

Maryland HealthChoice Demonstration
Section 1115 Quarterly Report
Demonstration Year 21
Quarter 1 7/1/2017 - 9/30/2017

Introduction

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

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

- Improving access to health care for the Maryland population;
- Improving the quality of health services delivered;
- Providing patient-focused, comprehensive, and coordinated care designed to meet health care needs by providing each member a single "medical home" through a primary care provider (PCP);
- 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 grant, Maryland requested and received several program extensions, in 2002, 2005, 2008, 2011 2013, and 2017. The 2017 extension made the following changes to the demonstration:

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

Enrollment Information

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

Table 1. Enrollment Counts

Demonstration Populations	Previous Quarter (as of June 30, 2017)	Current enrollees (as of September 30, 2017)
Parents/Caretaker Relatives <116% FPL and Former Foster Care	213,276	213,812
ACA Expansion Adults	305,431	306,660
Medicaid Children	457,414	456,607
SSI/BD Adults	88,318	88,915
SSI/BD Children	22,615	23,673
Medically-Needy Adults	22,658	22,290
Medically-Needy Children	5,908	5,905
SOBRA Adults	8,807	8,554
MCHP	114,867	113,669
MCHP Premium	30,882	31,723
PEPW	5	0
Family Planning ¹	9,617	9,944
Increased Community Services	28	29
WBCCHP	138	132

Outreach/Innovative Activities**Medicaid and National Diabetes Prevention Program (DPP) Demonstration**

The Medicaid and National DPP demonstration began its second program year during this reporting period. The four original MCOs, Amerigroup, Jai Medical Systems, MedStar Family Choice, and Priority Partners, continued to participate in the demonstration. All were approved for no cost extensions and awarded second year grant extensions. Major objectives for the second program year include continuing to grow enrollment, improving retention, strengthening capacity, provider engagement and exploring and recommending sustainability strategies beyond the grant funding period. As of September 2017, the demonstration reached enrollment of 354 participants, with an additional 41 Medicaid MCO members scheduled to start their first class.

¹ The Department is currently investigating the recent increases in Family Planning enrollment. The Department hypothesizes that these increases could be related to recent federal policy changes regarding employer based health plans.

As part of the Demonstration effort, the Department’s public health partners oriented and trained DPP suppliers on standard industry billing procedures and requirements with the intent to prepare for transition from grant-based funding to a service reimbursement model, and in anticipation of the Medicare Expanded Model DPP. The Department continues to inform internal and external stakeholders, both at the national and local level, on the value of DPP through presentations, webinars, and articles.

The Department and MCOs continue to meet routinely to discuss program techniques, lessons learned, as well as to monitor the Medicare DPP rule progress. As follow-up to the annual meeting in Atlanta in June 2017, the Department began planning an in-person meeting, including demonstration MCOs and DPPs, to be held the next quarter. Enrollment into the demonstration is scheduled to conclude January 31, 2018.

Community Health Pilots

As of July 2017, the Department had issued Requests for Applications for eligible government entities to apply for federal matching funds for the two Community Health Pilots included in the §1115 HealthChoice Waiver Renewal application: Evidence-based Home Visiting Services for High Risk Pregnant Women and Children Up to Age 2; and Assistance in Community Integrated Services for high-risk, high-utilizing Medicaid enrollees who are either transitioning to the community from an institution or at high risk of institutional placement. The Department provided technical assistance to stakeholders on the application process and requirements through webinars, a dedicated email account, information sheets posted on the Department’s waiver renewal website and conference calls. The Department is in the process of conducting in-person meetings with applicants to clarify any remaining questions regarding program and financial aspects of the applications, including payment rates and terms and conditions of pending awards.

Additionally, Medicaid worked with its Public Health Maternal and Child Health Program partners within the Department to begin discussions with the Health Resources and Services Administration (HRSA) around opportunities for local entities to pair other federal maternal and child health funding in support of the HVS pilots.

Matching federal funds are available to certain local Maryland government entities. Up to \$2.7 million in federal match are available for HVS; when combined with the local non-federal share, HVS pilot expenditures may total up to \$5.4 million annually. There are \$1.2 million in federal matching funds each year for ACIS. When combined with the local non-federal share, ACIS Pilot expenditures may total up to \$2.4 million annually.

The pilots are effective from July 1, 2017 through December 31, 2021 and are scheduled to be funded for four-and-a-half-years of the five-year waiver. The Department anticipates that initial awards will be made for both pilots during the upcoming quarter.

Residential Treatment for Individuals with Substance Use Disorders—Institute of Mental Disease Exclusion (IMD)

As of July 1, 2017, with demonstration authority, the Department provides reimbursement for up to two nonconsecutive 30-day stays in IMDs annually for American Society of Addiction Medicine (ASAM) levels 3.7-WM, 3.7, 3.5, and 3.3.

Operational/Policy Developments/Issues

Market Share

As of September 2017, there were eight MCOs participating in the HealthChoice program; their respective market shares are as follows: Amerigroup (23.9 percent); Jai Medical Systems (2.2 percent); Kaiser Permanente (5.3 percent); Maryland Physicians Care (18.7 percent); MedStar Family Choice (7.5 percent); Priority Partners (25.2 percent); University of Maryland Health Partners (3.7 percent); and United Healthcare (13.5 percent).

Maryland Medicaid Advisory Committee

The Maryland Medicaid Advisory Committee (the MMAC) met in July and September 2017. The Department updated the committee on a variety of items, including:

- Updates to the provider enrollment system;
- Waiver, state plan, and regulation changes;
- Recommendations of the Rural Health Delivery Workgroup, which aimed at developing a plan for meeting the health care needs of five rural counties in eastern Maryland; and
- A demonstration of the new online MCO shopping and selection portal.

Family Planning Program

The HealthChoice waiver allows the Department to provide a limited benefit package of family planning services to eligible women—currently, those women at less than 200 percent of the Federal Poverty Level (FPL). The program covers medical services related to family planning, including office and clinic visits, physical examinations, certain laboratory services, treatments for sexually-transmitted infections, family planning supplies, permanent sterilization and reproductive health counseling, education and referrals. Average monthly enrollment during the quarter was 9,816 women, an increase of 2.1 percent over the demonstration year end. Women who receive pregnancy coverage will continue to be automatically enrolled, if eligible, following the end of their pregnancy-related eligibility.

Table 3. Average Quarterly Family Planning Enrollment

Q1 Enrollment	% Change	Q2 Enrollment	% Change	Q3 Enrollment	% Change	Q4 Enrollment	% Change
9,816	2.1%						

Rare and Expensive Case Management (REM) Program

The table below shows the status of REM program enrollment.

Table 4. Current REM Program Enrollment

FY 2018	Referrals Received	Referrals Approved	Referrals Denied	REM Disenrollments	Currently Enrolled in REM
Quarter 1	158	120	50	130	4,318
Quarter 2					

FY 2018	Referrals Received	Referrals Approved	Referrals Denied	REM Disenrollments	Currently Enrolled in REM
<i>Quarter 3</i>					
<i>Quarter 4</i>					

Reasons for disenrollment or discharge from REM include aging out of the REM qualifying diagnosis, loss of HealthChoice eligibility, loss of MA eligibility, death, or a request to return to managed care.

Table 5. REM Complaints

FY18 Q1	Transportation	Dental	DMS/DME	EPSDT	Clinical	Pharmacy	Case Mgt.	REM Intake	Other
REM Case Management Agencies	0	0	0	0	0	0	8	0	0
REM Hotline	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	8	0	0

The following table displays the types and total of significant events reported by the case management agencies during this quarter. Significant events are submitted for various reasons including: families loss of electricity, delays in obtaining needed equipment, Child Protective Services report, unanticipated death of a REM participant, loss of a caregiver, family contacting the Governor's or Secretary's office, threat to contact the media about an issue, loss of Medicaid eligibility, issues with private duty nursing, child getting injured at school. Agencies report this information on a monthly basis.

Table 6. REM Significant Events Reported by Case Managers

FY 2018 Q1	DMS/ DME	Legal	Media	Other	Protective Services	Appeals	Services	Total
REM Enrollees	7	6	0	56	14	11	6	100

ICS Program

The ICS Program does not currently have a registry. All new applicants begin receiving services upon approval of their application.

Maryland continued providing Medicaid State Plan benefits and home- and community-based services to residents aged 18 and over, enabling qualifying individuals to live at home with appropriate supports, as opposed to residing in a nursing facility. Under the terms of the waiver renewal, Maryland will increase enrollment incrementally over the course of the waiver to a maximum of 100 participants. As of the end of this quarter, there were 29 individuals enrolled in the ICS Program.

MCHP and MCHP Premium Status/Update/Projections

Effective June 1, 2008, Maryland moved its separate CHIP program, Maryland Children's Health Program (MCHP) Premium, into the Medicaid expansion CHIP waiver, so that Maryland's entire CHIP program is operated as a Medicaid expansion. As of September 30, 2017, the Premium program had 31,723 enrollees, with MCHP at 113,669 enrollees.

