Maryland HealthChoice Demonstration
Section §1115 Quarterly Report
Demonstration Year 22
7/1/2018 - 6/30/2019
Quarter 3
1/1/2019 - 3/31/2019

Introduction

Now in its twenty-second year, Maryland implemented the HealthChoice program and moved its fee-for-service enrollees into a managed care payment system following federal approval in 1996. Under the statewide health care reform program, the State enrolls individuals 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 Maryland Department of Health's (the Department'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;
- Providing patient-focused, comprehensive, and coordinated care designed to meet healthcare needs by providing each member a single "medical home" through a primary care provider (PCP);
- Emphasizing health promotion and disease prevention by providing access to immunizations and other wellness services, such as regular prenatal care; and
- Expanding coverage to additional low-income Marylanders with resources generated through managed care efficiencies.

Subsequent to the initial approval, Maryland has requested and received several program extensions and amendments. The most recent amendment, approved in March 2019, authorizes the Department to:

- Pay for certain inpatient treatments for participants with a primary substance use disorder (SUD) diagnosis and secondary mental health diagnosis at Institutions for Mental Disease (IMDs)—an expansion of the demonstration's Residential Treatment Services for Individuals with SUD Program;
- Expand the annual cap of the Assisted Community Integration Services (ACIS) Community Health Pilot;
- Cover a limited adult dental benefit for dually-eligible participants who are 21 to 64 years of age;
- Cover National Diabetes Prevention Program (National DPP) lifestyle change program services for eligible HealthChoice enrollees; and
- Transition the Family Planning program from the waiver into a State Plan Amendment (SPA) with expanded services and eligibility criteria.

Enrollment Information

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

Table 1. Enrollment Counts

Demonstration Populations	Participants as of December 31, 2018	Participants as of March 31, 2019
Parents/Caretaker Relatives <116% Federal Poverty Level (FPL) and Former Foster Care	204,613	207,538
Affordable Care Act (ACA) Expansion Adults	309,758	310,968
Medicaid Children	455,108	456,508
Supplemental Security Income (SSI)/ Blind or Disabled (BD) Adults	89,588	90,051
SSI/BD Children	22,231	22,792
Medically-Needy Adults	22,725	21,547
Medically-Needy Children	6,124	5,899
Sixth Omnibus Budget Reconciliation Act (SOBRA) Adults[1]	8,247	13,393
Maryland Children's Health Program (MCHP)	119,480	118,708
MCHP Premium	37,236	36,327
Presumptively Eligible Pregnant Women (PEPW)	0	0
Family Planning	9,873	10,484
ICS	34	30
Women's Breast and Cervical Cancer Health Program (WBCCHP)	105	99

[1] The increase in the SOBRA category can be attributed to changes in the eligibility determination process that re-categorizes individuals reporting pregnancies to one of the pregnancy eligibility groups, rather than retaining their historic eligibility group.

Table 2 provides member month counts for each month of the quarter and compares this quarter's totals against the previous quarter.

Table 2. Member Months

Eligibility Group	Total for Previous Quarter (ending 12/31/2018)	Current Quarter Month 1 (January 2019)	Current Quarter Month 2 (February 2019)	Current Quarter Month 3 (March 2019)	Total for Quarter Ending 3/31/2019
Parent/Caretaker Relatives <116% FPL and Former Foster Care	615,868	204,685	202,800	207,538	615,023
ACA Expansion Adults	928,123	309,643	310,237	310,968	930,848
Medicaid Children	1,370,545	455,680	455,940	456,508	1,368,128
SSI/BD Adults	268,599	89,799	90,016	90,051	269,866
SSI/BD Children	66,311	22,534	22,704	22,792	68,030
Medically-Needy Adults	67,964	21,920	21,476	21,547	64,943
Medically-Needy Children	18,433	6,033	5,885	5,899	17,817
SOBRA Adults[2]	24,126	8,495	13,588	13,393	35,476
MCHP	357,455	119,640	119,430	118,708	357,778
MCHP Premium	109,109	36,848	36,643	36,327	109,818
PEPW	0	0	0	0	0
Family Planning	29,554	10,024	10,100	10,484	30,608
WBCCTP	320	103	101	99	303
ICS	106	34	34	30	98

Outreach/Innovative Activities

Residential Treatment for Individuals with Substance Use Disorders

As of January 1, 2019, the Department provides reimbursement for adults aged 21 through 64 for up to two non-consecutive 30-day stays annually in institutions for mental disease (IMDs) for American Society of Addiction Medicine (ASAM) levels 3.7-WM (licensed at 3.7D in Maryland), 3.7, 3.5, 3.3, and 3.1.

[2] The increase in the SOBRA category can be attributed to changes in the eligibility determination process that re-categorizes individuals reporting pregnancies to one of the pregnancy eligibility groups, rather than retaining their historic eligibility group.

Table 3. Substance Use Disorder Residential Treatment Utilization Limited to Medicaid Funding, FY 2018[3]

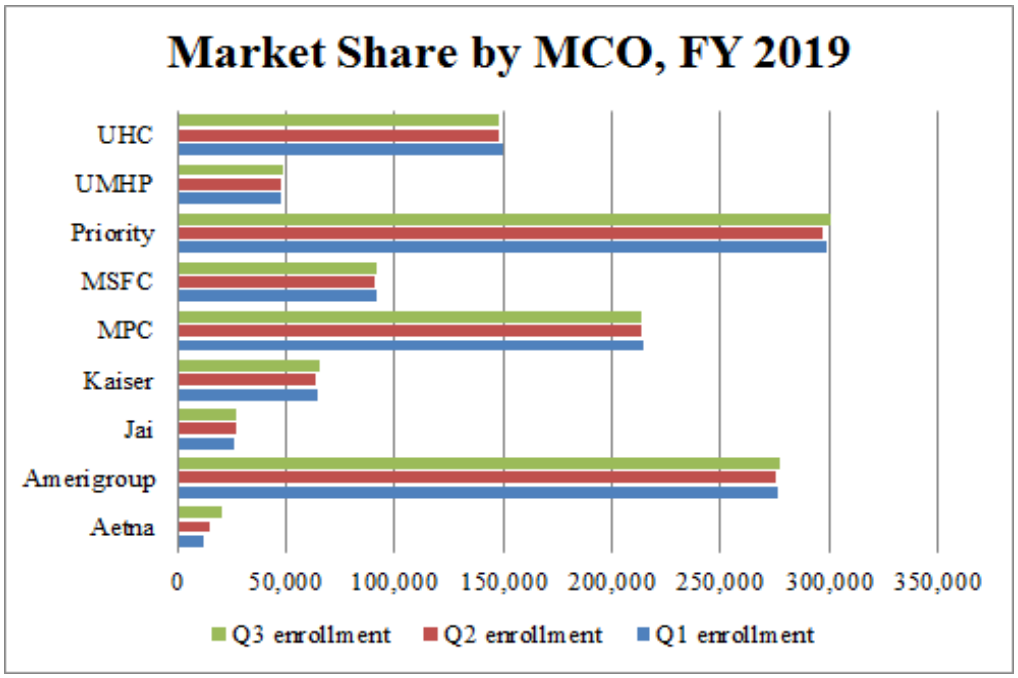
Level of Service	No. of Participants	No. of Days
Level 3.7-WM	4,626	28,969
Level 3.7	5,665	86,139
Level 3.5	1,833	34,772
Level 3.3	1,197	29,269
Total	**8,703**	**179,149**

Operational/Policy Developments/Issues

Market Share

As of the culmination of FY 2019, Quarter 3, there were nine MCOs participating in the HealthChoice program. The MCOs' respective market shares are as follows: Aetna (1.7 percent), Amerigroup (23.3 percent); Jai Medical Systems (2.3 percent); Kaiser Permanente (5.5 percent); Maryland Physicians Care (17.9 percent); MedStar Family Choice (7.7 percent); Priority Partners (25.2 percent); University of Maryland Health Partners (4.1 percent); and United Healthcare (12.4 percent).

Figure 1. HealthChoice MCO Market Share



[3] Based On Claims Paid Through December 31, 2018. Data should be considered preliminary due to run out.

Maryland Medicaid Advisory Committee (MMAC)

The MMAC met in January, February, and March during the past quarter. These meetings covered a wide variety of topics, including general department updates, and waiver, state plan, and regulations changes. Because these MMAC meetings occurred during Maryland's legislative session, the MMAC was briefed on legislative developments at all of its meetings.

During the January meeting, the MMAC was briefed on quality assurance activities, as well as the FY 2020 state budget. During the February meeting, the MMAC discussed Urban American Indian Health and Health Services in Maryland. The MMAC also heard a presentation on children's dental initiatives in recognition of Children's Dental Health month. The MMAC also received an overview of the Department's home- and community-based waiver programs. During the March meeting, the MMAC received an update on home- and community-based waiver programs. The MMAC was notified about grants received by the Behavioral Health Administration (BHA) in order to combat the opioid crisis. The MMAC was briefed on the Department's parity compliance report, which will be shared with stakeholders.

Family Planning Program

The HealthChoice waiver allows the Department to provide a limited benefit package of family planning services to eligible women. 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. The Department has expanded eligibility under its Family Planning Program to lift the age limit, and open coverage to include men, effective July 1, 2018.

In conjunction with the most recent §1115 waiver amendment, the Department submitted a matching SPA with an effective date of July 1, 2018 to CMS. Based on conversations with CMS, the Department will continue to operate a small portion, specifically postpartum pregnant women who do not qualify for full Medicaid, of its Family Planning Program under its §1115 waiver until the Family Planning Program can be integrated into the Maryland Health Connection (MHC). Women who receive pregnancy coverage will continue to be automatically-enrolled, if eligible, following the end of their pregnancy-related eligibility. Once the Family Planning Program is integrated into MHC, the Department will transition all participants to be covered under the SPA.

Enrollment as of the end of the quarter was 10,484 women, with an average monthly enrollment of 10,203, an increase of 3.6 percent over the previous quarter.

Table 4. Average Quarterly Family Planning Enrollment

Q1 Enrollment	Percent Change	Q2 Enrollment	Percent Change	Q3 Enrollment	Percent Change	*Q4 Enrollment*	*Percent Change*
9,601	(0.2)	9,851	2.6	10,203	3.6		

Rare and Expensive Case Management (REM) Program

The table below shows the status of REM program enrollment. Reasons for disenrollment or discharge from REM include aging out of the REM qualifying diagnosis, loss of HealthChoice eligibility, loss of Medicaid eligibility, death, or a request to return to managed care coverage.

Table 5. Current REM Program Enrollment

FY 2019	Referrals Received	Referrals Approved	Referrals Denied	REM Disenrollments	Currently Enrolled in REM
Quarter 1	160	103	69	121	4,284
Quarter 2	212	142	71	109	4,267
Quarter 3	221	145	100	94	4,270
Quarter 4					

Table 6. REM Complaints

FY 2019 Q3	Transportation	Dental	DMS/ DME	EPSDT	Clinical	Pharmacy	Case Mgt.	REM Intake	Other
REM Case Management Agencies	0	0	0	0	0	0	7	0	0
REM Hotline	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	7	0	0

Table 7 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 7. REM Significant Events Reported by Case Managers

FY 2019 Q3	DMS/ DME	Legal	Media	Other	Protective Services	Appeals	Services	Total
REM Enrollees	2	9	2	62	16	10	10	111

ICS Program

Through the 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 2016 waiver renewal, Maryland will increase enrollment incrementally over the course of the waiver to a maximum of 100 participants. As of March 31, 2019, there were 30 individuals enrolled in the ICS Program. The ICS Program does not currently have a registry. All new applicants begin receiving services upon approval of their application.

Maryland Children's Health Program (MCHP) and MCHP Premium Status/Update/Projections

Maryland moved its separate CHIP program, MCHP, and MCHP Premium, into the Medicaid expansion CHIP waiver in 2008, so that Maryland's entire CHIP program is operated as a Medicaid expansion. As of March 31, 2019, the Premium program had 36,327 participants, with MCHP at 118,708 participants.

