Maryland HealthChoice Demonstration
Section 1115 Quarterly Report
Demonstration Year 20 (January 1, 2017, through December 31, 2017)
Federal Fiscal Quarter 3 (1/1/2017 – 3/31/2017)

Introduction

The HealthChoice section 1115(a) demonstration is designed to use a managed care delivery system to create efficiencies in the Medicaid program and enable the extension of coverage and/or targeted benefits to certain individuals who would otherwise be without health insurance or without access to benefits tailored to the beneficiary's specific medical needs. Now in its twentieth waiver year, Maryland implemented the HealthChoice program and moved its fee-for-service enrollees into a managed care payment system following approval of the waiver by what is now the Centers for Medicare and Medicaid Services (CMS) in 1996. Under the statewide health care reform program, the state enrolls individuals affected by or eligible through the demonstration into a managed care organization (MCO) for comprehensive primary and acute care, or one of the demonstration's authorized health care programs.

The state's goal in implementing and continuing the demonstration is to improve the health status of low-income Marylanders by:

- Improving access to health care for the Medicaid population;
- Improving the quality of health services delivered;
- Expanding coverage to additional low-income Marylanders with resources generated through managed care efficiencies;
- Providing patient-focused, comprehensive, and coordinated care designed to meet health care needs by providing each member a single "medical home" through a primary care provider (PCP); and
- Emphasizing health promotion and disease prevention by providing access to immunizations and other wellness services, such as regular prenatal care.

Subsequent to the initial grant, Maryland requested and received several program extensions, in 2002, 2005, 2008, 2011 2013, and 2017. The 2017 extension made the following changes to the demonstration:

- Created a Residential Treatment for Individuals with Substance Use Disorder (SUD) Program as part of a comprehensive SUD strategy;
- Created Community Health Pilot Programs:
  - Evidence-Based Home Visiting (HV) pilot program for high-risk pregnant women and children up to two (s) years of age; and
  - Assistance in Community Services Integration pilot;
- Raised the enrollment cap for the Increased Community Services Program from 30 to 100; and,
- Expanded dental benefits for former foster youth.

Enrollment Information

Table 1 below provides a comparison of enrollment counts between the previous and current quarters. These counts represent individuals, as opposed to member months.

Table 1. Enrollment Counts

Demonstration Populations	Previous Quarter (as of December 31, 2016)	Current enrollees (as of March 31, 2017)
Parents/Caretaker Relatives <116% FPL and Former Foster Care	208,847	213,674
ACA Expansion Adults	291,044	302,629
Medicaid Children	447,509	458,344
SSI/BD Adults	89,000	88,846
Medically-Needy Adults	22,359	22,218
Medically-Needy Children	5,426	5,605
SOBRA Adults	9,240	9,432
MCHP	114,015	114,370
MCHP Premium	30,953	30,903
Family Planning	9,673	9,470
ICS	25	26
WBCCTP	154	146
PEPW	6	5

Outreach/Innovative Activities

Medicaid and National Diabetes Prevention Program (DPP) grant
During this quarter, the four MCOs participating in the demonstration, Amerigroup, Jai Medical Systems, MedStar Family Choice, and Priority Partners, made significant progress in reaching final contracting stage or in executing subcontracts with their identified virtual and community-based DPP Suppliers. Three of the four MCOs began enrollment of beneficiaries into DPPs. As of March 31, 2017, 96 beneficiaries had enrolled in a DPP.

In a presentation on the Medicaid and National DPP demonstration to the Maryland Medicaid Advisory Committee (MMAC) on February 27, 2017, accomplishments to date were presented, including: issued grant announcements to eight MCOs; secured MCO grant agreements with four MCOs and issued a press release; modified budgets and finalized work plans; provided initial data set/contact information to MCOs; developed invoicing and fiscal processes; established project leadership; established billing framework with Common Procedural Terminology (CPT) codes plus modifier & International Classification of Diseases (ICD)-10 codes; achieved departmental Internal Review Board (IRB)

determination and implementation of informed consent; MCOs executed or are currently executing contracts with DPPs; held successful state visit with funder with National Association of Chronic Disease Directors (NACDD), the Center for Disease Control (CDC), and Leavitt Partners (the healthcare consulting company developing a DPP toolkit); and began enrolling Medicaid beneficiaries in DPPs.

Lessons learned thus far include:

- Establishing contracts with DPPs can take longer than expected;
- Incorporating a pay-for-performance model into a coding and billing framework presents a challenge;
- It was necessary to develop guidance around changes in eligibility and health status; and
- Enrollment and retention strategies are a central focus of the MCOs.

Next steps in the project include engaging additional existing National DPP suppliers in Maryland to partner with MCOs; finalizing contracts with DPPs; testing and identifying recruitment and retention methods; seeking a Spanish-language DPP supplier; offering an incentive survey to DPP suppliers; continuing to share in the NACDD learning community; contributing to the toolkit currently under development; monitoring Medicare DPP rulemaking and implementation; and meeting the target of 100 enrollees per MCO by May 31.

Community Health Pilots

The Department continued to work with CMS in negotiating final post-approval protocols for the two Community Health Pilots included in the 1115 HealthChoice Waiver Renewal application: Evidence-based Home-Visiting Services for High-Risk Pregnant Women and Children Up to Age 2 (HVS); and Assistance in Community Integrated Services (ACIS). Updates on the status of the pilots were presented to stakeholders, including local health officers, and posted on the Department's waiver renewal website. Once post-approval protocols are finalized with CMS, the Department will issue a request for Letters of Intent from applicants, including the updated implementation timeline.

Operational/Policy Developments/Issues

As of March 2017, there were eight MCOs participating in the HealthChoice program; their respective market shares are as follows: Amerigroup (24.3 percent); Jai Medical Systems (2.2 percent); Kaiser Permanente (5.0 percent); Maryland Physicians Care (18.8 percent); MedStar Family Choice (7.3 percent); Priority Partners (25.0 percent); University of Maryland Health Partners (3.4 percent); and United Healthcare (14.0 percent).

The MMAC met in January, February, and March of 2017. The following issues were discussed over the course of the three meetings:

- The Department presented on a report on Telehealth released in December 2016. The Department made two main recommendations: (1) expand the providers who can participate in the Medicaid telehealth program; and (2) develop a remote patient monitoring program.

- The Department is working on a system requirement to make a modification to the

Medicaid auto renewals so that they will auto renew every two years. The Department is hoping to implement that in July 2017 prior to open enrollment.

- The Department, in conjunction with the Behavioral Health Administration, is in the process of establishing rates for residential substance use treatment as a part of the Institutions for Mental Diseases (IMD) program. The Department is working to have these new rates be effective by July 1, 2017.

- The Department is actively working with CMS on the post approval process for the 1115 waiver. In parallel, the Department is also working on giving guidance about the community health pilot programs. The Department's goal is to implement these new programs by July 1, 2017.

- The Department continues to work on a State Plan Amendment related to lead, submitting responses to CMS questions on that state plan amendment. The Department is hopeful that it can implement this project before the end of the fiscal year.

- The Department will be releasing out significant regulation changes for HealthChoice that align with the federal managed care regulations. These changes are occurring to remain in compliance with the newly updated Medicaid and CHIP Managed Care Final Rule. The Department is updating Code of Maryland Regulations (COMAR) as well as the MCO agreements for 2018 to meet the federal requirements effective in 2018. MCOs will receive the agreements at their departmental meeting before the Joint Committee on Administrative, Executive, and Legislative Review (AELR) process. It will include all of the changes that have to take effect January 1, 2018.

- The Department is working on a State Plan Amendment for the Justice-Involved Presumptive Eligibility—anticipated for implementation on July 1, 2017—as well as the pharmacy reimbursement regulations and related State Plan Amendment.

- On April 1, 2017, the Department will apply new pharmacy pricing methodology, based on actual acquisition costs. This was part of a requirement from CMS to use the National Average Drug Acquisition Cost (NADAC) pricing guidelines.

- The Department presented on the status of the draft HealthChoice evaluation, which is due on April 21, 2017, asking for comments from the committee.

Maryland's legislative session began on January 11, 2017, concluding after the end of the quarter. For more information on legislative activity, please see the Legislative Update section.

Family Planning Program

The HealthChoice waiver allows the Department to provide a limited benefit package of family planning services to eligible women--currently, those women at less than 200 percent of the Federal Poverty Level (FPL). The program covers medical services related to family planning, including office and clinic visits, physical examinations, certain laboratory services, treatments

for sexually-transmitted infections, family planning supplies, permanent sterilization and reproductive health counseling, education and referrals. Enrollment as of the end of the third quarter was 9,470 women, a decrease of 2.6 percent. Women who receive pregnancy coverage will continue to be automatically enrolled, if eligible, following the end of their pregnancy-related eligibility.

REM Program

The table below shows the status of REM program enrollment.

Table 2. Current REM Program Enrollment

FY 2017	Referrals Received	Referrals Approved	Referrals Denied	REM Disenrollments	Currently Enrolled in REM
Quarter 1	223	177	104	105	4,314
Quarter 2	212	159	85	104	4,344
Quarter 3	189	149	62	98	4,365

Reasons for disenrollment/discharge from REM include aging out of the REM qualifying diagnosis, loss of HealthChoice eligibility, loss of medical assistance eligibility, death, or a request to return to the MCO.

Table 3. REM Complaints

FY17 Q3	Transportation	Dental	DMS/DME	EPSDT	Clinical	Pharmacy	Case Mgt.	REM Intake	Other
REM Case Management Agencies	0	0	0	0	0	0	6	0	0
REM Hotline	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	6	0	0

The following table displays the types and total of significant events reported by the case management agencies during this quarter. Agencies report this information on a monthly basis.

Table 4. REM Significant Events Reported by Case Managers

FY 2017 Q3	DMS/ DME	Legal	Media	Other	Protective Services	Appeals	Services	Total
REM Enrollees	4	13	0	52	16	13	9	107

ICS Program

Maryland continued providing Medicaid State Plan benefits and home- and community-based services to residents aged 18 and over, enabling qualifying individuals to live at home with appropriate supports, as opposed to residing in a nursing facility. Under the terms of the waiver renewal, Maryland will increase enrollment incrementally over the course of the waiver to a maximum of 100 participants. As of the end of this quarter, there were 26 individuals enrolled in the ICS Program.

MCHP and MCHP Premium Status/Update/Projections

Effective June 1, 2008, Maryland moved its separate CHIP program, Maryland Children's Health Program (MCHP) Premium, into the Medicaid expansion CHIP waiver, so that Maryland's entire CHIP program is operated as a Medicaid expansion. As of March 31, 2017, the Premium program had 30,903 enrollees, with MCHP at 114,370 enrollees.

Expenditure Containment Initiatives

HealthChoice Financial Monitoring Report (HFMR)

Final 2015 HFMR MCO submissions were updated and reviewed. Unadjusted consolidated 2015 HFMRs by region were provided to all MCOs on March 21, 2017.

The final reviewed 2015 submissions will be the base period for the 2018 HealthChoice rate-setting period. The firm Myers & Stauffer is currently in the process of performing independent reviews of each MCO's submission which are due May 1, 2017. A separate actuarial firm is completing draft analyses of each MCO's IBNR estimates.

During the next quarter, all MCOs will submit their first HFMR reports for 2016 (reported as of March 31, 2017). These reports are due to the Department by May 15, 2017. MCOs were provided on March 9, 2017 with updated financial templates and instructions for completing their May submissions.

MCO Rates

The rate-setting team is based out of the Hilltop Institute, which provides technical support and program assistance to the Department. They performed the following activities in support of the CY 2018 HealthChoice rates:

- Provided Myers & Stauffer and the Department with "working" 2015 HealthChoice HFMRs and MCO financial reconciliation files for all eight MCOs
- Provided the Department with initial statistics on the recent FDA approved drug Spinraza. Spinraza is an injection administered into the fluid surrounding the spinal cord for the treatment of adults and children with spinal muscular atrophy (SMA). Estimates for Year 1 therapy costs range from $750,000 to $1 million. Annual Year 2 therapy costs are $375,000. Using specific ICD-10 codes, the initial CY 2016 experience identified 128 HealthChoice recipients; however, 73 of those 128 recipients were identified with one specific physician.
- The first 2018 HealthChoice MCO rate setting meeting was held on February 24, 2017. Main topics discussed were the goals, organization, and methodology of HealthChoice

rate setting, and the presentation of departmental issues. Next meeting currently scheduled for March 30, 2017.

- During the month of February, Hilltop provided Myers & Stauffer and the Department with three revised MCO "working" 2015 HealthChoice HFMRs and financial reconciliation files.
- Hosted planning conference call on February 7, 2017 with the Department, the Health Services Cost Review Commission (HSCRC), and Optumas, an actuarial firm, to discuss timelines for information needed from hospital regulator in the development of 2017 mid-year and 2018 HealthChoice rates.
- Co-facilitated second 2018 HealthChoice MCO rate setting meeting held on March 30, 2017. Topics discussed included: status of Myers & Stauffer review, discussion of DHMH and MCO issues, constant cohort analysis for CY 2015-2016 (as of February 28, 2017), and calculation of rate adjustment impact of change in contraceptive dispensing from 30 days to six months.
- Provided MCOs with current consolidated 2015 HealthChoice submission.
- Provided MCOs with templates to use for first CY 2016 financial submission for the HealthChoice program (HFMR).
- Incorporated revised 2015 HFMR submissions provided by MCOs. Individual MCO exit conferences and draft MCO reports for Myers & Stauffer due in the next two weeks.
- Provided DHMH with draft framework for new "blockbuster" drug policy for incorporation into the HealthChoice MCO program.

