

Medical Care Advisory Committee (MCAC)
May 9, 2017
SCDHHS, 1801 Main Street, Columbia, South Carolina 29202
10:00AM-12:00PM

- I. Welcome by Acting Director
- II. Advisements
 - Supplemental Teaching Payment (STP) Program
 - Federally Qualified Health Centers (FQHCs) Fee For Service (FFS) Payment Rates
 - Intermediate Care Facilities for the Developmentally Disabled (ICF/ID) Rate Updates
 - South Carolina Department of Mental Health's (SCDMH) Community Mental Health Clinic Service Rate Updates
Jeff Saxon, Program Manager, Finance and Administration
 - Pharmacy Prescription Limit
 - Pharmacy Benefit Co-Payments
Bryan Amick, Acting Deputy Director, Office of Health Programs
- III. SCDHHS Deputy Updates
 - Bryan Amick, Acting Deputy Director, Office of Health Programs
 - Pharmacy Reimbursement
 - Peter Liggett, Deputy Director, Long Term Care and Behavioral Health
 - Palmetto Coordinated System of Care Waiver
 - Beth Hutto, Deputy Director, Eligibility, Enrollment, and Member Services
 - Eligibility, Enrollment, and Member Services (EEMS)
 - Erin Boyce, Controller, Planning and Budgets
 - FY 2017 Year to Date Budget
- IV. Public Comment
- V. Closing Comments
- VI. Adjournment

Medical Care Advisory Committee (MCAC)
February 7, 2017 Meeting Minutes

Present

Susan Alford*
William Bilton
Cindy Carron
Dr. Amy Crockett
Dr. Tom Gailey
Tysha Holmes
Ronnie Hyatt (phone)
Bill Lindsey
Melanie Matney
J.T. McLawhorn
Maggie Michael
Gloria Prevost

Not Present

John Barber
Sue Berkowitz
Diane Flashnick
Amy Holbert
Chief Bill Harris
Lee Kerrison
Dr. Kashyap Patel
Crystal Ray
Dr. Keith Shealy
Dr. Lynn Wilson
Lathran Woodward

**Joan Meacham attended on behalf of Susan Alford.*

Christian L. Soura, Director

With the change in administration, CMS is on shutdown. They were directed to not have contact with states regarding policy initiatives, waivers, routine meetings, etc. They are handling some emergency paperwork. There is no clear date as to when CMS will resume daily operations.

This is the first year with the shorter legislative session. SCDHHS has already presented to the House and Senate. The budget presentations are available online, scdhhs.gov. The executive budget largely conformed to what was submitted in the fall.

Michael Jones on behalf of Beth Hutto, Deputy Director, Eligibility, Enrollment and Member Services

Full-benefit membership continues to remain constant at around 1 million.

IBM is now serving as the eligibility system's integrator. There is a release scheduled for the end of February. By allowing IBM to further develop the systems and serve as the system integrator, it will help SCDHHS eligibility staff with processing.

The Department is creating a central processing center. The center, located on Browning Road near I-20 and Bush River Rd., will have the capacity for up to 92 workers.

The Department has spent the last 18 months monitoring eligibility processing on a daily and weekly basis. The pending cases have decreased to 47,000.

The Department is developing a communications plan to publicize the online Medicaid application, apply.scdhhs.gov.

Heather Tucker, Program Manager, Planning and Budgets

The Department is 50 percent through the year and has expended 47 percent of the budget. The total Medical Assistance line is at 50 percent expenditure.

Hospital Services is under due to a \$17M GME payment that was budgeted in December but didn't pay until January.

There is an increase in manual pricing for DME codes. Department staff is investigating this increase and working to level it out. This was included in our FY18 budget request.

CLTC is growing by 25 members per week. The Department budgeted for growth of 10 members per week this fiscal year, but the forecast is much higher next year.

DOE, MUSC, DMH and Other Entities are under projections but we typically see the state agencies increase billing toward the end of the fiscal year.

