Hawaii QUEST Integration

1115 Waiver

Annual

CMS Monitoring Report

Federal Fiscal Year 2022
(DY28)

Date Submitted: December 21, 2022 **Reporting Period:** **October 2021 – September 2022**

Demonstration Year: 28th Year (10/1/21 – 9/30/22)

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The Budget Neutrality Summary (worksheet) for the quarter ending 9/30/2022 is presented here in Attachment A. This includes the period from 10/1/2021 to 9/30/2022.

Attachment B: Budget Neutrality Workbook (Quarter Ending 9/30/2022)

The Budget Neutrality Workbook for the quarter ending 9/30/2022 is presented here in Attachment B. This includes the period from 10/1/2021 to 9/30/2022.

Attachment C: Schedule C

Schedule C for the quarter ending 9/30/2022 is presented here in Attachment C. Schedule C includes a summary of expenditures for the reporting period.

Attachment D: Federal Fiscal Year 2022 4th Quarter Information

Federal Fiscal Year 2022 4th Quarter Information provides reporting on the 4th quarter of Federal Fiscal Year 2022. The 4th quarter of Federal Fiscal Year 2022 is the final leg of required annual reporting and covers July 2022 – September 2022.

Attachment D1: Up-To-Date Budget Neutrality Summary (Quarter Ending 6/30/2022)

The Budget Neutrality Summary (worksheet) for the quarter ending 6/30/2022 is presented here in Attachment D1. The Budget Neutrality Summary for the quarter ending 9/30/2022 is also attached (Attachment A).

Attachment D2: Budget Neutrality Workbook (Quarter Ending 6/30/2022)

The Budget Neutrality Workbook for the quarter ending 6/30/2022 is presented here in Attachment D2. The Budget Neutrality Workbook for the quarter ending 9/30/2022 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.

Federal Fiscal Year (FFY) 2022 afforded some emerging relief from the tight grip of COVID-19. Although still in a Public Health Emergency (PHE), and still cautious of COVID-19 transmission and health effects in the islands, Hawaii experienced further movement toward pre-pandemic living and business. Vaccination and booster programs were paying off. Accordingly, and under all-state guidance and information from CMS, MQD began focusing on post-PHE unwinding planning and processes. During February 17th through 18th of 2022, five key leaders in MQD attended the National Association of Medicaid Directors (NAMD) Workshop on Unwinding the Continuous Coverage Requirement in Savannah, Georgia to collaborate with other state peers and to learn more about options and guidance for states from CMS and other guest speakers. Upon returning, they launched multiple initiatives and began the course to ready the State for unwinding activities. Although the PHE end had not yet been determined, MQD dove into work with the Health Plans to update Medicaid beneficiary demographic information in preparation for future eligibility reviews and communications.

Federal Fiscal Year 2022 also saw the emergence of Mpox (a.k.a., Monkey Pox), however Hawaii was fortunate to avoid wide-spread transmission of this condition thus far. As of 8/17/22, Hawaii data from DOH as reported by the CDC, indicated 22 Mpox cases in Hawaii and 0 fatalities.

In addition to topics described within the body of this report, some other projects of FFY 2022 for MQD, involved or were, the following.

- Medicaid Innovative Collaborative (MIC): Private/Public, multi-state project to drive tech-enabled solutions for targeted issues that Medicaid programs face. The specific detailed project that Hawaii chose to work on was focused on behavioral health needs for pregnant/post-partum Native Hawaiian or other Pacific Islander women. During the year, much was learned, and new relationships formed between Med-QUEST and various advocacy and community based groups focused on this population.

- MCO-MQD Workgroups: Med-QUEST Division sets up five focus workgroups to minimize duplicated tasks and to focus on specific projects. Each workgroup consists of MQD and Health Plan staff with subject matter knowledge in project-related areas. This includes MQD staff from its Eligibility Branch and Systems Office.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan Contracts

During the reporting period, MQD submitted the base QUEST Integration managed care contract, and its Supplemental Contracts 1, 1A, 2 and 3. Out of such, CMS has approved the base contract and Supplemental Contracts 1 and 1A. Med-QUEST Division will continue to complete remaining contract executions with all the Health Plans.

In addition to work on the QI contract, MQD also issued task orders within the scope of its current Indefinite Delivery/Indefinite Quantity (IDIQ) contract, in preparation for various service delivery projects. Such projects include work on Social Determinants of Health, SBIRT and 1115 Waiver renewal planning. With the current IDIQ contract expiring in March 2023, MQD also procured a new IDIQ contract to support future project needs of the Medicaid programs and 1115 Waiver renewal.

Health Plan Reporting

See Attachment D, *Federal Fiscal Year 2022 4th Quarter Information*, section II.A.1, for an update on Health Plan Reporting.

Policy Memorandum Updates

Med-QUEST Division reissued 21 Health Plan memos that were originally or previously issued during 2014 to 2019, and were still applicable to the new QI contract. Memos not reissued were determined as not applicable to the current QI program.

Dual Eligible Special Needs Plans (D-SNPs)

This year was an intensive learning and development period for MQD in its Dual Eligible Special Needs Plan (D-SNP) area. Beginning with scarce resources and just a couple MQD staff having little to no Medicare experience, through its close partnership with, and guidance and expertise of, its consultants ATI Advisory (ATI), and Speire Healthcare Strategies, LLC (Speire), MQD is now on track to initiate multiple projects over the next several years to advance healthcare integration for Hawaii D-SNP members. Such projects include in part, movement from Highly Integrated Dual Eligible Special Needs Plans (HIDE-SNPs) to Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs), Exclusively Aligned Enrollment (EAE), and data sharing processes and strategies to facilitate care coordination between D-SNPs and other state agencies for Medicaid subpopulations receiving specialized care through carve-out programs. Where MQD stands today, is a significant step forward from where it began a year ago, and represents an achievement for the division.

At the start of the year, MQD worked with Hawaii D-SNPs to plan for and implement default enrollment. The default enrollment process allows D-SNPs to automatically enroll a newly qualifying dual eligible individual who is already a Medicaid member of the D-SNP's companion Medicaid line of business, into its D-SNP membership after first providing the individual with 60 days of notice and given the individual does not choose to opt out of participation. The intent is to alleviate burden on the new dual eligible individual and provide enrollment into a plan that is poised to integrate and coordinate the individual's special needs care and services covered under Medicare and Medicaid. By the second quarter, all five Hawaii D-SNPs were sending out default enrollment notifications to members, and by the end of the second quarter, all five Hawaii D-SNPs were actively default enrolling members.

For monitoring and development purposes, MQD designed and created a comprehensive reporting package for the D-SNPs to submit monthly. Med-QUEST Division's Health Analytics Office (HAO) built this reporting package and continues to work with MQD staff and the D-SNPs to fine-tune it, address concerns, and provide training.

During the 3rd quarter, MQD worked closely with ATI and Speire (collectively, Consultants) for, and succeeded in, the pursuit of a 3-year award of technical assistance through the Advancing Medicare and Medicaid Integration (AMMI) initiative of Arnold Ventures. Arnold Ventures, a philanthropy organization, provides grant funds and partners with the Center for Health Care Strategies (CHCS) to provide technical assistance and support to states in developing and implementing strategies to improve the integration of care for the duals population. The grant was awarded by Arnold Ventures in June 2022. The culminating project is titled, "*Elevating Integrated Care Options and Program Design for Dual Eligible Beneficiaries in Hawaii*". Three main objectives of such project are: 1) enhancing the D-SNP platform with the launch of Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) and all FIDE requirements; 2) leveraging the All-Payer Claims Database (APCD), and implementing data sharing and strategies to support coordination of care for members receiving specialized services through other State agencies; and 3) increasing knowledge of the Medicare Fee For Service (FFS) populations to identify areas of need such as education opportunities, and to inform Managed Long Term Services and Supports (MLTSS) program design.

Setting groundwork for the *Elevating Integrated Care Options and Program Design for Dual Eligible Beneficiaries in Hawaii* project, MQD and the Consultants met during the 4th quarter to study, discuss and define key and determinative policy and operational options to consider and present to stakeholders for input. Options on the table involved voluntary or mandated movements toward FIDE SNPs, single contract pathway, EAE, and particular components of Medicare-Medicaid integration, such as integrated materials and care coordination. Results of the work done during the 4th quarter, prepared and poised the State and Consultants for success during the upcoming on-site visit in early October, when ATI and Speire representatives flew to Oahu for in-person meetings with various stakeholders.

Also, during the year, MQD's D-SNP staff and the Consultants met frequently with each other and with the division's Systems Office and Eligibility Branch to plan for multiple alternatives and system changes specifically for D-SNPs in light of impending post-Public Health Emergency (PHE) unwinding requirements and post-PHE default enrollment implications. This work presented a challenge for MQD. Resource and data limitations, as well as, siloed systems and processes, created obstacles. Med-QUEST Division continues to iron out details of the changes that will occur.

All Patient Refined Diagnosis Related Groups (APR DRGs)

During the reporting year, much work went into preparation for the APR DRG launch, which occurred statewide on July 1, 2022, for Hawaii's Medicaid program. On that date, inpatient hospital payments for both managed care and FFS were transitioned to APR DRGs. Leading up to this "Go Live", MQD met frequently with the Health Plans and hospitals. Such meetings included joint discussions arranged by the hospital trade association, Health Association of Hawaii. Milestones reached include: the completion of system configuration documents; the successful cloud to mainframe Proof of Concept; the submission and approval of Health Plan testing plans; the implementation of testing; and the completion of capitation rates for both the QI contract and the Community Care Services (CCS) contract, for the period beginning July 1, 2022. Also contributing to the success, was the 3M APR DRG Primer webinars. While there are a few outstanding questions and issues that emerged once the "Go Live" began, none are critical. Over the next fiscal year MQD will continue to use a data-driven approach to address outstanding APR DRG questions and issues, and endeavor to collaboratively resolve working with both hospitals and managed care plans.

Health Plan Manual

Med-QUEST Division continues to upload the revised Health Plan Manual (HPM) quarterly in January, April, July, and October. In addition to report tools revisions, HPM content and changes include: Screening, Brief Intervention and Referral to Treatment (SBIRT); Non-Emergency Medical Transportation (NEMT); Long Term Care Services and Support (LTSS); Level of Care (LOC) and Transition of Care (TOC) policies and procedures; Bed-Holding requirements; waiver requests and material submission procedures; Health and Functional Assessment (HFA) forms; Health Action Plans (HAP); and Personal Assistance and/or Nursing tools (PANS).

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

Med-QUEST Division initiated the rate study for specific Home and Community Based Services (HCBS) providers, including Community Care Foster Family Homes, Expanded Adult Residential Care Homes, and Personal Care/Self-Direct, as part of the American Rescue Plan Act (ARPA) HCBS spending plan and a legislative resolution to conduct such a study.

3. Community Integration Services (CIS)

Med-QUEST Division and the Health Plans partnered throughout the year with a large homeless service provider, the Institute for Human Services (IHS), to pilot CIS service delivery and document operational lessons and policies. Best practices have been developed and shared with smaller agencies that have been contracted with to deliver CIS services. See section V.B.3 below, for more additional information regarding CIS.

4. Other

Medicaid Beneficiaries Outreach Activities

At the beginning of 2022 MQD's Health Care Outreach Branch (HCOB) began attending in-person outreach events, as COVID-19 protocols had begun to loosen. We also conducted Medicaid presentations to the State Health Insurance Program (SHIP), Veterans Affairs, Department of Health Family Health Service Division and Town Hall Meeting with state Senator Misalucha which focused on social services available to Hawaii residents. Outreach events were targeted towards, houseless individuals and families, immigrants, children.

June 30, 2022, was the end of MQD's current Kōkua Services Contract, and in March, HCOB posted a Request for Proposal for a new contract for Kōkua Services. Med-QUEST Division awarded and executed 5 contracts to community organizations, of which organizations, two included sub-contractors. This new set of contracts enables MQD ability to conduct robust outreach, education and enrollment assistance to all counties within our State. Health Care Outreach Branch executed three additional Business Associate Agreements with grassroot organizations that focus on outreach to residents from the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau.

In the fall of 2021, the HCOB actively planned and prepared for the Annual Medicaid Enrollment system (named, KOLEA) and Health Insurance Marketplace training to approximately 135 "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. Trainings occurred virtually via Microsoft Teams due to COVID-19, and covered details on how to submit online applications and upload documents in MQD's KOLEA system via its Navigator Portal, reporting changes from beneficiaries, along with review of the Federal Health Insurance Marketplace application details. Outreach work has ramped up again in anticipation for Open Enrollment 2022-23.

Significant work through the year 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.

Electronic Visit Verification (EVV)

In accordance with the 21st Century Cures Act, MQD executed an Electronic Visit Verification (EVV) soft launch in early October 2020. In the federal fiscal year 2022, functional enhancements, configuration updates, additional training, and support were accomplished with the assistance of a statewide EVV vendor. One of the most significant changes was the implementation of claim denial for EVV Home Care and Home Health services.

