



State of New Hampshire
Department of Health and Human Services

Division of Medicaid Services
Presented to House Finance Division III
March 8, 2021
Henry Lipman, Medicaid Director

Agenda

- **Overview of Division**
- **Key Programs / Services**
- **Population Served / Caseloads**
- **Delivery System**
- **Accomplishments**
- **Key Challenges**
- **Financial Summary**



Division of Medicaid Services

- Department Unique Identifier:
 - 05 Health and Social Services
 - 95 Health and Human Svcs Dept
 - 047 HHS: Ofc Medicaid Services
 - 470010 Division of Medicaid Services
- Henry Lipman, Medicaid Director
 - Henry.D.Lipman@dhhs.nh.gov
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- Athena Gagnon, Medicaid Finance Director
 - Athena.K.Gagnon@dhhs.nh.gov
 - 271-9420



Mission and Vision

The mission of DMS is to serve the healthcare needs of Medicaid beneficiaries in New Hampshire through an effectively and efficiently run Medicaid Care Management and Fee For Service Program.

Further, DMS will operate this publicly funded health insurance program in a fiscally sound fashion while continuously striving to improve the quality of service and care for the approximately 1 in 7 New Hampshire citizens who have Medicaid.



Division of Medicaid Services - Overview

- ▶ Publicly funded health insurance program for low-income and categorically needy.
- ▶ As of 1/31/21 New Hampshire Medicaid serves 214,000 residents of the state; nearly 1 in 7 NH residents at any one time.
- ▶ DMS is the lead Division within DHHS that interfaces with Centers for Medicare and Medicaid Services (CMS) for state plan, waiver, technical assistance and federal claiming in support for the following Divisions / Programs:
 - Division for Behavioral Health – Mental Health services; substance use disorder services and Children’s Mental health services
 - Division of Long Term Supports & Services - Developmental services; elderly & adult services including nursing facility rates
 - Division of Economic Housing and Stability – housing services
 - Division for Children, Youth & Families – in home supports and out of home placements



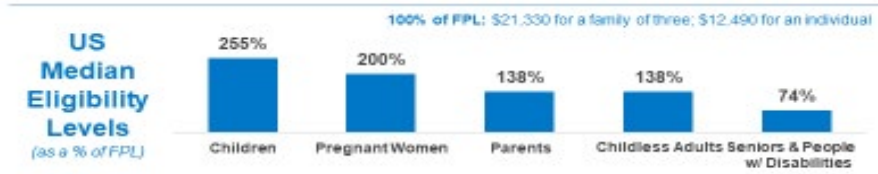
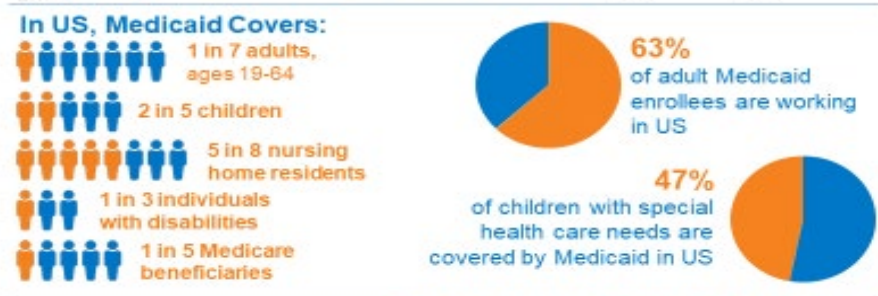
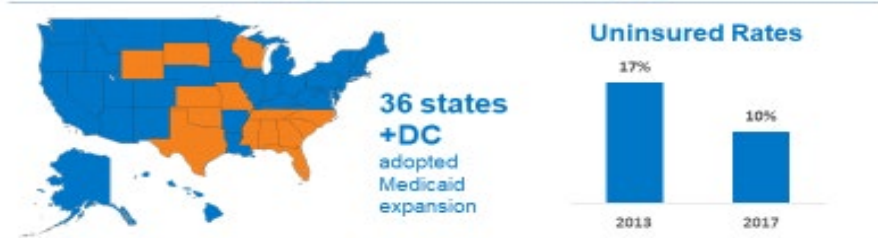
Division of Medicaid Services - Overview (continued)

- ▶ Offering a Medicaid program is elective for states. All fifty states currently elect to offer a Medicaid program.
- ▶ Participating states must cover select groups of people and cover select groups of services that are known as **mandatory**.
- ▶ Participating states can elect coverage for additional services and populations that are known as **optional**.
- ▶ In return, the federal government pays a fixed percentage of the cost, known as FMAP. In New Hampshire it is always at least 50 percent of cost.
- ▶ Families First Coronavirus Response Act (FFCRA) requires states receiving the enhanced FMAP due to the Federal Public Health Emergency (PHE) keep anyone enrolled in Medicaid as of March 18, 2020 (the start date of the PHE) enrolled in the program through the first day of the month following the month in which the PHE ends.
- ▶ The COVID enhanced FMAP continues through the end of the quarter in which the PHE ends.



Division of Medicaid Services – Overview (continued)

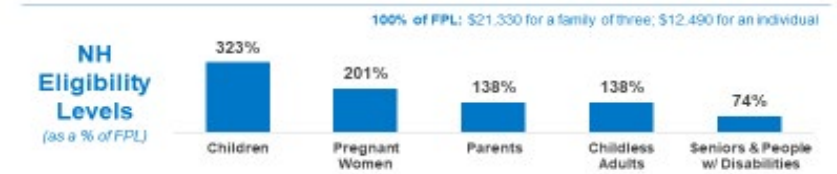
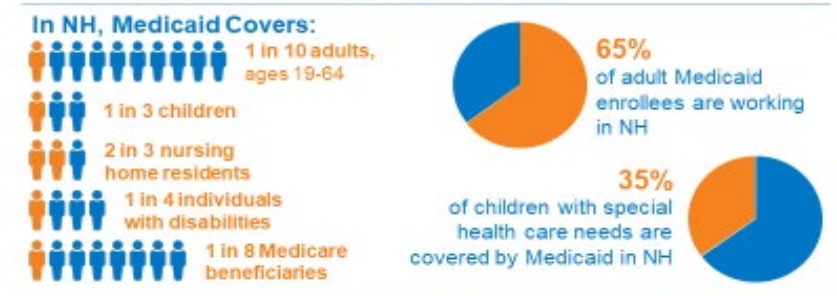
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 Filing for need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in San Francisco, California.



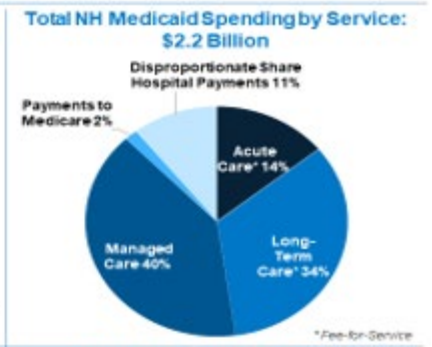
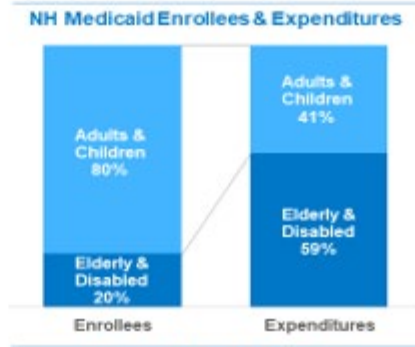
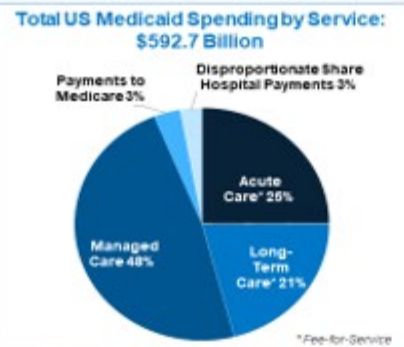
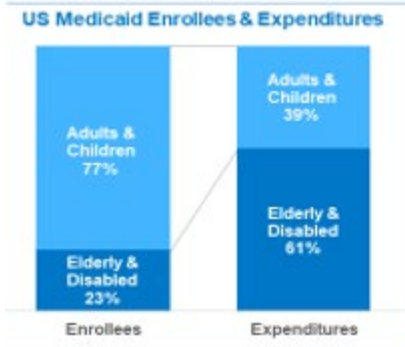
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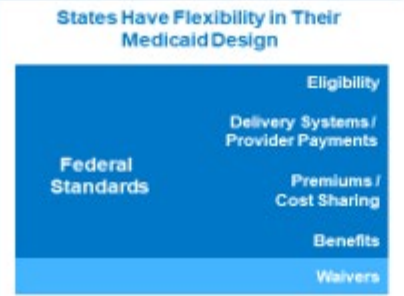
Division of Medicaid Services – Services



