Name	Destination	Purpose	Travel Cost	Funding Source
Windham Bonlitha	Franklin TN	PASRR Meeting with Ascend and CMS	425	22328
Windham Bonlitha	Memphis TN	Youth Villages/Region 3 CMHC Meeting	80	22328
Windham Bonlitha	Washington DC	Trauma Informed Care Implementation Training	2,218	22328
Windham Bonlitha	Washington DC	2014 Georgetown University Training Institutes	2,130	22328
Wynter Brian	Houston TX	Implementing Cisco Nexus 5000 and 2000 Training	1,783	22328
Young Dorthy	Denver CO	2014 Medicaid Enterprise Conference	1,418	22328
Young Dorthy	Vail CO	2014 Medeanalytics Health Plan Summit	544	22328
Young Dorthy	Arlington VA	2014 Natl Association of Medicaid Directors Fall Conference	880	22328
Young Dorthy	Washington DC	Association of Maternal Child Health Annual Conference	1,126	22328
Young Dorthy	Atlanta GA	Winnable Battles Initiative Meeting	99	22328
Young Tamiko	San Antonio TX	30th Natl Association of Medicaid Program Integrity Conference	1,786	22328
Total Out of State Cost			\$ 143,988	

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
61600000 Inter-agency Fees					
MMRS Fees/Accounting Services					
Comp. Rate: Pro-rate Share MMRS		985,149	587,060	597,160	22328
Total 61600000 Inter-agency Fees		985,149	587,060	597,160	
61610000 Contract Worker Payroll - EFT					
ABADIE GREGORY/Contract Worker					
Comp. Rate: Actual		2,106			22328
ADKINS JONELLE/Contract Worker					
Comp. Rate: Actual		8,277			22328
ALBRITTON KATHRYN/Contract Worker					
Comp. Rate: Actual		77,145			22328
BALL MARLO/Contract Worker					
Comp. Rate: Actual		18,756			22328
BANKS-GAINES PAMELA/Contract Worker					
Comp. Rate: Actual		23,577			22328
BARNES DAVID/Contract Worker					
Comp. Rate: Actual		22,266			22328
BATES ARIEL/Contract Worker					
Comp. Rate: Actual		6,894			22328
BATTISTE WALTONI/Contract Worker					
Comp. Rate: Actual		20,741			22328
BEAMON JEANETTE/Contract Worker					
Comp. Rate: Actual		23,005			22328
BEASLEY JAMES/Contract Worker					
Comp. Rate: Actual		15,546			22328
BELL KATIE/Contract Worker					
Comp. Rate: Actual		13,942			22328
BENNETT LINDA/Contract Worker					
Comp. Rate: Actual		443			22328
BLAIR WILLIE/Contract Worker					
Comp. Rate: Actual		3,646			22328
BREWER SAMANTHA/Contract Worker					
Comp. Rate: Actual		22,588			22328
BROWDER LAWRENCE/Contract Worker					
Comp. Rate: Actual		14,373			22328
BROWN BEVERLY/Contract Worker					
Comp. Rate: Actual		20,864			22328
BROWN CINDY/Contract Worker					
Comp. Rate: Actual		17,299			22328
BROWN LINDSEY/Contract Worker					
Comp. Rate: Actual		28,579			22328
BRUNSON CHRISTIN/Contract Worker					
Comp. Rate: Actual		25,830			22328
BULLARD MITCHELL/Contract Worker					

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
<i>Comp. Rate: Actual</i>		24,942			22328
BURKETT ANDRIAL/Contract Worker					
<i>Comp. Rate: Actual</i>		21,336			22328
CAGE EVERLYN/Contract Worker					
<i>Comp. Rate: Actual</i>		8,965			22328
CARTER SUSIE/Contract Worker					
<i>Comp. Rate: Actual</i>		23,140			22328
CARVIN PENNY/Contract Worker					
<i>Comp. Rate: Actual</i>		12,758			22328
CHATMAN WHITLEY/Contract Worker					
<i>Comp. Rate: Actual</i>		18,621			22328
CLOYD CHARLES/Contract Worker					
<i>Comp. Rate: Actual</i>		16,742			22328
CLUNE JENNIFER/Contract Worker					
<i>Comp. Rate: Actual</i>		237			22328
CLUNE/Contract Worker					
<i>Comp. Rate: Actual</i>		60,185			22328
COFFIE KENSHA/Contract Worker					
<i>Comp. Rate: Actual</i>		7,204			22328
CONGIOUS NORCASHA/Contract Worker					
<i>Comp. Rate: Actual</i>		25,701			22328
CROCKER MARY/Contract Worker					
<i>Comp. Rate: Actual</i>		8,248			22328
DAVIDSON LINDA/Contract Worker					
<i>Comp. Rate: Actual</i>		16,890			22328
DAVIS ADERIA/Contract Worker					
<i>Comp. Rate: Actual</i>		5,276			22328
DAVIS KIMBERLY/Contract Worker					
<i>Comp. Rate: Actual</i>		9,571			22328
DAVIS SHAMANDA/Contract Worker					
<i>Comp. Rate: Actual</i>		22,574			22328
DAWKINS ALANA/Contract Worker					
<i>Comp. Rate: Actual</i>		5,985			22328
DEAN SARAH/Contract Worker					
<i>Comp. Rate: Actual</i>		17,327			22328
DENNERY CHARLA/Contract Worker					
<i>Comp. Rate: Actual</i>		38,640			22328
DERBIGNY CLARK/Contract Worker					
<i>Comp. Rate: Actual</i>		22,149			22328
DILWORTH LORETTA/Contract Worker					
<i>Comp. Rate: Actual</i>		1,543			22328
DOBBS BRENDA/Contract Worker					
<i>Comp. Rate: Actual</i>		19,899			22328
DOMIN BRANTLEY/Contract Worker					
<i>Comp. Rate: Actual</i>		8,455			22328
DONAH0 DARBY/Contract Worker					

