Hawaii QUEST Integration

1115 Waiver

Quarterly CMS Monitoring Report

Federal Fiscal Year 2023 3rd Quarter
(DY29 Q3)

Date Submitted: August 30, 2023	**Reporting Period:**	**April 2023 – June 2023**
	Federal Fiscal Quarter:	3rd Quarter 2023
	State Fiscal Quarter:	4th Quarter 2023
	Calendar Year Quarter:	2nd Quarter 2023
	Demonstration Year:	29th Year (10/1/22 – 9/30/23) This reporting period includes the: • last month of 3rd Q. DY 29; and the • 1st & 2nd months of 4th Q. DY 29 when applying a DY of August 1st – July 31st.

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Attachments

Attachment A: Up-To-Date Budget Neutrality Summary

The Budget Neutrality Summary (worksheet) for the quarter ending 3/31/2023 is attached. The Budget Neutrality Summary for the quarter ending 6/30/2023 will be submitted by the 8/31/2023 deadline.

Attachment B: Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 3/31/2023 is attached. The Budget Neutrality Workbook for the quarter ending 6/30/2023 will be submitted by the 8/31/2023 deadline.

Attachment C: Schedule C

Schedule C for the quarter ending 6/30/2023 is attached. Schedule C includes a summary of expenditures for the reporting period.

I. Introduction

Hawaii's QUEST Integration (QI) program is a state of Hawaii (State) Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115(a) Demonstration wavier (Demonstration) that expands Medicaid coverage to children and adults originally implemented on August 1, 1994. QUEST Integration uses capitated managed care as a delivery system unless otherwise indicated. Also, QI provides Medicaid State Plan benefits and additional benefits including institutional, and home and community based, long-term services and supports based on medical necessity and clinical criteria, to beneficiaries eligible under the State Plan and to the Demonstration populations.

Med-QUEST Division continues to focus on a comprehensive health care delivery system transformation, called the HOPE Initiative. "HOPE" stands for Hawaii-Medicaid Ohana-Nui Project Expansion. The goal of the initiative is to achieve the Triple Aim of better health, better care, and sustainable costs for our community using a whole person, whole family and whole community approach to health and well-being. Med-QUEST Division anticipates that the investments in healthy families and healthy communities will translate to improved health and well-being through decreased onset of preventable illnesses, improved early detection and optimal management of conditions, and a continued sustainable growth rate in healthcare spending from reductions in unnecessary care and shifts of care to appropriate settings. Med-QUEST Division also focuses on the integration of behavioral health and health-related social risk factors taking a whole-person health approach.

HOPE Strategies:

- Invest in primary care, prevention, and health promotion
- Improve outcomes for high-need, high-cost individuals
- Payment reform and financial alignment
- Support community driven initiatives

The current QI contracts are held by five health plans. Those five health plans are AlohaCare, Hawaii Medical Service Association (HMSA), Kaiser Permanente, Ohana Health Plan, and UnitedHealthcare Community Plan (collectively, Health Plans). Med-QUEST Division works closely with the Health Plans to facilitate contract implementation and improve healthcare access and services to members.

During this quarter, MQD restarted eligibility renewals after the pause on eligibility redeterminations ended in April. Also, the MQD communication campaign, "Stay Well, Stay Covered", was launched. It included the translations of various materials into 20 languages. To help deal with the increased volume of work, efforts were made to contract for staff augmentation in the mail room and to answer calls.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan Reporting

During this quarter, MQD continued to work with the Health Plans to improve report quality and data submission.

Health Plans continued to submit newly designed reports as part of the QI contract. Health Plans have submitted nearly all remaining reports with the last one submitted on 10/31/2022. Embedded in these reports is a framework to consolidate reporting information into specific focus areas and to analyze performance based on Key Performance Indicators (KPIs) which will be reported in the Performance Metrics section of this 1115 quarterly report once data quality is adequate. Additional strategies for improving data quality have been developed including report templates with built in quality assurance flags that alert Health Plans of inappropriate or mis-formatted data. Report tools for these reports have been updated based on feedback from the Health Plans, and such updates are incorporated into the Health Plan Manual. Med-QUEST Division is looking at ways to streamline reporting and reduce administrative burden on Health Plans and MQD staff. These include combined data files and working toward more automated reporting.

Dual Eligible Special Needs Plans (D-SNPs)

April through June of 2023, MQD and its consultants, ATI Advisory and Speire Healthcare Strategies, LLC (collectively, Consultants), continued to meet regularly and work diligently on requirements and provisions for Hawaii's 2024 State Medicaid Agency Contract (SMAC). Additionally, the collaboration with representatives from the Centers for Medicare and Medicaid Services (CMS) Medicare-Medicaid Coordination Office (MMCO) and its partnering organizations, continued as needed to iron out details regarding Exclusively Aligned Enrollment (EAE). These endeavors filled the calendar and constituted the two primary objectives for the quarter, which were finalizing the new Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP/FIDE) 2024 SMAC and EAE guidance for the Medicare Advantage Organizations (MAOs). Both were successfully achieved by the end of the quarter.

2024 SMAC:

2024 will be the first year that Hawaii will offer eligible beneficiaries the Fully Integrated Dual Eligible Special Needs Plans. Three of Hawaii's D-SNPs agreed to move forward with opening FIDEs. Such D-SNPs are AlohaCare, Kaiser Permanente, and Ohana Health Plan.

Having engaged with the MAOs early during the year on the new FIDE option and integration requirements, by mid-April MQD and Consultants were able to provide the MAOs with a full 2024 SMAC draft that allowed for operation of either or both HIDEs and FIDEs, and that contained MAO anticipated and vetted new provisions. The draft afforded the MAOs a timely review of all the pieces assembled together, and the opportunity to raise any final concerns and insights with the State. Along with this full draft, MQD and Consultants provided the MAOs with a Q&A Tracker that documented and organized prior MAO inquiries and feedback shared with MQD, as well as the MQD responses to each. Keeping all parties engaged and aligned helped to facilitate a smooth contract completion and execution.

Throughout May and the beginning of June, MQD and Consultants focused on incorporating MAO input and refining SMAC requirements, processes, and language. Along the way, MQD staff also engaged with the State Attorney General's Office for a SMAC review and any counseling and guidance offered on the terms and provisions of the contract. Additionally, MQD staff worked with CMS to produce Hawaii's first Integrated Provider and Pharmacy Directory template, and Integrated Formulary template, for FIDE use in 2024.

By June 13th, the final SMAC was provided to the MAOs for execution. All five of Hawaii's eligible MAOs had fully executed 2024 SMACs ready and early for timely submission to CMS by June 26th.

Some of the new requirements in Hawaii's 2024 SMAC include the following.

HIDEs and FIDEs:

- New comprehensive benefits template
- Data exchange and designated points of contact to support care coordination for D-SNP members also enrolled in the Community Care Services (CCS) or Intellectual or Developmental Disability (I/DD) Waiver programs

- Availability of specified D-SNP reports, such as those submitted to CMS and the MLR form

FIDEs:

- Exclusively aligned enrollment
- New EAE report
- Unified grievances and appeals
- Single member ID card
- Single member call center
- Integrated provider and pharmacy directory
- Integrated formulary

EAE Guidance:

Preparations for Hawaii's 2024 FIDE implementation of EAE, presented a heavy lift for the State in terms of mapping and ironing out the details of numerous EAE enrollment and disenrollment scenarios with corresponding actions or tasks for the multiple parties involved. In particular, in order to facilitate successful FIDE implementation of the new EAE policy, MQD aimed to provide the MAOs with detailed written guidance on possible paths and actions that members, the FIDE, CMS, the State, and the QI Plan, could take. The Consultants lead this effort and worked tirelessly to produce a comprehensive, well-organized, 28-slide deck of EAE guidance for the MAOs. In doing this, they engaged CMS and drove insightful discussions with MQD staff and CMS representatives to comb through the possibilities and think through issues. Once the groundwork was laid, MQD and Consultants shared draft EAE scenarios with the MAOs preparing to launch 2024 FIDEs. Med-QUEST Division and Consultants also conducted one-on-one meetings with each of such MAOs to address MAO questions and concerns. By mid-June, the final EAE Policy Guidance was provided to the MAOs.

2. Home and Community Based Services (HCBS) and Personal Care

The phase two HCBS rate study commenced on March 8, 2023 and is ongoing. It evaluates the rates paid for Adult Day Care (ADC), Adult Day Health (ADH), Assisted Living Facilities (ALF), home delivered meals, respite care and in-home services, Level 3 Residential Services provided by Community Care Foster Family Homes (CCFFHs) and Expanded – Adult Residential Care Homes (E-ARCHs), and Level 3 Community Case Management Agency (CCMA) services. The phase two rate study is being done by Milliman, an actuarial firm contracted with MQD for a wide range of actuarial consulting services.

Additionally, a HCBS CAHPS survey was conducted, with the survey field closing on April 25, 2023. The final, reconciled disposition report was submitted to Med-QUEST on June 1, 2023, with a draft aggregate report scheduled to be submitted to Med-QUEST for review in mid-July 2023. The survey was conducted by Health Services Advisory Group (HSAG), a health consulting firm contracted with MQD for a wide range of health consulting services, including services as the External Quality Review Organization.

3. Other

Member Outreach

In March 2023, a letter was sent to all households informing members of the restart of eligibility renewals following the pause during the pandemic for the continuous coverage requirements. In April, Hawaii's "Stay Well, Stay Covered" campaign was rolled out. The communications toolkit includes newsletters, provider office posters, pamphlets, TV and Radio public service announcements in addition to bus placards. The written materials were translated into 20 different languages. Additionally, MQD's various community outreach contractors were active in supporting the campaign within their communities. Various staff organized and conducted numerous presentations to a diverse set of stakeholders on all of the islands ranging from legislators to church groups. The Stay Well, Stay Covered collateral includes references to MQD's "pink letter" campaign. The pink letter campaign is the State's intentional distribution and promotion of critical eligibility renewal notices and information to all members printed on pink paper and mailed in pink envelopes. The idea being, that use of pink paper will readily flag those items for members amongst household mail, and facilitate simple messaging to members from providers and community groups to be on the look-out for such pink mail and to take any necessary actions set forth within them.

Data Quality Strategy

In the 3rd quarter of federal fiscal year 2023, MQD focused on updating its encounter data submission guidance for Health Plans to improve encounter data completeness and limit errors in the processing cycle. This quarter MQD established a mechanism for Health Plans to submit encounters for services that its staff render directly to members, a subset of services that has not historically been captured in encounters. These encounters will provide MQD a more complete picture of the services members receive and the types of services Health Plan staff are delivering. This quarter MQD also kicked off work on a series of routine trend reports to help staff validate the volume of encounters received each month by Health Plan, service type, and paid amount, allowing for more frequent validation.

B. Issues or Complaints Identified by Beneficiaries

No new issues or complaints have stood out during this quarter.

C. Audits, Investigations, Lawsuits, or Legal Actions

Audits and Investigations

Currently, MQD and one of its contracted entities for payment audits, are reviewing the following.

