

PE SPA for the State Children's Health Insurance Program

Section 8. Cost Sharing and Payment (Section 2103(e))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 9.**

There is no cost sharing requirements for children enrolled in presumptive eligibility under S-CHIP.

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Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

9.10. Provide a one year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- **Planned use of funds, including --**
 - **Projected amount to be spent on health services;**
 - **Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and**
 - **Assumptions on which the budget is based, including cost per child and expected enrollment.**
- **Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.**

Attached are two budget sheets: 1) updated Healthy Families Program budget; and, 2) related costs for presumptive eligibility in the Healthy Families Program.

The budget for the program for FFY's 1998, 1999 and 2000 is detailed on the chart below. The following pages document the assumptions used in estimating expenditures. These estimates reflect our best assumptions at this point in time, related to projected costs for the Healthy Families program. These estimates should be used for planning purposes and will be updated, if needed, once final decisions have been made for inclusion in the state budget scheduled for release in early January. In addition, the state and local funds reflected as proposed state match are subject to appropriation by the Legislature as well. It is the intent of the State to maximize the receipt of permissible federal matching funds. To the extent that state costs for administrative and outreach expenses exceed the 10 percent cap, these costs will be paid with state-only funds

Sources of the non-Federal share of plan expenditures will be the state funds for all program elements except for:

- County mental health which will be matched by local funds;
- California Children's Services (CCS) which will be matched by General Fund and local funds;
- Child Health and Disability Prevention program (CHDP) which will be matched by General Fund and local funds.

Start Up Costs. It is not possible for the percentage of administrative costs to be as low as ten percent of expenditures until a sizeable number of children have been

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enrolled. In fact, the estimates below indicate that the percentage of administrative cost will not decline to ten percent until the second FFY of operation. The Federal government must fully participate in the costs to start-up state programs if the children's health insurance program is to succeed nationally.

MRMIB will implement a uniform system for determining costs in accordance with Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments." To ensure the proper determination of allowable costs, all costs charged to Title XXI will be reviewed to ensure that they are necessary, reasonable, adequately documented, and properly reconciled. Additionally, MRMIB will establish periodic review of our cost structure to ensure that operating costs are properly allocated among the appropriate federal and state programs.

For example, personal service costs, i.e., salaries and wages and employee benefits, will be properly documented and certified to ensure proper allocation to Title XXI. Specifically, MRMIB is implementing a time reporting system that uses detailed activity reports and monthly certifications to document and account for the total activity of each employee and for time charged to Title XXI and/or the three existing state programs.

Indirect costs will be determined according to cost objectives and program goals. Using OMB A-87 guidelines, its supplements, and checklists, we will develop a comprehensive cost allocation system that clearly defines the nature of the costs, i.e., direct or indirect.

Currently, the operating costs of MRMIB's three existing state programs are separately tracked and reported in the state accounting system. All administrative contracts are assigned separate control numbers for proper tracking and reporting of financial activities related to their respective programs.

DHS has in place a program cost accounting system, CALSTARS, which tracks and allocates direct and indirect costs in accordance with Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments." This system uses a clearly defined set of program cost account codes, object (type of cost) codes and fund source codes to support the accurate allocation of benefit costs, as well as administrative and overhead costs, among all programs, including Title XXI accounting as well. A key component of this system is the Indirect Cost Rate Plan (ICRP) which is reviewed and approved by HCFA. The ICRP process applies a predetermined, approved-budget-based, percentage rate to direct salary and benefit costs in order to allocate departmental and statewide overhead (executive and administrative support) uniformly to all direct programs and fund

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sources.

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**Healthy Families Program
Title XXI State Plan Amendment
Enrollment and Cost Assumptions
Federal Fiscal Years 1999, 2000, ~~& 2001~~, 2002 and 2003**

CASELOAD ESTIMATE ASSUMPTIONS

HFP Monthly Enrollment – Base Program

At the time the State Plan was submitted in November 1997, Current Population Survey (CPS) data estimated that, for children ages 1 to 18 between 100 percent and 200 percent of the federal poverty level, as many as 580,000 may be uninsured, and thus could be potentially served by the Healthy Families Program (HFP). The UCLA Center for Health and Policy Research provided this estimate. An aggressive goal of 34.5% of all eligible children was adopted for the 1st year of program operation. Based on this goal, estimated monthly enrollment by the end of Federal Fiscal Year (FFY) 1998, 1999 and 2000 was 57,000, 261,000, and 501,000 respectively.