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
<i>Comp. Rate: Actual</i>		2,704			22328
DOZIER WHITNEY/Contract Worker					
<i>Comp. Rate: Actual</i>		22,542			22328
DUMAS TERRANCE/Contract Worker					
<i>Comp. Rate: Actual</i>		10,850			22328
ESTEES BRAD/Contract Worker					
<i>Comp. Rate: Actual</i>		75,765			22328
EVERETT PAMELA/Contract Worker					
<i>Comp. Rate: Actual</i>		23,610			22328
FAIRLEY VANESSA/Contract Worker					
<i>Comp. Rate: Actual</i>		5,145			22328
FERGUSON ERIN/Contract Worker					
<i>Comp. Rate: Actual</i>		6,847			22328
FISHER HELEN/Contract Worker					
<i>Comp. Rate: Actual</i>		2,882			22328
FISHER TEKESHA/Contract Worker					
<i>Comp. Rate: Actual</i>		19,606			22328
FLORES MONICA/Contract Worker					
<i>Comp. Rate: Actual</i>		1,985			22328
FLOWERS EMMA/Contract Worker					
<i>Comp. Rate: Actual</i>		9,821			22328
FLOWERS LARESHA/Contract Worker					
<i>Comp. Rate: Actual</i>		21,736			22328
FOUNTAIN MARY/Contract Worker					
<i>Comp. Rate: Actual</i>		8,441			22328
FRANK GARY/Contract Worker					
<i>Comp. Rate: Actual</i>		5,049			22328
FULLER BRIANNA/Contract Worker					
<i>Comp. Rate: Actual</i>		16,567			22328
GARRETT ANTORNQUE/Contract Worker					
<i>Comp. Rate: Actual</i>		4,783			22328
GASTON LATAMRA/Contract Worker					
<i>Comp. Rate: Actual</i>		23,380			22328
GIBSON AMANDA/Contract Worker					
<i>Comp. Rate: Actual</i>		8,983			22328
GILLESPIE ERICKA/Contract Worker					
<i>Comp. Rate: Actual</i>		22,167			22328
GINSBERG SAMUEL/Contract Worker					
<i>Comp. Rate: Actual</i>		8,017			22328
GOINS TAVIS/Contract Worker					
<i>Comp. Rate: Actual</i>		41,733			22328
GORE MARTHA/Contract Worker					
<i>Comp. Rate: Actual</i>		9,606			22328
GRAEBER ANNE/Contract Worker					
<i>Comp. Rate: Actual</i>		33,919			22328
GRAHAM KENITRA/Contract Worker					

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
<i>Comp. Rate: Actual</i>		2,745			22328
GRAHAM TIFFANY/Contract Worker					
<i>Comp. Rate: Actual</i>		20,425			22328
GRAVES SARAH/Contract Worker					
<i>Comp. Rate: Actual</i>		5,027			22328
GREEN SHAKARMA/Contract Worker					
<i>Comp. Rate: Actual</i>		36,978			22328
GREER VALERIE/Contract Worker					
<i>Comp. Rate: Actual</i>		3,048			22328
GRIFFIN CECILIA/Contract Worker					
<i>Comp. Rate: Actual</i>		5,312			22328
HAMPTON APRIL/Contract Worker					
<i>Comp. Rate: Actual</i>		26,196			22328
HARMON CHAQUETTA/Contract Worker					
<i>Comp. Rate: Actual</i>		5,529			22328
HARMON QUENTIN/Contract Worker					
<i>Comp. Rate: Actual</i>		5,696			22328
HARRIS VERONICA/Contract Worker					
<i>Comp. Rate: Actual</i>		20,991			22328
HARRIS KAMERON/Contract Worker					
<i>Comp. Rate: Actual</i>		55,025			22328
HARRISON SALLY/Contract Worker					
<i>Comp. Rate: Actual</i>		83,782			22328
HARVEY KIMBERLY/Contract Worker					
<i>Comp. Rate: Actual</i>		20,041			22328
HEAD HEATHER/Contract Worker					
<i>Comp. Rate: Actual</i>		13,067			22328
HODGES REBECCA/Contract Worker					
<i>Comp. Rate: Actual</i>		14,304			22328
HOLLIDAY JACQUELINE/Contract Worker					
<i>Comp. Rate: Actual</i>		5,628			22328
HOLMES JUDY/Contract Worker					
<i>Comp. Rate: Actual</i>		6,554			22328
HOPSON RONISHA/Contract Worker					
<i>Comp. Rate: Actual</i>		2,081			22328
HORNE CATHY/Contract Worker					
<i>Comp. Rate: Actual</i>		17,575			22328
HORTON JOYCELYN/Contract Worker					
<i>Comp. Rate: Actual</i>		3,177			22328
HUMPHRIES CHERIE/Contract Worker					
<i>Comp. Rate: Actual</i>		21,558			22328
JACKSON JAZMAN/Contract Worker					
<i>Comp. Rate: Actual</i>		4,777			22328
JAMES TANIQWA/Contract Worker					
<i>Comp. Rate: Actual</i>		15,451			22328
JEFFERSON ALICE/Contract Worker					