1. Confirmative and presumptive drug screen testing
2. Dialysis use of Velphoro and possible kickback
3. Billing of immunotherapy preparation with no corresponding administration

Lawsuits and Legal Actions

Administrative Hearings:

Bekkum v. DHS. Curtis Bekkum, M.D. appeals MQD's decision to terminate him based on a criminal complaint and conviction of sexual assault, which occurred in his provision of medical services to a patient. Bekkum is represented by counsel. Bekkum moved to delay the administrative proceedings until his appeal to the Intermediate Court of Appeals was complete. MQD submitted arguments in opposition. The Hearing Officer denied Bekkum's motion and set the hearing for April 2023. Bekkum then filed motions to compel the DHS' Adult Protective Services (APS) to produce documents, which APS objected due to Bekkum's lack of legal authority and because the return for the subpoena was the date of the April hearing, which had not passed. Bekkum ultimately withdrew the motion. Bekkum then brought a motion to dismiss for lack of jurisdiction, which was denied on a procedural basis. An administrative hearing was held in May 2023. MQD filed proposed findings of facts, proposed conclusions of law, and written closing arguments on June 23, 2023.

LaPorte v. DHS. On January 12, 2023, MQD suspended Medicaid payments to Bryant LaPorte, DDS, based on credible allegations of fraud as follows: (1) billing for services not rendered, including x-rays, and (2) billing services not medically necessary, including oral evaluations and palliative emergency treatment. Dr. LaPorte requested for an administrative hearing after receiving the Notice of Suspension of Medicaid Payments dated January 18, 2023. A two-day hearing is scheduled for September 12 and 13, 2023.

Hawaii Courts:

Soleil Feinberg v. Cathy Betts, et al. This is a federal district court challenge alleging a failure to provide adequate treatment, as required by EPSDT, to a young adult. The allegation is that the failure to provide adequate treatment led to the young person's eventual criminal case and her placement in the Hawaii State Hospital because her mental impairment makes her unable to stand trial in the criminal case. The cross motions for summary judgment were denied on May 6, 2022. The Case is set for bench trial on January 17, 2024. Parties are actively negotiating settlement of the case.

Evergreen v. DHS (UIPA). MQD Provider requested documents, under the Uniform Information Practices Act, related to an MQD investigation of the provider based on a credible allegation of fraud. Evergreen moved for summary judgment. MQD claimed exemptions to UIPA for all of the documents. That argument was rejected, and a partial disclosure was made, including some documents disclosed but in redacted form to protect the identity of the Medicaid members. The last order in the case was filed on June 9, 2023. The last pleading was filed on January 10, 2022.

Evergreen v. DHS (Tort). The Complaint alleges that MQD interfered with Provider's ability to secure contracts with the Health Plans and that MQD does not supervise their fraud investigator. Service on the State has not been perfected.

Waianae Coast Comprehensive Health Center (WCCHC) v. State of Hawaii, DHS. WCCHC is a federally qualified health center and receives reimbursement under the Prospective Payment System (PPS) of reimbursement created under Hawaii Revised Statutes §§346-53.62, *et seq.* In

February 2019, WCCHC requested a rate change for its medical PPS and dental PPS rates. MQD ultimately denied the request for a rate change for the dental PPS rate because the services actually began in 2010 and WCCHC did not provide documentation to support the change in an increased type, intensity, duration, or amount of services for the 2019 year.

As for the medical PPS rate change request, after extensive discussion, requests for data, and review of their data, MQD issued a projected adjusted medical PPS rate in September 2019. MQD then provided payments on that projected adjusted medical PPS rate, requested data, and reviewed data until a final adjusted PPS rate was determined in November 2020. MQD provided final settlements based on the final medical PPS rate. All required notices were sent by certified mail in compliance with Hawaii Administrative Rules.

Years after these decisions, around October 2022, WCCHC requested an administrative hearing to contest the final settlement for 2019 (notice dated September 10, 2021), final adjusted medical PPS rate (notice dated November 19, 2020), the denial of the request for a dental PPS rate change (notice dated November 19, 2020), and check payments that were provided to WCCHC checks (dated December 18, 2020). MQD moved to dismiss the hearing for failure to timely request an administrative hearing pursuant to Hawaii Administrative Rule (HAR) §§17-1736-58 and 59. These rules required WCCHC to request an administrative hearing 90 days after the decisions were issued and limit its right to a hearing when the request is not timely made. The Hearing Officer granted MQD's motion to dismiss. On February 22, 2023, the Order granting MQD's motion was issued. On March 23, 2023, WCCHC appealed the decision to the Circuit Court.

WCCHC filed its opening brief. DHS is working on an answering brief, which is due on July 31, 2023.

In re F.T., by and through Aloha Nursing Rehab Centre (Aloha Nursing). Aloha Nursing requested an administrative fair hearing on behalf of deceased former patient regarding the patient's Medicaid eligibility. Aloha Nursing is seeking payment for services rendered to F.T. at a time when patient was ineligible for Medicaid coverage. The hearing officer determined that Aloha Nursing had no standing as an authorized representative of the former patient because it lacked the proper legal documentation providing authority to act on behalf of the deceased patient. Circuit Court affirmed in favor of DHS. Aloha Nursing appealed to the Intermediate Court of Appeals. Decision is pending.

In re F.W.H., by and through Aloha Nursing Rehab Centre (Aloha Nursing). Aloha Nursing requested an administrative fair hearing on behalf of deceased former patient regarding the patient's Medicaid eligibility. Aloha Nursing is seeking payment for services rendered to F.W.H. at a time when patient was ineligible for Medicaid coverage. The hearing officer determined that Aloha Nursing had no standing as an authorized representative of the former patient because it lacked the proper legal documentation providing authority to act on behalf of the deceased patient. Circuit Court affirmed in favor of DHS. Aloha Nursing appealed to the Intermediate Court of Appeals. Decision is pending.

9th Circuit Court of Appeals:

HRDC v. Kishimoto. This was a challenge to the State of Hawaii's provision of Medicaid funded Applied Behavioral Analysis (ABA) therapy for children on the autism spectrum attending public

schools. The State of Hawaii won a Motion for Summary Judgment in the federal district court on August 31, 2022 and the Plaintiffs appealed to the 9th Circuit Court of Appeals on September 30, 2022. The case remains on appeal to the 9th circuit. HDRC filed an Opening Brief and the State of Hawaii filed an Answering Brief. HDRC's Reply Brief was filed on July 14, 2023. The case is being considered for oral argument in Honolulu in October 2023.

Foreclosure Actions:

There are approximately 17 foreclosure actions that list DHS as a defendant. These actions are usually brought by banks or mortgage companies against Medicaid claimants and/or their estates. Through these actions, DHS requests any remaining surplus funds from the sale of the foreclosed property to be distributed to DHS.

D. Unusual or Unanticipated Trends

This quarter marked the kick-off of the unwinding of the public health emergency continuous enrollment. Any terminations that were a result of restarting renewals did not occur until the first part of June. Med-QUEST Division did see an uptick in the number of calls received, particularly starting in June, and the mail volume has been excessive. As noted in the Introduction section, MQD contracted for additional staff to augment the call center and mail room activities.

E. Legislative Updates

The 2023 legislature concluded its session the first week of May 2023. The major budget items that were included were monies allocated to increase medical/professional fees to 100% Medicare. This also includes some behavioral health services. Monies were allocated to rebase nursing facilities fees that will coincide with changing rate methodologies from using RUGS to PDMP. Monies were not included for any increases for 1115 Home and Community based services, although the 1915(c) for the Intellectual/Development Disabilities waivered services were allocated monies for their rate increases.

Legislation that passed that impacts the QUEST program include changing the State's telehealth law so that it aligns with Medicare on the use of real-time audio-only telehealth. Prior to the change, telephone calls were not included in the definition of telehealth. Additionally, the laws for the State's two types of provider assessments/fees hospitals and nursing facilities, were made permanent and no longer need to be renewed every two years. All this legislation has already been signed into law by the Governor.

F. Descriptions of any Public Forums Held

1. Public Forum for Section 1115 Demonstration Project

Hawaii held two MQD Healthcare Advisory Committee (MHAC) meeting during this reporting period. One was held on April 19, 2023, and the second one was held on June 21, 2023. Public comments and questions were received from both meetings and summarized below.

MHAC meeting, April 19, 2023

Med-QUEST Division presented information and updates on the Stay Well Stay Covered campaign for the restart of renewals for all Medicaid members, the Legislative and Budget updates, and the State Plan updates. There were no questions from the MHAC committee or the public on the Stay Well Stay Covered campaign.

A member from MHAC had a question on one of the Legislative bills that MQD presented on. The question was regarding the Hospital and Nursing Facility Sustainability legislative bill. MQD explained that this bill outlines how the fees are assessed from patient revenue are received and used for performance improvement projects and metrics for the nursing facilities and hospitals. These programs will be sustained based on the fees that are collected for this purpose. There were no questions raised from the public on the Legislative and Budget updates.

A member from MHAC had a question regarding the State Plan Amendment regarding the Waiver of Provider Application Fees (SPA 23-0009). 42 CFR 455.460 requires states to collect the applicable application fee for any newly enrolling or reenrolling institutional provider. Section 1866 (j)(2)©(ii) of the Act permits the Secretary to waiver the application. Hawaii is choosing to waive the application fee for the institutional providers. The MHAC committee member asked if the waiver of the application fee is for everyone or only those with financial hardship. MQD clarified that the waiver of the application fee applies to everyone. There were no questions raised from the public on the State Plan presentation.

MHAC meeting, June 21, 2023

Med-QUEST Division presented information and updates on the on the Stay Well Stay Covered campaign for the restart of renewals for all Medicaid members, the 1115 Waiver Renewal, Legislative and Budget updates, and the State Plan updates. Questions were raised for all areas except the Legislative and Budget updates.

A member from the MHAC committee had comments and questions regarding the Stay Well Stay Covered campaign. First, the MHAC member stated that MQD is doing an excellent job with all the communication tools being used to inform our members what to look for and how to maintain their medical coverage during the renewal of eligibility process for all Medicaid members with our pink letter campaign and various outreach methods. A question was raised as to whether MQD will continue to use the pink envelopes as MQD does a renewal process every year. MQD is continuously looking at ways to improve our process and outreach and will monitor this process for possible future use. In addition, a question was asked as to how long the "Stay Well Stay Covered" campaign will remain in effect. MQD explained that some components of this campaign will stay in place, however MQD will need to discuss to determine what they will be and utilize the best processes going forward.

Another question raised was regarding the special enrollment period for the open market place and whether this will happen every year. MQD explained that every year there is a special enrollment period and if there is ever a need for a specific renewal (i.e. there is a community need that will leave a group without access to coverage) then MQD expects the open market place to accommodate this need. There were no questions or comments from the public on the Stay Well Stay Covered campaign.

MQD reviewed the 1115 Waiver Renewal process (as our current 1115 Waiver will end July 31, 2024), and the potential additional initiatives it may pursue for the next 5-year 1115 Waiver Renewal. MQD presented that it will continue current programs and services to support individuals with housing, behavioral health, and home and community based services needs. MQD will consider new initiatives that will add services to address health-related social needs among select QUEST Integration members such as Medical Respite, Rental Assistance, Pre-Release Services, Nutritional Supports, and Traditional Healing Practices.

