

D79Z02
Maryland Health Insurance Plan

Operating Budget Data

(\$ in Thousands)

	<u>FY 09</u> <u>Actual</u>	<u>FY 10</u> <u>Working</u>	<u>FY 11</u> <u>Allowance</u>	<u>FY 10-11</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
Special Fund	\$89,888	\$129,485	\$145,019	\$15,535	12.0%
Contingent & Back of Bill Reductions	0	0	-29	-29	
Adjusted Special Fund	\$89,888	\$129,485	\$144,990	\$15,506	12.0%
Federal Fund	2,301	0	3,000	3,000	
Adjusted Federal Fund	\$2,301	\$0	\$3,000	\$3,000	
Reimbursable Fund	0	0	10,000	10,000	
Adjusted Reimbursable Fund	\$0	\$0	\$10,000	\$10,000	
Adjusted Grand Total	\$92,190	\$129,485	\$157,990	\$28,506	22.0%

Note: For purposes of illustration, the Department of Legislative Services has estimated the distribution of selected across-the-board reductions. The actual allocations are to be developed by the Administration.

- The fiscal 2011 allowance for the Maryland Health Insurance Plan is just over \$28.5 million (22%) above the fiscal 2010 working appropriation. Most of this amount (just under \$26.8 million) is attributed to increased medical expenses in the Maryland Health Insurance Program (MHIP).

Note: Numbers may not sum to total due to rounding.

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Personnel Data

	<u>FY 09 Actual</u>	<u>FY 10 Working</u>	<u>FY 11 Allowance</u>	<u>FY 10-11 Change</u>
Regular Positions	9.00	12.00	12.00	0.00
Contractual FTEs	<u>2.04</u>	<u>2.50</u>	<u>2.50</u>	<u>0.00</u>
Total Personnel	11.04	14.50	14.50	0.00

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	0.24	2.00%
Positions and Percentage Vacant as of 12/31/09	2.00	16.67%

- There is no change to the personnel complement proposed in the fiscal 2001 allowance.

Analysis in Brief

Major Trends

Maryland Health Insurance Program Applications: The number of applicants to MHIP fell in fiscal 2009 from fiscal 2008.

Senior Prescription Drug Assistance Program Payment Processing: The plan has not been efficient in processing premium subsidy payments in a timely manner.

Recommended Actions

1. Concur with Governor's allowance.

D79Z02
Maryland Health Insurance Plan

Operating Budget Analysis

Program Description

As of October 1, 2008, the Health Insurance Safety Net Program became an independent State agency. Prior to that, the Health Insurance Safety Net Program was organizationally part of the Maryland Insurance Administration but managed independently. The program is governed by a board.

The Health Insurance Safety Net Program includes the Maryland Health Insurance Program (MHIP) and the Senior Prescription Drug Assistance Program (SPDAP). MHIP is the State's high-risk health insurance pool, whose purpose is to provide access to affordable, comprehensive health benefits for the medically uninsurable. SPDAP provides Medicare Part D premium and coverage gap assistance to moderate-income (at or below 300% of the federal poverty level) Maryland residents for the purchase of outpatient prescription drugs and who are eligible for Medicare and are enrolled in a Medicare Part D prescription drug plan.

Both programs are funded with a majority of special funds with sporadic federal support. Specifically, MHIP is funded with premiums paid by enrollees and hospital assessment revenues. The special funds for SPDAP are provided from a portion of the value of CareFirst's premium tax exemption.

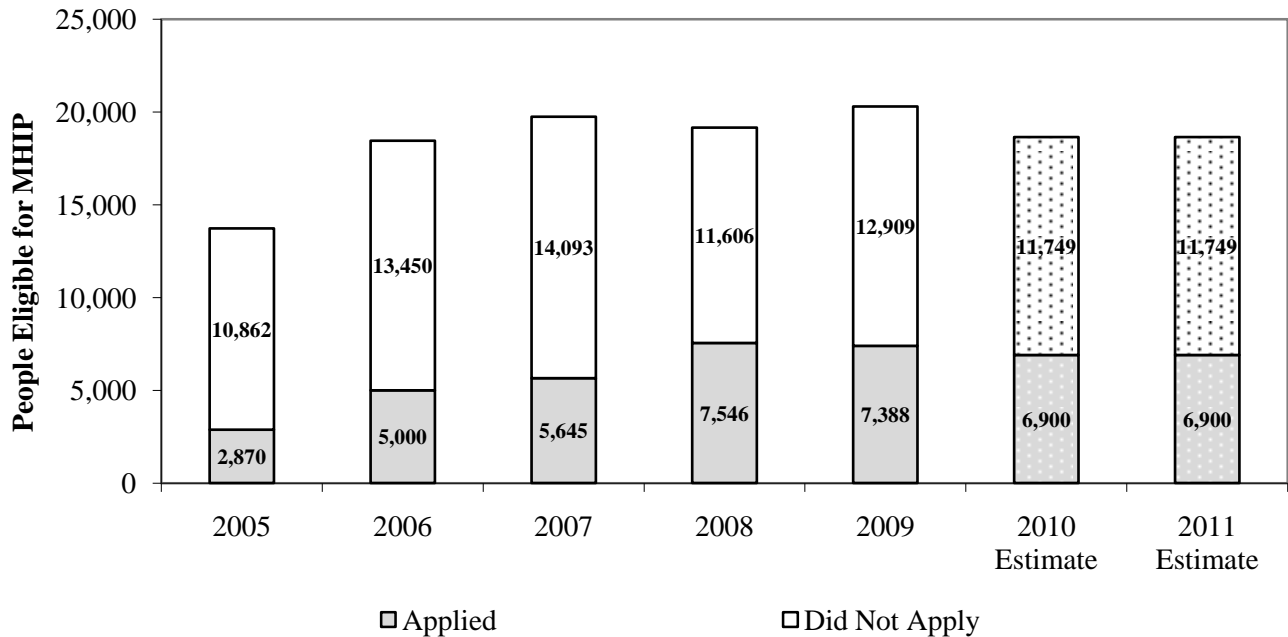
Performance Analysis: Managing for Results

MHIP Applications

Medical eligibility for the program requires that applicants have been denied individual coverage, have been offered coverage that excludes or limits coverage for a medical condition, or have specific health conditions. The number of individuals that have been denied or offered substandard insurance coverage by other carriers is an indication of the universe eligible for MHIP.