The rate setting team performed the following activities in support of the CY 2017 HealthChoice rates:

- Reviewed December 2016 prospective payments (the new 2017 HealthChoice rates implemented) for January 2017 MCO services as recorded on the MCO capitation file. All rate cells appear to have been implemented correctly.
- In conjunction with Optumas, provided the Department with "round three" responses to CMS questions regarding 2017 HealthChoice original certification.
- Provided the Department (to be forwarded to CMS) with technical narrative supporting the MD COMAR minimum medical loss ratio (MLR) calculation.
- Conference call was held with the Department and Optumas to discuss actuarial soundness and MCO payments below the rate range.

The rate setting team performed the following activities in support of the CY 2016 HealthChoice rates:

- Hosted meeting with one MCO on March 21, 2017 to discuss their 2016 and current 2017 financials.
- Provided specific MCO with own encounters incurred in CY 2016 through MMIS process.
- Provided the Department with analysis of MCO underwriting results for 2016.
- Provided each MCO with their draft 2016 ACA Health Insurance Fee settlement calculations for their review and approval.

The rate setting team also performed the following activities this quarter in addition to activities associated with HealthChoice capitation rates:

- Provided DHMH with trauma calculations for December 2016.
- Participated and attended nursing home liaison meeting held January 25, 2017.
- In conjunction with Johns Hopkins University, provided the Department with results of successful independent testing to replicate Hilltop's CY 2015 ACG assignments.
- Provided the Department with trauma calculations for January 2017.
- Attended and participated in nursing home liaison meeting held February 22, 2017.
- Provided the Department with alternative Value-Based Purchasing MCO payment methodology that is overall revenue-neutral. Conference call was held with the Department to formally present the methodology and to answer questions. Also provided the Department with the results of proposed payment methodology for two (CY 2013 & CY 2014) additional years.
- Provided the Department with five years of actual Medicaid Assistance experience by major category of aid as well as total and federal funding projections. This data format will allow the State to model the financial impact of possible future changes in federal reimbursement actions.
- Provided the Department with trauma calculations for February 2017.
- Provided the Department with revised Medicaid funding projections run out through FY 2027 and trended from FY 2020, using the three year equally weighted medical CPI of 3.2 percent.

Financial/Budget Neutrality Development/Issues

The Department is in compliance with all reporting requirements for monitoring budget neutrality set forth in the General Financial Requirements sections of the Special Terms and Conditions (STCs). A budget neutrality worksheet is attached to this report.

Member Month Reporting

Tables 5 and 6 display the number of member months for the current quarter by eligibility group. The corresponding figure from the last month of the previous quarter is provided for comparison.

Table 5. Member Month Reporting

Eligibility Group	Total for Previous Quarter (ending December 2016)	Current Quarter Month 1 (January 2017)	Current Quarter Month 2 (February 2017)	Current Quarter Month 3 (March 2017)	Total for Quarter Ending March 31, 2017
Parent/Caretaker Relatives <116% FPL and Former Foster Care	623,410	210,609	212,040	213,674	636,323
ACA Expansion Adults	857,676	295,352	299,644	302,629	897,625

Eligibility Group	Total for Previous Quarter (ending December 2016)	Current Quarter Month 1 (January 2017)	Current Quarter Month 2 (February 2017)	Current Quarter Month 3 (March 2017)	Total for Quarter Ending March 31, 2017
Medicaid Children	1,337,183	451,785	454,647	458,344	1,364,776
SSI/BD Adults	267,510	88,880	88,712	88,846	266,438
Medically-Needy Adults	67,398	22,291	22,352	22,218	66,861
Medically-Needy Children	16,261	5,439	5,493	5,605	16,537
SOBRA Adults	27,364	9,321	9,419	9,432	28,172
MCHP	341,827	113,623	113,951	114,370	341,944
MCHP Premium	93,139	30,046	30,418	30,903	91,367
Family Planning	29,330	9,564	9,529	9,470	28,563
WBCCTP	469	150	149	146	445
PEPW	14	6	8	5	19

Table 6. Member Month Reporting for New Programs (For Informational Purposes Only)

Eligibility Group	Total for Previous Quarter (ending December 2016)	Current Quarter Month 1 (January 2017)	Current Quarter Month 2 (February 2017)	Current Quarter Month 3 (March 2017)	Total for Quarter Ending March 31, 2017
ICS	75	26	26	26	78
Home Visiting Pilot*	N/A	N/A	N/A	N/A	N/A
ACIS Pilot*	N/A	N/A	N/A	N/A	N/A

** The Home-Visiting and ACIS Pilots were still in the approval process as of the end of the quarter.*

Consumer Issues

The HealthChoice Help Line is the front end of the State's mandated central complaint program. The Help Line assists waiver eligible consumers with eligibility, enrollment, and provides general education about managed care. Help Line staff explain to consumers how to work with their MCOs and how to access carved-out services—services not covered by the MCO but covered by Medicaid. When a consumer is experiencing medically-related issues such as difficulty getting appointment with a specialist, getting a prescription filled or getting a service preauthorized, the call is classified as a complaint.

Complaints are referred to the State's Complaint Resolution Unit (CRU), which is staffed with registered nurses. If necessary, the CRU engages a local Ombudsman, who has the ability to

meet with the member face-to-face. If the MCO has issued a denial letter to the member and the member wishes to appeal the decision through the States Fair Hearing process, the CRU will assist the member with that process.

Including members not yet enrolled in MCOs, HealthChoice Help Line calls totaled 61,629, compared with 53,511 in the previous quarter—an increase of 8,118. MCO enrollment inquiry contributed to 20 percent of the increase in calls, which is typical during and after the open enrollment period for Qualified Health Plans.

Table 7. Total Recipient Complaints (not including billing) - 913 compared to 944 in the previous quarter (All ages enrolled in MCOs)

MCO	Amerigroup		Jai		Kaiser		Maryland Physicians Care		MedStar		Priority Partners		United Healthcare		University of Maryland Health Partners		Sub Totals	
Quarter	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3
Pharmacy 292/314	21%	29%	2%	0%	4%	6%	18%	20%	9%	10%	22%	17%	20%	16%	5%	2%	26%	28%
PCP 163/147	20%	26%	5%	3%	17%	12%	17%	10%	12%	10%	9%	16%	15%	17%	5%	5%	14%	13%
Specialist 148/139	22%	17%	3%	5%	8%	7%	16%	17%	16%	12%	11%	14%	19%	20%	5%	8%	13%	12%
Prenatal 89/87	16%	18%	3%	1%	24%	10%	9%	13%	11%	18%	17%	14%	16%	17%	4%	8%	8%	8%
Pharmacy/ CMC 32/27	13%	11%	6%	7%	0%	4%	9%	19%	3%	7%	25%	15%	41%	33%	3%	4%	3%	2%
DMS/DME 30/19	37%	32%	0%	0%	3%	0%	30%	37%	3%	11%	10%	16%	7%	0%	10%	5%	3%	2%
Laboratory /Tests 18/10	13%	11%	6%	7%	0%	4%	9%	19%	3%	7%	25%	15%	41%	33%	3%	4%	2%	1%
Pain Management 14/13	57%	23%	0%	0%	0%	8%	7%	8%	14%	31%	0%	15%	14%	15%	7%	0%	1%	1%

**Other categories-158/157*

The top three member complaint categories were pharmacy (28 percent), access to primary care providers (PCPs) (13 percent), and access to specialists (12 percent). These accounted for 53 percent of all member complaints. There was no significant change in recipient complaints by MCO. Amerigroup continues to have the highest percent of complaints related to pharmacy, PCP, prenatal, and durable medical supplies and equipment (DMS/DME).

Of the total 1,139 MCO recipient complaints, 112 were from pregnant women. Any woman who self-identifies to the Help Line as pregnant is referred to the Medicaid funded administrative care coordinator (ACC) in her county of residence. Another 168 women enrolled in MCOs also called the Help Line for general information and were subsequently referred to the ACC.

Table 8. Recipient Complaints under age 21 (not including billing) – 177 (19%) of total compared to 145 (15%) in previous quarter

MCO	ACC	JAI	KP	MPC	MS	PP	UHC	UMHP	Sub Totals

Quarter	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3
Pharmacy	8%	8%	6%	6%	1%	1%	23%	23%	20%	20%	3%	3%	21%	21%	17%	17%	34%	48%
PCP	13%	13%	13%	13%	4%	4%	16%	16%	12%	12%	1%	1%	20%	20%	18%	18%	37%	29%
Specialist	14%	21%	7%	4%	14%	4%	10%	21%	10%	7%	7%	11%	31%	21%	7%	11%	20%	16%
DMS/DME	43%	40%	0%	0%	0%	0%	14%	20%	14%	0%	0%	40%	29%	0%	0%	0%	5%	3%
Pharmacy/CMC	13%	13%	15%	15%	4%	4%	21%	21%	15%	15%	1%	1%	19%	19%	12%	12%	0%	1%
Laboratory/Tests	13%	13%	15%	15%	4%	4%	21%	21%	15%	15%	1%	1%	19%	19%	12%	12%	0%	1%
Vision	0%	100%	0%	0%	0%	0%	67%	0%	0%	0%	33%	0%	0%	0%	0%	0%	2%	1%

There was slight increase in complaints from individuals under age 21. The top three complaint categories for children were the same as for adults: pharmacy (48 percent), access to PCPs (29 percent), and access to specialists (16 percent). Pharmacy complaints in the under 21 population increased by 14 percent. Some drug access issues are drugs covered by the State and not the MCO. Three MCOs (ACC, MPC, PP) had an increase in the percent complaints related to access to specialists.

Table 9. Total Recipient Billing Complaints: – 226 (20%) compared to 190 (17%) in the previous quarter

MCO	ACC		JAI		KP		MPC		MS		PP		UHC		UMHP		Sub Totals	
Quarter	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3
Specialist 72/106	24%	22%	0%	0%	10%	8%	19%	15%	8%	8%	11%	26%	25%	14%	3%	6%	38%	47%
Emergency 59/72	27%	24%	0%	0%	14%	15%	27%	19%	10%	4%	17%	28%	3%	7%	2%	3%	31%	32%
PCP 33/29	15%	28%	0%	3%	9%	10%	6%	10%	15%	3%	33%	21%	21%	17%	0%	7%	17%	13%
Laboratory / Tests 26/18	15%	6%	0%	0%	12%	0%	12%	22%	0%	22%	33%	28%	23%	17%	4%	6%	14%	8%
Pharmacy 0/1	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

The State also investigates consumer billing complaints. Billing complaints increase during the reporting period, largely representing inappropriate billing of MCO members by specialists. The top three bill types for consumers in were unchanged. During the third quarter, specialists accounted for 47 percent of billing complaints, emergency services for 32 percent, and primary care physicians for 13 percent. Priority Partners has the highest.

MCOs are required to respond to all complaints. The CRU works with MCOs on behalf of the consumer to resolve the complaint. Once a plan is in place, the CRU refers the case to the ACC for follow-up to ensure the complaint has been resolved.

When trends are identified, an inquiry is made to the MCO by the HealthChoice Medical Advisor. If potential policy or systems issues or barriers are identified the MCO may be directed to take corrective action.

