

Concept Paper: Texas Nursing Facility Transformation Program

Introduction

This concept paper presents a proposal to establish a Nursing Facility (NF) Transformation Program beginning in DY 4 (FFY 15) under the Texas Medicaid 1115 waiver demonstration. The transformation program would support reform goals outlined in recently enacted state legislation (SB 7) to promote comprehensive patient care coordination for Medicaid beneficiaries residing in nursing facilities and to improve the quality of care provided to these beneficiaries. HHSC proposes a two-stage implementation plan for the short term (during DY 4 and DY 5) and in the long term (covering the next waiver renewal period).

The NF Transformation Program would be a separate program from the DSRIP program approved under the current Texas Transformation 1115 waiver, however, the program will offer an opportunity for NFs and DSRIP performing providers to collaborate on joint initiatives, such as reducing hospital admissions. The inclusion of the NF Transformation Program in the waiver substantially enhances the ability of the waiver’s Regional Healthcare Partnerships (RHPSs) to systematically increase the scope of their healthcare transformation efforts which began with the development of RHP needs assessments and are being implemented through over 1,200 DSRIP projects state wide.

The funding source for the NF Transformation Program would largely derive from the NF upper payment limit program that will be converted beginning in September 2014 from a supplemental payment program to the NF Transformation Program under the Texas 1115 waiver, in alignment with the integration of nursing facility services into Star + Plus Medicaid Managed Care Program.

Context for Nursing Facility Care Transformation

Today, more than 1,100 nursing facilities across the state of Texas serve 61,000 Medicaid recipients including Medicare/Medicaid dual-eligibles.

Texas Nursing Facilities

Type	Number of Facilities	Estimated Number of Medicaid Patient Days (6-month experience from 9/1/12 to 2/28/13)	Percent Medicaid Patient Day Distribution
Private Urban	752	7,487,167	75%
Private Rural	335	2,392,073	24%
State	8	33,522	0%
Non State Government Owned	24	109,395	1%
Total	1,119	10,022,157	100%

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Texas nursing facilities strive to meet the needs of their patients while confronting serious challenges including low Medicaid reimbursement rates, outdated infrastructure, and staffing shortages. Nursing facility services also remain largely uncoordinated with acute care benefits offered through Medicaid Star + Plus managed care which results in fragmented care delivery.

NF Upper Payment Limit Program

To address the financing challenges for non-state government owned NFs, in October 2012, CMS approved a state plan amendment that establishes a Nursing Facility Upper Payment Limit (UPL) program. Under the program, beginning in October 2013, non-state government owned nursing facilities will be eligible to receive supplemental payments up to the difference between what the facility was paid under Medicaid and what they would have been paid for the same residents if their care was paid for under Medicare. Based on HHSC analyses, this class of NFs is currently reimbursed approximately 50 percent of the Medicare rate. As governmental entities, the NFs will finance the non-federal share of the supplemental payments via intergovernmental transfers.

Senate Bill (SB) 7 and NF Integration into Star+ Plus Program

In June 2013, SB 7 was signed into law, which directs HHSC to transition nursing facility services from fee-for-service to the Star + Plus Medicaid Managed Care Program. Under this change, managed care organizations will assume responsibility to coordinate and integrate nursing facility services with acute care services provided to Star + Plus beneficiaries. SB 7 establishes a Nursing Facility Advisory Committee that will advise HHSC on:

- Developing quality-based outcomes and process measures for long-term services and supports provided in nursing facilities
- Developing quality-based long term care payment systems and quality initiatives for nursing facilities;
- Transparency of information received from managed care organizations
- The reporting of outcome and process measures;
- The sharing of data among health and human services agencies.

HHSC plans to integrate NF services into Star + Plus managed care contracts by September 1, 2014, as proposed in its pending 1115 waiver amendment. One result of this change is that the UPL NF program will effectively end because the supplemental payment program is only permitted under the Fee-For-Service program. Under the 1115 waiver, HHSC proposes to redirect these former UPL payments (both actual and estimated future amounts) into a NF Transformation Program to support reforms consistent with SB 7 goals and CMS' Triple Aim as established in the 1115 waiver.

NF Transformation Program

The NF Transformation Program will complement SB 7's goals to improve patient care for Texas nursing facility residents. The NF Transformation Program will be separate and unique

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from the current Texas DSRIP program. Yet, the program will offer opportunities for NFs to work with DSRIP performing providers on joint initiatives (such as reducing hospital admissions and emergency room visits).

Texas believes that the Transformation Program under the 1115 waiver could be structured in accordance with CMS's Quality Assurance and Performance Improvement (QAPI) initiative for improving the quality and efficiency of nursing facility care. If the Transformation Program adopted the QAPI methodology, HHSC could combine quality assurance with a structured approach to performance improvement to improve the care provided by Texas NF's that qualify for participation in this program.

The Transformation Program, as structured by the QAPI methodology, would require each NF to develop a multi-year plan that includes how the NF would implement QAPI's five elements:

- Design and Scope
- Governance and Leadership
- Feedback, Data Systems and Monitoring
- Performance Improvement Projects, and
- Systematic Analysis and Systemic Action

This approach to NF transformation implemented by the Transformation Program would create within each NF a structure that not only systematically improves the quality of care provided to each resident but also provides a point of accountability these initiatives. A major value of the QAPI methodology is its:

- Focus on performance improvement from the perspective of individual residents,
- Involvement of staff in the improvement initiatives, and
- Creation of a culture that focuses on quality, measurement and performance improvement.

The QAPI initiative, in creating a structure for improvement, would provide the basis for the implementation of Texas' system-wide goals as identified in the aforementioned SB 7 outcome initiatives. It would also allow each NF to tailor its improvement effort to address its specific circumstances and needs. Potential examples of system-wide goals include the nine quality goals identified by the Advancing Excellence in America's Nursing Homes campaign.

- Improve staff stability
- Increasing use of consistent assignment
- Increasing person-centered care planning and decision making
- Safely reducing hospitalizations
- Using medications appropriately
- Increasing resident mobility

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- Preventing and managing infections safely
- Reducing incidence of pressure ulcers, and
- Decreasing symptoms of pain.

Because the QAPI program provides a methodology for quality assurance and performance improvement, it is entirely congruent with HHSC's need to ensure that the NF Transformation program aligns with recommendations that will arise from SB 7's Nursing Facility Advisory Committee. It also complements while not duplicating state and MCO NF quality incentive programs. Initially, incentive payments will be tied to reporting of the NF's progress in establishing the QAPI methodology; however, over time, an increasing share of incentive payments will shift from pay for reporting to pay for performance.