At the request of DHS, the UCLA Center for Health Policy Research conducted research in early 1997 to estimate the number of children ages 1 through 18 between 100 and 199 percent of poverty who were uninsured and ineligible for Medi-Cal. Using the March 1996 Current Population Survey (CPS), UCLA arrived at an estimate of 580,000 children in the specified age and income bracket, who were thus potentially eligible for HFP. This estimate was included in California's Title XXI State Plan, which was submitted in November 1997.

In 1998, the UCLA Center for Health Policy Research released revised estimates based on the March 1997 CPS. UCLA estimated that there were approximately 1.74 million uninsured children in California. Of those, an estimated 400,000 were eligible for HFP, and 668,000 were eligible for no-cost Medi-Cal. The 1998 estimates provided by the UCLA Center for Health Policy Research were based upon the March 1997 CPS. The authors of the UCLA estimates reduced prior estimates to reflect the number of undocumented uninsured children who are ineligible for HFP. UCLA also adjusted the data to account for the fact that some sources of income counted by CPS that are not included under HFP and MC. Furthermore, income under CPS is based upon a larger family size than is counted under HFP and Medi-Cal eligibility guidelines. These adjustments further reduced the number of children eligible for HFP and increased the number of children eligible for MC. UCLA further lowered the estimate of the number of children eligible for HFP to account for the fact that

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income deductions would not be applied for the HFP.¹

In January 1999, UCLA again updated projections of the number of children eligible for HFP and MC. Basing their work on data from the March 1998 CPS, researchers from UCLA now estimate that 328,000 children are eligible for HFP and 788,000 children are eligible and unenrolled for no-cost Medi-Cal. The researchers explain the decrease in the estimated number of HFP children and the increase in MC children due to changes in the income distribution of the target population.²

Based on this revision and on the actual monthly enrollment through February 1999, estimated monthly enrollment is projected as follows:

| | Base Program | Cost |
|----------|-----------------|---------------|
| FFY 1999 | 156,250 by 10/1 | \$ 84,886,683 |
| FFY 2000 | 281,251 by 10/1 | \$213,608,109 |
| FFY2001 | 328,000 by 10/1 | \$309,040,744 |

DMH FOR SED SERVICES

- Assumes 3% of the average annual HFP enrollment.

| | Cost |
|----------|--------------|
| FFY 1999 | \$ 8,541,844 |
| FFY 2000 | \$20,319,937 |
| FFY 2001 | \$30,535,090 |

HFP EXPANSION ENROLLMENT ASSUMPTIONS

Use of Income Disregards up to 250% FPL and Income Deductions

- Caseload estimates assume enrollment will begin 7/99.
- Assumes 132,000 potentially eligible children with net family income under 250 percent of fpl, in addition to above estimated 328,000 base eligible children.
- Of the 328,000 identified as potentially eligible, assumes 129,370 children will be enrolling in the HFP. This estimate is based on the January 1999 UCLA estimate of 132,000 children between 0-19 years old that would be eligible if income deductions and income disregards were used to determine income eligibility

1 Steve P. Wallace et al. "Technical Notes for *New Estimates find 400,000 Children Eligible for Healthy Families Program, Policy Brief 98-4.*" UCLA Center for Health Policy Research, October 1998.

2 Helen Halpon Schauffler et al. "The State of Health Insurance in California, 1998." UC Berkeley Center for Health and Public Policy Studies and the UCLA Center for Health Policy Research, January 1999. Page 24.

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reduced by MRMIB's estimate of 2,630 children between 0-1 years old. The exclusion of the 0-1 age band was made because the 0-1 years children whose net family incomes (when using Medi-Cal income deductions) are below 200% fpl are eligible for free Medi-Cal and therefore are ineligible for HFP. Estimated monthly enrollment is projected as follows:

| | 250% Expansion | Cost |
|----------|----------------|--------------|
| FFY 1999 | 5,337 by 10/1 | \$ 815,139 |
| FFY 2000 | 48,514 by 10/1 | \$29,557,097 |
| FFY 2001 | 87,325 by 10/1 | \$71,346,890 |

Department of Mental Health (DMH) Services for Treatment of Serious Emotional Disturbance (SED)

- Assumes enrollment will begin 7/99.
- Assumes 3% of the average annual HFP enrollment

| | |
|----------|--------------|
| FFY 1999 | \$ 428,038 |
| FFY 2000 | \$ 2,689,752 |
| FFY 2001 | \$ 6,533,562 |

Only MRMIB and DMH estimate costs for this proposal. The DHS estimates no additional costs for Child Health Disability Program (CHDP) because the program eligibility ceiling is 200% FPL and does not use income deductions in eligibility determinations. DHS also estimates minimal costs for California Children's Services (CCS).

