



Legislative Fiscal Bureau

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May 30, 2013

Joint Committee on Finance

Paper #329

ACA and BadgerCare Eligibility Changes -- Administration (DHS -- Medical Assistance and Related Programs)

[LFB 2013-15 Budget Summary: Page 239, #2]

CURRENT LAW

The federal Patient Protection and Affordable Care Act (ACA) includes provisions that affect how states administer their medical assistance (MA) programs, and provide states with additional options regarding program eligibility. States will incur additional costs to implement the provisions of the act, particularly due to workload associated with eligibility determinations and case management ("income maintenance" services). In addition, the information systems states use to manage their programs will need to be updated to reflect new requirements of the ACA, such as the requirement that states use modified adjusted gross income (MAGI) as the basis for counting income for MA eligibility purposes. Some state and local administrative costs are likely to be incurred on a one-time basis, while others are expected to be ongoing.

GOVERNOR

Provide \$43,795,200 (\$18,948,100 GPR and \$24,847,100 FED) in 2013-14 and \$32,660,700 (\$16,830,000 GPR and \$15,830,700 FED) in 2014-15 and 89.0 positions (44.5 GPR positions and 44.5 FED positions), beginning in 2013-14, to fund projected increases in costs the administration expects DHS and local income maintenance agencies to incur as a result of implementing the ACA in conjunction with the BadgerCare Plus eligibility changes in the bill, as well as to meet other federal requirements relating to eligibility for MA and FoodShare.

Income Maintenance. Increase funding DHS allocates to local income maintenance consortia by \$18,873,200 (\$9,814,100 GPR and \$9,059,100 FED) in 2013-14 and by \$19,287,700 (\$10,029,600 GPR and \$9,258,100 FED) in 2014-15 and increase funding for Milwaukee Enrollment Services (Miles) by \$9,722,200 (\$5,055,500 GPR and \$4,666,700 FED)

in 2013-14 and by \$5,668,300 (\$2,947,500 GPR and \$2,720,800 FED) to support 71.0 ongoing additional positions to perform eligibility determinations and manage cases (income maintenance functions).

Contracted Services. Increase funding for contracted services by \$13,225,800 (\$3,091,500 GPR and \$10,135,400 FED) in 2013-14 and by \$6,392,700 (\$3,196,900 GPR and \$3,195,800 FED) in 2014-15. This funding would support the costs of modification to the client assistance for reemployment and economic support (CARES) eligibility system to implement the ACA's requirement that states use modified adjusted gross income (MAGI) as the basis for income eligibility determinations and to enable the CARES system to operate in conjunction with the health benefit exchange. In addition, funding would be provided to support modifications to the state's Medicaid management information system (MMIS), and other contracted costs. Last, the Department will use these funds to implement non-ACA federally required systems modifications. These include systems changes to meet new medical coding requirements, implement federally required enhanced payments to providers who use electronic health records, and comply with the next iteration of federal requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

ACA Implementation Staff. Provide \$1,624,000 (\$812,000 GPR and \$812,000 FED) in 2013-14 and \$812,000 (\$406,000 GPR and \$406,000 FED) in 2014-15 to support 18.0 project positions (9.0 GPR project positions and 9.0 FED project positions), budgeted for 18 months, beginning in 2013-14, to perform project management tasks, administrative support, training for state and local IM staff, policy implementation, systems work (including facilitating the exchange of data between CARES and the health benefit exchange), facilitating the implementation of MAGI, systems and user acceptance testing, communications and outreach, and technical assistance to the IM consortia.

Inpatient Hospital Services for Inmates. Provide \$350,000 (\$175,000 GPR and \$175,000 FED) in 2013-14 and \$500,000 (\$250,000 GPR and \$250,000 FED) in 2014-15 to implement provisions in the bill to provide MA-funded inpatient hospital services to prisoners. This funding would be used to create new eligibility codes, identify eligible billing codes, and meet reporting requirements relating to services provided to these individuals.

DISCUSSION POINTS

Income Maintenance -- County Consortia and Miles Staff

1. Most of the costs relating to this item reflect estimates of the amount of additional staff time that will be required to carry out income maintenance functions. The administration's method of estimating these additional IM-related costs (statewide) is based on several key assumptions, including: (a) the number of cases (individuals and family groups) that will be newly enrolled in the MA program; (b) the number of individuals who will seek assistance or obtain MA eligibility determinations from IM staff prior to purchasing coverage in the health exchange; and (c) one-time costs that will be incurred in 2013-14 resulting from eligibility redeterminations due to the conversion to MAGI.

