

**D79Z02**  
**Maryland Health Insurance Plan**

***Operating Budget Data***

(\$ in Thousands)

	<u>FY 11</u> <u>Actual</u>	<u>FY 12</u> <u>Working</u>	<u>FY 13</u> <u>Allowance</u>	<u>FY 12-13</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
Special Fund	\$113,525	\$143,634	\$168,874	\$25,240	17.6%
<b>Adjusted Special Fund</b>	<b>\$113,525</b>	<b>\$143,634</b>	<b>\$168,874</b>	<b>\$25,240</b>	<b>17.6%</b>
Federal Fund	4,640	22,584	34,749	12,165	53.9%
<b>Adjusted Federal Fund</b>	<b>\$4,640</b>	<b>\$22,584</b>	<b>\$34,749</b>	<b>\$12,165</b>	<b>53.9%</b>
Nonbudgeted Fund	86,862	118,247	123,523	5,276	4.5%
<b>Adjusted Nonbudgeted Fund</b>	<b>\$86,862</b>	<b>\$118,247</b>	<b>\$123,523</b>	<b>\$5,276</b>	<b>4.5%</b>
Reimbursable Fund	0	10,000	10,000	0	
<b>Adjusted Reimbursable Fund</b>	<b>\$0</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$0</b>	<b>0.0%</b>
<b>Adjusted Grand Total</b>	<b>\$205,027</b>	<b>\$294,464</b>	<b>\$337,146</b>	<b>\$42,682</b>	<b>14.5%</b>

- Total funding increases 14.5%, driven primarily by special funds, which grow \$25.2 million, or 17.6%. Federal funds, which support the year-old federal high-risk pool operated by the Maryland Health Insurance Plan (MHIP), increase by \$12.2 million, or 53.9%.
- Nonbudgeted funds, which are from subscriber premiums, increase \$5.3 million, or 4.5%.

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

For further information contact: Richard H. Harris

Phone: (410) 946-5530

***Personnel Data***

---

	<b><u>FY 11 Actual</u></b>	<b><u>FY 12 Working</u></b>	<b><u>FY 13 Allowance</u></b>	<b><u>FY 12-13 Change</u></b>
Regular Positions	12.00	12.00	12.00	0.00
Contractual FTEs	<u>2.50</u>	<u>2.20</u>	<u>0.00</u>	<u>-2.20</u>
<b>Total Personnel</b>	<b>14.50</b>	<b>14.20</b>	<b>12.00</b>	<b>-2.20</b>

***Vacancy Data: Regular Positions***

Turnover and Necessary Vacancies, Excluding New Positions	0.00	0.00%
Positions and Percentage Vacant as of 12/31/11	1.00	8.33%

- MHIP’s 2.2 contractual personnel were moved into regular but vacant positions; therefore, there are no contractual full-time equivalents in the allowance.
- As of December 31, 2011, 1.0 position was vacant at MHIP, leaving the agency with an 8.3% vacancy rate.

## ***Analysis in Brief***

---

### **Major Trends**

***MHIP Eligible Population:*** MHIP tracks the number of applications received and estimates the percentage of the eligible population that applies for MHIP coverage. The agency expects application rates to remain steady through fiscal 2013 as the eligible population in each fiscal year declines gradually.

### **Issues**

***Fund Balances within MHIP Programs:*** MHIP State and the Senior Prescription Drug Assistance Program (SPDAP) carry significant year-to-year fund balances as revenues have consistently exceeded expenditures. The fund balance within SPDAP is expected to total \$4.9 million at the close of fiscal 2013 after accounting for a \$5.0 million transfer proposed in the Governor’s fiscal 2013 budget plan. **The Department of Legislative Services recommends adding language to the Budget Reconciliation and Financing Act of 2012 authorizing the transfer of \$4.5 million from SPDAP to the Medicaid Program. A reduction in the same amount of general funds will be recommended in the Medicaid analysis. Assuming current projections hold true, \$0.4 million will remain in the fund after the transfer.**

### **Recommended Actions**

1. Concur with Governor’s allowance.

*D79Z02 – Maryland Health Insurance Plan*

**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, it 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 has two parts:

- **MHIP State:** The State's high-risk health insurance pool, whose purpose is to provide access to affordable, comprehensive health benefits for the medically uninsurable. The program is funded by premiums paid by enrollees (nonbudgeted funds) and hospital assessment revenues (special funds). MHIP State also includes an MHIP State Plus option which provides additional premium subsidies for enrollees with incomes at or below 300% of federal poverty.
- **MHIP Federal:** Also a high-risk health insurance pool, recently established under the federal Patient Protection and Affordable Care Act (PPACA). Program funding is derived from premiums paid by enrollees (nonbudgeted funds) and federal fund support. MHIP Federal is intended to last only until the establishment of health care exchanges legislated in the PPACA beginning in 2014. At that time, it is anticipated that enrollees in both high-risk pools (State and Federal) will be able to obtain coverage through the exchange. It is unclear what role MHIP will play after the exchanges are operational.

