Hawaii QUEST Integration

1115 Waiver

Annual CMS Monitoring Report

Federal Fiscal Year (FFY) 2023
Demonstration Year (DY) 29

Date Submitted: December 27, 2023	**Reporting Period:**	**October 2022 – September 2023**
	Demonstration Year:	29th Year (10/1/22 – 9/30/23)
	This reporting period excludes the first two months of year 29, and includes the first two months of year 30, when applying a DY of August 1st – July 31st.	

Table of Contents

I. Introduction 4

II. Operational Updates 5

A. Key Achievements and Challenges Related to the 1115 Waiver 5

1. Managed Care 5

2. Home and Community Based Services (HCBS) and Personal Care 6

3. Community Integration Services (CIS) 8
4. Other 9
B. Issues or Complaints Identified by Beneficiaries 10
C. Audits, Investigations, Lawsuits, or Legal Actions 10
D. Unusual or Unanticipated Trends 10
E. Legislative Updates 11
F. Descriptions of any Public Forums Held 11
III. Enrollment and Disenrollment 15
A. Member Choice of Health Plan 15
IV. Performance Metrics 15
A. Impact of the Demonstration 15
1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population 15
2. Outcomes of Care, Quality of Care, Cost of Care, and Access to Care 15
B. Results of Beneficiary Satisfaction Surveys (if conducted) 15
C. Results of Grievances and Appeals (from Health Plans) 16
V. Budget Neutrality and Financial Reporting Requirements 16
A. Financial Performance of the Demonstration 16
B. Updated Budget Neutrality Workbook 16
C. Quarterly and Annual Expenditures 16
D. Administrative Costs 17
VI. Evaluation Activities and Interim Findings 17
A. Current Results of the Demonstration per the Evaluation Hypotheses 17
B. Progress Summary of Evaluation Activities 17
1. Key Milestones Accomplished 17
2. Challenges Encountered and How They Were Addressed 17
3. Interim Findings (when available) 18
4. Status of Contracts with Independent Evaluators (if applicable) 20
5. Status of Institutional Review Board Approval (if applicable) 20
6. Status of Study Participant Recruitment (if applicable) 20
7. Result or Impact of the Demonstration Programmatic Area Defined by CMS that is Unique to the Demonstration Design or Evaluation Hypotheses 20
VII. Med-QUEST Division Contact 21

Attachments

Attachment A: Up-To-Date Budget Neutrality Summary (Quarter Ending 9/30/2023)

The Budget Neutrality Summary (worksheet) for the quarter ending 9/30/2023 is presented here in Attachment A. This includes the period from 10/1/2022 to 9/30/2023.

Attachment B: Budget Neutrality Workbook (Quarter Ending 9/30/2023)

The Budget Neutrality Workbook for the quarter ending 9/30/2023 is presented here in Attachment B. This includes the period from 10/1/2022 to 9/30/2023.

Attachment C: Schedule C

Schedule C for the quarter ending 9/30/2023 is presented here in Attachment C. Schedule C includes a summary of expenditures for the reporting period.

Attachment D: Federal Fiscal Year 2023 4th Quarter Information

Federal Fiscal Year 2023 4th Quarter Information provides reporting on the 4th quarter of Federal Fiscal Year 2023. The 4th quarter of Federal Fiscal Year 2023 is the final leg of required annual reporting and covers July 2023 – September 2023.

Attachment D1: Up-To-Date Budget Neutrality Summary (Quarter Ending 6/30/2023)

The Budget Neutrality Summary (worksheet) for the quarter ending 6/30/2023 is presented here in Attachment D1. The Budget Neutrality Summary for the quarter ending 9/30/2023 is also attached (Attachment A).

Attachment D2: Budget Neutrality Workbook (Quarter Ending 6/30/2023)

The Budget Neutrality Workbook for the quarter ending 6/30/2023 is presented here in Attachment D2. The Budget Neutrality Workbook for the quarter ending 9/30/2023 is also attached (Attachment B).

I. Introduction

Hawaii's QUEST Integration (QI) is a state of Hawaii (State) Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115(a) Demonstration (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. Med-QUEST Division also focuses on the integration of behavioral health and health-related social risk factors taking a whole-person health approach.

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 (collectively, Health Plans or Managed Care Organizations (MCOs)). Med-QUEST Division works closely with the Health Plans to facilitate contract implementation, and improve healthcare access and services to members.

In FFY 2023, one of the largest impacts on the program was tied to the sunset of the continuous coverage requirements tied to the COVID-19 Public Health Emergency in April 2023. Beginning in April 2023, MQD resumed its annual renewal process for the more than 470,000 members enrolled – a historical high for Hawaii – with renewals for all members spread out over a 12-month period. This is the largest undertaking of its kind in the history of Hawaii Medicaid, and has required multiple reconfigurations to the KOLEA Eligibility system, policy waivers from the Centers for Medicare and Medicaid Services (CMS), and updated business processes and training for staff. There has also been considerable effort put into a communications campaign called "Stay Well Stay Covered" to help inform the community of the restart of eligibility renewals and the need to make sure member contact information is up to date with the program. The campaign also focuses community attention on the importance of reading and responding to the pink letters that MQD sends out to households whose eligibility is up for renewal. Additionally, there have been successful expansion of collaborations with the MCOs and with community partners for outreach efforts.

That renewal process was then paused for three months (September, October, and November of 2023) to enhance MQD's eligibility system to determine continued eligibility at a member level rather than a household level. This pause also allowed MQD time to address the emerging and complex needs in Maui County as a result of the August wildfires and to incorporate additional eligibility flexibilities granted to Hawaii by CMS.

As referenced above, another major impact on our program has been the Maui wildfire disaster in August 2023. The wildfires caused devastating losses in lives and properties that will reverberate for generations. MQD has been active in the disaster response. Med-QUEST Division worked with the Health Plans and community partners to coordinate various supports to help relocate houseless beneficiaries and those who needed immediate medical attention. Med-QUEST Division staff dedicated many hours, days and weeks assisting survivors with all of their basic needs and beyond, including shoulders to cry on.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan Reporting

Health Plans continued to submit newly designed reports as part of the QI contract. Embedded in these reports is a framework to consolidate reporting information into specific focus areas and to analyze performance based on Key Performance Indicators (KPIs) which will be reported in the Performance Metrics section of these 1115 quarterly and annual reports once data quality is adequate. Additionally, data from these reports are key to answer evaluation questions for this waiver's evaluation framework.

Additional strategies for improving data quality have been developed including report templates with built in quality assurance flags that alert Health Plans of inappropriate or mis-formatted data. Report tools for these reports have been updated based on feedback from the Health Plans, and such updates are incorporated into the Health Plan Manual. Med-QUEST Division is looking at ways to streamline reporting and reduce administrative burden on Health Plans and MQD staff. These include combined data files and working toward more automated reporting.

Dual Eligible Special Needs Plans (D-SNPs)

Federal fiscal year 2023 was a productive and progressive year in the area of D-SNPs for MQD. So much was learned and accomplished with the help of MQD's consultants, ATI Advisory and Speire Healthcare Strategies, LLC (collectively, Consultants), and collaboration with staff from the CMS Medicare-Medicaid Coordination Office (MMCO), its partnering organizations, the Health Plans, and the Hawaii State Health Insurance Assistance Program (SHIP). As a result of the work done this year, in 2024 Hawaii is happy to offer qualified members Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) with Exclusively Aligned Enrollment (EAE) and increased integrated healthcare services and member materials. Med-QUEST Division also successfully launched a D-SNP webpage on its Medicaid website, provided outreach and education to stakeholders, and has already begun laying the groundwork for possible movement toward single H contracts in upcoming years. These will help to simplify, streamline, and improve health care to members.

Hawaii's 2024 State Medicaid Agency Contract (SMAC) with the Medicare Advantage Organizations (MAOs), includes provisions and requirements for: aligned care management; an integrated provider and pharmacy directory; an integrated formulary; a unified grievance and appeals process and integrated communications; a benefits template to facilitate comparisons across plans; and data/information sharing to allow for increased and better care coordination between the D-SNPs and other programs that D-SNP members receive services from.

Presenting both, challenges and successes, this year was making it through the end of continuous enrollment and working through its effects on default enrollment, as well as providing guidance to the MAOs on numerous EAE scenarios. Overall, FFY 2023 was a good year for Hawaii and its D-SNPs with robust strides made toward supporting more integrated healthcare for its dual eligible individuals.

Health Plan Manual

During this year, MQD continued to update the Health Plan Manual on a quarterly basis, to include the latest report tools and operational procedures.

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

Rate Studies

Med-QUEST Division embarked on two rate studies during this program year.
The first rate study (Phase One), which focused on community residential providers such as: Community Care Foster Family Homes (CCFFHs); Expanded–Adult Residential Care Homes (E-ARCHs); In-Home Services; and Case Management Services, started on July 2022 and was completed December 2022. The study was completed by Milliman, an actuarial firm contracted with DHS MQD for a wide range of actuarial consulting services. A rate study report was delivered by Milliman to MQD on December 30, 2022, and a closing all-stakeholder meeting to communicate these findings was held on February 14, 2023.

A key part of this first rate study, included stakeholder outreach and engagement with Home and Community-Based Service (HCBS) providers and their associations, collecting provider cost and wage survey data, and getting provider feedback on draft rate calculations. Not surprisingly, the provider surveys showed significant wage pressure given the current labor market. The rate study methodology also used wage and salary data for direct care staff and supervisors, employee related expenses, transportation and administration, program support and overhead, and the Bureau of Labor and Industry Wage Indices to paying for employment benefits such as health insurance.

The rate study provides three scenarios (low, medium, high) based on different wage or caseload/staffing assumptions. A low scenario includes the lowest wage or highest caseload assumptions to calculate the lowest rates. A medium scenario includes middle wage or caseload assumptions, and a high scenario includes the highest wages or lowest caseload assumptions to calculate the highest rates (e.g., adjusting wages would create a low scenario with wage assumptions set at the 25th percentile, a medium scenario with wage assumptions set at the 50th percentile, and a high scenario with wage assumptions set at the 75th percentile). A legislative report incorporated the rate study, so that the legislature could consider budget appropriation

based on the results when the legislature began in mid-January 2023. Although ultimately, no rate increases were funded by the legislature, they will be considered again in the upcoming 2024 legislative session.

Building on the Phase One rate study, Phase Two commenced on March 8, 2023. Phase Two is a study of HCBS rates for Adult Day Care (ADC), Adult Day Health (ADH), Assisted Living Facilities (ALF), home delivered meals, respite care and in-home services, Level 3 Residential Services provided by Community Care Foster Family Homes (CCFFHs) and Expanded – Adult Residential Care Homes (E-ARCHs), and Level 3 Community Case Management Agency (CCMA) services. The Phase Two rate study is also being implemented by Milliman.

A unique element of Phase Two is the study of Level 3 residential and Care and Case Management services, particularly for those with complex medical and behavioral health needs. Part of this approach is to standardize Level 3 criteria that is based on current Level 1 and Level 2 criteria. The different levels are factored by the level of assistance needed for the member to perform activities of daily living (ADLs) and/or behaviors that require increased supervision or (re)direction to maintain their safety. The levels are progressive and meet Nursing Facility (NF) level of care, with Level 3 requiring the highest level of care. The Phase II study is due to be complete by the end of 2023.

As part of these processes, there has been increased stakeholder engagement, that have created opportunities to collaborate on strategies to better address the needs of members, identify resources, and facilitate their transition of care more efficiently and appropriately. One strategy now employed has been to identify and contract with a community partner(s) that can provide a robust curriculum and training to enhance the skills of residential providers and CCMAs. Additionally, reinforcing provider awareness and accessibility of existing community resources will help provide ongoing supports for both the member and the providers.

Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) Survey

MQD assesses the perceptions and experiences of members enrolled in the QUEST Integration (QI) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members. The MQD contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) survey for members that received a qualifying HCBS service. The surveys were completed by adult members from January to April 2023 and a report describing the survey findings was submitted to MQD in this quarter.

A sample of 5,500 adult members was selected for the survey across the QI health plans. The survey instrument administered was the HCBS CAHPS survey without the Supplemental Employment module. Five QI health plans participated. In the coming months, MQD will review the results of the survey and determine next steps.

Investment in Tools and Technology for Residential Alternative Providers

Through its American Rescue Plan Act of 2021 (ARPA) grant, MQD received funding to support HCBS residential provider capacity for technology. To further this effort, MQD distributed sixty-

four (64) surface devices to residential providers state-wide, by the end of this quarter. This distribution increases provider capacity to interact electronically with health plans and medical providers and supports members' receipt of virtual services (where applicable).

HCBS Settings Rule

During the 4th quarter, MQD continued its efforts to bring settings into compliance with the federal home and community-based services (HCBS) regulations found at 42 CFR §§441.301(c)(4)-(5) and 441.710(a)(1).

As of the end of this quarter, MQD has completed site visits to one hundred fifty-two (152) out of one hundred fifty-four (154) sites on the island of Oahu, and nineteen (19) out of twenty-six (26) sites on the neighbor islands.

Most of the providers were found to be in compliance during the site visits. Med-QUEST Division continues to deliver technical assistance to settings found to be potentially out of compliance. It is anticipated that all providers will attain compliance through these capacity building activities.

The seven (7) neighbor island site that have not been visited are located on the island of Maui, which was devastated by wildfires with wide-reaching impacts across the State of Hawaii. Because of the wildfires and the resulting recovery efforts, MQD has requested an extension from CMS to its deadline to achieve compliance with the settings rule to July 1, 2024. CMS is completing its review of this request and formal approval is anticipated.

3. Community Integration Services (CIS)

The Community Integrated Services (CIS) program provides outreach, pre-tenancy and tenancy sustaining supports to individuals who have mental illness, substance use disorders and/or complex health needs who are also unsheltered or at risk of homelessness. Med-QUEST Division, the Health Plans, and community-based organizations (CBOs) with expertise in providing the relevant services, have collaborated to implement CIS since 2018.