Exhibit 1 shows the number of individuals that have been denied or offered substandard health insurance coverage, and the exhibit shows how many of those individuals apply for MHIP coverage. The proportion of those applying for MHIP coverage has increased by an average of 3.1% annually between fiscal 2005 and 2009. However, this proportion fell from 39.4% in fiscal 2008 to 36.4% in fiscal 2009, reflecting both a decline in the number of applications and an increase in the total potential applicant pool. The plan attributes this to a combination of premium increases implemented at the beginning of fiscal 2009 and the extension of the pre-existing condition exclusion period from two to six months (and the cost to purchase a rider to remove the exclusion) at the same time. The plan noted that this trend was similar to that noted in the overall individual commercial

Exhibit 1
MHIP Applications Received from
Individuals That Have Been Denied or Offered Substandard Insurance
Fiscal 2005-2011



MHIP: Maryland Health Insurance Program

Source: Maryland Health Insurance Plan

insurance market and that even with this decline, overall MHIP enrollment growth was strong (discussed below).

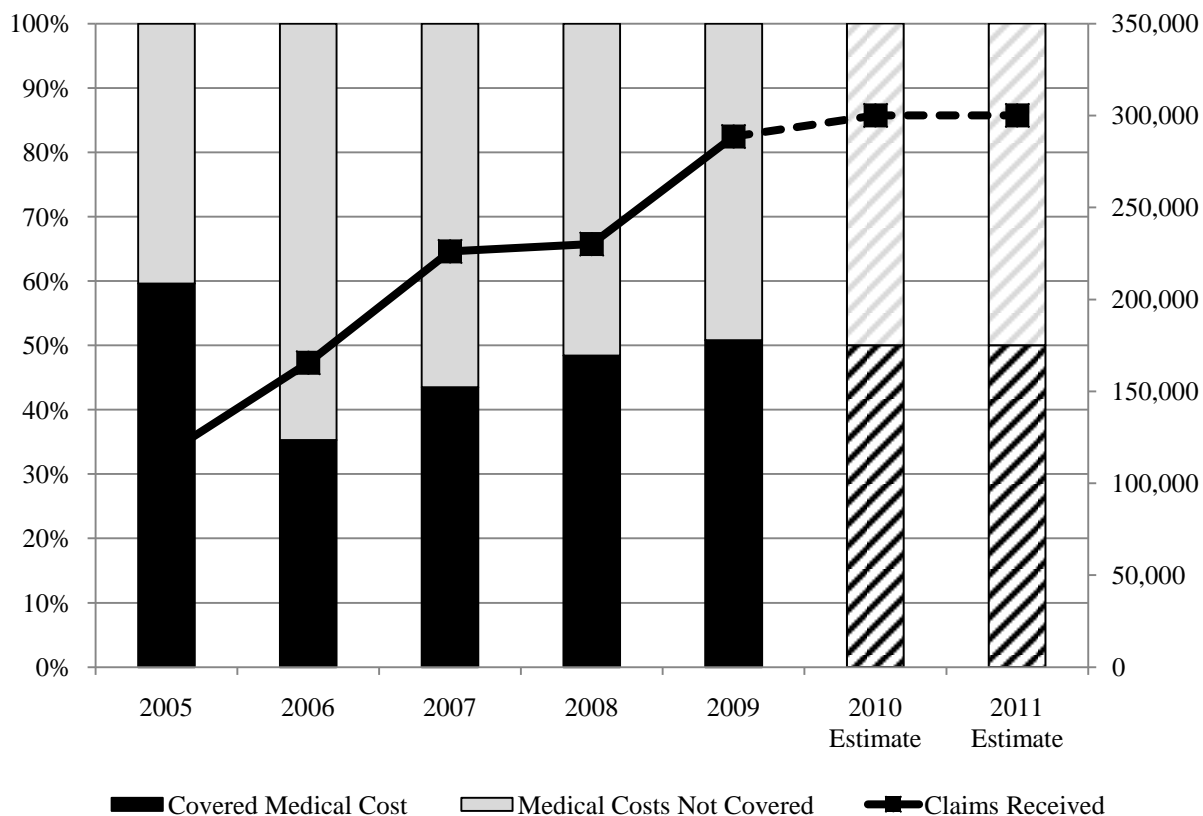
It should also be noted that during fiscal 2010 budget deliberations on the program, it was anticipated that demand for MHIP would expand over the next year for two reasons: the receipt of federal approval to implement Chapter 242 of 2006, which requires health insurance carriers to provide MHIP with the contact information of individuals denied coverage; and a plan to implement a direct mail initiative to provide risk pool applications to individuals whose individual applications are denied in the commercial market. In fact, after strong growth in fiscal 2008, applications in fiscal 2009 fell slightly.

Notwithstanding this downward revision of applications, overall enrollment in MHIP continues to grow. As will be discussed below, according to the plan, this enrollment growth may not be sustainable.

MHIP Covered Medical Costs

The amount of uncompensated care avoided through MHIP is the sum of the medical costs covered and funded because, absent MHIP, most of the medical and behavior services covered by MHIP would otherwise accumulate as uncompensated care. **Exhibit 2** shows the proportion of MHIP enrollees' medical costs that are covered by MHIP as well as claims volumes. The proportion that is not covered by MHIP is the responsibility of the MHIP enrollees to cover.