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)

Preliminary Service Year 2016 HFMR reports (reported as of March 31, 2017) and the supporting Financial Templates were provided by the MCOs in May of the prior quarter. This information was used this quarter for trend analysis and validity testing purposes during the 2018 rate-setting development.

During this quarter, MCOs were requested to prepare 2017 and 2018 financial projections based on all known rate and State budget activities as of August 2017 using provided financial templates. As of September 30, 2017, all MCO projections were received. In September, MCOs were provided with updated HFMR templates and revised instructions in preparation of the MCO's November submissions.

During the next quarter, MCOs will restate their 2016 Date of Service experience as of September 30, 2017. The final 2016 submissions will most likely be the base period for the 2019 HealthChoice rate-setting period. An independent auditing firm will perform an independent review of each MCO's submission. The next MCO submissions will be due by November 20, 2017. Any additional modifications to the current reporting requirements if requested by the Department will likely be implemented during the month of October.

MCO Rates

The rate-setting team performed the following activities in support of the calendar year (CY) 2019 HealthChoice Rates:

- Prepared and provided new instructions and templates for the final service year 2016 HealthChoice MCO financial submissions.
- In conjunction with the Department's actuarial consultant, provided the Department with response to a proposal from the Maryland MCO Association to modify the Code of Maryland Regulations (COMAR) for future HealthChoice interim rate adjustments.

The rate-setting team performed the following activities in support of the CY 2018 HealthChoice rates:

- Co-facilitated sixth 2018 HealthChoice MCO rate-setting meeting held on July 26, 2017. Topics discussed included: Review of 2018 issues, preliminary 2018 MCO risk scores for HIV/AIDS and geographic/demographic rates, final constant cohort analysis, 2015 Hepatitis C HIV/AIDS relative weights, and revised MCO outlier calculation.

- Provided the Department’s actuarial consultant with revised (final) CY 2018 member month projections.
- Provided the Department with a draft proposal to create a HealthChoice “drug pool” policy on very high-cost, low-volume drugs to help mitigate the risk to small MCOs.
- Co-facilitated final 2018 HealthChoice MCO rate-setting meeting held on August 25, 2017. Topics discussed included: Review of 2018 rate impact and assumptions used, 2018 FQHC market rate, 2018 incentives, and the Department’s actuarial consultant presentation. MCO packets including individual rate impact analysis were distributed following the meeting.
- Assisted the Department in developing 2018 rate presentation to both the Maryland Health and Budget Secretaries, respectively.
- Participated with various MCOs in providing feedback and assistance in preparation for their individual MCO “one-on-one” meetings with the Department.
- Provided the Department MCO plan profiles in preparation for one-on-one meetings to be held in September between individual MCOs and the Department.
- Provided MCOs 2016 risk-adjusted capital (RAC) assignments.
- The Department’s actuarial consultant, on behalf of Hilltop, provided the Department with an analysis comparing administrative cost levels observed in the HealthChoice program to comparable programs in six other states where the Department’s actuarial consultant participates.
- Participated on August 22 call with the Department and the Department’s actuarial consultant to discuss changes to the CY 2018 rate range methodology.
- Attended and participated in eight MCO one-on-one meetings with the Department to review MCO issues and financial projections for CYs 2017 and 2018.
- On behalf of Hilltop, the Department’s actuarial consultant provided the Department with the CMS version of the 2018 HealthChoice certification letters.

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

- Participated on conference call held July 14 with MCOs, the Department, and the Department’s actuarial consultant regarding mid-year 2017 HealthChoice rates.
- In conjunction with the Department’s actuarial consultant, provided draft responses to issues raised in letter sent to the Secretary from the Maryland MCO Association (MMCOA) regarding the current mid-year rates in preparation for the Secretary’s July 21 meeting with the MCOs.
- Provided the Department with plan-level results regarding the impact of the 2017 mid-year rates. Due to re-basing of the childless adult rates, there was significant impact at the plan level.
- Provided the Department with alternative mid-year rate scenarios which maximize paying higher in the range without additional state funds.
- Participated on conference call held July 24 with the Department and the Department’s actuarial consultant to review discussion points raised at Secretary’s July 21 meeting with the MCOs.
- The Department’s actuarial consultant, on behalf of Hilltop, developed year-to-date June 2017 financial templates to be completed by MCOs. The completed templates were used, in accordance with COMAR mid-year regulations, to update their hospital trend analysis. The

restated trends, in conjunction with the other mid-year analysis, indicated an aggregate mid-year adjustment of less than -0.2 percent (results shared with MCOs August 15). Given these result, the initial January 2017 HealthChoice rates will remain in effect for the entire calendar year, and the previous draft mid-year rates provided to MCOs earlier in the month were not implemented.

- Hosted August 16 rate-setting meeting with new Maryland Physicians Care actuaries and management.
- In conjunction with the Department’s actuarial consultant, provided the Department with August 14 written responses to the Maryland MCO Association’s August 11 letter to the Department regarding the initial 2017 mid-year rates.
- Participated on August 14 call with the Department and the Department’s actuarial consultant to assist the Department for the Secretary’s call with all MCOs later that same day.
- Provided rate tables to the Department operations for new 2017 HealthChoice mid-year rates reflecting updated plan risk scores effective October 1, 2017.
- Prepared initial 2017 mid-year MCO supplemental payments for service months July through September. Final supplemental calculations for this quarter will be provided in November.

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 included in Appendix A of this report.

Member Month Reporting

Tables 7 and 8 display the number of member months for the current quarter by eligibility group. The corresponding figure from the last month of the previous quarter is provided for comparison.

Table 7. Member Month Reporting

Eligibility Group	Total for Previous Quarter (ending June 30, 2017)	Current Quarter Month 1 (July 2017)	Current Quarter Month 2 (August 2017)	Current Quarter Month 3 (September 2017)	Total for Quarter Ending September 30, 2017
Parent/Caretaker Relatives <116% FPL and Former Foster Care	641,034	213,121	213,709	213,812	640,642
ACA Expansion Adults	913,562	305,011	306,266	306,660	917,937
Medicaid Children	1,375,571	456,637	457,167	456,607	1,370,411
SSI/BD Adults	265,163	88,264	88,557	88,915	265,736
SSI/BD Children	67,412	22,811	23,095	23,673	69,579
Medically-Needy Adults	67,621	22,643	22,597	22,290	67,530
Medically-Needy Children	17,365	5,948	5,914	5,905	17,767
SOBRA Adults	26,742	9,038	8,362	8,554	25,954
MCHP	343,648	114,189	114,039	113,669	341,897

Eligibility Group	Total for Previous Quarter (ending June 30, 2017)	Current Quarter Month 1 (July 2017)	Current Quarter Month 2 (August 2017)	Current Quarter Month 3 (September 2017)	Total for Quarter Ending September 30, 2017
MCHP Premium	92,492	30,870	31,446	31,723	94,039
PEPW	13	3	0	0	3
Family Planning	28,651	9,449	10,056	9,944	29,449
WBCCTP	422	136	135	132	403

Table 8. Member Month Reporting for New Programs (For Informational Purposes Only)

Demonstration Group	Total for Previous Quarter (ending June 30, 2017)	Current Quarter Month 1 (July 2017)	Current Quarter Month 2 (August 2017)	Current Quarter Month 3 (September 2017)	Total for Quarter Ending September 30, 2017
ICS	82	29	30	29	88
HVS Pilot*	N/A	N/A	N/A	N/A	N/A
ACIS Pilot*	N/A	N/A	N/A	N/A	N/A
IMD Exclusion*	N/A	N/A	N/A	N/A	N/A

** The HVS and ACIS Pilots, as well as the Residential Treatment for Individuals with Substance Use Disorders (IMD Exclusion), were still in the preparatory phase as of the end of the quarter.*

Consumer Issues

The HealthChoice Help Line serves as the front line of the State's mandated central complaint program. 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 the MCO but covered by Medicaid. When a consumer is experiencing medically-related issues such as difficulty scheduling appointments with a specialist, filling prescriptions or obtaining preauthorization for services, 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.

The HealthChoice Help Line received 56,509 calls during the first quarter of FY 2018, compared with 52,107 in the previous quarter, an increase of 4,402 calls. The increase in call volume can be attributed to the increase in MCO enrollment; and an increase in eligibility and enrollment questions encountered by consumers applying for Medicaid through the Maryland Health Connection.