During this program year, MQD has strengthened its relationships with the two Continua of Care (CoC) organizations in Hawaii that coordinate services for the unhoused and those at-risk of homelessness. These two organizations, Partners in Care, for Honolulu County (Oahu) and Bridging the Gap, for Kauai, Maui, and Hawaii Counties manage the Coordinated Entry Systems (CES), the Homelessness Management Information Systems (HMIS), and federal funding for their respective islands. The partnerships between MQD and the Hawaii CoCs ensure that the CIS program is a known resource in the homeless provider networks in Hawaii.

The CIS program also partners with health plans, homeless services providers, and engages regularly with the Hawaiʻi Governor's Coordinator on Homelessness and the Homeless Programs Office of the Department of Human Services. The Governor's Coordinator, in their role to develop and implement the policies and programs addressing homelessness in Hawaii, provides consultation for and with MQD on policies, expansion of relevant services, and implementation challenges. The Homeless Programs Office of DHS manages an array of grants programs, including emergency grants, housing placement, and permanent supportive housing programs. Med-QUEST Division's collaboration with

the Governor's Office and the Homeless Programs Office ensures that the CIS program is integrated into the homeless services infrastructure in Hawaii.

Notable accomplishments:

Since the beginning of CIS, MQD has collaborated with the Health Plans, homelessness service agencies and other stakeholders in the state to implement the CIS program. The Health Plans have hired housing coordinators contracted with several of the largest homeless providers/CBOs, and as a result, have had initial successes in finding placements for houseless individuals. The Health Plans have also collaborated with the CoCs for access to relevant data systems such as CES and HMIS.

The CIS program has also incorporated rapid-cycle assessments (RCA) in its evaluation. This has helped enable MQD and their partners to identify and address early implementation challenges. In this program year, through continued collaboration with Health Plans, homeless service providers, homeless service system leaders, and other key stakeholders, the CIS program has adapted and remained responsive to local needs and has issued 3 memos describing updated guidance to address the implementation challenges identified. Improvements to the program include simplified billing and payment requirements to ensure adequate and timely reimbursement of provider agencies and reducing barriers to program participation for providers and members by decreasing the length of the required forms to participate in the program. The length of time to enroll as a CIS provider has also decreased significantly, and MQD and its partner health plans continue to grow the CIS provider network in the State. More importantly, MQD has begun to bridge siloed health services and homeless services systems that had minimal engagement prior to CIS implementation. To further its CIS efforts, MQD convenes regular meetings with Health Plans, providers and key stakeholders to ensure that a forum exists to discuss program challenges and to celebrate program successes.

4. Other

Medicaid Beneficiaries Outreach Activities

In the Fall of 2023, MQD Health Care Outreach Branch (HCOB) actively planned and prepared for the Annual Medicaid Enrollment system (named, KOLEA) and Health Insurance Marketplace training to approximately 170 "Kōkua" (outreach/enrollment assisters) and in-person assisters from Federally Qualified Health Centers (FQHC's), Med-QUEST Kōkua Services Contractors, and other community health centers statewide. This year we planned for a combination of virtual online trainings as well as in-person training sessions.

Additionally, during August/September 2023, Maui Community Partners and Maui Eligibility staff worked to help families and individuals displaced by the Maui Wildfires in Lahaina and Kula by conducting outreach to various shelters, hotels, beaches, parks, Maui War Memorial, Lahaina Civic Center, etc., wherever displaced residents could be found to help assist them with obtaining housing, food, health coverage and more.

Significant work from October 2022 into the Spring of 2023 continued in identifying Medicaid beneficiaries and helping beneficiaries confirm that contact information is up-to-date in electronic

beneficiary case records within our online eligibility system, in preparation and anticipation of the end of the Public Health Emergency.

From April 2023 through summer of 2023 our HCOB team along with all community partners continued to assist residents with renewals, and confirming their current contact information as Med-QUEST began our Unwinding of the Public Health Emergency (PHE), began reviewing cases for redetermination.

Additionally, the team continued on-going outreach and assistance to justice involved populations working closely with Department of Public Safety, Hawaii Youth Correctional Facility, and the Hawaii State Hospital.

Data Quality Strategy

This year MQD completed the first year of its Data Quality Strategy which sets a foundation for data quality improvement efforts moving forward. Med-QUEST Division first established formal definitions for data quality based on five dimensions: completeness, validity, timeliness, plausibility, and accuracy. With these definitions MQD initiated baseline measures to monitor data quality through routine reports which MQD plans to put into production in the coming year. As part of this year's Data Quality Strategy MQD continued to make progress in ensuring its MMIS edits align with Med-QUEST policy to prevent unnecessary pends. This is ongoing work that MQD will continue in the coming year. Finally, in FFY 2023 MQD established guidance for the Health Plans to submit encounters for services which Health Plan staff render directly to Med-QUEST members. MQD should begin receiving these encounters in early FFY 2024.

B. Issues or Complaints Identified by Beneficiaries

No new issues or complaints were identified during this program year.

C. Audits, Investigations, Lawsuits, or Legal Actions

The cases reported in the prior quarterly reports continue to be in progress. No new cases or issues to report this quarter.

D. Unusual or Unanticipated Trends

As noted earlier, Hawaii Medicaid restarted eligibility redeterminations during the reporting period. However, the renewal process was then paused for three months (September, October, and November of 2023) to enhance MQD's eligibility system to determine continued eligibility at a member level rather than a household level. This pause also allowed MQD time to address the emerging and complex needs in Maui County as a result of the August wildfires and to incorporate additional_eligibility flexibilities granted to Hawaii by CMS. The wildfires also impacted MQD staff as they assisted with the disaster response, and of course, Hawaii Medicaid members, as well as MQD staff, as they dealt with the loss of life, homes, work and the devastation of a site of great cultural and historic significance.

Additionally, MQD continues to face staffing shortage challenges coupled with historically high workloads, particularly for its eligibility, outreach and call-center staff. For these reasons, in order to more effectively manage the eligibility redeterminations and the Annual Plan Change, Hawaii chose to modify the Annual Plan Change from the month of October to a monthly basis until July 2024. This will allow the staff sufficient time to process both eligibility redeterminations and member's Annual Plan Change in a more manageable workload.

E. Legislative Updates

The 2023 legislature approved major budget items including monies allocated to increase medical/professional and behavioral health services' Medicaid fee schedule to 100% Medicare. These increases are due to be implemented starting January 2024.

Monies were also allocated to rebase nursing facility (NF) fees along with changing NF rate methodologies from using "RUGS" to "PDMP" for case mix adjustments. Additionally, NF reimbursement methods increased rates to incentivize higher nursing staffing ratios. These are also due to go into effect January 1, 2024.

Other providers, such as community HCBS providers, also advocated for reimbursement increases, as did MQD based on the HCBS rate studies. However, no monies were allocated for that purpose. As noted above, this will be an issue in the upcoming 2024 legislative session.

F. Descriptions of any Public Forums Held

Med-QUEST Division held a total of 6 public forums during the reporting period from October 2022 – September 2023.

Quarter 1:

Hawaii held 2 MQD Healthcare Advisory Committee (MHAC) meetings during Quarter 1 on October 19, 2022, and December 14, 2022. Public comments were received from both meetings and are summarized below.

MHAC meeting, October 19, 2022

Med-QUEST presented information and updates on Adult Dental Services, Annual Plan Change, Home and Community Based Services (HCBS) and the American Rescue Plan (ARP) spending activities for the HCBS Rate Study and the Person-Centered Planning. Med-QUEST Division also presented on State Plan Amendments (SPA) related to Community Palliative Care Services and Monkeypox vaccine administrative rates, and Member Communications related to the Public Health Emergency Unwinding and Renewals and Redeterminations.

Comments and questions were received by both the MHAC members and the public regarding the Adult Dental Services ranging from reimbursement rates to dental providers. Comments and questions were also received regarding HCBS ARPA spending activities for the HCBS Rate Study

and the Person-Centered Planning. There were other questions on mid-wives, reimbursement rates for Child/Adolescent Mental Health division, and the HCBS rate studies.

MHAC meeting, December 14, 2022
Med-QUEST Division presented updates on information regarding the Social Determinants of Health (SDOH) Transformation Plan, Dental Services. MQD also presented on State Plan Amendment updates for Pregnant Woman and Unborn, and MQD Member Communications on the Public Health Emergency Unwinding process. Comments and questions were received from both the MHAC members and the public regarding the update information presented ranging from the SDOH plan, dental services and the legislative session.

A comment was received by MHAC regarding the PHE unwinding and the movie theater campaign. Med-QUEST Division showed a video clip about the PHE unwind and the video was well received by the MHAC member.

Quarter 2:

Hawaii held 1 MQD Healthcare Advisory Committee (MHAC) meeting during Quarter 2 on February 15, 2023. Public comments and questions were received from the meeting and summarized below.

MHAC meeting, February 15, 2023
Med-QUEST Division presented information and updates on the Restart of Renewals & Member Communications (related to the Consolidated Appropriations Act of 2023 passed by Congress and signed by President Biden on December 29, 2022, which restarts Medicaid eligibility renewals), Advancing Medicare and Medicaid Integration, Adult Dental, Social Determinant Transformation Plan, and the State Plan Amendments. Comments and questions were received by both the MHAC members and the public on each of the topics.

For the State Plan Amendments (SPAs) update a member of the public asked if the EPSDT benefit is covered under private insurance and MQD clarified that EPSDT is only covered by Medicaid.

Quarter 3:

Hawaii held 2 MQD MHAC meetings during Quarter 3 on April 19, 2023, and June 21, 2023. Public comments were received from both meetings and are summarized below.

MHAC meeting, April 19, 2023
Med-QUEST Division presented information and updates on the Stay Well Stay Covered campaign for the restart of renewals for all Medicaid members, the Legislative and Budget updates, and the State Plan updates. There were questions regarding the Hospital and Nursing Facility Sustainability (Provider fees) legislative bills. MQD explained that this bill outlines how the fees are assessed from patient revenue are received and used for performance improvement projects and metrics for the nursing facilities and hospitals. These programs will be sustained based on the fees that are collected for this purpose.

A member from MHAC had a question regarding the State Plan Amendment regarding the Waiver of Provider Application Fees (SPA 23-0009). 42 CFR 455.460 requires states to collect the

applicable application fee for any newly enrolling or reenrolling institutional provider. Section 1866 (j)(2)©(ii) of the Act permits the Secretary to waiver the application. Hawaii is choosing to waive the application fee for the institutional providers. The MHAC committee member asked if the waiver of the application fee is for everyone or only those with financial hardship. MQD clarified that the waiver of the application fee applies to everyone.

MHAC meeting, June 21, 2023

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

Questions were raised as to whether MQD will continue to use the pink envelopes as MQD does a renewal process every year, and how long the "Stay Well Stay Covered" campaign will remain in effect. MQD is continuously looking at ways to improve our process and outreach and will monitor the campaign and processes for possible future use.

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

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

Another question was raised regarding Nutrition Supports and how this service will be provided. MQD explained that it is in the beginning phases of developing this initiative and therefore still under consideration. A question was raised about Rental Assistance and whether the funding will be used for those who are at risk of losing housing or for those who are houseless. MQD explained that all the initiatives that MQD is exploring must supplement and not supplant existing resources

and Hawaii already has an existing program that covers the population for those who are at risk of losing housing. MQD will be focusing on filling the gaps in services and are currently doing research on how MQD will want to design this initiative.

MQD reviewed various State Plan approvals, provided updates on pending State Plan Amendments and reviewed upcoming State Plan Amendments.

Quarter 4:

Hawaii held 1 MQD MHAC meetings during Quarter 4 on September 20, 2023. Public comments were received in this meeting and are summarized below.

MHAC meeting, September 20, 2023

MQD presented information and updates on the current Med-QUEST program activities such as the Maui Wildfire Response and the Stay Well Stay Covered campaign for the restart of renewals for all Medicaid members. MQD also discussed the 2023 Med-QUEST Quality Strategy, the 1115 Demonstration Waiver Annual Public Forum, and the State Plan updates. Questions were raised for all areas except the Maui Wildfire Response and State Plan updates.

A member from the MHAC committee had comments and questions regarding the 1115 Demonstration Waiver Annual Public Forum. She raised issues about contracting with certain provider types that are not currently contracted with MQD such as birth centers. MQD explained that recognizing certain provider types is not done through the 1115 Demonstration Waiver and may require a State Plan change.

A member of the public had a comment about how the 1115 Demonstration Waiver ensures that providers are supported by doing provider education and compensating them financially. MQD explained that provider training is very important and that MQD recently partnered with the health plans to conduct the Screening, Brief Intervention and Referral to Treatment (SBIRT) training. In addition, the health plans are required to conduct provider training. The member of the public also stated that there should be more financial assistance to providers, specifically Federally Qualified Health Centers (FQHCs) since they have to take on additional services to provide care for members. MQD explained that FQHC's have a different payment model under the Prospective Payment Systems (PPS) and if the FQHC's want to explore different payment models to review the Alternative Payment Model. She also asked if it is possible to see the attendees of this meeting. MQD stated that all the meetings are recorded and on the website, so anyone can review the materials presented and who spoke at the meeting.

III. Enrollment and Disenrollment

A. Member Choice of Health Plan

October 2022 – September 2023	# of Members
Individuals who chose a health plan when they became eligible	**14,784**
Individuals who were auto-assigned when they became eligible	**13,527**
Individuals who changed health plan after being auto-assigned	**4,074**
Individuals in the ABD program that changed health plan within days 61 to 90 after confirmation notice was issued	**35**

IV. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total enrollment as of 9/25/2023: 461,634

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

Med-QUEST Division is moving KPIs to production. Data is included in Evaluation which will be submitted with the 1115 Renewal application, and available on the MQD website.