Medicaid and National Diabetes Prevention Program (DPP) Demonstration

The CDC-funded Medicaid and National DPP Demonstration concluded January 31, 2019. In November 2018, Maryland received the first draft of the final report from the third-party evaluator, "Evaluation of the Medicaid Coverage for the National Diabetes Prevention Program Demonstration Project - Executive Summary." This report was shared with the Department leadership and the Department of Budget and Management. The report's executive summary was made public and presented at the January 2019 Capstone meeting.

Although new enrollment in the demonstration ended January 31, 2018, Medicaid beneficiaries were able to continue the year-long program through January 31, 2019. Throughout this reporting period, the Department continued to focus on preparing for sustainability efforts following the demonstration's conclusion through a new grant known as Coverage 2.0: Building Capacity for Public and Private Payer Coverage of the National DPP Lifestyle Change Program (Coverage 2.0). The purpose of the funding is to continue sustainability work begun in the demonstration, which involved four of Maryland's nine MCOs. The overall grant period for Coverage 2.0 is October 1, 2018 - July 31, 2019. Six MCOs are participating in Coverage 2.0: Four from the demonstration: Amerigroup, Jai Medical Systems, MedStar Family Choice, Priority Partners; and two additional MCOs: Aetna Better Health, and United HealthCare.

Through Coverage 2.0, the Department and MCOs are working to incorporate lessons learned from the demonstration in the areas of operational and financial management systems building, quality improvement processes, and the identification, strengthening, and coordination of stakeholders' roles into the development of sustainable coverage models for the National DPP Lifestyle Change Program in Medicaid.

The March 2019 waiver amendment approval authorized the HealthChoice Diabetes Prevention Program, with an effective date of July 1, 2019 and will be implemented on a statewide level. Delivery modes will include both in-person and virtual.

Community Health Pilots

As of March 2019, there were six local government entities approved for the Community Health Pilots that were included as part of the 2016 HealthChoice waiver renewal, four in the Assistance in Community Integration Services (ACIS) pilot and two in the Evidence-Based Home Visiting Services (HVS) pilot. The pilots are effective through December 31, 2021 and are scheduled to be funded for the duration of the five-year waiver period.

The two HVS Pilots had enrolled 33 families through March 2019.

Participant enrollment is still underway in all four of the counties awarded ACIS pilot funding and continues to pick up steadily. Approximately 137 individuals are enrolled and receiving supportive housing services as of March 2019, achieving 48 percent of the pilot's statewide enrollment cap. Counties continue to improve processes related to pilot enrollment, Medicaid eligibility verification and best practices for working with ACIS enrolled individuals. In Quarter 3, the Department held the first inaugural ACIS Learning Collaborative meeting. This collaborative focused on best practices for loss to follow up and included a presentation by an existing Participating Entity; all participating Lead Entities were in attendance. The second ACIS Learning Collaborative meeting will be held in Quarter 4.

The Department's July 2018 waiver amendment application included a request to implement an ACIS expansion to serve an additional 300 individuals. The Department's request was approved in March 2019 and the Department plans to initiate a Round Three competitive ACIS Pilot application process in May 2019.

Expenditure Containment Initiatives

The Department, in collaboration with the Hilltop Institute, has worked on several different fronts to contain expenditures. The culmination of the Department and the Hilltop Institute's efforts are detailed below.

HealthChoice Financial Monitoring Report (HFMR)

Final 2017 HFMR MCO submissions were updated and reviewed. Unadjusted consolidated 2017 HFMRs by region were provided to all MCOs on March 21, 2019.

The final reviewed 2017 submissions will be the base period for the 2020 HealthChoice rate-setting period. The Department's contracted accounting firm is currently in the process of performing independent reviews of each MCOs submission which are due May 1, 2019. A separate actuarial firm is completing draft analyses of each MCOs' incurred but not reported (IBNR) estimates.

During the next quarter, all MCOs will submit their first HFMR reports for 2018 (reported as of March 31, 2019). These reports are due to the Department by May 14, 2019. MCOs were provided on March 11, 2019 with updated financial templates and instructions for completing their May submissions.

MCO Rates

CY 2020 Rate-Setting

The rate-setting team participated in a number of meetings to support the CY 2020 rate-setting process. They participated in the Department workgroup and provided analytic support regarding the utilization and value of independent pharmacies in the HealthChoice program. They also co-facilitated first two 2020 HealthChoice MCO rate-setting meetings, where they discussed the goals, organization, and methodology of HealthChoice rate-setting, the presentation of the

Department's and MCOs' issues, status of the accounting firm's review, and a constant cohort analysis of CY 2017 and CY 2018. The Department also met with the rate-setting team to discuss the process involved to re-define the current risk-adjusted capital (RAC) rate cell definitions. The rate-setting team also participated in a number of calls to follow up on the in-person meetings, including one with the Department, the Health Services Cost Review Commission (HSCRC), and the Department's contracted actuarial firm to discuss timelines for information needed from hospital regulator in the development of 2019 mid-year and 2020 HealthChoice rates.

The rate setting team also provided information to different stakeholders. They provided the accounting firm and the Department with preliminary 2017 HealthChoice HFMRs and MCO financial reconciliation files for all nine MCOs. The rate setting team provided MCOs with current consolidated 2017 HealthChoice submission, and templates to use for first CY 2018 financial submission for the HealthChoice program (HFMR). The rate setting team also incorporated revised 2017 HFMR submissions provided by MCOs into the CY 2018 financial submission.

CY 2019 Rate-Setting

The rate setting reviewed December 2018 prospective payments (the new 2019 HealthChoice rates implemented) for January 2019 MCO services as recorded on the MCO capitation file. All rate cells appear to have been implemented correctly. In conjunction with the actuarial firm, the rate-setting team provided the Department with responses to CMS questions regarding 2019 HealthChoice original certification. They also participated in a conference call to discuss the responses. The rate setting team also provided the Department with analysis of annual adjusted clinical grouper (ACG) testing; no issues were observed.

CY 2018 Rate-Setting

For CY 2018 and prior HealthChoice Rates, the rate-setting team participated in a conference call with CMS, the Department, and the actuarial firm to discuss new CMS medical loss ratio calculation and State's flexibility to modify for purposes of recovering any excessive MCO profits. The rate-setting team provided the Department with individual 2018 ACA health insurance fee (HIF) settlement calculations reviewed and agreed to by MCOs and provided the actuarial firm with HealthChoice underwriting results for CY 2018 (Reported Basis).

Additional Activities

The rate setting team provided the Department with the trauma calculations for December 2018, and January and February 2019. The rate-setting team attended two nursing home liaison meetings. The rate-setting team also provided the Department with updated HIV enrollment information by county and responses to CMS questions regarding 2019 PACE rates.

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 (see Appendix A).

Consumer Issues

The HealthChoice Help Line serves as the front line of the State's mandated central complaint program. Call volume increased from 50,129 calls in the second quarter of FY 2019 to 52,669 calls during this quarter. The Help Line assists waiver-eligible consumers with eligibility and enrollment questions 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 MCOs but covered by Medicaid on a FFS basis. When a consumer experiences a medically-related issue, such as difficulty getting appointments 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 a member, and the member wishes to appeal the decision through the State's Fair Hearing process, the CRU will assist the member with that process.

Table 8. Total Recipient Complaints (not including billing) - Quarter 3- FY 2019[4]

MCO / Type of Service		Aetna Better Health (ABH)		Ameri-group (ACC)		JAI Medical Systems (JAI)		Kaiser Permanente (KP)		Maryland Physicians Care (MPC)		MedStar Family Choice (MSFC)		Priority Partners (PP)		United Healthcare (UHC)		University of Maryland Health Partners (UMHP)		Sub Totals	
2nd & 3rd Quarter in FY 2019		2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3
Pharmacy	#	1	1	25	20	1	0	6	4	29	33	8	12	28	30	24	38	8	10	130	148
	%	1%	1%	19%	14%	1%	0%	5%	3%	22%	22%	6%	8%	22%	20%	18%	26%	6%	7%	22%	25%
Prenatal	#	5	19	22	19	0	0	21	24	13	14	12	16	23	34	21	18	4	7	121	151
	%	4%	13%	18%	13%	0%	0%	17%	16%	11%	9%	10%	11%	19%	23%	17%	12%	3%	5%	21%	25%
Specialist	#	29	33	19	16	6	1	12	11	41	25	11	9	18	15	36	21	9	16	181	147
	%	16%	22%	10%	11%	3%	1%	7%	7%	23%	17%	6%	6%	10%	10%	20%	14%	5%	11%	31%	25%
PCP	#	7	14	9	11	5	3	9	6	12	10	12	10	18	17	11	12	5	6	88	89
	%	8%	16%	10%	12%	6%	3%	10%	7%	14%	11%	14%	11%	20%	19%	13%	13%	6%	7%	15%	15%

There were 880 total MCO recipient complaints in the quarter, compared to 843 in the previous quarter. Sixty-eight percent of the complaints (596) were related to access to care. The remaining

[4] Source from CRM

32 percent (284) were billing complaints. The top three member complaint categories were access to pharmacy, prenatal care, and specialists. Overall, Maryland Physicians Care and Priority Partners had a high percentage of complaints (both 18 percent of all care-related complaints), which were mainly attributed to difficulty accessing pharmacy and prenatal services.

The number of prenatal care complaints increased from 121 to 151. Prenatal complaints comprised 25 percent of total complaints compared to 21 percent in the previous quarter. All pregnant women were connected with an MCO network prenatal care provider and referred to Administrative Care Coordinators for follow-up and education. In addition, 387 pregnant women called the Help Line for general information. These women were also referred for follow-up and education.

Table 9. Recipient Complaints under age 21 (not including billing) - Quarter 3- FY 2019[5]

MCO / Type of Service		Aetna Better Health (ABH)		Ameri-group (ACC)		JAI Medical Systems (JAI)		Kaiser Permanente (KP)		Maryland Physicians Care (MPC)		MedStar Family Choice (MSFC)		Priority Partners (PP)		United Healthcare (UHC)		University of Maryland Health Partners (UMHP)		Sub Totals	
2nd & 3rd Quarter in FY 2019		2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3
PCP	#	3	4	4	8	4	1	3	2	6	4	6	4	7	7	5	7	1	4	39	41
	%	8%	10%	10%	20%	10%	2%	8%	5%	15%	10%	15%	10%	18%	17%	13%	17%	3%	10%	30%	30%
Specialist	#	8	9	2	2	1	0	3	4	5	4	3	3	2	6	8	8	1	4	33	40
	%	24%	23%	6%	5%	3%	0%	9%	10%	15%	10%	9%	8%	6%	15%	24%	20%	3%	10%	25%	29%
Pharmacy	#	0	0	7	5	1	0	2	1	7	5	0	1	4	4	6	4	0	2	27	22
	%	0%	0%	26%	23%	4%	0%	7%	5%	26%	23%	0%	5%	15%	18%	22%	18%	0%	9%	21%	16%

Member complaints (non-billing) for recipients under age 21 increased to 23 percent (137 of 596) total complaints. The top three complaint categories were access to primary care providers (PCPs), access to specialists, and pharmacy. Complaints related to access to a specialist increased by four percentage points.

The analysis of complaints by adults vs. children (under 21) revealed that access to care is the main issue for both adults and children. Adults most often seek assistance accessing pharmacy services while children (under 21) most often report difficulty accessing a specialist.