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Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
<i>Comp. Rate: Actual</i>		6,883			22328
JEFFERSON DEVIN/Contract Worker					
<i>Comp. Rate: Actual</i>		24,705			22328
JENKINS FRANK/Contract Worker					
<i>Comp. Rate: Actual</i>		14,037			22328
JENKINS MELVIN/Contract Worker					
<i>Comp. Rate: Actual</i>		85,377			22328
JENKINS TIFFANY/Contract Worker					
<i>Comp. Rate: Actual</i>		9,791			22328
JENNINGS CAITLIN/Contract Worker					
<i>Comp. Rate: Actual</i>		4,584			22328
JOHNSON ASHLEY/Contract Worker					
<i>Comp. Rate: Actual</i>		2,327			22328
JOHNSON BELINDA/Contract Worker					
<i>Comp. Rate: Actual</i>		614			22328
JOHNSON GLORIA/Contract Worker					
<i>Comp. Rate: Actual</i>		5,068			22328
JOHNSON JESSICA/Contract Worker					
<i>Comp. Rate: Actual</i>		6,145			22328
JOHNSON NAOMI/Contract Worker					
<i>Comp. Rate: Actual</i>		8,183			22328
JOHNSON WAYNE/Contract Worker					
<i>Comp. Rate: Actual</i>		7,184			22328
JOHNSON YAVOKA/Contract Worker					
<i>Comp. Rate: Actual</i>		7,980			22328
JONES LEIGN/Contract Worker					
<i>Comp. Rate: Actual</i>		13,026			22328
JONES SHEREETA/Contract Worker					
<i>Comp. Rate: Actual</i>		5,902			22328
KEENE KAYLA/Contract Worker					
<i>Comp. Rate: Actual</i>		8,387			22328
KEES DANIEL/Contract Worker					
<i>Comp. Rate: Actual</i>		2,116			22328
KELLY ROBIN/Contract Worker					
<i>Comp. Rate: Actual</i>		24,388			22328
KEYES JERALD/Contract Worker					
<i>Comp. Rate: Actual</i>		4,015			22328
KING DONESHA/Contract Worker					
<i>Comp. Rate: Actual</i>		7,465			22328
KING MARIE/Contract Worker					
<i>Comp. Rate: Actual</i>		33,704			22328
KIRKLAND ARRENTHEA/Contract Worker					
<i>Comp. Rate: Actual</i>		3,621			22328
KLEINMAN HANNAH/Contract Worker					
<i>Comp. Rate: Actual</i>		1,316			22328
LADNER LATRISSA/Contract Worker					

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<i>Comp. Rate: Actual</i>		14,583			22328
LINDSAY BRENITA/Contract Worker					
<i>Comp. Rate: Actual</i>		8,608			22328
LINDSEY KENYATTA/Contract Worker					
<i>Comp. Rate: Actual</i>		7,882			22328
LIVINGSTON FELICIA/Contract Worker					
<i>Comp. Rate: Actual</i>		27,116			22328
MAISEL NICHOLAS/Contract Worker					
<i>Comp. Rate: Actual</i>		88,166			22328
MASON CAROL/Contract Worker					
<i>Comp. Rate: Actual</i>		29,328			22328
MATTHES FREDERICK/Contract Worker					
<i>Comp. Rate: Actual</i>		48,141			22328
MAY EVELYN/Contract Worker					
<i>Comp. Rate: Actual</i>		13,031			22328
MCCLENDON LASHSNA/Contract Worker					
<i>Comp. Rate: Actual</i>		17,992			22328
MCCLINTON PRINCESS/Contract Worker					
<i>Comp. Rate: Actual</i>		20,542			22328
MCCORMICK EDDIE/Contract Worker					
<i>Comp. Rate: Actual</i>		38,194			22328
MCKINES HOPE/Contract Worker					
<i>Comp. Rate: Actual</i>		2,018			22328
MCLAURIN-LORCH JENNIFER/Contract Worker					
<i>Comp. Rate: Actual</i>		14,415			22328
MIRANNE LAURA/Contract Worker					
<i>Comp. Rate: Actual</i>		22,333			22328
MITCHELL BRENDA/Contract Worker					
<i>Comp. Rate: Actual</i>		21,934			22328
MIZE CHERYL/Contract Worker					
<i>Comp. Rate: Actual</i>		100,760			22328
MOORE KELIA/Contract Worker					
<i>Comp. Rate: Actual</i>		7,734			22328
MOORE KIMBERLY/Contract Worker					
<i>Comp. Rate: Actual</i>		21,724			22328
MORRIS TIMKA/Contract Worker					
<i>Comp. Rate: Actual</i>		6,806			22328
MOUNGER WILLIAM/Contract Worker					
<i>Comp. Rate: Actual</i>		30,745			22328
NASH KENO/Contract Worker					
<i>Comp. Rate: Actual</i>		21,632			22328
NELSON KENNETH/Contract Worker					
<i>Comp. Rate: Actual</i>		15,413			22328
OLIVER NICOLE/Contract Worker					
<i>Comp. Rate: Actual</i>		13,811			22328
OSHINSKY STEPHEN/Contract Worker					