B. Results of Beneficiary Satisfaction Surveys (if conducted)

A Consumer Assessment of Healthcare Providers and Systems (CAHPS) was conducted for adult members of all five Quest Integration plans between February to May 2022. Results were shared by MQD's External Quality Review Organization (EQRO) in November 2023. The Hawaii CAHPS had a 18.4% response rate which was higher than the national response rate (15.4%). For most composite measures and global ratings, there were no statistically significant differences compared to the 2020 CAHPS. However, there were some areas including "Rating of Personal Doctor" and "How Well Doctors Communicate" that showed significantly lower ratings. These results have been shared with Health Plans and internal to MQD,

including the internal quality committee and collaborative quality workgroups, to identify the key drivers for these decreases and improve member satisfaction in these domains.

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

Type	Total	Timely Resolved*	Resolved in Favor of Beneficiaries
Grievances	1835***	1675	455**
Appeals	1225	866	166

*Timely is defined as within 30 days for standard grievances and appeals, within 14 days for expedited appeals, and within the approved extension time period for grievances and appeals with approved extensions.
**For the 2nd quarter, only one Health Plan provided data.
***For the 4th quarter, only four Health Plans submitted data for grievances. MQD identified this as a data quality issue and the Health Plan is resubmitting.

V. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

Throughout the fiscal year, Hawaii has continued to accrue budget neutrality savings as demonstrated in the attached Budget Neutrality Summary and Workbook.

B. Updated Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 9/30/2023 was submitted on 12/1/2023. The Budget Neutrality Workbook for the quarter ending 9/30/2023 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 9/30/2023 were reported on the CMS-64 and certified on 10/30/2023. A summary of expenditures is shown on the attached Schedule C for the quarter ending 9/30/2023.

D. Administrative Costs

Administrative Costs for FFY 2023 have remained constant throughout the year, despite enrollment being at an all-time high.

VI. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See progress summary and notes 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. Health Plans submitted another round of Community Integration Services (CIS), Long-Term Services and Supports (LTSS), Special Health Care Needs, Value-Driven Health Care, and Primary Care reports with data quality improving compared to previous quarters. Additionally, MQD is working on improving data collecting on members receiving health coordination services and currently is planning to expand SHCN reporting. However, MQD and the University of Hawaii (UH) Evaluation team are still providing targeted technical assistance and engaging with the Health Plans to improve data quality across all reports.

- UH completed the first draft of the interim evaluation report which will be submitted to CMS along with the next 1115 waiver. This is currently going under internal review.

- The UH Evaluation Team held four Rapid Cycle Assessment presentation for Health Plans, providers, and MQD. Reports with results and recommendation were submitted to MQD. The team also submitted feedback on individual Health Plan reports using the Review Tool. These reports have been used during internal and multi-agency CIS meetings to improve the CIS program.

2. Challenges Encountered and How They Were Addressed

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

3. Interim Findings (when available)

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

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

VBP	Several VBC and APM initiatives were implemented at MCO and provider level respectively. VBC arrangements were mostly aimed at primary care providers, FQHCs and CHCs. Independently, plans report positive results from implementation of VBC arrangements	Many pilot arrangements make directly testing relationship between VBC / APM arrangements and system changes in quality of care at the state level difficult. UH Team is exploring case studies to demonstrate impact at facility and provider level.

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

Contract executed for 2022 and 2023 calendar years

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

N/A

6. Status of Study Participant Recruitment (if applicable)

N/A

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

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

LTSS	At-Risk and HCBS are effective strategies to support individuals as LOC scores remain, on average, stable over time.
SHCN	Data from one Health Plan with complete data demonstrates that among members who are enrolled and engaged in health coordination services, they have higher utilization of home health and primary care services. Further, these populations also had lower ED and inpatient hospitalization utilization.
SDOH	In the Social Determinants of Health (SDOH) work plan, Health Plans proposed or implemented quality activities focusing on reducing emergency room visits, improving maternal health, improving patients' education, reducing isolation, and expanding alternative medicine practice. Other quality activities focusing on addressing COVID-19 recovery, homeless, and food insecurity. Health Plans also proposed or implemented quality activities that aim to improve SDOH understanding and SDOH screening and documentation of SDOH data. Few Health Plans have some plan on collaborating with other parties and utilizing measurement and progress during these quality activities MQD established a statewide SDOH Transformation Plan.
PC	So far, Health Plans have some changes in primary care spending over time. report documents small changes in spending over time
VBP	Impact of the implemented models was evaluated and included in the interim evaluation report. Current evaluation opens up avenues for new research questions for further investigation into implementation of VBC arrangements and APM by health plans. Future investigation needs to include qualitative analyses of the implementation, barriers and facilitators and expansion of initiatives currently in place

VII. Med-QUEST Division Contact

Jon D. Fujii
Health Care Services Branch (HCSB) Administrator
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	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,671,987	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	577,865	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	459,162	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	310,858	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,289,518,691**	**$ 3,183,838,560**	**$ 14,752,213,557**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 384,578,861	$ 403,028,644	$ 414,050,918	$ 457,435,339	$ 447,307,253	$5,565,733,573
EG 2 - Adults	2		$ 164,506,990	$ 199,476,569	$ 217,933,363	$ 273,327,708	$ 262,281,700	$3,170,721,148
EG 3 - Aged	3		$ 395,821,135	$ 454,004,979	$ 495,551,818	$ 508,752,622	$ 502,750,842	$6,265,542,569
EG 4 – Blind/Disabled	4		$ 476,057,764	$ 522,267,712	$ 485,171,166	$ 487,643,240	$ 685,289,061	$6,812,349,707
TOTAL			**$ 1,420,964,749**	**$ 1,578,777,904**	**$ 1,612,707,265**	**$ 1,727,158,909**	**$ 1,897,628,855**	**$ 8,237,237,682**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		With Waiver	$ 384,578,861	$ 403,028,644	$ 414,050,918	$ 457,435,339	$ 447,307,253	
Difference			$ 244,866,407	$ 294,291,952	$ 329,205,636	$ 315,139,694	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 183,649,805	$ 220,718,964	$ 246,904,227	$ 236,354,771	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		With Waiver	$ 164,506,990	$ 199,476,569	$ 217,933,363	$ 273,327,708	$ 262,281,700	
Difference			$ 224,805,848	$ 273,425,461	$ 316,583,770	$ 323,057,865	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 168,604,386	$ 205,069,096	$ 237,437,828	$ 242,293,399	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		With Waiver	$ 395,821,135	$ 454,004,979	$ 495,551,818	$ 508,752,622	$ 502,750,842	
Difference			$ 263,068,109	$ 310,669,786	$ 387,968,161	$ 475,585,098	$ 257,406,156	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 197,301,082	$ 233,002,340	$ 290,976,120	$ 356,688,824	$ 193,054,617	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		With Waiver	$ 476,057,764	$ 522,267,712	$ 485,171,166	$ 487,643,240	$ 685,289,061	
Difference			$ 281,450,242	$ 323,996,045	$ 416,074,972	$ 448,577,125	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 211,087,681	$ 242,997,034	$ 312,056,229	$ 336,432,843	$ 261,803,788	
Total Reduction			**$ 760,642,954**	**$ 901,787,433**	**$ 1,087,374,403**	**$ 1,171,769,837**	**$ 964,657,279**	**$ 4,886,231,906**

			26	27	28	29	30	Total
BASE VARIANCE			**$ 253,547,651**	**$ 300,595,811**	**$ 362,458,134**	**$ 390,589,946**	**$ 321,552,426**	**$ 1,628,743,969**
Excess Spending from Hypotheticals								$ (5,811,563)
1115A Dual Demonstration Savings (state preliminary estimate)								$ -
1115A Dual Demonstration Savings (OACT certified)								$ -
Carry-Forward Savings From Prior Period								
NET VARIANCE								**$ 1,622,932,405**

Cumulative Target Limit

			26	27	28	29	30	
Cumulative Target Percentage (CTP)			2.0%	1.5%	1.0%	0.5%		
Cumulative Budget Neutrality Limit (CBNL)			$ 1,674,512,401	$ 3,553,886,115	$ 5,529,051,515	$ 7,646,800,370	$ 9,865,981,651	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,490,248	$ 53,308,292	$ 55,290,515	$ 38,234,002	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (253,547,651)	$ (554,143,462)	$ (916,601,597)	$ (1,307,191,542)	$ (1,628,743,969)	
Is a Corrective Action Plan needed?								

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 2,336,210,374	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	2,256,772	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$2,336,210,374**	**$1,826,368,919**	**$9,209,771,470**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$623,834,372	$829,242,625	$923,762,214	$1,062,460,612	$1,023,835,987	
TOTAL			**$ 623,834,372**	**$ 829,242,625**	**$ 923,762,214**	**$ 1,062,460,612**	**$ 1,023,835,987**	**$ 4,463,135,810**

			26	27	28	29	30	TOTAL
HYPOTHETICALS VARIANCE 1			**$ 645,224,365**	**$ 883,015,126**	**$ 1,142,113,475**	**$ 1,273,749,762**	**$ 802,532,933**	**$ 4,746,635,660**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ -	$ 4,850,773	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon					3,394	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 4,850,773**	**$ 4,850,773**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ -	$ -	$ 10,662,337	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,662,337**	**$ 10,662,337**

			26	27	28	29	30	TOTAL
HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ -**	**$ (5,811,563)**	**$ (5,811,563)**

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**	$ -	$ -	$ -	$ -	$ 13,229,342	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon					3,394	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 13,229,342**	**$ 13,229,342**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ -	$ 12,872,659	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 12,872,659**	**$ 12,872,659**

			26	27	28	29	30	TOTAL
HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ -**	**$ 356,683**	**$ 356,683**

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
Start Date	8/1/1994	8/1/1995	8/1/1996	8/1/1997	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
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

DY	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date	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	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

Medicaid Per Capita		26	27	28	29	30
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

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

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

Hypothetical 3 Per Capita		26	27	28	29	30
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: [illegible] | Reporting FY: [illegible]
For the Time Period Through: [illegible] | Reporting Quarter: [illegible]

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 R 2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	320,756,715	330,020,536	561,530,649	367,923,292	389,277,035	403,817,961	416,541,562	67,724,529	5,177,749,894	5,177,749,894
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	46,522,053	55,480,932	85,594,832	64,235,284	100,574,662	126,389,189	127,125,685	19,850,107	816,511,610	816,511,610
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(103,305)	(181,177)	0	0	(2,749,732)	(2,749,732)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	(7,376)	(12,760)	0	0	(203,350)	(203,350)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,539,932	154,606,976	248,116,345	150,408,628	162,140,429	167,297,918	168,574,591	27,032,456	1,901,353,941	1,901,353,941
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,333,575	340,588,439	475,546,496	329,583,534	363,440,241	321,570,609	322,938,698	50,250,457	4,319,752,934	4,319,752,934
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(47,087)	(88,165)	0	0	(1,858,362)	(1,858,362)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(24,234)	(38,633)	0	0	(664,424)	(664,424)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,643	10,376	0	0	3,918,413	3,918,413
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
EG 6 - CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,821,898	5,821,898	5,821,898
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	477,118,034	536,616,690	783,549,550	509,228,078	672,538,817	824,545,891	877,843,807	147,793,457	5,364,733,788	5,364,733,788
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,257	1,912,070	1,931,712	359,366	14,674,291	14,674,291
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
HI-02	0	0	0	0	0	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)	0	(5)	(5)
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,071,474	126,802,403	190,895,331	114,606,294	156,732,123	99,216,323	184,616,805	28,942,281	1,394,071,152	1,394,071,152
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0	27,412,124	27,412,124
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	168,886,698	182,568,405	255,652,778	161,373,812	197,334,419	216,276,926	273,327,708	45,899,964	2,923,008,875	2,923,008,875
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,193	316,078,896	371,659,472	594,738,462	382,839,719	401,002,545	412,138,848	455,503,627	70,199,352	5,174,312,905	5,174,312,905
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	355,662,946	355,662,946
																																32,704,187,779	32,704,187,779

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)	81,134,508	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,893,185	181,132,557	304,987,760	210,391,951	230,764,068	241,318,818	255,135,657	39,659,483	2,951,748,270	2,951,748,270
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	25,187,586	30,413,798	46,345,705	36,817,355	62,790,398	85,392,273	77,811,095	11,624,223	481,531,211	481,531,211
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)	(61,321)	(107,931)	0	0	(1,513,266)	(1,513,266)
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)	(4,368)	(7,590)	0	0	(111,574)	(111,574)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,918,149	84,837,353	134,761,019	85,955,612	96,125,747	99,966,703	103,249,093	15,830,205	1,077,607,723	1,077,607,723
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,605,052	186,505,120	256,712,500	188,136,954	214,688,794	191,311,364	197,185,280	29,426,667	2,441,815,625	2,441,815,625
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)	(27,967)	(52,527)	0	0	(1,019,069)	(1,019,069)
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)	(14,361)	(23,031)	0	0	(365,651)	(365,651)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,529	8,609	0	0	2,595,267	2,595,267
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	904,978,360	904,978,360
EG 6 - CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,409,303	3,409,303	3,409,303
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	457,732,367	497,743,046	731,854,979	469,051,981	618,935,526	741,867,766	789,789,568	133,014,113	4,914,044,825	4,914,044,825
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	36,201	90,804	89,632	365,433	328,044	480,663	723,548	1,274,696	993,347	1,204,322	1,145,791	1,183,977	210,445	8,382,950	8,382,950
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
HI-02	0	0	0	0	0	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)	0	(3)	(3)
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	110,030,961	120,504,841	178,669,104	104,503,491	141,036,025	89,255,849	166,103,995	26,048,053	1,318,322,203	1,318,322,203
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	39,531,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0	15,188,306	15,188,306
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,802,816	82,540,889	88,851,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,132,426	100,067,003	138,551,846	93,112,391	117,505,323	129,264,283	166,957,776	26,879,017	1,672,044,251	1,672,044,251
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,546	171,256,712	203,868,788	322,731,820	219,082,922	237,954,521	247,051,604	278,863,492	41,108,740	2,953,433,084	2,953,433,084
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	22,280,475	24,838,917	6,249,536	3,037,111	5,240,439	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
																																20,941,119,472	20,941,119,472