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. SPDAP is special funded with a portion of the value of CareFirst's premium tax exemption.

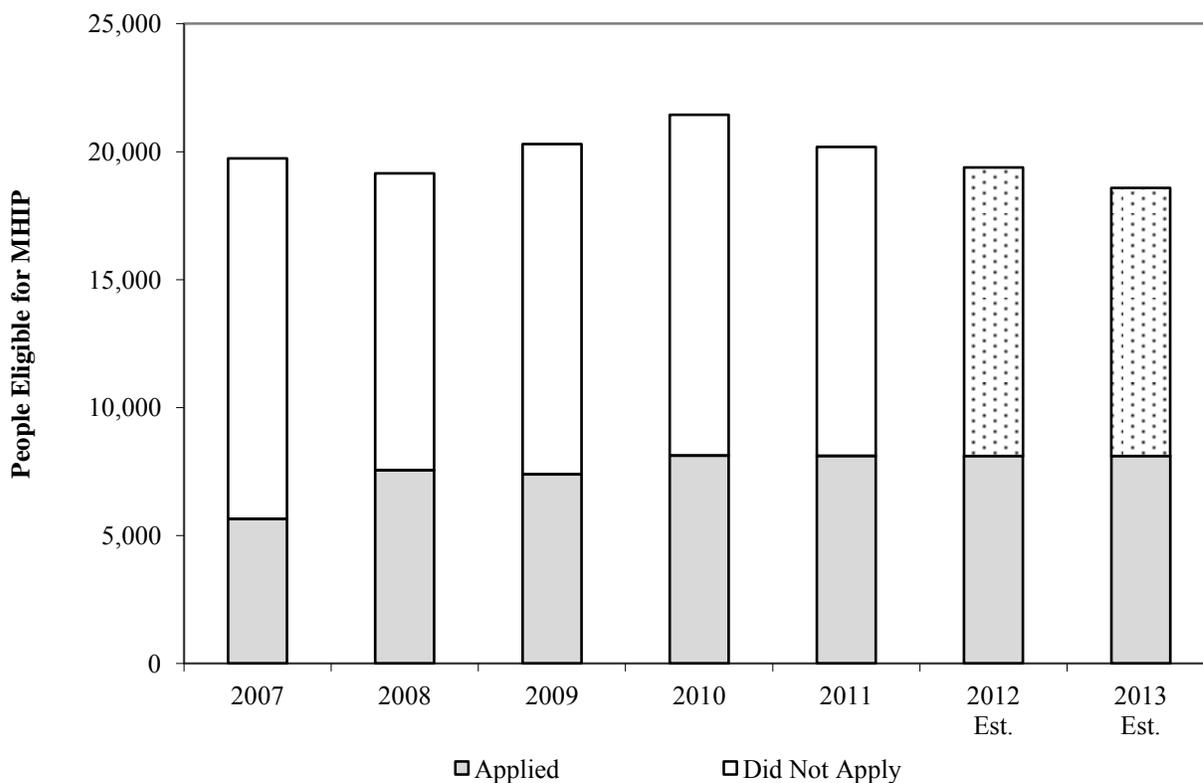
**Performance Analysis: Managing for Results**

**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, have been offered coverage that costs more than MHIP due to a specific health condition, or have one of certain specified health conditions. Individuals can also qualify for MHIP if they have exhausted their Consolidated Omnibus Reconciliation Act (COBRA) coverage. The number of individuals that have been denied or offered substandard insurance coverage by other carriers is one indication of some of the individuals eligible for MHIP.

**Exhibit 1** shows the number of individuals that have been denied or offered substandard health insurance coverage, and also how many of those individuals apply for MHIP coverage. Although the number of applications received remained steady in fiscal 2011, the percentage of people denied or offered substandard coverage applying to MHIP declined 5.9%. MHIP estimates the number of applications will remain steady as the number of people eligible gradually declines.

**Exhibit 1**  
**Applications for Coverage from Individuals That Have Been Denied or Offered Substandard Insurance**  
**Fiscal 2007-2013**



