

**CMS Annual Report  
July 1, 2015 – June 30, 2016  
Demonstration Year 19**

**EXECUTIVE SUMMARY**

In June 2013, Maryland applied for a fifth extension of its §1115 HealthChoice demonstration waiver. The extension was approved for the period beginning November 1, 2013 through December 31, 2016 and assured that Maryland was able to continue its implementation of provisions to meet the requirements of the Patient Protection and Affordable Care Act (ACA); in addition, Maryland opted to expand Medicaid coverage to include adults with incomes up to 138 percent of the Federal Poverty Level (FPL).

Also as a result of Medicaid expansion, the Department of Health and Mental Hygiene (“the Department”) no longer operates the Primary Adult Care program (PAC). As of January 1, 2014, former PAC recipients were transitioned from a partial benefit package to the full benefit Medicaid package under the ACA expansion. The number of childless adults and families now eligible for Medicaid benefits also increased significantly. This Medicaid expansion has been complemented by a state-based marketplace that includes an insurance exchange offering qualified health plans. Maryland has prioritized ensuring that the existing HealthChoice program remains stable and actuarially-sound to withstand the program growth that will continue to occur with healthcare reform.

As of June 2016, Maryland had enrolled 1,289,587 individuals in Medicaid, nearly 85 percent of whom were eligible for and enrolled in HealthChoice. According to CMS, Maryland saw a net enrollment increase of over 43 percent since the period of July to September 2013.<sup>1</sup> This expansion—whose inclusion in Maryland’s high-quality managed care program was authorized for the current waiver period—contributed greatly to the reduction of Maryland’s rate of uninsured from eleven to seven percent.<sup>2</sup>

Under the §1115 managed care waiver rules, the HealthChoice program changed the payment structure and delivery of health services for certain populations in Maryland’s Medicaid program. In July 1996, Maryland adopted a prospective capitated monthly payment structure as authorized under §1115, replacing the traditional fee-for-service payment structure while moving the health service delivery model toward a managed care model administered by managed care organizations (MCOs). The goals for the State under HealthChoice are to increase efficiency and improve health outcomes by:

- Providing a patient-focused system with a medical home for all beneficiaries;
- Building on the strengths of the established Maryland health care system;

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<sup>1</sup> Centers for Medicare and Medicaid Services. (2016). Medicaid & CHIP in Maryland. Available: <https://www.medicaid.gov/medicaid-chip-program-information/by-state/stateprofile.html?state=maryland>; accessed 7 October 2016.

<sup>2</sup> Kaiser Family Foundation. (2016). Maryland: Health Insurance Coverage of the Total Population (2013-2015). Available: <http://kff.org/other/state-indicator/total-population/?currentTimeframe=2&selectedRows=%7B%22nested%22:%7B%22maryland%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>; accessed 7 October 2016.

- Providing comprehensive, prevention-oriented systems of care;
- Holding MCOs accountable for high-quality care; and
- Achieving better value and predictable expenses.

Since the initial approval and implementation, Maryland subsequently requested and received several three-year extensions, in June 2002, June 2005, August 2008, and June 2011. In Demonstration Year 16 (2013), Maryland applied for, and CMS granted, its fifth extension.

The Department applied for a sixth extension of its §1115 HealthChoice demonstration waiver in June 2016. This waiver renewal application focused on developing cost-effective services that target the significant, complex health needs of individuals enrolled in Maryland Medicaid. In particular, the Department proposed implementing initiatives that address social determinants of health, such as those encountered by individuals with substance use disorders, those who are chronically homeless and those with criminal justice involvement.

For more information about Maryland’s HealthChoice program, please see the 2016 evaluation, which covers calendar years (CY) 2010 through 2014, located [here](#).

## **ELIGIBILITY AND ENROLLMENT**

In the past year, the HealthChoice program saw increases across several eligibility categories, most prominently within the ACA Expansion Adults<sup>3</sup> and MCHP Premium groups. More information on changes in enrollment can be found in Tables 1-3 and Chart 1.

**Table 1: Change in Enrollment Count by Eligibility Category**

<b>Eligibility category</b>	<b>June 2015</b>	<b>June 2016</b>	<b>Year 19 increase (decrease)</b>	<b>Year 19 percent increase (decrease)</b>
Parents/Caretaker Relatives <116% FPL <sup>4</sup>	215,717	202,369	(12,842)	(6.0%)
ACA Expansion Adults	217,409	264,580	47,171	21.7%
Medicaid Children	435,370	435,627	257	0.1%
SSI/BD Adults	87,371	87,587	216	0.2%
Medically-Needy Adults	27,812	20,612	(7,200)	(25.9%)
Medically-Needy Children	5,143	7,296	2,153	41.9%
SOBRA Adults	8,501	9,578	1,077	12.7%
MCHP	107,483	109,788	2,305	2.1%
MCHP Premium	22,958	30,542	7,584	33.0%

<sup>3</sup> Includes Childless Adults and Parent/Caretaker Relatives 123-138%.

<sup>4</sup> 1) Includes Former Foster Care; 2) As a result of MAGI conversion, 116% was converted to 123%.

Eligibility category	June 2015	June 2016	Year 19 increase (decrease)	Year 19 percent increase (decrease)
Family Planning	14,935	10,232	(4,703)	(31.5%)
Increased Community Services	20	23	3	N/A
WBCCHP	234	177	(57)	(24.4%)
Presumptively-Eligible Pregnant Women	3	1	(2)	N/A

**Table 2: Enrollment Share as compared to Total Medicaid Enrollment by Eligibility Category**

Eligibility category	Percentage of total program enrollment June 2015	Percentage of total program enrollment June 2016	Share increase (decrease)
Parent/Caretaker Relatives <116% FPL	18.8%	17.2%	(1.7%)
ACA Expansion Adults	19.0%	22.5%	3.4%
Medicaid Children	38.1%	37.0%	(1.1%)
SSI/BD Adults	7.6%	7.4%	(0.2%)
Medically-Needy Adults	2.4%	1.7%	(0.7%)
Medically-Needy Children	0.4%	0.6%	0.2%
SOBRA Adults	0.7%	0.8%	0.1%
MCHP	9.4%	9.3%	(0.1%)
MCHP Premium	2.0%	2.6%	0.6%
Family Planning	1.3%	0.9%	(0.4%)
Increased Community Services	0.0%	0.0%	0.0%
WBCCHP	0.0%	0.0%	0.0%
Presumptively-Eligible Pregnant Women	0.0%	0.0%	0.0%