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	7,341,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	94,134,996	77,613,642	13,123,635	1,342,887,001	1,342,887,001
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	723,748	34,325,214	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	7,341,969	42,748,419	40,036,477	45,911,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	94,134,996	77,613,642	13,123,635	1,390,851,254	1,390,851,254

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	63,072,834	50,969,763	8,501,488	919,520,404	919,520,404
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187	6,534,556	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	31,788,477	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	63,072,834	50,969,763	8,501,488	944,217,019	944,217,019

C Report Grouper

MAP Waivers Only

Total Computable

MEG Names		C Report Waiver Names	26	27	28	29	30
Medicaid Per Capita							
EG 1 - Children	1	FosterCare(19-20)	$1,739,142	$2,028,257	$1,912,070	$1,931,712	$359,366
EG 1 - Children	1	State Plan Children	$382,839,719	$401,002,545	$412,138,848	$455,503,627	$70,199,352
EG 2 - Adults	2	State Plan Adults	$161,373,812	$197,334,419	$216,276,926	$273,327,708	$45,899,964
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,122	$35,643	$10,376		
EG 2 - Adults	2	St Pl Adults-Preg Immig/COFAs	$3,127,056	$2,106,507	$1,646,061		
EG 3 - Aged	3	Aged w/Mcare	$367,923,292	$389,277,035	$403,817,961	$416,541,562	$67,724,529
EG 3 - Aged	3	Aged w/o Mcare	$64,235,284	$100,574,662	$126,389,189	$127,125,685	$19,850,107
EG 3 - Aged	3	Aged with Medicare - MFP	($490,186)	($103,305)	($181,177)		
EG 3 - Aged	3	Aged without Medicare - MFP	($17,253)	($7,376)	($12,760)		
EG 4 – Blind/Disabled	4	B/D w/Mcare	$150,408,628	$162,140,429	$167,297,918	$168,574,591	$27,032,456
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$329,583,534	$363,440,241	$321,570,609	$322,938,698	$50,250,457
EG 4 – Blind/Disabled	4	Blind/Disable without Medicare - MFP	($294,330)	($47,087)	($88,165)		
EG 4 – Blind/Disabled	4	Blind/Disabled with Medicare - MFP	($81,788)	($24,234)	($38,633)		
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	VIII-Like Group					
EG 5 – Group VIII	1	Expansion State Adults	$509,228,078	$672,538,817	$824,545,891	$877,843,807	$147,793,457
EG 5 – Group VIII	1	Newly Eligible Adults	$114,606,294	$156,732,123	$99,216,323	$184,616,805	$28,942,281
Hypothetical 2 Per Capita							
EG 6 - CIS	1	EG 6 - CIS					$5,821,898
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	EG 7 – CIS Community Transition Pilot					
TOTAL			$2,084,187,404	$2,447,028,676	$2,574,501,437	$2,828,404,195	$463,873,867

Adjustments made to the reported expenditures

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

		26	27	28	29	30	Description (type of collection, time period, CMS-64 reporting line, etc.)
Medicaid Per Capita							
EG 1 - Children	1		-$2,158				Cost share
EG 2 - Adults	2						
EG 3 - Aged	3	-$35,830,002	-$35,736,037	-$34,461,395	-$34,914,625	-$5,844,646	Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$3,570,563	-$3,870,049	-$627,441	Cost share
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1		-$28,315				Cost share
Hypothetical 2 Per Capita							
EG 6 - CIS	1						
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1						

WW Spending - Actual

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,578,861	$403,028,644	$414,050,918	$457,435,339	$70,558,718
EG 2 - Adults	2	$164,506,990	$199,476,569	$217,933,363	$273,327,708	$45,899,964
EG 3 - Aged	3	$395,821,135	$454,004,979	$495,551,818	$508,752,622	$81,729,990
EG 4 – Blind/Disabled	4	$476,057,764	$522,267,712	$485,171,166	$487,643,240	$76,655,472
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$623,834,372	$829,242,625	$923,762,214	$1,062,460,612	$176,735,738
Hypothetical 2 Per Capita						
EG 6 - CIS	1					$5,821,898
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,044,799,121**	**$ 2,408,020,529**	**$ 2,536,469,479**	**$ 2,789,619,521**	**$ 457,401,780**

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					$376,748,535
EG 2 - Adults	2					$216,381,736
EG 3 - Aged	3					$421,020,852
EG 4 – Blind/Disabled	4					$608,633,589
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1					$847,100,249
Hypothetical 2 Per Capita						
EG 6 - CIS	1					$4,840,439
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					$12,872,659

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,578,861	$403,028,644	$414,050,918	$457,435,339	$447,307,253
EG 2 - Adults	2	$164,506,990	$199,476,569	$217,933,363	$273,327,708	$262,281,700
EG 3 - Aged	3	$395,821,135	$454,004,979	$495,551,818	$508,752,622	$502,750,842
EG 4 – Blind/Disabled	4	$476,057,764	$522,267,712	$485,171,166	$487,643,240	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$623,834,372	$829,242,625	$923,762,214	$1,062,460,612	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1					$10,662,337
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					$12,872,659
TOTAL		**$ 2,044,799,121**	**$ 2,408,020,529**	**$ 2,536,469,479**	**$ 2,789,619,521**	**$ 2,944,999,837**

Member Months - Actual

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

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1403508	1539475	1624640	1671987	264577
EG 2 - Adults	2	420665	492750	537079	577865	106970
EG 3 - Aged	3	339779	381363	426146	459162	76093
EG 4 – Blind/Disabled	4	286202	306260	312412	310858	49091
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	2091433	2256772	350122
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					1442052
EG 2 - Adults	2					446975
EG 3 - Aged	3					266836
EG 4 – Blind/Disabled	4					279878
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1					1333338
Hypothetical 2 Per Capita						
EG 6 - CIS	1					3394
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					3394

Member Months - Total

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1,403,508	1,539,475	1,624,640	1,671,987	1,706,629
EG 2 - Adults	2	420,665	492,750	537,079	577,865	553,945
EG 3 - Aged	3	339,779	381,363	426,146	459,162	342,929
EG 4 – Blind/Disabled	4	286,202	306,260	312,412	310,858	328,969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1,411,053	1,816,642	2,091,433	2,256,772	1,683,460
Hypothetical 2 Per Capita						
EG 6 - CIS	1					3,394
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					3,394

Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,671,987	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	577,865	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	459,162	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	310,858	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,289,518,691**	**$ 3,183,838,560**	**$ 14,752,213,557**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 384,578,861	$ 403,028,644	$ 414,050,918	$ 457,435,339	$ 447,307,253	$5,565,733,573
EG 2 - Adults	2		$ 164,506,990	$ 199,476,569	$ 217,933,363	$ 273,327,708	$ 262,281,700	$3,170,721,148
EG 3 - Aged	3		$ 395,821,135	$ 454,004,979	$ 495,551,818	$ 508,752,622	$ 502,750,842	$6,265,542,569
EG 4 – Blind/Disabled	4		$ 476,057,764	$ 522,267,712	$ 485,171,166	$ 487,643,240	$ 685,289,061	$6,812,349,707
TOTAL			**$ 1,420,964,749**	**$ 1,578,777,904**	**$ 1,612,707,265**	**$ 1,727,158,909**	**$ 1,897,628,855**	**$ 8,237,237,682**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		With Waiver	$ 384,578,861	$ 403,028,644	$ 414,050,918	$ 457,435,339	$ 447,307,253	
Difference			$ 244,866,407	$ 294,291,952	$ 329,205,636	$ 315,139,694	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 183,649,805	$ 220,718,964	$ 246,904,227	$ 236,354,771	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		With Waiver	$ 164,506,990	$ 199,476,569	$ 217,933,363	$ 273,327,708	$ 262,281,700	
Difference			$ 224,805,848	$ 273,425,461	$ 316,583,770	$ 323,057,865	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 168,604,386	$ 205,069,096	$ 237,437,828	$ 242,293,399	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		With Waiver	$ 395,821,135	$ 454,004,979	$ 495,551,818	$ 508,752,622	$ 502,750,842	
Difference			$ 263,068,109	$ 310,669,786	$ 387,968,161	$ 475,585,098	$ 257,406,156	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 197,301,082	$ 233,002,340	$ 290,976,120	$ 356,688,824	$ 193,054,617	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		With Waiver	$ 476,057,764	$ 522,267,712	$ 485,171,166	$ 487,643,240	$ 685,289,061	
Difference			$ 281,450,242	$ 323,996,045	$ 416,074,972	$ 448,577,125	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 211,087,681	$ 242,997,034	$ 312,056,229	$ 336,432,843	$ 261,803,788	
Total Reduction			**$ 760,642,954**	**$ 901,787,433**	**$ 1,087,374,403**	**$ 1,171,769,837**	**$ 964,657,279**	**$ 4,886,231,906**

			26	27	28	29	30	Total
BASE VARIANCE			**$ 253,547,651**	**$ 300,595,811**	**$ 362,458,134**	**$ 390,589,946**	**$ 321,552,426**	**$ 1,628,743,969**
Excess Spending from Hypotheticals								$ (5,811,563)
1115A Dual Demonstration Savings (state preliminary estimate)								$ -
1115A Dual Demonstration Savings (OACT certified)								$ -
Carry-Forward Savings From Prior Period								
NET VARIANCE								**$ 1,622,932,405**

Cumulative Target Limit

			26	27	28	29	30	
Cumulative Target Percentage (CTP)			2.0%	1.5%	1.0%	0.5%		
Cumulative Budget Neutrality Limit (CBNL)			$ 1,674,512,401	$ 3,553,886,115	$ 5,529,051,515	$ 7,646,800,370	$ 9,865,981,651	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,490,248	$ 53,308,292	$ 55,290,515	$ 38,234,002	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (253,547,651)	$ (554,143,462)	$ (916,601,597)	$ (1,307,191,542)	$ (1,628,743,969)	
Is a Corrective Action Plan needed?								

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 2,336,210,374	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	2,256,772	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$2,336,210,374**	**$1,826,368,919**	**$9,209,771,470**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$623,834,372	$829,242,625	$923,762,214	$1,062,460,612	$1,023,835,987	
TOTAL			**$ 623,834,372**	**$ 829,242,625**	**$ 923,762,214**	**$ 1,062,460,612**	**$ 1,023,835,987**	**$ 4,463,135,810**

HYPOTHETICALS VARIANCE 1			**$ 645,224,365**	**$ 883,015,126**	**$ 1,142,113,475**	**$ 1,273,749,762**	**$ 802,532,933**	**$ 4,746,635,660**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ -	$ 4,850,773	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon					3,394	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 4,850,773**	**$ 4,850,773**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ -	$ -	$ 10,662,337	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,662,337**	**$ 10,662,337**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ -**	**$ (5,811,563)**	**$ (5,811,563)**

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**	$ -	$ -	$ -	$ -	$ 13,229,342	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon					3,394	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 13,229,342**	**$ 13,229,342**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ -	$ 12,872,659	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 12,872,659**	**$ 12,872,659**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ -**	**$ 356,683**	**$ 356,683**

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 PI 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
$ 1,622,932,405

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 4/2023

State: Hawaii

Summary of Expenditures by Waiver Year
Waiver: 11W00000

MAP Waivers

Total Computable

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

Federal Share

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

ADM Waivers

Total Computable

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

Federal Share

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

Summary of Expenditures by Waiver Year
Waiver: 11W00001

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0
1902 R 2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)
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
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0
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
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366
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
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159
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
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
HI-02	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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
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
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0
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
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**1,430,419,192**	**673,385**	**19,929,180**	**15,337,318**	**10,916,896**	**18,580,159**	**228,727,963**	**244,800,211**	**294,243,934**	**368,276,721**	**514,860,384**	**444,696,938**	**454,123,543**	**464,246,301**	**785,020,500**

Waiver Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1,115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	314,952,648	350,714,627	326,518,117	349,156,948	184,750,729	364,919,440	307,865,937	320,756,715	330,020,536	561,530,649	367,923,292	389,277,035	403,817,961	416,541,562	67,724,529
Aged w/o Mcare	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,106	46,522,053	55,480,932	85,594,832	64,235,284	100,574,662	126,389,189	127,125,685	19,850,107
Aged with Medicare - MFP	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(103,305)	(181,177)	0	0
Aged without Medicare - MF	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	(7,376)	(12,760)	0	0
B/D w/Mcare	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,539,932	154,606,976	248,116,345	150,408,628	162,140,429	167,297,918	168,574,591	27,032,456
B/D w/o Mcare	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,333,575	340,588,439	475,546,496	329,583,534	363,440,241	321,570,609	322,938,698	50,250,457
Blind/Disable without Medic	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(47,087)	(88,165)	0	0
Blind/Disabled with Medicar	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(24,234)	(38,633)	0	0
Breast Cervical Cancer Treat	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,643	10,376	0	0
Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Demo Elig Adults	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,821,898
Expansion State Adults	0	0	0	0	0	191,848,117	343,651,347	477,118,034	536,616,690	783,549,550	509,228,078	672,538,817	824,545,891	877,843,807	147,793,457
FosterCare(19-20)	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,257	1,912,070	1,931,712	359,366
HawaiiQuest-1902(R)(2)	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HI-02	0	0	0	0	0	0	0	0	0	0	0	0	0	(5)	0
Med Needy Adults	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0
Med Needy Children	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Newly Eligible Adults	0	0	0	0	1,331	216,960,871	165,225,916	110,071,474	126,802,403	190,895,331	114,606,294	156,732,123	99,216,323	184,616,805	28,942,281
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Opt St Pl Children	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	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
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St Pl Adults-Preg Immig/COF	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0
State Plan Adults	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	168,886,698	182,568,405	255,652,778	161,373,812	197,334,419	216,276,926	273,327,708	45,899,964
State Plan Children	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,193	316,078,896	371,659,472	594,738,462	382,839,719	401,002,545	412,138,848	455,503,627	70,199,352
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Governmental	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
UCC-GOVT LTC	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Private	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
VIII-Like Group	0	0	0	0	71,468,225	(8,863)	0	0	0	0	0	0	0	0	0
Total	**1,211,765,023**	**1,357,369,890**	**1,307,057,583**	**1,449,179,033**	**773,325,287**	**1,746,788,725**	**1,886,418,135**	**1,977,488,615**	**2,101,096,493**	**3,200,850,796**	**2,084,187,404**	**2,447,028,676**	**2,574,501,437**	**2,828,404,190**	**463,873,867**

