

SUMMARY ACTION MINUTES

SPECIAL MEETING FIRST 5 ORANGE COUNTY, CHILDREN & FAMILIES COMMISSION

Friday, May 8, 2020, 1:30 P.M.

Orange County Transportation Authority Conference Center
550 South Main Street
Orange, California

RAMIN BASCHSHI, MD
Vice Chair

SANDRA BARRY
Chair Pro Tem

DOUG CHAFFEE
Commissioner

JACKIE FILBECK
Commissioner

SUSAN MCCLINTIC
Commissioner

DEBRA BAETZ
Commissioner

CLAYTON CHAU, MD
Commissioner

YVETTE LAVERY, MPA, MBE
Commissioner

KENNETH MCFARLAND
Commissioner

ATTENDANCE: Commissioners Baetz, Barry, Baschshi, Chaffee, Chau, Filbeck, McFarland and McClintic (all Commissioners participated via teleconference)

EXCUSED: Commissioner Lavery

PRESENT: PRESIDENT/CEO Kimberly Goll (participated via teleconference)
COMMISSION COUNSEL James Donich (participated via teleconference)
CLERK OF THE COMMISSION Jamie Ross, Deputy (participated via teleconference)

PLEDGE OF ALLEGIANCE

PRESENTATIONS: (None)

CONSENT CALENDAR: (None)

SUMMARY ACTION MINUTES

REGULAR ITEMS: (Item 1)

1. Approve terms of agreement with California Department of Health Care Services for an Intergovernmental Transfer (IGT) transaction with CalOptima

421356789 **APPROVED AS RECOMMENDED**

x

EXECUTIVE OFFICER REPORT: (None)

PUBLIC & COMMISSION COMMENTS:

PUBLIC COMMENTS: None

COMMISSION COMMENTS:

Vice Chair Baschshi – Oral Re.: Next meeting will be 6/3/20, 9:30 a.m.

ADJOURNED: 1:46 P.M.

*** KEY ***

Left Margin Notes

| | |
|---------------------------|-------------------------|
| 1 Debra Baetz | A = Abstained |
| 2 Sandra Barry | X = Excused |
| 3 Ramin Baschshi, MD | N = No |
| 4 Doug Chaffee | C.O. = Commission Order |
| 5 Clayton Chau, MD | |
| 6 Jackie Filbeck | |
| 7 Yvette Lavery, MPA, MBE | Reso = Resolution |
| 8 Susan McClinitc | Ord = Ordinance |
| 9 Kenn McFarland | |

(1st number = Moved by; 2nd number = Seconded by)

/s/

RAMIN BASCHSHI, MD
Vice Chair

/s/

Jamie Ross, Deputy
Clerk of the Commission

**Agenda Item 1
May 8, 2020**

DATE: May 7, 2020

TO: Children and Families Commission of Orange County

FROM: Kimberly Goll, President/CEO

ACTION: Approve terms of agreement with California Department of Health Care Services for an Intergovernmental Transfer (IGT) transaction with CalOptima

SUMMARY:

The Children and Families Commission of Orange County has participated in four intergovernmental transfer (IGT) transactions with CalOptima as a strategy of leveraging federal funding to support investments in children's health. On April 1, 2020, the Commission authorized approval to set aside funding for a proposed IGT transaction for FY 2019/20. This agenda item requests approval of the terms of the agreement with the Department of Health Care Services (DHCS) for the IGT transaction.

DISCUSSION:

On April 1, 2020, the Commission approved the IGT transaction and authorized maximum funding of \$1.2 million to be allocated to DHCS. The staff report outlining the details of the IGT transaction and funding allocation is provided as Attachment 1. Since that time, Commission Staff and Commission Counsel have been negotiating with DHCS on the terms of the proposed transaction. However, the parties have been unable to agree upon new terms imposed by DHCS. As such, Commission Staff is seeking approval from the Commission of these new terms for the IGT transaction. The proposed agreement is included as Attachment 2. DHCS has imposed a deadline of May 8, 2020 for the Commission to confirm whether it will enter into the proposed agreement.

STRATEGIC PLAN & FISCAL SUMMARY:

The recommended actions presented in this staff report have been reviewed in relation to the Strategic Plan and are consistent with applicable goals.

