Hawaii QUEST Integration

1115 Waiver

Quarterly CMS Monitoring Report

Federal Fiscal Year 2022 1st Quarter
(DY28 Q1)

Date Submitted: February 23, 2022

Reporting Period: **October 2021 – December 2021**

Federal Fiscal Quarter:	1st Quarter 2022
State Fiscal Quarter:	2nd Quarter 2022
Calendar Year Quarter:	4th Quarter 2021
Demonstration Year:	28th Year (10/1/21 – 9/30/22)

Table of Contents

Attachments

Attachment A: Up-To-Date Budget Neutrality Summary

The Budget Neutrality Summary (worksheet) for the quarter ending 09/30/2021 is attached. The Budget Neutrality Summary for the quarter ending 12/31/2021 will be submitted by the 02/28/2022 deadline.

Attachment B: Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 09/30/2021 is attached. The Budget Neutrality Workbook for the quarter ending 12/31/2021 will be submitted by the 02/28/2022 deadline.

Attachment C: Schedule C

A Schedule C for the quarter ending 12/31/21 is attached. Schedule C includes a summary of expenditures for the reporting period.

Attachment D: 2021 Annual Plan Change (APC) Summary (from Med-QUEST Division)

The APC Summary provides data on QUEST Integration member choice to change health plans during the 2021 APC period.

I. Introduction

Hawaii's QUEST Integration (QI) is a Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115(a) 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. 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.

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. Med-QUEST Division works closely with these health plans to facilitate contract implementation and improve healthcare access and services to members.

Since the COVID-19 Public Health Emergency (PHE) began, MQD leadership conducted targeted communications with the QI health plans (Health Plans) to strategize and meet the evolving and urgent needs brought on by the pandemic. A task force of key MQD and Health Plan staff began meeting three times a week in the spring of 2020. Such task force meetings have since been reduced to once a week as traction and initial experience with the pandemic was gained.

During this reporting period, MQD continued to focus on issues and interventions related to COVID-19, and leverage flexibilities afforded by CMS for the PHE under the approved 1135, 1115, and 1915(c) waivers. Such focus included efforts to deliver in-home booster vaccinations for the fragile Home and Community Based Services (HCBS) home-bound population, reduce wait-listed hospital days, ensure alternative residential settings have appropriate PPE, and conduct outreach for provider HCBS associations to increase awareness and preparation. By November 30, 2021, 76% of the State of Hawaii (State) population 5 years old and older had completed the COVID-19 vaccination. This included 100% of those ages 65 to 74 years old, and 98.2% of those ages 75 years old and older.

Anticipating the Omicron variant and following guidelines from the U.S. Centers for Disease Control and Prevention, the State recommended that all adults fully vaccinated for 6 months prior get the COVID-19 booster. On December 2, 2021, the first case of the Omicron variant was reported in the State, and during the following weeks, COVID-19 cases increased rapidly. Med-QUEST Division partnered with independent pharmacies and the QI Health plans to roll out booster shots to some of our most vulnerable Medicaid beneficiaries – those receiving HCBS services.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan Contracts (contract 7/1/2021)

This quarter, there were new reports submitted by the health plans as part of the new contract. Embedded within these new reports is a structure to consolidate specific focus areas and convert them into Key Performance Indicators (KPIs). Beginning pre-contract execution during the readiness review timeframe and continuing through the remainder of 2021, weekly training and technical assistance sessions were held with health plans to socialize the new reports. While it is positive that the reports were submitted, it highlighted difficulties where health plans are struggling with correctly populating the many data fields. Also, MQD staff continue on a steep learning curve in reviewing and responding to the new content in these reports.

Policy Memorandum Updates

Older policy memorandum from the prior contract period were either expired or reissued in this quarter, and this resulted in 21 reissued sub-regulatory guidance memos ranging from non-emergency transportation to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

Default Enrollment

Health plans are required as a part of the new contract to submit requests for default enrollment authority to Medicare in a timely fashion, with the goal of acquiring Dual Eligible Special Needs Plan (D-SNP) default enrollment authority beginning January 1, 2022. All five health plans have

completed the D-SNP agreements and received CMS approval to enable default enrollment for dual eligible members prior to the January 1, 2022 requirement.

Health Plan Manual

Hawaii's first Health Plan Manual was published in July 2021. The first amendment was completed in October 2021, and regular quarterly updates are scheduled throughout the year.

Unforeseen Barrier (CMS QI contract approvals)

An issue emerged regarding risk mitigation strategies that prevented CMS approval of capitation rates during prior periods, and this impacted the approval of the QI RFP-MQD-2021-008 contract. An 1115 Emergency Waiver was submitted and approved to address the issue. The approval of this new contract remains forthcoming.

Annual Plan Change

QI members were able to participate in the Annual Plan Change (APC) process that was open from October 1, 2021 through October 31, 2021. Members were sent APC packets during the month of September 2021, and were able to mail in, call in, or fax in their APC selection forms. A total of 6,436 plan change selections were made statewide, with HMSA gaining the most members (3,087) and AlohaCare losing the most members (1,745). There were 1,417 plan change selections made by individuals in the aged, blind, or disabled (ABD) member group and 5,019 selections made by non-ABD members. The APC counts are in line with historical averages. An APC summary is provided in Attachment D.

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

Home and Community Based Services & Hospice

Policy guidance on simultaneous, coordinated services for HCBS and hospice services was completed. This was done in collaboration with health plans, hospice agencies, Med-QUEST Division staff and a trade association for hospice providers through various stakeholder meetings.

American Rescue Plan Act (ARPA) HCBS Spending Plan

The APRA HCBS Spending Plan (Spending Plan) was submitted for approval to CMS in July, and responses were received from CMS with additional questions. Med-QUEST Division responses to the additional questions were then submitted to CMS. The first quarterly Spending Plan update was submitted in late October.