Waiver Name	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1,115	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R 2	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R 2X	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	5,177,749,894	5,177,749,894
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	816,511,610	816,511,610
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	(2,749,732)	(2,749,732)
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	(203,350)	(203,350)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	1,901,353,941	1,901,353,941
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	4,319,752,934	4,319,752,934
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	(1,858,362)	(1,858,362)
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	(664,424)	(664,424)
Breast Cervical Cancer Treat	0	0	0	0	0	0	0	0	0	0	3,918,413	3,918,413
Current	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	5,821,898	5,821,898
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	5,364,733,788	5,364,733,788
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	14,674,291	14,674,291
HawaiiQuest-1902(R)(2)	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	818,679	818,679
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
HI-02	0	0	0	0	0	0	0	0	0	0	(5)	(5)
Med Needy Adults	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	11,675	11,675
MFCP	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	1,394,071,152	1,394,071,152
NH w/o W	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	770,216	770,216
Others	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	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	205,847,849	205,847,849
RAACP	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	27,412,124	27,412,124
State Plan Adults	0	0	0	0	0	0	0	0	0	0	2,923,008,875	2,923,008,875
State Plan Children	0	0	0	0	0	0	0	0	0	0	5,174,312,905	5,174,312,905
Supp. - Private	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	17,822,210
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	0	0	0	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	71,459,362	71,459,362
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**32,704,187,779**	**32,704,187,779**

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0
1902 R 2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,508
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413
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
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797
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
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
HI-02	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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
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
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0

Waiver Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1,115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,893,185	181,132,557	304,987,760	210,391,951	230,764,068	241,318,818	255,135,657	39,659,483
Aged w/o Mcare	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,187,586	30,413,798	46,345,705	36,817,355	62,790,398	85,392,273	77,811,095	11,624,223
Aged with Medicare - MFP	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(61,321)	(107,931)	0	0
Aged without Medicare - MF	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	(4,368)	(7,590)	0	0
B/D w/Mcare	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,918,149	84,837,353	134,761,019	85,955,612	96,125,747	99,966,703	103,249,093	15,830,205
B/D w/o Mcare	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,605,052	186,505,120	256,712,500	188,136,954	214,688,794	191,311,364	197,185,280	29,426,667
Blind/Disable without Medic	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(27,967)	(52,527)	0	0
Blind/Disabled with Medicar	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(14,361)	(23,031)	0	0
Breast Cervical Cancer Treat	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,529	8,609	0	0
Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Demo Elig Adults	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,409,303
Expansion State Adults	0	0	0	0	0	157,511,412	316,564,065	457,732,367	497,743,046	731,854,979	469,051,981	618,935,528	741,847,766	789,789,568	133,014,113
FosterCare(19-20)	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,322	1,145,791	1,183,977	210,445
HawaiiQuest-1902(R)(2)	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HI-02	0	0	0	0	0	0	0	0	0	0	0	0	0	(3)	0
Med Needy Adults	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0
Med Needy Children	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Newly Eligible Adults	0	0	0	0	1,331	216,942,873	165,225,680	110,030,961	120,504,841	178,669,104	104,503,491	141,036,025	89,255,849	166,103,995	26,048,053
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Opt St Pl Children	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	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
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St Pl Adults-Preg Immig/COF	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0
State Plan Adults	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,132,426	100,067,003	138,551,846	93,312,391	117,505,323	129,264,283	166,957,776	26,879,017
State Plan Children	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,546	171,256,712	203,868,788	322,731,820	219,081,932	237,954,521	247,051,604	278,863,492	41,108,740
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Waiver Name	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1,115	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R 2	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R 2X	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	2,951,748,270	2,951,748,270
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	481,531,211	481,531,211
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	(1,513,266)	(1,513,266)
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	(111,574)	(111,574)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	1,077,607,723	1,077,607,723
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	2,441,815,625	2,441,815,625
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	(1,019,069)	(1,019,069)
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	(365,651)	(365,651)
Breast Cervical Cancer Treat	0	0	0	0	0	0	0	0	0	0	2,595,267	2,595,267
Current	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	0	0	904,978,360	904,978,360
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	3,409,303	3,409,303
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	4,914,044,825	4,914,044,825
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	8,382,950	8,382,950
HawaiiQuest-1902(R)(2)	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	515,375	515,375
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
HI-02	0	0	0	0	0	0	0	0	0	0	(3)	(3)
Med Needy Adults	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	7,862	7,862
MFCP	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	1,318,322,203	1,318,322,203
NH w/o W	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	486,356	486,356
Others	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	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	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	15,188,306	15,188,306
State Plan Adults	0	0	0	0	0	0	0	0	0	0	1,672,044,251	1,672,044,251
State Plan Children	0	0	0	0	0	0	0	0	0	0	2,953,433,084	2,953,433,084
Supp. - Private	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	10,614,749	10,614,749

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 4/2023

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	0	0	0	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	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	0	0	0	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	0	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	**0**	**716,158,823**	**337,412**	**9,969,512**	**7,672,629**	**5,463,666**	**9,493,195**	**119,743,378**	**135,002,643**	**169,413,692**	**226,620,677**	**303,853,039**	**261,079,907**	**262,434,464**	**263,476,907**	**510,938,536**	**813,433,104**	**881,694,769**	**657,786,320**	**745,136,302**	**399,269,011**	**1,068,686,328**	**1,206,703,028**	**1,320,139,259**	**1,406,603,865**	**2,117,456,384**	**1,409,540,005**	**1,722,166,684**	**1,827,355,754**	**2,036,279,930**	**327,210,249**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**20,941,119,472**	**20,941,119,472**

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	94,134,996	77,613,642	13,123,635	0	0	0	0	0	0	0	0	0	0	1,342,887,001	1,342,887,001
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	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**7,241,969**	**42,748,419**	**40,068,477**	**45,961,643**	**56,826,439**	**59,479,815**	**54,588,745**	**85,205,753**	**62,594,608**	**82,954,286**	**118,530,760**	**105,382,868**	**96,942,056**	**139,266,156**	**92,612,419**	**115,574,568**	**94,134,996**	**77,613,642**	**13,123,635**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,390,851,254**	**1,390,851,254**

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	63,072,834	50,969,763	8,501,488	0	0	0	0	0	0	0	0	0	0	919,520,404	919,520,404
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	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**	**71,333,202**	**98,697,486**	**64,043,270**	**77,060,475**	**63,072,834**	**50,969,763**	**8,501,488**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**944,217,019**	**944,217,019**

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	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i)-like Evaluations	0	4,451,405	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,905,780	2,072,984	0	0	0	0	0	0	0	0	0	0	0	8,430,169	8,430,169
HCBS Waiver LOC Timelines	0	11,179,167	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,826,695	7,847,689	0	0	0	0	0	0	0	0	0	0	0	21,853,551	21,853,551
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	0	0	0	0	0	0	0	0	0	0	3,099,823	3,099,823
Total	**0**	**18,730,395**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4,732,475**	**9,920,673**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**33,383,543**	**33,383,543**

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i)-like Evaluations	0	2,653,633	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,140,419	1,259,060	0	0	0	0	0	0	0	0	0	0	0	5,053,112	5,053,112
HCBS Waiver LOC Timelines	0	6,667,974	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,691,494	4,808,900	0	0	0	0	0	0	0	0	0	0	0	13,168,368	13,168,368
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	0	0	0	0	0	0	0	0	0	0	1,840,512	1,840,512
Total	**0**	**11,162,119**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,831,913**	**6,067,960**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**20,061,992**	**20,061,992**

Hawaii QUEST Integration

1115 Waiver

4th Quarter Information

Federal Fiscal Year (FFY) 2023
Demonstration Year (DY) 29 Q4

Reporting Period:	**July 2023 – September 2023**
Federal Fiscal Quarter:	4th Quarter 2023
State Fiscal Quarter:	1st Quarter 2024
Calendar Year Quarter:	3rd Quarter 2023
Demonstration Year:	29th Year (10/1/22 – 9/30/23) This reporting period includes the: • last month of 4th Q. DY 29; and the • 1st & 2nd months of 1st Q. DY 30 when applying a DY of August 1st – July 31st.

Table of Contents

I. Introduction 3

II. Operational Updates 4

A. Key Achievements and Challenges Related to the 1115 Waiver 4

1. Managed Care 4
2. Home and Community Based Services (HCBS) and Personal Care 6
3. Other 7

B. Issues or Complaints Identified by Beneficiaries 8
C. Audits, Investigations, Lawsuits, or Legal Actions 8
D. Unusual or Unanticipated Trends 10
E. Legislative Updates 10
F. Descriptions of any Public Forums Held 11
1. Public Forum for Section 1115 Demonstration Project 11
III. Enrollment and Disenrollment 12
A. Member Choice of Health Plan 12
IV. Performance Metrics 12
A. Impact of the Demonstration 12
1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population 12
2. Outcomes of Care, Quality of Care, Cost of Care, and Access to Care 13
B. Results of Beneficiary Satisfaction Surveys (if conducted) 13
C. Results of Grievances and Appeals (from Health Plans) 13
V. Budget Neutrality and Financial Reporting Requirements 13
A. Financial Performance of the Demonstration 13
B. Updated Budget Neutrality Workbook 13
C. Quarterly and Annual Expenditures 14
D. Administrative Costs 14
VI. Evaluation Activities and Interim Findings 14
A. Current Results of the Demonstration per the Evaluation Hypotheses 14
B. Progress Summary of Evaluation Activities 14
1. Key Milestones Accomplished 14
2. Challenges Encountered and How They Were Addressed 15
3. Interim Findings (when available) 15
4. Status of Contracts with Independent Evaluators (if applicable) 17
5. Status of Institutional Review Board Approval (if applicable) 17
6. Status of Study Participant Recruitment (if applicable) 17
7. Result or Impact of the Demonstration Programmatic Area Defined by CMS that is Unique to the Demonstration Design or Evaluation Hypotheses 17
VII. Med-QUEST Division Contact 19

Attachments

Attachment A: Up-To-Date Budget Neutrality Summary

The Budget Neutrality Summary (worksheet) for the quarter ending 6/30/2023 is attached. The Budget Neutrality Summary for the quarter ending 9/30/2023 will be submitted by the 11/30/2023 deadline.

Attachment B: Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 6/30/2023 is attached. The Budget Neutrality Workbook for the quarter ending 9/30/2023 will be submitted by the 11/30/2023 deadline.

Attachment C: Schedule C

Schedule C for the quarter ending 9/30/2023 is attached. Schedule C includes a summary of expenditures for the reporting period.

I. Introduction

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

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

healthcare spending from reductions in unnecessary care and shifts of care to appropriate settings. Med-QUEST Division also focuses on the integration of behavioral health and health-related social risk factors taking a whole-person health approach.

HOPE Strategies:

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

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

During this quarter, MQD devoted significant time and resources to respond to the Maui wildfire disaster, the unwinding from the continuous coverage and Public Health Emergency (PHE), and beginning the stakeholder engagement for this Section 1115 Demonstration renewal. For the wildfire disaster response, several 1135 waivers were requested and granted, as well as Appendix K for the Intellectual/Developmental Disabilities 1915(c) waiver population. Also, eligibility terminations were paused initially for just Maui County, and then paused statewide to allow the MQD team to respond to the mixed household *ex-parte* review issues. Households that had been terminated for procedural reasons have now been reinstated, and the full renewal process, including terminations, will restart at the end of the year. Lastly, regarding the renewal of this Section 1115 Demonstration, various workgroups met to discuss new initiatives to be considered in the upcoming request to renew including expanding Community Integration Services, and initiating nutritional supports and Native Hawaiian Traditional Healing Practices.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan Reporting

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

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

Dual Eligible Special Needs Plans (D-SNPs)

At the start of this quarter, all five Medicare Advantage Organizations (MAOs) had executed State Medicaid Agency Contracts (SMACs) for 2024. Three of those included agreements to offer Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs/FIDEs) with Exclusively Aligned Enrollment (EAE). As presented in last quarter's report, 2024 will be the first year Hawaii will offer individuals eligible for both Medicaid and Medicare, the FIDE with EAE. The MAOs agreeing to offer such are AlohaCare, Kaiser Permanente, and Ohana Health Plan. Fully Integrated Dual Eligible Special Needs Plans operate under increased requirements to integrate and coordinate materials and care for its members over the alternate model used, the Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs/HIDEs); and EAE means that membership must have Medicaid and Medicare aligned under the same plan, which heightens integration ability and supports a simpler, seamless experience for members. This is a key achievement for the State and the MAOs.

With the 2024 SMAC completed, MQD and its consultants, ATI Advisory and Speire Healthcare Strategies, LLC (collectively, Consultants), moved forward with rollout preparations this quarter. Such preparations included creating education and stakeholder materials, planning and hosting two Hawaii State Health Insurance Assistance Program (SHIP) training sessions on the new 2024 FIDEs and integration options coming soon, building out a Hawaii D-SNP webpage, reviewing integrated materials submitted from the MAOs, and addressing new questions and issues along the way. Additionally, MQD staff worked with Public Consulting Group (PCG) on updating, revamping, and improving D-SNP reporting to MQD on default enrollment.