Federal fiscal year 2022 continued with EVV system and user interface refinements. Throughout the year, MQD directly engaged with all provider agencies to decrease the percent of manually edited visits. Multiple provider trainings, webinars, and meetings were held throughout the year, and Med-QUEST Division communicated progress to stakeholders via several modes of communication including email, electronic newsletters, virtual meetings, and EVV webpage updates.

Med-QUEST Division's future work includes: issuing a policy regarding the percentage threshold of manually edited or entered EVV visits; the final MCO to load the member's Plan of Care to Sandata; and regular collaboration and communications with stakeholders.

Data Quality Strategy

In FFY 2022 MQD initiated its first Data Quality Strategy focus on analyzing and improving managed care encounter data quality. In partnership with contractors at Freedman Healthcare (FHC), MQD identified five focus areas for the first year.

1. Defining data quality: Med-QUEST Division worked on a goal that would not only apply to encounter data, but to data across MQD. Med-QUEST Division focused on the dimensions impacting data quality such as accuracy, timeliness, completeness, and validity, and developed metrics to assess data quality.

2. Analyzing and reducing pended encounters: Med-QUEST Division applies edits to encounters through a secondary adjudication process upon submission to the State. Many of these edits have been in place for decades and have resulted in encounters that pend during adjudication for a number of reasons. In order to address these issues, MQD and FHC met with the Health Plans and Medicaid Management Information System (MMIS) developers to identify the root cause of encounter pends. With this information, MQD can implement changes either with the Health Plans or in the MMIS to limit encounter pends moving forward.

3. Implementing data quality monitoring: Med-QUEST Division's current MMIS system generates many useful reports. However, they are very difficult to analyze because of the mainframe format. Med-QUEST Division and FHC are working on implementing modern data quality monitoring reports using our data warehouse to understand the volume of

encounters we receive over time and ensure Health Plans are submitting complete and timely data per contractual requirements.

4. Modeling and improving business processes: While the MMIS system is maintained primarily by the Systems Office, decisions needed to maintain the system cannot be made in a vacuum. With the help of FHC, MQD is documenting its current business processes that impact encounter data to understand how these processes touch different offices across the division and where efficiency can be improved.

5. Developing guidance for submitting non-traditional encounters: In order to receive the full picture of care that members receive, MQD wants Health Plans to submit encounters for each instance, including "non-traditional" such as Value-Added Services. This year, MQD is researching to understand the barriers the Health Plans have in submitting these encounters to the MMIS, with the goal of issuing guidance on this topic.

The above focus areas are broad and will form the foundation of the focus areas for the second year of MQD's Data Quality Strategy as well. Med-QUEST Division plans on applying the lessons learned from its work with encounter data to additional data sources in the future.

Barriers Encountered

Throughout the year, two issues existed that challenged MQD's ability to implement the Waiver and to operate the Medicaid program. The first, is continued limited resources. Particularly, largely workforce shortages. Although progress was made in hiring key positions, there continues to be a 25% vacancy rate.

The second, impacting MQD, is delay in approval of managed care contracts. Resources had to be devoted to follow-ups on delays and efforts to work through any issues, all while trying to work with and provide oversight of the Health Plans.

B. Issues or Complaints Identified by Beneficiaries

Staff Shortages

During the beginning of 2022, MQD received complaints regarding gaps in care due to workforce shortages and the impact of the Omicron variant on staffing. The Health Plan executives were informed of the issues by MQD administrators, and were reminded of the importance to develop and review Emergency Back-Up Plans with members. Health Plans also provided additional training and temporary use of family members as self-directed providers to augment the personal assistant staffing resources. As the Omicron variant and overall COVID infections decreased throughout 2022, the complaints about gaps in care also decreased.

Denied or Delayed Medication Coverage

Med-QUEST Division was informed of denied medication coverage or delays in obtaining medication during the first three quarters of the year (October 2021 – June 2022). When switching to a new Health Plan, members experienced delays due to either new prescriptions,

formulary limitations, or inadvertent denials. Med-QUEST Division directed the Health Plans to investigate the issues and initiate corrective action based on Health Plan findings. The Health Plans were able to take necessary steps to prevent repeated issues in the fourth quarter.

Non-Emergency Transportation

Complaints related to non-emergency transportation were received during the first three quarters of the year (October 2021 – June 2022). The issues raised involved difficulty with scheduling transportation, long waiting periods, and upfront out-of-pocket payments. Med-QUEST Division addressed these issues directly with the Health Plans with the expectation that corrective action would be implemented. The Health Plans reviewed workflows to identify opportunities for improvement and made necessary revisions which included proactive monitoring and outreach efforts. The revised protocols were effective as the fourth quarter did include the same issues that were previously reported during the first three quarters.

C. Audits, Investigations, Lawsuits, or Legal Actions

The Unified Program Integrity Contractor (UPIC) focused on auditing hospices over the past year, and they have now launched audits on C-PAP machines.

An Obstetrical-Gynecological provider appealed a ruling to the Hawaii Supreme Court regarding the 2013-2014 Physician Enhanced Payments that were part of the Affordable Care Act. A ruling is expected in the last quarter of calendar year 2022.

D. Unusual or Unanticipated Trends

For federal fiscal year 2022, the only unusual trend reported has been the continued increases in the State's Medicaid populations, due to the continuous coverage requirements of the PHE. See Attachment D, *Federal Fiscal Year 2022 4th Quarter Information*, section II.D, for the update on this trend.

E. Legislative Updates

The legislature concluded during the first week of May 2022. It yielded much anticipated and hard-fought improvements and expansions to the state Medicaid program.

- Med-QUEST Division received legislative approval to cover members for a full 12 months after delivery date, expanding the previous 60-day post-partum coverage period. Med-QUEST Division submitted a state plan amendment, which was approved by CMS for a retro-active approval date of April 2022. System changes have been made so that it is implemented. The cost allocation methodology State Plan Amendment (SPA) is still under review with a Resident Assessment Instrument (RAI).

- The legislature also granted MQD approval to cover adult dental benefits beyond emergency dental services. The newly approved coverage will include prevention, oral disease control, and

some restoration of chewing functions. A state plan was submitted with a planned implementation date of 1/1/2023.

- Additionally, the nursing facility trade association successfully requested one-time funds to help address losses suffered during the pandemic. Home and Community Based Service providers were included to the bill to provide a one-time funding support for those providers as well. These additional dollars have been incorporated into the Hawaii Medicaid managed care contract rate submission effective July 1, 2022.

F. Descriptions of any Public Forums Held

Med-QUEST Division held a total of 4 public forums during the reporting period from October 2021 – September 2022.

Quarter 1:
Med-QUEST Division held two MQD Healthcare Advisory Committee (MHAC) meetings during Quarter 1 on November 17, 2021, and December 15, 2021.

MHAC meeting, November 17, 2021

During this MHAC meeting MQD reviewed the MQD Annual Plan Change and Federal Market Place Open Enrollment, Extension of the Public Health Emergency, MQD Budget Requests for Fiscal Year 2023, various updates to the State Plan, and its participation in the Medicaid Innovative Collaborative. Med-QUEST Division received public comments in our November 17th meeting only on the Medicaid Innovation Collaborative. Med-QUEST Division is participating in a 12-month program that works with the community, Medicaid members, and technology resources to advance health equity and transform the well-being for the most vulnerable populations in Medicaid. Med-QUEST Division will focus on how to improve maternal mental health associated with substance use disorder by conducting interviews with Medicaid members and gathering information on how to provide better services and access. Med-QUEST Division received two comments from the public on this issue. One comment was in support of this initiative and thanked MQD for selecting maternal mental health as its focus. There was also a comment requesting that MQD have the interviewer of the Medicaid members be familiar with our culture and have experience and background with mental health issues.

MHAC meeting, December 15, 2021

During this MHAC meeting MQD reviewed the increase in the Medicaid Applications, open enrollment for the Federal Insurance marketplace, and updated on the progress of the Medicaid Innovation Collaborative, and various State Plan updates. No public comments were received in our December 15, 2021, MHAC meeting.

Quarter 2:
No public forums were held during this reporting period.

Quarter 3:
Med-QUEST Division held two MHAC meetings during Quarter 3 on April 20, 2022, and June 22, 2022. Public comments were received from both meetings and are summarized below.

MHAC meeting, April 20, 2022

In accordance with 42 CFR 431.420 (c), the State held its annual public forum for the QUEST Integration Section 1115 Demonstration Project at the MHAC meeting held on April 20, at 6:00 p.m. During this public forum MQD reported out on various issues including its mission, increased enrollment (at this time it is at 444,444), and the new contract with the 5 Health Plans effective 7/1/21. Various specific waiver items were discussed including the supportive housing benefit under community integration services and the added community transition services that includes transitional case management services, housing quality and safety improvement services, legal assistance and securing house payments. Additionally, updates were provided on default enrollment for Hawaii dual eligible population, new reporting structure for the Managed Care Plans to capture information on key performance indicators, the issuance of MQD's first health plan manual on 7/1/21, and the mobile clinic for COVID-19 vaccine boosters. Med-QUEST Division also reviewed the approvals by CMS during the past year, such as the Section 9817 HCBS Financial Plan under the American Rescue Plan Act and the Risk Mitigation COVID-19 PHE amendment.

Comments were received by both MHAC members and the public regarding the information presented. One MHAC member commented that they appreciate the fact that MQD developed a health plan manual and asked whether MQD plans on incorporating all the MQD memos into the health plan manual for ease of reference. The State explained that it is still working through this process, and this is the eventual goal. Med-QUEST Division Healthcare Advisory Committee members also commented on how members can connect with Community Integration Services and the State explained that members work with their Health Plan and their health coordinator to conduct an assessment and to help them sign up and receive services.

One member from the public asked about Social Determinants of Health (SDOH) and how to change the delivery side as well as the payment side to the providers. The State explained that it is reviewing how other states addressed issues such as food insecurity and how to include it as part of Medicaid. The member also raised the issue of whether MQD is considering moving to a direct service model like Oregon or Colorado. The State explained that it does not have the capacity to do direct contracting between the State and all the community organizations and providers across the State and that it relies on the Managed Care Organizations to engage in the provider contracting.

MHAC meeting, June 22, 2022

Med-QUEST Division presented information regarding outreach contract awards, restoration of adult dental services, updates to the Medicaid Innovation Collaborative, State Plan Amendments, MCO Health Plan brochures for the MQD Annual Plan Change and the Public Health Emergency (PHE) unwinding plans. The State received comments from both the MHAC members and the public regarding the information presented.

Med-QUEST Division Healthcare Advisory Committee members wanted to know the specific vendors that were awarded outreach contracts. MQD listed the vendors and explained they will be posted on the MQD website. Both MHAC members and the public had comments regarding the restoration of the adult dental benefit. They wanted to know if there is an individual cap or limit to the adult dental benefits and the budget for the dental benefit. MQD explained that there

is no cap or limit, and the budget should be sufficient to cover the services. The public expressed concerns regarding adequate provider network to service the adult population for dental services and whether MQD will be updating the Fee For Service (FFS) provider manual. MQD is aware of the provider network issue and is working with its contractor to recruit additional dental providers. Med-QUEST Division will also be updating the FFS provider manual with updates to the adult dental benefit.

Both MHAC members and the public had comments regarding the annual plan change notice and Health Plans' brochures. They want to know whether MQD encourages the members to reach out to their Health Plans, so they are aware of all of the Health Plan's programs and why a specific Health Plan is offering the opportunity to obtain their GED. Med-QUEST Division explained that it regularly encourages its members to review what each Health Plan offers when choosing a Health Plan and that MQD will add this concept in its newsletter. Med-QUEST Division also clarified that a couple of the Health Plans offer GED assistance as part of their focus on "whole person health" to assist members. The public commentator wanted to share that in his opinion having access to a nutritionist is more valuable than assistance with obtaining a GED. Another public commentator was excited to see the Health Plans offering native Hawaiian health services as part of their benefits package.

Both MHAC members and the public had comments regarding the PHE unwinding. Questions were raised regarding the infographics MQD is using to relay its messaging through social media. Med-QUEST Division will share the infographics with the MHAC members for their input. A public commentator had questions about language access issues as many Medicaid members have English as a second language. Med-QUEST Division clarified that if the member has already chosen another language other than English then their letter will be in the language they request, and MQD is partnering with organizations to assist with the language access issues. Questions were also raised regarding how the messaging will continue over the 12-month period and MQD is aware of the need for a sustained campaign during this time. Concerns were also raised as to the order of notifying members of possible termination and whether MQD has established any special considerations. Med-QUEST Division discussed special considerations for individuals who are houseless and the Duals population.