Nationally Medicaid Pays For:

1 in 6 dollars in the health care system

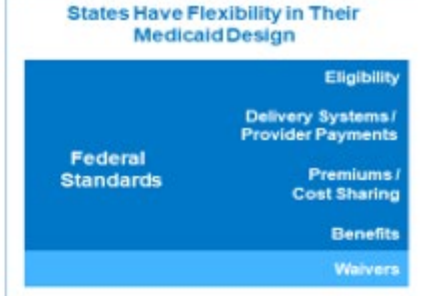
1 in 2 dollars on long-term services and supports



Nationally Medicaid Pays For:

1 in 6 dollars in the health care system

1 in 2 dollars on long-term services and supports



Division of Medicaid Services – Population served

Figure 5

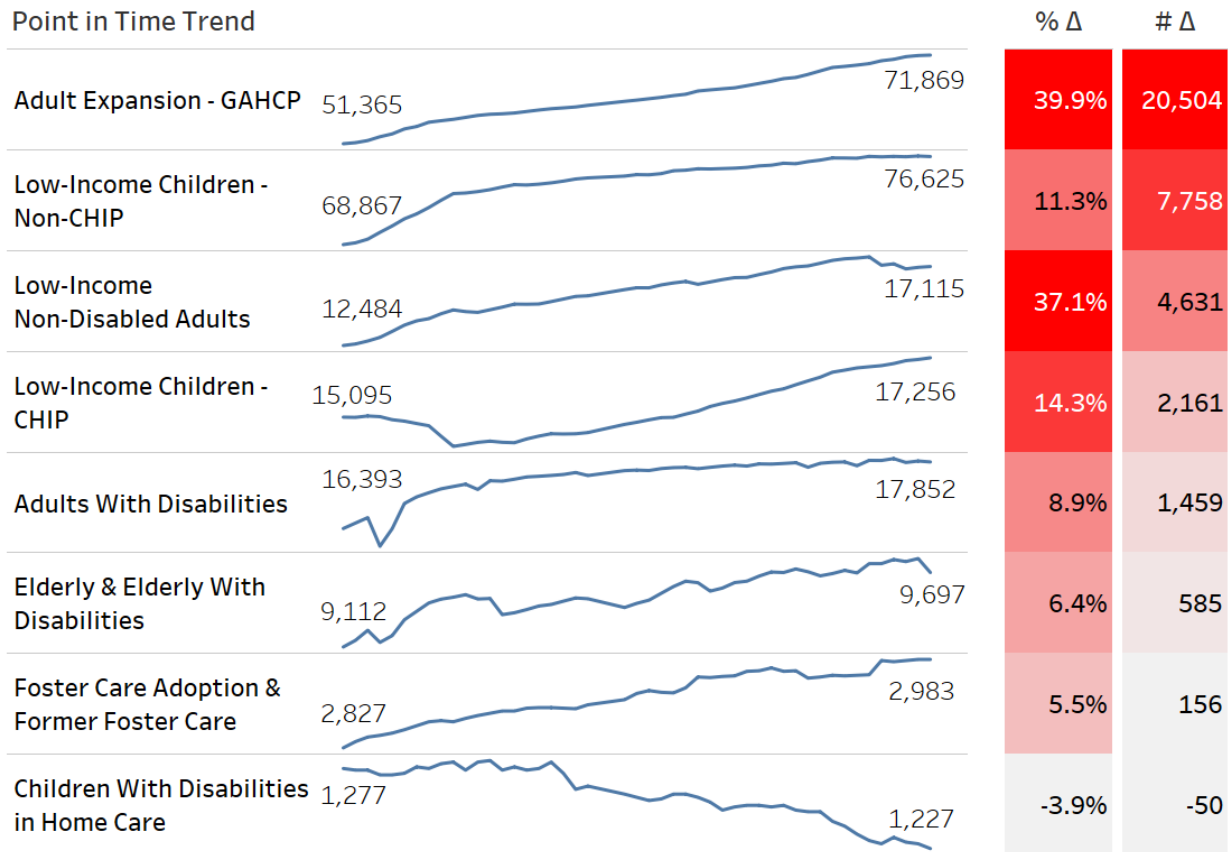
Medicaid’s benefits reflect the needs of the population it serves.

Low-Income Families	<ul style="list-style-type: none">•Pregnant Women: Pre-natal care and delivery costs•Children: Routine and specialized care for childhood development (immunizations, dental, vision, speech therapy)•Families: Affordable coverage to prepare for the unexpected (emergency dental, hospitalizations, antibiotics)
Individuals with Disabilities	<ul style="list-style-type: none">•Child with Autism: In-home therapy, speech/occupational therapy•Cerebral Palsy: Assistance to gain independence (personal care, case management and assistive technology)•HIV/AIDS: Physician services, prescription drugs•Mental Illness: Prescription drugs, physicians services
Elderly Individuals	<ul style="list-style-type: none">•Medicare beneficiary: help paying for Medicare premiums and cost sharing•Community Waiver Participant: community based care and personal care•Nursing Home Resident: care paid by Medicaid since Medicare does not cover institutional care

Division of Medicaid Services - Caseloads

Trend in NH Medicaid Enrollment by Eligibility Group Since the Start of COVID-19 Pandemic

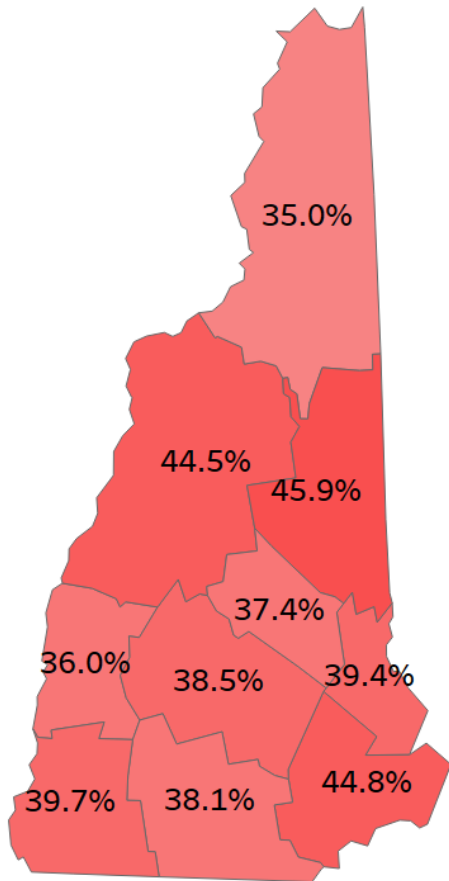
Period	Granite Advantage	Standard	Total
3/16/2020 to 2/15/2021	71,869 +39.9% 20,504	142,755 +13.2% 16,700	214,624 +21.0% 37,204



