

Florida Managed Medical Assistance Waiver

Section 1115(a) Research and Demonstration

Amendment Request:

Eligibility Redetermination Exemption

Florida Agency for Health Care Administration

November 4, 2025



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Introduction and Demonstration Overview

The Florida Agency for Health Care Administration (Agency or AHCA) is seeking federal authority from the Centers for Medicare & Medicaid Services (CMS) to amend its Florida Managed Medical Assistance (MMA) Section 1115 Demonstration (project numbers 11-W-00206/4 and 21-W-00069/4) to exempt Medicaid eligible permanently disabled individuals from the required 12-month redetermination requirement as defined in 42 CFR 435.916. The intent of the amendment is to prevent the disenrollment of permanently disabled individuals due to administrative or procedural reasons and mitigate gaps in the potential loss of Medicaid eligibility for the affected population created by redetermination processes. The new proposed service component of the MMA demonstration will be called, the “Eligibility Redetermination Exemption.”

Florida’s MMA Section 1115 Demonstration allows the State of Florida to operate a statewide comprehensive Medicaid managed care program called the “MMA program.” Under the demonstration, most Medicaid-eligible recipients are required to enroll in one of the MMA managed care plans (MMA plans) contracted with the state. MMA plans are managed care organizations (MCOs) as defined in federal regulations at 42 CFR 438.2. The dental plans are Prepaid Ambulatory Health Plans (PAHPs) as defined in federal regulations at 42 CFR 438.2.

Most State Plan populations are required to enroll in the MMA demonstration program. However, several State Plan populations are voluntary for enrollment in the program. Medicaid applicants are given the opportunity to select an MMA plan prior to receiving a Florida Medicaid eligibility determination. If they do not choose an MMA plan, they will remain in the fee-for-service delivery system. MMA plans can provide customized benefits to their members that differ from, but are not less than, the Medicaid State Plan benefits. Additionally, participating Medicaid-eligible recipients have access to Healthy Behaviors Programs that provide incentives for healthy behaviors. The MMA demonstration also establishes a Low-Income Pool (LIP) to ensure continuing support for the safety net providers that furnish uncompensated care to uninsured populations.

The MMA program improves health outcomes for Florida Medicaid recipients while maintaining fiscal responsibility. This is achieved through care coordination, patient engagement in their own health care, enhancing fiscal predictability and financial management, improving access to coordinated care, and enhancing overall program performance.

Amendment Request Overview

Section 1115 demonstration waivers allow states to seek amendments in alignment with CMS parameters and procedures. Medicaid eligibility is just one provision that assists in providing a strong continuum of care for Medicaid recipients across the country. Over the years, Florida, like many states, has sought to develop innovative solutions to reduce administrative burdens and ensure Medicaid beneficiaries receive quality services.

In 2025, the Florida Legislature passed a provision that would allow for presumed continuous eligibility for unique coverages. A specific provision of Senate Bill (SB) 2514 seeks to reduce

potential loss of Medicaid coverage for individuals deemed permanently disabled. The specific language relating to this amendment was crafted to decrease the incidences of loss of coverage due to administrative or procedural reasons for existing vulnerable patients who have permanent disabilities and provide improved outcomes for thousands of Medicaid recipients.

The change in Florida Statutes provides that a person who was initially determined eligible for Medicaid and is receiving Medicaid-covered institutional care services or hospice services, or a person who is receiving home and community-based services pursuant to section 393.066, Florida Statutes, or section 409.978, Florida Statutes, shall be presumed eligible for continued coverage for such Medicaid-covered services during any redetermination process, and the Agency shall continue to make payments for such services unless there is a change in eligibility. While the Centers for Medicare and Medicaid Services has issued guidance articulating that it does not anticipate approving new state proposals seeking section 1115 demonstration expenditure authority for continuous eligibility, the State of Florida submits this demonstration waiver at the direction of the Florida Legislature through the passage of SB 2514.

Purpose and Objectives

The purpose of the Eligibility Redetermination Exemption amendment is to mitigate gaps in Medicaid coverage. Florida's Medicaid Program has historically been successful with the implementation of various legislative actions to bolster health service provisions. Legislation has sought *to improve access to coordinated care and continuity of care* by removing the barriers and complications of Medicaid redeterminations that may result in loss of Medicaid eligibility. This amendment will streamline services, improve efficiency, and provide a continuum of vital services to more than 150,000 Medicaid recipients in Florida.

Description of Proposed Amendment Changes

As described, the Agency is seeking federal approval to amend the MMA Demonstration program to implement the Eligibility Redetermination Exemption. This amendment intends to ensure that Medicaid eligible patients will not lose eligibility due to redetermination issues that may impact the recipient's Medicaid eligibility. Additionally, this amendment intends to eliminate gaps or temporary losses of Medicaid coverage by allowing continuous coverage for individuals with Medicaid coverages as noted below. This provision is in accordance with state law enacted through SB 2514. Eligibility shall be for:

- A person who was initially determined eligible for Medicaid and is receiving Medicaid-covered institutional care services or hospice services, or a person who is receiving home and community-based services pursuant to section 393.066, Florida Statutes, or section 409.978, Florida Statutes.

Additionally:

- The patient shall be presumed eligible for continued coverage for such Medicaid-covered services during any redetermination process and the Agency shall continue to make

payments for such services unless the person experiences a material change in his or her disability or economic status which results in a loss of eligibility.

- In the event of such a change in disability or economic status, the person or his or her designated caregiver must notify the agency and the Department of Children and Families of such change.
- The Department of Children and Families may conduct a redetermination of eligibility. If such redetermination is conducted, the Department of Children and Families must notify the person or his or her designated caregiver before the commencement of the redetermination and upon conclusion, the results of the redetermination.
- The legislation requires that the Florida Agency of Health Care Administration shall, no later than October 1, 2025, seek federal authorization to exempt a Medicaid-eligible disabled person from annual redetermination of eligibility pursuant to this paragraph.

