

## SUMMARY

On December 11, 2020, Governor Charlie Baker signed the budget for the Massachusetts state fiscal year 2021 (SFY21), which runs from July 1, 2020 through June 30, 2021. The SFY21 budget was delayed by six months due to the COVID-19 pandemic and the resulting economic challenges and fiscal uncertainty.<sup>1</sup> The SFY21 budget allocated \$45.9 billion in total spending, which represented a 4.5% increase over SFY20.<sup>2</sup> Included within the budget was \$18.9 billion designated for health care coverage programs and related operational expenses. MMPI's analysis of the SFY21 budget shows:

- \$18.3 billion in program spending on MassHealth
- \$318.1 million in spending through the Health Safety Net Trust Fund for health care services for the uninsured or underinsured
- \$260.7 million in health insurance cost sharing subsidies provided by the Health Connector
- \$17.2 million on Prescription Advantage, a prescription drug assistance program for seniors and people with disabilities

Table 1 provides a summary of major program areas and spending associated with MassHealth and other health care coverage and health reform activities.

## MASSHEALTH

MassHealth is the state's combined Medicaid and Children's Health Insurance Program. Total program spending, including federal matching dollars, was \$17.02 billion in SFY20. The SFY21 budget increased spending to nearly \$18.3 billion, a 7.4% increase over the prior year. This increase was higher than the average annual growth rate of 3.6% over the last five years.

The dramatic growth in MassHealth spending was largely driven by impacts related to the pandemic. MassHealth enrollment grew by 13.2% between March 31, 2020 and January 31, 2021 as compared to 0.4% between March 2019 and January 2020. This increase was especially notable in the non-disabled adult population, which grew by 25.0%.<sup>3</sup> Given these trends, the final SFY21 budget assumed MassHealth annual enrollment would grow by 11.0% from SFY20 to SFY21, significantly higher than the pro-

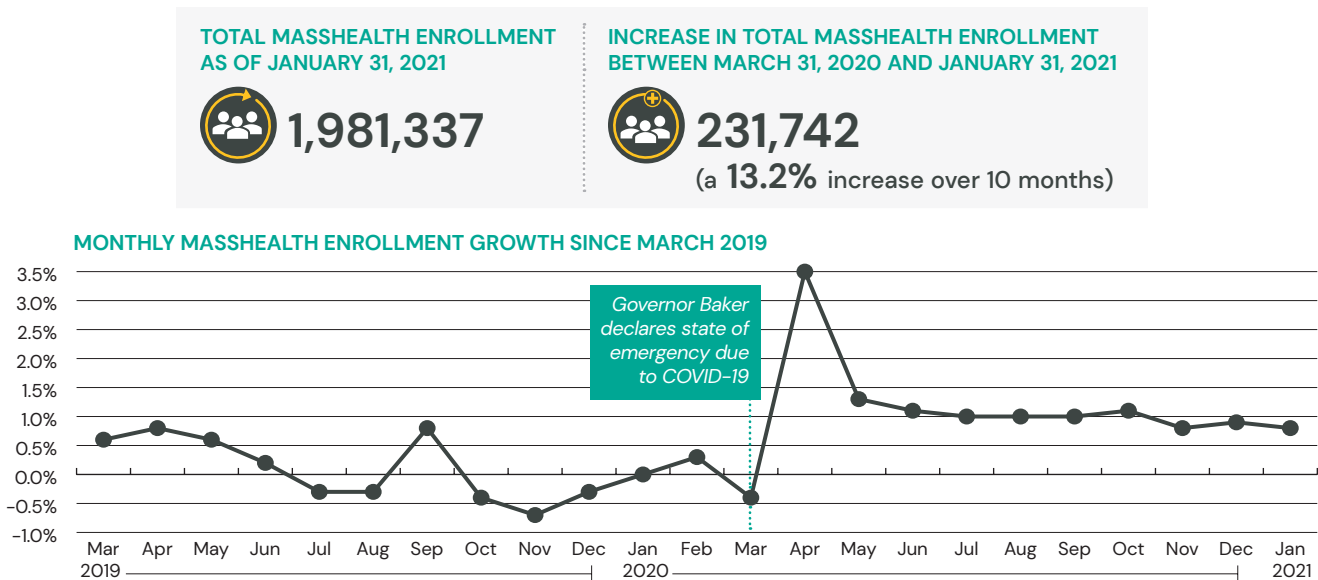
**TABLE 1. MASSHEALTH AND HEALTH CARE REFORM BUDGET SUMMARY (IN MILLIONS OF DOLLARS)**