[5] Source from CRM

Table 10. Total Recipient Billing Complaints - Quarter 3- FY 2019[6]

MCO / Type of Service		Aetna Better Health (ABH)		Ameri-group (ACC)		JAI Medical Systems (JAI)		Kaiser Permanente (KP)		Maryland Physicians Care (MPC)		MedStar Family Choice (MSFC)		Priority Partners (PP)		United Healthcare (UHC)		University of Maryland Health Partners (UMHP)		Sub Totals	
2nd & 3rd Quarter in FY 2019		2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3
Emergency	#	3	3	24	36	2	1	8	10	15	15	6	13	12	18	5	11	1	6	76	113
	%	4%	3%	32%	32%	3%	1%	11%	9%	20%	13%	8%	12%	16%	16%	7%	10%	1%	5%	29%	40%
PCP	#	0	1	22	23	2	0	3	4	9	21	7	12	21	9	4	2	3	2	71	74
	%	0%	1%	31%	31%	3%	0%	4%	5%	13%	28%	10%	16%	30%	12%	6%	3%	4%	3%	27%	26%
Laboratory /Test	#	3	0	7	11	2	0	1	4	9	6	6	3	13	7	6	5	0	4	47	40
	%	6%	0%	15%	28%	4%	0%	2%	10%	19%	15%	13%	8%	28%	18%	13%	13%	0%	10%	18%	14%
Specialist	#	1	0	0	0	1	0	3	1	3	7	2	3	0	3	2	1	1	0	13	15
	%	8%	0%	0%	0%	8%	0%	23%	7%	23%	47%	15%	20%	0%	20%	15%	7%	8%	0%	5%	5%

Enrollee billing complaints comprised 32 percent of total MCO complaints this quarter. Amerigroup continues to have the highest percentage of billing complaints. Overall, the top three bill types this quarter were Emergency (ED), PCP, and lab test/x rays. 40 percent of all MCO billing complaints were for ED services this quarter compared to 29% in the previous quarter (113 complaints compared to 76). Amerigroup had the highest number of enrollee billing complaints for ER services. There is no significant change in PCP billing complaints. Billing complaints for lab tests/x rays decreased by fifteen percentage points.

MCOs are required to respond to all recipient grievances and 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 ACCU for follow-up to ensure the complaint has been resolved. When trends are identified, the HealthChoice Medical Advisor makes an inquiry to the MCO. 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 2019 session began on January 9, 2019 and adjourned on April 8, 2019. Some of the Medicaid-related legislation that the General Assembly considered during this year's session includes the following:

- **HB 1407** (Budget Reconciliation and Financing Act of 2019) increases the amount of deficit assessment by $15 million in FY 2020; uses $10 million from MHIP Fund balance for Medicaid provider reimbursements.

[6] Source: CRM.

- **SB 239/HB 258** (Individual Market Stabilization - Provider Fee) imposes a one percent health insurance provider assessment for CY 2020 - CY 2023 (MCOs to pay on a quarterly basis).
- **SB 802/HB 814** (Maryland Health Insurance Option) establishes Maryland Health Insurance Option to develop and implement systems, policies and practices that encourage, facilitate and streamline determinations of eligibility for insurance affordability programs (including Medicaid and MCHP) and enrollment in minimum essential coverage. MHBE or the Department shall determine eligibility for insurance affordability programs as soon as possible after an uninsured individual files a tax return indicating interest in obtaining minimum essential coverage.
- **HB 589** (Medical Assistance Program and MCOs that Use PBMs - Audit and Professional Dispensing Fees) requires the Department to contract with an independent auditor to conduct an audit of Pharmacy Benefit Managers (PBMs) that contract with MCOs to determine the amount of Medicaid funds used to reimburse MCOs, PBMs and pharmacies (results of audit to be provided by December 1, 2019). By Jan. 1, 2020, the Department and the Maryland Insurance Administration (MIA) must develop recommendations for a process for appealing decisions made between a PBM and an MCO.
- **SB 699/HB 832** (Home- and Community-Based Waiver Services - Prohibition on Denial) prohibits the Department from denying access to a HCBS waiver due to a lack of funding if an individual is living at home or in the community at the time of application for waiver services, they received home- and community-based services through Community First Choice for at least 30 consecutive days, they will be or have been terminated from participation on becoming entitled to or enrolled in Medicare Part A or Part B, they meet the eligibility criteria for participation in the waiver within six months after completion of the application, and the home- and community-based services provided would qualify for federal matching funds.
- **HB 166/SB 280** (Payment of Wages - Minimum Wage) requires phased-in increase in minimum wage to $15 per hour by CY 2025, and includes rate increases for behavioral health providers and providers of long-term care services.
- **HB 1421** (MHBE - Functions and Outreach) authorizes MHBE to perform certain administrative, technological, operational and reporting functions for Medicaid, as requested by the Department, to the extent that it will aid in efficient operation of MHBE and Medicaid.
- **SB 524/HB 605** (Medicaid Program - Telemedicine - Psychiatric Nurse Practitioners) adds psychiatric nurse practitioners who provide assertive community treatment or mobile treatment services to the list of providers eligible for reimbursement for delivery of services through telemedicine; report on expenditures due Sept. 30, 2021.
- **SB 598/HB 962** (Medicaid Program - Coverage of Hepatitis C Drugs) requires Medicaid coverage of any medically-appropriate drug approved by the FDA for treatment of Hepatitis C.

Quality Assurance/Monitoring Activity

Overview

The Department's HealthChoice and Acute Care Administration (HACA) is responsible for coordination and oversight of the HealthChoice program. HACA ensures compliance with the initiatives established in 42 CFR 438, Subpart D, and that all MCOs that participate in the HealthChoice program apply these principles universally and appropriately. The functions and infrastructure of HACA support efforts to identify and address quality issues efficiently and effectively. Quality monitoring, evaluation, and education through enrollee and provider feedback are integral parts of the managed care process and help to ensure that health care is not compromised. The Division of HealthChoice Quality Assurance (DHQA) within HACA is primarily responsible for coordinating the quality activities involving external quality review and monitoring CMS quality improvement requirements in accordance with COMAR 10.09.65 for the HealthChoice program.

The Department is required to annually evaluate the quality of care provided to HealthChoice participants by contracting MCOs. In adherence to federal law [Section 1932(c) (2) (A) (i) of the Social Security Act], the Department contracts with an External Quality Review Organization (EQRO) to perform an independent annual review of services provided by each contracted MCO to ensure that the services provided to the participants meet the standards set forth in the regulations governing the HealthChoice Program.

Systems Performance Review (SPR)

The purpose of the SPR is to provide an assessment of the structure, process, and outcome of each MCO's internal quality assurance program. Through the review, HACA is able to identify, validate, quantify, and monitor problem areas, as well as identify and promote best practices.

In 2015, the SPR was changed from an annual to a tri-annual review. During interim years, baseline standards and corrective action plans (CAPs) are reviewed for compliance. The final CY 2017 Statewide Executive Summary was shared with the MCOs. In preparation for the comprehensive CY 2018 SPR, the CY 2018 Orientation Manual was provided to the MCOs. The CY 2018 SPR Standards and Guidelines were updated to incorporate process and policy changes resulting from the Medicaid and CHIP Managed Care Final Rule. HACA and the EQRO also provided technical assistance to the MCOs regarding CY 2018 standards.

During the quarter, the EQRO conducted on-site reviews for the CY 2018 SPR for each MCO. The EQRO also issued exit letters and provided technical assistance.

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

The EQRO completes an EPSDT medical record review on an annual basis. The medical record review findings assist the Department in evaluating the degree to which HealthChoice children

and adolescents from birth through 20 years of age receive timely screening and preventive care in accordance with the Maryland Preventive Health Schedule.

EPSDT review indicators are based on current pediatric preventive care guidelines and Department-identified priority areas. The guidelines and criteria are divided into five component areas. Each MCO was required to meet a minimum compliance score of 80 percent for each of the five components. If an MCO did not achieve the minimum compliance score, the MCO was required to submit a CAP. The final CY 2017 EPSDT results were reported to the MCOs. All MCOs met or exceeded the minimum compliance score for all component areas. The EQRO also mailed the Department the completed CY 2018 orientation manual received the CY 2018 validated sampling from the Hilltop Institute.

Consumer Report Card

As part of its External Quality Review contract with Department, the EQRO is responsible for developing a Medicaid Consumer Report Card. The Consumer Report Card is meant to help Medicaid participants select a HealthChoice MCO. Information in the Report Card includes data from Healthcare Effectiveness Data and Information Set (HEDIS®) measures, encounter data measures calculated by the Department and validated by the EQRO, and selected results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. During this quarter, the EQRO completed changes to the 2019 format of the Consumer Report Card.

Performance Improvement Projects (PIPs)

Each MCO is required to conduct PIPs designed to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical care, or non-clinical care areas that were expected to have a favorable effect on health outcomes. HealthChoice MCOs conduct two PIPs annually. The two PIPs selected are Asthma Medication Ratio and Lead Screening for Children. This quarter, the annual PIP report was finalized and posted to the MCO resource sites. Copies were distributed to the Department.

Encounter Data Validation (EDV) Review

The purpose of EDV is to assess the completeness and accuracy of encounter data submitted by MCOs to the State. During this quarter, the EQRO determined the HealthChoice MCOs were found to have information systems in place that produce accurate and complete encounter data. This information was populated in the report. Because the Hilltop Institute serves as the State's data warehouse for Medicaid encounter data, Hilltop conducted the analysis of the electronic encounter data submitted during CY 2017 during this quarter. The EQRO also conducted its medical record review activity as part of EDV. Hilltop and the EQRO collaborated to combine their findings for each activity. The report was finalized this quarter and will be included in the Annual Technical Report, which is due next quarter.

Provider Directory Validation

Beginning in 2017, the EQRO has administered a survey to test the accuracy of HealthChoice MCO provider directories. The EQRO conducted calls to a statistically-significant sample of

PCPs within each MCO to validate the information reported in each MCO's online provider directory and to assess compliance with State access and availability requirements. MCO-specific results and recommendations were reported to the Department for review and approval. The report was finalized this quarter and will be included in the Annual Technical Report due next quarter.

Quarterly Review of Appeals/Grievances/Pre-Service Denial Activities

The Department reviewed the MCOs' Appeals, Grievances and Pre-Service Denial Activities, and the EQRO finalized the second annual report and distributed it to the MCOs and the Department. Assessment of MCO compliance was completed by applying the systems performance review standards and regulatory standards defined for CY 2017. The EQRO reviewed records as well as self-reported data from each MCO. If an area of non-compliance was discovered, an additional 20 records were reviewed for the non-compliant component.

MCOs demonstrated strong and consistent results in meeting regulatory requirements relating to grievances, appeals, and pre-service denials. This may be attributed to comprehensive MCO oversight by the Department and its effective use of the contracted EQRO. Compliance with regulatory timeframes appears to be the greatest challenge as evidenced by MCO results. SPR CAPs are in place to address MCOs that have had ongoing issues in demonstrating compliance, along with quarterly reviews to assess progress in CAP implementation. MCO-specific results and recommendations were reported to the Department for review and approval. The report was finalized this quarter and will be included in the Annual Technical Report due next quarter.

Healthcare Effectiveness Data and Information Set (HEDIS®) Performance Review

The Department uploaded the final CAHPS Sample Frames provided by Hilltop to the vendor's portal for review and approval in early January. The Department also provided the total HealthChoice enrollment. The enrollment count versus members included in the CAHPS sample frame is one of the required validation checks necessary for approval.

During the review process, the vendor identified an error requiring correction in the files. Updated sample frames were provided by the Department on January 9, 2019. The vendor processed and approved the updated survey sample frames on January 14, 2019. The Department subsequently notified the CAHPS vendor of the file approval and uploaded them to the vendor's secure file exchange portal.

On January 29, 2019, the Department instructed the HEDIS vendor to follow the NCQA three year audit cycle for the Board Certification Rate (BCR) measure. The HEDIS vendor shared this information with lead auditors.

In mid-February, the Department shared information with the HEDIS vendor about updated opioid measure expectations. The Department provided a comprehensive list and specifications for each of the opioid measures to the HEDIS vendor and all HealthChoice MCOs.
The Department canceled the March QALC meeting to allow the HealthChoice MCOs to better prepare for the onsite SPR, NCQA, and HEDIS audits occurring in March. The Department

approved the vendor's request to present an overview of the Electronic Clinical Data Systems (ECDS) reporting at the next QALC meeting.