COVID-19 Booster Shot Response

Med-QUEST Division helped organize COVID-19 booster shots provided to Adult Foster Home caregivers and residents. The shots were provided by independent pharmacies who traveled from house to house, in order to bring the booster shots to the most vulnerable Medicaid members. The efforts were not as successful as the initial COVID-19 vaccines that were rolled out earlier in 2021 with far fewer homes consenting to the vaccines. However, during the latter part of December and into January, the efforts picked up some, likely in response to the rapid spread of the Omicron variant.

3. Community Integration Services (CIS)

Hawaii launched its first rapid-cycle review this quarter. The review topic was implementation of CIS, and the review was conducted by an independent evaluator, the University of Hawaii. The review showed that while there has been good progress in some areas, such as the hiring of housing coordinators by each of the health plans, and the issuance of guidance earlier in 2021, there remains many detailed questions regarding the implementation that are continuing to slow our implementation efforts. The questions center on the roles and responsibilities of the various parties involved in homeless services, enrollment of providers to become Medicaid providers, billing codes and tracking information.

4. Other

Limited Resources

Needed human resources have typically been relatively challenging to acquire. However, a hiring freeze through all of 2020 and into 2021, further taxed this resource capacity within the State agencies. For MQD, enduring staff retirements and resignations with little ability to hire, while facing a lot more work that is much more intense, the pandemic affected staff morale and stretched its ability to implement various initiatives in the waiver, as well as, to perform day-to-day work. Med-QUEST Division is responding as best it is able to by prioritizing work, moving implementation dates out, and trying to recruit new staff as quickly as it can.

B. Issues or Complaints Identified by Beneficiaries

There were no systemic trends to report.

The following reported data from the health plans show the type of cases and the numbers of cases for the period October 2021 to December 2021:

STATE GRIEVANCES RECEIVED in calendar year (CY) Q4 2021

	CCS	QI Health Plan					QI Totals
	Ohana CCS	AlohaCare	HMSA	Kaiser	Ohana	UHC	
Plan members December 2021	--	*79,381*	*210,889*	*48,449*	*38,709*	*59,054*	*436,482*
Appointment Availability	0	0	2	10	0	0	12
Network Adequacy/ Availability	0	2	0	1	0	1	4
Interpreter	0	0	0	0	0	0	0
Health Plan Staff Behavior	2	5	10	3	7	8	33
Health Plan Information	0	0	0	0	9	0	9

	CCS	QI Health Plan					QI Totals
	Ohana CCS	AlohaCare	HMSA	Kaiser	Ohana	UHC	
Health Plan Policy	0	3	4	15	6	7	35
Billing/Payments	0	2	5	4	20	1	32
Provider Communication	0	0	3	0	10	0	13
Provider Competency	0	17	2	9	16	0	44
Provider Policy	0	0	2	4	1	0	7
Provider/Provider Staff Behavior	1	14	22	26	0	20	82
Treatment Plan/ Diagnosis	0	4	11	9	1	0	25
Waiting times (office, transportation)	1	39	0	4	18	51	112
Transportation Customer Service	3	29	1	0	0	17	47
Condition of Office/ Transportation	0	3	0	0	1	2	6
Other (Transportation)	0	0	0	0	0	0	0
Member Rights	1	0	1	1	9	0	11
Suspected Fraud and Abuse of Services	0	1	0	0	2	0	3
Other	0	0	0	1	16	0	17
Plan Totals*	8	100	63	90	114	107	474
Number grievances per 1,000 members	--	1.26	0.30	1.86	2.95	1.81	1.09

*Summation of the individual grievance categories for a given health plan may exceed the column total (i.e. plan total) as health plans may classify a grievance with one or more grievance categories.

C. Audits, Investigations, Lawsuits, or Legal Actions

Audits

Audits of hospice providers were concluding during this quarter, and letters to request monies to be recouped were sent.

Managed Care Plans' Program Integrity

Part of the new health plan contracts that went into effect July 1, 2021, included increased reporting requirements for the health plans to meet and work with our Fiscal Integrity team. Those meetings kicked off during this quarter.

Litigation

Med-QUEST Division continues to be a party to litigation along with the Children and Adolescent Mental Health Division of the State Department of Health for the provision of mental health services for a child

or young adult. All administrative hearings have sided with the State, and the matter has now moved to the Circuit Court. Depositions will occur in the spring of 2022, and a court date is anticipated in late spring.

The Liberty Dialysis trial, related to inappropriate billing of dialysis services, was re-scheduled for January 2022.

D. Unusual or Unanticipated Trends

Due to the pandemic, and the continuous coverage requirements tied to the federal Public Health Emergency, there has been continued increases in the Medicaid populations, particularly in the working-age adult groups.

E. Legislative Updates

Med-QUEST Division leadership met with Finance, Health and Human Services subject matter chairs to provide an update regarding the Home and Community Based ARPA Spending plan. Additionally, MQD leadership reviewed Medicaid budget requests to expand adult dental benefits, and to take up the ARPA post-partum expansion from 2 months to one year of coverage. Legislators were also interested in what policy options could be taken to enhance use of Community Integration Services and to clarify when Medicaid dollars could be used given the challenges of braiding funding with already existing funding for these services. This continues to be one of the most difficult and challenging Special Terms and Conditions (STCs) of the QI 1115 Demonstration to implement, and since homelessness remains a major problem in the State, there is a lot of legislative interest in trying to do more with Medicaid.