Legislative Update

The Maryland General Assembly’s 2017 session commenced on Wednesday, January 11. Some of the major bills that have been introduced that would affect the State’s Medicaid program are as follows:

- **HB152 (Budget Reconciliation & Financing Act of 2017)** - Makes changes to the State’s budgeted Medicaid deficit assessment and places restrictions on changes to the program’s eligibility and benefits rules
- **SB476/HB580 (Keep The Door Open Act)** and **SB967/HB1329 (Heroin & Opioid Prevention Effort (HOPE) & Treatment Act of 2017)** - Requires rate increases for community behavioral health providers and implementation of a new rate-setting system for community providers
- **SB415/HB631 (Public Health - Essential Off-Patent or Generic Drugs - Price Gouging - Prohibition)** - Seeks to prohibit price gouging by manufacturers and distributors of ‘essential’ off-patent or generic drugs
- **SB1109/HB1599 (Nursing Homes - Partial Payment for Services Provided)** - Requires the State to make advance payments to nursing homes for uncompensated program services provided to residents who filed an application for Medicaid services, but eligibility was not determined within 90 days
- **HB444 (Public Health - Participation in Healthy Lifestyle Programs - Incentives & Tax Credits)** - Authorizes financial incentives to promote participation in a healthy lifestyle program by MCO enrollees
- **HB458/SB604 (Visual Impairments - Requirements for Teacher Training, Student Screening & Maryland Medical Assistance Program Coverage)** - Requires Medicaid coverage for vision rehabilitation and habilitation for individuals below 133% of poverty
- **HB847 (Maryland Medical Assistance Program - Benefits for Individuals Who Are Incarcerated or Institutionalized)** - Requires six months presumptive eligibility for individuals on release from incarceration or from an IMD
- **HB1158 (Maryland Medical Assistance Program - Comprehensive Dental Benefits for Adults - Authorization)** - Requires coverage of comprehensive dental services for adults below 133% of poverty beginning January 1, 2019
- **SB169 (Health - Cost of Emergency Room Visits to Treat Dental Conditions & Coverage of Dental Services Under Medicaid - Study)** - Authorized Maryland Dental Action Coalition to conduct a study to determine the annual cost of emergency room visits to treat dental conditions of adult Medicaid enrollees, adults with private insurance and uninsured adults, and whether it is ‘advisable’ to include dental services for Medicaid enrollees who are adults with incomes below 133 percent of poverty; Medicaid is authorized to provide coverage of dental services for adults below 133 percent of poverty if the report finds that it is advisable
- **SB363/HB613 (Pharmacists - Contraceptives - Prescribing & Dispensing)** - Requires Medicaid and Maryland Children’s Health Program to provide coverage for services rendered by a licensed pharmacist to the same extent as services provided by any other licensed practitioner for screening and prescribing contraceptives for enrollees
- **SB877/HB1347 (Maryland No Fault Birth Injury Fund)** - Establishes a system for adjudication and compensation of claims arising from birth-related neurological injuries, with a fund that is capitalized by premiums from hospitals and obstetrical physicians

- **SB903 (Health & Aging Programs - Establishment & Funding Requirements)** - Establishes administrative care coordination unit program to provide funding to local health departments to provide outreach, education and care coordination services for Medicaid enrollees and uninsured/under-insured individuals
- **SB984/HB1233 (Maryland Medical Assistance Program - Enhanced Security Compassionate Release Program)** - Requires the State to apply to CMS for a waiver by October 1, 2017 to establish a program (capped at 500 enrollees) to provide services to individuals in State correctional facilities to need skilled nursing care and were released 'as if on parole' because they are terminally-ill or mentally-incapacitated

The last day of the 2017 session will be Monday, April 10. An update on final action on Medicaid-related legislation will be provided in the upcoming quarterly report.

Quality Assurance/Monitoring Activity

Quality Assurance Monitoring

The Division of HealthChoice Quality Assurance (DHQA) monitors HealthChoice MCOs quality assurance activities in accordance with the COMAR 10.09.65.

Systems Performance Review (SPR)

The first Interim Desktop reviews were completed. The preliminary findings were posted to each MCO port site. The department is currently working with the External Quality Review Organization (EQRO) in reviewing the final reports.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medical Record Review

The CY 2017 EPSDT Orientation manual was posted to the MCO Resource Sites. The EQRO reviewed the medical record data sample from Hilltop to ensure completeness.

Value-Based Purchasing (VBP)

The CY 2015 Final VBP Report was posted to the MCO Resource sites and the Department HealthChoice website.

Consumer Report Card

CY 2017 Consumer Report Card was finalized and posted to the MCO Resource sites. A higher resolution version was provided to the enrollment broker to be printed and included in the 2017 new enrollee packages.

Performance Improvement Projects (PIP)

The EQRO validated Adolescent Well Care (AWC) and Controlling High Blood Pressure (CBP) PIP Submissions and posted to the portal for the Department's review and approval. The PIP evaluation is based on each MCO's Healthcare Effectiveness Data and Information Set (HEDIS®) scores. The final AWC report was posted to the MCO Resource Sites. The PIP Annual Report was also posted to the MCO Resource Site. The EQRO also finalized the Asthma Medication Ratio (AMR) PIP Submission Form and Instruction Sheet and posted to the MCO Resource Sites.

Annual Technical Report (ATR)
The EQRO and the Department continued work on the CY 2016 ATR. This report will include all quality assurance activities for CY 2015 in which conclusions were drawn as to the timeliness, quality, and access to the care provided by all eight MCOs for the Maryland HealthChoice program. This report will be submitted to CMS by April 30, 2017.

HEDIS Performance Review
The Department's new HEDIS vendor reviewed the 2017 Consumer Assessment for Health Providers and Systems (CAHPS) Sample frame submitted by the Hilltop Institute and gave final approval for use in processing the CAHPS surveys. All MCOs submitted the required HEDIS Roadmap submission by end of January. In February, the National Committee for Quality Assurance (NCQA) released the proposed new measures and changes to existing measures for HEDIS 2018 for public comment. One change of note is that NCQA is seeking comments on proposed changes for the Plan All-Cause Readmissions measure specific to the Medicaid population for inclusion in the HEDIS 2018 measurement set. The public comment period ended in mid-March.

The HEDIS vendor conducted onsite audits in February and March and provided post onsite audit remarks reports from each HealthChoice organization. Also in February, the vendor requested the Department's assistance with addressing a problem with public health's ImmuNet registry. The Registry needs to be adjusted to accurately reflect the Tdap vaccination, as the HEDIS measure specifications have been altered and no longer allow Td vaccinations to count towards numerator compliance. The vendor discussed the audit and reporting timeline and potential changes for HEDIS 2018 at the Quarterly Quality Assurance Liaison Committee (QALC) meeting was held in March.

HealthChoice Enrollee Satisfaction Survey
In January, the Department and NCQA approved the questionnaires and collateral materials for the 2017 HealthChoice Enrollee Satisfaction Survey. The first questionnaires were mailed in mid-February. Survey fielding continued through March with the processing of returned, completed surveys and the mailing of the second questionnaires and postcard reminders. The Department hosted a pre-proposal conference in March for all NCQA-Certified CAHPS survey vendors interested in potentially bidding on the new Satisfaction Surveys Contract beginning in October 2017. The Request for Proposal (RFP) for this contract was listed on the eMaryland Marketplace website through mid-April.

Provider Satisfaction Survey
Also in January, the Department approved the questionnaire and collateral materials for the 2017 Provider Survey. To increase the response rate from primary care providers, the survey tool continues to include an option for the provider to complete the survey online. The final Provider Sample Frames were obtained from the MCOs in late January. In February and March, the sample frames were de-duplicated and the first questionnaires were mailed. Survey fielding continued through March with the processing of returned, completed surveys and the mailing of postcard reminders.

Demonstration Evaluation

The Department is currently in the process of designing the draft Summative Evaluation; it is due on April 21, 2017.

The Department has also scheduled a post-award forum. It will be held on June 22, 2017.

Enclosures/Attachments

Maryland Budget Neutrality Report as of March 31, 2017

State Contact(s)

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Date Submitted to CMS: 5/31/2017

	Projected SFY2015-2017 Extension Total	Eligibility Group	01/01/17 -06/30/17 DY 20: 6 mos	Trend Rate	07/01/17 -06/30/18 DY 21: 12 mos	Trend Rate	07/01/18 -06/30/19 DY 22: 12 mos	Trend Rate	07/01/19 -12/31/19 DY 23: 6 mos	Projected SFY2017-2020 Extension Total
		BN Negotiated PMPM								
		New Adult Group	$907.68	1.0470	$950.34	1.0470	$995.01	1.0470	$1,041.77	
		TANF Adults 0-123	$934.13	1.0490	$979.90	1.0490	$1,027.92	1.0490	$1,078.29	
		Medicaid Child	$507.88	1.0450	$530.73	1.0450	$554.62	1.0450	$579.58	
		Medically Needy Adult	$5,387.34	1.0440	$5,624.38	1.0440	$5,871.86	1.0440	$6,130.22	
		Medically Needy Child	$2,463.88	1.0440	$2,572.29	1.0440	$2,685.47	1.0440	$2,803.63	
		Sobra Adult	$4,239.97	1.0510	$4,456.21	1.0510	$4,683.48	1.0510	$4,922.33	
		SSI ADULT	$2,216.97	1.0440	$2,314.52	1.0440	$2,416.36	1.0440	$2,522.68	
		SSI CHILD	$2,009.21	1.0440	$2,097.62	1.0440	$2,189.91	1.0440	$2,286.27	
		Projected With Waiver PMPM Expenditures by EG								
		New Adult Group	$802.27		$857.78		$917.14		$980.61	
		TANF Adults 0-123	$455.99		$487.54		$521.28		$557.35	
		Medicaid Child	$332.04		$355.02		$379.58		$405.85	
		Medically Needy Adult	$2,152.31		$2,301.25		$2,460.50		$2,630.76	
		Medically Needy Child	$835.14		$892.93		$954.72		$1,020.79	
		Sobra Adult	$2,546.23		$2,713.68		$2,900.43		$3,105.54	
		Pregnant Women Inpatient Hospital PE	$864.67		$881.92		$899.54		$917.50	
		SSI ADULT	$1,552.24		$1,658.23		$1,772.81		$1,896.21	
		SSI CHILD	$1,568.83		$1,663.18		$1,776.58		$1,906.68	
		Family Planning	-$10.45		-$11.17		-$11.17		-$11.17	
		ICS	$4,408.00		$4,713.03		$4,713.03		$4,713.03	
		WBCCPTA	$2,296.99		$1,044.09		$949.17		$1,725.76	
		Residential Substance Use Disorder	N/A		$5,750.40		$5,562.68		$5,418.23	
		Limited Housing Support Services	N/A		$666.67		$666.67		$666.67	
		Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		$300.00		$300.00		$300.00	
		Former Foster Dental Care	$22.01		$22.01		$22.01		$22.01	
		Projected Member Months	Projected DY 20: 6 mos		Projected DY 21: 12 mos		Projected DY 22: 12 mos		Projected DY 23: 6 mos	
		New Adult Group	1,681,283		3,698,823		4,068,705		2,237,788	
		TANF Adults 0-123	1,738,132		3,823,890		4,206,279		2,313,453	
		Medicaid Child	3,431,150		7,548,530		8,303,383		4,566,861	
		Medically Needy Adult	45,647		100,423		110,465		60,756	
		Medically Needy Child	733		1,613		1,774		976	
		Sobra Adult	70,245		154,539		169,993		93,496	
		Pregnant Women PE	6		24		24		12	
		SSI ADULT	425,246		935,541		1,029,095		566,002	
		SSI CHILD	151,787		333,931		367,324		202,028	
		Family Planning	95,615		210,354		231,389		127,264	
		ICS	306		765		1,071		612	
		WBCCPTA	2,323		5,111		5,622		3,092	
		Residential Substance Use Disorder	N/A		4,400		5,711		3,511	
		Limited Housing Support Services	N/A		3,600		3,600		1,800	
		Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		17,920		17,920		8,960	
		Former Foster Dental Care	14,250		31,428		34,356		18,642	
		MM w/o FP,ICS, WBCCPTA, SUD, LHSS, High Risk PWC, Dental	7,544,229		16,597,314		18,257,042		10,041,372	
		TOTAL Member Months	7,656,724		16,870,892		18,556,711		10,205,253	
		Estimated W/out Waiver Expenditures by EG								
		New Adult Group	$1,526,066,953		$3,515,143,001		$4,048,389,895		$2,331,265,582	
		TANF Adults 0-123	$1,623,641,245		$3,747,038,874		$4,323,708,156		$2,494,562,936	
		Medicaid Child	$1,742,612,462		$4,006,266,050		$4,605,202,825		$2,646,840,526	
		Medically Needy Adult	$245,915,909		$564,817,410		$648,634,552		$372,447,492	
		Medically Needy Child	$1,806,024		$4,149,105		$4,764,026		$2,736,345	
		Sobra Adult	$297,836,693		$688,658,001		$796,157,983		$460,218,384	
		SSI ADULT	$942,757,625		$2,165,325,249		$2,486,659,275		$1,427,839,125	
		SSI CHILD	$304,971,958		$700,458,755		$804,406,615		$461,889,821	
TOTAL BN limit (without waiver)	$16,180,857,033	TOTAL BN limit (without waiver)	$6,685,608,869		$15,391,856,444		$17,717,923,327		$10,197,800,211	$49,993,188,851

	Projected With Waiver Expenditures by EG								
	New Adult Group	$1,348,835,013		$3,172,784,015		$3,731,574,460		$2,194,389,922	
	TANF Adults 0-123	$792,564,234		$1,864,301,100		$2,192,641,809		$1,289,404,691	
	Medicaid Child	$1,139,280,567		$2,679,861,322		$3,151,838,498		$1,853,470,289	
	Medically Needy Adult	$98,246,522		$231,098,477		$271,798,803		$159,834,662	
	Medically Needy Child	$612,155		$1,440,293		$1,693,671		$996,287	
	Sobra Adult	$178,859,784		$419,368,899		$493,052,319		$290,355,823	
	Pregnant Women PE	$5,188		$21,166		$21,589		$11,010	
	SSI ADULT	$660,085,911		$1,551,341,434		$1,824,389,151		$1,073,257,631	
	SSI CHILD	$238,127,486		$555,385,975		$652,582,195		$385,203,017	
	Family Planning	-$999,180		-$2,350,311		-$2,585,342		-$1,421,938	
	ICS	$1,348,848		$3,605,471		$5,047,659		$2,884,377	
	WBCPTTA	$5,336,365		$5,336,365		$5,336,365		$5,336,365	
	Residential Substance Use Disorder	N/A		$25,301,751		$31,768,451		$19,023,401	
	Limited Housing Support Services	N/A		$2,400,000		$2,400,000		$1,200,000	
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		$5,376,000		$5,376,000		$2,688,000	
	Former Foster Dental Care	$313,643		$691,730		$756,176		$410,310	
$11,947,433,894	TOTAL With Waiver	$4,462,616,536		$10,515,963,687		$12,367,691,804		$7,277,043,847	$34,623,315,873
$4,233,423,138	(Over)/Under BN Limit	$2,222,992,333		$4,875,892,757		$5,350,231,523		$2,920,756,364	$15,369,872,978