The HEDIS vendor completed all onsite MCO visits by the end of March for HEDIS 2019. There were no significant findings identified onsite.

The Department received questions from CMS regarding its most recent MACPro data submission. The HEDIS vendor reviewed the questions and provided clarification and/or additional information, and the Department submitted the information through the MACPro portal at the end of the quarter.

Value Based Purchasing (VBP)

The goal of Maryland's VBP initiative is to achieve better enrollee health through improved MCO performance. Appropriate service delivery is promoted by aligning MCO incentives with the provision of high-quality care, increased access, and administrative efficiency. Maryland's VBP strategy aims to better coordinate a variety of quality improvement efforts toward a shared set of priorities that focus on the core populations served by HealthChoice. The Department is preparing to work with the Hilltop Institute and the EQRO to disseminate preliminary CY 2018 results on the VBP program's three encounter-based measures during the next quarter.

HealthChoice Enrollee Satisfaction Survey

In January, the vendor provided CAHPS adult and child survey results to the EQRO vendor for use with the Consumer Report Card. Final approved sample frame files were uploaded to the vendor's secure file exchange portal for use with the 2019 survey administration. The Department reviewed and approved questionnaires and cover letters for use as part of the 2019 survey administration; all questionnaires and collateral materials were approved by NCQA by the end of January.

The vendor completed survey administration activities throughout February that included checking the sample frame and pulling sample files, printing survey and collateral materials, outbound mail processing, and the mailing of the first survey questionnaires with cover letters and reminder postcard, and the mailing of the first survey questionnaires with cover letters and reminder postcards.

In March, the vendor continued ongoing processing of completed returned questionnaires and mailed second questionnaires and reminder postcards. The survey vendor provided the Department with a link for access to its secure web portal to check the 2019 interim response rates for the Satisfaction Survey. The response rates are updated weekly.

Primary Care Provider (PCP) Satisfaction Survey

In January, the vendor completed necessary updates requested by the Department to the design of the questionnaires and cover letter for review and approval. The Department notified the survey vendor of the approval of the questionnaire and collateral materials for the 2018 Survey

administration in late-January. The 2019 PCP survey tool includes an option for the survey to be completed online, as this has proven to be helpful to increase the response rate.

The survey vendor received the final approved Provider Sample Frames from the HealthChoice organizations in late January. The vendor checked the sample frame and pulled sample files the first week of February. The first survey questionnaires were mailed out in mid-February, and survey fielding continued through March with the processing of returned, completed surveys and the mailing of the first postcard reminders. The vendor continued bi-weekly progress reports regarding the survey throughout March. The Department monitors the provider response rate via the vendor's secure file exchange portal.

Annual Technical Report (ATR)

The next Annual Technical Report, which is a comprehensive report summarizing all quality activities performed by the quality assurance vendors and the results, is due to CMS on April 30, 2019. During this quarter, the Department and the EQRO worked on compiling and editing the report for submission.

Demonstration Evaluation

During the quarter, the Department continued work on implementing measures proposed in the draft summative evaluation into the annual HealthChoice report, which will serve as the rapid-cycle assessment to provide program updates and review the areas of coverage and access, quality of care, medical homes, preventive health and programs created using managed care efficiencies. New measures are envisioned to be gradually incorporated into the annual evaluation over the course of the waiver period. Maryland has received preliminary data and an initial draft from its independent evaluator, the Hilltop Institute, for the 2019 Annual HealthChoice Evaluation, which will cover performance from CY 2013 – CY 2017.

The 2019 Post-Award Forum is scheduled for May 23, 2019.

Enclosures/Attachments
Appendix A: Maryland Budget Neutrality Report as of March 31, 2019

State Contact(s)
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Date Submitted to CMS: 5/30/2019

Projected SFY2012-2014 Extension Total	Eligibility Group	01/01/14 -06/30/14 DY 17: 6 mos	Trend Rate	07/01/14 -06/30/15 DY 18: 12 mos	Trend Rate	07/01/15 -06/30/16 DY 19: 12 mos	Trend Rate	07/01/16 -12/31/16 DY 20: 6 mos	Projected SFY2014-2016 Extension Total
	BN Negotiated PMPM								
	New Adult Group	$790.85	1.0470	$828.02	1.0470	$866.94	1.0470	$907.68	
	TANF Adults 0-123	$809.25	1.0490	$848.90	1.0490	$890.50	1.0490	$934.13	
	Medicaid Child	$445.05	1.0450	$465.08	1.0450	$486.01	1.0450	$507.88	
	Medically Needy Adult	$4,734.49	1.0440	$4,942.81	1.0440	$5,160.29	1.0440	$5,387.34	
	Medically Needy Child	$2,165.30	1.0440	$2,260.57	1.0440	$2,360.04	1.0440	$2,463.88	
	Sobra Adult	3,652.20	1.0510	$3,838.46	1.0000	$3,838.46	1.1046	$4,239.97	
	Pregnant Women PE	892.00	1.0530	$939.28	1.0530	$989.06	0.0000	$0.00	
	SSI ADULT	1,948.31	1.0440	$2,034.04	1.0000	$2,034.04	1.0899	$2,216.97	
	SSI CHILD	$1,765.73	1.0000	$1,765.73	1.0440	$1,843.42	1.0899	$2,009.21	
	Projected With Waiver PMPM Expenditures by EG								
	New Adult Group	$239.42		$660.60		$854.56		$728.11	
	TANF Adults 0-123	$435.01		$493.34		$565.39		$520.97	
	Medicaid Child	$240.28		$272.26		$303.57		$266.29	
	Medically Needy Adult	$1,951.97		$1,767.30		$1,898.62		$1,417.56	
	Medically Needy Child	$535.02		$691.50		$1,771.52		$1,452.12	
	Sobra Adult	$1,874.47		$1,914.20		$1,619.14		$1,423.72	
	Pregnant Women PE	$0.00		-$715.26		$0.00		$129.86	
	SSI ADULT	$1,563.03		$1,639.32		$1,794.34		$1,588.68	
	SSI CHILD	$1,463.17		$1,553.10		$1,685.58		$1,467.41	
	Family Planning	-$5.86		$0.00		$0.00		$0.00	
	ICS	$0.14		$0.14		$0.00		$0.00	
	WBCCPTA	$30.94		$1,475.49		$1,700.87		$1,171.45	
	Projected Member Months	Projected DY 17: 6 mos		Projected DY 18: 12 mos		Projected DY 19: 12 mos		Projected DY 20: 6 mos	
	New Adult Group	1,085,772		2,778,981		2,663,585		1,884,941	
	TANF Adults 0-123	1,474,462		2,872,945		2,254,599		1,344,737	
	Medicaid Child	2,851,037		5,671,322		4,656,078		2,866,439	
	Medically Needy Adult	34,419		75,449		25,022		6,569	
	Medically Needy Child	393		1,211		1,467		1,193	
	Sobra Adult	64,124		116,108		98,963		62,181	
	Pregnant Women PE	0		30		7		18	
	SSI ADULT	348,132		702,885		649,718		392,078	
	SSI CHILD	124,869		250,888		240,400		146,210	
	Family Planning	75,579		173,846		136,582		62,381	
	ICS	83		201		252		165	
	WBCCPTA	2,354		3,313		2,271		997	
	MM w/o FP, & ICS	5,983,208		12,469,819		10,589,839		6,704,366	
	TOTAL Member Months	6,061,224		12,647,179		10,728,944		6,767,908	
	Estimated Without Waiver Expenditures by EG								
	New Adult Group	$858,682,786		$2,301,051,848		$2,309,168,380		$1,710,923,247	
	TANF Adults 0-123	$1,193,208,374		$2,438,843,011		$2,007,720,410		$1,256,159,174	
	Medicaid Child	$1,268,854,017		$2,637,618,436		$2,262,900,469		$1,455,807,039	
	Medically Needy Adult	$162,956,411		$372,930,072		$129,120,776		$35,389,436	
	Medically Needy Child	$850,963		$2,737,550		$3,462,179		$2,939,409	
	Sobra Adult	$234,193,673		$445,675,914		$379,865,517		$263,645,575	
	Pregnant Women PE	$0		$28,178		$6,923		$0	
	SSI ADULT	$678,269,057		$1,429,696,205		$1,321,552,401		$869,225,164	
	SSI CHILD	$220,484,939		$443,000,468		$443,158,168		$293,766,594	
TOTAL BN limit (without waiver) $16,180,857,033	TOTAL BN limit (without waiver)	$4,617,500,220		$10,071,581,681		$8,856,955,222		$5,887,855,638	$29,433,892,761
	Projected With Waiver Expenditures by EG								
	New Adult Group	$259,959,717		$1,835,787,008		$2,276,195,325		$1,372,449,082	
	TANF Adults 0-123	$641,399,521		$1,417,329,923		$1,274,719,432		$700,561,919	
	Medicaid Child	$685,050,594		$1,544,089,040		$1,413,461,794		$763,304,913	
	Medically Needy Adult	$67,184,853		$133,340,953		$47,507,283		$9,311,928	
	Medically Needy Child	$210,263		$837,408		$2,598,821		$1,732,375	
	Sobra Adult	$120,198,217		$222,253,800		$160,234,871		$88,528,268	
	Pregnant Women PE	$1,000,000		-$21,458		$0		$2,338	
	SSI ADULT	$544,140,698		$1,152,253,354		$1,165,814,941		$622,886,106	
	SSI CHILD	$182,704,092		$389,655,343		$405,212,745		$214,549,344	
	Family Planning	-$442,700		$0		$0		$0	
	ICS	$12		$29		$0		$0	
	WBCPTTA	$72,838		$4,888,291		$3,862,685		$1,167,935	
$11,325,266,019	TOTAL With Waiver	$2,501,478,105		$6,700,413,692		$6,749,607,897		$3,774,494,206	$19,725,993,900
$4,855,591,013	(Over)/Under BN Limit	$2,116,022,115		$3,371,167,989		$2,107,347,325		$2,113,361,432	$9,707,898,862

Carryover from 1-14	$ 5,418,439,739
Projected Cushion at end of DY 17	$ 10,274,030,752

Carryover from 1-17	$ 10,274,030,752
Sub-Projected Cushion at end of DY 20	$ 19,981,929,614
Estimated Savings on New Adult Group	$1,435,435,128
Projected Cushion at end of DY 20	$ 18,546,494,486

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Note: Included in above cushion is a built in savings of $13,520,400 in expenditures attributable to increased utilization of IMD services for SUD treatment.