F. Descriptions of any Public Forums Held

Hawaii held two Med-QUEST Division Healthcare Advisory Committee (MHAC) meetings during this reporting period on November 17, 2021, and December 15, 2021. We received public comments in our November 17th meeting regarding the Medicaid Innovation Collaborative. Hawaii is participating in a 12-month program that works with the community, Medicaid members, and technology resources to advance health equity and transform the well-being for the most vulnerable populations in Medicaid. Hawaii will focus on how to improve maternal mental health associated with substance use disorder by conducting interviews with Medicaid members and gathering information on how to provide better services and access. Med-QUEST Division received two comments from the public on this issue. One comment was in support of this initiative and thanked the Hawaii Med-QUEST Division for selecting maternal mental health as its focus. There was also a comment requesting that the Med-QUEST Division have the interviewer of the Medicaid members be familiar with our culture and have experience and background with mental health issues.

No public comments were received in our December 15, 2021, MHAC meeting.

III. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

- Number of applications processed: 17,015
- Number of new enrolled members: 9,485

Additionally, during the Federal Marketplace, our staff and contracted outreach teams worked to communicate about open enrollment in general, and to provide outreach and enrollment assistance to communities that face more challenges accessing health insurance and/or digital means to enroll.

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

In July 2021, at the start of the new QUEST Integration contract, Med-QUEST Division released a new reporting package comprised of 38 reports spanning topics such as quality of care to program integrity with key performance indicators allowing for enhanced monitoring of access to care, cost of care, quality of care, and outcomes of care. These reports are being released in a phased approach over the first contract year and will be available in a future report.

Some example performance measures for Outcomes of Care include:

- % of CIS members who had a routine check-up within a past year
- % of CIS members who did not have two or more hospitalizations
- % of SHCN members who did not experience two or more hospitalizations
- EPSDT screening ratio

Some example Quality of Care performance indicators include:

- Number of additional NCQA or other health plan distinctions, certifications, or accreditations
- Number of robust QAPI plan/progress report for categorical areas

Some example Cost of Care performance indicators include:

- TPL cost savings
- Total dollars of supplemental drug rebates received

Some example Access to Care performance indicators include:

- % of PCPs (serving adults and children) who do not exceed the provider-member ratio
- % of Adult and Child Members with access to their PCP within Driving Time Standards

- Of adult and child PCPs reached, % callers offered an appointment

B. Results of Beneficiary Satisfaction Surveys (if conducted)

A Consumer Assessment of Healthcare Providers and Systems (CAHPS) was conducted for child members of all five QI health plans between February 2021 to May 2021 (response rate = 18.2%, higher than national response rate = 13.1%). These results were shared with MQD in October 2021. Overall, the health plans in aggregate exceeded the 90th percentile for "rating of personal doctor" and "rating of specialist seen most often" categories. However, the results did show that some areas, including "customer service" and "how well doctors communicate", with lower percentile scores indicating a need for quality improvement in these areas. Compared to 2019 results, the 2021 survey results show no decline in any areas.

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

Type	Total	Resolved as of Last Day of Reporting Period # (%)	Resolved within 30 Days # (%)
Grievances	474	442 (92.9%)	382 (86.4%)
Appeals	317	279 (88.0%)	261 (93.5%)

IV. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

Hawaii continues to accrue budget neutrality savings as demonstrated in the most recent Budget Neutrality Summary. The hypothetical Expansion eligibility category also shows significant budget neutrality savings. These savings are projected to increase throughout the demonstration period.

B. Updated Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 12/31/2021 will be submitted by the 02/28/2022 deadline. The Budget Neutrality Workbook for the quarter ending 09/30/2021 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 12/31/2021 were reported on the CMS-64 and certified on 1/28/2022. A summary of expenditures is shown on the attached Schedule C for the quarter ending 12/31/2021.

D. Administrative Costs

There were no significant issues for Hawaii's administrative costs for the quarter ending 12/31/2021. Staff costs have remained relatively constant despite enrollment numbers being at an all-time high. The cumulative administrative expenditures can be found on the attached Schedule C.

V. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See information provided below.

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. Key milestones accomplished during the reporting period include the first Long Term Services and Supports (LTSS) and CIS monitoring and evaluation reports which were submitted by the Managed Care Plans on 10/31/21. Additionally, health plans are beginning to collect data on other evaluation topic areas including Special Health Care Needs and Expanded Health Care Needs, primary care, and Value-Based Payments. Additionally, the UH evaluation team released the first CIS implementation status evaluation report in November 2021.

2. Challenges Encountered and How They Were Addressed

One challenge is data quality issues in the reports Med-QUEST Division is receiving from the health plans. In response, Med-QUEST Division and the University of Hawaii Evaluation Team have been providing one-on-one and group technical assistance sessions to health plan staff to review common data quality issues ahead of the next reporting cycle.

3. Interim Findings (when available)

CIS

Some select successes in implementation include:

- Managed care plans working together to implement allowing for sharing of best practices and collaboratively exploring solutions to any encountered challenges
- Managed care plans are leveraging existing relationships
- Managed care plans are providing ongoing education and outreach to providers

Select barriers in implementation include:

- Inconsistent information and data sharing between agencies and housing service providers due to siloed and non-interoperable systems
- Managed care plans still optimizing best workflows

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

Contract is being renewed with the University of Hawaii Evaluation team for CY2022.

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

Evaluation and data collection efforts are currently in process. Given some early and expected challenges in data quality, the immediate focus is on quality assurance. Concurrently, additional data sources are being explored to supplement existing data sources.

