

		APPROPRIATION FROM					
	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
PART V							
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING							
(1) EXECUTIVE DIRECTOR'S OFFICE ^{38, 39, 40}							
Personal Services	2,074,161 (31.6 FTE)		916,609(M)			54,993 ^a	1,102,559
Colorado Benefits Management System (CBMS) ^{37, 41, 42}	413,945 (6.0 FTE)		206,973(M)				206,972
Health, Life, and Dental	366,297		170,781(M)			1,366 ^a	194,150
Short-term Disability	14,061		6,471(M)			47 ^a	7,543
Salary Survey and Senior Executive Service	521,283		247,421(M)			1,875 ^a	271,987
Performance-based Pay Awards	134,769		67,344(M)			593 ^a	66,832
Workers' Compensation	57,674		28,837(M)				28,837
Operating Expenses	181,963		95,603(M)			350 ^a	86,010
Legal Services and Third Party Recovery Legal Services for 13,403 hours	801,499		328,105(M) ^b		65,003 ^c	5,349 ^a	403,042
Administrative Law Judge Services	352,606		176,303(M)				176,303
Computer Systems Costs	356,622		145,841(M)			32,471(T) ^d	178,310
Payment to Risk Management and Property Funds	75,733		37,866(M)				37,867
Capitol Complex Leased Space	325,992		162,996(M)				162,996

	ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
			GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
Transfer to the Department of Human Services for Related Administration	<u>58,303</u>	5,734,908	29,152(M)				29,151

^a These amounts shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S.

^b Of this amount, \$21,928 is exempt from the statutory limit on state General Fund appropriations pursuant to Section 24-75-201.1 (1) (a) (III) (B), C.R.S.

^c This amount shall be from third party recoveries.

^d This amount shall be from the Old Age Pension Fund appropriated in the Department of Human Services.

(2) MEDICAL PROGRAMS ADMINISTRATION^{43, 44}

Personal Services	9,260,099 (147.7 FTE)	4,239,323(M)		71,913 ^a	4,948,863
Operating Expenses	684,213	330,671(M)		250 ^b	353,292
S.B. 01-78 Nursing Home Quality of Care Contract Costs	68,524	34,262(M)			34,262
Alternative Care Facility Cost Reporting System Consulting Services	16,667	8,334(M)			8,333
Medicaid Management Information System Contract	18,324,459	4,418,380(M)		147,191 ^c	13,758,888
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Implementation Staffing Costs	298,576 (5.0 FTE)	70,180(M) ^d		6,250 ^e	222,146

		APPROPRIATION FROM					
	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Implementation Contract Costs ⁴⁵	11,530,545		2,753,374(M) ^d			180,967 ^e	8,596,204
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Implementation Central State Appropriations	2,214,057		520,407(M) ^d			46,351 ^e	1,647,299
Medicaid Authorization Cards	1,323,100		661,550(M)				661,550
Department of Public Health and Environment Facility Survey and Certification	4,081,464		1,124,860(M)				2,956,604
Other Case-Mix Administrative Costs	42,000		12,000(M)				30,000
Contractual Utilization Review	4,557,179		1,157,499(M)			1,093 ^b	3,398,587
Early and Periodic Screening, Diagnosis, and Treatment Program	3,058,718		1,529,359(M)				1,529,359
Nursing Facility Audits	880,650		440,325(M)				440,325
Hospital and Federally Qualified Health Clinic Audits	250,000		125,000(M)				125,000
Nursing Home Preadmission and Resident Assessments	1,240,534		310,134(M)				930,400
Nurse Aide Certification	310,330		142,321(M)			12,844(T) ^f	155,165

		APPROPRIATION FROM					
	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
Nursing Home Quality Assessments	26,955		6,739(M)				20,216
Estate Recovery	700,000				350,000 ^g		350,000
Single Entry Point Administration	65,900		32,950(M)				32,950
Single Entry Point Audits	35,339		17,669(M)				17,670
Phone Triage/Advice	324,513		81,128(M)				243,385
S.B. 97-05 Enrollment Broker	1,073,258		536,629(M)				536,629
Primary Care Physician Credentialing	116,788		58,394(M)				58,394
H.B. 01-1271 Medicaid Buy-in	<u>327,427</u>						327,427
		60,811,295					

^a Of this amount, \$24,907 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S., and \$47,006 shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S.