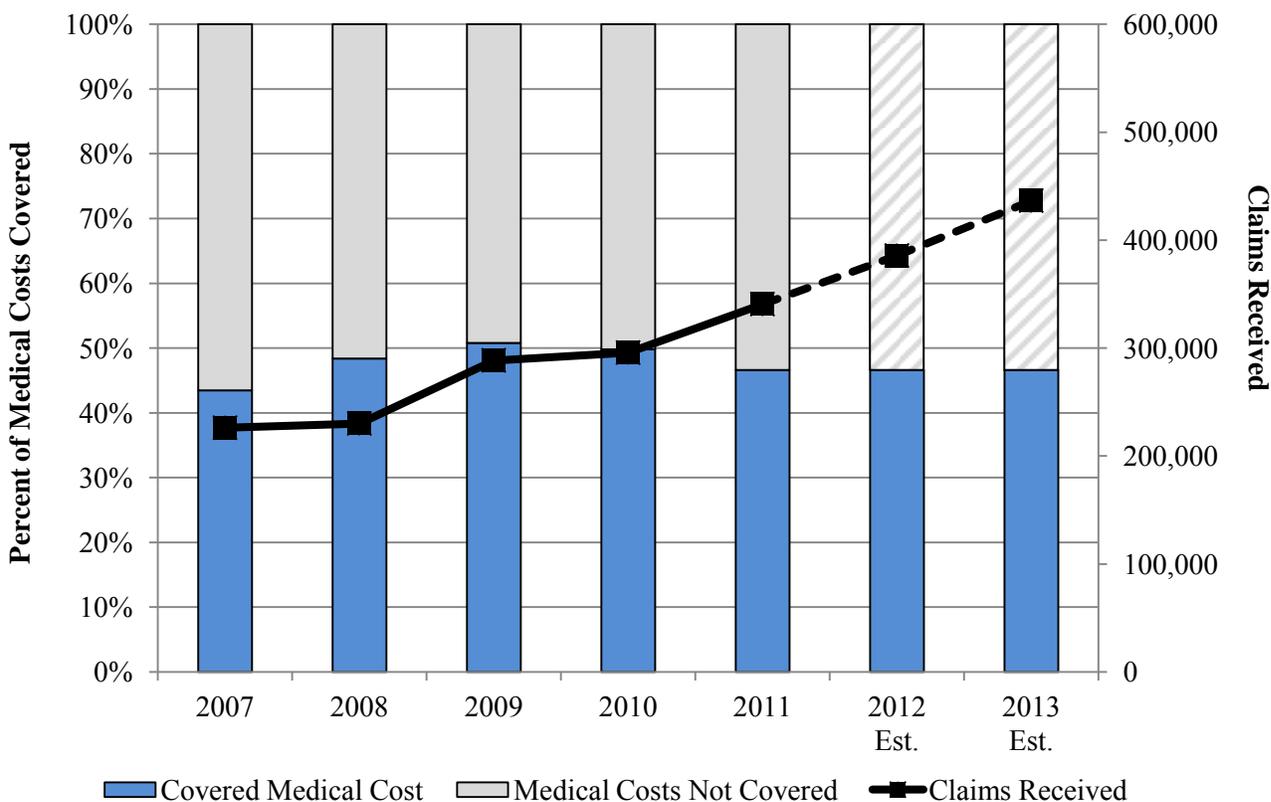
MHIP: Maryland Health Insurance Plan

Source: Governor's Budget Books, Fiscal 2010-2013

## MHIP Covered Medical Costs

The amount of uncompensated care avoided through MHIP is the amount of medical costs covered and funded because, absent MHIP, most of the medical and behavioral services covered would otherwise become uncompensated care. **Exhibit 2** shows the proportion of MHIP enrollees’ medical costs that are covered by MHIP, as well as claims volumes. The share that is not covered by MHIP was relatively flat between fiscal 2008 and 2011. The agency expects rates to stay at that level in fiscal 2012 and 2013. The total number of claims received grew 15.2% in fiscal 2011 and increases are projected for fiscal 2012 and 2013. MHIP attributes this to increased enrollment and existing members filing more claims.