Table 9. Total Recipient Complaints (excluding billing)

MCO	Amerigroup (ACC)		Jai Medical Systems (JMS)		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		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
1 st Quarter of Fiscal Year 2018																			
Pharmacy	67	24%	2	1%	9	3%	71	26%	17	6%	68	25%	34	12%	8	3%	276	30%	
PCP	25	27%	3	32	9	10%	16	17%	7	8%	15	16%	12	13%	6	6%	93	10%	
Specialist	33	37%	4	20	7	8%	11	12%	11	12%	8	9%	13	15%	2	2%	89	10%	
Prenatal	27	25%	0	0%	15	14%	11	10%	9	8%	5	14%	26	24%	7	6%	110	12%	
Pharmacy/ CMC	4	21%	0	0%	2	11%	3	16%	2	11%	1	5%	7	37%	0	0%	19	2%	
DMS/DME	1	6%	0	0%	1	6%	7	41%	2	12%	3	18%	2	12%	1	6%	17	2%	
Lab. /Tests	1	13%	0	0%	0	0%	4	50%	0	0%	1	13%	2	25%	0	0%	8	1%	
Pain Management	20	50%	0	0%	1	13%	0	0%	2	25%	0	0%	1	13%	0	0%	8	1%	

*Other categories-63

Not including billing complaints, there were 683 recipient complaints in the reporting period, compared to 780 in the previous quarter. The top three member complaint categories were pharmacy (30 percent), prenatal care (12 percent), access to specialists (10 percent), and access to primary care providers (PCPs) (10 percent). These accounted for 62 percent of all member complaints, compared to 44 percent in the previous quarter. There was no significant change in recipient complaints by MCO.

Including billing complaints, there were 916 MCO recipient complaints, of which 121 were from pregnant women. In addition, any woman who self-identifies to the Help Line as pregnant is referred to the Medicaid-funded administrative care coordinator (ACC) in her county of residence. Another 144 pregnant women called the Help Line for general information and were subsequently referred to the ACC.

Table 10. Recipient Complaints under Age 21 (excluding billing)

MCO	ACC		JMS		KP		MPC		MSFC		PP		UHC		UMHP		Sub Totals	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
1 st Quarter of Fiscal Year 2018																		
Pharmacy	20	36%	0	0%	3	5%	10	18%	3	5%	14	25%	6	11%	0	0%	56	48%
PCP	9	24%	1	3%	4	11%	7	18%	3	8%	8	21%	3	8%	3	8%	38	33%
Specialist	2	13%	0	0%	3	19%	2	13%	1	6%	2	13%	5	31%	1	6%	16	14%
DMS/ DME	0	0%	0	0%	0	0%	1	33%	0	0%	1	33%	1	33%	0	0%	3	3%
Pharmacy/ CMC	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Laboratory /Tests	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%	1	1%
Vision	0	0%	0	0%	0	0%	0	0%	1	50%	1	50%	0	0%	0	0%	2	2%

Of the 916 complaints, 116 recipients were under age 21 in the first quarter of FY 2018, compared to 116 out of 1,149 complaints in the previous quarter. This accounts for 13 percent and 10 percent in the reporting quarter and the previous quarter respectively. The top three complaint categories for the under-21 population were the same as for adults: pharmacy (48 percent), access to PCPs (33 percent), and access to specialists (14 percent).

Table 11. Total Recipient Billing Complaints

MCO	ACC		JMS		KP		MPC		MSFC		PP		UHC		UMHP		Sub Totals	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
1 st Quarter of Fiscal Year 2018																		
Specialist	26	30%	1	1%	10	11%	14	16%	15	17%	14	16%	7	8%	1	1%	88	44%
Emergency	7	17%	0	0%	5	12%	11	26%	8	19%	8	19%	3	7%	0	0%	42	21%
PCP	8	32%	0	0%	9	36%	3	12%	1	4%	2	8%	2	8%	0	0%	25	13%
Laboratory/ Test	9	21%	0	0%	0	0%	17	40%	2	5%	10	23%	4	9%	1	2%	43	22%
Pharmacy	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%	1	1%

The State also investigates recipient billing complaints. There were 199 complaints in the first quarter of FY 2018 (22 percent of total MCO recipient complaints), compared to 310 (27 percent of the total MCO recipient complaints) in the previous quarter.

The top three bill types this quarter were specialists, laboratory/test, and emergency services. During the reporting period, specialists accounted for 44 percent of billing complaints, laboratory/test for 22 percent, and emergency services for 21 percent. Compared to the previous quarter, emergency service billing complaints decreased by 11 percent, while billing issues for specialist and laboratory/test increased both by seven percent.

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

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

Legislative Update

The Maryland General Assembly's 2017 session adjourned on April 10, 2017. The 2018 Maryland General Assembly session will begin on January 10, 2018.

Quality Assurance/Monitoring Activity

Quality Assurance Monitoring

The Division of HealthChoice Quality Assurance (DHQA) monitors HealthChoice MCOs quality assurance activities in accordance with COMAR10.09.65.

Systems Performance Review (SPR)

CY 2016 MCO Corrective Action Plans (CAPs) were reviewed and approved by the External Quality Review Organization (EQRO). The final CY 2016 Statewide Executive Summary was posted to the MCO resource site. The CY 2017 Orientation Manual was disseminated to the MCOs at the September Quality Assurance Liaison Committee (QALC) meeting. The EQRO also provided technical assistance to the MCOs regarding CY 2017 standards and the interim review process.

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

The EQRO completed all reviews and submitted individual MCO reports to the Department for review and comments. The EQRO also completed the validation of EPSDT data.

Value Based Purchasing (VBP)

The EQRO validated the final codes and results for the VBP ambulatory supplemental security income (SSI) adult and child measures. The Department mailed the first CY 2017 VBP awards letters to each MCO.

Consumer Report Card

The CY 2018 Information Reporting Strategy (IRS) and Analytic methodology was approved by the Department.

Performance Improvement Projects (PIP)

The CY 2017 Controlling High Blood Pressure (CBP) and Asthma Medication Ratio (AMR) PIP were review and approved.

Encounter Data Validation (EDV) Review

The EQRO received EDV sample from Hilltop with MCO CY 2016 encounter data.

The Department reviewed the MCOs Appeals, Grievances and Pre-Service Denial Activities and EQRO complete the first annual report to the Department for review and approval.

The EQRO completed the first Network Adequacy report for the Department for review and approval.

Annual Technical Report (ATR)

The next ATR is due to CMS April 30, 2018.

Healthcare Effectiveness Data and Information Set (HEDIS) Performance Review

The National Committee for Quality Assurance (NCQA)-certified HEDIS vendor provided final audit reports to MCOs and the Department in mid-July. The Department provided the finalized HEDIS 2018 Measures List, including official announcement letters, to HEDIS vendor and all HealthChoice MCOs on August 22. The Department will continue to require each MCO to undergo a full HEDIS compliance audit that includes all measures applicable to Medicaid, except where the measures are identified as carved-out of managed care or otherwise exempted from reporting by the Department. HEDIS 2018 specifications were released by NCQA in August. The vendor presented at the September QALC meeting reporting on specification and guideline changes, new audit requirements, the Department required measure set for 2018 and lessons learned from the HEDIS audit. The vendor also provided copies of the Maryland Statewide Analysis Report to the MCO representatives in attendance and the Department. In mid-September, the vendor provided the Statewide Executive Summary Report and the Consolidated Final Audit Report.

HealthChoice Enrollee Satisfaction Survey

The NCQA Satisfaction survey vendor provided the final results for the 2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey administration. A total of 4,337 adult and 5,079 child surveys (among the general population) were completed for this project. The overall response rate for the adult survey was 32 percent and 30 percent for the child survey, which reflects a decrease of two percent for the adult survey and one percent for the child survey when compared to the previous year.

Adult HealthChoice members gave their highest satisfaction ratings to their “Specialist and/or Personal Doctor,” which was consistent with what was seen in 2016. Adult HealthChoice members gave slightly lower satisfaction ratings to their “Health Care and/or Health Plan.” For Composite measures, which assess main issues and areas of concern, adult HealthChoice members give their highest ratings to the “How Well Doctors Communicate” and “Customer Service” composites. The lowest ratings given by adult HealthChoice members were evident for the “Health Promotion and Education” composite, which is consistent to what was seen in 2016.

For child HealthChoice members, survey results for the general population show that parents and guardians continued to give high satisfaction ratings for Personal Doctor with regard to their child’s healthcare. For child HealthChoice members, survey results for the children with chronic conditions (CCC) population show that parents and guardians continued to express high satisfaction ratings as well for their child’s Personal Doctor. For Composite measures, which assess main issues and areas of concern, HealthChoice MCOs received the highest ratings among their child members from the general population for “How Well Doctors Communicate.” Somewhat lower proportions of child members from the general population gave HealthChoice MCOs positive ratings for the “Shared Decision-Making” and “Health Promotion and Education” composite measures. The Department anticipates all final survey reports, which will include Quality Compass data, to be printed and distributed to all HealthChoice MCOs and the Department in October.

Provider Satisfaction Survey

The NCQA Satisfaction survey vendor provided the final results for the 2017 Provider Survey. A total of 1,129 completed surveys were collected. The response rate of 19 percent for this survey administration was three percent lower when compared with 2016 results. Key findings from the 2017 survey show that more than three-fourths of the Primary Care Physicians (PCPs) remain satisfied with their specified HealthChoice MCO. A slightly smaller proportion of PCPs surveyed reported being satisfied with all other HealthChoice MCOs with which they participate, which is consistent with 2016 results. Survey results also continue to show that more than eight in ten PCPs would recommend their specified HealthChoice MCO to their patients or to other physicians. A loyalty analysis from the survey shows again shows that about one-third of the overall PCPs are considered “loyal PCPs,” with approximately two-thirds of PCPs defined as “indifferent” and only 2.4 percent of PCPs as “not loyal.” For this survey, a loyal PCP was defined as someone who is both very satisfied with the HealthChoice MCO and willing to recommend that HealthChoice MCO to patients and other physicians. Among composite measures, HealthChoice MCOs received their highest ratings from PCPs for “Overall Satisfaction” and “No-Show HealthChoice Appointments.” Lower ratings were received for “Finance Issues,” “Customer Service/Provider Relations,” “Coordination of Care/Case Management,” and “Utilization Management.” Final reports of the survey are expected to be distributed to all HealthChoice MCOs and the Department. in October.