A member of MHAC expressed excitement over the new initiatives and asked if the Pre-Release Services initiative includes the State Hospital. MQD responded that the State Hospital is not included at this time. The MHAC member thinks that the State Hospital should be included as individuals are placed there based on the legal system. MQD stated that it would continue to work with the State Hospital to ensure a smooth transition for these individuals once they are released. Another MHAC thought the 1115 Waiver Renewal update was "very good" and is excited to see what will happen with the 1115 Waiver Renewal application. The MHAC member raised a question on whether Medical Respite is exclusive to those who are "unsheltered" or would it apply to Medicaid members who come to Oahu for care from a Neighbor Island and do not have a place to stay after discharge from the hospital. MQD is not sure and will revie this matter. MQD explained that Medical Respite is not skilled nursing facility of care but for individuals who can be discharged home with wrap around supports. The individuals who will qualify for the service are those who are discharged from the hospital and do not have homes to return and do not meet skilled nursing facility level of care. Another question on this topic was raised as to whether Medical Respite would apply to the caregiver that the member brought with them to the hospital. MQD responded that Medical Respite services are only for the individual who needs the service. Separately MQD may pay for a caregiver for the individual who is travelling for care and needs the travel companion to get the member to the hospital and general care.

Another question was raised regarding Nutrition Supports and how this service will be provided. MQD explained that it is in the beginning phases of developing this initiative and therefore still under consideration. A question was raised about Rental Assistance and whether the funding will be used for those who are at risk of losing housing or for those who are houseless. MQD explained that all the initiatives that MQD is exploring must supplement and not supplant existing resources and Hawaii already ahs a n existing program that covers the population for those who are at risk of losing housing. MQD will be focusing on filling the gaps in services and are currently doing research on how MQD will want to design this initiative.

There were no questions raised from the public on the 1115 Waiver Renewal issues.

MQD reviewed State Plan approvals, provided updates on pending State Plan Amendments and reviewed upcoming State Plan Amendments. A member from MHAC asked questions about the State Plan approval regarding coverage of Naloxone and Birth Control over the counter that was approved on 4/25/23 with an effective date of 1/1/23. The question is whether a member has to have a prescription to obtain these medications or can the member just purchase it over the counter. MQD will review this and follow up with the MHAC member. A separate question was asked as to whether MQD covers the birth control app called "Natural Cycles" as this app has been

approved by the FDA. MQD will review this with the Managed Care Plans and follow up with the MHAC member.

III. Enrollment and Disenrollment

A. Member Choice of Health Plan

April 2023 – June 2023	# of Members
Individuals who chose a health plan when they became eligible	**3,760**
Individuals who were auto-assigned when they became eligible	**2,000**
Individuals who changed health plan after being auto-assigned	**606**
Individuals in the ABD program that changed health plan within days 61 to 90 after confirmation notice was issued	**10**

IV. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total enrollment as of 6/26/2023: 465,541

2. Outcomes of Care, Quality of Care, Cost of Care, and Access to Care

There is no reporting on the above for this quarter.

B. Results of Beneficiary Satisfaction Surveys (if conducted)

No beneficiary satisfactions surveys were conducted during this period.

C. Results of Grievances and Appeals (from Health Plans)

Type	Total	Timely Resolved* # (%)	Resolved in Favor of Beneficiaries** # (%)
Grievances	490	437 (98.9%)	120 (42.1%)
Appeals	276	175 (96.2%)	1 (50.0%)

*Timely is defined as within 30 days for standard grievances and appeals, within 14 days for expedited appeals, and within the approved extension time period for grievances and appeals with approved extensions. Denominator excludes grievances and appeals received within 30 days of the end of the reporting period with no resolution (or 3 days for expedited appeals).
**Denominator excludes appeals for which no decision has been made.

V. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

Hawaii has continued to accrue budget neutrality savings, which is shown in the Budget Neutrality Summary attached to this report. In addition, the Hypothetical Expansion eligibility category has continued to accrue budget neutrality savings. The Demonstration continues to project budget neutrality savings in future years.

B. Updated Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 6/30/2023 will be submitted by the 8/31/2023 deadline. The Budget Neutrality Workbook for the quarter ending 3/31/2023 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 6/30/2023 were reported on the CMS-64 and certified on 7/28/2023. A summary of expenditures is shown on the attached Schedule C for the quarter ending 6/30/2023.

D. Administrative Costs

There have been no significant increases in Hawaii's administrative costs for the quarter ending 6/30/2023. Cumulative administrative expenditures can be found on the attached Schedule C.

VI. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See B.3 for results and findings.

B. Progress Summary of Evaluation Activities

1. Key Milestones Accomplished

- Med-QUEST Division released a new reporting package which will assist with monitoring evaluation goals for the 1115 waiver. Health Plans submitted another round of Community Integration Services (CIS), Long-Term Services and Supports (LTSS), Special Health Care Needs, Value-Driven Health Care, and Primary Care reports with data quality improving compared to previous quarters. However, MQD and the University of Hawaii (UH) Evaluation team are still providing targeted technical assistance and engaging with the Health Plans to improve data quality across all reports. UH is drafting the interim evaluation report which will be submitted to CMS along with the next 1115 waiver.

- The UH Evaluation Team held a Rapid Cycle Assessment presentation for Health Plans, providers, and MQD on Q1 2023 on May 26, 2023. A corresponding report was submitted to MQD. The team also submitted feedback on individual Health Plan reports using the Review Tool.

2. Challenges Encountered and How They Were Addressed

Data quality among evaluation reports remained a challenge for Health Plans. During this quarter many reports moved into production meaning the Health Plans consistently met data quality standards. These have informed ongoing monitoring of demonstration populations as well as inform the development of the 1115 waiver interim evaluation report.

3. Interim Findings (when available)

Subject	Successes in Implementation	Barriers in Implementation
CIS	Data quality continues to slowly improve. MQD restructured its "Core Team" to discuss and launch a CIS 2.0 that responded to the challenges raised by the providers, HPs, and Evaluation Team. Daily meetings often include members of the Eval Team, local government, and other homelessness experts. MQD restructured CIS payments to pay for outreach services regardless of if member ends up consenting to compensate providers for time Bundled payments to make billing easier	Challenges to enrolling members is largely due to provider capacity, limited affordable housing, and lack of coordination between HPs and providers.
LTSS	The analysis shows that the level of care (LOC) scores for LTSS members in the home setting are stable as they progress during the years in the program suggesting effectiveness of HCBS.	The analysis shows that the level of care (LOC) scores for LTSS in the nursing home or foster homes deteriorate over the years they stay in the program.
SHCN	Through individualized meetings and technical assistance, MQD and UH are now receiving health care services data extracts directly from HP care coordination system to help identify the breadth and depth of services provided to waiver target populations and other populations of members.	Unstandardized documentation across Health Plans makes it difficult to integrate data of all members and determine the impact of care coordination services for SHCN member
SDOH	Qualitative analyses were conducted on the Health Disparity reports submitted by Health Plans and preliminary results are shown below: Health Plans identified racial/ethnic or geographical disparities on the utilization of several health service Health Plans conducted root cause analyses and found many drivers including but not limited to: lack of transportation language barriers and health literacy skills unstable housing and homelessness unemployment or having to work multiple jobs or jobs with unreliable schedules,	Shortage of Health Plans staff and community health workers to address SDOH and social needs

	differences in cultural health practices (belief, mistrust) healthcare access and quality. Support strategies and interventions implemented (or to be implemented) include: patient engagement and outreach community engagement improving health care coordination and access to health care, such as providing transportation or relieving travel burden and scheduling access to services outside of the regular weekday clinic hours.	
Primary Care	A key early success was development of first and second year report that provides a picture of primary care spend. This helps us get a better picture of the baseline spending Some of the Health Plan's strategy for increasing the percent spend on primary care have included: Increasing P4P incentives that reward patient engagement and PC visits Changes to P4P measures that reward both correct coding and reducing gaps in coding Increasing VBP arrangements that reward increasing patient engagement Increasing the number of member outreach activities through telephonic, text, and face-to-face from their care navigation and care coordination staff that will increase PC visits and beneficial services Utilizing vendors to assist in contacting and returning members back into the PCP s practice Regular member communication to keep PC services and benefits top of mind Directly addressing and assisting PCPs on the gaps in care Actively recruiting and hiring PCPs	Health Plans had challenges with reporting on primary care
VBP	Several VBC and APM initiatives were implemented at MCO and provider level respectively VBC arrangements were mostly aimed at primary care providers, FQHCs and CHCs.	Many pilot arrangements make directly testing relationship between VBC / APM arrangements and system changes in quality of care at the

	Independently, plans report positive results from implementation of VBC arrangements	state level difficult. UH Team is exploring case studies to demonstrate impact at facility and provider level.

4. Status of Contracts with Independent Evaluators (if applicable)

Contract with University of Hawaii Evaluation team has been extended into CY2023.

5. Status of Institutional Review Board Approval (if applicable)

N/A

6. Status of Study Participant Recruitment (if applicable)

N/A

7. Result or Impact of the Demonstration Programmatic Area Defined by CMS that is Unique to the Demonstration Design or Evaluation Hypotheses

Subject	**Result or Impact**
CIS	CIS was implemented and demonstrates that Medicaid can develop innovative programs to address SDOH. Two hundred fifty-five members were in pre-tenancy at some point during the waiver period and so far 33% (n=100) had transitioned to tenancy at exit. Of those members who received tenancy services, the majority remained housed at exit. The UH Evaluation Team is currently assessing ER visits, hospitalizations, and total cost of care data for CIS members. This analysis will be completed and available in the upcoming interim evaluation report. The RCAs have proven to be an effective evaluation tool to assist MQD, Health Plans, and service providers with identifying successes and barriers in real time to allow for the development of solutions or shared lessons learned. The MQD Core Team continues to meet weekly with members of the State and City governments, housing service providers, and other housing experts to ensure integration with existing housing services.
LTSS	The UH team is still analyzing data to identify impact of "At Risk" and LTSS populations.

SHCN	The UH team is currently analyzing data extracts from Health Plans' care coordination systems.
SDOH	In the Social Determinants of Health (SDOH) work plan, Health Plans proposed or implemented quality activities focusing on reducing emergency room visits, improving maternal health, improving patients' education, reducing isolation, and expanding alternative medicine practice. Other quality activities focusing on addressing COVID-19 recovery, homeless, and food insecurity. At a higher level, Health Plans also proposed or implemented quality activities that aim to improve SDOH understanding and SDOH screening and documentation of SDOH data. Few Health Plans have some plan on collaborating with other parties and utilizing measurement and progress during these quality activities.
PC	So far, Health Plans have some changes in primary care spending over time. report documents small changes in spending over time
VBP	Impact of the implemented models is being evaluated Current evaluation opens up avenues for new research questions for further investigation into implementation of VBC arrangements and APM by health plans. Future investigation needs to include qualitative analyses of the implementation, barriers and facilitators and expansion of initiatives currently in place

VII. Med-QUEST Division Contact

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Budget Neutrality Summary

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year.
By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality.
Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

Budget Neutrality Reporting Start DY	**26**
Budget Neutrality Reporting End DY	**30**