**Table 3: Average Quarterly Member Months, July 2015 – June 2016**

Eligibility category	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
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Eligibility category	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Parent/Caretaker Relatives <116% FPL	206,256	196,002	194,224	200,409
ACA Expansion Adults	219,888	225,999	242,580	258,867
Medicaid Children	420,081	412,745	416,701	432,570
SSI/BD Adults	87,671	87,501	87,502	87,553
Medically-Needy Adults	26,026	23,528	22,951	21,036
Medically-Needy Children	5,152	5,240	5,512	6,804
SOBRA Adults	8,887	9,706	10,025	9,833
MCHP	107,312	105,860	105,223	108,286
MCHP Premium	25,033	27,886	29,588	30,538
Family Planning	14,450	13,874	12,571	10,513
Increased Community Services	20	23	24	23
WBCCHP	227	212	199	182
Presumptively-Eligible Pregnant Women	3	3	2	0

## **HEALTHCHOICE MONITORING AND QUALITY ASSURANCE ACTIVITIES**

### **Maryland Children’s Health Program (MCHP)**

On June 1, 2008, Maryland moved its separate Children’s Health Insurance Program (CHIP)—including MCHP and MCHP Premium—into the Medicaid expansion CHIP waiver, allowing Maryland’s entire CHIP program to be operated as an expansion of Medicaid. As of June 30, 2016, the MCHP Premium program had 30,542 enrollees, with MCHP at 109,788 enrollees.

### **Family Planning Program**

The HealthChoice waiver allows the State to provide a limited benefit package of family planning services to eligible women—currently, those women at less than 200 percent of the Federal Poverty Level (FPL). The program covers medical services related to family planning, including office and clinic visits, physical examinations, certain laboratory services, treatments for sexually-transmitted infections, family planning supplies, permanent sterilization and reproductive health counseling, education and referrals. Women who receive pregnancy coverage continue to be automatically-enrolled, if eligible, following the end of their pregnancy-related eligibility.

**Table 4. Family Planning and Related Statistics, July 2015 – June 2016**

No. of Individuals Enrolled in the Demonstration (Total with Any Period of Eligibility)	Total No. of Participants <sup>5</sup>	No. of Actual Births to Family Planning Demonstration Participants	Average Total Medicaid Expenditures for a Medicaid-funded Birth <sup>6</sup>
21,082	5,503	461	\$25,764

**Medicaid Eligibility Quality Control (MEQC)**

During fiscal year (FY) 2016, MEQC performed testing of 20 Round 2 Payment Error Rate Measurement (PERM) Test Cases and 20 Round 3 PERM Test Cases for SFY 2014-2016. The test cases were conducted in the User Acceptance Testing environment with oversight by the Independent Validation and Verification (IV&V) contractor. CMS updated its analysis tool for each round to permit comparison of the determinations completed by the Maryland Health Connection with the expected results, and the team used the tool to compare particular eligibility factors as well as the final determination. Reporting for Rounds 1 and 2 was completed in August 2015; reporting for Round 3 had not concluded as of the end of FY 2016.

**MCO Quality Review**

The Department is required to evaluate the quality of care provided to HealthChoice participants annually by contracting MCOs; this annual review is performed by an External Quality Review Organization (EQRO) to ensure that services provided to the participants meet the standards set forth in the regulations governing the HealthChoice program. The most recent Annual Technical Report, released in April 2016, covers the EQRO’s quality review activities conducted during CY 2015. The report demonstrated that the HealthChoice MCOs have quality procedures and systems that promote high quality care with well-organized approaches to quality improvement.

For more information, please see Maryland’s Annual Technical Report, located [here](#).

The EQRO produces several other quality-related reports for the Department. For information about value based purchasing efforts in Maryland, please see Maryland’s Value-Based Purchasing Report, located [here](#). For information about MCO systems performance, please see Systems Performance Review Statewide Executive Summary, located [here](#).

For supplemental information regarding Healthcare Effectiveness Data and Information Set® (HEDIS) measures, please see the Statewide Executive Summary of HealthChoice Participating Organizations, located [here](#).

For additional information including reports from previous years, please see the HealthChoice Quality Assurance Activities page, located [here](#).

<sup>5</sup> Includes all individuals who obtain one or more covered family planning services through the demonstration.

<sup>6</sup> Includes prenatal services, delivery- and pregnancy-related services and services to infants from birth up to age 1.

**State Contact**

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Projected SFY2015-2017 Extension	Eligibility Group	01/01/17 -06/30/17 DY 20: 6 mos	Trend Rate	07/01/17 -06/30/18 DY 21: 12 mos
Total				
	<b>BN Negotiated PMPM</b>			
	New Adult Group	\$907.68	1.0470	\$950.34
	TANF Adults 0-123	\$934.13	1.0490	\$979.90
	Medicaid Child	\$507.88	1.0450	\$530.73
	Medically Needy Adult	\$5,387.34	1.0440	\$5,624.38
	Medically Needy Child	\$2,463.88	1.0440	\$2,572.29
	Sobra Adult	\$4,239.97	1.0510	\$4,456.21
	SSI ADULT	\$2,216.97	1.0440	\$2,314.52
	SSI CHILD	\$2,009.21	1.0440	\$2,097.62
	<b>Projected With Waiver PMPM Expenditures by EG</b>			
	New Adult Group	\$848.10		\$908.71
	TANF Adults 0-123	\$583.76		\$630.20
	Medicaid Child	\$303.20		\$324.19
	Medically Needy Adult	\$1,919.25		\$2,052.06
	Medically Needy Child	\$1,764.20		\$1,886.28
	Sobra Adult	\$1,670.88		\$1,774.01
	Pregnant Women Inpatient Hospital PE	\$864.67		\$881.92
	SSI ADULT	\$1,826.35		\$1,955.45
	SSI CHILD	\$1,784.79		\$1,889.94
	Family Planning	-\$10.45		-\$10.45
	ICS	\$4,408.00		\$4,408.00
	WBCCPTA	\$3,586.27		\$1,793.13
	Limited Housing Support Services	N/A		\$666.67
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		\$300.00
	Former Foster Dental Care	\$22.01		\$22.01
	Projected Member Months	Projected DY 20: 6 mos		Projected DY 21: 12 mos
	New Adult Group	1,333,271		2,933,196
	TANF Adults 0-123	272,724		599,993
	Medicaid Child	2,325,768		5,116,689
	Medically Needy Adult	12,686		27,908
	Medically Needy Child	784		1,725
	Sobra Adult	49,210		108,261
	Pregnant Women PE	6		12
	SSI ADULT	320,439		704,966
	SSI CHILD	117,565		258,643
	Family Planning	68,395		150,468
	ICS	306		765
	WBCCPTA	1,488		2,976
	Limited Housing Support Services	N/A		3,600
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		12,800
	Former Foster Dental Care	14,250		31,428