Demonstration Evaluation

The Department submitted the draft Summative Evaluation on its due date of April 21, 2017. As of the end of the quarter, the Department had not received any comments nor made any additional changes.

During the quarter, the Department finalized the annual evaluation of the HealthChoice program covering CY 2011 through CY 2015. This rapid-cycle assessment provides program updates and reviews the areas of coverage and access, medical homes, quality of care, special topics, and the ACA expansion. See Appendix B for the full report. In addition, the Department has initiated preparation work for the next HealthChoice annual evaluation, which will cover the period from CY 2012 through CY 2016.

Enclosures/Attachments

Appendix A: Maryland Budget Neutrality Report as of March 31, 2017
Appendix B: HealthChoice Evaluation (CY 2011 – CY 2015)

State Contact(s)

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Date Submitted to CMS: November 30, 2017

Projected SFY2012-2014 Extension	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									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	\$723.96		\$656.36		\$852.85		\$745.60	
	TANF Adults 0-123	\$413.09		\$373.06		\$564.04		\$539.60	
	Medicaid Child	\$239.42		\$271.65		\$301.52		\$257.74	
	Medically Needy Adult	\$3,845.75		\$1,760.87		\$1,892.46		\$1,480.19	
	Medically Needy Child	\$2,097.63		\$683.25		\$1,730.34		\$1,221.89	
	Sobra Adult	\$3,752.61		\$2,082.23		\$1,637.04		\$1,422.51	
	Pregnant Women PE	\$0.00		\$1,130.10		\$1,208.29		\$259.72	
	SSI ADULT	\$3,009.18		\$1,270.85		\$1,808.52		\$1,662.23	
	SSI CHILD	\$2,243.76		\$1,292.57		\$1,723.63		\$1,478.92	
	Family Planning	-\$11.71		-\$10.45		\$0.00		\$0.00	
	ICS	\$0.29		\$0.29		\$0.00		\$0.00	
	WBCPTA	\$40.37		\$1,473.89		\$914.46		\$1,166.19	
Projected Member Months									
	New Adult Group	1,085,772		2,778,981		2,668,138		1,888,230	
	TANF Adults 0-123	1,474,462		2,672,945		2,255,106		1,343,413	
	Medicaid Child	2,851,037		5,671,322		4,657,991		2,859,357	
	Medically Needy Adult	34,419		75,449		25,124		6,709	
	Medically Needy Child	393		1,211		1,501		1,237	
	Sobra Adult	64,124		116,108		98,917		61,750	
	Pregnant Women PE	0		30		7		18	
	SSI ADULT	348,132		702,885		645,946		381,319	
	SSI CHILD	124,869		250,888		238,311		138,519	
	Family Planning	75,579		173,846		191,231		62,537	
	ICS	83		201		221		165	
	WBCPTA	2,354		3,313		4,224		1,002	
	MM w/o FP, & ICS	5,983,208		12,469,819		10,591,041		6,680,552	
	TOTAL Member Months	6,061,224		12,647,179		10,786,717		6,744,255	
Estimated Projected Waiver Expenditures by EG									
	New Adult Group	\$858,682,786		\$2,301,051,848		\$2,313,115,558		\$1,713,908,606	
	TANF Adults 0-123	\$1,193,208,374		\$2,438,843,011		\$2,008,171,893		\$1,254,922,366	
	Medicaid Child	\$1,268,854,017		\$2,637,618,436		\$2,263,830,206		\$1,452,210,233	
	Medically Needy Adult	\$162,956,411		\$372,930,072		\$129,647,126		\$36,143,664	
	Medically Needy Child	\$850,963		\$2,737,550		\$3,542,420		\$3,047,820	
	Sobra Adult	\$234,193,673		\$445,675,914		\$379,688,948		\$261,818,148	
	Pregnant Women PE	\$0		\$28,178		\$6,923		\$0	
	SSI ADULT	\$678,269,057		\$1,429,696,205		\$1,313,880,002		\$845,372,783	
	SSI CHILD	\$220,484,939		\$443,000,468		\$439,307,264		\$278,313,760	
TOTAL BN limit (without waiver)	TOTAL BN limit (without waiver)	\$16,180,857,033		\$10,071,581,681		\$8,851,190,339		\$5,645,737,400	\$29,386,009,640
Projected With Waiver Expenditures by EG									
	New Adult Group	\$786,058,333		\$1,824,007,990		\$2,275,532,037		\$1,407,861,093	
	TANF Adults 0-123	\$609,081,351		\$1,071,771,432		\$1,271,975,134		\$724,900,277	
	Medicaid Child	\$682,608,004		\$1,540,630,320		\$1,404,460,867		\$736,956,577	
	Medically Needy Adult	\$132,366,822		\$132,856,125		\$47,546,074		\$9,930,603	
	Medically Needy Child	\$824,371		\$827,418		\$2,597,243		\$1,511,476	
	Sobra Adult	\$240,632,214		\$241,764,001		\$161,930,805		\$87,840,196	
	Pregnant Women PE	\$0		\$33,903		\$8,458		\$4,675	
	SSI ADULT	\$1,047,591,421		\$893,263,373		\$1,168,209,183		\$633,838,524	
	SSI CHILD	\$280,176,137		\$324,289,876		\$410,760,616		\$204,858,792	
	Family Planning	-\$885,400		-\$1,816,691		\$0		\$0	
	ICS	\$24		\$58		\$0		\$0	
	WBCPTA	\$95,035		\$4,883,010		\$3,862,685		\$1,167,935	
	TOTAL With Waiver	\$3,778,548,311		\$6,032,510,816		\$6,010,860,397		\$3,808,870,149	\$19,038,105,501
	(Over)/Under BN Limit	\$838,951,909		\$4,039,070,865		\$2,840,329,942		\$2,036,867,251	\$9,183,867,755

Carryover from 1-14	\$ 5,545,084,274
Projected Cushion at end of DY 17	\$ 9,778,507,412

Carryover from 1-17	\$ 9,778,507,412
Sub-Projected Cushion at end of DY 20	\$ 18,962,375,167
Estimated Savings of New Adult Group	\$893,299,344