DESCRIPTION	SFY17	SFY18	SFY19	SFY20	SFY21 GAA	1-YEAR CHANGE (\$)	1-YEAR CHANGE (%)	5-YEAR CHANGE (%)
<b>Health Care Subsidy Programs</b>	<b>15,796</b>	<b>16,365</b>	<b>17,218</b>	<b>17,729</b>	<b>18,877</b>	<b>1,148</b>	<b>6.5</b>	<b>3.6</b>
MassHealth	15,252	15,745	16,521	17,023	18,280	1,258	7.4	3.7
Health Safety Net	328.4	335.1	383.2	371.2	318.1	-53.5	-14.4	-0.6
ConnectorCare Subsidies	198.4	268.4	296.9	319.5	260.7	-58.8	-18.4	5.6
Prescription Advantage	17.1	16.9	16.9	15.1	17.2	2.1	14.2	0.2
<b>Health Care Administration</b>	<b>302.0</b>	<b>328.4</b>	<b>322.3</b>	<b>364.0</b>	<b>376.2</b>	<b>12.3</b>	<b>3.4</b>	<b>4.5</b>
EOHHS/MassHealth	143.7	147.7	155.5	167.5	178.8	11.3	6.7	4.5
EOHHS Info Technology	124.2	142.1	129.8	157.3	155.1	2.2	-1.4	4.5
Center for Health Info & Analysis	26.2	29.5	28.2	27.6	31.3	3.7	13.3	3.6
Health Policy Commission	7.1	8.1	7.9	10.5	10.0	-0.5	-4.7	7.2
Health Care Access Bureau	0.8	0.9	0.9	1.1	1.1	0	0	6.6
<b>Trust Fund Provider Payments</b>	<b>592.5</b>	<b>766.6</b>	<b>534.7</b>	<b>683.2</b>	<b>598.5</b>	<b>-84.7</b>	<b>-12.4</b>	<b>0.2</b>
<b>TOTAL</b>	<b>16,690</b>	<b>17,460</b>	<b>18,074</b>	<b>18,776</b>	<b>19,851</b>	<b>1,075</b>	<b>5.7</b>	<b>3.5</b>

Sources: Massachusetts Executive Office for Administration and Finance, Executive Office of Health and Human Services, Massachusetts Health Connector.

- 1 Because of pandemic-related budget delays, Governor Baker's administration released his budget proposal for SFY22 shortly after he signed the SFY21 budget into law. This brief analyzes the final SFY21 General Appropriations Act (GAA); however, the Baker-Polito Administration has continued to update estimates of SFY21 spending, including assumptions related to the extension of the public health emergency. For more information on the SFY22 budget process, see <https://malegislature.gov/budget>.
- 2 Office of Governor Charlie Baker and Lt. Governor Karyn Polito. Governor Baker Signs Fiscal Year 2021 Budget and Proposes Additional Resources for Small Businesses, Education, and Police Oversight. 11 Dec 2020.
- 3 For more information on MassHealth enrollment trends, please see MMPI's monthly [MassHealth and ConnectorCare Enrollment Tracker](#).

**FIGURE 1. MONTHLY MASSHEALTH ENROLLMENT GROWTH SINCE MARCH 2019**



jections in the governor’s pre-pandemic SFY21 budget proposal, which pegged SFY21 annual enrollment growth at only 0.7%, a figure that was consistent with pre-pandemic enrollments trends.