^b This amount shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S.

^c Of this amount, \$146,867(T) shall be from the Old Age Pension Health and Medical Care Fund appropriated in the Department of Human Services and \$324 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S.

^d Of these amounts, \$3,333,893 is exempt from the statutory limit on state General Fund appropriations pursuant to Section 24-75-201.1 (1) (a) (III) (B), C.R.S.

^e This amount shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S.

^f This amount shall be from the Department of Regulatory Agencies.

^g This amount shall be from estate recoveries.

	ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
			GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
(3) MEDICAL SERVICES PREMIUMS ^{46, 47, 48, 49, 50, 51, 52, 53, 54, 54a}							
Services for 35,230 Old Age Pensioners (OAP-A) at an average cost of \$16,895.22	595,218,541						
Services for 5,430 Old Age Pensioners (OAP-B) at an average cost of \$12,504.16	67,897,616						
Services for 4,046 Old Age Pension State Medical Program clients at an average cost of \$2,435.28	9,853,133						
Services for 49,669 Non- Elderly Disabled Recipients of Supplemental Security Income at an average cost of \$10,450.73	519,077,445						
Services for 38,349 Categorically Eligible Low-income Adults at an average cost of \$3,273.42	125,532,402						
Services for 158,488 Categorically Eligible Low-income Children and Baby Care Program Children at an average cost of \$1,750.40	277,418,122						
Services for 13,877 Foster Children at an average cost of \$2,652.07	36,802,812						

	ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
			GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
Services for 5,983 Baby Care Program Adults at an average cost of \$5,564.49	33,292,341						
Services for 9,492 Qualified Medicare Beneficiaries (QMBs) and Special Low-Income Medicare Beneficiaries (SLIMBs) at an average cost of \$1,071.80	10,173,529						
Services for 5,414 Non- Citizens at an Average Cost of \$9,876.00	<u>53,468,640</u>						
Services for 71 S.B. 01S2- 12 Breast and Cervical Cancer Treatment Clients at an Average Cost of \$22,501.62	<u>1,597,615</u>						
		1,730,332,196	838,728,143(M)			34,565,803 ^a	857,038,250

^a Of this amount, \$9,853,133(T) shall be from the Old Age Pension Health and Medical Care Fund appropriated in the Department of Human Services, \$559,165 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S., and \$24,153,505 represents public funds certified as representing expenditures incurred by public nursing homes and hospitals that are eligible for federal financial participation under the Medicaid program.

(4) INDIGENT CARE PROGRAM

Program Administration	280,535 (3.0 FTE)	142,423(M)					138,112
Denver Indigent Care Program ⁵⁵	36,137,947					18,068,973 ^a	18,068,974
University Hospital Indigent Care Program	28,715,326					14,357,663 ^a	14,357,663

		APPROPRIATION FROM					
	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
Out-state Indigent Care Program ⁵⁶	23,812,224		6,658,608(M)			5,247,504 ^b	11,906,112
Disproportionate Share Payments to Hospitals ⁵⁶	130,115,868		3,532,181(M)			61,525,753 ^b	65,057,934
The Children's Hospital, Clinic Based Indigent Care	6,119,760		3,059,880(M)				3,059,880
Pre-Component 1 Disproportionate Share Payments to Hospitals ⁵⁶	4,771,714		2,385,857(M)				2,385,857
H.B. 97-1304 Children's Basic Health Plan Trust	16,740,280		6,603,720		336,560 ^c	9,800,000 ^d	
Children's Basic Health Plan Administration	5,087,403					2,286,746 ^e	2,800,657
Children's Basic Health Plan Premium Costs ^{58, 59}	46,404,003					16,460,165 ^e	29,943,838
Children's Basic Health Plan Dental Benefit Costs ⁶⁰	6,359,497					2,225,824 ^e	4,133,673
Comprehensive Primary and Preventive Care Fund	5,939,047					5,939,047 ^f	
Comprehensive Primary and Preventive Care Grants Program	5,939,047					5,939,047 ^g	
Essential Community Providers Grants Program	<u>114,051</u>		114,051				
		316,536,702					

^a These amounts represent public funds certified as representing expenditures incurred by Denver Health and The University Hospital that are eligible for federal financial participation under the Medicaid Major Teaching Hospital Program.