Carryover from 1-14	$ 5,545,084,274
Carryover from 15-17	$ 9,778,507,412
Projected Cushion at end of DY 20	20,251,365,591

Carryover from 1-20	$ 20,251,365,591
Sub-Projected Cushion at end of DY 23	$ 35,621,238,569
Estimated Savings on New Adult Group	$973,282,021
Projected Cushion at end of DY 23	$ 34,647,956,548

HealthChoice

Budget Cap Trend

Budget Neutrality Calculations

-

Waiver Extension to DY 11

Revised 03/25/13, 7.1% CAP trend yrs 9 thru 11 Actuals Based on 03/30/17 MMIS Data

Revised member months and Expenditures

Demonstration Year 1

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	2,392,785	660,720	179,849	795,103	35,418	4,063,875
Year 1 PMPM Cap	164.49	679.66	617.12	276.89	298.65	
Budget Cap	$393,589,205	$449,064,955	$110,988,415	$220,156,070	$10,577,586	$1,184,376,231

$1,212,086,573	Actual Spending Year 1 through MMIS
$0	Projected Prog. 03 Future Year 1 Spending
$0	Projected MHA Future Year 1 Spending
$0	Additional Capitation per All Services
$0	GME: N/A, included in rates in FY 1998
$1,212,086,573	Total Projected Year 1 Spending

Less:

$9,170,286	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$1,202,916,287	Year 1 Charged Against Cap
($18,540,056)	Year 1 Balance
101.57%	Percentage of Cap

0

Demonstration Year 2

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	1,916,687	668,114	152,540	1,096,714	34,175	3,868,230
Change from prior yr	-19.90%	1.12%	-15.18%	37.93%	-3.51%	-4.81%
Year 2 PMPM Cap	173.53	717.04	651.06	292.11	315.08	
Budget Cap	$332,602,695	$479,064,463	$99,312,692	$320,361,127	$10,767,859	$1,242,108,836

$1,294,374,685	Actual Spending Year 2 Through MMIS
$0	Projected Prog. 03 Future Year 2 Spending
$0	Projected MHA Future Year 2 Spending
$0	Additional Capitation per All Services
$24,252,573	GME Payments
$1,318,627,258	Total Projected Year 2 Spending

Less:

$8,942,016	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$11,100,000	DSH in MCO in " Actual Spending Year 2 thru MMIS"
$1,298,585,242	Year 2 Charged Against Cap
($56,476,406)	Year 2 Balance

104.55%	Percentage of Cap	

Demonstration Year 3

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	1,611,269	662,328	315,557	1,404,680	31,853	4,025,687
Change from prior yr	-15.93%	-0.87%	106.87%	28.08%	-6.79%	4.07%
Year 3 PMPM Cap	183.08	756.47	686.87	308.18	332.41	
Budget Cap	$294,991,129	$501,031,262	$216,746,637	$432,894,282	$10,588,256	$1,456,251,566

	Amount	Item
	$1,330,954,311	Actual Spending Year 3 Through MMIS
	$0	Projected Prog. 03 Future Year 3 Spending
	$0	Projected MHA Future Year 3 Spending
	$0	Adjustment, Capitation per All Services,collections
	$24,185,831	GME Payments
	$1,355,140,142	Total Projected Year 3 Spending
Less:		
	$10,608,823	Pharmacy Rebate Offset
	$0	CHIP Provider Reimbursement
	$11,500,000	DSH in MCO in " Actual Spending Year 3 thru MMIS"
	$1,333,031,319	Year 3 Charged Against Cap
	$123,220,247	Year 3 Balance
	91.54%	Percentage of Cap

Demonstration Year 4

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	1,503,611	642,403	384,173	1,621,965	13,964	4,166,116
Change from prior yr	-6.68%	-3.01%	21.74%	15.47%	-56.16%	3.49%
Year 4 PMPM Cap	193.15	798.08	724.65	325.13	350.69	
Budget Cap	$290,422,465	$512,688,986	$278,390,964	$527,349,480	$4,897,035	$1,613,748,930

	Amount	Item
	$1,435,800,580	Actual Spending Year 4 Through MMIS
	$0	Projected Prog. 03 Remaining Year 4 Spending
	$0	Projected MHA Remaining Year 4 Spending
	$25,713,820	GME Payments
	$0	MCO Supplemental Payments in actual MMIS
	$1,461,514,400	Total Projected Year 4 Spending
Less:		
	$11,436,899	Pharmacy Rebate Offset
	$0	CHIP Provider Reimbursement
	$14,020,964	DSH in MCO in " Actual Spending Year 4 thru MMIS"
	$1,436,056,537	Year 4 Charged Against Cap
	$177,692,393	Year 4 Balance
	88.99%	Percentage of Cap

Demonstration Year 5

	AFDC	SSI/BD	MA Only	Sobra	Total
Member Months	1,509,152	653,745	434,506	1,782,269	4,379,672
Change from prior yr	0.37%	1.77%	13.10%	9.88%	5.13%

Year 5 PMPM Cap	203.77	841.97	764.51	343.01		
Budget Cap	$307,519,903	$550,433,678	$332,184,182	$611,336,090	$1,801,473,853	
					$1,557,941,967	Actual Spending Year 5 Through MMIS
					$0	Projected Prog. 03 Remaining Year 5 Spending
					$0	MCO Supplemental Payments in actual MMIS
					$6,461,407	FQHC Adjustment 2002
					$29,076,794	GME Payments
					$1,593,480,168	Total Projected Year 5 Spending
				Less:		
					$18,376,107	Pharmacy Rebate Offset
					$0	CHIP Provider Reimbursement
					$20,392,424	DSH in MCO in " Actual Spending Year 5 thru MMIS"
					$1,554,711,637	Year 5 Charged Against Cap
					$246,762,216	Year 5 Balance
					86.30%	Percentage of Cap

Demonstration Year 6

	AFDC	SSI/BD	MA Only	Sobra	Total	
Member Months	1,498,629	661,227	473,100	1,939,668	4,572,624	
Change from prior yr	-0.70%	1.14%	8.88%	8.83%	4.41%	
Year 6 PMPM Cap	220.07	909.33	825.67	370.45		
Budget Cap	$329,805,682	$601,271,961	$390,624,855	$718,551,562	$2,040,254,060	
					$1,884,682,404	Actual Spending Year 6 Through MMIS
					$0	Projected Prog. 03 Remaining Year 6 Spending
					$0	Projected MHA Remaining Year 6 Spending
					$11,357,976	FQHC Adjustment 2003
					$0	MCO Supplemental Payments in actual MMIS
					$31,666,200	GME Payments
					$1,927,706,580	Total Projected Year 6 Spending
				Less:		
					$30,721,415	Pharmacy Rebate Offset
					$0	CHIP Provider Reimbursement
					$17,305,398	DSH in MCO in " Actual Spending Year 6 thru MMIS"
					$1,879,679,767	Year 6 Charged Against Cap
					$160,574,293	Year 6 Balance
					92.13%	Percentage of Cap

Demonstration Year 7

	AFDC	SSI/BD	MA Only	Sobra	Total	
Member Months	1,402,428	673,202	497,663	2,251,067	4,824,360	
Change from prior yr	-6.42%	1.81%	5.19%	16.05%	5.51%	
Year 7 PMPM Cap	237.68	982.07	891.72	400.09		
Budget Cap	$333,325,340	$661,134,052	$443,778,272	$900,622,337	$2,338,860,001	
					$2,106,613,459	Actual Spending Year 7 Through MMIS
					0	MSDE projection
					$33,468,056	GME Payments
					0	Projected Prog. 03 Remaining Year 7 Spending
					$0	MCO Supplemental Payments in actual MMIS
					27,245,547	FQHC Adjustment 2004
					$2,167,327,062	Total Actual & Projected
				Less:		
					$42,188,140	Pharmacy Rebate Offset
					0	CHIP Provider Reimbursement
					16,306,326	DSH in MCO in " Actual Spending Year 7 thru MMIS"

2,108,832,596	Year 7 Charged Against Cap
$230,027,405	Year 7 Balance
90.16%	Percentage of Cap

Demonstration Year 8	AFDC	SSI/BD	MA Only	Sobra	Total	
Member Months (11 months, Jul-May)	**1,258,181**	**640,276**	**461,631**	**2,203,916**	4,564,004	11 month year: Jul 1, 2004 thru May 31, 2005
June, Mo 12, (in year 9)	109,681	58,119	42,425	204,117		
12 Month Total for prior year comparison	1,367,862	698,395	504,056	2,408,033		
Change from prior yr based on 12 mos	-2.46%	3.74%	1.28%	6.97%		
Year 8 PMPM Cap	256.69	1,060.64	963.06	432.09		
Budget Cap (based on 11 Months)	$322,964,386	$679,102,153	$444,579,469	$952,298,468	$2,398,944,476	11 month year
					2,082,248,927	Actual costs thru MMIS DY 8 to-date less Malpractcie Adj & Therapeutic Rehab in MMIS: (11 months)
					14,781,238	FQHC Actual Payments
					$0	MCO Supplemental Payments in actual MMIS
					31,639,201	GME Actual Payments
					($1,833,333)	6 month eligibiltiy pro-rated 1/2 year
					($24,136,831)	DSH in MCO Payments
					($50,640,104)	Pharmacy Rebates
					6,416,667	Malpractice Adjustment
					16,651,360	Therapeutic Rehab
					2,075,127,125	Year 8 Total Charged Against Cap
					$323,817,351	Year 8 Balance
					86.50%	Percentage of Cap
					$454.67	Year 8 Cost PMPM

Demonstration Year 9	(TANF) AFDC	SSI/BD	(Medically Needy) MA Only	Sobra	EID	PAC	FAMILY PLAN	Total	
Member Months (13 June '05-July '06)	1,388,805	777,397	546,448	2,678,817	Member Months:	Eld, PAC & FP	Not counted in CAP	5,391,467	
June, Mo 12, (in year 9)	109,681	58,119	42,425	204,117					
12 Month Total for prior year comparison	1,279,124	719,278	504,023	2,474,700					
13 Month base times avg % change	**1,388,805**	**777,397**	**546,448**	**2,678,817**				5,391,467	13 month year
Year 9 PMPM Cap	274.91	1,135.95	1,031.44	462.77	BN Negotiated PMPM				
Budget Cap	$381,796,383	$883,084,122	$563,628,325	$1,239,676,143	Estimated without Waiver Expenditures			$3,068,184,973	
	483,909,276	998,254,384	427,238,407	764,759,255				2,674,161,322	Actual costs thru MMIS, DY 9 to-date
Percent of Actual Costs	18.10%	37.33%	15.98%	28.59%	100.00%				
	483,909,276	998,254,384	427,228,987	758,830,755				2,668,223,402	Actual costs thru MMIS DY 9 to-date less "expansion population" costs in MMIS:
									Expansion population costs EID and PAC are included in Medically Needy
									Expansion population costs Family Planning are in Sobra
	3,341,601	6,891,822	2,950,209	5,278,253				18,461,885	FQHC Cost Settlements (manual, not thru MMIS)
	0	0	0					0	MCO Supplemental Payments (in MMIS)
	6,964,558	14,363,920	6,148,820	11,000,923				38,478,221	GME Payments (manual, not thru MMIS)
	(15,636,352)	(32,248,896)	(13,804,912)	(24,698,525)				(86,388,686)	Pharmacy Rebates
	(5,082,761)	(10,482,843)	(4,487,432)	(8,028,515)				(28,081,550)	DSH in MCO Payments

	(784,333)	(1,617,633)	(692,467)	(1,238,900)				($4,333,333)	6 month eligibility, full year
	472,711,989	975,160,754	417,343,205	741,143,991				2,606,359,939	Net Actual & Projected Year 9 Spending Before expansion population below
	340.37	1,254.39	763.74	276.67				$483.42	PMPM Cost before Expansion Population costs
								expansion population:	
					9,420			9,420	EID
						0		0	PAC
							5,928,500	5,928,500	Family Planning
With Waiver Actual	472,711,989	975,160,754	417,343,205	741,143,991	9,420	0	5,928,500	2,612,297,859	Year 9 Total Charged Against Cap, Includes expansion population costs
	$340.37	$1,254.39	$763.74	$276.67				$484.52	PMPM after expansion population costs
								$455,887,114	Year 9 Balance
								85.14%	Percentage of Cap
	$340.37	$1,254.39	$763.74	$276.67				$484.52	Year 9 Cost PMPM includes expansion population cost