Questions/Comments

1. Is the online application live?

Yes, the online application launched in October 2015. The Department has worked to better refine the online application. It is accessible by visiting apply.scdhhs.gov or by visiting the SCDHHS website, scdhhs.gov, and click on the header/banner image.

2. There seems to be an increased need for behavioral health care because of the anxiety in the world, especially in our nation. Has there been an uptick of Medicaid behavioral health services?

We are waiting on MCO encounter data to evaluate the use of behavioral health services. Fee-for-service is under budget as less services are being used and/or requests for payments are coming in more slowly.

3. Other states pay more for behavioral health for children. Can we use extra, unused funds for PRTFs?

There will be a rate increase on July 1, 2017, which is expected to increase access to PRTF beds for SC Medicaid beneficiaries. Also, going forward, ancillary services will be billed separately, outside of the base per-diem rate. Therefore, PRTFs will get paid more for psychiatric services.

The PRTF carve-in was pushed back to July 1, 2017, at the request of providers.

4. Do we monitor mental health access?

With the carve-in, MCOs must develop an adequate network.

The Department is working with IMPH as there are not enough mental and behavioral health providers in the state. Due to supply and demand, it is a cash market in the private sector. SCDHHS worked with DAODAS on a survey of the Act 301 system's providers, to identify specific

types and levels of practitioners that are needed in specific locations.

There is also less claims traffic from other state agencies this year. The Department is investigating to determine if agencies are sitting on claims, seeing fewer beneficiaries, etc.

5. **When it comes to the care of pregnant women, they may have coverage for six months but then they rotate off. This includes coverage for mental health.**

SCDHHS is working with SCHA and IMPH to have a mental health consultant available via phone to provide on-the-spot mental health care.

6. **If a medical practice is 100 percent compliant with completed SBIRT forms, where does that information go? What are the end results?**

SCDHHS employee Maudra Brown is tracking SBIRT forms and the follow-up actions. The Division of Health Programs can provide this information and work with physicians who have questions or comments.

7. **With the ACA open enrollment, did SCDHHS see a downtick in Medicaid applicants and beneficiaries?**

The Department of Insurance has information on enrollment in exchange plans. SCDHHS did see a number of account transfers that was in line with the previous year.

Meeting Adjourned

Next Meeting scheduled for May 9, 2017 10:00 a.m. to 12:00 p.m.

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

PRESENTED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

DATE: April 20, 2017

SUBJECT: The South Carolina Medicaid Supplemental Teaching Physician (STP) Payment Program

OBJECTIVE: To update the base year data and list of eligible teaching physicians needed to determine STP payments under the Centers for Medicaid and Medicare Services (CMS) approved STP average commercial rate (ACR) payment methodology.

BACKGROUND: The currently approved STP payment methodology effective April 1, 2016 was based upon the use of average commercial rates and Medicaid fee for service claims experience applicable to service dates of October 1, 2013 through September 30, 2014. In order to update the STP ACR payments for the period April 1, 2017 through March 31, 2018, the SCDHHS will use calendar year 2016 commercial payer rates and Medicaid fee for service claims data. The Medicaid fee for service claims data will be adjusted by an incurred but not reported (IBNR) factor to account for any incurred calendar year 2016 claims that may pay during the course of calendar year 2017.

The SCDHHS will continue to determine the STP ACR payments on a provider specific level based upon the use of the average commercial rate per code versus the weighted average commercial rate by code. Analysis performed by SCDHHS staff indicated that the use of the average commercial rate by code resulted in higher STP payments versus the use of the weighted average commercial rate by code.

BUDGETARY IMPACT: Annual aggregate Medicaid fee for service STP expenditures are expected to increase by approximately \$1.65 million (total dollars). No state match will be incurred by SCDHHS since the state matching funds required for these payments are provided via intergovernmental transfers from the Medical Universities, non-state owned governmental hospitals, or from the South Carolina Area Health Education Consortium (AHEC).