Projected Cushion at end of DY 20	\$ 18,381,527,775
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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 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	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									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	\$652.31		\$697.45		\$745.71		\$797.32	
	TANF Adults 0-123	\$466.80		\$499.10		\$533.64		\$570.57	
	Medicaid Child	\$248.71		\$265.92		\$284.32		\$304.00	
	Medically Needy Adult	\$1,235.90		\$1,321.42		\$1,412.86		\$1,510.63	
	Medically Needy Child	\$1,471.60		\$1,573.43		\$1,682.31		\$1,798.73	
	Sobra Adult	\$1,260.07		\$1,337.31		\$1,428.67		\$1,532.55	
	Pregnant Women Inpatient Hospital PE	\$259.72		\$264.92		\$270.22		\$275.63	
	SSI ADULT	\$1,456.60		\$1,555.80		\$1,663.28		\$1,779.18	
	SSI CHILD	\$1,440.00		\$1,524.07		\$1,627.69		\$1,748.17	
	Family Planning	\$0.00		-\$11.17		-\$11.17		-\$11.17	
	ICS	\$0.00		\$4,713.03		\$4,713.03		\$4,713.03	
	WBCCPTA	\$0.00		\$2,306.65		\$2,096.96		\$3,812.65	
	Residential Substance Use Disorder	N/A		\$5,562.68		\$5,562.68		\$5,418.23	
	Limited Housing Support Services	N/A		\$666.67		\$666.67		\$666.67	
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		\$300.00		\$300.00		\$300.00	
	Former Foster Dental Care	\$0.00		\$22.01		\$22.01		\$22.01	
	Projected member Months	Projected DY 20: 6 mos		Projected DY 21: 12 mos		Projected DY 22: 12 mos		Projected DY 23: 6 mos	
	New Adult Group	1,888,230		4,154,106		4,569,517		2,513,234	
	TANF Adults 0-123	1,343,413		2,955,509		3,251,060		1,788,083	
	Medicaid Child	2,859,357		6,290,585		6,919,644		3,805,804	
	Medically Needy Adult	6,709		14,760		16,236		8,930	
	Medically Needy Child	1,237		2,721		2,993		1,646	
	Sobra Adult	61,750		135,850		149,435		82,189	
	Pregnant Women PE	18		37		37		19	
	SSI ADULT	381,319		838,902		922,792		507,536	
	SSI CHILD	138,519		304,742		335,216		184,369	
	Family Planning	62,537		137,581		151,340		83,237	
	ICS	306		765		1,071		612	
	WBCCPTA	1,102		2,313		2,545		1,400	
	Residential Substance Use Disorder	N/A		4,400		5,711		3,511	
	Limited Housing Support Services	N/A		3,600		3,600		1,800	
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		17,920		17,920		8,960	
	Former Foster Dental Care	25,627		31,428		34,356		18,642	
	W/W/FP, ICS, WBCCPTA, SUD, LHSS, High Risk PWC, Dental	6,680,552		14,697,212		16,166,930		8,891,810	
	TOTAL Member Months	6,770,124		14,895,220		16,383,472		9,009,971	
Estimated Waiver Expenditures by EG									
	New Adult Group	\$1,713,908,606		\$3,947,817,084		\$4,546,701,334		\$2,618,217,598	
	TANF Adults 0-123	\$1,254,922,386		\$2,896,110,274		\$3,341,821,748		\$1,928,064,057	
	Medicaid Child	\$1,452,210,233		\$3,338,631,114		\$3,837,756,743		\$2,205,750,572	
	Medically Needy Adult	\$36,143,664		\$63,015,892		\$95,335,451		\$54,742,842	
	Medically Needy Child	\$3,047,820		\$6,999,203		\$8,037,616		\$4,614,779	
	Sobra Adult	\$261,818,148		\$605,375,921		\$699,875,102		\$404,561,572	
	SSI ADULT	\$845,372,783		\$1,941,652,672		\$2,229,793,445		\$1,280,348,405	
	SSI CHILD	\$278,313,760		\$639,231,463		\$734,092,975		\$421,516,643	
TOTAL BN limit (without waiver)	TOTAL BN limit (without waiver)	\$16,180,857,033		\$5,845,737,400		\$13,458,833,623		\$15,493,414,413	
	Projected with Waiver Expenditures by EG								
	New Adult Group	\$1,231,708,719		\$2,897,274,517		\$3,407,542,803		\$2,003,839,342	
	TANF Adults 0-123	\$627,106,658		\$1,475,105,565		\$1,734,901,210		\$1,020,226,006	
	Medicaid Child	\$711,151,823		\$1,672,799,658		\$1,967,413,276		\$1,156,956,990	
	Medically Needy Adult	\$8,291,631		\$19,504,170		\$22,939,245		\$13,489,954	
	Medically Needy Child	\$1,820,364		\$4,281,304		\$5,035,159		\$2,960,706	
	Sobra Adult	\$77,809,217		\$181,673,713		\$213,493,967		\$125,958,822	
	Pregnant Women PE	\$4,675		\$9,802		\$9,998		\$5,237	
	SSI ADULT	\$555,430,443		\$1,305,167,299		\$1,534,858,672		\$902,997,522	
	SSI CHILD	\$199,466,810		\$464,447,749		\$545,627,782		\$322,308,129	
	Family Planning	\$0		-\$1,537,216		-\$1,690,938		-\$930,016	
	ICS	\$0		\$3,605,471		\$5,047,659		\$2,884,377	
	WBCCPTA	\$0		\$5,336,365		\$5,336,365		\$5,336,365	
	Residential Substance Use Disorder	N/A		\$25,301,751		\$31,768,451		\$19,023,401	
	Limited Housing Support Services	N/A		\$2,400,000		\$2,400,000		\$1,200,000	
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		\$5,376,000		\$5,376,000		\$2,688,000	
	Former Foster Dental Care	\$0		\$691,730		\$756,176		\$410,310	
	TOTAL With Waiver	\$3,412,790,340		\$8,061,437,878		\$9,480,815,825		\$5,579,355,145	
	(Over)/Under BN Limit	\$2,432,947,060		\$5,397,395,745		\$6,012,598,588		\$3,338,461,324	
									\$26,534,399,187
									\$17,181,402,717

Carryover from 1-14	\$	5,545,084,274
Carryover from 15-17	\$	9,778,507,412
Projected Cushion at end of DY 20		18,381,527,775

Carryover from 1-20	\$	18,381,527,775
Sub-Projected Cushion at end of DY 23	\$	26,715,869,761
Estimated Savings on New Adult Group		\$3,286,279,241
Projected Cushion at end of DY 23	\$	27,720,480,062

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						
Member Months	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
	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						
Member Months	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
	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 (\$6,476,406) Year 2 Balance 104.55% Percentage of Cap

Demonstration Year 3						
Member Months	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
Cap
\$1,333,031,319
\$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	-8.68%	-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
MCO Supplemental
\$0 Payments in actual 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
Cap
\$1,436,056,537
\$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	784.51	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
MCO Supplemental
\$0 Payments in actual MMIS
\$6,461,407 FOHC 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
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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
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

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
 MCO Supplemental
 \$0 Payments in actual 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				
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			
	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: expansion population costs EID and PAC are included in Medically Needy Expansion population costs Family Planning are in Sobra FOHC Cost Settlements (manual, 18,461,885 not thru MMIS) MCO Supplemental 0 Payments (in MMIS) GME Payments (manual, not thru 38,478,221 MMIS)			
	3,341,601	6,891,822	2,950,209	5,278,253	18,461,885 not thru MMIS) MCO Supplemental 0 Payments (in MMIS) GME Payments (manual, not thru 38,478,221 MMIS)			
	0	0	0		0 Payments (in MMIS) GME Payments (manual, not thru 38,478,221 MMIS)			
	6,964,558	14,363,920	6,148,820	11,000,923	38,478,221 MMIS)			
	(15,636,352)	(32,248,896)	(13,804,912)	(24,698,525)	(86,388,686) Pharmacy Rebates DSH in MCO			
	(5,082,761)	(10,482,843)	(4,487,432)	(8,028,515)	(28,081,550) Payments 6 month eligibility, full			
	(784,333)	(1,617,633)	(692,467)	(1,238,900)	(\$4,333,333) year			
	472,711,989	975,160,754	417,343,205	741,143,991	Net Actual & Projected Year 9 Spending Before expansion population below			
	340.37	1,254.39	763.74	276.67	PMPM Cost before Expansion Population costs			
					\$483.42 expansion population: 9,420 EID 0 PAC 5,928.500 Family Planning			
With Waiver Actual	472,711,989	975,160,754	417,343,205	741,143,991	9,420	0	5,928,500	2,612,297,859
	\$340.37	\$1,254.39	\$763.74	\$276.67	PMPM after expansion population costs			
	\$340.37	\$1,254.39	\$763.74	\$276.67	\$484.52 Year 9 Balance 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	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	\$679,304,950	\$535,020,402	\$1,236,871,750	Estimated without Waiver Expenditures			
	454,587,877 17.44%	987,098,527 37.88%	377,217,275 14.47%	787,277,674 30.21%	Actual costs thru MMIS, DY 10 to-date Percent of costs:			
	454,587,877	987,098,527	318,737,803	782,202,586	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	FOHC Cost Settlements (manual, not thru MMIS) GME Payments (manual, not thru MMIS)
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)	Pharmacy Rebates DSH in MCO Payments
(3,564,708)	(7,742,612)	(2,957,645)	(6,174,876)					(20,439,841)	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
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 with other additions	
					2,531,147,748 Expansion Population Costs				
					383,845	58,095,627	5,075,088	383,845 58,095,627 5,075,088	EID PAC, start 7/1/06 Family Planning
452,585,932	982,750,264	317,076,785	778,734,767	383,845	58,095,627	5,075,088	\$2,594,702,308	Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 10)	
0	0	0	0				\$0		
With Waiver Actual	452,585,932	982,750,264	317,076,785	778,734,767	383,845	58,095,627	5,075,088	2,594,702,308	Year 10 Charged Against Cap
								\$529.71	Year 10 PMPM
								\$408,541,212	Year 10 Balance
								86.40%	Percentage of Cap
								\$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	
Projected % of Change in Member Months Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000					
12 Month base times avg % change	1,249,798	735,426	427,219	2,525,029	Member Months:	Eid, PAC & FP	Not counted in CAP	4,937,472	
Year 11 PMPM Cap	315.34	1,302.98	1,183.10	530.81	BN Negotiated PMPM				
Budget Cap	\$394,111,301	\$958,245,369	\$505,442,799	\$1,340,310,643	Estimated without Waiver Expenditures				\$3,198,110,112
	466,735,107 17.29%	1,036,962,382 38.40%	364,992,986 13.52%	831,426,711 30.79%					\$2,700,117,186.00
	466,735,107	1,036,962,382	285,002,934	826,657,359					\$2,615,357,782.46
	(7,194,063)	(15,977,961)	(5,625,433)	(12,811,174)					(41,608,231)
	(5,026,722)	(11,164,034)	(3,930,670)	(8,951,578)					(29,073,004)
	6,039,996	13,414,451	4,723,004	10,756,014					34,933,465
	6,773,903	15,044,412	5,296,887	12,062,954					39,178,156
	467,328,221 373.92	1,038,279,650 1,411.81	285,466,723 668.20	827,713,575 327.80					2,618,788,168
									530.39
									Net Actual & Projected Year 11 Spending before DY 11 increases to add-on's DY 11 Cost PMPM before DY 11 increases to population expansion
									\$2,618,788,168
									Net Actual & Projected Year 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
									Total Funds, SCHIP Shortfall (Fully Funded 0 in DY 11)
	0	0	0	0					