^b These amounts represent public funds certified as representing expenditures incurred by hospitals that are eligible for federal financial participation under the Medicaid and Medicaid Disproportionate Share Payments to Hospitals Program.

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

^c This amount shall be from annual premiums paid by participating families.

^d This amount shall be from the Tobacco Litigation Settlement Cash Fund created in Section 24-22-115, C.R.S., pursuant to Section 24-75-1104 (1) (b), C.R.S.

^e These amounts shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S.

^f This amount shall be from the Tobacco Litigation Settlement Cash Fund created in Section 24-22-115, C.R.S., pursuant to Section 24-75-1104 (1) (g), C.R.S.

^g This amount shall be from the Comprehensive Primary and Preventive Care Fund created in Section 26-4-1007, C.R.S., pursuant to Section 24-75-1104 (1) (g), C.R.S.

(5) OTHER MEDICAL SERVICES

Home Care Allowance for 5,642 Recipients at an average monthly cost of \$227.33	15,391,151	14,621,593			769,558(L) ^a	
Adult Foster Care for 90 Recipients at an average monthly cost of \$225.75	243,810	231,620			12,190(L) ^a	
Primary Care Physician Program Market Rate Reimbursement	1,949,508	974,754(M)				974,754
H.B. 92-1208 Immunizations	11,362	5,681(M)				5,681
Poison Control	1,215,079	1,215,079				
University of Colorado Family Medicine Residency Training Programs	2,117,536	1,058,768(M)				1,058,768
Enhanced Prenatal Care Training and Technical Assistance	163,852	81,926(M)				81,926
S.B. 97-101 Public School Health Services ⁶¹	<u>17,452,488</u>				8,927,163 ^b	8,525,325
	38,544,786					

		APPROPRIATION FROM					
	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
^a These amounts shall be from local funds.							
^b This amount represents funds certified as representing expenditures incurred by school districts that are eligible for federal financial participation under Medicaid.							
(6) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS^{62, 63, 64}							
(A) Executive Director's Office - Medicaid Funding							
	9,792,810		4,896,405(M)				4,896,405
(B) Office of Information Technology Services - Medicaid Funding							
Colorado Benefits Management System	4,555,021		2,382,823(M)			23,556(T) ^a	2,148,642
Other Office of Information Technology Services line items	<u>406,074</u>		203,037(M)				203,037
	4,961,095						
^a This amount shall be from the Old Age Pension Fund appropriated in the Department of Human Services.							
(C) Office of Operations - Medicaid Funding							
	5,469,975		2,734,988(M)				2,734,987
(D) Office of Behavioral Health and Housing - Medicaid Funding							
Administration	835,306		417,653(M)				417,653

		APPROPRIATION FROM					
	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
Mental Health Community Programs, Mental Health Capitation and Performance Incentive Awards	148,707,702		74,353,851(M)				74,353,851
Mental Health Community Programs, Medicaid Mental Health Fee for Service Payments	3,618,529		1,809,265(M)				1,809,264
Mental Health Community Programs, Medicaid Mental Health Services for Breast and Cervical Cancer Patients	71,175					24,911 ^a	46,264
Mental Health Community Programs, Medicaid Anti-psychotic Pharmaceuticals	24,589,830		12,294,915(M)				12,294,915
Mental Health Institutes	3,984,829		1,992,415(M)				1,992,414
Alcohol and Drug Abuse Division, High Risk Pregnant Women Program	<u>349,656</u>		174,828(M)				174,828
	182,157,027						
^a This amount shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S.							
(E) Office of Rehabilitation and Disability Services - Medicaid Funding							
Administration	2,045,642		1,022,821(M)				1,022,821