Projected SFY2017-2023 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 -06/31/20 DY 23: 12 mos	Projected SFY2017-2023 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	$728.11		$767.00		$832.37		$889.97	
	TANF Adults 0-123	$520.97		$582.93		$595.56		$636.78	
	Medicaid Child	$266.29		$285.41		$304.42		$325.49	
	Medically Needy Adult	$1,417.56		$1,304.27		$1,620.53		$1,732.68	
	Medically Needy Child	$1,452.12		$1,679.86		$1,660.04		$1,774.92	
	Sobra Adult	$1,431.76		$1,818.12		$1,635.79		$1,747.68	
	Pregnant Women Inpatient Hospital PE	$129.86		$0.00		$135.08		$137.83	
	SSI ADULT	$1,589.94		$1,805.82		$1,817.40		$1,942.97	
	SSI CHILD	$1,479.41		$1,664.17		$1,689.39		$1,804.40	
	Family Planning	$0.00		#DIV/0!		$2.67		$2.67	
	ICS	$0.00		$0.00		$4,713.03		$4,713.03	
	WBCCPTA	$532.48		$103.57		$3,018.63		$2,744.21	
	Residential Substance Use Disorder	N/A		$8,713.85		$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		$0.00		$300.00		$150.00	
	Former Foster Dental Care	$0.05		$1.70		$22.01		$22.01	
	National DPP	N/A		N/A		$0.00		$41.67	
	IMD ASAM 4.0--SUD DX	N/A		N/A		$1,195.83		$1,207.53	
	Adult Dental Pilot	N/A		N/A		$10.82		$10.82	
	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	1,884,941		3,751,554		4,126,709		4,539,380	
	TANF Adults 0-123	1,344,737		2,524,704		2,777,174		3,054,891	
	Medicaid Child	2,866,439		5,402,833		5,943,116		6,537,428	
	Medically Needy Adult	6,569		10,780		11,858		13,044	
	Medically Needy Child	1,193		3,757		4,133		4,546	
	Sobra Adult	62,181		110,667		121,734		133,907	
	Pregnant Women PE	18		12		12		12	
	SSI ADULT	392,078		724,885		797,374		877,111	
	SSI CHILD	146,210		268,746		295,621		325,183	
	Family Planning	62,381		0		102,000		25,500	
	ICS	306		388		1,071		612	
	WBCCPTA	1,097		1,607		1,768		1,945	
	Residential Substance Use Disorder	N/A		4,400		5,711		3,511	
	Assistance in Community Integration Services (ACIS)	N/A		3,600		5,400		7,200	
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		17,920		17,920		17,920	
	Former Foster Dental Care	25,627		31,428		34,356		37,284	
	National DPP	N/A		N/A		0		142,752	
	IMD ASAM 4.0--SUD DX	N/A		N/A		7,122		14,532	
	Adult Dental Pilot	N/A		N/A		231,060		466,741	
	MM w/o FP,ICS, WBCCPTA, SUD, LHSS, High Risk PWC, Dental	6,704,366		12,797,938		14,077,731		15,485,502	
	TOTAL Member Months	6,793,776		12,857,281		14,484,139		16,203,499	
	Estimated Wtout Waiver Expenditures by EG								
	New Adult Group	$1,710,923,247		$3,565,255,430		$4,106,104,281		$4,729,000,404	
	TANF Adults 0-123	$1,256,159,174		$2,473,963,433		$2,854,705,994		$3,294,044,816	
	Medicaid Child	$1,455,807,039		$2,867,470,411		$3,296,157,071		$3,788,932,785	
	Medically Needy Adult	$35,389,436		$60,630,848		$69,628,466		$79,962,557	
	Medically Needy Child	$2,939,409		$9,664,096		$11,099,054		$12,745,312	
	Sobra Adult	$263,645,575		$493,155,223		$570,138,158		$659,134,756	
	SSI ADULT	$869,225,164		$1,677,758,424		$1,926,738,982		$2,212,666,038	
	SSI CHILD	$293,766,594		$563,725,705		$647,383,476		$743,454,955	
TOTAL BN limit (without waiver)	TOTAL BN limit (without waiver)	$5,887,855,638		$11,711,623,570		$13,481,955,482		$15,519,941,622	
$16,180,857,033	Projected With Waiver Expenditures by EG								$46,601,376,312
	New Adult Group	$1,372,449,082		$2,877,445,442		$3,434,948,462		$4,039,911,675	
	TANF Adults 0-123	$700,561,919		$1,471,715,072		$1,653,979,652		$1,945,278,294	
	Medicaid Child	$763,304,913		$1,542,013,859		$1,809,203,673		$2,127,840,755	
	Medically Needy Adult	$9,311,928		$14,060,073		$19,216,296		$22,601,016	
	Medically Needy Child	$1,732,375		$6,311,249		$6,860,958		$8,068,778	
	Sobra Adult	$89,028,268		$201,206,343		$199,131,742		$234,026,008	
	Pregnant Women PE	$2,338		$0		$1,621		$1,654	
	SSI ADULT	$623,381,106		$1,309,008,653		$1,449,148,640		$1,704,197,564	
	SSI CHILD	$216,304,344		$447,238,247		$499,420,490		$586,760,066	
	Family Planning	$0		$0		$272,000		$68,000	
	ICS	$0		$0		$5,047,659		$2,884,377	
	WBCPTTA	$583,968		$166,441		$5,336,365		$5,336,365	
	Residential Substance Use Disorder	N/A		$38,340,926		$31,768,451		$19,023,401	
	Assistance in Community Integration Services (ACIS)	N/A		$2,400,000		$3,600,000		$4,800,000	
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		$0		$5,376,000		$2,688,000	
	Former Foster Dental Care	$1,218		$53,504		$756,176		$820,621	
	National DPP	N/A		N/A		$0		$5,947,930	
	IMD ASAM 4.0--SUD DX	N/A		N/A		$8,516,725		$17,547,860	
	Adult Dental Pilot	N/A		N/A		$2,500,000		$5,050,140	
$11,325,266,019	TOTAL With Waiver	$3,776,661,456		$7,909,959,809		$9,135,084,910		$10,732,852,503	$31,554,558,678
$4,855,591,013	(Over)/Under BN Limit	$2,111,194,182		$3,801,663,761		$4,346,870,572		$4,787,089,119	$15,046,817,634

Carryover from 1-14	$ 5,418,439,739		
Carryover from 15-17	$ 10,274,030,752		
Projected Cushion at end of DY 20	18,546,494,486		

	Carryover from 1-20	$ 18,546,494,486
	Sub-Projected Cushion at end of DY 23	$ 33,593,312,119
	Estimated Savings on New Adult Group	$2,386,528,700
	Projected Cushion at end of DY 23	$ 31,206,783,419

Projected SFY2021-2022 Extension Total	Eligibility Group	07/01/20 -06/30/21 DY 24: 12 mos	Trend Rate	07/01/21 -1230/21 DY 25: 6mos	Trend Rate				Projected SFY2021-2022 Extension Total
	BN Negotiated PMPM								
	New Adult Group	$1,090.74	1.0470	$1,142.00					
	TANF Adults 0-123	$1,131.12	1.0490	$1,186.55					
	Medicaid Child	$605.66	1.0450	$632.91					
	Medically Needy Adult	$6,399.95	1.0440	$6,681.54					
	Medically Needy Child	$2,926.99	1.0440	$3,055.78					
	Sobra Adult	$5,173.37	1.0510	$5,437.21					
	SSI ADULT	$2,633.67	1.0440	$2,749.55					
	SSI CHILD	$2,386.86	1.0440	$2,491.88					
	Projected With Waiver PMPM Expenditures by EG								
	New Adult Group	$951.56		$1,017.40					
	TANF Adults 0-123	$680.84		$727.95					
	Medicaid Child	$348.01		$372.09					
	Medically Needy Adult	$1,852.58		$1,980.77					
	Medically Needy Child	$1,897.74		$2,029.07					
	Sobra Adult	$1,867.42		$2,002.96					
	Pregnant Women Inpatient Hospital PE	$147.33		$157.50					
	SSI ADULT	$2,077.24		$2,221.94					
	SSI CHILD	$1,927.54		$2,070.05					
	Family Planning	N/A		N/A					
	ICS	$4,713.03		$4,713.03					
	WBCCPTA	$2,494.74		$4,989.47					
	Residential Substance Use Disorder	$5,418.23		$10,836.46					
	Limited Housing Support Services	$666.67		$666.67					
	Evidence Based Home Visiting for High Risk PWC up to age 2	$150.00		$300.00					
	Former Foster Dental Care	$22.01		$22.01					
	National DPP	$41.67		$41.67					
	IMD ASAM 4.0--SUD DX	$1,219.82		$1,231.73					
	Adult Dental Pilot	$10.82		$10.82					
	Projected Member Months	Projected DY 20: 6 mos		Projected DY 21: 12 mos					
	New Adult Group	4,993,318		2,496,659					
	TANF Adults 0-123	3,360,380		1,680,190					
	Medicaid Child	7,191,171		3,595,586					
	Medically Needy Adult	14,348		7,174					
	Medically Needy Child	5,001		2,501					
	Sobra Adult	147,298		73,649					
	Pregnant Women PE	12		6					
	SSI ADULT	964,822		482,411					
	SSI CHILD	357,701		178,851					
	Family Planning	0		0					
	ICS	612		306					
	WBCCPTA	2,139		1,070					
	Residential Substance Use Disorder	3,511		1,756					
	Assistance in Community Integration Services (ACIS)	7,200		3,600					
	Evidence Based Home Visiting for High Risk PWC up to age 2	17,920		8,960					
	Former Foster Dental Care	37,284		18,642					
	National DPP	147,035		75,723					
	IMD ASAM 4.0--SUD DX	14,820		7,560					
	Adult Dental Pilot	471,409		238,061					
	MM w/o FP,ICS, WBCCPTA, SUD, LHSS, High Risk PWC, Dental	17,034,051		8,517,027					
	TOTAL Member Months	17,735,980		8,872,704					
	Estimated Without Waiver Expenditures by EG								
	New Adult Group	$5,446,389,765		$2,851,185,042					
	TANF Adults 0-123	$3,800,998,200		$1,993,623,556					
	Medicaid Child	$4,355,378,358		$2,275,685,508					
	Medically Needy Adult	$91,826,440		$47,933,402					
	Medically Needy Child	$14,637,887		$7,642,505					
	Sobra Adult	$762,027,243		$400,445,316					
	SSI ADULT	$2,541,025,414		$1,326,415,266					
	SSI CHILD	$853,782,954		$445,675,948					
TOTAL BN limit (without waiver)	TOTAL BN limit (without waiver)								
$16,180,857,033		$17,866,066,262		$9,348,606,544					$27,214,672,805
	Projected With Waiver Expenditures by EG								
	New Adult Group	$4,751,420,919		$2,540,109,623					
	TANF Adults 0-123	$2,287,880,639		$1,223,100,990					
	Medicaid Child	$2,502,596,138		$1,337,888,081					
	Medically Needy Adult	$26,580,766		$14,210,078					
	Medically Needy Child	$9,490,610		$5,074,695					
	Sobra Adult	$275,067,107		$147,516,276					
	Pregnant Women PE	$1,768		$945					
	SSI ADULT	$2,004,166,272		$1,071,888,035					
	SSI CHILD	$689,481,492		$370,231,385					
	Family Planning	N/A		N/A					
	ICS	$2,884,377		$1,442,188					
	WBCPTTA	$5,336,365		$5,336,365					
	Residential Substance Use Disorder	$19,023,401		$19,023,401					
	Assistance in Community Integration Services (ACIS)	$4,800,000		$2,400,000					
	Evidence Based Home Visiting for High Risk PWC up to age 2	$2,688,000		$2,688,000					
	Former Foster Dental Care	$820,621		$410,310					
	National DPP	$6,126,368		$3,155,080					
	IMD ASAM 4.0--SUD DX	$18,077,806		$9,311,878					
	Adult Dental Pilot	$5,100,641		$2,575,824					
$11,325,266,019	TOTAL With Waiver	$12,611,543,290		$6,756,363,154					$19,367,906,443
$4,855,591,013	(Over)/Under BN Limit	$5,254,522,972		$2,592,243,390					$7,846,766,362

Carryover from 1-14	$ 5,418,439,739
Carryover from 15-17	$ 10,274,030,752
Projected Cushion at end of DY 20	18,546,494,486
Projected Cushion at end of DY 23	31,206,783,419

Carryover from 1-23	$ 31,206,783,419
Sub-Projected Cushion at end of DY 25	$ 39,053,549,781
Estimated Savings on New Adult Group	$1,006,044,266
Projected Cushion at end of DY 25	$ 38,047,505,515

HealthChoice

Budget Neutrality
Calculations
Waiver Extension to DY
11

Revised 03/25/13, 7.1% Actuals Based on 09/30/17
CAP trend yrs 9 thru 11 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 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 CHIP Provider
$0	Reimbursement
$1,202,916,287	Year 1 Charged Against Cap
($18,540,056)	Year 1 Balance
101.57%	Percentage of Cap

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 CHIP Provider
$0	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