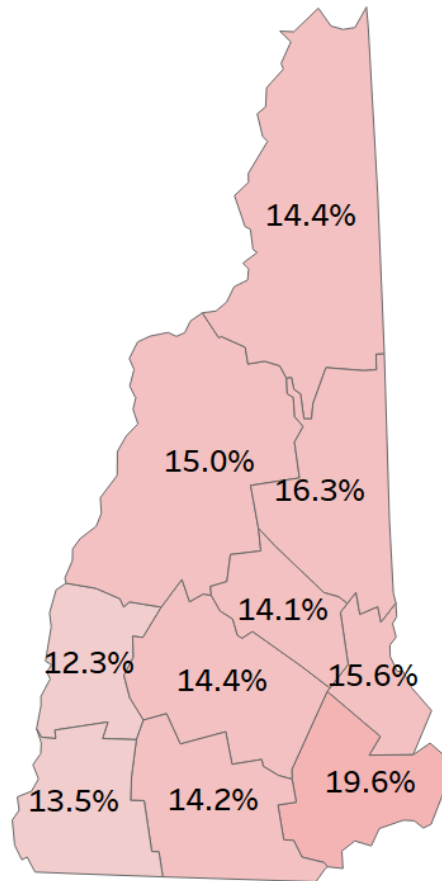
Division of Medicaid Services - Caseloads

Percent Change in NH Medicaid Enrollment by County Since the Start of COVID-19 Pandemic

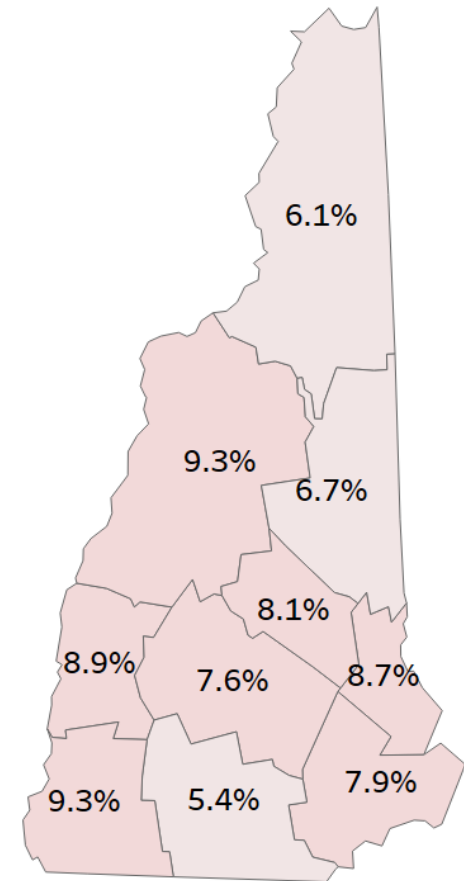
Granite Advantage



Standard - Income Based



Standard - Disabled/Elderly/Foster Care



Division of Medicaid Services – Delivery / Quality Strategy

ASSURE DELIVERY OF QUALITY AND APPROPRIATE CARE

- Monitoring preventive care and treatment quality measures
- Requiring evidence based clinical practices.



MANAGE CONTINUOUS PERFORMANCE IMPROVEMENT



- Quality withhold and performance incentive program.
- Alternative payment models.
- Performance based member auto-assignment program.
- Performance improvement projects.

ASSURE ACCESS TO QUALITY CARE



- Member travel time and distances standards to providers.
- Monitoring member service utilization and experience of care.
- Monitoring member grievances and appeals.

TARGET POPULATION HEALTH ACTIVITIES




- Mental health quality.
- Substance use/misuse quality.
- Members with special needs quality.
- Identification of disparities

ASSURE VENDOR CONTRACT COMPLIANCE



- Identify issues through system wide performance monitoring.
- Conduct annual external audit.
- Enforce liquidated damages and corrective action.

ASSURE DATA VALIDITY



- Conduct annual external data audit.
- Conduct ongoing internal systematic data validation.



Division of Medicaid Services – Delivery / Quality Strategy

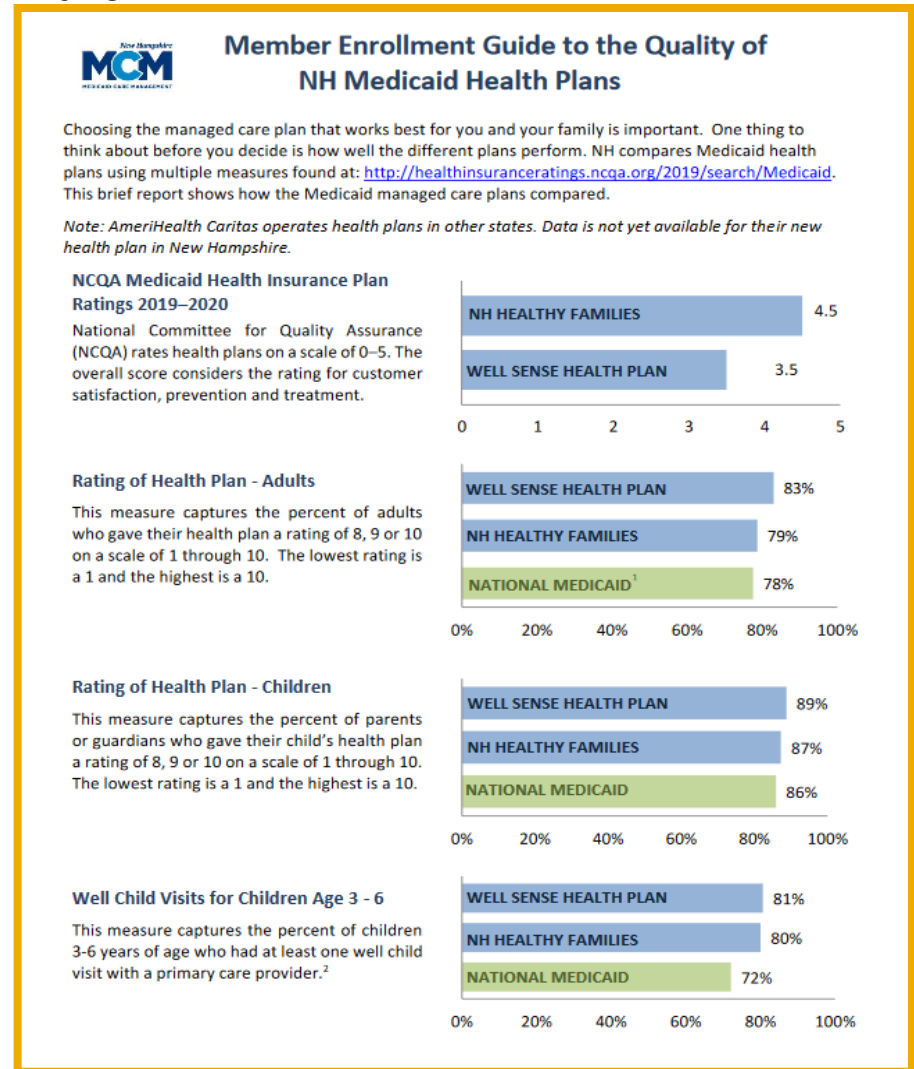
Medicaid Quality Consumer Guide of Health Plans

Consumer guide can support informed decisions about choosing a health plan. The guide is provided to newly eligible Medicaid members and existing Medicaid members during open enrollment.

The guide includes quality data about:

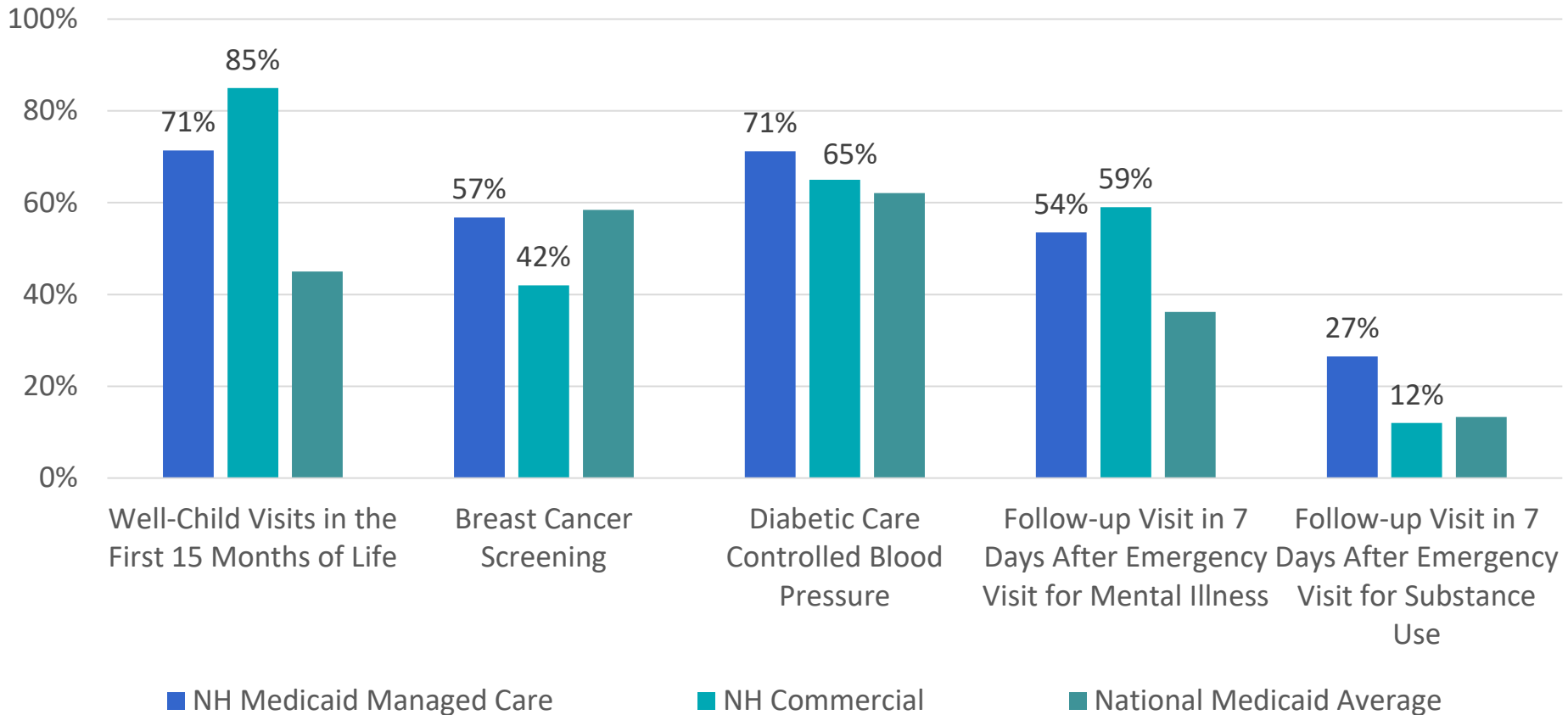
- Member satisfaction with the health plan;
- Member utilization of preventative care such as prenatal care; and
- Member adherence to evidence based treatment to manage physical and behavioral health conditions.

<https://medicaidquality.nh.gov/member-enrollment-guide-quality-nh-medicaid-plans>



Division of Medicaid Services – Delivery / Quality Strategy 15

2019 Rates for Key Performance Indicators



Data Source: (1) NH Medicaid Managed Care: Audited 2020 National Committee for Quality Assurance [NCQA] Healthcare Effectiveness Data and Information Set [HEDIS®] (2) NH Commercial: Audited 2020 NCQA HEDIS Data from NH Commercial Payers from NH All-Payer Claims Database (3) National Medicaid Average: NCQA Quality Compass National Medicaid HMO Rates



Division of Medicaid Services – Delivery / Quality Strategy

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The New Hampshire Medicaid Care Management (MCM) Quality Strategy has provided an initial roadmap to achieve higher level of performance by selecting ten (10) quality measures with a goal of reaching or exceeding the 75th percentile of National Medicaid Health Plans by June 30, 2022.

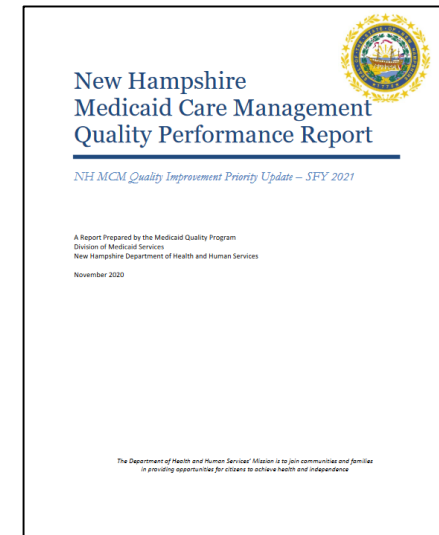
The 10 quality measures have been organized into two (2) report domains and six (6) categories:

Prevention:

- Adolescent Health and
- Women's Health

Treatment:

- Adult Mental Health Population
- Children's Mental Health Population
- Substance Use Disorder Treatment
- Appropriate Care



See NH's progress in the *NH Quality Priority Improvement Update Report*:

<https://medicaidquality.nh.gov/sites/default/files/SFY%202021%20NH%20MCM%20Quality%20Improvement%20Priority%20Update%20F3.pdf>



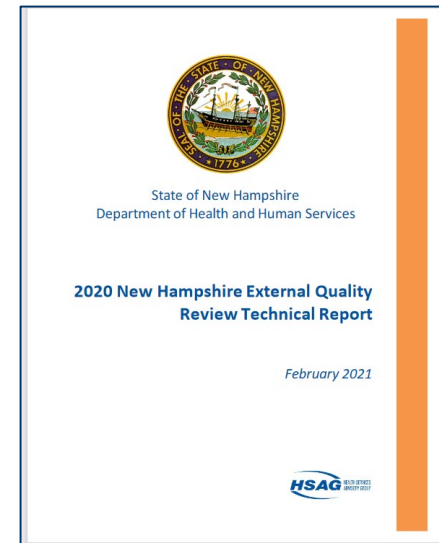
Division of Medicaid Services – External Review

The New Hampshire Medicaid Care Management (MCM) Program contracts with an External Organization to perform annual reviews of the NH Medicaid Care Management Organizations as federally required by 42 CFR 438.350

External Quality Review activities include:

- Annual MCO contract compliance audit;
- Annual performance measure validation audit;
- Annual MCO provider network adequacy validation;
- Validation of MCO performance improvement projects;
- Medicaid member interview studies;
- Medicaid provider satisfaction surveys; and
- Additional quality studies.

	SFY20	SFY21	SFY22 Budget	SFY23 Budget
AU7937 Medicaid Administration	\$508,788	\$534,228	\$623,208	\$623,208
AU2358 Granite Advantage	\$197,862	\$207,755	\$242,359	\$242,359
Total Funds	\$706,650	\$741,983	\$865,567	\$865,567



See the most recent Technical Report:
https://medicaidquality.nh.gov/sites/default/files/NH%20EQRO%20Technical%20Report%20SFY%2020_0.pdf



Division of Medicaid Services – Quality Improvement

Results NH Quality Priority Improvement Update Report:

	NH CY 2018	NH CY 2019	
Prevention - Adolescent Health			
Immunizations for Adolescents Combination Without HPV (IMA)	78.0%	78.2%	
Immunizations for Adolescents Combination Including HPV (IMA)	33.1%	33.1%	
Prevention - Women's Health			
Chlamydia Screening in Women (CHL)	46.5%	48.1%	
Timely Postpartum Care (PPC)	61.9%	79.2%	
Treatment - Adult Mental Health Population			
Diabetes Screening for People with Mental Illness Who Are Using Antipsychotic Medications (SSD)	80.5%	82.7%	
Table Legend			
Performance below the 75 th and 50 th Percentile	Performance below the 75 th Percentile but above the 50 th Percentile.	Improved performance from the prior year, but below the 75 th Percentile.	Performance equal to or above the 75 th Percentile.

