



Presentation on House Bill 1 to the House Appropriations Article II Subcommittee

Health and Human Services Commission

Kyle Janek, M.D., Executive Commissioner

Tracy Henderson, Chief Financial Officer

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HHSC Mission Statement and Key Functions

“The mission of the health and human service agencies in Texas is to develop and administer an accessible, effective, and efficient health and human services delivery system that is beneficial and responsive to the people of Texas.”

Operations

- *Medicaid*
- *CHIP*
- *TANF Cash Assistance*
- *Eligibility Determination*
- *Disaster Assistance*
- *Family Violence*

HHS System Oversight

- *Consolidated Administrative Supports*
- *HHS Program Policy and Coordination*
- *Interagency Initiatives*

Office of Inspector General

FY 2012-13 Accomplishments

- ✓ **Eligibility and Enrollment Improvements:**
 - Statewide Rollout of TIERS – December 2011
 - Decommissioning of SAVERR – May 2012
 - Exceeded federal timeliness standards for Medicaid, SNAP, and TANF for applications and renewals in 2012.
- ✓ **Medicaid Managed Care:**
 - Expansion of STAR managed care statewide – March 2012
 - Implementation of H.B 1 Medicaid cost containment initiatives saving \$1.8 billion General Revenue and \$4.1 billion All Funds
 - Implementation of Non-Emergency Medical Transportation Full-risk Broker Model in Houston/Galveston and Dallas/Ft. Worth - Spring 2012

FY 2012-13 Accomplishments

- ✓ **Medicaid Quality Initiatives:**
 - Implementation of methods to identify preventable events and modify payments accordingly
 - Initiation of various quality advisory committees to provide external clinical assistance for the development of recommendations to improve Medicaid cost effectiveness
 - Implementation of 1115 Texas Healthcare Transformation and Quality Improvement Program Waiver and delivery system reform activities through Regional Health Plans - DSRIP
- ✓ **Enterprise Progress and Improvements:**
 - Implementation of PeopleSoft HR/Payroll on Comptroller's Project ONE in November 2012
- ✓ **Office of Inspector General**
 - Improved productivity by increasing the number of investigations completed and shortening investigative timeframes
 - Implemented ACA-Required Credible Allegation of Fraud (CAF) holds
 - Secured federal CMS funding for Graph Pattern Analysis Technology

FY 2013 Additional Funding Needs - \$4.61 Billion GR

HHSC

- **Medicaid - \$3.46 billion General Revenue**
 - Cash flow issues related to House Bill 1 appropriations for Medicaid began in January 2013. Authority granted to transfer funding within Medicaid and CHIP to address expenditures delays cash flow issues until mid-March 2013. Transferring any available funds from other HHSC and HHS programs would provide sufficient cash to address expenditures through March 2013.
 - Deferral of managed care payments could occur either in March or April 2013, pursuant to Article II, Special Provisions Section 57.
- **CHIP - \$90.4 million General Revenue**
 - CHIP has cash balances to address expenditures through July 2013, unless balances are used to address Medicaid expenditures.

DADS

- **Medicaid - \$1.06 billion General Revenue**
 - Cash flow issues related to House Bill 1 appropriations for Medicaid began December 2012. Authority granted to transfer funding within DADS to address expenditures covers cash flow issues through March 2013.

Comparison of Current Biennium with H.B. 1

Description	FY 2012-13 Exp/Bud (LBE)	FY 2014-15 H.B. 1
GOAL 1 - Enterprise Oversight and Policy	\$ 1,896,885,885	\$ 1,871,160,850
GOAL 2 - Medicaid	\$ 40,144,104,602	\$ 42,635,119,379
GOAL 3 - CHIP	\$ 2,351,300,678	\$ 1,846,401,830
GOAL 4 - Encourage Self-Sufficiency	\$ 358,542,373	\$ 394,867,677
GOAL 5 - Program Support	\$ 319,042,197	\$ 309,127,471
GOAL 6 - Information Technology	\$ 141,235,333	\$ 127,691,872
GOAL 7 - Office of Inspector General	\$ 93,244,461	\$ 96,551,305
TOTAL AGENCY REQUEST	\$ 45,304,355,529	\$ 47,280,920,384
General Revenue	\$ 17,956,682,760	\$ 18,841,358,840
General Revenue - Dedicated	\$ 4,587,828	\$ -
Other Funds	\$ 795,963,914	\$ 794,944,245
Federal Funds	\$ 26,547,121,027	\$ 27,644,617,299
TOTAL, METHOD OF FINANCING	\$ 45,304,355,529	\$ 47,280,920,384
FTES	12,366.7	12,375.7

Summary of H.B. 1

- HHSC program, administrative, and support operations would be maintained at FY 2012-13 service levels
- Client Services
 - Medicaid and CHIP client services are assumed at average costs for fiscal year 2013
 - Funding for growth of cost and utilization trends is not included
 - Medicaid and CHIP caseloads in H.B. 1 listed below are very close to HHSC projections:
 - Medicaid – 3,810,861 in FY 2014 and 4,058,167 in FY 2015
 - CHIP – 553,897 in FY 2014 and 361,946 in FY 2015
 - Acknowledges movement of CHIP children under 138% FPL to Medicaid pursuant to the Affordable Care Act
 - 68,117 clients in FY 2014
 - 261,521 clients in FY 2015