RECOMMENDED ACTIONS:

Approve the terms of Contract No. 19-96421 with Department of Health Care Services for the IGT Transaction.

ATTACHMENT:

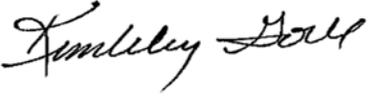
1. Staff Report for IGT Transaction from April 1, 2020 Commission Meeting
2. Contract No. 19-96421 with the California Department of Health Care Services

Contact: Kim Goll



DATE: March 23, 2020

TO: Children and Families Commission of Orange County

FROM: Kimberly Goll, President/CEO 

ACTION: Authorize funding for an Intergovernmental Transfer (IGT) transaction with CalOptima and adopt resolutions authorizing agreements with the California Department of Health Care Services

SUMMARY:

The Children and Families Commission of Orange County has participated in four intergovernmental transfer (IGT) transactions with CalOptima as a strategy of leveraging federal funding to support investments in children's health. This agenda item requests approval to set aside funds for a proposed IGT transaction and direct the Commission's Technical Advisory Committee to consider programmatic options for such a transaction.

DISCUSSION:

A rate range IGT transaction provides federal Medicaid funding for reimbursement of uncompensated care for Medi-Cal beneficiaries in a given fiscal year (FY). This type of IGT can only occur via a managed care organization, such as CalOptima. Rate range IGTs began statewide in 2006 and have been used by every county in the state to offset the cost of uncompensated care provided by county health departments, public hospitals, and other local care providers. Due to California's comparatively low reimbursement rates, counties have substantial headroom with which to accommodate these transactions. With rate range IGTs, a government entity provides non-federal matching funds that the state uses to obtain the highest reimbursement rate that is federally allowable. As a general guide, for every dollar provided as a match, about \$1.80 is returned to the originating county. The State of California charges a 20 percent administrative fee on each transaction.

Participation in an IGT is limited to organizations on both the provider and financing sides that meet the following eligibility criteria:

- *Agencies that have documented uncompensated cost of serving Medi-Cal members* - Since the basis for an IGT is reimbursement for the actual cost of care for services provided, a participating entity must be able to document uncompensated costs for a defined period. In this case, the amount of the transaction is based on expenses incurred during FY 2019/20 and the first six months of FY 2020/21. Typically, the amount of uncompensated care rendered by past IGT partners significantly exceeds the Commission's capacity for an IGT transaction, allowing for robust investments in children's mental health and prenatal support services.
- *Agencies that are CalOptima-contracted providers* - The determination of uncompensated costs is limited to the difference between CalOptima's payment to providers for authorized benefits and the actual cost of care for these services. Agencies must show that the uncompensated care was for specific services to CalOptima members for which they were a contracted

provider. Dental services, for example, are not currently within CalOptima's scope of mandated benefits and are therefore not eligible for reimbursement under an IGT. Of the Commission's current contracted partners, CHOC Children's is the sole entity to meet all requirements for an IGT transaction.

- *Financing to support the transaction must be provided by a government entity* - The local funds to support IGT transaction financing must be public and cannot be federal funds or private provider donations. The Children and Families Commission is an eligible public entity and has completed three previous IGT transactions.
- *IGT revenue must be used for Medi-Cal covered benefits* - Potential uses for IGT funding have narrowed significantly due to federal regulations and state policies. IGT funds are now considered part of the capitation payments that CalOptima receives from the state and thus are subject to the same restrictions. Essentially, funds may only be used for covered Medi-Cal benefits for existing CalOptima members. Given this and other limitations noted above, participation in future IGTs may be increasingly less viable.

Since the recipient of the leveraged funds must be a contracted CalOptima provider, any Commission-supported transaction will result in funding directly to CalOptima, and in turn to the Commission-selected provider. Neither the principal funds that provided the basis for the federal drawdown, nor the match funds, would return to the Commission directly. As with previous transactions, the Commission would work with the transaction partners to ensure that the principal and leveraged funds are dedicated to agreed-upon priorities for children prenatal through age five.

Targeted Outcomes

First 5 Orange County and CHOC Children's have identified two IGT uses with significant potential for improved early childhood outcomes, as described below. Funding would support development, testing, and a minimum of two years of operation for each program.

