

Maryland HealthChoice Demonstration
Section 1115 Quarterly Report
Demonstration Year 20 (July 1, 2016 – June 30, 2017)
State Fiscal First Quarter (July 1 – September 30, 2016)

Introduction

Following approval of the 1115 waiver by the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services, CMS) in October 1996, Maryland implemented the HealthChoice program and moved its fee-for-service and health maintenance organization (HMO) enrollees into a managed care payment system beginning in July 1997. HealthChoice managed care organizations (MCOs) receive a predetermined monthly capitated payment in exchange for providing covered services to enrollees. July 2016 marked the beginning of the twentieth waiver year providing oversight to the continuing standards of high quality coordination of care and controlling Medicaid costs, by:

- Providing a patient-focused system with a medical home for all beneficiaries;
- Building on the strengths of the established Maryland health care system;
- Providing comprehensive, prevention-oriented systems of care;
- Holding MCOs accountable for high-quality care; and
- Achieving better value and predictable expenses.

Subsequent to the initial grant, Maryland requested and received several program extensions, in 2002, 2005, 2008, 2011 and 2013. The 2013 extension made allowance for Maryland to include Medicaid expansion adults to be part of HealthChoice. Resulting from the Patient Protection and Affordable Care Act (ACA), the Medicaid expansion saw more than 275,000 additional Marylanders enrolled for health coverage. These new enrollments have propelled Maryland to substantial improvement in providing coverage to the uninsured. (For additional information on enrollment, please see <http://www.chpdm-ehealth.org/index.htm>.) Maryland’s application for the upcoming waiver period seeks a continuation of HealthChoice and focuses on developing cost-effective services that target the significant and complex health needs of individuals enrolled in Maryland Medicaid. The renewal was submitted in June 2016 and is awaiting approval.

Enrollment Information

Table 1: Average Monthly Enrollees

Demonstration Populations	Previous Quarter (As of June 30, 2016)	Current Enrollees (As of September 30, 2016)
Parents/Caretaker Relatives <116% FPL ¹ & Former Foster Care	202,369	205,929
ACA Expansion Adults	264,580	276,970
Medicaid Children	435,627	442,115
SSI/BD Adults	87,587	88,614

¹ As a result of Modified Adjusted Gross Income conversion, 116% was converted to 123%.

Demonstration Populations	Previous Quarter (As of June 30, 2016)	Current Enrollees (As of September 30, 2016)
Medically-Needy Adults	20,612	22,535
Medically-Needy Children	7,296	5,468
SOBRA Adults	9,578	9,050
MCHP	109,788	113,064
MCHP Premium	30,542	30,115
Family Planning	10,232	9,985
ICS	23	25
WBCCHP	177	163
Presumptively-Eligible Pregnant Women (PEPW)	1	1

Outreach/Innovation Activities: Focus on the Medicaid and National Diabetes Prevention Program (DPP) grant

In July 2015, the U.S. Centers for Disease Control and Prevention’s (CDC) Division of Diabetes Translation awarded a cooperative agreement through the CDC Office of State, Tribal, Local and Territorial Support to the National Association of Chronic Disease Directors (NACDD). The purpose of this cooperative agreement is to test the feasibility and effectiveness of various models to promote Medicaid coverage for the National Diabetes Prevention Program (National DPP). The delivery models will be evaluated by NACDD, and successful models will be documented for use by other states. The ultimate goal of this demonstration is to achieve sustainable coverage of the National DPP for Medicaid beneficiaries under current Medicaid authorities.

In June 2016, NACDD awarded funding to Maryland and Oregon for a two-year project to demonstrate ways of offering the National DPP to the Medicaid population through MCOs and Accountable Care Organizations (ACOs). This funding comes on the heels of the U.S. Department of Health and Human Services Secretary Sylvia Burwell’s announcement that the National DPP will be the first preventive program under the ACA to be expanded from an innovation pilot to reimbursable coverage for the Medicare population. That historic decision creates new opportunities for delivery of this proven program to the Medicaid population.

Maryland Medicaid used this funding to offer a non-competitive grant opportunity to its eight MCOs to implement the National DPP to Medicaid beneficiaries at-risk for Type 2 diabetes through virtual and community-based CDC-recognized lifestyle-change programs. The Center for Chronic Disease Prevention and Control (the Center) will support this demonstration project by providing diabetes prevention expertise to the MCOs as they establish relationships with the CDC-recognized lifestyle-change programs. Medicaid and the Center have the advantage of being co-located within the Maryland Department of Health and Mental Hygiene (the

Department) and have successfully collaborated on past projects that supported managed care’s implementation of interventions that strengthened systems to better manage hypertension and diabetes.

In July 2016, the Department selected the managed care organizations (MCOs) that would participate in the first year of this two-year demonstration project: Amerigroup, Jai Medical Systems, MedStar Family Choice and Priority Partners.

Operational/Policy Development Issues

As of September 2016, there were eight MCOs participating in the HealthChoice program; their respective market shares are as follows: Amerigroup (24.7 percent); Jai Medical Systems (2.2 percent); Kaiser Permanente (4.5 percent); Maryland Physicians Care (18.9 percent); MedStar Family Choice (7.1 percent); Priority Partners (24.5 percent); Riverside Health of Maryland (3.2 percent); and UnitedHealthcare (14.9 percent).

Legislative Updates

There are no legislative updates for this quarter. Maryland’s annual legislative session will begin on January 11, 2017.

Family Planning Program

The HealthChoice waiver allows the state to provide a limited benefit package of family planning services to eligible women—currently, those women at less than 200 percent of the Federal Poverty Level (FPL). The program covers medical services related to family planning, including office and clinic visits, physical examinations, certain laboratory services, treatments for sexually-transmitted infections, family planning supplies, permanent sterilization and reproductive health counseling, education and referrals. Enrollment as of the end of the first quarter was 9,985 women, a decrease of 247 over the third quarter. Women who receive pregnancy coverage will continue to be automatically enrolled, if eligible, following the end of their pregnancy-related eligibility.

Table 2: Family Planning Program Overview

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Average Quarterly Enrollment	10,097			
Percent Change from Previous Quarter	-4.0%			

Rare and Expensive Case Management (REM) Program

Maryland’s REM Program provides HealthChoice enrollees with certain qualifying conditions the option to disenroll from mandatory managed care and receive services on a fee-for-service basis, with select additional benefits. Table 3 displays the numbers of referrals received, approved and disenrolled as reported by the REM case management agencies and the REM referral line during this quarter.

Table 3: REM Referrals Approved/Received/Denied

FY 2017	Referrals Received	Referrals Approved	Referrals Denied	REM Disenrollments	Currently Enrolled in REM
Quarter 1	223	177	104	105	4314
Quarter 2					
Quarter 3					
Quarter 4					

Primary Adult Care (PAC)

As of January 1, 2014, former PAC recipients were transitioned from a partial benefit package to the full benefit Medicaid package under the ACA expansion.

Increased Community Services (ICS) Status

Maryland continued serving residents aged 18 and over who need assistance with activities of daily living, such as bathing, grooming, dressing and getting around. As of the end of this quarter, there were 23 individuals enrolled in the ICS Program.