Quarter 4:
No public forums were held during this reporting period.

III. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total enrollment as of 9/30/2022: 456,066

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

Med-QUEST Division continues to work with the Health Plans as the new reporting package is released in a phased approach and ensure that accurate, valid, and high-quality data on key performance metrics are being reported to MQD. Some key reports have recently met data quality standards and relevant KPIs will be included in future quarterly reports.

B. Results of Beneficiary Satisfaction Surveys (if conducted)

A Consumer Assessment of Healthcare Providers and Systems (CAHPS) was conducted for child members of all five QI health plans between February 2021 to May 2021 (response rate = 18.2%, higher than national response rate = 13.1%). These results were shared with MQD in October 2021. Overall, the Health Plans in aggregate exceeded the 90th percentile for "rating of personal doctor" and "rating of specialist seen most often" categories. However, the results did show that some areas, including "customer service" and "how well doctors communicate", with lower percentile scores indicating a need for quality improvement in these areas although the overall raw score was still high (88.3% and 95.4% respectively). Med-QUEST Division's cross-branch quality committee has reviewed these results and incorporated quality improvement focuses in this area into the Health Plan's QAPI plans. Compared to 2019 results, the 2021 survey results show no decline in any areas.

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

Type	Total	Timely Resolved* # (%)**	Resolved in Favor of Beneficiaries** # (%)**
Grievances	1665	1629 (97.8%)	46 (44.3%)***
Appeals	1386	1342 (96.8%)	936 (69.7%)

*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 grievances and appeals for which no decision has been made that are within the contract-defined time period for resolution
***MQD is working with Health Plans to collect this information. Only one health plan submitted this data for this reporting period and its denominator is being used to calculate the percentage (n = 106).

IV. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

Throughout the 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 9/30/2022 was submitted by the 11/30/2022 deadline. The Budget Neutrality Workbook for the quarter ending 9/30/2022 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 9/30/2022 were reported on the CMS-64 and certified on 10/28/2022. A summary of expenditures is shown on the attached Schedule C for the quarter ending 9/30/2022.

D. Administrative Costs

Administrative Costs for FFY 2022 have remained constant throughout the year, despite enrollment being at an all-time high. Administrative costs for the year can be found on the attached Schedule C.

V. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See 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. In this reporting period the Health Plans submitted their Value-Driven Health Care (focused on value-based purchasing agreements), Primary Care Report, CIS, LTSS, and SHCN reports with some data quality improvements over the reporting period. However, MQD and the University of Hawaii Evaluation team are still providing targeted technical assistance and engaging

with the Health Plans to improve data quality across all reports. These include targeted technical assistance for each Health Plan to assist them in completing the reports and better understanding how the data is pulled to enhancing the report templates with built in technical quality assurance tools for the Health Plans.

The University of Hawaii Evaluation Team held quarterly CIS rapid cycle assessments on:

- December 10th, 2021
- January 7th, 14th, and 21st, 2022 (Parts 1, 2, & 3)
- June 24th, 2022
- September 19th, 2022

2. Challenges Encountered and How They Were Addressed

Acceptable data quality of the reports still remains a challenge. Med-QUEST Division and the University of Hawaii Evaluation Team are continuing to meet with Health Plans at a greater frequency now, to better understand how they are pulling this information and assisting them with mapping the right data to specific fields in the report. Med-QUEST Division has developed an aggressive schedule and strategy to ensure that the reports will be submitted with acceptable data quality standards in the near future.

3. Interim Findings (when available)

CIS

Select successes in implementation include:

- 12 housing service providers are onboarded
- Members are being identified and enrolled in CIS
- CIS-enrolled members needs are being met with current number of service providers
- Improved data quality in reports allowing for enhanced monitoring of program implementation and success
- Health Plan engagement in evaluation process

Select barriers in implementation include:

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

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

Contract is executed for the University of Hawaii Evaluation team for CY2022 with plans to extend for 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

See progress notes above. Unique results and impact on demonstration will be provided in upcoming reports.

VI. Med-QUEST Division Contact

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Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629.445.268	$ 697.320.596	$ 743.256.554	$ 769.348.398	$ 796.466.688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389.312.838	$ 472.902.030	$ 534.517.133	$ 557.755.942	$ 592.854.097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658.889.243	$ 764.674.765	$ 883.519.979	$ 727.880.659	$ 760.156.997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757.508.006	$ 846.263.757	$ 901.246.138	$ 980.956.602	$ 1.034.360.778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,035,941,601**	**$ 3,183,838,560**	**$ 14,498,636,467**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Medicaid Per Capita							
EG 1 - Children	1	$ 393.604.189	$ 422.427.541	$ 429.841.674	$ 432.076.554	$ 447.307.253	$5,585,612,101
EG 2 - Adults	2	$ 167.196.359	$ 205.539.067	$ 226.798.849	$ 246.754.662	$ 262.281.700	$3,162,076,276
EG 3 - Aged	3	$ 398.056.758	$ 459.050.895	$ 496.263.747	$ 475.772.123	$ 502.750.842	$6,240,297,290
EG 4 – Blind/Disabled	4	$ 477.914.067	$ 526.166.658	$ 524.477.057	$ 649.187.694	$ 685.289.061	$7,019,176,392
TOTAL		**$ 1,436,771,372**	**$ 1,613,184,161**	**$ 1,677,381,327**	**$ 1,803,791,033**	**$ 1,897,628,856**	**$ 8,428,756,750**

Savings Phase-Down

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629.445.268	$ 697.320.596	$ 743.256.554	$ 769.348.398	$ 796.466.688	
		With Waiver	$ 393.604.189	$ 422.427.541	$ 429.841.674	$ 432.076.554	$ 447.307.253	
Difference			$ 235.841.079	$ 274.893.055	$ 313.414.880	$ 337.271.844	$ 349.159.435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 176.880.809	$ 206.169.791	$ 235.061.160	$ 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	$ 167.196.359	$ 205.539.067	$ 226.798.849	$ 246.754.662	$ 262.281.700	
Difference			$ 222.116.479	$ 267.362.963	$ 307.718.284	$ 311.001.279	$ 330.572.397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 166.587.359	$ 200.522.222	$ 230.788.713	$ 233.250.959	$ 247.929.298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658.889.243	$ 764.674.765	$ 883.519.979	$ 727.880.659	$ 760.156.997	
		With Waiver	$ 398.056.758	$ 459.050.895	$ 496.263.747	$ 475.772.123	$ 502.750.842	
Difference			$ 260.832.486	$ 305.623.870	$ 387.256.232	$ 252.108.536	$ 257.406.155	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 195.624.364	$ 229.217.903	$ 290.442.174	$ 189.081.402	$ 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	$ 477.914.067	$ 526.166.658	$ 524.477.057	$ 649.187.694	$ 685.289.061	
Difference			$ 279.593.939	$ 320.097.099	$ 376.769.081	$ 331.768.908	$ 349.071.717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 209.695.454	$ 240.072.825	$ 282.576.810	$ 248.826.681	$ 261.803.788	
Total Reduction			**$ 748,787,986**	**$ 875,982,741**	**$ 1,038,868,857**	**$ 924,112,926**	**$ 964,657,278**	**$ 4,552,409,788**

BASE VARIANCE			**$ 249,595,995**	**$ 291,994,247**	**$ 346,289,619**	**$ 308,037,642**	**$ 321,552,426**	**$ 1,517,469,929**
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								**$ 1,517,469,929**

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)	$ 1,686,367,368	$ 3,591,545,775	$ 5,615,216,722	$ 7,727,045,397	$ 9,946,226,679	
Allowed Cumulative Variance (= CTP X CBNL)	$ 33,727,347	$ 53,873,187	$ 56,152,167	$ 38,635,227	$ -	
Actual Cumulative Variance (Positive = Overspending)	$ (249.595.995)	$ (541.590.242)	$ (887.879.861)	$ (1.195.917.503)	$ (1.517.469.929)	
Is a Corrective Action Plan needed?						

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

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

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	$642,883,100	$873,842,680	$1,030,749,731	$953,114,864	$1,023,835,987	
TOTAL		**$ 642,883,100**	**$ 873,842,680**	**$ 1,030,749,731**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,524,426,362**

HYPOTHETICALS VARIANCE 1			**$ 626,175,637**	**$ 838,415,071**	**$ 1,035,125,958**	**$ 747,097,616**	**$ 802,532,932**	**$ 4,049,347,214**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ 4,516,087	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon				3,312	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 4,516,087**	**$ 5,820,928**	**$ 10,337,015**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita							
EG 6 - CIS	1	$ -	$ -	$ -	$ 4.393.944	$ 5.663.970	
TOTAL		**$ -**	**$ -**	**$ -**	**$ 4,393,944**	**$ 5,663,970**	**$ 10,057,914**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ 122,143**	**$ 156,958**	**$ 279,101**

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**	$ -	$ -	$ -	$ 12,316,585	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon				3,312	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 12,316,585**	**$ 15,875,210**	**$ 28,191,795**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	$ -	$ -	$ -	$ 11,983,484	$ 15,447,190	
TOTAL		**$ -**	**$ -**	**$ -**	**$ 11,983,484**	**$ 15,447,190**	**$ 27,430,674**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ 333,101**	**$ 428,020**	**$ 761,121**

PRA Disclosure Statement

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

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

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

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

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

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

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

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

Pre-populated values in the downloaded Budget Neutrality workbook template

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

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

Calculating With Waiver (WW) numbers

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

Calculating Without Waiver (WOW) numbers

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

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

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

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

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

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

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

State User enters information on the following tabs:

C Report Tab

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

Total Adjustments tab

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

WW Spending Projected tab

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

MemMonth Actual tab

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

MemMonth Projected tab

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

Summary TC tab

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

Demonstration Years Definitions

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

Enter any general comments / notes:

MEG Definitions

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

WOW PMPMs and Aggregates

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

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

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

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

Program Spending Limits

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

Date Pulled On:	11/3/2022	Reporting DY	29
For the Time Period Through:	9/30/2022	Reporting Quarter	1

Paste all information related to the demonstration from Schedule C of the CMS 64 Waiver Expenditure Report.
1. On the Schedule C Report, locate rows relevant to all expenditures for a specific demonstration.
2. Complete two rounds of copy/paste starting from the cell in column A (Waiver Name).
- MAP Waivers/ Total Computable section – into cell A100
- MAP Waivers/ Federal Share section – into cell A200

3. If ADM waivers are applicable to the demonstration, complete two more rounds of copy/paste starting from the cell in column A (Waiver Name).
- ADM Waivers/ Total Computable section – cell A300
- ADM Waivers/ Federal Share section – cell A400

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 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	320,856,325	330,120,146	561,530,649	369,932,172	393,768,865	407,334,522	72,539,403	0	4,776,239,697	4,776,239,697
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,106	46,535,285	55,494,164	85,110,900	64,462,027	101,049,983	123,390,620	21,760,135	0	688,541,980	688,541,980
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(31,916)	0	0	0	(2,497,166)	(2,497,166)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	0	0	0	0	(183,214)	(183,214)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,584,686	154,651,730	248,116,345	151,179,620	164,309,964	165,032,786	28,860,050	0	1,735,371,847	1,735,371,847
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,546,496	330,668,845	365,118,586	363,014,834	61,525,813	0	4,052,429,056	4,052,429,056
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(17,997)	0	0	0	(1,741,107)	(1,741,107)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(2,258)	0	0	0	(603,815)	(603,815)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,680	11,676	0	0	3,919,750	3,919,750
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,651,347	477,526,936	537,025,591	790,507,964	526,643,959	713,486,752	851,525,216	154,719,115	0	4,586,934,997	4,586,934,997
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	2,028,913	1,783,310	285,431	0	12,540,540	12,540,540
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,172,746	126,903,675	190,895,331	116,239,141	160,384,243	179,224,515	31,668,141	0	1,297,675,910	1,297,675,910
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0	27,412,124	27,412,124
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	169,042,108	182,723,816	255,652,778	164,063,181	203,396,880	225,141,112	40,705,233	0	2,662,413,273	2,662,413,273
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	306,184,281	316,589,868	372,170,444	594,738,762	391,865,047	420,400,786	428,058,364	72,971,905	0	4,766,947,248	4,766,947,248
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	1,886,418,223	1,978,888,559	2,102,496,436	3,207,325,578	2,119,042,755	2,526,034,988	2,746,163,016	485,035,226	0	30,191,742,947	30,191,742,947