Full report found at:

<https://medicaidquality.nh.gov/sites/default/files/SFY%202021%20NH%20MCM%20Quality%20Improvement%20Priority%20Update%20F3.pdf>



Division of Medicaid Services – Quality Improvement

Results NH Quality Priority Improvement Update Report:

	NH CY 2018	NH CY 2019	
Treatment - Adult Mental Health Population			
Adherence to Antipsychotic Medications for Individuals with Mental Illness (SAA)	80.9%	76.6%	
Treatment - Children's Mental Health Population			
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	70.4%	75.4%	
Continuation of Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder Medications (ADD)	57.3%	52.3%	
Treatment - Substance Use Disorder Treatment			
Engagement of Alcohol & Other Drug Abuse or Dependence Treatment (IET)	17.9%	22.0%	
Treatment – Appropriate care			
Appropriate Use of Imaging Studies for Low Back Pain (LBP)	68.8%	75.5%	
Table Legend			
Performance below the 75 th and 50 th Percentile	Performance below the 75 th Percentile but above the 50 th Percentile.	Improved performance from the prior year, but below the 75 th Percentile.	Performance equal to or above the 75 th Percentile.

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Division of Medicaid Services Key Accomplishments

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Response to Public Health Emergency

- Managed increased enrollment to meet federal maintenance of effort requirements to receive \$22.8M for SFY20 in enhanced federal match (\$45.3M expected in SFY21)
- Amended MCO contract to repurpose \$13 million in MCO capitation payments to safety net providers to ensure network stability and patient access
- Supplied provider data to federal partners to ensure NH providers received funds from Health Resources & Services Administration (HRSA) Provider Relief Fund
- Planning for post-PHE unwinding of COVID flexibilities in member eligibility, provider enrollment, and policy areas
- Implemented 1135 waivers allowing family members to deliver personal care services due to nursing shortage, and providing additional flexibilities around provider enrollment, service delivery and reporting requirements
- Implemented Medicaid COVID-19 Testing Group; providing Medicaid coverage for COVID-19 testing for uninsured
- Supported Executive and legislative mandates to expand the use of telehealth



Division of Medicaid Services Key Accomplishments

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Policy Implementation and Regulation Compliance

- Supported SB 684 to maximize federal reimbursement for schools participating in the Medicaid To Schools program
- Convened Adult Dental Workgroup to shape the adult dental benefit pending appropriation per HB4
- Developed Intergovernmental Transfer Agreements with county governments to support regulatory compliance for the county cap agreement
- Submitted 30+ State Plan Amendments (SPA's) in 2020 in response to legislative policy and CMS regulations
 - *Approximately double the number of SPAs typically submitted annually*
- Adopted Medicaid for Older Employed Adults with Disabilities (MOAD) eligibility group
- Updating Medicaid for Employed Adults with Disabilities (MEAD) determination rule



Division of Medicaid Services Key Accomplishments

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Program Development and Support

- Implemented payment methodologies to comport with legislative policy on New Hampshire Disproportionate Share Hospital (DSH) payment requirements
- Completed quarterly and annual legislative reporting requirements for Granite Advantage
- Re-procured non-emergency medical transportation (NEMT) fee-for-service contract, resulting in standing up a new transportation broker for 3,740 Medicaid fee for service beneficiaries
- Sustain MMIS business operations despite loss of dedicated Medicaid MMIS staff this fiscal year
- Operationalizing the Maternal Opioid Misuse (MOM) Model Grant, providing enhanced support for pregnant and post-partum women with Opioid Use Disorder and their infants in the Greater Manchester area



Division of Medicaid Services Key Accomplishments

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Medicaid Managed Care (MCM) Program

- **New MCO contract** approved March 2019 and effective as of September 1, 2019
- **Amendment 1- April 2019:** Modified start date and rates to bring alignment through an initial 10 month year with the state's fiscal year and maintaining the five year term
- **Amendment 2- December 2019:** Implemented 3.1% provider rate increase effective 1/1/20
- **Amendment 3- May 2020:** Implemented risk corridor to limit MCO windfalls in addition to the safety net provider funding noted previously
- **Amendment 4- June 2020:** Implemented a retroactive actuarial rate refresh to incorporate more recent actuarial experience, HB 4 2021 rate adjustments, and legislative policy changes
- **Amendment 5- January 2021:** Implemented a \$128,374,314 price limitation reduction, a capitation reduction of 3% and higher MLR requirement all in response to COVID impact on NH Medicaid program
 - **Amendment 5 also:** Implemented 3.1% provider rate increase effective 1/1/21



Division Of Medicaid Services – Key Challenges



PHE Impact and Unpredictability

- Uncertainty around the duration of COVID-19 and impact on programs, finances and providers
- Increased enrollment volume due to the continuous eligibility requirement
- Increased utilization of behavioral health and substance use services
- Ensuring provider network adequacy



Managing Significant Vacancies

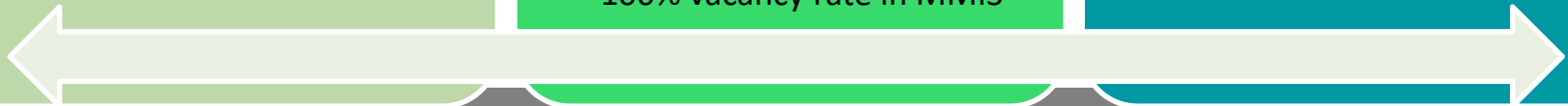
Substantial staff vacancy rate amid increased workload due to:

- Programmatic changes allowed by the PHE federal flexibilities
- Supporting new programs, e.g.:
 - Supportive Housing 1915(i)
 - Youth psychiatric residential redesign
 - Behavioral health delivery changes
 - SMI amendment to SUD IMD waiver
- 100% vacancy rate in MMIS