LEGAL IMMIGRANTS POST 8/22/96

(Cost for legal immigrants are funded from 100 percent State Funds and are excluded in the budget display)

- Caseload estimates assume enrollment will begin 7/99.
- Assumes 40,000 potentially eligible legal immigrant children will enter the United States in a five year period (or 8,000 legal immigrant children annually) based on the revised UCLA report dated 1/99.
- Assumes the 40,000 potentially eligible children will enroll over a seven year period.
- Assumes 8,000 eligible children for every 12-month period beginning 8/22/96.
- Assumes a cumulative backlog of 22,667 eligible children for the 34-month period ending 7/1/99.
- Estimated monthly enrollment is projected as follows:

| | Legal Immigrants | Cost |
|----------|------------------|--------------|
| FFY 1999 | 920 by 10/1 | \$ 133,632 |
| FFY 2000 | 8,520 by 10/1 | \$ 4,518,707 |

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FFY 2001 17,799 by 10/1 \$12,384,323

This expansion program will be 100% State-funded (requiring no federal matching Title XXI funds) unless federal matching funds are made available by Congress.

DMH FOR SED SERVICES

- Assumes enrollment will begin 7/99.
- Assumes 3% of the average annual HFP enrollment.

| | |
|----------|--------------|
| FFY 1999 | \$ 71,844 |
| FFY 2000 | \$ 480,067 |
| FFY 2001 | \$ 1,275,720 |

Only MRMIB, CCS and DMH estimate costs for this proposal. Estimated CCS costs are \$137,000 total funds. The DHS estimates no additional costs for Child Health Disability Program (CHDP).

MRMIB Payments to Health, Dental and Vision Plans. These health services costs are the estimated insurance premium costs as the served population grows over time.

Estimated payments (or premiums) for health, dental, vision per month are: \$71.50 per enrolled child per month (PCPM) for October 1998 through June 1999 and \$80.08 pcpm for the period July 1999 through September 2001. For children under age 1, estimated premiums are 230.00 pcpm.

MRMIB Offsetting Premium Payments. The total health services costs are offset by a monthly premium (or contribution) payment per child paid by the family. The administrative vendor, on behalf of MRMIB collects these premiums. These premiums will be collected by the health plan.

Estimated offset of premium payments per child per month is \$5.00.

Payments for Application Assistance Fee (One time). The application assistance fee which MRMIB will pay for referrals of eligible subscribers is another feature which will facilitate coordination with public and private entities. MRMIB will specify those agencies and persons in regulation after public hearing, but anticipates authorizing a wide range of entities including insurance agents, county child health and disability prevention program providers, clinics, and hospitals.

Estimated payment for application assistance fee per family is \$50.00; estimated monthly enrollment by end of FFY 1, 2, and 3 is 57,000, 261,000, and 501,000

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respectively.

Case Management Costs. The cost of assisting families to maintain their child's enrollment in the HFP will be \$66,995 in FFY 1999. Each HFP subscriber is re-evaluated annually prior to their anniversary date in the program to determine continued eligibility for the program. The provision of annual eligibility review by qualified application assistants helps to assure continuity of coverage for enrolled children. The maintenance of a medical home for children is a core objective for the HFP.

MRMIB Payments to Access for Infants and Mother (AIM) Health Plans. AIM is administered by the MRMIB, which contracts with the private sector to provide subsidized coverage for uninsured and underinsured women and their newborn infants through two years of age. To cover the full cost of care, California uses Cigarette and Tobacco Products Surtax Funds (Proposition 99) to subsidize subscriber co-payments and contributions, while the subscriber pays a premium amount equal to two percent of the family's average annual income. Roughly four percent of AIM enrollees have access to high deductible insurance coverage, or have insurance coverage for their children. Based on HCFA's technical guidance, MRMIB agreed not to claim Title XXI matching funds for infants enrolled with access to high deductible insurance coverage (identified through the application process), since their insured status excludes them from the definition of Title XXI's population.