Budget Cap Trend

-

0

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

$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

$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	

	Actual Spending Year 6
$1,884,682,404	Through MMIS
	Projected Prog. 03 Remaining Year 6
$0	Spending
	Projected MHA Remaining Year 6
$0	Spending
$11,357,976	FQHC Adjustment 2003
	MCO Supplemental
$0	Payments in actual MMIS
$31,666,200	GME Payments
	Total Projected Year 6
$1,927,706,580	Spending
Less:	
$30,721,415	Pharmacy Rebate Offset
	CHIP Provider
$0	Reimbursement
	DSH in MCO in " Actual Spending Year 6 thru
$17,305,398	MMIS"
	Year 6 Charged Against
$1,879,679,767	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	

	Actual Spending Year 7
$2,106,613,459	Through MMIS
0	MSDE projection
$33,468,056	GME Payments
	Projected Prog. 03 Remaining Year 7
0	Spending
	MCO Supplemental
$0	Payments in actual MMIS
27,245,547	FQHC Adjustment 2004
$2,167,327,062	Total Actual & Projected
Less:	
$42,188,140	Pharmacy Rebate Offset
	CHIP Provider
0	Reimbursement
	DSH in MCO in " Actual Spending Year 7 thru
16,306,326	MMIS"
	Year 7 Charged Against
2,108,832,596	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

	Actual costs thru MMIS DY 8 to-date less Malpractcie Adj & Therapeutic Rehab in
2,082,248,927	MMIS: (11 months)
14,781,238	FQHC Actual Payments
	MCO Supplemental
$0	Payments in actual MMIS
31,639,201	GME Actual Payments
	6 month eligibiltiy pro-
($1,833,333)	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
	Year 8 Total Charged
2,075,127,125	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	(18,729)	0					0	
	6,964,558	14,363,920	6,148,820	11,000,923				38,478,221	GME Payments (manual, not thru MMIS)
	21,069,418	21,621,594	11,569,060	41,453,462					
	(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
	493,781,407	996,763,619	428,912,265	782,597,453				2,606,359,939	Net Actual & Projected Year 9 Spending Before expansion population below
	355.54	1,282.18	784.91	292.14				$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	493,781,407	996,763,619	428,912,265	782,597,453	9,420	0	5,928,500	2,612,297,859	Year 9 Total Charged Against Cap, Includes expansion population costs
	$355.54	$1,282.18	$784.91	$292.14				$484.52	PMPM after expansion population costs
								$455,887,114	Year 9 Balance
								85.14%	Percentage of Cap
	$355.54	$1,282.18	$784.91	$292.14				$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:	Eld, 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
	(38,187)	(321,896)	58,450,445	4,924,049					
	452,547,745	982,428,368	375,527,230	783,658,816				2,531,147,748	Net Projected Year 10 Spending before DY 10 expansion population increases and other additons

	$378.48	$1,359.28	$775.36	$314.02				$516.73	DY 10 cost PMPM before DY 10 increases to expansion population
								Other Additions:	
								2,531,147,748 Expansion Population Costs	Net Projected Year 10 Spending before DY 10 expansion population increases with other additons
					383,845			383,845	EID
						58,095,627		58,095,627	PAC, start 7/1/06
							5,075,088	5,075,088	Family Planning
	452,547,745	**982,428,368**	**375,527,230**	**783,658,816**	**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	**452,547,745**	**982,428,368**	**375,527,230**	**783,658,816**	**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
	$378.48	$1,359.28	$775.36	$314.02				$529.71	Year 10 Cost

Demonstration Year 11 Projection	(TANF) AFDC	SSI/BD	(Medically Needy) MA Only	Sobra	EID	PAC	FAMILY PLAN	Total			
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:	Eld, 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	Check
	$10,722,510.00	$24,486,579.00	$88,478,864.00	$24,342,744.00							
	(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)	
	478,050,731	1,062,766,229	373,945,587	852,056,319				2,618,788,168		Net Actual & Projected Year 11 Spending before DY 11 increases to add-on's	
	382.50	1,445.10	875.30	337.44				530.39		DY 11 Cost PMPM before DY 11 increases to population expansion	
	$478,050,731	**$1,062,766,229**	**$373,945,587**	**$852,056,319**				**$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	**478,050,731**	**1,062,766,229**	**373,945,587**	**852,056,319**	**716,244**	**79,273,808**	**4,769,352**	**2,703,547,572**	**Year 11 Charged Against Cap**		2,851,578,269
								$547.56	Year 11 PMPM		
								$494,562,540	Year 11 Balance		
								84.54%	Percentage of Cap		
	$382.50	$1,445.10	$875.30	$337.44				$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:	Eld, 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
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	220,557,182	16,137,042	257,815,626	492,342,934	825,632,422	305,687,841						3,027,712,901	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
	2,459,997	4,388,794	976,360	4,459,249	197,356	2,314,546	180,026	2,453,908	24,103,328	5,415,815								
	322,560,402	380,765,876	135,170,562	84,899,890	221,648,573	16,994,126	258,855,828	508,614,787	828,765,728	307,065,195						3,018,391,589	Total Projected Year 12 Spending with other additions & before , PAC & FP	
	$528.98	$313.70	$395.29	$195.75	$1,553.52	$226.37	$1,726.42	$254.65	$1,539.23	$1,377.17						527.17	DY 12 cost PMPM after other additions & before EID, PAC & FP	
	$565.59	$335.41	$422.64	$209.30	$2,117.12	$1,061.26	$1,845.89	$272.27	$1,645.74	$1,472.47						$563.65	Year 12 cost PMPM trended forward to DY 13	
												1,793.06	237.35	1.09				
												$1,917.14	$253.78	$1.17				
												1,744,647	83,756,984	362,697		85,864,328	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%							
	$322,560,402	**$380,765,876**	**$135,170,562**	**$84,899,890**	**$221,648,573**	**$16,994,126**	**$258,855,828**	**$508,614,787**	**$828,765,728**	**$307,065,195**		**$1,744,647**	**$83,756,984**	**$362,697**		**$3,104,255,917**	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	**322,560,402**	**380,765,876**	**135,170,562**	**84,899,890**	**221,648,573**	**16,994,126**	**258,855,828**	**508,614,787**	**828,765,728**	**307,065,195**		**1,744,647**	**83,756,984**	**362,697**		**3,104,255,917**	**Year 12 Charged Against Cap**	
																$542.17	Year 12 PMPM including add-on population Costs, excluding add on member months	
																$639,100,846	Year 12 Balance	
																82.93%	Percentage of Cap	
	$528.98	$313.70	$395.29	$195.75	$1,553.52	$226.37	$1,726.42	$254.65	$1,539.23	$1,377.17		$1,793.06	$237.35	$1.09		$542.17	Year 12 PMPM including add-on population Costs, excluding add on member months	
																$579.69	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
																	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI,
												11	**476,415**	**193,850**	**0**	**670,276**	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	861,485,382	313,020,335						3,547,265,564	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	
	1,264,787	4,024,474	131,271	6,478,064	3,549,806	(51,908)	(1,714,779)	(915,010)	27,095,555	3,567,626								
	(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)	
	458,560,658	479,163,753	332,902,285	212,726,098	243,066,902	470,769	217,791,676	426,192,417	860,547,531	311,433,296						3,499,425,500	Total Projected Year 13 Spending with other additions & before add-on population costs	
	$513.64	$294.07	$451.27	$204.19	$2,124.99	$162.95	$1,622.59	$276.31	$1,520.95	$1,355.73						$507.82	DY 13 cost PMPM after other additions & before add-on Population Costs	
	$549.18	$314.42	$482.50	$218.32	$2,272.04	$174.23	$1,734.87	$295.43	$1,626.20	$1,449.55						$542.96	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%						
												$32,483.82	$238.83	$1.17			
												$34,731.70	$255.35	$1.25			
												357,322	113,780,268	(825,401)	0	113,312,189	Total Costs of add-on population: 300% SSI, PAC, FAMILY PLAN
	$458,560,658	**$479,163,753**	**$332,902,285**	**$212,726,098**	**$243,066,902**	**$470,769**	**$217,791,676**	**$426,192,417**	**$860,547,531**	**$311,433,296**		**$357,322**	**$113,780,268**	**($825,401)**	**$0**	**$3,612,737,689**	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	**458,560,658**	**479,163,753**	**332,902,285**	**212,726,098**	**243,066,902**	**470,769**	**217,791,676**	**426,192,417**	**860,547,531**	**311,433,296**		**357,322**	**113,780,268**	**(825,401)**	**0**	**3,612,737,689**	**Year 13 Charged Against Cap**	
																$1,043,795,183	Year 13 Balance	

	$513.64	$294.07	$451.27	$204.19	$2,124.99	$162.95	$1,622.59	$276.31	$1,520.95	$1,355.73							77.58%	Percentage of Cap
																	$524.26	Year 13 PMPM including add-on population Costs, excluding expansion population member months
																	$560.54	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		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child								
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
																		Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium
												10	**624,225**	**124,254**	**0**	**0**	**748,489**	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	527,994,380	477,120,468	297,672,316	241,585,431	1,099,110	256,046,813	373,133,268	957,861,906	338,454,104							4,065,036,210	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)	(40,701)	(6,410,184)	(9,340,554)	(23,961,879)	(8,475,688)							(101,748,956)	Pharmacy Rebates
	6,329,548	5,627,709	5,086,166	3,171,272	2,573,410	17,329	2,729,374	3,977,087	10,202,659	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)	(20,152)	(3,173,852)	(4,624,755)	(11,864,160)	(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	15,012	2,364,305	3,445,131	8,837,998	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	30,389	10,749							129,041	Unidentified
	11,070,971	14,762,850	7,949,429	3,978,949	1,524,228	(38,867)	7,260,316	4,784,887	13,400,292	210,251								
	594,744,887	533,515,304	476,717,302	296,443,344	238,883,559	1,031,770	258,824,902	371,386,910	954,507,205	332,737,855							4,058,793,038	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%	23.55%	8.33%	99.99%							
	0	0	0	0	0	0	0	0	0	0								
																	0	Pharmacy Waiver Program
	594,744,887	533,515,304	476,717,302	296,443,344	238,883,559	1,031,770	258,824,902	371,386,910	954,507,205	332,737,855							4,058,793,038	Total Projected Year 14 Spending with other additions & before add-on population costs
	$557.11	$285.61	$482.00	$207.37	$2,083.34	$371.54	$1,853.78	$283.50	$1,584.79	$1,384.92							522.79	DY 14 cost PMPM after other additions & before add-on Population Costs
	$595.66	$305.37	$515.35	$221.72	$2,227.51	$397.25	$1,982.06	$303.12	$1,694.46	$1,480.76							$558.97	Year 14 cost PMPM trended forward to DY 15
												$34,731.70	$257.22	$1.25	0.00	$0.00		
												$37,135.13	$275.02	$1.34	$0.00	$0.00		
												0	160,564,332	(3,392,903)	0	0	157,171,429	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$594,744,887	**$533,515,304**	**$476,717,302**	**$296,443,344**	**$238,883,559**	**$1,031,770**	**$258,824,902**	**$371,386,910**	**$954,507,205**	**$332,737,855**		**$0**	**$160,564,332**	**($3,392,903)**	**$0**	**$0**	**$4,215,964,467**	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	**594,744,887**	**533,515,304**	**476,717,302**	**296,443,344**	**238,883,559**	**1,031,770**	**258,824,902**	**371,386,910**	**954,507,205**	**332,737,855**		**0**	**160,564,332**	**(3,392,903)**	**0**	**0**	**4,215,964,467**	**Year 14 Charged Against Cap**
																	$1,279,854,664	Year 14 Balance
																	76.71%	Percentage of Cap
	$557.11	$285.61	$482.00	$207.37	$2,083.34	$371.54	$1,853.78	$283.50	$1,584.79	$1,384.92		$0.00	$257.22	($27.31)	$0.00	$0.00	$543.03	Year 14 PMPM including add-on population Costs, excluding add on member months
																	$580.61	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		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child								
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	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
																		Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium
												30	**745,683**	**133,295**	**0**	**0**	**879,008**	Subsidy MHIP
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%								