2. In addition, the estimates include an MA caseload reduction that is expected to occur as women who are currently enrolled in the family planning-only MA subprogram (and therefore not eligible for full MA coverage) discontinue their enrollment in that program and instead obtain health care coverage through the exchange or become eligible for full MA coverage.

3. The administration's cost model also includes assumptions regarding when newly-eligible individuals would apply for MA coverage. For example, the model assumes that 50% of the newly-eligible adults without dependent children will apply between October 1, 2013, and December 31, 2013, and that 20% will apply in January, 2014, after which the remaining 30% of the annualized new cases will be enrolled from February 1, 2014, through October, 2014. Based on current average costs, it is assumed that the average annual cost of managing the MA cases is \$150, while the average annual cost of providing assistance and making eligibility determinations for individuals who purchase coverage through the exchanges will be \$125.

4. Once the estimates of statewide IM costs are developed, these costs are allocated between the IM county consortia and MiLES, which provides IM services in Milwaukee County. As Milwaukee County cases currently represent approximately 30% of the total statewide IM caseload, it is assumed that 30% of these costs will be incurred by state staff in MiLES, and approximately 70% of these costs will be incurred by the IM consortia. The funding that is allocated to MiLES is then converted to an estimate of the number of full-time equivalent positions that can be supported with this funding.

5. The total IM funding for the consortia and MiLES is then divided between state costs (GPR) and federally-funded costs (FED). Based on the current cost allocation methodology DHS uses as the basis of claiming federal funds for IM activities (a random moment time study), 52% of the total IM costs are budgeted as GPR costs, and 48% of these IM costs are budgeted with federal MA (administration) funds.

6. The current cost estimates differ from the estimates the administration used in budgeting for these costs in Assembly Bill 40 for several reasons. First, the MA-related caseload estimates have been revised to be consistent with changes to the original estimates, including the statutory changes the administration has requested be made to the bill. Second, the administration has revised its initial assumption regarding the average number of childless adults per case for the health exchange population, from 2.0 adults per case to 1.5 adults per case. This revised assumption has the effect of increasing the estimate of the number of cases for IM staff. Third, the funding in the bill assumed that the average cost per case for the exchange population would be \$150 per year, rather than \$125, which is currently assumed. Fourth, the current estimates take into account revised assumptions regarding when current BadgerCare enrollees who are parents and caretakers will seek assistance to transition to the exchange. It is now believed that this population will seek this assistance earlier than had been previously assumed, which has the effect of increasing estimates of IM costs in the first year of the biennium, and reducing these estimates in the second year.

Recognizing that there is considerable uncertainty regarding the caseload estimates, the administration's methodology appears reasonable.

7. The funding that would be provided to support MiLES and the regional IM consortias' costs in 2014-15 is intended to reflect the annualized, ongoing costs of the additional workload, after an initial peak that is expected to occur once individuals begin using the health benefit exchanges (which is assumed to be October, 2013) and due to the BadgerCare Plus eligibility changes that will occur on January 1, 2014. Consequently, the additional funding for the IM consortia and to support MiLES staff is budgeted as ongoing funding. However, due to the uncertainty regarding these caseload estimates, base funding for these IM costs, both for the IM consortia and for MiLES staff, will need to be reviewed as part of the next biennial budget to reflect actual changes in caseloads that occur in the 2013-15 biennium.

8. The amount of funding the Committee provides to support IM services for MiLES and the consortia should be consistent with the decisions the Committee makes with respect to program eligibility changes that are discussed in LFB Budget Paper #321. The three attachments to this paper provides estimates of the income maintenance related costs of each of the four program eligibility options presented in that paper, all of which reflect the revised assumptions described in this paper.

Attachment 1 and Attachment 2 summarize current estimates of additional costs that will be incurred by the IM consortia and MiLES, respectively, based on the assumptions described in this paper. Attachment 3 summarizes current annualized estimates of new cases and costs under each alternative.