Two different forces are likely affecting total MassHealth enrollment. First, MassHealth enacted temporary policy changes to promote coverage and continuity of care. For example, effective March 18, 2020, in alignment with federal requirements associated with a temporary increase in the federal funding available for MassHealth, MassHealth stopped disenrolling members or reducing benefits unless a member moved out of state or voluntarily withdrew from the program.<sup>4</sup> Second, the COVID-19 pandemic increased the Massachusetts unemployment rate from 2.7% in March 2020 to a high of 16.4% in April followed by a gradual decline to near 6.8% as of March 2021.<sup>5</sup> While the recent rate may suggest a smaller pool of uninsured related to unemployment, researchers have noted that unemployment data may mask other trends that suggest some working-age adults have dropped out of the Massachusetts labor market.<sup>6</sup> Increased unemployment and reductions in hours worked may be influencing the number of individuals and families enrolling in MassHealth. MMPI is working on a forthcoming analysis to better understand how these different forces have been affecting MassHealth enrollment since the COVID-19 pandemic began.

According to the Executive Office of Health and Human Services (EOHHS), the SFY21 budget included initiatives adopted in SFY20 that **impacted SFY21 spending and revenues**:

- **Supplemental Drug Rebate Price Negotiations:** The SFY20 budget strengthened the ability of EOHHS to negotiate supplemental rebates from drug manufacturers for MassHealth drugs. If direct negotiations are unsuccessful and a drug costs at least \$25,000 on average per person (or \$10 million in the aggregate) annually, MassHealth can establish a target price for a drug through a public rate-setting process and EOHHS can seek a supplemental rebate from the manufacturer to achieve that target price. Further, EOHHS may refer high-cost drug manufacturers to the Health Policy Commission who must determine whether the drug is reasonably priced. Combined with other MassHealth pharmacy initiatives to limit Pharmacy Benefit Manager margins within the Managed Care Organization (MCO) and Accountable Care Organization (ACO) programs, EOHHS estimated an additional \$56 million in SFY21 gross drug rebate revenue (or \$28 million net, after subtracting the federal share of the rebates).
- **Medicare Savings Program (MSP):** Effective January 1, 2020, Massachusetts increased MassHealth income and asset limits to expand eligibility for a program that helps older residents and people living with disabilities save money on their Medicare

<sup>4</sup> For more information on temporary policy changes enacted to help people in the Commonwealth enroll in and maintain MassHealth, ConnectorCare, and other sources of publicly financed coverage, please see [Promoting Access to Health Care and Coverage During a Public Health Crisis: COVID-19–Related Changes in Massachusetts Affecting MassHealth, Health Connector programs, and the Health Safety Net](#).

<sup>5</sup> Massachusetts Department of Unemployment Assistance, Labor Force and Unemployment Data, accessed in April 2021. <https://lmi.dua.eol.mass.gov/LMI/LaborForceAndUnemployment/LURResults?A=01&GA=000025&TF=2&Y=&Sopt=Y&Dopt=TEXT>.

<sup>6</sup> Lisinski, Chris, “Data Shows Many In Mass. Have Left The Workforce”, WBUR, October 09, 2020. <https://www.wbur.org/bostonmix/2020/10/09/massachusetts-shrinking-workforce-pandemic>.

coverage. The MSP pays income-eligible Medicare beneficiaries' monthly Medicare Part B premiums, and in certain cases, pays out-of-pocket Medicare Part A and Part B costs (which cover hospital and medical services) and Part A premiums (if the beneficiary has one).<sup>7</sup> It also helps pay for Medicare Part D prescription coverage premiums and copays. The estimated increase in MassHealth expenditures related to the MSP expansion was \$14 million in SFY21 (or \$7 million net, after subtracting the federal share of spending).