		APPROPRIATION FROM					
	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
Community Services for Persons with Developmental Disabilities	218,480,211		109,240,106(M)				109,240,105
Institutional Programs for Persons with Developmental Disabilities	<u>37,934,411</u>		18,967,206(M)				18,967,205
	258,460,264						
(F) County Administration - Medicaid Funding							
	9,003,162		3,376,186(M)				5,626,976
(G) Office of Self Sufficiency, Disability Determination Services - Medicaid Funding							
	1,436,848		718,424(M)				718,424
(H) Office of Adult and Veterans Services, Aging Services Programs - Medicaid Funding							
	127,930		63,965(M)				63,965
(I) Division of Child Welfare - Medicaid Funding							
	76,408,265		38,204,133(M)				38,204,132
(J) Division of Youth Corrections - Medicaid Funding							
	10,340,532		5,170,266(M)				5,170,266

		APPROPRIATION FROM					
	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
(K) Division of Children's Health and Rehabilitation - Medicaid Funding							
Administration	106,709		53,355(M)				53,354
Services for Children with Developmental Disabilities	3,801,038		1,900,519(M)				1,900,519
Children's Mental Health Services, Residential Treatment for Youth (H.B. 99-1116)	<u>626,615</u>		313,308(M)				313,307
	4,534,362						
		562,692,270					
TOTALS PART V (HEALTH CARE POLICY AND FINANCING)^{5, 6}							
	<u>\$2,714,652,157</u>		<u>\$1,180,936,543^a</u>		<u>\$751,563</u>	<u>\$186,737,806^b</u>	<u>\$1,346,226,245</u>

^a Of this amount, \$3,355,821 is exempt from the statutory limit on state General Fund appropriations pursuant to Section 24-75-201.1 (1) (a) (III) (B), C.R.S.

^b Of this amount, \$781,748 contains an (L) notation, and \$10,068,871 contains a (T) notation.

FOOTNOTES -- The following statements are referenced to the numbered footnotes throughout section 2.

- 5 All Departments, Totals -- Every department is requested to submit to the Joint Budget Committee information on the number of additional federal and cash funds exempt FTE associated with any federal grants or private donations that are applied for or received during FY 2002-03. The information should include the number of FTE, the associated costs (such as workers' compensation, health and life benefits, need for additional space, etc.) that are related to the additional FTE, the direct and indirect matching requirements associated with the federal grant or donated funds, the duration of the grant, and a brief description of the program and its goals and objectives.
- 6 All Departments, Totals -- The General Assembly requests that copies of all reports requested in other footnotes contained in this act be delivered

		APPROPRIATION FROM				
ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
to the Joint Budget Committee and the majority and minority leadership in each house of the General Assembly. Each principal department of the state shall produce its rules in an electronic format that is suitable for public access through electronic means. Such rules in such format shall be submitted to the Office of Legislative Legal Services for publishing on the Internet. It is the intent of the General Assembly that this be done within existing resources.						
<u>37</u>	Governor-Lieutenant Governor-State Planning and Budgeting, Office of Innovation and Technology; Department of Health Care Policy and Financing, Executive Director's Office, Colorado Benefits Management System (CBMS); and Department of Human Services, Office of Information Technology Services, Colorado Benefits Management System (CBMS) -- Representatives of the Commission on Information Management are requested to monitor the status of the Colorado Benefits Management System project on at least a monthly basis. The Commission on Information Management is further requested to periodically report its findings and recommendations on the status of the project to the Departments of Human Services and Health Care Policy and Financing and the Joint Budget Committee.					
38	Department of Health Care Policy and Financing, Executive Director's Office -- The Department is requested to submit an accounting of all line items by actual expenditure. Actual expenditure is defined as final expenditure, including post-closing payments. The Department is requested to submit this information to the Joint Budget Committee by January 1, 2003.					
<u>39</u>	Department of Health Care Policy and Financing, Executive Director's Office -- The Department is requested to submit monthly Medicaid expenditure and caseload reports on the Medical Services Premiums budget to the Joint Budget Committee, beginning July 10, 2002.					
<u>40</u>	Department of Health Care Policy and Financing, Executive Director's Office -- The Department is requested to construct a list of its administrative contracts that are going out to bid in FY 2003-04. This information is requested to be provided to the Joint Budget Committee by no later than December 15, 2002.					
41	Department of Health Care Policy and Financing, Executive Director's Office, Colorado Benefits Management System (CBMS); and Department of Human Services, Office of Information Technology Services, Colorado Benefits Management System (CBMS) -- It is the intent of the General Assembly that staff employed by the Department of Human Services to oversee compliance with the Health Insurance Portability and Accountability Act also oversee compliance activities associated with the development and implementation of the Colorado Benefits Management System.					
42	Department of Health Care Policy and Financing, Executive Director's Office, Colorado Benefits Management System (CBMS); and Department of Human Services, Office of Information Technology Services, Colorado Benefits Management System (CBMS) -- It is the understanding of the General Assembly that the primary goal of the Colorado Benefits Management System (CBMS) project is to streamline several county administrative functions by creating a single, integrated, eligibility and client management system that will minimize manual and paper-intensive processes. The 1997 feasibility study that was prepared for the CBMS project included an analysis of the annual savings that would result from the statewide implementation of CBMS, estimating \$31.0 million in annual savings from all fund sources. The feasibility study did not include an analysis of					