Contracted Services

9. This bill would provide DHS an additional \$23,919,400 (\$3,266,500 GPR and \$20,652,900 FED) in 2013-14 and \$19,585,400 (\$3,446,900 GPR and \$16,138,500 FED) in 2014-15 to fund systems changes relating to MA eligibility standards, and to fund contracted services to implement several recent changes in federal law. Of these amounts, \$10,342,500 FED in 2013-14 and \$12,692,700 FED in 2014-15 is budgeted under other items in the bill, including reestimates of federal funding, and are therefore not included in this item.

10. Attachment 4 lists these projects and the funding that would be provided for each activity under this item. The attachment shows that all but three of these items are eligible for 90% federal matching funds, as they involve information technology upgrades that are eligible for enhanced matching funds.

11. Funding is provided for several items that are directly related to the MA eligibility-related changes. The client assistance for reemployment and economic support (CARES) mainframe system assists state and IM consortia staff in making eligibility determinations and maintaining case information for several programs, including BadgerCare Plus. The CARES system will require substantial reprogramming to accommodate new methods of determining program eligibility. In addition, the bill provides funding for systems changes that will intended to ensure that the health benefit exchange and the state's Medicaid management information system (MMIS) will operate in consort together ("interoperability") to create a seamless system of identifying individuals who qualify for coverage through the exchange, premium tax credits, cost-sharing reductions, and MA. Other anticipated cost increases relate to changes in the MMIS,

increases in contracted services that reflect caseload, and increases in charges assessed for mainframe services provided by the DOA Division of Enterprise Technology.

12. In addition, the bill provides additional funding to support certain IT projects that are related to other federal requirements, all of which are eligible for 90% federal cost-sharing. The largest item would support costs relating to converting to the International Classification of Diseases - 10th Revision (ICD 10) codes from the previous codes. The state MA program uses these codes for coding patient diagnoses and provider payments, but will be required to adopt new codes to conduct health transactions by October 1, 2014.

State Management Staff

13. The bill would provide \$1,624,000 (\$812,000 GPR and \$812,000 FED in 2013-14 and \$812,000 (\$406,000 GPR and \$406,000 FED) in 2014-15 to fund 18.0 18-month project positions, beginning in 2013-14, to support workload that is not directly related to projected increases in MA caseload. These positions include; (a) 6.0 planning and planning analysts; (b) 2.0 training officers; (c) 1.0 operations program programming associate; (d) 4.0 information systems business automation positions; (e) 3.0 human services program coordinator positions; and (f) 2.0 income maintenance (senior) specialist positions.

14. While it is difficult to quantify the number of staff that will be required to meet the additional workload associated with implementing the ACA and new MA eligibility standards, the types of positions DHS would be provided under the bill are directly related to these changes. For example, one would expect that there will be a need to increase technical assistance to local IM consortia and MiLES to ensure that the program eligibility changes are implemented uniformly and consistently throughout the state. Further, as there will be significant changes to information technology (IT) systems, state staff with direct knowledge of programming requirements will be helpful in overseeing the work of contracted IT staff.

15. The bill assumes that the average salary of all of the positions would be \$28.81 per hour. The Department of Administration's technical budget instructions specify that new positions be budgeted at the minimum of the salary range for the most recent and available classifications and compensation information published by the Office of State Employment Relations. The current minimum salary hourly wages for these positions are \$15.11 for an operations programming planning associate, \$19.94 for and an IM specialist (advanced) and \$22.03 for each of the other positions classifications. If the Committee chooses to fund these positions, funding in the bill could be reduced by \$400,400 (-\$200,200 GPR and -\$200,200 FED) in 2013-14 and by \$200,200 (-\$100,100 GPR and-\$100,100 FED) in 2014-15 to budget these positions at the minimum salary levels for each classification.

ALTERNATIVES

A. Income Maintenance

1. [If Alternative 1 in LFB Budget Paper #321 is adopted (*the "100%/100%"*)

proposal.)] Increase funding by \$7,625,300 (\$3,965,100 GPR and \$3,660,200 FED) in 2013-14 and reduce funding by \$5,725,200 (-\$2,977,100 GPR and -\$2,748,100 FED in 2014-15 and delete 1.0 position (-0.50 GPR position and -0.50 FED position), beginning in 2013-14.