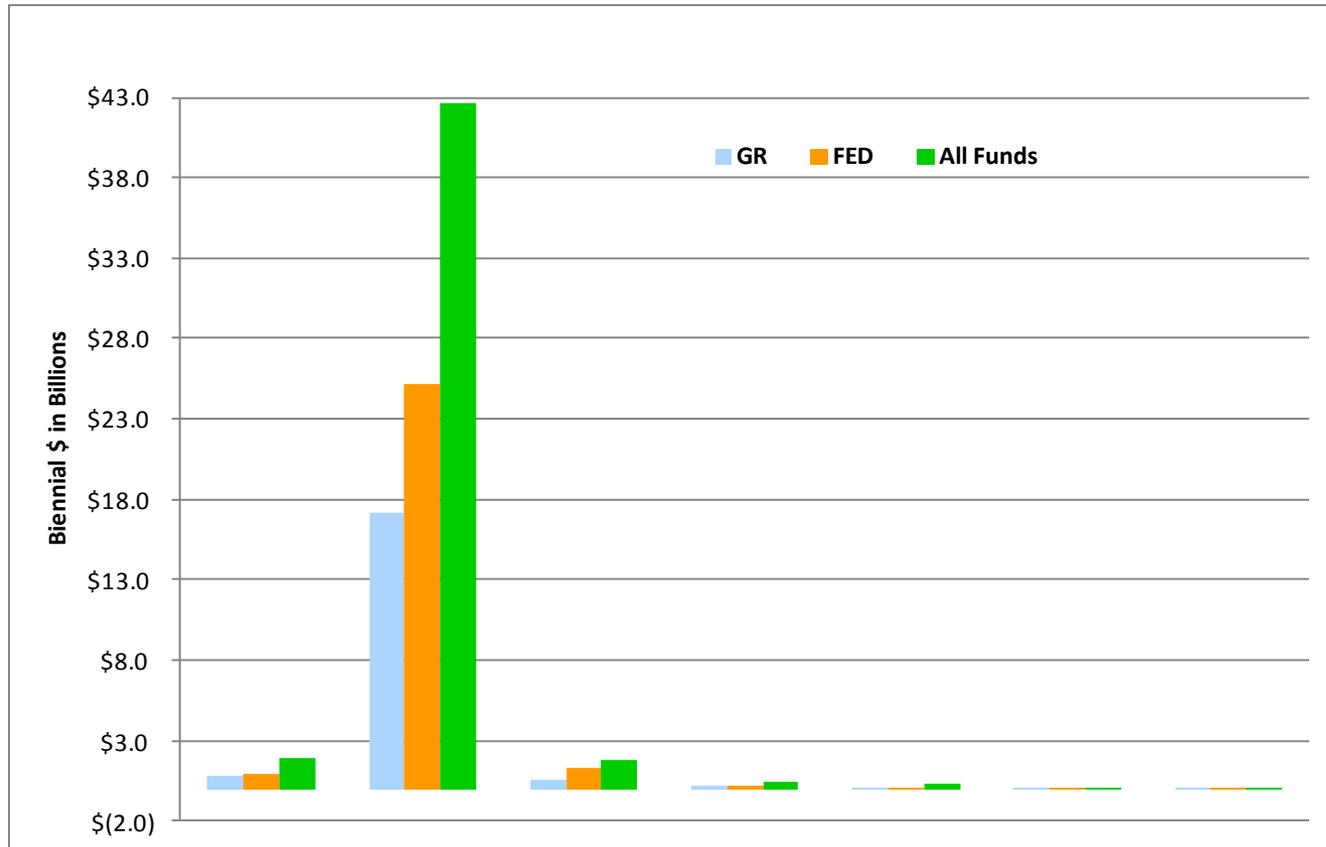
Summary of H.B. 1

- Medicaid estimates do not include the following caseload impacts requested by HHSC (as required by the Affordable Care Act)
 - Medicaid coverage for former Foster Care children to age 26
 - Requirement for twelve month eligibility certification and administrative renewals which results in a net increase of clients eligible for services
 - Estimated impact of caseload growth from children eligible but not enrolled as their families seek health care coverage from the exchange
- Medicaid Cost Containment
 - Medicaid and CHIP funding require the implementation of additional savings and cost and containment initiatives - \$250 million GR (\$602 million All Funds)
 - HHSC would focus on cost containment initiatives to achieve efficiencies and ensure appropriate use of Medicaid services rather than reduce services or benefits.
 - Maintain savings from cost containment initiatives implemented in FY 2012-13.

Summary of H.B. 1

- Additional funding is still needed to address vulnerabilities of systems and infrastructure:
 - Certain HHS Information Technology systems, hardware, & facilities, and
 - Aging infrastructure at State Hospitals & State-Supported Living Centers
- Some cost containment initiatives requiring system changes to the TIERS system may not be implemented until FY 2015 due to limitation of capacity and resources implementing federally required changes

H.B. 1 – FY 2014-2015 (by Goal, \$ in billions)



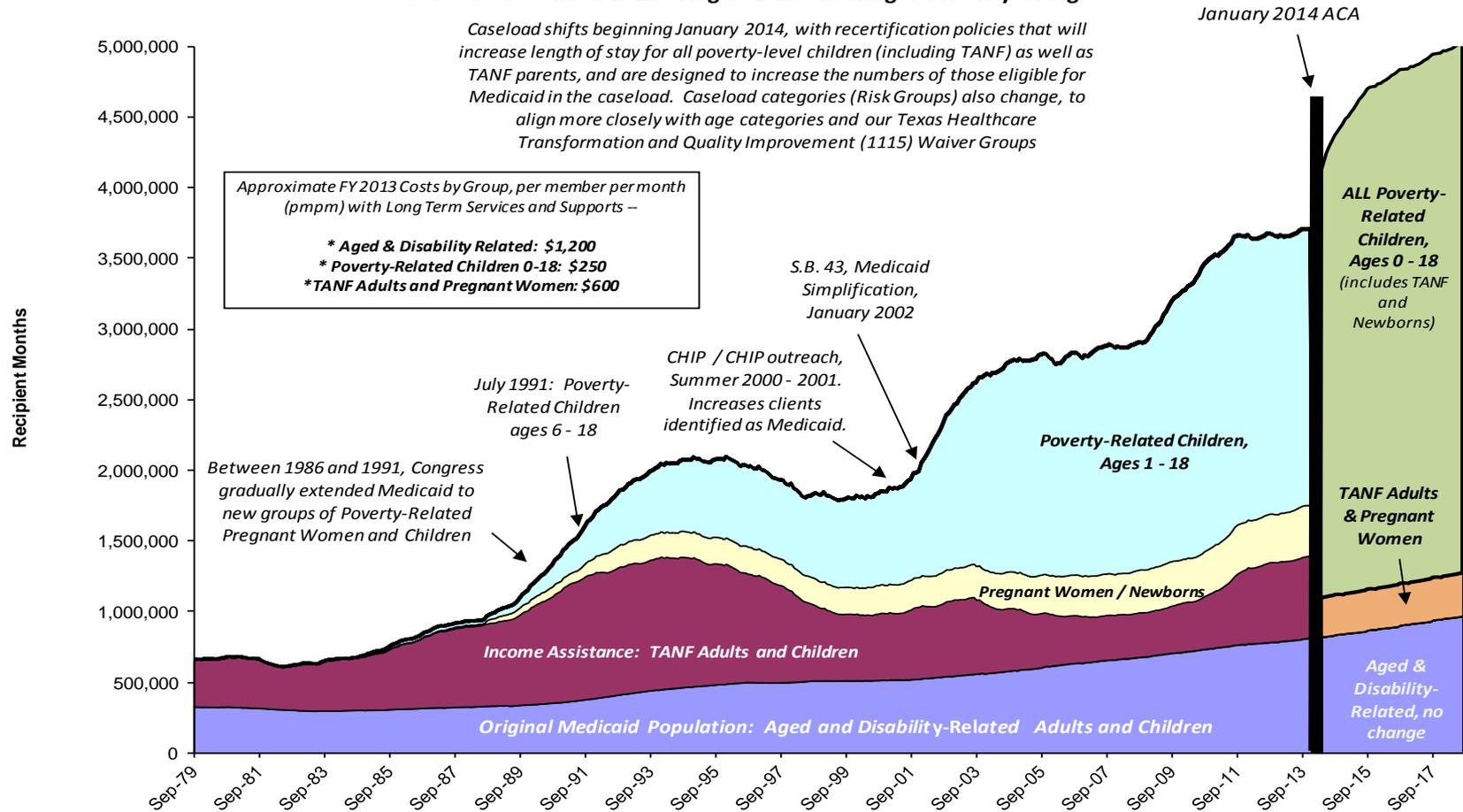
	Enterprise Oversight & Policy	Medicaid	CHIP	Encourage Self Sufficiency	Program Support	TIERS	Office of Inspector General
GR	\$ 759.5	\$ 17,182.3	\$ 543.6	\$ 227.6	\$ 34.9	\$ 62.6	\$ 30.9
FED	\$ 911.7	\$ 25,124.4	\$ 1,302.8	\$ 167.3	\$ 32.1	\$ 65.1	\$ 41.3
All Funds	\$ 1,871.2	\$ 42,635.1	\$ 1,846.4	\$ 394.9	\$ 309.1	\$ 127.7	\$ 96.6