EXPECTED OUTCOMES: Medicaid recipient access to STP providers is expected to be maintained.

EXTERNAL GROUPS AFFECTED: STP providers and Medicaid recipients.

RECOMMENDATION: Move to amend the current state plan to incorporate the use of updated base year data and the use of an IBNR factor when determining the ACR payments for qualifying STP providers.

EFFECTIVE DATE: For services provided on and after April 1, 2017.

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

PRESENTED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

DATE: April 20, 2017

SUBJECT: Federally Qualified Health Centers (FQHCs) Fee for Service (FFS) Payment Rates

OBJECTIVE: To update the July 1, 2017 Medicaid FFS payment rates by applying the calendar year 2017 Medicare Economic Index (MEI) trend rate to the July 1, 2016 FQHC Medicaid FFS payment rates.

BACKGROUND: Under the Benefits Improvement and Protection Act (BIPA) of 2000, Medicaid agencies were required to establish Medicaid payment rates to FQHCs and Rural Health Clinics (RHCs) using an alternate payment methodology or a prospective payment system (PPS) methodology. The minimum baseline PPS rate for each FQHC effective January 1, 2001 was established based upon "100% of the reasonable costs incurred during fiscal year 1999 and fiscal year 2000" for each provider. For FQHC PPS rates effective on and after January 1, 2002, the baseline PPS rate would be trended by the annual Medicare Economic Index trend rate and adjusted upward or downward for changes in scope of services.

In order to promote provider efficiency, decrease administrative burden, and assist in the SCDHHS budgeting process, the SCDHHS established prospective payment rates for all contracting FQHCs that were formerly being reimbursed under the alternate payment methodology effective for services provided on and after July 1, 2016. To ensure that current Medicaid FQHC prospective FFS payment rates equal or exceed the Medicaid minimum FQHC baseline PPS rates, the agency will increase the July 1, 2016 Medicaid FQHC payment rates by 1.2%.

BUDGETARY IMPACT: It is anticipated that the application of the trend rate will increase annual Medicaid FFS and managed care expenditures by approximately \$600,000 (total dollars).

EXPECTED OUTCOMES: Medicaid recipient access to FQHC providers is expected to be maintained.

EXTERNAL GROUPS AFFECTED: FQHC providers, Medicaid managed care providers, and Medicaid recipients.

RECOMMENDATION: Move to amend the current state plan to provide for the application of the 1.2% trend factor to the current FQHC Medicaid payment rates.

EFFECTIVE DATE: For services provided on and after July 1, 2017.

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

PRESENTED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

DATE: April 24, 2017

SUBJECT: Intermediate Care Facilities for the Developmentally Disabled (ICF/ID) rate update effective for service dates beginning on or after July 1, 2017.

OBJECTIVE: To update the SC Medicaid ICF/ID Medicaid reimbursement rates based upon the most recent cost report data available.

BACKGROUND: The current South Carolina Department of Disabilities and Special Needs (SCDDSN) ICF/ID rates were last updated May 1, 2014. Therefore it is now time to update the rates effective for services provided on or after July 1, 2017 using the most recently submitted cost report data available which will be trended forward to the prospective payment period.

BUDGETARY IMPACT: The projected increase in total expenditures is approximately \$4.92 million (total dollars) which represents a projected 3.54% rate increase. However, because SCDDSN provides the state matching funds for these services, there is no cost incurred by the SCDHHS due to this rate increase.

EXPECTED OUTCOMES: Medicaid recipient access to ICF/ID services will be maintained/may improve.

EXTERNAL GROUPS AFFECTED: Contracting Medicaid ICF/ID facilities and Medicaid eligibles.

RECOMMENDATION: Move to amend the current state plan to allow for the updated ICF/ID rates using the most recent cost report information available.

EFFECTIVE DATE: For services provided on or after July 1, 2017.

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

PRESENTED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

DATE: April 25, 2017

SUBJECT: South Carolina Department of Mental Health's (SCDMH) Community Mental Health Clinic Service Rate Updates.