ALT A1	Change to Bill	
	Funding	Positions
GPR	\$988,000	- 0.50
FED	<u>912,100</u>	<u>- 0.50</u>
Total	\$1,900,100	- 1.00

2. [If Alternative 2 in LFB Budget Paper #321 is adopted (*the "133%/133%" proposal*.)] Increase funding by \$8,561,000 (\$4,451,700 GPR and \$4,109,300 FED) in 2013-14 and reduce funding by \$2,643,800 (-\$1,374,800 GPR and -\$1,269,000 FED in 2014-15 and provide an additional 15.0 positions (7.50 GPR positions and 7.50 FED positions), beginning in 2013-14.

ALT A2	Change to Bill	
	Funding	Positions
GPR	\$3,076,900	7.50
FED	<u>2,840,300</u>	<u>7.50</u>
Total	\$5,917,200	15.00

3. [If Alternative 3 in LFB Budget Paper #321 is adopted (*the "133%/200%" proposal*.)] Increase funding by \$9,862,900 (\$5,128,600 GPR and \$4,734,300 FED) in 2013-14 and by \$2,053,200 (\$1,067,600 GPR and \$985,600 FED in 2014-15 and provide an additional 22.0 positions (11.0 GPR positions and 11.0 FED positions), beginning in 2013-14.

ALT A3	Change to Bill	
	Funding	Positions
GPR	\$6,196,200	11.00
FED	<u>5,719,900</u>	<u>11.00</u>
Total	\$11,916,100	22.00

4. [If Alternative 7 in LFB Budget Paper #321 is adopted (*the proposal to maintain current eligibility standards*.)] Increase funding by \$6,941,700 (\$3,609,700 GPR and \$3,332,000 FED) in 2013-14 and reduce funding by \$7,870,200 (-\$4,092,600 GPR and -\$3,777,600 FED) in 2014-15 and delete 5.00 positions (-2.50 GPR positions and -2.50 FED positions), beginning in 2013-14.

ALT A4	Change to Bill	
	Funding	Positions
GPR	- \$482,900	- 2.50
FED	<u>- 445,600</u>	<u>- 2.50</u>
Total	- \$928,500	- 5.00

B Contracted Services

1. Approve the Governor's recommendation.
2. Delete provision.

ALT B2	Change to Bill	
	Funding	
GPR	- \$6,463,400	
FED	<u>- 13,756,200</u>	
Total	- \$20,219,600	

C. Department Management Staff

1. Approve the Governor's recommendation.
2. Reduce funding by \$400,400 (-\$200,200 GPR and -\$200,200 FED) in 2013-14 and by \$200,200 (-\$100,100 GPR and -\$100,100 FED) in 2014-15 to fund the additional central management staff positions at current minimum salary levels for each classification.

ALT C2	Change to Bill	
	Funding	
GPR	- \$300,300	
FED	<u>- 300,300</u>	
Total	- \$600,600	

3. Delete provision.

ALT C3	Change to Bill	
	Funding	Positions
GPR	- \$1,218,000	- 9.00
FED	<u>- 1,218,000</u>	<u>- 9.00</u>
Total	- \$2,436,000	- 18.00

