

Office of the
Legislative Fiscal Analyst

FY 2003 Budget Recommendations

Joint Appropriations Subcommittee for
Health and Human Services

Utah Department of Health
Health Care Financing

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1.0 Department of Health - Health Care Financing

Summary

The Division of Health Care Financing is the administrative agency for Utah's Medical Assistance Programs. The Division administers state and federal funds, and contracts with providers. It also gathers and analyzes data, and pays for the provided services. There are six bureaus and approximately 455 employees.

Federal regulations provide for a wide variety of funding ratios ranging from 50 to 90 percent for different classes of positions and functions for this division. Overall, federal funding makes up approximately 55 percent of the division's budget.

Federal law requires that the Medical Care Advisory Committee (MCAC) serve as an advisory board to the Division. This committee consists of providers, Medicaid recipients, and members of the community. The committee advises the Division on program content, policy, and priorities. The Board is advisory and its decisions are not binding on the Division.

	Analyst FY 2003 Base	Analyst FY 2003 Changes	Analyst FY 2003 Total
Financing			
General Fund	9,491,800	(57,600)	9,434,200
Federal Funds	38,460,800	10,600	38,471,400
Dedicated Credits Revenue	4,826,700		4,826,700
Transfers	14,218,100		14,218,100
Total	\$66,997,400	(\$47,000)	\$66,950,400
Programs			
Director's Office	2,744,200	350,800	3,095,000
Financial Services	6,116,800	(615,800)	5,501,000
Managed Health Care	2,492,000	800	2,492,800
Medicaid Operations	2,821,700	(400)	2,821,300
Eligibility Services	14,105,500	114,800	14,220,300
Coverage and Reimbursement	3,367,800	1,300	3,369,100
Contracts	34,471,000	200,000	34,671,000
Utah Medical Assistance	878,400	(98,500)	779,900
Total	\$66,997,400	(\$47,000)	\$66,950,400
FTE/Other			
Total FTE	454.75	0.40	455.15

2.0 Issues: Health Care Financing

2.01 Across-the-Board Reductions

The Analyst has included 10 percent across the board decreases in the General Fund in the following expense categories: Conventions / Workshops, Data Processing, Entertainment / Receptions, Office supplies / Equipment, and Travel. For the Division, these General Fund reductions total \$76,800.

General Fund	(\$76,800)
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2.02 Program Reductions

The Analyst's recommendation reflects a small net increase in funds for contracts in the amount of \$10,600.

General Fund	\$10,600
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2.03 Internal General Fund Transfers

The Analyst recommends transferring \$12,000 from the Division of Health Care Financing to the Executive Director's budget for the centralization of Information Technology. The Department is consolidating Information Technology (IT) functions and personnel into the Program Operations budget. This transfer is taking place in the current fiscal year and is included in the FY 2002 Supplemental Recommendations. In addition, the Analyst includes a transfer of \$20,600 into this budget from the Executive Director's reflecting the transfer of one-half FTE position from that budget to this line item. The net increase in this line item is \$8,600.

General Fund	\$8,600
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2.04 Administrative Cost Intent Language

The 2001 Legislature approved the following intent language to be implemented by this division:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that the Division of Health Care Financing's budget is 82 percent administrative and 18 percent direct services. The following table shows the allocation of costs between administrative, indirect services, and direct services. The Eligibility Services budget is classified as direct services. In that budget, the number of citizens served and the types of service will be discussed.

2.05 Intent Language

The 2001 Legislature approved the following supplemental intent language to be implemented by this division for FY 2001:

It is the intent of the Legislature that the Department of Health contract with the Department of Human Services in FY 2002 to fund \$1.6 million worth of services provided by the Division of Services for People with Disabilities to people with disabilities whose names are on the critical needs waiting list.

It is the intent of the Legislature that funds from the Nursing Facility Restricted Account are considered nonlapsing.