OBJECTIVE: To update the SCDMH's Community Mental Health Clinic service rates effective July 1, 2017 based upon the application of the Calendar Year 2017 Medicare Economic Index trend rate to the July 1, 2016 clinic rates.

BACKGROUND: Effective July 1, 2016 the South Carolina Department of Health and Human Services (SCDHHS) updated the prospective payment rates for SCDMH Community Mental Health Clinic services by using state fiscal year 2015 cost report data as well as the use of applicable trend factors. To take into account provider cost increases over the past year, the agency will apply a 1.2% annual trend rate to the July 1, 2016 SCDMH Community Mental Health Clinic rates.

BUDGETARY IMPACT: Annual aggregate expenditures are expected to increase by approximately \$300,000 (total dollars) for Medicaid fee for service individuals. However, because SCDMH provides the state matching funds for the services that the agency provides, there is no impact on SCDHHS state matching funds.

EXPECTED OUTCOMES: Medicaid recipient access to SCDMH Community Mental Health Clinics will be maintained/may improve.

EXTERNAL GROUPS AFFECTED: The SCDMH Community Mental Health clinics and Medicaid recipients.

RECOMMENDATION: Move to amend the current state plan to allow for the update to the SCDMH Community Mental Health clinic rates as described above.

EFFECTIVE DATE: For services provided on or after July 1, 2017

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Bryan Amick

PRESENTED BY: Bryan Amick

DATE: May 1, 2017

SUBJECT: Pharmacy Prescription Limit

OBJECTIVE: To enhance access and compliance by modifying or removing the monthly prescription limit.

BACKGROUND: Increasingly prescription medications have become a critical component of the management of chronic disease. Ensuring access to these medications allows for the better health for Medicaid beneficiaries and decrease total healthcare costs.

The SC Medicaid State Plan currently allows adult beneficiaries four (4) prescriptions per month, with certain exceptions. While some exceptions already exist, access barriers remain within both the fee-for-service and managed care programs.

BUDGETARY IMPACT: SCDHHS is currently finalizing the budget impact estimates related to this advisements. Over time, SCDHHS expects this policy change to generate net savings, as access to medications both improves health and decreases the demand for more intensive and costly healthcare services.

EXPECTED OUTCOMES: Increase in the number of prescriptions available for adult Medicaid beneficiaries.

EXTERNAL GROUPS AFFECTED: Medicaid beneficiaries, pharmacy providers, physicians and other medical professionals.

RECOMMENDATION: Submission of a SPA or medication to SCDHHS policy language to increase the prescription limit, based on the results of the budget impact analysis.

EFFECTIVE DATE: On or after July 1, 2017

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Bryan Amick

PRESENTED BY: Bryan Amick

DATE: May 1, 2017

SUBJECT: Pharmacy Benefit Co-Payments

OBJECTIVE: To enhance access and compliance by removing the co-payment requirement for specific medications and classes of medications that have been designated as “high value” by the SCDHHS.

BACKGROUND: Adult Medicaid beneficiaries are currently responsible for a co-payment of \$3.40 per prescription. While this nominal fee is considerably lower than the co-payment required by other payers, it may pose a barrier to access for some beneficiaries.

SCDHHS proposes the adoption of State Plan language that will allow SCDHHS to determine drug classes as being co-payment exempt without the need to submit future SPAs. SCDHHS expects medications used for smoking cessation and for the treatment of substance use disorder be the initial drug classes to qualify for the exemption.

BUDGETARY IMPACT: \$750,000 in drug costs. Over time, SCDHHS expects this initiative to produce net savings as the health benefits of better medication compliance and persistence are realized.

EXPECTED OUTCOMES: To adopt State Plan language that allows the flexibility for SCDHHS to remove the co-payment requirement for those classes that are deemed as “high value” by SCDHHS.

EXTERNAL GROUPS AFFECTED: Medicaid beneficiaries, pharmacy providers, physicians and other medical professionals.