Understanding that the Medicare landscape, marketing, and various options and eligibility criteria can be overwhelming and confusing to many, MQD and Consultants felt it important to work on some education and stakeholder materials to mitigate such impacts of the new 2024 FIDEs. Med-QUEST Divisione and Consultants discussed and decided upon critical content and details to facilitate clear communication and successful transmission of knowledge. This resulted in an FAQ sheet, slide deck, and matrix of information to use in trainings and on a webpage.

On September 26, 2023 and September 27, 2023, MQD and Consultants held training sessions for Hawaii SHIP staff and volunteers. This experience was educational and helpful at both ends. Med-QUEST Division and Consultants learned and gained perspective from questions the Hawaii SHIP staff and volunteers raised. During the weeks following the trainings, follow-up questions and responses were exchanged. Also, prior to the Medicare annual open enrollment, MQD provided

Hawaii SHIP with new integrated D-SNP benefits templates prepared by the MAOs for 2024, so SHIP volunteers can use them to assist callers with comparisons across the D-SNPs being offered.

For its new D-SNP webpage, MQD and Consultants began talks with internal leadership and appropriate IT staff on content, placement, and functionalities, for a targeted launch by the end of October 2023. During this quarter, all approvals were received and MQD staff began the detailed work and coding for the design layout, look and presentation of the webpage. One of the goals is easy and appealing reading and digestion for viewers. This is an on-going challenge, as the content in its basic terms can still seem complex.

One hurdle that presented but was overcome during this quarter, was thinking through the intersection of Hawaii's Modified Annual Plan Change effective 4/1/23 through 7/31/24 and the new enrollment processes for EAE. After working through the issues on timing and confirming processes with the Centers for Medicare and Medicaid Services (CMS), Consultants updated the EAE guidance provided to MAOs last quarter, to account for three new scenarios. One, was for enrollment changes between FIDEs. Another was for enrollment changes from a HIDE to a FIDE of the same sponsoring organization, and the third was for disenrollments from a FIDE due to a QI plan change.

Finally, a project in progress that MQD and PCG is working on together, is the re-release of a report the MAOs produce monthly for MQD on default enrollments and the default enrollment process. This report is called the D-SNP Default Enrollment (DDE) report. MAOs have been collecting and reporting metrics in the DDE for about 2 years now. However, in attempt to improve and refine the information gathered and also to incorporate D-SNP changes, both current and upcoming, such as the federal end to continuous enrollment, new processes to identify eligible Modified Adjusted Gross Income Excepted individuals and Low Income Adults, new FIDEs and EAE, MQD is editing and drafting new metrics, instructions, terminology, report templates, and report manual language. The new report is slated for release to the MAOs sometime in 2024.

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

Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) Survey

Med-QUEST Division assesses the perceptions and experiences of members enrolled in the QUEST Integration (QI) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members. The MQD contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) survey for members that received a qualifying HCBS service. The surveys were completed by adult members from January to April 2023 and a report describing the survey findings was submitted to MQD in this quarter.

A sample of 5,500 adult members was selected for the survey across the QI health plans. The survey instrument administered was the HCBS CAHPS survey without the Supplemental

Employment module. Five QI health plans participated. In the coming months, MQD will review the results of the survey and determine next steps.

Investment in Tools and Technology for Residential Alternative Providers

Through its American Rescue Plan Act of 2021 (ARPA) grant, MQD received funding to support HCBS residential provider capacity for technology. To further this effort, MQD distributed sixty-four (64) surface devices to residential providers state-wide, by the end of this quarter. This distribution increases provider capacity to interact electronically with health plans and medical providers and supports members' receipt of virtual services (where applicable).

HCBS Settings Rule

During this quarter, MQD continued its efforts to bring settings into compliance with the federal home and community-based services (HCBS) regulations found at 42 CFR §§441.301(c)(4)-(5) and 441.710(a)(1).

As of the end of this quarter, MQD has completed site visits to one hundred fifty-two (152) out of one hundred fifty-four (154) sites on the island of Oahu, and nineteen (19) out of twenty-six (26) sites on the neighbor islands.

Most of the providers were found to be in compliance during the site visits. MQD continues to deliver technical assistance to settings found to be out of compliance. It is anticipated that all providers will attain compliance through these capacity building activities.

The seven (7) neighbor island site that have not been visited are located on the island of Maui, which was devastated by wildfires with wide-reaching impacts across the State of Hawaii. Due to the effects of the wildfires and the resulting recovery efforts, MQD has requested an extension from CMS to its deadline to achieve compliance with the settings rule to July 1, 2024. CMS is completing its review of this request and formal approval is anticipated.

3. Other

Member Outreach

Health Care Outreach Branch continued work with our community partners statewide to assist residents with their renewals for the unwinding, applications, reported changes and updates. During this quarter, Med-QUEST Division elected to take the 3-month pause for renewals so we can make improvements to our eligibility system appropriately to help us with our determinations when we restart in December. We also experienced the Maui wildfires in which devastated much of Lahaina town and Upcountry. We made many trips to Maui to assist residents with their Med-QUEST coverage along with applying to the Federal Health Insurance Marketplace. In addition to the disaster, we also planned for and scheduled our Annual Kokua Training, which includes reviewing the Med-QUEST application process, healthcare.gov along with HIPAA, Privacy & Security, Civil Rights Awareness and Cultural Competency. During this quarter we continued our focus on residents who are in public institutions and assisted with reactivating coverage for those being released/discharged.

Data Quality Strategy

In Q4 FFY 2023 Med-QUEST focused on updating our encounter data submission guidance for health plans to improve encounter data completeness and limit errors in the processing cycle. This quarter we established a mechanism for health plans to submit encounters for services their health plan staff render directly to Med-QUEST members, a subset of services that have not historically been captured in encounters. These encounters will provide Med-QUEST a more complete picture of the services our members receive and the types of services our health plan staff are delivering. This quarter Med-QUEST also kicked off work on a series of routine trend reports to help staff validate the volume of encounters received each month by health plan, service type, and paid amount, allowing for more frequent validation.

B. Issues or Complaints Identified by Beneficiaries

No new issues or complaints were identified during this quarter.

C. Audits, Investigations, Lawsuits, or Legal Actions

Audits and Investigations

RAC audits during this period were related to duplicate capitation payments and credit balance audits.

UPIC audits during this period are related to dialysis drugs dispensed over Preferred Drug List equivalents. There was also one completed audit for CPAP usage.

Fiscal Integrity investigations during this period included 2 providers alleged to have improper contact with patients, providers billing for psychotherapy services to members of their own household, and behavioral health providers billing for overlapping services by 2 separate entities.

Lawsuits and Legal Actions

Administrative Hearings:

Bekkum v. DHS. DHS sought to terminate Curtis Bekkum, M.D.'s provider participation in the Medicaid program based on a criminal complaint and conviction of sexual assault, which occurred in his provision of medical services to a patient. An administrative hearing was held on May 24, 2023. An administrative decision was issued in Bekkum's favor on July 27, 2023.

LaPorte v. DHS. On January 12, 2023, MQD suspended Medicaid payments to Bryant LaPorte, DDS, based on credible allegations of fraud as follows: (1) billing for services not rendered, including x-rays, and (2) billing services not medically necessary, including oral evaluations and palliative emergency treatment. Dr. LaPorte requested for an administrative hearing after receiving the Notice of Suspension of Medicaid Payments dated January 18, 2023. A two-day hearing was re-scheduled for December 4 and 5, 2023.

Hawaii Courts:

Bekkum v. DHS. DHS appeals the administrative hearing decision in favor of Curtis Bekkum, M.D. DHS had sought to terminate Bekkum's provider participation in the Medicaid program based on

a criminal complaint and conviction of sexual assault, which occurred in his provision of medical services to a patient. The administrative hearing decision found in favor of Bekkum because the Hearing Officer believed that the services Bekkum provided were not Medicaid services. The Parties are currently waiting for the record on appeal to be filed.

Soleil Feinberg v. Cathy Betts, et al. This is a federal district court challenge alleging a failure to provide adequate treatment, as required by EPSDT, to a young adult. The allegation is that the failure to provide adequate treatment led to the young person's eventual criminal case and her placement in the Hawaii State Hospital because her mental impairment makes her unable to stand trial in the criminal case. The cross motions for summary judgment were denied on May 6, 2022. The Case is set for bench trial on January 17, 2024. Parties continued to actively negotiate a settlement of the case. The settlement conference was continued to December 6, 2023.

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

Waianae Coast Comprehensive Health Center (WCCHC) v. State of Hawaii, DHS. WCCHC is a federally qualified health center and receives reimbursement under the Prospective Payment System (PPS) of reimbursement created under Hawaii Revised Statutes §§346-53.62, *et seq.* In February 2019, WCCHC requested a rate change for its medical PPS and dental PPS rates. MQD ultimately denied the request for a rate change for the dental PPS rate because the services actually began in 2010 and WCCHC did not provide documentation to support the change in an increased type, intensity, duration, or amount of services for the 2019 year.

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

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

The Parties have submitted their briefs and oral argument is currently scheduled for November 29, 2023.

9th Circuit Court of Appeals:

HDRC v. Kishimoto. This was a challenge to the State of Hawaii's provision of Medicaid funded Applied Behavioral Analysis (ABA) therapy for children on the autism spectrum attending public schools. The State of Hawaii won a Motion for Summary Judgment in the federal district court on August 31, 2022 and the Plaintiffs appealed to the 9th Circuit Court of Appeals on September 30, 2022. The case remains on appeal to the 9th circuit. HDRC filed an Opening Brief and the State of Hawaii filed an Answering Brief. HDRC's Reply Brief was filed on July 14, 2023. Oral argument before a panel of the Ninth Circuit Court of Appeals occurred on October 4, 2023. We are awaiting the decision.

D. Unusual or Unanticipated Trends

This quarter, responding to the Maui wildfire disaster impacted all aspects of the QUEST Medicaid program. In the immediate aftermath, assessments regarding the immediate needs were done, and personnel and resources deployed to help address the needs. Within a week, Med-QUEST staff were deployed to assist with helping survivors transition from congregate shelter to temporary housing with hotels and Air BnB. As noted above, staff also were deployed to provide assistance with health insurance coverage. The health plans followed up with all of their members in the impacted areas to see what they may need. Tragically, some individuals did perish in the fires, and many more were displaced, lost all of their belongings and/or lost their employment. Health plans did assist members with finding personal care or alternative settings if their members were receiving HCBS. They also assisted by delivering medications and durable medical equipment that had been lost to the temporary housing locations in the hotels; flying over medical teams to provide urgent care; assisting Med-QUEST at the Disaster Recovery centers in signing people up for health insurance (since they lost their employer-sponsored coverage due to the lost jobs); Med-QUEST teams also connected with providers who lost their clinics with various relevant federal and state officials. MQD leaders and staff had frequent meetings with CMS, FEMA, HI-EMA, ACF/HHS and other federal, state and local officials on the disaster response. Teams worked with community stakeholders on the ground providing hands-on assistance. Additionally, teams worked to identify resources to offering trauma/mental health supports for our teams, the providers and the disaster survivors.

E. Legislative Updates

No notable legislative updates this quarter.

F. Descriptions of any Public Forums Held

1. Public Forum for Section 1115 Demonstration Project

Hawaii held one Med-QUEST Division (MQD) Healthcare Advisory Committee (MHAC) meeting during this reporting period on September 20, 2023. Public comments and questions were received in this meeting and are summarized below.

MHAC meeting, September 20, 2023

MQD presented information and updates on the current Med-QUEST program activities such as the Maui Wildfire Response and the Stay Well Stay Covered campaign for the restart of renewals for all Medicaid members. MQD also discussed the 2023 Med-QUEST Quality Strategy, the 1115 Demonstration Waiver Annual Public Forum, and the State Plan updates. Questions were raised for all areas except the Maui Wildfire Response and State Plan updates.

A member from the MHAC committee had comments and questions regarding the Stay Well Stay Covered campaign. She has issues with the renewals and the pink letter going out to members and discussed instances where the member thinks they have coverage but when they go to the provider or the pharmacy, they are told they no longer have coverage. MQD explained that it will depend on the circumstances of each individual case as there are many variables affecting whether the member qualifies for coverage. MQD confirmed that for individuals who are being disenrolled, that they are receiving notification of their disenrollment and if this does not occur, and there is an issue, then the individual should contact MQD. There were no questions from the public on this matter.

A member from the MHAC committee also had comments and questions regarding the 2023 Med-QUEST Quality Strategy Update. She stated she reviewed the document and thought it was wonderful. She had specific questions on how Hawaii Cares contracts with the State and whether there is a specific rule that requires a member to receive approval before seeing an OBGYN. MQD explained that they will take her questions, respond in writing and clarify the Quality Strategy in those areas if needed. There were no questions from the public on this matter.

A member from the MHAC committee had comments and questions regarding the 1115 Demonstration Waiver Annual Public Forum. She raised issues about contracting with certain provider types that are not currently contracted with MQD such as birth centers. MQD explained that recognizing certain provider types is not done through the 1115 Demonstration Waiver and may require a State Plan change. The MHAC member also asked about the Managed Care Reports and where she could find them to review. MQD explained that certain reports can be found on the MQD website, however other Managed Care Reports contain member level data, so those reports are not public. MQD clarified that since we have managed care plans in our state, we are required to have an External Quality Review Organization (EQRO) conduct an evaluation of all of our managed care plans and publish a report which can be found on the MQD website.

A member of the public had a comment about how the 1115 Demonstration Waiver ensures that providers are supported by doing provider education and compensating them financially. MQD explained that provider training is very important and that MQD recently partnered with the health plans to conduct the Screening, Brief Intervention and Referral to Treatment (SBIRT) training. In addition, the health plans are required to conduct provider training. The member of the public also stated that there should be more financial assistance to providers, specifically Federally Qualified Health Centers (FQHCs) since they have to take on additional services to provide care for members. MQD explained that FQHC's have a different payment model under the Prospective Payment Systems (PPS) and FQHC's may want to explore different payment models to review the Alternative Payment Model. She also asked if it is possible to see the attendees of this meeting. MQD stated that all the meetings are recorded and on the website, so anyone can review the materials presented and who spoke at the meeting.