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<i>Comp. Rate: Actual</i>		100,788			22328
OWENS RONNA/Contract Worker					
<i>Comp. Rate: Actual</i>		27,235			22328
PATRICK MARY/Contract Worker					
<i>Comp. Rate: Actual</i>		6,406			22328
PATTERSON WINTER/Contract Worker					
<i>Comp. Rate: Actual</i>		21,511			22328
PAYNE CRYSTAL/Contract Worker					
<i>Comp. Rate: Actual</i>		22,900			22328
PLUNKETT CHARLES/Contract Worker					
<i>Comp. Rate: Actual</i>		3,561			22328
POLK CAPETRA/Contract Worker					
<i>Comp. Rate: Actual</i>		20,314			22328
PORTIS AMELIA/Contract Worker					
<i>Comp. Rate: Actual</i>		11,447			22328
POUNDS FLORENCY/Contract Worker					
<i>Comp. Rate: Actual</i>		15,696			22328
POWELL RAVEN/Contract Worker					
<i>Comp. Rate: Actual</i>		1,750			22328
PROCTOR ADRIAN/Contract Worker					
<i>Comp. Rate: Actual</i>		36,058			22328
Projected SPHARS Payroll/Contract Worker					
<i>Comp. Rate: Actual</i>			2,778,545	2,782,661	22328
RAINEY LISA/Contract Worker					
<i>Comp. Rate: Actual</i>		14,409			22328
RANKIN LASHOWN/Contract Worker					
<i>Comp. Rate: Actual</i>		7,340			22328
REED STACIAN/Contract Worker					
<i>Comp. Rate: Actual</i>		23,688			22328
ROUNDTREE GAVIN/Contract Worker					
<i>Comp. Rate: Actual</i>		3,252			22328
SAWYERS TIARA/Contract Worker					
<i>Comp. Rate: Actual</i>		15,610			22328
SHARPE MARY/Contract Worker					
<i>Comp. Rate: Actual</i>		2,568			22328
SHELBY MANTRELL/Contract Worker					
<i>Comp. Rate: Actual</i>		22,391			22328
SILAS EVELYN/Contract Worker					
<i>Comp. Rate: Actual</i>		21,099			22328
SMITH GREGORY/Contract Worker					
<i>Comp. Rate: Actual</i>		3,793			22328
SMITH TRINA/Contract Worker					
<i>Comp. Rate: Actual</i>		19,921			22328
SPEARS MISTY/Contract Worker					
<i>Comp. Rate: Actual</i>		18,561			22328
STALLINGS ERICA/Contract Worker					

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TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
<i>Comp. Rate: Actual</i>		18,760			22328
STEWART BOBBIE JEAN/Contract Worker					
<i>Comp. Rate: Actual</i>		3,017			22328
STRINGFELLOW DEBORAH/Contract Worker					
<i>Comp. Rate: Actual</i>		27,067			22328
TATE CONSTANCE/Contract Worker					
<i>Comp. Rate: Actual</i>		17,476			22328
TENNER EUGENIA/Contract Worker					
<i>Comp. Rate: Actual</i>		6,354			22328
THOMAS ERICA/Contract Worker					
<i>Comp. Rate: Actual</i>		14,421			22328
THOMAS MITZI/Contract Worker					
<i>Comp. Rate: Actual</i>		21,142			22328
THOMPSON ANGELA/Contract Worker					
<i>Comp. Rate: Actual</i>		3,203			22328
THOMPSON MICHAEL/Contract Worker					
<i>Comp. Rate: Actual</i>		12,426			22328
TILLMAN QUASHANNA/Contract Worker					
<i>Comp. Rate: Actual</i>		22,494			22328
TORREY MEGAN/Contract Worker					
<i>Comp. Rate: Actual</i>		22,719			22328
TOWNSEND KENNETH/Contract Worker					
<i>Comp. Rate: Actual</i>		5,108			22328
VEDROS ARIANNA/Contract Worker					
<i>Comp. Rate: Actual</i>		8,793			22328
WALKER SARAH/Contract Worker					
<i>Comp. Rate: Actual</i>		15,332			22328
WALLACE GINA/Contract Worker					
<i>Comp. Rate: Actual</i>		24,771			22328
WALLACE REBECCA/Contract Worker					
<i>Comp. Rate: Actual</i>		7,605			22328
WANSLEY AMBER/Contract Worker					
<i>Comp. Rate: Actual</i>		12,670			22328
WARE KENYATTA/Contract Worker					
<i>Comp. Rate: Actual</i>		5,452			22328
WASHINGTON ALVIN/Contract Worker					
<i>Comp. Rate: Actual</i>		7,871			22328
WASHINGTON MYISHA/Contract Worker					
<i>Comp. Rate: Actual</i>		23,936			22328
WATERS TAMEKA/Contract Worker					
<i>Comp. Rate: Actual</i>		9,045			22328
WESLEY LE'ESHAA/Contract Worker					
<i>Comp. Rate: Actual</i>		3,510			22328
WHITE GLORIA/Contract Worker					
<i>Comp. Rate: Actual</i>		16,153			22328
WHITE TASHAY/Contract Worker					

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TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
<i>Comp. Rate: Actual</i>		176			22328
WHITEHEAD KENDRA/Contract Worker					
<i>Comp. Rate: Actual</i>		4,999			22328
WHITT ANNALYN/Contract Worker					
<i>Comp. Rate: Actual</i>		3,845			22328
WILLIAMS ANDREA/Contract Worker					
<i>Comp. Rate: Actual</i>		99			22328
WILLIAMS BETTY/Contract Worker					
<i>Comp. Rate: Actual</i>		55,978			22328
WILLIAMS ELLA/Contract Worker					
<i>Comp. Rate: Actual</i>		3,763			22328
WILLIAMS GLORIA/Contract Worker					
<i>Comp. Rate: Actual</i>		9,064			22328
WILLIAMS KENYA/Contract Worker					
<i>Comp. Rate: Actual</i>		4,765			22328
WILLIAMS LAKISHA/Contract Worker					
<i>Comp. Rate: Actual</i>		20,492			22328
WOODARD ASHLEY/Contract Worker					
<i>Comp. Rate: Actual</i>		17,486			22328
WOODHOUSE CRYSTAL/Contract Worker					
<i>Comp. Rate: Actual</i>		2,519			22328
WOODS PAM/Contract Worker					
<i>Comp. Rate: Actual</i>		64,623			22328
Total 61610000 Contract Worker Payroll - EFT		3,340,528	2,778,545	2,782,661	
61625000 Contract Worker Payroll Matching - EFT					
SPAHRs - Other Fees/SPAHRs					
<i>Comp. Rate: Actual Expense</i>		272,371	223,939	221,206	22328
Total 61625000 Contract Worker Payroll Matching - EFT		272,371	223,939	221,206	
61660000 Accounting and Financial Services					
Anthony Keith Heartstill/Accounting Services					
<i>Comp. Rate: Contracted Amount</i>		148,125	280,000	280,000	22328
Carr Riggs & Ingram/Accounting Services					
<i>Comp. Rate: Contracted Amount</i>		280,001	280,000	290,000	22328
Myers & Stauffer LC/Accounting Services					
<i>Comp. Rate: Contracted Amount</i>		1,382,884	2,762,500	2,777,500	22328
Total 61660000 Accounting and Financial Services		1,811,010	3,322,500	3,347,500	
61665000 Investment Managers and Actuary Services					
Milliman Inc/Actuary Services					
<i>Comp. Rate: Contracted Amount</i>		1,196,433	4,511,000	4,511,500	22328
Total 61665000 Investment Managers and Actuary Services		1,196,433	4,511,000	4,511,500	

