



Nicholas A. Toumpas
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER

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May 20, 2014

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

50% General funds
50% Federal funds

- Pursuant to the provisions of Chapter 3:7, II, Laws of 2014, authorize the Department of Health and Human Services to transfer general funds in the amount of \$21,000,000 and federal funds in the amount of \$21,021,000 for a total of \$42,021,000 within the Department of Health and Human Services.

The transfers and adjustments are detailed below, effective upon approval of the Fiscal Committee and the Governor and Executive Council through June 30, 2015.

SFY 2014

Transfer FROM:				
05-00095-047-470010-7940 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, PROVIDER PAYMENTS				
Class/Object	Class Title	Current Modified Budget	Increase/ (Decrease) Amount	Revised Modified Budget
000-403978	Federal Funds-Medical Grants	\$171,370,363.00	(\$21,021,000.00)	\$150,349,363.00
000-409288	Federal Funds-CHIPRA	\$4,685,000.00	\$0.00	\$4,685,000.00
007-407145	Agency Income-Drug Rebates	\$24,587,547.00	\$0.00	\$24,587,547.00
009-407785	Agency Income-Uncompensated Care Funds	\$81,691,149.00	\$0.00	\$81,691,149.00
	General Fund	\$70,596,306.00	(\$21,000,000.00)	\$49,596,306.00
	Total	\$352,930,365.00	(\$42,021,000.00)	\$310,909,365.00
041-500801	Audit Set Aside	\$232,505.00	(\$21,000.00)	\$211,505.00
100-500726	Prescription Drug Expenses	\$55,718,316.00	\$0.00	\$55,718,316.00
101-500729	Medical Payments to Providers	\$228,994,087.00	(\$39,800,000.00)	\$189,194,087.00
565-500917	Outpatient Hospital	\$67,985,457.00	(\$2,200,000.00)	\$65,785,457.00
	Total	\$352,930,365.00	(\$42,021,000.00)	\$310,909,365.00

Transfer TO:				
05-00095-047-470010-7948 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, MEDICAID CARE MANAGEMENT				
Class/Object	Class Title	Current Modified Budget	Increase/ (Decrease) Amount	Revised Modified Budget
000-403978	Federal Funds-Medical grants	\$71,667,125.00	\$21,021,000.00	\$92,688,125.00
	General Fund	\$70,820,422.00	\$21,000,000.00	\$91,820,422.00
	Total	\$142,487,547.00	\$42,021,000.00	\$184,508,547.00
041-500801	Audit Set Aside	\$65,827.00	\$21,000.00	\$86,827.00
102-500734	Contracts for Program Services	\$142,421,720.00	\$42,000,000.00	\$184,421,720.00
	Total	\$142,487,547.00	\$42,021,000.00	\$184,508,547.00

EXPLANATION

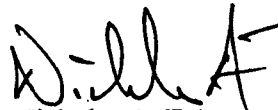
This transfer is necessary to effect monthly Capitation Payments for clients enrolled in Medicaid Care Management Program in SFY 2014 effective December 1, 2013. The first transfer of funds from various Medicaid Fee For Service accounts to Medicaid Care Management was approved by Fiscal/G&C item# 24 on 2/12/14 to make four months of (12/1/2013 – 3/31/2014) Capitation Payments to Managed Care Organizations in SFY 2014. This is the second and the final request in SFY 2014 to transfer funds from Medicaid Provider Payments Fee for Service line items to Medicaid Care Management account to be able to make a portion of the remaining Capitation Payments for the enrollment months in SFY 2014.

The following is the information specifically required when transfers are requested, in accordance with the Budget Officer's instructional memorandum dated April 17, 1985, to support the above requested actions:

- A. Justification: See the attached appendix for justification of the availability of funds and required additional funds.
- B. Does this transfer involve continuing programs or one-time projects? This transfer involves continuing programs.
- C. Is this transfer required to maintain existing program levels or will it increase the program level? This transfer is required to maintain existing program levels.
- D. Cite any requirements which make this program mandatory. The programs of the Department are mandated by various state and federal laws.
- E. Identify the source of funds on all accounts listed on this transfer. See the attached worksheet for the source of funds for all accounts.

- F. Will there be any effect on revenue if this transfer is not approved? There is no anticipated effect on revenue as a result of this transfer. Federal participation in Department expenditures is detailed in the attached appendix.
- G. Are funds expected to lapse if this transfer is not approved? It is anticipated that some funds will lapse whether this transfer is approved or not.
- H. Are personnel services involved? No positions are being transferred as a result of this request.