VI. Med-QUEST Division Contact

Jon D. Fujii
Health Care Services Branch Administrator (HCSB)
601 Kamokila Blvd., Suite 506A
Kapolei, HI 96707
Phone: 808-692-8083
Fax: 808-692-8087

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	$ 743.143.858	$ 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	1,624,394	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389.312.838	$ 472.902.030	$ 524.738.191	$ 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	527,253	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658.889.243	$ 764.674.765	$ 696.978.190	$ 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	336,172	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757.508.006	$ 846.263.757	$ 930.311.374	$ 980.956.602	$ 1.034.360.778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	322,487	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 2,895,171,613**	**$ 3,035,941,601**	**$ 3,183,838,560**	**$ 14,331,268,277**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 397.588.744	$ 425.065.233	$ 417.364.457	$ 432.076.554	$ 447.307.253	$5.581.332.378
EG 2 - Adults	2		$ 168.337.381	$ 207.247.418	$ 232.146.824	$ 246.754.662	$ 262.281.700	$3.170.753.153
EG 3 - Aged	3		$ 398.894.397	$ 459.370.656	$ 455.187.639	$ 481.405.329	$ 502.750.842	$6.206.031.479
EG 4 – Blind/Disabled	4		$ 478.325.180	$ 535.314.239	$ 615.784.624	$ 649.908.066	$ 685.289.061	$7.120.814.180
TOTAL			**$ 1,443,145,701**	**$ 1,626,997,546**	**$ 1,720,483,543**	**$ 1,810,144,611**	**$ 1,897,628,856**	**$ 8,498,400,257**

Savings Phase-Down

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629.445.268	$ 697.320.596	$ 743.143.858	$ 769.348.398	$ 796.466.688	
		With Waiver	$ 397.588.744	$ 425.065.233	$ 417.364.457	$ 432.076.554	$ 447.307.253	
Difference			$ 231.856.524	$ 272.255.363	$ 325.779.401	$ 337.271.844	$ 349.159.435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 173.892.393	$ 204.191.522	$ 244.334.550	$ 252.953.883	$ 261.869.576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389.312.838	$ 472.902.030	$ 524.738.191	$ 557.755.942	$ 592.854.097	
		With Waiver	$ 168.337.381	$ 207.247.418	$ 232.146.824	$ 246.754.662	$ 262.281.700	
Difference			$ 220.975.457	$ 265.654.612	$ 292.591.367	$ 311.001.280	$ 330.572.397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 165.731.592	$ 199.240.959	$ 219.443.525	$ 233.250.960	$ 247.929.298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658.889.243	$ 764.674.765	$ 696.978.190	$ 727.880.659	$ 760.156.997	
		With Waiver	$ 398.894.397	$ 459.370.656	$ 455.187.639	$ 481.405.329	$ 502.750.842	
Difference			$ 259.994.847	$ 305.304.109	$ 241.790.552	$ 246.475.330	$ 257.406.155	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 194.996.135	$ 228.978.082	$ 181.342.914	$ 184.856.498	$ 193.054.616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757.508.006	$ 846.263.757	$ 930.311.374	$ 980.956.602	$ 1.034.360.778	
		With Waiver	$ 478.325.180	$ 535.314.239	$ 615.784.624	$ 649.908.066	$ 685.289.061	
Difference			$ 279.182.826	$ 310.949.518	$ 314.526.750	$ 331.048.536	$ 349.071.717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 209.387.119	$ 233.212.139	$ 235.895.063	$ 248.286.402	$ 261.803.788	
Total Reduction			**$ 744,007,240**	**$ 865,622,702**	**$ 881,016,052**	**$ 919,347,743**	**$ 964,657,278**	**$ 4,374,651,014**

BASE VARIANCE			**$ 248,002,413**	**$ 288,540,901**	**$ 293,672,017**	**$ 306,449,248**	**$ 321,552,426**	**$ 1,458,217,005**
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								**$ 1,458,217,005**

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)			$ 1,691,148,115	$ 3,606,686,561	$ 5,620,842,122	$ 7,737,435,980	$ 9,956,617,262	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,822,962	$ 54,100,298	$ 56,208,421	$ 38,687,180	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (248,002,413)	$ (536,543,314)	$ (830,215,331)	$ (1,136,664,579)	$ (1,458,217,005)	
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	$ 1,582,760,490	$ 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	1,602,341	1,642,400	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$1,582,760,490**	**$1,700,212,480**	**$1,826,368,919**	**$8,090,658,377**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$646,054,106	$851,370,582	$887,278,778	$953,114,864	$1,023,835,987	
TOTAL			**$ 646,054,106**	**$ 851,370,582**	**$ 887,278,778**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,361,654,317**

HYPOTHETICALS VARIANCE 1			**$ 623,004,631**	**$ 860,887,169**	**$ 695,481,712**	**$ 747,097,616**	**$ 802,532,932**	**$ 3,729,004,059**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ 4,203,847	$ 5,419,304	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon			3,231	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 4,203,847**	**$ 5,419,304**	**$ 5,820,928**	**$ 15,444,079**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ 4.090.434	$ 5.272.733	$ 5.663.970	
TOTAL			**$ -**	**$ -**	**$ 4,090,434**	**$ 5,272,733**	**$ 5,663,970**	**$ 15,027,137**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ 113,413**	**$ 146,571**	**$ 156,958**	**$ 416,942**

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**	$ -	$ -	$ 11,465,041	$ 14,779,902	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon			3,231	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 11,465,041**	**$ 14,779,902**	**$ 15,875,210**	**$ 42,120,153**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ 11,155,729	$ 14,380,181	$ 15,447,190	
TOTAL			**$ -**	**$ -**	**$ 11,155,729**	**$ 14,380,181**	**$ 15,447,190**	**$ 40,983,100**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ 309,312**	**$ 399,721**	**$ 428,020**	**$ 1,137,053**

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:	11/2/2021	Reporting DY	28
For the Time Period Through:	9/30/2021	Reporting Quarter	1