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61670000 Legal and Related Services					
Amanda Wootton/Legal related services					
<i>Comp. Rate: Actual</i>		16,728	19,868	19,500	22328
Balch & Bingham LLP/Legal related services					
<i>Comp. Rate: Actual</i>		9,840			22328
Purdie & Metz PLLC/Legal related services					
<i>Comp. Rate: Actual</i>		361,498	725,000	725,000	22328
Saranne Smith/Legal related services					
<i>Comp. Rate: Actual</i>		102			22328
Stegall Earl/Stegall Notary/Legal related services					
<i>Comp. Rate: Actual</i>		517			22328
Total 61670000 Legal and Related Services		388,685	744,868	744,500	
61680000 Medical Services					
Ascend Management Innovations/Medical related services					
<i>Comp. Rate: Actual</i>		737,812			22328
Dental Lifeline Network/Medical related services					
<i>Comp. Rate: Actual</i>		49,886	49,886	60,213	22328
Eqhealth Solutions Inc/Medical related services					
<i>Comp. Rate: Actual</i>		4,754,043	5,726,961	5,853,961	22328
Health Management Systems/Medical related services					
<i>Comp. Rate: Actual</i>		2,712,632	1,600,000	1,600,000	22328
Hughes & Associates Inc/Medical related services					
<i>Comp. Rate: Actual</i>		8,325	72,000	72,000	22328
Mark A Mccomb/Medical related services					
<i>Comp. Rate: Actual</i>		4,500	49,000		22328
Medical Review of N Carolina/Medical related services					
<i>Comp. Rate: Actual</i>		171,002	350,000	350,000	22328
Medsolutions Inc/Medical related services					
<i>Comp. Rate: Actual</i>		1,008,337	1,170,000		22328
Myers & Stauffer LC/Medical related services					
<i>Comp. Rate: Actual</i>		290,125	318,000	367,000	22328
Patricia M Barlow/Medical related services					
<i>Comp. Rate: Actual</i>		9,994			22328
PMP/Medical related services					
<i>Comp. Rate: Actual</i>			9,800	9,800	22328
PRGX Inc/Medical related services					
<i>Comp. Rate: Actual</i>		15,643	32,000	40,000	22328
State of VT/Medical related services					
<i>Comp. Rate: Actual</i>			18,000	20,000	22328
Univ of MS School of Pharmacy/Medical related services					
<i>Comp. Rate: Actual</i>		567,986	641,000	641,000	22328
University Medical Center/Medical related services					
<i>Comp. Rate: Actual</i>		295,333	291,000	291,000	22328
Total 61680000 Medical Services		10,625,618	10,327,647	9,304,974	

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61690000 Fees and Services					
ACS Lending Inc./Fees					
<i>Comp. Rate: Actual</i>		51,074,535	70,536,140	68,500,000	22328
ARC of MS/Fees					
<i>Comp. Rate: Actual</i>		508,219	86,000	86,000	22328
Ascend Management Innovations/Fees					
<i>Comp. Rate: Actual</i>			412,000	412,000	22328
Autonomy Inc. - One Market/Fees					
<i>Comp. Rate: Actual</i>		254,053			22328
AVS Sales LLC Elizabeth Mahaffey/Fees					
<i>Comp. Rate: Actual</i>		462			22328
Award not yet determined/Fees					
<i>Comp. Rate: Actual</i>			52,270,232	44,606,502	22328
Bell & Associate SPA/Fees					
<i>Comp. Rate: Actual</i>			25,000	25,000	22328
BFAC/Fees					
<i>Comp. Rate: Actual</i>			2,000	2,000	22328
Budget Signs Inc./Fees					
<i>Comp. Rate: Actual</i>		121			22328
Business Communications Inc./Fees					
<i>Comp. Rate: Actual</i>		3,557			22328
Business Furniture Solutions/Fees					
<i>Comp. Rate: Actual</i>		1,275			22328
Business Interiors Inc./Fees					
<i>Comp. Rate: Actual</i>		950	600	600	22328
Cabling Company Inc./Fees					
<i>Comp. Rate: Actual</i>		525			22328
Cabot Lodge- Millsaps/Fees					
<i>Comp. Rate: Actual</i>		1,298	800	800	22328
Cambria/Fees					
<i>Comp. Rate: Actual</i>		698,347	276,000	312,000	22328
Centers for Medicare & Medicaid Services/Fees					
<i>Comp. Rate: Actual</i>		150			22328
Ciber/Fees					
<i>Comp. Rate: Actual</i>			248,400	312,000	22328
City of Senatobia/Fees					
<i>Comp. Rate: Actual</i>		15			22328
Cornerstone Consulting Group/Fees					
<i>Comp. Rate: Actual</i>		14,744	23,000	28,000	22328
CPX Gulfport OPAG Hilton Garden Inn/Fees					
<i>Comp. Rate: Actual</i>		655			22328
CTRS Medicare & Medicaid SRVS Division of Accounting/Fees					
<i>Comp. Rate: Actual</i>		156,805	175,000	175,000	22328
Dallas Printing Inc./Fees					
<i>Comp. Rate: Actual</i>		26,325	7,671	7,680	22328
De L 'Epee Deaf Center Inc./Fees					