III. Enrollment and Disenrollment

A. Member Choice of Health Plan

July 2023 – September 2023	# of Members
Individuals who chose a health plan when they became eligible	**5,094**
Individuals who were auto-assigned when they became eligible	**2757**
Individuals who changed health plan after being auto-assigned	**691**
Individuals in the ABD program that changed health plan within days 61 to 90 after confirmation notice was issued	**6**

IV. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total enrollment as of 9/25/2023: 461,634

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

No data to report as of this quarter. Ongoing work to improve data quality will result in data in future quarters.

B. Results of Beneficiary Satisfaction Surveys (if conducted)

None to report this quarter.

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

Type	Total	Timely Resolved* # (%)	Resolved in Favor of Beneficiaries** # (%)
Grievances	396***	362 (98.6%)	127 (34.6%)
Appeals	267	215 (96.7%)	62 (28.8%)

*Timely is defined as within 30 days for standard grievances and appeals, within 14 days for expedited appeals, and within the approved extension time period for grievances and appeals with approved extensions. Denominator excludes grievances and appeals received within 30 days of the end of the reporting period with no resolution (or 3 days for expedited appeals).
**Denominator excludes appeals for which no decision has been made.
***Only four Health Plans submitted data for grievances this quarter. MQD identified this as a data quality issue and the health plan is resubmitting.

V. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

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

B. Updated Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 9/30/2023 will be submitted by the 11/30/2023 deadline. The Budget Neutrality Workbook for the quarter ending 6/30/2023 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 9/30/2023 were reported on the CMS-64 and certified on 10/30/2023. A summary of expenditures is shown on the attached Schedule C for the quarter ending 9/30/2023.

D. Administrative Costs

There have been no significant increases in Hawaii's administrative costs for the quarter ending 9/30/2023. Cumulative administrative expenditures can be found on the attached Schedule C.

VI. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See B.3 for results and findings.

B. Progress Summary of Evaluation Activities

1. Key Milestones Accomplished

- Med-QUEST Division released a new reporting package which will assist with monitoring evaluation goals for the 1115 waiver. Health Plans submitted another round of Community Integration Services (CIS), Long-Term Services and Supports (LTSS), Special Health Care Needs, Value-Driven Health Care, and Primary Care reports with data quality improving compared to previous quarters. Additionally, MQD is working on improving data collecting on members receiving health coordination services and currently is planning to expand SHCN reporting. However, MQD and the University of Hawaii (UH) Evaluation team are still providing targeted technical assistance and engaging with the Health Plans to improve data quality across all reports.

- UH completed the first draft of the interim evaluation report which will be submitted to CMS along with the next 1115 waiver. This is currently going under internal review.

- The UH Evaluation Team held a Rapid Cycle Assessment presentation for Health Plans, providers, and MQD on Q2 2023 on September 1, 2023. A corresponding report was submitted to MQD. The team also submitted feedback on individual Health Plan reports using the Review Tool.

2. Challenges Encountered and How They Were Addressed

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

3. Interim Findings (when available)

Subject	**Successes in Implementation**	**Barriers in implementation**
CIS	Data quality continues to slowly improve. MQD restructured its "Core Team" to discuss and launch a CIS 2.0 that responded to the challenges raised by the providers, HPs, and Evaluation Team. Daily meetings often include members of the Eval Team, local government, and other homelessness experts. MQD restructured CIS payments to bundled payments to make billing easier; and to pay for outreach services regardless of if member ends up consenting to compensate providers for time	Challenges to enrolling members is largely due to provider capacity, limited affordable housing, and lack of coordination between HPs and providers.
LTSS	The analysis shows that the level of care (LOC) scores for LTSS members in the home setting are stable as they progress during the years in the program suggesting effectiveness of HCBS.	The analysis shows that the level of care (LOC) scores for LTSS in the nursing home or foster homes deteriorate over the years they stay in the program.
SHCN	Through individualized meetings and technical assistance, MQD and UH are now receiving health care services data extracts directly from HP care coordination system to help identify the breadth and depth of services provided to waiver target populations and other populations of members.	Unstandardized documentation across Health Plans makes it difficult to integrate data of all members and determine the impact of care coordination services for SHCN member

SDOH	Qualitative analyses were conducted on the Health Disparity reports submitted by Health Plans and preliminary results are shown below: Health Plans identified racial/ethnic or geographical disparities on the utilization of several health service Health Plans conducted root cause analyses and found many drivers including but not limited to: lack of transportation language barriers and health literacy skills unstable housing and homelessness unemployment or having to work multiple jobs or jobs with unreliable schedules, differences in cultural health practices (belief, mistrust) healthcare access and quality. Support strategies and interventions implemented (or to be implemented) include: patient engagement and outreach community engagement improving health care coordination and access to health care, such as providing transportation or relieving travel burden and scheduling access to services outside of the regular weekday clinic hours.	Shortage of Health Plans staff and community health workers to address SDOH and social needs
Primary Care	A key early success was development of first and second year report that provides a picture of primary care spend. This helps us get a better picture of the baseline spending Some of the Health Plan's strategy for increasing the percent spend on primary care have included: Increasing P4P incentives that reward patient engagement and PC visits Changes to P4P measures that reward both correct coding and reducing gaps in coding Increasing VBP arrangements that reward increasing patient engagement Increasing the number of member outreach activities through telephonic, text, and face-to-face from their care navigation and care	Health Plans had challenges with reporting on primary care

	coordination staff that will increase PC visits and beneficial services Utilizing vendors to assist in contacting and returning members back into the PCP s practice Regular member communication to keep PC services and benefits top of mind Directly addressing and assisting PCPs on the gaps in care Actively recruiting and hiring PCPs	
VBP	Several VBC and APM initiatives were implemented at MCO and provider level respectively. VBC arrangements were mostly aimed at primary care providers, FQHCs and CHCs. Independently, plans report positive results from implementation of VBC arrangements	Many pilot arrangements make directly testing relationship between VBC / APM arrangements and system changes in quality of care at the state level difficult. UH Team is exploring case studies to demonstrate impact at facility and provider level.

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

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

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

N/A

6. Status of Study Participant Recruitment (if applicable)

N/A

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

Subject	**Result or Impact**
CIS	CIS was implemented and demonstrates that Medicaid can develop innovative programs to address SDOH.

	Two hundred fifty-five members were in pre-tenancy at some point during the waiver period and so far 33% (n=100) had transitioned to tenancy at exit. Of those members who received tenancy services, the majority remained housed at exit. The UH Evaluation Team is currently assessing ER visits, hospitalizations, and total cost of care data for CIS members. This analysis will be completed and available in the upcoming interim evaluation report. The RCAs have proven to be an effective evaluation tool to assist MQD, Health Plans, and service providers with identifying successes and barriers in real time to allow for the development of solutions or shared lessons learned. The MQD Core Team continues to meet weekly with members of the State and City governments, housing service providers, and other housing experts to ensure integration with existing housing services.
LTSS	The UH team is still analyzing data to identify impact of "At Risk" and LTSS populations.
SHCN	The UH team is currently analyzing data extracts from Health Plans' care coordination systems.
SDOH	In the Social Determinants of Health (SDOH) work plan, Health Plans proposed or implemented quality activities focusing on reducing emergency room visits, improving maternal health, improving patients' education, reducing isolation, and expanding alternative medicine practice. Other quality activities focusing on addressing COVID-19 recovery, homeless, and food insecurity. At a higher level, Health Plans also proposed or implemented quality activities that aim to improve SDOH understanding and SDOH screening and documentation of SDOH data. Few Health Plans have some plan on collaborating with other parties and utilizing measurement and progress during these quality activities.
PC	So far, Health Plans have some changes in primary care spending over time. report documents small changes in spending over time
VBP	Impact of the implemented models is being evaluated Current evaluation opens up avenues for new research questions for further investigation into implementation of VBC arrangements and APM by health plans. Future investigation needs to include qualitative analyses of the implementation, barriers and facilitators and expansion of initiatives currently in place

VII. Med-QUEST Division Contact

Jon D. Fujii
Health Care Services Branch (HCSB) Administrator
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	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 985,739,032	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	459,816	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,293,799,974**	**$ 3,183,838,560**	**$ 14,756,494,839**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 384,585,892	$ 403,217,947	$ 422,242,413	$ 432,076,554	$ 447,307,253	$5,548,762,794
EG 2 - Adults	2		$ 164,509,183	$ 199,500,688	$ 233,184,154	$ 281,459,809	$ 262,281,700	$3,194,130,352
EG 3 - Aged	3		$ 395,822,904	$ 454,024,438	$ 500,834,141	$ 481,405,329	$ 502,750,842	$6,243,498,827
EG 4 – Blind/Disabled	4		$ 476,059,193	$ 522,283,429	$ 520,977,887	$ 641,386,020	$ 685,289,061	$7,001,916,354
TOTAL			**$ 1,420,977,171**	**$ 1,579,026,502**	**$ 1,677,238,595**	**$ 1,836,327,712**	**$ 1,897,628,856**	**$ 8,411,198,837**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 384,585,892	$ 403,217,947	$ 422,242,413	$ 432,076,554	$ 447,307,253	
Difference			$ 244,859,376	$ 294,102,649	$ 321,014,141	$ 337,271,844	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 183,644,532	$ 220,576,987	$ 240,760,605	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 164,509,183	$ 199,500,688	$ 233,184,154	$ 281,459,809	$ 262,281,700	
Difference			$ 224,803,655	$ 273,401,342	$ 301,332,979	$ 276,296,132	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 168,602,741	$ 205,051,007	$ 225,999,734	$ 207,222,099	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 985,739,032	$ 760,156,997	
		With Waiver	$ 395,822,904	$ 454,024,438	$ 500,834,141	$ 481,405,329	$ 502,750,842	
Difference			$ 263,066,340	$ 310,650,327	$ 382,685,838	$ 504,333,702	$ 257,406,155	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 197,299,755	$ 232,987,745	$ 287,014,378	$ 378,250,277	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		With Waiver	$ 476,059,193	$ 522,283,429	$ 520,977,887	$ 641,386,020	$ 685,289,061	
Difference			$ 281,448,813	$ 323,980,328	$ 380,268,251	$ 339,570,582	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 211,086,610	$ 242,985,246	$ 285,201,188	$ 254,677,937	$ 261,803,788	
Total Reduction			**$ 760,633,637**	**$ 901,600,985**	**$ 1,038,975,906**	**$ 1,093,104,196**	**$ 964,657,278**	**$ 4,758,972,002**

			26	27	28	29	30	Total
BASE VARIANCE			**$ 253,544,546**	**$ 300,533,662**	**$ 346,325,302**	**$ 364,368,065**	**$ 321,552,426**	**$ 1,586,324,001**
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								**$ 1,586,324,001**

Cumulative Target Limit

			26	27	28	29	30	
Cumulative Target Percentage (CTP)			2.0%	1.5%	1.0%	0.5%		
Cumulative Budget Neutrality Limit (CBNL)			$ 1,674,521,717	$ 3,554,081,880	$ 5,577,645,778	$ 7,778,341,555	$ 9,997,522,837	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,490,434	$ 53,311,228	$ 55,776,458	$ 38,891,708	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (253,544,546)	$ (554,078,207)	$ (900,403,509)	$ (1,264,771,575)	$ (1,586,324,001)	
Is a Corrective Action Plan needed?								

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 2,341,743,518	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	2,262,117	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$2,341,743,518**	**$1,826,368,919**	**$9,215,304,614**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$623,844,422	$829,332,052	$1,002,805,990	$1,068,048,164	$1,023,835,987	
TOTAL			**$ 623,844,422**	**$ 829,332,052**	**$ 1,002,805,990**	**$ 1,068,048,164**	**$ 1,023,835,987**	**$ 4,547,866,615**
HYPOTHETICALS VARIANCE 1			**$ 645,214,315**	**$ 882,925,699**	**$ 1,063,069,699**	**$ 1,273,695,354**	**$ 802,532,932**	**$ 4,667,437,998**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ 451,609	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon				331	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 451,609**	**$ 5,820,928**	**$ 6,272,537**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ -	$ 439,394	$ 5,663,970	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 439,394**	**$ 5,663,970**	**$ 6,103,364**
HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ 12,214**	**$ 156,958**	**$ 169,172**

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**	$ -	$ -	$ -	$ 1,231,659	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon				331	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 1,231,659**	**$ 15,875,210**	**$ 17,106,868**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ 1,198,348	$ 15,447,190	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 1,198,348**	**$ 15,447,190**	**$ 16,645,538**
HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ 33,310**	**$ 428,020**	**$ 461,330**

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
Start Date	8/1/1994	8/1/1995	8/1/1996	8/1/1997	9/1/1998	9/1/1999	9/1/2000	9/1/2001	9/1/2002	9/1/2003
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

DY	11	12	13	14	15	16	17	18	19	20
Start Date	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
End Date	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

DY	21	22	23	24	25	26	27	28	29	30
Start Date	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	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

Medicaid Per Capita		26	27	28	29	30
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

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

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

Hypothetical 3 Per Capita		26	27	28	29	30
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: [illegible] Reporting FY: [illegible]

For the Time Period Through: [illegible] Reporting Quarter: [illegible]