- **Personal Care Attendant Wages:** The SFY21 budget included \$18 million to cover the cost of personal care attendant (PCA) wage increases negotiated as part of a 2019 collective bargaining agreement. MassHealth's PCA Program helps members with permanent or chronic disabilities keep their independence, stay in the community, and manage their own personal care by providing MassHealth members with funds to hire PCAs, people trained to assist with basic tasks such as cleaning, meal preparation, and personal care. Effective July 1, 2020, the PCA wage rate increased from \$15.40 to \$15.75 per hour. The hourly rate will increase to \$16.10 per hour in SFY22.
- **ACO and MCO Rates:** Beginning January 1, 2020, EOHHS implemented adjustments to ACO and MCO rates. These increases to capitation payments (or analogous Total Cost of Care budgets for certain ACOs) were initially implemented to reflect rising overall acuity, a measure of the severity of illness and intensity of health care needs, among the MassHealth ACO/MCO population. Adjusting the rates to account for higher acuity resulted in an approximate 10% increase for calendar year 2020, with the budget impact spanning both SFY20 and SFY21. With the onset of the COVID-19 public health emergency, EOHHS made additional capitation rate increases between April and July 2020 to address the urgent needs of providers who were either serving patients with COVID-19 and/or disproportionately impacted by the public health emergency. Beginning October 1, 2020, EOHHS also made a downward adjustment of approximately 0.4% to capitation rates to reflect the Student Health Insurance Program (SHIP) population entering the ACO/MCO caseload later in the year. The SHIP population was expected to have lower acuity than the overall managed care population.<sup>8</sup>
- **Persons with Acquired Brain Injuries (ABI) and Moving Forward Plan (MFP) Waivers:** EOHHS indicated that the ongoing expanded capacity in ABI/MFP Waiver programs will

result in an additional \$35 million in spending in SFY21. This expanded capacity means more people will be able to be served in these programs. Together, these waivers provide home- and community-based services to help MassHealth members move from a nursing facility or chronic disease, rehabilitation, or psychiatric hospital back to their community—either in a provider-operated residence or into a private home.

- **Investments in Behavioral Health:** EOHHS indicated that rate increases implemented in mid-SFY20 increased SFY21 costs, including:
  - \$3 million for payment of psychiatry in community health centers
  - \$11 million for inpatient psychiatric hospitals
  - \$3 million for Intensive/Community-Based Acute Treatment (I/CBAT) programs
  - \$11 million for mobile and community-based treatment in the Emergency Services Program (ESP).
  - \$2 million for behavioral health supports for justice involved individuals

In addition to incorporating the above initiatives from SFY20, the SFY21 budget also included new initiatives to **decrease MassHealth program** spending from what would otherwise be spent.<sup>9</sup> These new initiatives and their respective impact on MassHealth spending are described below:

- **Medicare Opioid Use Disorder Treatment (\$21 million savings):** Beginning January 1, 2020, the Centers for Medicare & Medicaid Services (CMS) extended Medicare Part B coverage to opioid use disorder treatment services, including medication-assisted treatment medications, toxicology testing, and counseling. For individuals dually eligible for MassHealth and Medicare, the change resulted in Medicare coverage of opioid use disorder treatment services instead of MassHealth—resulting in approximately \$21 million in annualized SFY21 gross savings (or \$10.5 million net after subtracting the federal share of spending).
- **Program Integrity Initiatives (\$44 million savings):** EOHHS undertakes a variety of activities to reduce fraud, waste, and abusive billing of the program and recover third-party liabilities for members with other insurance, and these efforts have yielded approximately \$150 million of savings between SFY18 and SFY20. These program integrity initiatives include hiring companies that specialize in Medicaid claim and utilization reviews to review MassHealth provider activities,

<sup>7</sup> Medicare Part A generally covers inpatient hospital stays, skilled nursing care, hospice care, and limited home health-care services. Medicare beneficiaries with at least 10 years of employment history typically do not pay a Part A premium. Medicare Part B covers other services including, but not limited to, physician services, outpatient mental health, durable medical equipment, and physical therapy. Medicare beneficiaries pay a Part B premium. Medicare Part D provides coverage for prescription drugs; however, beneficiaries are subject to cost-sharing.