Exhibit 2
Proportion of Medical Costs Covered by MHIP
Fiscal 2005-2011



MHIP: Maryland Health Insurance Program

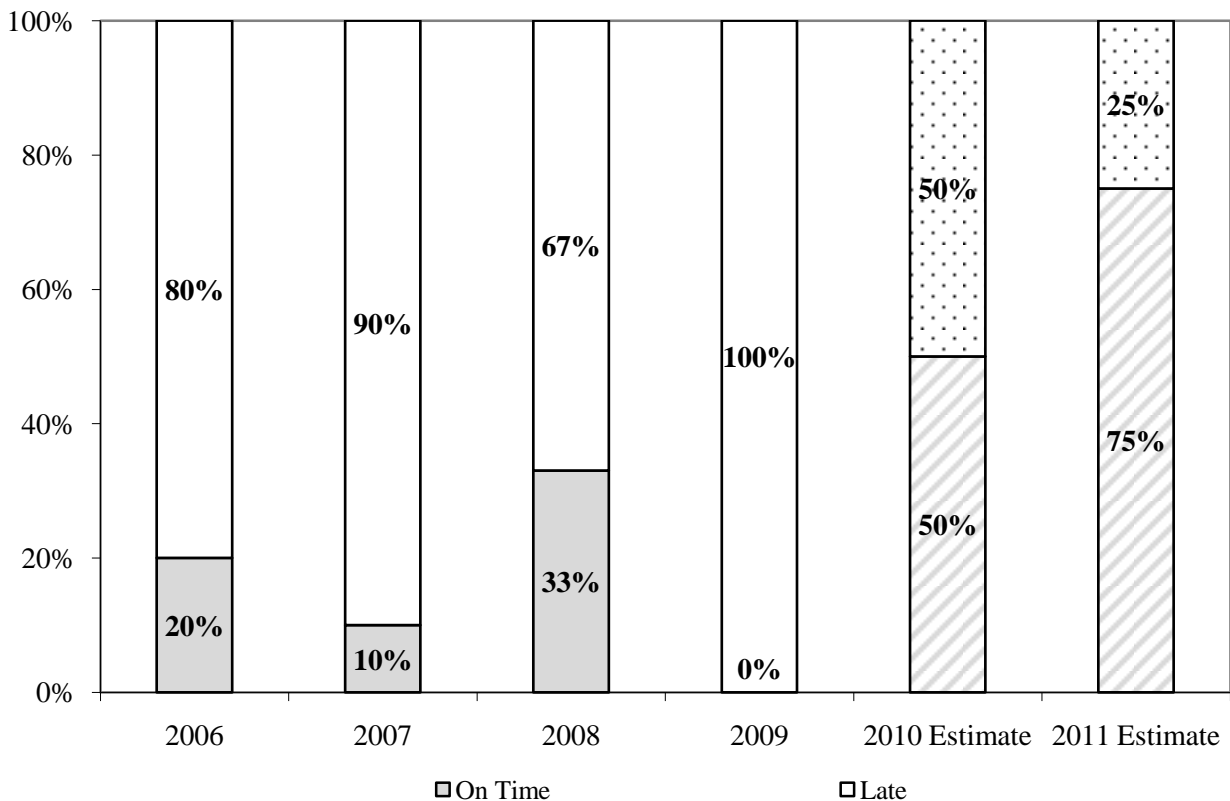
Note: Fiscal 2009 claims numbers are unaudited.

Source: Maryland Health Insurance Plan

SPDAP Payment Processing

SPDAP receives a data file from Medicare once a month, which provides the program with the information necessary to make premium subsidy payments to the individual drug plans. **Exhibit 3** shows that SPDAP has been extremely inefficient at paying Medicare Part D Plans by the twentieth of the month or within 10 business days after SPDAP receives the file from Medicare. The data for fiscal 2009 indicates that 0% of plan payments were made within that time frame. The plan attributes this to a couple of factors. Specifically, it notes that the Centers for Medicare and Medicaid Services has not been consistently delivering the monthly file in a timely manner. Also, the plan identified errors with the payment system of the third party administrator that delayed timely program premium subsidy payments. This problem is currently being corrected.

Exhibit 3
Efficiency of SPDAP Premium Subsidy Payments to Plans
Fiscal 2006-2011



SPDAP: Senior Prescription Drug Assistance Program

Source: Maryland Health Insurance Plan

Fiscal 2010 Actions

Fund Transfers

The Budget Reconciliation and Financing Act (BRFA) of 2010 proposes two fiscal 2010 transfers as well as one fiscal 2011 transfer from the balance in the SPDAP account of the Maryland Health Insurance Plan fund. Specifically,

- \$3.0 million in fiscal 2010 to the Medical Care Programs Administration (MCPA) to support part of a larger deficiency in provider reimbursements.
- \$10.5 million in fiscal 2010 to MCPA to support the Kidney Disease Program (KDP), a transfer that results in \$10,258,053 in general fund savings in fiscal 2010.
- \$1.5 million in fiscal 2011 to KDP.

Impact of Cost Containment

The plan saw a minimal reduction in expenditures based on cost containment, \$27,000, all due to furlough savings.

Proposed Budget

As shown in **Exhibit 4**, the plan's adjusted fiscal 2011 allowance is just over \$28.5 million, 22%, above the fiscal 2010 working appropriation.

Exhibit 4
Proposed Budget
Maryland Health Insurance Plan
(\$ in Thousands)

How Much It Grows:	Special Fund	Federal Fund	Reimb. Fund	Total
2010 Working Appropriation	\$129,485	\$0	\$0	\$129,485
2011 Allowance	<u>145,019</u>	<u>3,000</u>	<u>10,000</u>	<u>158,019</u>
Amount Change	\$15,535	\$3,000	\$10,000	\$28,535
Percent Change	12.0%			22.0%
 Contingent Reductions	 -\$29	 \$0	 \$0	 -\$29
Adjusted Change	\$15,506	\$3,000	\$10,000	\$28,506
Adjusted Percent Change	12.0%			22.0%
 Where It Goes:				
Personnel Expenses				\$96
Turnover adjustments.....				\$50
Regular salaries adjusted for Section 18 furlough savings				37
Retirement contributions.....				17
Other fringe benefit adjustments.....				5
Employee and retiree health insurance adjusted for Section 19 savings				-13
Maryland Health Insurance Program				\$28,412
Medical claims expenditures (26.6% increase).....				26,762
Third party administrative costs (CareFirst)				1,559
Actuarial costs (align to most recent actual).....				53
Printing costs (align to most recent actual).....				38
Senior Prescription Drug Assistance Program				\$19
Third party administrative costs (PAI).....				222
Prescription drug subsidies (1.3% increase)				197
Management consultant fee (ongoing implementation of coverage gap subsidy)				49
Outreach activities				-449
Other				-21
Total				\$28,506

Note: Numbers may not sum to total due to rounding.