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	561,548,421	370,684,870	396,836,193	70,032,670	0	0	4,370,236,240	4,370,236,240
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	85,112,820	64,546,968	98,302,416	19,619,701	0	0	560,350,220	560,350,220
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)	(31,916)	0	0	0	(2,497,166)	(2,497,166)
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)	0	0	0	0	(183,214)	(183,214)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(13,736)	31,794,652	74,760,519	81,089,359	77,504,607	88,201,319	49,105,356	98,847,286	163,362,887	158,584,686	154,651,730	248,125,392	151,395,989	163,954,870	28,450,739	0	0	1,569,815,655	1,569,815,655
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	257,028,809	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,556,493	330,863,589	374,621,261	65,258,332	0	0	3,702,870,684	3,702,870,684
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)	(17,997)	0	0	0	(1,741,107)	(1,741,107)
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)	(2,258)	0	0	0	(603,815)	(603,815)
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	5,975	45,580	10,829	0	0	3,928,656	3,928,656
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	227,394,155	43,950,943	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,268,727	1,546,268,727
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	790,663,556	529,260,308	698,925,280	127,964,414	0	0	3,696,865,549	3,696,865,549
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	2,005,231	329,173	0	0	10,777,290	10,777,290
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	216,961,105	165,225,916	110,172,746	126,903,675	190,929,528	116,793,798	152,473,617	27,709,536	0	0	1,107,171,252	1,107,171,252
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	2,130,450	205,971	0	0	25,995,977	25,995,977
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	112,790,909	130,112,852	80,834,554	202,315,960	172,913,238	169,042,108	182,723,816	256,089,901	165,204,350	205,071,388	37,666,409	0	0	2,437,528,543	2,437,528,543
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	187,874,968	215,942,758	106,595,493	248,491,952	306,184,281	316,589,798	372,171,569	596,190,804	395,849,602	423,062,160	68,815,946	0	0	4,342,954,101	4,342,954,101
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	464,250,373	785,020,500	1,211,765,023	1,357,369,890	1,307,250,732	1,449,178,427	773,323,644	1,746,788,952	1,886,418,223	1,978,888,489	2,102,497,561	3,209,443,268	2,128,588,090	2,517,376,275	446,063,720	0	0	27,409,808,991	27,409,808,991

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	304,997,343	212,038,895	235,244,802	41,473,348	0	0	2,463,353,880	2,463,353,880
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	46,083,675	37,003,118	58,205,157	11,618,786	0	0	313,675,371	313,675,371
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	(9,251)	21,277,328	49,857,636	52,547,252	39,129,038	45,400,574	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,764,611	86,528,213	97,192,994	16,848,528	0	0	877,110,892	877,110,892
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	130,207,936	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,259	256,709,607	188,790,052	221,625,629	38,645,985	0	0	2,070,205,648	2,070,205,648
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	1,545	32,135	7,737	0	0	2,605,879	2,605,879
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	116,746,726	22,522,276	27,511	(3,183)	397	0	0	0	0	0	0	0	904,977,344	904,977,344
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	734,467,969	482,190,147	628,850,865	115,167,973	0	0	3,391,000,066	3,391,000,066
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	1,188,859	194,936	0	0	6,022,210	6,022,210
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	216,943,107	165,225,680	110,132,233	120,601,049	178,700,907	106,470,887	137,189,372	24,938,582	0	0	1,060,203,148	1,060,203,148
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	1,263,590	121,976	0	0	14,340,653	14,340,653
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	56,365,779	66,741,085	41,647,599	104,818,328	90,882,653	91,217,054	100,152,370	138,672,946	94,298,869	121,391,011	22,306,047	0	0	1,376,433,823	1,376,433,823
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	92,677,457	110,463,464	54,513,113	128,897,353	161,395,592	171,534,913	204,150,083	323,486,096	226,482,643	250,680,272	40,752,802	0	0	2,448,663,970	2,448,663,970
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	263,479,344	510,938,536	813,433,104	881,694,769	657,883,822	745,135,931	399,268,014	1,068,686,546	1,206,703,074	1,321,117,892	1,407,568,777	2,120,724,805	1,436,091,040	1,752,833,556	312,076,700	0	0	17,124,878,947	17,124,878,947

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	97,409,012	139,266,156	89,286,976	101,674,296	10,372,289	0	0	1,151,628,258	1,151,628,258
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	97,409,012	139,266,156	89,286,976	101,674,296	10,372,289	0	0	1,199,592,511	1,199,592,511

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	71,800,158	98,697,486	61,050,371	68,616,142	6,984,155	0	0	792,990,198	792,990,198
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	24,696,615	24,696,615
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	71,800,158	98,697,486	61,050,371	68,616,142	6,984,155	0	0	817,686,813	817,686,813

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	$2,005,231	$329,173		
EG 1 - Children	1	State Plan Children	$395,849,602	$423,062,160	$68,815,946		
EG 2 - Adults	2	State Plan Adults	$165,204,350	$205,071,388	$37,666,409		
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$5,975	$45,580	$10,829		
EG 2 - Adults	2	St Pl Adults-Preg Immig/COFAs	$3,127,056	$2,130,450	$205,971		
EG 3 - Aged	3	Aged w/Mcare	$370,684,870	$396,836,193	$70,032,670		
EG 3 - Aged	3	Aged w/o Mcare	$64,546,968	$98,302,416	$19,619,701		
EG 3 - Aged	3	Aged with Medicare - MFP	($490,186)	($31,916)			
EG 3 - Aged	3	Aged without Medicare - MFP	($17,253)				
EG 4 – Blind/Disabled	4	B/D w/Mcare	$151,395,989	$163,954,870	$28,450,739		
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$330,863,589	$374,621,261	$65,258,332		
EG 4 – Blind/Disabled	4	Blind/Disable without Medicare - MFP	($294,330)	($17,997)			
EG 4 – Blind/Disabled	4	Blind/Disabled with Medicare - MFP	($81,788)	($2,258)			
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	VIII-Like Group					
EG 5 – Group VIII	1	Expansion State Adults	$529,260,308	$698,925,280	$127,964,414		
EG 5 – Group VIII	1	Newly Eligible Adults	$116,793,798	$152,473,617	$27,709,536		
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			$2,128,588,090	$2,517,376,275	$446,063,720		