<sup>8</sup> The net budget dollar impact of ACO and MCO rate changes is not available.

<sup>9</sup> Source: Executive Office for Administration and Finance.

audit claims, identify and recover overpayments, and educate providers and members on program integrity issues, including medical identity theft (i.e., using another person's medical card or information to get health care services). EOHHS has an agreement with the University of Massachusetts Medical School to perform certain program integrity functions, including operation of the Provider Compliance Unit, which performs provider surveillance and utilization review, assesses fraud complaints, and makes referrals to the Massachusetts Attorney General's Office when appropriate. The SFY21 budget committed to finding an additional \$44 million in program integrity savings.

- **Other Health Reforms:** The governor also signed into law two additional health care initiatives as part of the SFY21 budget process that are not expected to impact program spending. They correspond to two proposals that were filed in the Administration's comprehensive health care legislation. One promotes access to behavioral health services by encouraging behavioral health practitioners to accept insurance. It requires insurers, including MassHealth, to use a standardized credentialing form so providers only need to complete one application for all insurer carriers. The second promotes timely access to appropriate behavioral health treatment by prohibiting payers from denying coverage or imposing additional costs for same-day behavioral health and certain medical visits.

Notably, the SFY21 budget did not restrict eligibility or decrease MassHealth benefits as a means of achieving budget savings.

## HEALTH SAFETY NET

The Health Safety Net (HSN) pays hospitals and community health centers for a portion of the cost of health services provided to low-income, uninsured, or underinsured residents of the Commonwealth. Massachusetts residents who are uninsured or underinsured and have household incomes up to 300% of the Federal Poverty Level (FPL) may qualify,<sup>10</sup> with sliding-scale partial reimbursement for those earning above 150% FPL. HSN payments in hospital fiscal year 2020 were lower than previously anticipated due to a lower volume of claims resulting from impacts of the COVID-19 public health emergency. Total HSN spending for hospital fiscal year 2021 is budgeted to be \$318.1 million. (This amount does not include \$30 million for health centers related to COVID-19 relief.)

## CONNECTORCARE SUBSIDIES

The Health Connector operates the state-based health insurance marketplace created by the Affordable Care Act and administers subsidies for the ConnectorCare program. As of February 2021, ConnectorCare enrollment has decreased by 12.6% since March 2020 when the COVID-19 state of emergency began.<sup>11</sup> Connector subsidies are projected to be \$260.1 million in FY21, a decrease of \$58.8 million from FY20 subsidies, though most of this cost is not funded by appropriations from the General Fund.

## TRUST FUND PROVIDER PAYMENTS

Historically, Massachusetts has made a variety of supplemental and incentive-based payments to hospitals that serve a disproportionately large share of persons who are eligible for MassHealth or are otherwise uninsured or underinsured. The SFY21 budget includes a total of \$598.5 million in spending to fund these payments, a decrease of \$84.7 million from SFY20. The decrease is largely driven by the fact that MassHealth made \$83 million in safety net provider payments originally budgeted for SFY21 in SFY20 as part of COVID-19 related provider relief measures.

## CENTER FOR HEALTH INFORMATION AND ANALYSIS

The Center for Information and Analysis (CHIA) monitors and reports on the health care finance system in Massachusetts and operates the state's All-Payer Claims Database. The agency is financed through an assessment on hospitals and payers. The SFY21 budget funds CHIA at \$31.3 million, \$3.7 million more than in SFY20.

## HEALTH POLICY COMMISSION

The Health Policy Commission (HPC) performs a range of responsibilities relating to health care finance and delivery system reform, including monitoring market consolidation, collecting data on registered provider organizations who take on risk-based contracts, developing standards for voluntary certification of ACO and Patient-Centered Medical Homes, and implementing grant programs. Funding for HPC operations is funded through industry assessments. The SFY21 budget funds HPC operations at \$10 million.