Personnel

The fiscal 2011 budget reflects several across-the-board actions to be allocated by the Administration. This includes a combination of employee furloughs and government shut-down days similar to the plan adopted in fiscal 2010; a reduction in overtime based on accident leave management; streamlining of State operations; hiring freeze and attrition savings; a change in the injured workers' settlement policy and administrative costs; and a savings in health insurance to reflect a balance in that account. For purposes of illustration, the Department of Legislative Services (DLS) has estimated the distribution of selected actions relating to employee furloughs and health insurance. After those adjustments are made, the plan's personnel budget increases by \$96,000. Over half of this increase relates to turnover relief.

Maryland Health Insurance Plan

Funding Sources

In addition to premium revenues (which are not budgeted), MHIP is primarily supported by hospital assessment revenue. The Health Services Cost Review Commission (HSCRC) must ensure that the assessment is included in the reasonable costs of each hospital when establishing the hospital's rates; may not be considered in determining the reasonableness of rates or hospital financial performance; and may not be less than the assessment of 0.8128% that was in existence on July 1, 2007. In fiscal 2009, the hospital assessment for MHIP was set at 1.0%, and is expected to remain at that level for fiscal 2011.

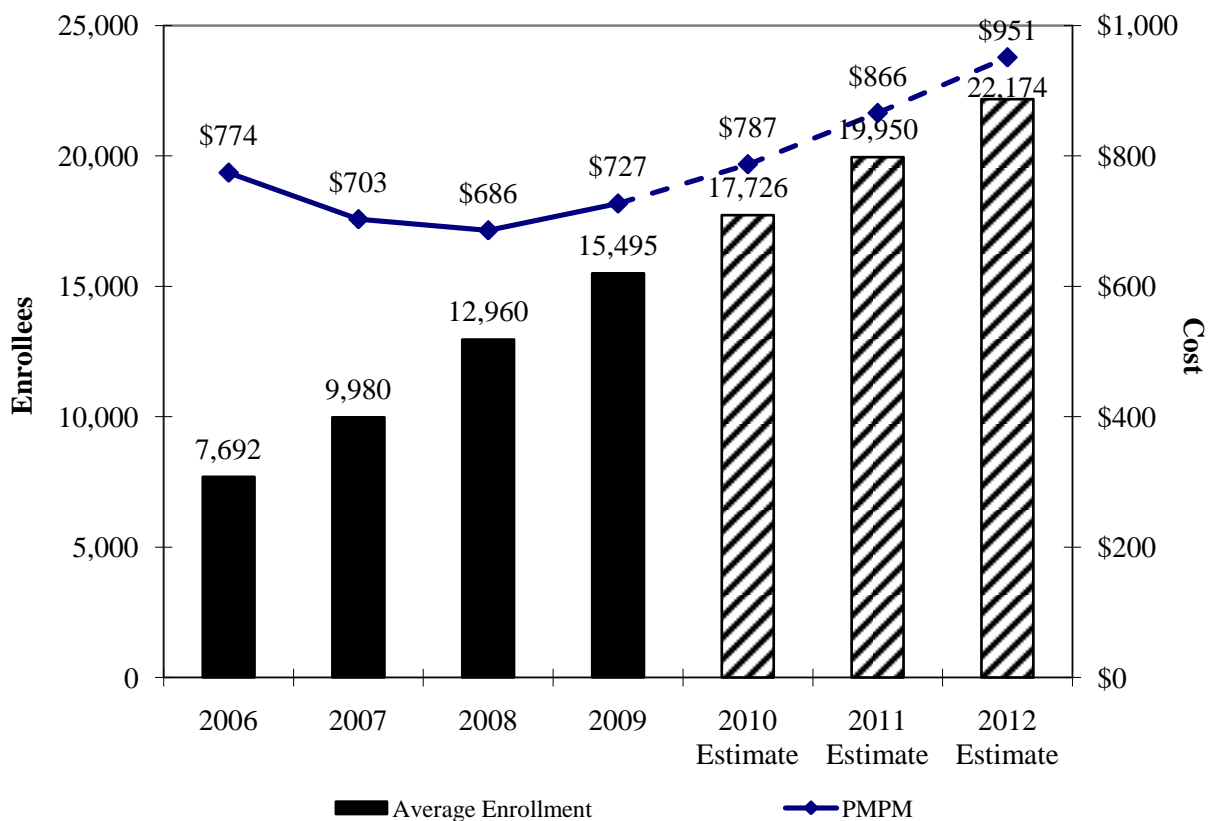
For fiscal 2011, MHIP will also be supported by \$3 million in federal funds available from the Grant to States for the Operation of Qualified High-risk Pools. MHIP has previously received funds under this grant. MHIP notes, however, that the current authorization for this program expires in federal fiscal 2010 and the President's federal fiscal 2011 budget does not propose reauthorization of this grant source.

The fiscal 2011 MHIP budget also envisages a continuation of the fiscal 2010 funding proposal whereby some MHIP enrollees will be eligible for federal Medicaid matching funds. Specifically, the Department of Health and Mental Hygiene (DHMH) has applied for an amendment to its existing Section 1115 demonstration waiver to offer premium assistance to individuals at or below 200% of the federal poverty limit in the MHIP program (estimated to cover 2,834 people in fiscal 2010). For fiscal 2011, MHIP will transfer \$10 million in special funds to Medicaid, MHIP will be held harmless with a \$10 million reimbursable fund appropriation from Medicaid supported by \$5 million in special funds and \$5 million in federal funds, and Medicaid will use the other \$5 million in special funds to offset general fund support. DLS would simply note that DHMH has yet to receive approval to provide these subsidies, and part of the fiscal 2010 deficiency appropriation for Medicaid relates to that lack of approval.

