

THE FISCAL YEAR 2015 BUDGET FOR MASSHEALTH AND HEALTH REFORM PROGRAMS

BUDGET BRIEF
SEPTEMBER 2014

On July 10, 2014, Governor Deval Patrick signed the budget for fiscal year (FY) 2015, one week into the new fiscal year. The Governor vetoed a few provisions upon signing the bill. However, none of these vetoes affected the funding for MassHealth or related programs.

The approved FY 2015 budget, or General Appropriations Act (GAA), includes a total of \$39.6 billion in spending, \$14.7 billion of which is designated for MassHealth and related health reform programs. More than half of this \$14.7 billion will be reimbursed by the federal government. The FY 2015 MassHealth budget is particularly significant in that it covers the first full year of implementation of the federal Affordable Care Act (ACA).

While almost every resident in Massachusetts already had health insurance coverage, the ACA expansions are important for the state budget because they bring enhanced levels of federal reimbursement to the state: Massachusetts will now be receiving up to 100 percent federal reimbursement for the coverage of populations for which it had previously received only 50 percent reimbursement or less. As a result of the ACA, the state will now receive more in new federal revenue than it will spend on its share of coverage expansions.

The ACA also reduces state spending by the Health Connector for individuals not eligible for MassHealth. Federal tax credits and subsidies will now cover most of the costs of programs like Commonwealth Care that had previously been shared equally between the state and federal governments under Medicaid demonstration waivers. The state need only provide a smaller subsidy to make the insurance purchased through the Health Connector as affordable as the former Commonwealth Care program.

FY 2015 BUDGET SUMMARY

The FY 2015 \$14.7 billion health care budget includes a total of \$13.7 billion for the programmatic and administrative costs of the expanded MassHealth program, as well as \$144.3 million in cigarette tax revenue directed to the Commonwealth Care Trust Fund to pay for the new ConnectorCare program (which replaces Commonwealth Care). Additional funding supports the Prescription Advantage program for elders, information technology, and the Center for Health Information and Analysis (CHIA). There is also \$674.3 million directed to special trust funds to support payments to hospitals that care for low-income patients, as well as \$8.2 million to a trust to support expanded health information technology (see chart).

SUMMARY TABLE	FY 2014 Current Appropriations*	FY 2015 GAA
MassHealth Programs and Administration		
MassHealth Programs**	\$12,113,435,972	\$13,534,226,012
MassHealth Administration***	\$99,435,854	\$159,381,951
MassHealth Subtotal	\$12,212,871,826	\$13,693,607,964
Commonwealth Care and ConnectorCare		
General Fund Transfer to the Commonwealth Care Trust Fund	\$405,078,633	\$0
Tobacco Tax Transfer to the Commonwealth Care Trust Fund	\$151,267,760	\$144,268,172
Commonwealth Care and ConnectorCare Subtotal	\$556,346,393	\$144,268,172
Prescription Advantage	\$16,988,821	\$16,342,178
Center for Health Information and Analysis and Other Health Finance****	\$34,767,824	\$35,367,893
EOHHS Information and Technology	\$98,348,924	\$108,718,835
Transfers to Other Trust Funds		
Delivery System Transformation Initiatives Trust Fund	\$93,449,470	\$210,261,307
Medical Assistance Trust Fund	\$620,025,000	\$464,000,000
Health Information Technology Trust Fund	\$1,125,000	\$8,153,272
Transfers to Other Trust Funds Subtotal	\$714,599,470	\$682,414,579
Total MassHealth and Health Reform Spending	\$13,633,923,257	\$14,680,719,621
State Budget Total*****	\$37,545,331,984	\$39,596,097,119

*FY 2014 Current Appropriations represent spending approved in the FY 2014 General Appropriations Act and supplemental spending approved through May 29, 2014.

**In FY 2015, approximately \$13.6 million will be shifted out of the MassHealth program to other areas of the budget. This shift does not reflect a reduction in funding.