<sup>10</sup> The 2020 federal poverty guidelines for a household of four persons indicate that 300% of the Federal Poverty Level equates to annual household income of \$26,200.

<sup>11</sup> Blue Cross Blue Shield of Massachusetts Foundation, "UPDATED! MassHealth and ConnectorCare Enrollment Tracker", March 2021. Available at: <https://www.bluecrossmafoundation.org/publication/updated-masshealth-and-connectorcare-enrollment-tracker>.

**APPENDIX. MASSHEALTH AND HEALTH CARE REFORM BUDGET (IN DOLLARS)**

DESCRIPTION	SFY17	SFY18	SFY19	SFY20	SFY21 GAA	1-YEAR CHANGE (\$)	1-YEAR (%)	5-YEAR AVG (%)
<b>HEALTH CARE SUBSIDY PROGRAMS — TOTAL</b>	<b>15,795,637,260</b>	<b>16,364,997,986</b>	<b>17,217,549,049</b>	<b>17,728,900,421</b>	<b>18,876,518,377</b>	<b>1,147,617,956</b>	<b>6.5</b>	<b>3.6</b>
<b>MassHealth</b>	<b>15,251,727,046</b>	<b>15,744,540,180</b>	<b>16,520,542,655</b>	<b>17,022,613,001</b>	<b>18,280,384,980</b>	<b>1,257,771,979</b>	<b>7.4</b>	<b>3.7</b>
4000-0320 MassHealth Retained Revenue	163,945,029	224,905,676	225,000,000	93,716,467	225,000,000	131,283,533	140.1	6.5
4000-0430 MassHealth CommonHealth Plan	129,506,381	136,963,744	144,713,262	143,958,916	187,175,522	43,216,606	30.0	7.6
4000-0500 MassHealth Managed Care	5,300,936,541	5,014,148,334	5,213,343,041	5,491,289,060	5,943,277,046	451,987,986	8.2	2.3
4000-0601 MassHealth Senior Care <sup>1</sup>	3,583,704,688	3,507,463,165	3,820,558,972	3,720,405,113	3,894,496,052	174,090,939	4.7	1.7
4000-0641 MassHealth Nursing Home Supplemental Rates <sup>1</sup>	345,100,000	352,600,000	365,367,935	425,258,217	395,400,000	-29,858,217	-7.0	2.8
4000-0700 MassHealth Fee for Service Payments	2,533,867,479	3,058,791,002	3,136,311,574	3,576,152,744	3,372,875,665	-203,277,079	-5.7	5.9
4000-0875 MassHealth Breast and Cervical Cancer Treatment	6,191,803	6,191,803	6,191,793	8,191,803	29,621,936	21,430,133	261.6	36.8
4000-0880 MassHealth Family Assistance Plan	327,331,375	526,812,502	413,445,932	252,633,088	391,145,078	138,511,990	54.8	3.6
4000-0885 Small Business Employee Premium Assistance	19,532,031	19,865,808	22,283,084	26,247,022	34,042,020	7,794,998	29.7	11.8
4000-0940 MassHealth Affordable Care Act Expansion Populations	2,147,410,368	2,201,474,251	2,375,446,018	2,338,772,415	2,915,195,837	576,423,422	24.6	6.3
4000-0950 Children's Behavioral Health Initiative	235,445,629	247,337,564	256,747,375	261,757,691	268,301,633	6,543,942	2.5	2.6
4000-0990 Children's Medical Security Plan	14,891,151	11,934,198	12,096,978	14,700,000	15,435,000	735,000	5.0	0.7
4000-1400 MassHealth HIV Plan	6,599,937	7,825,300	9,731,416	9,334,220	12,191,803	2,857,583	30.6	13.1
4000-1420 Medicare Part D Phased Down Contribution	372,317,542	357,771,462	425,567,964	542,837,314	404,296,078	-138,541,236	-25.5	1.7
4000-1425 Hutchinson Settlement	64,947,092	70,455,371	93,737,311	117,358,931	191,931,310	74,572,379	63.5	24.2