Prepared by: Charles Morgan
Attachments

ATTACHMENT 1

Estimated Income Maintenance Consortia Costs

	<u>Alternative 1</u>	<u>Alternative 2</u>	<u>Alternative 3</u>	<u>Alternative 4</u>
Eligibility for Childless Adults (Percent of FPL)	100%	133%	133%	Capped Core
Eligibility for Adults with Dependent Children (Percent of FPL)	100%	133%	200%	200%
Current Estimate				
2013-14				
GPR	\$12,834,800	\$13,150,400	\$13,514,100	\$13,964,100
FED	<u>11,847,500</u>	<u>12,138,800</u>	<u>12,474,600</u>	<u>12,889,900</u>
Total	\$24,682,300	\$25,289,200	\$25,988,700	\$26,854,000
2014-15				
GPR	\$7,197,700	\$8,308,400	\$10,006,200	\$6,968,800
FED	<u>6,644,000</u>	<u>7,669,300</u>	<u>9,236,500</u>	<u>6,432,800</u>
Total	\$13,841,700	\$15,977,700	\$19,242,700	\$13,401,600
Bill				
2013-14				
GPR	\$9,814,100	\$9,814,100	\$9,814,100	\$9,814,100
FED	<u>9,059,100</u>	<u>9,059,100</u>	<u>9,059,100</u>	<u>9,059,100</u>
Total	\$18,873,200	\$18,873,200	\$18,873,200	\$18,873,200
2014-15				
GPR	\$10,029,600	\$10,029,600	\$10,029,600	\$10,029,600
FED	<u>9,258,100</u>	<u>9,258,100</u>	<u>9,258,100</u>	<u>9,258,100</u>
Total	\$19,287,700	\$19,287,700	\$19,287,700	\$19,287,700
Change to Bill				
2013-14				
GPR	\$3,020,700	\$3,336,300	\$3,700,000	\$4,150,000
FED	<u>2,788,400</u>	<u>3,079,700</u>	<u>3,415,500</u>	<u>3,830,800</u>
Total	\$5,809,100	\$6,416,000	\$7,115,500	\$7,980,800
2014-15				
GPR	-\$2,831,900	-\$1,721,200	-\$23,400	-\$3,060,800
FED	<u>-2,614,100</u>	<u>-1,588,800</u>	<u>-21,600</u>	<u>-2,825,300</u>
Total	-\$5,446,000	-\$3,310,000	-\$45,000	-\$5,886,100
Biennial Change to Bill				
GPR	\$188,800	\$1,615,100	\$3,676,600	\$1,089,200
FED	<u>174,300</u>	<u>1,490,900</u>	<u>3,393,900</u>	<u>1,005,500</u>
Total	\$363,100	\$3,106,000	\$7,070,500	\$2,094,700

ATTACHMENT 2

Estimated MiLES Costs

	<u>Alternative 1</u>	<u>Alternative 2</u>	<u>Alternative 3</u>	<u>Alternative 4</u>
Eligibility for Childless Adults (Percent of FPL)	100%	133%	133%	Capped Core
Eligibility for Adults with Dependent Children (Percent of FPL)	100%	133%	200%	200%
Current Estimate				
2013-14				
GPR	\$5,999,900	\$6,170,900	\$6,484,100	\$4,515,200
FED	<u>5,538,400</u>	<u>5,696,200</u>	<u>5,985,400</u>	<u>4,167,800</u>
Total	\$11,538,300	\$11,867,100	\$12,469,500	\$8,683,000
2014-15				
GPR	\$2,802,400	\$3,294,000	\$4,038,600	\$1,915,800
FED	<u>2,586,800</u>	<u>3,040,600</u>	<u>3,728,000</u>	<u>1,768,500</u>
Total	\$5,389,200	\$6,334,600	\$7,766,600	\$3,684,300
Bill				
2013-14				
GPR	\$5,055,500	\$5,055,500	\$5,055,500	\$5,055,500
FED	<u>4,666,600</u>	<u>4,666,600</u>	<u>4,666,600</u>	<u>4,666,600</u>
Total	\$9,722,100	\$9,722,100	\$9,722,100	\$9,722,100
2014-15				
GPR	\$2,947,600	\$2,947,600	\$2,947,600	\$2,947,600
FED	<u>2,720,800</u>	<u>2,720,800</u>	<u>2,720,800</u>	<u>2,720,800</u>
Total	\$5,668,400	\$5,668,400	\$5,668,400	\$5,668,400
Change to Bill				
2013-14				
GPR	\$944,400	\$1,115,400	\$1,428,600	-\$540,300
FED	<u>871,800</u>	<u>1,029,600</u>	<u>1,318,800</u>	<u>-498,800</u>
Total	\$1,816,200	\$2,145,000	\$2,747,400	-\$1,039,100
2014-15				
GPR	-\$145,200	\$346,400	\$1,091,000	-\$1,031,800
FED	<u>-134,000</u>	<u>319,800</u>	<u>1,007,200</u>	<u>-952,300</u>
Total	-\$279,200	\$666,200	\$2,098,200	-\$1,984,100
Biennial Change to Bill				
GPR	\$799,200	\$1,461,800	\$2,519,600	-\$1,572,100
FED	<u>737,800</u>	<u>1,349,400</u>	<u>2,326,000</u>	<u>-1,451,100</u>
Total	\$1,537,000	\$2,811,200	\$4,845,600	-\$3,023,200