		Year 11 Charged															
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	2,703,547,572							
		Against Cap															
		S547.56 Year 11 PMPM															
		S494,562,540 Year 11 Balance															
		84.54% Percentage of Cap															
		S547.56 PMPM															
		\$373.92	\$1,411.81	\$668.20	\$327.80												
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	331,592	5,725,602	Member Months excluding EID, PAC & FP 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	220,557,185	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)	(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					FQHC Cost Settlements		
	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					28,230,349 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					40,491,686 thru MMIS		
															211,143 UNIDENTIFIED		
	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		
	\$524.95	\$310.08	\$392.44	\$185.47	\$1,552.14	\$195.54	\$1,725.22	\$253.42	\$1,494.58	\$1,352.88					527.19 FP		
	\$561.28	\$331.54	\$419.60	\$198.30	\$2,117.12	\$1,061.26	\$1,844.61	\$270.96	\$1,598.00	\$1,446.50					Year 12 cost PMPM trended forward to DY 13 \$563.67		
											1,793.95	221.32	63.63				
											\$1,918.09	\$236.63	\$68.03				
											1,745.509	78,098.080	21,099.522		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 (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 add on member months \$544.82 \$623,958,336 83.33% Percentage of Cap Year 12 PMPM including add-on population Costs, excluding add on member months Year 12 PMPM including add-on population Costs, trending forward to YEAR 13 \$582.52		
	\$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			
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	193,850	0	6,891,130 Member Months excluding add-on population Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP		
Year 13 PMPM Cap	6.95%	6.95%	6.95%	6.95%	6.86%	6.86%	6.95%	6.95%	6.86%	6.86%	BN Negotiated PMPM		0.00	0.00	0.00		
	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							
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		
	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 3,547,345,459		
	(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 thru MMIS		
	(86,520)	(90,398)	(62,784)	(40,184)	(45,868)	(67)	(41,054)	(80,369)	(162,410)	(58,973)					(668,627) Unidentified		
	(4,216,419)	(4,405,408)	(3,059,673)	(1,958,321)	(2,235,289)	(3,258)	(2,000,681)	(3,916,643)	(7,914,746)	(2,873,942)					(32,584,381) DSH in MCO Payments		

												75.63% Percentage of Cap Year 14 PMPM including add-on population Costs, excluding add on member months																	
												\$547.00	\$277.84	\$474.19	\$204.68	\$2,071.01	\$385.74	\$1,802.64	\$279.98	\$1,563.42	\$1,384.71	\$37,135.70	\$262.16	(\$26.95)	\$0.00	\$0.00	\$535.38		
												Year 14 PMPM including add-on population Costs, \$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						Total		
												Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child	ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog			
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			
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	1,0000	1,0000	1,0000	1,0000	1,0000			
												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 Subsidy MHIP				
												5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	30	745,683	133,295	0	0	879,008	
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
												Total Projected Year 15 Spending: excluding add-on population										4,218,162,346							
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 (18,625,593)	5,978,507 (15,744,031)	5,987,082 (15,766,612)	3,722,354 (9,802,589)	1,818,638 (4,789,271)	53,735 (141,507)	2,635,703 (6,940,962)	3,679,258 (9,689,100)	10,995,581 (28,956,185)	3,719,868 (9,796,044)						GME Payments (manual, not thru MMIS) 45,663,454 Pharmacy Rebates (120,251,896) Pharmacy Waiver Program (1,898,400) DSH in MCO Payments (50,378,598) 300% SSI, Premium Settlements (28,708,929) (Manual, not thru MMIS) (11,229,780) Unidentified		
												294,040 (7,803,048)	248,549 (6,595,840)	248,905 (6,605,300)	154,752 (4,106,719)	75,608 (2,006,428)	2,234 (59,283)	109,576 (2,907,862)	457,127 (4,059,173)	152,960 (12,130,969)	457,127 (4,103,977)								
												4,446,673 (1,739,360)	3,758,729 (1,470,264)	3,764,120 (1,472,373)	2,340,269 (915,419)	1,143,390 (447,248)	33,783 (13,215)	1,657,085 (648,185)	2,313,175 (904,821)	6,912,998 (2,704,087)	2,338,707 (914,808)								
												0	0	0	0	0	0	0	0	0	0								
												636,988,790	538,440,367	539,212,639	335,245,132	163,791,397	4,839,504	237,378,479	331,363,836	990,291,430	335,021,281						4,112,572,855 Total Projected Year 15 Spending with other additions & before add-on population costs DY 15 cost PMPM after other additions & before add on Population Costs Year 15 cost PMPM trended forward to DY 16		
												\$569.32	\$279.17	\$454.46	\$200.27	\$1,929.00	\$2,033.40	\$1,724.31	\$276.08	\$1,607.33	\$1,400.12						502.23		
												\$608.72	\$298.49	\$485.91	\$214.13	\$2,062.49	\$2,174.11	\$1,843.63	\$295.18	\$1,718.56	\$1,497.01						\$536.98		
																						\$37,135.65	\$280.30	\$77.78	\$0.00	\$0.00			
																						\$39,705.44	\$299.70	\$83.16	\$0.00	\$0.00			
																						1,114,070	203,373,022	(192,713)	0	0	204,294,379		
												\$636,988,790	\$538,440,367	\$539,212,639	\$335,245,132	\$163,791,397	\$4,839,504	\$237,378,479	\$331,363,836	\$990,291,430	\$335,021,281	\$1,114,070	\$203,373,022	(\$192,713)	\$0	\$0	\$4,316,867,233		
												0	0	0	0	0	0	0	0	0	0						Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 0 12)		
With Waiver Actual												636,988,790	538,440,367	539,212,639	335,245,132	163,791,397	4,839,504	237,378,479	331,363,836	990,291,430	335,021,281	1,114,070	203,373,022	(192,713)	0	0	4,316,867,233		
																						4,316,867,233		Year 15 Charged Against Cap \$1,609,413,749 Year 15 Balance 72.84% Percentage of Cap					
												\$569.32	\$279.17	\$454.46	\$200.27	\$1,929.00	\$2,033.40	\$1,724.31	\$276.08	\$1,607.33	\$1,400.12	\$37,135.65	\$272.73	(\$1.45)	#DIV/0!	\$0.00	\$527.18		
																						Year 15 PMPM including add-on population Costs, excluding add on member months							
																						Year 15 PMPM including add-on population Costs, \$563.66 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						Total	
												Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child	ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog		
Year 16 actual; base for trending to DY17 Projection Adjustment factor:												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		
DY 16 Projection, member months												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		
												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 Subsidy MHIP			
												5.70%	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
Year 16 PMPM Cap												768.52	410.52	768.52	410.52	4,496.19	2,064.16	3,468.38	497.15	1,838.03	1,665.78	BN Negotiated PMPM (Proposed)		0.00	0.00	0.00	0.00	0.00