	MM w/o FP, ICS, WBCPTA, SUD, LHSS, High Risk PWC, Dental	4,432,453		9,751,393
	TOTAL Member Months	4,516,892		9,953,430
Estimated W/out Waiver Expenditures by EG				
	New Adult Group	\$1,210,183,421		\$2,787,536,303
	TANF Adults 0-123	\$254,759,670		\$587,934,563
	Medicaid Child	\$1,181,211,052		\$2,715,603,890
	Medically Needy Adult	\$68,343,795		\$156,965,280
	Medically Needy Child	\$1,931,682		\$4,437,201
	Sobra Adult	\$208,648,924		\$482,433,585
	SSI ADULT	\$710,403,650		\$1,631,655,566
	SSI CHILD	\$236,212,774		\$542,533,499

TOTAL BN limit (without waiver)	\$15,957,554,104	TOTAL BN limit (without waiver)	\$3,871,694,968	\$8,909,099,886
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Projected With Waiver Expenditures by EG				
	New Adult Group	\$1,130,747,311		\$2,665,417,402
	TANF Adults 0-123	\$159,205,858		\$378,117,785
	Medicaid Child	\$705,181,547		\$1,658,756,047
	Medically Needy Adult	\$24,347,556		\$57,268,832
	Medically Needy Child	\$1,383,134		\$3,253,840
	Sobra Adult	\$82,223,866		\$192,056,263
	Pregnant Women PE	\$5,188		\$10,583
	SSI ADULT	\$585,234,890		\$1,378,526,629
	SSI CHILD	\$209,828,512		\$488,820,658
	Family Planning	-\$714,723		-\$1,572,390
	ICS	\$1,348,848		\$3,372,120
	WBCPTTA	\$5,336,365		\$5,336,365
	Limited Housing Support Services	N/A		\$2,400,000
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		\$3,840,000
	Former Foster Dental Care	\$313,643		\$691,730
	\$11,947,433,894	TOTAL With Waiver	\$2,904,441,995	\$6,836,295,864
	\$4,010,120,209	(Over)/Under BN Limit	\$967,252,973	\$2,072,804,022

Carryover from 1-14	\$ 5,545,084,274
Carryover from 15-17	\$ 9,555,204,483
Projected Cushion at end of DY 20	17,170,185,126



Trend Rate	07/01/18 -06/30/19 DY 22: 12 mos	Trend Rate	07/01/19 -12/31/19 DY 23: 6 mos	Projected SFY2017-2020 Extension
				Total
1.0470	\$995.01	1.0470	\$1,041.77	
1.0490	\$1,027.92	1.0490	\$1,078.29	
1.0450	\$554.62	1.0450	\$579.58	
1.0440	\$5,871.86	1.0440	\$6,130.22	
1.0440	\$2,685.47	1.0440	\$2,803.63	
1.0510	\$4,683.48	1.0510	\$4,922.33	
1.0440	\$2,416.36	1.0440	\$2,522.68	
1.0440	\$2,189.91	1.0440	\$2,286.27	
	\$971.85		\$1,039.23	
	\$675.36		\$723.45	
	\$346.62		\$370.61	
	\$2,194.06		\$2,345.89	
	\$2,016.82		\$2,156.38	
	\$1,895.29		\$2,032.74	
	\$899.50		\$917.50	
	\$2,091.17		\$2,237.14	
	\$2,018.55		\$2,167.48	
	-\$10.45		-\$10.45	
	\$4,408.00		\$4,408.00	
	\$1,793.13		\$3,260.24	
	\$666.67		\$666.67	
	\$300.00		\$300.00	
	\$22.01		\$22.01	
	Projected DY 22: 12 mos		Projected DY 23: 6 mos	
	3,226,516		1,774,584	
	599,993		299,996	
	5,628,358		3,095,597	
	30,699		16,884	
	1,898		1,044	
	119,087		65,498	
	12		6	
	775,463		426,505	
	284,507		156,479	
	165,515		91,033	
	1,071		612	
	2,976		1,637	
	3,600		1,800	
	12,800		6,400	
	34,356		18,642	

	10,666,533		5,836,593	
	10,886,851		5,956,717	
	\$3,210,405,958		\$1,848,712,479	
	\$616,743,356		\$323,481,351	
	\$3,121,586,727		\$1,794,132,029	
	\$180,260,102		\$103,502,592	
	\$5,097,025		\$2,926,992	
	\$557,740,999		\$322,402,923	
	\$1,873,794,218		\$1,075,933,523	
	\$623,044,813		\$357,752,674	
\$10,188,673,198		\$5,828,844,564		\$28,798,312,615
	\$3,135,688,767		\$1,844,203,254	
	\$405,211,191		\$217,030,636	
	\$1,950,896,196		\$1,147,244,054	
	\$67,355,458		\$39,607,995	
	\$3,827,915		\$2,251,259	
	\$225,704,903		\$133,140,268	
	\$10,794		\$5,505	
	\$1,621,623,198		\$954,153,175	
	\$574,292,969		\$339,164,954	
	-\$1,729,629		-\$951,296	
	\$4,720,968		\$2,697,696	
	\$5,336,365		\$5,336,365	
	\$2,400,000		\$1,200,000	
	\$3,840,000		\$1,920,000	
	\$756,176		\$410,310	
	\$7,999,935,271		\$4,687,414,174	\$22,428,087,304
	\$2,188,737,927		\$1,141,430,390	\$6,370,225,311

	Carryover from 1-20	\$ 17,170,185,126
	Sub-Projected Cushion at end of DY 23	\$ 23,540,410,436
	Estimated Savings on New Adult Group	\$280,781,427

Projected Cushion at end of DY 20	\$ 23,259,629,009
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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

Actual Spending Year 1  
 \$1,212,086,573 through MMIS

Projected Prog. 03  
 \$0 Future Year 1 Spending

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

Less:

\$9,170,286 Pharmacy Rebate Offset  
 CHIP Provider  
 \$0 Reimbursement

Year 1 Charged Against  
 \$1,202,916,287 Cap

(\$18,540,056) Year 1 Balance

101.57% Percentage of Cap

0

Demonstration Year 2

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

Actual Spending Year 2  
 \$1,294,374,685 Through MMIS

Projected Prog. 03  
 \$0 Future Year 2 Spending

Projected MHA Future  
 \$0 Year 2 Spending  
 Additional Capitation per  
 \$0 All Services  
 \$24,252,573 GME Payments  
 Total Projected Year 2  
 \$1,318,627,258 Spending

Less:

\$8,942,016 Pharmacy Rebate Offset  
 CHIP Provider  
 \$0 Reimbursement  
 DSH in MCO in " Actual  
 Spending Year 2 thru  
 \$11,100,000 MMIS"

Year 2 Charged Against  
 \$1,298,585,242 Cap

(\$56,476,406) Year 2 Balance

104.55% Percentage of Cap

**Demonstration Year 3**

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

Actual Spending Year 3  
 \$1,330,954,311 Through MMIS  
 Projected Prog. 03  
 \$0 Future Year 3 Spending  
 Projected MHA Future  
 \$0 Year 3 Spending  
 Adjustment, Capitation  
 per All  
 \$0 Services/collections  
 \$24,185,831 GME Payments  
 Total Projected Year 3  
 \$1,355,140,142 Spending

Less:

\$10,608,823 Pharmacy Rebate Offset  
 CHIP Provider  
 \$0 Reimbursement  
 DSH in MCO in " Actual  
 Spending Year 3 thru  
 \$11,500,000 MMIS"  
 Year 3 Charged Against  
 \$1,333,031,319 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

Actual Spending Year 4  
 \$1,435,800,580 Through MMIS  
 Projected Prog. 03  
 Remaining Year 4  
 \$0 Spending  
 Projected MHA  
 Remaining Year 4  
 \$0 Spending  
 \$25,713,820 GME Payments  
 Payments in actual  
 \$0 MMIS  
 Total Projected Year 4  
 \$1,461,514,400 Spending

Less:

\$11,436,899 Pharmacy Rebate Offset  
 CHIP Provider  
 \$0 Reimbursement  
 DSH in MCO in " Actual  
 Spending Year 4 thru  
 \$14,020,964 MMIS"  
 Year 4 Charged Against  
 \$1,436,056,537 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

Actual Spending Year 5  
 \$1,557,941,967 Through MMIS  
 Projected Prog. 03  
 Remaining Year 5  
 \$0 Spending  
 Payments in actual  
 \$0 MMIS  
 \$6,461,407 FQHC Adjustment 2002  
 \$29,076,794 GME Payments  
 Total Projected Year 5  
 \$1,593,480,168 Spending

Less:

\$18,376,107 Pharmacy Rebate Offset  
 CHIP Provider  
 \$0 Reimbursement  
 DSH in MCO in " Actual  
 Spending Year 5 thru  
 \$20,392,424 MMIS"  
 Year 5 Charged Against  
 Cap  
 \$1,554,711,637

\$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  
 Payments in actual  
 \$0 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  
 Cap  
 \$1,879,679,767

\$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
					Payments in actual
					\$0 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
<b>Member Months (11 months, Jul-May)</b>	<b>1,258,181</b>	<b>640,276</b>	<b>461,631</b>	<b>2,203,916</b>	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
					Malpractice Adj & Therapeutic Rehab in
					2,082,248,927 MMIS: (11 months)
					14,781,238 FQHC Actual Payments
					Payments in actual
					\$0 MMIS
					31,639,201 GME Actual Payments
					6 month eligibility 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				
<b>13 Month base times avg % change</b>	<b>1,388,805</b>	<b>777,397</b>	<b>546,448</b>	<b>2,678,817</b>				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				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				Actual costs thru MMIS, DY 9 to-date less "expansion population" costs in MMIS:
								<b>Expansion population costs EID and PAC are included in Medically Needy Expansion population costs Family Planning are in Sobra</b>
	3,341,601	6,891,822	2,950,209	5,278,253				FQHC Cost Settlements (manual, not thru MMIS)
	0	0	0					MCO Supplemental Payments (in MMIS)
	6,964,558	14,363,920	6,148,820	11,000,923				GME Payments (manual, not thru MMIS)
	(15,636,352)	(32,248,896)	(13,804,912)	(24,698,525)				Pharmacy Rebates DSH in MCO
	(5,082,761)	(10,482,843)	(4,487,432)	(8,028,515)				Payments
	(784,333)	(1,617,633)	(692,467)	(1,238,900)				6 month eligibility, full year
								Net Actual & Projected Year 9 Spending Before expansion population below
	472,711,989	975,160,754	417,343,205	741,143,991				2,606,359,939
								PMPM Cost before Expansion Population costs
	340.37	1,254.39	763.74	276.67				\$483.42
					9,420	0	5,928,500	expansion population: 9,420 EID 0 PAC 5,928,500 Family Planning
<b>With Waiver Actual</b>	<b>472,711,989</b>	<b>975,160,754</b>	<b>417,343,205</b>	<b>741,143,991</b>	<b>9,420</b>	<b>0</b>	<b>5,928,500</b>	<b>Year 9 Total Charged Against Cap, Includes expansion population costs</b>
	\$340.37	\$1,254.39	\$763.74	\$276.67				PMPM after expansion population costs \$484.52
								\$455,887,114 Year 9 Balance
	\$340.37	\$1,254.39	\$763.74	\$276.67				85.14% Percentage of Cap 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	<b>4,898,375</b>
Year 10 PMPM Cap	294.43	1,216.60	1,104.67	495.62	BN Negotiated PMPM			
Budget Cap	<b>\$352,046,418</b>	<b>\$879,304,950</b>	<b>\$535,020,402</b>	<b>\$1,236,871,750</b>	Estimated without Waiver Expenditures			<b>\$3,003,243,520</b>
	454,587,877 17.44%	987,098,527 37.88%	377,217,275 14.47%	787,277,674 30.21%				2,606,181,353
	454,587,877	987,098,527	318,737,803	782,202,586				2,542,626,793
	3,811,964	8,279,655	3,162,793	6,603,178				\$21,857,590
	6,560,513 (8,809,714)	14,249,554 (19,134,860)	5,443,270 (7,309,436)	11,364,283 (15,260,404)				37,617,620 (50,514,414)
	(3,564,708)	(7,742,612)	(2,957,645)	(6,174,876)				(20,439,841)
	452,585,932	982,750,264	317,076,785	778,734,767				2,531,147,748
	\$378.52	\$1,359.73	\$654.68	\$312.04				\$516.73
								Other Additions:
								Net Projected Year 10 Spending before DY 10 expansion population increases and other additions
								2,531,147,748
								Expansion Population Costs
					383,845			383,845
						58,095,627		58,095,627
							5,075,088	5,075,088
	452,585,932	982,750,264	317,076,785	778,734,767	383,845	58,095,627	5,075,088	<b>\$2,594,702,308</b>
	0	0	0	0				\$0
<b>With Waiver Actual</b>	<b>452,585,932</b>	<b>982,750,264</b>	<b>317,076,785</b>	<b>778,734,767</b>	<b>383,845</b>	<b>58,095,627</b>	<b>5,075,088</b>	<b>2,594,702,308</b>
								\$529.71
	\$378.52	\$1,359.73	\$654.68	\$312.04				\$408,541,212
								86.40%
								\$529.71

