

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 02/20)

Fiscal Year 2021-22	Business Unit 4140	Department Office of Statewide Health Planning and Development	Priority No.
Budget Request Name 4140-022-BCP-2021-GB		Program 3831- HEALTH CARE QUALITY AND AFFORDABILITY	Subprogram

Budget Request Description
 Office of Health Care Affordability

Budget Request Summary

The Office of Statewide Health Planning and Development (OSHPD) requests 58 positions and \$11.2 million in 2021-22, 106 positions and \$24.5 million in 2022-23, 123 positions and \$27.3 million in 2023-24, and annually thereafter from the California Health Data and Planning Fund to establish the Health Care Affordability Program. OSHPD also requests corresponding statutory changes and provisional language.

Requires Legislation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO Michael Valle	Date 1/8/2021

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No.TBD **Project Approval Document:** TBD

Approval Date: TBD

If proposal affects another department, does other department concur with proposal? Yes No

Prepared By Monica –Flowers-Erickson	Date 1/8/2021	Reviewed By Eric Reslock	Date 1/8/2021
Department Director Elizabeth Landsberg	Date 1/8/2021	Agency Secretary Vishaal Pegany for Mark Ghaly, CHHSA Secretary	Date 1/8/2021

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE CALSTARS Dept. of Technology

PPBA Iliana Ramos	Date submitted to the Legislature 1/8/2021
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A. Budget Request Summary

The Office of Statewide Health Planning and Development (OSHPD) requests 58 positions and \$11.2 million in 2021-22, 106 positions and \$24.5 million in 2022-23, 123 positions and \$27.3 million in 2023-24, and annually thereafter from the California Health Data and Planning Fund to establish the Health Care Affordability Program.

Corresponding statutory changes are also requested. Please see the Department of Finance website for the language: <https://esd.dof.ca.gov/trailer-bill/trailerBill.html>

OSHPD also requests corresponding provisional language providing availability of a General Fund cash flow loan as needed due to potential delays in collecting health care facility assessments. In addition, OSHPD requests provisional language specifying that \$1 million of the 2021-22 requested amount is for information technology resources and is contingent upon approval of the Project Approval Lifecycle documents.

This request includes \$1,650,000 in 2021-22, \$1,150,000 in 2022-23, and \$900,000 in 2023-24 and annually thereafter in information technology costs.

This request includes \$1,300,000 in 2021-22, \$3,350,000 in 2022-23, and \$2,850,000 in 2023-24 and annually thereafter in contracting resources.

B. Background/History

While California has reduced its uninsured rate to a historic low of 7 percent through an aggressive coverage expansion to over 3.7 million newly-eligible Medi-Cal enrollees and 1.4 million enrolled through Covered California¹, affordability is a significant strain on individuals, employers and the state as health care costs continue to grow.¹ While health insurance premiums have recently moderated due to lower utilization as a result of the COVID-19 pandemic, this abatement in health care cost growth is expected to be temporary.^{2,3}

Research has attributed escalating health care costs primarily to high prices and the underlying factors or market conditions that drive prices, particularly in geographic areas and sectors where there is a lack of competition due to consolidation and market power.² For example, a recent study found that private insurance payments to California hospitals were on average more than double the rates paid by Medicare and ranged widely from 89 percent to as high as 364 percent of Medicare payments.⁴

Absent changes in policy or the market, the downstream impact of higher health care costs exacerbate affordability for consumers and negatively impact the potential for wage growth. Between 2010 and 2018, wages in the state kept pace with inflation by increasing by 19 percent.⁵ Meanwhile, families with job-based coverage experienced a 45 percent increase in health insurance premiums, or more than twice the rate of wage growth. During the same period, families experienced a 70 percent increase in PPO deductibles, or nearly four times the rate of wage growth.⁶

¹ Kaiser Family Foundation. (2017). State Health Facts: Health Insurance Coverage of the Total Population. Retrieved from <https://www.kff.org/other/state-indicator/total-population/>

² Peterson-KFF Health System Tracker. (2020). How have healthcare utilization and spending changed so far during the coronavirus pandemic? Retrieved from <https://www.healthsystemtracker.org/>

³ Covered California. (2020, October 13). Covered California Begins Renewal of More Consumers Than Ever Before and Announces Final 2021 Rate Change at All-Time Low of 0.5 Percent. Retrieved from <https://www.coveredca.com/newsroom/news-releases/2020/10/13/covered-california-begins-renewal-of-more-consumers-than-ever-before-and-announces-final-2021-rate-change-at-all-time-low-of-0-5-percent/>

⁴ Kronick, R., and Neyaz, S.H. (2019). Private Insurance Payments to California Hospitals Average More than Double Medicare Payments. Retrieved from <https://www.westhealth.org/resource/private-insurance-payments-to-california-hospitals-average-more-than-double-medicare-payments/>

⁵ Stremikis, K. (2020). Ever-Rising Health Costs Worsen California's Coronavirus Threat. Retrieved from <https://www.chcf.org/blog/ever-rising-health-costs-worsen-californias-coronavirus-threat/>

⁶ Ibid.

Analysis of Problem

A handful of states – Massachusetts, Rhode Island, Delaware, and Oregon – have implemented health care cost targets, with the goal that transparency-based, public reporting can reduce cost growth and better data and analytics can inform cost containment efforts. For all four states, a program for a health care cost target requires collecting data on total health care expenditures (all claims and non-claims based payments to providers, cost-sharing paid by consumers, and administrative costs and profits) and performing data analysis on cost trends by dimensions such as service category, payer, and provider. Given that the goal is an affordable high-value system, not just a low-cost system, each state program also simultaneously monitors performance on quality of care measures.

While there is a plethora of California-specific research on costs and potential drivers, such as the aforementioned study documenting wide variation in commercial reimbursements to hospitals or evidence of market concentration on prices⁷, the state currently lacks market-wide data insights of cost trends and variation that can inform actionable policies to mitigate cost growth without disrupting one of the largest sectors of California's economy.

Chapter 12, Statutes of 2020 (AB 80) provided OSHPD the authority to establish the Health Care Payments Database (HPD), often referred to as an All Payer Claims Database or APCD. The HPD will be a large research database derived from individual health care payment transactions. Similar to other states that have already implemented an HPD, this database will be used to analyze total health care expenditures and allow for deeper data dives on cost drivers and high cost service categories, such as diabetes treatment and specialty drug prices.

The proposal for a Health Care Affordability Program builds on efforts in other states to reduce costs, such as the Massachusetts Health Policy Commission (HPC), which was established in 2012 with the charge of setting a target for health care cost target, monitoring health care spending and providing data-driven policy recommendations regarding health care delivery and payment system reform.

The key activities of the Program include:

- 1) **Set Health Care Cost Targets:** The Director will establish a statewide health care cost target and have the authority to set targets by health care sector, which may include by payer, provider, insurance market or line of business. The Health Care Affordability Advisory Board will make recommendations regarding cost targets and the Director shall consider these recommendations and public comment prior to formally adopting targets.
- 2) **Increase Cost Transparency through an Annual Report and Public Meeting:** The Program will collect and analyze data from existing and emerging public and private data sources to publicly report total health care spending and factors contributing to health care cost growth, including in the pharmaceutical sector. The Program will publish an Annual Report and conduct public hearings to inform the Health Care Affordability Advisory Board, policymakers including the Governor and Legislature, and the broader public about performance against the cost target, cost trends and actionable recommendations for mitigating cost growth.
- 3) **Enforcement of the Cost Target:** The Program will oversee the state's progress towards the health care cost target by providing technical assistance, requiring public testimony, requiring submission of corrective action plans, monitoring progress within corrective action plans, and assessing civil penalties, including escalating civil penalties for noncompliance.
- 4) **Promote and Measure Quality and Health Equity:** In consultation with other state departments, external quality improvement organizations and forums, payers, physicians and other providers, the Program will utilize OSHPD data, as well as data collected by other departments, and adopt a priority set of standard quality measures for evaluating the

⁷ Petris Center on Health Care Markets and Consumer Welfare. (2018). Consolidation in California's Health Care Market 2010-2016: Impact of Prices and ACA Premiums. Retrieved from <http://petris.org/>

Analysis of Problem

spending of health care service plans, health insurers, hospitals, and physician organizations, with consideration for minimizing administrative burden and duplication.

5) Advance and Monitor Adoption of Alternative Payment Models (APM): The Program will promote the shift from payments based on fee-for-service to those rewarding high quality and cost-efficient care. In furtherance of this goal, the Program will set statewide goals for the adoption of APMs and measure the state's progress. In addition, the Program will develop standards for APMs that may be used by payers and providers during contracting.

6) Advance Standards for Health Care Workforce Stability and Training Needs: The Program will monitor the effects of cost targets on health care workforce stability, high-quality jobs, and training needs of health care workers. To assist health care entities in implementing cost-reducing strategies that advance the stability of the health care workforce, and without exacerbating existing health care workforce shortages, the Program will develop standards in consultation with the Health Care Affordability Advisory Board.

7) Address Consolidation and Market Power: The Program will monitor cost trends, including conducting research and studies, on the health care market including, but not limited to, consolidation and market power on competition, prices, access, and quality. In collaboration with the Attorney General, Department of Managed Health Care and California Department of Insurance, as appropriate, the Program will promote competitive health care markets by examining mergers, acquisitions, or corporate affiliations that entail a material change to ownership, operations or governance structure involving health care service plans, health insurers, hospitals or hospital systems, physician organizations and/or pharmacy benefit managers, and other health care entities. The review of proposed material changes by the Program is not intended to supplant the role of the Attorney General but provide increased bandwidth for examining these market issues through dedicated staff performing rigorous data analysis.

C. State Level Consideration

This proposal supports the California Health & Human Services guiding principle of "Use Data to Drive Action" as it would enable the use of data and analytics to reduce the rate of growth for health care costs in California. This proposal also supports the guiding principle of "Put the Person back in Person-Centered" by containing health care costs and focusing on the benefit of consumers.

This request supports OSHPD's goals to provide valuable public service and advance operational excellence by providing the capability to set targets for total health care cost growth, disseminate data, and public transparency.

The Program will fulfill a role within state government through its charge of developing a comprehensive strategy for cost containment in California. This includes measuring progress towards lowering per capita health care spending while maintaining quality of care, addressing cost increases in excess of health care cost targets through public transparency and other progressive enforcement actions, and referring to the Attorney General transactions that warrant further review, such as those that may reduce market competition or increase health care costs.

D. Justification

The resource requirements are entirely new business functions for OSHPD and require dedicated staff resources as well as expert consultation and technical assistance for planning, implementation, and ongoing operations. Resources are also needed to integrate these new

Analysis of Problem

business functions into OSHPD's existing programmatic infrastructure and to leverage existing shared OSHPD technology, data, administrative, and legal services.

The most comparable staffing model for this effort is the Massachusetts HPC. For the Fiscal Year 2019 Budget, the Massachusetts HPC had a total annual budget of \$9 million and employed 59.0 full-time equivalent (FTE) staff. After excluding staff positions not related to the work of the Office of Health Care Affordability, 32.0 FTE staff support the HPC's work on research and analysis on health care cost trends, quality performance and cost and market impact reviews of transactions.

The HPC has additional scope beyond what is described in the statute, and the state of Massachusetts has a population of nearly 7 million people and a statewide health care spend of \$70 billion annually. California has nearly six-times the population of Massachusetts, with a significantly higher statewide health care spend of \$300 billion annually.⁸ California is also geographically expansive and diverse. It has a complex marketplace with a significant volume of diverse capitated, delegated, and other managed care arrangements. As such, California has many more times the number of providers and other health care entities.

In addition to the Massachusetts HPC, the organizational structure and staffing model for the Program is informed by a review of data analysis and research units within the following state agencies: Covered California, Department of Managed Health Care, the Department of Health Care Services, and OSHPD. The staffing model is also based on the required staff needed to augment OSHPD shared services organizations to support the new Program.

Given the time for recruitment and strategic planning, the staffing for the Program would begin with a team of fifty-eight (58.0) staff and grow to one hundred twenty three (123.0) staff over a three year period (see Exhibit A, Proposed Phase-in of Staffing, and Exhibit B, Proposed Organizational Chart).

For 2021-22, fifty-eight (58) key staff positions are needed to establish the Program. This includes one (1) Deputy Director at the Career Executive Assignment (CEA B), one (1) Chief Medical Officer at the exempt appointment level, one (1) Pharmaceutical Consultant II (Specialist), two (2) branch chiefs at the Career Executive Assignment (CEA A) managing the Health Care Cost Trends, Quality Performance, and Investigations & Enforcement branches, one (1) Deputy Chief Counsel at the Career Executive Assignment (CEA B), one (1) Assistant Chief Counsel, four (4) managers, and forty-seven (47) staff level positions. For subsequent years, the phase-in of staffing is expected to grow to one hundred six (106.0) staff positions in 2022-23 and one hundred twenty-three (123) staff positions in 2023-24.

The next section describes the responsibilities that will be performed in a fully staffed Program (123.0 positions).

Establishment of the (103.0 positions)

Shared Services (20.0 positions)

Health Care Affordability Division:

- Deputy Director (CEA B) (1.0 position)

The Deputy Director serves as the administrative head of the Program and gives direction and leadership toward the achievement of its statutory responsibilities, mission, and strategic goals. The Deputy Director will be responsible for oversight of all duties designated by law, including hiring and managing staff to support the functions of setting and enforcing cost targets,

⁸ Kaiser Family Foundation. (2014). Health Care Expenditures by State of Residence. Retrieved From <http://www.kff.org/>

Analysis of Problem

measuring quality performance through a priority set of standard measures, promoting health care workforce stability and training needs, setting a statewide goal for the adoption and monitoring of progress towards alternative payment models (APM), developing standards for APMs for use by payers and providers during contracting, and promoting competitive health care markets by conducting cost and market impact reviews.

- Chief Medical Officer (Exempt Appointment) (1.0 position)

The Chief Medical Officer (CMO) serves as the head of medical policy, reports directly to the Director, and supervises the Pharmacy Consultant. The CMO ensures that the Program implements policies pertaining to cost targets that are informed by the social, regulatory, political, and economic factors that relate to patient care. Leverages medical expertise to advise on proposals by health care entities for improving performance against cost targets while maintaining quality care. Advises on the development of the priority set of standard quality measures, the setting of standards for adoption of APMs, and standards for promoting the stability of the health care workforce. Stays current with initiatives pertaining to improving value in health care from other states, the commercial sector, and Centers for Medicaid and Medicare Services (CMS). Advises on analyses on utilization, claims, and other data to assess trends, identifies value-enhancing opportunities, and develops strategies for reducing per capita costs and improving quality care and outcomes. Collaborates with other state agencies and private purchasers of health care to align strategies and efforts to address health care costs, improve quality, increase adoption of APMs, and promote health care workforce stability and training needs.

- Pharmacy Consultant (Pharmaceutical Consultant II Specialist) (1.0 position)

Under the direction of the Chief Medical Officer, the Pharmacy Consultant assesses how pharmaceutical spend is influencing the ability to achieve cost targets. Researches, analyzes and prepares various reports including but not limited to: settings where drugs are provided; trends in list prices using National Average Drug Acquisition Cost data; and trends in average net price increases for existing marketed drugs by manufacturer, including discounts and rebates, using data from various third-party sources, such as IQVIA and Medispan. Evaluates current industry trends, reviews state and federal laws, regulations and policy changes to stay informed of drivers of pharmacy spending, including but not limited to: efforts to shift utilization from existing drugs to newer, more expensive drugs and drugs with a longer period of market exclusivity; the impacts on launch prices on the cost of prescription drugs; and marketing practices that may undermine the eventual emergence of effective generic competitors and the impact of such practices on affordability. Collaborates with other state agencies and private purchasers of health care to align strategies and efforts to address the rising costs of prescription drugs.

- Program Policy Coordinator (Health Program Specialist II) (1.0 position)

The Program Policy Coordinator leads development of program regulations across all branches of the Program, in collaboration with legal staff. Participates in regulations workshopping with stakeholders. Ensures regulations align to program goals. Performs regular environmental scans of California legislation, federal legislation, and other policies and makes recommendations to further program goals. Serves an integral role in supporting the development of regulations for enforcement of cost targets.

- Advisory Board Coordinator (Staff Services Manager I Specialist) (1.0 position)

Analysis of Problem

The Health Care Affordability Advisory Board Coordinator provides staff administration support to the public board and other related stakeholder committees. Manages board communications and meeting forum in accordance with public meeting laws.

- Administrative Assistant (Associate Governmental Program Analyst) (1.0 position)

The Administrative Assistant provides ongoing support to the Division. Coordinates meetings, briefing materials, and travel. Manages the day-to-day operation of the Program.

Health Care Cost Trends Branch:

- Branch Chief, Health Care Cost Trends (Career Executive Assignment CEA A) (1.0 position)

The Branch Chief for Health Care Cost Trends serves as the head of the Health Care Cost Trends Branch and reports directly to the Deputy Director. The Branch Chief oversees all data management and research and analytic activities for the health care cost target program. Manages the production of high quality, objective research and analysis needed to fulfill the Program's mission of reducing per capita health care costs in California. This includes building and developing Data Management and Research and Analytics teams comprising managerial and analytical staff for the collection and management of data and research and analysis of cost trends and variation. Supporting the Investigations & Enforcement Branch in development of regulations for enforcement of cost targets through providing technical and expert consultation related to methods for linking excessive cost growth to the appropriate health care entity using deidentified patient attribution methods and statistical techniques for detailed data analysis. Stays current with the research and policy literature, maintains ties to peers in other health policy research organizations, and coordinates with other state departments as needed.

- Senior Health Policy Researcher (Research Scientist Supervisor II Specialist) (1.0 position)

Under the direction of the Branch Chief for Health Care Cost Trends, the Senior Health Policy Researcher performs the most complex analysis and scientific research to evaluate health care costs. This includes applying appropriate statistical techniques for analyzing cost trends and variation and advising on changes to cost targets and the setting of sector-specific targets. The Senior Health Policy Researcher will serve an integral role in supporting the Investigations & Enforcement Branch in developing regulations for enforcement of cost targets by providing technical and expert consultation related to methods for linking excessive cost growth to the appropriate health care entity using deidentified patient attribution methods and statistical techniques for data analysis. The Senior Health Policy Researcher provides scientific evaluation and research method consultation to staff within the Health Care Cost Trends and Quality Performance branches and maintains a working knowledge of major research studies related to health care costs, quality performance, APMs, the health care workforce as it relates to costs, and market consolidation.

- Administrative Assistant (Office Technician - Typing) (1.0 position)

The Administrative Assistant provides ongoing support to the Chief and the rest of the branch. Coordinates meetings, briefing materials, and travel. Manages the day-to-day operation of the branch.

Data Management:

- Data Integrity Manager (Research Scientist Manager) (1.0 position)

Analysis of Problem

Under the direction of the Branch Chief for Health Care Cost Trends, the Data Integrity Manager supports data collection efforts that enable the measurement of total health care expenditures. This includes overseeing the use of databases and systems to collect and analyze total health care expenditure data, as well as implementing reporting schedules for total health care expenditure data, technical specifications, and other resources for data submission. Implements quality assurance processes for data completeness, timeliness, and accuracy. The Data Integrity Manager will be critical to collection of baseline data on total health care expenditures and incorporating initial lessons learned to improve data collection for future reporting years.

- Senior Data Integrity Specialist (Research Data Specialist III) (3.0 positions)

Under the direction of the Data Integrity Manager, the Senior Data Integrity Specialist uses databases and systems to collect and integrate total health care expenditure data submitted by payers, including assessing the completeness, timeliness, and accuracy of data. The Senior Data Integrity Specialist works independently and with little supervision and applies the most appropriate and current statistical methods for data analysis.