Budget Cap	\$1,024,017,548	\$910,546,086	\$1,108,235,044	\$792,238,327	\$343,864,115	\$5,494,794	\$393,695,814	\$484,165,436	\$1,219,034,799	\$414,139,560	Estimated without Waiver Expenditures	\$0	\$0	\$0	\$0	\$0	\$6,695,431,523
	623,325,036	557,027,351	589,423,812	376,388,079	123,172,108	1,244,716	224,398,740	343,476,839	988,421,032	339,609,752							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%							GME Payments (manual, not thru MMIS)
	7,060,749	6,309,758	6,676,731	4,263,557	1,395,239	14,100	2,541,889	3,890,753	11,196,394	3,846,948							Pharmacy Rebates
	(13,792,630)	(12,325,628)	(13,042,481)	(8,328,531)	(2,725,492)	(27,542)	(4,965,385)	(7,600,287)	(21,871,295)	(7,514,718)							1,898,400 Pharmacy Waiver Program
	284,009	253,801	268,562	171,496	56,122	567	102,244	156,500	450,360	154,738							DSH in MCO Payments
	(12,791,027)	(11,430,556)	(12,095,352)	(7,723,723)	(2,527,570)	(25,542)	(4,604,805)	(7,048,363)	(20,283,029)	(6,969,008)							FQHC Cost Settlements
	4,345,981	3,883,737	4,109,613	2,624,274	858,787	8,678	1,564,565	2,394,808	6,891,524	2,367,846							29,049,814 (Manual, not thru MMIS)
	18,466	16,502	17,462	11,151	3,649	37	6,648	10,176	29,283	10,061							123,435 Unidentified
	608,450,585	543,734,966	575,358,348	367,406,303	120,232,843	1,215,013	219,043,896	335,280,426	964,834,268	331,505,620							Total Projected Year 16 Spending with other additions & before add-on population costs
	\$456.64	\$245.14	\$398.99	\$190.38	\$1,572.10	\$456.43	\$1,929.73	\$344.27	\$1,454.75	\$1,333.40							451.86 on Population Costs
	\$488.24	\$262.10	\$426.60	\$203.55	\$1,680.89	\$488.01	\$2,063.27	\$368.09	\$1,555.42	\$1,425.67							Year 16 cost PMPM
											\$39,705.44	\$299.70	\$83.16	\$0.00	\$0.00		\$483.13 trended forward to DY 17
											\$42,453.06	\$320.44	\$88.91	\$0.00	\$0.00		other additions & before add on Population Costs
											1,191,163	252,750,447	(2,170,978)	0	0		Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	\$608,450,585	\$543,734,966	\$575,358,348	\$367,406,303	\$120,232,843	\$1,215,013	\$219,043,896	\$335,280,426	\$964,834,268	\$331,505,620	\$1,191,163	\$252,750,447	(\$2,170,978)	\$0	\$0		Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 0 12)
	0	0	0	0	0	0	0	0	0	0							Year 16 Charged Against
With Waiver Actual	608,450,585	543,734,966	575,358,348	367,406,303	120,232,843	1,215,013	219,043,896	335,280,426	964,834,268	331,505,620	1,191,163	252,750,447	(2,170,978)	0	0		4,318,832,901 Cap
																	\$2,376,598,622 Year 16 Balance
																	64.50% Percentage of Cap
	\$456.64	\$245.14	\$398.99	\$190.38	\$1,572.10	\$456.43	\$1,929.73	\$344.27	\$1,454.75	\$1,333.40	\$39,705.44	\$286.30	(\$12.15)	#DIV/0!	\$0.00		Year 16 PMPM including add-on population Costs, excluding add on member months
																	Year 16 PMPM including add-on population Costs, excluding add on population Costs, \$513.03 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							Total
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child	ICS	PAC	515,637	FAMILY PLAN	Childless Adults	Pharmacy Discount Prog	
	703,265	1,129,191	612,801	861,754	36,606	680	70,833	599,553	344,319	124,450	30		84,736	0	0		4,483,452
	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000		1,000	1,000	1,000		Member Months excluding add-on population member months for add-on population items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
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							600,403
	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	
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	
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
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)
	217,430	192,991	212,263	140,002	79,574	496	144,057	116,093	629,175	166,321							Pharmacy Rebates
	\$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							1,898,400 Pharmacy Waiver Program
	\$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							DSH in MCO Payments
																	FQHC Cost Settlements (Manual, not thru MMIS)
																	Total Projected Year 17 Spending with other additions & before add-on population costs
																	3,170,521,152
																	707.16 on Population Costs

												24	142,097,984	(885,400)	0	0	141,212,608	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	\$363,129,623	\$322,314,503	\$354,500,561	\$233,817,401	\$132,896,063	\$827,667	\$240,590,332	\$193,886,642	\$1,050,786,034	\$277,772,328		\$24	\$142,097,984	(\$885,400)	\$0	\$0	\$3,311,733,760	Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
	0	0	0	0	0	0	0	0	0	0								
With Waiver Actual	363,129,623	322,314,503	354,500,561	233,817,401	132,896,063	827,667	240,590,332	193,886,642	1,050,786,034	277,772,328		24	142,097,984	(885,400)	0	0	3,311,733,760	Year 17 Charged Against Cap
	\$516.35	\$285.44	\$578.49	\$271.33	\$3,630.44	\$1,217.16	\$3,396.59	\$323.39	\$3,051.78	\$2,232.00		\$0.80	\$275.58	(\$10.45)	#DIV/0!	\$0.00	\$738.66	Year 17 PMPM including add-on population Costs, excluding add on member months
																		Year 17 PMPM including add-on population Costs, \$789.78 trended forward DY 18
Demonstration Year 17 Projection (6 Months) January 1-June 30th Year 17 projection; base for trending to DY18 Projection Adjustment factor x 50% to account for half year (thru Dec 31 only) DY 17 Projection, member 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	
	1,085,772	1,474,462	2,851,037	34,419	393	64,124	0	348,132	124,869		83	2,354	75,579					
	1,0000	1,0000	1,0000	1,0000	1,0000	1,0000	1,0000	1,0000	1,0000		1,0000	1,0000	1,0000					
	1,085,772	1,474,462	2,851,037	34,419	393	64,124	0	348,132	124,869		Member Months: ICS & Family Planning	Not counted in CAP					5,983,208	Member Months excluding add-on population
												83	2,354	75,579			78,016	Member Months for add-on population items: FAMILY PLANNING & ICS
Year 17 PMPM Cap	790.85	809.25	445.05	4,734.49	2,165.30	3,652.20	892.00	1,948.31	1,765.73		BN Negotiated PMPM (Proposed)	0.00	0.00	0.00				
Budget Cap	\$858,682,786	\$1,193,208,374	\$1,268,854,017	\$162,956,411	\$850,963	\$234,193,673	\$0	\$678,269,057	\$220,484,939		Estimated without Waiver Expenditures	\$0	\$0	\$0			\$4,617,500,220	
	\$788,728,673	\$611,150,478	\$684,926,910.00	\$132,816,489.00	\$827,171.00	\$240,446,275	\$0.00	\$1,050,156,859	\$277,606,007								\$3,786,658,862.00	Total Actual Year 17 Spending: excluding add-on population
	\$726.42	\$414.49	\$240.24	\$3,858.81	\$2,104.76	\$3,749.71	\$0.00	\$3,016.55	\$2,223.18								\$632.88	Actual DY 17 PMPM costs before DY 17 increases to add-onpopulation: Year 17 cost PMPM
	\$776.69	\$443.17	\$256.86	\$4,125.84	\$2,250.41	\$4,009.19	\$0.00	\$3,225.29	\$2,377.02								\$676.68	trended forward to DY 18 Percent of costs before expansion population: GME Payments (manual, Pharmacy Rebates DSH in MCO Payments FQHC Cost Settlements (Manual, not thru MMIS)
	20.83%	16.14%	18.09%	3.51%	0.02%	6.35%	0.00%	27.73%	7.33%								\$47,475.162	Percent of costs before expansion population: GME Payments (manual, 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 (5,823,142) (3,936,275)								26,906,602	Percent of costs before expansion population: GME Payments (manual, Pharmacy Rebates DSH in MCO Payments FQHC Cost Settlements (Manual, not thru MMIS)
	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
	0	0	0	0	0	0	0	0	0								4,500,000	REM Case Management
	9,564,838	7,411,364	8,306,044	1,610,653	10,031	2,915,869	0	12,735,153	3,366,502								45,920,453	Unidentified
	786,058,333	609,081,351	682,608,004	132,366,822	824,371	240,632,214	0	1,047,591,421	280,176,137								3,779,338,652	Total Projected Year 17 Spending with other additions & before add-on population costs DY 16 cost PMPM after other additions & before add on Population Costs
	\$723.96	\$413.09	\$239.42	\$3,845.75	\$2,097.63	\$3,752.61	#DIV/0!	\$3,009.18	\$2,243.76								\$631.66	
								\$			0.29	\$0.31	\$40.37	(\$10.45)			\$43.17	(\$11.17)
												24	95,035	(885,400)				Total Costs of Expansion Population Items: FAMILY (790,341) PLAN, & ICS
	\$ 786,058,333	\$ 609,081,351	\$ 682,608,004	\$ 132,366,822	\$ 824,371	\$ 240,632,214	\$ -	\$ 1,047,591,421	\$ 280,176,137			\$24	\$95,035	(\$885,400)			\$3,778,548,311	Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
	0	0	0	0	0	0	0	0	0									
With Waiver Actual	786,058,333	609,081,351	682,608,004	132,366,822	824,371	240,632,214	0	1,047,591,421	280,176,137		24	95,035	(885,400)				3,778,548,311	Year 17 Charged Against Cap
	\$723.96	\$413.09	\$239.42	\$3,845.75	\$2,097.63	\$3,752.61	\$0.00	\$3,009.18	\$2,243.76		\$0.29	\$40.37	(\$11.71)				\$631.53	Year 17 PMPM including add-on population Costs, excluding add on member months
																		Year 17 PMPM including add-on population Costs, \$675.23 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 Projection Adjustment factor	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 population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 18 PMPM Cap	828.02	848.90	465.08	4,942.81	2,260.57	3,838.46	939.28	2,034.04	1,765.73		201	3,313	173,846
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
	\$656.36	\$373.06	\$271.65	\$1,760.87	\$683.25	\$2,071.50	\$1,130.10	\$1,268.04	\$1,264.59				\$482.56
	\$701.78	\$398.87	\$290.45	\$1,882.73	\$730.53	\$2,214.85	\$1,208.31	\$1,355.78	\$1,352.10				\$515.95
	1,823,463,822	1,071,451,683	1,540,170,694	132,816,489	827,171	240,446,275	33,893	891,017,471	317,175,223				6,017,402,721
Percent of costs before expansion population:	30.30%	17.81%	25.60%	2.21%	0.01%	4.00%	0.00%	14.81%	5.27%				
	0	0	0	0	0	1,245,971	0	0	0				1,245,971
	0	0	0	0	0	0	0	1,980,000	7,020,000				9,000,000
	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
	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
	(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)
	(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)
	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
	0	0	0	0	0	0	0	0	0				0
	0	0	0	0	0	0	0	0	0				0
	1,824,007,990	1,071,771,432	1,540,630,320	132,856,125	827,418	241,764,001	33,903	893,263,373	324,289,876				6,029,444,439
	\$656.36	\$373.06	\$271.65	\$1,760.87	\$683.25	\$2,082.23	\$1,130.10	\$1,270.85	\$1,292.57				483.52
										\$0.29	\$1,473.89	(\$10.45)	
										\$0.31	\$1,575.89	(\$11.17)	
										58	4,883,010	(1,816,691)	
													Total Costs of Expansion Population Items: MHIP, 3,066,377 PAC, FAMILY PLAN, etc
	\$1,824,007,990	\$1,071,771,432	\$1,540,630,320	\$132,856,125	\$827,418	\$241,764,001	\$33,903	\$893,263,373	\$324,289,876	\$58	\$4,883,010	(\$1,816,691)	\$6,032,510,816
	0	0	0	0	0	0	0	0	0				Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 0 12)
With Waiver Actual	1,824,007,990	1,071,771,432	1,540,630,320	132,856,125	827,418	241,764,001	33,903	893,263,373	324,289,876	58	4,883,010	(1,816,691)	6,032,510,816
	\$656.36	\$373.06	\$271.65	\$1,760.87	\$683.25	\$2,082.23	\$1,130.10	\$1,270.85	\$1,292.57	\$0.29	\$1,473.89	(\$10.45)	
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 Projection Adjustment factor	2,668,138	2,255,106	4,657,991	25,124	1,501	98,917	7	645,946	238,311	201	3,840	173,846	
Projection Adjustment factor	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1000	1.1000	1.1000	
DY 19 Actual member months	2,668,138	2,255,106	4,657,991	25,124	1,501	98,917	7	645,946	238,311	Member Months:			10,591,041
													Member Months excluding add-on population population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 19 PMPM Cap	866.94	890.50	486.01	5,160.29	2,360.04	3,838.46	989.06	2,034.04	1,843.42	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00
Budget Cap	\$2,313,115,558	\$2,008,171,893	\$2,263,830,206	\$129,647,126	\$3,542,420	\$379,688,948	\$6,923	\$1,313,880,002	\$439,307,264	Estimated without Waiver Expenditures	\$0	\$0	\$0
	\$852.20	\$564.75	\$301.52	\$1,892.46	\$1,730.34	\$1,616.82	\$852.20	\$1,800.59	\$1,694.18				\$565.73
	\$911.17	\$603.83	\$322.38	\$2,023.41	\$1,850.08	\$1,728.70	\$1,291.92	\$1,925.19	\$1,811.41				\$604.88
	2,273,785,667	1,273,573,744	1,404,460,867	47,546,074	2,597,243	159,930,805	8,458	1,163,083,200	403,740,616				5,991,679,446
Percent of costs before expansion population:	37.95%	15.01%	22.58%	0.79%	0.02%	3.66%	0.00%	14.62%	5.38%				
	0	0	0	0	0	2,000,000	0	0	0				2,000,000
	0	0	0	0	0	0	0	1,980,000	7,020,000				9,000,000
													Presumptive Eligibility
													9,000,000 REM Case Management