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		PMPM	$448.48	$452.98	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 727,880,659	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,035,941,601**	**$ 3,183,838,560**	**$ 14,498,636,467**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Medicaid Per Capita							
EG 1 - Children	1	$ 384,585,892	$ 412,545,403	$ 430,383,556	$ 432,076,554	$ 447,307,253	$5,567,253,460
EG 2 - Adults	2	$ 164,509,183	$ 202,531,163	$ 225,759,998	$ 246,754,662	$ 262,281,700	$3,155,342,345
EG 3 - Aged	3	$ 395,822,904	$ 456,471,992	$ 501,976,019	$ 481,405,329	$ 502,750,842	$6,246,830,011
EG 4 – Blind/Disabled	4	$ 476,065,361	$ 524,105,678	$ 523,781,346	$ 649,908,066	$ 685,289,061	$7,015,291,368
TOTAL		**$ 1,420,983,339**	**$ 1,595,654,236**	**$ 1,681,900,919**	**$ 1,810,144,612**	**$ 1,897,628,856**	**$ 8,406,311,962**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 384,585,892	$ 412,545,403	$ 430,383,556	$ 432,076,554	$ 447,307,253	
Difference			$ 244,859,376	$ 284,775,193	$ 312,872,998	$ 337,271,844	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 183,644,532	$ 213,581,395	$ 234,654,748	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 164,509,183	$ 202,531,163	$ 225,759,998	$ 246,754,662	$ 262,281,700	
Difference			$ 224,803,655	$ 270,370,867	$ 308,757,135	$ 311,001,279	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 168,602,741	$ 202,778,150	$ 231,567,851	$ 233,250,959	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 727,880,659	$ 760,156,997	
		With Waiver	$ 395,822,904	$ 456,471,992	$ 501,976,019	$ 481,405,329	$ 502,750,842	
Difference			$ 263,066,340	$ 308,202,773	$ 381,543,960	$ 246,475,330	$ 257,406,155	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 197,299,755	$ 231,152,080	$ 286,157,970	$ 184,856,498	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		With Waiver	$ 476,065,361	$ 524,105,678	$ 523,781,346	$ 649,908,066	$ 685,289,061	
Difference			$ 281,442,645	$ 322,158,079	$ 377,464,792	$ 331,048,536	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 211,081,984	$ 241,618,560	$ 283,098,594	$ 248,286,402	$ 261,803,788	
Total Reduction			**$ 760,629,011**	**$ 889,130,184**	**$ 1,035,479,163**	**$ 919,347,742**	**$ 964,657,278**	**$ 4,569,243,379**

BASE VARIANCE			**$ 253,543,004**	**$ 296,376,728**	**$ 345,159,721**	**$ 306,449,247**	**$ 321,552,426**	**$ 1,523,081,126**
Excess Spending from Hypotheticals								$ -
1115A Dual Demonstration Savings (state preliminary estimate)								$ -
1115A Dual Demonstration Savings (OACT certified)								$ -
Carry-Forward Savings From Prior Period								
NET VARIANCE								**$ 1,523,081,126**

Cumulative Target Limit

		26	27	28	29	30
Cumulative Target Percentage (CTP)		2.0%	1.5%	1.0%	0.5%	
Cumulative Budget Neutrality Limit (CBNL)		$ 1,674,526,343	$ 3,566,557,307	$ 5,593,617,947	$ 7,710,211,806	$ 9,929,393,089
Allowed Cumulative Variance (= CTP X CBNL)		$ 33,490,527	$ 53,498,360	$ 55,936,179	$ 38,551,059	$ -
Actual Cumulative Variance (Positive = Overspending)		$ (253,543,004)	$ (549,919,732)	$ (895,079,453)	$ (1,201,528,700)	$ (1,523,081,126)
Is a Corrective Action Plan needed?						

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 1,700,212,480	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	1,642,400	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$1,700,212,480**	**$1,826,368,919**	**$8,573,773,575**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	$633,459,575	$864,126,153	$1,025,364,032	$953,114,864	$1,023,835,987	
TOTAL		**$ 633,459,575**	**$ 864,126,153**	**$ 1,025,364,032**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,499,900,611**

HYPOTHETICALS VARIANCE 1			**$ 635,599,162**	**$ 848,131,598**	**$ 1,040,511,657**	**$ 747,097,616**	**$ 802,532,932**	**$ 4,073,872,965**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ 1,806,435	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon				1,325	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 1,806,435**	**$ 5,820,928**	**$ 7,627,363**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita							
EG 6 - CIS	1	$ -	$ -	$ -	$ 1,757,578	$ 5,663,970	
TOTAL		**$ -**	**$ -**	**$ -**	**$ 1,757,578**	**$ 5,663,970**	**$ 7,421,548**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ 48,857**	**$ 156,958**	**$ 205,815**

HYPOTHETICALS TEST 3

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1	**Total**	$ -	$ -	$ -	$ 4,926,634	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon				1,325	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 4,926,634**	**$ 15,875,210**	**$ 20,801,844**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	$ -	$ -	$ -	$ 4,793,394	$ 15,447,190	
TOTAL		**$ -**	**$ -**	**$ -**	**$ 4,793,394**	**$ 15,447,190**	**$ 20,240,584**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ 133,240**	**$ 428,020**	**$ 561,260**

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1148 (CMS-10398 #56)**. The time required to complete this information collection is estimated to average **7.5 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Budget neutrality is a Federal policy that governs the Federal expenditures for1115 demonstrations. It is assured by placing an upper limit on the amount of Federal Financial Participation (FFP) the state can receive during the demonstration. The upper limit represents what the state could have received in the absence of the 1115 demonstration.

The Budget Neutrality workbook will assist in collecting standardized data in order to determine financial performance for the demonstration in terms of budget neutrality.

The workbook has two major groups of tabs: the first group collects and calculates Without Waiver (WOW) numbers, and the second group calculates With Waiver (WW) numbers. Data is collected per each demonstration Medicaid Eligibility Group (MEG), by demonstration year (DY). A Medicaid section 1115 demonstration is considered budget neutral if the Federal title XIX match, or funding received by the state (i.e., "with waiver" expenditures) do not exceed what the state would have (or could have) received without the demonstration (i.e., "without waiver" expenditures). The workbook provides the ability to evaluate any variance between WW and WOW calculations.

The workbook consists of 15 tabs which contain different types of data and calculations. The following color schema is applied to the tabs:

Blue	Information populated in the Budget Neutrality workbook template based on the demonstration's approved STC
Red	Information populated by states on a quarterly basis or per the reporting requirements defined in the STC
Green	Information automatically populated based on the input from other worksheets

Note: Overview and Dropdowns tabs are read-only, no data entry is required. The Dropdowns tab displays the values used to build the dropdowns menus thoroughout the workbook, including the list of active waivers for the demonstration.

Data Entry Within the tabs where a State User populates information (C Report, Total Adjustments, WW Spending Projected, MemMon Actual, MemMon Projected, and Summary TC tabs), yellow highlighted cells denote where data entry may be needed (depending on DY being updated).

Pre-populated values in the downloaded Budget Neutrality workbook template

The original workbook entries are based on the STCs and other demonstration approval documentation. These entries are made on the DY Def, MEG Def, WOW PMPM & Agg, Program Spending Limits, and Summary TC tab (Phase-Down Percentage and Cumulative Target Percentage fields).

The MEG Def tab defines MEGs as Medicaid populations (core demonstration populations), Hypothetical populations (when a demonstration has separate budget neutrality agreements) and Tracking Only populations (for example, "pass-through" populations). The MEG Def tab also defines how expenditure numbers are calculated for a MEG (Per Capita vs. Aggregate) and the applicable scenarios (WOW, WW, or both). Also, the tab contains indicators defining MEG characteristics such as expenditure caps or applicability of savings phase-down calculations.

Calculating With Waiver (WW) numbers

WW numbers for each active DY of a demonstration are calculated based on a combination of actual WW expenditures, projected future expenditures, and any adjustments entered by a State User. The actual WW expenditures are copied from the Schedule C of the MBES CMS-64 report to the workbook (C Report tab). These numbers are automatically transferred to the C Report Grouper tab, where waiver expenditures are grouped by MEGs. The numbers are also transferred to the WW Spending Actual tab, which factors in adjustments entered on the Total Adjustments tab to calculate total actual WW expenditures. The WW Spending Total tab displays the actual WW expenditures plus future projected expenditures (transferred from the WW Spending Projected tab). Finally, the total WW actual and projected numbers are transferred to the Summary TC (Total Computable) tab (into the With-Waiver Total Expenditures section).

Calculating Without Waiver (WOW) numbers

WOW numbers can be obtained either one of two ways: using Aggregate or Per Capita calculations. If total projected expenditures for a MEG is known and the expenditure calculation type is defined as 'Aggregate' on the MEG Def tab, the total projected expenditure amount is entered for each active DY. However, if the expenditure calculation type is defined as 'Per Capita', total projected expenditures are derived by multiplying per member per month (PMPM) costs by the actual number of member months.

Both Aggregate and PMPM numbers are populated on the WOW PMPM & Agg tab. The number of actual member months (number of beneficiaries times the number of months enrolled) are entered by a State User on the MemMon Actual tab for each DY. On the MemMon Projected tab, State User enters projected numbers. The totals for actual and projected member months are calculated on the MemMon Total tab. WOW aggregate, PMPM and member month data is then moved to the the Without-Waiver Total Expenditures section of the Summary TC tab, where final calculations are performed.

Based on information from all tabs, the WW and WOW numbers are compared to determine the budget neutrality status of the demonstration.

Below are the definitions for the tabs of the workbook which require data entries from State User.

On top of the C Report tab, enter data in the following highlighted cells:

'Data Pulled On:' - enter the date the source file used to enter data on this tab was pulled
'For the Time Period Through :' - enter the date through which the source file data was pulled
Reporting DY' - enter the Demonstration Year (DY) for which data is being reported. Entered DY value must align with DYs from the DY Def tab.
Reporting Quarter' - enter a number of the quarter (values 1 through 4) for which data is being reported.

Notes:
- Dates must be entered in the following format: mm/dd/yyyy
- Reporting DY and Reporting Quarter entries affect which portion of the 'Medicaid Aggregate' and 'Medicaid Aggregate - WOW only' amounts for a DY will be calculated as Actuals, and which will be calculated as Projected
- Entry for each of these four fields is required for the workbook submission. If any field is not populated, you will receive an error and the document will not be uploaded to the system.

State User enters information on the following tabs:

C Report Tab

Open Schedule C of the CMS 64 Expenditure Report. Under your state, locate expenditure data for the specific demonstration.
From this location on the CMS 64 Expenditure Report, copy expenditure data cells for all DYs (active and non-active). On the C Report tab, paste the data into the correct cell/row. Repeat the copy and paste process for MAP Waivers section (Total Computable and Federal Share) and ADM Waivers section (if applicable). Verify that the pasted numbers are correctly aligned with the Waiver Name values.

Total Adjustments tab

When adjustments are relevant for a demonstration, enter the actual numbers of total contributions to the reported expenditures, per each MEG, for the reporting quarter. Add new reported adjustments to any existing numbers for previous quarters for the reported DY.
Note: Any adjustments that reduce expenditures must be entered as negative numbers (for example, -$10,000).

WW Spending Projected tab

Enter projected annual expenditures for each MEG for the active DYs of a demonstration.
For each reporting quarter, update the projected numbers so they reflect only future quarter projections. Please see the example for the MemMon Projected tab.

MemMonth Actual tab

For each MEG, calculate the actual number of member months for the reported quarter and add this number to the previously entered number for the same DY. For example, for Q3 reporting period, add Q3 member months to the existing number for the same MEG and DY and enter the result into the same cell.

MemMonth Projected tab

For each MEG, enter projected (future) annual member months for all active DYs of the demonstration. Adjust future DY numbers as needed.
For the current DY, enter only the number that reflects future quarters. For example, for Q3 reporting, only enter the projected number for Q4. There should be no projected numbers for completed (actual) DYs.