- Data Integrity Specialist (Research Data Specialist II) (4.0 positions)

Under the direction of the Data Integrity Manager, the Data Integrity Specialist develops reporting schedules for total health care expenditure data, technical specifications and other resources that support the submission of timely data in a standardized format. Provides technical assistance to payers and providers submitting data, assesses the quality of submitted cost data and works with payers to resolve data quality issues. Prepares analyses of findings pertaining to data quality in written memos, reports, presentations, and data visualizations and recommends improvements for data collection policies. Fulfills internal and external ad hoc data requests.

Research and Analytics:

- Health Policy Research Manager (Research Scientist Manager) (1.0 position)

Under the direction of the Branch Chief for Health Care Cost Trends, the Health Policy Research Manager leads all research and analytic activities for the health care cost target program. The Health Policy Research Manager has a strong understanding of research and statistical methods and trains and develops staff to analyze health care cost data. Oversees staff analysis of data on total health care expenditures, works with expert consultants as needed, assembles findings and policy recommendations for the Annual Report and other cost research and studies, and advises on any research and technical projects related to health care costs. The Health Policy Research Manager will be critical for hiring and developing policy research staff that will analyze health care cost trends and develop policy recommendations for reducing per capita health care costs.

- Senior Health Policy Specialist (Research Data Specialist III) (3.0 positions)

Under the direction of the Health Policy Research Manager, the Senior Health Policy Specialist will perform the most complex research and data analysis projects on total health care expenditures using research and statistical methods. It is expected that several hundred expenditure and financial data files will be submitted annually by health care entities. To support the Annual Report, the Senior Health Policy Specialist analyzes these data files, and other relevant and available data, to identify cost trends and variation. The Senior Health Policy Specialist works independently and with little supervision and applies the most appropriate and current statistical techniques for data analysis.

Analysis of Problem

- Health Policy Specialist, (Research Data Specialist II) (4.0 positions)

Under the direction of the Health Policy Research Manager, the Health Policy Specialist performs various complex research and data analysis projects on total health care expenditures using research and statistical methods. It is expected that several hundred expenditure and financial data files will be submitted annually by health care entities. To support the Annual Report, the Health Policy Specialist analyzes these data files, and other relevant and available data, to identify cost trends and variation. Synthesizes findings in written memos, reports, presentations, and data visualizations. Reviews the health policy literature and works with the Senior Health Policy Researcher and expert consultants as needed, to develop policy recommendations for reducing per capita health care costs.

Quality Performance Branch:

- Branch Chief, Quality Performance (Career Executive Assignment Level A) (1.0 position)

The Branch Chief for Quality Performance leads the Quality Performance Branch and reports directly to the Deputy Director. The Branch Chief will serve a key role in identifying and adopting a priority set of standard measures assessing quality performance of health care service plans, health insurers, hospitals, and physician organizations, while reducing administrative burden and duplication. After adopting the priority measure set, the Branch Chief will oversee the data collection and reporting of quality performance in the Annual Report and develop recommendations for improving the quality of care. Oversees efforts for effective monitoring of impacts to health care workforce stability and training needs and development of workforce impact standards. Manages the setting of statewide goals for the adoption of APMs and measuring the state's progress, as well as setting of standards that may be used by payers and providers during contracting. The Deputy Director develops expertise among staff to work with quality measure sets, including health plan reported measures, facility-specific measures, and health plan and medical group quality reporting data, and APMs promoted by state and national organizations, such as the Health Care Payment & Learning Action Network (HCP-LAN) and the CMS Innovation Center.

- Health Care Workforce Specialist (Health Program Specialist II) (1.0 position)

Under the direction of the Branch Chief, the Health Care Workforce Specialist serves as the lead internal subject matter expert for health care workforce stability and training needs of health care workers. Coordinates the work of staff from the Health Care Cost Trends, Quality Performance, and Investigations & Enforcement branches to effectively monitor impacts to health care workforce stability and training needs. Supports the Health Care Affordability Advisory Board in developing standards for promoting health care workforce stability and training needs. As needed, obtains data from existing state data sources and from regulated entities to effectively monitor impacts to health care workforce stability and training needs. Collects and reports best practices for improving affordability as well as any concerns regarding impacts on the health care workforce stability and training needs of health care workers, as feasible. Solicits and compiles public comments regarding any impacts of health care affordability efforts on the health care workforce stability or training needs. As needed, advises the Investigations & Enforcement Branch in the review of corrective action plans for workforce impacts.

- Administrative Assistant (Office Technician (Typing) (1.0 position)

Analysis of Problem

The Administrative Assistant provides ongoing support to the Branch Chief and the rest of the branch. Coordinates meetings, briefing materials, and travel. Manages the day-to-day operation of the branch.

- Quality Analysis Unit Manager (Health Program Manager II) (1.0 position)

Under the direction of the Branch Chief, the Quality Analysis Unit Manager leads the Quality Analysis Unit and oversees research and analysis to evaluate the quality performance of California's health care service plans, health insurers, hospitals, and physician organizations using the priority set of standard quality measures. The Quality Analysis Unit Manager will serve as the lead internal subject matter expert on a variety of quality-of-care data sources, including Health Care Effectiveness Data Information Set (HEDIS), Cal Hospital Compare, and Office of Patient Advocate health plan and medical group quality reporting data. The Quality Analysis Unit Manager will lead and oversee the development and monitoring of quality performance measures, creation of dashboards, and production of a broad range of data visualizations that will be included in the Annual Report. The Quality Analysis Unit Manager oversees the review of the literature on quality improvement efforts and works with the Senior Health Policy Researcher and expert consultants as needed, to recommend policy actions that could improve the quality of care in California.

- Senior Quality Specialist (Health Program Specialist II) (5.0 positions)

Under the direction of the Quality Analysis Unit Manager, the Senior Quality Specialist utilizes expert research and analytic skills to evaluate the quality performance of California's health care service plans, health insurers, hospitals, and physician organizations using the priority set of standard quality measures. The Senior Quality Specialist will serve as an internal subject matter expert on a variety of quality-of-care data sources. The Senior Quality Specialist will develop and monitor quality performance measures, create dashboards, and produce a broad range of data visualizations that will be included in the Annual Report. The Senior Quality Specialist reviews the literature on quality improvement efforts and works with the Senior Health Policy Researcher and expert consultants as needed, to recommend policy actions that could improve the quality of care in California.

- Payment Reform Unit Manager (Health Program Manager II) (1.0 position)

Under the direction of the Branch Chief, the Payment Reform Unit Manager will lead the setting of statewide goals for the adoption of APMs and measuring the state's progress. Leads and oversees the development and monitoring of APM adoption, creation of dashboards, and production of a broad range of data visualizations that will be included in the Annual Report. Engages state departments, experts from state and national collaboratives, and other relevant stakeholders to develop standards for APMs that may be used by payers and providers during contracting. Maintains working knowledge of the Health Care Payment Learning & Action Network (HCP-LAN) APM framework, models promoted by the CMS Innovation Center, and emerging and existing literature to inform the development of APM standards that focus on affordability, efficiency, equity, and quality, as well as have the flexibility to allow for innovation and evolution over time.

- Payment Reform Specialist (Health Program Specialist II) (4.0 positions)

Under the direction of the Payment Reform Unit Manager, the Payment Reform Specialist utilizes expert research and analytical skills to support the setting of statewide goals for APM adoption and measure the state's progress. Serves as the internal subject matter expert on key focus areas, such as investments in primary and behavioral health, shared risk arrangements, or population-based payments, as well as implementation resources for payers and providers

Analysis of Problem

that include the HCP-LAN and the CMS Innovation Center. Monitors APM adoption, creates dashboards, and produces a broad range of data visualizations that will be included in the Annual Report. Reviews the literature on APM adoption and works with the Senior Health Policy Researcher, Quality Performance Unit staff, and expert consultants as needed, to recommend policy actions that could increase APM adoption in California.

Investigations & Enforcement Branch:

- Deputy Chief Counsel (Career Executive Assignment Level B) (1.0 position)

The Deputy Chief Counsel, leads the Investigations & Enforcement Branch, and reports directly to the Chief Counsel. The Deputy Chief Counsel manages a legal staff specifically dedicated to support and advise the Program on legal matters and carry out the Program's investigation and enforcement responsibilities. This includes interpreting laws, rules, and regulations as they relate to the Program's activities and representing the Program in administrative proceedings, litigation matters, and managing outside counsel as needed. The Deputy Chief Counsel will standup the regulatory program for enforcement of cost targets and cost and market impact reviews, including development of regulations, guidance, and bulletins. The Deputy Chief Counsel will also assemble a combination of legal staff and contractors with expertise in quantitative analysis, economics and health care markets to conduct cost and market impact reviews of mergers, acquisitions and corporate affiliations that may impact market competition, the state's ability to meet cost targets, or costs for purchasers and consumers. The Deputy Chief Counsel shall advise and attend meetings of the Health Care Affordability Advisory Board. The Deputy Chief Counsel shall keep the Chief Counsel and Program executives apprised of critical developments within the Investigations & Enforcement Branch.

- Assistant Chief Counsel (3.0 positions)

The Assistant Chief Counsel leads a team of attorneys and analysts within the Investigations & Enforcement Branch and reports to the Deputy Chief Counsel. The Assistant Chief Counsel manages the attorneys, analysts, and support staff, and is responsible for assignment of cost target violations and notices of proposed material changes, for investigation and analysis by review teams within the section. The Assistant Chief Counsel also assigns corrective action plans for review. It is anticipated that several dozen cost target violations and corrective action plans will be assessed by the Program each year as enforcement of cost targets ramps up. The number of notices of material change received by the Program may grow to several hundred a year. Recommendations regarding corrective action plans, as developed by the review teams in consultation with the Quality Performance Section, are reviewed by the Assistant Chief Counsel prior to submission to the Director. Proposed responses to notices of material change which may trigger a cost and market impact review are assessed by the Assistant Chief Counsel before submission to the Director. The Assistant Chief Counsel will manage contracts with professional experts to provide specialized analysis for conducting cost and market impact reviews, and in support of civil penalties and appeals. The Assistant Chief Counsel will be responsible for executive level review and quality control of the cost and market impact review reports produced by the review teams, as well as the analysis and proposed enforcement actions for health care entities not in compliance with cost targets.

- Attorney IV (8.0 positions)

Under the direction of the Deputy Chief Counsel and Assistant Chief Counsel, the Attorney IV serves as the legal expert for material changes that include mergers, acquisitions and corporate affiliations, as well as the assessment and enforcement of actions, against health care entities identified as non-compliant with cost targets. The Attorney IV should expect to

Analysis of Problem

assess and respond to a half dozen or more cost target violations and corrective action plans each year as the principal assigned staff member. All initial assessments of notices of material change are reviewed by the Attorney IV prior to elevation to the Assistant Chief Counsel. The Attorney IV shall be the lead attorney for the cost and market impact review teams, with multiple reviews under way by each team at any given time. The Attorney IV coordinates directly with health care entities as the primary point of contact for cost and market impact reviews and assessments, and enforcement responses for health care entities not in compliance with cost targets. The Attorney IV also coordinates with the staff for Health Care Cost Trends and Quality Performance branches to support the development of the Annual Public Meeting, including the identification of themes, statements from subject matter experts, statements from health care entities, as well as preparation of public and board materials for the meeting. The Attorney VI leads the review of, and the development of recommendations regarding, corrective action plans submitted to the Program.

- Attorney III (16.0 positions)

Under the direction of the Deputy Chief Counsel and Assistant Chief Counsel, the Attorney III assists on all legal functions for cost and market impact reviews and enforcement actions for compliance with cost targets, such as legal research, development of policies and procedures, and ensuring compliance with state and federal laws and regulations regarding procurement, open meetings, public records, data security, and ethics. The Attorney III assists Program branches in the development of regulations. As a member of the review team led by the Attorney IV, the Attorney III works directly with analyst staff and expert consultants to prepare cost and market impact reviews and analysis of, and enforcement actions for, health care entities identified as non-compliant with cost targets. In coordination with Program staff from other branches, and under the lead of the Attorney IV, the Attorney III assists in the review of, and the development of recommendations regarding, corrective action plans submitted to the Program. The Attorney III is expected to conduct the initial assessment of several notices of material change each month with input from the branch's examiners and to prepare a proposed initial response.

- Administrative Assistant (Office Technician (Typing)) (1.0 position)

The Administrative Assistant provides ongoing support to the Deputy Chief Counsel and the rest of the branch. Coordinates meetings, briefing materials, and travel. Manages the day-to-day operation of the branch.

- Supervising Corp. Examiner (1.0 position)

Under the direction of the Deputy Chief Counsel, the Supervising Corporation Examiner leads a financial analysis team of Corporation Examiner IVs, Corporation Examiners, and Auditors, and reports to the Deputy Director. The Supervising Corporation Examiner directs the financial examination activities of the Program, and acts as the statewide coordinator of the administration and enforcement of the most complex financial reviews in support of cost and market impact reviews, civil penalty enforcements, and the assessment of corrective action plans.

- Corporation Examiner IV (Sup) (3.0 positions)

Under the direction of the Supervising Corporation Examiner, the Corporation Examiner IV evaluates and analyzes the most complex financial statements, acts as lead person or examiner-in-charge of the most complex examinations and investigations. The Corporation Examiner IV combines this individualized financial analysis with market data and expert surveys

Analysis of Problem

to prepare the cost and market impact reviews. This includes working in concert with the Attorney IV lead to obtain supporting financial documentation from health care entities. The Corporation Examiner IV also supports the enforcement of cost targets by providing expert analysis to develop and defend civil penalty assessments, and review corrective action plans, as coordinated by the Attorney IV.

- Corporation Examiner (9.0 positions)

Under the direction of the Supervising Corporation Examiner, the Corporation Examiner independently conducts the more complex examinations or investigations of health care entities and assists in larger financial reviews. Assists the Corporation Examiner IV to combine individualized financial analysis with market data and expert surveys to prepare the cost and market impact reviews, and support enforcement of cost targets.

- Auditor I (6.0 positions)

Under the direction of the Supervising Corporation Examiner, the Auditor I assists in the more difficult field audits of data and documents submitted by health care entities subject to regulations pertaining to cost and market impact reviews and enforcement of cost targets. The Auditor I may be assigned responsibility for particular sections or phases of a financial review; independently makes less difficult audits where the scope of the audit is restricted by small size of the entity audited, less complex accounting systems, and the limited number of problems encountered in the application of the law; prepares audit reports and supporting schedules. Audits less complicated tax returns and financial statements for completeness, accuracy, and proper application of the law.

- Staff Services Manager I (1.0 position)

The Staff Services Manager I leads an administrative support team of Associate Government Program Analysts and Staff Services Analysts, and reports to the Deputy Chief Counsel. The Staff Services Manager I supervises the branch's analysts performing journey person level work and personally performs the most difficult or sensitive administrative support functions. The Staff Services Manager is responsible for management analysis and budgeting for the branch, and is the recognized authority in information management and security, with ongoing coordinating responsibility over other analysts in this sensitive area of the branch's operation. The Staff Services Manager establishes information processing protocols for the branch and as needed on a project basis.

- Associate Governmental Program Analyst (2.0 positions)

Under the direction of the Staff Services Manager, the Associate Governmental Program Analyst supports the work of the branch by conducting and/or reviewing analytical studies and surveys, formulating procedures, policies, and program alternatives, and making recommendations on a broad spectrum of administrative and program-related problems. The Associate Governmental Program analyst coordinates closely with the financial examiners to assist the review teams with analysis and preparation of reports.

- Staff Services Analyst (1.0 position)

Under the direction of the Staff Services Manager I, the Staff Services Analyst analyses, organizes financial information received by the branch, and assists review teams with information processing. The Staff Services Analyst exercises independence and judgement in tabulating and analyzing data, preparing organization, workload, and other charts, and

Analysis of Problem

consults with branch staff and others to give and secure information. Prepares reports and make recommendations on procedures, policies, and program alternatives.

Contracting Resources:

The contracting resources requested include:

- \$1,250,000 in 2021-22 for IT consulting for systems development and continuous operation; \$750,000 in 2022-23; and \$500,000 annually thereafter
- \$400,000 in 2021-22 for IT software, services, and infrastructure and \$400,000 annually thereafter
- \$1,300,000 in 2021-22 for program planning and management consulting, \$550,000 in 2022-23, and \$50,000 annually thereafter
- \$2,800,000 in 2022-23 for enforcement consulting contracts and \$2,800,000 annually thereafter

What follow are required staff needed to augment OSHPD shared services organizations to support the new Program:

Shared Services

Office of Legislative and Public Affairs

Associate Governmental Program Analyst (1.0 position)

Under the direction of the Assistant Director of the Legislative and Public Affairs, the Associate Governmental Program Analyst provides consultative services to management regarding potential impact of legislation to OSHPD programs, provides recommendations to management in the development of accurate and comprehensive analyses, formulates position statements for the California Health and Human Services Agency (CHHSA) and other state departments, attends hearings and monitors daily legislative calendar relative to OSHPD bills, advises management on assignments received from the CHHSA and the Governor's Office, facilitates and reviews draft policy and correspondence, and prepares responses to constituent inquiries for the OSHPD Director's Office.

Administrative Services Division:

OSHPD is requesting Administrative shared services resources to support the additional workload and staff that will be added to the department.

- Classification and Pay Analyst (Associate Personnel Analyst) (2.0 positions)

Under the direction of the Classification and Pay Manager I, the Classification and Pay Staff Services Analyst assists on all hiring compliance including but not limited to reviews and analyzes hiring packages, and researches and interprets California civil service law, rules, policies and procedures to provide consultation and guidance to management on personnel issues, including classification allocation, organizational changes, and staffing alternatives and preparation of necessary hiring documentation to comply with the California Department of Human Resources' (CalHR's) established Best Hiring Practices.

- Exams Analyst (Associate Governmental Program Analyst) (1.0)

Analysis of Problem

Under the direction of the Classification and Pay Manager I, the Exams Analyst provides technical assistance to departmental management staff to ensure that all critical examinations are administered, all decisions and actions on employee selection meet management's needs, and are consistent with laws, policies, and standards governing the State civil service. In addition, independently plans, develops, and administers examinations, and conducts job analyses and consults with OSHPD leadership concerning goals, strategies, and activities related to the current department workforce and succession plan.

- Personnel Specialist (1.0 position)

Under direction of the Transactions Manager, the Personnel Specialist is responsible for sensitive/confidential transactions functions and applies state laws, departmental and control agency rules and regulations, and bargaining unit provisions pertaining to a variety of personnel transactions in such areas as personnel record keeping, payroll, personnel documents processing, management reports and projects, and related personnel transactions functions.

- Office Technician (1.0)

The Office Technician provides ongoing support to the Human Resources section, and handles detailed and sensitive customer contact, as well as origination of correspondence, documents, reports and maintains confidential files.

- Facility Services Analyst (Associate Governmental Program Analyst) (1.0 position)

Under the direction of the Staff Services Manager I, the Facility Services analyst performs all facility support activities including but not limited to facility maintenance functions, security systems, and asset management.

- Budgets Analyst (Associate Budget Analyst) (1.0 position)

Under the direction of the Staff Services Manager I, the Associate Budget Analyst performs all budget support activities including but not limited to budget development and maintenance functions.

- Contracts Analyst (Associate Governmental Program Analyst) (1.0 position)

Under the direction of the Staff Services Manager I, the Associate Governmental Program Analyst performs all contract support activities including but not limited to drafting contract and contract negotiation functions.

- Accounting Officer Specialist (2.0 position)

Under the direction of the Accounting Administrator, the Accounting Officer Specialist performs and follows statewide fiscal and accounting policies, procedures, and functions related to accounts payable and receivable contained in the State Administrative Manual of various accounting duties including but not limited to establishing, maintaining, and reconciling records in the Financial Information System for California (FI\$Cal) and State Controller's Office (SCO).

- Associate Administrative Analyst (1.0)

Analysis of Problem

Under the direction of the Accounting Administrator I Supervisor, the Associate Administrative Analyst formulates, maintains and monitors the organization and labor distribution control tables; establishes standards and maintains employee master tables, appropriation Symbol, Budget Sequence, Descriptor, Index, Program Cost Account, Cost Allocation, and Project Control.