***MassHealth Administration includes line items funding auditing, operations, and payment reform activities, as well as the main administrative line item (see chart at end of brief for more detail). In FY15, funding includes \$60.0 million in administrative costs not previously authorized through a line item appropriation. These are not new costs.

****The Center for Health Information and Analysis is almost entirely supported by assessments.

*****State Budget Total includes all line item appropriations, operating transfers, and direct spending from statutorily designated taxes, as well as adjustments to account for municipal participation in the Group Insurance Commission and tuition retained by state universities and colleges to allow for more accurate year-to-year comparisons.

THE BUDGETARY IMPACT OF THE AFFORDABLE CARE ACT AND EXPANDED MASSHEALTH

With the implementation of the ACA, the Administration estimates that approximately 211,000 people are newly eligible for MassHealth: approximately 103,000 people moving from Commonwealth Care, 2,000 moving from the Medical Security Program, and 106,000 newly moving into coverage. Most of these people enrolled in MassHealth over the course of FY 2014, and it is estimated that 20,000 of the 211,000 will enroll during FY 2015. By the end of FY 2015, the Administration estimates that close to 1.7 million residents of Massachusetts will receive MassHealth coverage, up from an average of 1.5 million in FY 2014, an increase of just under 10 percent.

Because MassHealth is jointly funded by the state and federal governments, expanded enrollment comes with an increase in federal reimbursement to the state. While traditionally each additional MassHealth member brings in federal reimbursement of roughly 50 percent, under the ACA the costs for some of the new members will be federally reimbursed at rates of 75 to 100 percent.

It is important to note for the sake of comparing the FY 2014 and FY 2015 budget totals that the FY 2014 budget includes only partial-year funding for the ACA expansion population, while FY 2015 includes full-year spending for this population. In particular, in FY 2015 there will be a full year's worth of enhanced federal revenues that will more than offset the increased spending associated with the MassHealth expansion, and there will be reduced budgetary spending by the Health Connector as ConnectorCare eventually replaces Commonwealth Care.

ACA IMPLEMENTATION AND MASSHEALTH EXPANSION

The FY 2015 budget reflects the ACA changes in Medicaid, in part by consolidating some MassHealth programs into an expanded MassHealth Standard program and in part by creating a new program called MassHealth CarePlus. These program shifts began January 1, 2014, and continue into FY 2015. The most significant changes include:

Expansion of MassHealth Standard. MassHealth Standard expands to include approximately 7,800 people formerly in MassHealth Basic or MassHealth Essential, approximately 4,500 people previously eligible for the Healthy Start Program, and approximately 30,000 19- and 20-year-olds, including 17,000 who were previously eligible for other programs and 13,000 who were not receiving subsidized coverage at all.

Creation of MassHealth CarePlus. The state budget includes funding in a new line item called "ACA Expansion Populations" (4000-0940) at \$1.7 billion which largely funds the new MassHealth CarePlus program. The Administration anticipates \$1.4 billion in federal reimbursement for this funding. CarePlus covers low-income adults 21 to 64 years old whose income is at or below 133 percent of the federal poverty level, or FPL (133 percent is approximately \$15,500 for an individual) and who do not otherwise qualify for the MassHealth Standard program. Many of the people eligible for the new MassHealth CarePlus program were previously covered by MassHealth Essential, MassHealth Basic, Commonwealth Care, or the Medical Security Plan. Some people who were previously uninsured will also now be covered by MassHealth

CarePlus. The benefits for this program are slightly more limited than those provided by MassHealth Standard. Specifically, MassHealth CarePlus does not cover long-term services and supports such as day habilitation programs, personal care, private-duty nursing, or long-term nursing facility services.