Clients Served in Selected Programs

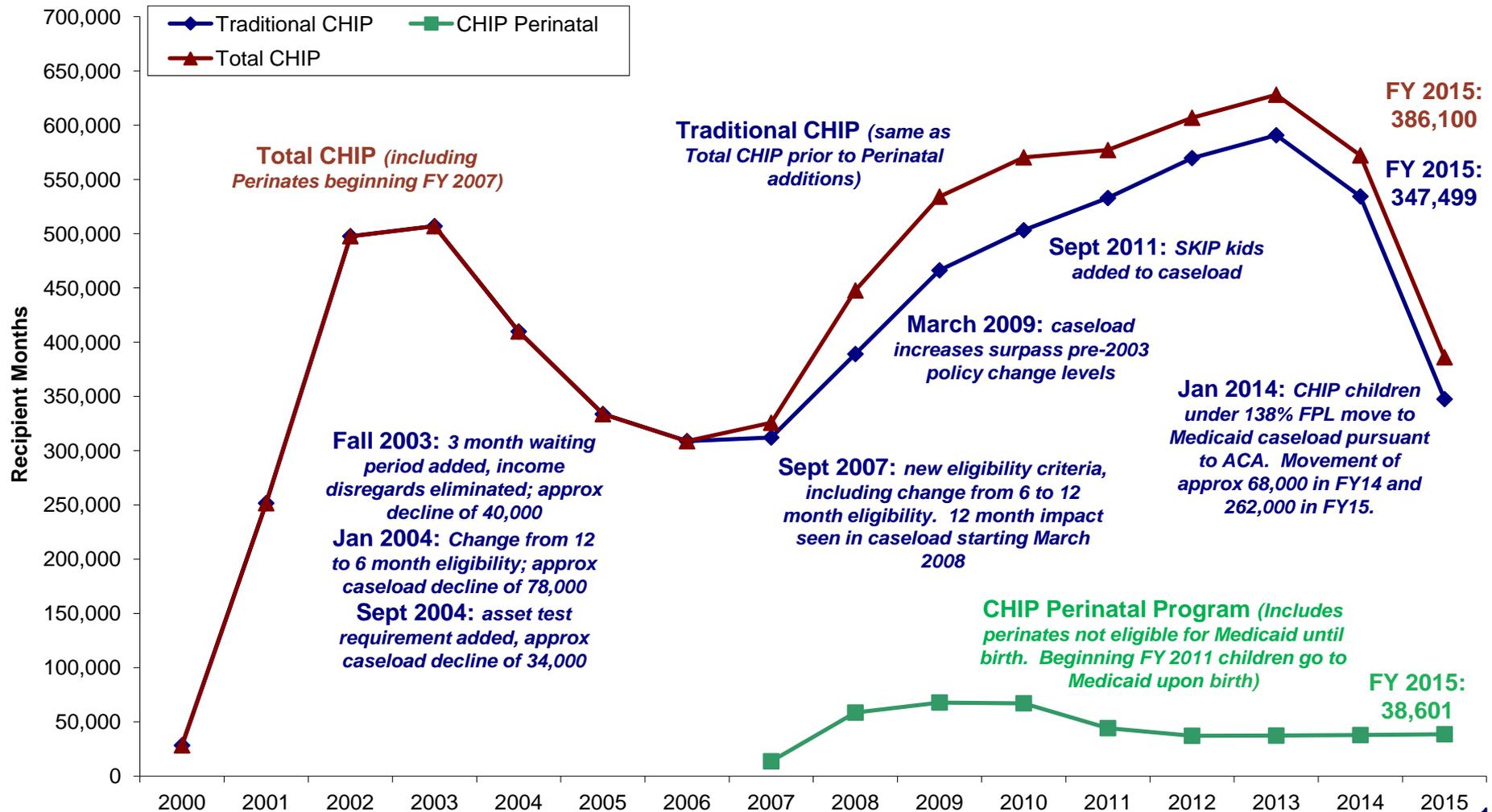
Program	FY 2013	H.B. 1 FY 2014	H.B. 1 FY 2015
Acute Medicaid – Average Medicaid Acute Care Recipient Months per Month	3,689,607	3,810,861	4,058,167
Requested Medicaid Caseload with EI # 3		3,990,099	4,515,101
Children's' Health Insurance Program (CHIP) – Average CHIP Programs Recipient Months per Month	618,303	553,897	361,946
Requested CHIP Caseload with EI # 2		572,185	386,100
Temporary Assistance for Needy Families (TANF) Cash Assistance – Average Number of TANF Recipients per Month	95,436	96,391	97,355
Family Violence Shelter Services – Number of Persons Served by Family Violence Programs/Shelters	79,000	79,000	79,000
Supplemental Nutrition Assistance Program (SNAP) – Average Number of SNAP Recipients per Month	4,127,207	4,176,501	4,259,749

Medicaid Caseload by Group 1979-2018

Texas Medicaid Caseload by Group, September 1979 - August 2018
Forecast December 2012 - August 2018 showing ACA Policy Changes



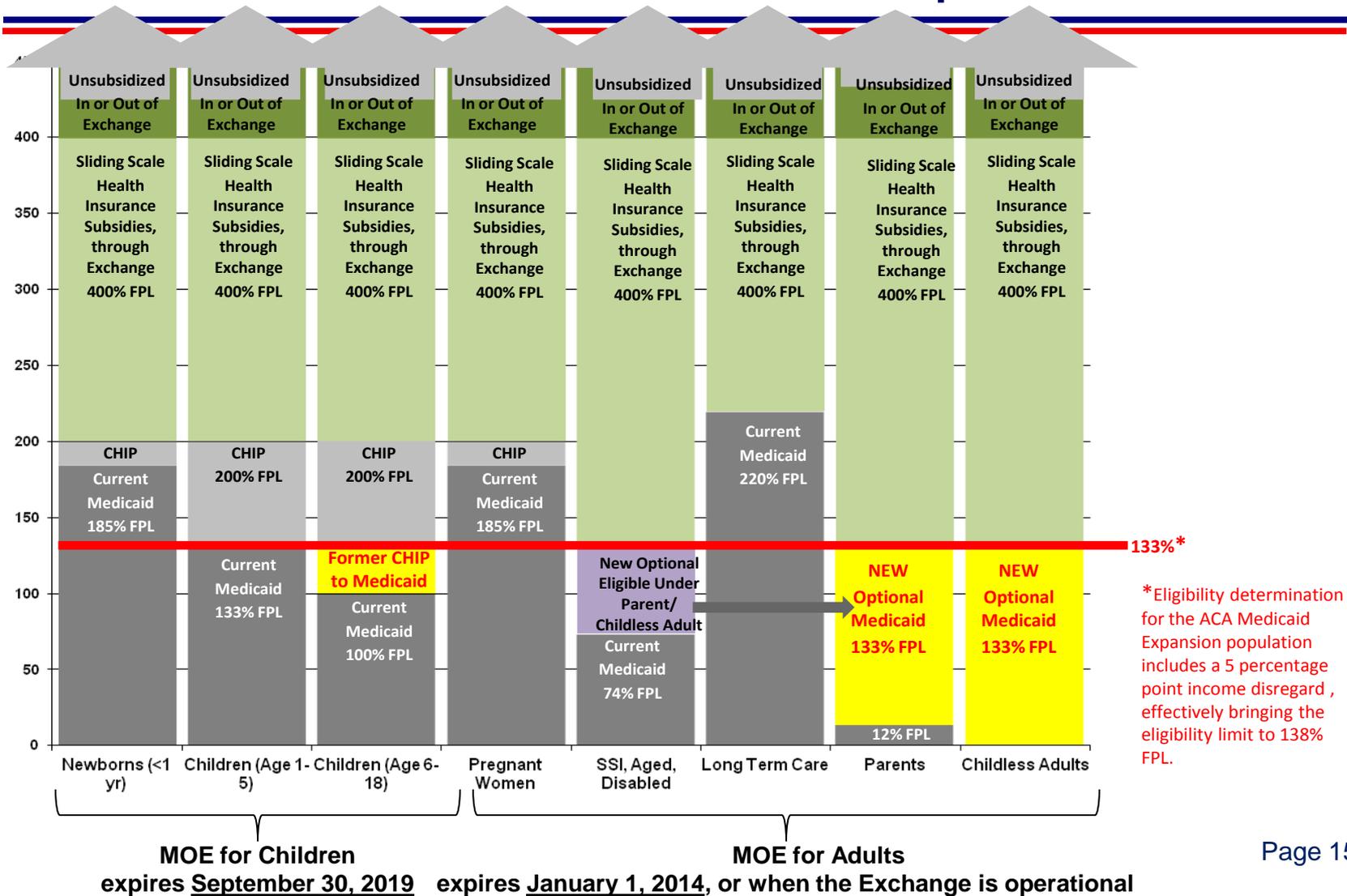
Children's Health Insurance Program Caseloads - Fiscal Years 2000 - 2015