Waiver Implementation Strategy

Texas proposes to establish the NF Transformation Program in DY 4 (September 1, 2014) of the current waiver period and continue the program into the next waiver renewal period.

Current Waiver Period DY 4 and DY 5

In the short term (the current waiver period of DY 4 and DY 5), HHSC would establish parameters for the implementation of the QAPI program and incentive payment methodology. HHSC proposes to limit participation in the Transformation Program to non-state government owned NFs, including those facilities that change ownership to non-state government status during DY 4 or DY 5. An eligible NF can only enter the Transformation Program at the beginning of the respective DY. In keeping with the QAPI methodology and the requirements for performance as envisioned by Texas SB 7's Nursing Facility Advisory Committee, HHSC will develop a list of performance measures that both HHSC and CMS can prioritize as the basis for incentive payments.

Based on discussions with industry experts, HHSC believes that a limited number of private urban NFs and private rural NFs will change ownership and become eligible to participate in the NF Transition Program in DY 4 or DY 5. Estimates on the number of NFs changing ownership in DY 4 and DY 5 are discussed in the last section titled "Funding Levels for NF Transformation Program."

Depending on the timing of the change of ownership, eligible NFs may begin participation in the NF Transformation Program in DY 4 or DY 5, under the following conditions:

DY 4 Entrants: Eligible NFs that wish to participate in the Transformation Program beginning in DY 4 would be required to submit a multi-year transformation plan to HHSC by April 1, 2015, (DY4) for HHSC/CMS approval. In addition, NFs will be required to establish and report on key components of the QAPI methodology during DY4 to be eligible for the full incentive payment under the Transformation Program. Submission of the plan will trigger the initial incentive payment in DY 4. Contained in the plan will be key performance improvement

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projects identified by the NF as well as baseline performance metrics for these projects. In DY 5, these same NFs would be required to expand their multi-year plan to include system-wide performance measures (anticipated to be identified by HHSC in DY4) including the assessment and reporting of baselines, for performance measures approved by HHSC/CMS. Incentive payments in DY 5 would be based on pay for reporting on all measures appropriate to the NF.

DY 5 Entrants: Eligible NFs that wish to participate in the NF Transformation Program beginning in DY 5 will be required to submit a multi-year improvement plan congruent with the QAPI methodology by September 30, 2015, and HHSC/CMS approval of the plan will trigger the initial DY5 incentive payment. The NFs will also be required to establish and report on the components of the QAPI methodology during the year as well as report baseline information for both the state-wide performance measures and NF-specific measures as identified through the QAPI process. Incentive payments will be based on pay for reporting of all measures appropriate to the NF.

The incentive payment methodology for NFs will be developed by January 2015. In developing the payment methodology, HHSC shall consider the following factors: the size of NF, the NF's share of Medicaid patients, geographic location (e.g. urban vs. rural), historical or projected UPL supplemental payments, and other factors approved by CMS.

Renewal Period starting October 1, 2016

The NF Transformation Program will go into full implementation during the renewal period. HHSC anticipates requesting a 5-year waiver extension consistent with Section 2601 of the Affordable Care Act, which authorizes the longer extension period for waivers serving Medicare and Medicaid dual eligible individuals. HHSC envisions that the NF Transformation Program will include the following elements:

- HHSC will consider expanding program eligibility to all NFs if funding levels for the NF Transformation Program are sufficient and a source for the non-federal share is identified;
- Each participating NF will implement the QAPI methodology as identified above.
- NF participants from prior waiver period (DY 4 /DY 5) may reapply to participate in the NF Transformation Program. For these NFs, a percentage of incentive payments will be tied to pay for performance starting in DY 6. The percentage of funding tied to P4P will increase each year, through DY 10 according to the following schedule:

Pay for Performance Schedule: Percent of Incentive Payments Tied to P4P

DY 6	DY 7	DY 8	DY 9	DY 10
15%	25%	35%	50%	50%

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- Newly participating NFs that join the program in DY 6 will be eligible for incentive payments that are tied to establishing baselines and pay for reporting in the first year; beginning in DY 7 a percentage of funding will be tied to pay for performance and the percentage will increase each year through DY 10, according to the phase in schedule above (starting at 15 percent).
- A NF may join the NF Transformation Program up until DY 8 and have a one-year pay for reporting period before incentive funding begins to shift to pay for performance.

Funding Levels for the NF Transformation Program

HHSC proposes to fund the NF Transformation Program based on actual and projected NF UPL supplemental payments built into the waiver budget neutrality cap and converted to NF transformation incentive payments. Estimated funding levels for the current waiver period are included in the table below:

Transformation Program for Non State Government Owned Nursing Facilities

Estimated Funding

	DY 4	DY 5
NF Transformation Program	\$220 million	\$255 million

HHSC estimates that in DY 3 (beginning October 2013), all 24 non-state government owned NFs plan to participate in the UPL program and will be eligible to receive approximately \$25 million in supplemental payments annually. Based on discussions with industry experts, HHSC believes that a select number of private urban NFs and private rural NFs (36 facilities and 40 facilities, respectively) will participate in the NF Transformation Program at the beginning of DY4. The UPL amounts associated with participating NFs will fund the Transformation Program at an estimated \$220 million. In DY5 HHSC estimates that an additional 20 NFs will change ownership status, becoming eligible for the Transformation Program and increase funding to approximately \$255 million.

For the upcoming waiver renewal period, HHSC proposes developing funding levels for the NF Transformation Program based on NF eligibility and expected participation – if the program is expanded to include private NFs, a higher funding level will be proposed based on an estimate of UPL supplemental funding associated with the NFs, contingent upon there being sufficient spending room under the waiver budget neutrality cap and an IGT source is available to finance the non-federal share of the Transformation incentive payments.