California Children's Services (CCS). The CCS Program component of the HFP reflects estimated costs of providing services for the eligible children (under 200percent of poverty) enrolled in CCS. CCS provides specialty and sub-specialty services to children with special health care needs, which require case management and authorization of services to ensure that appropriate treatment and services are provided. CCS will be responsible for all medical, dental, and vision services necessary to treat an enrolled child's CCS eligible condition in coordination with the HFP plan delivery of primary and preventative health care services.

Average cost per eligible per month is \$124.00. It is also assumed that the county and state will participate equally in the match requirement.

~~*Child Health & Disability Prevention (CHDP): (Without EDS processing costs). The CHDP estimate reflects payment to CHDP providers for screening exams and initial follow-up treatment for new HFP enrollees during a period up to 90 days during which their application to the Program is pending. It is anticipated the CHDP providers would be a significant source of referral for the Program. Through this program, children who receive a CHDP screen will be pre-enrolled in Medi-Cal or the Healthy*~~

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Families Program (HFP). Pre-enrollment will involve two months of full-scope Medi-Cal coverage, during which time the family may apply for ongoing Medi-Cal or Healthy Families Program coverage. California will only claim Title XXI funding for previously approved Healthy Families benefits. Those eligible for the Healthy Families Program whose application is received and processed before the end of the second month of pre-enrollment will be eligible to receive a third month of pre-enrollment. Following are the assumptions used in the cost estimate:

- a) ~~Average cost of a CHDP screening for age 1 through 18, per eligible per month is \$64.38.~~
- b) ~~of a 30-day follow-up treatment is \$18.50.~~
- c) ~~Estimated average one time cost per case is \$82.88 for screening and treatment combined.~~

Rural Health Demonstration Projects – MRMIB & DHS. The Healthy Families rural demonstration projects were established to improve access to health care services for medically under-served and uninsured populations in rural areas, and special populations who have rural occupations (farm workers, loggers, etc.).

The MRMIB's \$6 million (\$2.038 million GF and \$3.962 million FFP) augmentation is to develop and enhance existing health care delivery networks through contract amendments with participating HFP health dental and vision plans. This augmentation addresses geographic access barriers and access barriers for special population subscribers enrolled in the HFP (seasonal and migrant farm workers, and American Indians).

Mental Health – For SED Services. The mental health component of the Healthy Families Program (HFP) represents the total estimated costs of providing mental health services to eligible children with serious emotional disturbance (SED) consistent with the Bronzan/McCorkadale Act. These services are provided through a single, local, public entity because the expertise and resources for serving this special needs population is currently in the county mental health programs. The HFP health plans are responsible to provide psychiatric inpatient hospital services to this population up to the limit of the benefit, which is 30 days on an annual basis. The costs associated with the basic benefit have not been included here. Medically necessary mental health services for the SED population beyond the basic inpatient benefit are the responsibility of the county mental health programs. The proportion of SED children enrolling is estimated to be three percent of the average annual HFP enrollment. Three percent is a conservative estimate of the incidence of SED based on national and state prevalence and usage data used by the Department of Mental Health (DMH) when estimating services and funding needs for the Medi-Cal population ages

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0 to 21.

The estimated average cost per child per month is \$229.00. The estimated monthly enrollment of children with SED in HFP for 1999, 2000 and 2001 is 2,965, 7,510 and 11,840 respectively.

Accelerate Coverage of Children Under 100 Percent of Federal Poverty Level (FPL).

The DHS 100 percent program previously provided coverage to children whose families have income in excess of the maintenance need but less than 100 percent of poverty if they were born after September 30, 1983. In March 1998, the program was expanded to cover children under the age of 19.

The estimated average cost per child is \$89 per month and the estimated number of eligible children is 15,818 average monthly. Eligibles are expected to phase-in over 19 months. The cost estimates reflect Title XXI federal funding available for these eligibles in excess of the Title XIX federal funding. The full costs for these eligibles are included in the Medi-Cal base estimate.

Asset Waiver for Children. Resources will not be counted in determining the Medi-Cal eligibility for children eligible under the various Percentage Program limits.

The estimated average cost per child under 15 years of age is \$48, and 15 through 18 years of age is \$89. There were 592 eligible children in February 1999. It is assumed that this population will continue to grow at a rate of 250 per month.