The Department contracted with the Department of Human Services for the \$1.6 million of services. The reason for this intent language and the corresponding appropriation was the source of the revenue – General Fund Restricted – Nursing Facilities Account – could legally only be appropriated to the Department of Health, but the Legislature wished to use the funds for services in the Department of Human Services. The appropriation was made in FY 2001 from the balances remaining in that account, but was intended for use in FY 2002, requiring the intent language authorizing the appropriation as nonlapsing (see Director’s Office budget).

3.1 Health Care Financing – Director’s Office

Recommendation The Analyst's recommendation for the Director's Office for FY 2003 of \$3,095,000 is based on a staffing level of 55 FTEs. The Federal funds for this entire division are Title XIX Federal funds.

The negative Revenue Transfer in FY 2002 is a result of the FY 2001 supplemental appropriation of \$1.6 million to the Division with the intent language designating it to be transferred to the Department of Human Services for services to persons with disabilities.

The increase in Personal Services reflects the transfer of the 0.5 FTE and a lower level of turnover savings projected for FY 2003 than for FY 2002.

	2001	2002	2003	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	335,400	51,900	(53,300)	(105,200)
General Fund, One-time	(57,700)	(937,000)		937,000
Federal Funds	2,297,109	2,072,500	2,053,100	(19,400)
Dedicated Credits Revenue	1,259,672	996,800	996,800	
GFR - Nursing Facility	1,600,000			
Transfers	98,366	(1,493,500)	98,400	1,591,900
Beginning Nonlapsing		1,600,000		(1,600,000)
Closing Nonlapsing	(1,600,000)			
Lapsing Balance	(67,283)			
Total	\$3,865,564	\$2,290,700	\$3,095,000	\$804,300
Expenditures				
Personal Services	3,080,332	3,322,914	3,435,000	112,086
In-State Travel	6,939	6,700	6,700	
Out of State Travel	19,510	17,700	17,600	(100)
Current Expense	703,103	(1,113,414)	(420,900)	692,514
DP Current Expense	49,978	51,100	50,900	(200)
Other Charges/Pass Thru	5,702	5,700	5,700	
Total	\$3,865,564	\$2,290,700	\$3,095,000	\$804,300
FTE/Other				
Total FTE	58.00	54.50	55.00	0.50

Purpose The Director's Office of the Division of Health Care Financing administers and coordinates Utah's Medicaid program to comply with Title XIX of the Social Security Act, other laws of the State, and the appropriated budget. This is accomplished by planning, managing and evaluating activities which authorize payments to qualified providers of approved services who are reimbursed for appropriate and necessary medical assistance rendered to eligible beneficiaries.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2001 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that this budget is 100 percent administrative.

3.2 Health Care Financing - Financial Services

Recommendation The Analyst recommends an appropriation of \$5,501,000 for the Bureau Financial Services. The significant fluctuations in funding levels reflect the division’s movement of appropriations within this line item.

The increase of six FTE positions reflects the proposed transfer from the Bureau of Eligibility Services. A similar reduction can be seen in that budget.

	2001	2002	2003	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	1,811,000	905,900	266,100	(639,800)
General Fund, One-time	(6,100)	(25,000)		25,000
Federal Funds	8,785,492	8,800,800	5,165,100	(3,635,700)
GFR - Nursing Facility	31,900			
Transfers	69,846	1,492,000	69,800	(1,422,200)
Lapsing Balance	(1,392,510)			
Total	\$9,299,628	\$11,173,700	\$5,501,000	(\$5,672,700)
Expenditures				
Personal Services	1,876,206	1,606,025	2,036,700	430,675
In-State Travel	10,667	10,600	10,600	
Out of State Travel	3,879	3,800	3,700	(100)
Current Expense	4,149,024	6,421,375	323,100	(6,098,275)
DP Current Expense	3,141,603	3,131,900	3,126,900	(5,000)
DP Capital Outlay	113,049			
Capital Outlay	5,200			
Total	\$9,299,628	\$11,173,700	\$5,501,000	(\$5,672,700)
FTE/Other				
Total FTE	31.00	26.50	32.40	5.90

Purpose The Bureau of Financial Services provides the following five functions within the division:

1. Manages the administration and service budgets for both the Medicaid and UMAP programs.
2. Monitors the drug rebate program within the State.
3. Evaluates the nursing home bed patient days and regulating tax assessments for these services.
4. Performs audits on Medicaid providers within the State to cost settle Medicaid reimbursements. This involves cost studies on reimbursement rates to evaluate if fair rates are being set for provider services.
5. Purchases of office equipment and computer hardware and software for the division.