**Exhibit 2**  
**Proportion of Medical Costs Covered by MHIP**  
**Fiscal 2007-2013**



MHIP: Maryland Health Insurance Program

Source: Governor’s Budget Books, Fiscal 2010-2013

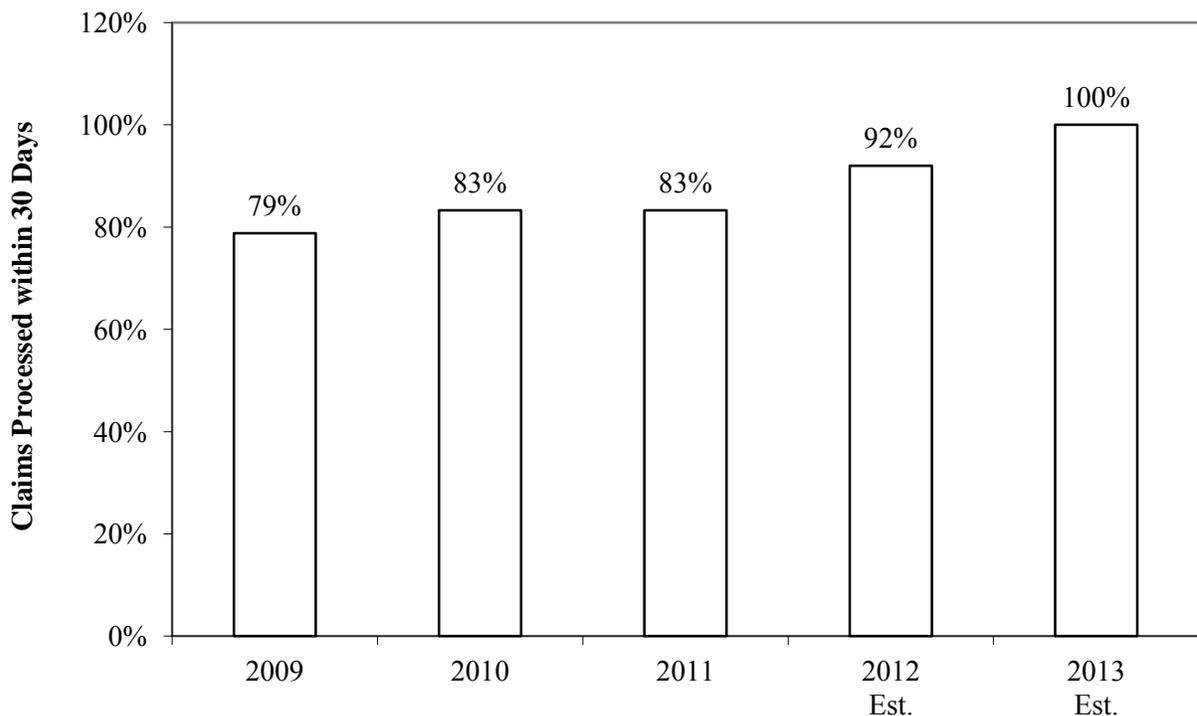
## SPDAP Payment Processing

SPDAP receives a data file from Medicare once a month, which provides the program with the information necessary to make premium subsidy payments to individual drug plans. SPDAP previously rated its efficiency in terms of payments made by the twentieth of the month or within 10 business days. By this measure, the agency was very inefficient, with only 33% of payments being made on time in fiscal 2008 and 0% in fiscal 2009. SPDAP reported this was due to the time necessary for a third-party administrator to process payments and for the agency to check for accuracy.

SPDAP revised the measure, changing it to payments made within 30 days of receipt of the premium data file. The plan explains this change better represents the time it takes to receive the file, have the third party administrator do its quality control work, review the actions of that administrator, and make payments. As shown in **Exhibit 3**, SPDAP's efficiency ratings are much higher using this measure and are expected to reach 100% in fiscal 2013.

---

**Exhibit 3**  
**Efficiency of SPDAP Premium Subsidy Payments to Plans**  
**Fiscal 2009-2013**



SPDAP: Senior Prescription Drug Assistance Program

Source: Governor's Budget Books, Fiscal 2012-2013

---

**Proposed Budget**

**Exhibit 4** shows MHIP’s fiscal 2012 working appropriation and fiscal 2013 allowance, which increases \$42.7 million, or 14.5%. The growth mainly comes from a projected increase in member claims between the three programs. Personnel expenses increase \$269,293, driven mainly by employee salaries and retirement costs. Much of this increase is from the conversion of 2.2 contractual positions to regular positions, which also corresponds to the \$165,998 decline in SPDAP’s budget. This increase in employee salaries is offset somewhat by lower health insurance costs and one-time fiscal 2012 funding to reclassify some positions.

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

<b>How Much It Grows:</b>	<b><u>Special Fund</u></b>	<b><u>Federal Fund</u></b>	<b><u>Nonbudgeted Fund</u></b>	<b><u>Reimb. Fund</u></b>	<b><u>Total</u></b>
2012 Working Appropriation	\$143,634	\$22,584	\$118,247	\$10,000	\$294,464
2013 Allowance	<u>168,874</u>	<u>34,749</u>	<u>123,523</u>	<u>10,000</u>	<u>337,146</u>
Amount Change	\$25,240	\$12,165	\$5,276	\$0	\$42,682
Percent Change	17.6%	53.9%	4.5%		14.5%
 Contingent Reduction	 \$0	 \$0	 \$0	 \$0	 \$0
Adjusted Change	\$25,240	\$12,165	\$5,276	\$0	\$42,682
Adjusted Percent Change	17.6%	53.9%	4.5%	0.0%	14.5%

**Where It Goes:**

**Personnel Expenses**

Regular salary costs in lieu of special payments payroll .....	\$249
Employee retirement.....	62
Turnover adjustments.....	27
Social Security .....	14
Other fringe benefit adjustments.....	1
One-time fiscal 2012 \$750 bonus .....	-9
Employee and retiree health insurance .....	-34
Funding to reclassify positions in fiscal 2012.....	-40

*D79Z02 – Maryland Health Insurance Plan*

**Where It Goes:**

**MHIP State**

Medical claims expenditures (special funds).....	23,576
Premium supported medical claims expenditures (nonbudgeted funds) .....	5,276
Third-party administrative costs .....	384
Compliance audit expenses.....	42

**MHIP Federal**

Premium supported medical claims expenditures (federal funds).....	6,745
Medical claims expenditures (federal funds).....	3,715
Marketing of MHIP Federal .....	770
Third-party administrative costs .....	612
Compliance audit expenses.....	36

**SPDAP**

Prescription cost assistance (special funds).....	1,180
Third-party administrative costs .....	172
Reduced contractual employee payments .....	-166
Other .....	70

**Total** **\$42,682**

MHIP: Maryland Health Insurance Plan  
SPDAP: Senior Prescription Drug Assistance Program

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

---

**MHIP State**

MHIP State grows \$29.3 million in the fiscal 2013 allowance. The main increase is from member claims, which grows \$28.9 million. The share of that increase from nonbudgeted member premiums is \$5.3 million. The rest is \$23.6 million in special fund revenue from the MHIP hospital assessment, which includes \$19.3 million from the plan’s fund balance. The fund balance accrued from unspent prior year hospital assessments.