RECOMMENDATION: Submission of a SPA to create the flexibility to remove pharmacy co-payments for drug classes identified by SCDHHS.

EFFECTIVE DATE: On or after July 1, 2017

Office of Health Programs

Bryan Amick
Acting Deputy Director, Office of Health Programs
May 9, 2017



Long Term Care and Behavioral Health Services

Peter Liggett

Deputy Director, Long Term Care and Behavioral Health Services

May 9, 2017



May 1, 2017

South Carolina Healthy Connections will apply to CMS for a 1915(c) waiver for children and youth up to age 21 with significant behavioral health challenges who would otherwise be treated for psychiatric conditions in inpatient settings. This waiver, called the Palmetto Coordinated System of Care waiver, would create a new array of home and community-based services to help children and youth live in the community, stay in school, and when possible live in their home.

Application for this waiver is based in part on an upsurge in costly, repeated inpatient psychiatric hospitalizations. During state fiscal year 2015, the number of Medicaid beneficiaries under age 21 treated at private inpatient facilities increased 600%. During the same time, 4,747 children and youth age 0 through 21 were treated for psychiatric conditions in inpatient settings. Nearly 15% of children and youth had multiple hospitalizations. One hundred and forty of these children and youth experienced three or more hospitalizations during the 12 month period. One youth was hospitalized 14 times.

The costs of repeated psychiatric hospitalizations are extensive. For this group of 4,747 children and youth, total Medicaid-funded health care expenditures during state fiscal year 2015 were \$137 million. Nearly 5% of children and youth had total Medicaid expenditures over \$100,000. The average expenditure was nearly \$29,000. The implementation of this waiver has the potential to significantly reduce expenditures for this population, while at the same time providing more effective services.

Research has shown that effective home and community-based services can be less costly and provide better outcomes for children, youth, and their families. Proposed waiver services include high-fidelity wraparound care coordination, individual goods and services (flex funds), career exploration and assessment, employment skills development, intensive supported employment, respite, community psychiatric supports and treatment, and non-medical transportation. The waiver also includes comprehensive rates for seven evidence-based practices.

All waiver referrals, plans of care, and authorization of services will be entered into the Phoenix system. Providers included on a participant's plan of care will bill services through electronic visit verification or the Phoenix web-based portal. Altering the Phoenix system to accommodate this waiver will ensure that best practices are used for billing, reporting, federal waiver assurances, and continual quality improvement.

The waiver is expected to start with 200 participants and expand to 400 over a five-year period. Depending on CMS approval, waiver is targeted to begin in the Fall of 2017.