Budget Growth

As shown in Exhibit 4, almost all of the increase in the overall MHIP budget is driven by medical claims incurred by the MHIP program (just over \$26.8 million). This increase is based on a projected increase in enrollment as well as average per member per month medical costs. Similarly, the third party administrator (CareFirst) expense is a per member cost, so the projected increase in enrollment likewise increases that expense, almost \$1.6 million. As shown in **Exhibit 5**, the average monthly enrollment in MHIP is projected to increase to over 17,700 in fiscal 2010, a 14.4% increase over fiscal 2009, and to continue to grow at a double digit rate in fiscal 2011 and 2012. As shown in **Exhibit 6**, monthly enrollment in the first six months of fiscal 2010 supports the estimated data shown in Exhibit 5. Per member per month expenditures are anticipated to grow 8.3% in fiscal 2010 and at around 10% in fiscal 2011 and 2012.

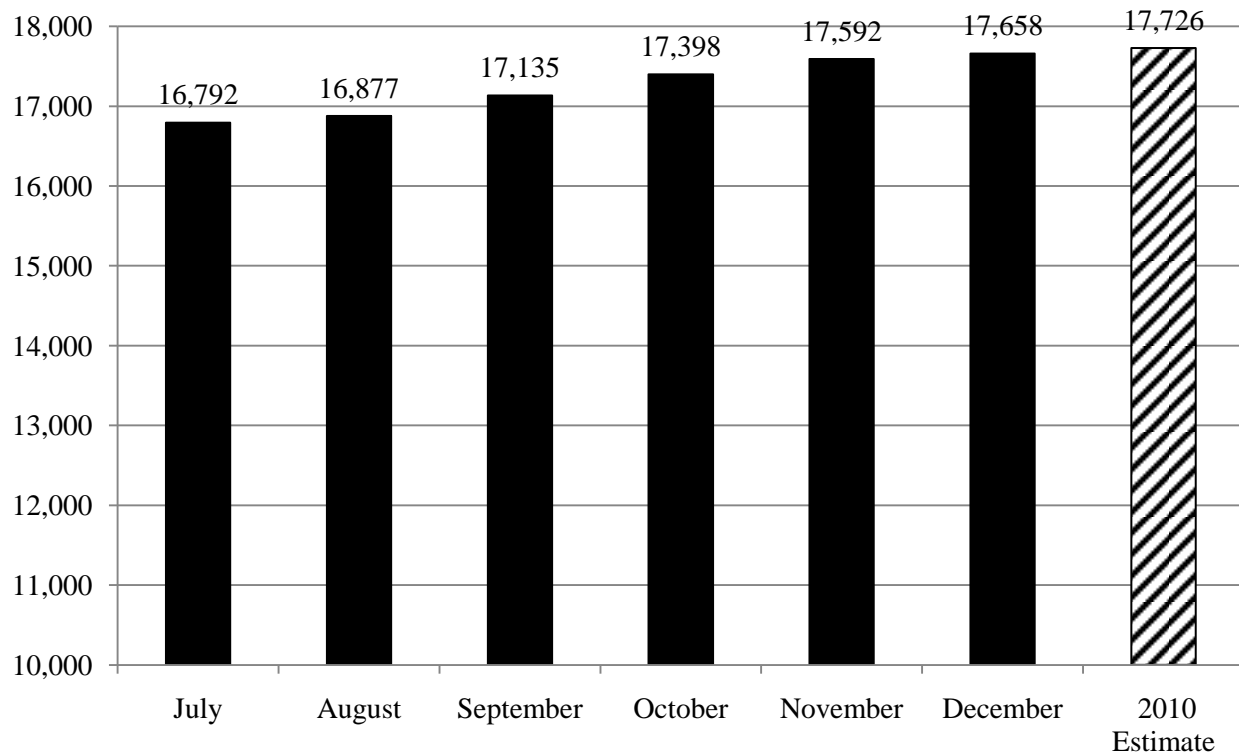
Exhibit 5
MHIP Enrollment and Monthly Cost Per Member
Fiscal 2006-2012