Key ACA Considerations

- Caseload Impact
- Primary Care Rate Increase
- Health Insurance Issuer Tax

Texas Health Care Coverage – Post ACA Implementation



ACA Cost Estimate: Caseloads

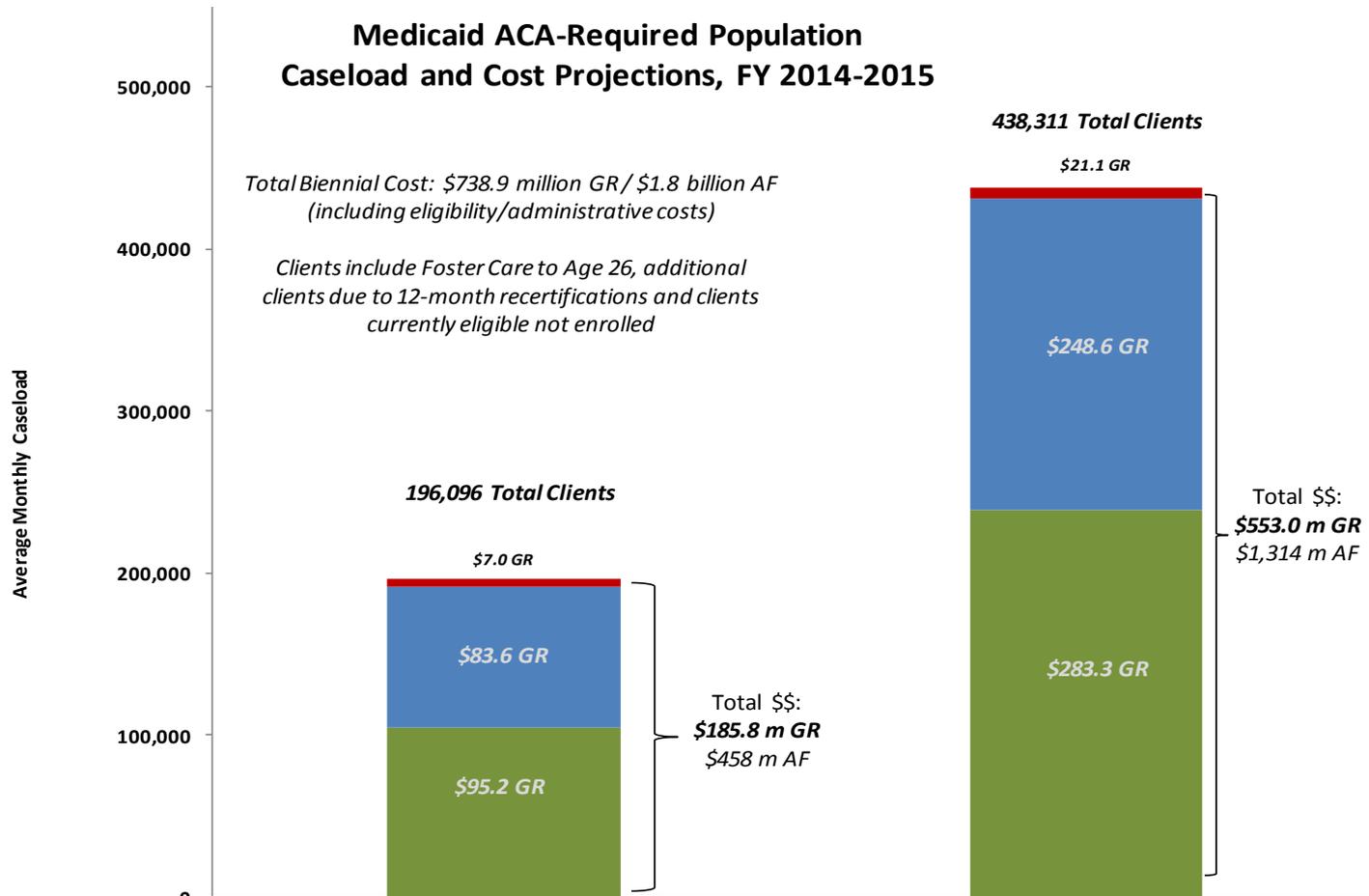
Increased Enrollment Due to ACA: Projections of Mandatory Increases

- Includes costs for increased caseload as a result of eligibility determination changes, from current policy to once every twelve months with passive eligibility information checks
- Includes costs for individuals currently eligible for Medicaid but not enrolled. Medicaid enrollment is expected to increase due to the individual mandate and interactions with the Exchange.
- Includes costs for Foster Care Youth up to Age 26
- Regular state/federal match applies (no enhanced federal funding).

Total cost is \$738.9 million GR (\$1.8 billion AF) for the biennium for the ACA-Related current Medicaid caseload increases

- GR cost is \$738.9 million for the biennium
- Funding is requested in an Exceptional Item (#3)

ACA Cost Estimate: Caseloads



	FY 2014	FY 2015
■ Foster Care to Age 26	4,366	6,583
■ 12-Month Recertification	86,873	192,971
■ Currently Eligible, Not Enrolled	104,856	238,757

ACA Cost Estimate: Primary Care Rate Increase

Primary Care Provider (PCP) Rate Increase – Minimum requirement for primary care services provided by general/family practice, general internal medicine, and pediatric providers, for 16 months of the biennium (through December 2014)

- GR costs for the PCP rate increase are \$6.24 million for 14 months, which is the state share match for our 2 percent rate reduction, plus
- An additional \$16.1 million GR for the Medicare Cost-Sharing PCP increase, over and above the cost for the 2 percent reduction, for a total of \$22.3 million GR.
- The PCP rate increase totals \$756.8 million for 16 months, All Funds.

Additional optional costs (requested as an Exceptional Item) are continuation of the 2% increase from January 1, 2015 to August 31, 2015, and inclusion of Obstetrician-Gynecologists (Ob-Gyns) in the PCP rate increase.

- Only primary care-related procedures and visits are included
- The Ob-Gyn PCP increase is \$40.1 million GR / \$97.5 million AF for 16 months
- Continuing the 2 percent increase for all (mandatory PCP and Ob-Gyns) is \$3.9 million GR and \$9.3 million AF

ACA Cost Estimate: Health Insurance Issuer Tax

Beginning January 1, 2014, health insurance issuers must pay an annual excise tax to the federal government based on the amount of health insurance premiums collected on a national basis in the previous year.

- Current Estimates* of the Health Insurance Issuer Tax are:
 - Payments total \$53.2 million GR (\$128.5 million All Funds) for Medicaid and \$2.1 million GR (\$7.3 million All Funds) for CHIP.
- The impact of the Health Insurance Issuer Tax is in both Exceptional Items for Medicaid and CHIP maintenance of current services (EI#1 and #2).