**Managed Care Hospital Transition 1115 waiver
HISTORIC DATA - High Level Summary**

TIME PERIOD AND ELIGIBILITY GROUP SERVED:
SFY

	2007	2008	2009	2010	2007-2010
Aged and Medicare Related					
EXPENDITURES AND UPL	\$ 2,987,685,216	\$ 3,206,439,062	\$ 3,539,769,559	\$ 3,826,941,726	\$ 13,560,835,563
ELIGIBLE MEMBER MONTHS	3,871,397	3,906,617	3,949,203	4,022,696	15,749,913
PER MEMBER PER MONTH COSTS	\$ 771.73	\$ 820.77	\$ 896.33	\$ 951.34	\$ 861.01

TREND RATES	ANNUAL CHANGE				4-YEAR AVERAGE
TOTAL EXPENDITURE		7.32%	10.40%	8.11%	8.60%
ELIGIBLE MEMBER MONTHS		0.91%	1.09%	1.86%	1.29%
PER MEMBER PER MONTH COSTS		6.35%	9.21%	6.14%	7.22%

TIME PERIOD AND ELIGIBILITY GROUP SERVED:
SFY

	2007	2008	2009	2010	2007-2010
Blind and Disabled					
EXPENDITURES AND UPL	\$ 3,884,226,413	\$ 4,388,995,851	\$ 4,953,466,508	\$ 5,488,904,132	\$ 18,715,592,904
ELIGIBLE MEMBER MONTHS	3,678,895	3,907,066	4,156,727	4,416,546	16,159,234
PER MEMBER PER MONTH COSTS	\$ 1,055.81	\$ 1,123.35	\$ 1,191.67	\$ 1,242.80	\$ 1,158.20

TREND RATES	ANNUAL CHANGE				4-YEAR AVERAGE
TOTAL EXPENDITURE		13.00%	12.86%	10.81%	12.22%
ELIGIBLE MEMBER MONTHS		6.20%	6.39%	6.25%	6.28%
PER MEMBER PER MONTH COSTS		6.40%	6.08%	4.29%	5.59%

TIME PERIOD AND ELIGIBILITY GROUP SERVED:
SFY

	2007	2008	2009	2010	2007-2010
Adults					
EXPENDITURES AND UPL	\$ 1,641,765,439	\$ 1,778,040,541	\$ 1,920,575,071	\$ 2,055,633,422	\$ 7,396,014,473
ELIGIBLE MEMBER MONTHS	2,589,626	2,493,137	2,502,742	2,623,692	10,209,197
PER MEMBER PER MONTH COSTS	\$ 633.98	\$ 713.17	\$ 767.39	\$ 783.49	\$ 724.45

TREND RATES	ANNUAL CHANGE				4-YEAR AVERAGE
TOTAL EXPENDITURE		8.30%	8.02%	7.03%	7.78%
ELIGIBLE MEMBER MONTHS		-3.73%	0.39%	4.83%	0.44%
PER MEMBER PER MONTH COSTS		12.49%	7.60%	2.10%	7.31%

TIME PERIOD AND ELIGIBILITY GROUP SERVED:
SFY

	2007	2008	2009	2010	2007-2010
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Children					
EXPENDITURES AND UPL	\$ 4,860,573,211	\$ 5,749,275,427	\$ 6,363,770,393	\$ 7,241,770,846	\$ 24,215,389,877
ELIGIBLE MEMBER MONTHS	23,297,502	23,642,197	24,860,034	27,916,645	99,716,378
PER MEMBER PER MONTH COSTS	\$ 208.63	\$ 243.18	\$ 255.98	\$ 259.41	\$ 242.84
TREND RATES	ANNUAL CHANGE				4-YEAR AVERAGE
TOTAL EXPENDITURE		18.28%	10.69%	13.80%	14.21%
ELIGIBLE MEMBER MONTHS		1.48%	5.15%	12.30%	6.21%
PER MEMBER PER MONTH COSTS		16.56%	5.27%	1.34%	7.53%
TIME PERIOD AND ELIGIBILITY GROUP SERVED:					
SFY	2007	2008	2009	2010	2007-2010
Included Population Total Expenditures					
EXPENDITURES AND UPL	\$ 13,374,250,278	\$ 15,122,750,880	\$ 16,777,581,531	\$ 18,613,250,127	\$ 63,887,832,817
ELIGIBLE MEMBER MONTHS	33,437,420	33,949,017	35,468,706	38,979,579	141,834,722
PER MEMBER PER MONTH COSTS	\$ 399.98	\$ 445.45	\$ 473.02	\$ 477.51	\$ 450.44
TREND RATES	ANNUAL CHANGE				4-YEAR AVERAGE
TOTAL EXPENDITURE		13.07%	10.94%	10.94%	11.65%
ELIGIBLE MEMBER MONTHS		1.53%	4.48%	9.90%	5.24%
PER MEMBER PER MONTH COSTS		11.37%	6.19%	0.95%	6.08%
TIME PERIOD AND ELIGIBILITY GROUP SERVED:					
SFY	2007	2008	2009	2010	2007-2010
Other UPL Programs					
UPL for Excluded Population	\$ 1,014,666,359	\$ 1,048,150,348	\$ 1,085,883,761	\$ 1,198,890,581	\$ 4,347,591,049
Physician UPL	\$ 97,548,654	\$ 43,644,446	\$ 40,205,270	\$ 58,941,905	\$ 240,340,274
Outpatient UPL	\$ 15,275,700	\$ 23,262,692	\$ 16,821,148	\$ 51,675,106	\$ 107,034,646
TREND RATES	ANNUAL CHANGE				4-YEAR AVERAGE
UPL for Excluded Population		3.30%	3.60%	10.41%	5.72%
Physician UPL		-55.26%	-7.88%	46.60%	-15.46%
Outpatient UPL		52.29%	-27.69%	207.20%	50.12%
TIME PERIOD AND ELIGIBILITY GROUP SERVED:					
SFY	2007	2008	2009	2010	2007-2010
Grand Total Expenditures					
EXPENDITURES AND UPL	\$ 14,501,740,991	\$ 16,237,808,366	\$ 17,920,491,710	\$ 19,922,757,719	\$ 68,582,798,786
TREND RATES	ANNUAL CHANGE				4-YEAR AVERAGE
TOTAL EXPENDITURE		11.97%	10.36%	11.17%	11.17%