		APPROPRIATION FROM				
ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
<p>the impact of medical application sites. A re-analysis in December 2000 projects annual savings of \$13.0 million. Further project changes anticipated as of March 2002 are expected to result in the level of savings being further reduced to \$12.4 million. It is the intent of the General Assembly that, once CBMS is fully implemented statewide, various appropriations will be adjusted to reflect the resulting cost savings. It is further the intent of the General Assembly that such adjustments be based on an objective analysis of the impact of the implementation of CBMS on the Department of Health Care Policy and Financing, the Department of Human Services, and county departments of social services.</p>						
43	<p>Department of Health Care Policy and Financing, Medical Programs Administration; and Department of Human Services, Office of Behavioral Health and Housing, Administration -- It is the intent of the General Assembly that the Department of Human Services' monitoring activities for the Medicaid mental health capitation program be comparable in intensity and scope to the Department of Health Care Policy and Financing's monitoring of other managed care programs. The Departments are requested to report, with their annual budget submissions, on efforts to align their approaches to program monitoring.</p>					
44	<p>Department of Health Care Policy and Financing, Medical Programs Administration -- The Department is requested to provide programmatic and fiscal impact estimates of the FY 2000-01 and FY 2001-02 dental clinic start-up expenditures on the FY 2001-02, FY 2002-03, and FY 2003-04 Medicaid and Children's Basic Health Plan program and expenditures. This information is requested to be incorporated into the Department's November 1, 2002, FY 2003-04 budget submission.</p>					
45	<p>Department of Health Care Policy and Financing, Medical Programs Administration, Health Insurance Portability and Accountability Act of 1996 (HIPAA) Implementation Contract Costs -- Within this appropriation is \$11,245,436 total funds (including \$2,686,359 General Fund) associated with contract systems costs for implementation of the federal rules on Health Insurance Portability and Accountability Act of 1996 (HIPAA) transaction codes. Said funding is based on preliminary estimates provided by the contractor performing the HIPAA feasibility study. It is the intent of the General Assembly that the Department use a portion of this appropriation to secure an evaluation of the technical viability and financial appropriateness of the winning proposal for implementation of the HIPAA transaction codes from an independent expert source prior to awarding said contract.</p>					
46	<p>Department of Health Care Policy and Financing, Medical Services Premiums -- It is the intent of the General Assembly that expenditures for these services should be recorded only against the Long Bill group total for Medical Services.</p>					
47	<p>Department of Health Care Policy and Financing, Medical Services Premiums -- The General Assembly has determined that the average appropriated rates provide sufficient funds to pay reasonable and adequate compensation to efficient and economical providers. The Department should take actions to ensure that the average appropriated rates are not exceeded.</p>					
48	<p>Department of Health Care Policy and Financing, Medical Services Premiums -- The Department is requested to study the Medicaid reimbursements made to nursing home pharmacies serving Medicaid clients in the long-term care system. The Department is requested to study the Medicaid</p>					