<b>Health Safety Net<sup>2</sup></b>	<b>328,441,470</b>	<b>335,132,153</b>	<b>383,213,359</b>	<b>371,652,107</b>	<b>318,136,942</b>	<b>-53,515,165</b>	<b>-14.4</b>	<b>-0.6</b>
4000-0091 Health Safety Net Hospital Payments	251,880,558	266,262,674	304,128,459	286,267,304	249,954,470	-36,312,834	-12.7	-0.2
4000-0090 Health Safety Net Non Hospital Payments	76,560,912	68,869,479	79,084,900	85,384,803	68,182,472	-17,202,331	-20.1	-2.3
<b>ConnectorCare Subsidies<sup>3</sup></b>	<b>198,356,000</b>	<b>268,440,000</b>	<b>296,901,000</b>	<b>319,534,000</b>	<b>260,747,000</b>	<b>-58,787,000</b>	<b>-18.4</b>	<b>5.6</b>
<b>Prescription Advantage</b>	<b>17,112,744</b>	<b>16,885,653</b>	<b>16,892,035</b>	<b>15,101,313</b>	<b>17,249,455</b>	<b>2,148,142</b>	<b>14.2</b>	<b>0.2</b>
<b>HEALTH CARE ADMINISTRATION AND OPERATIONS — TOTAL</b>	<b>302,019,678</b>	<b>328,369,520</b>	<b>322,309,358</b>	<b>363,991,880</b>	<b>376,249,146</b>	<b>12,257,266</b>	<b>3.4</b>	<b>4.5</b>
<b>EOHHS/MassHealth Administration</b>	<b>143,701,038</b>	<b>147,713,105</b>	<b>155,544,810</b>	<b>167,503,563</b>	<b>178,759,922</b>	<b>11,256,359</b>	<b>6.7</b>	<b>4.5</b>
4000-0300 EOHHS and Medicaid Administration <sup>4</sup>	97,317,900	98,348,475	103,433,695	110,056,936	118,759,922	8,702,986	7.9	4.1
4000-0328 State Plan Amendment Support	27,415	—	—	—	—	—	0.0	0.0
4000-0321 EOHHS Contingency Contracts Retained Revenue	46,355,723	46,695,084	51,032,526	56,750,000	60,000,000	3,250,000	5.7	5.3
1599-3222 MassHealth Reform Reserve	—	2,669,546	1,078,589	696,627	—	-696,627	-100.0	0.0
<b>EOHHS Information Technology Administration</b>	<b>124,231,222</b>	<b>142,141,593</b>	<b>129,764,349</b>	<b>157,283,064</b>	<b>155,106,725</b>	<b>-2,176,339</b>	<b>-1.4</b>	<b>4.5</b>
4000-1700 Health and Human Services Information Technology Costs	115,377,950	122,988,321	103,311,169	119,819,685	140,106,725	20,287,040	16.9	4.0
4000-0250 HIX Retained Revenue	—	—	—	23,285,479	15,000,000	-8,285,479	-35.6	100.0
4000-0030 Integrated Eligibility and Enrollment	—	—	—	—	—	—	0.0	0.0
1595-1069 Health Information Technology Trust Fund	8,853,272	19,153,272	26,453,180	14,177,900	—	-14,177,900	-100.0	0.0
<b>Center for Health Information and Analysis</b>	<b>26,243,337</b>	<b>29,477,653</b>	<b>28,226,885</b>	<b>27,647,778</b>	<b>31,320,586</b>	<b>3,672,808</b>	<b>13.3</b>	<b>3.6</b>
4100-0060 Center for Health Information and Analysis	25,858,782	28,911,808	28,054,700	27,469,708	31,070,586	3,600,878	13.1	3.7
4100-0061 All Payer Claims Database Retained Revenue	384,555	565,845	172,185	178,070	250,000	71,930	40.4	-8.3
<b>Health Policy Commission</b>	<b>7,073,005</b>	<b>8,142,431</b>	<b>7,902,590</b>	<b>10,496,682</b>	<b>10,001,120</b>	<b>-495,562</b>	<b>-4.7</b>	<b>7.2</b>
1450-1200 Health Policy Commission	6,809,064	7,909,679	7,862,590	10,386,682	10,001,120	-385,562	-3.7	8.0
1450-1266 Academic Detailing Program	—	—	40,000	110,000	—	-110,000	-100.0	0.0
1599-1450 Health Policy Commission Substance Abuse	263,941	232,752	—	—	—	—	0.0	0.0