The fiscal 2013 allowance also includes \$10.0 million in reimbursable funds as part of an agreement with the Department of Health and Mental Hygiene (DHMH). MHIP would transfer \$10.0 million in special funds to DHMH, who would amend its existing Section 1115 demonstration waiver to allow MHIP spending to count toward a federal match on State Medicaid spending. This transfer is also budgeted in fiscal 2012, but the federal government has not yet issued the waiver necessary to allow these funds to be transferred.

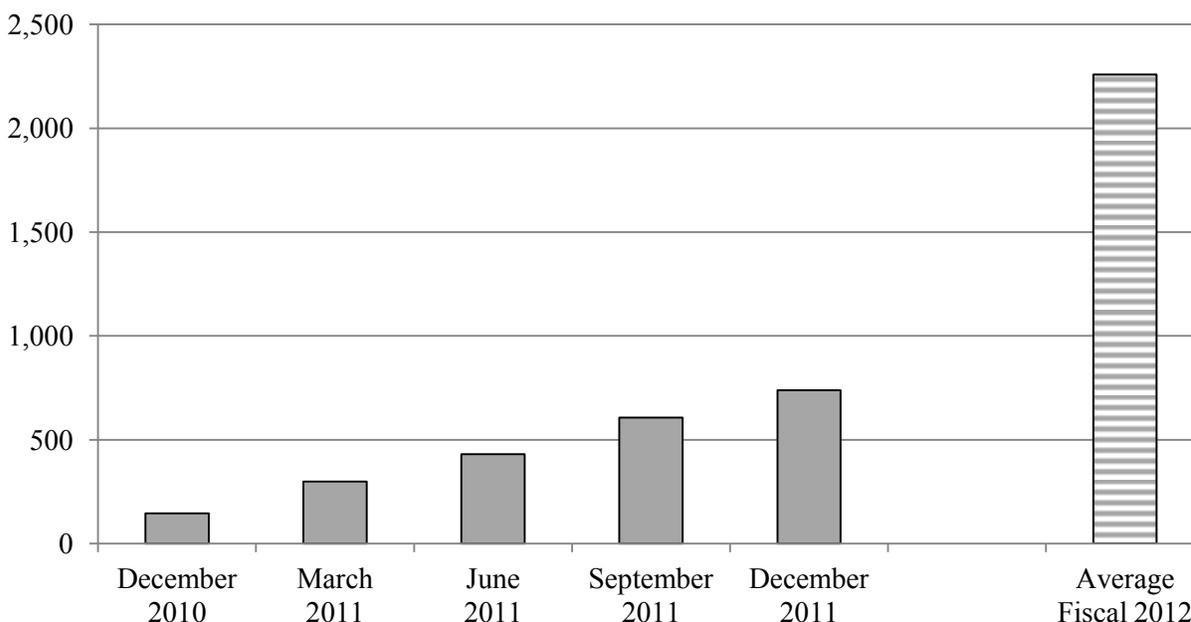
## MHIP Federal

The main increase in the MHIP Federal program is also medical claims, which are up \$10.5 million in the allowance. A much smaller program than MHIP State, most of the claims expenditures come from federal funds. However, the largest increase between fiscal 2012 and 2013 is from member premiums, which grow \$6.7 million. There is also a \$0.8 million increase in the budget for marketing to increase membership. Enrollment in MHIP Federal is well below what was expected when the plan was created.

**Exhibit 5** shows quarterly enrollment in MHIP Federal from after it started in September 2010 to December 2011. In December 2011, there were 738 members. The exhibit also shows what the agency is expecting to have on average in fiscal 2012, 2,258. Given the growth MHIP Federal has experienced since its inception, it may not meet its expected enrollment by June 30, 2013. In that event, the spending increase for medical claims will be lower than what is shown in Exhibit 4.