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	173,947,428	181,187,273	304,987,760	211,590,650	233,427,822	243,336,832	43,407,580	0	2,706,350,136	2,706,350,136
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,194,791	30,421,066	46,082,640	36,952,652	59,850,102	73,656,066	13,021,264	0	390,327,359	390,327,359
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(19,044)	0	0	0	(1,363,058)	(1,363,058)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	0	0	0	0	(99,616)	(99,616)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,761,019	86,415,674	97,412,830	98,583,100	17,269,855	0	976,210,776	976,210,776
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,259	256,712,500	188,784,559	215,688,836	216,333,549	36,817,048	0	2,278,762,524	2,278,762,524
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(10,739)	0	0	0	(949,314)	(949,314)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(1,347)	0	0	0	(329,606)	(329,606)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,595	9,459	0	0	2,596,183	2,596,183
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	904,978,360	904,978,360
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,511,412	316,564,065	458,125,253	498,122,382	734,323,269	479,842,528	641,976,011	766,242,469	139,247,205	0	4,191,954,594	4,191,954,594
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,713	1,068,531	170,802	0	7,082,461	7,082,461
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,848)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0	354,994	354,994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862	7,862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,942,873	165,225,680	110,132,233	120,601,049	178,669,104	105,973,053	144,324,310	161,278,343	28,501,326	0	1,231,649,302	1,231,649,302
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0	15,188,306	15,188,306
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,217,054	100,152,370	138,551,846	94,917,138	121,104,884	134,483,011	24,358,011	0	1,513,158,500	1,513,158,500
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	161,395,592	171,534,961	204,149,465	322,731,981	224,467,345	249,456,958	255,933,145	43,666,388	0	2,703,455,764	2,703,455,764
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	1,206,703,074	1,321,117,940	1,407,568,159	2,119,661,770	1,431,231,937	1,765,685,377	1,951,908,278	346,459,479	0	19,118,000,328	19,118,000,328

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	87,270,471	0	0	1,245,285,199	1,245,285,199
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	87,270,471	0	0	1,293,249,452	1,293,249,452

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	59,272,918	0	0	856,249,237	856,249,237
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	59,272,918	0	0	880,945,852	880,945,852

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	$2,028,913	$1,783,310	$285,431	
EG 1 - Children	1	State Plan Children	$391,865,047	$420,400,786	$428,058,364	$72,971,905	
EG 2 - Adults	2	State Plan Adults	$164,063,181	$203,396,880	$225,141,112	$40,705,233	
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,122	$35,680	$11,676		
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	$369,932,172	$393,768,865	$407,334,522	$72,539,403	
EG 3 - Aged	3	Aged w/o Mcare	$64,462,027	$101,049,983	$123,390,620	$21,760,135	
EG 3 - Aged	3	Aged with Medicare - MFP	($490,186)	($31,916)			
EG 3 - Aged	3	Aged without Medicare - MFP	($17,253)				
EG 4 – Blind/Disabled	4	B/D w/Mcare	$151,179,620	$164,309,964	$165,032,786	$28,860,050	
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$330,668,845	$365,118,586	$363,014,834	$61,525,813	
EG 4 – Blind/Disabled	4	Blind/Disable without Medicare - MFP	($294,330)	($17,997)			
EG 4 – Blind/Disabled	4	Blind/Disabled with Medicare - MFP	($81,788)	($2,258)			
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	VIII-Like Group					
EG 5 – Group VIII	1	Expansion State Adults	$526,643,959	$713,486,752	$851,525,216	$154,719,115	
EG 5 – Group VIII	1	Newly Eligible Adults	$116,239,141	$160,384,243	$179,224,515	$31,668,141	
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			$2,119,042,755	$2,526,034,988	$2,746,163,016	$485,035,226	

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	-$5,633,206		Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$3,570,563	-$720,372		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	$393,604,189	$422,427,541	$429,841,674	$73,257,336	
EG 2 - Adults	2	$167,196,359	$205,539,067	$226,798,849	$40,705,233	
EG 3 - Aged	3	$398,056,758	$459,050,895	$496,263,747	$88,666,332	
EG 4 – Blind/Disabled	4	$477,914,067	$526,166,658	$524,477,057	$89,665,491	
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$642,883,100	$873,842,680	$1,030,749,731	$186,387,256	
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,079,654,472**	**$ 2,487,026,841**	**$ 2,708,131,058**	**$ 478,681,648**	**$ -**

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				$358,819,218	$447,307,253
EG 2 - Adults	2				$206,049,429	$262,281,700
EG 3 - Aged	3				$387,105,791	$502,750,842
EG 4 – Blind/Disabled	4				$559,522,203	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1				$766,727,608	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1				$4,393,944	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				$11,983,484	$15,447,190

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$393,604,189	$422,427,541	$429,841,674	$432,076,554	$447,307,253
EG 2 - Adults	2	$167,196,359	$205,539,067	$226,798,849	$246,754,662	$262,281,700
EG 3 - Aged	3	$398,056,758	$459,050,895	$496,263,747	$475,772,123	$502,750,842
EG 4 – Blind/Disabled	4	$477,914,067	$526,166,658	$524,477,057	$649,187,694	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$642,883,100	$873,842,680	$1,030,749,731	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1				$4,393,944	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				$11,983,484	$15,447,190
TOTAL		**$ 2,079,654,472**	**$ 2,487,026,841**	**$ 2,708,131,058**	**$ 2,773,283,325**	**$ 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	275495	
EG 2 - Adults	2	420665	492750	537079	91214	
EG 3 - Aged	3	339779	381363	426146	74440	
EG 4 – Blind/Disabled	4	286202	306260	312412	51890	
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	2091433	363654	
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				1389509	1706629
EG 2 - Adults	2				449221	553945
EG 3 - Aged	3				265093	342929
EG 4 – Blind/Disabled	4				273822	328969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1				1278746	1683460
Hypothetical 2 Per Capita						
EG 6 - CIS	1				3312	4073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				3312	4073

Member Months - Total

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

Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

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

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Medicaid Per Capita							
EG 1 - Children	1	$ 393,604,189	$ 422,427,541	$ 429,841,674	$ 432,076,554	$ 447,307,253	$5,585,612,101
EG 2 - Adults	2	$ 167,196,359	$ 205,539,067	$ 226,798,849	$ 246,754,662	$ 262,281,700	$3,162,076,276
EG 3 - Aged	3	$ 398,056,758	$ 459,050,895	$ 496,263,747	$ 475,772,123	$ 502,750,842	$6,240,297,290
EG 4 – Blind/Disabled	4	$ 477,914,067	$ 526,166,658	$ 524,477,057	$ 649,187,694	$ 685,289,061	$7,019,176,392
TOTAL		**$ 1,436,771,372**	**$ 1,613,184,161**	**$ 1,677,381,327**	**$ 1,803,791,033**	**$ 1,897,628,856**	**$ 8,428,756,750**

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	$ 393,604,189	$ 422,427,541	$ 429,841,674	$ 432,076,554	$ 447,307,253	
		Difference	$ 235,841,079	$ 274,893,055	$ 313,414,880	$ 337,271,844	$ 349,159,435	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 176,880,809	$ 206,169,791	$ 235,061,160	$ 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	$ 167,196,359	$ 205,539,067	$ 226,798,849	$ 246,754,662	$ 262,281,700	
		Difference	$ 222,116,479	$ 267,362,963	$ 307,718,284	$ 311,001,279	$ 330,572,397	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 166.587.359	$ 200.522.222	$ 230.788.713	$ 233.250.959	$ 247.929.298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 727,880,659	$ 760,156,997	
		With Waiver	$ 398,056,758	$ 459,050,895	$ 496,263,747	$ 475,772,123	$ 502,750,842	
		Difference	$ 260,832,486	$ 305,623,870	$ 387,256,232	$ 252,108,536	$ 257,406,155	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 195,624,364	$ 229,217,903	$ 290,442,174	$ 189,081,402	$ 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	$ 477,914,067	$ 526,166,658	$ 524,477,057	$ 649,187,694	$ 685,289,061	
		Difference	$ 279,593,939	$ 320,097,099	$ 376,769,081	$ 331,768,908	$ 349,071,717	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 209.695.454	$ 240.072.825	$ 282.576.810	$ 248.826.681	$ 261.803.788	
Total Reduction			**$ 748,787,986**	**$ 875,982,741**	**$ 1,038,868,857**	**$ 924,112,926**	**$ 964,657,278**	**$ 4,552,409,788**

BASE VARIANCE			**$ 249,595,995**	**$ 291,994,247**	**$ 346,289,619**	**$ 308,037,642**	**$ 321,552,426**	**$ 1,517,469,929**
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								**$ 1,517,469,929**

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)		$ 1,686,367,368	$ 3,591,545,775	$ 5,615,216,722	$ 7,727,045,397	$ 9,946,226,679	
Allowed Cumulative Variance (= CTP X CBNL)		$ 33,727,347	$ 53,873,187	$ 56,152,167	$ 38,635,227	$ -	
Actual Cumulative Variance (Positive = Overspending)		$ (249,595,995)	$ (541,590,242)	$ (887,879,861)	$ (1,195,917,503)	$ (1,517,469,929)	
Is a Corrective Action Plan needed?							

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

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

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$642,883,100	$873,842,680	$1,030,749,731	$953,114,864	$1,023,835,987	
TOTAL			**$ 642,883,100**	**$ 873,842,680**	**$ 1,030,749,731**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,524,426,362**

HYPOTHETICALS VARIANCE 1			**$ 626,175,637**	**$ 838,415,071**	**$ 1,035,125,958**	**$ 747,097,616**	**$ 802,532,932**	**$ 4,049,347,214**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ 4,516,087	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon				3,312	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 4,516,087**	**$ 5,820,928**	**$ 10,337,015**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ -	$ 4,393,944	$ 5,663,970	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 4,393,944**	**$ 5,663,970**	**$ 10,057,914**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ 122,143**	**$ 156,958**	**$ 279,101**

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**	$ -	$ -	$ -	$ 12,316,585	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon				3,312	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 12,316,585**	**$ 15,875,210**	**$ 28,191,795**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ 11,983,484	$ 15,447,190	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 11,983,484**	**$ 15,447,190**	**$ 27,430,674**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ 333,101**	**$ 428,020**	**$ 761,121**

Yes__No
Yes
No

Per Capita or Aggregate
Per Capita
Aggregate

Phase-Down
No Phase-Down
Savings Phase-Down

Actuals and Projected
Actuals Only
Actuals + Projected

MAP_ADM
MAP+ADM Waivers
MAP Waivers Only

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

Demonstration Reporting Start DY 26
Demonstration Reporting End DY 30

Reporting Net Variance
$ 1,517,469,929

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 4/2022

State: Hawaii

Summary of Expenditures by Waiver Year
Waiver: 11W00000

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
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
Blind/Disabled without Medic	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

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
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
Blind/Disabled without Medic	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

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
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
Blind/Disabled without Medic	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

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
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
Blind/Disabled without Medic	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

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
ADM	0	0	0	0	0	0	0	0	0	0	0	0	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

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	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	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
ADM	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

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	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	5,947,464	(2,995,138)	0	0	0	0	0	0	0	0	0	0	0	0	0	2,952,326	2,952,326

Summary of Expenditures by Waiver Year
Waiver: 11W00001

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
1 115	0	70 981 761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 B 2	0	173 206 589	0	0	0	0	(28 108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 B 2X	0	(8 243 749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902B2	0	121 392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	148 069 654	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121 279 464	314 952 648	350 714 627	326 518 117	349 156 948	184 750 729
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2 424 989	17 555 107	24 914 002	19 728 957	24 483 589	14 925 306
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - MFI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17.808)	31.794.652	74.760.519	81.089.359	77.493.096	88.201.319	49.105.356
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28 991)	81 514 842	211 664 665	248 689 322	257 012 282	282 670 355	148 440 400
Blind/Disable without Medica	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medicare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4 053	545.332	904.018	750.145	365.104
Current	0	493 934 086	0	0	0	0	1 661 326	159 616 917	75 521 154	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT POP	0	272 778 438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40 064 795	0	0	0	0	0	0	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	134 638	1 995	51 709	318 560	127 982 800	129 456 848	154 209 257	177 392 619	201 628 981	238 945 778	244 752 485	222 394 498	43 952 301
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91 499	83 366	94 158	137 403	73 022	176 374	173 482
HawaiiQuest-1902(B)(2)	0	700 529	107 220	2 484 576	1 636 854	860 335	1 594 466	0	0	284	34 836	438 582	0	0	33 061	26 332	8 001	0	0	0	0
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135 520	683 159	0	0	0	0	0
HealthQuest-Current	0	3 884 748	350 430	12 121 771	10 002 019	7 377 643	10 651 130	9 373 702	64 428 704	230 593 470	268 955 153	392 471 288	(2 325 152)	0	0	0	0	0	0	0	0
HealthQuest-Others	0	1 783 163	215 685	5 322 833	3 698 445	2 678 918	3 915 013	3 306 673	21 010 550	63 645 959	99 234 046	93 729 117	(621 643)	0	0	0	0	0	0	0	0
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56 504	120 767	115 693	58 345	117 005	109 837	8 305	0	0
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 715	3 960	0	0	0	0
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122 839	581 513	0	0	0	0	0
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 331
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5 100 418	16 199 737	0	0	0	0	0
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76 678	103 084	80 075	257 166	253 182	31	0	0	0
Others	0	288 512 308	0	0	0	0	786 332	56 430 712	30 507 680	0	0	0	0	0	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13 142 103	0	0	0	0	0	0	0	0	0	0	0	0
OthersX	0	(15 309 727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2 751)	798 681	5 696 094	14 348 747	23 867 636	30 465 656	27 968 205	26 432 838	26 173 447
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7.862.479	17.432.949	0	0	0	0	0
St Pl Adults-Preg Immig/COFA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24 990	2 628 840	2 628 927	2 873 646	987 921
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39.158	111.982.730	118.021.622	109.034.691	128.225.118	131.863.143	123.596.289	112.747.766	130.113.272	80.834.871
State Plan Children	0	0	0	0	0	0	0	(41)	(9 403)	2 008	878	2 541 467	181 803 051	179 672 723	155 392 585	168 853 209	202 959 370	213 968 923	187 753 000	215 942 601	106 595 461
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7 500 002	0	0	0	0	0	0	0	0	0
Supp. - State Gov	0	0	0	0	0	0	0	0	0	0	0	17 822 210	0	0	0	0	0	0	0	0	0
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15 688 221	22 546 108	18 919 184	16 356 580	24 507 605	34 064 491	48 859 842	12 164 879	5 856 911
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609 561	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10 056 500	3 403 710	7 500 000	7 500 000	7 500 000	7 500 000	0	38 818 619	39 694 442
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71 468 225
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,246,301	785,020,500	1,211,765,023	1,357,369,890	1,307,057,583	1,449,179,033	773,325,287