Creation of the Small Business Employee Premium Assistance

Program. A new MassHealth program funded through a new line item called "Small Business Premium Assistance" (4000-0885) replaces the old Premium Assistance and Insurance Partnership, since that program ended as part of ACA implementation. The FY 2015 budget funds this line item at \$30.9 million. Employees of small businesses (with 50 or fewer employees) with incomes up to 300 percent FPL who are ineligible for MassHealth and also ineligible for advanced premium tax credits through the Health Connector may be eligible for this new MassHealth program. For these people, if their employer-sponsored health insurance is unaffordable according to the state definition of affordability, the program will partially reimburse the cost of employer-sponsored insurance.

Program Eligibility for the Unemployed. With the implementation of the ACA, the state ended the Medical Security Program for people receiving unemployment insurance. The unemployed may now be eligible for MassHealth, ConnectorCare, or advanced premium tax credits through the Health Connector, depending on income.

Creation of ConnectorCare, the Subsidized "State Wrap" Program.

Many people previously covered by the Commonwealth Care Program who are not eligible for the expanded MassHealth coverage qualify for the subsidized "state wrap" program known as ConnectorCare, administered by the Health Connector. This program provides benefits and cost-sharing subsidies similar to those previously provided under Commonwealth Care.

ConnectorCare plans are a specific subset of health insurance plans with relatively low monthly premiums and out-of-pocket costs for people with incomes at or below 300 percent FPL. The Administration estimates that approximately 145,000 persons will participate in the ConnectorCare program, including 35,000 legally present immigrants not eligible for MassHealth. (For funding details, see section on ConnectorCare and Health Connector below.)

OTHER CHANGES IN THE MASSHEALTH PROGRAM

Other MassHealth programmatic and administrative budget details are itemized below.

4000-0500	FY 2014	FY 2015 GAA
MassHealth Managed Care	\$4,500,411,804	\$4,792,819,941

The **MassHealth Managed Care** line item funds coverage provided to children and adults either through managed care organizations (MCOs) or through the behavioral health vendor for members enrolled in the Primary Care Clinician (PCC) Plan.

The FY 2015 budget includes funding for a two percent capitation rate increase for MassHealth MCOs and for the PCC Plan's behavioral health

vendor. The Administration estimates that these increases will cost approximately \$71.4 million.

4000-0600	FY 2014	FY 2015 GAA
MassHealth Senior Care	\$2,853,835,505	\$3,197,069,129

The **MassHealth Senior Care** line item funds coverage for services provided to seniors residing in the community as well as those residing in nursing homes. This line item includes funding for specialized home- and community-based “waiver” programs that allow even very frail elders to remain in their homes.

The FY 2015 budget as passed assumes slight reductions in the Senior Care program caseload relative to the initial program estimates in January. Built into the funding total is also an assumption that a monthly payment to providers in the PACE (Program for All-Inclusive Care for the Elderly) will be postponed until FY 2016.

At the same time, the final funding amount for the MassHealth Senior Care program includes an increase in rates for nursing homes of about \$47.5 million over FY 2014. These rates will be re-based using 2007 costs rather than 2005 costs starting in October. However, if federal reimbursement is not available for these rate increases, the Commonwealth will make a one-time payment to the nursing homes of \$23.7 million, and rates will continue to be based on 2005 costs.

Language in an outside section of the budget directs that funds from the Community First Trust Fund (see below) provide a wage increase to homemakers and personal-care homemakers providing care to elders funded through this line item.

4000-0640	FY 2014	FY 2015 GAA
MassHealth Nursing Home Supplemental Rates	\$319,300,000	\$301,400,000

The FY 2015 budget includes \$301.4 million for **nursing home supplemental pay rates**. This total includes \$2.8 million in incentive payments to facilities participating in the “pay-for-performance” program with their employees.

4000-0700	FY 2014	FY 2015 GAA
MassHealth Fee-for-Service	\$2,212,377,039	\$2,381,458,986

The **MassHealth Fee-for-Service** line item funds health coverage for services paid for on a fee-for-service basis including, for example, physical health care services provided to persons enrolled in the PCC Plan and services not included in managed care coverage such as dental services.