Actual costs thru MMIS, DY 10 to-date  
Percent of costs:  
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

FQHC Cost Settlements (manual, not thru MMIS)  
GME Payments (manual, not thru MMIS)  
Pharmacy Rebates  
DSH in MCO Payments

Net Projected Year 10 Spending before DY 10 expansion population increases and other additions  
DY 10 cost PMPM before DY 10 increases to expansion population

Net Projected Year 10 Spending before DY 10 expansion population increases with other additions  
EID  
PAC, start 7/1/06  
Family Planning

Total charged against CAP  
Total Funds, SCHIP Shortfall (Fully Funded in DY 10)

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

Demonstration Year 12 Actual & Projected	(TANF) LT 30 Adult	(TANF) LT 30 CHILD	TANF 30-116 ADULT	TANF 30-116 CHILD	Medically Needy Adult	Medically Needy Child	Sobra Adult	Sobra Child	SSI Adult	SSI Child	EID	PAC	FAMILY PLAN	Total	
Year 12 Actual (12 months)	609,776	1,213,796	341,952	433,711	142,675	75,071	149,938	1,997,286	538,428	222,969	973	352,878	331,592		
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		
<b>12 Month base times avg % change</b>	<b>609,776</b>	<b>1,213,796</b>	<b>341,952</b>	<b>433,711</b>	<b>142,675</b>	<b>75,071</b>	<b>149,938</b>	<b>1,997,286</b>	<b>538,428</b>	<b>222,969</b>	Member Months: Eld, PAC & FP	Not counted in CAP		Member Months excluding EID, PAC & FP <b>5,725,602</b> Member Months for add-on population Items: PAC, EID, FAMILY PLANNING <b>685,443</b>	
Year 12 PMPM Cap	593.35	316.90	593.35	316.90	2,574.01	393.99	2,734.69	394.98	1,432.55	1,298.31	BN Negotiated PMPM		0.00	0.00	
Budget Cap	\$361,810,590	\$384,651,952	\$202,897,219	\$137,443,016	\$367,246,877	\$29,577,223	\$410,033,949	\$788,888,024	\$771,325,031	\$289,482,882	Estimated without Waiver Expenditures		\$0	\$0	\$3,743,356,763
	319,112,080	373,710,528	133,642,402	83,074,844	220,557,185	16,137,042	257,815,626	492,343,207	825,695,873	305,687,841					Total Actual Year 12 Spending before adjustments below 3,027,776,628
	(2,501,894) (2,976,852)	(4,503,409) (3,484,751)	(1,000,758) (1,244,352)	(4,503,409) (773,135)	(2,501,894) (2,054,169)	(2,301,743) (149,548)	(200,152) (2,404,055)	(2,501,894) (4,588,021)	(24,518,562) (7,694,669)	(5,504,167) (2,847,056)					(50,037,881) Pharmacy Rebates (28,216,609) DSH in MCO Payments FQHC Cost Settlements 28,230,349 (Manual, not thru MMIS) GME Payments (manual, not thru MMIS) 40,491,686 211,143 UNIDENTIFIED 211,143
	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					
	3,466,494 22,276	7,142,190 26,076	1,542,640 9,311	1,863,044 5,785	3,379,558 15,371	843,089 1,119	1,041,168 17,989	16,283,273 34,332	3,487,215 57,579	1,443,015 21,304					
	320,100,405	376,377,082	134,194,202	80,440,641	221,451,220	14,679,580	258,675,802	506,161,152	804,725,851	301,649,380					Total Projected Year 12 Spending with other additions & before PAC & FP 3,018,455,316 DY 12 cost PMPM after other additions & before EID, PAC & FP 527.19 Year 12 cost PMPM trended forward to DY 13 \$563.67
	\$524.95	\$310.08	\$392.44	\$185.47	\$1,552.14	\$195.54	\$1,725.22	\$253.42	\$1,494.58	\$1,352.88					
	\$561.28	\$331.54	\$419.60	\$198.30	\$2,117.12	\$1,061.26	\$1,844.61	\$270.96	\$1,598.00	\$1,446.50					
									1,793.95 \$1,918.09	221.32 \$236.63			63.63 \$68.03		Total Costs of add-on Population: EID, PAC, FAMILY PLAN 100,943,111
Percent of costs before expansion population:	10.55%	12.35%	4.41%	2.74%	7.28%	0.53%	8.52%	16.26%	27.27%	10.09%	100.00%				
	\$320,100,405	\$376,377,082	\$134,194,202	\$80,440,641	\$221,451,220	\$14,679,580	\$258,675,802	\$506,161,152	\$804,725,851	\$301,649,380	\$1,745,509	\$78,098,080	\$21,099,522	\$3,119,398,427	Total charged against CAP Total Funds, SCHIP Shortfall 0 (Fully Funded in DY 12)
	0	0	0	0	0	0	0	0	0	0					
With Waiver Actual	320,100,405	376,377,082	134,194,202	80,440,641	221,451,220	14,679,580	258,675,802	506,161,152	804,725,851	301,649,380	1,745,509	78,098,080	21,099,522	3,119,398,427	Year 12 Charged Against Cap Year 12 PMPM including add-on population Costs, excluding \$544.82 add on member months \$623,958,336 Year 12 Balance 83.33% Percentage of Cap Year 12 PMPM including add-on population Costs, excluding \$544.82 add on member months Year 12 PMPM including add-on population Costs, trending \$582.52 forward to YEAR 13
	\$524.95	\$310.08	\$392.44	\$185.47	\$1,552.14	\$195.54	\$1,725.22	\$253.42	\$1,494.58	\$1,352.88	\$1,793.95	\$221.32	\$63.63		