Information Services Division:

The IT infrastructure for the Office of Health Care Affordability will be used to collect data from health care entities identified by the OSHPD as mandatory data submitters, as well as other relevant and available data sources. The collected data will include health care expenditures, financial information, quality measures, and workforce information. The Office of Health Care Affordability will require IT infrastructure to apply the defined formats for data submission, enforce data quality standards on those submissions, store the collected data, and make the data available for analysis and reporting.

OSHPD is also requesting IT shared services resources to support the additional program and administrative staff that will be added to the department with enterprise IT services and support.

- IT Specialist II (1.0 position)

Under the direction of the Chief Data Officer, Enterprise Data Operations Branch Chief, supports expansion and maintenance of OSHPD's existing enterprise data warehouse, data management environment, and data analytics toolsets to serve the research analysts of the Program with efficient, automated, and timely data collection, data quality, data linkage and enhancement, data analysis, data visualization, and data publishing. Serves as Enterprise Data Architect to plan, manage, and implement data solutions that leverage existing and future OSHPD data infrastructure, to meet the current and emerging programmatic needs. Performs the most complex data management tasks as part of the OSHPD's Enterprise Data Operations Branch.

- IT Specialist I (1.0 position)

Under the direction of the Data Management Group Manager, supports expansion and maintenance of OSHPD's existing enterprise data warehouse, data management environment, and data analytics toolsets to serve the research analysts of the Program with efficient, automated, and timely data collection, data quality, data linkage and enhancement, data analysis, data visualization, and data publishing. Performs complex data management tasks as part of the Data Management Group.

- IT Associate (1.0 position)

Under the direction of the Data Management Group Manager, supports expansion and maintenance of OSHPD's existing enterprise data warehouse, data management environment, and data analytics toolsets to serve the research analysts of the Program with efficient, automated, and timely data collection, data quality, data linkage and enhancement, data analysis, data visualization, and data publishing. Performs less complex data management tasks as part of the Data Management Group.

- IT Specialist I (2.0 positions)

Under the direction of the Development Services Group Manager, supports the Program in business application design, development, and implementation. Acts as a lead to develop, code, support, and enhance system applications. Performs system integration. Performs

Analysis of Problem

application maintenance and continuous operations. Performs database administration. Researches and evaluates emerging technologies.

- IT Specialist II (1.0 position)

Under the direction of the Planning and Management Branch Chief, supports the program to lead coordination of IT support and system development. Serves as the senior liaison between the Information Services Division and the Program. Manages the most complex IT projects; manages scope, schedule, resources, and consultants. Regularly engages with the Program director to ensure that IT services are aligned to the needs of the Program and meet the department's enterprise architecture and technology standards. Leads California Department of Technology project approval lifecycle oversight and interface with State government control agencies.

- IT Specialist I (1.0 position)

Under the direction of the Portfolio Planning Group Manager, supports the Program to coordinate IT support and system development. Serves as a liaison between the Information Services Division and the Program. Manages less complex IT projects; manages scope, schedule, resources, and consultants. Regularly engages with the Program director to ensure that IT services are aligned to the needs of the Program and meet the department's enterprise architecture and technology standards. Supports California Department of Technology project approval lifecycle oversight and interface with State government control agencies.

- IT Associate (1.0 position)

Under the direction of the Portfolio Planning Group Manager, supports the Program to perform business analysis, requirements definition, system design, and business process modeling. Evaluates Program business needs against available technology capabilities, performs costing analysis, and performs alternatives analysis. Support testing and continuous process improvement. Contributes to the California Department of Technology project approval lifecycle documentation for business analysis.

- IT Specialist I (1.0 position)

Under the direction of the Enterprise Platforms Group Manager, supports the Program and the enterprise to perform the most complex website development activities. Designs, codes, and maintains the most complex features and functionality on the OSHPD website. Provides helpdesk support for the most complex user and content owner requirements and issues using the OSHPD content management system. Performs website database administration and system integration. Consults with content owners regarding strategy, user experience, and functionality on the OSHPD website and recommends and implements solutions to meet program needs.

- IT Associate (1.0 position)

Under the direction of the Digital Services Unit Supervisor, supports the Program and the enterprise to perform less complex website development activities. Designs, codes, and maintains features and functionality on the OSHPD website. Provides helpdesk support for user and content owner requirements and issues using the OSHPD content management system. Performs website database administration and system integration. Consults with content

Analysis of Problem

owners regarding strategy, user experience, and functionality on the OSHPD website and recommends and implements solutions to meet program needs.

Analysis of Problem

- IT Specialist I (1.0 position)

Under the direction of the Information Security Officer, supports the Program and the enterprise to perform continuous security risk assessment on OSHPD applications, systems, and technology architectures. Responsible to develop and maintain security policies and procedures and network and user account documentation. Responsible to perform incident response and forensic evaluation of information security incidents. Supports users with the security awareness program, ensuring security methodologies, standards, and behaviors comply with California state policy and best practice.

- IT Specialist I (2.0 positions)

Under the direction of the Enterprise Infrastructure Group Manager, supports the Program and enterprise by planning and overseeing the most complex server, application, and network operations. Supports network capabilities required for program application operation, data transmission, data integrity, and data storage. Performs security operations activities to protect OSHPD data and systems. Conducts research and evaluates the most complex emerging technologies.

- IT Associate (1.0 position)

Under the direction of the Information Technology Service Desk Unit Supervisor, supports the Program and enterprise by providing IT hardware, software, and services support. Responds to IT incidents and requests for services and engages with users to analyze and develop IT solutions to meet program needs. Performs training and assists users with using common IT software and platforms. Maintains service desk databases, conducts service desk and desktop systems planning, and conducts research on emerging technologies.

- IT Associate (1.0 position)

Under the direction of the Acquisitions and Management Services Unit Supervisor, supports the Program and the enterprise by researching, processing, and executing IT acquisitions, according to state and department policy. Demonstrates understanding of major computing environments and architectures to research, evaluate, and recommend acquisitions approaches that comply with department enterprise architecture standards and provide the best value to program buyers. Develops and manages department IT contracts and tracks IT assets.

- Associate Governmental Program Analyst (1.0 position)

Under the direction of the Acquisitions and Management Services Unit Supervisor, supports the Program and enterprise by performing analytical tasks to develop and monitor the ISD technology budget allocation. Tracks revenues, transfer, and expenditures against multiple program funds and reviews monthly FI\$Cal reports to ensure accuracy and reconcile discrepancies. Completes IT cost and other control agency IT compliance reports. Regularly reviews IT expenditures to reduce and contain IT spending; researchers alternatives and proposes solutions. Supports recruitment, development, and retention of ISD technology staff by processing recruitment packages and supporting training and development activities for technology staff.

Analysis of Problem

- Health Program Specialist II (1.0 position)

Under the direction of the existing Enterprise Data Operations Branch Chief, serves as senior program and policy liaison with the Program for OSHPD's payments and facility-level data reporting programs. Performs the most complex analyses of data formats and file specifications, measure sets, OSHPD policy and regulations, and analytical needs in support of the Program. Serves as a senior subject matter expert for hospitalization, financial, claims, and encounter data and associated specifications and policies. Serves as lead coordinator between significant OSHPD stakeholder groups to support the Program, including the Health Care Payments Data Program stakeholder committees and the National Association of Health Data Organization's APCD Council.

- Health Program Specialist I (1.0 position)

Under the direction of the Enterprise Data Operations Branch Chief, serves as associate program and policy liaison with the Program for OSHPD's payments and facility-level data reporting programs. Performs analyses of data formats and file specifications, measure sets, OSHPD policy and regulations, and analytical needs in support of the Program. Serves as a subject matter expert for hospitalization, financial, claims, and encounter data and associated specifications and policies. Serves as a coordinator between significant OSHPD stakeholder groups to support the Program, including the Health Care Payments Data Program stakeholder committees and the National Association of Health Data Organization's APCD Council.

- Prescription Drug Policy Lead (Health Program Specialist II) (1.0 position)

Under the direction of the Accounting and Reporting Systems Section Manager, the Prescription Drug Policy Lead supports prescription drug data public reporting and analysis to provide information and reports that are tailored to meet the needs of the Program. Serves as the OSHPD subject matter lead in prescription drug supply chain, manufacturing, purchasing, prescribing, and other related topics to prescription drug costs. Supports the Pharmacy Consultant on special assignments as needed relating to how pharmaceutical spend is influencing the ability to achieve cost targets. Leads the design of information products related to the Health Care Affordability's Program analyses on the pharmaceutical sector and works together with SB 17 staff.

- Prescription Drug Data Lead (Research Data Specialist II) (1.0 position)

Under the direction of the Administrative Data Group Manager, the Prescription Drug Data Lead supports the prescription drug data public reporting and analysis to provide information and reports that are tailored to meet the needs of the Program. Serves as the OSHPD subject matter lead in prescription drug data, including SB 17 and other related data sources, indexes, and groupers. Supports the Pharmacy Consultant on special assignments as needed relating to how pharmaceutical spend is influencing the ability to achieve cost targets. Leads the delivery of information products related to the Health Care Affordability's Program analyses on the pharmaceutical sector and works together with SB 17 staff.

E. Outcomes and Accountability

Approval of this Budget Change Proposal will provide the resources necessary to implement the Office of Health Care Affordability. Overall, if the work results in lower growth in per capita

Analysis of Problem

health care costs, California consumers will receive the benefit of lower insurance premiums. For proposed material changes that may reduce market competition and/or increase costs for consumers and purchasers, the Program will provide rigorous data analysis to support oversight activities of state regulators and enforcement authorities that include the Attorney General, Department of Managed Health Care, and California Department of Insurance. Further, accountability is ensured because the Director may be called to testify by the relevant committees of the Legislature. This will provide a mechanism for reporting progress on the goals of the proposed statutory changes and ensuring budget resources are used appropriately.

F. Analysis of All Feasible Alternatives

Alternative 1:

Approve as requested.

Approve the request to establish the Office of Health Care Affordability, 123.0 positions phased in between FY 2021-22 and 2023-24: \$11.2 million in FY 2021-22, \$24.5 million in FY 2022-23, \$27.3 million in FY 2023-24, and annually thereafter from the California Health Data and Planning Fund. Approve the requested provisional language.

Pros:

- The Office of Health Care Affordability will have the necessary resources to implement the requirements of the proposed statutory changes.

Cons:

- Increased state operational costs, which may be offset if the health care cost target is met by payers and providers, quality of care improvements lead to better outcomes, adoption of alternative payment models contributes to higher quality, more cost-efficient care, or market consolidation is mitigated through increased scrutiny of mergers, acquisitions and corporate affiliations.

Alternative 2:

Approve the entire request on a limited-term or temporary basis.

Pros:

- Temporarily provides resources to implement the requirements of the proposed statutory changes.

Cons:

- May inhibit cooperation from payers and providers in furthering the goals of the proposed statutory changes if the Program is perceived as temporary or not a permanent priority of the administration.

Alternative 3:

Deny the request.

Pros:

No additional cost to state.

Cons:

- The Program will not be able to meet the requirements of the proposed statutory changes.

Analysis of Problem

- There would be no entity within state government that has market wide data insights (e.g., by specific payer, service category, or large physician organization) to inform the development of policy recommendations for reducing per capita health care costs. Policies to address health care cost growth would continue in a piecemeal fashion.

G. Implementation Plan

In Year 1 (2021-22), pursuant to appropriation, the Program would have 58 positions and funding to achieve the following outcomes:

- **Appoint Health Care Affordability Advisory Board Members:** The Governor and Legislature will appoint members to the Advisory Board, whose first order of business will be to advise the Director on the establishment of a statewide cost target for calendar year 2022 and beyond. In later years, the Advisory Board may advise the Director on setting specific targets for different health care sectors (e.g., by payer or provider types) and geographic regions.
- **Emergency Regulations:** Promulgate emergency regulations to support data collection, and other initial programmatic requirements. Start the development of emergency regulations for cost and market impact reviews.
- **Hire and Develop Staff with Expertise in Data Collection and Reporting:** Hire key managerial and analytical staff that will develop reporting schedules, technical specifications and other resources for the collection of baseline data on total health care expenditures.
- **Hire and Develop Staff with Expertise in Health Care Policy and the California Market:** Hire and develop policy research staff that will analyze health care cost trends in California and develop policy recommendations for reducing per capita health care costs.
- **Hire the Administrative Staff:** The Administrative staff will provide support in the areas of facility management, human resources, and accounting functions.
- **Convene a Stakeholder Workgroup to Identify a Priority Set of Standard Quality Measures:** The Program will begin a stakeholder process involving state departments, external quality improvement organizations and forums, payers, physicians and other providers to identify a priority set of standard quality measures. The priority measure set will assess quality performance for health plans, health insurers, hospitals, and physician organizations, while reducing administrative burden and duplication.
- **Standup a Program for Cost and Market Impact Reviews:** Standup the Program's regulatory program for Cost and Market Impact Reviews and assemble a combination of legal staff and contractors to conduct cost and market impact reviews involving health care service plans, health insurers, hospitals or hospital systems, physician organizations, and/or pharmacy benefit managers.
- **For 2021-22 OSHPD can absorb the additional staff within current facility space.** OSHPD will reevaluate facility space and resources to house the future staff in fall of 2021-22.

In Year 2 (2022-23), the Program would have 106 positions and funding to achieve the following outcomes:

- **Conduct Quarterly Meetings for the Health Care Affordability Advisory Board.**

Analysis of Problem

- **Emergency Regulations:** Promulgate emergency regulations for cost and market impact reviews.
- **Perform Cost and Market Impact Reviews:** The Program will begin receiving notifications of proposed material changes beginning January 1, 2023. These notifications will trigger the process for performing cost and market impact reviews. These reviews will be public reports and concerning findings can be referred to the Attorney General for review of unfair competition or anticompetitive behavior.
- **Convene a Stakeholder Workgroup on Alternative Payment Models (APM):** The Program will begin a stakeholder process involving state departments, external organizations promoting APMs, and other entities and individuals with expertise in health care financing and quality measurement to set a statewide goal for adoption of APMs. The stakeholder workgroup will also inform the development of standards for APMs that may be used by payers and providers during contracting.
- **Adopt a Priority Set of Standard Quality Measures:** Informed by the stakeholder workgroup and Health Care Affordability Advisory Board, the Program will adopt a priority set of standard quality measures. The Program will require health care service plans, health insurers, hospitals, and physician organizations to report data on the priority set of standard quality measures. Performance on the priority measure set will be reported in the Annual Report.
- **Develop Standards for Promoting Health care Workforce Stability:** The Program will monitor impacts to health care workforce stability and training needs and support the Health Care Affordability Advisory Board in developing related standards that may be used during review of corrective action plans.

In Year 3 (2023-24), the Program would have 123.0 positions and funding to achieve the following outcomes:

- **Conduct Quarterly Meetings for the Health Care Affordability Advisory Board.**
- **Adopt a Statewide Goal for APM Adoption and Monitor Progress:** Informed by the stakeholder workgroup and the Health Care Affordability Advisory Board, the Program will set a statewide goal for APM adoption. The Program will establish requirements for payers to report data and other information, including but not limited to, the types of payment models, the number of members covered by APMs, the percent of budget dedicated to alternative payments, or cost and quality performance measures tied to such payment models. Performance on APM adoption will be reported in the Annual Report.
- **Adopt Standards for APMs:** Informed by the stakeholder workgroup and the Health Care Affordability Advisory Board, the Program will adopt standards for APMs that may be used by payers and providers during contracting. The standards for APMs shall focus on improving affordability, efficiency, equity, and quality by considering the current best evidence for strategies such as investments in primary care and behavioral health, shared risk arrangements, or population-based payments.
- **Publish Report on Baseline Health Care Spending and Hold Public Meeting:** No later than June 2024 a report will be published on baseline health care spending for calendar years 2021 and 2022. The report would cover the following: total per capita health care expenditures, disaggregated by service category, consumer out-of-pocket spending, and spending by health care sector, such as payer, provider, insurance market, or line of business, as well as geographic region.

Analysis of Problem

As the Program is implemented, OSHPD will re-evaluate resources needed to sustain the Program, including consideration for progressive enforcement action and litigation.

H. Supplemental Information

Attachment A: Proposed Phase-In of Staffing Table

Attachment B: Provisional Language

Attachment C: Organizational Charts

Attachment D: Fiscal Detail Sheet

I. Recommendation

Approve Alternative 1, Approve the request to establish the Office of Health Care Affordability, 123.0 positions phased in between 2021-22 and 2023-24: \$11.2 million in 2021-22, \$24.5 million in 2022-23, \$27.3 million in 2023-24 and annually thereafter from the California Health Data and Planning Fund. Approve the requested provisional language.

Attachment A: Proposed Phase-In of Staffing Table

BCP Title: Office of Health Care Affordability

BR Name: 4140-022-BCP-2021-GB

Proposed Phase-In of Staffing

Office of Health Care Affordability Staff	FY 2021-22	FY 2022-23	FY 2023-24 and ongoing
Health Care Affordability Division	Health Care Affordability Division continued	Health Care Affordability Division continued	Health Care Affordability Division continued
Deputy Director (Career Executive Assignment B)	1	1	1
Chief Medical Officer, Exempt Appointment	1	1	1
Pharmacy Consultant, Pharmaceutical Consultant II Specialist	1	1	1
Health Program Specialist II	1	1	1
Staff Services Manager I Specialist	1	1	1
Associate Governmental Program Analyst	1	1	1
Subtotal	6	6	6
Health Care Cost Trends	Health Care Cost Trends continued	Health Care Cost Trends continued	Health Care Cost Trends continued
Branch Chief tor (Career Executive Assignment A)	1	1	1
Senior Health Policy Researcher (Research Scientist Supervisor II (Spec))	0	1	1
Office Technician (Typing)	1	1	1
Subtotal	2	3	3
Data Management	Data Management continued	Data Management continued	Data Management continued
Data Integrity Manager (Research Scientist Manager)	1	1	1
Senior Data Integrity Specialist (Research Data Specialist III)	1	2	3
Data Integrity Specialist (Research Data Specialist II)	1	2	4
Subtotal	3	5	8
Research and Analytics	Research and Analytics continued	Research and Analytics continued	Research and Analytics continued
Health Policy Research Manager (Research Scientist Manager)	1	1	1
Senior Health Policy Specialist (Research Data Specialist III)	1	2	3
Health Policy Specialist (Research Data Specialist II)	1	2	4
Subtotal	3	5	8

Office of Health Care Affordability Staff	FY 2021-22	FY 2022-23	FY 2023-24 and ongoing
Quality Performance	Quality Performance continued	Quality Performance continued	Quality Performance continued
Branch Chief (Career Executive Assignment A)	1	1	1
Health care Workforce Specialist (Health Program Specialist II)	0	1	1
Office Technician (Typing)	1	1	1
Subtotal	2	3	3
Quality Analysis	Quality Analysis continued	Quality Analysis continued	Quality Analysis continued
Unit Manager, Health Program Manager II	1	1	1
Senior Quality Specialist (Health Program Specialist II)	2	4	5
Subtotal	3	5	6
Payment Reform			
Unit Manager, Health Program Manager II	1	1	1
Payment Reform Specialist (Health Program Specialist II)	1	3	4
Subtotal	2	4	5
Investigations & Enforcement	Investigations & Enforcement continued	Investigations & Enforcement continued	Investigations & Enforcement continued
Deputy Director (Career Executive Assignment B)	1	1	1
Assistant Chief Counsel	1	2	3
Attorney IV	6	8	8
Attorney III	5	9	16
Office Technician (Typing)	1	1	1
Supervising Corporation Examiner	0	1	1
Corporation Examiner IV (Supervisor)	0	3	3
Corporation Examiner	0	9	9
Auditor I	0	6	6
Staff Services Manager I	0	1	1
Associate Governmental Program Analyst	0	2	2
Staff Services Analyst (General)	0	1	1
Subtotal	14	44	52
Office of Health Care Affordability (OHCA) IT Services	OHCA IT Services continued	OHCA IT Services continued	OHCA IT Services continued
Data Architect (IT Spec II)	1	1	1
Prescription Drug Policy Lead (HPS II)	1	1	1
Sr. Enterprise Data Warehouse Database Admin (IT Spec I)	1	1	1
Assoc. Enterprise Data Warehouse Database Admin (IT Assoc)	1	1	1