There are some notable changes in the FY 2015 budget for MassHealth Fee-for-Service. The line item includes funding to maintain coverage for dental fillings in all teeth for adults, and also restores coverage for dentures starting no later than May 15, 2015. Language in an outside section of the budget allows changes to coverage for adult dental services, but only upon filing a report with the Executive Office of Administration and Finance and the Senate and House Committees on Ways and Means detailing the fiscal impact of the changes.

As with managed care, the FY 2015 budget includes a two percent increase in rates for providers in the Fee-for-Service system, including \$16.9 million for acute-hospital rates. In addition to the funding for rate adjustments, for hospitals that serve a disproportionate share of low-income patients the budget includes a supplemental payment of \$12.3 million to support behavioral and mental health services at these hospitals and a \$200,000 supplemental payment for pediatric intensive care.

Finally, it is important to note that the FY 2015 budget shifts a total of \$47.9 million out of the Fee-for-Service line item to other programs. Some of this funding stays within the MassHealth totals, while some does not. These transfers do not represent cuts in funding.

Specifically, the budget shifts \$34.3 million out of Fee-for-Service to a separate line item to fund community supports for adults with brain injuries (see “Hutchinson Settlement,” below). This funding stays within the MassHealth program.

The FY 2015 budget also shifts \$12.6 million out of the Fee-for-Service line item into the Department of Developmental Services to support community residential programming for disabled adults, and shifts \$1.0 million to fund the Personal Care Attendant Council.

4000-1425	FY 2014	FY 2015 GAA
Hutchinson Settlement	\$0	\$34,318,000

The FY 2015 budget includes \$34.3 million for the **Hutchinson Settlement**, a new separate line item to fund community supports for adults with brain injuries. As mentioned above, this funding has been shifted from the MassHealth Fee-for-Service line item (4000-0700).

In 2008, a lawsuit settlement (Hutchinson v. Patrick) found that close to 1,900 persons with brain injuries who were living in nursing or other long-term-care facilities were entitled to move to community residences. As part of the settlement, the state agreed to develop more comprehensive community-based supports for this population. In the summer of 2013, the courts determined that the program’s implementation was limited by the Commonwealth’s inability to obtain federal grant funding for these community-based services. The state is now using Money Follows the Person and other Medicaid waiver programs to provide supports for these adults. The Administration estimates that approximately 1,100 Medicaid-eligible people with brain injuries who are living in nursing or rehabilitation facilities are eligible for these services.

MassHealth Administrative Funding

The FY 2015 budget includes \$159.4 million in funding for MassHealth administration. Included in this total is \$60.0 million in a new line item (4000-0321) for the retained revenue from **EOHHS Contingency Contracts** funded within the MassHealth administrative accounts. In prior years this funding was not reflected in the state budget. Although this new line item seems to increase total MassHealth administrative spending by \$60.0 million, it is fully funded by federal revenue and by the collections from program-integrity-related activities. There is no new net cost to the Commonwealth for this spending.

Other Statutory Changes to the MassHealth Program

The FY 2015 budget includes language in outside sections of the budget that affect the operations of the MassHealth program. These include:

MassHealth coverage for incarcerated prisoners. The budget includes a provision to allow MassHealth enrollment for persons awaiting trial or inmates who would otherwise be eligible for MassHealth. MassHealth membership would be suspended for these people while in prison. However, if these prisoners at some point required inpatient medical care outside the prison, the MassHealth membership could then immediately be reinstated. This will allow the Commonwealth to receive federal Medicaid reimbursement for the costs of medical care for these inmates while they are outside the prison and will facilitate setting up necessary medical and behavioral health services as soon as an individual is released back into the community. There is also separate language creating a commission to study ways to lower the health care costs of aging and infirm prisoners.