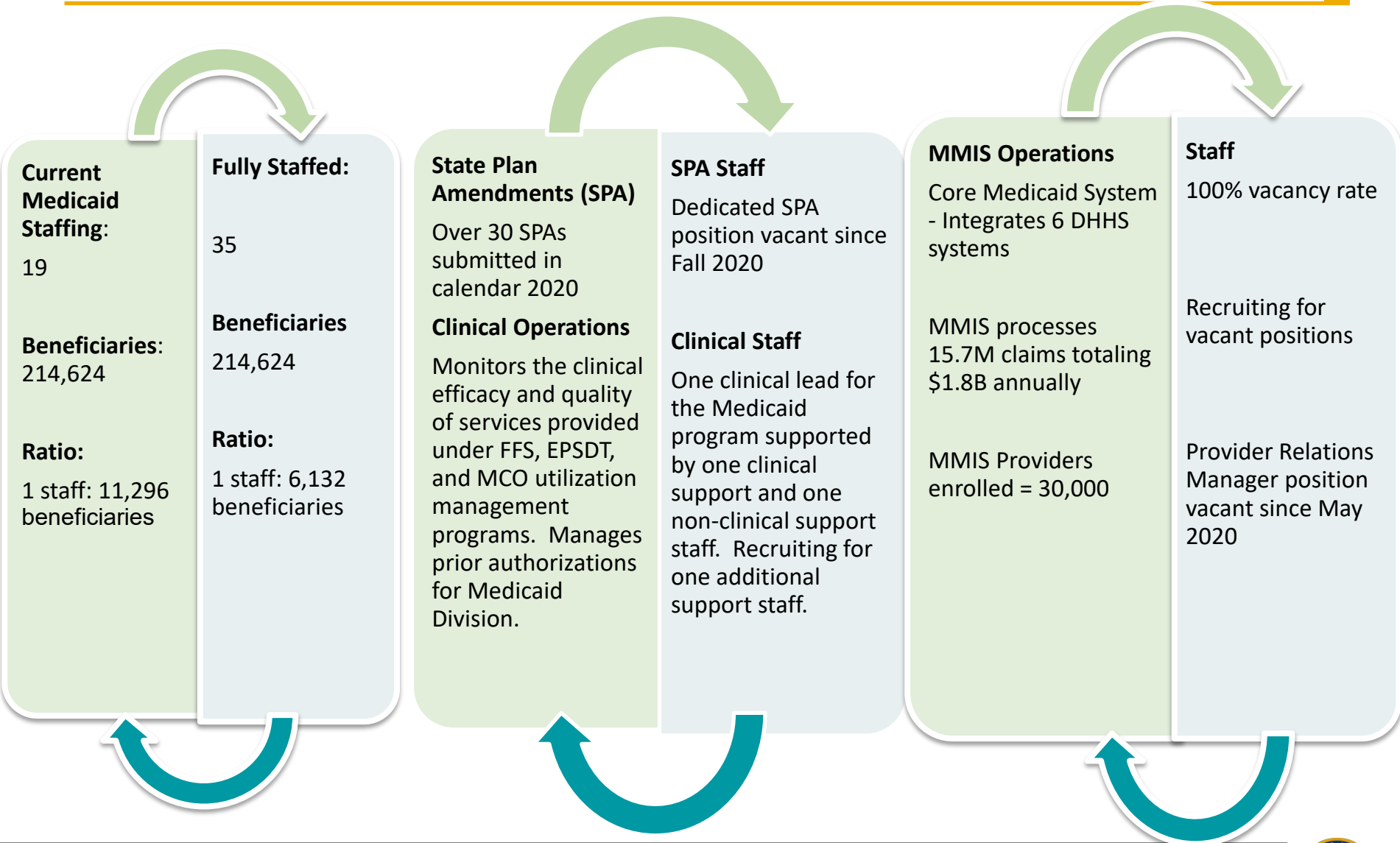


PHE Unwind and Forward

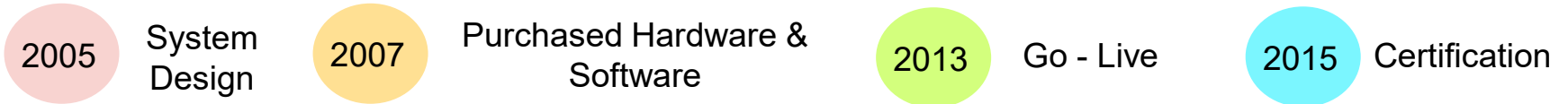
- Implementing policies and procedures to verify eligibility post PHE
- Unwinding COVID flexibilities in member eligibility, provider enrollment, and policy areas
- Continuing regular Medicaid operations and fiscal support



Workload Benchmarks



Medicaid Management Information System – Current State



The State’s Medicaid Program cost is largely influenced by State and Federal legislation. DHHS’s acknowledges the need to strategically re-procure the Medicaid systems to enhance services and reduce costs.

Medicaid Systems Overview

- \$7.6M GF Current cost to Maintain current system (Two Vendors/Contracts)
- ✓ Core Medicaid System - Integrates 6 DHHS systems
- ✓ MMIS processes 15.7M claims totaling \$1.8B annually
- **MMIS contract expires June 30, 2021**
- 5 year Contract Extension – Conduent \$9.9M GF annually
- 5 year contract extension – NTT Data for Quality Assurance - \$2.2M GF annually

Re-Procurement Strategies

NASPO: **Provider Services** & **Fee For Service (FFS) Claims**
6% of NH population is FFS remaining 94% is Managed Care

Regionalized Government: **AZ & HI**; **Michigan and Illinois**

Modular – 7 capital project requests to support effort

Strategic Directions



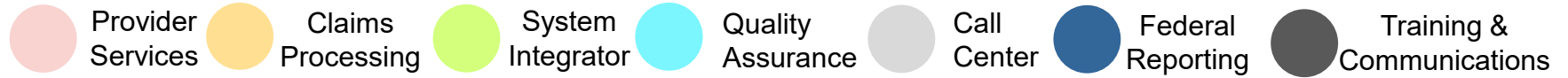
5 year plan: Maintain existing system and re-procure the MMIS key components



Lifecycle Management: maintain and operate the MMIS over the period of re-procurement; planned upgrades and changes to meet federal and state legislation



Medicaid Management Information System (MMIS)



The Medicaid Management Information System priorities are directed by State and Federal legislation.

Medicaid Systems Overview

Key Benefits / Metrics

- ✓ Core Medicaid System - Integrates 6 DHHS systems
- ✓ Federal Reporting - federal claiming for funding match
- ✓ MMIS Providers enrolled = 30,000
- ✓ Managed over 137,000 calls annually 99.5% up-time

Penalties and Risks

- Biennium Penalties: EVV: 21st century cures act: \$2.14M
- Risks:
 - Staffing shortages impacting ability to act on plan
 - Capital and operational funding
 - Unfunded legislative mandates resulting in complex workarounds increasing operational costs
 - Certification: General Fund Impact - \$6.6M annually

Operational Expenses



Conduent – Fiscal Agent and Operations of MMIS

- \$9M General Fund Annually
- \$39.4M Total Funds Annually

NTT Data – Quality Assurance required for federal matching funds

- \$2.2M General Fund Annually
- \$4.3M Total Funds Annually

Financials (Cost Drivers for Increase)

22/23: Budget shortfall in SFY 20/21. SFY22 increase of \$13M as result of the Biennium 20/21 budget short-fall

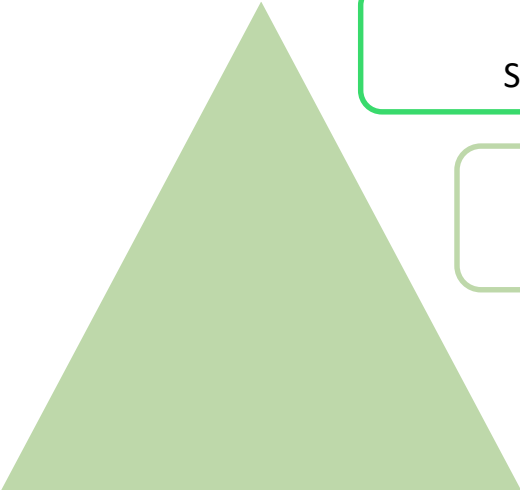
22/23 Lifecycle Management – Increase of \$12.2M for hardware and software upgrades

22/23 EVV Penalties - \$3.1M

22/23 Maintenance Cost Increase - \$19.3M to support data interface transactions, and interoperability and patient access final rule; as well as operational impacts associated with capital project transitions into operations



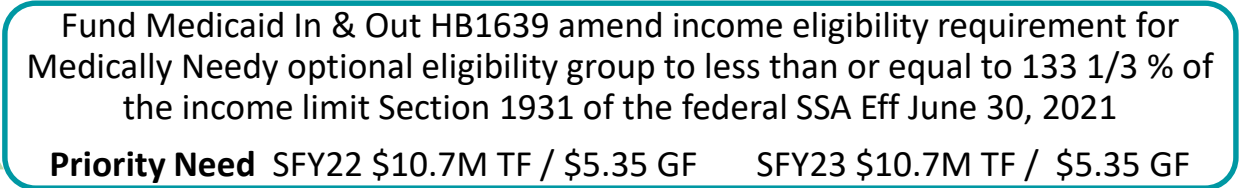
5% Incremental / decremented Outcome



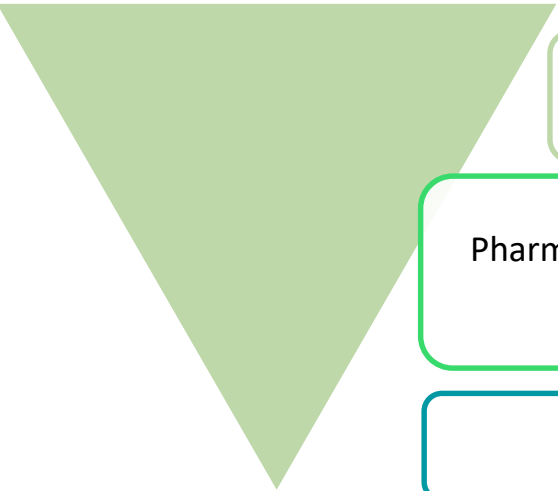
Fund Adult Dental Program HB103 / SB150 start date of April 2022
Standard Medicaid **Priority Need** SFY22 \$0 SFY23 \$11.6M TF / \$5.8M GF



Fund increased cost if pre-covid enrollment is not reached until March 2022
Standard Medicaid and CHIP **Priority Need** SFY22 \$29.1M TF / \$13.8M GF



Fund Medicaid In & Out HB1639 amend income eligibility requirement for Medically Needy optional eligibility group to less than or equal to 133 1/3 % of the income limit Section 1931 of the federal SSA Eff June 30, 2021
Priority Need SFY22 \$10.7M TF / \$5.35 GF SFY23 \$10.7M TF / \$5.35 GF