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1 115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70 981 761	70 981 761
1902 B 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173 178 481	173 178 481
1902 B 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8 243 749)	(8 243 749)
1902B2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121 392	121 392
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148 069 654	148 069 654
Aged w/Mcare	364 919 440	307 865 937	320 856 325	330 120 146	561 530 649	369 932 172	393 768 865	407 334 522	72 539 403	0	0	0	0	0	0	0	0	0	0	0	4 776 239 697	4 776 239 697
Aged w/o Mcare	37 994 810	48 712 106	46 535 285	55 494 164	85 110 900	64 462 027	101 049 983	123 390 620	21 760 135	0	0	0	0	0	0	0	0	0	0	0	688 541 980	688 541 980
Aged with Medicare - MFP	0	(473 188)	(505 165)	(397 775)	(598 936)	(490 186)	(31 916)	0	0	0	0	0	0	0	0	0	0	0	0	0	(2 497 166)	(2 497 166)
Aged without Medicare - MFI	0	(14 668)	(44 822)	(62 495)	(43 976)	(17 253)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(183 214)	(183 214)
B/D w/Mcare	98.847.286	163.362.887	158.584.686	154.651.730	248.116.345	151.179.620	164.309.964	165.032.786	28.860.050	0	0	0	0	0	0	0	0	0	0	0	1.735.371.847	1.735.371.847
B/D w/o Mcare	290 201 052	285 336 958	310 399 367	340 654 230	475 546 496	330 668 845	365 118 586	363 014 834	61 525 813	0	0	0	0	0	0	0	0	0	0	0	4 052 429 056	4 052 429 056
Blind/Disable without Medica	0	(324.738)	(333.645)	(370.635)	(399.762)	(294.330)	(17.997)	0	0	0	0	0	0	0	0	0	0	0	0	0	(1.741.107)	(1.741.107)
Blind/Disabled with Medicare	0	(61 110)	(74 223)	(153 925)	(230 511)	(81 788)	(2 258)	0	0	0	0	0	0	0	0	0	0	0	0	0	(603 815)	(603 815)
Breast Cervical Cancer Treatr	585.588	277.616	222.869	103.847	107.702	6.122	35.680	11.676	0	0	0	0	0	0	0	0	0	0	0	0	3.919.750	3.919.750
Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730 733 483	730 733 483
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272 778 438	272 778 438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40 064 795	40 064 795
Demo Elig Adults	52 948	(5 724)	735	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 546 270 428	1 546 270 428
Expansion State Adults	191 848 117	343 651 347	477 526 936	537 025 591	790 507 964	526 643 959	713 486 752	851 525 216	154 719 115	0	0	0	0	0	0	0	0	0	0	0	4 586 934 997	4 586 934 997
FosterCare(19-20)	703 614	618 774	885 664	1 318 600	2 348 338	1 739 142	2 028 913	1 783 310	285 431	0	0	0	0	0	0	0	0	0	0	0	12 540 540	12 540 540
HawaiiQuest-1902(B)(2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 925 126	7 925 126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818 679	818 679
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 007 884 906	1 007 884 906
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297 918 759	297 918 759
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	586 456	586 456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11 675	11 675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704 352	704 352
Newly Eligible Adults	216 960 871	165 225 916	110 177 746	126 903 675	190 895 331	116 239 141	160 384 243	179 224 515	31 668 141	0	0	0	0	0	0	0	0	0	0	0	1 297 675 910	1 297 675 910
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21 300 155	21 300 155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	770 216	770 216
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376 237 032	376 237 032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13 142 103	13 142 103
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15 309 727)	(15 309 727)
QUEST ACE	99 296	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	205 847 849	205 847 849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25.295.428	25.295.428
St Pl Adults-Preg Immig/COFA	1 532 245	1 448 764	2 048 646	2 315 023	4 043 498	3 127 056	2 106 507	1 646 061	0	0	0	0	0	0	0	0	0	0	0	0	27 412 124	27 412 124
State Plan Adults	202.315.960	172.913.238	169.042.108	182.723.816	255.652.778	164.063.181	203.396.880	225.141.112	40.705.233	0	0	0	0	0	0	0	0	0	0	0	2.662.413.273	2.662.413.273
State Plan Children	248 491 959	306 184 281	316 589 868	372 170 444	594 738 762	391 865 047	420 400 786	428 058 364	72 971 905	0	0	0	0	0	0	0	0	0	0	0	4 766 947 248	4 766 947 248
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7.500.002	7.500.002
Supp. - State Gov	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17 822 210	17 822 210
UCC-Governmental	10 090 466	6 184 588	981 179	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	216 220 054	216 220 054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609 561	609 561
UCC-Private	82 153 936	85 515 739	66 000 000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	355 642 946	355 642 946
VIII-Like Group	(8 863)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71 459 362	71 459 362
Total	1,746,788,725	1,886,418,223	1,978,888,559	2,102,496,436	3,207,325,578	2,119,042,755	2,526,034,988	2,746,163,016	485,035,226	0	0	0	0	0	0	0	0	0	0	0	30,191,742,947	30,191,742,947

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
1 115	0	35 490 882	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 B 2	0	86 769 823	0	0	0	0	(14 054)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 B 2X	0	(4 205 136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902B2	0	60 696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	74 034 827	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81 134 508	211 362 743	229 319 379	165 433 841	179 767 116	95 671 244
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 622 988	11 822 762	16 022 396	9 984 628	12 621 590	7 728 650
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - MFI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11 688)	21 277 328	49 857 636	52 547 252	39 123 227	45 400 574	25 392 157
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19 525)	54 511 233	141 799 152	161.274.589	130 199 593	145 622 789	76 872 883
Blind/Disable without Medica	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medicare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2 754	361 286	592 247	495 478	241 945
Current	0	247 684 665	0	0	0	0	904 176	83 526 544	40 668 142	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT POP	0	136 389 220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22.572.505	0	0	0	0	0	0	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	79 127	1 144	30 236	186 922	75 196 276	74 766 107	87 642 204	114 378 784	135 452 513	154 819 222	123 131 082	116 746 929	22 523 089
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51 916	53 413	63 415	89 013	36 291	90 804	89 632
HawaiiQuest-1902(B)(2)	0	353 988	53 702	1 242 907	818 930	430 573	808 769	0	0	166	20 369	256 468	0	0	18 679	19 755	5 389	0	0	0	0
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76 578	438 797	0	0	0	0	0
HealthQuest-Current	0	1 963 002	175 736	6 063 866	5 004 058	3 692 366	5 386 340	4 903 637	36 087 606	132 768 282	165 985 082	231 578 381	(1 365 848)	0	0	0	0	0	0	0	0
HealthQuest-Others	0	901 053	107 974	2 662 739	1 849 641	1 340 727	1 981 352	1 733 011	11 768 154	36 642 802	60 584 431	55 313 761	(363 962)	0	0	0	0	0	0	0	0
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32 497	68 553	68 082	38 985	78 049	64 590	4 238	0	0
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5 196	2 666	0	0	0	0
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69 404	368 050	0	0	0	0	0
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 331
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2 881 647	10 235 011	0	0	0	0	0
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44 819	59 404	45 487	166 217	170 408	21	0	0	0
Others	0	144 525 295	0	0	0	0	426 612	29 580 209	16 428 385	0	0	0	0	0	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7 404 260	0	0	0	0	0	0	0	0	0	0	0	0
OthersX	0	(7 809 492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1 583)	454 606	3 232 556	9 372 768	16 050 472	19 640 154	13 856 685	39 331 445	13 397 540
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 442 944	10 922 768	0	0	0	0	0
St Pl Adults-Preg Immig/COFA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16.829	1.707.938	1 317 977	1 473 988	508 843
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22 986	65 812 117	68 288 552	61 892 816	82 540 889	88 651 957	80 730 594	56 344 000	66 741 334	41 647 789
State Plan Children	0	0	0	0	0	0	0	(23)	(5.530)	1.173	507	1.494.521	106.725.591	103.797.242	88.086.005	108.850.847	136.539.237	138.140.612	92.615.888	110.463.383	54.513.107
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4 385 251	0	0	0	0	0	0	0	0	0
Supp. - State Gov	0	0	0	0	0	0	0	0	0	0	0	10.614.749	0	0	0	0	0	0	0	0	0
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9 212 484	13 041 165	10 762 501	10 040 250	16 505 872	22 280 473	24 838 917	6 249 536	3 037 111
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307.706	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5 787 516	1 958 835	4 237 500	4 959 750	5 051 250	4 697 250	0	20 131 336	20 583 506
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37 060 184
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,476,907	510,938,536	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1 115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35 490 882	35 490 882
1902 B 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86 755 769	86 755 769
1902 B 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4 205 136)	(4 205 136)
1902B2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60 696	60 696
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74 034 827	74 034 827
Aged w/Mcare	189 594 079	162 182 080	173 947 428	181 187 273	304 987 760	211 590 650	233 477 822	243 336 832	43 407 580	0	0	0	0	0	0	0	0	0	0	0	2 706 350 136	2 706 350 136
Aged w/o Mcare	19 714 968	25 630 796	25 194 791	30 421 066	46 082 640	36 952 652	59 850 102	73 656 066	13 021 264	0	0	0	0	0	0	0	0	0	0	0	390 327 359	390 327 359
Aged with Medicare - MFP	0	(249 679)	(273 613)	(218 333)	(324 766)	(277 623)	(19 044)	0	0	0	0	0	0	0	0	0	0	0	0	0	(1 363 058)	(1 363 058)
Aged without Medicare - MFI	0	(7 720)	(24 377)	(34 310)	(23 817)	(9 392)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(99 616)	(99 616)
B/D w/Mcare	51 341 230	86 036 126	85 942 520	84 861 936	134 761 019	86 415 674	97 412 830	98 583 100	17 269 855	0	0	0	0	0	0	0	0	0	0	0	976 210 776	976 210 776
B/D w/o Mcare	150 336 274	149 646 906	167 640 879	186 541 259	256 712 500	188 784 559	215 688 836	216 333 549	36 817 048	0	0	0	0	0	0	0	0	0	0	0	2 278 762 524	2 278 762 524
Blind/Disable without Medica	0	(171 495)	(180 813)	(203 447)	(216 481)	(166 339)	(10 739)	0	0	0	0	0	0	0	0	0	0	0	0	0	(949 314)	(949 314)
Blind/Disabled with Medicare	0	(32.236)	(40.358)	(84.504)	(125.175)	(45.986)	(1.347)	0	0	0	0	0	0	0	0	0	0	0	0	0	(329.606)	(329.606)
Breast Cervical Cancer Treatr	376 274	201 477	152 695	77 771	62 536	1 667	20 595	9 459	0	0	0	0	0	0	0	0	0	0	0	0	2 596 183	2 596 183
Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372.783.527	372.783.527
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136 389 220	136 389 220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22.572.505	22.572.505
Demo Elig Adults	27 511	(3 183)	397	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	904 978 360	904 978 360
Expansion State Adults	157 511 412	316 564 065	458 125 253	498 122 382	734 323 269	479 842 528	641 976 011	766 242 469	139 247 205	0	0	0	0	0	0	0	0	0	0	0	4 191 954 594	4 191 954 594
FosterCare(19-20)	365 633	326 044	480 663	723 548	1 274 696	993 347	1 204 713	1 068 531	170 802	0	0	0	0	0	0	0	0	0	0	0	7 082 461	7 082 461
HawaiiQuest-1902(B)(2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 029 695	4 029 695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515 375	515 375
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592 242 508	592 242 508
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174 521 683	174 521 683
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	354 994	354 994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 862	7 862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437 454	437 454
Newly Eligible Adults	216 942 873	165 225 680	110 132 233	120 601 049	178 669 104	105 973 053	144 324 310	161 278 343	28 501 326	0	0	0	0	0	0	0	0	0	0	0	1 231 649 302	1 231 649 302
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13 116 658	13 116 658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	486 356	486 356
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190 960 501	190 960 501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7 404 260	7 404 260
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7 809 492)	(7 809 492)
QUEST ACE	51 580	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	115 387 223	115 387 223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15 365 712	15 365 712
St Pl Adults-Preg Immig/COFA	795 482	764 288	1 111 786	1 270 634	2 194 658	1 792 664	1 249 446	983 773	0	0	0	0	0	0	0	0	0	0	0	0	15 188 306	15 188 306
State Plan Adults	104 818 328	90 882 653	91 217 054	100 153 120	138 551 846	94 917 138	121 104 884	134 483 011	24 358 011	0	0	0	0	0	0	0	0	0	0	0	1 513 158 500	1 513 158 500
State Plan Children	128.897.369	161.395.592	171.534.961	204.149.465	322.731.981	224.467.345	249.456.958	255.933.145	43.666.388	0	0	0	0	0	0	0	0	0	0	0	2.703.455.764	2.703.455.764
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 385 251	4 385 251
Supp. - State Gov	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10 614 749	10 614 749
UCC-Governmental	5 240 639	3 261 810	529 641	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	125 000 399	125 000 399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307.706	307.706
UCC-Private	42 677 271	45 049 870	35 626 800	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190 760 884	190 760 884
VIII-Like Group	(4 595)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37 055 589	37 055 589
Total	1,068,686,328	1,206,703,074	1,321,117,940	1,407,568,159	2,119,661,770	1,431,231,937	1,765,685,377	1,951,908,278	346,459,479	0	0	0	0	0	0	0	0	0	0	0	19,118,000,328	19,118,000,328