***Current estimates are based on the best available information to date; however, there are many unknown details that will impact the estimate.**

ACA Cost Estimate: Medicaid/CHIP Cost Estimates by Level of Implementation, SFY 2014 - 2015

ACA State and Total Client Services Cost Estimates by Level of Implementation: FY 2014-2015 Biennium (in millions)

Level of Implementation	FY 2014		FY 2015		Biennium	
	General Revenue	All Funds	General Revenue	All Funds	General Revenue	All Funds
<u>MANDATORY</u>						
SHIFT: CHIP to Medicaid	\$ 10.2	\$ 35.3	\$ 36.9	\$ 127.6	\$ 47.1	\$ 162.9
Additional Clients						
-- Foster Care to 26	\$ 7.1	\$ 17.7	\$ 21.1	\$ 50.8	\$ 28.2	\$ 68.4
-- 12 Month Recertification	\$ 83.6	\$ 208.7	\$ 248.7	\$ 598.7	\$ 332.2	\$ 807.3
-- Currently Eligible not Enrolled	\$ 95.2	\$ 237.7	\$ 283.3	\$ 682.0	\$ 378.5	\$ 919.7
Total Additional Clients	\$ 185.9	\$ 464.1	\$ 553.0	\$ 1,331.4	\$ 738.9	\$ 1,795.5
PCP Rate Increase						
<i>Minimum Provider Types and Services</i>	\$ 16.3	\$ 549.7	\$ 6.0	\$ 207.1	\$ 22.3	\$ 756.8
ACA Health Insurance Issuer Fee	\$ -	\$ -	\$ 55.3	\$ 135.7	\$ 55.3	\$ 135.7
<u>OPTIONAL</u>						
PCP Rate Increase						
<i>Optional (2% and Ob-Gyn)</i>	\$ 29.3	\$ 70.6	\$ 14.7	\$ 35.2	\$ 44.0	\$ 105.8
Total Cost Impact, Caseloads and Services Only	\$ 241.7	\$ 1,119.8	\$ 666.0	\$ 1,837.0	\$ 907.6	\$ 2,956.8

*Note: Minimum Provider Types and Services and CHIP shift to Medicaid are in the base bill, at lower cost levels.

Exceptional Items

	FY 2014		FY 2015		BIENNIAL TOTAL		FY 14 FTEs	FY 15 FTEs
	GR	All Funds	GR	All Funds	GR	All Funds		
H.B. 1 Introduced	9,246,306,026	23,436,022,809	9,595,052,814	23,844,897,575	18,841,358,840	47,280,920,384	12,375.7	12,375.7
EXCEPTIONAL ITEMS:								
1 Maintain Medicaid Current Services	558,855,511	1,171,838,911	1,059,568,360	2,234,576,551	1,618,423,871	3,406,415,462	-	-
2 Maintain CHIP Current Services	18,914,638	65,493,897	27,293,855	93,280,435	46,208,493	158,774,332	-	-
3 Provide Medicaid Services Required by Certain ACA Provisions	192,600,812	477,569,058	567,495,302	1,360,299,225	760,096,113	1,837,868,282	128.5	288.7
4 Implement Fraud Integrity Initiative and Improve OIG Staffing	10,424,310	40,004,673	8,326,489	22,173,387	18,750,799	62,178,061	105.7	105.6
5 Support Office of Acquired Brain Injury (OABI) and Implement Acquired Brain Injury Waiver Services	1,520,997	3,097,377	1,303,597	2,480,792	2,824,594	5,578,169	4.0	5.1
6 Implement Information Security Improvements & Application Provisioning Enhancements	3,584,281	5,346,691	2,089,797	3,285,191	5,674,078	8,631,882	-	-
7 Improve Security Infrastructure for Regional HHS Client Delivery Facilities	1,197,682	1,691,365	-	-	1,197,682	1,691,365	-	-
8 Expand PCP Rate Increase for XIX OB/GYNs and 2% Reductions for PCPs	29,273,838	70,641,500	14,714,235	35,167,866	43,988,073	105,809,366	-	-
9 Community Attendant Care Wage Increases - \$0.50 per Hour	57,208,871	138,690,856	119,667,400	290,711,919	176,876,271	429,402,775	-	-
10 Increase HHS Recruitment and Retention of Direct Care Workers	14,270,744	23,755,849	14,270,744	23,755,849	28,541,488	47,511,698	-	-
11 Expand Family Violence Program & Prevention	1,250,000	1,250,000	1,250,000	1,250,000	2,500,000	2,500,000	-	-

Exceptional Items

	FY 2014		FY 2015		BIENNIAL TOTAL		FY 14 FTEs	FY 15 FTEs
	GR	All Funds	GR	All Funds	GR	All Funds		
H.B. 1 Introduced	9,246,306,026	23,436,022,809	9,595,052,814	23,844,897,575	18,841,358,840	47,280,920,384	12,375.7	12,375.7
EXCEPTIONAL ITEMS:								
12 Upgrade Winters Data Center Facilities	2,220,800	4,000,000	-	-	2,220,800	4,000,000	-	-
13 Maintain Support of State-Operated Facilities	2,904,705	4,423,234	498,985	724,906	3,403,690	5,148,140	1.0	1.0
14 Retire Legacy CARE System across Enterprise Agencies	8,998,440	25,865,991	7,406,194	7,406,194	16,404,634	33,272,185	2.0	4.0
15 Continue International Classification of Diseases (ICD-10)	424,201	848,403	369,340	1,474,761	793,541	2,323,164	-	-
16 Secure Mobile Infrastructure & Enterprise Communications	11,420,258	17,359,770	-	-	11,420,258	17,359,770	-	-
17 Complete Enterprise Data Warehouse Medicaid Initiative	3,441,477	18,047,805	3,110,771	17,583,575	6,552,248	35,631,380	13.1	13.1
18 Upgrade HHSAS Financials - Hardware Remediation (HHS Agencies)	937,473	1,293,155	234,498	323,467	1,171,971	1,616,622	-	-
19 Improve Community Resources Coordination Group (CRCG) Program Support	157,624	279,709	149,927	266,052	307,552	545,761	2.0	2.0
20 Increase Support of Healthy Marriage Program Support	596,792	596,855	589,905	590,025	1,186,698	1,186,880		
21 Implement Initiatives to Address Disproportionality and Disparities Across HHS System	230,810	318,445	220,866	304,789	451,676	623,234	2.0	2.0
22 PLACEHOLDER: Dual Eligibles Integrated Care Project - ACA	-	-	-	-	-	-		
Total Exceptional Requests	\$ 920,434,264	\$ 2,072,413,544	\$ 1,828,560,265	\$ 4,095,654,984	\$ 2,748,994,529	\$ 6,168,068,528	258.4	421.6
H.B. 1 Introduced + Exceptional Items	\$ 10,166,740,290	\$ 25,508,436,353	\$ 11,423,613,079	\$ 27,940,552,559	\$ 21,590,353,369	\$ 53,448,988,912	12,634.1	12,797.3

Appendices

Provide Medicaid Current Services (Caseload, Cost Growth, and ACA Excise Tax)

This request represents the incremental costs associated with the FY 2014-15 Medicaid costs estimates over the FY 2013 levels assumed in H.B. 1.

Costs represent 94 percent of this request or \$1,516.5 million GR (\$3,175.7 million All Funds). Caseload is approximately 3 percent or \$48.8 million GR (\$102.2 million All Funds).

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$558.9	\$1,059.6	\$1,618.4
All Funds	\$1,171.8	\$2,234.6	\$3,406.4

Program Impact	FY2014	FY2015
Avg Acute and STAR+PLUS Client Services Cost Per Month	\$27.70	\$41.08

The portion of the cost attributed to the federal ACA excise tax for these Medicaid costs is estimated to be \$53.2 million GR (\$128.5 million All Funds) or 3.3 percent of this request. Fiscal year 2015 is the first year in which we anticipate paying the ACA tax for premiums paid from 2013. Estimates are based on data available at this time.

Maintain CHIP Current Services (Caseload, Cost Growth, and ACA Excise Tax)

This request represents the incremental caseload and costs associated with FY 2014-15 CHIP estimates over the FY 2013 levels assumed in H.B. 1.

CHIP children under 138% FPL are expected to move to Medicaid starting in January 2014 due to ACA legislation. This request includes the impact of this movement.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$18.9	\$27.3	\$46.2
All Funds	\$65.5	\$93.3	\$158.8

Program Impact	FY2014	FY2015
Avg CHIP Benefit Cost with Prescription Benefit Per Recipient Month	\$4.44	\$9.25
Avg CHIP Recipient Months per Month	18,288	24,154

CHIP caseload differences account for \$22.6 million GR (\$77.7 million All Funds), of this exceptional item. CHIP cost growth accounts for \$21.5 million GR (\$73.8 million All Funds) of this exceptional item.