MCHP and MCHP Premium Status/Update

Effective June 1, 2008, Maryland moved its separate CHIP program, the Maryland Children’s Health Program (MCHP) Premium, into the Medicaid expansion CHIP waiver, so that Maryland’s entire CHIP program is operated as a Medicaid expansion. As of September 30, 2016, the MCHP Premium program had 30,115 enrollees, with MCHP at 113,064 enrollees.

Expenditure Containment Initiatives

HealthChoice Financial Monitoring Report (HFMR)

Preliminary Service Year 2015 HFMR reports (reported as of March 31, 2016) and the supporting Financial Templates were provided by the MCOs in May (during the previous quarter). This information was used the first quarter for trend analysis and validity testing purposes during the 2017 rate setting development.

During this quarter, MCOs were requested to prepare 2016 and 2017 financial projections based on all known rate and State budget activities as of August 2016 using provided financial templates. As of September 30, 2016, all MCO projections had been received. In September, the MCOs were also provided with updated HFMR templates and revised instructions in preparation of the MCO’s November submissions.

During the next quarter, MCOs will restate their 2015 Date of Service experience as of September 30, 2016. The final 2015 submissions will most likely serve as the base period for the 2018 HealthChoice rate-setting period. An independent auditing firm will perform a review of each MCO's submission. The next MCO submissions will be due by November 21, 2016. Any additional modifications to the current reporting requirements if requested by the Department will likely be implemented during the month of October.

MCO Rates

In support of the CY 2018 HealthChoice rates, the rate-setting team prepared and provided new instructions and templates for the final service year 2015 HealthChoice MCO financial submissions.

The fifth 2017 HealthChoice MCO rate-setting meeting was held on July 14, 2016. Topics discussed included: review of 2017 issues, preliminary 2017 MCO risk scores for HIV/AIDS and geographic/demographic rates, final constant cohort analysis, 2014 Hepatitis C HIV/AIDS relative weights and Optumas trend presentation. The final 2017 HealthChoice MCO rate setting meeting was held on August 18, 2016. Topics discussed included a review of 2017 rate impact and assumptions used, 2017 FQHC market rate, 2017 incentives, and correction of ICD-10 reporting and its impact on risk assignments, with MCO packets distributed following the meeting.

The rate-setting team has performed the following activities in support of the CY 2017 HealthChoice rates:

- Provided Optumas with revised (final) CY 2017 member month projections;
- Re-calculated MCO outlier adjustment, incorporating 2014 MCO recoveries by the Department;
- Provided the Department MCO plan profiles in preparation for one-on-one meetings held in August and September between individual MCOs and the Department;
- Assisted the Department in developing 2017 rate presentation to both the Maryland Health and Budget Secretaries, respectively;
- Attended and participated in the Department's MCO one-on-one meetings held in August;
- Participated with various MCOs in providing feedback and assistance in preparation for their individual MCO one-on-one meetings with the Department;
- In conjunction with Optumas, assisted Wakely Consulting with questions and modeling associated with the 2017 rate impact analysis;
- Participated in conference call on August 24 with the Health Services Cost Review Commission (HSCRC), the Department and Optumas, with the meeting outcome as having identified a calculation error by the HSCRC that will require revised CY 2017 MCO rates;
- Attended and participated in final two MCO one-on-one meetings held in September with the Department to review financial projections for CY's 2016 and 2017;
- In conjunction with Optumas, assisted the Medicaid Director in drafting a response to joint MCO and Wakely letters regarding 2017 HealthChoice rate adequacy;
- Participated in September 12 conference call with the Department and Optumas to

discuss potential options to current CY 2017 HealthChoice rates, based on one-on-one discussions with MCOs;

- Provided the Department with budget analysis of potential options related to 2017 HealthChoice rates;
- Provided MCOs with new revised rate sheets, effective January 1, 2017, based on HSCRC's revised fiscal year (FY) 2017 hospital projections;
- Provided the Department with draft 2017-2018 HealthChoice stop-loss rates for one participating MCO; and
- On behalf of Hilltop, Optumas provided the Department with the CMS version of the 2017 HealthChoice certification letters.

The rate setting team performed the following activities in support of the CY 2016 HealthChoice Rates:

- Provided MCOs with 2016 mid-year rates for HealthChoice, to be implemented operationally effective September 1, 2016; supplemental payments for January 1, 2016 – August 31, 2016 are to be determined;
- Participated on conference call held July 27 with MCOs, the Department and Optumas regarding financial impact of mid-year 2016 HC rates; the revised results reflected revised MCO data and adjustments based on issues raised at July 14 MCO meeting;
- Prepared initial 2016 mid-year MCO supplemental payments for service months January through June, as well as July through August; final supplemental calculations for these periods will be provided in December;
- Optumas provided the Department with 2016 HealthChoice mid-year rate certification letters; and
- Provided rate tables to the Department's operations for new 2016 HealthChoice mid-year rates reflecting higher physician fees, effective October 1, 2016.

The rate setting team also performed the following activities this quarter, in addition to activities associated with HealthChoice capitation rates:

- Attended and participated in a nursing home liaison meetings held in July, August and September to provide consultation on the rate setting process;
- Provided the Department with:
 - Responses to new risk adjustment issues raised by Maryland Legislative Auditors;
 - Graduate Medical Education pool estimates through fiscal year 2018;
 - Cost projections for the Employed Individuals with Disabilities program through fiscal year 2019;
 - Documentation for Maryland legislative auditors on the validity processes employed for HealthChoice associated with Johns Hopkins University's Adjusted Clinical Group risk assignments;
 - Trauma calculations for June, July and August 2016.
 - Final Pay for Performance calculation; barring any issues, results will be shared with nursing homes the first week of October;
 - Draft CY 2017 Program for All-Inclusive Care of the Elderly (PACE) rates including budget impact and narrative of PACE rate setting process;
 - The 2014 PSO analysis including observations;
 - Budget analysis regarding expanding Hepatitis C therapy for diagnosed

population; and

- On behalf of DHMH
 - Participated on September 8 conference call with Pew Research to discuss data as a strategic asset in regards to HealthChoice rate setting;
 - Provided the Department of Legislative Services with unadjusted and normalized historical HealthChoice trend analysis.

Financial/Budget Neutrality Development/Issues

Maryland has no issues or problems with the financial accounting, budget neutrality or CMS-64 reporting requirements for the current quarter. Maryland’s budget neutrality worksheet as of Sept. 30, 2016, can be found in Appendix A.