DESCRIPTION	SFY17	SFY18	SFY19	SFY20	SFY21 GAA	1-YEAR CHANGE (\$)	1-YEAR (%)	5-YEAR AVG (%)
<b>Health Care Access Bureau</b>	<b>771,076</b>	<b>894,738</b>	<b>870,724</b>	<b>1,060,793</b>	<b>1,060,793</b>	—	<b>0.0</b>	<b>6.6</b>
7006-0029 Health Care Access Bureau	771,076	894,738	870,724	1,060,793	1,060,793	—	0.0	6.6
<b>OTHER SPENDING — TOTAL</b>	<b>592,516,620</b>	<b>766,593,405</b>	<b>534,718,325</b>	<b>683,185,000</b>	<b>598,495,500</b>	<b>-84,689,500</b>	<b>-12.4</b>	<b>0.2</b>
<b>Trust Fund Provider Payments<sup>5</sup></b>	<b>592,516,620</b>	<b>766,593,405</b>	<b>534,718,325</b>	<b>683,185,000</b>	<b>598,495,500</b>	<b>-84,689,500</b>	<b>-12.4</b>	<b>0.2</b>
1595-1067 Delivery System Transformation Initiatives Trust Fund	189,149,333	186,649,333	—	—	—	—	0.0	0.0
1595-1068 Medical Assistance Trust Fund	403,367,287	579,944,072	363,078,325	505,785,000	505,250,000	-535,000	-0.1	4.6
1595-1070 Safety Net Provider Trust Fund	—	—	171,640,000	177,400,000	93,245,500	-84,154,500	-47.4	100.0
<b>TOTAL BUDGET</b>	<b>16,690,173,558</b>	<b>17,459,960,911</b>	<b>18,074,576,732</b>	<b>18,776,077,301</b>	<b>19,851,263,023</b>	<b>1,075,185,722</b>	<b>5.7</b>	<b>3.5</b>

GENERAL NOTES ON THE TABLE

- Expenditures are reported in gross amounts. Actual state fiscal impact is net of federal reimbursements on eligible Medicaid (Title XIX) and CHIP (Title XXI) expenditures. For details on the federal share of MassHealth spending, see, "What is the Actual State Cost of MassHealth in 2019?," available at: <https://www.bluecrossmafoundation.org/publication/what-actual-state-cost-masshealth-2019>.
- The table does not include expenditures associated with certain other programs and services eligible for federal reimbursement under the MassHealth 1115 Demonstration Waiver including Designated State Health Programs (DSHP), Delivery System Reform Incentive Payments (DSRIP), payments to DPH- and DMH-owned hospitals, and Institutions for Mental Disease. Note, however, that expenditures associated with the Children's Medical Security Program, a DSHP-eligible program, are included under MassHealth Program spending in this table.

FOOTNOTES

- 1 Includes spending from prior account number (FY2017).
- 2 Health Safety Net (HSN) spending reported reported on a Hospital Fiscal Year basis (October through September).
- 3 ConnectorCare cost sharing subsidies rounded to nearest \$1,000.
- 4 Includes personnel and administrative expenditures to support the Office of the EOHHS Secretary and the Office of Medicaid.
- 5 Trust Fund Payments to Providers: Amounts reflect operating budget transfers from the General Fund to support provider supplemental payments and other provider incentive payments.

Sources: Massachusetts Executive Office for Administration and Finance, Executive Office of Health and Human Services, Massachusetts Health Connector.