The portion of the cost attributed to the federal ACA excise tax for these CHIP costs is estimated to be \$2.1 million GR (\$7.3 million All Funds). Fiscal year 2015 is the first year in which we anticipate paying the ACA tax for premiums paid from 2013. Estimates are based on data available at this time.

Provide Medicaid Services Required by Certain Affordable Care Act Provisions

Certain ACA provisions will increase Medicaid caseloads and related Eligibility Support Services contracts that incur costs associated with caseload growth.

This request relates to cost for Medicaid services associated with additional caseload growth in the 2014-15 biennium for :

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$192.6	\$567.5	\$760.1
All Funds	\$477.6	\$1,360.3	\$1,837.9

FTEs	128.5	288.7
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1. *Medicaid coverage of former foster care children to age 26 (4,366 / 6,583)*
2. *Children who are currently eligible but not enrolled in Medicaid (104,856 / 238,757)*
3. *Implementation of a 12 month Recertification (86,873 / 192,971)*

The biennial costs associated with the clients services impact is \$738.9 million GR and \$1.8 billion All Funds.

- *Foster Care - \$28.2 million GR (\$71.8 million All Funds) or 4 percent*
- *Currently Eligible Not Enrolled - \$378.5 million GR (\$915.7 million All Funds) or 51 percent*
- *12-Month Recertification - \$332.2 million GR (\$808.0 million All Funds) or 45 percent*

Eligibility-related supports for, enrollment broker and TMHP costs and additional eligibility staffing total \$21.2 million GR and \$42.4 million All Funds.

Improve Office of Inspector General Staffing and Support and Improve Program Integrity

The increase in the number of referrals and size of the OIG investigations and reviews would require additional staff to: significantly reduce time required to complete investigations, conduct investigations and reviews, perform encounter data analysis activity including targeted queries designed to assess adherence to Medicaid policy; assist with actuarial and statistical analyses of the claims and populations under

investigation, perform financial and data analysis reviews to detect emerging trends, patterns and system issues which will result in the identification of inappropriately paid claims to Medicaid providers; attorneys to assist in increased litigations.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$10.4	\$8.3	\$18.8
All Funds	\$40.0	\$22.2	\$62.2

FTEs	105.7	105.6
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With an additional 106 FTEs (\$9.0 million GR and \$23.8 million All Funds), there would be an increase in cost recovery and cost avoidance as a result of sufficient staff to investigate fraud/overpayment and referrals.

Funding of \$9.7 million GR and \$38.4 million All Funds would allow HHSC, DADS and DSHS to implement provider and supplier screening and enrollment requirements in Medicare, Medicaid, and CHIP and to enroll providers in accordance with a designated level of risk of waste, fraud and abuse (low, moderate or high). HHSC would contract with the Medicaid claims administrator or other third party to perform required activities for provider screening, enrollment, and monitoring. Screening requirements performed by OIG include licensure and database checks, criminal background checks, unscheduled and unannounced pre-enrollment site visits for moderate and high risk providers, and fingerprinting for high risk providers.

Support Office of Acquired Brain Injury (ABI) and Implement ABI Waiver Services

This funding request will increase services and supports for individuals with an acquired brain injury and their families.

- *Funding of \$1.0 million GR (\$1.0 million All Funds) will allow the continuation of OABI operations after the expiration of federal funds in 2013 and expand the work of the office to include military and veterans, stroke and cardiovascular awareness, prevention and*

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$1.5	\$1.3	\$2.8
All Funds	\$3.1	\$2.5	\$5.6

FTEs	4.0	5.1
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rehabilitation referral/coordination services; children and youth; elderly; rural; border and other programs in accordance with the OABI mission and strategic plan. The office ensures linkages internally and externally for the enterprise to identify common services and cost-saving programs as well as gaps in services. Funding will continue the one FTE currently federally-funded as well as increase OABI staffing to 5.1 FTEs by FY 2015.

- *Additional funding of \$1.9 million GR (\$4.6 All Funds) will cover the costs associated with providing cognitive rehabilitation therapies to individuals with an acquired brain injury (ABI) who are currently enrolled in STAR+Plus at HHSC and other long-term-care waivers at DADS. Includes administrative costs at both agencies.*

The biennial costs at DADS totals \$0.4 million GR (\$1.0 million in All Funds). The biennial cost at HHSC totals \$1.5 million GR (\$3.6 million All Funds). Freed-up GR resulting from the temporary increase in federal match for Balancing Incentives Program could be a source of funding to support this request to add services.

The estimated number of individuals with an acquired brain injury that will be served is 738 in FY 2014 and 757 in FY 2015.

Implement Information Security Improvements & Application Provisioning Enhancements

HHSC IT provides critical services that help secure information throughout the HHS organization. There has been an increase in volume and complexity of threats to the security of information resources in general, and HHSC IT must continue to evolve in its capabilities to protect the HHS information resources.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$3.6	\$2.1	\$5.7
All Funds	\$5.3	\$3.3	\$8.6

Hackers and attackers are finding increased value in healthcare data, creating an ever greater risk of security breaches, unauthorized disclosure of confidential information, and the breach of client privacy.

The initiatives specified in this request improve the capabilities to prevent and detect security incidents including confidential data breaches. The improvements facilitated by these initiatives are necessary to achieve standards of protection that are comparable to organizations of similar size and information security requirements. Measures include Enterprise Security Controls; Access Control, Identification and Authentication; and Improved Monitoring.

The improved security of confidential information and technology resources helps to reduce risks associated with confidential information and technology. The security improvements would also reduce the impact and number of security breaches, improve operational efficiency related to compliance requirements, and reduce costs associated with fines and increased regulatory scrutiny.

Improve Security Infrastructure for Regional HHS Client Delivery Facilities

Funding will be used to improve security infrastructure at regional HHS facilities for the improved safety of both clients and staff.

Enhancements include installation of keyless access systems at 90 facilities, installation of video surveillance systems at 31 facilities, parking lot fencing and lighting at 5 facilities.

Given the recent tragic events, there is an expectation from staff and clients that HHS agencies continue to improve office safety and security measures.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$1.2	\$0.0	\$1.2
All Funds	\$1.7	\$0.0	\$1.7

Expand PCP Rate Increase for Medicaid OB/GYNS & 2% Reductions for PCPs

Effective January 1, 2013, the Affordable Care Act (ACA) directs states to increase reimbursement to certain primary care providers (family practitioners, internal medicine providers, pediatricians, and associated subspecialists) for specific procedure codes, classified as primary care services in the ACA, at the Medicare reimbursement rate for two calendar years from January 1, 2013, through December 31, 2014. Most of the cost is federal funding.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$29.3	\$14.7	\$44.0
All Funds	\$70.6	\$35.2	\$105.8

- ❑ This exceptional item funds the cost to maintain for the last eight months of FY 2015, the 2 percent rate reduction for these primary care providers that had to be restored to qualify for the federally-funded increase. The cost in FY 2015 is \$3.5 million GR and \$8.3 million All Funds
- ❑ This request will also extend the rate increase to obstetricians and gynecologists providing primary care services at the higher reimbursement through December 2014 and for the 2 percent restoration for the eight month period (January 2015-August 2015). The cost for applying the increased reimbursement to OB/GYNs is \$40.5 million GR (\$97.5 million All Funds).

Increase Community Attendant Hourly Wage 50 Cents Annually

Funding will provide a \$0.50 cent per hour increase in FY 2014 and an additional \$0.50 cent per hour increase in FY 2015 to attendants assisting Medicaid clients in community settings through certain programs at DADS and HHSC. Wage increase will be targeted to the programs with the lowest hourly wage rates.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$57.2	\$119.7	\$176.9
All Funds	\$138.7	\$290.7	\$429.4

Increasing these wages will address high turnover and improve retention and recruitment of these direct care workers, and improve the quality and continuity of care received by our clients. The percent of salary increase ranges from 5.4 to 6.9 percent annually, depending upon the minimum hourly wage and program. Freed-up GR resulting from the temporary increase in federal match for Balancing Incentives Program could be a source of funding to support this request to increase wages.