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	
	653,339,956	552,240,427	553,056,390	343,844,154	168,015,789	4,963,753	243,472,920	339,873,161	1,015,862,472	343,594,526							4,218,263,548	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%								
	7,072,521	5,978,101	5,986,934	3,722,174	1,818,801	53,734	2,635,638	3,679,187	10,996,892	3,719,472							45,663,454	GME Payments (manual, not thru MMIS)
	(18,625,050)	(15,742,961)	(15,766,222)	(9,802,117)	(4,789,700)	(141,504)	(6,940,790)	(9,688,914)	(28,959,639)	(9,795,000)							(120,251,896)	Pharmacy Rebates
	294,031	248,532	248,899	154,745	75,614	2,234	109,573	152,958	457,182	154,632							1,898,400	Pharmacy Waiver Program
	(7,802,820)	(6,595,391)	(6,605,136)	(4,106,521)	(2,006,608)	(59,282)	(2,907,790)	(4,059,095)	(12,132,416)	(4,103,539)							(50,378,598)	DSH in MCO Payments
	4,446,543	3,758,473	3,764,027	2,340,157	1,143,493	33,783	1,657,044	2,313,131	6,913,822	2,338,458							28,708,929	FQHC Cost Settlements (Manual, not thru MMIS)
	(1,739,309)	(1,470,164)	(1,472,336)	(915,375)	(447,288)	(13,214)	(648,169)	(904,804)	(2,704,410)	(914,711)							(11,229,780)	Unidentified
	9,246,428	9,023,575	9,328,405	5,812,392	1,150,703	44,843	12,035,289	6,160,221	19,858,871	7,116,273								
	646,232,301	547,440,592	548,540,960	341,049,609	164,960,804	4,884,346	249,413,715	337,525,845	1,010,292,775	342,110,110							4,112,674,057	Total Projected Year 15 Spending with other additions & before add-on population costs
	$577.58	$283.84	$462.32	$203.74	$1,942.77	$2,052.25	$1,811.73	$281.22	$1,639.80	$1,429.75							502.24	DY 15 cost PMPM after other additions & before add-on Population Costs
	$617.55	$303.48	$494.31	$217.84	$2,077.21	$2,194.27	$1,937.10	$300.68	$1,753.27	$1,528.69							$537.00	Year 15 cost PMPM trended forward to DY 16
												$37,135.13	$275.02	$1.34	$0.00	$0.00		
												$39,704.88	$294.05	$1.43	$0.00	$0.00		
												0	199,019,296	(2,950,077)	0	0	196,069,219	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$646,232,301	**$547,440,592**	**$548,540,960**	**$341,049,609**	**$164,960,804**	**$4,884,346**	**$249,413,715**	**$337,525,845**	**$1,010,292,775**	**$342,110,110**		**$0**	**$199,019,296**	**($2,950,077)**	**$0**	**$0**	**$4,308,743,276**	Total charged against CAP
	0	0	0	0	0	0	0	0	0		4,192,451,057						0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**646,232,301**	**547,440,592**	**548,540,960**	**341,049,609**	**164,960,804**	**4,884,346**	**249,413,715**	**337,525,845**	**1,010,292,775**	**342,110,110**		**0**	**199,019,296**	**(2,950,077)**	**0**	**0**	**4,308,743,276**	**Year 15 Charged Against Cap**
															4,388,520,276		$1,617,537,706	Year 15 Balance
																	72.71%	Percentage of Cap
	$577.58	$283.84	$462.32	$203.74	$1,942.77	$2,052.25	$1,811.73	$281.22	$1,639.80	$1,429.75		$0.00	$266.90	($22.13)	#DIV/0!	$0.00	$526.19	Year 15 PMPM including add-on population Costs, excluding add on member months
																	$562.60	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
																		Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		**30**	**882,818**	**178,649**	**0**	**0**	**1,061,497**	Subsidy MHIP
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	
	623,319,533	556,965,207	589,421,984	376,344,309	123,537,735	1,244,714	224,394,244	343,484,547	988,415,442	339,535,400							4,166,663,115	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%								
	7,060,389	6,308,788	6,676,429	4,262,881	1,399,322	14,099	2,541,731	3,890,676	11,195,859	3,845,944							$47,196,119	GME Payments (manual, not thru MMIS)
	(13,791,927)	(12,323,733)	(13,041,890)	(8,327,211)	(2,733,467)	(27,541)	(4,965,076)	(7,600,137)	(21,870,249)	(7,512,756)							(92,193,988)	Pharmacy Rebates
	283,995	253,762	268,550	171,469	56,286	567	102,238	156,497	450,338	154,698							1,898,400	Pharmacy Waiver Program
	(12,790,375)	(11,428,799)	(12,094,805)	(7,722,499)	(2,534,966)	(25,541)	(4,604,519)	(7,048,225)	(20,282,059)	(6,967,189)							(85,498,976)	DSH in MCO Payments
	4,345,760	3,883,140	4,109,427	2,623,858	861,300	8,678	1,564,468	2,394,761	6,891,194	2,367,228							29,049,814	FQHC Cost Settlements (Manual, not thru MMIS)
	18,465	16,500	17,461	11,149	3,660	37	6,648	10,176	29,281	10,059							123,435	Unidentified
	15,258,167	13,527,430	14,147,610	9,192,904	4,016,174	(267,496)	5,654,185	8,170,909	29,458,015	8,207,034								
	623,704,007	557,202,296	589,504,767	376,556,860	124,606,043	947,517	224,693,918	343,459,205	994,287,821	339,640,417							4,067,237,919	Total Projected Year 16 Spending with other additions & before add-on population costs
	$468.09	$251.21	$408.80	$195.12	$1,629.28	$355.94	$1,979.51	$352.67	$1,499.16	$1,366.12							451.88	DY 15 cost PMPM after other additions & before add-on Population Costs

	$500.48	$268.59	$437.09	$208.62	$1,742.03	$380.57	$2,116.49	$377.07	$1,602.90	$1,460.66							Year 16 cost PMPM
												$39,704.88	$294.05	$1.43	$0.00	$0.00	$483.15 trended forward to DY 17
												$42,452.46	$314.40	$1.53	$0.00	$0.00	
																	Total Costs of Expansion Population Items: MHIP,
												0	236,616,541	(2,171,112)	0	0	234,445,429 PAC, FAMILY PLAN, etc
	$623,704,007	**$557,202,296**	**$589,504,767**	**$376,556,860**	**$124,606,043**	**$947,517**	**$224,693,918**	**$343,459,205**	**$994,287,821**	**$339,640,417**		**$0**	**$236,616,541**	**($2,171,112)**	**$0**	**$0**	**$4,301,683,348** Total charged against CAP
																	Total Funds, SCHIP Shortfall
	0	0	0	0	0	0	0	0	0								0 (Fully Funded in DY 12)
																	Year 16 Charged Against
With Waiver Actual	**623,704,007**	**557,202,296**	**589,504,767**	**376,556,860**	**124,606,043**	**947,517**	**224,693,918**	**343,459,205**	**994,287,821**	**339,640,417**		**0**	**236,616,541**	**(2,171,112)**	**0**	**0**	**4,301,683,348 Cap**
	623,712,001	557,260,510	589,507,551	376,598,250	124,521,178	955,903	224,692,386	343,457,842	994,288,596	339,726,431							$2,393,748,175 Year 16 Balance
																	64.25% Percentage of Cap
																	Year 16 PMPM including add-on population Costs, excluding add on member
	$468.09	$251.21	$408.80	$195.12	$1,629.28	$355.94	$1,979.51	$352.67	$1,499.16	$1,366.12		$0.00	$268.02	($12.15)	#DIV/0!	$0.00	$477.93 months
																	Year 16 PMPM including add-on population Costs,
																	$511.00 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
																		Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium
	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**	Subsidy MHIP
											BN Negotiated PMPM							
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	(Proposed)	0.00	0.00	0.00	0.00	0.00		
											Estimated without							
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	Waiver Expenditures	$0	$0	$0	$0	$0	$3,559,144,528	
																		Total Projected Year 17 Spending: excluding add-on
	$364,258,124	$324,046,653	$354,983,109	$234,302,234	$134,292,429	$420,285	$240,258,180	$193,672,018	$1,087,634,862	$365,198,036							$3,299,065,930.00	population
Percent of costs before expansion population:	11.04%	9.82%	10.76%	7.10%	4.07%	0.01%	7.28%	5.87%	32.97%	11.07%								
																		GME Payments (manual, not thru MMIS)
																		Pharmacy Rebates
	209,607	186,468	204,270	134,826	77,277	242	138,253	111,446	625,864	210,148							1,898,400	Pharmacy Waiver Program
	3,838	(985)	5,672	2,907				4,922	20,669									DSH in MCO Payments
																		FQHC Cost Settlements (Manual, not thru MMIS)
																		Total Projected Year 17 Spending with other additions & before add-on
	$364,471,569	$324,232,136	$355,193,051	$234,439,967	$134,369,706	$420,527	$240,396,433	$193,788,386	$1,088,281,395	$365,408,184							3,300,964,330	population costs
																		DY 16 cost PMPM after other additions & before add-
	$518.26	$287.14	$579.62	$272.05	$3,670.70	$618.42	$3,393.85	$323.22	$3,160.68	$2,936.18							736.26	on Population Costs
																		Total Costs of Expansion Population Items: MHIP,
												12	141,576,921	(442,700)	0	0	141,134,233	PAC, FAMILY PLAN, etc
	$364,471,569	**$324,232,136**	**$355,193,051**	**$234,439,967**	**$67,184,852.83**	**$210,263.43**	**$120,198,216.56**	**$193,788,386**	**$544,140,697.42**	**$182,704,091.98**		**$12**	**$141,576,921**	**($442,700)**	**$0**	**$0**	**$3,442,098,563**	Total charged against CAP
																		Total Funds, SCHIP Shortfall
	0	0	0	0	0	0	0	0	0									(Fully Funded in DY 12)
																		Year 17 Charged Against
With Waiver Actual	**364,471,569**	**324,232,136**	**355,193,051**	**234,439,967**	**67,184,853**	**210,263**	**120,198,217**	**193,788,386**	**544,140,697**	**182,704,092**		**12**	**141,576,921**	**(442,700)**	**0**	**0**	**3,442,098,563**	**Cap**
																	$117,045,965	Year 17 Balance
																	96.71%	Percentage of Cap
																		Year 17 PMPM including add-on population Costs, excluding add on member
	$518.26	$287.14	$579.62	$272.05	$1,835.35	$309.21	$1,696.92	$323.22	$1,580.34	$1,468.09		$0.40	$274.57	($5.22)	#DIV/0!	$0.00	$767.73	months
																		Year 17 PMPM including add-on population Costs,
																	$820.86	trended forward DY 18