---

**Exhibit 5**  
**MHIP Federal Enrollment and Projected Average in Fiscal 2012**



MHIP: Maryland Health Insurance Plan

Source: Maryland Health Insurance Plan

---

*D79Z02 – Maryland Health Insurance Plan*

Low enrollment in MHIP Federal is largely due to the existence of MHIP State, which offers broader coverage and has more plan options. A bigger impediment, however, is MHIP Federal's requirement that a person be without health insurance for six months before being eligible to enroll. MHIP State does not have that provision, so a person may enroll immediately. It is unlikely a person would choose to be uninsured for six months to be eligible for the federally subsidized plan when the State plan is available to him or her right away. **MHIP should comment on whether changes to MHIP Federal are being considered to make it more attractive to Marylanders in need of insurance but unable to obtain it on the private market.**

**SPDAP**

The budget changes in SPDAP are much smaller compared to those in MHIP State and Federal. Premium subsidies and prescription cost assistance are projected to increase by \$1.2 million, and the costs to administer the program are expected to increase \$0.2 million.

## ***Issues***

---

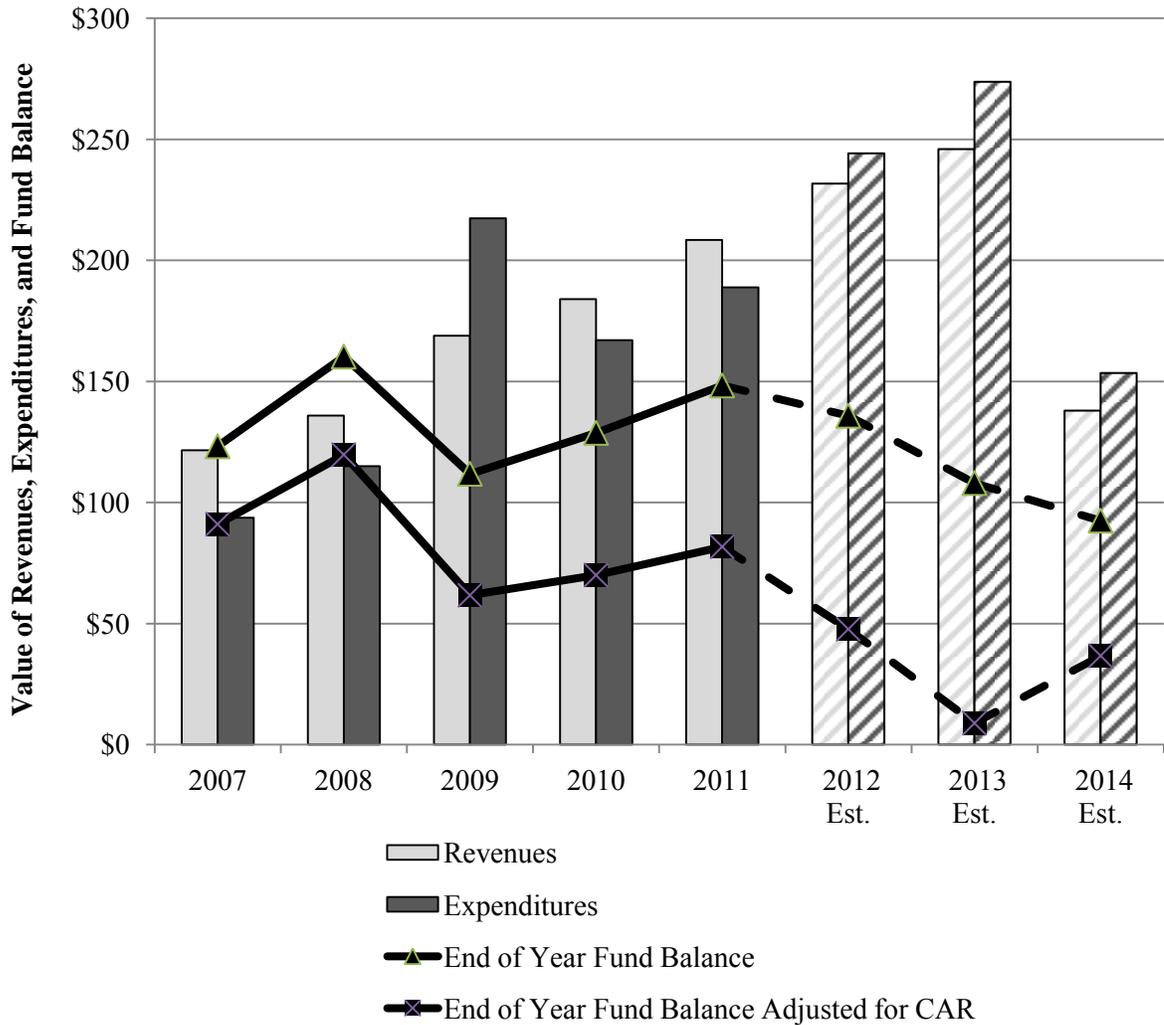
### **1. Fund Balances within MHIP Programs**

In fiscal 2013, 87.1% of MHIP's budget is special and nonbudgeted funds, two fund sources that revert to fund balance at the end of the fiscal year if revenues exceed expenditures. In the case of MHIP State, part of the fund balance must be on hand to meet capital adequacy requirements (CAR), an amount equal to 38.2% of outstanding claims. SPDAP does not have to hold money on hand to meet CAR.