Office of Health Care Affordability Staff	FY 2021-22	FY 2022-23	FY 2023-24 and ongoing
Sr. Program and Policy Liaison (HPS II)	1	1	1
Assoc. Program and Policy Liaison (HPS I)	1	1	1
Prescription Drug Data Lead (RDS II)	1	1	1
Application Developer (IT Spec I)	0	1	2
Business Analyst (IT Assoc)	1	1	1
Project Director (IT Spec II)	1	1	1
Project Manager (IT Spec I)	1	1	1
Subtotal	10	11	12
OHCA Total	45	86	103
Required staff needed to augment OSHPD shared services organizations	Shared Services continued	Shared Services continued	Shared Services continued
Office of Legislative and Public Affairs (OLPA)	OLPA continued	OLPA continued	OLPA continued
Associate Governmental Program Analyst	0	1	1
Subtotal	0	1	1
Administrative Services Division (ASD)	ASD continued	ASD continued	ASD continued
Associate Administrative Analyst	1	1	1
Associate Governmental Program Analyst (Contract Analyst)	0	1	1
Associate Budget Analyst	1	1	1
Associate Governmental Program Analyst (Facility Services Analyst)	0	1	1
Associate Personnel Analyst (Classification and Pay Analyst)	2	2	2
EXAMS ANALYST (ASSOC. GOV. PROGRAM ANALYST)	1	1	1
Personnel Specialist	1	1	1
Accounting Officer Specialist	1	2	2
Office Technician (Typing)	1	1	1
Subtotal	8	11	11
Information Services Division (ISD)	ISD continued	ISD continued	ISD continued
Security Specialist (IT Spec I)	0	1	1
Infrastructure Engineer (IT Spec I)	1	2	2
IT Service Desk Technician (IT Assoc)	1	1	1
Sr. Website Developer (IT Spec I)	1	1	1
Assoc. Website Developer (IT Assoc)	1	1	1
IT Acquisitions Specialist (IT Assoc)	0	1	1
IT Budget and Training Specialist (AGPA)	1	1	1
Subtotal	5	8	8
OHCA Shared Services Total	13	20	20

Office of Health Care Affordability Staff	FY 2021-22	FY 2022-23	FY 2023-24 and ongoing
Grand Total (OHCA Program + Shared Services)	58	106	123

Attachment B: Provisional Language

BCP Title: Office of Health Care Affordability

BR Name: 4140-022-BCP-2021-GB

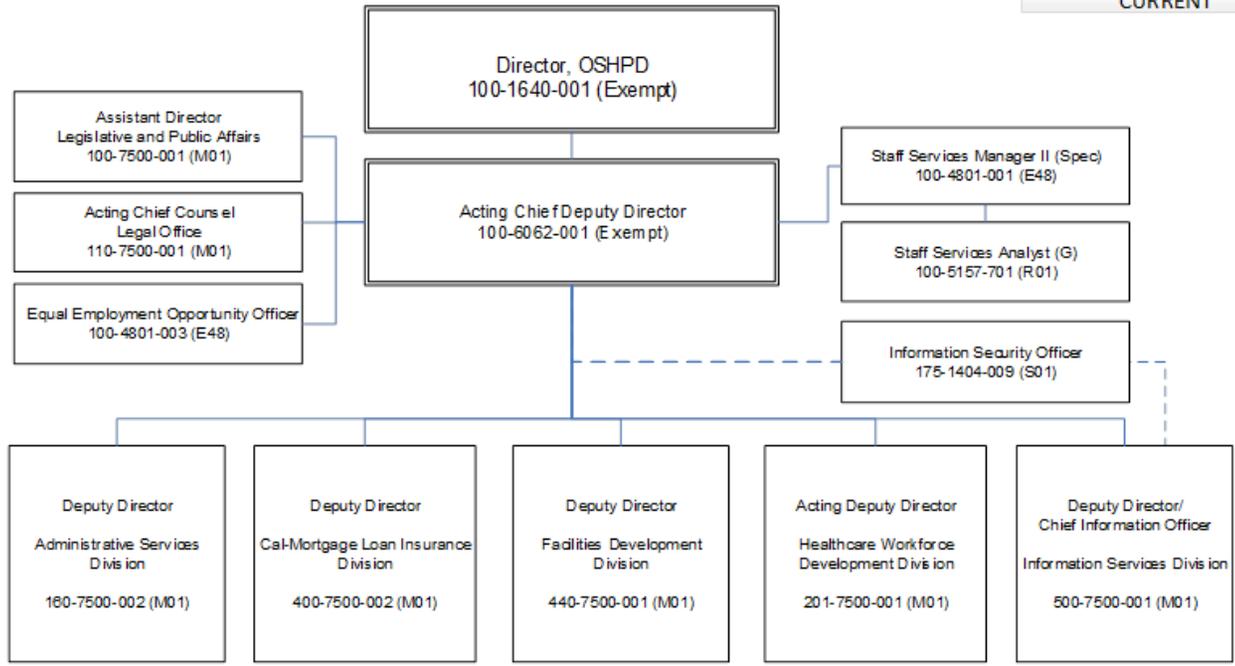
2021 Budget Act, Item 4140-001-0143, Provisions 1 and 2:

1. The General Fund shall make a cash loan available to the Office of Statewide Health Planning and Development not to exceed a cumulative total of \$6,000,000. The loan funds shall be transferred to this item as needed to meet cashflow needs due to delays in collecting assessments from health facilities pursuant to Section 127280 of the Health and Safety Code, and are subject to the repayment provisions in Section 16351 of the Government Code.
2. Of the funds appropriated in Schedule (1) of this item, \$1,000,000 is for the development of a data system for annual health plan expenditure reporting. This amount is available contingent upon approval of Project Approval Lifecycle documents by the Department of Technology.

Attachment C: Organizational Charts
 BCP Title: Office of Health Care Affordability
 BR Name: 4140-022-BCP-2021-GB

Office of Statewide Health Planning and Development

CURRENT

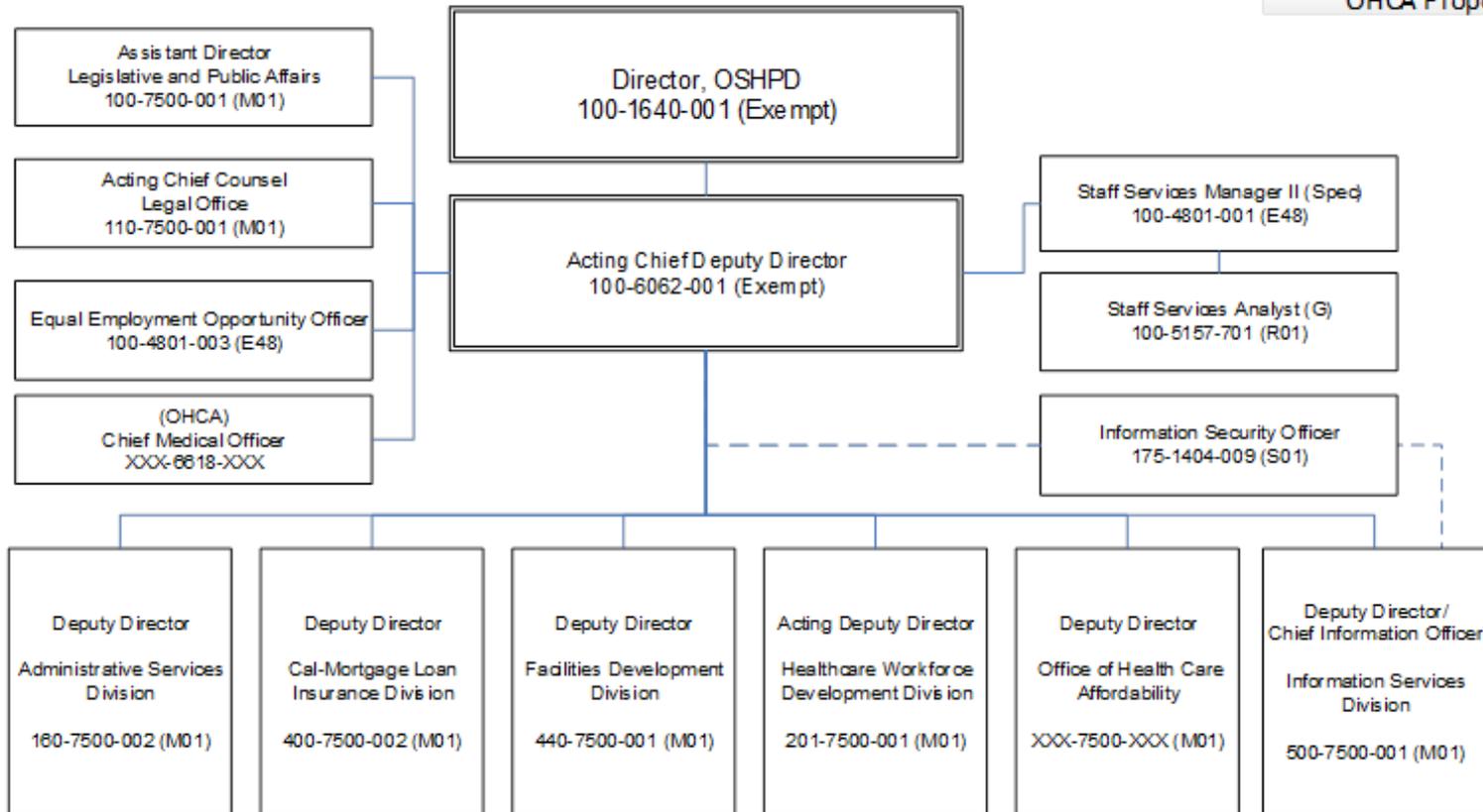


STATUTORY COMMISSION, FOUNDATION, COMMITTEES, BOARD AND PANEL



Office of Statewide Health Planning and Development

OHCA Proposed

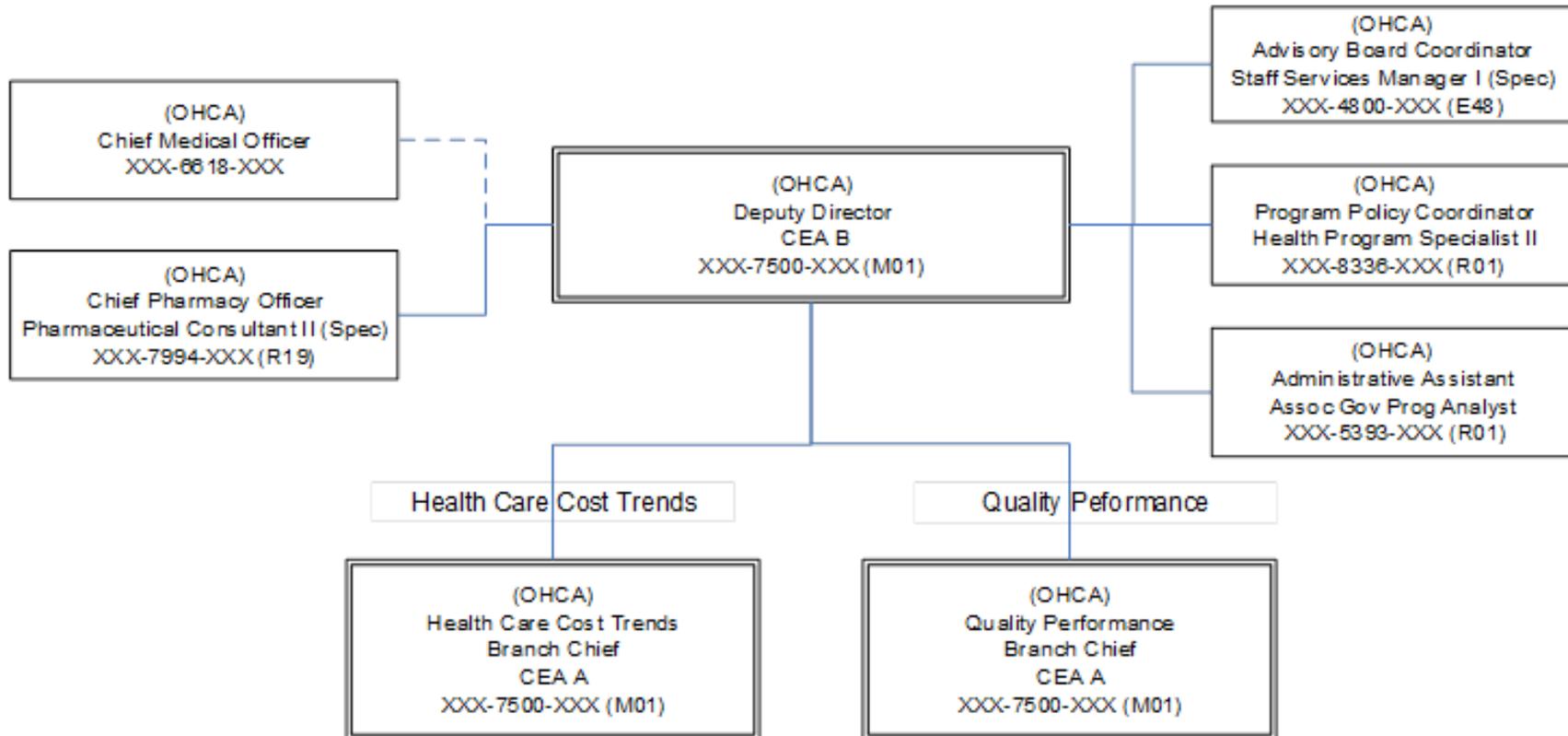


STATUTORY COMMISSION, FOUNDATION, COMMITTEES, BOARD AND PANEL



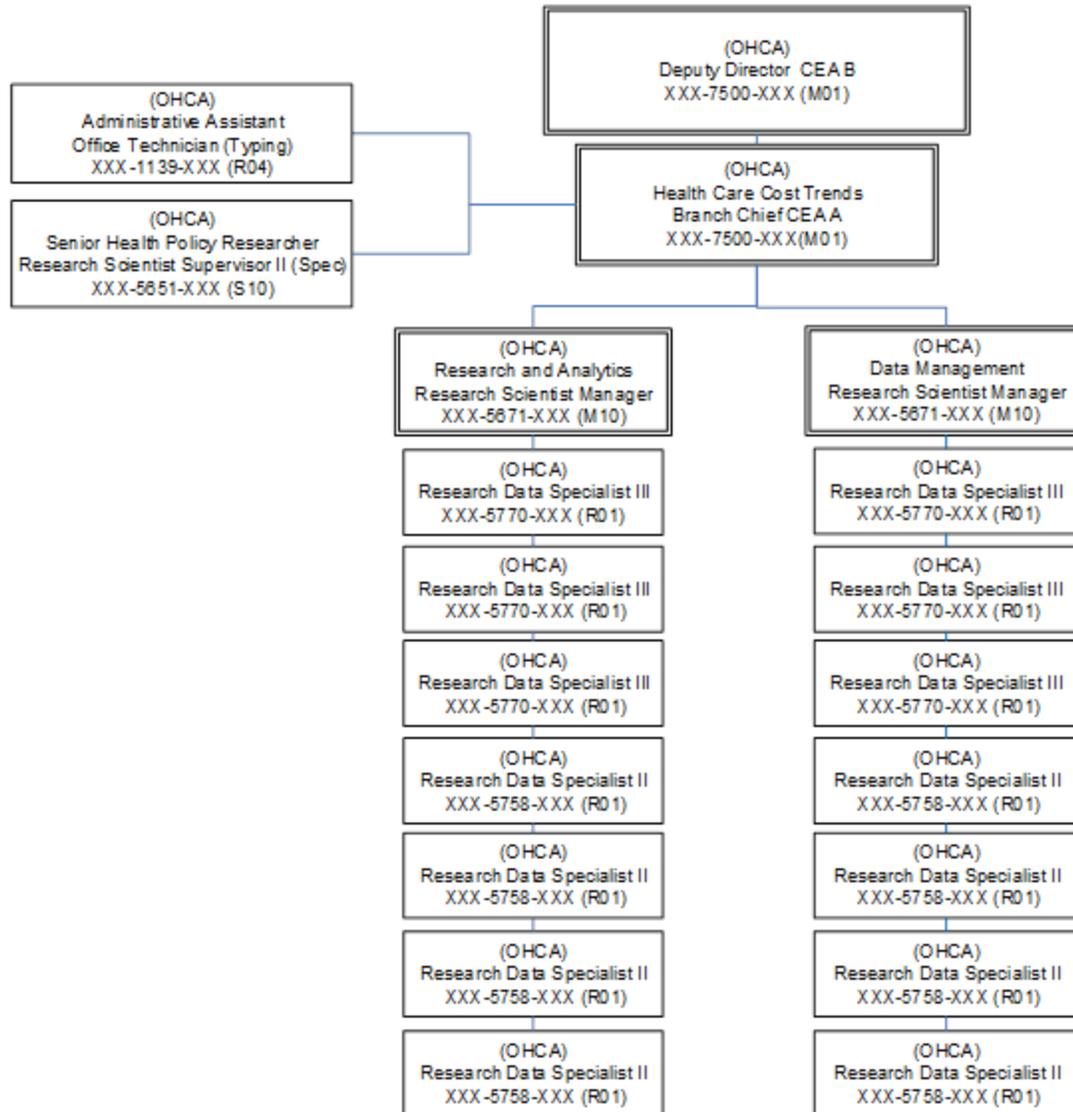
Office of Statewide Health Planning and Development
Office of Health Care Affordability

OHCA PROPOSED



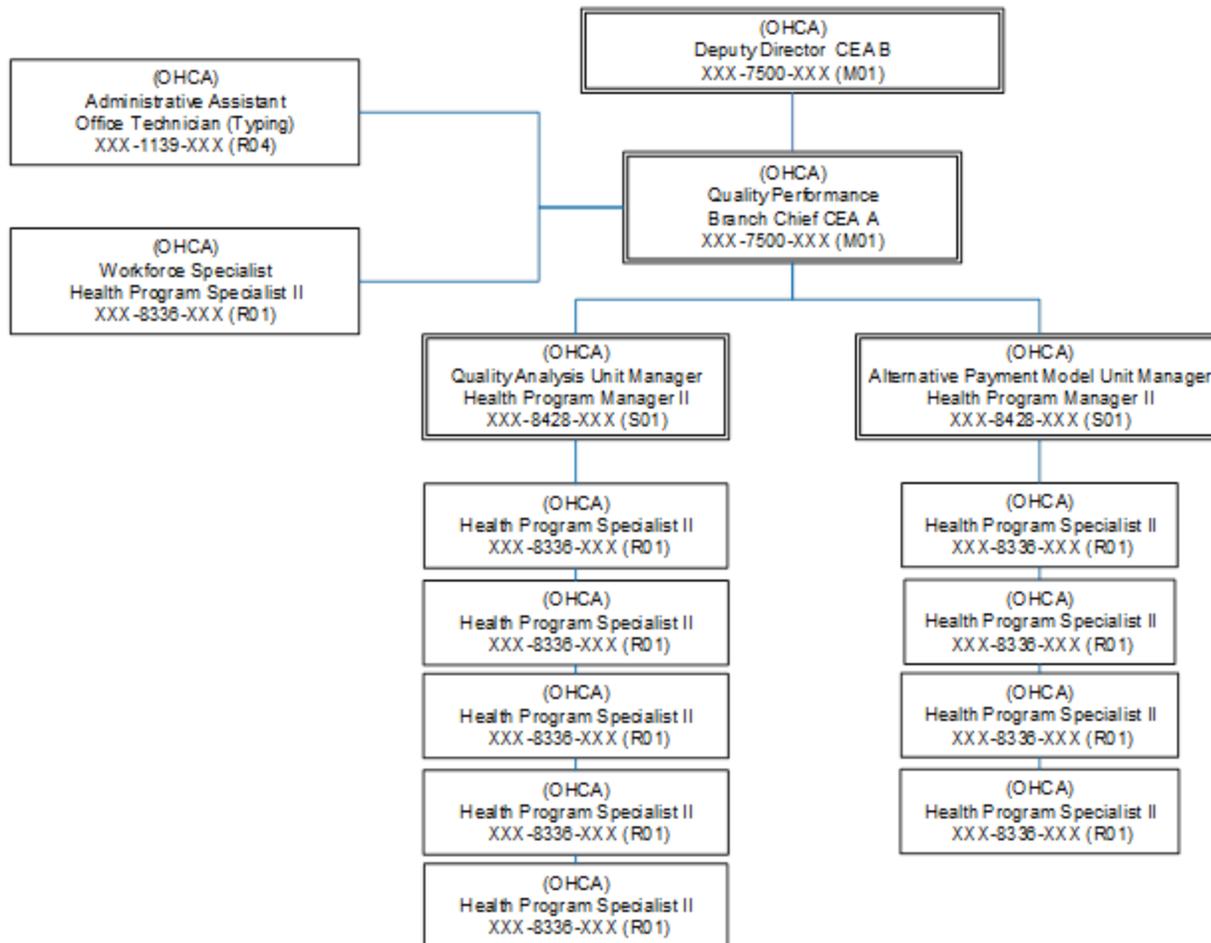
Office of Statewide Health Planning and Development Office of Health Care Affordability – Health Care Cost Trends