Budget Neutrality

The Agency's review determined there should be no increase in Medicaid enrollments due to this Legislative requirement. Continuing budget neutrality for this demonstration amendment is anticipated. The table below is an example demonstrating five years of projected data.

MMA AMENDMENT WITH WAIVER (WW) PROJECTION

ELIGIBILITY GROUP	DEMO TREND RATE	MONTHS OF AGING	DY19 (\$FY 24-25)	DY20 (\$FY 25-26)	DY21 (\$FY 26-27)	DY22 (\$FY 27-28)	DY23 (\$FY 28-29)	DY24 (\$FY 29-30)	TOTAL WW
MEG 1: SSI RELATED									
Eligible Member Months	5.98%	12	8,240,909	8,733,715	9,255,991	9,809,500	10,396,108	11,017,795	72,567,075
PMPM Cost	5.60%	12	\$ 1,238.12	\$ 1,307.45	\$ 1,380.67	\$ 1,457.99	\$ 1,539.63	\$ 1,625.85	
Behavior Analysis			\$89.79	\$89.79	\$89.79	\$89.79	\$89.79	\$89.79	
Total Expenditure			\$ 10,943,159,547	\$ 12,203,108,660	\$ 13,610,553,067	\$ 15,182,909,613	\$ 16,939,660,950	\$ 18,902,601,107	\$ 105,045,242,175

Estimated Enrollment and Program Impact on Medicaid Recipients

This demonstration amendment does not propose any changes to Medicaid eligibility. Standards for eligibility remain as set forth under the Medicaid State Plan. All individuals will continue to derive their eligibility through the Medicaid State Plan criteria and are subject to all applicable Medicaid laws and regulations in accordance with the Medicaid State Plan. This demonstration amendment is, therefore, not expected to impact Medicaid program eligibility or enrollment trends.

Evaluation Design Changes

There is no expectation of need for program evaluation design changes.

Amendment Change	Impact on Evaluation Design
Eligibility Redetermination Exemption • Presumed eligibility • Unless change in eligibility	This is not expected to impact the evaluation design. This component tests the efficiency of eligibility review.

Federal Waiver and Expenditure Authorities

The Agency is requesting section 1115(a)(2) expenditure authority to authorize permanent eligibility for specific Medicaid eligible populations. The specific language relating to this amendment was crafted to decrease the incidences of loss of coverage for existing patients and provide improved outcomes for thousands of Medicaid recipients. This is in accordance with Florida law enacted through SB 2514.

The Agency is not requesting any new waiver authorities for the MMA amendment. The full list of MMA demonstration authorities are available for review on the Agency's Federal Authorities webpage here: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers>

Public Notice and Public Comment Process

In accordance with federal public notice requirements listed at 42 CFR 431.408, Florida is completing its state public notice and comment period as follows:

Public notice was published on October 1, 2025, in the [Florida Administrative Register](#). Notice for tribal consultation was sent on October 1, 2025. As outlined in these public notices, the Agency provided a 30-day public comment period from October 1, 2025, through October 30, 2025. The draft section 1115 demonstration amendment request and related public notice materials were posted for the minimum 30-day public comment period, starting October 1, 2025, on the Agency's Medicaid Federal Authorities home page at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers>

Florida held two in-person hearings in geographically distinct areas of the State, the first in Tallahassee and the second in Orlando. The public hearings were held as follows:

- **Public Hearing 1** was held in Tallahassee, Florida, on October 10, 2025, 1:00 – 2:00 pm at the Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, Florida 32308.

- **Public Hearing 2** was held in Orlando, Florida, on October 13, 2025, 1:00 - 2:00 pm at the Zora Neale Hurston Complex, 400 West Robinson Street, North Tower N109, Orlando, Florida 32801.

The comments shared at these public hearings are summarized under the Public Comment Summary Report section immediately following.

Public Comment Summary Report

The Agency carefully considered all public comments received on the proposed demonstration and a summary of the public comments is included below in the “report of issues” as required by 431.412(a)(1)(viii).

Summary of Comments Florida Managed Medical Assistance Section 1115 Demonstration - Eligibility Redetermination Exemption Amendment	
Total Number of Comments	54
Theme	Count
Theme 1: Overall support for the demonstration	53 of 54
Theme 2: Question regarding notification requirements	1 of 54

Summary Overview of Public Comments:

Theme 1: Overall support for the demonstration

The Agency received comments from 54 stakeholders, submitted as written comments to the Agency during the public comment period. Of this total, 53 individuals made an affirmative comment in support of the waiver, 18 were parents, grandparents or caregivers of disabled children. Another 13 comments were submitted by employees of Goodwill Industries of Southwest Florida in support of the waiver. A total of 19 messages of support for the waiver were submitted by staff of G & S Coordination Services. G & S Coordination is based in Port Orange, Florida, and is a statewide provider of coordination and support services to Medicaid recipients. Representatives of Advent Health and the Florida Rehabilitation Association also wrote in support of the amendment. Only one comment was received that did not declare support of the waiver. Specifically, the attorney asked questions about notification requirements regarding a possible change in Medicaid eligibility.

A few positive themes from commentors are as follows:

- A common example from a parent or caregiver includes the following: as a Florida parent of a child with disabilities. Families like mine work hard to make sure our children get the care they need, and stability in Medicaid coverage is critical. Going

through yearly redeterminations puts our children at risk of losing services they depend on.