Federal funds make up approximately 90 percent of the Bureau's budget. With the transfer of six FTE from Eligibility Services, the recommended level for FY 2003 is 32.4.

**Administration/
Service Cost
Breakdown Intent
Language**

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The Department reports that this budget is 100 percent administrative.

3.3 Health Care Financing - Managed Health Care

Recommendation

The Analyst recommends an appropriation of \$2,492,800 for the Bureau of Managed Health Care. Federal funds make up approximately 60 percent of the bureau's funding.

	2001 Actual	2002 Estimated	2003 Analyst	Est/Analyst Difference
Financing				
General Fund	1,031,200	1,041,700	1,038,000	(3,700)
General Fund, One-time	(400)	(8,200)		8,200
Federal Funds	1,398,321	1,393,700	1,395,000	1,300
Dedicated Credits Revenue	106,232	20,300	20,300	
Transfers	39,506	40,400	39,500	(900)
Lapsing Balance	33,045			
Total	<u>\$2,607,904</u>	<u>\$2,487,900</u>	<u>\$2,492,800</u>	<u>\$4,900</u>
Expenditures				
Personal Services	1,953,080	1,919,600	1,994,700	75,100
In-State Travel	22,630	22,700	22,700	
Out of State Travel	6,842	5,100	4,700	(400)
Current Expense	540,754	456,400	386,800	(69,600)
DP Current Expense	21,279	20,700	20,500	(200)
Other Charges/Pass Thru	63,319	63,400	63,400	
Total	<u>\$2,607,904</u>	<u>\$2,487,900</u>	<u>\$2,492,800</u>	<u>\$4,900</u>
FTE/Other				
Total FTE	41.50	37.50	37.50	

Purpose

The bureau is responsible for the implementation and operation of the managed care initiative that includes contracts with health maintenance organizations (HMOs) and Prepaid Mental Health Plans (PMHP) to serve the medical and mental health needs of Medicaid clients. The bureau is also responsible for the development, implementation, and operation of specialized Medicaid services for special populations, home and community-based waiver programs, and the Medicaid well-child program.

The current status of clients in fee-for-service and HMOs is detailed in the following table.

Distribution of Medicaid Clients			
	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002 est.</u>
Fee for Service Clients (Unduplicated)	167,262	173,284	175,000
HMO Clients (Monthly Average)	<u>76,524</u>	<u>81,906</u>	<u>83,000</u>
Total	<u><u>243,786</u></u>	<u><u>255,190</u></u>	<u><u>258,000</u></u>

**Administration/
Service Cost
Breakdown Intent
Language**

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The Department reports that this budget is 100 percent administrative.

3.4 Health Care Financing - Medicaid Operations

Recommendation The Analyst recommends an appropriation of \$2,821,300 for Medicaid Operations. Almost 75 percent of the bureau's budget comes from federal funds.

The Revenue Transfer of \$24,100 is from the Division of Child and Family Services for Custodial Medical Care.

	2001	2002	2003	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	705,700	735,000	719,600	(15,400)
General Fund, One-time	(300)	(20,700)		20,700
Federal Funds	1,797,591	2,041,600	2,077,600	36,000
Dedicated Credits Revenue	(439)			
Transfers	25,141	30,600	24,100	(6,500)
Lapsing Balance	99,390			
Total	<u>\$2,627,083</u>	<u>\$2,786,500</u>	<u>\$2,821,300</u>	<u>\$34,800</u>
Expenditures				
Personal Services	1,614,562	1,799,800	1,839,200	39,400
In-State Travel	2,682	2,700	2,700	
Out of State Travel	7,605	7,400	7,300	(100)
Current Expense	958,870	945,100	940,600	(4,500)
DP Current Expense	43,364	31,500	31,500	
Total	<u>\$2,627,083</u>	<u>\$2,786,500</u>	<u>\$2,821,300</u>	<u>\$34,800</u>
FTE/Other				
Total FTE	52.00	48.00	48.00	