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7 241 969	42 748 419	39 312 729	11 586 429	43 993 148	59 479 815	54 588 745	85 205 753	62 594 608
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755 748	34 375 214	12 833 291	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	82 954 286	118 530 760	105 382 868	96 942 056	139 266 156	92 612 419	115 574 568	87 270 471	0	0	0	0	0	0	0	0	0	0	0	0	1 245 285 199	1 245 285 199
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47 964 253	47 964 253
Total	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	87,270,471	0	0	0	0	0	0	0	0	0	0	0	0	1,293,249,452	1,293,249,452

Federal Share

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

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	61 342 106	93 307 850	78 500 894	71 333 202	98 697 486	64 043 270	77 060 475	59 272 918	0	0	0	0	0	0	0	0	0	0	0	0	856 249 237	856 249 237
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24 696 615	24 696 615
Total	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	59,272,918	0	0	0	0	0	0	0	0	0	0	0	0	880,945,852	880,945,852

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
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
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
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
Total	0	18,730,395	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i)-like Evaluations	0	0	0	0	0	0	0	1 905 780	0	0	0	0	0	0	0	0	0	0	0	0	6 357 185	6 357 185
HCBS Waiver LOC Timelines	0	0	0	0	0	0	0	2 826 695	0	0	0	0	0	0	0	0	0	0	0	0	14 005 862	14 005 862
Retainer Payments	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	0	0	0	0	0	0	4,732,475	0	0	0	0	0	0	0	0	0	0	0	0	23,462,870	23,462,870

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 4/2022

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) Ste 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	0	0	0	0	0	0	0	0	0	0	0	0	3,794,052	3,794,052
HCBS Waiver LDC Transitions	0	6,007,976	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,691,456	0	0	0	0	0	0	0	0	0	0	0	0	8,399,408	8,399,408
Retainer Payments	0	2,580,510	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,580,510	2,580,510
Total	0	11,242,119	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	0	0	0	0	0	0	0	0	0	0	0	0	14,073,970	14,073,970

Hawaii QUEST Integration

1115 Waiver

Federal Fiscal Year 2022 4th Quarter Information (DY28 Q4)

Period:	**July 2022 – September 2022**
Federal Fiscal Quarter:	4th Quarter 2022
State Fiscal Quarter:	1st Quarter 2023
Calendar Year Quarter:	3rd Quarter 2022
Demonstration Year:	28th Year (10/1/21 – 9/30/22)

Table of Contents

Attachments

Attachment D1: Up-To-Date Budget Neutrality Summary

The Budget Neutrality Summary (worksheet) for the quarter ending 6/30/2022 is presented here in Attachment D1. The Budget Neutrality Summary for the quarter ending 9/30/2022 is also attached (Attachment A).

Attachment D2: Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 6/30/2022 is presented here in Attachment D2. The Budget Neutrality Workbook for the quarter ending 9/30/2022 is also attached (Attachment B).

Attachment C: Schedule C

Schedule C for the quarter ending 9/30/2022 is presented here in Attachment C. Schedule C includes a summary of expenditures for the reporting period.

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). Med-QUEST Division works closely with the Health Plans to facilitate contract implementation, and improve healthcare access and services to members.

The 4th quarter of Federal Fiscal Year (FFY) 2022 was another busy quarter for MQD. In addition to the areas of work described in this report, MQD also forged ahead in projects involving:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) project management in partnership with contractor, Health Management Association (HMA);

- Preparations for the upcoming QUEST Integration Annual Plan Change, during which all Medicaid beneficiaries have the opportunity to change their Managed Care Organization (MCO) Health Plan enrollment effective 1/1/2023; and

- Continued planning for post-Public Health Emergency (PHE) unwinding operations, including collaboration with the Health Plans on updating member contact information.

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. Some report tools were updated and reissued in the July 2022 Health Plan Manual release.

Also, Health Plans continued to submit newly designed reports as part of the QI contract. Health Plans have submitted nearly all remaining reports with the last one due on 10/31/2022. Embedded in these reports, is a framework to consolidate reporting information into specific focus areas and to analyze performance based on Key Performance Indicators (KPIs) which will be reported in the Performance Metrics section of this 1115 quarterly report once data quality is adequate. During 2021, and continuing into 2022, weekly training and technical assistance sessions have been held with the Health Plans to socialize and implement the new reports, and ensure that health plan staff understand the methodology and purpose of various fields in the reports. 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)

As shared in the previous 1115 Waiver Quarterly CMS Monitoring Report, MQD succeeded in obtaining 3 years of technical assistance on the development and implementation of policies and strategies to improve the integration of care for the Medicare-Medicaid Duals population. The technical assistance is provided by ATI Advisory (ATI), a research and advisory firm, and Speire Healthcare Strategies, LLC (Speire), a boutique health care consulting firm, through the Center for Health Care Strategies (CHCS) Advancing Medicare and Medicaid Integration (AMMI) initiative and grant of Arnold Ventures.

Achievements on this front during this reporting period, have been defining, analyzing and prioritizing key and determinative policy and operational options to present to stakeholders

(Health Plans) for consideration and ultimate decisions affecting the immediate and near future of Hawaii's D-SNPs. Options on the table involved voluntary or mandated movements toward Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs), single contract pathway, Exclusively Aligned Enrollment (EAE), and specific components of Medicare-Medicaid integration, such as integrated materials and care coordination. Options also involved the development and sharing of data between D-SNPs, Medicaid MCOs, and specialty care contractors, to improve the integration of services for vulnerable sub-populations straddling all three entities, such as D-SNP members who are also Community Care Service (CCS) members. The CCS program is a specialty behavioral health carve-out that provides all behavioral healthcare for qualifying Medicaid members with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI).

Med-QUEST Division met frequently with the consultants during the reporting period, and relied upon their expertise, research, and guidance to prepare for the MQD leadership and stakeholder discussions.

All Patient Refined Diagnosis Related Groups (APR DRGs)

All Patient Refined Diagnosis Related Groups went live on July 1, 2022, statewide for Hawaii's Medicaid program. Inpatient hospital payments for both managed care and Fee For Service (FFS) were transitioned to APR DRGs on July 1st. The transition went relatively smoothly as managed care plans were making payments in the new methodology, and hospitals were receiving the payments. While there are a few outstanding questions and issues that emerged once the "Go Live" began, none are critical.

Social Determinants of Health (SDOH)

The QI Health Plan contract includes transformation work plans for both MQD and the Health Plans. Consulting assistance has been procured with HMA to assist MQD with designing and implementing an SDOH plan.

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

This quarter, MQD initiated the rate study for some HCBS providers (Community Care Foster Family Homes, Expanded Adult Residential Care Homes, Personal Care/Self-Direct). This is rated to our ARPA HCBS spending plan as well as a legislative resolution to conduct such a study.

3. Community Integration Services (CIS)

See evaluation section below for an update on CIS.

4. Other

Member Outreach

The Health Care Outreach Branch (HCOB) of MQD began this quarter on-boarding newly awarded Kokua Services Contractors:

- Imua Family Services (Maui County)
  - Malama I Ke Ola (Maui County sub-contractor)

- Kumukahi Health + Wellness (Hawaii County)
    - Malama Pono (Kauai County sub-contractor)
    - Health and Harm Reduction (Honolulu County sub-contractor
    - Maui Aids Foundation (Maui County sub-contractor)
    - Kalanihale (Miloli'i, Ka'u, Oceanview in Hawaii County sub-contractor)
    - Hawaii Island YMCA (East Hawaii County sub-contractor)
    - West Hawaii Community Health Center (West Hawaii County sub-contractor)

- Legal Aid Society of Hawaii (Honolulu County)
- Project Vision Hawaii (Statewide)
- We Are Oceania (Honolulu)

Health Care Outreach Branch and its Kokua Services Contractors participated in a number of member outreach events during this quarter, including: Immigrant Resource and Cultural Fair; Waipahu High School Parent Night Resource Fair; and Celebrate Micronesian Day on Hawaii Island. Health Care Outreach Branch also did several presentations to community partner organizations to educate and provide information on how to apply residents for Medicaid and providing messaging on the importance of beneficiaries updating and confirming contact information with MQD. Presentations were provided to the Department of Family Health Service Division, State Health Insurance Program (SHIP), Veterans Affairs social workers and to one QI health plan, AlohaCare, and its community partners.

Managed Care Annual Plan Change

Med-QUEST Division's Managed Care Annual Plan Change (APC) preparations began. Packets were sent to over 150,000 households that included APC letters and forms along with Health Plan brochures and a two-page newsletter. The APC runs through October 2022, with the effective date of any changes to take place in January 2023.

Data Quality Strategy

MQD continued working toward its 2022 Data Quality Strategy goals with partnered contractor, Freedman Healthcare. In this quarter, our contractors met frequently with the MCOs to review encounter edits that result in pended encounters to explore where system alignments are needed. Through these conversations MQD was able to clarify guidance to the MCOs on requirements for encounters which will be codified in the Health Plan Manuals going forward.

This quarter MQD also embarked on an update to its current reconciliation process to reconcile submitted encounters at the file-level. By including this dimension in reconciliation, MQD aims to identify any misalignments in encounters the MCOs attest to submitting that were not received for processing in MQD's mainframe system.

B. Issues or Complaints Identified by Beneficiaries

Nothing new to report regarding beneficiary complaints or issues during this time period.

C. Audits, Investigations, Lawsuits, or Legal Actions

Statewide Annual Financial & Performance Audits

The annual statewide audit was launched this quarter.

Lawsuits and Legal Actions

Fujimori v. DHS (Decided at Intermediate Court of Appeals and waiting to hear if the Hawaii Supreme Court will take this case). The Department of Human Services prevailed at the Intermediate Court of Appeals (ICA) on the denial of Long-Term Care coverage for the Fujimoris. This case involves an issue of estates and what is countable. The Fujimoris are the decedents. The Fujimori estate personal representative, filed an extension of the deadline to request that the Hawaii Supreme Court hear the case. The ICA Opinion was issued on 8/31/2022 and the Judgment on Appeal was issued on 10/5/2022. The opposing party filed a request for an extension of time to appeal to the Hawaii Supreme Court on 11/3/2022.

Hawaii Disability Rights Center v. Kishimoto (Decided at U.S. District Court, waiting for Ninth Circuit decision): This is a case about Applied Behavioral Analysis for children on the autism spectrum. The District Court granted the state summary judgment, and that summary judgment has been appealed by the Plaintiff's to the Ninth Circuit Federal Appeals Court. The District Court finally issued a written order granting summary judgment so the Ninth Circuit case should proceed to an opinion. The final order granting the motion for summary judgment was filed on 8/31/22, along with the actual judgment in the case. The Notice of Appeal was filed at the end of September.