OHCA PROPOSED



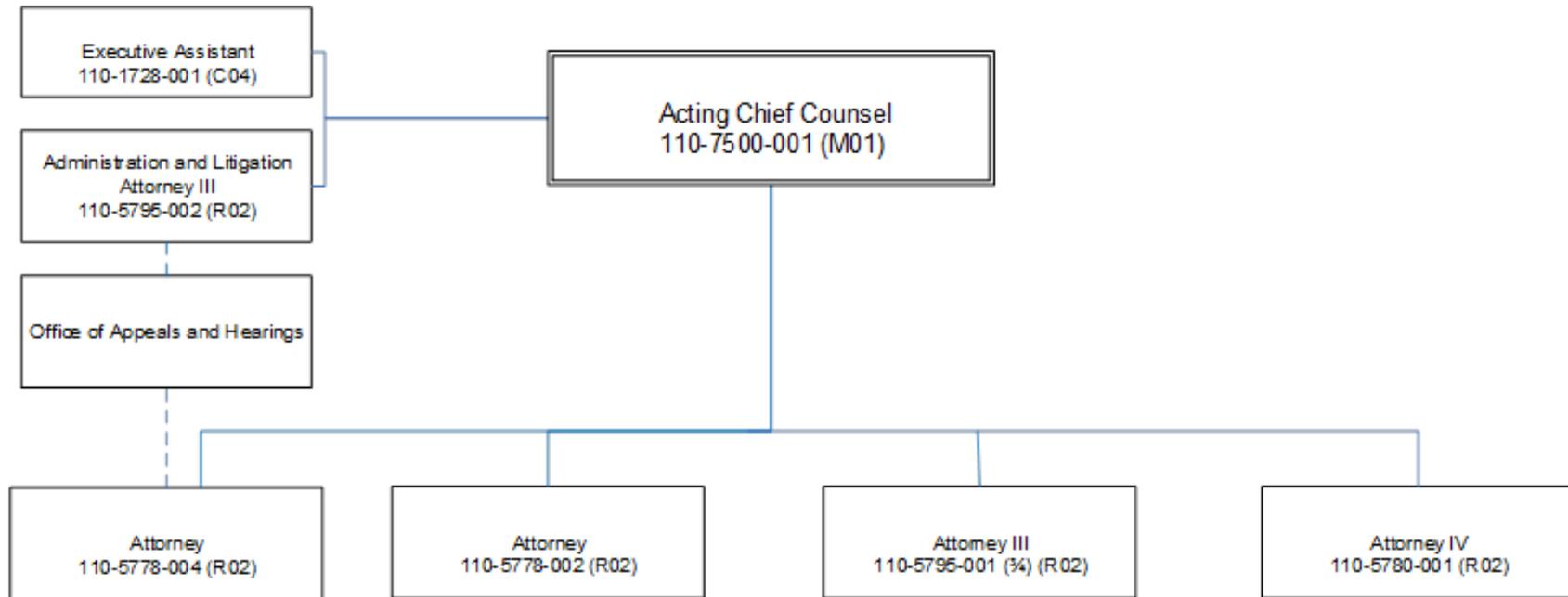
Office of Statewide Health Planning and Development
 Office of Health Care Affordability – Quality Performance

OHCA PROPOSED



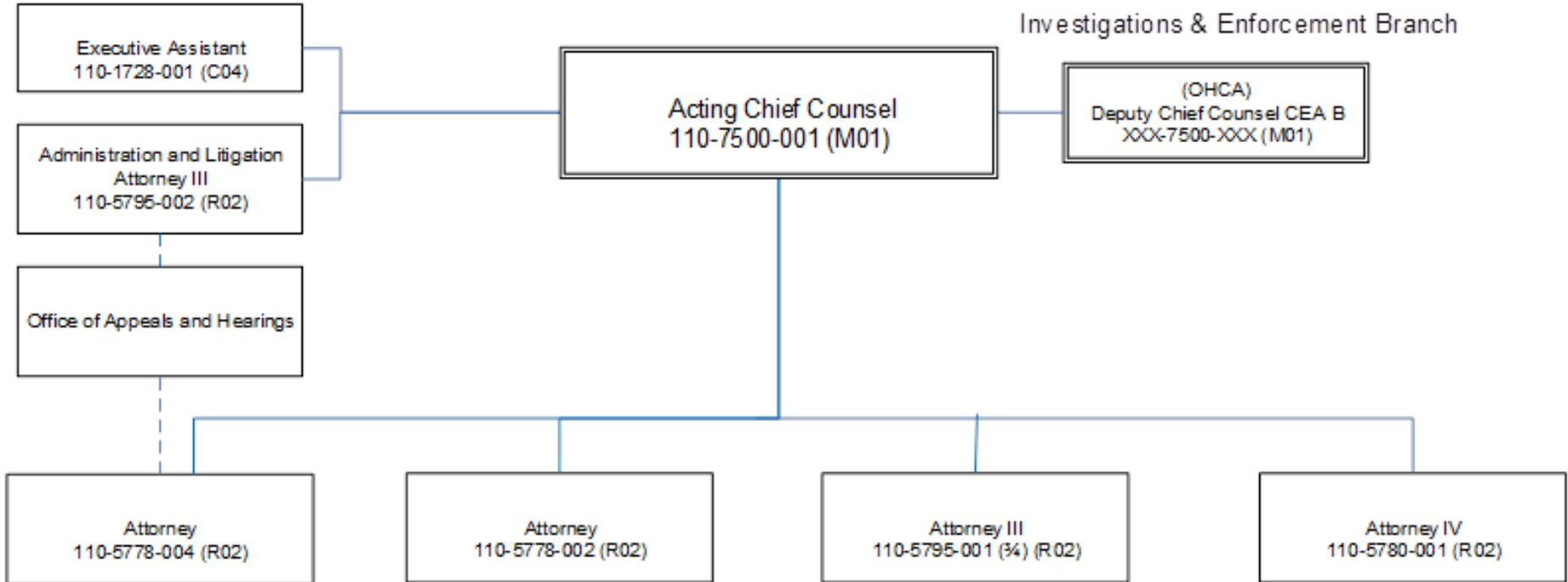
Office of Statewide Health Planning and Development Legal Office

CURRENT



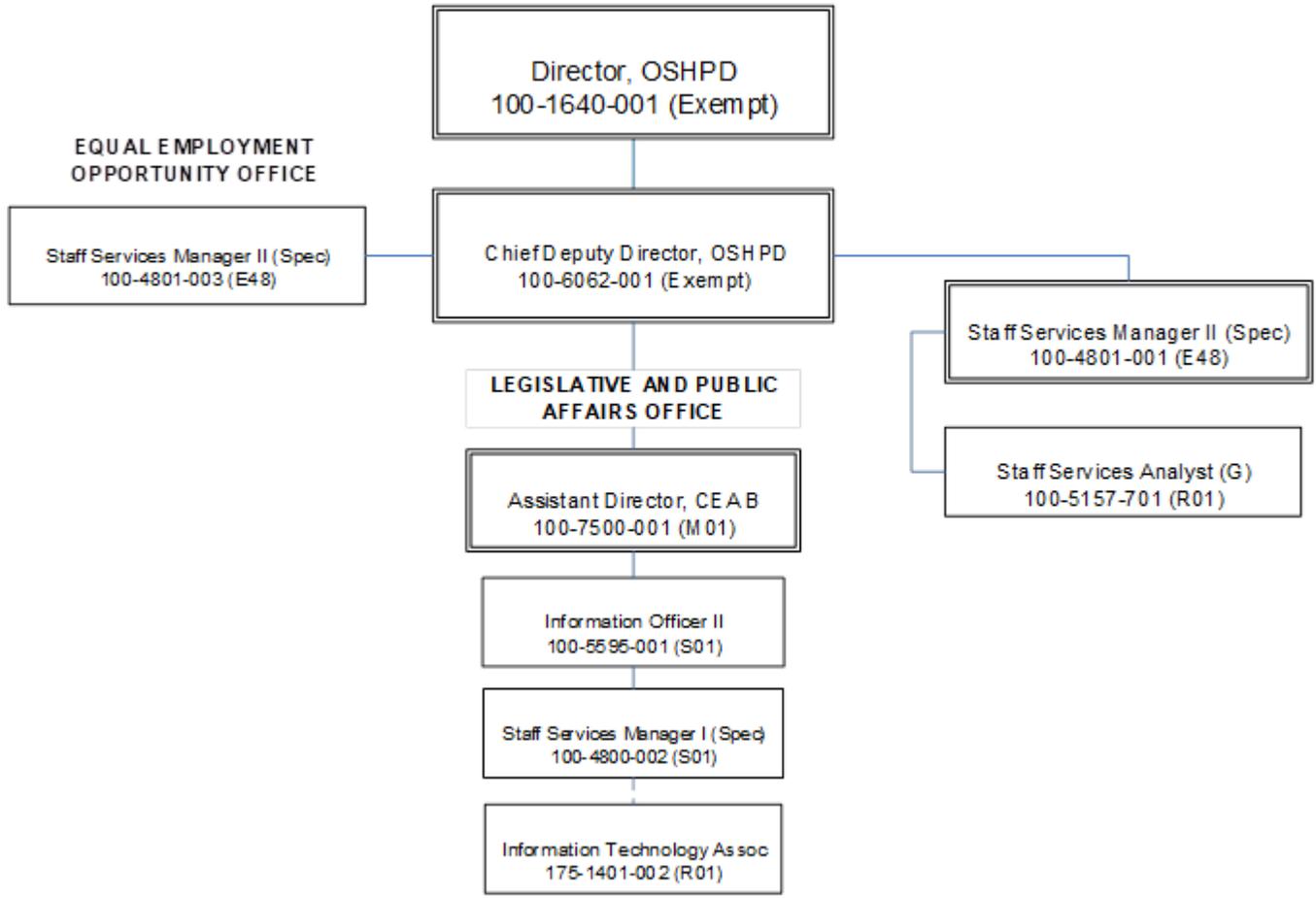
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OHCA PROPOSED



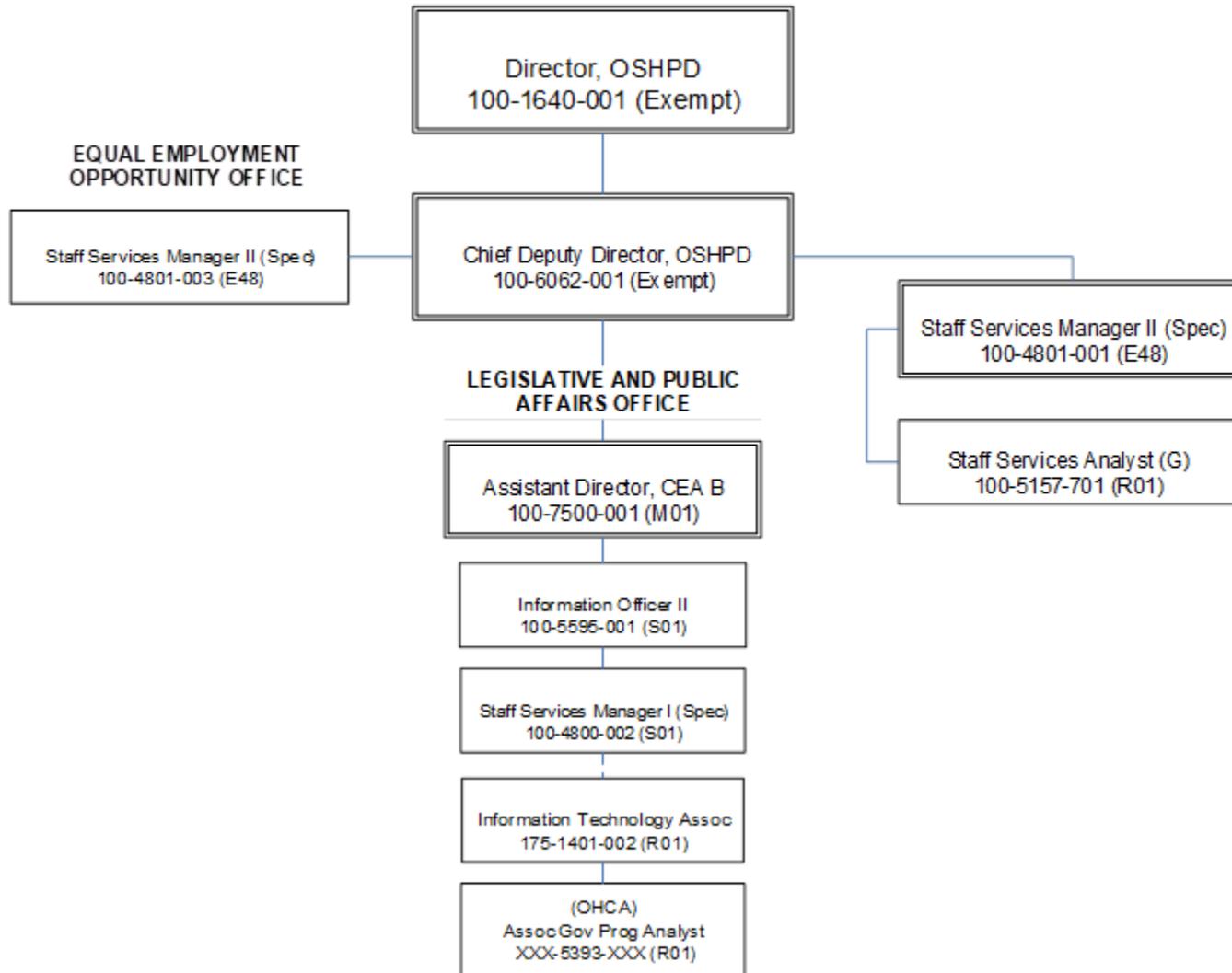
Office of Statewide Health Planning and Development Director's Office

CURRENT



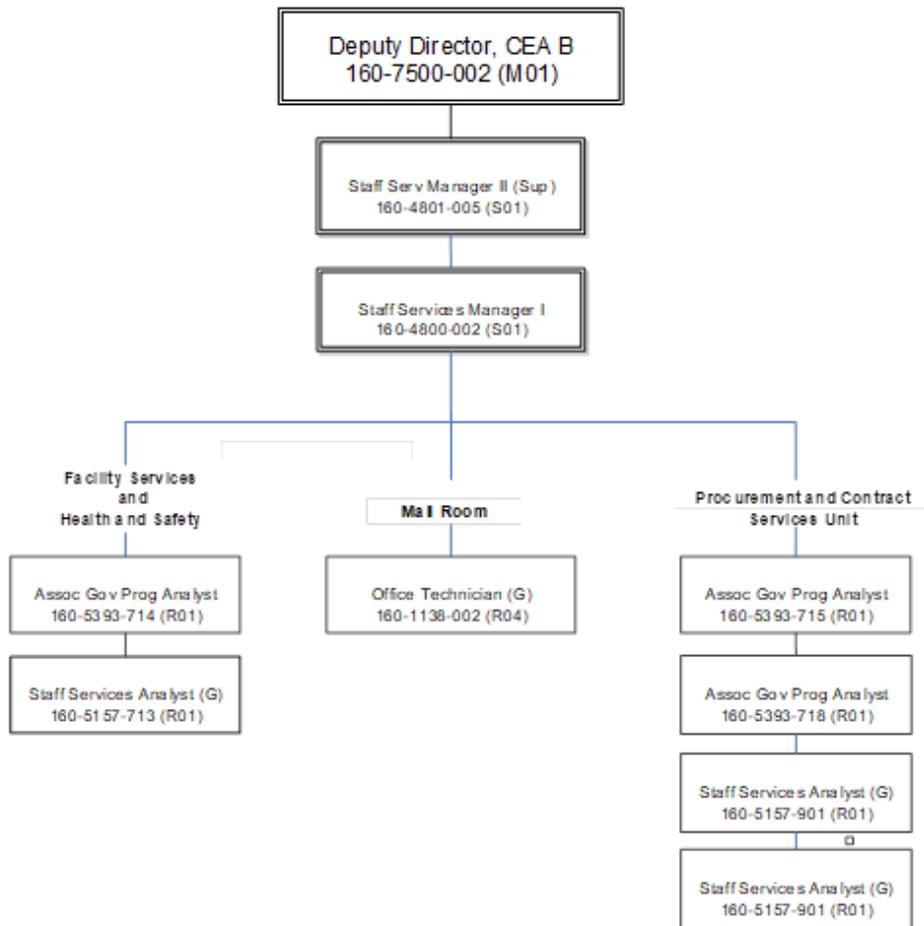
Office of Statewide Health Planning and Development
Director's Office

OHCA PROPOSED



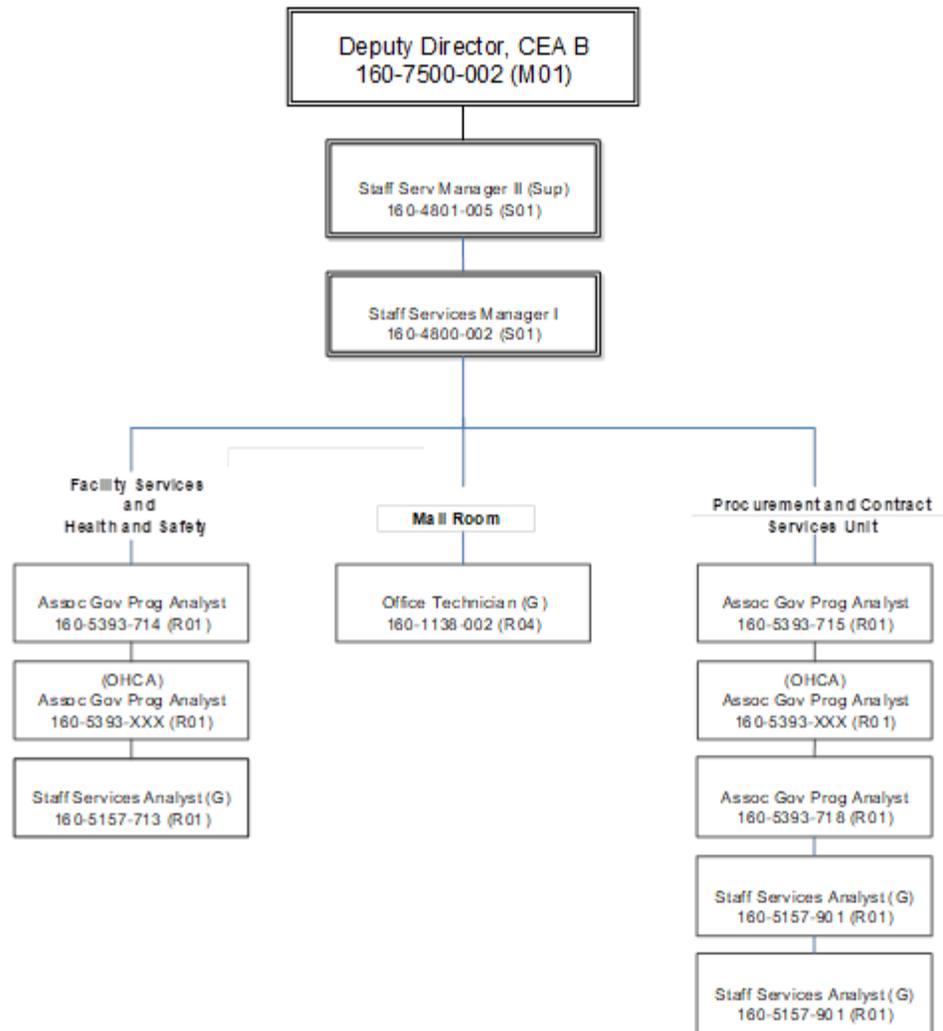
Office of Statewide Health Planning and Development
 Administrative Services Division
 Business Services Section