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		
<b>12 Month base times avg % change</b>	<b>892,767</b>	<b>1,629,402</b>	<b>737,700</b>	<b>1,041,810</b>	<b>114,385</b>	<b>2,889</b>	<b>134,225</b>	<b>1,542,440</b>	<b>565,796</b>	<b>229,716</b>	Member Months: PAC & FP	Not counted in CAP			<b>6,891,130</b>	
															Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP	
												11	476,415	193,850	0	<b>670,276</b>
Year 13 PMPM Cap	6.95% 648.07	6.95% 348.82	6.95% 648.07	6.95% 348.82	6.86% 3,794.66	6.86% 1,755.40	6.95% 2,924.75	6.95% 422.43	6.86% 1,530.82	6.86% 1,387.37	BN Negotiated PMPM	0.00	0.00	0.00	0.00	
Budget Cap	\$578,575,510	\$568,368,006	\$478,081,239	\$363,404,164	\$434,052,184	\$5,071,351	\$392,574,569	\$651,572,929	\$866,131,833	\$318,701,087	Estimated without Waiver Expenditures	\$0	\$0	\$0	\$0	\$4,656,532,872
	458,778,817	479,610,109	332,991,522	213,077,888	243,464,641	519,536	217,815,528	426,501,806	861,565,277	313,020,335						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 (86,520)	5,683,971 (90,398)	3,947,669 (62,784)	2,526,676 (40,184)	2,884,026 (45,868)	4,204 (67)	2,581,330 (41,054)	5,053,352 (80,369)	10,211,808 (162,410)	3,708,034 (58,973)						42,041,202 thru MMIS) (668,627) Unidentified
	(4,216,419)	(4,405,408)	(3,059,673)	(1,958,321)	(2,235,289)	(3,258)	(2,000,681)	(3,916,643)	(7,914,746)	(2,873,942)						(32,584,381) DSH in MCO Payments
	2,927,490	3,058,707	2,124,353	1,359,677	1,551,977	2,262	1,389,087	2,719,353	5,495,266	1,995,399						FQHC Cost Settlements 22,623,572 (Manual, not thru MMIS)
	457,295,871	475,139,279	332,771,014	206,248,034	239,517,096	522,677	219,506,455	427,107,427	833,531,871	307,865,670						Total Projected Year 13 Spending with other additions & before add-on population costs
	\$512.22	\$291.60	\$451.09	\$197.97	\$2,093.96	\$180.92	\$1,635.36	\$276.90	\$1,473.20	\$1,340.20						DY 13 cost PMPM after other additions & before add-on
	\$547.67	\$311.78	\$482.31	\$211.67	\$2,238.86	\$193.44	\$1,748.53	\$296.06	\$1,575.15	\$1,432.94						\$507.83 Population Costs
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%					Year 13 cost PMPM trended forward to DY 14
											\$32,484.27 \$34,732.18	\$255.47 \$273.14	\$68.03 \$72.74			Total Costs of add-on population: 300% SSI, PAC, FAMILY PLAN
											357,327	121,707,847	(806,867)	0	121,258,307	
	\$457,295,871	\$475,139,279	\$332,771,014	\$206,248,034	\$239,517,096	\$522,677	\$219,506,455	\$427,107,427	\$833,531,871	\$307,865,670	\$357,327	\$121,707,847	(\$806,867)	\$0	\$3,620,763,702	Total charged against CAP
	0	0	0	0	0	0	0	0	0	0						Total Funds, SCHIP Shortfall 0 (Fully Funded in DY 12)
With Waiver Actual	457,295,871	475,139,279	332,771,014	206,248,034	239,517,096	522,677	219,506,455	427,107,427	833,531,871	307,865,670	357,327	121,707,847	(806,867)	0	3,620,763,702	Year 13 Charged Against Cap
																\$1,035,769,170 Year 13 Balance
																77.76% Percentage of Cap
																Year 13 PMPM including add-on population Costs, excluding expansion population member
	\$512.22	\$291.60	\$451.09	\$197.97	\$2,093.96	\$180.92	\$1,635.36	\$276.90	\$1,473.20	\$1,340.20						\$525.42 months
																Year 13 PMPM including add-on population Costs, trended forward DY 14