MassHealth savings initiatives. The budget requires MassHealth to report to the Legislature on cash management strategies and other savings initiatives that would allow the program to stay within its appropriations.

CONNECTORCARE AND THE HEALTH CONNECTOR

The ConnectorCare Program and the operations of the Health Connector are funded through the Commonwealth Care Trust Fund, and not directly by line item appropriations in the budget.

In FY 2015, the budget anticipates that \$144.3 million in revenue from the cigarette tax will be available to fund ConnectorCare and the Health Connector. In addition, \$15.0 million is expected from individual tax penalties for nonparticipation in health insurance coverage, as well as \$139.0 million in revenue from the Employer Medical Assistance Contribution, which replaces the employer contributions that used to support health insurance for the unemployed under the now-discontinued Medical Security Program.

COMMONWEALTH CARE TRUST FUND	FY 2014	FY 2015
Cigarette Tax Revenue	\$151,267,760	\$144,268,172
Individual Tax Penalties	\$15,000,000	\$15,000,000
Employer Medical Assistance Payments	\$94,000,000	\$139,000,000
Medical Security Trust Fund Surplus	\$61,157,855	\$0
Subtotal Revenue	\$321,425,615	\$298,268,172
General Fund Transfer	\$340,078,633	\$0
TOTAL SOURCES	\$661,504,248	\$298,268,172

Lawfully present residents of Massachusetts (except persons in prison) are eligible to purchase health insurance through the Massachusetts Health Connector. For people whose incomes are below 400 percent FPL (\$46,700 annually for an individual or \$95,400 annually for a family of four) and who are not eligible for other programs that provide “minimum essential coverage” (such as MassHealth), there are federal

premium tax credits that lower the cost of health insurance to the consumer. These tax credits can be taken in advance, based on a person’s estimated annual income, and are sent directly to the health insurance company. In addition to the tax credits, there are federal cost-sharing reduction subsidies payable directly to the health plans for people with incomes up to 250 percent FPL. The state budget does not reflect any of these direct federal payments.

Because of the availability of the federal subsidies, the Commonwealth needs only to fund the “wrap” portion of the coverage provided through the Health Connector in order to maintain the same level of coverage as was provided under Commonwealth Care. As a result, the Administration anticipates that budgeted spending for the Health Connector program will drop significantly between FY 2014 and FY 2015, and there is no anticipated operating transfer to the fund.

There have been a variety of **ACA implementation delays** associated with the operations of the Health Connector’s website. Language in an outside section of the budget directs the Executive Office of Health and Human Services to review the financial impact of the failures of the Health Connector’s website and file a report by July 31, 2014. This review will include an analysis of state spending on temporary health insurance coverage, as well as forgone federal reimbursement.

Language in another outside section specifies that a newly reconstituted Office of Information and Technology with a **Chief Information Officer** be responsible for coordinating information and technology initiatives across the state agencies. The budget also includes language to explicitly include the Health Connector as part of this initiative.

The ACA requires the Connector to provide grants to community-based organizations to hire **Navigators** to assist with the application and enrollment process. An outside section of the budget requires checking Criminal Offender Record Information (CORI) for individuals employed as Navigators.

THE HEALTH SAFETY NET

The Health Safety Net remains essential to support health care for the small percentage of low-income people in Massachusetts who do not have health insurance or who are underinsured (e.g., whose coverage does not include certain benefits such as dental or who have out-of-pocket liabilities that they cannot cover).

The Health Safety Net Trust Fund reimburses hospitals and community health centers for a portion of the cost of providing health services to uninsured and underinsured patients. The fund receives an assessment of \$320.0 million from hospitals and insurers as well as a \$30.0 million transfer from the Commonwealth Care Trust Fund. The Administration estimates that the difference between the costs of uncompensated care and the amount of funding available to reimburse hospitals for that care — often referred to as the “shortfall” — will drop in FY 2015 to \$34.0 million, down from \$101.0 million in FY 2014.