- *Promoting Child Resilience and Wellness through Early Intervention, Case Management and Parent Training* (70% of funding): CHOC Children's will implement within its primary care network a systematic approach to preventing and mitigating the effects of adverse childhood experiences (ACEs) to improve child health outcomes. Through comprehensive screening during children's primary care visits, primary care providers will identify children at risk for early negative health outcomes and increased behavioral problems due to social determinants of health and high ACEs. Families identified at risk will be assigned a care coordinator to guide them to the appropriate type and level of services necessary to prevent or address both physical and mental health risks. The program will encompass four intervention types: intensive support for new parents via the Developmental Understanding and Legal Collaboration for Everyone (DULCE) program; early intervention and referral for children with four or more ACEs and their parents; care coordination for children with high ACEs and early evidence of negative health effects; and leveraging technology to provide more intensive coping and parenting skill-building for families identified at highest risk due to exposure to trauma or other negative social determinants of health. Parent coaching will include how to manage difficult child behaviors associated with trauma exposure; how to manage parents' own distress; and how to help children develop more positive coping strategies. The parent coaching modules will be based on a foster parent curriculum developed by the University of California, Los Angeles. Approximately 1,425 children and families could be served annually when the program is fully operational.

- *A Support System for Young Children and Their Caregivers at the Thompson Autism Center at CHOC Children's* (30% of funding): The Thompson Autism Center at CHOC Children's, which opened in January 2020, specializes in early diagnosis and addressing challenging behaviors. Very young children with autism and their caregivers require an integrated support system to ensure optimal developmental outcomes and quality of life for the family. Needed services are often uncompensated or not fully reimbursed. These include, but are not limited to, additional screenings, care coordination, Child Life Specialist assistance to reduce stress during assessments, evidence-based behavior therapies, educational programming for parents and siblings, mental health support, and connections to appropriate community resources, including childcare and preschool. With IGT funding, the Center team will establish an integrated, sustainable support system tailored to the needs of young children that reduces the considerable strain placed on parents facing both a neurodevelopmental diagnosis and navigation of myriad eligibility-driven and fragmented services in the community. An estimated 1,229 children would be served annually when the program is fully operational.

Consistent with previous IGT transactions, the Commission decides on participation in the IGT, determines the amount of the transaction, and approves a general scope. The Commission's Technical Advisory Committee assumes responsibility for specific scope development, as well as partnership and investment oversight. As determined by the California Department of Health Care Services (DHCS), the Commission's pro rata share of the county's overall headroom for an IGT transaction is \$1.76 million. After reviewing the long-term financial plan, the associated policies regarding fund balance, and projected revenue volatility, while considering the potential impact of the proposed uses on a key Commission priority area, setting aside a total of \$1,200,000 is recommended. This amount is inclusive of the transfer amount for federal match, and the 20 percent fee assessed by the state.

STRATEGIC PLAN & FISCAL SUMMARY:

The recommended actions presented in this staff report have been reviewed in relation to the Strategic Plan and are consistent with applicable goals. Total maximum funding is \$1,200,000. This amount of funding represents 30% of unallocated Catalytic reserves.

PRIOR COMMISSION ACTIONS:

- October 2019 – Approved IGT Transaction
- December 2017 – Approved IGT Transaction
- March 2017 – Approved IGT Transaction
- April 2016 – Approved Amended Resolution for IGT transaction
- February 2016 – Approved IGT Transaction
- December 2015 – Receive update on proposed Intergovernmental Transfer (IGT) transaction with CalOptima and provide direction to staff
- October 2015 – Authorized the Executive Director to pursue a potential Intergovernmental Transfer (IGT) transaction with CalOptima on behalf of community partners and return at the December 2015 meeting with a proposed plan and terms and conditions for Commission approval.

- June 2014 – Annual Planning Meeting, Sustainability Strategies

RECOMMENDED ACTIONS:

1. Authorize \$1,200,000 in unallocated catalytic reserves to support an intergovernmental transfer (IGT) transaction with CalOptima.
2. Adopt resolution authorizing an agreement with California Department of Health Care Services for transfer of Commission funding not to exceed \$1,000,000 for purposes of providing the nonfederal share for an IGT for the rate year of July 1, 2019 through June 30, 2020 and the first six months of the rate year of July 1, 2020 through June 30, 2021, for the purposes of increasing access to developmental screening for children through age five.
3. Adopt resolution authorizing an agreement with California Department of Health Care Services to impose a 20 percent fee for the purposes of supporting the IGT transaction not to exceed \$200,000.