Eliminate coverage for optional eligibility groups – cannot make changes until after PHE
Refer to Briefing Book Page 70/71 for listing of optional eligibility groups

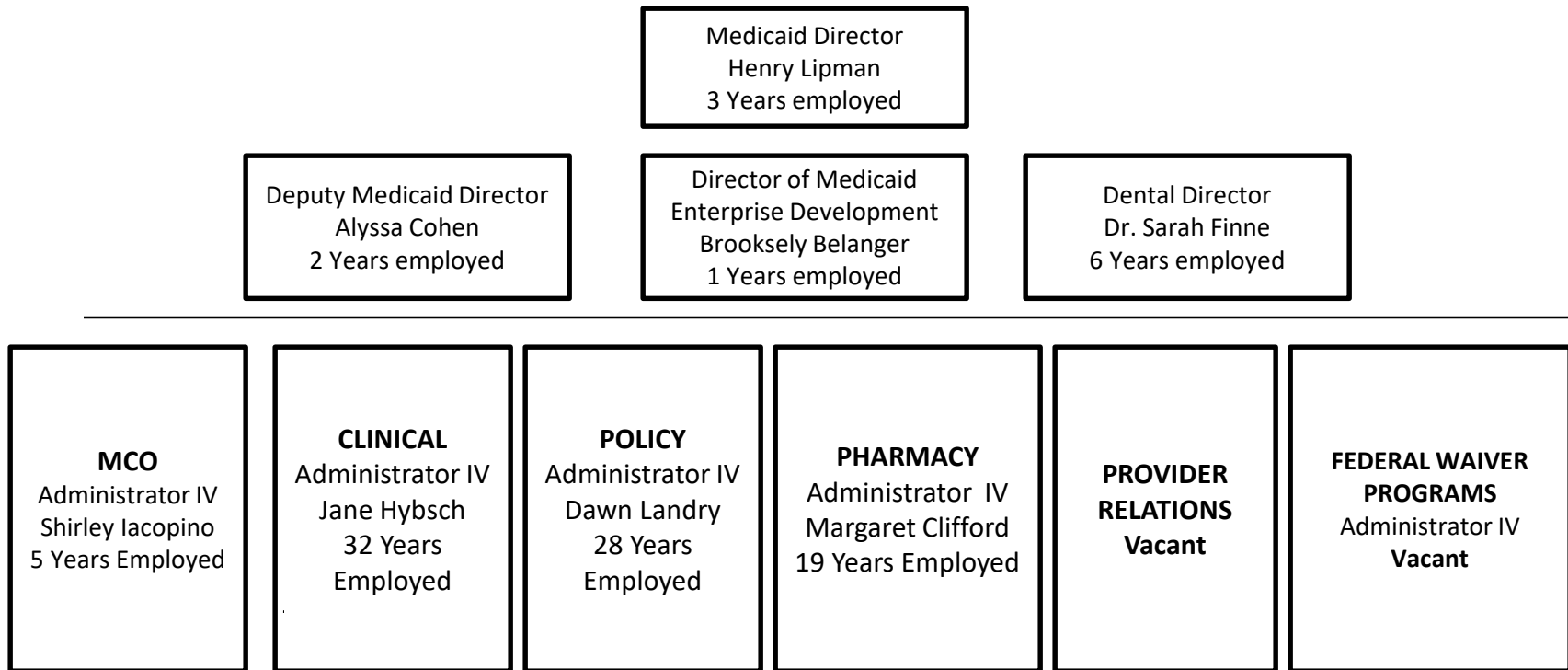
Eliminate coverage for optional services – top 3 services being:
Pharmacy \$253.6M Total Funds; Home and Community Based Services \$392.0M Total Funds
Community Mental Health Health Centers \$139.8M Total Funds
Refer to Briefing Book Page 70 for listing of optional services

Not fund portions of the MMIS and risk compliance and federal match
Certification: General Fund Impact - \$6.6M annually

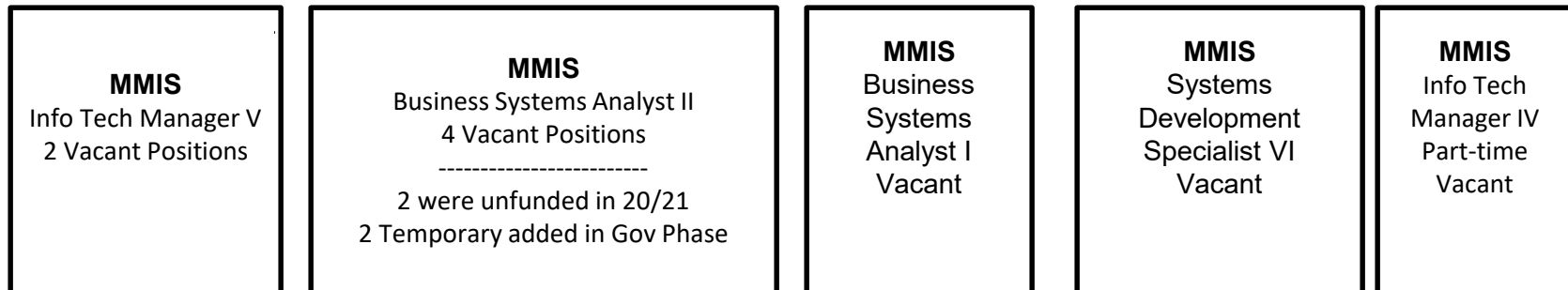


Division of Medicaid Services – Organizational Chart

Tenure of Division Key Leaders



Integrated with Bureau of Information Services – MMIS:



DMS Staffing

Governor Recommended Positions SFY22	# of Vacant Positions	Vacancy Rate	4710 – Division of Medicaid Services Accounting Unit 7937 Medicaid Administration
6	0	0%	Director's Office
1	1	100%	Federal Waiver Programs
2	0	0%	MCO staff
2	0	0%	Pharmacy Staff
3	0	0%	Dental Staff
4	1	25%	Clinical Staff
4	3	75%	Provider Relations Staff
5	3	60%	Policy Staff
6*	6	100%	MMIS staff
33	14	46%	DMS Total

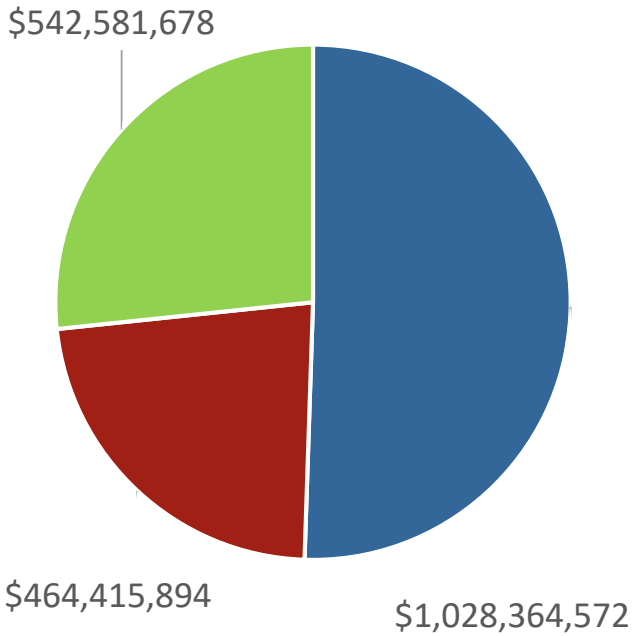
DMS staff provide clinical, contract management, system coordination, and ensure compliance with all state and federal rules and regulations to ensure continued Medicaid services and maximize opportunity for eligible federal funding.