One Month Bridge from Medi-Cal to Healthy Families. A federally acceptable One Month Bridge Program of Title XXI funded health care for children becoming ineligible for free Medi-Cal was established by AB 2780, Chapter 310 Statutes of 1998. This program (which covers one month only) was implemented on November 1, 1998. To be eligible, families' income must be between 100 percent and 200 percent of the federal poverty level. The estimated average cost per child is \$43 per month and the estimated number of eligible children, once the program is fully implemented is 8,036 per month. In February 1999 there were 471 children eligible. It is assumed that the caseload will grow at a rate of 250 per month to the total 8,036.

MRMIB Payments to Administrative Vendor. MRMIB payment to the HFP administrative vendor for eligibility determination and enrollment services are classified as administrative costs in accordance with Health Care Financing Administration (HCFA) guidelines for claiming Title XXI funds. The administrative vendor contract (contract) with Electronic Data Systems (EDS) includes final

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negotiated per child per month (PCPM) costs of \$52.00 for the first 10,000 subscribers and \$3.85 thereafter. Also included are minimal costs for the state share of transactions fees for families' cash and credit card payments, and bad check fees from the families' first month premium payments.

Statewide Outreach Campaign. The State has implemented various activities to provide information to families regarding both Medi-Cal and HFP, and to encourage and increase enrollment of children in both programs. Full year outreach activities are estimated at \$12 million annually.

Note: The Outreach budget includes the one-time application assistance fees and annual eligibility review fees.

Payments for Application Assistance Fee (One time). The application assistance fee which MRMIB will pay for referrals of eligible subscribers is another feature which will facilitate coordination with public and private entities. MRMIB will specify those agencies and persons in regulation after public hearing, but anticipates authorizing a wide range of entities including insurance agents, county health and disability prevention program providers, clinics, and hospitals.

Mental Health County Administration. This is the administrative cost portion of the Healthy Families Program county mental health funding.

Medi-Cal Conforming Costs - County Administration. This represents the total estimated cost for counties to determine eligibility for a) Accelerated Coverage of Children Under 100 percent FPL; b) Asset Waiver for Children.

EDS Costs - Fiscal Intermediary (FI). Provider reimbursement for all fee-for-service elements of expanded access is processed by EDS, the Medi-Cal Fiscal Intermediary (FI) through an automated payment system integrated with the California-Medi-Cal Management Information System (CA-MMIS). It is assumed that all providers would utilize the HCFA 1500 and UB92 standardized Medi-Cal claim forms as well as the CHDP PM 160. The current CA-MMIS models for expanded access for HFP. The CHDP system will allow assessments and the CA-MMIS will accommodate any treatment claims. Both systems require enhancements to comply with Title XXI requirements.

One Month Bridge. This is the county administration cost associated with implementation of the One Month Bridge Program described in Section I.B.5.

State Administration - MRMIB. MRMIB administers the HFP estimates health care for

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approximately 497,000 children of moderate income working individuals through subsidized private health insurance plans. The current state fiscal year 1999/00 budget includes authority for 28.0 positions and \$3.314 million total funds (\$1.342 million General Fund).

State Administration - DHS. The Department of Health Services has, in the current state fiscal year 99/00, budget authority for 12 positions and \$1.268 million (\$.387 million General Fund). These resources are necessary to meet requirements of the HFP legislation, conduct the activities necessary to expand Medi-Cal health coverage for low-income uninsured children, and provide education and outreach activities.

Attached are a series of exhibits which explain how the amounts for benefits and other cost components were calculated.

Exhibit 1- Estimated enrollment and related costs for Healthy Family program benefits, premium payments, contractor payments and assistance fees.

Exhibit 2- Enrollment assumptions

Exhibit 3- Benefit cost assumptions

Exhibit 4- Average premium calculation

Exhibit 5- Basis for Title XXI-eligible Access for Infants and Mothers program costs (the AIM estimate has since been reduced by 4 percent in response to HCFA's concern that AIM covers infants with access to insurance coverage)

Exhibit 6- Basis for Title XXI-eligible California Children's Services program costs

Exhibit 7- Basis for Title XXI-eligible Child Health and Disability Prevention program costs

Exhibit 8- Basis for Title XXI- Mental Health Services benefit and associated administrative costs

Exhibit 9- Assumptions and calculations for conforming Medi-Cal program costs for accelerated coverage, asset waiver, extended eligibility and outreach program costs (First year outreach costs revised to match chaptered legislation. First year estimate for extended eligibility has been reduced because California will have to pass state clean-up legislation before it can implement extended eligibility in accordance with HCFA's parameters. Original extended eligibility estimate assumed a May 1, 1998 implementation date, while amended estimate assumes a July 1, 1998 implementation date.)