Purpose

The Bureau of Medicaid Operations has five components as follows:

1. Customer Service - The bureau staffs the Medicaid Information Line, providing on-line service to providers and clients regarding Medicaid eligibility, provider payment, transportation, and general information regarding all aspects of services provided by the Department of Health. A call management system ensures that calls get routed to the correct area without having to go through numerous transfers.
2. Utah Health Information Network (UHIN) Involvement - The UHIN is a statewide cooperative of Medicaid providers and other third party medical claims payers. The goal is to standardize health care information so that all claims data can be submitted in an electronic transaction to any payee. This activity was mandated by the 1992 Legislature.
3. Claims Processing - This bureau processes all claims received by Medicaid and UMAP programs, ensuring that the claims are properly entered into the MMIS system, and are adjudicated properly. They serve as troubleshooters working with providers in the event there are questions regarding payment or non-payment of claims.

4. MMIS troubleshooters - The bureau staff identifies and approves updates and corrections to the MMIS to ensure the system is properly handling information on services provided by Medicaid, UMAP or CHIP programs.
5. Special Projects - The bureau manages special projects under contract with Community and Family Health Services (Pre-natal program) and the Division of Family Services (Custody Medical Care Program). It also manages the Buy-Out program that ensures compliance with the third party liability requirements of the OBRA '90 legislation.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2001 Legislature approved this item of intent language:

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The Department reports that this budget is 100 percent administrative.

3.5 Health Care Financing - Eligibility Services

Recommendation

The Analyst recommends an appropriation of \$14,220,300 for the Bureau of Eligibility Services. Since FY 1995, this bureau has experienced significant growth, due to the transfer of over 100 FTE eligibility workers from the Department of Human Services and the further addition of new eligibility workers due to growth and various expansions of the Medicaid program. Approximately \$1.4 million in salaries and benefits for eligibility workers is allocated from this program to the Children's Health Insurance Program (CHIP) for services provided by the eligibility workers. It is estimated that in the aggregate, this is the portion of eligibility workers' time spent in determining eligibility for CHIP.

Approximately 50 percent of the program's budget comes from Federal Funds.

The reduction of six FTE positions reflects the proposed transfer to the Bureau of Financial Services. A similar increase can be seen in that budget.

	2001	2002	2003	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	4,022,100	5,844,500	5,855,000	10,500
General Fund, One-time	(1,200)	(34,400)		34,400
Federal Funds	6,230,741	6,994,500	6,589,900	(404,600)
Dedicated Credits Revenue	344,008	344,000	344,900	900
Transfers	1,430,441	23,100	1,430,500	1,407,400
Lapsing Balance	2,285,110			
Total	<u>\$14,311,200</u>	<u>\$13,171,700</u>	<u>\$14,220,300</u>	<u>\$1,048,600</u>
Expenditures				
Personal Services	11,550,865	12,757,317	12,451,800	(305,517)
In-State Travel	43,999	44,000	44,000	
Out of State Travel	3,905	2,800	2,000	(800)
Current Expense	2,609,434	267,211	1,623,600	1,356,389
DP Current Expense	101,437	98,772	97,300	(1,472)
DP Capital Outlay			1,600	1,600
Other Charges/Pass Thru	1,560	1,600		(1,600)
Total	<u>\$14,311,200</u>	<u>\$13,171,700</u>	<u>\$14,220,300</u>	<u>\$1,048,600</u>
FTE/Other				
Total FTE	243.00	244.00	237.75	(6.25)

Purpose

The Bureau of Eligibility Services is responsible for eligibility policy and operations related to Medicaid eligibility, including nursing home eligibility determinations and out-stationed eligibility workers who are in hospitals and public health clinics. The bureau is also responsible for eligibility determination for the Utah Medical Assistance Program. The bureau coordinates and oversees the eligibility contract with the Department of Workforce Services and also coordinates Medicaid recovery activities with the Office of Recovery Services. Besides administration and office support staff, the bureau has 214 eligibility staff stationed throughout the State, with a total caseload (as of November 2001) of 51,538, including CHIP.