Summary TC tab

In the Net Variance section, for each DY, enter estimated numbers in row '1115A Dual Demonstration Savings (state preliminary estimate)'.
In the next row, '1115A Dual Demonstration Savings (OACT certified)' enter certified numbers.
Both estimated and certified numbers must be negative, as dual demonstration savings numbers reduce the Net Variance amount.

Demonstration Years Definitions

DY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date	9/1/1994	9/1/1995	9/1/1996	9/1/1997	9/1/1998	9/1/1999	9/1/2000	9/1/2001	9/1/2002	9/1/2003	9/1/2004	9/1/2005	9/1/2006	9/1/2007	9/1/2008	9/1/2009	9/1/2010	9/1/2011	9/1/2012	10/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	8/1/2019	8/1/2020	8/1/2021	8/1/2022	8/1/2023
End Date	7/31/1995	7/31/1996	7/31/1997	7/31/1998	8/31/1999	8/31/2000	8/31/2001	8/31/2002	8/31/2003	8/31/2004	8/31/2005	8/31/2006	8/31/2007	8/31/2008	8/31/2009	8/31/2010	8/31/2011	8/31/2012	8/31/2013	12/31/2013	12/31/2014	12/31/2015	12/31/2016	12/31/2017	7/31/2019	7/31/2020	7/31/2021	7/31/2022	7/31/2023	7/31/2024

Enter any general comments / notes:

MEG Definitions

	MEG Name	MEG Description	Savings Phase-Down	Expenditures Subject to Cap?	Hypothetical Populations Included in Calculations?	Start DY	Start Date	End DY	End Date
	Medicaid Per Capita								
1	EG 1 - Children		Savings Phase-Down	No	N/A	*1*	*8/1/1994*	*25*	*7/31/2019*
2	EG 2 - Adults		Savings Phase-Down	No	N/A	*1*	*8/1/1994*	*25*	*7/31/2019*
3	EG 3 - Aged		Savings Phase-Down	No	N/A	*1*	*8/1/1994*	*25*	*7/31/2019*
4	EG 4 – Blind/Disabled	Income up to and including 100% FPL using the institutional income rules, including the application of regular post-eligibility rules and spousal impoverishment eligibility rules.	Savings Phase-Down	No	N/A	*1*	*8/1/1994*	*25*	*7/31/2019*
					N/A				
	Medicaid Per Capita - WOW only								
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
	Medicaid Aggregate								
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
	Medicaid Aggregate - WOW only								
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
	Medicaid Aggregate - WW only								
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
	Hypothetical 1 Per Capita				Hypothetical Test 1				
1	EG 5 – Group VIII	Adults eligible for Medicaid as the group defined in section 1902(a)(10)(A)(i)(VIII) of the Act	N/A	No	Yes	*20*	*10/1/2013*	*20*	*12/31/2013*
			N/A						
			N/A						
	Hypothetical 1 Aggregate								
			N/A						
			N/A						
			N/A						
	Hypothetical 2 Per Capita				Hypothetical Test 2				
1	EG 6 - CIS	Expenditures related to the CIS benefits of pre-tenancy supports and tenancy supports; excludes expenditures related to the Community Transition Services Pilot Program.	N/A	No	Yes	*26*	*8/1/2019*	*30*	*7/31/2024*
			N/A						
			N/A						
	Hypothetical 2 Aggregate								
			N/A						
			N/A						
			N/A						
	Hypothetical 3 Per Capita				Hypothetical Test 3				
1	EG 7 – CIS Community Transition Pilot	Expenditures related to the Community Transition Services Pilot Program.	N/A	No	Yes	*26*	*8/1/2019*	*30*	*7/31/2024*
			N/A						
			N/A						
	Hypothetical 3 Aggregate								
			N/A						
			N/A						
			N/A						
	Tracking Only								

WOW PMPMs and Aggregates

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$448.48	$452.96	$457.49	$462.07	$466.69
EG 2 - Adults	2	$925.47	$959.72	$995.23	$1,032.05	$1,070.24
EG 3 - Aged	3	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66
EG 4 – Blind/Disabled	4	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25

		26	27	28	29	30
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$899.37	$942.54	$987.78	$1,035.20	$1,084.89

		26	27	28	29	30
Hypothetical 2 Per Capita						
EG 6 - CIS	1	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15

		26	27	28	29	30
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67

Program Spending Limits

						TOTAL
Program Name and Associated MEGs	**26**	**27**	**28**	**29**	**30**	
Spending Cap						
						$ -
Expenditures Subject to Cap						
Variance						$ -
Over or Under	.	.	.	.	.	.

Date Pulled On:	5/17/2023	Reporting DY	29
For the Time Period Through:	3/31/2023	Reporting Quarter	3

Paste all information related to the demonstration from Schedule C of the CMS 64 Waiver Expenditure Report.

1. On the Schedule C Report, locate rows relevant to all expenditures for a specific demonstration.
2. Complete two rounds of copy/paste starting from the cell in column A (Waiver Name).
   - MAP Waivers/ Total Computable section – into cell A100
   - MAP Waivers/ Federal Share section – into cell A200
3. If ADM waivers are applicable to the demonstration, complete two more rounds of copy/paste starting from the cell in column A (Waiver Name).
   - ADM Waivers/ Total Computable section – cell A300
   - ADM Waivers/ Federal Share section – cell A400

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464	314,952,648	350,714,627	326,518,117	349,156,948	184,750,729	364,919,440	307,865,937	320,856,325	330,120,146	561,530,649	367,924,841	391,397,965	410,617,783	284,031,449	0	4,986,636,773	4,986,636,773
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,106	46,535,285	55,494,164	85,110,900	64,235,504	100,920,745	126,013,568	87,543,437	0	756,592,469	756,592,469
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(103,305)	(181,177)	0	0	(2,749,732)	(2,749,732)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	(7,376)	(12,760)	0	0	(203,350)	(203,350)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,584,686	154,651,730	248,116,345	150,415,399	163,388,320	168,507,000	114,984,594	0	1,823,284,740	1,823,284,740
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,546,496	329,584,360	364,030,316	358,971,707	238,934,909	0	4,223,622,270	4,223,622,270
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(47,087)	(88,165)	0	0	(1,858,362)	(1,858,362)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(24,234)	(38,633)	0	0	(664,424)	(664,424)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,643	10,424	0	0	3,918,461	3,918,461
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,651,347	477,526,936	537,025,591	790,507,964	518,851,851	705,379,257	853,483,442	623,275,206	0	5,041,549,711	5,041,549,711
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,257	1,911,600	1,202,095	0	13,584,838	13,584,838
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,172,746	126,903,675	190,895,331	114,607,724	158,775,211	171,880,590	127,460,149	0	1,382,883,544	1,382,883,544
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0	27,412,124	27,412,124
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	169,042,108	182,723,816	255,652,778	161,376,005	200,389,013	224,103,513	170,992,536	0	2,785,967,934	2,785,967,934
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,193	316,589,868	372,170,444	594,738,762	382,846,750	410,519,304	428,471,956	292,862,552	0	4,968,351,620	4,968,351,620
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,500,002	7,500,002
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,822,210	17,822,210
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580	24,507,605	34,064,491	48,859,842	12,164,879	5,856,911	10,090,466	6,184,588	981,179	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000	7,500,000	7,500,000	0	38,818,619	39,694,442	82,153,936	85,515,739	66,000,000	0	0	0	0	0	0	0	355,642,946	355,642,946
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,468,225	(8,863)	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,246,301	785,020,500	1,211,765,023	1,357,369,890	1,307,057,583	1,449,179,033	773,325,287	1,746,788,725	1,886,418,135	1,978,888,559	2,102,496,436	3,207,325,578	2,093,831,197	2,498,788,536	2,745,296,909	1,941,286,927	0	31,594,670,443	31,594,670,443

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,508	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,947,428	181,187,273	304,987,760	210,392,875	232,126,430	244,689,116	111,695,584	0	2,773,491,257	2,773,491,257
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,194,791	30,421,066	46,082,640	36,817,486	62,906,849	76,831,794	33,610,948	0	417,014,352	417,014,352
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(19,044)	0	0	0	(1,363,058)	(1,363,058)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	0	0	0	0	(99,616)	(99,616)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,761,019	85,959,663	96,924,761	99,350,370	44,888,511	0	1,003,652,622	1,003,652,622
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,259	256,712,500	188,137,447	215,019,468	213,819,417	93,592,546	0	2,331,707,410	2,331,707,410
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(10,739)	0	0	0	(949,314)	(949,314)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(1,347)	0	0	0	(329,606)	(329,606)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,529	8,808	0	0	2,595,466	2,595,466
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	904,978,360	904,978,360
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,511,412	316,564,065	458,125,253	498,122,382	734,323,269	472,829,631	635,071,918	769,167,385	357,188,002	0	4,398,903,317	4,398,903,317
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,713	1,070,641	445,672	0	7,359,441	7,359,441
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,848)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0	354,994	354,994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862	7,862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,942,873	165,225,680	110,132,233	120,601,049	178,669,104	104,504,778	142,882,320	162,206,654	73,373,409	0	1,274,539,431	1,274,539,431
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0	15,188,306	15,188,306
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,217,054	100,152,370	138,551,846	93,313,700	119,322,027	135,758,954	64,362,360	0	1,551,052,497	1,551,052,497
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,546	171,534,961	204,149,465	322,731,981	219,086,127	243,587,616	262,570,116	115,130,834	0	2,770,306,575	2,770,306,575
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	190,760,884	190,760,884
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,476,907	510,938,536	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011	1,068,686,328	1,206,703,028	1,321,117,940	1,407,568,159	2,119,661,770	1,413,330,045	1,750,284,947	1,966,457,028	894,287,866	0	19,647,075,097	19,647,075,097

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	90,857,632	20,407,580	0	1,269,279,940	1,269,279,940
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	90,857,632	20,407,580	0	1,317,244,193	1,317,244,193

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	61,165,547	12,896,088	0	871,037,954	871,037,954
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187	6,534,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,696,635	24,696,635
Total	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	21,285,217	23,906,078	31,788,472	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	61,165,547	12,896,088	0	895,734,569	895,734,569

C Report Grouper

MAP Waivers Only

Total Computable

MEG Names		C Report Waiver Names	26	27	28	29	30
Medicaid Per Capita							
EG 1 - Children	1	FosterCare(19-20)	$1,739,142	$2,028,257	$1,911,600	$1,202,095	
EG 1 - Children	1	State Plan Children	$382,846,750	$410,519,304	$428,471,956	$292,862,552	
EG 2 - Adults	2	State Plan Adults	$161,376,005	$200,389,013	$224,103,513	$170,992,536	
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,122	$35,643	$10,424		
EG 2 - Adults	2	St Pl Adults-Preg Immig/COFAs	$3,127,056	$2,106,507	$1,646,061		
EG 3 - Aged	3	Aged w/Mcare	$367,924,841	$391,397,965	$410,617,783	$284,031,449	
EG 3 - Aged	3	Aged w/o Mcare	$64,235,504	$100,920,745	$126,013,568	$87,543,437	
EG 3 - Aged	3	Aged with Medicare - MFP	($490,186)	($103,305)	($181,177)		
EG 3 - Aged	3	Aged without Medicare - MFP	($17,253)	($7,376)	($12,760)		
EG 4 – Blind/Disabled	4	B/D w/Mcare	$150,415,399	$163,388,320	$168,507,000	$114,984,594	
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$329,584,360	$364,030,316	$358,971,707	$238,934,909	
EG 4 – Blind/Disabled	4	Blind/Disable without Medicare - MFP	($294,330)	($47,087)	($88,165)		
EG 4 – Blind/Disabled	4	Blind/Disabled with Medicare - MFP	($81,788)	($24,234)	($38,633)		
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	VIII-Like Group					
EG 5 – Group VIII	1	Expansion State Adults	$518,851,851	$705,379,257	$853,483,442	$623,275,206	
EG 5 – Group VIII	1	Newly Eligible Adults	$114,607,724	$158,775,211	$171,880,590	$127,460,149	
Hypothetical 2 Per Capita							
EG 6 - CIS	1	EG 6 - CIS					
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	EG 7 – CIS Community Transition Pilot					
TOTAL			$2,093,831,197	$2,498,788,536	$2,745,296,909	$1,941,286,927	

Adjustments made to the reported expenditures

Enter total adjustments made to the expenditure numbers, including adjustments to the previous reporting periods.
Positive adjustments increase expenditures, and negative adjustments decrease expenditures.
Enter adjustments for every MEG for which adjustments were made or are planned.
Helpful Hint: Remember to enter total adjustments as positive or negative (for example, -$10,000 reflects a decrease in expenditures).