Demonstration Year 10 Actual	(TANF) AFDC	SSI/BD	(Medically Needy) MA Only	Sobra	EID	PAC	FAMILY PLAN	Total	
Year 10 Actual (12 months)	1,195,688	722,756	484,326	2,495,605	Member Months:	EId, PAC & FP	Not counted in CAP	**4,898,375**	
Year 10 PMPM Cap	294.43	1,216.60	1,104.67	495.62	BN Negotiated PMPM				
Budget Cap	$352,046,418	$879,304,950	$535,020,402	$1,236,871,750	Estimated without Waiver Expenditures			$3,003,243,520	
	454,587,877	987,098,527	377,217,275	787,277,674				2,606,181,353	Actual costs thru MMIS, DY 10 to-date
	17.44%	37.88%	14.47%	30.21%					Percent of costs:
	454,587,877	987,098,527	318,737,803	782,202,586				2,542,626,793	Actual costs thru MMIS DY 10 to-date less expansion population costs in MMIS &
									Expansion population costs EID and PAC are included in Medically Needy
									Expansion population costs Family Planning are in Sobra
	3,811,964	8,279,655	3,162,793	6,603,178				$21,857,590	FQHC Cost Settlements (manual, not thru MMIS)
	6,560,513	14,249,554	5,443,270	11,364,283				37,617,620	GME Payments (manual, not thru MMIS)
	(8,809,714)	(19,134,860)	(7,309,436)	(15,260,404)				(50,514,414)	Pharmacy Rebates
	(3,564,708)	(7,742,612)	(2,957,645)	(6,174,876)				(20,439,841)	DSH in MCO Payments
	452,585,932	982,750,264	317,076,785	778,734,767				2,531,147,748	Net Projected Year 10 Spending before DY 10 expansion population increases and other additons
	$378.52	$1,359.73	$654.68	$312.04				$516.73	DY 10 cost PMPM before DY 10 increases to expansion population
								Other Additions:	
								2,531,147,748	Net Projected Year 10 Spending before DY 10 expansion population increases with other additons

								Expansion Population Costs	
					383,845			383,845	EID
						58,095,627		58,095,627	PAC, start 7/1/06
							5,075,088	5,075,088	Family Planning
	452,585,932	**982,750,264**	**317,076,785**	**778,734,767**	**383,845**	**58,095,627**	**5,075,088**	**$2,594,702,308**	Total charged against CAP
	0	0	0	0				$0	Total Funds, SCHIP Shortfall (Fully Funded in DY 10)
With Waiver Actual	**452,585,932**	**982,750,264**	**317,076,785**	**778,734,767**	**383,845**	**58,095,627**	**5,075,088**	**2,594,702,308**	**Year 10 Charged Against Cap**
								$529.71	Year 10 PMPM
								$408,541,212	Year 10 Balance
								86.40%	Percentage of Cap
	$378.52	$1,359.73	$654.68	$312.04				$529.71	Year 10 Cost

Demonstration Year 11 Projection	(TANF) AFDC	SSI/BD	(Medically Needy) MA Only	Sobra	EID	PAC	FAMILY PLAN	Total				Check
Year 11 Actual (12 months)	**1,249,798**	**735,426**	**427,219**	**2,525,029**				**4,937,472**				
	1,249,798	735,426	427,219	2,525,029								
Projected % of Change in Member Months	0.00%	0.00%	0.00%	0.00%								
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000								
12 Month base times avg % change	1,249,798	735,426	427,219	2,525,029	Member Months:	EId, PAC & FP	Not counted in CAP	4,937,472				
Year 11 PMPM Cap	315.34	1,302.98	1,183.10	530.81	BN Negotiated PMPM							
Budget Cap	$394,111,301	$958,245,369	$505,442,799	$1,340,310,643	Estimated without Waiver Expenditures			$3,198,110,112		$647.72	Average CAP PMPM	
	466,735,107	1,036,962,382	364,992,986	831,426,711				$2,700,117,186.00	Actual costs thru MMIS, DY 11 to-date			
	17.29%	38.40%	13.52%	30.79%					Percent of costs:			
	466,735,107	1,036,962,382	285,002,934	826,657,359				$2,615,357,782.46	Actual costs thru MMIS DY 11 to-date less EID, PAC & FP			
	(7,194,063)	(15,977,561)	(5,625,433)	(12,811,174)				(41,608,231)	Pharmacy Rebates			**(41,608,231)**
	(5,026,722)	(11,164,034)	(3,930,670)	(8,951,578)				(29,073,004)	DSH in MCO Payments			
	6,039,996	13,414,451	4,723,004	10,756,014				34,933,465	FQHC Cost Settlements (Manual, not thru MMIS)			
	6,773,903	15,044,412	5,296,887	12,062,954				39,178,156	GME Payments (manual, not thru MMIS)			
	467,328,221	1,038,279,650	285,466,723	827,713,575				2,618,788,168	Net Actual & Projected Year 11 Spending before DY 11 increases to add-on's			
	373.92	1,411.81	668.20	327.80				530.39	DY 11 Cost PMPM before DY 11 increases to population expansion			
	$467,328,221	**$1,038,279,650**	**$285,466,723**	**$827,713,575**				**$2,618,788,168**	**Net Actual & ProjectedYear 11 Spending before DY 11 expansion population increases**			
								Expansion Population:				
					$716,244			$716,244	EID			
						$79,273,808		$79,273,808	PAC			
							4,769,352	4,769,352	Family Planning			
	0	0	0	0				0	Total Funds, SCHIP Shortfall (Fully Funded in DY 11)			
With Waiver Actual	**467,328,221**	**1,038,279,650**	**285,466,723**	**827,713,575**	**716,244**	**79,273,808**	**4,769,352**	**2,703,547,572**	**Year 11 Charged Against Cap**			2,703,547,572
								$547.56	Year 11 PMPM			
								$494,562,540	Year 11 Balance			
								84.54%	Percentage of Cap			
	$373.92	$1,411.81	$668.20	$327.80				$547.56	PMPM			

Demonstration Year 12 Actual & Projected	(TANF) LT 30 Adult	(TANF) LT 30 CHILD	TANF 30-116 ADULT	TANF 30-116 CHILD	Medically Needy Adult	Medically Needy Child	Sobra Adult	Sobra Child	SSI Adult	SSI Child		EID	PAC	FAMILY PLAN	Total	
Year 12 Actual (12 months)	609,776	1,213,796	341,952	433,711	142,675	75,071	149,938	1,997,286	538,428	222,969		973	352,878	331,592		
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000		
12 Month base times avg % change	**609,776**	**1,213,796**	**341,952**	**433,711**	**142,675**	**75,071**	**149,938**	**1,997,286**	**538,428**	**222,969**	Member Months:	EId, PAC & FP	Not counted in CAP		**5,725,602**	Member Months excluding EID, PAC & FP
												973	**352,878**	**331,592**	**685,443**	Member Months for add-on population Items: PAC, EID, FAMILY PLANNING

												ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Total		
Year 12 PMPM Cap	593.35	316.90	593.35	316.90	2,574.01	393.99	2,734.69	394.98	1,432.55	1,298.31	BN Negotiated PMPM		0.00	0.00				
Budget Cap	$361,810,590	$384,651,952	$202,897,219	$137,443,016	$367,246,877	$29,577,223	$410,033,949	$788,888,024	$771,325,031	$289,482,882	Estimated without Waiver Expenditures		$0	$0		$3,743,356,763		
	319,112,080	373,710,528	133,642,402	83,074,844	220,557,185	16,137,042	257,815,626	492,343,207	825,695,873	305,687,841						3,027,776,628	Total Actual Year 12 Spending before adjustments below	
	(2,501,894)	(4,503,409)	(1,000,758)	(4,503,409)	(2,501,894)	(2,301,743)	(200,152)	(2,501,894)	(24,518,562)	(5,504,167)						(50,037,881)	Pharmacy Rebates	
	(2,976,852)	(3,484,751)	(1,244,352)	(773,135)	(2,054,169)	(149,548)	(2,404,055)	(4,588,021)	(7,694,669)	(2,847,056)						(28,216,609)	DSH in MCO Payments	
	2,978,302	3,486,448	1,244,958	773,512	2,055,169	149,621	2,405,226	4,590,255	7,698,416	2,848,442						28,230,349	FQHC Cost Settlements (Manual, not thru MMIS)	
	3,466,494	7,142,190	1,542,640	1,863,044	3,379,558	843,089	1,041,168	16,283,273	3,487,215	1,443,015						40,491,686	GME Payments (manual, not thru MMIS)	
	22,276	26,076	9,311	5,785	15,371	1,119	17,989	34,332	57,579	21,304						211,143	UNIDENTIFIED	211,143
	320,100,405	376,377,082	134,194,202	80,440,641	221,451,220	14,679,580	258,675,802	506,161,152	804,725,851	301,649,380						3,018,455,316	Total Projected Year 12 Spending with other additions & before , PAC & FP	
	$524.95	$310.08	$392.44	$185.47	$1,552.14	$195.54	$1,725.22	$253.42	$1,494.58	$1,352.88						527.19	DY 12 cost PMPM after other additions & before EID, PAC & FP	
	$561.28	$331.54	$419.60	$198.30	$2,117.12	$1,061.26	$1,844.61	$270.96	$1,598.00	$1,446.50						$563.67	Year 12 cost PMPM trended forward to DY 13	
												1,793.95	221.32	63.63				
												$1,918.09	$236.63	$68.03				
												1,745,509	78,098,080	21,099,522		100,943,111	Total Costs of add-on Population: EID, PAC, FAMILY PLAN	
Percent of costs before expansion population:	10.55%	12.35%	4.41%	2.74%	7.28%	0.53%	8.52%	16.26%	27.27%	10.09%	100.00%							
	$320,100,405	**$376,377,082**	**$134,194,202**	**$80,440,641**	**$221,451,220**	**$14,679,580**	**$258,675,802**	**$506,161,152**	**$804,725,851**	**$301,649,380**		**$1,745,509**	**$78,098,080**	**$21,099,522**		**$3,119,398,427**	Total charged against CAP	
	0	0	0	0	0	0	0	0	0							0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)	
With Waiver Actual	**320,100,405**	**376,377,082**	**134,194,202**	**80,440,641**	**221,451,220**	**14,679,580**	**258,675,802**	**506,161,152**	**804,725,851**	**301,649,380**		**1,745,509**	**78,098,080**	**21,099,522**		**3,119,398,427**	**Year 12 Charged Against Cap**	
																$544.82	Year 12 PMPM including add-on population Costs, excluding add on member months	
																$623,958,336	Year 12 Balance	
																83.33%	Percentage of Cap	
	$524.95	$310.08	$392.44	$185.47	$1,552.14	$195.54	$1,725.22	$253.42	$1,494.58	$1,352.88		$1,793.95	$221.32	$63.63		$544.82	Year 12 PMPM including add-on population Costs, excluding add on member months	
																$582.52	Year 12 PMPM including add-on population Costs, trending forward to YEAR 13	

Demonstration Year 13 Projection	(TANF) LT 30 Adult	(TANF) LT 30 CHILD	TANF 30-116 ADULT	TANF 30-116 CHILD	Medically Needy Adult	Medically Needy Child	Sobra Adult	Sobra Child	SSI Adult	SSI Child		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Total	
Year 13 Actual (12 months)	892,767	1,629,402	737,700	1,041,810	114,385	2,889	134,225	1,542,440	565,796	229,716		11	476,415	193,850	0		
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000	1.0000		
12 Month base times avg % change	**892,767**	**1,629,402**	**737,700**	**1,041,810**	**114,385**	**2,889**	**134,225**	**1,542,440**	**565,796**	**229,716**	Member Months:	PAC & FP	Not counted in CAP			**6,891,130**	Member Months excluding add-on population
												11	**476,415**	**193,850**	**0**	**670,276**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
	6.95%	6.95%	6.95%	6.95%	6.86%	6.86%	6.95%	6.95%	6.86%	6.86%							
Year 13 PMPM Cap	648.07	348.82	648.07	348.82	3,794.66	1,755.40	2,924.75	422.43	1,530.82	1,387.37	BN Negotiated PMPM	0.00	0.00	0.00	0.00		
Budget Cap	$578,575,510	$568,368,006	$478,081,239	$363,404,164	$434,052,184	$5,071,351	$392,574,569	$651,572,929	$866,131,833	$318,701,087	Estimated without Waiver Expenditures	$0	$0	$0	$0	$4,656,532,872	
	458,778,817	479,610,109	332,991,522	213,077,888	243,464,641	519,536	217,815,528	426,501,806	861,565,277	313,020,335						3,547,345,459	Total Actual Year 13 Spending: excluding PAC, EID & adjustments below
	(5,547,628)	(8,717,701)	(3,170,073)	(8,717,701)	(6,102,392)	0	(237,755)	(3,170,073)	(35,663,324)	(7,925,183)						(79,251,830)	Pharmacy Rebates
	5,440,132	5,683,971	3,947,669	2,526,676	2,884,026	4,204	2,581,330	5,053,352	10,211,808	3,708,034						42,041,202	GME Payments (manual, not thru MMIS)
	(86,520)	(90,398)	(62,784)	(40,184)	(45,868)	(67)	(41,054)	(80,369)	(162,410)	(58,973)						(668,627)	Unidentified
	(4,216,419)	(4,405,408)	(3,059,673)	(1,958,321)	(2,235,289)	(3,258)	(2,000,681)	(3,916,643)	(7,914,746)	(2,873,942)						(32,584,381)	DSH in MCO Payments
	2,927,490	3,058,707	2,124,353	1,359,677	1,551,977	2,262	1,389,087	2,719,353	5,495,266	1,995,399						22,623,572	FQHC Cost Settlements (Manual, not thru MMIS)
	457,295,871	475,139,279	332,771,014	206,248,034	239,517,096	522,677	219,506,455	427,107,427	833,531,871	307,865,670						3,499,505,395	Total Projected Year 13 Spending with other additions & before add-on population costs