Managed Care Hospital Transition 1115 waiver WITHOUT WAIVER (WOW) BUDGET PROJECTION, October 2013 update with FY 2015 amendments							
TIME PERIOD AND ELIGIBILITY GROUP SERVED:	Base Year (SFY 10)	DEMONSTRATION YEARS (DY)					2012-2016
		DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WOW
Aged and Medicare Related							
EXPENDITURES	\$ 3,826,941,726	4,180,102,779	4,281,976,401	4,510,604,710	4,783,966,558	5,093,427,474	\$ 22,850,077,922
ELIGIBLE MEMBER MONTHS	4,022,696	4,207,083	4,241,360	4,312,131	4,411,236	4,545,439	
PER MEMBER PER MONTH COSTS	\$ 951.34	\$ 993.59	\$ 1,009.58	\$ 1,046.03	\$ 1,084.50	\$ 1,120.56	
TREND RATES		ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		4.33%	2.44%	5.34%	6.06%	6.47%	5.06%
ELIGIBLE MEMBER MONTHS		2.17%	0.81%	1.67%	2.30%	3.04%	1.95%
PER MEMBER PER MONTH COSTS		2.11%	1.61%	3.61%	3.68%	3.33%	3.05%
Blind and Disabled							
EXPENDITURES	\$ 5,488,904,132	6,725,440,739	7,275,371,920	7,965,055,718	8,723,452,641	9,547,791,653	\$ 40,237,112,671
ELIGIBLE MEMBER MONTHS	4,416,546	4,915,864	5,075,016	5,288,110	5,511,389	5,740,042	
PER MEMBER PER MONTH COSTS	\$ 1,242.80	\$ 1,368.11	\$ 1,433.57	\$ 1,506.22	\$ 1,582.80	\$ 1,663.37	
TREND RATES		ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		10.24%	8.18%	9.48%	9.52%	9.45%	9.16%
ELIGIBLE MEMBER MONTHS		5.28%	3.24%	4.20%	4.22%	4.15%	3.95%
PER MEMBER PER MONTH COSTS		4.72%	4.78%	5.07%	5.08%	5.09%	5.01%
Adults							
EXPENDITURES	\$ 2,456,431,483	3,095,357,512	3,379,942,334	3,392,121,549	3,500,625,285	3,599,484,979	\$ 16,967,531,659
ELIGIBLE MEMBER MONTHS	2,623,692	2,937,190	3,031,420	3,130,765	3,195,546	3,256,922	
PER MEMBER PER MONTH COSTS	\$ 936.25	\$ 1,053.85	\$ 1,114.97	\$ 1,083.48	\$ 1,095.47	\$ 1,105.18	
TREND RATES		ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		11.74%	9.19%	0.36%	3.20%	2.82%	3.84%
ELIGIBLE MEMBER MONTHS		5.57%	3.21%	3.28%	2.07%	1.92%	2.62%
PER MEMBER PER MONTH COSTS		5.84%	5.80%	-2.82%	1.11%	0.89%	1.20%

TIME PERIOD AND ELIGIBILITY GROUP SERVED:	Base Year (SFY 10) with STAR FFSE & UPL	DEMONSTRATION YEARS (DY)					2012-2016
		DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WOW
Children							
EXPENDITURES	\$ 7,800,549,385	9,388,406,633	9,804,526,318	11,181,230,222	13,308,526,769	14,442,272,513	\$ 58,124,962,455
ELIGIBLE MEMBER MONTHS	27,916,645	31,000,187	30,774,746	34,632,895	39,946,352	42,022,441	
PER MEMBER PER MONTH COSTS	\$ 279.42	\$ 302.85	\$ 318.59	\$ 322.85	\$ 333.16	\$ 343.68	
TREND RATES		ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		9.30%	4.43%	14.04%	19.03%	8.52%	11.37%
ELIGIBLE MEMBER MONTHS		5.16%	-0.73%	12.54%	15.34%	5.20%	7.90%
PER MEMBER PER MONTH COSTS		3.94%	5.20%	1.34%	3.19%	3.16%	3.21%
TIME PERIOD AND ELIGIBILITY GROUP SERVED:		DEMONSTRATION YEARS (DY)					2012-2016
		DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WOW
Included Population Total Expenditures							
Total Expenditures and UPL		\$ 23,389,307,663	\$ 24,741,816,973	\$ 27,049,012,199	\$ 30,316,571,253	\$ 32,682,976,620	\$ 138,179,684,707
Total Eligible Member Months		43,060,324	43,122,542	47,363,902	53,064,524	55,564,844	242,176,136
Total Per Member Per Month Costs		\$ 543.18	\$ 573.76	\$ 571.09	\$ 571.32	\$ 588.20	\$ 570.58
Total Per Member Per Month Trend Rates			5.63%	-0.46%	0.04%	2.95%	2.01%
TIME PERIOD AND ELIGIBILITY GROUP SERVED:	Base Year (SFY 10)	DEMONSTRATION YEARS (DY)					2012-2016
		DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WOW
Other UPL Programs (Not Included in Population)							
UPL for Excluded Population	\$ 1,198,890,581	\$ 1,346,191,839	\$ 1,423,194,012	\$ 1,504,600,709	\$ 1,590,663,870	\$ 1,681,649,843	\$ 7,546,300,273
Physician UPL	\$ 58,941,905	\$ 74,843,903	\$ 77,089,221	\$ 79,401,897	\$ 81,783,954	\$ 84,237,473	\$ 397,356,448
Outpatient UPL	\$ 51,675,106	\$ 58,024,149	\$ 61,343,130	\$ 64,851,957	\$ 68,561,489	\$ 72,483,206	\$ 325,263,931
Total Other UPL	\$ 1,309,507,592	\$ 1,479,059,891	\$ 1,561,626,362	\$ 1,648,854,564	\$ 1,741,009,313	\$ 1,838,370,522	\$ 8,268,920,652
TREND RATES		ANNUAL CHANGE					5-YEAR AVERAGE
UPL for Excluded Population		5.72%	5.72%	5.72%	5.72%	5.72%	5.72%
Physician UPL		12.15%	3.00%	3.00%	3.00%	3.00%	3.00%
Outpatient UPL		5.72%	5.72%	5.72%	5.72%	5.72%	5.72%
TIME PERIOD AND ELIGIBILITY GROUP SERVED:		DEMONSTRATION YEARS (DY)					2012-2016
		DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WOW
Grand Total Expenditures							
Total Expenditures and UPL		\$ 24,868,367,554	\$ 26,303,443,335	\$ 28,697,866,762	\$ 32,057,580,566	\$ 34,521,347,142	\$ 146,448,605,359