The following table shows the average number of cases that each eligibility worker handles during the course of a year.

Eligibility Services - Historical Caseloads and FTE					
	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>
Medicaid Caseload	28,798	30,951	35,266	37,192	40,467
CHIP Caseload	0	0	4,676	7,943	11,071
Total Caseload	28,798	30,951	39,942	45,135	51,538
Medicaid FTE	144.40	149.50	150.00	154.75	156.50
CHIP/Supervisory FTE	35.00	35.00	44.00	51.00	57.00
Total FTE	179.40	184.50	194.00	205.75	213.50
Medicaid Caseload per FTE	199	207	235	240	259

**Administration/
Service Cost
Breakdown Intent
Language**

The 2001 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

This budget is 12 percent administrative and 88 percent direct services. The direct services include eligibility workers who meet face-to-face with clients to determine new or continued eligibility for services received under the Medicaid program. At a budget level of \$14.6 million (FY 2002 estimated) and an eligibility caseload of 40,467, the average cost per case is \$361.

3.6 Health Care Financing - Coverage and Reimbursement

Recommendation The Analyst recommends an appropriation of \$3,369,100 for the Bureau of Coverage and Reimbursement for FY 2003.

The Division of Community and Family Health Services' outreach programs provide \$477,800 in the form of Revenue Transfers for the funding of this program.

	2001	2002	2003	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	668,100	778,500	780,600	2,100
General Fund, One-time	(300)	(4,500)		4,500
Federal Funds	1,933,420	2,063,300	2,110,700	47,400
Transfers	477,815	480,600	477,800	(2,800)
Lapsing Balance	150,963			
Total	<u>\$3,229,998</u>	<u>\$3,317,900</u>	<u>\$3,369,100</u>	<u>\$51,200</u>
Expenditures				
Personal Services	2,102,025	2,172,562	2,246,800	74,238
In-State Travel	2,243	2,300	2,300	
Out of State Travel	3,701	3,600	3,600	
Current Expense	1,053,815	1,072,138	1,049,700	(22,438)
DP Current Expense	68,214	67,300	66,700	(600)
Total	<u>\$3,229,998</u>	<u>\$3,317,900</u>	<u>\$3,369,100</u>	<u>\$51,200</u>
FTE/Other				
Total FTE	30.46	31.00	31.00	

Purpose The Bureau of Coverage and Reimbursement Policy researches, analyzes, formulates, and makes recommendations for policy changes and new policy to the division director and department director. It is also responsible for the analysis of all pending and current federal and state legislation dealing with health care. The bureau is also responsible for all State plan (contracts with the federal government) changes and all rulemaking dealing with the Medicaid program.

The bureau's Utilization Management Unit controls the utilization of the Division's diminishing fee-for-service market. It performs this function while developing special fee-for-service contracts.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2001 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that this budget is 100 percent administrative.

3.7 Health Care Financing - Contracts

Recommendation The Analyst recommends an on-going appropriation of \$34,671,000 for contracts in the Division of Health Care Financing.

The \$12.2 million in FY 2001 Actual Revenue Transfers is comprised of the following:

- ▶ \$1,171,600 from the Division of Community and Family Health Services for services which Medicaid provides for the Early Intervention program, CHEC, case management, and the pregnancy riskline;
- ▶ \$3,428,000 from the Department of Workforce Services for the eligibility contract;
- ▶ \$5,587,800 from the Department of Human Services for the Division of Services to People with Disabilities, subsidized adoptions, the Utah State Development Center, and personal assistance waiver;
- ▶ \$1,854,400 from the Office of Recovery Services for their third party collections contract
- ▶ \$89,000 from the State Office of Education for Nurse Aid Training
- ▶ \$32,000 for the Utah Statewide Immunization Information System (USIIS)

The FY 2003 recommended level is slightly less than the FY 2001 figure.