	$512.22	$291.60	$451.09	$197.97	$2,093.96	$180.92	$1,635.36	$276.90	$1,473.20	$1,340.20						$507.83	DY 13 cost PMPM after other additions & before add-on Population Costs
	$547.67	$311.78	$482.31	$211.67	$2,238.86	$193.44	$1,748.53	$296.06	$1,575.15	$1,432.94						$542.97	Year 13 cost PMPM trended forward to DY 14
Percent of costs before expansion population:	12.94%	13.52%	9.39%	6.01%	6.86%	0.01%	6.14%	12.02%	24.29%	8.82%	100.00%						
												$32,484.27	$255.47	$68.03			
												$34,732.18	$273.14	$72.74			
												357,327	121,707,847	(806,867)	0	121,258,307	Total Costs of add-on population: 300% SSI, PAC, FAMILY PLAN
	$457,295,871	**$475,139,279**	**$332,771,014**	**$206,248,034**	**$239,517,096**	**$522,677**	**$219,506,455**	**$427,107,427**	**$833,531,871**	**$307,865,670**		**$357,327**	**$121,707,847**	**($806,867)**	**$0**	**$3,620,763,702**	Total charged against CAP
	0	0	0	0	0	0	0	0	0							0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**457,295,871**	**475,139,279**	**332,771,014**	**206,248,034**	**239,517,096**	**522,677**	**219,506,455**	**427,107,427**	**833,531,871**	**307,865,670**		**357,327**	**121,707,847**	**(806,867)**	**0**	**3,620,763,702**	**Year 13 Charged Against Cap**
																$1,035,769,170	Year 13 Balance
																77.76%	Percentage of Cap
	$512.22	$291.60	$451.09	$197.97	$2,093.96	$180.92	$1,635.36	$276.90	$1,473.20	$1,340.20						$525.42	Year 13 PMPM including add-on population Costs, excluding expansion population member months
																$561.78	Year 13 PMPM including add-on population Costs, trended forward DY 14

Demonstration Year 14 Projection	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI								
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
Year 14 Actual; base for trending to DY15	1,067,548	1,867,981	989,040	1,429,548	114,664	2,777	139,620	1,310,016	602,293	240,257		10	624,225	124,254	0	0		
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		
DY 14 Projection, member months	**1,067,548**	**1,867,981**	**989,040**	**1,429,548**	**114,664**	**2,777**	**139,620**	**1,310,016**	**602,293**	**240,257**	Member Months:	Eld, PAC & FP	Not counted in CAP				**7,763,744**	Member Months excluding add-on population
												10	**624,225**	**124,254**	**0**	**0**	**748,489**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
	6.95%	6.95%	6.95%	6.95%	6.86%	6.86%	6.95%	6.95%	6.86%	6.86%								
Year 14 PMPM Cap	693.11	373.06	693.11	373.06	4,054.98	1,875.82	3,128.02	451.79	1,635.84	1,482.54	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00	0.00	0.00		
Budget Cap	$739,928,194	$696,868,992	$685,513,514	$533,307,177	$464,960,227	$5,209,152	$436,734,152	$591,852,129	$985,254,981	$356,190,613	Estimated without Waiver Expenditures	$0	$0	$0	$0	$0	$5,495,819,131	
	594,068,414	527,994,309	477,120,468	297,666,811	241,583,232	1,091,982	256,046,813	373,133,268	957,949,408	338,454,104							4,065,108,809	Total Actual Year 14 Spending: excluding PAC, EID & adjustments below
	(14,865,522)	(13,217,189)	(11,945,327)	(7,448,024)	(6,043,888)	(30,526)	(6,410,184)	(9,340,554)	(23,972,054)	(8,475,688)							(101,748,956)	Pharmacy Rebates
	6,329,548	5,627,709	5,086,166	3,171,272	2,573,410	12,997	2,729,374	3,977,087	10,206,991	3,608,839							43,323,393	GME Payments (manual, not thru MMIS)
	(7,360,313)	(6,544,180)	(5,914,447)	(3,687,713)	(2,992,489)	(15,114)	(3,173,852)	(4,624,755)	(11,869,198)	(4,196,537)							(50,378,598)	DSH in MCO Payments
	5,482,936	4,874,972	4,405,864	2,747,098	2,229,202	11,259	2,364,305	3,445,131	8,841,751	3,126,137							37,528,655	FQHC Cost Settlements (Manual, not thru MMIS)
	18,853	16,762	15,149	9,446	7,665	39	8,130	11,846	30,402	10,749							129,041	Unidentified
	0	0	0	0	0	0	0	0	0	0								
	583,673,916	518,752,383	468,767,873	292,458,890	237,357,132	1,070,637	251,564,586	366,602,023	941,187,300	332,527,604							3,993,962,344	Total Projected Year 14 Spending: excluding add-on population
Percent of costs before expansion population:	14.61%	12.99%	11.74%	7.32%	5.94%	0.03%	6.30%	9.18%	23.56%	8.33%	100.00%							
	277,356	246,602	222,872	138,963	112,765	570	119,599	174,273	447,263	158,137								
																	1,898,400	Pharmacy Waiver Program
	583,951,272	518,998,985	468,990,745	292,597,853	237,469,897	1,071,207	251,684,185	366,776,296	941,634,563	332,685,741							3,995,860,744	Total Projected Year 14 Spending with other additions & before add-on population costs
	$547.00	$277.84	$474.19	$204.68	$2,071.01	$385.74	$1,802.64	$279.98	$1,563.42	$1,384.71							514.68	DY 14 cost PMPM after other additions & before add-on Population Costs
	$584.85	$297.07	$507.00	$218.84	$2,214.32	$412.43	$1,927.38	$299.35	$1,671.61	$1,480.53							$550.30	Year 14 cost PMPM trended forward to DY 15
												$34,732.18	$262.16	$72.74	0.00	$0.00		
												$37,135.65	$280.30	$77.78	$0.00	$0.00		
												371,357	163,647,368	(3,348,795)	0	0	160,669,930	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc

	$583,951,272	**$518,998,985**	**$468,990,745**	**$292,597,853**	**$237,469,897**	**$1,071,207**	**$251,684,185**	**$366,776,296**	**$941,634,563**	**$332,685,741**		**$371,357**	**$163,647,368**	**($3,348,795)**	**$0**	**$0**	**$4,156,530,674**	Total charged against CAP
	0	0	0	0	0	0	0	0	0								0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**583,951,272**	**518,998,985**	**468,990,745**	**292,597,853**	**237,469,897**	**1,071,207**	**251,684,185**	**366,776,296**	**941,634,563**	**332,685,741**		**371,357**	**163,647,368**	**(3,348,795)**	**0**	**0**	**4,156,530,674**	**Year 14 Charged Against Cap**
																	$1,339,288,457	Year 14 Balance
																	75.63%	Percentage of Cap
	$547.00	$277.84	$474.19	$204.68	$2,071.01	$385.74	$1,802.64	$279.98	$1,563.42	$1,384.71		$37,135.70	$262.16	($26.95)	$0.00	$0.00	$535.38	Year 14 PMPM including add-on population Costs, excluding add on member months
																	$572.43	Year 14 PMPM including add-on population Costs, trended forward DY 15
Demonstration Year 15 Projection	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI								
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
Year 15 Actual; base for trending to DY16	1,118,853	1,928,723	1,673,971	1,673,971	84,910	2,380	137,666	1,200,232	616,108	239,280		30	745,683	133,298	0	0		
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000	1.0000	1.0000		
DY 15 Projection, member months	**1,118,853**	**1,928,723**	**1,186,502**	**1,673,971**	**84,910**	**2,380**	**137,666**	**1,200,232**	**616,108**	**239,280**	Member Months:	Eld, PAC & FP	Not counted in CAP				**8,188,625**	Member Months excluding add-on population
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		**30**	**745,683**	**133,295**	**0**	**0**	**879,008**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 15 PMPM Cap	729.84	391.34	729.84	391.34	4,269.89	1,967.74	3,293.81	473.93	1,733.99	1,571.49	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00	0.00	0.00		
Budget Cap	$816,583,674	$754,786,459	$865,956,620	$655,091,811	$362,556,360	$4,683,221	$453,445,647	$568,825,952	$1,068,325,111	$376,026,127	Estimated without Waiver Expenditures	$0	$0	$0	$0	$0	$5,926,280,982	
	653,343,351	552,264,716	553,056,816	343,852,484	167,996,709	4,963,757	243,473,124	339,871,537	1,015,716,966	343,622,886							4,218,162,346	Total Projected Year 15 Spending: excluding add-on population
Percent of costs before expansion population:	15.49%	13.09%	13.11%	8.15%	3.98%	0.12%	5.77%	8.06%	24.08%	8.15%								
	7,072,728	5,978,507	5,987,082	3,722,354	1,818,638	53,735	2,635,703	3,679,258	10,995,581	3,719,868							45,663,454	GME Payments (manual, not thru MMIS)
	(18,625,593)	(15,744,031)	(15,766,612)	(9,802,589)	(4,789,271)	(141,507)	(6,940,962)	(9,689,100)	(28,956,185)	(9,796,044)							(120,251,896)	Pharmacy Rebates
	294,040	248,549	248,905	154,752	75,608	2,234	109,576	152,960	457,127	154,649							1,898,400	Pharmacy Waiver Program
	(7,803,048)	(6,595,840)	(6,605,300)	(4,106,719)	(2,006,428)	(59,283)	(2,907,862)	(4,059,173)	(12,130,969)	(4,103,977)							(50,378,598)	DSH in MCO Payments
	4,446,673	3,758,729	3,764,120	2,340,269	1,143,390	33,783	1,657,085	2,313,175	6,912,998	2,338,707							28,708,929	FQHC Cost Settlements (Manual, not thru MMIS)
	(1,739,360)	(1,470,264)	(1,472,373)	(915,419)	(447,248)	(13,215)	(648,185)	(904,821)	(2,704,087)	(914,808)							(11,229,780)	Unidentified
	0	0	0	0	0	0	0	0	0	0								
	636,988,790	538,440,367	539,212,639	335,245,132	163,791,397	4,839,504	237,378,479	331,363,836	990,291,430	335,021,281							4,112,572,855	Total Projected Year 15 Spending with other additions & before add-on population costs
	$569.32	$279.17	$454.46	$200.27	$1,929.00	$2,033.40	$1,724.31	$276.08	$1,607.33	$1,400.12							502.23	DY 15 cost PMPM after other additions & before add-on Population Costs
	$608.72	$298.49	$485.91	$214.13	$2,062.49	$2,174.11	$1,843.63	$295.18	$1,718.56	$1,497.01							$536.98	Year 15 cost PMPM trended forward to DY 16
												$37,135.65	$280.30	$77.78	$0.00	$0.00		
												$39,705.44	$299.70	$83.16	$0.00	$0.00		
												1,114,070	203,373,022	(192,713)	0	0	204,294,379	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$636,988,790	**$538,440,367**	**$539,212,639**	**$335,245,132**	**$163,791,397**	**$4,839,504**	**$237,378,479**	**$331,363,836**	**$990,291,430**	**$335,021,281**		**$1,114,070**	**$203,373,022**	**($192,713)**	**$0**	**$0**	**$4,316,867,233**	Total charged against CAP
	0	0	0	0	0	0	0	0	0		4,112,572,855						0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**636,988,790**	**538,440,367**	**539,212,639**	**335,245,132**	**163,791,397**	**4,839,504**	**237,378,479**	**331,363,836**	**990,291,430**	**335,021,281**		**1,114,070**	**203,373,022**	**(192,713)**	**0**	**0**	**4,316,867,233**	**Year 15 Charged Against Cap**
																	$1,609,413,749	Year 15 Balance
															4,316,867,233		72.84%	Percentage of Cap
	$569.32	$279.17	$454.46	$200.27	$1,929.00	$2,033.40	$1,724.31	$276.08	$1,607.33	$1,400.12		$37,135.65	$272.73	($1.45)	#DIV/0!	$0.00	$527.18	Year 15 PMPM including add-on population Costs, excluding add on member months