FEES, PROFESSIONAL AND OTHER SERVICES

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TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
<i>Comp. Rate: Actual</i>				30,000	22328
Digital Harbor Inc./Fees					
<i>Comp. Rate: Actual</i>		177,780	600,000	1,000,000	22328
Envision Consulting LLC/Fees					
<i>Comp. Rate: Actual</i>		25,000			22328
Eqhealth Solutions Inc./Fees					
<i>Comp. Rate: Actual</i>			32,000	2,000	22328
Erin Barham/Fees					
<i>Comp. Rate: Actual</i>		418			22328
Fair Health Inc./Fees					
<i>Comp. Rate: Actual</i>		463			22328
FEI COM Inc./Fees					
<i>Comp. Rate: Actual</i>		4,453,864			22328
Fleetcor Technologies Inc./Fees					
<i>Comp. Rate: Actual</i>		96	100	100	22328
Foundation for Pub Broad in MS Inc./Fees					
<i>Comp. Rate: Actual</i>		1,300	8,000	8,000	22328
Global Information Services/Fees					
<i>Comp. Rate: Actual</i>		990,096		322,400	22328
Global Security Systems/Fees					
<i>Comp. Rate: Actual</i>		990,095	257,600		22328
Global Strategies Inc./Fees					
<i>Comp. Rate: Actual</i>		990,096	25,000	25,000	22328
Goold Health Systems/Fees					
<i>Comp. Rate: Actual</i>		639,067	719,000	719,000	22328
Hampton Inn - Cleveland/Fees					
<i>Comp. Rate: Actual</i>		114			22328
Healthier MS/Fees					
<i>Comp. Rate: Actual</i>			5,000	7,500	22328
Hederman Brothers/Fees					
<i>Comp. Rate: Actual</i>		2,874			22328
Hewlett - Packard/Fees					
<i>Comp. Rate: Actual</i>		12,031		7,741,000	22328
Housing Assistance Group LLC/Fees					
<i>Comp. Rate: Actual</i>		6,315	75,000	75,000	22328
Ian Morris/Fees					
<i>Comp. Rate: Actual</i>				248,040	22328
Insight Public Sector Inc./Fees					
<i>Comp. Rate: Actual</i>		6,787			22328
Internal Revenue Service Accounting Section/Fees					
<i>Comp. Rate: Actual</i>		7,447	9,500	9,500	22328
Interrai/Fees					
<i>Comp. Rate: Actual</i>		65,753			22328
James D Bell/Fees					
<i>Comp. Rate: Actual</i>		22,474	72,000	72,000	22328
JL & T/Fees					

FEES, PROFESSIONAL AND OTHER SERVICES

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Comp. Rate: Actual		46,815			22328
John Randazzo/Fees					
Comp. Rate: Actual		10,199	43,500	43,500	22328
Keith Starrett/Fees					
Comp. Rate: Actual		44			22328
Knowledgenet Interprises LLC/Fees					
Comp. Rate: Actual		4,990			22328
Logista/Fees					
Comp. Rate: Actual		2,014			22328
Mac Papers Inc/Fees					
Comp. Rate: Actual		31			22328
Magnolia Catering & Fine Foods/Fees					
Comp. Rate: Actual		304			22328
Medeanalytics Inc./Fees					
Comp. Rate: Actual		4,099,375	3,500,000	8,350,000	22328
Metro Communications Inc. Muzak/Fees					
Comp. Rate: Actual		2,490	3,400	3,400	22328
Michael Callahan- John Marc Gold & Assoc/Fees					
Comp. Rate: Actual		14,438	16,500	16,500	22328
MIPCO Impression Products Inc./Fees					
Comp. Rate: Actual		28,259	42,500	42,500	22328
MNJ Technologies Direct Inc./Fees					
Comp. Rate: Actual		764			22328
MS Healthcare Alliance Inc./Fees					
Comp. Rate: Actual		95,000			22328
MS Interactive LLC/Fees					
Comp. Rate: Actual		1,764	3,650	3,650	22328
MS Training Institute/Fees					
Comp. Rate: Actual			400,000	400,000	22328
National Assoc for Public Health/Fees					
Comp. Rate: Actual			25,000	3,250	22328
National Assoc of Medicaid Progr Intg/Fees					
Comp. Rate: Actual				25,500	22328
Navigant Consulting Inc./Fees					
Comp. Rate: Actual		1,966,462	1,100,000		22328
Non-Profit Industries Inc./Fees					
Comp. Rate: Actual		48,640			22328
Other MFP Contracts/Fees					
Comp. Rate: Actual			50,000	50,000	22328
Oxford Conference Center/Fees					
Comp. Rate: Actual		2			22328
Passport Health Communications/Fees					
Comp. Rate: Actual		1,102	1,000	1,000	22328
Patricia M Barlow/Fees					
Comp. Rate: Actual		2,381			22328
Premiere Shredding Inc./Fees					