Language in an outside section of the budget directs the Office of the Inspector General to use up to \$1.0 million from the Health Safety Net

Trust Fund to conduct an **audit** of the Health Safety Net. This office is also directed to review the operations of the MassHealth program.

Payments for Safety Net Hospitals

The FY 2015 budget also includes funding for two additional trust funds that provide grants to hospitals with a high share of patients who either are uninsured or have publicly funded health insurance. These grants are intended to more fully reimburse these hospitals for the costs of care to uninsured or underinsured low-income patients, and to support the implementation of health care cost containment strategies.

The FY 2015 budget includes a transfer of \$464.0 million to the **Medical Assistance Trust Fund** for payments to the Cambridge Health Alliance, Boston Medical Center, and the University of Massachusetts Medical Center. The fund will be largely reimbursed by transfers from the hospitals and federal reimbursement.

The budget also includes a transfer of \$210.3 million to the **Delivery System Trust Fund** for payments to seven hospitals to support investments to promote delivery-system reforms (in Boston, Cambridge, Holyoke, Lawrence, Springfield, and Brockton). This funding will be reimbursed in part by a transfer from the Cambridge Health Alliance and in part by the federal government.

OTHER HEALTH CARE PROGRAMS

The budget includes \$16.3 million for the **Prescription Advantage** program in line item 9110-1455, a slight decrease from the \$17.0 million in the FY 2014 budget. This program is a payment-assistance program for low-income elders and certain disabled younger adults. It reduces co-pays and helps fill a gap created by the “doughnut hole” in Medicare prescription drug coverage. (The ACA is expanding Medicare coverage to close the “doughnut hole” completely by 2020, so costs to the Prescription Advantage program are expected to decline.) The budget includes an earmark of \$180,000 for the SHINE health insurance counseling program, and also includes a requirement that the Executive Officer of Elder Affairs report on the SHINE program to the Senate and House Committees on Ways and Means.

OTHER HEALTH CARE SPENDING AND HEALTH CARE FINANCE

The FY 2015 budget includes \$28.3 million for the **Center for Health Information and Analysis** (CHIA) in line item 4100-0060 and \$4.0 million in line item 4100-0061. CHIA is funded almost entirely by hospital and other assessments. Line item language requires that CHIA publish a report on the financial condition of hospitals and other health care providers, using the health benchmarks project website.

Language in the budget also directs CHIA to report on the incidence of disease and **access to care in public housing** developments. This research, which the legislation suggests CHIA could conduct in conjunction with the Office of Medicaid and the Department of Public Health, would analyze patterns of disease and health insurance coverage, health care costs, and access, and would provide recommendations for improving the efficiency and effectiveness of health care for residents of public housing.

The budget also includes \$108.7 for **information and technology** costs within the Executive Office, most of which are associated with the operations of the MassHealth program. The budget also includes \$1.1 million for the operations of the **Health Care Assessment Bureau**.

The FY 2015 budget includes \$2.0 million in a new reserve (line item 1599-2012) to be administered by the Health Policy Commission to support **behavioral health integration into patient-centered medical homes**. This is part of an initiative to better control health care costs by creating “medical homes” for patients — health care providers primarily responsible for coordinating the patients’ health care.

An outside section of the budget requires MassHealth managed care organizations that administer **behavioral health services** through a contractor to submit copies of the contract to the Office of Medicaid and, on request, to members.

Language in an outside section of the budget creates the **Community First Trust Fund**. This fund will receive \$16.0 million from federal reimbursements associated with the implementation of the “balancing incentive payment program” of the ACA to support and expand community-based long-term care services. And to the extent allowed by federal law, the budget directs \$6.1 million from this trust to increase the wages of homemakers and personal-care homemakers who work with seniors.