Table 4: Member Month Reporting

Demonstration Populations	Apr. 2016	May 2016	Jun. 2016	FY16 Q4 Total	Jul. 2016	Aug. 2016	Sept. 2016	FY17 Q1 Total
Parents/Caretaker Relatives <116% FPL & Former Foster Care	198,635	200,224	202,369	601,228	203,115	205,537	205,929	614,581
ACA Expansion Adults	253,412	258,610	264,580	776,602	268,776	273,965	276,970	819,711
Medicaid Children	428,985	433,098	435,627	1,297,710	436,228	442,012	442,115	1,320,355
SSI/BD Adults	87,439	87,633	87,587	262,659	88,506	88,631	88,614	265,751
Medically-Needy Adults	21,576	20,920	20,612	63,108	22,612	22,420	22,535	67,567
Medically-Needy Children	6,323	6,793	7,296	20,412	5,398	5,385	5,468	16,251
SOBRA Adults	10,044	9,877	9,578	29,499	9,291	9,116	9,050	27,457
MCHP	107,098	107,971	109,788	324,857	110,670	112,173	113,064	335,907
MCHP Premium	30,673	30,400	30,542	91,615	30,431	30,651	30,115	91,197
Family Planning	10,806	10,501	10,232	31,539	10,231	10,076	9,985	30,292
ICS	23	23	23	69	23	24	25	72
WBCCHP	188	180	177	545	174	167	163	504
PEPW	0	0	1	1	2	1	1	4

Consumer Issues

The following tables display an account of the complaints, grievances and appeals made to the Department on behalf of HealthChoice Recipients as reported to Recipient Hotline and Complaint Resolution Unit for the quarter.

Table 5. HealthChoice Recipient Complaints

Appt. Availability	Authorizations/ Referrals	Billing	Network Access	Office Access	Quality of Care	MCO Issues	Member Issues	Other Member Issues	Provider Issues	Provider Billing	Total
5	249	150	1	0	0	139	591	189	83	18	1,425

Table 6. Children with Special Needs

Cerebral Palsy	Attention Deficit Disorder/ Hyperactivity	Developmental Delay	Congenital/ Metabolic Disorders	Respiratory Conditions	Lead Poisoning	Other	Autism	Mental Health	Total
0	13	5	12	16	0	1	10	18	75

Table 7. Adults with Special Needs

Individuals with a Physical Disability	Pregnant Women	Homeless	Developmental Disability	HIV/ AIDS	Substance Use Treatment	Mental Health	Rare and Expensive Case Management	Hearing-Impaired	Total
25	215	9	2	12	23	53	0	4	343

Table 8. Appeal Rights Issued

Ten-Day	Denial	Compromise	Directive	Total
4	2	0	0	6

Table 9. Hearing Activity

Hearings Requested	Hearings Held	Decision Upheld	Decision Overturned	Total
0	1	1	0	2

Table 10. REM Complaints and Significant Events

FY16 Q4	Transportation	Dental	DMS/DME	EPSDT	Clinical	Pharmacy	Case Mgt.	REM Intake	Other
REM Case Management Agencies	0	0	0	0	0	0	11	0	0
REM Hotline	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	11	0	0

The following table displays the types and total of significant events reported by the case management agencies during this quarter. Agencies report this information on a monthly basis.

Table 11. Case Management and Other Significant Events

FY 2016 Q4	DMS/DME	Legal	Media	Other	Protective Services	Appeals	Services	Total
REM Enrollees	4	14	1	60	18	3	8	108

Quality Assurance/Monitoring Activity

The Division of HealthChoice Quality Assurance (DHQA) monitors HealthChoice Managed Care Organizations (MCOs) quality assurance activities in accordance to COMAR 10.09.65. All Quality Assurance activities reports are available online at:

<http://mmcp.dhmq.maryland.gov/healthchoice/Pages/HealthChoice-Quality-Assurance-Activities.aspx>

Systems Performance Review (SPR)

The External Quality Review Organization (EQRO) received and approved all required corrective action plans (CAPs) from the CY 2015 review from Amerigroup, Kaiser Permanente, Priority Partners, Riverside and United Healthcare. The final CY 2015 SPR report was posted to the MCO portal site, and the Statewide Executive Summary was provided to the Department.

Value-Based Purchasing (VBP)

During this quarter the Department provided the CY 2017 measures and targets to the MCOs. The Department is currently reviewing the preliminary report on VBP activities for CY 2016.

Performance Improvement Projects (PIP)

All MCO CY 2015 submissions for Adolescent Well-Care and Controlling High Blood Pressure PIPs were received by the September 30, 2016 due date.

Annual Technical Report (ATR)

The ATR was submitted to CMS on April 30, 2016. This report includes all quality assurance activities for CY 2014, in which conclusions were drawn as to the timeliness, quality and access to the care provided by all eight MCOs for the Maryland HealthChoice program. CMS approved the report. The next ATR is due April 30, 2017.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medical Record Review

The EQRO completed all on-site medical records reviews. The Department received a validated medical records data report.

HealthChoice Consumer Report Card

DHMH continues to work with the EQRO and the National Committee for Quality Assurance (NCQA) in developing the CY 2017 Consumer Report Card.

HEDIS Performance Review

Final Audit Report (FAR) templates were distributed to all lead auditors, which were distributed to all MCOs on July 14, 2016. The vendor provided the Statewide Analysis Report (SWAR) and the Executive Summary HEDIS 2016 draft reports in mid-July. Other reports that were approved in August included a report that showed HealthChoice MCO data results with scores above and below the National HEDIS Mean (NHM) and the Maryland Average Reportable Rate (MARR), as well as a report showing the VBP measures with detailed numerator and denominator information included. The Department will continue to require each MCO to undergo a full HEDIS compliance audit that includes all measures applicable to Medicaid, except where the measures are identified as Medicaid carve-out or exempted from reporting by the Department. Final HEDIS 2016 reports were distributed to the MCOs in September.

HealthChoice Enrollee Satisfaction Survey

The NCQA-certified Adult and Child Health Plan Survey vendor provided the final results for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2016 Survey. A total of 4,552 adult and 4,967 child surveys (among the general population) were completed for this project. The overall response rate for the adult survey was 34 percent (and increase of one percent from the previous year) and 31 percent for the child survey (unchanged). The Department anticipates all final survey reports, including the Executive Summary, to be printed and distributed to all MCOs in October.

Provider Satisfaction Survey

The NCQA-certified Adult and Child Health Plan Survey vendor is preparing the final results for the 2016 Provider Survey. A total of 1,234 completed surveys were collected. The response rate of 22 percent for this survey administration was consistent with 2015 results. The vendor continued to administer a mixed methodology, which involved a mailed survey with telephone follow-up and a web survey option. The Department's continued use of a web survey option for the 2016 Survey Administration has proven to be very convenient for providers. Final reports of the survey are expected to be distributed to all MCOs in October.

Demonstration Evaluation

The most recent annual evaluation of the HealthChoice program covered the period from CY 2010 - CY 2014 and can be found at the following web address:

<https://mmcp.dhmdh.maryland.gov/Documents/HealthChoice%20Evaluation%20CY%202010%20-%20CY%202014%20updated.pdf>.

In addition, Maryland's current demonstration term expires on December 31, 2016. The Department has drafted its waiver renewal application to extend HealthChoice for another three years, which can be found at the following web address:

<https://mmcp.dhmdh.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>.

Enclosures/Attachments

Appendix A: Maryland Budget Neutrality Report as of September 30, 2016.