CURRENT



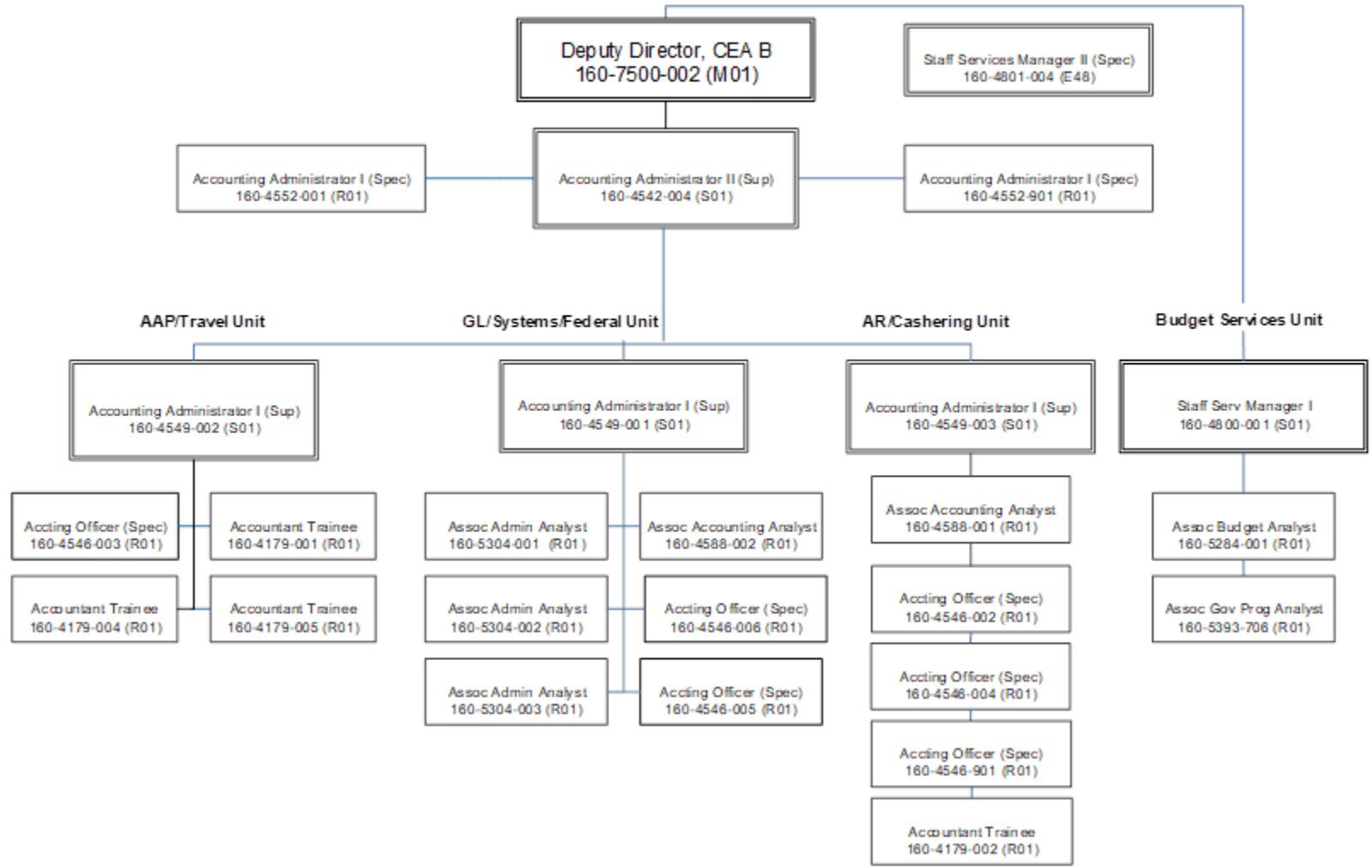
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 Administrative Services Division
 Business Services Section

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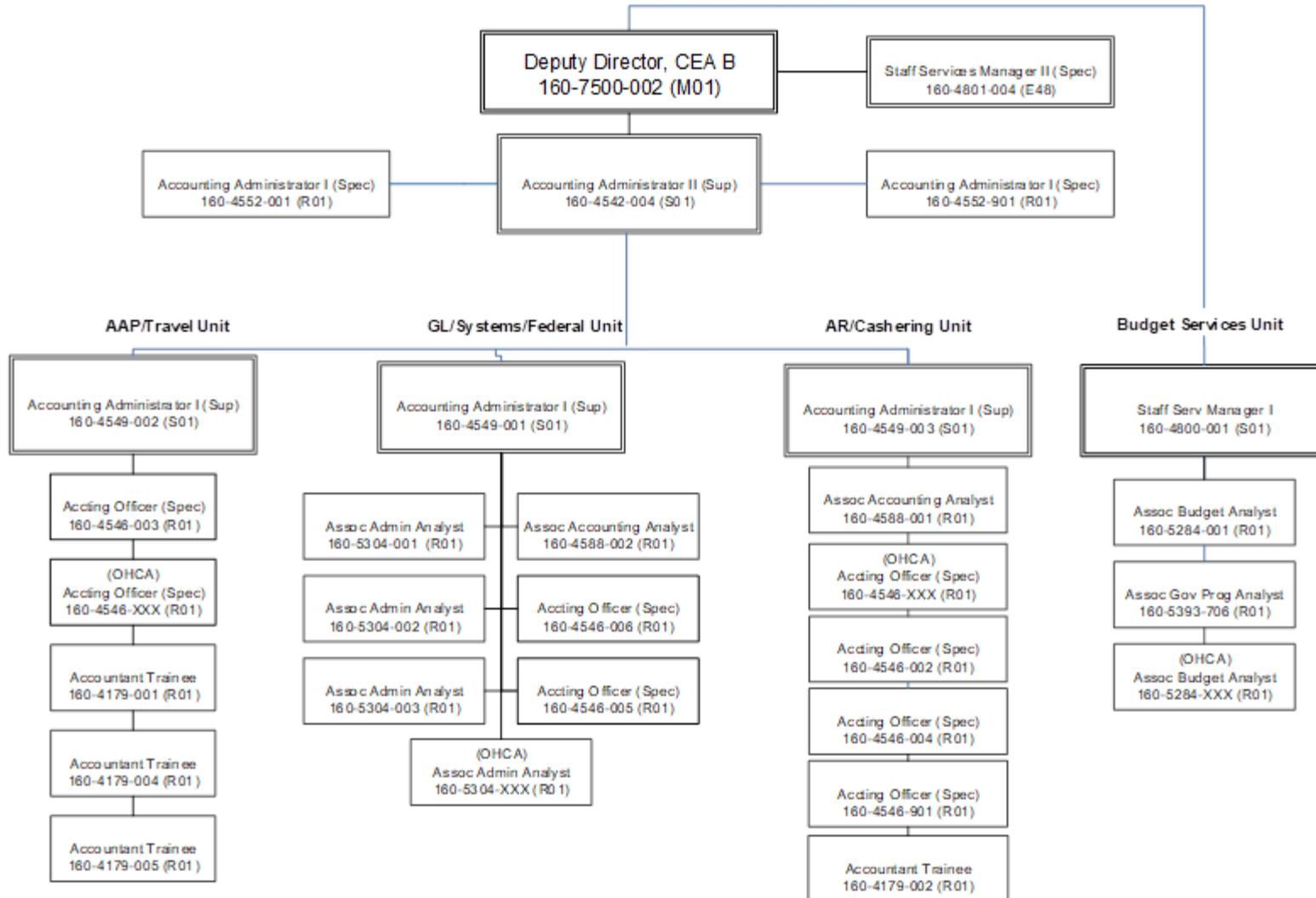
Office of Statewide Health Planning and Development
 Administrative Services Division
 Financial Services Section

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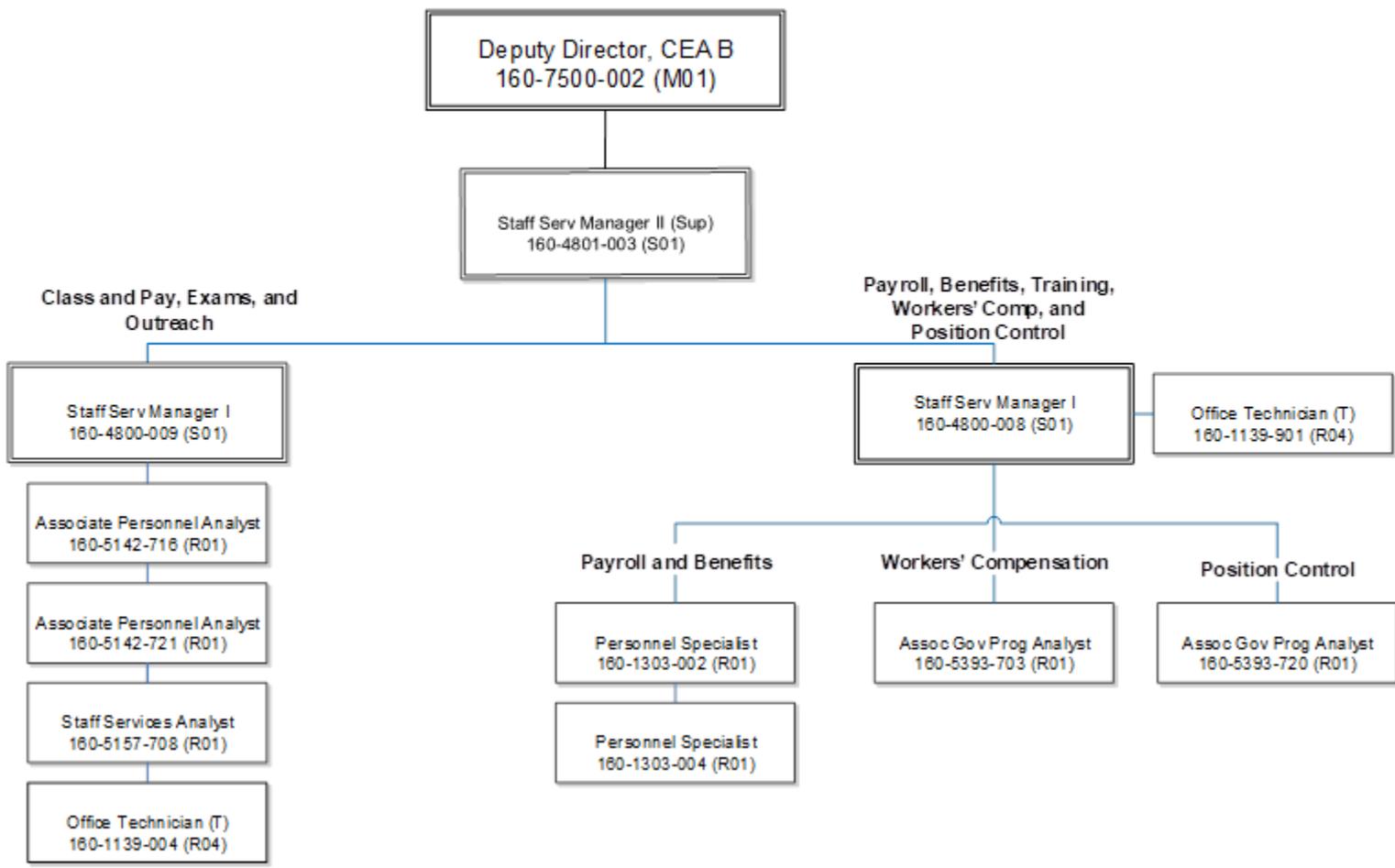
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 Administrative Services Division
 Financial Services Section

OHCA PROPOSED



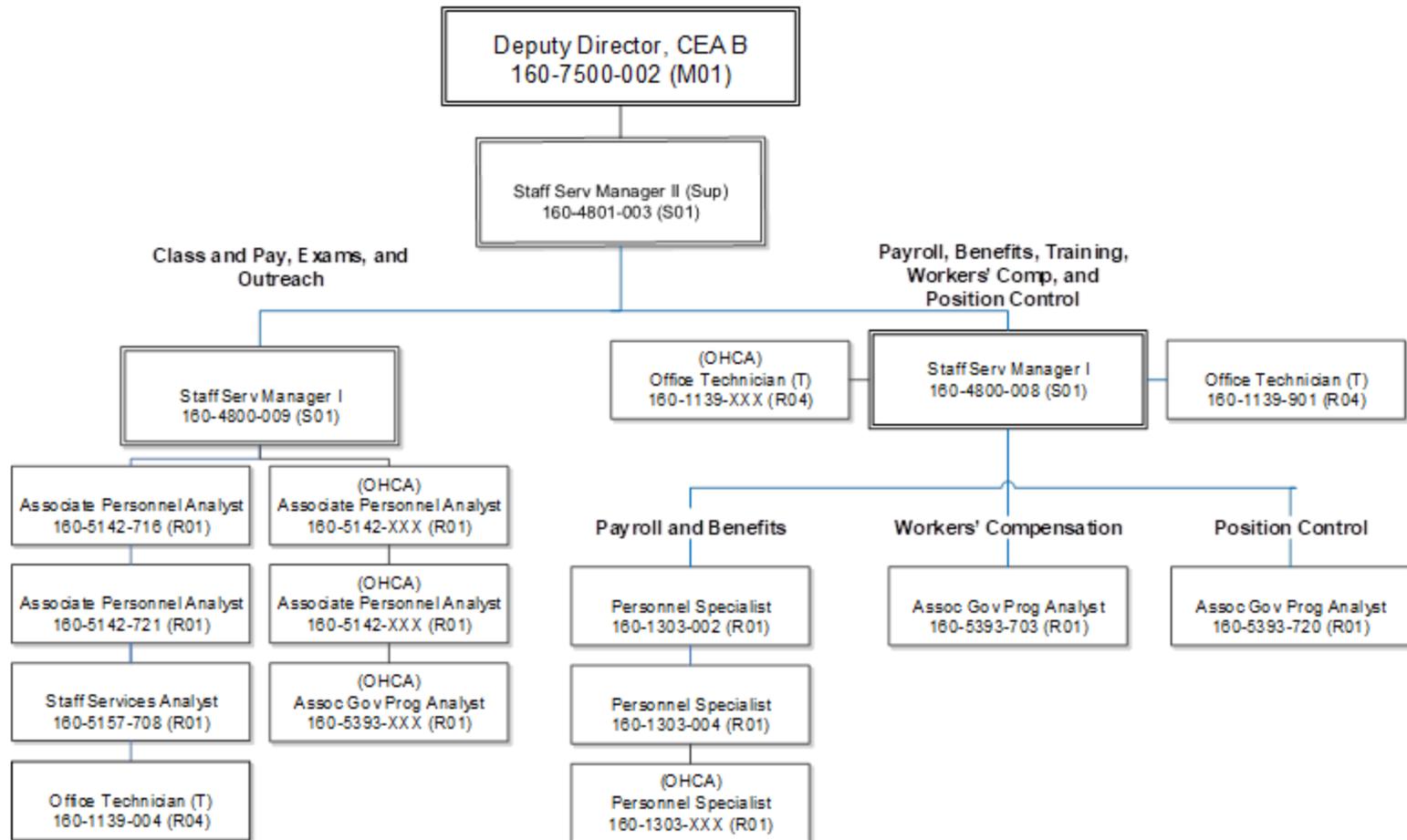
Office of Statewide Health Planning and Development
 Administrative Services Division
 Human Resources Services

CURRENT



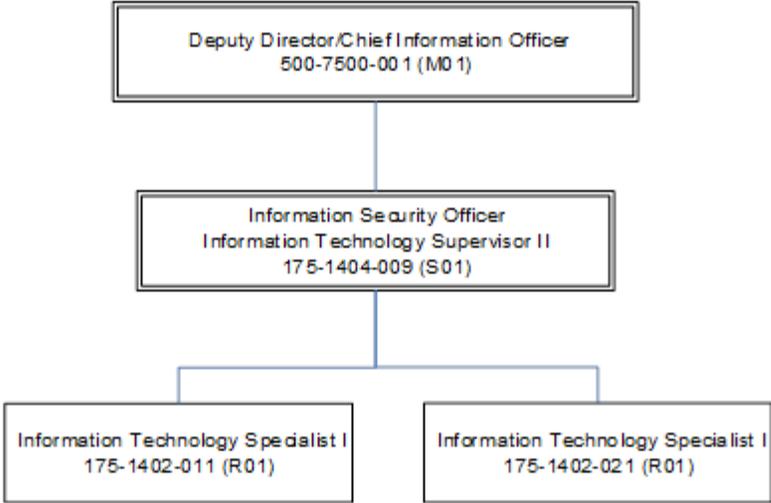
Office of Statewide Health Planning and Development
 Administrative Services Division
 Human Resources Services

OHCA PROPOSED



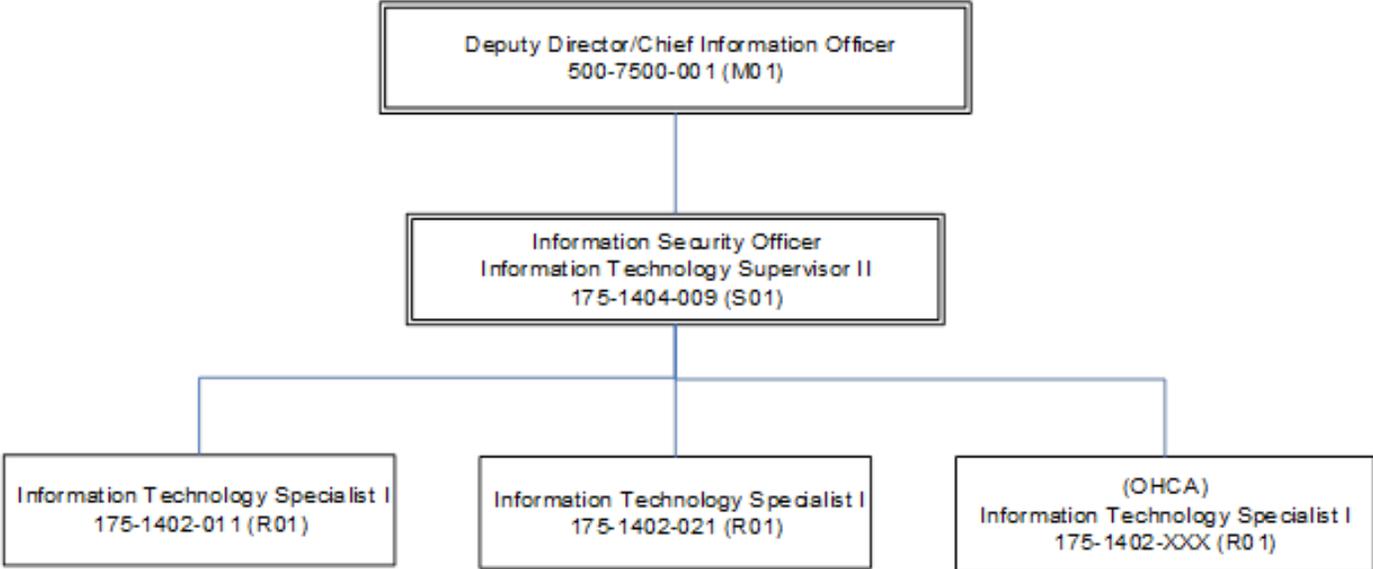
Office of Statewide Health Planning and Development
Information Services Division
Information Security Office