MHIP: Maryland Health Insurance Program
PMPM: per member per month

Source: Maryland Health Insurance Plan; Department of Legislative Services

Exhibit 6
MHIP Monthly Enrollment Trends
Fiscal 2010 Year-to-date

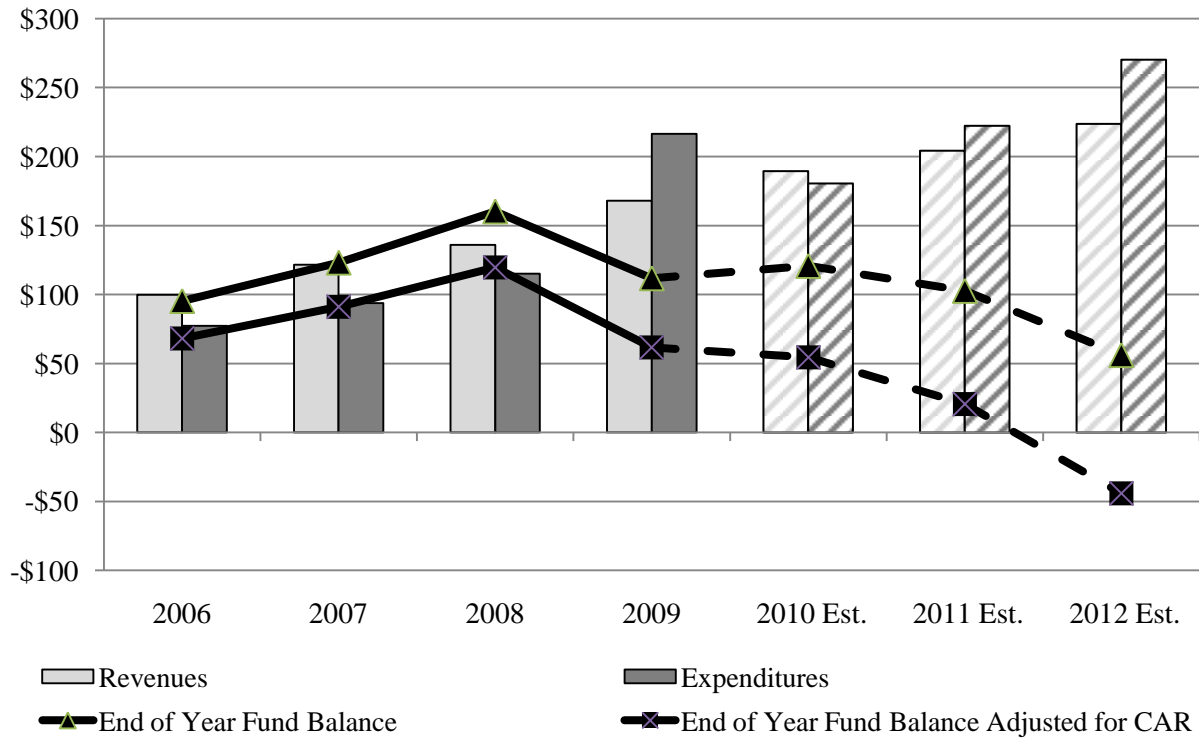


MHIP: Maryland Health Insurance Program

Source: Maryland Health Insurance Plan; Department of Legislative Services

Exhibit 7 details MHIP revenue, expenditure, and fund balance trends. For many years, revenues exceeded expenditures, and MHIP accrued a significant fund balance. That fund balance was eroded in fiscal 2009 when \$75 million was transferred from MHIP to the new Health Care Coverage Fund to defray costs associated with Medicaid expansion and the Health Insurance Partnership. The additional revenue generated by the fiscal 2009 increase in the MHIP-specific hospital assessment means MHIP’s revenues are expected to outpace expenditures in fiscal 2010, but that situation is expected to reverse in fiscal 2011 and 2012. In fiscal 2011, MHIP is projecting to spend down its fund balance. However, in fiscal 2012, while MHIP is projecting a positive cash balance, that balance is inadequate to meet its capital adequacy requirement (the amount MHIP is required to maintain in order to cover outstanding medical claims, set at just under 40% of anticipated expenditures).

Exhibit 7
MHIP Revenues, Expenditures and Fund Balance Data
Fiscal 2006-2012
(\$ in Millions)



CAR: capital adequacy requirement
 MHIP: Maryland Health Insurance Program

Note: Fiscal 2009 expenditures include the \$75 million transfer to the Health Care Coverage Fund.

Source: Maryland Health Insurance Plan; Department of Legislative Services

It has to be said that this is not the first time that this potential out-year funding problem in MHIP has been projected. In fiscal 2009, for example, the program increased premiums and made several other decisions in order to stave off the potential imposition of an enrollment cap. However, recent monthly enrollment trends appear to support that concern about out-year financial adequacy. The MHIP board has made no final decisions on changes to the program for fiscal 2011, although premium increases, higher prescription drug co-payments, and limited enrollment caps are all options.

Federal Health Care Reform and MHIP

While the status of health care reform at the federal level remains uncertain, it should be noted that expanded access to health insurance under the reform bills could eventually eliminate the need for high-risk pools such as MHIP.

Senior Prescription Drug Assistance Program

Funding Sources

Premium assistance provided through SPDAP is funded with \$14 million from CareFirst which represents a portion of the funding received from CareFirst that is used to support a variety of health programs. This revenue is equal to CareFirst's exemption from the 2% premium tax paid by other health insurance companies. **Exhibit 8** details all uses of the CareFirst revenue. As also shown in Exhibit 8, CareFirst contributes \$4 million annually to fund the prescription drug coverage of individuals enrolled in SPDAP, specifically for coverage gap assistance. The additional CareFirst contribution is contingent on the extent to which CareFirst's surplus exceeds 800% of the consolidated risk-based capital for the preceding year. Although the surplus fluctuates annually, the \$4 million contribution is assumed in fiscal 2011.

It should be noted that \$7 million of the fiscal 2011 funding for SPDAP is contingent on the passage of legislation extending the sunset on the program. House Bill 67 provides for a two-year sunset extension on the program. At the time of writing, the bill had passed the House and was awaiting a hearing in the Senate Finance Committee.

Exhibit 8
CareFirst Funding for SPDAP and Other Health Programs
Fiscal 2009-2012

	<u>2009</u>	<u>Est.</u> <u>2010</u>	<u>Est.</u> <u>2011</u>	<u>Est.</u> <u>2012</u>
CareFirst Premium Tax Exemption Revenue	\$24,700	\$26,231	\$27,500	\$29,000
Additional SPDAP Subsidy	4,000	4,000	4,000	4,000
Total CareFirst Revenue	\$28,700	\$30,231	\$31,500	\$33,000
Senior Prescription Drug Assistance Program	\$14,000	\$14,000	\$14,000	\$14,000
SPDAP Coverage Gap Subsidy	4,000	4,000	4,000	4,000
SPDAP Expenditures	18,000	18,000	18,000	18,000
Community Health Resources Commission	10,700	3,131	3,000	3,000
Medicaid		9,100		
Kidney Disease Program			10,500	12,000
Other Expenditures	10,700	12,231	13,500	15,000
Total Expenditures	\$28,700	\$30,231	\$31,500	\$33,000

SPDAP: Senior Prescription Drug Assistance Program

Note: Funding for fiscal 2009 is as was originally proposed, not actual expenditures. Fiscal 2011 and 2012 funding of the Kidney Disease Program is contingent on legislation (Budget Reconciliation and Financing Act of 2010).