State Contact

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Demonstration Year 1

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	2,392,785	660,720	179,849	795,103	35,418	4,063,875
Year 1 PMPM Cap	164.49	679.66	617.12	276.89	298.65	
Budget Cap	\$393,589,205	\$449,064,955	\$110,988,415	\$220,156,070	\$10,577,586	\$1,184,376,231

Actual Spending Year 1
\$1,212,086,573 through MMIS

Projected Prog. 03
\$0 Future Year 1 Spending

Projected MHA Future
\$0 Year 1 Spending
Additional Capitation per
\$0 All Services
GME: N/A, included in
\$0 rates in FY 1998
Total Projected Year 1
\$1,212,086,573 Spending

Less:

\$9,170,286 Pharmacy Rebate Offset
CHIP Provider
\$0 Reimbursement

Year 1 Charged Against
\$1,202,916,287 Cap

(\$18,540,056) Year 1 Balance

101.57% Percentage of Cap

0

Demonstration Year 2

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	1,916,687	668,114	152,540	1,096,714	34,175	3,868,230
Change from prior yr	-19.90%	1.12%	-15.18%	37.93%	-3.51%	-4.81%
Year 2 PMPM Cap	173.53	717.04	651.06	292.11	315.08	
Budget Cap	\$332,602,695	\$479,064,463	\$99,312,692	\$320,361,127	\$10,767,859	\$1,242,108,836

Actual Spending Year 2
\$1,294,374,685 Through MMIS

Projected Prog. 03
\$0 Future Year 2 Spending

Projected MHA Future
\$0 Year 2 Spending
Additional Capitation per
\$0 All Services
\$24,252,573 GME Payments
Total Projected Year 2
\$1,318,627,258 Spending

Less:

\$8,942,016 Pharmacy Rebate Offset
CHIP Provider
\$0 Reimbursement
DSH in MCO in " Actual
Spending Year 2 thru
\$11,100,000 MMIS"

Year 2 Charged Against
\$1,298,585,242 Cap

(\$56,476,406) Year 2 Balance

104.55% Percentage of Cap

Demonstration Year 3

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	1,611,269	662,328	315,557	1,404,680	31,853	4,025,687
Change from prior yr	-15.93%	-0.87%	106.87%	28.08%	-6.79%	4.07%
Year 3 PMPM Cap	183.08	756.47	686.87	308.18	332.41	
Budget Cap	\$294,991,129	\$501,031,262	\$216,746,637	\$432,894,282	\$10,588,256	\$1,456,251,566

Actual Spending Year 3
 \$1,330,954,311 Through MMIS
 Projected Prog. 03
 \$0 Future Year 3 Spending
 Projected MHA Future
 \$0 Year 3 Spending
 Adjustment, Capitation
 per All
 \$0 Services/collections
 \$24,185,831 GME Payments
 Total Projected Year 3
 \$1,355,140,142 Spending

Less:

\$10,608,823 Pharmacy Rebate Offset
 CHIP Provider
 \$0 Reimbursement
 DSH in MCO in " Actual
 Spending Year 3 thru
 \$11,500,000 MMIS"
 Year 3 Charged Against
 \$1,333,031,319 Cap
 \$123,220,247 Year 3 Balance
 91.54% Percentage of Cap

Demonstration Year 4

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	1,503,611	642,403	384,173	1,621,965	13,964	4,166,116
Change from prior yr	-6.68%	-3.01%	21.74%	15.47%	-56.16%	3.49%
Year 4 PMPM Cap	193.15	798.08	724.65	325.13	350.69	
Budget Cap	\$290,422,465	\$512,688,986	\$278,390,964	\$527,349,480	\$4,897,035	\$1,613,748,930

Actual Spending Year 4
 \$1,435,800,580 Through MMIS
 Projected Prog. 03
 Remaining Year 4
 \$0 Spending
 Projected MHA
 Remaining Year 4
 \$0 Spending
 \$25,713,820 GME Payments
 Payments in actual
 \$0 MMIS
 Total Projected Year 4
 \$1,461,514,400 Spending

Less:

\$11,436,899 Pharmacy Rebate Offset
 CHIP Provider
 \$0 Reimbursement
 DSH in MCO in " Actual
 Spending Year 4 thru
 \$14,020,964 MMIS"
 Year 4 Charged Against
 \$1,436,056,537 Cap
 \$177,692,393 Year 4 Balance
 88.99% Percentage of Cap

Demonstration Year 5					
	AFDC	SSI/BD	MA Only	Sobra	Total
Member Months	1,509,152	653,745	434,506	1,782,269	4,379,672
Change from prior yr	0.37%	1.77%	13.10%	9.88%	5.13%
Year 5 PMPM Cap	203.77	841.97	764.51	343.01	
Budget Cap	\$307,519,903	\$550,433,678	\$332,184,182	\$611,336,090	\$1,801,473,853

Actual Spending Year 5
\$1,557,941,967 Through MMIS
Projected Prog. 03
Remaining Year 5
\$0 Spending
Payments in actual
\$0 MMIS
\$6,461,407 FQHC Adjustment 2002
\$29,076,794 GME Payments
Total Projected Year 5
\$1,593,480,168 Spending

Less:

\$18,376,107 Pharmacy Rebate Offset
CHIP Provider
\$0 Reimbursement
DSH in MCO in " Actual
Spending Year 5 thru
\$20,392,424 MMIS"

Year 5 Charged Against
Cap
\$1,554,711,637

\$246,762,216 Year 5 Balance
86.30% Percentage of Cap

Demonstration Year 6					
	AFDC	SSI/BD	MA Only	Sobra	Total
Member Months	1,498,629	661,227	473,100	1,939,668	4,572,624
Change from prior yr	-0.70%	1.14%	8.88%	8.83%	4.41%
Year 6 PMPM Cap	220.07	909.33	825.67	370.45	
Budget Cap	\$329,805,682	\$601,271,961	\$390,624,855	\$718,551,562	\$2,040,254,060

Actual Spending Year 6
\$1,884,682,404 Through MMIS
Projected Prog. 03
Remaining Year 6
\$0 Spending
Projected MHA
Remaining Year 6
\$0 Spending
\$11,357,976 FQHC Adjustment 2003
Payments in actual
\$0 MMIS
\$31,666,200 GME Payments
Total Projected Year 6
\$1,927,706,580 Spending

Less:

\$30,721,415 Pharmacy Rebate Offset
CHIP Provider
\$0 Reimbursement
DSH in MCO in " Actual
Spending Year 6 thru
\$17,305,398 MMIS"