CURRENT



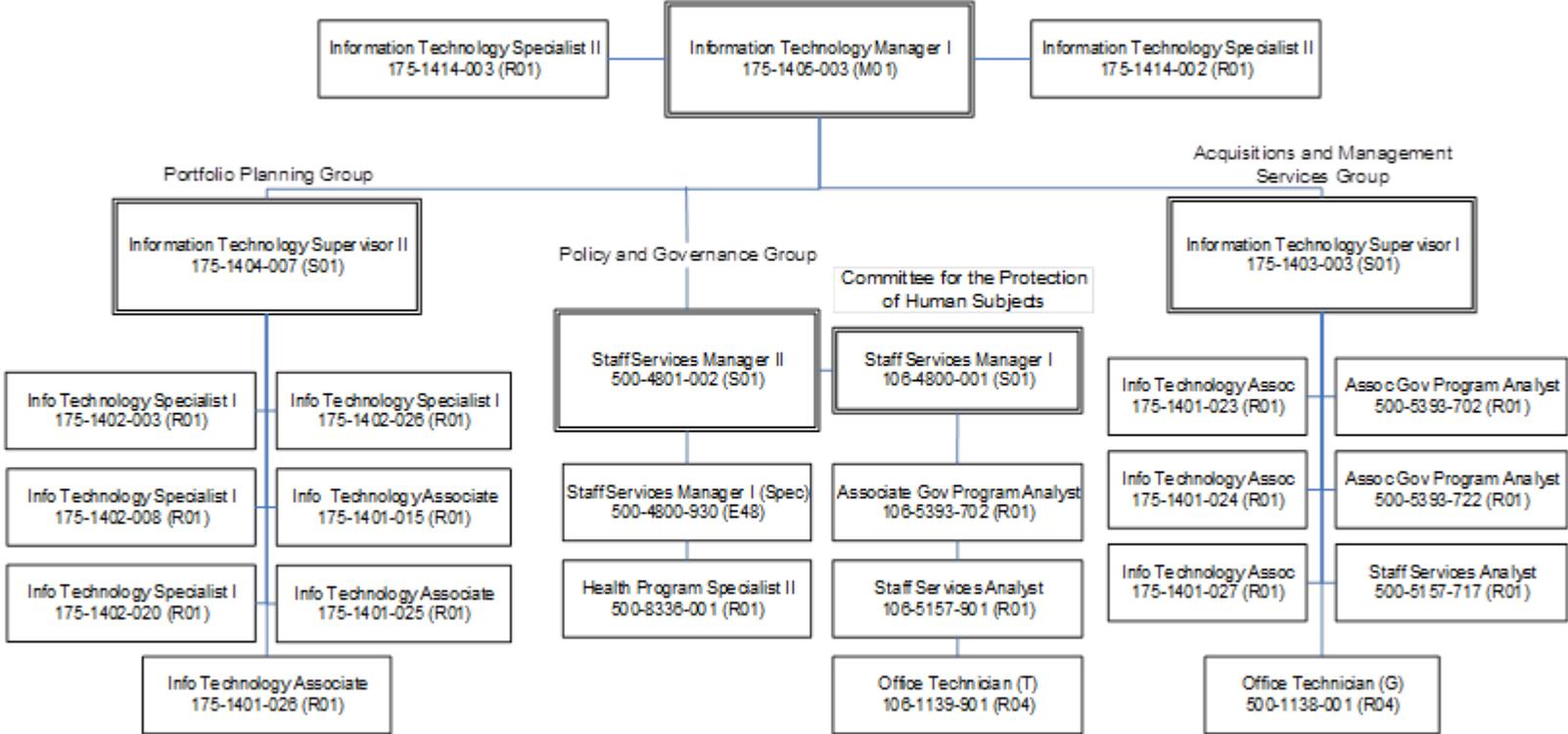
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Information Services Division
Information Security Office

OHCA PROPOSED



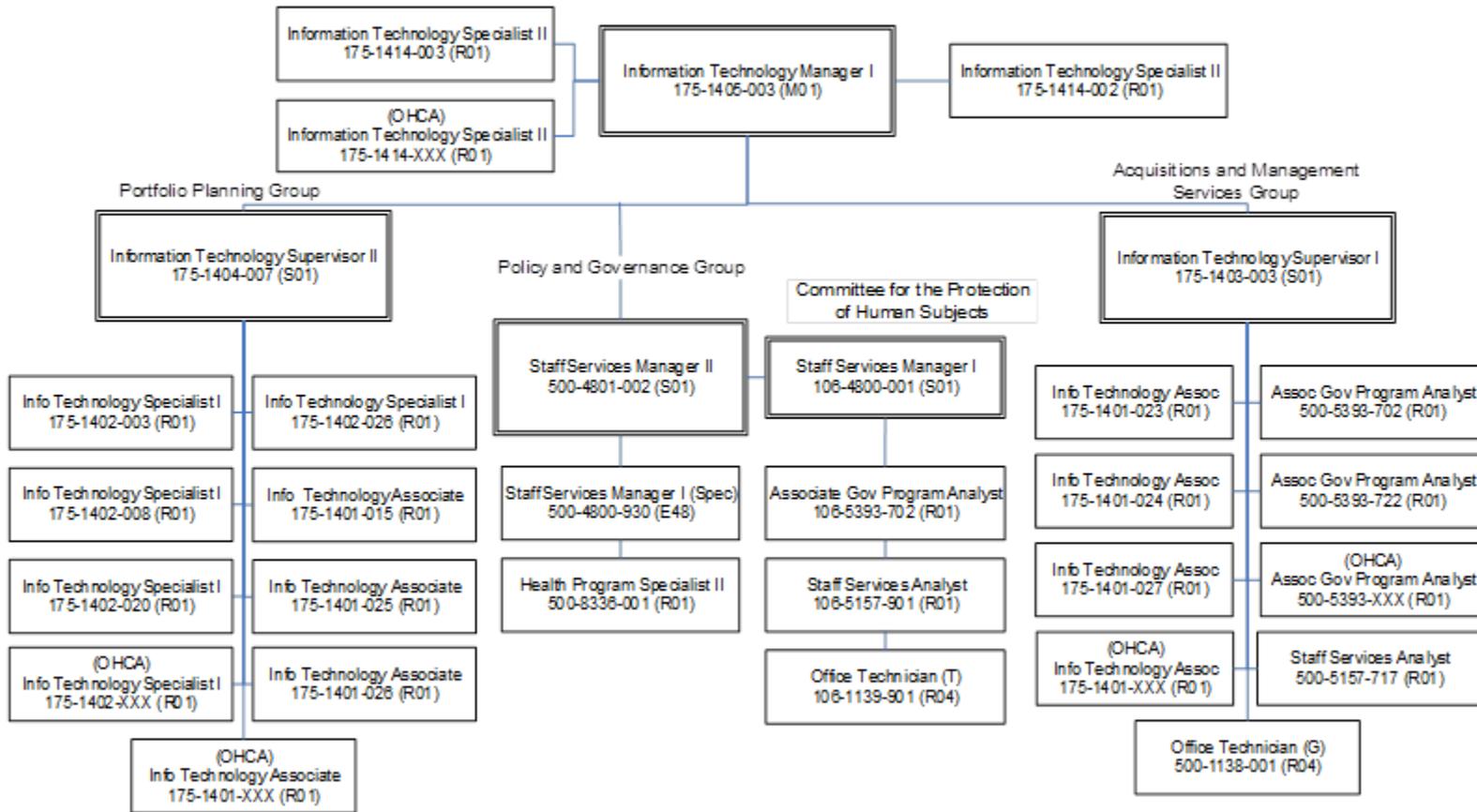
Office of Statewide Health Planning and Development
 Information Services Division
 Planning and Management Branch

CURRENT

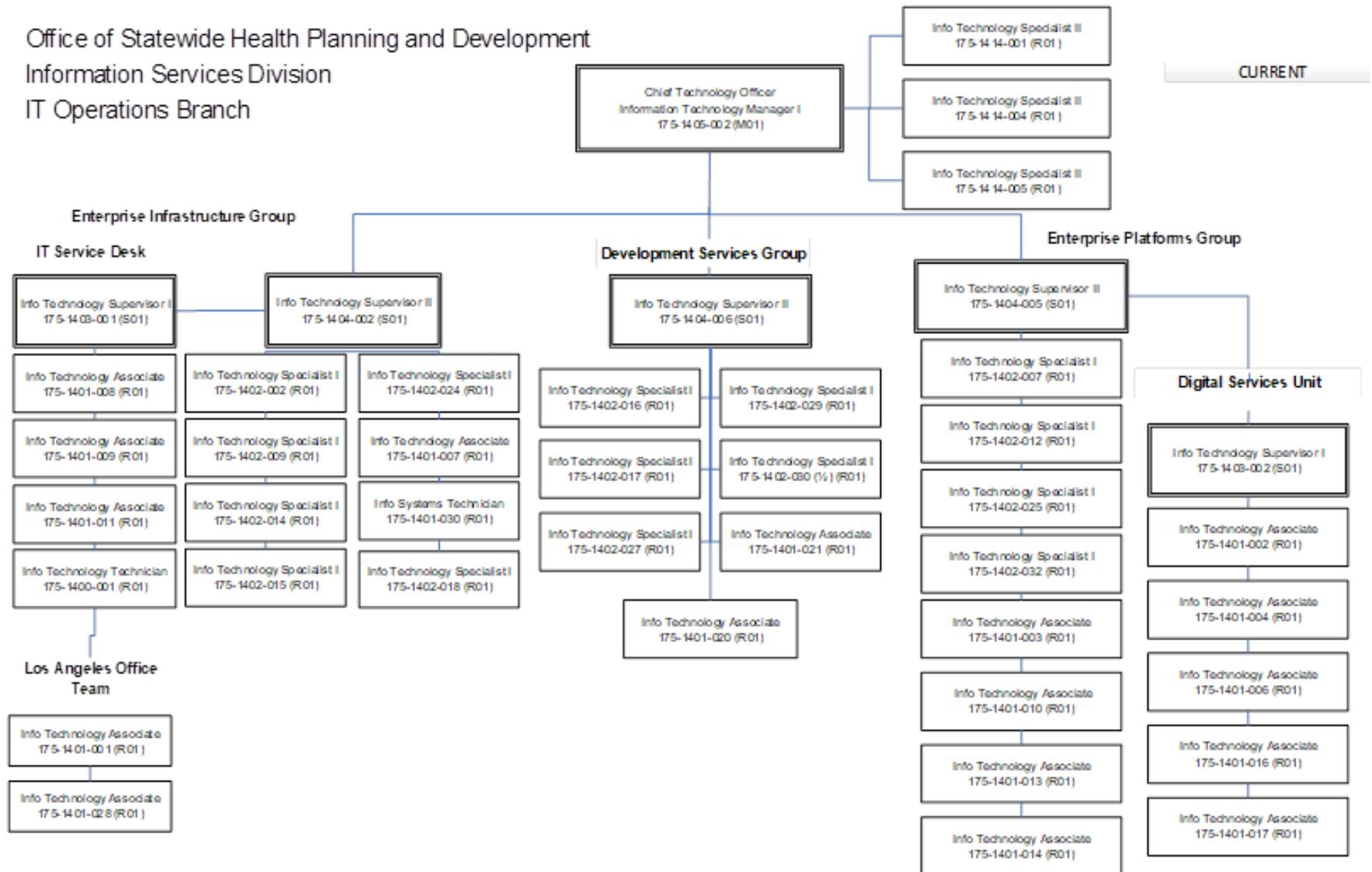


Office of Statewide Health Planning and Development
 Information Services Division
 Planning and Management Branch

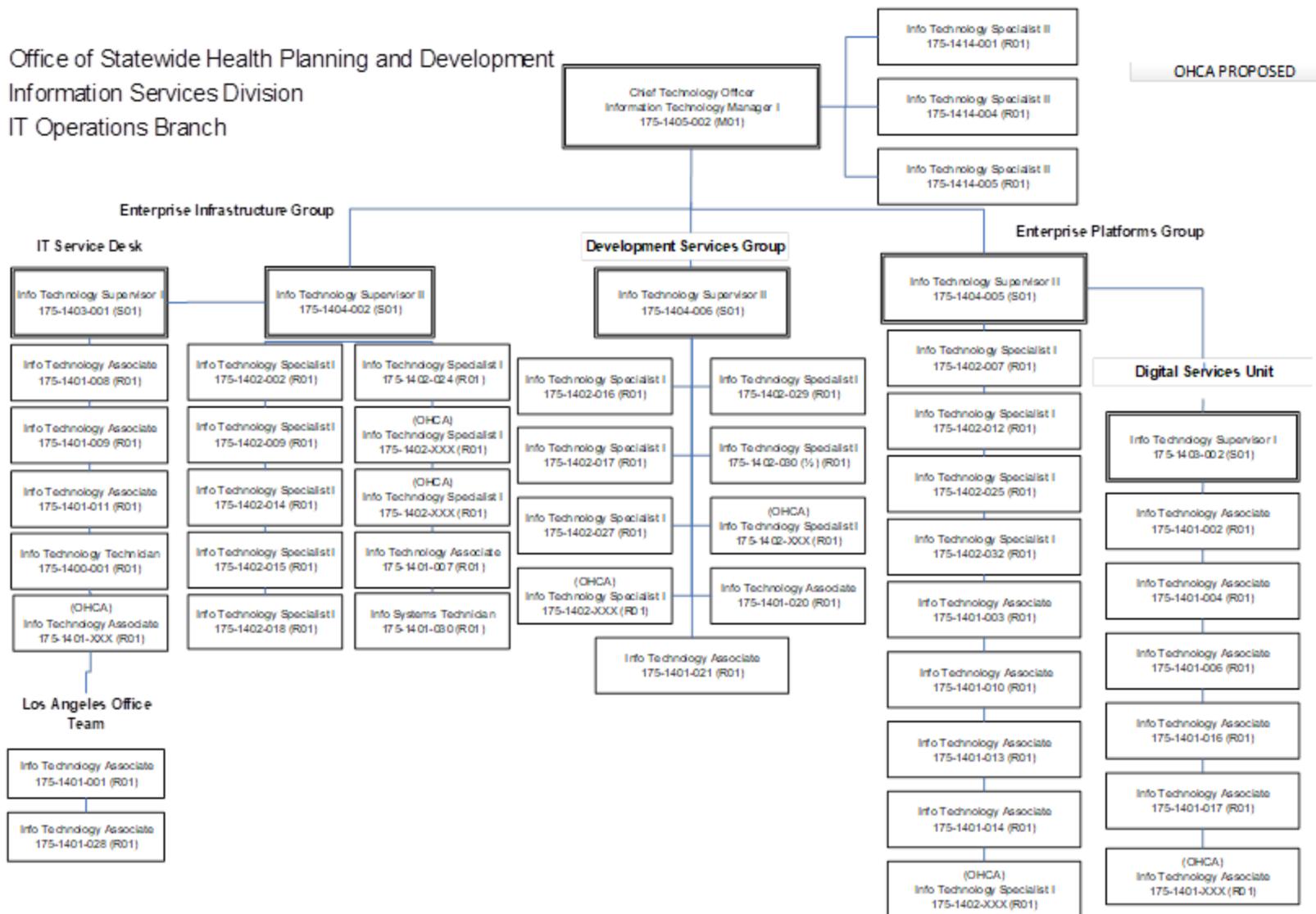
OHCA PROPOSED



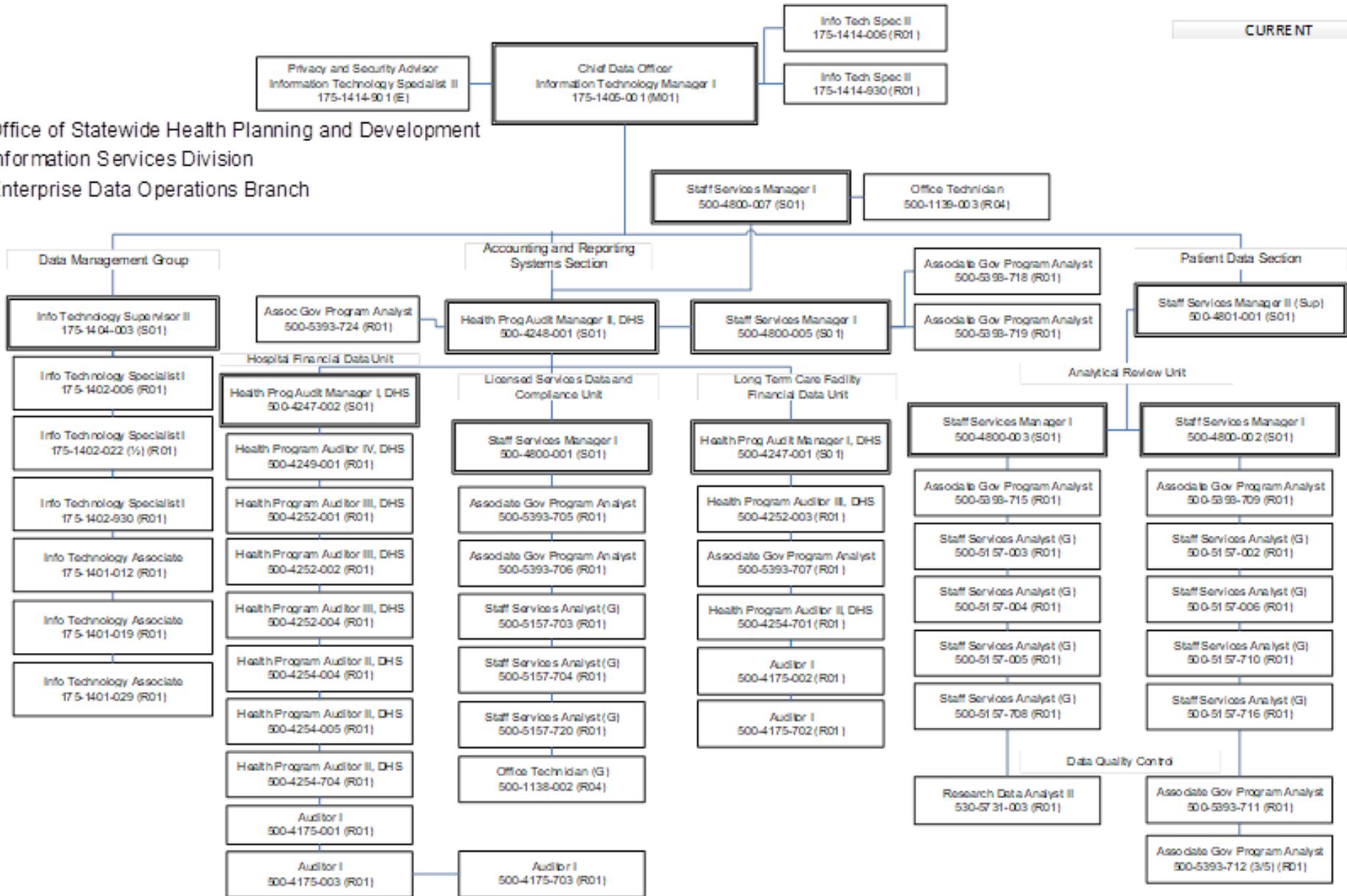
Office of Statewide Health Planning and Development
 Information Services Division
 IT Operations Branch