Eligibility, Enrollment, & Member Services

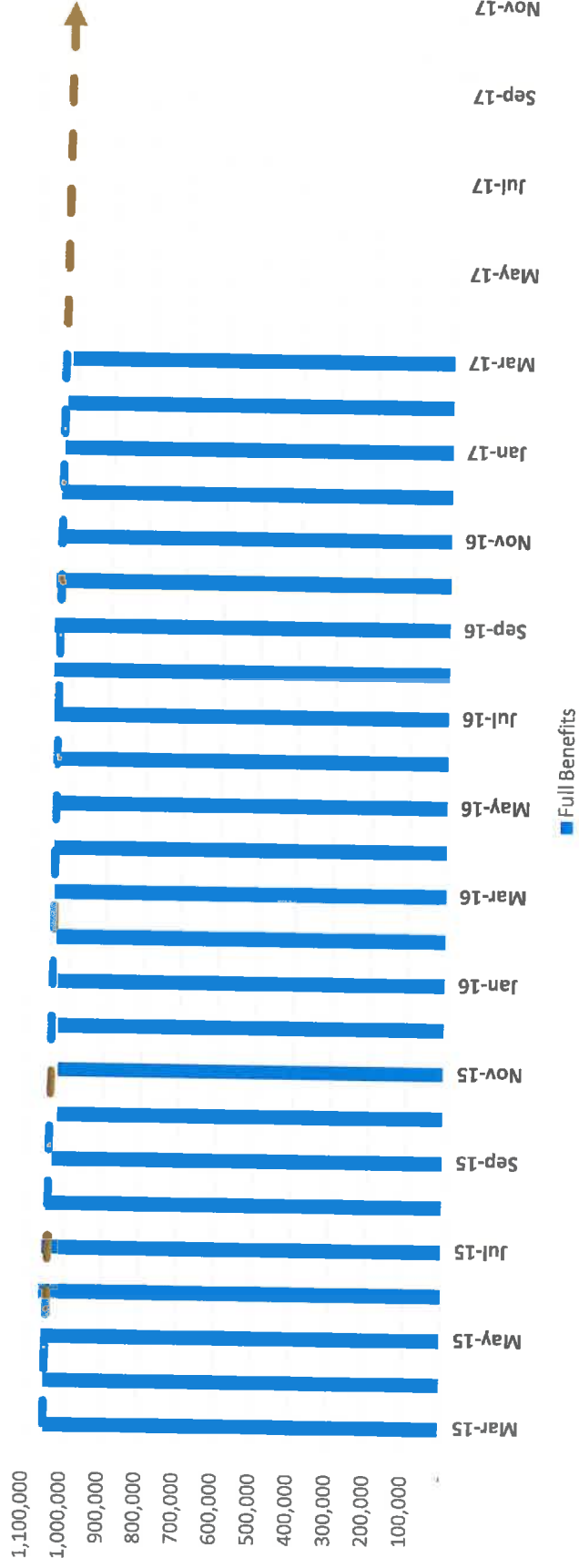
Beth Hutto

Deputy Director, Eligibility, Enrollment, and Member Services

May 9, 2017



Full-Benefit Membership



- Full-benefit membership continues to hold around 1 million.

Planning and Budgets

Erin Boyce
Controller, Planning and Budgets
May 9, 2017



Appropriation/Authorization to Year to Date Actual Spending
FY 2017 YTD (Through March)