#### **Fund Balance within MHIP**

**Exhibit 6** shows revenues, expenditures, and the fund balance within MHIP State for fiscal 2007 to what is estimated for fiscal 2014. Also shown is the program's fund balance less CAR. In each of the closed fiscal years, revenues exceed expenditures except in fiscal 2009, when \$75 million was transferred to the new Health Care Coverage Fund to defray costs associated with Medicaid expansion and the Health Insurance Partnership. The value of MHIP's fund balance grew again in fiscal 2010 and 2011. Agency projections have expenses exceeding revenues in the current and projected budget years. However, it should be noted that MHIP also projected expenses to exceed revenues in fiscal 2011, which turned out not to be the case.

**Exhibit 6**  
**MHIP State Revenues, Expenditures, and Fund Balance**  
**Fiscal 2007-2014**  
**(\$ in Millions)**



CAR: capital adequacy requirements  
 MHIP: Maryland Health Insurance Plan

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

Source: Maryland Health Insurance Plan; Department of Legislative Services

*D79Z02 – Maryland Health Insurance Plan*

MHIP State is expected to expire in December 2013, midway through fiscal 2014, when the federal health exchanges are fully implemented, so expenditures will be significantly lower that year than in prior years. MHIP will carry its entire fund balance forward at the close of fiscal 2013, however, and the amount of cash required to be on hand will be significantly reduced. The Department of Legislative Services (DLS) projects the amount apart from CAR to be \$36.7 million, but it could change significantly based on actual revenue and expenditures in fiscal 2012 through 2014. It should be noted that the Budget Reconciliation and Financing Act (BRFA) of 2012 contains language authorizing transfers from the MHIP State fund balance for the provision of Mental Health Services, although there is no dollar amount included in the language.

**Fund Balance within SPDAP**

SPDAP also carries a significant fund balance. **Exhibit 7** shows that the program's expenses were lower than revenues in fiscal 2010 and 2011. In fiscal 2011, SPDAP revenue totaled \$18.7 million while expenses were \$15.8, adding \$2.9 million to its fund balance at the end of the fiscal year. Like MHIP State, the agency budgets conservatively to ensure that all possible claims will be paid. A sizable fund balance is expected to remain at the end of fiscal 2013 given budgeted spending levels. To the extent expenditures continue to be lower than revenues, the value of its fund balance will grow.

---

**Exhibit 7**  
**SPDAP Account Fund Balance**  
**Fiscal 2010-2013**  
**(\$ in Thousands)**

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Opening Balance	\$18,211	\$6,701	\$9,559	\$10,284
Income	18,193	18,679	21,428	18,500
Actual/Budgeted Expenditures	-14,203	-14,321	-17,703	-18,857
Transfers to Other Programs	-15,500	-1,500	-3,000	-3,000
Transfers Proposed in the BRFA				-2,000
Fund Balance (After Transfers)	\$6,701	\$9,559	\$10,284	\$4,927

BRFA: Budget Reconciliation and Financing Act  
SPDAP: Senior Prescription Drug Assistance Program

Note: A total of \$200,000 interest income is assumed in fiscal 2012 and 2013.

Source: Maryland Health Insurance Plan; Senate Bill 152 – Budget Reconciliation and Financing Act of 2012; Department of Legislative Services

---

*D79Z02 – Maryland Health Insurance Plan*

The BRFA of 2011 included a transfer from the SPDAP fund balance of \$3.0 million for fiscal 2013. The BRFA of 2012 (Senate Bill 152) adds \$2.0 million to that amount, making the fiscal 2013 transfer \$5.0 million. The purpose of this transfer is to help fund the Kidney Disease Program. **DLS recommends adding language to the BRFA of 2012 authorizing the transfer of \$4.5 million from SPDAP to the Medicaid Program. A reduction in the same amount of general funds will be recommended in the Medicaid analysis. Assuming current projections hold true, \$0.4 million will remain in the fund after the transfer.**

## ***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>
<b>Fiscal 2011</b>					
Legislative Appropriation	\$0	\$144,986	\$3,000	\$10,000	\$157,986
Deficiency Appropriation	0	-5,250	0	0	-\$5,250
Budget Amendments	0	0	4,322	0	\$4,322
Reversions and Cancellations	0	-26,211	-2,681	-10,000	-\$38,892
<b>Actual Expenditures</b>	<b>\$0</b>	<b>\$113,525</b>	<b>\$4,640</b>	<b>\$0</b>	<b>\$118,165</b>
<b>Fiscal 2012</b>					
Legislative Appropriation	0	143,625	22,584	10,000	\$176,209
Budget Amendments	0	9	0	0	\$9
<b>Working Appropriation</b>	<b>\$0</b>	<b>\$143,634</b>	<b>\$22,584</b>	<b>\$10,000</b>	<b>\$176,217</b>

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

---

## **Fiscal 2011**

The fiscal 2011 legislative appropriation totaled \$144,986,003 in special funds, \$10,000,000 in reimbursable funds, and \$3,000,000 in federal funds. There was also a negative deficiency appropriation totaling \$5,250,000, which was intended to align current year spending with the most recent actuals. There was one budget amendment totaling \$4,321,603 in federal funds to cover the costs of the MHIP Federal program.