Office of Statewide Health Planning and Development
 Information Services Division
 IT Operations Branch

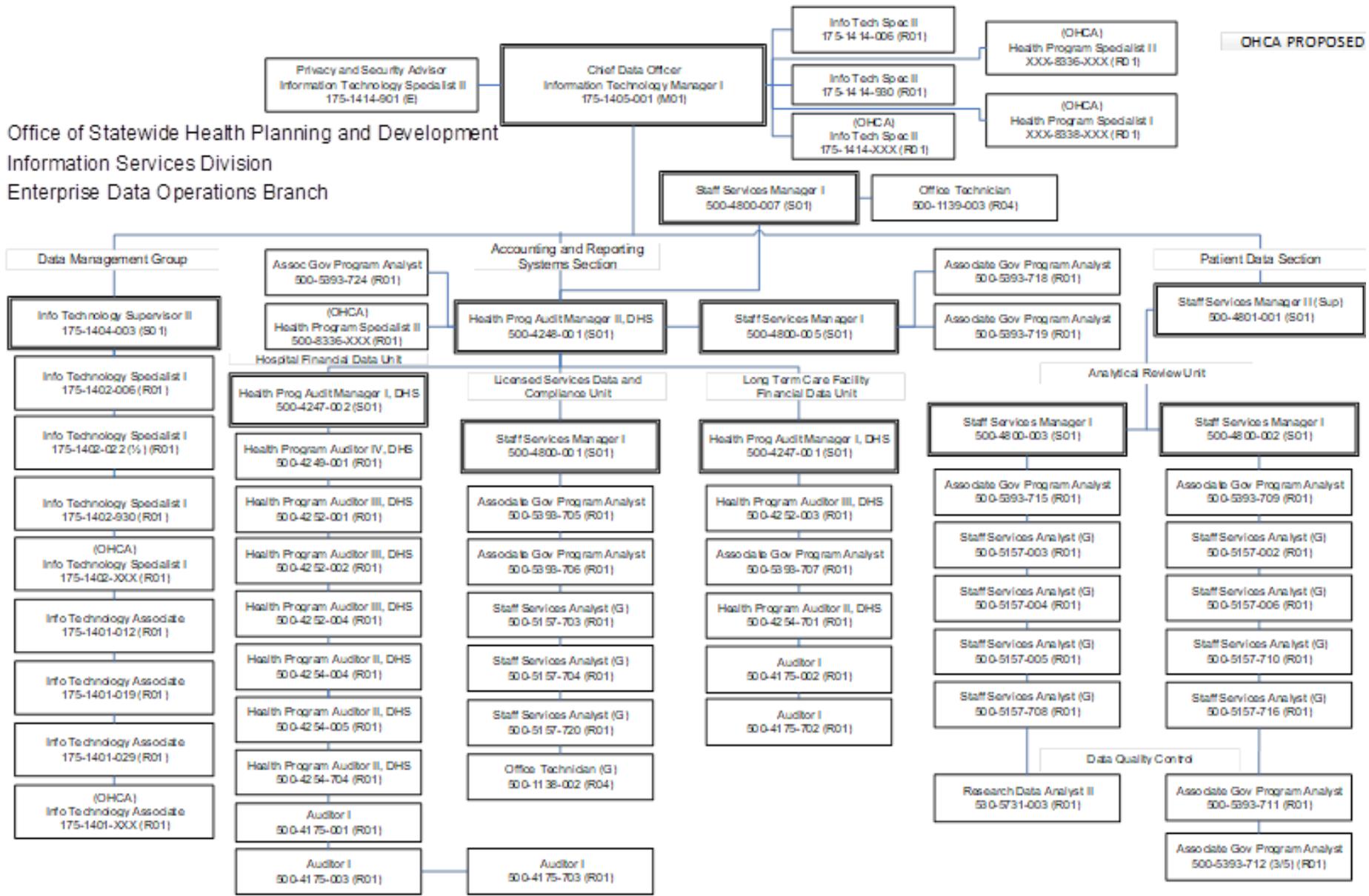


Office of Statewide Health Planning and Development
Information Services Division
Enterprise Data Operations Branch



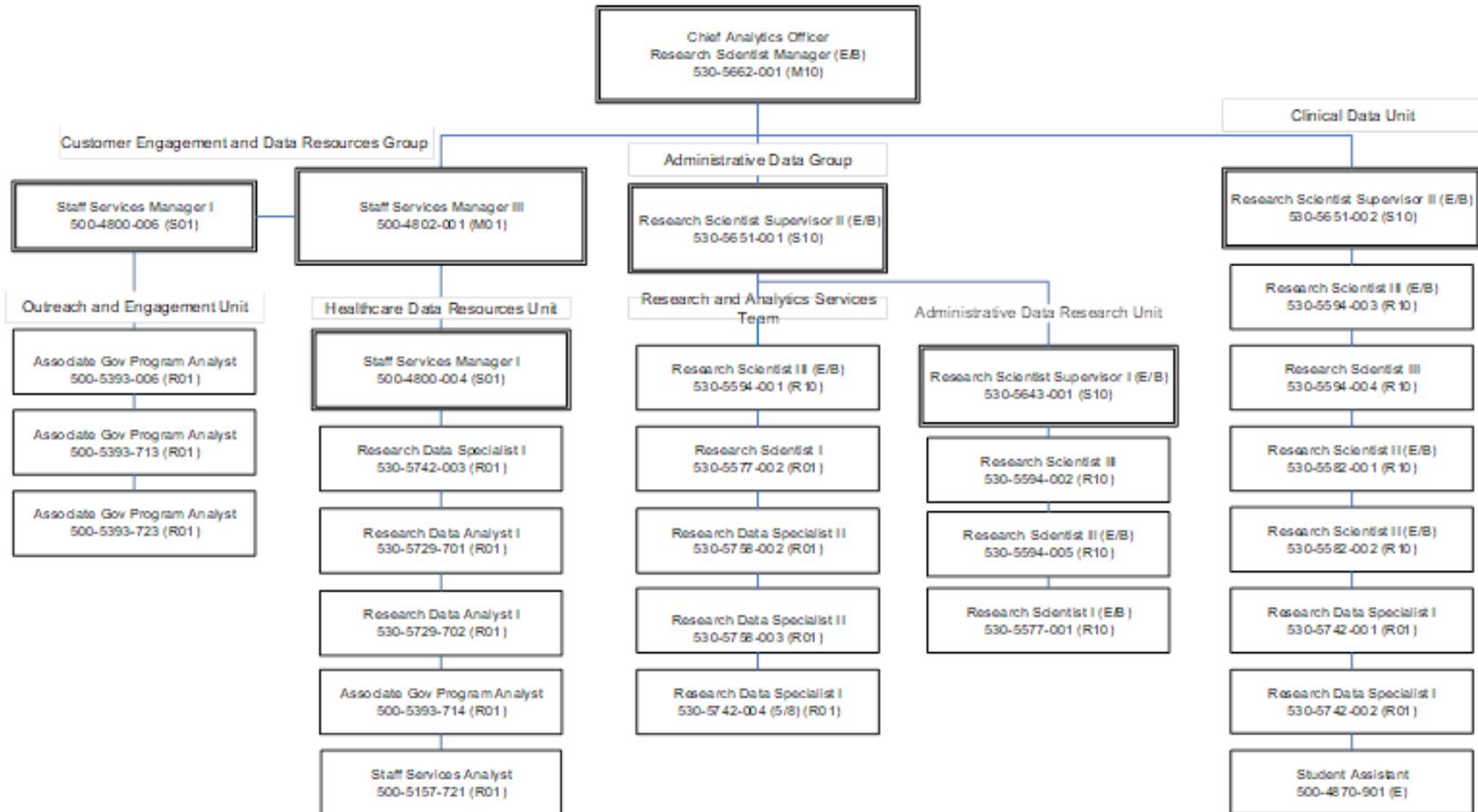
Office of Statewide Health Planning and Development
 Information Services Division
 Enterprise Data Operations Branch

OHCA PROPOSED



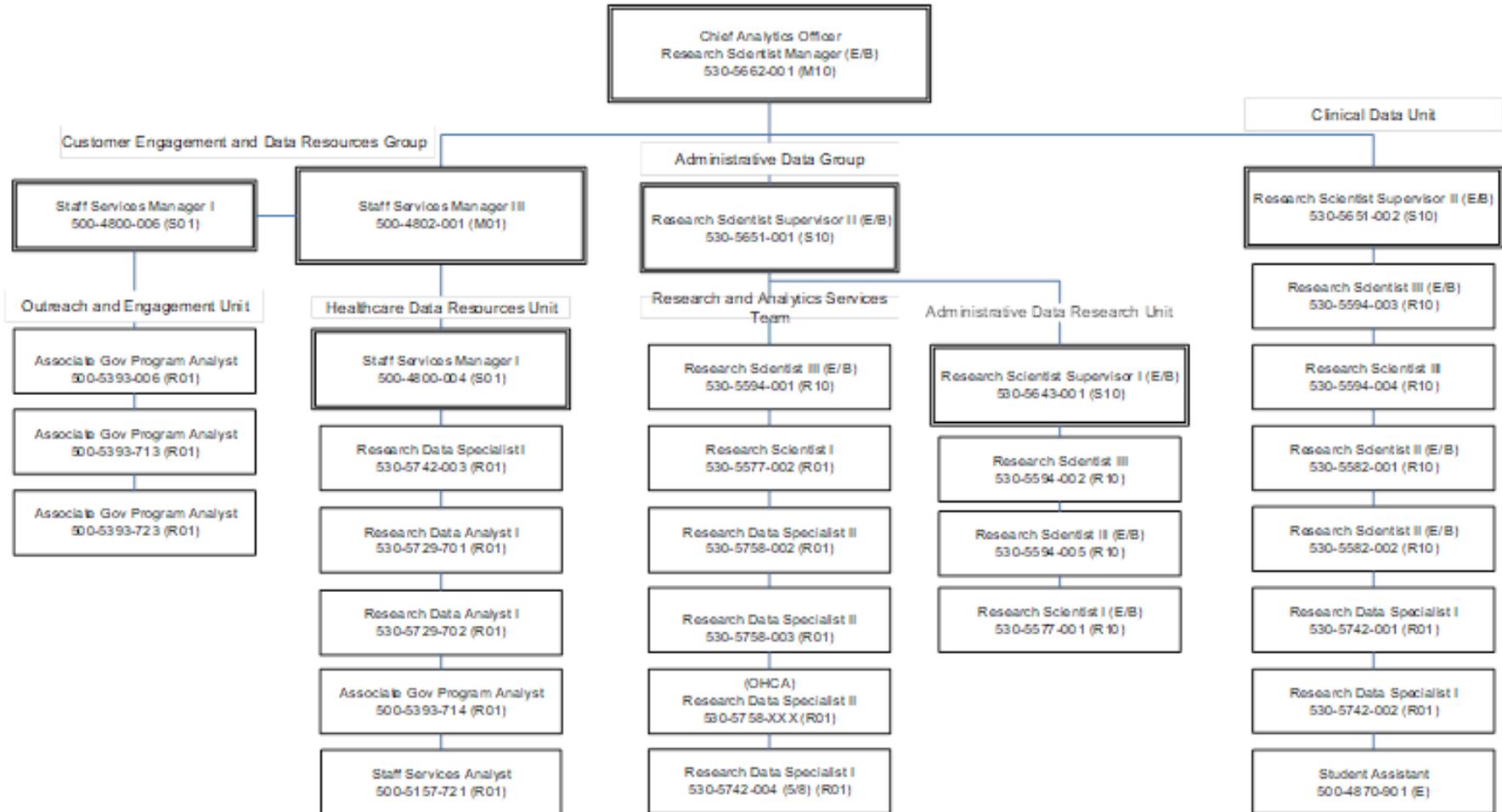
Office of Statewide Health Planning and Development
 Information Services Division
 Healthcare Analytics Branch

CURRENT



Office of Statewide Health Planning and Development
 Information Services Division
 Healthcare Analytics Branch

OHCA PROPOSED



Attachment D: BCP Fiscal Detail Sheet

BCP Title: Office of Health Care Affordability

BR Name: 4140-022-BCP-2021-GB

Budget Request Summary

Personal Services

Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Salaries and Wages Earnings - Permanent	0	3,861	10,129	11,985	11,985	11,985
Total Salaries and Wages	\$0	\$3,861	\$10,129	\$11,985	\$11,985	\$11,985
Total Staff Benefits	0	2,701	6,941	8,206	8,206	8,206
Total Personal Services	\$0	\$6,562	\$17,070	\$20,191	\$20,191	\$20,191

Operating Expenses and Equipment

Operating Expenses and Equipment	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5301 - General Expense	0	174	318	369	369	369
5302 - Printing	0	58	106	123	123	123
5304 - Communications	0	58	106	123	123	123
5306 - Postage	0	58	106	123	123	123
5320 - Travel: In-State	0	232	424	492	492	492
5324 - Facilities Operation	0	870	1,590	1,845	1,845	1,845
5340 - Consulting and Professional Services - External	0	2,950	4,500	3,750	3,750	3,750
5346 - Information Technology	0	232	308	280	246	246
Total Operating Expenses and Equipment	\$0	\$4,632	\$7,458	\$7,105	\$7,071	\$7,071

Total Budget Request

Total Budget Request	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Budget Request	\$0	\$11,194	\$24,528	\$27,296	\$27,262	\$27,262

Fund Summary

Fund Source

Fund Source	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
State Operations - 0143 - California Health Data and Planning Fund	0	11,194	24,528	27,296	27,262	27,262
Total State Operations Expenditures	\$0	\$11,194	\$24,528	\$27,296	\$27,262	\$27,262
Total All Funds	\$0	\$11,194	\$24,528	\$27,296	\$27,262	\$27,262

Program Summary

Program Funding

Program Funding	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
3831 - Health Care Quality and Affordability	0	11,194	24,528	27,296	27,262	27,262
Total All Programs	\$0	\$11,194	\$24,528	\$27,296	\$27,262	\$27,262

Personal Services Details

Positions

Positions	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
- Chief Medical Officer, (Exempt Appointment)	0.0	1.0	1.0	1.0	1.0	1.0
1139 - Office Techn (Typing)	0.0	4.0	4.0	4.0	4.0	4.0
1303 - Personnel Spec	0.0	1.0	1.0	1.0	1.0	1.0
1401 - Info Tech Assoc	0.0	4.0	5.0	5.0	5.0	5.0
1402 - Info Tech Spec I	0.0	4.0	7.0	8.0	8.0	8.0
1414 - Info Tech Spec II	0.0	2.0	2.0	2.0	2.0	2.0
4175 - Auditor I	0.0	0.0	6.0	6.0	6.0	6.0
4440 - Supvng Corporation Examiner	0.0	0.0	1.0	1.0	1.0	1.0
4443 - Corporation Examiner	0.0	0.0	9.0	9.0	9.0	9.0
4453 - Corporation Examiner IV (Supvr)	0.0	0.0	3.0	3.0	3.0	3.0
4546 - Accounting Officer (Spec)	0.0	1.0	2.0	2.0	2.0	2.0
4800 - Staff Svcs Mgr I	0.0	1.0	2.0	2.0	2.0	2.0
5142 - Assoc Pers Analyst	0.0	2.0	2.0	2.0	2.0	2.0
5157 - Staff Svcs Analyst (Gen)	0.0	0.0	1.0	1.0	1.0	1.0
5284 - Assoc Budget Analyst	0.0	1.0	1.0	1.0	1.0	1.0
5304 - Assoc Adm Analyst - Accounting Sys	0.0	1.0	1.0	1.0	1.0	1.0
5393 - Assoc Govtl Program Analyst	0.0	3.0	8.0	8.0	8.0	8.0
5651 - Research Scientist Supvr II	0.0	0.0	1.0	1.0	1.0	1.0
5671 - Research Scientist Mgr	0.0	2.0	2.0	2.0	2.0	2.0
5758 - Research Data Spec II	0.0	3.0	5.0	9.0	9.0	9.0
5770 - Research Data Spec III	0.0	2.0	4.0	6.0	6.0	6.0
5780 - Atty IV	0.0	6.0	8.0	8.0	8.0	8.0
5795 - Atty III	0.0	5.0	9.0	16.0	16.0	16.0
5871 - Assistant Chief Counsel	0.0	1.0	2.0	3.0	3.0	3.0
7500 - - C.E.A. - A	0.0	2.0	2.0	2.0	2.0	2.0
7500 - - C.E.A. - B	0.0	2.0	2.0	2.0	2.0	2.0
7994 - Pharmaceutical Consultant II	0.0	1.0	1.0	1.0	1.0	1.0
8336 - Hlth Program Spec II	0.0	6.0	11.0	13.0	13.0	13.0
8338 - Hlth Program Spec I	0.0	1.0	1.0	1.0	1.0	1.0
8428 - Hlth Program Mgr II	0.0	2.0	2.0	2.0	2.0	2.0
Total Positions	0.0	58.0	106.0	123.0	123.0	123.0

Salaries and Wages

Salaries and Wages	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
- Chief Medical Officer, (Exempt Appointment)	0	188	376	376	376	376
1139 - Office Techn (Typing)	0	148	168	168	168	168
1303 - Personnel Spec	0	51	51	51	51	51
1401 - Info Tech Assoc	0	137	391	391	391	391
1402 - Info Tech Spec I	0	189	660	754	754	754
1414 - Info Tech Spec II	0	155	207	207	207	207
4175 - Auditor I	0	0	303	303	303	303
4440 - Supvng Corporation Examiner	0	0	113	113	113	113
4443 - Corporation Examiner	0	0	742	742	742	742
4453 - Corporation Examiner IV (Supvr)	0	0	324	324	324	324
4546 - Accounting Officer (Spec)	0	61	122	122	122	122
4800 - Staff Svcs Mgr I	0	62	164	164	164	164
5142 - Assoc Pers Analyst	0	139	139	139	139	139
5157 - Staff Svcs Analyst (Gen)	0	0	52	52	52	52
5284 - Assoc Budget Analyst	0	70	70	70	70	70
5304 - Assoc Adm Analyst - Accounting Sys	0	73	73	73	73	73
5393 - Assoc Govtl Program Analyst	0	175	558	558	558	558
5651 - Research Scientist Supvr II	0	0	130	130	130	130
5671 - Research Scientist Mgr	0	144	290	290	290	290
5758 - Research Data Spec II	0	84	420	756	756	756
5770 - Research Data Spec III	0	46	368	554	554	554
5780 - Atty IV	0	645	1,146	1,146	1,146	1,146
5795 - Atty III	0	486	1,167	2,074	2,074	2,074
5871 - Assistant Chief Counsel	0	165	329	494	494	494
7500 - - C.E.A. - A	0	164	218	218	218	218
7500 - - C.E.A. - B	0	272	272	272	272	272
7994 - Pharmaceutical Consultant II	0	48	96	96	96	96
8336 - Hlth Program Spec II	0	231	924	1,092	1,092	1,092
8338 - Hlth Program Spec I	0	38	76	76	76	76
8428 - Hlth Program Mgr II	0	90	180	180	180	180
Total Salaries and Wages	\$0	\$3,861	\$10,129	\$11,985	\$11,985	\$11,985

Staff Benefits

Staff Benefits	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5150350 - Health Insurance	0	1,233	3,090	3,649	3,649	3,649

Staff Benefits	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5150500 - OASDI	0	295	775	917	917	917
5150600 - Retirement - General	0	1,173	3,076	3,640	3,640	3,640
Total Staff Benefits	\$0	\$2,701	\$6,941	\$8,206	\$8,206	\$8,206

Total Personal Services

Total Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Personal Services	\$0	\$6,562	\$17,070	\$20,191	\$20,191	\$20,191