	2001	2002	2003	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	794,100	146,300	86,300	(60,000)
General Fund, One-time	(10,700)	(160,000)		160,000
Federal Funds	16,733,281	19,206,800	19,079,100	(127,700)
Dedicated Credits Revenue	2,420,396	3,464,700	3,464,700	
Transfers	12,167,003	12,040,800	12,040,900	100
Lapsing Balance	(1,131,922)			
Total	\$30,972,158	\$34,698,600	\$34,671,000	(\$27,600)
Expenditures				
Current Expense	4,366,082	8,155,400	8,758,400	603,000
Other Charges/Pass Thru	26,606,076	26,543,200	25,912,600	(630,600)
Total	\$30,972,158	\$34,698,600	\$34,671,000	(\$27,600)
FTE/Other				

Purpose

The agencies listed above contract with this program, by sending some of their General Fund appropriations to the Division of Health Care Financing, which then uses those funds to draw down the matching federal Medicaid funds, then forwards all of the funds back to the original agencies. This helps those agencies leverage their state funds by the Federal match. Contracts are for non-medical services performed for the Division by the Departments of Human Services and Workforce Services, such as recovery services, training, and administration. When eligibility for Medicaid services involves more services than just medical (e.g. food stamps), then eligibility is determined by employees of the Department of Workforce Services.

In addition, this program deals with medical and dental consultants and CPA audits and reviews, which serve the Medicaid program.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2001 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that this budget is 100 percent administrative.

3.8 Health Care Financing - Utah Medical Assistance Program (UMAP) Administration

Recommendation The Analyst has recommended an appropriation of \$779,900 for the administration of the Utah Medical Assistance Program (UMAP) for FY 2003. While most all of the recommended funding comes from the General Fund, there is \$37,100 in Revenue Transfers which comes from the Department of Workforce Services.

	2001	2002	2003	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	743,100	842,400	741,900	(100,500)
General Fund, One-time	(1,300)	(4,200)		4,200
Federal Funds	15,512	1,500	900	(600)
Dedicated Credits Revenue	(15)			
Transfers	37,000	37,300	37,100	(200)
Lapsing Balance	14,851			
Total	\$809,148	\$877,000	\$779,900	(\$97,100)
Expenditures				
Personal Services	632,498	569,568	607,000	37,432
In-State Travel	2,797	2,600	2,600	
Out of State Travel	939	700	600	(100)
Current Expense	126,200	261,432	127,100	(134,332)
DP Current Expense	21,714	17,700	17,600	(100)
Other Charges/Pass Thru	25,000	25,000	25,000	
Total	\$809,148	\$877,000	\$779,900	(\$97,100)
FTE/Other				
Total FTE	15.50	13.00	13.50	0.50

Purpose UMAP is a state-funded medical program that provides Statewide medical coverage to low income individuals who do not qualify for Medicaid or Medicare. This budget represents the administration of the program; the services portion of the budget is found in the Medical Assistance section of the Budget Analysis book.

Administration/ Service Cost Breakdown Intent Language The 2001 Legislature approved this item of intent language:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

The Department reports that this budget is 100 percent administrative.