- Another example: as a parent of an adult child with disabilities, we work hard to make sure our children get the care they need. Having stability in Medicaid coverage is critical. Having to go through yearly redeterminations puts our children at risk.
- From the representative of Advent Health: we would encourage a similar exemption for individuals living with at least one chronic condition, such as diabetes, heart disease and COPD. These conditions are the greatest drivers of healthcare cost and patient morbidity.
- From the representative of the Florida Association of Rehabilitation Facilities: we write to ensure that individuals living in Intermediate Care Facilities are included in the populations receiving this exemption.
- From a representative of Goodwill of Southwest Florida: writing as a staff member with Goodwill Industries of Southwest Florida. We work directly with individuals with disabilities and their families. Medicaid is a lifeline for the people we serve, and stability in coverage is critical. Currently, during the redetermination period, many individuals lose services for months until they can regain Medicaid coverage.
- From a representative of G & S Coordination Services: we write to express strong support for the Agency's intent to submit to the CMS an amendment to the MMA Section 1115 Demonstration amendment. The proposed amendment would exempt Medicaid-eligible permanently disabled individuals from the required 12-month redetermination requirement.
- Additionally, from G & S: our company serves approximately 1,800 people through the Medicaid waiver program. Over the past two years, we have witnessed firsthand the challenges caused by interruptions in eligibility due to the redetermination process. The loss of Medicaid coverage has created unnecessary administrative burdens, disrupted critical services, and, most importantly, placed vulnerable individuals at risk.

Regarding comments made during public meetings, there were various questions, but no speaker voiced a position on the amendment. Some of the questions included clarification on whether the amendment aligns with current statute; how the Agency and the Florida Department of Children and Families determine if a change in eligibility has occurred; whether this will decrease the number of eligibles being dropped; whether individuals will be required to go through eligibility redetermination; and the target population for the amendment.

The Agency's Response:

The Agency has carefully considered all public feedback. SB 2514, as passed by the Florida Legislature in 2025, would allow for presumed continuous eligibility for unique coverages. A primary objective was to reduce loss of Medicaid coverage for individuals deemed permanently disabled. The specific language relating to this amendment was crafted to decrease the incidences of loss of coverage due to administrative or procedural reasons for existing vulnerable patients who have permanent disabilities and provide improved outcomes for thousands of Medicaid recipients.

This change in Florida Statutes provides that a person who was initially determined eligible for Medicaid and is receiving Medicaid-covered institutional care services or hospice services, or a

person who is receiving home and community-based services pursuant to section 393.066, Florida Statutes or section 409.978, Florida Statutes, to be presumed eligible for continued coverage for such Medicaid-covered services during any redetermination process, and the Agency shall continue to make payments for such services unless there is a change in eligibility.

Attachments

- Attachment I – Tribal Notification
- Attachment II – Florida Issued Full Public Notice
- Attachment III – Abbreviated Public Notice
- Attachment IV – Florida Administrative Register Notice

Attachment I – Tribal Notification

October 1, 2025

Dear Tribal Leader:

The Agency for Health Care Administration (Agency) submits to the Centers for Medicare & Medicaid Services (CMS) an amendment to the Florida Managed Medical Assistance (MMA) Section 1115 Demonstration (project numbers 11-W-00206/4 and 21-W-00069/4) to exempt Medicaid eligible permanently disabled individuals from the required 12-month redetermination requirement as defined in CFR 435.916. The intent of the amendment is to mitigate gaps in the potential loss of Medicaid eligibility for the affected population created by redetermination processes. The new proposed service component of the MMA demonstration will be called, the “Eligibility Redetermination Exemption.”

Pursuant to CMS requirements for new section 1115 demonstration programs, the Agency is providing this notice in alignment with federal public notice rules at 42 CFR 431.408 to describe the key components of the proposed demonstration.

MMA Demonstration Program and Amendment Overview

Overview of MMA Demonstration Program

Florida, like many states, has sought to develop innovative solutions to reduce administrative burdens and ensure Medicaid beneficiaries receive quality services. In 2025, the Florida legislature passed a provision that would allow for presumed continuous eligibility for unique coverages. A specific portion of Senate Bill (SB) 2514 seeks to reduce potential gaps in access and coverage to services for Medicaid eligible permanently disabled individuals.

The language in SB 2514 is a broad proposal that directly impacts numerous aspects of health care in Florida. The specific language relating to this amendment was crafted to decrease the incidences of loss of coverage for existing vulnerable patients, reduce state expenditures and provide improved outcomes for thousands of Medicaid recipients.

The MMA Section 1115 Demonstration allows states to seek amendments within CMS procedures and this change in Florida Statutes provides that a person who was initially determined eligible for Medicaid and is receiving Medicaid-covered institutional care services or hospice services, or a person who is receiving home and community-based services pursuant to s. 393.066 or s. 409.978, shall be presumed eligible for continued coverage for such Medicaid-covered services during any redetermination process, and the agency shall continue to make payments for such services unless there is a change in eligibility.

Proposed Demonstration Program Changes

As described, the Agency is seeking federal approval to amend the MMA Demonstration program to implement the Eligibility Redetermination Exemption. This amendment intends to ensure that Medicaid eligible patients will not lose eligibility due to redetermination issues that may impact the recipient's Medicaid eligibility. Additionally, this amendment intends to eliminate gaps or temporary losses of Medicaid coverage by allowing continuous coverage for Medicaid eligible, permanently disabled individuals. This provision is in accordance with state law enacted through SB 2514. The details are as follows:

- A person who was initially determined eligible for Medicaid under paragraph and is receiving Medicaid-covered institutional care services or hospice services, or a person who is receiving home and community-based services pursuant to s. 393.066 or s. 409.978.
- The patient shall be presumed eligible for continued coverage for such Medicaid-covered services during any redetermination process and the agency shall continue to make payments for such services unless the person experiences a material change in his or her disability or economic status which results in a loss of eligibility.
- In the event of such a change in disability or economic status, the person or his or her designated caregiver must notify the agency and the Department of Children and Families of such change.
- The Department of Children and Families may conduct a redetermination of eligibility. If such redetermination is conducted, the Department of Children and Families must notify the person or his or her designated caregiver before the commencement of the redetermination and upon conclusion, the results of the redetermination.

The legislation requires that the Florida Agency of Health Care Administration shall, no later than October 1, 2025, seek federal authorization to exempt a Medicaid-eligible disabled person from annual redetermination of eligibility pursuant to this paragraph.