Year 6 Charged Against
Cap
\$1,879,679,767

\$160,574,293 Year 6 Balance
92.13% Percentage of Cap

Demonstration Year 7	AFDC	SSI/BD	MA Only	Sobra	Total
Member Months	1,402,428	673,202	497,663	2,251,067	4,824,360
Change from prior yr	-6.42%	1.81%	5.19%	16.05%	5.51%
Year 7 PMPM Cap	237.68	982.07	891.72	400.09	
Budget Cap	\$333,325,340	\$661,134,052	\$443,778,272	\$900,622,337	\$2,338,860,001
					Actual Spending Year 7
					\$2,106,613,459 Through MMIS
					0 MSDE projection
					\$33,468,056 GME Payments
					Projected Prog. 03
					Remaining Year 7
					0 Spending
					Payments in actual
					\$0 MMIS
					27,245,547 FQHC Adjustment 2004
					\$2,167,327,062 Total Actual & Projected
					Less:
					\$42,188,140 Pharmacy Rebate Offset
					CHIP Provider
					0 Reimbursement
					DSH in MCO in " Actual
					Spending Year 7 thru
					16,306,326 MMIS"
					Year 7 Charged Against
					2,108,832,596 Cap
					\$230,027,405 Year 7 Balance
					90.16% Percentage of Cap

Demonstration Year 8	AFDC	SSI/BD	MA Only	Sobra	Total
Member Months (11 months, Jul-May)	1,258,181	640,276	461,631	2,203,916	4,564,004
June, Mo 12, (in year 9)	109,681	58,119	42,425	204,117	
12 Month Total for prior year comparison	1,367,862	698,395	504,056	2,408,033	
Change from prior yr based on 12 mos	-2.46%	3.74%	1.28%	6.97%	
Year 8 PMPM Cap	256.69	1,060.64	963.06	432.09	
Budget Cap (based on 11 Months)	\$322,964,386	\$679,102,153	\$444,579,469	\$952,298,468	\$2,398,944,476
					11 month year: Jul 1, 2004 thru May 31, 2005
					Actual costs thru MMIS
					DY 8 to-date less
					Malpractice Adj &
					Therapeutic Rehab in
					2,082,248,927 MMIS: (11 months)
					14,781,238 FQHC Actual Payments
					Payments in actual
					\$0 MMIS
					31,639,201 GME Actual Payments
					6 month eligibility pro-
					(\$1,833,333) rated 1/2 year
					(\$24,136,831) DSH in MCO Payments
					(\$50,640,104) Pharmacy Rebates
					6,416,667 Malpractice Adjustment
					16,651,360 Therapeutic Rehab
					Year 8 Total Charged
					2,075,127,125 Against Cap
					\$323,817,351 Year 8 Balance
					86.50% Percentage of Cap
					\$454.67 Year 8 Cost PMPM

Demonstration Year 9	(TANF) AFDC	SSI/BD	(Medically Needy) MA Only	Sobra	EID	PAC	FAMILY PLAN	Total
Member Months (13 June '05-July '06)	1,388,805	777,397	546,448	2,678,817	Member Months:	Eld, PAC & FP	Not counted in CAP	5,391,467
June, Mo 12, (in year 9)	109,681	58,119	42,425	204,117				
12 Month Total for prior year comparison	1,279,124	719,278	504,023	2,474,700				
13 Month base times avg % change	1,388,805	777,397	546,448	2,678,817				5,391,467 13 month year
Year 9 PMPM Cap	274.91	1,135.95	1,031.44	462.77	BN Negotiated PMPM			
Budget Cap	\$381,796,383	\$883,084,122	\$563,628,325	\$1,239,676,143	Estimated without Waiver Expenditures			
								\$3,068,184,973
	483,909,276	998,254,384	427,238,407	764,759,255				Actual costs thru MMIS, DY 9 to-date 2,674,161,322
Percent of Actual Costs	18.10%	37.33%	15.98%	28.59%	100.00%			
	483,909,276	998,254,384	427,228,987	758,830,755				Actual costs thru MMIS, DY 9 to-date less "expansion population" costs in MMIS: 2,668,223,402
								Expansion population costs EID and PAC are included in Medically Needy Expansion population costs Family Planning are in Sobra
	3,341,601	6,891,822	2,950,209	5,278,253				FQHC Cost Settlements (manual, not thru MMIS) 18,461,885
	0	0	0					MCO Supplemental Payments (in MMIS) 0
	6,964,558	14,363,920	6,148,820	11,000,923				GME Payments (manual, not thru MMIS) 38,476,221
	(15,636,352)	(32,248,896)	(13,804,912)	(24,698,525)				Pharmacy Rebates DSH in MCO (86,388,686)
	(5,082,761)	(10,482,843)	(4,487,432)	(8,028,515)				Payments (28,081,550)
	(784,333)	(1,617,633)	(692,467)	(1,238,900)				6 month eligibility, full year (\$4,333,333)
								Net Actual & Projected Year 9 Spending Before expansion population 2,606,359,939 below
	472,711,989	975,160,754	417,343,205	741,143,991				
	340.37	1,254.39	763.74	276.67				PMPM Cost before Expansion Population costs \$483.42
					9,420	0	5,928,500	expansion population: 9,420 EID 0 PAC 5,928,500 Family Planning
With Waiver Actual	472,711,989	975,160,754	417,343,205	741,143,991	9,420	0	5,928,500	Year 9 Total Charged Against Cap, Includes expansion population costs 2,612,297,859
	\$340.37	\$1,254.39	\$763.74	\$276.67				PMPM after expansion population costs \$484.52
	\$340.37	\$1,254.39	\$763.74	\$276.67				\$455,887,114 Year 9 Balance 85.14% Percentage of Cap Year 9 Cost PMPM includes expansion population cost \$484.52

Demonstration Year 10 Actual	(TANF) AFDC	SSI/BD	(Medically Needy) MA Only	Sobra	EID	PAC	FAMILY PLAN	Total
Year 10 Actual (12 months)	1,195,688	722,756	484,326	2,495,605	Member Months:	Eld, PAC & FP	Not counted in CAP	4,898,375
Year 10 PMPM Cap	294.43	1,216.60	1,104.67	495.62	BN Negotiated PMPM			
Budget Cap	\$352,046,418	\$879,304,950	\$535,020,402	\$1,236,871,750	Estimated without Waiver Expenditures			\$3,003,243,520
	454,587,877 17.44%	987,098,527 37.88%	377,217,275 14.47%	787,277,674 30.21%				2,606,181,353
	454,587,877	987,098,527	318,737,803	782,202,586				2,542,626,793
	3,811,964	8,279,655	3,162,793	6,603,178				\$21,857,590
	6,560,513 (8,809,714)	14,249,554 (19,134,860)	5,443,270 (7,309,436)	11,364,283 (15,260,404)				37,617,620 (50,514,414)
	(3,564,708)	(7,742,612)	(2,957,645)	(6,174,876)				(20,439,841)
	452,585,932	982,750,264	317,076,785	778,734,767				2,531,147,748
	\$378.52	\$1,359.73	\$654.68	\$312.04				\$516.73
								Other Additions:
								Net Projected Year 10 Spending before DY 10 expansion population increases and other additions
								2,531,147,748
								Expansion Population Costs
					383,845			383,845
						58,095,627		58,095,627
							5,075,088	5,075,088
	452,585,932	982,750,264	317,076,785	778,734,767	383,845	58,095,627	5,075,088	\$2,594,702,308
	0	0	0	0				\$0
With Waiver Actual	452,585,932	982,750,264	317,076,785	778,734,767	383,845	58,095,627	5,075,088	2,594,702,308
								\$529.71
								\$408,541,212
								86.40%
								\$529.71