4.0 Additional Information: Health Care Financing

4.1 Funding History

	1999	2000	2001	2002	2003
Financing	Actual	Actual	Actual	Estimated	Analyst
General Fund	9,554,900	9,985,000	10,110,700	10,346,200	9,434,200
General Fund, One-time		29,100	(78,000)	(1,194,000)	
Federal Funds	27,782,979	32,352,408	39,191,467	42,574,700	38,471,400
Dedicated Credits Revenue	1,663,814	1,283,173	4,129,854	4,825,800	4,826,700
GFR - Nursing Facility	31,900	31,900	1,631,900		
Transfers	11,916,486	10,734,411	14,345,118	12,651,300	14,218,100
Beginning Nonlapsing				1,600,000	
Closing Nonlapsing			(1,600,000)		
Lapsing Balance	(694,426)	(124,200)	(8,356)		
Total	\$50,255,653	\$54,291,792	\$67,722,683	\$70,804,000	\$66,950,400
Programs					
Director's Office	3,193,984	3,447,764	3,865,564	2,290,700	3,095,000
Financial Services	4,807,129	7,323,622	9,299,628	11,173,700	5,501,000
Managed Health Care	2,063,529	2,171,949	2,607,904	2,487,900	2,492,800
Medicaid Operations	2,621,376	2,619,310	2,627,083	2,786,500	2,821,300
Eligibility Services	10,309,612	12,045,975	14,311,200	13,171,700	14,220,300
Coverage and Reimbursement	3,005,215	2,446,007	3,229,998	3,317,900	3,369,100
Contracts	23,544,296	23,453,103	30,972,158	34,698,600	34,671,000
Utah Medical Assistance	710,512	784,062	809,148	877,000	779,900
Total	\$50,255,653	\$54,291,792	\$67,722,683	\$70,804,000	\$66,950,400
Expenditures					
Personal Services	18,377,427	20,867,964	22,809,568	24,147,786	24,611,200
In-State Travel	74,984	84,894	91,957	91,600	91,600
Out of State Travel	51,260	47,893	46,381	41,100	39,500
Current Expense	6,398,729	8,452,754	14,507,282	16,465,642	12,788,400
DP Current Expense	3,023,134	3,632,894	3,447,589	3,418,972	3,411,400
DP Capital Outlay	5,150	125,658	113,049		1,600
Capital Outlay	6,715		5,200		
Other Charges/Pass Thru	22,318,254	21,079,735	26,701,657	26,638,900	26,006,700
Total	\$50,255,653	\$54,291,792	\$67,722,683	\$70,804,000	\$66,950,400
FTE/Other					
Total FTE	431.00	423.71	471.46	454.50	455.15

4.2 Federal Funds

Program		FY 2001 Actual	FY 2002 Estimated	FY 2003 Analyst
Director's Office	Federal	\$68,412	\$126,500	\$130,000
Medicaid Admsintration	Required State Match	0	0	0
	Total	68,412	126,500	130,000
Director's Office	Federal	2,228,697	1,946,000	1,923,100
PHS Local Federal Grant	Required State Match	210,417	406,125	455,735
	Total	2,439,114	2,352,125	2,378,835
Financial Services	Federal	8,785,492	8,800,800	5,165,100
Medicaid Admsintration	Required State Match	412,390	403,152	16,543
	Total	9,197,882	9,203,952	5,181,643
Managed Health Care	Federal	1,347,900	1,321,600	1,320,900
Medicaid Admsintration	Required State Match	1,063,845	1,063,144	1,114,531
	Total	2,411,745	2,384,744	2,435,431
Managed Health Care	Federal	50,421	72,100	74,100
PHS Local Federal Grant	Required State Match	0	0	0
	Total	50,421	72,100	74,100
Medical Claims	Federal	1,797,591	2,041,600	2,077,600
Medicaid Admsintration	Required State Match	804,790	721,015	734,914
	Total	2,602,381	2,762,615	2,812,514
Eligibility Services	Federal	6,230,741	6,994,500	6,589,900
Medicaid Admsintration	Required State Match	6,306,010	6,786,320	6,959,118
	Total	12,536,751	13,780,820	13,549,018
Coverage/Reimbursement	Federal	1,933,420	2,063,300	2,110,700
Medicaid Admsintration	Required State Match	818,763	814,981	842,043
	Total	2,752,183	2,878,281	2,952,743
Contracts	Federal	16,733,281	19,206,800	19,079,100
Medicaid Admsintration	Required State Match	120,000	146,300	146,300
	Total	16,853,281	19,353,100	19,225,400
UMAP	Federal	15,512	1,500	900
Medicaid Admsintration	Required State Match	756,651	711,071	746,858
	Total	772,163	712,571	747,758
	Federal	39,191,467	42,574,700	38,471,400
	Required State Match	10,492,866	11,052,108	11,016,042
	Total	\$49,684,333	\$53,626,808	\$49,487,442