Eligibility of Affected Populations

An eligible recipient must be enrolled in the Florida Medicaid program in accordance with the Florida State Plan. This demonstration amendment does not affect eligibility for the program.

To make comments or to request additional information on the proposed demonstration, please contact Kimberly Quinn by phone at (850) 412-4277 or email at Kimberly.Quinn@ahca.myflorida.com. If we do not hear from you within 30 days from the receipt of this notice, we will assume that you have no comments.

Attachment II – Florida Issued Public Notices

Florida Agency for Health Care Administration

Managed Medical Assistance (MMA) Section 1115 Demonstration Amendment Request

Full Public Notice

The Florida Agency for Health Care Administration (Agency) is seeking federal authority from the Centers for Medicare & Medicaid Services (CMS) to amend its Florida Managed Medical Assistance (MMA) Section 1115 Demonstration (project numbers 11-W-00206/4 and 21-W-00069/4) to exempt Medicaid eligible permanently disabled individuals from the required 12-month redetermination requirement as defined in 42 CFR 435.916. The intent of the amendment is to mitigate gaps in the potential loss of Medicaid eligibility for the affected population created by redetermination processes. The new proposed service component of the MMA demonstration will be called, the “Eligibility Redetermination Exemption.”

Florida’s MMA Section 1115 Demonstration allows the State of Florida to operate a statewide comprehensive Medicaid managed care program called the “MMA program.” Under the demonstration, most Medicaid-eligible recipients are required to enroll in one of the MMA managed care plans (MMA plans) contracted with the state. MMA plans are managed care organizations (MCOs) as defined in federal regulations at 42 CFR 438.2. The dental plans are Prepaid Ambulatory Health Plans (PAHPs) as defined in federal regulations at 42 CFR 438.2.

Most State Plan populations are required to enroll in the MMA demonstration program; however, several State Plan populations are voluntary for enrollment in the program. Medicaid applicants are given the opportunity to select an MMA plan prior to receiving a Florida Medicaid eligibility determination. If they do not choose an MMA plan, they are auto-assigned into a plan upon an affirmative eligibility determination and are subsequently provided with information about their choice of plans with the auto-assignment. MMA plans can provide customized benefits to their members that differ from, but are not less than, the Medicaid State Plan benefits. Additionally, participating Medicaid-eligible recipients have access to Healthy Behaviors Programs that provide incentives for healthy behaviors. The MMA demonstration also establishes a Low-Income Pool (LIP) to ensure continuing support for the safety net providers that furnish uncompensated care to uninsured populations.

The MMA program improves health outcomes for Florida Medicaid recipients while maintaining fiscal responsibility. This is achieved through care coordination, patient engagement in their own health care, enhancing fiscal predictability and financial management, improving access to coordinated care, and enhancing overall program performance.

The Agency is providing this full public notice in alignment with federal public notice rules in 42 CFR 431.408 to describe the key components of the proposed demonstration amendment. The proposed draft application and other related public notice materials are available for review and public input for a minimum 30-day period starting October, 1, 2025, through October 30, 2025, as described in this notice.

I. Demonstration Program Overview

Section 1115 demonstration waivers allow states to seek amendments in alignment with CMS parameters and procedures. Medicaid eligibility is just one provision that assists in providing a strong continuum of care for Medicaid recipients across the country. Over the years, Florida, like many states, has sought to develop innovative solutions to reduce administrative burdens and ensure Medicaid beneficiaries receive quality services.

In 2025, the Florida legislature passed a provision that would allow for presumed continuous eligibility for unique coverages. A specific provision of Senate Bill (SB) 2514 seeks to reduce potential loss of Medicaid coverage for individuals deemed permanently disabled. The specific language relating to this amendment was crafted to decrease the incidences of loss of coverage for existing vulnerable patients and provide improved outcomes for thousands of Medicaid recipients.

II. Demonstration Goals and Objectives

The purpose of the Eligibility Redetermination Exemption amendment is to mitigate gaps in Medicaid coverage. Florida's Medicaid Program has historically been successful with the implementation of various legislative actions to bolster health service provisions. Legislation has sought *to improve access to coordinated care and continuity of care* by removing the barriers and complications of Medicaid redeterminations that may result in loss of Medicaid eligibility. This amendment will streamline services, improve efficiency and provide a continuum of vital services to more than 150,000 Medicaid beneficiaries in Florida.

III. Proposed Amendment Change Description

As described, the Agency is seeking federal approval to amend the MMA Demonstration program to implement the Eligibility Redetermination Exemption. This amendment intends to ensure that Medicaid eligible patients will not lose eligibility due to redetermination issues that may impact the recipient's Medicaid eligibility. Additionally, this amendment intends to eliminate gaps or temporary losses of Medicaid coverage by allowing continuous coverage for individuals with Medicaid coverages as noted below. This provision is in accordance with state law enacted through SB 2514. Eligibility shall be for:

- A person who was initially determined eligible for Medicaid and is receiving Medicaid-covered institutional care services or hospice services, or a person who is receiving home and community-based services pursuant to s. 393.066 or s. 409.978.

Additionally:

- The patient shall be presumed eligible for continued coverage for such Medicaid-covered services during any redetermination process and the agency shall continue to make payments for such services unless the person experiences a material change in his or her disability or economic status which results in a loss of eligibility.
- In the event of such a change in disability or economic status, the person or his or her designated caregiver must notify the agency and the Department of Children and Families of such change.

- The Department of Children and Families may conduct a redetermination of eligibility. If such redetermination is conducted, the Department of Children and Families must notify the person or his or her designated caregiver before the commencement of the redetermination and upon conclusion, the results of the redetermination.
- The legislation requires that the Florida Agency of Health Care Administration shall, no later than October 1, 2025, seek federal authorization to exempt a Medicaid-eligible disabled person from annual redetermination of eligibility pursuant to this paragraph.