Respectfully submitted,


Nicholas A. Toumpas
Commissioner

A	B	C	D	E	F	G	H	
2	SFY 2014							
3								
4	05-00095-047-470010-7940 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, PROVIDER PAYMENTS							
5	Class/Object	Class Title	Adj. Auth	Transfer #2	Transfer Final	Current Modified Budget	Increase/ (Decrease) Amount	Revised Modified Budget
6	000-403978	Federal Funds-Medical Grants	\$168,823,712.00	(\$45,000.00)	\$2,591,651.00	\$171,370,363.00	(\$21,021,000.00)	\$150,349,363.00
7	000-409288	Federal Funds-CHIPRA	\$4,685,000.00			\$4,685,000.00	\$0.00	\$4,685,000.00
8	007-407145	Agency Income-Drug Rebates	\$18,601,359.00		\$5,986,188.00	\$24,587,547.00	\$0.00	\$24,587,547.00
9	009-407785	Agency Income-Uncompensated Care Funds	\$81,691,149.00			\$81,691,149.00	\$0.00	\$81,691,149.00
10		General Fund	\$58,793,435.00	(\$50,000.00)	\$11,852,871.00	\$70,596,306.00	(\$21,000,000.00)	\$49,596,306.00
11	Total Revenue		\$332,594,655.00	(\$95,000.00)	\$20,430,710.00	\$352,930,365.00	(\$42,021,000.00)	\$310,909,365.00
12								
13	041-500801	Audit Set Aside	\$224,913.00	\$5,000.00	\$2,592.00	\$232,505.00	(\$21,000.00)	\$211,505.00
14	100-500726	Prescription Drug Expenses	\$58,568,316.00	(\$100,000.00)	(\$2,750,000.00)	\$55,718,316.00	\$0.00	\$55,718,316.00
15	101-500729	Medical Payments to Providers	\$205,815,969.00		\$23,178,118.00	\$228,994,087.00	(\$39,800,000.00)	\$189,194,087.00
16	565-500917	Outpatient Hospital	\$67,985,457.00			\$67,985,457.00	(\$2,200,000.00)	\$65,785,457.00
17	Total Expense		\$332,594,655.00	(\$95,000.00)	\$20,430,710.00	\$352,930,365.00	(\$42,021,000.00)	\$310,909,365.00
18								
19								
20								
21								
22	05-00095-047-470010-7948 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, MEDICAID CARE MANAGEMENT							
23	Class/Object	Class Title	Adj. Auth	Transfer #2	Transfer Final	Current Modified Budget	Increase/ (Decrease) Amount	Revised Modified Budget
24	000-403978	Federal Funds-Medical grants	\$71,147,927.00	\$519,198.00		\$71,667,125.00	\$21,021,000.00	\$92,688,125.00
25		General Fund	\$70,762,150.00	\$58,272.00		\$70,820,422.00	\$21,000,000.00	\$91,820,422.00
26	Total Revenue		\$141,910,077.00	\$577,470.00	\$0.00	\$142,487,547.00	\$42,021,000.00	\$184,508,547.00
27								
28	041-500801	Audit Set Aside	\$71,077.00	(\$5,250.00)		\$65,827.00	\$21,000.00	\$86,827.00
29	102-500734	Contracts for Program Services	\$141,839,000.00	\$582,720.00		\$142,421,720.00	\$42,000,000.00	\$184,421,720.00
30	Total Expense		\$141,910,077.00	\$577,470.00	\$0.00	\$142,487,547.00	\$42,021,000.00	\$184,508,547.00
31								

A	B	C	D	E	F	G	H	I	J	K	L	T
1	2	3	4	5	6	7	8	9	10	11	12	13
Fund	Agency	Org	Class	Account	Class Title	Increase/Decrease	Net Gen'l Fund by Org. Code	Net Gen'l Fund by Agency	GF Amount	S/T		
LAWSON ACCOUNTING FORMAT												
ACCOUNTING UNIT CLASS ACCOUNT												
OFFICE OF MEDICAID BUSINESS AND POLICY												
10	047	79400000	000	403978	Federal Funds	\$ (21,000,000)						
11	010	047	79400000	009	407786	Other Funds	\$ -					
12	010	047	79400000	565	600917	General Funds	(\$21,000,000)	(\$21,000,000)				
13	Total Revenue											\$ (42,000,000)
14	010	047	79400000	101	600729	Medical Payments to Providers-OMBP	\$ (32,850,000)					
15	010	047	79400000	101	600729	Medical Payments to Providers-BBH	\$ (4,000,000)					
16	010	047	79400000	101	600729	Medical Payments to Providers-BEAS	\$ (3,150,000)					
17	010	047	79400000	565	600917	Outpatient Hospital	\$ (2,200,000)					
18	Total Expense											\$ (42,000,000)
19	Medical Care Management											
20	010	047	79480000	000	403978	Federal Funds	\$21,021,000					
21	010	047	79480000	102	600734	General Funds	\$ 21,000,000	\$21,000,000				
22	Total Revenue											\$42,021,000
23	010	047	79480000	041	500801	Audit Fund Setaside	\$21,000					
24	010	047	79480000	102	600734	Contracts For Prog Services	\$ 42,000,000		\$0			
25	Total Expense											\$21,000,000
26	TOTAL OFFICE OF MEDICAID BUSINESS AND POLICY											\$ -
27	Total DHHS											\$ -
28												\$ -
29												\$ -
30												\$ -
31												\$ -
32												\$ -
33												\$ -
34												\$ -
35												\$ -
36												\$ -
37												\$ -
38												\$ -