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
Comp. Rate: Actual		2,700			22328
Priscilla Pearson LCSW Inc./Fees					
Comp. Rate: Actual		20,925			22328
Public Consulting Group Inc./Fees					
Comp. Rate: Actual		48,400	55,000	10,000	22328
Red Eagle Consulting Inc./Fees					
Comp. Rate: Actual		4,856			22328
Scott-Roberts and Assocs LLC/Fees					
Comp. Rate: Actual		18,923	25,000	25,000	22328
Silvereye Technologies/Fees					
Comp. Rate: Actual		4,486			22328
SLI/Fees					
Comp. Rate: Actual				1,450,000	22328
Socialserve/Fees					
Comp. Rate: Actual			55,000	55,000	22328
State Treasurer 3371 (Mental Health)/Fees					
Comp. Rate: Actual			885,823	885,823	22328
Suzanne Smith Sharpe/Fees					
Comp. Rate: Actual		14,375	72,000	72,000	22328
Telesouth/Fees					
Comp. Rate: Actual			140,000	140,000	22328
Tempstaff Inc./Fees					
Comp. Rate: Actual		63,754	62,500	62,500	22328
Terry's Installation/Fees					
Comp. Rate: Actual			13,700	10,000	22328
Thomson Reuters/Fees					
Comp. Rate: Actual		2,765	5,000	6,700	22328
Tommie Lee Stingley Jr/Fees					
Comp. Rate: Actual		19,816	72,000	72,000	22328
UMB Bank/Fees					
Comp. Rate: Actual		469	975	975	22328
UMC Office of the Comptroller/Fees					
Comp. Rate: Actual		1,138,956			22328
UMC Physician Consultant/Fees					
Comp. Rate: Actual			90,000	90,000	22328
University of Southern MS Workplace/Fees					
Comp. Rate: Actual		188,546			22328
USM - IDS/Fees					
Comp. Rate: Actual			70,000		22328
Venture Technologies/Fees					
Comp. Rate: Actual		16,125			22328
Whitten Group PA/Fees					
Comp. Rate: Actual		30,550	107,000	107,000	22328
William Brent Shorter/Fees					
Comp. Rate: Actual		5,500			22328
William D Parham/Fees					

FEES, PROFESSIONAL AND OTHER SERVICES

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Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
Comp. Rate: Actual		62,137	56,000	56,000	22328
Willow Healthcare Consult LLC/Fees					
Comp. Rate: Actual		211,947	2,400,000	3,748,040	22328
Xerox/Fees					
Comp. Rate: Actual					22328
Total 61690000 Fees and Services		69,314,410	135,161,591	140,457,460	
61695000 Professional Fees and Services - Travel-1099					
Amanda Wootton/Travel					
Comp. Rate: Actual		185			22328
Total 61695000 Professional Fees and Services - Travel-1099		185			
61696000 Professional Fees and Services - Travel- No 1099					
Amanda Wootton/Fees					
Comp. Rate: Actual		185			22328
Antoinette M Hubble/Fees					
Comp. Rate: Actual		268			22328
Bobby Procter/Fees					
Comp. Rate: Actual		200			22328
Cherise McIntosh/Fees					
Comp. Rate: Actual		54			22328
DUR Board Meeting Travel/Fees					
Comp. Rate: Actual			3,400	4,000	22328
Durward Stanley Harness Jr/Fees					
Comp. Rate: Actual		27			22328
James R Cox II/Fees					
Comp. Rate: Actual		40			22328
John Gaudet/Fees					
Comp. Rate: Actual		413			22328
Lee Voulters/Fees					
Comp. Rate: Actual		189			22328
Logan Davis/Fees					
Comp. Rate: Actual		339			22328
Maretta McLeod Walley/Fees					
Comp. Rate: Actual		690			22328
MS Bar Association/Fees					
Comp. Rate: Actual		115			22328
MS Healthcare Alliance/Fees					
Comp. Rate: Actual			95,000	95,000	22328
National Assn of Hearing Officials/Fees					
Comp. Rate: Actual			1,000	1,000	22328
Nat'l Assn of Hearing Officials/Fees					
Comp. Rate: Actual		210			22328
P&T Meeting Travel/Fees					
Comp. Rate: Actual			3,800	4,250	22328

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2015	(2) Estimated Expenses FY Ending June 30, 2016	(3) Requested Expenses FY Ending June 30, 2017	Fund Source
Sarah Ishee/Fees					22328
Comp. Rate: Actual					
Sharon Ruthane Dicky/Fees		726			22328
Comp. Rate: Actual					
Suzanne Sharpe/Fees		1,828	2,300	2,300	22328
Comp. Rate: Actual					
UMB Bank/Fees		2,339			22328
Comp. Rate: Actual					
Winnie Simmons/Fees		300			22328
Comp. Rate: Actual					
Total 61696000 Professional Fees and Services - Travel- No 1099		7,923	105,500	106,550	
GRAND TOTAL		87,942,312	157,762,650	162,073,511	

VEHICLE PURCHASE DETAILS

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Governor's Office - Division of Medicaid (328-00)

Name of Agency

Year	Model	Person(s) Assigned To	Vehicle Purpose/Use	Replacement Or New?	FY2017 Req. Cost
Passenger Vehicles					
63300100 Vehicle					
2016	Chevrolet Impala	Fleet	Transport	R	23,333
2016	Chevrolet Impala	Fleet	Transport	R	23,333
2016	Chevrolet Impala	fleet	Transport	R	23,334
TOTAL					70,000
TOTAL VEHICLE REQUEST					70,000

**VEHICLE INVENTORY
AS OF JUNE 30, 2015**

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Governor's Office - Division of Medicaid (328-00)