Actual costs thru MMIS, DY 10 to-date
Percent of costs:
Actual costs thru MMIS DY 10 to-date less expansion population costs in MMIS & Expansion population costs EID and PAC are included in Medically Needy Expansion population costs Family Planning are in Sobra

FQHC Cost Settlements (manual, not thru MMIS)
GME Payments (manual, not thru MMIS)
Pharmacy Rebates
DSH in MCO Payments

Net Projected Year 10 Spending before DY 10 expansion population increases and other additions
DY 10 cost PMPM before DY 10 increases to expansion population

Net Projected Year 10 Spending before DY 10 expansion population increases with other additions
Expansion Population Costs

Total charged against CAP
Total Funds, SCHIP Shortfall (Fully Funded in DY 10)

Year 10 Charged Against Cap
Year 10 PMPM
Year 10 Balance
Percentage of Cap
Year 10 Cost

Demonstration Year 11 Projection	(TANF) AFDC	SSI/BD	(Medically Needy) MA Only	Sobra	EID	PAC	FAMILY PLAN	Total
Year 11 Actual (12 months)	1,249,798	735,426	427,219	2,525,029				4,937,472
Projected % of Change in Member Months	0.00%	0.00%	0.00%	0.00%				
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000				
12 Month base times avg % change	1,249,798	735,426	427,219	2,525,029	Member Months:	Eid, PAC & FP	Not counted in CAP	4,937,472
Year 11 PMPM Cap	315.34	1,302.98	1,183.10	530.81	BN Negotiated PMPM			
Budget Cap	\$394,111,301	\$958,245,369	\$505,442,799	\$1,340,310,643	Estimated without Waiver Expenditures			
								Average CAP \$647.72 PMPM
	466,735,107	1,036,962,382	364,992,986	831,426,711				\$2,700,117,186.00 Actual costs thru MMIS, DY 11 to-date
	17.29%	38.40%	13.52%	30.79%				Percent of costs:
	466,735,107	1,036,962,382	285,002,934	826,657,359				\$2,615,357,782.46 Actual costs thru MMIS DY 11 to-date less EID, PAC & FP
	(7,194,063)	(15,977,561)	(5,625,433)	(12,811,174)				(41,608,231) Pharmacy Rebates
	(5,026,722)	(11,164,034)	(3,930,670)	(8,951,578)				(29,073,004) DSH in MCO Payments
								FQHC Cost Settlements (Manual, not thru MMIS)
	6,039,996	13,414,451	4,723,004	10,756,014				34,933,465 GME Payments (manual, not thru MMIS)
	6,773,903	15,044,412	5,296,887	12,062,954				39,178,156
	467,328,221	1,038,279,650	285,466,723	827,713,575				2,618,788,168 Net Actual & Projected Year 11 Spending before DY 11 increases to add-on's
	373.92	1,411.81	668.20	327.80				530.39 DY 11 Cost PMPM before DY 11 increases to population expansion
	\$467,328,221	\$1,038,279,650	\$285,466,723	\$827,713,575				\$2,618,788,168 Net Actual & Projected Year 11 Spending before DY 11 expansion population increases
					\$716,244			Expansion Population: \$716,244 EID
						\$79,273,808		\$79,273,808 PAC
							4,769,352	4,769,352 Family Planning
	0	0	0	0				Total Funds, SCHIP Shortfall (Fully Funded in DY 11)
With Waiver Actual	467,328,221	1,038,279,650	285,466,723	827,713,575	716,244	79,273,808	4,769,352	2,703,547,572 Year 11 Charged Against Cap
								\$547.56 Year 11 PMPM
								\$494,562,540 Year 11 Balance
								84.54% Percentage of Cap
	\$373.92	\$1,411.81	\$668.20	\$327.80				\$547.56 PMPM

Demonstration Year 12 Actual & Projected	(TANF) LT 30 Adult	(TANF) LT 30 CHILD	TANF 30-116 ADULT	TANF 30-116 CHILD	Medically Needy Adult	Medically Needy Child	Sobra Adult	Sobra Child	SSI Adult	SSI Child	EID	PAC	FAMILY PLAN	Total	
Year 12 Actual (12 months)	609,776	1,213,796	341,952	433,711	142,675	75,071	149,938	1,997,286	538,428	222,969	973	352,878	331,592		
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		
12 Month base times avg % change	609,776	1,213,796	341,952	433,711	142,675	75,071	149,938	1,997,286	538,428	222,969	Member Months: Eld, PAC & FP	Not counted in CAP		Member Months excluding EID, PAC & FP 5,725,602 Member Months for add-on population Items: PAC, EID, FAMILY PLANNING 685,443	
Year 12 PMPM Cap	593.35	316.90	593.35	316.90	2,574.01	393.99	2,734.69	394.98	1,432.55	1,298.31	BN Negotiated PMPM		0.00	0.00	
Budget Cap	\$361,810,590	\$384,651,952	\$202,897,219	\$137,443,016	\$367,246,877	\$29,577,223	\$410,033,949	\$788,888,024	\$771,325,031	\$289,482,882	Estimated without Waiver Expenditures		\$0	\$0	\$3,743,356,763
	322,578,574	380,852,718	135,165,042	84,937,888	223,936,743	16,980,131	258,856,794	508,626,480	829,183,088	307,130,856					Total Actual Year 12 Spending before adjustments below 3,068,268,314
	(2,501,894) (2,968,387)	(4,503,409) (3,504,503)	(1,000,758) (1,244,352)	(4,503,409) (781,600)	(2,501,894) (2,059,812)	(2,301,743) (152,370)	(200,152) (2,381,482)	(2,501,894) (4,678,314)	(24,518,562) (7,624,128)	(5,504,167) (2,821,661)					(50,037,881) Pharmacy Rebates (28,216,609) DSH in MCO Payments FQHC Cost Settlements 28,230,349 (Manual, not thru MMIS) GME Payments (manual, not thru MMIS) 40,491,686 211,143 UNIDENTIFIED 211,164
	2,969,833	3,506,209	1,244,958	781,981	2,060,815	152,444	2,382,641	4,680,592	7,627,840	2,823,035					
	3,466,494 22,212	7,142,190 26,224	1,542,640 9,311	1,863,044 5,849	3,379,558 15,413	843,089 1,161	1,041,168 17,820	16,283,273 35,008	3,487,215 57,051	1,443,015 21,114					
	323,566,832	383,519,429	135,736,842	82,303,752	224,830,823	15,522,713	259,716,790	522,445,145	808,212,504	303,092,192					Total Projected Year 12 Spending with other additions & before PAC & FP 3,058,947,002 DY 12 cost PMPM after other additions & before EID, PAC & FP 534.26 Year 12 cost PMPM trended forward to DY 13 \$571.23
	\$530.63	\$315.97	\$396.95	\$189.77	\$1,575.82	\$206.77	\$1,732.16	\$261.58	\$1,501.06	\$1,359.35					
	\$567.35	\$337.84	\$424.42	\$202.90	\$2,117.12	\$1,061.26	\$1,852.03	\$279.68	\$1,604.93	\$1,453.42					
											1,793.95 \$1,918.09	178.80 \$191.18	63.63 \$68.03		Total Costs of add-on Population: EID, PAC, FAMILY PLAN 85,940,709
Percent of costs before expansion population:	10.52%	12.42%	4.41%	2.77%	7.30%	0.55%	8.44%	16.58%	27.02%	10.00%	100.01%				
	\$323,566,832	\$383,519,429	\$135,736,842	\$82,303,752	\$224,830,823	\$15,522,713	\$259,716,790	\$522,445,145	\$808,212,504	\$303,092,192	\$1,745,509	\$63,095,678	\$21,099,522	\$3,144,887,711	Total charged against CAP Total Funds, SCHIP Shortfall 0 (Fully Funded in DY 12)
	0	0	0	0	0	0	0	0	0	0					
With Waiver Actual	323,566,832	383,519,429	135,736,842	82,303,752	224,830,823	15,522,713	259,716,790	522,445,145	808,212,504	303,092,192	1,745,509	63,095,678	21,099,522	3,144,887,711	Year 12 Charged Against Cap Year 12 PMPM including add-on population Costs, excluding \$549.27 add on member months \$598,469,052 Year 12 Balance 84.01% Percentage of Cap Year 12 PMPM including add-on population Costs, excluding \$549.27 add on member months Year 12 PMPM including add-on population Costs, trending \$587.28 forward to YEAR 13
	\$530.63	\$315.97	\$396.95	\$189.77	\$1,575.82	\$206.77	\$1,732.16	\$261.58	\$1,501.06	\$1,359.35	\$1,793.95	\$178.80	\$63.63		