		APPROPRIATION FROM				
ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
reimbursement level, including the ability of such pharmacies to cost-shift. The Department is requested to submit a report concerning this study to the Joint Budget Committee by no later than November 1, 2002.						
<u>49</u>	Department of Health Care Policy and Financing, Medical Services Premiums -- The Department is requested to work with long-term care clients and providers, including home and community based services, home health, and nursing facilities to examine any issues of rate disparity and rate shortfalls within the long-term care continuum of care, to evaluate areas of greatest need affecting client services, and ways to control utilization, costs of these services, and overall growth in the long-term care system. The Department is furthermore requested to report on its final analysis and recommendations to the Joint Budget Committee by October 1, 2002.					
<u>50</u>	Department of Health Care Policy and Financing, Medical Services Premiums -- It is the General Assembly's understanding that expenditures for Medicaid county transportation have increased significantly in the last 10 years. From FY 1991-92 to FY 2000-01, these expenditures have increased over 469 percent while caseload has increased only 22.0 percent over this same time period. To that effect, the Department is requested to research options for ensuring more efficient and effective expenditures, including rule changes for County Administration procedures or outsourcing all or part of the management and oversight functions to a separate contract. The Department is requested to include in its research and evaluation the costs and benefits of using a regional transportation broker versus other models. This report is requested to be provided to the Joint Budget Committee by no later than November 1, 2002.					
<u>51</u>	Department of Health Care Policy and Financing, Medical Services Premiums -- The Department is requested to report on reimbursements for primary care physicians and to offer recommendations for changes in this area, if any. This report is requested to be provided to the Joint Budget Committee by no later than November 1, 2002.					
<u>52</u>	Department of Health Care Policy and Financing, Medical Services Premiums -- The Department is requested to provide programmatic and fiscal evaluations of the current methodology for reimbursing single entry points and recommendations for any changes to the funding methodology for reimbursing single entry points. This report is requested to be provided to the Joint Budget Committee by November 1, 2002.					
<u>53</u>	Department of Health Care Policy and Financing, Medical Services Premiums -- The Department is requested to work with pharmacy providers, including institutional and community pharmacies, both independent and chains, pharmaceutical manufacturers, legislators, and stakeholders to determine a methodology to reduce Medicaid prescription drug costs, specifically the utilization and cost of such pharmaceuticals. The Department is requested to report its analysis and recommendations to the Joint Budget Committee no later than November 1, 2002.					
<u>54</u>	Department of Health Care Policy and Financing, Medical Services Premiums; and Department of Human Services, Office of Behavioral Health and Housing, Mental Health Community Programs, Mental Health Capitation -- The Departments are requested to provide a report on the placement of mentally ill persons in nursing homes and alternative care facilities. The report is requested to specifically address the quality and quantity of mental health services that persons with mental illness are receiving in these facilities. This report is requested to be provided to the Joint Budget					

		APPROPRIATION FROM				
ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
Committee by November 1, 2002.						
<u>54a</u>	Department of Health Care Policy and Financing, Medical Services Premiums -- The Department is requested to provide a report to the Joint Budget Committee that assesses the impact of the FY 2002-03 modification in the payment methodology for Medicaid/Medicare psychotherapy crossover/dual claims. The report should be prepared in consultation with the mental health provider community, and should specifically address: (1) Any adverse effects on the quality or quantity of treatment; (2) any diminution in the number of providers offering these services to eligible clients; and (3) whether a supplemental budget request is recommended in order to remedy any adverse impact resulting from the payment methodology change. This report is requested to be provided to the Joint Budget Committee by no later than November 1, 2002.					
<u>55</u>	Department of Health Care Policy and Financing, Indigent Care Program, Denver Indigent Care Program; and University Hospital Indigent Care Program -- It is the intent of the General Assembly that the intergovernmental transfers provided through the Medicare Upper Payment Limit funding mechanism in these line items be used to address Medicaid funding shortfalls paid through the General Fund. It is the General Assembly's understanding that this intergovernmental transfer will be approximately \$10,672,942 in FY 2002-03.					
<u>56</u>	Department of Health Care Policy and Financing, Indigent Care Program, Out-state Indigent Care Program, Disproportionate Share Payments to Hospitals, Pre-Component 1 Disproportionate Share Payments to Hospitals -- The State currently funds three hospital reimbursements for the medically indigent that uses three distinct funding methodologies. It is the intent of the General Assembly that the Department evaluate the criteria on which current hospital reimbursements for the medically indigent programs are based. Specifically, the Department is requested to provide information and its recommendations on streamlining the criteria in order to: (1) Make funding more equitable across all hospital providers based on services to the medically indigent; (2) maximize the use of limited federal Disproportionate Share Payments to Hospitals' dollars; and (3) minimize the expenditure of General Fund, to the extent possible. The Department is requested to provide a report on this information to the Joint Budget Committee by no later than November 1, 2002.					
58	Department of Health Care Policy and Financing, Indigent Care Program, Children's Basic Health Plan Premium Costs -- This appropriation assumes an average medical cost per child of \$958.80 per year (\$79.90 per member per month), not including dental services, and assumes an estimated average monthly caseload of 48,398 children.					
59	Department of Health Care Policy and Financing, Indigent Care Program, Children's Basic Health Plan Premium Costs; and Department of Human Services, Office of Behavioral Health and Housing, Mental Health Community Programs -- The Departments are requested to report, with their annual budget submissions, on the potential for the expansion of Children's Basic Health Plan (CHP+) services to children with severe emotional disturbance. The report should specifically address: (1) Any recommended steps to expand the role of community mental health centers in identification of and service provision for CHP+ clients with mental illness; (2) the best structure for such a program, including the relative financial and management responsibilities of CHP+ health maintenance organizations versus community mental health centers; and (3) the fiscal impact of modifying the CHP+ program to provide an expanded benefit package for children with severe emotional disturbance. This analysis should take					