MASHEALTH AND HEALTH REFORM APPROPRIATIONS		FY 2014 Current Appropriations*	FY 2015 GAA
MassHealth Programs and Administration **			
4000-0300	Executive Office of Health and Human Services and MassHealth Administration (A)	\$91,785,813	\$91,557,569
4000-0301	MassHealth Auditing and Utilization Reviews (A)	\$4,416,519	\$4,428,131
4000-0309	MassHealth Field Auditing Taskforce (A)	\$300,000	\$0
4000-0321	EOHHS Contingency Contracts Retained Revenue (A)	\$0	\$60,000,000
4000-0328	State Plan Amendment Support (A)	\$0	\$400,000
4000-1602	MassHealth Operations (A)	\$2,083,756	\$2,121,671
4000-1604	Health Care System Reform (A)	\$849,766	\$874,580
4000-0320	MassHealth Recoveries from Current and Prior Fiscal Years Retained Revenue	\$225,000,000	\$225,000,000
4000-0430	MassHealth CommonHealth	\$91,074,613	\$111,115,925
4000-0500	MassHealth Managed Care	\$4,500,411,804	\$4,792,819,941
4000-0600	MassHealth Senior Care	\$2,853,835,505	\$3,197,069,129
4000-0640	MassHealth Nursing Home Supplemental Rates	\$319,300,000	\$301,400,000
4000-0700	MassHealth Fee-for-Service Coverage***	\$2,212,377,039	\$2,381,458,986
4000-0870	MassHealth Basic Coverage	\$180,437,109	\$0
4000-0875	MassHealth Breast and Cervical Cancer Treatment	\$5,725,199	\$5,725,199
4000-0880	MassHealth Family Assistance	\$222,766,943	\$204,795,301
4000-0885	Small Business Employee Premium Assistance	\$0	\$30,877,115
4000-0890	MassHealth Premium Assistance and Insurance Partnership	\$30,877,115	\$0
4000-0895	Healthy Start Program	\$14,439,991	\$0
4000-0940	ACA Expansion Populations	\$448,000,379	\$1,702,696,743
4000-0950	Children's Behavioral Health Initiative	\$203,200,101	\$207,371,693
4000-0990	Children's Medical Security Plan	\$13,214,180	\$13,214,180
4000-1400	MassHealth HIV Plan	\$18,744,723	\$23,693,668
4000-1405	MassHealth Essential	\$489,878,244	\$0
4000-1420	Medicare Part D Phased Down Contribution	\$284,153,027	\$302,670,132
4000-1425	Hutchinson Settlement****	\$0	\$34,318,000
Commonwealth Care and ConnectorCare			
Tax Transfer	Commonwealth Care Trust Fund	\$151,267,760	\$144,268,172
1595-5819	Commonwealth Care Trust Fund	\$405,078,633	\$0
Prescription Advantage			
9110-1455	Prescription Advantage	\$16,988,821	\$16,342,178
Center for Health Information and Analysis and Other Health Finance			
1599-2004	Health Care Cost Containment Reserve	\$0	\$0
1599-2012	Behavioral Health Integration in Patient-Centered Medical Homes	\$0	\$2,000,000
4000-0265	Primary Care Workforce	\$3,000,000	\$0
4100-0060	Center for Health Information and Analysis****	\$26,667,824	\$28,267,893
4100-0061	All Payer Claims Database Retained Revenue	\$4,000,000	\$4,000,000
7006-0029	Health Care Access Bureau Assessment	\$1,100,000	\$1,100,000
EOHHS Information and Technology			
4000-1700	Health and Human Services Information Technology	\$98,348,924	\$108,718,835
Transfers to Other Trust Funds			
1595-1067	Delivery System Transformation Initiatives Trust	\$93,449,470	\$210,261,307
1595-1068	Medical Assistance Trust Fund	\$620,025,000	\$464,000,000
1595-1069	Health Information Technology Trust Fund	\$1,125,000	\$8,153,272
TOTAL		\$13,633,923,257	\$14,680,719,621

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