* There were 2 MMIS 9Temp positions added during Governor Phase for a total of 8 MMIS positions

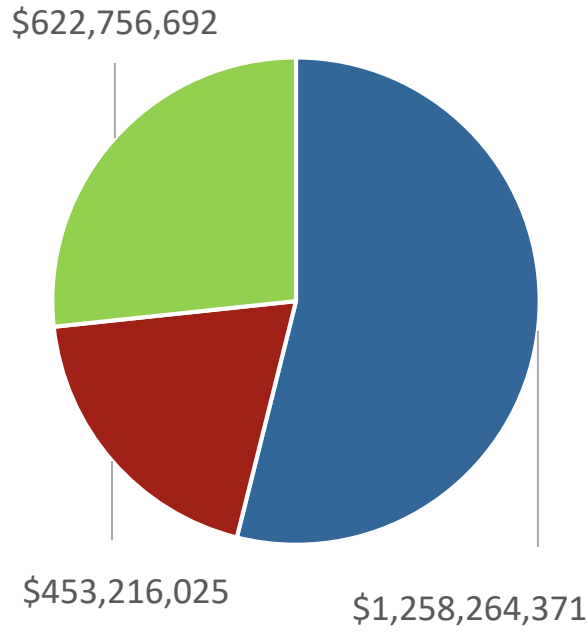


DMS Budget Chart comparison

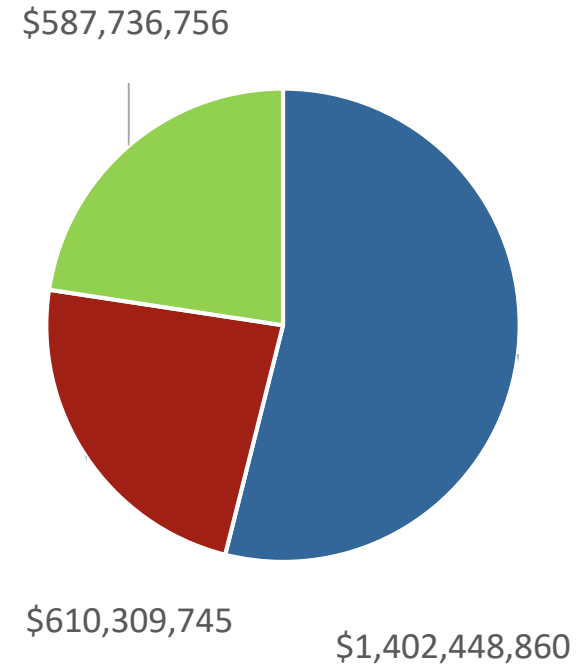
2018 / 2019



2020 / 2021



2022 / 2023



■ Federal ■ General ■ Other

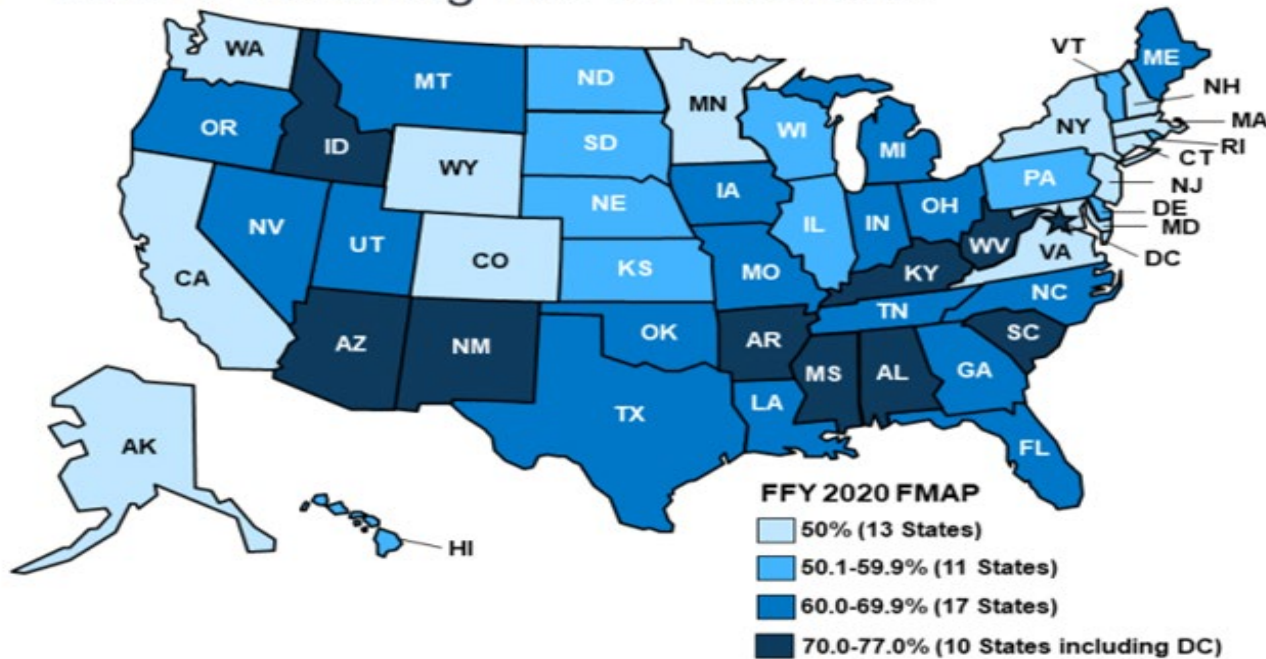
■ Federal ■ General ■ Other

■ Federal ■ General ■ Other



Division of Medicaid Services – Federal Match

Figure 1
States with lower per capita incomes have a higher federal matching rate for Medicaid.



NOTE: FMAP percentages are rounded to the nearest tenth of a percentage point. These rates are in effect Oct. 1, 2019-Sept. 30, 2020.
SOURCE: Federal Register, November 28, 2018 (Vol 83, No. 229), pp 61159, available at: <https://www.govinfo.gov/content/pkg/FR-2018-11-28/pdf/2018-25944.pdf>.



Division of Medicaid Services – Federal Match

FMAP = Federal Medical Assistance Percentage

EFMAP = Enhanced Federal Medical Assistance Percentage

	SFY2020		SFY2021			
	July 2019 - Dec 2019	Jan 2020 - June 2020	July 2020 - Sept 2020	July 2020 - Sept 2020	Oct 2020 - June 2021	Oct 2020 - June 2021
	Standard FMAP	EFMAP	Standard FMAP	EFMAP	Standard FMAP	EFMAP
Standard Medicaid	50.0%	56.2%	50.0%	56.2%	50.0%	56.2%
Breast & Cervical Cancer (BCCP)	65.0%	69.34%	65.0%	69.34%	65.0%	69.34%
CHIP	76.50%	80.84%	76.50%	80.84%	65.0%	69.34%
Family Planning	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

	SFY2022		SFY2023
		TBD end of PHE	
	Standard FMAP	EFMAP	Standard FMAP
Standard Medicaid	50.0%	56.2%	50.0%
Breast & Cervical Cancer (BCCP)	65.0%	69.34%	65.0%
CHIP	65.0%	69.34%	65.0%
Family Planning	90.0%	90.0%	90.0%

Families First Coronavirus Response Act (FFCRA) requires states receiving the enhanced FMAP due to the Federal Public Health Emergency (PHE) keep anyone enrolled in Medicaid as of March 18, 2020 (the start date of the PHE) enrolled in the program through the first day of the month following the month in which the PHE ends.

The COVID enhanced FMAP continues through the end of the quarter in which the PHE ends and is intended to provide general fund relief to states to cover costs associated with the increased caseload due to the COVID pandemic.



DMS Accounting Units

Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
4710-1371	Maternal Opioid Misuse Model	DMS	DMS	989	57
4710-5201	IDN Fund	DMS	DMS	989-990	59
4710-7937	Medicaid Administration	DMS	DMS	990-991	62
4710-7939	State Phase Down	DMS	DMS	991-992	63
4710-7943	Uncompensated Care Fund	DMS	DMS	992	65
4710-7945	Electronic Health Records	DMS	DMS	993	66



DMS Accounting Units

Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
4710-7948	Medicaid Care Management	DMS	DMS	993-994	68
4710-7051	Child Health Insurance Fund	DMS	DMS	994-995	74
4710-8009	Medicaid Mgmt Info System	DMS	DMS	995-996	76
4710-7207	Medicaid To Schools	DMS	DMS	996	77