IV. Projected Impact on Program Enrollment and Expenditures

This demonstration amendment does not propose any changes to Medicaid eligibility. Standards for eligibility remain as set forth under the Medicaid State Plan. All individuals will continue to derive their eligibility through the Medicaid State Plan criteria and are subject to all applicable Medicaid laws and regulations in accordance with the Medicaid State Plan. This demonstration amendment is, therefore, not expected to impact Medicaid program eligibility or enrollment trends.

The Agency's review determined there should be no increase in Medicaid enrollments due to this Legislative requirement. Continuing budget neutrality for this demonstration amendment is anticipated. The table below is an example demonstrating five years of projected data.

MMA AMENDMENT WITH WAIVER (WW) PROJECTION

ELIGIBILITY GROUP	DEMO TREND RATE	MONTHS OF AGING	DY19 (\$FY 24-25)	DY20 (\$FY 25-26)	DY21 (\$FY 26-27)	DY22 (\$FY 27-28)	DY23 (\$FY 28-29)	DY24 (\$FY 29-30)	TOTAL WW
MEG 1: SSI RELATED									
Eligible Member Months	5.98%	12	8,240,909	8,733,715	9,255,991	9,809,500	10,396,108	11,017,795	72,567,075
PMPM Cost	5.60%	12	\$ 1,238.12	\$ 1,307.45	\$ 1,380.67	\$ 1,457.99	\$ 1,539.63	\$ 1,625.85	
Behavior Analysis			\$89.79	\$89.79	\$89.79	\$89.79	\$89.79	\$89.79	
Total Expenditure			\$ 10,943,159,547	\$ 12,203,108,660	\$ 13,610,553,067	\$ 15,182,909,613	\$ 16,939,660,950	\$ 18,902,601,107	\$ 105,045,242,175

V. Evaluation Parameters

There is no expectation of need for program evaluation.

Amendment Change	Impact on Evaluation Design
Eligibility Redetermination Exemption • Presumed eligibility • Unless change in eligibility	This is not expected to impact the evaluation design. This component tests the efficiency of eligibility review.

VI. Proposed Waiver and Expenditure Authorities

The Agency is requesting section 1115(a)(2) expenditure authority to authorize permanent eligibility for specific Medicaid eligible populations. The specific language relating to this amendment was crafted to decrease the incidences of loss of coverage for

existing patients and provide improved outcomes for thousands of Medicaid recipients. This is in accordance with Florida law enacted through SB 2514.

The Agency is not requesting any new waiver authorities for the MMA amendment. The full list of MMA demonstration authorities are available for review on the Agency's Federal Authorities webpage here: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers>

VII. Public Notice and Comment Process

As announced in the abbreviated public notice released in the Florida Administrative Registrar on October 1, 2025, the draft section 1115 demonstration proposal and related public notice materials are posted for a 30-day public comment period starting October 1, 2025 through October 30, 2025 on the Federal Waivers home page located on the Agency's website: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers>

The Agency will hold two public hearings on the proposed application in geographically distinct areas of the state as listed below:

Public Hearing 1:

October 10, 2025

1:00 P.M. – 2:00 P.M.

The Agency for Health Care Administration
2727 Mahan Drive
Building 3, Conference Room A
Tallahassee, FL 32308

To register to attend Public Hearing 1 *virtually*, do so at:

<https://events.gcc.teams.microsoft.com/event/bdffe253-b834-4ff9-82b4-fe8fe5f8fecc@583c5f19-3b64-4ced-b59e-e8649bdc4aa6>

Public Hearing 2:

October 13, 2025

1:00 P.M. – 2:00 P.M.

Orlando Hurston Complex
400 W Robinson St
North Tower N109
Orlando, FL 32801

Interested parties may submit written comments electronically via email to FLMedicaidWaivers@ahca.myflorida.com or may send written comments concerning the proposed new demonstration to:

Agency for Health Care Administration
MMA Amendment Eligibility Redetermination Exemption
2727 Mahan Drive, MS #20
Tallahassee, Florida 32308

Hard copies of the proposed application can be obtained by contacting the Agency at 850-412-4003 or by email at FLMedicaidWaivers@ahca.myflorida.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least seven days before the workshop/meeting by contacting the Agency at 850-412-4003 or by email at FLMedicaidWaivers@ahca.myflorida.com.

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1 (800) 955-8771 (TTY) or 1 (800) 955-8770 (Voice).

Attachment III – Florida Issued Public Notices

Florida Agency for Health Care Administration

Managed Medical Assistance (MMA) Section 1115 Demonstration Amendment Request

ABBREVIATED PUBLIC NOTICE

The Florida Agency for Health Care Administration (Agency) intends to submit to the Centers for Medicare & Medicaid Services (CMS) an amendment to the Florida Managed Medical Assistance (MMA) Section 1115 Demonstration (project numbers 11-W-00206/4 and 21-W-00069/4) to exempt Medicaid eligible permanently disabled individuals from the required 12-month redetermination requirement as defined in CFR 435.916. The intent of the amendment is to mitigate gaps in the potential loss of Medicaid eligibility for the affected population created by redetermination processes. The new proposed service component of the MMA demonstration will be called, the “Eligibility Redetermination Exemption.”

The Agency provides this notice in accordance with federal requirements to inform the public that we are providing a 30-day public comment period on the proposed amendment starting on October 1, 2025. The draft amendment request and more detailed information for submitting public comments will be available on that date at:

<https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers>.

Hard copies of the proposed application may be obtained by contacting the Agency at 850-412-4003 or by email at FLMedicaidWaivers@ahca.myflorida.com. The Agency will hold two public hearings to solicit comments on the proposed amendment as listed below:

Public Hearing 1:

October 10, 2025

1:00 P.M. – 2:00 P.M.