Demonstration Year 14 Projection	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI								
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP Prog	Pharmacy Discount		Total
Year 14 Actual: base for trending to DY15 Projection Adjustment factor:	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		
<b>DY 14 Projection, member months</b>	<b>1,067,548</b>	<b>1,867,981</b>	<b>989,040</b>	<b>1,429,548</b>	<b>114,664</b>	<b>2,777</b>	<b>139,620</b>	<b>1,310,016</b>	<b>602,293</b>	<b>240,257</b>	Member Months:	Eld, PAC & FP	Not counted in CAP					Member Months excluding add-on population
																		7,763,744
																		Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
																		748,489
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	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	\$0	\$5,495,819,131
	594,068,414	527,994,309	477,120,468	297,666,811	241,583,232	1,091,982	256,046,813	373,133,268	957,949,408	338,454,104								Total Actual Year 14 Spending: excluding PAC, EID & adjustments below
	(14,865,522)	(13,217,189)	(11,945,327)	(7,448,024)	(6,043,888)	(30,526)	(6,410,184)	(9,340,554)	(23,972,054)	(8,475,688)								4,065,108,809
	6,329,548	5,627,709	5,086,166	3,171,272	2,573,410	12,997	2,729,374	3,977,087	10,206,991	3,608,839								(101,748,956)
	(7,360,313)	(6,544,180)	(5,914,447)	(3,687,713)	(2,992,489)	(15,114)	(3,173,852)	(4,624,755)	(11,869,198)	(4,196,537)								Pharmacy Rebates
	5,482,936	4,874,972	4,405,864	2,747,098	2,229,202	11,259	2,364,305	3,445,131	8,841,751	3,126,137								GME Payments (manual, 43,323,393 not thru MMIS)
	18,853	16,762	15,149	9,446	7,665	39	8,130	11,846	30,402	10,749								(50,378,598) DSH in MCO Payments
	0	0	0	0	0	0	0	0	0	0								FQHC Cost Settlements (Manual, not thru MMIS)
	583,673,916	518,752,383	468,767,873	292,458,890	237,357,132	1,070,637	251,564,586	366,602,023	941,187,300	332,527,604								129,041 Unidentified
Percent of costs before expansion population:	14.61%	12.99%	11.74%	7.32%	5.94%	0.03%	6.30%	9.18%	23.56%	8.33%	100.00%							Total Projected Year 14 Spending: excluding add-on population
	277,356	246,602	222,872	138,963	112,765	570	119,599	174,273	447,263	158,137								3,993,962,344
																		1,898,400 Pharmacy Waiver Program
	583,951,272	518,998,985	468,990,745	292,597,853	237,469,897	1,071,207	251,684,185	366,776,296	941,634,563	332,685,741								Total Projected Year 14 Spending with other additions & before add-on population costs
	\$547.00	\$277.84	\$474.19	\$204.68	\$2,071.01	\$385.74	\$1,802.64	\$279.98	\$1,563.42	\$1,384.71								3,995,860,744
	\$584.85	\$297.07	\$507.00	\$218.84	\$2,214.32	\$412.43	\$1,927.38	\$299.35	\$1,671.61	\$1,480.53								DY 14 cost PMPM after other additions & before 514.68 add-on Population Costs
																		Year 14 cost PMPM \$550.30 trended forward to DY 15
												\$34,732.18	\$262.16	\$72.74	0.00	\$0.00		
												\$37,135.65	\$280.30	\$77.78	\$0.00	\$0.00		
												371,357	163,647,368	(3,348,795)	0	0		Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	\$583,951,272	\$518,998,985	\$468,990,745	\$292,597,853	\$237,469,897	\$1,071,207	\$251,684,185	\$366,776,296	\$941,634,563	\$332,685,741		\$371,357	\$163,647,368	(\$3,348,795)	\$0	\$0		\$4,156,530,674 Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in 0 DY 12)
	0	0	0	0	0	0	0	0	0	0								Year 14 Charged Against Cap
With Waiver Actual	583,951,272	518,998,985	468,990,745	292,597,853	237,469,897	1,071,207	251,684,185	366,776,296	941,634,563	332,685,741		371,357	163,647,368	(3,348,795)	0	0		4,156,530,674
	\$547.00	\$277.84	\$474.19	\$204.68	\$2,071.01	\$385.74	\$1,802.64	\$279.98	\$1,563.42	\$1,384.71		\$37,135.70	\$262.16	(\$26.95)	\$0.00	\$0.00		\$1,339,288,457 Year 14 Balance
																		75.63% Percentage of Cap
																		Year 14 PMPM including add-on population Costs, excluding add on member months
																		\$535.38
																		Year 14 PMPM including add-on population Costs, \$572.43 trended forward DY 15

Demonstration Year 15 Projection	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI								
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP Prog	Pharmacy Discount		Total
Year 15 Actual: base for trending to DY16 Projection Adjustment factor:	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		
<b>DY 15 Projection, member months</b>	<b>1,118,853</b>	<b>1,928,723</b>	<b>1,186,502</b>	<b>1,673,971</b>	<b>84,910</b>	<b>2,380</b>	<b>137,666</b>	<b>1,200,232</b>	<b>616,108</b>	<b>239,280</b>	Member Months:	Eld, PAC & FP	Not counted in CAP					Member Months excluding add-on population
																		8,188,625
																		Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
																		879,008
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	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	\$0	\$5,926,280,982
	653,343,351	552,264,716	553,056,816	343,852,484	167,996,709	4,963,757	243,473,124	339,871,537	1,015,716,966	343,622,886								Total Projected Year 15 Spending: excluding add-on population
Percent of costs before expansion population:	15.49%	13.09%	13.11%	8.15%	3.98%	0.12%	5.77%	8.06%	24.08%	8.15%								
	7,072,728	5,978,507	5,987,082	3,722,354	1,818,638	53,735	2,635,703	3,679,258	10,995,581	3,719,868								GME Payments (manual, 45,663,454 not thru MMIS)
	(18,625,593)	(15,744,031)	(15,766,612)	(9,802,589)	(4,789,271)	(141,507)	(6,940,962)	(9,689,100)	(28,956,185)	(9,796,044)								(120,251,896) Pharmacy Rebates
	294,040	248,549	248,905	154,752	75,608	2,234	109,576	152,960	457,127	154,649								1,898,400 Pharmacy Waiver Program
	(7,803,048)	(6,595,840)	(6,605,300)	(4,106,719)	(2,006,428)	(59,283)	(2,907,862)	(4,059,173)	(12,130,969)	(4,103,977)								(50,378,598) DSH in MCO Payments
	4,446,673	3,764,120	3,764,120	2,340,269	1,143,390	33,783	1,657,085	2,313,173	6,912,998	2,338,707								FQHC Cost Settlements (Manual, not thru MMIS)
	(1,739,360)	(1,472,373)	(1,472,373)	(915,419)	(447,246)	(13,215)	(648,189)	(904,821)	(2,704,087)	(914,808)								28,708,929
	0	0	0	0	0	0	0	0	0	0								(11,229,780) Unidentified