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	-$5,778,454			Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$569,143			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	$397,588,744	$425,065,233	$69,145,119		
EG 2 - Adults	2	$168,337,381	$207,247,418	$37,883,209		
EG 3 - Aged	3	$398,894,397	$459,370,656	$83,873,917		
EG 4 – Blind/Disabled	4	$478,325,180	$535,314,239	$93,139,928		
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$646,054,106	$851,370,582	$155,673,950		
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,089,199,807**	**$ 2,478,368,128**	**$ 439,716,123**	**$ -**	**$ -**

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			$348,219,338	$432,076,554	$447,307,253
EG 2 - Adults	2			$194,263,615	$246,754,662	$262,281,700
EG 3 - Aged	3			$371,313,722	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4			$522,644,696	$649,908,066	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1			$731,604,828	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1			$4,090,434	$5,272,733	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			$11,155,729	$14,380,181	$15,447,190

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$397,588,744	$425,065,233	$417,364,457	$432,076,554	$447,307,253
EG 2 - Adults	2	$168,337,381	$207,247,418	$232,146,824	$246,754,662	$262,281,700
EG 3 - Aged	3	$398,894,397	$459,370,656	$455,187,639	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4	$478,325,180	$535,314,239	$615,784,624	$649,908,066	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$646,054,106	$851,370,582	$887,278,778	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1			$4,090,434	$5,272,733	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			$11,155,729	$14,380,181	$15,447,190
TOTAL		**$ 2,089,199,807**	**$ 2,478,368,128**	**$ 2,623,008,485**	**$ 2,782,912,389**	**$ 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	264652		
EG 2 - Adults	2	420665	492750	86294		
EG 3 - Aged	3	339779	381363	68363		
EG 4 – Blind/Disabled	4	286202	306260	52592		
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	328377		
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			1359742	1665004	1706629
EG 2 - Adults	2			440959	540435	553945
EG 3 - Aged	3			267809	339533	342929
EG 4 – Blind/Disabled	4			269895	325712	328969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1			1273964	1642400	1683460
Hypothetical 2 Per Capita						
EG 6 - CIS	1			3231	3974	4073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			3231	3974	4073

Member Months - Total

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1,403,508	1,539,475	1,624,394	1,665,004	1,706,629
EG 2 - Adults	2	420,665	492,750	527,253	540,435	553,945
EG 3 - Aged	3	339,779	381,363	336,172	339,533	342,929
EG 4 – Blind/Disabled	4	286,202	306,260	322,487	325,712	328,969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1,411,053	1,816,642	1,602,341	1,642,400	1,683,460
Hypothetical 2 Per Capita						
EG 6 - CIS	1			3,231	3,974	4,073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			3,231	3,974	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	$ 743,143,858	$ 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	1,624,394	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 524,738,191	$ 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	527,253	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 696,978,190	$ 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	336,172	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 930,311,374	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	322,487	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 2,895,171,613**	**$ 3,035,941,601**	**$ 3,183,838,560**	**$ 14,331,268,277**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Medicaid Per Capita							
EG 1 - Children	1	$ 397,588,744	$ 425,065,233	$ 417,364,457	$ 432,076,554	$ 447,307,253	$5,581,332,378
EG 2 - Adults	2	$ 168,337,381	$ 207,247,418	$ 232,146,824	$ 246,754,662	$ 262,281,700	$3,170,753,153
EG 3 - Aged	3	$ 398,894,397	$ 459,370,656	$ 455,187,639	$ 481,405,329	$ 502,750,842	$6,206,031,479
EG 4 – Blind/Disabled	4	$ 478,325,180	$ 535,314,239	$ 615,784,624	$ 649,908,066	$ 685,289,061	$7,120,814,180
TOTAL		**$ 1,443,145,701**	**$ 1,626,997,546**	**$ 1,720,483,543**	**$ 1,810,144,611**	**$ 1,897,628,856**	**$ 8,498,400,257**

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	$ 743,143,858	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 397,588,744	$ 425,065,233	$ 417,364,457	$ 432,076,554	$ 447,307,253	
Difference			$ 231,856,524	$ 272,255,363	$ 325,779,401	$ 337,271,844	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 173,892,393	$ 204,191,522	$ 244,334,550	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 524,738,191	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 168,337,381	$ 207,247,418	$ 232,146,824	$ 246,754,662	$ 262,281,700	
Difference			$ 220,975,457	$ 265,654,612	$ 292,591,367	$ 311,001,280	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 165,731,592	$ 199,240,959	$ 219,443,525	$ 233,250,960	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 696,978,190	$ 727,880,659	$ 760,156,997	
		With Waiver	$ 398,894,397	$ 459,370,656	$ 455,187,639	$ 481,405,329	$ 502,750,842	
Difference			$ 259,994,847	$ 305,304,109	$ 241,790,552	$ 246,475,330	$ 257,406,155	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 194,996,135	$ 228,978,082	$ 181,342,914	$ 184,856,498	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 930,311,374	$ 980,956,602	$ 1,034,360,778	
		With Waiver	$ 478,325,180	$ 535,314,239	$ 615,784,624	$ 649,908,066	$ 685,289,061	
Difference			$ 279,182,826	$ 310,949,518	$ 314,526,750	$ 331,048,536	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 209,387,119	$ 233,212,139	$ 235,895,063	$ 248,286,402	$ 261,803,788	
Total Reduction			**$ 744,007,240**	**$ 865,622,702**	**$ 881,016,052**	**$ 919,347,743**	**$ 964,657,278**	**$ 4,374,651,014**