Demonstration Year 13 Projection	(TANF) LT 30 Adult	(TANF) LT 30 CHILD	TANF 30-116 ADULT	TANF 30-116 CHILD	Medically Needy Adult	Medically Needy Child	Sobra Adult	Sobra Child	SSI Adult	SSI Child	ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Total
Year 13 Actual (12 months)	892,767	1,629,402	737,700	1,041,810	114,385	2,889	134,225	1,542,440	565,796	229,716	11	476,415	193,850	0	
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
12 Month base times avg % change	892,767	1,629,402	737,700	1,041,810	114,385	2,889	134,225	1,542,440	565,796	229,716	Member Months: PAC & FP	Not counted in CAP			
												11	476,415	193,850	0
Year 13 PMPM Cap	6.95% 648.07	6.95% 348.82	6.95% 648.07	6.95% 348.82	6.86% 3,794.66	6.86% 1,755.40	6.95% 2,924.75	6.95% 422.43	6.86% 1,530.82	6.86% 1,387.37	BN Negotiated PMPM	0.00	0.00	0.00	0.00
Budget Cap	\$578,575,510	\$568,368,006	\$478,081,239	\$363,404,164	\$434,052,184	\$5,071,351	\$392,574,569	\$651,572,929	\$866,131,833	\$318,701,087	Estimated without Waiver Expenditures	\$0	\$0	\$0	\$0
	458,779,250	479,609,243	332,991,566	213,077,889	243,464,610	519,536	217,815,528	426,505,201	861,557,134	313,023,962					
	(5,547,628)	(8,717,701)	(3,170,073)	(8,717,701)	(6,102,392)	0	(237,755)	(3,170,073)	(35,663,324)	(7,925,183)					
	5,440,132 (86,520)	5,683,971 (90,398)	3,947,669 (62,784)	2,526,676 (40,184)	2,884,026 (45,868)	4,204 (67)	2,581,330 (41,054)	5,053,352 (80,369)	10,211,808 (162,410)	3,708,034 (58,973)					
	(4,216,419)	(4,405,408)	(3,059,673)	(1,958,321)	(2,235,289)	(3,258)	(2,000,681)	(3,916,643)	(7,914,746)	(2,873,942)					
	2,927,490	3,058,707	2,124,353	1,359,677	1,551,977	2,262	1,389,087	2,719,353	5,495,266	1,995,399					
	457,296,304	475,138,413	332,771,058	206,248,035	239,517,065	522,677	219,506,455	427,110,822	833,523,728	307,869,297					
	\$512.22	\$291.60	\$451.09	\$197.97	\$2,093.96	\$180.92	\$1,635.36	\$276.91	\$1,473.19	\$1,340.22					
	\$547.67	\$311.78	\$482.31	\$211.67	\$2,238.86	\$193.44	\$1,748.53	\$296.07	\$1,575.13	\$1,432.96					
Percent of costs before expansion population:	12.94%	13.52%	9.39%	6.01%	6.86%	0.01%	6.14%	12.02%	24.29%	8.82%	100.00%				
									\$32,484.27 \$34,732.18	\$240.77 \$257.43		\$68.03 \$72.74			
									357,327	114,705,218		(806,867)	0		
	\$457,296,304	\$475,138,413	\$332,771,058	\$206,248,035	\$239,517,065	\$522,677	\$219,506,455	\$427,110,822	\$833,523,728	\$307,869,297	\$357,327	\$114,705,218	(\$806,867)	\$0	\$3,613,759,533
	0	0	0	0	0	0	0	0	0	0					
With Waiver Actual	457,296,304	475,138,413	332,771,058	206,248,035	239,517,065	522,677	219,506,455	427,110,822	833,523,728	307,869,297	357,327	114,705,218	(806,867)	0	3,613,759,533
	\$512.22	\$291.60	\$451.09	\$197.97	\$2,093.96	\$180.92	\$1,635.36	\$276.91	\$1,473.19	\$1,340.22					

Member Months excluding add-on population
Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
6,891,130
670,276

Total Actual Year 13 Spending: excluding PAC, EID & adjustments below
3,547,343,919
(79,251,830) Pharmacy Rebates
GME Payments (manual, not thru MMIS)
(668,627) Unidentified
(32,584,381) DSH in MCO Payments
FQHC Cost Settlements
22,623,572 (Manual, not thru MMIS)

Total Projected Year 13 Spending with other additions & before add-on population costs
3,499,503,855
DY 13 cost PMPM after other additions & before add-on
\$507.83 Population Costs
Year 13 cost PMPM trended
\$542.97 forward to DY 14

Total Costs of add-on population: 300% SSI, PAC, FAMILY PLAN
114,255,678

Total charged against CAP
Total Funds, SCHIP Shortfall
0 (Fully Funded in DY 12)

Year 13 Balance
\$1,042,773,339
77.61% Percentage of Cap
Year 13 PMPM including add-on population Costs, excluding expansion population member
\$524.41 months
Year 13 PMPM including add-on population Costs, trended
\$560.70 forward DY 14