D. Unusual or Unanticipated Trends

Due to the pandemic and the continuous coverage requirements tied to the federal PHE, there has been continued increases in the Medicaid populations, particularly in the working-age adult groups. Hawaii experienced a 40% increase in enrollment since March 2020. Med-QUEST Division is continuing to plan and think through the impact the end of the PHE will have on continuous coverage, and any additional waivers needed that MQD wants to apply for. There are no other unusual or unanticipated trends to report.

E. Legislative Updates

On May 5, 2022, the Hawaii state legislature adjourned its 2022 session sine die.

Implementation Activities: Planning ensued to implement the expansion of adult dental benefits that were restored during the 2022 Legislative Session. Draft State Plan Amendment language was shared with CMS, technical assistance on the SPA was provided by CMS, and the State Plan Amendment (SPA) was officially submitted. Other planning activities took place so that MQD is on track to implement January 1, 2023.

The Post-Partum Expansion State Plan option was submitted. Additionally, the allocation methodology SPA was submitted. Hawaii is still working through some technical challenges in being able to respond to the CMS questions on Hawaii's detailed methodology.

F. Descriptions of any Public Forums Held

There were no public forums held during this reporting period from July 2022 through September 2022. The next Med-QUEST Division Healthcare Advisory Committee (MHAC) meeting was held on October 19, 2022, and will be reported out in the next quarter.

III. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total enrollment as of 9/30/2022: 456,066

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

Med-QUEST Division continues to work with the Health Plans as the new reporting package is released in a phased approach to ensure that accurate, valid, and high-quality data on key performance metrics are being reported to MQD. Some key reports have recently met data quality standards and relevant KPIs will be included in future quarterly reports.

B. Results of Beneficiary Satisfaction Surveys (if conducted)

No CAHPS surveys were conducted during the reporting period.

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

Nearly all grievances and appeals were timely resolved. The trend has continued since last quarter.

Type	Total	Timely Resolved* # (%)	Resolved in Favor of Beneficiaries** # (%)
Grievances	391	389 (99.5%)	46 (44.3%)***
Appeals	335	330 (98.5%)	208 (63.0%)

*Timely is defined as within 30 days for standard grievances and appeals, within 14 days for expedited appeals, and within the approved extension time period for grievances and appeals with approved extensions. Denominator excludes grievances and appeals received within 30 days of the end of the reporting period with no resolution (or 3 days for expedited appeals).
**Denominator excludes appeals for which no decision has been made.
***MQD is working with Health Plans to collect this information. Only one health plan submitted this data for this quarter and its denominator is being used to calculate the percentage (n = 106).

IV. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

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

B. Updated Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 9/30/2022 is attached (Attachment B). The Budget Neutrality Workbook for the quarter ending 6/30/2022 is also attached (Attachment D2).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 9/30/2022 were reported on the CMS-64 and certified on 10/28/2022. A summary of expenditures is shown on the attached Schedule C for the quarter ending 9/30/2022.

D. Administrative Costs

There were no significant issues for Hawaii's administrative costs for the quarter ending 09/30/2022. Staff costs have remained relatively constant despite enrollment numbers being at an all-time high. The cumulative administrative expenditures can be found on the attached Schedule C.

V. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See progress notes below. Results on the Demonstration will be provided in upcoming reports.

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. Last quarter the Health Plans submitted their first Value-Driven Health Care (focused on value-based purchasing agreements) and Primary Care Report. Additionally, Health Plans submitted another round of CIS, Long-Term Services and Supports, and Special Health Care Needs reports with data quality improving compared to previous quarters. However, MQD and the University of Hawaii (UH) Evaluation team are still providing targeted technical assistance and engaging with the Health Plans to improve data quality across all reports.

The UH Evaluation Team held a CIS rapid cycle assessment on September 19th, 2022.

2. Challenges Encountered and How They Were Addressed

Acceptable data quality of the reports still remain a challenge. Med-QUEST Division and the UH Evaluation Team are continuing to meet with Health Plans at a greater frequency to better understand how the Health Plans are pulling this information and assisting the Health Plans with mapping the right data to specific fields in the report. Med-QUEST Division developed an aggressive schedule and strategy to ensure that the reports will be submitted with acceptable data quality standards in the near future.

3. Interim Findings (when available)

CIS

Some select successes in implementation include:

- 12 housing service providers are onboarded
- CIS-enrolled members needs are being met
- Improved data quality in reports allowing for enhanced monitoring of program implementation and success
- Health Plan engagement in evaluation process

Select barriers in implementation include:

- Inconsistent information and data sharing between agencies and housing service providers due to siloed and non-interoperable systems

- Managed care plans still optimizing best workflows

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

Contract is executed for the University of Hawaii Evaluation team for CY 2022 with plans to extend for CY 2023.

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

See progress notes above. Unique results and impact on the Demonstration will be provided in upcoming reports.

VI. Med-QUEST Division Contact

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Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,143,858	$ 769,348,398	$ 796,466,688	
		PMPM	$448.48	$452.98	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,394	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 524,738,191	$ 557,755,942	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	527,253	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 882,568,343	$ 727,880,659	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	425,687	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 930,311,374	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	322,487	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,080,761,766**	**$ 3,035,941,601**	**$ 3,183,838,560**	**$ 14,516,858,430**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Medicaid Per Capita							
EG 1 - Children	1	$ 395,251,352	$ 420,200,660	$ 417,364,457	$ 432,076,554	$ 447,307,253	$5,572,555,166
EG 2 - Adults	2	$ 167,686,288	$ 204,292,588	$ 232,146,824	$ 246,754,662	$ 262,281,700	$3,166,667,701
EG 3 - Aged	3	$ 398,464,519	$ 454,521,090	$ 504,552,788	$ 481,405,329	$ 502,750,842	$6,250,097,492
EG 4 – Blind/Disabled	4	$ 478,251,842	$ 521,133,338	$ 615,379,472	$ 649,908,066	$ 685,289,061	$7,106,103,634
TOTAL		**$ 1,439,654,000**	**$ 1,600,147,676**	**$ 1,769,443,540**	**$ 1,810,144,611**	**$ 1,897,628,856**	**$ 8,517,018,683**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,143,858	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 395,251,352	$ 420,200,660	$ 417,364,457	$ 432,076,554	$ 447,307,253	
Difference			$ 234,193,916	$ 277,119,936	$ 325,779,401	$ 337,271,844	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 175,645,437	$ 207,839,952	$ 244,334,550	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 524,738,191	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 167,686,288	$ 204,292,588	$ 232,146,824	$ 246,754,662	$ 262,281,700	
Difference			$ 221,626,550	$ 268,609,442	$ 292,591,367	$ 311,001,280	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 166,219,912	$ 201,457,082	$ 219,443,525	$ 233,250,960	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 882,568,343	$ 727,880,659	$ 760,156,997	
		With Waiver	$ 398,464,519	$ 454,521,090	$ 504,552,788	$ 481,405,329	$ 502,750,842	
Difference			$ 260,424,725	$ 310,153,675	$ 378,015,556	$ 246,475,330	$ 257,406,155	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 195,318,544	$ 232,615,256	$ 283,511,667	$ 184,856,498	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 930,311,374	$ 980,956,602	$ 1,034,360,778	
		With Waiver	$ 478,251,842	$ 521,133,338	$ 615,379,472	$ 649,908,066	$ 685,289,061	
Difference			$ 279,256,164	$ 325,130,419	$ 314,931,903	$ 331,048,536	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 209,442,123	$ 243,847,815	$ 236,198,927	$ 248,286,402	$ 261,803,788	
Total Reduction			**$ 746,626,015**	**$ 885,760,104**	**$ 983,488,669**	**$ 919,347,743**	**$ 964,657,278**	**$ 4,499,879,810**

BASE VARIANCE			**$ 248,875,338**	**$ 295,283,368**	**$ 327,829,856**	**$ 306,449,248**	**$ 321,552,426**	**$ 1,499,959,937**
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								**$ 1,499,959,937**

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)	$ 1,688,529,339	$ 3,583,930,383	$ 5,681,203,479	$ 7,797,797,338	$ 10,016,978,620
Allowed Cumulative Variance (= CTP X CBNL)	$ 33,770,587	$ 53,758,956	$ 56,812,035	$ 38,988,987	$ -
Actual Cumulative Variance (Positive = Overspending)	$ (248,875,338)	$ (544,128,707)	$ (871,958,263)	$ (1,178,407,511)	$ (1,499,959,937)
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	$ 2,061,029,969	$ 1,700,212,480	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,086,527	1,642,400	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,061,029,969**	**$1,700,212,480**	**$1,826,368,919**	**$8,568,927,856**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	$644,621,873	$867,438,927	$1,017,742,563	$953,114,864	$1,023,835,987	
TOTAL		**$ 644,621,873**	**$ 867,438,927**	**$ 1,017,742,563**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,506,754,214**

HYPOTHETICALS VARIANCE 1			**$ 624,436,864**	**$ 844,818,824**	**$ 1,043,287,407**	**$ 747,097,616**	**$ 802,532,932**	**$ 4,062,173,642**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ 420,385	$ 5,419,304	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon			323	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 420,385**	**$ 5,419,304**	**$ 5,820,928**	**$ 11,660,617**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita							
EG 6 - CIS	1	$ -	$ -	$ 409,043	$ 5,272,733	$ 5,663,970	
TOTAL		**$ -**	**$ -**	**$ 409,043**	**$ 5,272,733**	**$ 5,663,970**	**$ 11,345,746**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ 11,341**	**$ 146,571**	**$ 156,958**	**$ 314,870**

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**	$ -	$ -	$ 1,146,504	$ 14,779,902	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon			323	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 1,146,504**	**$ 14,779,902**	**$ 15,875,210**	**$ 31,801,616**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	$ -	$ -	$ 1,115,573	$ 14,380,181	$ 15,447,190	
TOTAL		**$ -**	**$ -**	**$ 1,115,573**	**$ 14,380,181**	**$ 15,447,190**	**$ 30,942,944**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ 30,931**	**$ 399,721**	**$ 428,020**	**$ 858,672**

PRA Disclosure Statement

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

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

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

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

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

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

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

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

Pre-populated values in the downloaded Budget Neutrality workbook template

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

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

Calculating With Waiver (WW) numbers

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

Calculating Without Waiver (WOW) numbers

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

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

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

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

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

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

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

State User enters information on the following tabs:

C Report Tab

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

Total Adjustments tab

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

WW Spending Projected tab

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

MemMonth Actual tab

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

MemMonth Projected tab

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

Summary TC tab

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

Demonstration Years Definitions

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

Enter any general comments / notes:

MEG Definitions

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

WOW PMPMs and Aggregates

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

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

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

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

Program Spending Limits

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

Date Pulled On:	8/12/2022	Reporting DY	28
For the Time Period Through:	6/30/2022	Reporting Quarter	4

Paste all information related to the demonstration from Schedule C of the CMS 64 Waiver Expenditure Report.
1. On the Schedule C Report, locate rows relevant to all expenditures for a specific demonstration.
2. Complete two rounds of copy/paste starting from the cell in column A (Waiver Name).
· MAP Waivers/ Total Computable section – into cell A100
· MAP Waivers/ Federal Share section – into cell A200
3. If ADM waivers are applicable to the demonstration, complete two more rounds of copy/paste starting from the cell in column A (Waiver Name).
· ADM Waivers/ Total Computable section – cell A300
· ADM Waivers/ Federal Share section – cell A400

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464	314,952,648	350,714,627	326,518,117	349,156,948	184,750,729	364,919,440	307,865,937	320,856,325	330,120,146	561,530,649	370,298,949	390,258,079	379,842,993	0	0	4,673,064,756	4,673,064,756
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,106	46,535,285	55,494,164	85,110,900	64,503,011	100,030,964	113,016,251	0	0	655,429,441	655,429,441
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(31,916)	0	0	0	(2,497,166)	(2,497,166)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	0	0	0	0	(183,214)	(183,214)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,584,686	154,651,730	248,116,345	151,319,140	161,483,564	152,772,762	0	0	1,691,564,893	1,691,564,893
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,546,496	330,867,100	362,911,666	338,525,115	0	0	3,964,404,859	3,964,404,859
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(17,997)	0	0	0	(1,741,107)	(1,741,107)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(2,258)	0	0	0	(603,815)	(603,815)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,846	14,568	0	0	3,922,808	3,922,808
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,651,347	477,526,936	537,025,591	790,507,964	528,081,849	712,165,176	763,860,098	0	0	4,344,667,078	4,344,667,078
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	1,835,933	1,704,570	0	0	11,983,389	11,983,389
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,172,746	126,903,675	190,895,331	116,540,024	155,302,066	161,848,345	0	0	1,243,850,305	1,243,850,305
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	1,657,593	0	0	27,423,656	27,423,656
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	169,042,108	182,723,816	255,652,778	164,553,110	202,150,235	207,700,083	0	0	2,603,510,295	2,603,510,295
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	306,184,281	316,589,868	372,170,444	594,738,762	393,512,210	418,366,885	389,677,123	0	0	4,655,207,364	4,655,207,364
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	1,886,418,223	1,978,888,559	2,102,496,436	3,207,325,578	2,123,664,156	2,506,594,750	2,510,619,501	0	0	29,456,345,369	29,456,345,369