The Agency for Health Care Administration

2727 Mahan Drive

Building 3, Conference Room A

Tallahassee, FL 32308

To register to attend Public Hearing 1 *virtually*, do so at:

<https://events.gcc.teams.microsoft.com/event/bdffe253-b834-4ff9-82b4-fe8fe5f8fecc@583c5f19-3b64-4ced-b59e-e8649bdc4aa6>

Public Hearing 2:

October 13, 2025

1:00 P.M. - 2:00 P.M.

Zora Neal Hurston Building

400 West Robison Street,

North Tower, Room N109

Orlando, FL 32801

Attachment IV– Florida Issued Public Notices

Florida Administrative Register Notice

Notice of Meeting/Workshop Hearing

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

The Agency for Health Care Administration (Agency) announces a hearing to which all persons are invited.

DATES AND TIMES: October 10, 2025, 1:00 p.m. – 2:00 p.m.; October 13, 2025, 1:00 p.m. – 2:00 p.m.

PLACES: October 10, 2025: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Rooms A, B, and C, Tallahassee, FL 32308; Registration for virtual option: <https://events.gcc.teams.microsoft.com/event/bdffe253-b834-4ff9-82b4-fe8fe5f8fecc@583c5f19-3b64-4ced-b59e-e8649bdc4aa6>

October 13, 2025: Zora Neal Hurston State Building, 400 W Robinson St, North Tower, Room N109, Orlando, FL 32801

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Agency intends to submit to the Centers for Medicare & Medicaid Services (CMS) an amendment to the Florida Managed Medical Assistance (MMA) Section 1115 Demonstration (project numbers 11-W-00206/4 and 21-W00069/4) to exempt Medicaid eligible permanently disabled individuals from the required 12-month redetermination requirement as defined in CFR 435.916. The intent of the amendment is to mitigate gaps in the potential loss of Medicaid eligibility for the affected population created by redetermination processes. The new proposed service component of the MMA demonstration will be called, the “Eligibility Redetermination Exemption.” The Agency provides this notice in accordance with federal requirements to inform the public that we are providing a 30- day public comment period on the proposed amendment starting on October 1, 2025. The draft amendment request and more detailed information for submitting public comments will be available on that date at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers>.

Hard copies of the application or a copy of the hearing agendas may be obtained by contacting the Agency at (850)412-4003 or by email at FLMedicaidWaivers@ahca.myflorida.com.

Comments may be submitted via mail or email.

Mail comments and suggestions to: Agency for Health Care Administration, Managed Medical Assistance Amendment Eligibility Redetermination Exemption, 2727 Mahan Drive, MS #20, Tallahassee, Florida 32308

A copy of the agenda may be obtained by contacting: the Agency at (850)412-4003 or by email at FLMedicaidWaivers@ahca.myflorida.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: the Agency at (850)412-4003 or by email at FLMedicaidWaivers@ahca.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

MMA AMENDMENT WITHOUT WAIVER (WOW) PROJECTION

STC #97 CMS Composite Share WOW Adjustment			
DY16	PCCM MEG 1	MEG 2	MEG 4
FY2021	\$ 1,202.01	\$ 320.55	\$ 1,004.22

Projected President's Budget Trend:
All Populations
(adults/ABD/child) 5.6%

ELIGIBILITY GROUP	MMA TREND RATE	MONTHS OF AGING	DY17 (\$FY 22-23)	DY18 (\$FY 23-24)	DY19 (\$FY 24-25)	DY20 (\$FY 25-26)	DY21 (\$FY 26-27)	DY22 (\$FY 27-28)	DY23 (\$FY 28-29)	DY24 (\$FY 29-30)	TOTAL WOW
MEG 1 - SSI RELATED											
Eligible Member Months (state historic trend)	5.98%	12	7,337,148.01	7,775,909	8,240,909	8,733,715	9,255,991	9,809,500	10,396,108	11,017,795	72,567,075
Total Cost Per Eligible (President's Budget Trend)	5.60%	12	\$ 1,269.32	\$ 1,340.40	\$ 1,415.47	\$ 1,494.73	\$ 1,578.44	\$ 1,666.83	\$ 1,760.17	\$ 1,858.74	
Behavior Analysis Projected Cost Per Eligible					\$89.79	\$89.79	\$89.79	\$89.79	\$89.79	\$89.79	
Total Expenditure			\$ 9,313,207,497	\$ 10,422,864,994	\$ 12,404,688,056	\$ 13,838,776,536	\$ 15,441,108,808	\$ 17,231,573,875	\$ 19,232,421,099	\$ 21,468,540,877	\$ 119,353,181,742
MEG 2 - CHILD & FAMILY											
Eligible Member Months (state historic trend)	4.83%	12	41,566,227	43,573,876	45,678,494	47,884,765	50,197,600	52,622,144	55,163,793	57,828,204	394,515,103
Total Cost Per Eligible (President's Budget Trend)	5.60%	12	\$ 338.50	\$ 354.85	\$ 371.99	\$ 389.96	\$ 408.79	\$ 428.54	\$ 449.33	\$ 470.93	
Behavior Analysis Projected Cost Per Eligible					\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	
Total Expenditure			\$ 14,070,201,148	\$ 14,749,791,863	\$ 18,373,245,279	\$ 20,121,023,428	\$ 22,038,336,213	\$ 24,141,793,023	\$ 26,449,638,582	\$ 28,981,914,353	\$ 168,925,943,889
MEG 4 - MEDS AD											
Eligible Member Months (state historic trend)	7.39%	12	804,788	864,262	928,131	996,720	1,070,377	1,149,478	1,234,425	1,325,649	8,373,830
Total Cost Per Eligible (President's Budget Trend)	5.60%	12	\$ 1,060.46	\$ 1,119.84	\$ 1,182.55	\$ 1,248.78	\$ 1,318.71	\$ 1,392.56	\$ 1,470.54	\$ 1,552.89	
Behavior Analysis Projected Cost Per Eligible					\$2.14	\$2.14	\$2.14	\$2.14	\$2.14	\$2.14	
Total Expenditure			\$ 853,442,709	\$ 916,512,125	\$ 1,099,550,301	\$ 1,246,812,817	\$ 1,413,805,338	\$ 1,603,171,790	\$ 1,817,910,439	\$ 2,061,421,379	\$ 11,012,626,899
MEG 8 - BH SH Pilot											
Eligible Member Months (capped enrollment per STC 54)	0.00%		50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	400,000
Total Cost Per Eligible (flat trend per STC 101)	0.00%		\$ 194.29	\$ 194.29	\$ 194.29	\$ 194.29	\$ 194.29	\$ 194.29	\$ 194.29	\$ 194.29	
Total Expenditure			\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 77,716,000
MEG 9 - POST-PARTUM											
Eligible Member Months (state historic trend)	8.00%	12	880,617	951,066	1,027,152	1,109,324	1,198,070	1,293,915	1,397,428	1,509,223	9,366,794
Total Cost Per Eligible (President's Budget Trend)	5.60%	12	\$ 391.14	\$ 413.04	\$ 436.17	\$ 460.60	\$ 486.39	\$ 513.63	\$ 542.39	\$ 572.77	
Behavior Analysis Projected Cost Per Eligible	0.24%				\$0.25	\$0.25	\$0.25	\$0.25	\$0.25	\$0.25	
Total Expenditure			\$ 344,442,081	\$ 392,829,304	\$ 448,270,753	\$ 511,228,298	\$ 583,028,876	\$ 664,914,658	\$ 758,302,305	\$ 864,807,484	\$ 4,567,823,759