BASE VARIANCE			**$ 248,002,413**	**$ 288,540,901**	**$ 293,672,017**	**$ 306,449,248**	**$ 321,552,426**	**$ 1,458,217,005**
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								**$ 1,458,217,005**

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)		$ 1,691,148,115	$ 3,606,686,561	$ 5,620,842,122	$ 7,737,435,980	$ 9,956,617,262
Allowed Cumulative Variance (= CTP X CBNL)		$ 33,822,962	$ 54,100,298	$ 56,208,421	$ 38,687,180	$ -
Actual Cumulative Variance (Positive = Overspending)		$ (248,002,413)	$ (536,543,314)	$ (830,215,331)	$ (1,136,664,579)	$ (1,458,217,005)
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	$ 1,582,760,490	$ 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	1,602,341	1,642,400	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$1,582,760,490**	**$1,700,212,480**	**$1,826,368,919**	**$8,090,658,377**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	$646,054,106	$851,370,582	$887,278,778	$953,114,864	$1,023,835,987	
TOTAL		**$ 646,054,106**	**$ 851,370,582**	**$ 887,278,778**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,361,654,317**

HYPOTHETICALS VARIANCE 1			**$ 623,004,631**	**$ 860,887,169**	**$ 695,481,712**	**$ 747,097,616**	**$ 802,532,932**	**$ 3,729,004,059**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ 4,203,847	$ 5,419,304	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon			3,231	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 4,203,847**	**$ 5,419,304**	**$ 5,820,928**	**$ 15,444,079**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita							
EG 6 - CIS	1	$ -	$ -	$ 4,090,434	$ 5,272,733	$ 5,663,970	
TOTAL		**$ -**	**$ -**	**$ 4,090,434**	**$ 5,272,733**	**$ 5,663,970**	**$ 15,027,137**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ 113,413**	**$ 146,571**	**$ 156,958**	**$ 416,942**

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**	$ -	$ -	$ 11,465,041	$ 14,779,902	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon			3,231	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 11,465,041**	**$ 14,779,902**	**$ 15,875,210**	**$ 42,120,153**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	$ -	$ -	$ 11,155,729	$ 14,380,181	$ 15,447,190	
TOTAL		**$ -**	**$ -**	**$ 11,155,729**	**$ 14,380,181**	**$ 15,447,190**	**$ 40,983,100**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ 309,312**	**$ 399,721**	**$ 428,020**	**$ 1,137,053**

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
$ 1,458,217,005

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 1/2022

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	Total	Total Less Non-Adds
Aged without Medicare-MFI	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 Med	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**

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
Aged without Medicare-MFI	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 Med	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**

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,939,309	(4,911,133)	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**	**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	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	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**	**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	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 R 2	0	173,286,589	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 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	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	561,548,421	370,676,824	396,328,506	175,884,423	0	0	4,475,572,260	4,475,572,260
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,624,989	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	85,112,820	64,542,014	96,416,103	49,865,973	0	0	588,705,225	588,705,225
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)	(31,916)	0	0	0	(2,497,166)	(2,497,166)
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	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	0	0	0	0	(183,214)	(183,214)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(13,736)	31,794,652	74,760,519	81,089,359	77,510,314	88,201,319	49,105,356	98,847,286	163,362,887	158,584,686	154,651,730	248,125,101	151,435,804	163,930,265	71,039,980	0	0	1,612,424,922	1,612,424,922
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	257,037,003	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,556,493	331,011,554	359,900,719	162,035,859	0	0	3,785,083,828	3,785,083,828
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	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,335)	(12,997)	0	0	0	(1,741,107)	(1,741,107)
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	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(2,258)	0	0	0	(603,815)	(603,815)
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	585,588	277,616	222,869	103,847	107,702	6,058	41,115	23,525	0	0	3,936,970	3,936,970
Current	0	493,934,086	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	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	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	0	40,064,795	40,064,795
Demo Elig Adults	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	227,394,155	43,950,943	52,948	(5,724)	735	0	0	0	0	0	0	0	0	1,546,268,727	1,546,268,727
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	343,652,347	477,526,936	537,025,591	790,663,556	529,594,155	686,318,407	331,370,879	0	0	3,887,999,078	3,887,999,078
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	2,010,787	838,930	0	0	11,291,997	11,291,997
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	115,520	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	3,306,873	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	122,839	581,513	0	0	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	190,929,528	116,853,876	150,007,049	70,915,973	0	0	1,147,970,965	1,147,970,965
NH w/o W	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	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	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	0	376,237,032	376,237,032
Others-Hawaii Quest	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	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	76,432,826	26,173,447	99,196	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	7,862,479	17,432,949	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/COF	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	2,133,092	489,765	0	0	0	26,282,413	26,282,413
State Plan Adults	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	123,586,289	112,812,298	130,112,852	80,834,554	202,315,960	172,913,238	169,042,108	182,723,816	256,089,901	185,356,648	204,993,088	95,849,452	0	0	0	2,495,806,973	2,495,806,973
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	187,935,438	215,942,601	106,595,336	248,491,795	169,184,281	316,589,798	372,171,589	596,190,429	396,093,454	424,513,693	178,808,465	0	0	0	4,454,701,629	4,454,701,629
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	17,822,210	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	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	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	609,561	0	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
VII-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**	**464,250,373**	**785,020,500**	**1,211,765,023**	**1,357,369,890**	**1,307,346,492**	**1,449,178,270**	**773,323,487**	**1,746,788,561**	**1,886,418,223**	**1,978,888,489**	**2,102,497,561**	**3,209,442,602**	**2,129,553,028**	**2,486,540,737**	**1,137,122,024**	**0**	**0**	**28,071,091,084**	**28,071,091,084**