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	320,756,715	330,020,536	561,530,649	367,924,841	389,294,075	408,910,590	382,716,631	0	5,081,311,652	5,081,311,652
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	46,522,053	55,480,932	85,594,832	64,235,504	100,577,081	126,578,883	116,794,236	0	786,522,387	786,522,387
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(103,305)	(181,177)	0	0	(2,749,732)	(2,749,732)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	(7,376)	(12,760)	0	0	(203,350)	(203,350)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,539,932	154,606,976	248,116,345	150,409,231	162,147,061	167,867,297	154,921,309	0	1,861,244,817	1,861,244,817
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,333,575	340,588,439	475,546,496	329,584,360	363,449,326	356,807,951	307,577,395	0	4,289,388,427	4,289,388,427
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(47,087)	(88,165)	0	0	(1,858,362)	(1,858,362)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(24,234)	(38,633)	0	0	(664,424)	(664,424)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,643	10,376	0	0	3,918,413	3,918,413
CURRENT	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,651,347	477,118,034	536,616,690	783,549,550	509,236,698	672,612,510	833,190,143	817,042,896	0	5,164,865,985	5,164,865,985
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,257	1,911,600	1,745,224	0	14,127,967	14,127,967
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,071,474	126,802,403	190,895,331	114,607,724	156,747,857	169,615,847	171,677,066	0	1,422,605,820	1,422,605,820
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0	27,412,124	27,412,124
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	168,886,698	182,568,405	255,652,778	161,376,005	197,358,538	231,527,717	253,842,991	0	2,872,901,297	2,872,901,297
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,193	316,078,896	371,659,472	594,738,639	382,846,750	401,191,848	420,330,813	413,991,694	0	5,070,990,096	5,070,990,096
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,500,002	7,500,002
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,822,210	17,822,210
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580	24,507,605	34,064,491	48,859,842	12,164,879	5,856,911	10,090,466	6,184,588	981,179	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000	7,500,000	7,500,000	0	38,818,619	39,694,442	82,153,936	85,515,739	66,000,000	0	0	0	0	0	0	0	355,642,946	355,642,946
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,468,225	(8,863)	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,246,301	785,020,500	1,211,765,023	1,357,369,890	1,307,057,583	1,449,179,033	773,325,287	1,746,788,725	1,886,418,135	1,977,488,615	2,101,096,493	3,200,850,973	2,084,209,876	2,447,366,701	2,718,076,543	2,620,309,442	0	32,176,154,944	32,176,154,944

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	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	173,893,185	181,132,557	304,987,760	210,392,875	230,774,173	244,349,695	235,344,080	0	2,895,339,116	2,895,339,116
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	25,187,586	30,413,798	46,345,705	36,817,486	62,791,833	78,960,581	71,773,798	0	457,439,565	457,439,565
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)	(61,321)	(107,931)	0	0	(1,513,266)	(1,513,266)
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)	(4,368)	(7,590)	0	0	(111,574)	(111,574)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,918,149	84,837,353	134,761,019	85,955,972	96,129,680	100,309,985	95,273,921	0	1,054,149,921	1,054,149,921
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,605,052	186,505,120	256,712,500	188,137,447	214,694,182	212,255,677	188,785,548	0	2,424,939,420	2,424,939,420
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)	(27,967)	(52,527)	0	0	(1,019,069)	(1,019,069)
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)	(14,361)	(23,031)	0	0	(365,651)	(365,651)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,529	8,609	0	0	2,595,267	2,595,267
CURRENT	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	904,978,360	904,978,360
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,511,412	316,564,065	457,732,367	497,743,046	731,854,979	469,059,796	619,001,852	749,604,101	735,152,522	0	4,734,224,140	4,734,224,140
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,322	1,145,427	1,074,664	0	8,062,828	8,062,828
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	(361,962)	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	110,030,961	120,504,841	178,669,104	104,504,778	141,050,186	152,607,777	154,473,776	0	1,344,011,307	1,344,011,307
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0	15,188,306	15,188,306
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,132,426	100,067,003	138,551,846	93,313,700	117,519,626	138,317,641	155,737,373	0	1,643,013,801	1,643,013,801
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,546	171,256,712	203,868,788	322,731,915	219,086,127	238,066,690	251,891,384	254,599,960	0	2,893,017,051	2,893,017,051
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	190,760,884	190,760,884
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,476,907	510,938,536	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011	1,068,686,328	1,206,703,028	1,320,139,259	1,406,603,865	2,117,456,479	1,409,556,519	1,722,394,502	1,930,243,571	1,892,215,642	0	20,572,977,179	20,572,977,179

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	94,134,996	70,598,268	0	1,322,747,992	1,322,747,992
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	94,134,996	70,598,268	0	1,370,712,245	1,370,712,245

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	63,072,834	46,420,998	0	906,470,151	906,470,151
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	71,333,202	98,697,486	64,043,270	77,060,475	63,072,834	46,420,998	0	931,166,766	931,166,766

C Report Grouper

MAP Waivers Only

Total Computable

MEG Names		C Report Waiver Names	26	27	28	29	30
Medicaid Per Capita							
EG 1 - Children	1	FosterCare(19-20)	$1,739,142	$2,028,257	$1,911,600	$1,745,224	
EG 1 - Children	1	State Plan Children	$382,846,750	$401,191,848	$420,330,813	$413,991,694	
EG 2 - Adults	2	State Plan Adults	$161,376,005	$197,358,538	$231,527,717	$253,842,991	
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,122	$35,643	$10,376		
EG 2 - Adults	2	St PI Adults-Preg Immig/COFAs	$3,127,056	$2,106,507	$1,646,061		
EG 3 - Aged	3	Aged w/Mcare	$367,924,841	$389,294,075	$408,910,590	$382,716,631	
EG 3 - Aged	3	Aged w/o Mcare	$64,235,504	$100,577,081	$126,578,883	$116,794,236	
EG 3 - Aged	3	Aged with Medicare - MFP	($490,186)	($103,305)	($181,177)		
EG 3 - Aged	3	Aged without Medicare - MFP	($17,253)	($7,376)	($12,760)		
EG 4 – Blind/Disabled	4	B/D w/Mcare	$150,409,231	$162,147,061	$167,867,297	$154,921,309	
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$329,584,360	$363,449,326	$356,807,951	$307,577,395	
EG 4 – Blind/Disabled	4	Blind/Disable without Medicare - MFP	($294,330)	($47,087)	($88,165)		
EG 4 – Blind/Disabled	4	Blind/Disabled with Medicare - MFP	($81,788)	($24,234)	($38,633)		
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	VIII-Like Group					
EG 5 – Group VIII	1	Expansion State Adults	$509,236,698	$672,612,510	$833,190,143	$817,042,896	
EG 5 – Group VIII	1	Newly Eligible Adults	$114,607,724	$156,747,857	$169,615,847	$171,677,066	
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			$2,084,209,876	$2,447,366,701	$2,718,076,543	$2,620,309,442	

Adjustments made to the reported expenditures

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

		26	27	28	29	30	Description (type of collection, time period, CMS-64 reporting line, etc.)
Medicaid Per Capita							
EG 1 - Children	1		-$2,158				Cost share
EG 2 - Adults	2						
EG 3 - Aged	3	-$35,830,002	-$35,736,037	-$34,461,395	-$32,057,012		Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$3,570,563	-$3,566,896		Cost share
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1		-$28,315				Cost share
Hypothetical 2 Per Capita							
EG 6 - CIS	1						
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1						

WW Spending - Actual

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,585,892	$403,217,947	$422,242,413	$415,736,918	
EG 2 - Adults	2	$164,509,183	$199,500,688	$233,184,154	$253,842,991	
EG 3 - Aged	3	$395,822,904	$454,024,438	$500,834,141	$467,453,855	
EG 4 – Blind/Disabled	4	$476,059,193	$522,283,429	$520,977,887	$458,931,808	
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$623,844,422	$829,332,052	$1,002,805,990	$988,719,962	
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,044,821,593**	**$ 2,408,358,554**	**$ 2,680,044,585**	**$ 2,584,685,534**	**$ -**

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				$16,339,636	$447,307,253
EG 2 - Adults	2				$27,616,818	$262,281,700
EG 3 - Aged	3				$13,951,475	$502,750,842
EG 4 – Blind/Disabled	4				$182,454,211	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1				$79,328,202	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1				$439,394	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				$1,198,348	$15,447,190

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,585,892	$403,217,947	$422,242,413	$432,076,554	$447,307,253
EG 2 - Adults	2	$164,509,183	$199,500,688	$233,184,154	$281,459,809	$262,281,700
EG 3 - Aged	3	$395,822,904	$454,024,438	$500,834,141	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4	$476,059,193	$522,283,429	$520,977,887	$641,386,020	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$623,844,422	$829,332,052	$1,002,805,990	$1,068,048,164	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1				$439,394	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				$1,198,348	$15,447,190
TOTAL		**$ 2,044,821,593**	**$ 2,408,358,554**	**$ 2,680,044,585**	**$ 2,906,013,620**	**$ 2,942,576,003**

Member Months - Actual

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

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1403508	1539475	1624640	1531977	
EG 2 - Adults	2	420665	492750	537079	523399	
EG 3 - Aged	3	339779	381363	426146	420763	
EG 4 – Blind/Disabled	4	286202	306260	312412	285982	
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	2091433	2072150	
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				133027	1706629
EG 2 - Adults	2				17036	553945
EG 3 - Aged	3				39053	342929
EG 4 – Blind/Disabled	4				39730	328969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1				189967	1683460
Hypothetical 2 Per Capita						
EG 6 - CIS	1				331	4073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				331	4073

Member Months - Total

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1,403,508	1,539,475	1,624,640	1,665,004	1,706,629
EG 2 - Adults	2	420,665	492,750	537,079	540,435	553,945
EG 3 - Aged	3	339,779	381,363	426,146	459,816	342,929
EG 4 – Blind/Disabled	4	286,202	306,260	312,412	325,712	328,969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1,411,053	1,816,642	2,091,433	2,262,117	1,683,460
Hypothetical 2 Per Capita						
EG 6 - CIS	1				331	4,073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				331	4,073

Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 985,739,032	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	459,816	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,293,799,974**	**$ 3,183,838,560**	**$ 14,756,494,839**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 384,585,892	$ 403,217,947	$ 422,242,413	$ 432,076,554	$ 447,307,253	$5,548,762,794
EG 2 - Adults	2		$ 164,509,183	$ 199,500,688	$ 233,184,154	$ 281,459,809	$ 262,281,700	$3,194,130,352
EG 3 - Aged	3		$ 395,822,904	$ 454,024,438	$ 500,834,141	$ 481,405,329	$ 502,750,842	$6,243,498,827
EG 4 – Blind/Disabled	4		$ 476,059,193	$ 522,283,429	$ 520,977,887	$ 641,386,020	$ 685,289,061	$7,001,916,354
TOTAL			**$ 1,420,977,171**	**$ 1,579,026,502**	**$ 1,677,238,595**	**$ 1,836,327,712**	**$ 1,897,628,856**	**$ 8,411,198,837**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 384,585,892	$ 403,217,947	$ 422,242,413	$ 432,076,554	$ 447,307,253	
Difference			$ 244,859,376	$ 294,102,649	$ 321,014,141	$ 337,271,844	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 183,644,532	$ 220,576,987	$ 240,760,605	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 164,509,183	$ 199,500,688	$ 233,184,154	$ 281,459,809	$ 262,281,700	
Difference			$ 224,803,655	$ 273,401,342	$ 301,332,979	$ 276,296,132	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 168,602,741	$ 205,051,007	$ 225,999,734	$ 207,222,099	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 985,739,032	$ 760,156,997	
		With Waiver	$ 395,822,904	$ 454,024,438	$ 500,834,141	$ 481,405,329	$ 502,750,842	
Difference			$ 263,066,340	$ 310,650,327	$ 382,685,838	$ 504,333,702	$ 257,406,155	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 197,299,755	$ 232,987,745	$ 287,014,378	$ 378,250,277	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		With Waiver	$ 476,059,193	$ 522,283,429	$ 520,977,887	$ 641,386,020	$ 685,289,061	
Difference			$ 281,448,813	$ 323,980,328	$ 380,268,251	$ 339,570,582	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 211,086,610	$ 242,985,246	$ 285,201,188	$ 254,677,937	$ 261,803,788	
Total Reduction			**$ 760,633,637**	**$ 901,600,985**	**$ 1,038,975,906**	**$ 1,093,104,196**	**$ 964,657,278**	**$ 4,758,972,002**

BASE VARIANCE			**$ 253,544,546**	**$ 300,533,662**	**$ 346,325,302**	**$ 364,368,065**	**$ 321,552,426**	**$ 1,586,324,001**
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								**$ 1,586,324,001**

Cumulative Target Limit

			26	27	28	29	30	
Cumulative Target Percentage (CTP)			2.0%	1.5%	1.0%	0.5%		
Cumulative Budget Neutrality Limit (CBNL)			$ 1,674,521,717	$ 3,554,081,880	$ 5,577,645,778	$ 7,778,341,555	$ 9,997,522,837	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,490,434	$ 53,311,228	$ 55,776,458	$ 38,891,708	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (253,544,546)	$ (554,078,207)	$ (900,403,509)	$ (1,264,771,575)	$ (1,586,324,001)	
Is a Corrective Action Plan needed?								

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 2,341,743,518	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	2,262,117	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$2,341,743,518**	**$1,826,368,919**	**$9,215,304,614**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$623,844,422	$829,332,052	$1,002,805,990	$1,068,048,164	$1,023,835,987	
TOTAL			**$ 623,844,422**	**$ 829,332,052**	**$ 1,002,805,990**	**$ 1,068,048,164**	**$ 1,023,835,987**	**$ 4,547,866,615**
HYPOTHETICALS VARIANCE 1			**$ 645,214,315**	**$ 882,925,699**	**$ 1,063,069,699**	**$ 1,273,695,354**	**$ 802,532,932**	**$ 4,667,437,998**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ 451,609	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon				331	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 451,609**	**$ 5,820,928**	**$ 6,272,537**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ -	$ 439,394	$ 5,663,970	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 439,394**	**$ 5,663,970**	**$ 6,103,364**
HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ 12,214**	**$ 156,958**	**$ 169,172**

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**	$ -	$ -	$ -	$ 1,231,659	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon				331	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 1,231,659**	**$ 15,875,210**	**$ 17,106,868**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ 1,198,348	$ 15,447,190	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 1,198,348**	**$ 15,447,190**	**$ 16,645,538**
HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ 33,310**	**$ 428,020**	**$ 461,330**

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 PI 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
$ 1,586,324,001