Exhibit 10- Basis for cost estimate for the Fiscal Intermediary requirements (Revised cost estimate. California will claim Fiscal Intermediary costs under Title XIX rather than seek the enhanced FFP under Title XXI)

Exhibit 11- The state budget proposal for DHS administrative staff costs (Revised cost estimate includes amount for overhead costs consistent with the HCFA-approved indirect cost rate plan and additional application printing costs)

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Exhibit 12- The state budget proposal for MRMIB administrative staff costs (Revised cost estimate includes additional financial accounting and processing staff in response to HCFA draft guidelines)

Exhibit 13- Revised State Plan budget table with revised administrative cost amounts and percentage calculations

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Current S-CHIP Budget Plan

COST OF APPROVED S-CHIP PLAN

| | FFY 2002 | FFY 2003 | FFY 2004 |
|--|----------------------------|---------------|---------------|
| Enhance FMAP Rate | 65.98% | 65.00% | 65.00% |
| Benefit Costs | | | |
| Insurance Payments | | | |
| Managed Care | \$554,828,704 | \$674,606,208 | \$775,147,014 |
| per member/per month rate @ # of eligibles | | | |
| Fee for Service | \$91,012,392 | \$139,036,499 | \$176,132,453 |
| Total Benefit Costs | \$645,841,096 | \$813,642,707 | \$951,279,467 |
| (Offsetting beneficiary cost sharing payments) | -\$30,691,695 | -\$41,211,563 | -\$45,457,251 |
| Net Benefit Costs | \$615,149,401 | \$772,431,144 | \$905,822,216 |
| Administration Costs | | | |
| Personnel | | | |
| General Administration | \$44,693,106 | \$54,422,488 | \$59,770,290 |
| Contractors/Brokers (e.g., enrollment contractors) | | | |
| Claims Processing | | | |
| Outreach/marketing costs | \$28,533,294 ¹⁾ | \$5,718,750 | \$0 |
| Other | | | |
| Total Administration Costs | \$73,226,400 ²⁾ | \$60,141,238 | \$59,770,290 |
| 10% Administrative Cost Ceiling | \$68,349,933 | \$85,825,683 | \$100,646,913 |
| Federal Share | \$454,190,353 | \$541,172,048 | \$627,635,129 |
| State Share | \$234,185,448 | \$291,400,334 | \$337,957,377 |
| TOTAL PROGRAM COSTS | \$688,375,801 | \$832,572,382 | \$965,592,506 |

(1) For FFY 02, \$15,722,260 in outreach cost are exempt from the 10% cost ceiling, for exemption of outreach expenditures from the FFY 98 retained allotment.

(2) For FFY 02, costs subject to the 10% cost ceiling are only \$57,504,140 after adjusting for the exemption of outreach expenditures from the FFY 98 retained allotment.

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S-CHIP Budget Plan for PE

| COST OF PROPOSED S-CHIP PLAN | FFY 2003 | FFY 2004 |
|--|--------------------|---------------------|
| Enhance FMAP Rate | 65.00% | 65.00% |
| Benefit Costs | | |
| Insurance Payments | | |
| Managed Care | | |
| per member/per month rate @ # of eligibles | | |
| Fee for Service | \$2,927,877 | \$32,944,358 |
| Total Benefit Costs | \$2,927,877 | \$32,944,358 |
| (Offsetting beneficiary cost sharing payments) | | |
| Net Benefit Costs | \$2,927,877 | \$32,944,358 |
| Administration Costs | | |
| Personnel | | |
| General Administration | | |
| Contractors/Brokers (e.g., enrollment contractors) | | |
| Claims Processing | | |
| Outreach/marketing costs | | |
| Other | | |
| Total Administration Costs | \$0 | \$0 |
| 10% Administrative Cost Ceiling | \$325,320 | \$3,660,484 |
| Federal Share | \$1,903,120 | \$21,413,833 |
| State Share | \$1,024,757 | \$11,530,525 |
| TOTAL PROGRAM COSTS | \$2,927,877 | \$32,944,358 |