Note: The Behavior Analysis (BA) Projected Cost Per Eligible was calculated by adding the BA Projected Cost to the total cost per eligible then multiplied by Eligible Member Months. The data used to calculate the Projected Cost Per Eligible is from the July 2024 estimates for the Social Service Estimating Conference. Based on expenditure/claims history, costs are expected to be consistent for each remaining demonstration year and AHCA has projected a flat cost rate for each applicable MEG.

MMA AMENDMENT WITH WAIVER (WW) PROJECTION

ELIGIBILITY GROUP	DEMO TREND RATE	MONTHS OF AGING	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL WW
MEG 1: SSI RELATED											
Eligible Member Months	5.98%	12	7,337,148	7,775,909	8,240,909	8,733,715	9,255,991	9,809,500	10,396,108	11,017,795	72,567,075
PMPM Cost	5.60%	12	\$ 1,110.28	\$ 1,172.46	\$ 1,238.12	\$ 1,307.45	\$ 1,380.67	\$ 1,457.99	\$ 1,539.63	\$ 1,625.85	
Behavior Analysis Projected Cost Per Eligible					\$89.79	\$89.79	\$89.79	\$89.79	\$89.79	\$89.79	
Total Expenditure			\$ 8,146,312,912	\$ 9,116,936,320	\$ 10,943,159,547	\$ 12,203,108,660	\$ 13,610,553,067	\$ 15,182,909,613	\$ 16,939,660,950	\$ 18,902,601,107	\$ 105,045,242,175
MEG 2: CHILD & FAMILY											
Eligible Member Months	4.83%	12	41,566,227	43,573,876	45,678,494	47,894,765	50,197,600	52,622,144	55,163,793	57,828,204	394,515,103
PMPM Cost	5.60%	12	\$ 269.09	\$ 284.16	\$ 300.07	\$ 316.87	\$ 334.62	\$ 353.36	\$ 373.15	\$ 394.04	
Behavior Analysis Projected Cost Per Eligible					\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	\$30.24	
Total Expenditure			\$ 11,185,020,608	\$ 12,381,871,501	\$ 15,088,108,847	\$ 16,621,518,940	\$ 18,315,094,626	\$ 20,185,785,221	\$ 22,252,344,557	\$ 24,535,523,642	\$ 140,565,267,941
MEG 4: MEDS AD											
Eligible Member Months	7.39%	12	804,788	964,262	928,131	996,720	1,070,377	1,149,478	1,234,425	1,325,649	8,373,830
PMPM Cost	5.60%	12	\$ 971.63	\$ 1,026.04	\$ 1,083.50	\$ 1,144.18	\$ 1,208.25	\$ 1,275.91	\$ 1,347.36	\$ 1,422.82	
Behavior Analysis Projected Cost Per Eligible					\$2.14	\$2.14	\$2.14	\$2.14	\$2.14	\$2.14	
Total Expenditure			\$ 781,956,733	\$ 886,768,962	\$ 1,007,616,256	\$ 1,142,556,079	\$ 1,295,574,194	\$ 1,469,093,133	\$ 1,665,860,092	\$ 1,888,990,448	\$ 10,138,415,898
MEG 8 - BH SH Pilot											
Eligible Member Months	0.00%	12	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	400,000
PMPM Cost	0.00%	12	\$ 194.29	\$ 194.29	\$ 194.29	\$ 194.29	\$ 194.29	\$ 194.29	\$ 194.29	\$ 194.29	
Total Expenditure			\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 9,714,500	\$ 77,716,000
MEG 9: POST-PARTUM											
Eligible Member Months	8.00%	12	880,617	951,066	1,027,152	1,109,324	1,198,070	1,293,915	1,397,428	1,509,223	9,366,794
PMPM Cost	5.60%	12	\$ 391.14	\$ 413.04	\$ 436.17	\$ 460.60	\$ 486.39	\$ 513.63	\$ 542.39	\$ 572.77	
Behavior Analysis Projected Cost Per Eligible	0.24%				\$0.25	\$0.25	\$0.25	\$0.25	\$0.25	\$0.25	
Total Expenditure			\$ 344,442,081	\$ 392,829,304	\$ 448,270,753	\$ 511,228,298	\$ 583,028,876	\$ 664,914,658	\$ 758,302,305	\$ 864,807,484	\$ 4,567,823,759

Note: The Behavior Analysis (BA) Projected Cost Per Eligible was calculated by adding the BA Projected Cost to the total cost per eligible then multiplied by Eligible Member Months. The data used to calculate the Projected Cost Per Eligible is from the July 2024 estimates for the Social Service Estimating Conference. Based on expenditure/claims history, costs are expected to be consistent for each remaining demonstration year and AHCA has projected a flat cost rate for each applicable MEG.