The biennial cost to DADS community programs is \$76.6 million GR (\$180.1 million All Funds).

The biennial cost to HHSC community programs is \$100.3 million GR (\$249.3 million All Funds).

Increase HHS Recruitment and Retention of Direct Care Workers

HHSC requests this exceptional item in support of the Department of Aging and Disability Services (DADS) and Department of State Health Services (DSHS) efforts in improving recruitment and retention in critical positions in state supported living centers and state mental health hospitals.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$14.3	\$14.3	\$28.5
All Funds	\$23.8	\$23.8	\$47.5

Funding will allow DADS and DSHS to provide a 10 percent salary increase to over 13,000 staff in critical direct health care positions to improve retention and recruitment of these staff, and improve the quality and continuity of care received by our clients. This request is in addition to requests in the DADS and DSHS LARs for funding salary increases for other health professionals in these facilities.

This funding request includes costs in FY 2014-15 of \$13.8 million GR (\$32.7 million All Funds) for DADS and \$14.8 million GR and All Funds for DSHS.

Expand Family Violence Prevention and Victim Services

Funding will enable family violence service providers and other community-based organizations to provide economic stability, legal, primary prevention and domestic violence fatality review services over and above the core services. These additional services assist victims with leaving the shelter, help reduce the incidence of repeat family violence, and strengthen families.

Provision of these services supports clients in attaining ongoing economic stability and legal security, which can reduce their need to seek family violence services in the future.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$1.3	\$1.3	\$2.5
All Funds	\$1.3	\$1.3	\$2.5

Program Impact	FY2014	FY2015
HHSC Avg Cost Per Person Receiving Emergency Shelter Services FVP	\$840.09	\$840.09
Number of Persons Served by Family Violence Programs/Shelters	1,686	1,686

Upgrade Winters Data Center Facilities

This project includes the installation of diesel powered generator(s) to provide backup power in the event of a power supply failure from the City of Austin provided electrical circuits. It also includes the installation of new server cabinets and cabling systems inside the data center to improve the security, reliability and supportability of electrical and data distribution, and to address multiple audit findings related to the current obsolete infrastructure.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$2.2	\$0.0	\$2.2
All Funds	\$4.0	\$0.0	\$4.0

These improvements will be realized for all of the agencies that have technology assets located in the Winters Data Center, including HHSC, DADS, DSHS, DFPS and DIR. This project will improve the availability of applications, including the TIERS application, hosted on servers located in the Winters Data Centers by eliminating unplanned power outages, improving response time for hardware issues and eliminating outages caused by damaged cabling systems. The installation of diesel powered backup generators is the industry standard best practice for providing backup power in case of power failure. Secure cabinets and structure cabling system installed in a documented grid pattern are industry standard best practice for data center operations. Both strategies improve security, inventory control and response time for hardware related issues.

Maintain Support of State-Operated Facilities at DADS and DSHS

This funding request includes 3 components related to the services supporting residents and clients in State Supported Living Centers (DADS) and the State Hospitals (DSHS): (1) regional laundry facility equipment & related vehicles replacement, (2) costs associated with frozen food and storage, and (3) an inventory system upgrade.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$2.9	\$0.5	\$3.4
All Funds	\$4.4	\$0.7	\$5.1

FTEs	1.0	1.0
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- 1. Replace laundry equipment that has an average age of 8 years, with the oldest piece being 45 years old. Laundry vehicles and trailers support the consolidated laundry function - (\$1.2 million GR / \$2.2 million All Funds).*
- 2. Ensure dietary and nutritional requirements for clients at the State Supported Living Centers and State Hospitals meet federal recommendations - (\$0.9 million GR / \$1.3 million All Funds).*
- 3. Upgrade a critical supply inventory system used daily. The upgrade would contain facility services, inventory, supply/stock/requisition, replenishments, medical supplies, and foods, with warehouse work flow and business processes - (\$1.3 million GR / \$1.7 million All Funds). One FTE at HHSC is associated with upgrading this system.*

Retire Legacy Client CARE Systems across HHS Agencies

This request will provide funds for HHSC, DADS and DSHS to retire outdated service authorization systems developed by the former Texas Department of MHMR and Department of Human Services, and transition to systems that meet the needs of the current consumers of HHS agencies.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$9.0	\$7.4	\$16.4
All Funds	\$25.9	\$7.4	\$33.3

FTEs	2.0	4.0
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Continued operation of multiple outdated and antiquated systems pose a significant risk for ongoing operations for services at both DADS and DSHS. In addition, the maintenance of these systems receive enhanced federal funding. However, these outdated systems likely do not meet current federal information technology standards. In order to continue receive enhanced federal funding, the state's systems must meet these federal standards.

Retiring the legacy systems will allow the current HHS agencies to more efficiently operate, while ensuring full federal funding in the future.

The biennial costs to DADS is \$2.2 million GR (\$19.4 million All Funds). The biennial cost to DSHS is \$14.2 million GR (\$14.2 million All Funds). The biennial cost to HHSC is \$1.2 million GR (\$1.2 million All Funds).

Continue Systems Coding for International Classification of Diseases (ICD-10)

ICD is a code set designed to promote international comparability in the collection, processing, classification, and presentation of diagnostic statistics. The ICD code set has been revised from ICD-9 to ICD-10 to allow for an expansion in the number of conditions that can be captured (almost twice as many) and support more comprehensive analysis.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$0.4	\$0.4	\$0.8
All Funds	\$0.8	\$1.5	\$2.3

The federal government, CMS, is requiring states to upgrade diagnostic and procedure codes for more detailed diagnostic identification. These code sets are used in 95% of health care related systems and are required for paying claims. Texas must comply with the rule by October 1, 2014, with stabilization and optimization requirements continuing for another two years after that.

Requested funding will update systems at DADS, DARS, DSHS and HHSC to process ICD-10 coding.

Secure Mobile Infrastructure & Enterprise Communications

This project will redesign the HHS data network, implementing industry best practices for a shared network architecture to support a more mobile workforce. Additionally, the HHS telephone infrastructure will be updated to enable greater integration across portions of the enterprise.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$11.4	\$0.0	\$11.4
All Funds	\$17.4	\$0.0	\$17.4

These endeavors will support telework, teleconference, mobile work, eligibility modernization, and reduction of travel expenses and leased office space by providing greater integration of the data and voice networks across the HHS enterprise. This solution supports a more mobile workforce.

Benefits include:

- *Provides an integrated enterprise network that allows an HHS employee to access their respective agency's systems from any HHS office (not limited to agency-specific network and office locations)*
- *Improves data network capacity to support client and program growth, and modernization efforts*
- *Enhances secure remote access to HHS systems and data*
- *Provides greater capability in routing client telephone calls to call centers, telework staff, and other HHS offices*
- *Improves security for the telephone systems while they are being accessed through new mobile methods*

Item # 17

Complete Medicaid Enterprise Data Warehouse Initiative

Completion of the Medicaid Enterprise Data Warehouse (EDW) will provide comprehensive, current, and historical data of Medicaid clients and service providers. The EDW will provide a single place to analyze diverse services to be fully described regardless of the program, payer, system, or provider involved in service provision.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$3.4	\$3.1	\$6.6
All Funds	\$18.0	\$17.6	\$35.6

FTEs	13.1	13.1
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The EDW will enhance the ability to analyze data across HHS for use within Medicaid functions while eliminating inconsistencies in reporting and analysis results across the enterprise. It will also support collaboration between agencies to significantly improve the effectiveness of programs. The benefits of this solution will include the following:

- *Improve Management of Client and Provider Identity by unifying identity data*
- *Assist Clients Served by Medicaid by providing comprehensive information to case managers*
- *Increase Effectiveness and Quality of Care by Use of Outcome Measures*
- *Discover New Insights from Existing Data Assets as data from various sources is consolidated*
- *Provide a Foundation for Historical Record Sharing with External Partners*

Upgrade HHSAS Financials- Hardware Remediation (HHS Agencies)

This funding supports an upgrade of the hardware and certain system software for the HHSAS Financials (PeopleSoft) System and Financials Data Warehouse. In addition, separate environments will be established for development, test, production and reporting.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$0.9	\$0.2	\$1.2
All Funds	\$1.3	\$0.3	\$1.6

This initiative will support transformation, as required by the statewide Data Center Services (DCS) Contract. New hardware and software would put HHSC in compliance with industry software standards and provide users with improved performance, particularly for reporting. The establishment of separate environments for development, test, production and reporting will enable more standardized testing, development, and deployment activities and will also support disaster recovery. The upgraded hardware will also position the HHS agencies for future participation in the Comptroller of Public Accounts (CPA) Enterprise Resource Planning (ERP) system.