Source: Department of Budget and Management; Department of Legislative Services

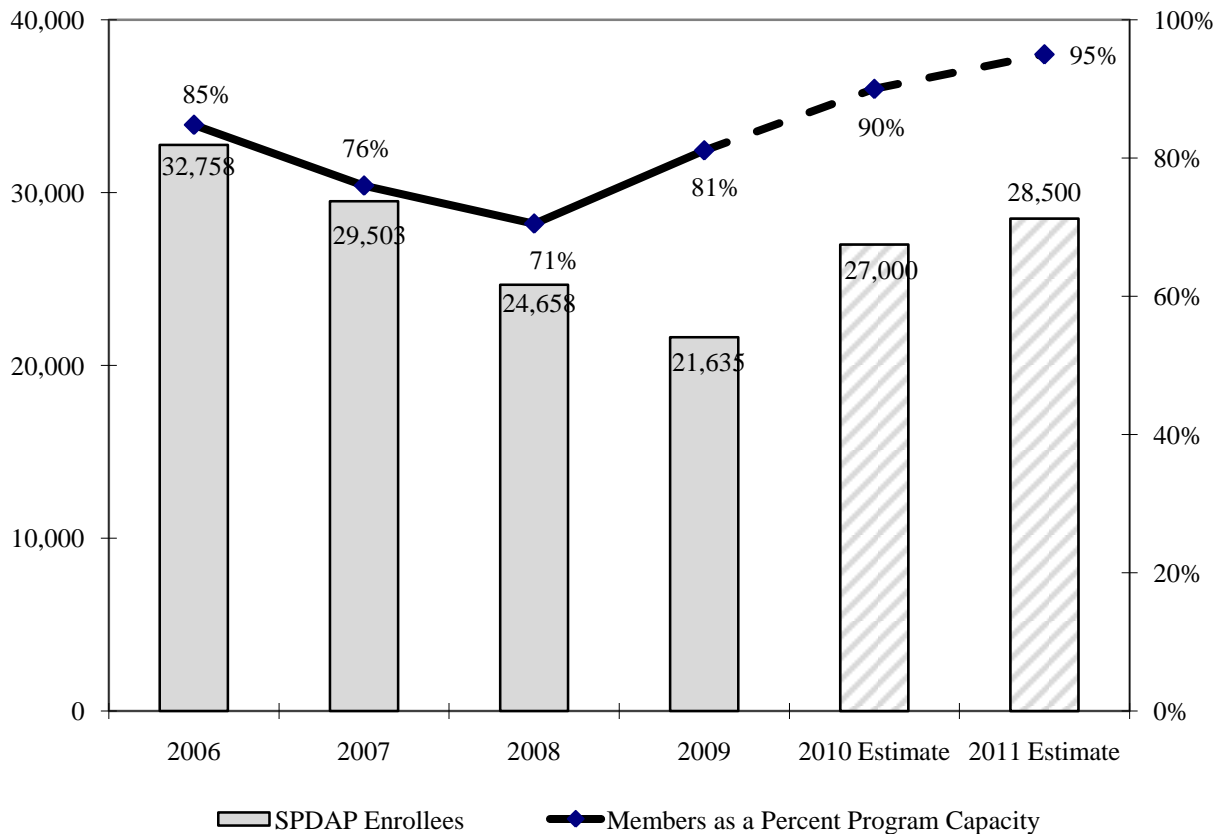
Budget Growth

The nonpersonnel portion of the SPDAP budget grows by a modest \$19,000. Third-party administrative costs (PAI) are anticipated to increase by \$222,000 over fiscal 2010 and prescription drug subsidies by \$197,000. **Exhibit 9** shows the number of SPDAP members and the members as a percent of program capacity. Membership in the program fell over the period fiscal 2006 to 2009. Part of this is attributed to SPDAP being effective at getting seniors enrolled into federally subsidized assistance programs. More importantly, a significant drop in enrollment occurred on January 1, 2009, when 5,200 members did not complete the annual eligibility recertification process. However, according to the plan, a look at data on a more recent calendar year basis rather than by fiscal year reveals a different picture. Specifically, in calendar 2009, due to significant outreach efforts focused on the new coverage gap subsidy, the plan notes that enrollment was up 12% with applications in calendar 2009 reaching 7,177 compared to 4,540 in calendar 2008. Efforts were also made at the end of calendar 2009 to limit the number of terminations due to failure to complete the annual eligibility recertification. At the beginning of December 2009, the plan indicated program enrollment of 22,537 with almost 1,300 applications still in process.

Even with a declining membership, membership as a percentage of total program capacity still increased in fiscal 2009 because SPDAP is offering the new coverage gap subsidy which increases the total assistance available from \$300 to \$1,500. That newly available subsidy is anticipated to lead to an increase in enrollment in fiscal 2010 and 2011.

Expenditure growth in third party administrative costs, prescription drug subsidies, and other costs are almost offset by a decline in outreach activities of \$449,000. This reduction was made on the assumption that the program would reach full enrollment capacity in calendar 2010.

Exhibit 9
SPDAP Enrollment and Enrollees as a Percentage of Budgetary Capacity
Fiscal 2006-2011



SPDAP: Senior Prescription Drug Assistance Program

Source: Maryland Health Insurance Plan

SPDAP Fund Balance

As noted above, the BRFA of 2010 anticipates \$15 million in fiscal 2010 and 2011 fund balance transfers from the SPDAP account. As shown in **Exhibit 10**, this account had a significant surplus balance at the end of fiscal 2009, not least because program expenditures (less than \$10 million) were significantly lower than revenues. Program expenditures are projected to increase because of the newly available coverage gap subsidy, and the plan is unclear at this point exactly what total expenditures will be. Nevertheless, the fund balance should accommodate the proposed \$15 million in transfers.

Exhibit 10
SPDAP Account Fund Balance
Fiscal 2010-2011

	<u>2010 Est.</u>	<u>2011 Est.</u>
Opening Balance	\$17,472,869	\$3,978,005
Income	18,350,000	18,350,000
Expenditures	-18,344,864	-18,367,760
Transfers to other programs	-13,500,000	-1,500,000
Closing Balance	\$3,978,005	\$2,460,245

SPDAP: Senior Prescription Drug Assistance Program

Note: \$350,000 interest income assumed in fiscal 2010 and 2011.