																	Total	
																	$563.66	Year 15 PMPM including add-on population Costs, trended forward DY 16
Demonstration Year 16 Projection	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI								
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
Year 16 actual; base for trending to DY17	1,200,409	2,034,891	1,299,133	1,770,496	72,837	2,584	138,427	1,187,661	643,912	241,375		30	882,818	171,778	0	0		
Projection Adjustment factor:	1.1100	1.0900	1.1100	1.0900	1.0500	1.0300	0.8200	0.8200	1.0300	1.0300		1.0000	1.0000	1.0400	1.0000	1.0000		
DY 16 Projection, member months	**1,332,454**	**2,218,031**	**1,442,038**	**1,929,841**	**76,479**	**2,662**	**113,510**	**973,882**	**663,229**	**248,616**	Member Months:	Eld, PAC & FP	Not counted in CAP				**9,000,742**	Member Months excluding add-on population
												30	**882,818**	**178,649**	**0**	**0**	**1,061,497**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%								
Year 16 PMPM Cap	768.52	410.52	768.52	410.52	4,496.19	2,064.16	3,468.38	497.15	1,838.03	1,665.78	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00	0.00	0.00		
Budget Cap	$1,024,017,548	$910,546,086	$1,108,235,044	$792,238,327	$343,864,115	$5,494,794	$393,695,814	$484,165,436	$1,219,034,799	$414,139,560	Estimated without Waiver Expenditures	$0	$0	$0	$0	$0	$6,695,431,523	
	623,325,036	557,027,351	589,423,812	376,388,079	123,172,108	1,244,716	224,398,740	343,476,839	988,421,032	339,609,752							4,166,487,465	Total Projected Year 16 Spending: excluding add-on population
Percent of costs before expansion population:	14.96%	13.37%	14.15%	9.03%	2.96%	0.03%	5.39%	8.24%	23.72%	8.15%								
	7,060,749	6,309,758	6,676,731	4,263,557	1,395,239	14,100	2,541,889	3,890,753	11,196,394	3,846,948							$47,196,119	GME Payments (manual, not thru MMIS)
	(13,792,630)	(12,325,628)	(13,042,481)	(8,328,531)	(2,725,492)	(27,542)	(4,965,385)	(7,600,287)	(21,871,295)	(7,514,718)							(92,193,988)	Pharmacy Rebates
	284,009	253,801	268,562	171,496	56,122	567	102,244	156,500	450,360	154,738							1,898,400	Pharmacy Waiver Program
	(12,791,027)	(11,430,556)	(12,095,352)	(7,723,723)	(2,527,570)	(25,542)	(4,604,805)	(7,048,363)	(20,283,029)	(6,969,008)							(85,498,976)	DSH in MCO Payments
	4,345,981	3,883,737	4,109,613	2,624,274	858,787	8,678	1,564,565	2,394,808	6,891,524	2,367,846							29,049,814	FQHC Cost Settlements (Manual, not thru MMIS)
	18,466	16,502	17,462	11,151	3,649	37	6,648	10,176	29,283	10,061							123,435	Unidentified
	608,450,585	543,734,966	575,358,348	367,406,303	120,232,843	1,215,013	219,043,896	335,280,426	964,834,268	331,505,620							4,067,062,269	Total Projected Year 16 Spending with other additions & before add-on population costs
	$456.64	$245.14	$398.99	$190.38	$1,572.10	$456.43	$1,929.73	$344.27	$1,454.75	$1,333.40							451.86	DY 15 cost PMPM after other additions & before add-on Population Costs
	$488.24	$262.10	$426.60	$203.55	$1,680.89	$488.01	$2,063.27	$368.09	$1,555.42	$1,425.67							$483.13	Year 16 cost PMPM trended forward to DY 17
												$39,705.44	$299.70	$83.16	$0.00	$0.00		
												$42,453.06	$320.44	$88.91	$0.00	$0.00		
												1,191,163	252,750,447	(2,170,978)	0	0	251,770,632	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$608,450,585	**$543,734,966**	**$575,358,348**	**$367,406,303**	**$120,232,843**	**$1,215,013**	**$219,043,896**	**$335,280,426**	**$964,834,268**	**$331,505,620**		**$1,191,163**	**$252,750,447**	**($2,170,978)**	**$0**	**$0**	**$4,318,832,901**	Total charged against CAP
	0	0	0	0	0	0	0	0	0								0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**608,450,585**	**543,734,966**	**575,358,348**	**367,406,303**	**120,232,843**	**1,215,013**	**219,043,896**	**335,280,426**	**964,834,268**	**331,505,620**		**1,191,163**	**252,750,447**	**(2,170,978)**	**0**	**0**	**4,318,832,901**	**Year 16 Charged Against Cap**
																	$2,376,598,622	Year 16 Balance
																	64.50%	Percentage of Cap
	$456.64	$245.14	$398.99	$190.38	$1,572.10	$456.43	$1,929.73	$344.27	$1,454.75	$1,333.40		$39,705.44	$286.30	($12.15)	#DIV/0!	$0.00	$479.83	Year 16 PMPM including add-on population Costs, excluding add on member months
																	$513.03	Year 16 PMPM including add-on population Costs, trended forward DY 17

Demonstration Year 17 Projection (6 Months)	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI								
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child		ICS	PAC	FAMILY PLAN	Childless Adults	Pharmacy Discount Prog	Total	
.	703,265	1,129,191	612,801	861,754	36,606	680	70,833	599,553	344,319	124,450		30	515,637	84,736	0	0		
	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000	1.0000	1.0000		
DY 17 Projection, member months	**703,265**	**1,129,191**	**612,801**	**861,754**	**36,606**	**680**	**70,833**	**599,553**	**344,319**	**124,450**	Member Months:	Eld, PAC & FP	Not counted in CAP				**4,483,452**	Member Months excluding add-on population

	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		**30**	**515,637**	**84,736**	**0**	**0**	**600,403**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 17 PMPM Cap	809.25	430.64	809.25	430.64	4,734.49	2,165.30	3,652.20	521.51	1,948.31	1,765.73	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00	0.00	0.00		
Budget Cap	$569,117,201	$486,274,812	$495,909,209	$371,105,743	$173,310,741	$1,472,404	$258,696,283	$312,672,885	$670,840,151	$219,745,099	Estimated without Waiver Expenditures	$0	$0	$0	$0	$0	$3,559,144,528	
	$362,912,193	$322,121,512	$354,288,298	$233,677,399	$132,816,489	$827,171	$240,446,275	$193,770,549	$1,050,156,859	$277,606,007							$3,168,622,752.00	Total Projected Year 17 Spending: excluding add-on population
Percent of costs before expansion population:	11.45%	10.17%	11.18%	7.37%	4.19%	0.03%	7.59%	6.12%	33.14%	8.76%								
																		GME Payments (manual, not thru MMIS)
																		Pharmacy Rebates
	217,430	192,991	212,263	140,002	79,574	496	144,057	116,093	629,175	166,321							1,898,400	Pharmacy Waiver Program
																		DSH in MCO Payments
																		FQHC Cost Settlements (Manual, not thru MMIS)
	$363,129,623	$322,314,503	$354,500,561	$233,817,401	$132,896,063	$827,667	$240,590,332	$193,886,642	$1,050,786,034	$277,772,328							3,170,521,152	Total Projected Year 17 Spending with other additions & before add-on population costs
	$516.35	$285.44	$578.49	$271.33	$3,630.44	$1,217.16	$3,396.59	$323.39	$3,051.78	$2,232.00							707.16	DY 16 cost PMPM after other additions & before add-on Population Costs
												24	142,097,984	(885,400)	0	0	141,212,608	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$363,129,623	**$322,314,503**	**$354,500,561**	**$233,817,401**	**$132,896,063**	**$827,667**	**$240,590,332**	**$193,886,642**	**$1,050,786,034**	**$277,772,328**		**$24**	**$142,097,984**	**($885,400)**	**$0**	**$0**	**$3,311,733,760**	Total charged against CAP
	0	0	0	0	0	0	0	0	0									Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**363,129,623**	**322,314,503**	**354,500,561**	**233,817,401**	**132,896,063**	**827,667**	**240,590,332**	**193,886,642**	**1,050,786,034**	**277,772,328**		**24**	**142,097,984**	**(885,400)**	**0**	**0**	**3,311,733,760**	**Year 17 Charged Against Cap**
																	$247,410,768	Year 17 Balance
																	93.05%	Percentage of Cap
	$516.35	$285.44	$578.49	$271.33	$3,630.44	$1,217.16	$3,396.59	$323.39	$3,051.78	$2,232.00		$0.80	$275.58	($10.45)	#DIV/0!	$0.00	$738.66	Year 17 PMPM including add-on population Costs, excluding add on member months
																	$789.78	Year 17 PMPM including add-on population Costs, trended forward DY 18

Demonstration Year 17 Projection (6 Months) January1-June 30th	New Adult Group	TANF Adults 0-123	Medicaid Child	Medically Needy Adult	Medically Needy Child	Sobra Adult	Presumptive Eligibility	SSI Adult	SSI Child		ICS	WBCCPTA	FAMILY PLAN	Total	
Year 17 projection; base for trending to DY18	1,085,772	1,474,462	2,851,037	34,419	393	64,124	0	348,132	124,869		83	2,354	75,579		
Projection Adjustment factor x 50% to account for half year (thru Dec 31 ony)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000		
DY 17 Projection, member months	**1,085,772**	**1,474,462**	**2,851,037**	**34,419**	**393**	**64,124**	**0**	**348,132**	**124,869**	Member Months:	ICS & Family Planning	Not counted in CAP		**5,983,208**	Member Months excluding add-on population
											83	**2,354**	**75,579**	**78,016**	Member Months for add-on population Items: FAMILY PLANNING & ICS
Year 17 PMPM Cap	790.85	809.25	445.05	4,734.49	2,165.30	3,652.20	892.00	1,948.31	1,765.73	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00		
Budget Cap	$858,682,786	$1,193,208,374	$1,268,854,017	$162,956,411	$850,963	$234,193,673	$0	$678,269,057	$220,484,939	Estimated without Waiver Expenditures	$0	$0	$0	$4,617,500,220	
	$788,728,673	$611,150,478	$684,926,910.00	$132,816,489.00	$827,171.00	$240,446,275	$0.00	$1,050,156,859	$277,606,007					$3,786,658,862.00	Total Actual Year 17 Spending: excluding add-on population
	$726.42	$414.49	$240.24	$3,858.81	$2,104.76	$3,749.71	$0.00	$3,016.55	$2,223.18					$632.88	Actual DY 17 PMPM costs before DY 17 increases to add-onpopulation:

	$776.69	$443.17	$256.86	$4,125.84	$2,250.41	$4,009.19	$0.00	$3,225.29	$2,377.02					$676.68	Year 17 cost PMPM trended forward to DY 18
	20.83%	16.14%	18.09%	3.51%	0.02%	6.35%	0.00%	27.73%	7.33%						Percent of costs before expansion population:
	9,888,670	7,662,287	8,587,258	1,665,184	10,371	3,014,591	0	13,166,321	3,480,480					$47,475,162	GME Payments (manual, not thru MMIS)
	(16,544,597)	(12,819,666)	(14,367,221)	(2,785,996)	(17,351)	(5,043,669)	0	(22,028,388)	(5,823,142)					(79,430,031)	Pharmacy Rebates
	(11,183,667)	(8,665,722)	(9,711,825)	(1,883,253)	(11,729)	(3,409,374)	0	(14,890,551)	(3,936,275)					(53,692,396)	DSH in MCO Payments
	5,604,415.2	4,342,610.0	4,866,838.1	943,745.0	5,877.6	1,708,522.6	0.0	7,462,027.5	1,972,566.0					26,906,602	FQHC Cost Settlements (Manual, not thru MMIS)
	0	0	0	0	0	1,000,000	0	0	0					1,000,000	Presumptive Eligibility
	0	0	0	0	0	0	0	990,000	3,510,000					4,500,000	REM Case Management
	9,564,838	7,411,364	8,306,044	1,610,653	10,031	2,915,869	0	12,735,153	3,366,502					45,920,453	Unidentified
	786,058,333	609,081,351	682,608,004	132,366,822	824,371	240,632,214	0	1,047,591,421	280,176,137					3,779,338,652	Total Projected Year 17 Spending with other additions & before add-on population costs
	$723.96	$413.09	$239.42	$3,845.75	$2,097.63	$3,752.61	#DIV/0!	$3,009.18	$2,243.76					631.66	DY 16 cost PMPM after other additions & before add-on Population Costs
										$	0.29	$ 40.37	($10.45)		
											$0.31	$43.17	($11.17)		
											24	95,035	(885,400)	(790,341)	Total Costs of Expansion Population Items: FAMILY PLAN, & ICS
	$ 786,058,333	**$ 609,081,351**	**$ 682,608,004**	**$ 132,366,822**	**$ 824,371**	**$ 240,632,214**	**$ -**	**$ 1,047,591,421**	**$ 280,176,137**		**$24**	**$95,035**	**($885,400)**	**$3,778,548,311**	Total charged against CAP
	0	0	0	0	0	0	0	0	0						Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**786,058,333**	**609,081,351**	**682,608,004**	**132,366,822**	**824,371**	**240,632,214**	**0**	**1,047,591,421**	**280,176,137**		**24**	**95,035**	**(885,400)**	**3,778,548,311**	**Year 17 Charged Against Cap**
														$838,951,909	Year 17 Balance
														81.83%	Percentage of Cap
	$723.96	$413.09	$239.42	$3,845.75	$2,097.63	$3,752.61	$0.00	$3,009.18	$2,243.76		$0.29	$40.37	($11.71)	$631.53	Year 17 PMPM including add-on population Costs, excluding add on member months
														$675.23	Year 17 PMPM including add-on population Costs, trended forward DY 18
Demonstration Year 18 Actuals (12 months)	New Adult Group	TANF Adults 0-123	Medicaid Child	Medically Needy Adult	Medically Needy Child	Sobra Adult	Presumptive Eligibility	SSI Adult	SSI Child		ICS	WBCCPTA	FAMILY PLAN	Total	
Year 18 Actual base for trending to DY19	2,778,981	2,872,945	5,671,322	75,449	1,211	116,108	30	702,885	250,888		201	3,313	158,042		
Projection Adjustment factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.1000		
DY 18 Actual, member months	**2,778,981**	**2,872,945**	**5,671,322**	**75,449**	**1,211**	**116,108**	**30**	**702,885**	**250,888**	Member Months:	Eld, PAC & FP			**12,469,819**	Member Months excluding add-on population
											201	**3,313**	**173,846**	**177,360**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 18 PMPM Cap	828.02	848.90	465.08	4,942.81	2,260.57	3,838.46	939.28	2,034.04	1,765.73		0.00	0.00	0.00		
Budget Cap	$2,301,051,848	$2,438,843,011	$2,637,618,436	$372,930,072	$2,737,550	$445,675,914	$28,178	$1,429,696,205	$443,000,468	Estimated without Waiver Expenditures	$0	$0	$0	$10,071,581,682	
	$656.36	$373.06	$271.65	$1,760.87	$683.25	$2,071.50	$1,130.10	$1,268.04	$1,264.59					$482.56	Actual DY 18 PMPM costs before DY 18 increases to add-onpopulation:
	$701.78	$398.87	$290.45	$1,882.73	$730.53	$2,214.85	$1,208.31	$1,355.78	$1,352.10					$515.95	Year 18 cost PMPM trended forward to DY 19
	1,823,463,822	1,071,451,683	1,540,170,694	132,816,489	827,171	240,446,275	33,893	891,017,471	317,175,223					6,017,402,721	Total Projected Year 18 Spending: excluding add-on population
Percent of costs before expansion population:	30.30%	17.81%	25.60%	2.21%	0.01%	4.00%	0.00%	14.81%	5.27%						
	0	0	0	0	0	1,245,971	0	0	0					1,245,971	Presumptive Eligibility
	0	0	0	0	0	0	0	1,980,000	7,020,000					9,000,000	REM Case Management
	27,441,340	16,124,296	23,178,057	1,998,758	12,448	3,618,480	510	13,408,938	4,773,176					90,556,003	Unidentified
	14,676,760	8,623,938	12,396,580	1,069,018	6,658	1,935,312	273	7,171,653	2,552,891					$48,433,082	GME Payments (manual, not thru MMIS)
	(33,587,867)	(19,735,942)	(28,369,660)	(2,446,455)	(15,236)	(4,428,976)	(624)	(16,412,377)	(5,842,309)					(110,839,446)	Pharmacy Rebates
	(15,116,562)	(8,882,362)	(12,768,055)	(1,101,052)	(6,857)	(1,993,306)	(281)	(7,386,558)	(2,629,391)					(49,884,423)	DSH in MCO Payments
	7,130,497	4,189,819	6,022,704	519,367	3,235	940,244	133	3,484,246	1,240,286					23,530,531	FQHC Cost Settlements (Manual, not thru MMIS)
	0	0	0	0	0	0	0	0	0						Voucher Carryover
	0	0	0	0	0	0	0	0	0						MA Carryover