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 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	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
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	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)	81,134,536	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	304,997,343	212,034,204	234,945,298	104,820,351	0	0	2,526,396,688	2,526,396,688
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	16,022,996	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,194,791	30,421,066	46,083,675	37,000,293	57,072,414	29,722,844	0	0	330,643,861	330,643,861
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)	(19,046)	0	0	0	(1,363,058)	(1,363,058)
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	0	(7,720)	(24,377)	(34,110)	(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	(9,151)	21,277,328	49,857,636	52,547,252	39,131,919	45,400,574	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,764,454	86,552,121	97,180,952	42,337,583	0	0	902,614,537	902,614,537
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	130,212,072	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,299	258,709,607	188,881,302	212,644,625	96,579,024	0	0	2,119,253,069	2,119,253,069
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	0	(171,495)	(180,813)	(203,447)	(216,483)	(166,339)	(10,739)	0	0	0	(949,314)	(949,314)
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	0	(32,226)	(40,059)	(84,504)	(125,175)	(45,986)	(1,947)	0	0	0	(329,606)	(329,606)
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	376,274	201,477	152,695	77,771	62,536	1,621	28,931	16,868	0	0	2,611,882	2,611,882
Current	0	247,684,665	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	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	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	0	22,572,505	22,572,505
Demo Elig Adults	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	116,746,726	22,522,276	27,511	(1,183)	397	0	0	0	0	0	0	0	0	904,977,344	904,977,344
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	734,467,969	482,501,039	617,553,432	298,280,029	0	0	3,563,125,581	3,563,125,581
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	1,193,780	500,594	0	0	6,132,789	6,132,789
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	(1,395,946)	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	178,700,907	106,527,047	134,990,311	63,836,175	0	0	1,096,957,606	1,096,957,606

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 1/2022

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	13,116,658	13,116,658
Oct St PI 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	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	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	7,404,260	7,404,260
Others-it	0	(7,809,402)	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	(7,809,402)	(7,809,402)
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	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	15,365,712	15,365,712
St PI Adults-Pree Immie/CDF	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	1,265,172	291,798	14,512,057	14,512,057
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	56,376,576	66,741,085	41,647,599	104,818,328	90,882,653	91,217,054	100,152,370	138,672,946	94,382,979	121,495,145	57,196,893	1,411,523,710	1,411,523,710
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,342	88,086,005	108,850,847	136,538,237	138,140,612	92,707,982	110,463,383	54,513,032	128,897,272	161,395,592	171,534,913	204,150,083	323,485,891	226,614,931	251,764,632	106,709,130	2,515,807,023	2,515,807,023
Succ. - 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	4,385,251	4,385,251
Succ. - 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	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,464	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	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	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	190,760,884	190,760,884
Vill-Life 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	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**	**262,434,466**	**263,479,344**	**510,938,536**	**813,433,104**	**881,694,769**	**657,932,161**	**745,135,850**	**399,267,933**	**1,068,686,231**	**1,206,703,074**	**1,321,117,892**	**1,407,568,777**	**2,120,724,443**	**1,436,782,208**	**1,730,103,562**	**800,291,289**	**0**	**0**	**17,591,102,210**	**17,591,102,210**

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	97,409,012	139,266,156	89,286,976	101,830,169	33,258,448	0	0	1,174,670,390	1,174,670,390
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**	**97,409,012**	**139,266,156**	**89,286,976**	**101,830,169**	**33,258,448**	**0**	**0**	**1,222,634,543**	**1,222,634,543**

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	71,800,158	98,697,486	61,050,371	68,694,079	22,637,052	0	0	808,721,032	808,721,032
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	24,696,615	24,696,615
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**	**71,800,158**	**98,697,486**	**61,050,371**	**68,694,079**	**22,637,052**	**0**	**0**	**833,417,647**	**833,417,647**

Summary of Expenditures by Waiver Year
Waiver: 11W00351

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
1915(i)-Ilie Evaluations	0	1,754,714	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	1,754,714	1,754,714
HCBS Waiver LOC Timelines	0	3,762,411	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	3,762,411	3,762,411
Retainer Payments	0	3,099,823	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	3,099,823	3,099,823
Total	**0**	**8,616,948**	**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**	**8,616,948**	**8,616,948**

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
1915(i)-Ilie Evaluations	0	1,039,933	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	1,039,933	1,039,933
HCBS Waiver LOC Timelines	0	2,229,787	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	2,229,787	2,229,787
Retainer Payments	0	1,840,512	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	1,840,512	1,840,512
Total	**0**	**5,110,232**	**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**	**5,110,232**	**5,110,232**

Summary of QI APC Choices by Health Plan
November 2021

ABD vs. Non-ABD

		Gaining Plans												
		Non-Aged/Blind/Disabled						Aged/Blind/Disabled						
		ALOHAC	HMSAAA	KAISER	OHANAA	UNITED	Non-ABD	XALOHA	XHMSAA	XKAISR	XOHANA	XUNITD	ABD	Total
Losing Plans	ALOHACARE		1,062	294	40	76	1,472		73	28	37	135	273	1,745
	HMSA	409		461	87	151	1,108	47		34	34	214	329	1,437
	KAISER PERMANENTE	76	421		19	38	554	13	31		13	38	95	649
	OHANA HEALTH PLAN	97	581	114		50	842	45	138	36		217	436	1,278
	UNITED HEALTH CARE	150	668	189	36		1,043	66	113	33	72		284	1,327
	Total						5,019						1,417	6,436

Summary

		Gaining Plans					
		ALOHAC	HMSAAA	KAISER	OHANAA	UNITED	TOTAL
Losing Plans	ALOHACARE		1,135	322	77	211	1,745
	HMSA	456		495	121	365	1,437
	KAISER PERMANENTE	89	452		32	76	649
	OHANA HEALTH PLAN	142	719	150		267	1,278
	UNITED HEALTH CARE	216	781	222	108		1,327
	Total						6,436