Name of Agency

Vehicle Type	Vehicle Description	Model Year	Model	Person(s) Assigned To	Purpose/Use	Tag Number	Mileage on 6-30-2015	Average Miles per Year	Replacement Proposed	
									FY2016	FY2017
P	Caravan	2014	Dodge	Various DOM Staff	Transportation/Business Travel	G65044	23,822	12,000		
P	Caravan	2014	Dodge	Various DOM Staff	Transportation/Business Travel	G65045	30,646	13,000		
P	Van	2014	Dodge	Various DOM Staff	Transportation/Business Travel	G65111	3,133	1,600		
W	Cargo Van	2000	Dodge	Various DOM Staff	Transportation/Business Travel	G13003	64,303	3,000	Y	
P	Traverse	2015	Chevrolet	Various DOM Staff	Transportation/Business Travel	G68099	17,367	17,500		
P	Impala	2007	Chevrolet	Various DOM Staff	Transportation/Business Travel	G55127	116,990	24,000	Y	
P	Caravan	2007	Dodge	Various DOM Staff	Transportation/Business Travel	G41289	114,938	10,000	Y	
P	Impala	2011	Chevrolet	Various DOM Staff	Transportation/Business Travel	G55768	103,781	22,000		Y
P	Escape	2012	Ford	Various DOM Staff	Transportation/Business Travel	G57702	78,548	21,500		Y
P	Impala	2013	Chevrolet	Various DOM Staff	Transportation/Business Travel	G61845	64,738	25,000		Y
P	Impala	2013	Chevrolet	Various DOM Staff	Transportation/Business Travel	G65093	54,649	25,000		
P	Impala	2014	Chevrolet	Various DOM Staff	Transportation/Business Travel	G68331	21,618	20,000		
P	Impala	2015	Chevrolet	Various DOM Staff	Transportation/Business Travel	G68329	18,170	18,500		
P	Impala	2015	Chevrolet	Various DOM Staff	Transportation/Business Travel	G68330	19,400	19,500		
P	Impala	2015	Chevrolet	Various DOM Staff	Transportation/Business Travel	HXZ848	3,832	3,500		

Vehicle Type: (P)assenger/(W)ork

PRIORITY OF DECISION UNITS
FISCAL YEAR 2017

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Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program	Decision Unit	Object	Amount
Priority # 1			
	Program # 1: ADMINISTRATIVE SERVICES		
	Program Management		
		Salaries	5,537,242
		Travel	33,146
		Contractual	4,458,730
		Commodities	241,951
		Equipment	443,089
		Vehicles	2,720
		Totals	10,716,878
		General Funds	3,882,285
		Federal Funds	6,834,593
	Program # 2: MEDICAL SERVICES		
	2016 Estimated Deficit		
		Subsidies	71,349,371
		Totals	71,349,371
		General Funds	71,349,371
	2016 Estimated Surplus		
		Subsidies	(299,039,960)
		Totals	(299,039,960)
		Federal Funds	(299,039,960)
	Crossover Claims		
		Subsidies	2,146,621
		Totals	2,146,621
		General Funds	549,159
		Federal Funds	1,597,462
	DSH/UPL Authority		
		Subsidies	(108,439,837)
		Totals	(108,439,837)
		Federal Funds	(80,136,818)
		Other Special Funds	(28,303,019)
	FMAP Increase		
		General Funds	(19,623,503)
		Federal Funds	20,698,703
		Other Special Funds	(1,075,200)
	Increase in Other Special Funds		
		General Funds	(5,815,965)
		Other Special Funds	5,815,965
	Managed Care One Time FFS Expenses		
		Subsidies	(116,000,000)
		Totals	(116,000,000)
		General Funds	(30,133,900)

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2017**

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Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program	Decision Unit	Object	Amount
		Federal Funds	(85,866,100)
	Premiums Part A,B, and D	Subsidies	5,545,225
		Totals	5,545,225
		General Funds	2,929,207
		Federal Funds	2,616,018
	Program Growth	Subsidies	212,244,919
		Totals	212,244,919
		General Funds	55,741,217
		Federal Funds	156,503,702
	Quasi-CHIP	General Funds	(6,943,672)
		Federal Funds	6,943,672
Program # 3: CHILDREN'S HEALTH INSURANCE PROGRAM			
	Federal Match Rate	General Funds	(7,730,383)
		Federal Funds	7,730,383
	Program Growth	Subsidies	4,489,883
		Totals	4,489,883
		General Funds	(187,904)
		Federal Funds	4,677,787
Program # 4: HOME & COMMUNITY BASED SERVICES			
	BIPP Replacement	General Funds	5,034,124
		Federal Funds	(8,049,083)
		Other Special Funds	3,014,959
	FMAP Increase	General Funds	(1,589,694)
		Federal Funds	1,589,694
	Program Growth	Subsidies	15,794,208
		Totals	15,794,208
		General Funds	3,787,056
		Federal Funds	12,007,152

CAPITAL LEASES

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Governor's Office - Division of Medicaid (328-00)

Name of Agency

VENDOR/ ITEM LEASED	Original Date of Lease	Original No. of Months of Lease	No. of Months Remaining on 6-30-15	Last Payment Date	Interest Rate	Amount of Each Payment			Total of Payments To Be Made					
						Actual FY 2015			Estimated FY 2016			Requested FY 2017		
						Principal	Interest	Total	Principal	Interest	Total	Principal	Interest	Total

Summary of 3% General Fund Program Reduction to FY 2016 Appropriated Funding by Major Object

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Major Object	FY2016 General Fund Reduction	EFFECT ON FY2016 STATE SUPPORT SPECIAL FUNDS	EFFECT ON FY2016 FEDERAL FUNDS	EFFECT ON FY2016 OTHER SPECIAL FUNDS	TOTAL 3% REDUCTIONS
SALARIES, WAGES, FRINGE	(833,209)		(910,045)		(1,743,254)
TRAVEL	(11,879)		(11,879)		(23,758)
CONTRACTUAL	(1,453,838)		(3,603,241)		(5,057,079)
COMMODITIES	(9,403)		(9,402)		(18,805)
OTHER THAN EQUIPMENT					
EQUIPMENT	(58,395)		(58,395)		(116,790)
VEHICLES	(1,009)		(1,009)		(2,018)
WIRELESS COMM. DEVS.					
SUBSIDIES, LOANS, ETC	(24,711,934)	(1,883,479)	(140,532,665)	(16,239,289)	(183,367,367)
TOTALS	(27,079,667)	(1,883,479)	(145,126,636)	(16,239,289)	(190,329,071)