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,508	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,947,428	181,187,273	304,987,760	212,033,479	235,040,344	168,583,016	0	0	2,590,244,091	2,590,244,091
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,194,791	30,421,066	46,082,640	37,002,134	56,880,549	48,017,506	0	0	348,747,464	348,747,464
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(19,044)	0	0	0	(1,363,058)	(1,363,058)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	0	0	0	0	(99,616)	(99,616)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(9,251)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,759,732	86,568,058	97,207,247	67,237,778	0	0	927,543,550	927,543,550
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,259	256,704,217	188,916,681	211,145,251	150,428,741	0	0	2,171,620,922	2,171,620,922
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(10,739)	0	0	0	(949,314)	(949,314)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(1,347)	0	0	0	(329,606)	(329,606)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	25,998	14,190	0	0	2,606,317	2,606,317
CURRENT	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	904,978,360	904,978,360
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,511,412	316,564,065	458,125,253	498,122,382	734,323,269	482,460,986	615,084,199	481,756,272	0	0	3,743,947,838	3,743,947,838
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,193,878	810,083	0	0	6,642,376	6,642,376
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,848)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0	354,994	354,994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862	7,862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,942,873	165,225,680	110,132,233	120,601,049	178,669,104	106,520,974	134,468,240	102,923,805	0	0	1,135,485,289	1,135,485,289
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	1,266,906	418,343	0	0	14,640,336	14,640,336
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,217,054	100,152,370	138,437,249	94,221,486	121,076,692	91,753,594	0	0	1,445,232,631	1,445,232,631
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	161,395,592	171,535,031	204,149,465	322,705,503	226,145,553	251,989,692	171,716,014	0	0	2,579,756,779	2,579,756,779
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	190,760,884	190,760,884
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,479,344	510,938,536	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011	1,068,686,328	1,206,703,074	1,321,118,010	1,407,568,159	2,119,511,125	1,436,157,689	1,725,347,866	1,283,659,342	0	0	18,067,732,016	18,067,732,016

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	97,400,959	139,266,156	89,286,976	101,830,169	51,893,628	0	0	1,193,297,417	1,193,297,417
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	97,400,959	139,266,156	89,286,976	101,830,169	51,893,628	0	0	1,241,261,670	1,241,261,670

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	61,050,371	68,694,079	49,215,526	0	0	834,832,550	834,832,550
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	61,050,371	68,694,079	49,215,526	0	0	859,529,165	859,529,165

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	$1,835,933	$1,704,570		
EG 1 - Children	1	State Plan Children	$393,512,210	$418,366,885	$389,677,123		
EG 2 - Adults	2	State Plan Adults	$164,553,110	$202,150,235	$207,700,083		
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,122	$35,846	$14,568		
EG 2 - Adults	2	St Pl Adults-Preg Immig/COFAs	$3,127,056	$2,106,507	$1,657,593		
EG 3 - Aged	3	Aged w/Mcare	$370,298,949	$390,258,079	$379,842,993		
EG 3 - Aged	3	Aged w/o Mcare	$64,503,011	$100,030,964	$113,016,251		
EG 3 - Aged	3	Aged with Medicare - MFP	($490,186)	($31,916)			
EG 3 - Aged	3	Aged without Medicare - MFP	($17,253)				
EG 4 – Blind/Disabled	4	B/D w/Mcare	$151,319,140	$161,483,564	$152,772,762		
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$330,867,100	$362,911,666	$338,525,115		
EG 4 – Blind/Disabled	4	Blind/Disable without Medicare - MFP	($294,330)	($17,997)			
EG 4 – Blind/Disabled	4	Blind/Disabled with Medicare - MFP	($81,788)	($2,258)			
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	VIII-Like Group					
EG 5 – Group VIII	1	Expansion State Adults	$528,081,849	$712,165,176	$763,860,098		
EG 5 – Group VIII	1	Newly Eligible Adults	$116,540,024	$155,302,066	$161,848,345		
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			$2,123,664,156	$2,506,594,750	$2,510,619,501		

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	-$31,626,318			Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$3,188,741			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	$395,251,352	$420,200,660	$391,381,693		
EG 2 - Adults	2	$167,686,288	$204,292,588	$209,372,244		
EG 3 - Aged	3	$398,464,519	$454,521,090	$461,232,926		
EG 4 – Blind/Disabled	4	$478,251,842	$521,133,338	$488,109,136		
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$644,621,873	$867,438,927	$925,708,443		
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,084,275,873**	**$ 2,467,586,603**	**$ 2,475,804,441**	**$ -**	**$ -**

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			$25,982,764	$432,076,554	$447,307,253
EG 2 - Adults	2			$22,774,580	$246,754,662	$262,281,700
EG 3 - Aged	3			$43,319,862	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4			$127,270,336	$649,908,066	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1			$92,034,120	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1			$409,043	$5,272,733	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			$1,115,573	$14,380,181	$15,447,190

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$395,251,352	$420,200,660	$417,364,457	$432,076,554	$447,307,253
EG 2 - Adults	2	$167,686,288	$204,292,588	$232,146,824	$246,754,662	$262,281,700
EG 3 - Aged	3	$398,464,519	$454,521,090	$504,552,788	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4	$478,251,842	$521,133,338	$615,379,472	$649,908,066	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$644,621,873	$867,438,927	$1,017,742,563	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1			$409,043	$5,272,733	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			$1,115,573	$14,380,181	$15,447,190
TOTAL		**$ 2,084,275,873**	**$ 2,467,586,603**	**$ 2,788,710,719**	**$ 2,782,912,389**	**$ 2,942,576,003**

Member Months - Actual

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

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1403508	1539475	1484633		
EG 2 - Adults	2	420665	492750	490238		
EG 3 - Aged	3	339779	381363	389214		
EG 4 – Blind/Disabled	4	286202	306260	286549		
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	1906988		
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			139761	1665004	1706629
EG 2 - Adults	2			37015	540435	553945
EG 3 - Aged	3			36473	339533	342929
EG 4 – Blind/Disabled	4			35938	325712	328969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1			179539	1642400	1683460
Hypothetical 2 Per Capita						
EG 6 - CIS	1			323	3974	4073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			323	3974	4073

Member Months - Total

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1,403,508	1,539,475	1,624,394	1,665,004	1,706,629
EG 2 - Adults	2	420,665	492,750	527,253	540,435	553,945
EG 3 - Aged	3	339,779	381,363	425,687	339,533	342,929
EG 4 – Blind/Disabled	4	286,202	306,260	322,487	325,712	328,969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1,411,053	1,816,642	2,086,527	1,642,400	1,683,460
Hypothetical 2 Per Capita						
EG 6 - CIS	1			323	3,974	4,073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			323	3,974	4,073

Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,143,858	$ 769,348,398	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,394	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 524,738,191	$ 557,755,942	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	527,253	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 882,568,343	$ 727,880,659	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	425,687	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 930,311,374	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	322,487	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,080,761,766**	**$ 3,035,941,601**	**$ 3,183,836,560**	**$ 14,516,858,430**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Medicaid Per Capita							
EG 1 - Children	1	$ 395,251,352	$ 420,200,660	$ 417,364,457	$ 432,076,554	$ 447,307,253	$5,572,555,166
EG 2 - Adults	2	$ 167,686,288	$ 204,292,588	$ 232,146,824	$ 246,754,662	$ 262,281,700	$3,166,667,701
EG 3 - Aged	3	$ 398,464,519	$ 454,521,090	$ 504,552,788	$ 481,405,329	$ 502,750,842	$6,250,097,492
EG 4 – Blind/Disabled	4	$ 478,251,842	$ 521,133,338	$ 615,379,472	$ 649,908,066	$ 685,289,061	$7,106,103,634
TOTAL		**$ 1,439,654,000**	**$ 1,600,147,676**	**$ 1,769,443,540**	**$ 1,810,144,611**	**$ 1,897,628,856**	**$ 8,517,018,683**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,143,858	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 395,251,352	$ 420,200,660	$ 417,364,457	$ 432,076,554	$ 447,307,253	
		Difference	$ 234,193,916	$ 277,119,936	$ 325,779,401	$ 337,271,844	$ 349,159,435	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 175,645,437	$ 207,839,952	$ 244,334,550	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 524,738,191	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 167,686,288	$ 204,292,588	$ 232,146,824	$ 246,754,662	$ 262,281,700	
		Difference	$ 221,626,550	$ 268,609,442	$ 292,591,367	$ 311,001,280	$ 330,572,397	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 166,219,912	$ 201,457,082	$ 219,443,525	$ 233,250,960	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 882,568,343	$ 727,880,659	$ 760,156,997	
		With Waiver	$ 398,464,519	$ 454,521,090	$ 504,552,788	$ 481,405,329	$ 502,750,842	
		Difference	$ 260,424,725	$ 310,153,675	$ 378,015,556	$ 246,475,330	$ 257,406,155	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 195,318,544	$ 232,615,256	$ 283,511,667	$ 184,856,498	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 930,311,374	$ 980,956,602	$ 1,034,360,778	
		With Waiver	$ 478,251,842	$ 521,133,338	$ 615,379,472	$ 649,908,066	$ 685,289,061	
		Difference	$ 279,256,164	$ 325,130,419	$ 314,931,903	$ 331,048,536	$ 349,071,717	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 209,442,123	$ 243,847,815	$ 236,198,927	$ 248,286,402	$ 261,803,788	
Total Reduction			**$ 746,626,015**	**$ 885,760,104**	**$ 983,488,669**	**$ 919,347,743**	**$ 964,657,278**	**$ 4,499,879,810**

BASE VARIANCE			**$ 248,875,338**	**$ 295,253,368**	**$ 327,829,556**	**$ 306,449,248**	**$ 321,552,426**	**$ 1,499,959,937**
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								**$ 1,499,959,937**

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)		$ 1,688,529,339	$ 3,583,930,383	$ 5,681,203,479	$ 7,797,797,338	$ 10,016,978,620	
Allowed Cumulative Variance (= CTP X CBNL)		$ 33,770,587	$ 53,758,956	$ 56,812,035	$ 38,988,987	$ -	
Actual Cumulative Variance (Positive = Overspending)		$ (248,875,338)	$ (544,128,707)	$ (871,958,263)	$ (1,178,407,511)	$ (1,499,959,937)	
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	$ 2,061,029,969	$ 1,700,212,480	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,086,527	1,642,400	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,061,029,969**	**$1,700,212,480**	**$1,826,368,919**	**$8,568,927,856**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	$644,621,873	$867,438,927	$1,017,742,563	$953,114,864	$1,023,835,987	
TOTAL		**$ 644,621,873**	**$ 867,438,927**	**$ 1,017,742,563**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,506,754,214**

HYPOTHETICALS VARIANCE 1			**$ 624,436,864**	**$ 844,818,824**	**$ 1,043,287,407**	**$ 747,097,616**	**$ 802,532,932**	**$ 4,062,173,642**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ 420,385	$ 5,419,304	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon			323	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 420,385**	**$ 5,419,304**	**$ 5,820,928**	**$ 11,660,617**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita							
EG 6 - CIS	1	$ -	$ -	$ 409,043	$ 5,272,733	$ 5,663,970	
TOTAL		**$ -**	**$ -**	**$ 409,043**	**$ 5,272,733**	**$ 5,663,970**	**$ 11,345,746**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ 11,341**	**$ 146,571**	**$ 156,958**	**$ 314,870**

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**	$ -	$ -	$ 1,146,504	$ 14,779,902	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon			323	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 1,146,504**	**$ 14,779,902**	**$ 15,875,210**	**$ 31,801,616**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	$ -	$ -	$ 1,115,573	$ 14,380,181	$ 15,447,190	
TOTAL		**$ -**	**$ -**	**$ 1,115,573**	**$ 14,380,181**	**$ 15,447,190**	**$ 30,942,944**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ 30,931**	**$ 399,721**	**$ 428,020**	**$ 858,672**

Yes__No
Yes
No

Per Capita or Aggregate
Per Capita
Aggregate

Phase-Down
No Phase-Down
Savings Phase-Down

Actuals and Projected
Actuals Only
Actuals + Projected

MAP_ADM
MAP+ADM Waivers
MAP Waivers Only

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

Demonstration Reporting Start DY 26
Demonstration Reporting End DY 30

Reporting Net Variance
$ 1,499,959,937