Source: Maryland Health Insurance Plan; Department of Budget and Management; Department of Legislative Services

Indeed, DLS proposes increasing the fiscal 2010 fund balance transfer going to Medicaid from \$3 million to \$5 million in the fiscal 2010 BRFA which provides for a \$2 million reduction in Medicaid’s fiscal 2010 deficiency appropriation (an action that will be offered in addition to other DLS recommendations regarding Medicaid). This additional reduction leaves a \$0.5 million fiscal 2011 ending balance projected in the SPDAP account, assuming a significant increase in fiscal 2010 and 2011 expenditure levels.

Federal Health Care Reform and SPDAP

Federal health care reform legislation could also change the nature of the SPDAP program. For example, the Senate-passed bill provides a 50% discount for certain drugs in the so-called “donut” hole, while the House bill phases out the donut hole over 10 years. The recent proposal by the President also closes to fill that hole entirely over a period of years as well as offering Medicare beneficiaries an immediate \$250 rebate if they hit the donut hole.

Recommended Actions

1. Concur with Governor's allowance.

Current and Prior Year Budgets

Current and Prior Year Budgets Maryland Health Insurance Plan (\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2009					
Legislative Appropriation	\$0	\$105,616	\$0	\$0	\$105,616
Deficiency Appropriation	0	0	2,301	0	2,301
Budget Amendments	0	13	0	0	13
Cost Containment	0	-4	0	0	-4
Reversions and Cancellations	0	-15,736	0	0	-15,736
Actual Expenditures	\$0	\$89,888	\$2,301	\$0	\$92,190
Fiscal 2010					
Legislative Appropriation	\$0	\$129,511	\$0	\$0	\$129,511
Cost Containment	0	-27	0	0	-27
Budget Amendments	0	0	0	0	0
Working Appropriation	\$0	\$129,485	\$0	\$0	\$129,485

Note: Numbers may not sum to total due to rounding.

Fiscal 2009

MHIP received a fiscal 2009 legislative appropriation of \$106.6 million, but the actual fiscal 2009 expenditures were \$92.2 million. Throughout the year, the special fund appropriation increased by \$12,754 due to cost-of-living adjustments, and this increase was offset by \$3,868 in cost containment to salaries.

The legislative appropriation for MHIP did not include federal funds, but MHIP received a deficiency appropriation for \$2.3 million in federal funds. These federal funds were provided by the Grant to States for the Operation of Qualified High-risk Pools, which had also provided funding to MHIP in fiscal 2007 and 2008.

At the end of fiscal 2009, MHIP cancelled \$15.7 million in special funds. Most of the cancelled funds (\$11.4 million) were caused by lower than anticipated enrollment and claims expenditures in MHIP. Also, the Senior Prescription Drug Program cancelled \$4.3 million due to lower than anticipated claims expenditures.

Fiscal 2010

To date, the fiscal 2010 legislative appropriation has been reduced by \$27,000 in cost containment actions (furlough savings).

**Object/Fund Difference Report
Maryland Health Insurance Plan**

<u>Object/Fund</u>	<u>FY09 Actual</u>	<u>FY10 Working Appropriation</u>	<u>FY11 Allowance</u>	<u>FY10 - FY11 Amount Change</u>	<u>Percent Change</u>
Positions					
01 Regular	9.00	12.00	12.00	0	0%
02 Contractual	2.04	2.50	2.50	0	0%
Total Positions	11.04	14.50	14.50	0	0%
Objects					
01 Salaries and Wages	\$ 651,799	\$ 876,027	\$ 1,000,987	\$ 124,960	14.3%
02 Technical and Spec. Fees	150,417	183,451	195,099	11,648	6.3%
03 Communication	129,366	130,508	146,343	15,835	12.1%
04 Travel	13,114	18,114	20,368	2,254	12.4%
07 Motor Vehicles	17,165	29,296	27,720	-1,576	-5.4%
08 Contractual Services	91,015,109	128,020,525	156,446,352	28,425,827	22.2%
09 Supplies and Materials	120,030	135,278	105,755	-29,523	-21.8%
10 Equipment – Replacement	7,060	0	0	0	0.0%
11 Equipment – Additional	19,658	23,751	8,434	-15,317	-64.5%
13 Fixed Charges	65,846	67,689	68,342	653	1.0%
Total Objects	\$ 92,189,564	\$ 129,484,639	\$ 158,019,400	\$ 28,534,761	22.0%
Funds					
03 Special Fund	\$ 89,888,331	\$ 129,484,639	\$ 145,019,400	\$ 15,534,761	12.0%
05 Federal Fund	2,301,233	0	3,000,000	3,000,000	N/A
09 Reimbursable Fund	0	0	10,000,000	10,000,000	N/A
Total Funds	\$ 92,189,564	\$ 129,484,639	\$ 158,019,400	\$ 28,534,761	22.0%

Note: The fiscal 2010 appropriation does not include deficiencies.

**Fiscal Summary
Maryland Health Insurance Plan**

<u>Program/Unit</u>	<u>FY09 Actual</u>	<u>FY10 Wrk Approp</u>	<u>FY11 Allowance</u>	<u>Change</u>	<u>FY10 - FY11 % Change</u>
01 Maryland Health Insurance Program	\$ 82,505,185	\$ 111,139,775	\$ 139,651,640	\$ 28,511,865	25.7%
02 Senior Prescription Drug Assistance Program	9,684,379	18,344,864	18,367,760	22,896	0.1%
Total Expenditures	\$ 92,189,564	\$ 129,484,639	\$ 158,019,400	\$ 28,534,761	22.0%
Special Fund	\$ 89,888,331	\$ 129,484,639	\$ 145,019,400	\$ 15,534,761	12.0%
Federal Fund	2,301,233	0	3,000,000	3,000,000	N/A
Total Appropriations	\$ 92,189,564	\$ 129,484,639	\$ 148,019,400	\$ 18,534,761	14.3%
Reimbursable Fund	\$ 0	\$ 0	\$ 10,000,000	\$ 10,000,000	N/A
Total Funds	\$ 92,189,564	\$ 129,484,639	\$ 158,019,400	\$ 28,534,761	22.0%

Note: The fiscal 2010 appropriation does not include deficiencies.