| Budget by Major Program and Spending Purpose | FY 2017 Reassigned Appropriation | FY 2017 YTD | Remaining from Appropr./Auth. | % Expended | Variance Notes |
|---|----------------------------------|-------------------------|-------------------------------|------------|--|
| SCDHHS Medicaid Assistance | | | | | |
| Coordinated Care | 2,948,142,766 | 2,186,094,483 | 762,048,283 | 74% | |
| Hospital Services | 589,968,675 | 412,825,985 | 177,142,690 | 70% | |
| Disproportionate Share | 534,428,681 | 450,134,148 | 84,294,533 | 84% | Incl. two July payments for prior FY, plus payments associated with FFY 2012 audit redistribution |
| Nursing Facilities | 601,773,469 | 448,819,160 | 152,954,309 | 75% | |
| Pharmaceutical Services | 112,057,272 | 92,928,468 | 19,128,804 | 83% | Hep-C expenditures higher than anticipated in the appropriation |
| Physician Services | 112,725,665 | 68,729,079 | 43,996,586 | 61% | EHR payments being processed slower than expected |
| Community Long-term Care (CLTC) | 167,127,233 | 157,483,416 | 9,643,817 | 94% | Community Choices census remains above forecast |
| Dental Services | 153,836,899 | 107,206,242 | 46,630,656 | 70% | |
| Clinical Services | 38,693,191 | 28,271,774 | 10,421,416 | 73% | |
| Transportation Services | 93,529,609 | 57,776,070 | 35,753,540 | 62% | Rate increase took effect 1/1/17; % expended will continue to rise |
| Medical Professional Services | 29,122,949 | 19,914,150 | 9,208,799 | 68% | EHR payments being processed slower than expected |
| Durable Medical Equipment | 26,729,368 | 25,125,591 | 1,603,776 | 94% | Increase in manual pricing of claims and use of "Miscellaneous" codes. |
| Lab & X-Ray Services | 13,507,079 | 9,737,103 | 3,769,976 | 72% | Note the Dept's related budget decision package |
| Family Planning | 19,096,788 | 12,013,428 | 7,085,359 | 63% | Falling per-unit costs of birth control |
| Hospice | 15,385,817 | 9,352,565 | 6,033,252 | 61% | Utilization is under projection and prior-year levels |
| Program of All-Inclusive Care (PACE) | 13,774,387 | 10,266,420 | 3,507,968 | 75% | |
| EPSDT | 4,545,484 | 3,011,577 | 1,533,907 | 66% | Appropriation assumed autism services offered in the state plan in FY17 |
| Home Health Services | 14,119,678 | 10,480,307 | 3,639,371 | 74% | |
| OSCAP | 8,172,575 | 5,854,322 | 2,318,253 | 72% | |
| Optional State Supplement (OSS) | 21,487,494 | 14,598,690 | 6,889,774 | 68% | Utilization is under projection and prior-year levels |
| Premiums Matched | 233,423,443 | 163,810,285 | 69,613,158 | 70% | |
| MMA Phased Down Contributions | 90,511,992 | 69,562,741 | 20,949,251 | 77% | Federally mandated rate increase effective January 2017 was higher than budgeted |
| Premiums 100% State | 20,361,833 | 14,190,921 | 6,190,912 | 70% | |
| Children's Community Care | 20,112,688 | 13,339,192 | 6,773,496 | 66% | Utilization is less than budgeted |
| Behavioral Health | 133,951,533 | 67,450,966 | 66,500,567 | 50% | Fee-for-service expenditures for RBHS services are below projection |
| Total SCDHHS Medicaid Assistance | \$ 6,016,610,538 | \$ 4,458,965,084 | \$ 1,557,645,455 | 74% | |
| SCDHHS Other Health Programs | | | | | |
| Disabilities & Special Needs (DDSN) | 667,461,871 | 455,589,451 | 211,872,420 | 68% | Utilization less than budgeted for the CS and ID/RD waivers |
| Education (DOE) | 47,861,413 | 22,927,018 | 24,934,395 | 48% | Dept. of Education claims are low during the summer months and begin to pick up in later in year |
| Health & Environmental Control (DHEC) | 6,218,799 | 5,619,360 | 599,439 | 90% | Higher utilization than budgeted in all areas except family planning |
| Medical University of SC (MUSC) | 34,707,182 | 31,878,648 | 2,828,534 | 92% | Timing of Supplemental Teaching Payments |
| Mental Health (DMH) | 81,491,177 | 43,692,109 | 37,799,068 | 54% | Fee-for-service expenditures for RBHS services are below projection |
| University of South Carolina (USC) | 9,228,490 | 2,659,465 | 6,569,025 | 29% | Timing of Supplemental Teaching Payments |
| Other Entities Funding | 62,493,361 | 12,201,961 | 50,291,400 | 20% | Timing of Supplemental Teaching Payments; withholding of GHS payments, subject to federal approval |
| State Agencies & Other Entities | \$ 909,462,293 | \$ 574,568,012 | \$ 334,894,281 | 63% | |
| SCDHHS Operating Expenditures | | | | | |
| Personnel & Benefits | 72,885,070 | 53,162,360 | 19,722,710 | 73% | |
| Medical Contracts | 307,774,025 | 141,639,081 | 166,134,944 | 46% | Contracts issued annually; spend weighted towards end of year |
| Other Operating Costs | 47,545,227 | 19,357,346 | 28,187,881 | 41% | Spend weighted towards end of year |
| Total SCDHHS Operating Expenditures | \$ 428,204,322 | \$ 214,156,787 | \$ 214,045,535 | 50% | |
| Total Budget - Annual Budget Appropriation | \$ 7,358,277,153 | \$ 5,247,691,883 | \$ 2,110,585,270 | 71% | |

*Variances explained when more than 5% above or below 75% of annual appropriation.