	703,265 1.0000	1,129,191 1.0000	612,801 1.0000	861,754 1.0000	36,606 1.0000	680 1.0000	70,833 1.0000	599,553 1.0000	344,319 1.0000	124,450 1.0000		30 1.0000	515,637 1.0000	84,736 1.0000	0 1.0000	0 1.0000		
<b>DY 17 Projection, member months</b>	<b>703,265</b>	<b>1,129,191</b>	<b>612,801</b>	<b>861,754</b>	<b>36,606</b>	<b>680</b>	<b>70,833</b>	<b>599,553</b>	<b>344,319</b>	<b>124,450</b>	Member Months:	Eld, PAC & FP	Not counted in CAP				Member Months excluding add-on population <b>4,483,452</b>	
													<b>30</b>	<b>515,637</b>	<b>84,736</b>	<b>0</b>	<b>0</b>	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP <b>600,403</b>
Year 17 PMPM Cap	809.25	430.64	809.25	430.64	4,734.49	2,165.30	3,652.20	521.51	1,948.31	1,765.73	BN Negotiated PMPM (Proposed)		0.00	0.00	0.00	0.00	0.00	
Budget Cap	\$569,117,201	\$486,274,812	\$495,909,209	\$371,105,743	\$173,310,741	\$1,472,404	\$258,696,283	\$312,672,885	\$670,840,151	\$219,745,099	Estimated without Waiver Expenditures		\$0	\$0	\$0	\$0	\$0	\$3,559,144,528
	\$362,912,193	\$322,121,512	\$354,288,298	\$233,677,399	\$132,816,489	\$827,171	\$240,446,275	\$193,770,549	\$1,050,156,859	\$277,606,007								Total Projected Year 17 Spending; excluding add-on population <b>\$3,168,622,752.00</b>
Percent of costs before expansion population:	11.45%	10.17%	11.18%	7.37%	4.19%	0.03%	7.59%	6.12%	33.14%	8.76%								GME Payments (manual, not thru MMIS) Pharmacy Rebates 1,898,400 Pharmacy Waiver Program DSH in MCO Payments FQHC Cost Settlements (Manual, not thru MMIS)
	217,430	192,991	212,263	140,002	79,574	496	144,057	116,093	629,175	166,321								Total Projected Year 17 Spending with other additions & before add-on population costs DY 16 cost PMPM after other additions & before add-on Population Costs <b>3,170,521,152</b>
	\$363,129,623	\$322,314,503	\$354,500,561	\$233,817,401	\$132,896,063	\$827,667	\$240,590,332	\$193,886,642	\$1,050,786,034	\$277,772,328								Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc <b>141,212,608</b>
	\$516.35	\$285.44	\$578.49	\$271.33	\$3,630.44	\$1,217.16	\$3,396.59	\$323.39	\$3,051.78	\$2,232.00								Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 12) <b>\$3,311,733,760</b>
With Waiver Actual	363,129,623	322,314,503	354,500,561	233,817,401	132,896,063	827,667	240,590,332	193,886,642	1,050,786,034	277,772,328			24	142,097,984	(885,400)	0	0	<b>Year 17 Charged Against Cap</b> <b>\$247,410,768</b> Year 17 Balance 93.05% Percentage of Cap Year 17 PMPM including add-on population Costs, excluding add on member months <b>\$738.66</b>
	\$516.35	\$285.44	\$578.49	\$271.33	\$3,630.44	\$1,217.16	\$3,396.59	\$323.39	\$3,051.78	\$2,232.00			\$0.80	\$275.58	(\$10.45)	#DIV/0!	\$0.00	
Demonstration Year 17 Projection (6 Months) January 1-June 30th																		Year 17 PMPM including add-on population Costs, trended forward DY 18 <b>\$789.78</b>
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									Total
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			
<b>DY 17 Projection, member months</b>	<b>1,085,772</b>	<b>1,474,462</b>	<b>2,851,037</b>	<b>34,419</b>	<b>393</b>	<b>64,124</b>	<b>0</b>	<b>348,132</b>	<b>124,869</b>		Member Months:	ICS & Family Planning	Not counted in CAP					Member Months excluding add-on population <b>5,983,208</b>
																		Member Months for add-on population Items: FAMILY PLANNING & ICS <b>78,016</b>
Year 17 PMPM Cap	790.85	809.25	445.05	4,734.49	2,165.30	3,652.20	892.00	1,948.31	1,765.73		BN Negotiated PMPM (Proposed)		0.00	0.00	0.00			
Budget Cap	\$858,682,786	\$1,193,208,374	\$1,268,854,017	\$162,956,411	\$850,963	\$234,193,673	\$0	\$678,269,057	\$220,484,939		Estimated without Waiver Expenditures		\$0	\$0	\$0			\$4,617,500,220
	\$788,728,673	\$611,150,478	\$684,926,910.00	\$132,816,489.00	\$827,171.00	\$240,446,275	\$0.00	\$1,050,156,859	\$277,606,007									Total Actual Year 17 Spending; excluding add-on population <b>\$3,786,658,862.00</b>
	\$726.42	\$414.49	\$240.24	\$3,858.81	\$2,104.76	\$3,749.71	\$0.00	\$3,016.55	\$2,223.18									Actual DY 17 PMPM costs before DY 17 increases to add-on population: Year 17 cost PMPM trended forward to DY 18 <b>\$676.68</b>
	\$776.69	\$443.17	\$256.86	\$4,125.84	\$2,250.41	\$4,009.19	\$0.00	\$3,225.29	\$2,377.02									
	20.83%	16.14%	18.09%	3.51%	0.02%	6.35%	0.00%	27.73%	7.33%									Percent of costs before expansion population: GME Payments (manual, not thru MMIS) Pharmacy Rebates DSH in MCO Payments FQHC Cost Settlements (Manual, not thru MMIS)
	9,888,670 (16,544,597) (11,183,667)	7,662,287 (12,819,666) (8,665,722)	8,587,258 (14,367,221) (9,711,825)	1,665,184 (2,785,996) (1,883,253)	10,371 (17,351) (11,729)	3,014,591 (5,043,669) (3,409,374)	0 0 0	13,166,321 (22,028,388) (14,890,551)	3,480,480 (6,823,142) (3,936,275)									\$47,475,162 not thru MMIS (79,430,031) (53,692,396) 26,906,602
	5,604,415.2	4,342,610.0	4,866,838.1	943,745.0	5,877.6	1,708,522.6	0.0	7,462,027.5	1,972,566.0									1,000,000 Presumptive Eligibility 4,500,000 REM Case Management 45,920,453 Unidentified
	0	0	0	0	0	1,000,000	0	0	0									
	9,564,838	7,411,364	8,306,044	1,610,653	10,031	2,915,869	0	990,000 12,735,153	3,510,000 3,366,502									
	786,058,333	609,081,351	682,608,004	132,366,822	824,371	240,632,214	0	1,047,591,421	280,176,137									Total Projected Year 17 Spending with other additions & before add-on population costs DY 16 cost PMPM after other additions & before add-on Population Costs <b>3,779,338,652</b>
	\$723.96	\$413.09	\$239.42	\$3,845.75	\$2,097.63	\$3,752.61	#DIV/0!	\$3,009.18	\$2,243.76									
													\$	0.29 \$0.31	\$	40.37 \$43.17	(\$10.45) (\$11.17)	







Year 20 PMPM including  
add-on population Costs,  
\$655.85 trended forward DY 20