ATTACHMENT 3

Caseload Assumptions and Annualized Total IM Cost Estimates

	<u>Alternative 1</u>	<u>Alternative 2</u>	<u>Alternative 3</u>	<u>Alternative 4</u>
Eligibility for Childless Adults (Percent of FPL)	100%	133%	133%	Capped Core
Eligibility for Adults with Dependent Children (Percent of FPL)	100%	133%	200%	200%
Change in Cases Total				
BadgerCare Plus	86,263	110,837	122,899	32,147
Exchange Cases	62,760	57,471	54,802	54,802
Family Planning Only	<u>-43,500</u>	<u>-43,500</u>	<u>-43,500</u>	<u>0</u>
Total	105,523	124,808	134,201	86,949
Cost Per Case				
BadgerCare Plus	\$150	\$150	\$150	\$150
Exchange Cases	125	125	125	125
Family Planning Only	150	150	150	150
Total IM Costs				
BadgerCare Plus	\$12,939,400	\$16,625,600	\$18,434,900	\$4,822,100
Exchange Cases	7,845,000	7,183,900	6,850,200	6,850,200
Family Planning Only	<u>-6,525,000</u>	<u>-6,525,000</u>	<u>-6,525,000</u>	<u>0</u>
Total	\$14,259,400	\$17,284,500	\$18,760,100	\$11,672,300
GPR	\$7,414,900	\$8,987,900	\$9,755,300	\$6,069,600
FED	<u>6,844,500</u>	<u>8,296,600</u>	<u>9,004,800</u>	<u>5,602,700</u>
All Funds	\$14,259,400	\$17,284,500	\$18,760,100	\$11,672,300

ATTACHMENT 4

Summary of Contracted Services Costs Relating to Implementation of MA Eligibility Changes and Other Federal Requirements

	<u>2013-14</u>			<u>2014-15</u>		
	<u>GPR</u>	<u>FED</u>	<u>Total</u>	<u>GPR</u>	<u>FED</u>	<u>Total</u>
Items Not Directly Related to MA Eligibility						
Provider Changes	\$69,000	\$621,000	\$690,000	\$0	\$0	\$0
ICD-10	660,000	5,940,000	6,600,000	330,000	2,970,000	3,300,000
HiPAA Implementation	0	0	0	340,000	3,060,000	3,400,000
MA HIT HCAA	80,700	726,200	806,900	88,200	794,100	882,300
MA HIT OIG	39,500	355,300	394,800	37,800	340,300	378,100
MITA	150,000	1,350,000	1,500,000	150,000	1,350,000	1,500,000
Operating Rules	<u>150,000</u>	<u>1,350,000</u>	<u>1,500,000</u>	<u>250,000</u>	<u>2,250,000</u>	<u>2,500,000</u>
Subtotal	\$1,149,200	\$10,342,500	\$11,491,700	\$1,196,000	\$10,764,400	\$11,960,400
MA Eligibility-Related Costs						
Modifications to CARES	\$624,000	\$5,617,100	\$6,241,100	\$0	\$0	\$0
Exchange Interoperability	250,000	2,250,000	2,500,000	0	0	0
MMIS Modifications	150,000	1,350,000	1,500,000	150,000	1,350,000	1,500,000
Caseload Driven MA and Foodshare Contracts	250,000	250,000	500,000	500,000	500,000	1,000,000
Cost Allocation Effects	293,300	293,300	586,600	595,800	595,800	1,191,500
Increase in DET Transactions Costs	<u>375,000</u>	<u>375,000</u>	<u>750,000</u>	<u>750,000</u>	<u>750,000</u>	<u>1,500,000</u>
Subtotal	\$1,942,300	\$10,135,400	\$12,077,700	\$1,995,800	\$3,195,800	\$5,191,600
Inpatient Hospital Services for Inmates	\$175,000	\$175,000	\$350,000	\$250,000	\$250,000	\$500,000
Total --- Contracted Services	\$3,266,500	\$20,652,900	\$23,919,400	\$3,441,800	\$14,210,200	\$17,652,000
Less Amount Budgeted Under Other Items	\$0	-\$10,342,500	-\$10,342,500	\$0	-\$10,764,400	-\$10,764,400
Total Under this Item	\$3,266,500	\$10,310,400	\$13,576,900	\$3,441,800	\$3,445,800	\$6,887,600