Improve Community Resources Coordination Group (CRCG) Services

Appropriation will resume funding that was paused in FY 2012-2013, to restore funds for two staff, and allow the development and deployment of an enhanced web based data collection/reporting tool to improve accessibility, data consistency and reliability of the CRCG statewide network.

This will ensure compliance with legislative requirements including the streamlined collection, analysis, and preparation of program data for submission in required reports.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$0.2	\$0.1	\$0.3
All Funds	\$0.3	\$0.3	\$0.5

FTEs	2.0	2.0
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Increase Support of Healthy Marriage Program

Funding will provide expanded technical assistance to providers/clients, updated public advertising and outreach materials, and continuing development and deployment of website enhancements designed to increase access and ease of use for network providers and couples searching for services or resources.

This request will provide enhanced coordination and growth of the existing volunteer network leveraging emerging technologies to reach new service providers and clients. These services were previously funded, but funding was paused in FY 2012-2013.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$0.6	\$0.6	\$1.2
All Funds	\$0.6	\$0.6	\$1.2



Item # 21

Implement Initiatives to Address Disproportionality and Disparities Across HHS System

Funding will support the implementation of regional health equity projects that focus on supporting and encouraging health prevention efforts that employ community-centered strategies to reduce and eliminate health disparities.

The Center for Elimination of Disproportionalities and Disparities was established by Senate Bill 501, 82nd Legislature, Regular Session.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$0.2	\$0.2	\$0.5
All Funds	\$0.3	\$0.3	\$0.6

FTEs	2.0	2.0
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Program Impact	FY2014	FY2015
Number of Minority Health Initiatives Implemented	8.0	8.0
Average Cost Per Minority Health Initiative Developed	\$18,750	\$18,750

ACA Provision: Dual Eligibles Integrated Care Project

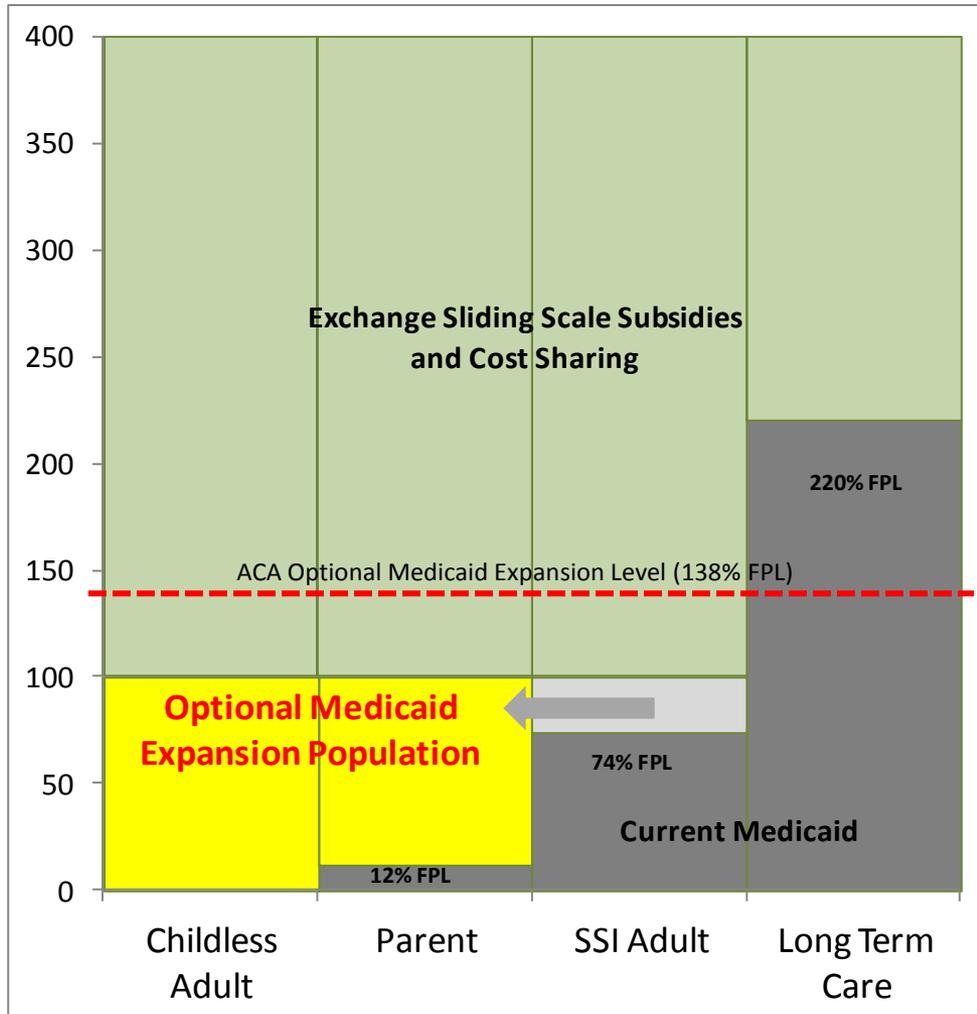
This is a placeholder request as the estimated fiscal impact has not been determined. Opportunity for states to participate in a capitated or managed FFS model to provide comprehensive coverage to dual (Medicare-Medicaid) eligibles and share in savings achieved through improved care coordination and health outcomes for this population.

Section 2602 of the ACA allows an opportunity for states to align financing between Medicare and Medicaid to support improvements in the quality and cost of care for individuals enrolled in both programs through improved care coordination.

(\$ in Millions)	FY 2014	FY 2015	Biennium
General Revenue	\$0.0	\$0.0	\$0.0
All Funds	\$0.0	\$0.0	\$0.0

FTEs	0.0	0.0
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Optional Medicaid Expansion Population



Note: The ACA provides an option to expand Medicaid coverage for adults under age 65 up to 138% FPL.

Individuals between 100-400% FPL will have access to subsidies through the Exchange.

Annual Income Levels

FPL Level	Individual	Family of 3
12%	\$1,340	\$2,291
74%	\$8,266	\$14,126
100%	\$11,170	\$19,090
133%	\$14,856	\$25,390
138%	\$15,415	\$26,344
400%	\$44,680	\$76,360

Disproportionate Share Hospital

The ACA reduces the aggregate Medicaid Disproportionate Share Hospital (DSH) allotment for all states beginning in 2014. CMS plans to issue the methodology to allocate the DSH allotment reduction to all states this spring.

- The future DSH allotment will be linked to the number of uninsured and how states target their funds.

The aggregate federal DSH allotment to all states will be reduced by:

- \$500 million in fiscal year (FY) 2014,
- \$600 million in FY 2015 and FY 2016,
- \$1.8 billion in FY 2017,
- \$5 billion in FY 2018,
- \$5.6 billion in FY 2019, and
- \$4 billion in FY 2020.

The specific DSH reductions for Texas Medicaid are unknown at this time.