Budget Neutrality Summary

WOW Original & MMA Populations Combined									
	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL
MEG 1	\$ 9,313,207,497	\$ 10,422,864,994	\$ 12,404,688,056	\$ 13,838,776,536	\$ 15,441,108,808	\$ 17,231,573,875	\$ 19,232,421,099	\$ 21,468,540,877	\$ 119,353,181,742
MEG 2	\$ 14,070,201,148	\$ 14,749,791,863	\$ 18,373,245,279	\$ 20,121,023,428	\$ 22,038,336,213	\$ 24,141,793,023	\$ 26,449,638,582	\$ 28,981,914,353	\$ 168,925,943,889
TOTAL	\$ 23,383,408,645	\$ 25,172,656,857	\$ 30,777,933,335	\$ 33,959,799,964	\$ 37,479,445,021	\$ 41,373,366,898	\$ 45,682,059,681	\$ 50,450,455,230	\$ 288,279,125,631

WW Original & MMA Populations Combined									
	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL
MEG 1	\$ 8,146,312,912	\$ 9,116,936,320	\$ 10,943,159,547	\$ 12,203,108,660	\$ 13,610,553,067	\$ 15,182,909,613	\$ 16,939,660,950	\$ 18,902,601,107	\$ 105,045,242,175
MEG 2	\$ 11,185,020,608	\$ 12,381,871,501	\$ 15,088,108,847	\$ 16,621,518,940	\$ 18,315,094,626	\$ 20,185,785,221	\$ 22,252,344,557	\$ 24,535,523,642	\$ 140,565,267,941
TOTAL	\$ 19,331,333,519	\$ 21,498,807,820	\$ 26,031,268,394	\$ 28,824,627,599	\$ 31,925,647,693	\$ 35,368,694,834	\$ 39,192,005,507	\$ 43,438,124,748	\$ 245,610,510,116

VARIANCE	\$ 4,052,075,125	\$ 3,673,849,037	\$ 4,746,664,941	\$ 5,135,172,365	\$ 5,553,797,328	\$ 6,004,672,064	\$ 6,490,054,174	\$ 7,012,330,482	\$ 42,668,615,515
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CNOM HEALTHY START	\$ 49,822,417	\$ 61,356,275	\$ 64,533,770	\$ 67,875,820	\$ 71,390,948	\$ 75,088,115	\$ 78,976,750	\$ 83,066,768	\$ 502,288,445
CNOM PACC	\$ 843	\$ 1,172	\$ 1,197	\$ 1,222	\$ 1,248	\$ 1,274	\$ 1,301	\$ 1,329	\$ 8,744
CNOM HIV/AIDS	\$ 16,211,880	\$ 8,792,925	\$ 15,049,925	\$ 25,759,371	\$ 44,089,604	\$ 75,463,532	\$ 129,162,983	\$ 221,074,678	\$ 519,393,019
NET OVERSPEND FROM HYPOS	\$71,485,976	\$29,743,163	\$91,934,045	\$104,256,738	\$118,231,144	\$134,078,657	\$152,050,346	\$172,430,931	\$874,211,001
VARIANCE LESS CNOM COSTS:	\$ 3,914,554,009	\$ 3,573,955,502	\$ 4,575,146,003	\$ 4,937,279,213	\$ 5,320,084,384	\$ 5,720,040,484	\$ 6,129,862,794	\$ 6,535,756,776	\$40,772,714,307

Cumulative Variance from Most Recent 5 Years (DY11-DY15)	\$ 2,025,794,843
Total Cumulative Variance	\$ 42,798,509,150

LOW INCOME POOL (LIP)									
	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL
Total Expenditures	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	\$ -

SUPPLEMENTAL HYPOTHETICAL TEST - BH SH PILOT AND MEDS AD									
Without-Waiver Total Expenditures	DY17 (SFY 22-23)	DY18 (SFY 23-24)	DY19 (SFY 24-25)	DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)	TOTAL
MEG 4 - MEDS AD	\$853,442,709	\$916,512,125	\$1,099,550,301	\$1,246,812,817	\$1,413,805,338	\$1,603,171,790	\$1,817,910,439	\$2,061,421,379	\$11,012,626,899
MEG 8 BH SH Pilot	\$9,714,500	\$9,714,500	\$9,714,500	\$9,714,500	\$9,714,500	\$9,714,500	\$9,714,500	\$9,714,500	\$77,716,000
MEG 9 Postpartum	\$344,442,081	\$392,829,304	\$448,270,753	\$511,228,298	\$583,028,876	\$664,914,658	\$758,302,305	\$864,807,484	\$4,567,823,759
With-Waiver Total Expenditures									
MEG 4 - MEDS AD	\$781,956,733	\$886,768,962	\$1,007,616,256	\$1,142,556,079	\$1,295,574,194	\$1,469,093,133	\$1,665,860,092	\$1,888,990,448	\$10,138,415,898
MEG 8 BH SH Pilot	\$9,714,500	\$9,714,500	\$9,714,500	\$9,714,500	\$9,714,500	\$9,714,500	\$9,714,500	\$9,714,500	\$58,287,000
MEG 9 Postpartum	\$344,442,081	\$392,829,304	\$448,270,753	\$511,228,298	\$583,028,876	\$664,914,658	\$758,302,305	\$864,807,484	\$4,567,823,759
Net Overspend	\$71,485,976	\$29,743,163	\$91,934,045	\$104,256,738	\$118,231,144	\$134,078,657	\$152,050,346	\$172,430,931	\$874,211,001