		26	27	28	29	30	Description (type of collection, time period, CMS-64 reporting line, etc.)
Medicaid Per Capita							
EG 1 - Children	1		-$2,158				Cost share
EG 2 - Adults	2						
EG 3 - Aged	3	-$35,830,002	-$35,736,037	-$34,461,395	-$22,933,963		Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$3,570,563	-$2,640,282		Cost share
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1		-$28,315				Cost share
Hypothetical 2 Per Capita							
EG 6 - CIS	1						
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1						

WW Spending - Actual

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,585,892	$412,545,403	$430,383,556	$294,064,647	
EG 2 - Adults	2	$164,509,183	$202,531,163	$225,759,998	$170,992,536	
EG 3 - Aged	3	$395,822,904	$456,471,992	$501,976,019	$348,640,923	
EG 4 – Blind/Disabled	4	$476,065,361	$524,105,678	$523,781,346	$351,279,221	
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$633,459,575	$864,126,153	$1,025,364,032	$750,735,355	
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,054,442,914**	**$ 2,459,780,389**	**$ 2,707,264,951**	**$ 1,915,712,682**	**$ -**

WW Spending - Projected

Enter projected spending for the demonstration which includes the remaining quarters of the current DY and all future DYs.
Enter the projected annual expenditures for each DY per MEG for the active DYs.
For the current DY, only future quarters should have projected spending information. Do not include expenditures that were reported as actuals.

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1				$138,011,907	$447,307,253
EG 2 - Adults	2				$75,762,126	$262,281,700
EG 3 - Aged	3				$132,764,406	$502,750,842
EG 4 – Blind/Disabled	4				$298,628,845	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1				$202,379,509	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1				$1,757,578	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				$4,793,394	$15,447,190

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,585,892	$412,545,403	$430,383,556	$432,076,554	$447,307,253
EG 2 - Adults	2	$164,509,183	$202,531,163	$225,759,998	$246,754,662	$262,281,700
EG 3 - Aged	3	$395,822,904	$456,471,992	$501,976,019	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4	$476,065,361	$524,105,678	$523,781,346	$649,908,066	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$633,459,575	$864,126,153	$1,025,364,032	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1				$1,757,578	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				$4,793,394	$15,447,190
TOTAL		**$ 2,054,442,914**	**$ 2,459,780,389**	**$ 2,707,264,951**	**$ 2,769,810,447**	**$ 2,942,576,003**

Member Months - Actual

Enter actual member months (number of beneficiaries times the number of enrolled months) for quarters to date for each active DY.
For the reported quarter, add the actual number of member months per each MEG to the previous actual number. The number should equal the total of ALL actual member months.
Note: Depending of the specifics of the state, you can use Total member months or Average monthly unduplicated counts. Whichever definition is used, it must be applied consistently.
Helpful Hint: When updating a DY, remember to enter actual member months for the reported quarter along with actuals for prior quarter(s). Retroactive adjustments may affect the entries.

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1403508	1539475	1624640	1113009	
EG 2 - Adults	2	420665	492750	537079	373375	
EG 3 - Aged	3	339779	381363	426146	303605	
EG 4 – Blind/Disabled	4	286202	306260	312412	208025	
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	2091433	1502249	
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					

Member Months - Projected

Enter/adjust projected member months based on reported actuals.
Enter projected number of member months for each active DY per MEG for the demonstration.
For the current DY, enter only the number that reflects projections for future quarters of the DY.
Do not include member months for either the current reporting quarter or past quarters.

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1				551995	1706629
EG 2 - Adults	2				167060	553945
EG 3 - Aged	3				35928	342929
EG 4 – Blind/Disabled	4				117687	328969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1				140151	1683460
Hypothetical 2 Per Capita						
EG 6 - CIS	1				1325	4073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				1325	4073

Member Months - Total

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1,403,508	1,539,475	1,624,640	1,665,004	1,706,629
EG 2 - Adults	2	420,665	492,750	537,079	540,435	553,945
EG 3 - Aged	3	339,779	381,363	426,146	339,533	342,929
EG 4 – Blind/Disabled	4	286,202	306,260	312,412	325,712	328,969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1,411,053	1,816,642	2,091,433	1,642,400	1,683,460
Hypothetical 2 Per Capita						
EG 6 - CIS	1				1,325	4,073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				1,325	4,073

Budget Neutrality Summary

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year.
By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality.
Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

Budget Neutrality Reporting Start DY	26
Budget Neutrality Reporting End DY	30

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 727,880,659	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,035,941,601**	**$ 3,183,836,560**	**$ 14,498,636,467**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Medicaid Per Capita							
EG 1 - Children	1	$ 384,585,892	$ 412,545,403	$ 430,383,556	$ 432,076,554	$ 447,307,253	$5,567,253,460
EG 2 - Adults	2	$ 164,509,183	$ 202,531,163	$ 225,759,998	$ 246,754,662	$ 262,281,700	$3,155,342,345
EG 3 - Aged	3	$ 395,822,904	$ 456,471,992	$ 501,976,019	$ 481,405,329	$ 502,750,842	$6,246,830,011
EG 4 – Blind/Disabled	4	$ 476,065,361	$ 524,105,678	$ 523,781,346	$ 649,908,066	$ 685,289,061	$7,015,291,368
TOTAL		**$ 1,420,983,339**	**$ 1,595,654,236**	**$ 1,681,900,919**	**$ 1,810,144,612**	**$ 1,897,628,856**	**$ 8,406,311,962**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 384,585,892	$ 412,545,403	$ 430,383,556	$ 432,076,554	$ 447,307,253	
		Difference	$ 244,859,376	$ 284,775,193	$ 312,872,998	$ 337,271,844	$ 349,159,435	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 183,644,532	$ 213,581,395	$ 234,654,748	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 164,509,183	$ 202,531,163	$ 225,759,998	$ 246,754,662	$ 262,281,700	
		Difference	$ 224,803,655	$ 270,370,867	$ 308,757,135	$ 311,001,279	$ 330,572,397	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 168,602,741	$ 202,778,150	$ 231,567,851	$ 233,250,959	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 727,880,659	$ 760,156,997	
		With Waiver	$ 395,822,904	$ 456,471,992	$ 501,976,019	$ 481,405,329	$ 502,750,842	
		Difference	$ 263,066,340	$ 308,202,773	$ 381,543,960	$ 246,475,330	$ 257,406,155	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 197,299,755	$ 231,152,080	$ 286,157,970	$ 184,856,498	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		With Waiver	$ 476,065,361	$ 524,105,678	$ 523,781,346	$ 649,908,066	$ 685,289,061	
		Difference	$ 281,442,645	$ 322,158,079	$ 377,464,792	$ 331,048,536	$ 349,071,717	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 211,081,984	$ 241,618,560	$ 283,098,594	$ 248,286,402	$ 261,803,788	
Total Reduction			**$ 760,629,011**	**$ 889,130,184**	**$ 1,035,479,163**	**$ 919,347,742**	**$ 964,657,278**	**$ 4,569,243,379**

BASE VARIANCE			**$ 253,543,004**	**$ 296,376,728**	**$ 345,159,721**	**$ 306,449,247**	**$ 321,552,426**	**$ 1,523,081,126**
Excess Spending from Hypotheticals								$ -
1115A Dual Demonstration Savings (state preliminary estimate)								$ -
1115A Dual Demonstration Savings (OACT certified)								$ -
Carry-Forward Savings From Prior Period								
NET VARIANCE								**$ 1,523,081,126**

Cumulative Target Limit

		26	27	28	29	30
Cumulative Target Percentage (CTP)		2.0%	1.5%	1.0%	0.5%	
Cumulative Budget Neutrality Limit (CBNL)		$ 1,674,526,343	$ 3,566,557,307	$ 5,593,617,947	$ 7,710,211,806	$ 9,929,393,089
Allowed Cumulative Variance (= CTP X CBNL)		$ 33,490,527	$ 53,498,360	$ 55,936,179	$ 38,551,059	$ -
Actual Cumulative Variance (Positive = Overspending)		$ (253,543,004)	$ (549,919,732)	$ (895,079,453)	$ (1,201,528,700)	$ (1,523,081,126)
Is a Corrective Action Plan needed?						

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 1,700,212,480	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	1,642,400	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$1,700,212,480**	**$1,826,368,919**	**$8,573,773,575**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	$633,459,575	$864,126,153	$1,025,364,032	$953,114,864	$1,023,835,987	
TOTAL		**$ 633,459,575**	**$ 864,126,153**	**$ 1,025,364,032**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,499,900,611**

HYPOTHETICALS VARIANCE 1			**$ 635,599,162**	**$ 848,131,598**	**$ 1,040,511,657**	**$ 747,097,616**	**$ 802,532,932**	**$ 4,073,872,965**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ 1,806,435	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon				1,325	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 1,806,435**	**$ 5,820,928**	**$ 7,627,363**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita							
EG 6 - CIS	1	$ -	$ -	$ -	$ 1,757,578	$ 5,663,970	
TOTAL		**$ -**	**$ -**	**$ -**	**$ 1,757,578**	**$ 5,663,970**	**$ 7,421,548**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ 48,857**	**$ 156,958**	**$ 205,815**

HYPOTHETICALS TEST 3

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1	**Total**	$ -	$ -	$ -	$ 4,926,634	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon				1,325	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 4,926,634**	**$ 15,875,210**	**$ 20,801,844**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	$ -	$ -	$ -	$ 4,793,394	$ 15,447,190	
TOTAL		**$ -**	**$ -**	**$ -**	**$ 4,793,394**	**$ 15,447,190**	**$ 20,240,584**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ 133,240**	**$ 428,020**	**$ 561,260**