Managed Care Hospital Transition 1115 waiver WITH WAIVER (WW) BUDGET PROJECTION: October 2013 Update with FY 2015 Amendments						
TIME PERIOD AND ELIGIBILITY GROUP SERVED:	DEMONSTRATION YEARS (DY)					2012-2016
	DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WW
Aged and Medicare Related						
EXPENDITURES	\$ 3,741,632,424	\$ 3,815,447,631	\$ 3,945,919,949	\$ 4,178,465,609	\$ 4,405,462,553	\$ 20,086,928,164
ELIGIBLE MEMBER MONTHS	4,207,083	4,241,360	4,312,131	4,411,236	4,545,439	
PER MEMBER PER MONTH COSTS	\$ 889.37	\$ 899.58	\$ 915.07	\$ 947.23	\$ 969.21	
TREND RATES ANNUAL CHANGE						5-YEAR AVERAGE
TOTAL EXPENDITURE		1.97%	3.42%	5.89%	5.43%	4.17%
ELIGIBLE MEMBER MONTHS		0.81%	1.67%	2.30%	3.04%	1.95%
PER MEMBER PER MONTH COSTS		1.15%	1.72%	3.51%	2.32%	2.17%
Blind and Disabled						
Blind and Disabled						
EXPENDITURES	\$ 5,852,265,223	\$ 6,302,050,823	\$ 6,726,661,410	\$ 7,312,454,168	\$ 7,975,524,165	\$ 34,168,955,788
ELIGIBLE MEMBER MONTHS	4,915,864	5,075,016	5,288,110	5,511,389	5,740,042	
PER MEMBER PER MONTH COSTS	\$ 1,190.49	\$ 1,241.78	\$ 1,272.04	\$ 1,326.79	\$ 1,389.45	
TREND RATES ANNUAL CHANGE						5-YEAR AVERAGE
TOTAL EXPENDITURE		7.69%	6.74%	8.71%	9.07%	8.05%
ELIGIBLE MEMBER MONTHS		3.24%	4.20%	4.22%	4.15%	3.95%
PER MEMBER PER MONTH COSTS		4.31%	2.44%	4.30%	4.72%	3.94%
Adults						
Adults						
EXPENDITURES	\$ 1,695,195,055	\$ 1,744,881,946	\$ 1,878,130,389	\$ 1,998,130,848	\$ 2,109,268,876	\$ 9,425,607,115
ELIGIBLE MEMBER MONTHS	2,937,190	3,031,420	3,130,765	3,195,546	3,256,922	
PER MEMBER PER MONTH COSTS	\$ 577.15	\$ 575.60	\$ 599.89	\$ 625.29	\$ 647.63	
TREND RATES ANNUAL CHANGE						5-YEAR AVERAGE
TOTAL EXPENDITURE		2.93%	7.64%	6.39%	5.56%	5.62%
ELIGIBLE MEMBER MONTHS		3.21%	3.28%	2.07%	1.92%	2.62%
PER MEMBER PER MONTH COSTS		-0.27%	4.22%	4.23%	3.57%	2.92%

TIME PERIOD AND ELIGIBILITY GROUP SERVED:	DEMONSTRATION YEARS (DY)					2012-2016
	DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WW
Children						
EXPENDITURES	\$ 7,384,072,548	\$ 7,268,102,355	\$ 8,209,582,996	\$ 9,456,438,075	\$ 10,295,579,133	\$ 42,613,775,107
ELIGIBLE MEMBER MONTHS	31,000,187	30,774,746	34,632,895	39,946,352	42,022,441	
PER MEMBER PER MONTH COSTS	\$ 238.19	\$ 236.17	\$ 237.05	\$ 236.73	\$ 245.00	
TREND RATES	ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		-1.57%	12.95%	15.19%	8.87%	8.66%
ELIGIBLE MEMBER MONTHS		-0.73%	12.54%	15.34%	5.20%	7.90%
PER MEMBER PER MONTH COSTS		-0.85%	0.37%	-0.13%	3.49%	0.71%
TIME PERIOD AND ELIGIBILITY GROUP SERVED:	DEMONSTRATION YEARS (DY)					2012-2016
	DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WW
Included Population Total Expenditures						
Total Expenditures and UPL	\$ 18,673,165,249	\$ 19,130,482,754	\$ 20,760,294,744	\$ 22,945,488,700	\$ 24,785,834,727	\$ 106,295,266,174
Total Eligible Member Months	43,060,324	43,122,542	47,363,902	53,064,524	55,564,844	242,176,136
Total Per Member Per Month Costs	\$ 433.65	\$ 443.63	\$ 438.31	\$ 432.41	\$ 446.07	\$ 438.92
Total Per Member Per Month Trend Rates		2.30%	-1.20%	-1.35%	3.16%	0.71%
TIME PERIOD AND ELIGIBILITY GROUP SERVED:	DEMONSTRATION YEARS (DY)					2012-2016
	DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WW
Other UPL Programs (Not Included in Population)						
UPL for Excluded Population	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physician UPL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Outpatient UPL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TREND RATES	ANNUAL CHANGE					5-YEAR AVERAGE
UPL for Excluded Population		N/A	N/A	N/A	N/A	N/A
Physician UPL		N/A	N/A	N/A	N/A	N/A
Outpatient UPL		N/A	N/A	N/A	N/A	N/A

TIME PERIOD AND ELIGIBILITY GROUP SERVED:	DEMONSTRATION YEARS (DY)					2012-2016
	DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WW
Pool						
Uncompensated Care Pool Payments	\$ 3,700,000,000	\$ 3,900,000,000	\$ 3,534,000,000	\$ 3,348,000,000	\$ 3,100,000,000	\$ 17,582,000,000
DSRIP	\$ 500,000,000	\$ 2,300,000,000	\$ 2,666,000,000	\$ 2,852,000,000	\$ 3,100,000,000	\$ 11,418,000,000
TOTAL EXPENDITURE	\$ 4,200,000,000	\$ 6,200,000,000	\$ 6,200,000,000	\$ 6,200,000,000	\$ 6,200,000,000	\$ 29,000,000,000

Note: Pool payments for DY 01 include transition payments for hospitals shifting from the current UPL payment methodology to the waiver methodology as managed care is expanded statewide.

TIME PERIOD AND ELIGIBILITY GROUP SERVED:	DEMONSTRATION YEARS (DY)					2012-2016
	DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WW
Grand Total Expenditures						
Total Expenditures and Transition Pool	\$ 22,873,165,249	\$ 25,330,482,754	\$ 26,960,294,744	\$ 29,145,488,700	\$ 30,985,834,727	\$ 135,295,266,174

Managed Care Hospital Transition 1115 waiver
BUDGET NEUTRALITY SUMMARY: October 2013 Update with FY 2015 Amendments