ATTACHMENTS:

1. Resolution: California Department of Health Care Services – Intergovernmental Agreement Transfer of Public Funds
2. Resolution: California Department of Health Care Services – Intergovernmental Assessment

Contact: Kimberly Goll

**INTERGOVERNMENTAL AGREEMENT REGARDING
TRANSFER OF PUBLIC FUNDS**

This Agreement is entered into between the CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (“DHCS”) and the FIRST 5 ORANGE COUNTY CHILDREN AND FAMILIES COMMISSION (GOVERNMENTAL FUNDING ENTITY) with respect to the matters set forth below.

The parties agree as follows:

AGREEMENT

1. Transfer of Public Funds

1.1 The GOVERNMENTAL FUNDING ENTITY agrees to make a transfer of funds to DHCS pursuant to sections 14164 and 14301.4 of the Welfare and Institutions Code. The amount transferred shall be based on the sum of the applicable rate category per member per month (PMPM) contribution increments multiplied by member months, as reflected in Exhibit 1. The GOVERNMENTAL FUNDING ENTITY agrees to initially transfer amounts that are calculated using the Estimated Member Months in Exhibit 1, which will be reconciled to actual enrollment for the service periods of July 1, 2019 through June 30, 2020, and July 1, 2020 through December 31, 2020, and reconciled to actual PMPMs for the service period of July 1, 2020 through December 31, 2020 in accordance with Sub-Section 1.3 of this Agreement. The funds transferred shall be used as described in Sub-Section 2.2 of this Agreement. The funds shall be transferred in accordance with the terms and conditions, including schedule and amount, established by DHCS.

1.2 The GOVERNMENTAL FUNDING ENTITY shall certify that the funds transferred qualify for Federal Financial Participation pursuant to 42 C.F.R. part 433, subpart B, and are not derived from impermissible sources such as recycled Medicaid payments, Federal money excluded from use as State match, impermissible taxes, and non-bona fide provider-related donations. Impermissible sources do not include patient care or other revenue received from programs such as Medicare or Medicaid to the extent that the program revenue is not obligated to the State as the source of funding.

1.3 DHCS shall reconcile the “Estimated Member Months,” in Exhibit 1, to actual enrollment in HEALTH PLAN(S) for the service periods of July 1, 2019 through June 30, 2020, and July 1, 2020 through December 31, 2020 using actual enrollment figures taken from DHCS records. Enrollment reconciliation will occur on an ongoing basis as updated enrollment figures become available. Actual enrollment figures will be considered final two years after June 30, 2020 and December 31, 2020, respectively. DHCS shall reconcile the “Projected Contribution PMPM,” in Exhibit 1(b), to actual PMPM for HEALTH PLAN(S) for the service period of July 1, 2020 through December 31, 2020 using actual PMPMs that result from the risk adjustment process as reflected in figures taken from DHCS records. PMPM reconciliation will occur on an ongoing basis as the risk adjustment process is finalized. Actual PMPM amounts will be considered final two years after December 31, 2020. If reconciliation results in an increase to the total amount necessary to fund the nonfederal share of the payments described in Sub-Section 2.2, the GOVERNMENTAL FUNDING ENTITY agrees to transfer any additional funds necessary to cover the difference. If reconciliation results in a decrease to the total amount necessary to fund the nonfederal share of the payments described in Sub-Section 2.2, DHCS agrees to return the unexpended funds to the GOVERNMENTAL FUNDING ENTITY. If

DHCS and the GOVERNMENTAL FUNDING ENTITY mutually agree, amounts due to or owed by the GOVERNMENTAL FUNDING ENTITY may be offset against future transfers.

2. Acceptance and Use of Transferred Funds

2.1 DHCS shall exercise its authority under section 14164 of the Welfare and Institutions Code to accept funds transferred by the GOVERNMENTAL FUNDING ENTITY pursuant to this Agreement as IGTs, to use for the purpose set forth in Sub-Section 2.2.