Yes__No
Yes
No

Per Capita or Aggregate
Per Capita
Aggregate

Phase-Down
No Phase-Down
Savings Phase-Down

Actuals and Projected
Actuals Only
Actuals + Projected

MAP_ADM
MAP+ADM Waivers
MAP Waivers Only

Waiver List
MAP WAIVERS
Not Applicable
1,115
1902 R 2
1902 R 2X
1902R2
AFDC
Aged w/Mcare
Aged w/o Mcare
Aged with Medicare - MFP
Aged without Medicare - MFP
B/D w/Mcare
B/D w/o Mcare
Blind/Disable without Medicare - MFP
Blind/Disabled with Medicare - MFP
Breast Cervical Cancer Treatment (BCCT)
CURRENT
CURRENT POP
Current-Hawaii Quest
Demo Elig Adults
EG 6 - CIS
EG 7 – CIS Community Transition Pilot
Expansion State Adults
FosterCare(19-20)
HawaiiQuest-1902(R)(2)
HCCP
HealthQuest-Current
HealthQuest-Others
Med Needy Adults
Med Needy Children
MFCP
Newly Eligible Adults
NH w/o W
Opt St Pl Children
Others
Others-Hawaii Quest
OthersX
QUEST ACE
RAACP
St Pl Adults-Preg Immig/COFAs
State Plan Adults
State Plan Children
Supp. - Private
Supp. - State Gov.
UCC-Governmental
UCC-GOVT LTC
UCC-Private
VIII-Like Group
ADM WAIVERS

Demonstration Reporting Start DY 26
Demonstration Reporting End DY 30

Reporting Net Variance
$ 1,523,081,126

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 3/2023

State: Hawaii

Summary of Expenditures by Waiver Year
Waiver: 11W00000

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
Aged without Medicare-MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled without Mec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
Aged without Medicare-MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled without Mec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8.939.309	(4.911.133)	0	0	0	0	0	0	0	0	0	0	0	0	0	4 028 176	4 028 176
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,939,309	(4,911,133)	0	0	0	0	0	0	0	0	0	0	0	0	0	4,028,176	4,028,176

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5 947 464	(2 995 138)	0	0	0	0	0	0	0	0	0	0	0	0	0	2 952 326	2 952 326
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,947,464	(2,995,138)	0	0	0	0	0	0	0	0	0	0	0	0	0	2,952,326	2,952,326

Summary of Expenditures by Waiver Year
Waiver: 11W00001

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
1 115	0	70 981 761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	173 206 589	0	0	0	0	(28 108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2X	0	(8 243 749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	121 392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	148 069 654	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121 279 464	314 952 648	350 714 627	326 518 117	349 156 948	184 750 729
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2 424 989	17 555 107	24 914 002	19 728 957	24 483 589	14 925 306
Aged with Medicare - MEP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17 808)	31 794 652	74 760 519	81 089 359	77 493 096	88 201 319	49 105 356
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28 991)	81 514 842	211 664 665	248 689 322	257 012 282	282 670 355	148 440 400
Blind/Disable without Medi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medica	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4 053	545 332	904 018	750 145	365 104
CURRENT	0	493 934 086	0	0	0	0	1 661 326	159 616 917	75 521 154	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT POP	0	272 778 438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40 064 795	0	0	0	0	0	0	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	134 638	1 995	51 709	318 560	127 982 800	129 456 848	154 209 257	177 392 619	201 628 981	238 945 778	244 752 485	227 394 498	43 952 301
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91 499	83 366	94 158	137 403	73 022	176 324	173 482
HawaiiQuest-1902(B)(2)	0	700 529	107 270	2 484 576	1 636 854	860 335	1 594 466	0	0	284	34 836	438 582	0	0	33 061	26 332	8 001	0	0	0	0
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135 520	683 159	0	0	0	0	0
HealthQuest-Current	0	3 884 748	350 430	12 121 771	10 002 019	7 377 643	10 651 130	9 373 702	64 428 704	230 593 470	268 955 153	392 471 288	(2 325 152)	0	0	0	0	0	0	0	0
HealthQuest-Others	0	1 783 163	215 685	5 322 833	3 698 445	2 678 918	3 915 013	3 306 673	21 010 550	63 645 959	99 234 046	93 729 117	(621 643)	0	0	0	0	0	0	0	0
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56.504	120.767	115.693	58.345	117.005	109.837	8.305	0	0
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 715	3 960	0	0	0	0
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122 839	581 513	0	0	0	0	0
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 331
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5 100 418	16 199 737	0	0	0	0	0
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76 678	103 084	80 075	257 166	253 182	31	0	0	0
Others	0	288.512.308	0	0	0	0	786.332	56.430.712	30.507.680	0	0	0	0	0	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13 142 103	0	0	0	0	0	0	0	0	0	0	0	0
OthersX	0	(15 309 727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2 751)	798 681	5 696 094	14 348 747	23 867 636	30 465 656	27 968 205	76 432 838	26 173 447
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 862 479	17 432 949	0	0	0	0	0
St Pl Adults-Preg Immig/CO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24 990	2 628 840	2 628 927	2 873 646	987 921
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39.158	111.982.730	118.021.622	109.034.691	128.225.118	131.863.143	123.596.289	112.747.766	130.113.272	80.834.871
State Plan Children	0	0	0	0	0	0	0	(41)	(9 403)	2 008	878	2 541 467	181 803 051	179 672 723	155 392 585	168 853 209	202 959 370	213 968 923	187 753 000	215 942 601	106 595 461
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7 500 002	0	0	0	0	0	0	0	0	0
Supp. - State Gov	0	0	0	0	0	0	0	0	0	0	0	17 822 210	0	0	0	0	0	0	0	0	0
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15 688 221	22 546 108	18 919 184	16 356 580	24 507 605	34 064 491	48 859 842	12 164 879	5 856 911
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609 561	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10.056.500	3.403.710	7.500.000	7.500.000	7.500.000	7.500.000	0	38.818.619	39.694.442
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71 468 225
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,246,301	785,020,500	1,211,765,023	1,357,369,890	1,307,057,583	1,449,179,033	773,325,287

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1 115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70 981 761	70 981 761
1902 R 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173 178 481	173 178 481
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8 243 749)	(8 243 749)
1902R2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121 392	121 392
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148 069 654	148 069 654
Aged w/Mcare	364 919 440	307 865 937	320 756 715	330 020 536	561 530 649	367 924 841	389 294 075	408 910 590	382 716 631	0	0	0	0	0	0	0	0	0	0	0	5.081.311.652	5.081.311.652
Aged w/o Mcare	37 994 810	48 712 106	46 522 053	55 480 932	85 594 832	64 235 504	100 577 081	126 578 883	116 794 236	0	0	0	0	0	0	0	0	0	0	0	786 522 387	786 522 387
Aged with Medicare - MEP	0	(473 188)	(505 165)	(397 775)	(598 936)	(490 186)	(103 305)	(181 177)	0	0	0	0	0	0	0	0	0	0	0	0	(2 749 732)	(2 749 732)
Aged without Medicare - M	0	(14 668)	(44 822)	(62 495)	(43 976)	(17 253)	(7 376)	(12 760)	0	0	0	0	0	0	0	0	0	0	0	0	(203 350)	(203 350)
B/D w/Mcare	98 847 286	163 362 887	158 539 932	154 606 976	248 116 345	150 409 231	162 147 061	167 867 297	154 921 309	0	0	0	0	0	0	0	0	0	0	0	1 861 244 817	1 861 244 817
B/D w/o Mcare	290 201 052	285 336 958	310 333 575	340 588 439	475 546 496	329 584 360	363 449 326	356 807 951	307 577 395	0	0	0	0	0	0	0	0	0	0	0	4 289 388 427	4 289 388 427
Blind/Disable without Medi	0	(324 738)	(333 645)	(370 635)	(399 762)	(294 330)	(47 087)	(88 165)	0	0	0	0	0	0	0	0	0	0	0	0	(1 858 362)	(1 858 362)
Blind/Disabled with Medica	0	(61 110)	(74 223)	(153 925)	(230 511)	(81 788)	(24 234)	(38 633)	0	0	0	0	0	0	0	0	0	0	0	0	(664 474)	(664 474)
Breast Cervical Cancer Treat	585 588	277 616	222 869	103 847	107 702	6 122	35 643	10 376	0	0	0	0	0	0	0	0	0	0	0	0	3 918 413	3 918 413
CURRENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730 733 483	730 733 483
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272 778 438	272 778 438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40 064 795	40 064 795
Demo Elig Adults	52 948	(5 724)	735	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 546 270 428	1 546 270 428
Expansion State Adults	191.848.117	343.651.347	477.118.034	536.616.690	783.549.550	509.236.698	672.612.510	833.190.143	817.042.896	0	0	0	0	0	0	0	0	0	0	0	5.164.865.985	5.164.865.985
FosterCare(19-20)	703 614	618 274	885 664	1 318 600	2 348 338	1 739 142	2 028 257	1 911 600	1 745 224	0	0	0	0	0	0	0	0	0	0	0	14 127 967	14 127 967
HawaiiQuest-1902(B)(2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 925 126	7 925 126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818 679	818 679
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 007 884 906	1 007 884 906
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297 918 759	297 918 759
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	586.456	586.456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11 675	11 675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704 352	704 352
Newly Eligible Adults	216 960 871	165 225 916	110 071 474	126 802 403	190 895 331	114 607 724	156 747 857	169 615 847	171 677 066	0	0	0	0	0	0	0	0	0	0	0	1 422 605 820	1 422 605 820
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21 300 155	21 300 155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	770 216	770 216
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376.237.032	376.237.032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13 142 103	13 142 103
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15 309 727)	(15 309 727)
QUEST ACE	99 296	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	205 847 849	205 847 849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25 295 428	25 295 428
St Pl Adults-Preg Immig/CO	1 532 245	1 448 764	2 048 646	2 315 023	4 043 498	3 127 056	2 106 507	1 646 061	0	0	0	0	0	0	0	0	0	0	0	0	27 412 124	27 412 124
State Plan Adults	202.315.960	172.913.238	168.886.698	182.568.405	255.652.778	161.376.005	197.358.538	231.527.717	253.842.991	0	0	0	0	0	0	0	0	0	0	0	2.872.901.297	2.872.901.297
State Plan Children	248 491 959	306 184 193	316 078 896	371 659 472	594 738 639	382 846 750	401 191 848	420 330 813	413 991 694	0	0	0	0	0	0	0	0	0	0	0	5 070 990 096	5 070 990 096
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 500 002	7 500 002
Supp. - State Gov	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17 822 210	17 822 210
UCC-Governmental	10 090 466	6 184 588	981 179	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	216 220 054	216 220 054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609 561	609 561
UCC-Private	82.153.936	85.515.739	66.000.000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	355.642.946	355.642.946
VIII-Like Group	(8 863)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71 459 362	71 459 362
Total	1,746,788,725	1,886,418,135	1,977,488,615	2,101,096,493	3,200,850,973	2,084,209,876	2,447,366,701	2,718,076,543	2,620,309,442	0	0	0	0	0	0	0	0	0	0	0	32,176,154,944	32,176,154,944