WITHOUT WAIVER SUMMARY	DEMONSTRATION YEARS (DY)					2012-2016
	DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WOW
Aged and Medicare Related	\$ 4,180,102,779	\$ 4,281,976,401	\$ 4,510,604,710	\$ 4,783,966,558	\$ 5,093,427,474	\$ 22,850,077,922
Blind and Disabled	\$ 6,725,440,739	\$ 7,275,371,920	\$ 7,965,055,718	\$ 8,723,452,641	\$ 9,547,791,653	\$ 40,237,112,671
Adults	\$ 3,095,357,512	\$ 3,379,942,334	\$ 3,392,121,549	\$ 3,500,625,285	\$ 3,599,484,979	\$ 16,967,531,659
Children	\$ 9,388,406,633	\$ 9,804,526,318	\$ 11,181,230,222	\$ 13,308,526,769	\$ 14,442,272,513	\$ 58,124,962,455
Other UPL Programs (Not Included in Population)	\$ 1,421,035,742	\$ 1,500,283,232	\$ 1,584,002,606	\$ 1,672,447,824	\$ 1,765,887,316	\$ 7,943,656,721
Total WOW Expenditures	\$ 24,810,343,405	\$ 26,242,100,205	\$ 28,633,014,805	\$ 31,989,019,077	\$ 34,448,863,935	\$ 146,123,341,428
WITH WAIVER SUMMARY	DEMONSTRATION YEARS (DY)					2012-2016
	DY 01 (FFY 12)	DY 02 (FFY 13)	DY 03 (FFY 14)	DY 04 (FFY 15)	DY 05 (FFY 16)	TOTAL WW
Aged and Medicare Related	\$ 3,741,632,424	\$ 3,815,447,631	\$ 3,945,919,949	\$ 4,178,465,609	\$ 4,405,462,553	\$ 20,086,928,164
Blind and Disabled	\$ 5,852,265,223	\$ 6,302,050,823	\$ 6,726,661,410	\$ 7,312,454,168	\$ 7,975,524,165	\$ 34,168,955,788
Adults	\$ 1,695,195,055	\$ 1,744,881,946	\$ 1,878,130,389	\$ 1,998,130,848	\$ 2,109,268,876	\$ 9,425,607,115
Children	\$ 7,384,072,548	\$ 7,268,102,355	\$ 8,209,582,996	\$ 9,456,438,075	\$ 10,295,579,133	\$ 42,613,775,107
Other UPL Programs (Not Included in Population)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-Pool Expenditures	\$ 18,673,165,249	\$ 19,130,482,754	\$ 20,760,294,744	\$ 22,945,488,700	\$ 24,785,834,727	\$ 106,295,266,174
Waiver Pool						
Uncompensated Care Pool Payments	\$ 3,700,000,000	\$ 3,900,000,000	\$ 3,534,000,000	\$ 3,348,000,000	\$ 3,100,000,000	\$ 17,582,000,000
DSRIP	\$ 500,000,000	\$ 2,300,000,000	\$ 2,666,000,000	\$ 2,852,000,000	\$ 3,100,000,000	\$ 11,418,000,000
Total WW Expenditures	\$ 22,873,165,249	\$ 25,330,482,754	\$ 26,960,294,744	\$ 29,145,488,700	\$ 30,985,834,727	\$ 135,295,266,174
Expenditures (Over)/Under Cap	\$ 1,937,178,156	\$ 911,617,451	\$ 1,672,720,061	\$ 2,843,530,377	\$ 3,463,029,209	\$ 10,828,075,254

Historical Data				Impact to WW Exhibit: Net Change after MC assumptions					Impact to WOW Exhibit: Trended w/ Presidential Trends				
SFY 2007	SFY 2008	SFY 2009	SFY 2010	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016

STAR+PLUS Expansion into MRSA

Total all MEGS														
EXPENDITURES	320,672,521	324,856,811	345,460,089	372,661,785	313,179,536	302,005,571	334,328,666	352,587,155	375,302,265	390,422,321	397,187,500	432,109,284	463,926,308	500,799,494
ELIGIBLE MEMBER MONTHS	1,344,024	1,389,362	1,424,897	1,458,063	1,602,747	1,527,036	1,555,311	1,602,786	1,657,605	1,502,747	1,527,036	1,555,311	1,602,786	1,657,605
PER MEMBER PER MONTH COSTS	\$ 238.59	\$ 233.82	\$ 242.45	\$ 255.59	\$ 208.40	\$ 197.77	\$ 214.96	\$ 219.99	\$ 228.41	\$ 259.81	\$ 260.10	\$ 277.83	\$ 289.45	\$ 302.12
Aged and Medicare Related														
EXPENDITURES	263,252,429	266,622,258	284,584,176	306,345,622	252,065,545	243,106,784	266,132,963	279,710,814	297,476,939	329,308,330	338,288,714	363,913,581	389,155,419	418,877,280
ELIGIBLE MEMBER MONTHS	945,641	938,079	925,229	926,533	925,335	914,364	915,809	936,263	963,452	925,335	914,364	915,809	936,263	963,452
PER MEMBER PER MONTH COSTS	\$ 278.39	\$ 284.22	\$ 306.59	\$ 330.49	\$ 272.40	\$ 265.88	\$ 290.60	\$ 298.75	\$ 308.76	\$ 355.88	\$ 369.97	\$ 397.37	\$ 415.65	\$ 434.77
Disability-Related														
EXPENDITURES	57,420,092	58,234,553	60,875,913	66,315,963	61,113,990	58,898,787	68,195,702	72,876,341	77,825,327	61,113,990	58,898,787	68,195,702	74,770,889	81,922,214
ELIGIBLE MEMBER MONTHS	398,383	451,283	496,668	531,130	577,412	612,672	639,502	666,503	694,153	577,412	612,672	639,502	666,503	694,153
PER MEMBER PER MONTH COSTS	\$ 144.13	\$ 129.04	\$ 122.57	\$ 124.86	\$ 105.84	\$ 96.13	\$ 106.64	\$ 109.34	\$ 112.12	\$ 105.84	\$ 96.13	\$ 106.64	\$ 112.18	\$ 118.02

Notes

Costs and member months have been added for the Aged MEG, and include both acute and LTSS services for client in MRSA counties. (AMRs clients in MRSA counties are currently excluded from the BN because they have no option for managed care.) The member months shown for AMRs is the total for the area, and not all of these clients will be in STAR+PLUS.
Only LTSS costs for Disability-Related clients have been added, as the member months and acute costs for these clients are already in the BN exhibit today.