2.2 The funds transferred by the GOVERNMENTAL FUNDING ENTITY pursuant to Section 1 and Exhibit 1 of this Agreement shall be used to fund the non-federal share of Medi-Cal Managed Care actuarially sound capitation rates described in section 14301.4(b)(4) of the Welfare and Institutions Code as reflected in the contribution PMPM and rate categories reflected in Exhibit 1. The funds transferred shall be paid, together with the related Federal Financial Participation, by DHCS to HEALTH PLAN(S) as part of HEALTH PLAN(S)' capitation rates for the service periods of July 1, 2019 through June 30, 2020, and July 1, 2020 through December 31, 2020, in accordance with section 14301.4 of the Welfare and Institutions Code.

2.3 DHCS shall seek Federal Financial Participation for the capitation rates specified in Sub-Section 2.2 to the full extent permitted by federal law.

2.4 The parties acknowledge that DHCS will obtain any necessary approvals from the Centers for Medicare and Medicaid Services.

2.5 DHCS shall not direct HEALTH PLAN(S)' expenditure of the payments received pursuant to Sub-Section 2.2.

3. Assessment Fee

3.1 DHCS shall exercise its authority under section 14301.4 of the Welfare and Institutions Code to assess a 20 percent fee related to the amounts transferred pursuant to Section 1 of this Agreement, except as provided in Sub-Section 3.2. GOVERNMENTAL FUNDING ENTITY agrees to pay the full amount of that assessment in addition to the funds transferred pursuant to Section 1 of this Agreement.

3.2 The 20-percent assessment fee shall not be applied to any portion of funds transferred pursuant to Section 1 that are exempt in accordance with sections 14301.4(d) or 14301.5(b)(4) of the Welfare and Institutions Code. DHCS shall have sole discretion to determine the amount of the funds transferred pursuant to Section 1 that will not be subject to a 20 percent fee. DHCS has determined that \$0.00 of the transfer amounts will not be assessed a 20 percent fee, subject to Sub-Section 3.3.

3.3 The 20-percent assessment fee pursuant to this Agreement is non-refundable and shall be wired to DHCS separately from, and simultaneous to, the transfer amounts made under Section 1 of this Agreement. If, at the time of the reconciliation performed pursuant to Sub-Section 1.3 of this Agreement, there is a change in the amount transferred that is subject to the 20-percent assessment in accordance with Sub-Section 3.1, then a proportional adjustment to the assessment fee will be made.

4. Amendments

4.1 No amendment or modification to this Agreement shall be binding on either party unless made in writing and executed by both parties.

4.2 The parties shall negotiate in good faith to amend this Agreement as necessary and appropriate to implement the requirements set forth in Section 2 of this Agreement.

5. Notices. Any and all notices required, permitted or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by United States First Class, Certified or Registered mail with postage prepaid, addressed to the other party at the address set forth below:

To the GOVERNMENTAL FUNDING ENTITY:

Kimberly Goll, Chief Executive Officer
Children and Families Commission of Orange County
1505 E. 17th Street, Suite 230
Santa Ana, CA 92705
kim.goll@cfcoc.ocgov.com

With copies to:

Lisa Burke, Vice President of Learning and Integration
Children and Families Commission of Orange County
1505 E. 17th Street, Suite 230
Santa Ana, CA 92705
lisa.burke@cfcoc.ocgov.com

To DHCS:

Sandra Dixon
California Department of Health Care Services
Capitated Rates Development Division
1501 Capitol Ave., Suite 71-4002
MS 4413
Sacramento, CA 95814
Sandra.Dixon@dhcs.ca.gov

6. Other Provisions

6.1 This Agreement contains the entire Agreement between the parties with respect to the Medi-Cal payments described in Sub-Section 2.2 of this Agreement that are funded by the GOVERNMENTAL FUNDING ENTITY, and supersedes any previous or contemporaneous oral or written proposals, statements, discussions, negotiations or other

agreements between the GOVERNMENTAL FUNDING ENTITY and DHCS relating to the subject matter of this Agreement. This Agreement is not, however, intended to be the sole agreement between the parties on matters relating to the funding and administration of the Medi-Cal program. This Agreement shall not modify the terms of any other agreement, existing or entered into in the future, between the parties.

6.2 The non-enforcement or other waiver of any provision of this Agreement shall not be construed as a continuing waiver or as a waiver of any other provision of this Agreement.