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
1 115	0	35 490 882	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	86 769 823	0	0	0	0	(14 054)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2X	0	(4.205.136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	60 696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	74 034 827	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81 134 508	211 362 743	229 319 379	165 433 841	179 767 116	95 671 244
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 622 988	11 822 762	16 022 396	9 984 628	12 621 590	7 728 650
Aged with Medicare - MEP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11 688)	21 277 328	49 857 636	52 547 252	39 123 227	45 400 574	25 392 157
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19 525)	54 511 233	141 799 152	161 274 589	130 199 593	145 622 789	76 872 883
Blind/Disable without Medi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medica	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2 754	361 286	592 247	495 478	241 945
CURRENT	0	247 684 665	0	0	0	0	904 176	83 526 544	40 668 142	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT POP	0	136 389 220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22 572 505	0	0	0	0	0	0	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	79 127	1 144	30 236	186 922	75 196 276	74 766 107	87 642 204	114 378 784	135 452 513	154 819 222	123 131 082	116 746 929	22 573 089
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51 916	53 413	63 415	89 013	36 291	90 804	89 632
HawaiiQuest-1902(B)(2)	0	353 988	53 702	1 242 907	818 930	430 573	808 769	0	0	166	20 369	256 468	0	0	18 679	19 755	5 389	0	0	0	0
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76 578	438 797	0	0	0	0	0
HealthQuest-Current	0	1 963 002	175 736	6 063 866	5 004 058	3 692 366	5 386 340	4 903 637	36 087 606	132 768 282	165 985 082	231 578 381	(1 365 848)	0	0	0	0	0	0	0	0
HealthQuest-Others	0	901 053	107 974	2 662 739	1 849 641	1 340 727	1 981 352	1 733 011	11 768 154	36 642 802	60 584 431	55 313 761	(363 962)	0	0	0	0	0	0	0	0
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32 497	68 553	68 082	38 985	78 049	64 590	4 238	0	0
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5 196	2 666	0	0	0	0
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69 404	368 050	0	0	0	0	0
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 331
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2 881 647	10 235 011	0	0	0	0	0
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44 819	59 404	45 487	166 217	170 408	21	0	0	0
Others	0	144 525 295	0	0	0	0	426 612	29 580 209	16 428 385	0	0	0	0	0	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7 404 260	0	0	0	0	0	0	0	0	0	0	0	0
OthersX	0	(7 809 492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1 583)	454 606	3 232 556	9 373 768	16 050 472	19 640 154	13 856 685	39 331 445	13 397 540
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4.442.944	10.922.768	0	0	0	0	0
St Pl Adults-Preg Immig/CO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16 829	1 707 938	1 317 977	1 473 988	508 843
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22 986	65 812 117	68 288 552	61 892 816	82 540 889	88 651 957	80 730 594	56 344 000	66 741 334	41 647 789
State Plan Children	0	0	0	0	0	0	0	(23)	(5 530)	1 173	507	1 494 521	106 725 591	103 797 242	88 086 005	108 850 847	136 539 237	138 140 612	92 615 888	110 463 383	54 513 107
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4 385 251	0	0	0	0	0	0	0	0	0
Supp. - State Gov	0	0	0	0	0	0	0	0	0	0	0	10 614 749	0	0	0	0	0	0	0	0	0
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9.212.484	13.041.165	10.762.501	10.040.250	16.505.872	22.280.473	24.838.917	6.249.536	3.037.111
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307 706	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5 787 516	1 958 835	4 237 500	4 959 750	5 051 250	4 697 250	0	20 131 336	20 583 506
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37 060 184
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,476,907	510,938,536	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1 115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35 490 882	35 490 882
1902 R 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86 755 769	86 755 769
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4.205.136)	(4.205.136)
1902R2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60 696	60 696
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74 034 827	74 034 827
Aged w/Mcare	189 594 079	162 182 080	173 893 185	181 132 557	304 987 760	210 392 875	230 774 173	244 349 695	235 344 080	0	0	0	0	0	0	0	0	0	0	0	2 895 339 116	2 895 339 116
Aged w/o Mcare	19 714 968	25 630 796	25 187 586	30 413 798	46 345 705	36 817 486	62 791 833	78 960 581	71 773 798	0	0	0	0	0	0	0	0	0	0	0	457 439 565	457 439 565
Aged with Medicare - MEP	0	(249 679)	(273 613)	(218 333)	(324 766)	(277 623)	(61 321)	(107 931)	0	0	0	0	0	0	0	0	0	0	0	0	(1 513 266)	(1 513 266)
Aged without Medicare - M	0	(7 720)	(24 377)	(34 310)	(23 817)	(9 392)	(4 368)	(7 590)	0	0	0	0	0	0	0	0	0	0	0	0	(111 574)	(111 574)
B/D w/Mcare	51 341 230	86 036 126	85 918 149	84 837 353	134 761 019	85 955 972	96 129 680	100 309 985	95 273 921	0	0	0	0	0	0	0	0	0	0	0	1 054 149 921	1 054 149 921
B/D w/o Mcare	150 336 274	149 646 906	167 605 052	186 505 120	256 712 500	188 137 447	214 694 182	212 255 677	188 785 548	0	0	0	0	0	0	0	0	0	0	0	2 424 939 420	2 424 939 420
Blind/Disable without Medi	0	(171 495)	(180 813)	(203 447)	(216 481)	(166 339)	(27 967)	(52 527)	0	0	0	0	0	0	0	0	0	0	0	0	(1 019 069)	(1 019 069)
Blind/Disabled with Medica	0	(32 236)	(40 358)	(84 504)	(125 175)	(45 986)	(14 361)	(23 031)	0	0	0	0	0	0	0	0	0	0	0	0	(365 651)	(365 651)
Breast Cervical Cancer Treat	376 274	201 477	152 695	77 771	62 536	1 667	20 529	8 609	0	0	0	0	0	0	0	0	0	0	0	0	2 595 267	2 595 267
CURRENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372 783 527	372 783 527
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136 389 220	136 389 220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22 572 505	22 572 505
Demo Elig Adults	27 511	(3 183)	397	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	904 978 360	904 978 360
Expansion State Adults	157 511 412	316 564 065	457 732 367	497 743 046	731 854 979	469 059 796	619 001 852	749 604 101	735 152 522	0	0	0	0	0	0	0	0	0	0	0	4 734 224 140	4 734 224 140
FosterCare(19-20)	365 633	326 044	480 663	723 548	1 274 696	993 347	1 204 322	1 145 427	1 074 664	0	0	0	0	0	0	0	0	0	0	0	8 062 828	8 062 828
HawaiiQuest-1902(B)(2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 029 695	4 029 695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515 375	515 375
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592 242 508	592 242 508
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174 521 683	174 521 683
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	354 994	354 994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 862	7 862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437 454	437 454
Newly Eligible Adults	216 942 873	165 225 680	110 030 961	120 504 841	178 669 104	104 504 778	141 050 186	152 607 777	154 473 776	0	0	0	0	0	0	0	0	0	0	0	1 344 011 307	1 344 011 307
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13 116 658	13 116 658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	486 356	486 356
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190 960 501	190 960 501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 404 260	7 404 260
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7 809 492)	(7 809 492)
QUEST ACE	51 580	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	115 387 223	115 387 223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15.365.712	15.365.712
St Pl Adults-Preg Immig/CO	795 482	764 288	1 111 786	1 270 634	2 194 658	1 792 664	1 249 446	983 773	0	0	0	0	0	0	0	0	0	0	0	0	15 188 306	15 188 306
State Plan Adults	104 818 328	90 882 653	91 132 426	100 067 003	138 551 846	93 313 700	117 519 626	138 317 641	155 737 373	0	0	0	0	0	0	0	0	0	0	0	1 643 013 801	1 643 013 801
State Plan Children	128 897 369	161 395 546	171 256 712	203 868 788	322 731 915	219 086 127	238 066 690	251 891 384	254 599 960	0	0	0	0	0	0	0	0	0	0	0	2 893 017 051	2 893 017 051
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 385 251	4 385 251
Supp. - State Gov	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10 614 749	10 614 749
UCC-Governmental	5.240.639	3.261.810	529.641	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	125.000.399	125.000.399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307 706	307 706
UCC-Private	42 677 271	45 049 870	35 626 800	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190 760 884	190 760 884
VIII-Like Group	(4 595)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37 055 589	37 055 589
Total	1,068,686,328	1,206,703,028	1,320,139,259	1,406,603,865	2,117,456,479	1,409,556,519	1,722,394,502	1,930,243,571	1,892,215,642	0	0	0	0	0	0	0	0	0	0	0	20,572,977,179	20,572,977,179

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7 241 969	42 748 419	39 312 729	11 586 429	43 993 148	59 479 815	54 588 745	85 205 753	62 594 608
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755.748	34.375.214	12.833.291	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	82 954 286	118 530 760	105 382 868	96 942 056	139 266 156	92 612 419	115 574 568	94 134 996	70 598 268	0	0	0	0	0	0	0	0	0	0	0	1 322 747 992	1 322 747 992
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47.964.253	47.964.253
Total	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	94,134,996	70,598,268	0	0	0	0	0	0	0	0	0	0	0	1,370,712,245	1,370,712,245

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3 679 980	22 272 827	20 907 343	6 121 891	25 253 918	34 488 282	31 963 518	59 588 869	48 414 408
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377 874	17 784 187	6 534 554	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	21,285,217	23,906,078	31,788,472	34,488,282	31,963,518	59,588,869	48,414,408

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	61 342 106	93 307 850	78 500 894	71 333 202	98 697 486	64 043 270	77 060 475	63 072 834	46 420 998	0	0	0	0	0	0	0	0	0	0	0	906 470 151	906 470 151
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24 696 615	24 696 615
Total	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	63,072,834	46,420,998	0	0	0	0	0	0	0	0	0	0	0	931,166,766	931,166,766

Summary of Expenditures by Waiver Year
Waiver: 11W00351

MAP Waivers

Total Computable

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 3/2023

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14
1915(i)-like Evaluations	0	4,451,405	0	0	0	0	0	0	0	0	0	0	0	0	0
HCBS Waiver LOC Timelines	0	11,179,167	0	0	0	0	0	0	0	0	0	0	0	0	0
Retainer Payments	0	3,099,823	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	18,730,395	0	0	0	0	0	0	0	0	0	0	0	0	0

Waiver Name	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
1915(i)-like Evaluations	0	0	0	0	0	0	0	0	0	0	0	0	0	1,905,780	2,072,984
HCBS Waiver LOC Timelines	0	0	0	0	0	0	0	0	0	0	0	0	0	2,826,695	7,847,689
Retainer Payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	4,732,475	9,920,673

Waiver Name	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i)-like Evaluations	0	0	0	0	0	0	0	0	0	0	0	8,430,169	8,430,169
HCBS Waiver LOC Timelines	0	0	0	0	0	0	0	0	0	0	0	21,853,551	21,853,551
Retainer Payments	0	0	0	0	0	0	0	0	0	0	0	3,099,823	3,099,823
Total	0	0	0	0	0	0	0	0	0	0	0	33,383,543	33,383,543

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14
1915(i)-like Evaluations	0	2,653,633	0	0	0	0	0	0	0	0	0	0	0	0	0
HCBS Waiver LOC Timelines	0	6,667,974	0	0	0	0	0	0	0	0	0	0	0	0	0
Retainer Payments	0	1,840,512	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	11,162,119	0	0	0	0	0	0	0	0	0	0	0	0	0

Waiver Name	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
1915(i)-like Evaluations	0	0	0	0	0	0	0	0	0	0	0	0	0	1,140,419	1,259,060
HCBS Waiver LOC Timelines	0	0	0	0	0	0	0	0	0	0	0	0	0	1,691,494	4,808,900
Retainer Payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	2,831,913	6,067,960

Waiver Name	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i)-like Evaluations	0	0	0	0	0	0	0	0	0	0	0	5,053,112	5,053,112
HCBS Waiver LOC Timelines	0	0	0	0	0	0	0	0	0	0	0	13,168,368	13,168,368
Retainer Payments	0	0	0	0	0	0	0	0	0	0	0	1,840,512	1,840,512
Total	0	0	0	0	0	0	0	0	0	0	0	20,061,992	20,061,992