Nursing Facility Costs Carved into STAR+PLUS

Total all MEGS														
EXPENDITURES	1,881,028,467	1,936,990,569	2,121,008,340	2,268,913,625	2,366,328,545	2,354,159,555	2,441,998,448	2,603,634,007	2,693,877,146	2,366,328,545	2,354,159,555	2,441,998,448	2,566,932,666	2,698,289,154
ELIGIBLE MEMBER MONTHS	759,291	750,839	741,843	745,802	758,144	742,194	747,686	750,948	754,231	758,144	742,194	747,686	750,948	754,231
PER MEMBER PER MONTH COSTS	\$ 2,477.35	\$ 2,579.77	\$ 2,859.11	\$ 3,042.25	\$ 3,121.21	\$ 3,171.89	\$ 3,266.07	\$ 3,467.13	\$ 3,571.69	\$ 3,121.21	\$ 3,171.89	\$ 3,266.07	\$ 3,418.25	\$ 3,577.54
Aged and Medicare Related														
EXPENDITURES	1,694,705,996	1,745,124,855	1,910,915,020	2,044,169,768	2,131,935,398	2,120,971,789	2,200,109,931	2,345,734,922	2,427,039,160	2,131,935,398	2,120,971,789	2,200,109,931	2,311,355,700	2,428,246,845
ELIGIBLE MEMBER MONTHS	684,081	676,486	668,361	671,928	683,047	668,677	673,625	676,584	679,522	683,047	668,677	673,625	676,584	679,522
PER MEMBER PER MONTH COSTS	\$ 2,477.35	\$ 2,579.77	\$ 2,859.11	\$ 3,042.25	\$ 3,121.21	\$ 3,171.89	\$ 3,266.07	\$ 3,467.13	\$ 3,571.69	\$ 3,121.21	\$ 3,171.89	\$ 3,266.07	\$ 3,418.25	\$ 3,573.46
Disability-Related														
EXPENDITURES	186,322,471	191,865,714	210,093,320	224,743,857	234,393,147	233,187,766	241,888,516	257,899,086	266,837,986	234,393,147	233,187,766	241,888,516	255,576,966	270,042,309
ELIGIBLE MEMBER MONTHS	75,210	74,373	73,482	73,874	75,097	73,517	74,061	74,364	74,709	75,097	73,517	74,061	74,384	74,709
PER MEMBER PER MONTH COSTS	\$ 2,477.35	\$ 2,579.77	\$ 2,859.11	\$ 3,042.25	\$ 3,121.21	\$ 3,171.89	\$ 3,266.07	\$ 3,467.13	\$ 3,571.69	\$ 3,121.21	\$ 3,171.89	\$ 3,266.07	\$ 3,435.91	\$ 3,614.58

These costs are new to the waiver; caseload is not.

Nursing Facility UPL Placeholder

Total all MEGS													
EXPENDITURES													
ELIGIBLE MEMBER MONTHS													
PER MEMBER PER MONTH COSTS													
Aged and Medicare Related													
EXPENDITURES													
ELIGIBLE MEMBER MONTHS													
PER MEMBER PER MONTH COSTS													
Disability-Related													
EXPENDITURES													
ELIGIBLE MEMBER MONTHS													
PER MEMBER PER MONTH COSTS													

No historical costs -- NF UPL is a brand new program

To Be Determined

To Be Determined

Capitate Acute Care and Prescription Drugs for IDD Population

Disability-Related	No historical changes, related caseload and costs are already in BN data. Savings from managed care expansion begins September 1, 2014.				no change to WOW: these costs already in BN
EXPENDITURES		(237,368)	(2,856,674)	(2,947,447)	
ELIGIBLE MEMBER MONTHS		238,888	238,880	238,879	
PER MEMBER PER MONTH COSTS		\$ (0.99)	\$ (11.96)	\$ (12.34)	

Electronic Visit Verification (June 2014)

Total all MEGS	No historical changes, related costs already in BN data. Savings impact begins in June 1, 2014.				no change to WOW: these costs already in BN	
EXPENDITURES		(26,864,929)	(90,616,458)	(97,504,813)		
ELIGIBLE MEMBER MONTHS		47,363,902	53,064,524	55,564,844		
PER MEMBER PER MONTH COSTS		\$ (0.57)	\$ (1.71)	\$ (1.76)		
AGED and Medicare Related						
EXPENDITURES		(16,307,491)	(55,351,441)	(59,437,148)		
ELIGIBLE MEMBER MONTHS		4,312,131	4,411,236	4,545,439		
PER MEMBER PER MONTH COSTS		\$ (3.78)	\$ (12.55)	\$ (13.08)		
Disability-Related						
EXPENDITURES		(10,487,059)	(35,030,859)	(37,815,765)		
ELIGIBLE MEMBER MONTHS		5,288,110	5,511,389	5,740,042		
PER MEMBER PER MONTH COSTS		\$ (1.98)	\$ (6.36)	\$ (6.59)		
Adults						
EXPENDITURES	-	-	-			
ELIGIBLE MEMBER MONTHS	3,130,765	3,195,546	3,256,922			
PER MEMBER PER MONTH COSTS	\$ -	\$ -	\$ -			
Children						
EXPENDITURES	(70,379)	(234,158)	(251,902)			
ELIGIBLE MEMBER MONTHS	34,632,895	39,946,352	42,022,441			
PER MEMBER PER MONTH COSTS	\$ (0.00)	\$ (0.01)	\$ (0.01)			

Add Cognitive Rehab Therapies to STAR+PLUS (March 2014)

Total all MEGS	No historical costs -- these are new brand services to be added March 2014.					Because we have no historical costs to trend forward for these new services, we are adding the same amount to both WW and WOW sides for this item.		
EXPENDITURES		380,021	641,742	557,317	380,021		641,742	557,317
ELIGIBLE MEMBER MONTHS		12,756	29,619	30,399	12,756		29,619	30,399
PER MEMBER PER MONTH COSTS		\$ 29.79	\$ 21.67	\$ 18.33	\$ 29.79		\$ 21.67	\$ 18.33
AGED and Medicare Related								
EXPENDITURES		292,458	492,644	427,249	292,458		492,644	427,249
ELIGIBLE MEMBER MONTHS		9,817	22,737	23,304	9,817		22,737	23,304
PER MEMBER PER MONTH COSTS		\$ 29.79	\$ 21.67	\$ 18.33	\$ 29.79		\$ 21.67	\$ 18.33
Disability-Related								
EXPENDITURES		87,563	149,098	130,068	87,563		149,098	130,068
ELIGIBLE MEMBER MONTHS		2,939	6,881	7,095	2,939		6,881	7,095
PER MEMBER PER MONTH COSTS		\$ 29.79	\$ 21.67	\$ 18.33	\$ 29.79		\$ 21.67	\$ 18.33

Capitate Mental Health Rehabilitative Services

Total all MEGS					
EXPENDITURES		(121,836)	(1,472,248)	(1,584,656)	
ELIGIBLE MEMBER MONTHS		47,593,224	53,317,948	55,824,566	
PER MEMBER PER MONTH COSTS		\$ (0.00)	\$ (0.03)	\$ (0.03)	
AGED AND MEDICARE RELATED					
EXPENDITURES		-	-	-	
ELIGIBLE MEMBER MONTHS		4,476,909	4,579,785	4,719,097	
PER MEMBER PER MONTH COSTS		\$ -	\$ -	\$ -	
DISABILITY-RELATED					
EXPENDITURES		(117,925)	(1,424,994)	(1,533,794)	
ELIGIBLE MEMBER MONTHS	No historical changes: costs already in data. Impact of adding this service to managed care begins September 1, 2014.	5,293,699	5,517,204	5,746,090	no change to WOW: these costs already in BN
PER MEMBER PER MONTH COSTS		\$ (0.02)	\$ (0.26)	\$ (0.27)	
ADULTS					
EXPENDITURES		(8,057)	(97,359)	(104,752)	
ELIGIBLE MEMBER MONTHS		3,189,721	3,274,606	3,336,938	
PER MEMBER PER MONTH COSTS		\$ (0.00)	\$ (0.03)	\$ (0.03)	
CHILDREN					
EXPENDITURES		4,146	50,105	53,930	
ELIGIBLE MEMBER MONTHS		34,632,895	39,946,352	42,022,441	
PER MEMBER PER MONTH COSTS		\$ 0.00	\$ 0.00	\$ 0.00	