	4,226,972 (2,480,601)	0 (1,598,610)	0 0	0 0	0 0	0 0	0 0	4,579,219 (1,433,236)	0 0										8,806,191 Psych IMD (6 months) (5,512,448) SUD IMD (6 months)
																			Total Projected Year 19 Spending with other additions & before add-on population costs
	2,275,532,037	1,271,975,134	1,404,460,867	47,546,074	2,597,243	161,930,805		8,458	1,168,209,183	410,760,616									6,005,973,190
	\$852.85	\$564.04	\$301.52	\$1,892.46	\$1,730.34	\$1,637.04		\$1,208.29	\$1,808.52	\$1,723.63									567.08 on Population Costs
												\$0.29 \$0.31	\$914.46 \$977.74						(\$10.45) (\$11.17)
													0	3,862,685					Total Costs of Expansion Population Items: MHIP, 3,862,685 PAC, FAMILY PLAN, etc
	\$2,275,532,037	\$1,271,975,134	\$1,404,460,867	\$47,546,074	\$2,597,243	\$161,930,805		\$8,458	\$1,168,209,183	\$410,760,616									\$0
	0	0	0	0	0	0		0	0	0									Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 0 12)
With Waiver Actual	2,275,532,037	1,271,975,134	1,404,460,867	47,546,074	2,597,243	161,930,805		8,458	1,168,209,183	410,760,616									Year 19 Charged Against Cap
	\$852.85	\$564.04	\$301.52	\$1,892.46	\$1,730.34	\$1,637.04		\$1,208.29	\$1,808.52	\$1,723.63									6,010,860,397
																			\$2,840,329,943 Year 19 Balance 67.91% Percentage of Cap Year 19 PMPM including add-on population Costs, excluding add on member months
																			Year 19 PMPM including add-on population Costs, \$606.81 trended forward DY 20
Demonstration Year 20 Actual (6 Months)																			Total
Year 20 projection: base for trending to DY21	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						
Projection Adjustment factor (1/6 months)	3,776,459	2,686,825	5,718,713	13,417	2,474	123,500	35	762,637	277,037		329	2,003	125,074						
DY 20 Actual member 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						
	1,888,230	1,343,413	2,859,357	6,709	1,237	61,750	18	381,319	138,519										Member Months excluding add-on population member months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
												165	1,002	62,537					6,680,552
Year 20 PMPM Cap	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%										BN Negotiated PMPM (Proposed)
	907.68	934.13	507.88	5,387.34	2,463.88	4,239.97	0.00	2,216.97	2,009.21			0.00	0.00	0.00					Estimated without Waiver Expenditures
Budget Cap	\$1,713,908,606	\$1,254,922,386	\$1,452,210,233	\$36,143,664	\$3,047,820	\$261,818,148	\$0	\$845,372,783	\$278,313,760			\$0	\$0	\$0					\$5,845,737,400
	\$744.67	\$540.79	\$257.74	\$1,480.19	\$1,221.89	\$1,406.32	\$259.72	\$1,651.38	\$1,453.58										Projected DY 20 PMPM costs before DY 20 increases to add-
	\$796.20	\$578.21	\$275.57	\$1,582.62	\$1,306.44	\$1,503.64	\$277.70	\$1,765.66	\$1,554.17										\$568.65 onpopulation: Year 20 cost PMPM \$608.00 trended forward to DY 21 Total Projected Year 20 Spending; excluding add-on population
	1,406,114,723	726,498,887	736,956,577	9,930,603	1,511,476	86,840,196	4,675	629,702,541	201,348,792										3,798,908,470
Percent of costs before expansion population:	37.01%	19.12%	19.40%	0.26%	0.04%	2.29%	0.00%	16.58%	5.30%										
	0	0	0	0	0	1,000,000	0	0	0										1,000,000 Presumptive Eligibility
	0	0	0	0	0	0	0	990,000	3,510,000										4,500,000 REM Case Management
	4,226,972 (2,480,601)	(1,598,610)	0	0	0	0	0	4,579,219 (1,433,236)	0										8,806,191 Psych IMD (6 months) (5,512,448) SUD IMD (6 months)
																			Total Projected Year 20 Spending with other additions & before add-on population costs
	1,407,861,093	724,900,277	736,956,577	9,930,603	1,511,476	87,840,196	4,675	633,838,524	204,858,792										3,807,702,214
	\$745.60	\$539.60	\$257.74	\$1,480.19	\$1,221.89	\$1,422.51	\$259.72	\$1,662.23	\$1,478.92										569.97 on Population Costs
												\$0.29 \$0.31	\$1,166.19 \$1,246.89						(\$10.45) (\$11.17)
													0	1,167,935					Total Costs of Expansion Population Items: MHIP, 1,167,935 PAC, FAMILY PLAN, etc
	\$1,407,861,093	\$724,900,277	\$736,956,577	\$9,930,603	\$1,511,476	\$87,840,196	\$4,675	\$633,838,524	\$204,858,792										\$0
	0	0	0	0	0	0	0	0	0										Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 0 12)
With Waiver Actual	1,407,861,093	724,900,277	736,956,577	9,930,603	1,511,476	87,840,196	4,675	633,838,524	204,858,792										Year 20 Charged Against Cap
	\$745.60	\$539.60	\$257.74	\$1,480.19	\$1,221.89	\$1,422.51	\$259.72	\$1,662.23	\$1,478.92										3,808,870,149
																			\$2,036,867,252 Year 20 Balance 65.16% Percentage of Cap Year 20 PMPM including add-on population Costs, excluding add on member months
																			Year 20 PMPM including add-on population Costs, \$609.59 trended forward DY 20