Of the total appropriation, \$38,892,489 was unspent at the end of the fiscal year and was cancelled. For the \$26,211,077 in special funds, actual program costs for MHIP and SPDAP were lower than budgeted. The \$10,000,000 reimbursable fund cancellation reflects funding of an agreement with the Department of Health and Mental Hygiene to enroll people into Medicaid that the federal government did not approve. The federal fund cancellation reflects the difference between projected and actual costs for the MHIP Federal program.

## **Fiscal 2012**

MHIP received a budget amendment for \$8,877 in special funds for the one-time \$750 bonus provided to employees.

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

<u>Object/Fund</u>	<u>FY 11 Actual</u>	<u>FY 12 Working Appropriation</u>	<u>FY 13 Allowance</u>	<u>FY 12 - FY 13 Amount Change</u>	<u>Percent Change</u>
<b>Positions</b>					
01 Regular	12.00	12.00	12.00	0.00	0%
02 Contractual	2.50	2.20	0.00	-2.20	-100.0%
<b>Total Positions</b>	<b>14.50</b>	<b>14.20</b>	<b>12.00</b>	<b>-2.20</b>	<b>-15.5%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 892,667	\$ 1,068,993	\$ 1,329,286	\$ 260,293	24.3%
02 Technical and Spec. Fees	113,341	165,998	0	-165,998	-100.0%
03 Communication	136,286	142,800	102,748	-40,052	-28.0%
04 Travel	15,533	14,660	39,460	24,800	169.2%
07 Motor Vehicles	20,460	28,000	28,000	0	0%
08 Contractual Services	203,655,061	292,750,567	335,355,189	42,604,622	14.6%
09 Supplies and Materials	92,112	164,200	173,200	9,000	5.5%
10 Equipment – Replacement	16,085	12,000	12,300	300	2.5%
11 Equipment – Additional	2,305	30,000	20,000	-10,000	-33.3%
13 Fixed Charges	83,063	87,177	85,842	-1,335	-1.5%
<b>Total Objects</b>	<b>\$ 205,026,913</b>	<b>\$ 294,464,395</b>	<b>\$ 337,146,025</b>	<b>\$ 42,681,630</b>	<b>14.5%</b>
<b>Funds</b>					
03 Special Fund	\$ 113,524,926	\$ 143,633,765	\$ 168,873,841	\$ 25,240,076	17.6%
05 Federal Fund	4,640,191	22,583,680	34,748,954	12,165,274	53.9%
07 Nonbudgeted Fund	86,861,796	118,246,950	123,523,230	5,276,280	4.5%
09 Reimbursable Fund	0	10,000,000	10,000,000	0	0%
<b>Total Funds</b>	<b>\$ 205,026,913</b>	<b>\$ 294,464,395</b>	<b>\$ 337,146,025</b>	<b>\$ 42,681,630</b>	<b>14.5%</b>

Note: The fiscal 2012 appropriation does not include deficiencies.

**Fiscal Summary  
Maryland Health Insurance Plan**

<u>Program/Unit</u>	<u>FY 11 Actual</u>	<u>FY 12 Wrk Approp</u>	<u>FY 13 Allowance</u>	<u>Change</u>	<u>FY 12 - FY 13 % Change</u>
01 Maryland Health Insurance Program	\$ 194,147,446	\$ 276,760,903	\$ 318,479,621	\$ 41,718,718	15.1%
02 Senior Prescription Drug Assistance Program	10,879,467	17,703,492	18,666,404	962,912	5.4%
<b>Total Expenditures</b>	<b>\$ 205,026,913</b>	<b>\$ 294,464,395</b>	<b>\$ 337,146,025</b>	<b>\$ 42,681,630</b>	<b>14.5%</b>
Special Fund	\$ 113,524,926	\$ 143,633,765	\$ 168,873,841	\$ 25,240,076	17.6%
Federal Fund	4,640,191	22,583,680	34,748,954	12,165,274	53.9%
Nonbudgeted Fund	86,861,796	118,246,950	123,523,230	5,276,280	4.5%
<b>Total Appropriations</b>	<b>\$ 205,026,913</b>	<b>\$ 284,464,395</b>	<b>\$ 327,146,025</b>	<b>\$ 42,681,630</b>	<b>15.0%</b>
Reimbursable Fund	\$ 0	\$ 10,000,000	\$ 10,000,000	\$ 0	0%
<b>Total Funds</b>	<b>\$ 205,026,913</b>	<b>\$ 294,464,395</b>	<b>\$ 337,146,025</b>	<b>\$ 42,681,630</b>	<b>14.5%</b>

Note: The fiscal 2012 appropriation does not include deficiencies.