Capitate Targeted Case Management

Total all MEGS					
EXPENDITURES		18,323	221,416	238,321	
ELIGIBLE MEMBER MONTHS		16,150,049	16,646,201	17,139,063	
PER MEMBER PER MONTH COSTS		\$ 0.00	\$ 0.01	\$ 0.01	
AGED AND MEDICARE RELATED					
EXPENDITURES		-	-	-	
ELIGIBLE MEMBER MONTHS		4,476,909	4,579,785	4,719,097	
PER MEMBER PER MONTH COSTS		\$ -	\$ -	\$ -	
DISABILITY-RELATED					
EXPENDITURES		14,059	176,773	190,270	
ELIGIBLE MEMBER MONTHS	No historical changes: costs already in data. Impact of adding this service to managed care begins September 1, 2014.	5,293,699	5,517,204	5,746,090	no change to WOW: these costs already in BN
PER MEMBER PER MONTH COSTS		\$ 0.00	\$ 0.03	\$ 0.03	
ADULTS					
EXPENDITURES		987	4,672	5,029	
ELIGIBLE MEMBER MONTHS		3,189,721	3,274,606	3,336,938	
PER MEMBER PER MONTH COSTS		\$ 0.00	\$ 0.00	\$ 0.00	
CHILDREN					
EXPENDITURES		3,308	39,971	43,023	
ELIGIBLE MEMBER MONTHS		3,189,721	3,274,606	3,336,938	
PER MEMBER PER MONTH COSTS		\$ 0.00	\$ 0.01	\$ 0.01	

Total all Items

Total all MEGS														
IMPACT TO EXPENDITURES	2,201,700,988	2,261,847,380	2,466,468,429	2,641,575,410	2,679,508,081	2,656,165,125	2,749,501,325	2,862,138,941	2,967,938,133	2,756,750,866	2,751,347,055	2,874,487,752	3,031,500,716	3,199,645,965
TOTAL MEG MEMBER MONTHS	8,495,933	8,751,762	9,034,159	9,366,175	43,060,324	43,122,542	47,363,902	53,064,524	55,564,844	43,060,324	43,122,542	47,363,902	53,064,524	55,564,844
NEW MEMBER MONTHS	945,641	938,079	928,229	926,933	925,335	914,364	915,809	936,263	963,452	925,335	914,364	915,809	936,263	963,452
PER MEMBER PER MONTH COSTS	\$ 259.15	\$ 258.44	\$ 273.02	\$ 282.03	\$ 62.23	\$ 61.60	\$ 58.05	\$ 53.94	\$ 53.41	\$ 64.02	\$ 63.80	\$ 60.69	\$ 57.13	\$ 57.58
Aged and Medicare Related														
IMPACT TO EXPENDITURES	1,957,958,425	2,011,747,113	2,195,499,197	2,350,515,590	2,384,000,943	2,364,078,573	2,450,227,862	2,570,586,938	2,665,506,201	2,461,243,728	2,459,280,503	2,564,315,971	2,701,003,763	2,847,551,373
TOTAL MEG MEMBER MONTHS	4,817,038	4,844,696	4,877,432	4,949,659	4,207,083	4,241,360	4,312,131	4,411,236	4,545,439	4,207,083	4,241,360	4,312,131	4,411,236	4,545,439
NEW MEMBER MONTHS	945,641	938,079	928,229	926,933	925,335	914,364	915,809	936,263	963,452	925,335	914,364	915,809	936,263	963,452
PER MEMBER PER MONTH COSTS	\$ 406.47	\$ 415.25	\$ 450.13	\$ 474.89	\$ 566.66	\$ 557.39	\$ 568.22	\$ 582.74	\$ 586.41	\$ 585.02	\$ 579.83	\$ 594.67	\$ 612.30	\$ 626.46
Disability-Related														
IMPACT TO EXPENDITURES	243,742,563	250,100,267	270,969,232	291,059,821	295,507,137	292,086,553	299,344,058	291,788,771	302,686,645	295,507,137	292,086,553	310,171,782	330,496,953	352,094,592
TOTAL MEG MEMBER MONTHS	3,678,895	3,907,066	4,156,727	4,416,546	4,915,864	5,075,016	5,288,110	5,511,389	5,740,042	4,915,864	5,075,016	5,288,110	5,511,389	5,740,042
NEW MEMBER MONTHS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PER MEMBER PER MONTH COSTS	\$ 66.25	\$ 64.01	\$ 65.19	\$ 65.90	\$ 60.11	\$ 57.55	\$ 56.61	\$ 52.94	\$ 52.73	\$ 60.11	\$ 57.55	\$ 58.65	\$ 59.97	\$ 61.34
Adults														
IMPACT TO EXPENDITURES	-	-	-	-	-	-	(7,670)	(82,687)	(99,763)	-	-	-	-	-
TOTAL MEG MEMBER MONTHS	2,937,190	3,031,420	3,130,765	3,195,546	3,257,922	3,257,922	3,195,546	3,256,922	3,256,922	2,937,190	3,031,420	3,130,765	3,195,546	3,256,922
NEW MEMBER MONTHS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PER MEMBER PER MONTH COSTS	\$ -	\$ -	\$ -	\$ -	\$ (0.00)	\$ (0.00)	\$ (0.03)	\$ (0.03)	\$ (0.03)	\$ -	\$ -	\$ -	\$ -	\$ -
no new costs or caseload for historical data for adult and child MEG														
Children														
IMPACT TO EXPENDITURES	-	-	-	-	-	-	(82,925)	(144,082)	(154,950)	-	-	-	-	-
TOTAL MEG MEMBER MONTHS	31,000,187	30,774,746	34,632,895	39,946,352	42,022,441	42,022,441	42,022,441	42,022,441	42,022,441	31,000,187	30,774,746	34,632,895	39,946,352	42,022,441
NEW MEMBER MONTHS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PER MEMBER PER MONTH COSTS	\$ -	\$ -	\$ -	\$ -	\$ (0.00)	\$ -	\$ (0.00)	\$ (0.00)	\$ (0.00)	\$ -	\$ -	\$ -	\$ -	\$ -