Demonstration Year 17 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	
	$264,649,382	$652,963,582	$697,386,666.00	$136,694,039	$438,344.00	$244,627,281	$0.00	$1,105,896,854	$366,821,948						$3,469,478,096.00	Total Actual Year 17 Spending: excluding add-on population
	$243.74	$442.85	$244.61	$3,971.47	$1,115.38	$3,814.91	$0.00	$3,176.66	$2,937.65						$579.87	Actual DY 17 PMPM costs before DY 17 increases to add-onpopulation:
	$260.61	$473.49	$261.53	$4,246.30	$1,192.56	$4,078.90	$0.00	$3,396.48	$3,140.94						$620.00	Year 17 cost PMPM trended forward to DY 18
	7.63%	18.82%	20.10%	3.94%	0.01%	7.05%	0.00%	31.88%	10.57%							Percent of costs before expansion population:
	3,789,124	9,348,548	9,970,646	1,901,644	11,843	3,442,670	0	15,035,970	3,974,716						$47,475,162	GME Payments (manual, not thru MMIS)
	(6,339,531)	(15,640,926)	(16,681,749)	(3,181,614)	(19,815)	(5,759,882)	0	(25,156,472)	(6,650,042)						(79,430,031)	Pharmacy Rebates
	(4,285,339)	(10,572,812)	(11,276,378)	(2,150,679)	(13,394)	(3,893,513)	0	(17,005,045)	(4,495,236)						(53,692,396)	DSH in MCO Payments
	2,141,887.7	5,284,470.4	5,644,284.6	1,106,316.8	3,547.7	1,979,879.8	0.0	8,499,417.9	2,246,797.2						26,906,602	FQHC Cost Settlements (Manual, not thru MMIS)
	4,193	16,658	7,124					20,670								
			0				1,000,000								1,000,000	Presumptive Eligibility
	0	0	0	0	0	0	0	990,000	3,510,000						4,500,000	REM Case Management
	259,959,717	641,399,521	685,050,594	134,369,707	420,526	240,396,435	1,000,000	1,088,281,395	365,408,183						3,416,237,433	Total Projected Year 17 Spending with other additions & before add-on population costs
	$239.42	$435.01	$240.28	$3,903.94	$1,070.04	$3,748.93		$3,126.06	$2,926.33						570.97	DY 16 cost PMPM after other additions & before add-on Population Costs
											$ 0.14	$ 30.94	($5.22)			
											$0.15	$33.08	($5.58)			
											12	72,838	(442,700)		(369,850)	Total Costs of Expansion Population Items: FAMILY PLAN, & ICS
	$ 259,959,717	**$ 641,399,521**	**$ 685,050,594**	**$ 67,184,853**	**$ 210,263**	**$ 120,198,217**	**$ 1,000,000**	**$ 544,140,698**	**$ 182,704,092**		**$12**	**$72,838**	**($442,700)**		**$3,415,867,583**	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	**259,959,717**	**641,399,521**	**685,050,594**	**67,184,853**	**210,263**	**120,198,217**	**1,000,000**	**544,140,698**	**182,704,092**		**12**	**72,838**	**(442,700)**		**3,415,867,583**	**Year 17 Charged Against Cap**
	259,974,713	641,368,652	685,083,967	134,300,813		240,396,434									$1,201,632,637	Year 17 Balance
															73.98%	Percentage of Cap
	$239.42	$435.01	$240.28	$1,951.97	$535.02	$1,874.47	$0.00	$1,563.03	$1,463.17		$0.14	$30.94	($5.86)		$570.91	Year 17 PMPM including add-on population Costs, excluding add on member months
									365,413,150							
															$610.42	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
																Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium
											201	**3,313**	**173,846**		**177,360**	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	
	$660.60	$493.34	$272.26	$1,767.30	$691.50	$1,903.47	($715.26)	$1,636.50	$1,525.12						$535.95	Actual DY 18 PMPM costs before DY 18 increases to add-onpopulation:
	$706.31	$527.48	$291.10	$1,889.60	$739.35	$2,035.19	($764.76)	$1,749.75	$1,630.66						$573.04	Year 18 cost PMPM trended forward to DY 19
	1,835,261,805	1,417,038,209	1,543,274,147	133,301,317	837,161	220,947,904	33,893	1,149,967,209	382,548,075						6,683,209,720	Total Projected Year 18 Spending: excluding add-on population

Percent of costs before expansion population:	27.46%	21.20%	23.09%	1.99%	0.01%	3.31%	0.00%	17.21%	5.72%					
	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)
	(18,965)	(28,035)	355,267	0		(11,830)	(55,361)	40,243	(7,385)					Voucher Carryover
	0	0	0	0	0	0	0	0	0					MA Carryover
	1,835,787,008	1,417,329,923	1,544,089,040	133,340,953	837,408	222,253,800	(21,458)	1,152,253,354	389,655,343				6,695,251,438	Total Actual Year 18 Spending with other additions & before add-on population costs
	$660.60	$493.34	$272.26	$1,767.30	$691.50	$1,914.20	($715.26)	$1,639.32	$1,553.10				536.92	DY 18 cost PMPM after other additions & before add-on Population Costs
											$0.14	$1,475.49	$0.00	
											$0.15	$1,577.59	$0.00	
											29	4,888,291	0	4,888,320 Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$1,835,787,008	**$1,417,329,923**	**$1,544,089,040**	**$133,340,953**	**$837,408**	**$222,253,800**	**($21,458)**	**$1,152,253,354**	**$389,655,343**		**$29**	**$4,888,291**	**$0**	**$6,700,139,758** 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	**1,835,787,008**	**1,417,329,923**	**1,544,089,040**	**133,340,953**	**837,408**	**222,253,800**	**(21,458)**	**1,152,253,354**	**389,655,343**		**29**	**4,888,291**	**0**	**6,700,139,758 Year 18 Charged Against Cap**
	1,835,822,470	1,417,351,833	1,543,839,750	133,341,258										$3,371,441,924 Year 18 Balance
														66.53% Percentage of Cap
	$660.60	$493.34	$272.26	$1,767.30	$691.50	$1,914.20	($715.26)	$1,639.32	$1,553.10		$0.14	$1,475.49	$0.00	Year 18 PMPM including add-on population Costs, excluding add on member $537.31 months
														Year 18 PMPM including add-on population Costs, $574.49 trended forward DY 19

Demonstration Year 19 Actual (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 actual; base for trending to DY20	2,663,585	2,254,599	4,656,078	25,022	1,467	98,963	7	649,718	240,400		252	2,271	136,582		
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		
DY 19 Actual member months	**2,663,585**	**2,254,599**	**4,656,078**	**25,022**	**1,467**	**98,963**	**7**	**649,718**	**240,400**	Member Months:				**10,589,839**	Member Months excluding add-on population
															Member Months for age-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium
											252	**2,271**	**136,582**	**139,105**	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	$2,309,168,380	$2,007,720,410	$2,262,900,469	$129,120,776	$3,462,179	$379,865,517	$6,923	$1,321,552,401	$443,158,168	Estimated without Waiver Expenditures	$0	$0	$0	$8,856,955,223	
	$854.58	$565.43	$301.89	$1,898.67	$1,771.52	$1,619.24	$852.20	$1,794.32	$1,685.61					$636.27	Projected DY 19 PMPM costs before DY 19 increases to add-onpopulation:
	$913.71	$604.56	$322.78	$2,030.06	$1,894.11	$1,731.29	$911.17	$1,918.49	$1,802.25					$680.30	Year 19 cost PMPM trended forward to DY 20
	2,276,238,851	1,274,819,286	1,405,605,137	47,508,623	2,598,821	160,244,574	0	1,165,801,834	405,220,299					6,738,037,425	Total Projected Year 19 Spending: excluding add-on population
Percent of costs before expansion population:	33.78%	18.92%	20.86%	0.71%	0.04%	2.38%	0.00%	17.30%	6.01%						
	0	0	0	0	0	0	0	0	0						Presumptive Eligibility
	0	0	0	0	0	0	0	0	0						REM Case Management
	0	0	0	0	0	0	0	0	0						
	(43,526)	(99,854)	7,856,657	(1,340)	0	(9,703)	0	13,107	(7,554)						
	2,276,195,325	1,274,719,432	1,413,461,794	47,507,283	2,598,821	160,234,871	0	1,165,814,941	405,212,745					6,738,037,425	Total Projected Year 19 Spending with other additions & before add-on population costs
	$854.56	$565.39	$303.57	$1,898.62	$1,771.52	$1,619.14	$0.00	$1,794.34	$1,685.58					636.27	DY 19 cost PMPM after other additions & before add-on Population Costs
											$0.14	$1,700.87	$0.00		
											$0.15	$1,818.57	$0.00		
											0	3,862,685	0	3,862,685	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$2,276,195,325	**$1,274,719,432**	**$1,413,461,794**	**$47,507,283**	**$2,598,821**	**$160,234,871**	**$0**	**$1,165,814,941**	**$405,212,745**		**$0**	**$3,862,685**	**$0**	**$6,741,900,110**	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	**2,276,195,325**	**1,274,719,432**	**1,413,461,794**	**47,507,283**	**2,598,821**	**160,234,871**	**0**	**1,165,814,941**	**405,212,745**		**0**	**3,862,685**	**0**	**6,741,900,110**	**Year 19 Charged Against Cap**
														$2,115,055,113	Year 19 Balance

	2,276,211,954														76.12%	Percentage of Cap
	$854.56	$565.39	$303.57	$1,898.62	$1,771.52	$1,619.14	$0.00	$1,794.34	$1,685.58			$0.00		$0.00	$636.64	Year 19 PMPM including add-on population Costs, excluding add on member months
															$680.70	Year 19 PMPM including add-on population Costs, trended forward DY 20
Demonstration Year 20 Actual (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	
Year 20 projection; base for trending to DY21	3,769,882	2,689,474	5,732,877	13,138	2,385	124,362	35	784,155	292,419		329	1,994	124,761			
Projection Adjustment factor)(6 months)	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000		0.5000	0.5000	0.5000			
DY 20 Actual member months	**1,884,941**	**1,344,737**	**2,866,439**	**6,569**	**1,193**	**62,181**	**18**	**392,078**	**146,210**	Member Months:					**6,704,366**	Member Months excluding add-on population
											165	**997**	**62,381**		**63,542**	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	$1,710,923,247	$1,256,159,174	$1,455,807,039	$35,389,436	$2,939,409	$263,645,575	$0	$869,225,164	$293,766,594	Estimated without Waiver Expenditures	$0	$0	$0		$5,887,855,638	
	$728.11	$520.97	$266.29	$1,417.56	$1,452.12	$1,423.72	$129.86	$1,588.68	$1,467.41						$1,125.63	Projected DY 20 PMPM costs before DY 20 increases to add-onpopulation:
	$778.50	$557.02	$284.72	$1,515.65	$1,552.60	$1,522.24	$138.85	$1,698.62	$1,568.95						$1,203.52	Year 20 cost PMPM trended forward to DY 21
	2,744,898,164	1,401,123,837	1,526,609,826	18,623,855	3,464,750	177,056,536	4,675	1,245,772,211	429,098,687						7,546,652,541	Total Projected Year 20 Spending: excluding add-on population
Percent of costs before expansion population:	36.37%	18.57%	20.23%	0.25%	0.05%	2.35%	0.00%	16.51%	5.69%							
	0	0	0	0	0	0	0	0	0						0	
	0	0	0	0	0	0	0	0	0						0	
	0	0	0	0	0	0	0	0	0						0	
	0	0	0	0	0	0	0	0	0						0	
	2,744,898,164	1,401,123,837	1,526,609,826	18,623,855	3,464,750	177,056,536	4,675	1,245,772,211	429,098,687						7,546,652,541	Total Projected Year 20 Spending with other additions & before add-on population costs
	$1,456.22	$1,041.93	$532.58	$2,835.11	$2,904.23	$2,847.44	$259.72	$3,177.36	$2,934.81						1,125.63	DY 20 cost PMPM after other additions & before add-on Population Costs
																1
											$0.14	$1,171.45	$0.00			
											$0.15	$1,252.51	$0.00			
											0	1,167.935	0		1,167.935	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$1,372,449,082	**$700,561,919**	**$763,304,913**	**$9,311,928**	**$1,732,375**	**$88,528,268**	**$2,338**	**$622,886,106**	**$214,549,344**		**$0**	**$1,167,935**	**$0**		**$7,547,820,476**	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	**1,372,449,082**	**700,561,919**	**763,304,913**	**9,311,928**	**1,732,375**	**88,528,268**	**2,338**	**622,886,106**	**214,549,344**		**0**	**1,167,935**	**0**		**7,547,820,476**	**Year 20 Charged Against Cap**
															($1,659,964,838)	Year 20 Balance
															128.19%	Percentage of Cap
	$728.11	$520.97	$266.29	$1,417.56	$1,452.12	$1,423.72	$129.86	$1,588.68	$1,467.41		$0.00	$1,171.45	$0.00		$1,125.81	Year 20 PMPM including add-on population Costs, excluding add on member months
															$1,203.72	Year 20 PMPM including add-on population Costs, trended forward DY 20