	1,824,007,990	1,071,771,432	1,540,630,320	132,856,125	827,418	241,764,001	33,903	893,263,373	324,289,876					6,029,444,439	Total Actual Year 18 Spending with other additions & before add-on population costs
	$656.36	$373.06	$271.65	$1,760.87	$683.25	$2,082.23	$1,130.10	$1,270.85	$1,292.57					483.52	DY 18 cost PMPM after other additions & before add-on Population Costs
											$0.29	$1,473.89	($10.45)		
											$0.31	$1,575.89	($11.17)		
											58	4,883,010	(1,816,691)	3,066,377	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$1,824,007,990	**$1,071,771,432**	**$1,540,630,320**	**$132,856,125**	**$827,418**	**$241,764,001**	**$33,903**	**$893,263,373**	**$324,289,876**		**$58**	**$4,883,010**	**($1,816,691)**	**$6,032,510,816**	Total charged against CAP
	0	0	0	0	0	0	0	0	0					0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**1,824,007,990**	**1,071,771,432**	**1,540,630,320**	**132,856,125**	**827,418**	**241,764,001**	**33,903**	**893,263,373**	**324,289,876**		**58**	**4,883,010**	**(1,816,691)**	**6,032,510,816**	**Year 18 Charged Against Cap**
														$4,039,070,866	Year 18 Balance
														59.90%	Percentage of Cap
	$656.36	$373.06	$271.65	$1,760.87	$683.25	$2,082.23	$1,130.10	$1,270.85	$1,292.57		$0.29	$1,473.89	($10.45)	$483.77	Year 18 PMPM including add-on population Costs, excluding add on member months
														$517.25	Year 18 PMPM including add-on population Costs, trended forward DY 19
Demonstration Year 19 Projection (12 months)	New Adult Group	TANF Adults 0-123	Medicaid Child	Medically Needy Adult	Medically Needy Child	Sobra Adult	Presumptive Eligibility	SSI Adult	SSI Child		ICS	WBCCPTA	FAMILY PLAN	Total	
Year 19 projection; base for trending to DY20	2,778,981	2,872,945	5,671,322	75,449	1,211	116,108	30	702,885	250,888		201	3,840	173,846		
Projection Adjustment factor)	1.1000	1.1000	1.1000	1.1000	1.1000	1.1000	1.1000	1.1000	1.1000		1.1000	1.1000	1.1000		
DY 19 Projection, member months	**3,056,879**	**3,160,240**	**6,238,454**	**82,994**	**1,332**	**127,719**	**33**	**773,174**	**275,977**	Member Months:				**13,716,802**	Member Months excluding add-on population
											221	**4,224**	**191,231**	**195,676**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 19 PMPM Cap	866.94	890.50	486.01	5,160.29	2,360.04	3,838.46	989.06	2,034.04	1,843.42	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00		
Budget Cap	$2,650,130,680	$2,814,193,720	$3,031,951,029	$428,273,108	$3,143,573	$490,244,273	$32,639	$1,572,666,843	$508,741,521	Estimated without Waiver Expenditures	$0	$0	$0	$11,499,377,386	
	$701.78	$398.87	$290.45	$1,882.73	$730.53	$2,214.85	$1,208.31	$1,355.78	$1,352.10					$516.10	Projected DY 19 PMPM costs before DY 19 increases to add-onpopulation:
	$750.34	$426.47	$310.55	$2,013.01	$781.09	$2,368.12	$1,291.92	$1,449.60	$1,445.66					$551.81	Year 19 cost PMPM trended forward to DY 20
	2,145,252,207	1,260,532,016	1,811,966,074	156,254,934	973,070	282,878,509	39,874	1,048,256,879	373,147,717					7,079,301,280	Total Projected Year 19 Spending: excluding add-on population
Percent of costs before expansion population:	30.30%	17.81%	25.60%	2.21%	0.01%	4.00%	0.00%	14.81%	5.27%						
	0	0	0	0	0	2,000,000	0	0	0					2,000,000	Presumptive Eligibility
	0	0	0	0	0	0	0	1,980,000	7,020,000					9,000,000	REM Case Management
	4,226,972	0	0	0	0	0	0	4,579,219	0					8,806,191	Pysch IMD (6 months)
	(2,480,601)	(1,598,610)	0	0	0	0	0	(1,433,236)	0					(5,512,448)	SUD IMD (6 months)
	2,146,998,577	1,258,933,406	1,811,966,074	156,254,934	973,070	284,878,509	39,874	1,053,382,862	380,167,717					7,093,595,024	Total Projected Year 19 Spending with other additions & before add-on population costs
	$702.35	$398.37	$290.45	$1,882.73	$730.53	$2,230.51	$1,208.30	$1,362.41	$1,377.53					517.15	DY 19 cost PMPM after other additions & before add-on Population Costs
											$0.29	$1,630.09	($10.45)		
											$0.31	$1,742.89	($11.17)		
											64	6,885,504	(1,998,360)	4,887,208	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$2,146,998,577	**$1,258,933,406**	**$1,811,966,074**	**$156,254,934**	**$973,070**	**$284,878,509**	**$39,874**	**$1,053,382,862**	**$380,167,717**		**$64**	**$6,885,504**	**($1,998,360)**	**$7,098,482,231**	Total charged against CAP
	0	0	0	0	0	0	0	0	0					0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**2,146,998,577**	**1,258,933,406**	**1,811,966,074**	**156,254,934**	**973,070**	**284,878,509**	**39,874**	**1,053,382,862**	**380,167,717**		**64**	**6,885,504**	**(1,998,360)**	**7,098,482,231**	**Year 19 Charged Against Cap**
														$4,400,895,155	Year 19 Balance
														61.73%	Percentage of Cap

Demonstration Year 20 Projection (6 Months)	New Adult Group	TANF Adults 0-123	Medicaid Child	Medically Needy Adult	Medically Needy Child	Sobra Adult	Presumptive Eligibility	SSI Adult	SSI Child		ICS	WBCCPTA	FAMILY PLAN	Total	
	$702.35	$398.37	$290.45	$1,882.73	$730.53	$2,230.51	$1,208.30	$1,362.41	$1,377.53		$0.29		($10.45)	$517.50	Year 19 PMPM including add-on population Costs, excluding add on member months
														$553.31	Year 19 PMPM including add-on population Costs, trended forward DY 20
Year 20 projection; base for trending to DY21	3,056,879	3,160,240	6,238,454	82,994	1,332	127,719	33	773,174	275,977		221	4,224	191,231		
Projection Adjustment factor)(6 months)	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500		0.5500	0.5500	0.5500		
DY 20 Projection, member months	**1,681,283**	**1,738,132**	**3,431,150**	**45,647**	**733**	**70,245**	**18**	**425,246**	**151,787**	Member Months:				**7,544,241**	Member Months excluding add-on population
											122	**2,323**	**105,177**	**107,622**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%						
Year 20 PMPM Cap	907.68	934.13	507.88	5,387.34	2,463.88	4,239.97	0.00	2,216.97	2,009.21	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00		
Budget Cap	$1,526,066,953	$1,623,641,245	$1,742,612,462	$245,915,909	$1,806,024	$297,836,693	$0	$942,757,625	$304,971,958	Estimated without Waiver Expenditures	$0	$0	$0	$6,685,608,869	
	$750.34	$426.47	$310.55	$2,013.01	$781.09	$2,368.12	$1,291.92	$1,449.60	$1,445.66					$551.82	Projected DY 20 PMPM costs before DY 20 increases to add-onpopulation:
	$802.27	$455.99	$332.04	$2,152.31	$835.14	$2,531.99	$1,381.32	$1,549.92	$1,545.70					$590.01	Year 20 cost PMPM trended forward to DY 21
	1,261,536,675	741,268,457	1,065,544,863	91,887,880	572,536	166,348,470	23,255	616,438,375	219,432,741					4,163,053,252	Total Projected Year 20 Spending: excluding add-on population
Percent of costs before expansion population:	30.30%	17.81%	25.60%	2.21%	0.01%	4.00%	0.00%	14.81%	5.27%						
	0	0	0	0	0	1,000,000	0	0	0					1,000,000	Presumptive Eligibility
	0	0	0	0	0	0	0	990,000	3,510,000					4,500,000	REM Case Management
	4,226,972	0	0	0	0	0	0	4,579,219	0					8,806,191	Pysch IMD (6 months)
	(2,480,601)	(1,598,610)	0	0	0	0	0	(1,433,236)	0					(5,512,448)	SUD IMD (6 months)
	1,263,283,045	739,669,847	1,065,544,863	91,887,880	572,536	167,348,470	23,255	620,574,358	222,942,741					4,171,846,996	Total Projected Year 20 Spending with other additions & before add-on population costs
	$751.38	$425.55	$310.55	$2,013.01	$781.09	$2,382.35	$1,291.94	$1,459.33	$1,468.79					552.98	DY 20 cost PMPM after other additions & before add-on Population Costs
															1
											$0.29	$2,296.99	($10.45)		
											$0.31	$2,455.94	($11.17)		
											35	5,336,365	(1,099,098)	4,237,302	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$1,263,283,045	**$739,669,847**	**$1,065,544,863**	**$91,887,880**	**$572,536**	**$167,348,470**	**$23,255**	**$620,574,358**	**$222,942,741**		**$35**	**$5,336,365**	**($1,099,098)**	**$4,176,084,298**	Total charged against CAP
	0	0	0	0	0	0	0	0	0					0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**1,263,283,045**	**739,669,847**	**1,065,544,863**	**91,887,880**	**572,536**	**167,348,470**	**23,255**	**620,574,358**	**222,942,741**		**35**	**5,336,365**	**(1,099,098)**	**4,176,084,298**	**Year 20 Charged Against Cap**
														$2,509,524,571	Year 20 Balance
														62.46%	Percentage of Cap
	$751.38	$425.55	$310.55	$2,013.01	$781.09	$2,382.35	$1,291.94	$1,459.33	$1,468.79		$0.29	$2,296.99	($10.45)	$553.55	Year 20 PMPM including add-on population Costs, excluding add on member months
														$591.86	Year 20 PMPM including add-on population Costs, trended forward DY 20