6.3 Sections 2 and 3 of this Agreement shall survive the expiration or termination of this Agreement.

6.4 Nothing in this Agreement is intended to confer any rights or remedies on any third party, including, without limitation, any provider(s) or groups of providers, or any right to medical services for any individual(s) or groups of individuals. Accordingly, there shall be no third party beneficiary of this Agreement.

6.5 Time is of the essence in this Agreement.

6.6 Each party hereby represents that the person(s) executing this Agreement on its behalf is duly authorized to do so.

7. State Authority. Except as expressly provided herein, nothing in this Agreement shall be construed to limit, restrict, or modify the DHCS' powers, authorities, and duties under Federal and State law and regulations.

8. Approval. This Agreement is of no force and effect until signed by the parties.

9. Term. This Agreement shall be effective as of July 1, 2019 and shall expire as of June 30, 2023 unless terminated earlier by mutual agreement of the parties.

SIGNATURES

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, on the date of the last signature below.

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY:

By: _____ Date: _____

Kimberly Goll, Chief Executive Officer

THE STATE OF CALIFORNIA, DEPARTMENT OF HEALTH CARE SERVICES:

By: _____ Date: _____

Jennifer Lopez, Division Chief, Capitated Rates Development Division

Exhibit 1

| | | | |
|------------------------|---|---------------------------------|---|
| Funding Entity: | First 5 Orange County Children and Families Commission | | |
| Health Plan: | CalOptima | | |
| Rating Region: | Orange | | |
| Service Period | 7/2019 - 6/2020 | | |
| Rate Category | Contribution PMPM | Estimated Member Months* | Estimated Contribution (Non-Federal Share) |
| Child - non MCHIP | \$ 0.05 | 2,271,664 | \$ 113,583 |
| Child - MCHIP | \$ 0.02 | 1,214,041 | \$ 24,281 |
| Adult - non MCHIP | \$ 0.14 | 1,007,518 | \$ 141,053 |
| Adult - MCHIP | \$ 0.06 | 39,151 | \$ 2,349 |
| SPD | \$ 0.34 | 448,861 | \$ 152,613 |
| SPD/Dual (non-CCI) | \$ 0.07 | 24,336 | \$ 1,704 |
| BCCTP | \$ 0.78 | 7,026 | \$ 5,480 |
| LTC - non MCHIP | \$ 2.20 | 15,492 | \$ 34,082 |
| LTC - MCHIP | \$ 0.91 | 36 | \$ 33 |
| Whole Child Model | \$ 0.83 | 146,382 | \$ 121,497 |
| Optional Expansion | \$ 0.02 | 2,789,505 | \$ 55,790 |
| Estimated Total | | 7,964,012 | \$ 652,465 |

Exhibit 1(b)

| | | | |
|------------------------|---|--------------------------|--|
| Funding Entity: | First 5 Orange County Children and Families Commission | | |
| Health Plan: | CalOptima | | |
| Rating Region: | Orange | | |
| Rating Region: | 7/2020 - 12/2020 | | |
| Rate Category | Projected Contribution PMPM** | Estimated Member Months* | Estimated Contribution (Non-Federal Share) |
| Child - non MCHIP | \$ 0.05 | 1,126,338 | \$ 56,317 |
| Child - MCHIP | \$ 0.03 | 601,946 | \$ 18,058 |
| Adult - non MCHIP | \$ 0.14 | 493,892 | \$ 69,145 |
| Adult - MCHIP | \$ 0.09 | 19,192 | \$ 1,727 |
| SPD | \$ 0.33 | 224,524 | \$ 74,093 |
| SPD/Dual (non-CCI) | \$ 0.07 | 12,241 | \$ 857 |
| BCCTP | \$ 0.78 | 3,493 | \$ 2,725 |
| LTC - non MCHIP | \$ 2.19 | 7,757 | \$ 16,988 |
| LTC - MCHIP | \$ 1.28 | 18 | \$ 23 |
| Whole Child Model | \$ 0.89 | 72,916 | \$ 64,895 |
| Optional Expansion | \$ 0.03 | 1,388,207 | \$ 41,646 |
| Estimated Total | | 3,950,524 | \$ 346,474 |

* Note that Estimated Member Months are subject to variation, and the actual total Contribution (Non-Federal Share) may differ from the amount listed here.

** Note that Projected Contribution PMPMs are subject to change based on the risk adjustment process of rate development, and the actual total Contribution (Non-Federal Share) may differ from the amount listed here.