		APPROPRIATION FROM				
ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
<p>into consideration the estimated number clients currently enrolled in CHP+ who could be expected to qualify for such a program; the estimated number of severely emotionally disturbed clients enrolled in CHP+ who now receive services at community mental health centers; and the extent to which the services such clients now receive are covered by CHP+.</p>						
60	<p>Department of Health Care Policy and Financing, Indigent Care Program, Children's Basic Health Plan Dental Benefit Costs -- The FY 2001-02 and FY 2002-03 per member per month rate for dental services of \$10.95 is based on a Medicaid utilization rate. To the degree that utilization is higher than anticipated in the Children's Basic Health Plan, this rate may need to be evaluated. The Department is requested to evaluate the dental rate and to provide any recommendations in its November 1, 2002, budget submission for FY 2003-04.</p>					
61	<p>Department of Health Care Policy and Financing, Other Medical Services, S.B. 97-101 Public School Health Services -- The Department is requested to provide information on any budget changes and corrections that may need to be made in the Department's administrative line items per the Department's responses to Footnote 60 of S.B. 01-212. This information is requested to be included in the November 1, 2002, budget submission for FY 2003-04.</p>					
62	<p>Department of Health Care Policy and Financing, Department of Human Services Medicaid-Funded Programs; and Department of Human Services, Office of Behavioral Health and Housing, Mental Health Community Programs, Mental Health Capitation -- The Departments are requested to provide a report to the Joint Budget Committee, as part of their annual budget submissions, that reviews their proposals and plans for the Medicaid mental health capitation program for FY 2002-03 and future years. The report should specifically address the following issues: (1) Progress on the development of a model for setting new capitation rates; (2) the feasibility of addressing some of the inequities in rates paid in various regions of the State prior to a rebid of the program; (3) any plans to expand the program to other services; and (4) any recommendations for statutory changes.</p>					
63	<p>Department of Health Care Policy and Financing, Department of Human Services Medicaid-Funded Programs; and Department of Human Services, Office of Behavioral Health and Housing, Mental Health Community Programs, Capitation Performance Incentive Awards -- It is the intent of the General Assembly that performance incentive awards be distributed to capitated Medicaid providers based on merit, as demonstrated through objective criteria. All funds awarded should be reinvested in community mental health services. The Departments are requested to provide information on the use of these funds as part of their annual budget submissions.</p>					
64	<p>Department of Health Care Policy and Financing, Department of Human Services Medicaid-Funded Programs; and Department of Human Services, Office of Behavioral Health and Housing, Mental Health Community Programs, Medicaid Anti-Psychotic Pharmaceuticals -- The Departments are requested to report to the Joint Budget Committee with their November 1 budget submissions on their progress toward managing Medicaid mental health pharmaceutical costs. This report should include an expected time line for planned activities, as well as estimates of the programmatic and fiscal impacts of any changes. The Departments are encouraged to pursue pilot programs to contain costs through physician education and management. The Departments are also requested to identify actual expenditures and growth projections for anti-depressant, anti-anxiety, and anti-mania medications as part of their budget submissions.</p>					