	703,265 1.0000	1,129,191 1.0000	612,801 1.0000	861,754 1.0000	36,606 1.0000	680 1.0000	70,833 1.0000	599,553 1.0000	344,319 1.0000	124,450 1.0000		30 1.0000	515,637 1.0000	84,736 1.0000	0 1.0000	0 1.0000		
DY 17 Projection, member months	703,265	1,129,191	612,801	861,754	36,606	680	70,833	599,553	344,319	124,450	Member Months:	Eld, PAC & FP	Not counted in CAP				Member Months excluding add-on population 4,483,452	
													30	515,637	84,736	0	0	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP 600,403
Year 17 PMPM Cap	809.25	430.64	809.25	430.64	4,734.49	2,165.30	3,652.20	521.51	1,948.31	1,765.73	BN Negotiated PMPM (Proposed)		0.00	0.00	0.00	0.00	0.00	
Budget Cap	\$569,117,201	\$486,274,812	\$495,909,209	\$371,105,743	\$173,310,741	\$1,472,404	\$258,696,283	\$312,672,885	\$670,840,151	\$219,745,099	Estimated without Waiver Expenditures		\$0	\$0	\$0	\$0	\$0	\$3,559,144,528
	\$362,912,193	\$322,121,512	\$354,288,298	\$233,677,399	\$132,816,489	\$827,171	\$240,446,275	\$193,770,549	\$1,050,156,859	\$277,606,007								Total Projected Year 17 Spending; excluding add-on population \$3,168,622,752.00
Percent of costs before expansion population:	11.45%	10.17%	11.18%	7.37%	4.19%	0.03%	7.59%	6.12%	33.14%	8.76%								GME Payments (manual, not thru MMIS) Pharmacy Rebates 1,898,400 Pharmacy Waiver Program DSH in MCO Payments FQHC Cost Settlements (Manual, not thru MMIS)
	217,430	192,991	212,263	140,002	79,574	496	144,057	116,093	629,175	166,321								Total Projected Year 17 Spending with other additions & before add-on population costs DY 16 cost PMPM after other additions & before add-on Population Costs 3,170,521,152
	\$363,129,623	\$322,314,503	\$354,500,561	\$233,817,401	\$132,896,063	\$827,667	\$240,590,332	\$193,886,642	\$1,050,786,034	\$277,772,328								Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc 141,212,608
	\$516.35	\$285.44	\$578.49	\$271.33	\$3,630.44	\$1,217.16	\$3,396.59	\$323.39	\$3,051.78	\$2,232.00								Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 12) \$3,311,733,760
With Waiver Actual	363,129,623	322,314,503	354,500,561	233,817,401	132,896,063	827,667	240,590,332	193,886,642	1,050,786,034	277,772,328			24	142,097,984	(885,400)	0	0	Year 17 Charged Against Cap \$247,410,768 Year 17 Balance 93.05% Percentage of Cap Year 17 PMPM including add-on population Costs, excluding add on member months \$738.66
	\$516.35	\$285.44	\$578.49	\$271.33	\$3,630.44	\$1,217.16	\$3,396.59	\$323.39	\$3,051.78	\$2,232.00		\$0.80	\$275.58	(\$10.45)	#DIV/0!	\$0.00		Year 17 PMPM including add-on population Costs, trended forward DY 18 \$789.78
Demonstration Year 17 Projection (6 Months) January 1-June 30th																		Total
Year 17 projection; base for trending to DY18	1,085,772	1,474,462	2,851,037	34,419	393	64,124	0	348,132	124,869			ICS	WBCCPTA	FAMILY PLAN				
Projection Adjustment factor x 50% to account for half year (thru Dec 31 ony)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000			1.0000	1.0000	1.0000				
DY 17 Projection, member months	1,085,772	1,474,462	2,851,037	34,419	393	64,124	0	348,132	124,869		Member Months:	ICS & Family Planning	Not counted in CAP					Member Months excluding add-on population 5,983,208
																		Member Months for add-on population Items: FAMILY PLANNING & ICS 78,016
Year 17 PMPM Cap	790.85	809.25	445.05	4,734.49	2,165.30	3,652.20	892.00	1,948.31	1,765.73		BN Negotiated PMPM (Proposed)		0.00	0.00	0.00			
Budget Cap	\$858,682,786	\$1,193,208,374	\$1,268,854,017	\$162,956,411	\$850,963	\$234,193,673	\$0	\$678,269,057	\$220,484,939		Estimated without Waiver Expenditures		\$0	\$0	\$0			\$4,617,500,220
	\$788,114,098	\$611,211,411	\$684,906,016	\$133,019,702	\$826,998	\$240,408,986	\$0.00	\$1,051,497,790	\$277,606,007									Total Actual Year 17 Spending; excluding add-on population \$3,787,591,008.00
	\$725.86	\$414.53	\$240.23	\$3,864.72	\$2,104.32	\$3,749.13	\$0.00	\$3,020.40	\$2,223.18									Actual DY 17 PMPM costs before DY 17 increases to add-on population: \$633.04
	\$776.09	\$443.22	\$256.85	\$4,132.16	\$2,249.94	\$4,008.57	\$0.00	\$3,229.41	\$2,377.02									Year 17 cost PMPM trended forward to DY 18 \$676.84
	20.81%	16.14%	18.08%	3.51%	0.02%	6.35%	0.00%	27.76%	7.33%									Percent of costs before expansion population: GME Payments (manual, not thru MMIS) Pharmacy Rebates DSH in MCO Payments FQHC Cost Settlements (Manual, not thru MMIS)
	9,878,533 (16,527,636) (11,172,203)	7,661,165 (12,817,789) (8,664,453)	8,584,883 (14,363,247) (9,709,138)	1,667,321 (2,789,572) (1,885,670)	10,366 (17,343) (11,723)	3,013,381 (5,041,646) (3,408,006)	0 0 0	13,179,889 (22,051,088) (14,905,895)	3,479,623 (6,821,709) (3,935,307)									\$47,475,162 not thru MMIS (79,430,031) (53,692,396)
	5,598,670.1	4,341,974.1	4,865,492.0	944,956.4	5,874.9	1,707,837.2	0.0	7,469,716.9	1,972,080.5									26,906,602 (Manual, not thru MMIS)
	0	0	0	0	0	1,000,000	0	0	0									1,000,000 Presumptive Eligibility
	6,627,367	5,139,766	5,759,475	1,118,582	6,954	2,021,634	0	8,842,199	2,334,430									4,500,000 REM Case Management 31,850,408 Unidentified
	782,518,829	606,872,075	680,043,480	132,075,320	821,127	239,702,186	0	1,045,022,611	279,145,125									Total Projected Year 17 Spending with other additions & before add-on population costs DY 16 cost PMPM after other additions & before add-on Population Costs 3,766,200,753
	\$720.70	\$411.59	\$238.52	\$3,837.28	\$2,089.38	\$3,738.10	#DIV/0!	\$3,001.80	\$2,235.50									629.46
												\$	0.29	\$	31.21	(\$10.45)		
												\$0.31	\$33.37	(\$11.17)				

24 73,469 (885,400) Total Costs of Expansion Population Items: FAMILY PLAN, & ICS

\$ 782,518,829 \$ 606,872,075 \$ 680,043,480 \$ 132,075,320 \$ 821,127 \$ 239,702,186 \$ - \$ 1,045,022,611 \$ 279,145,125

0 0 0 0 0 0 0 0 0 0

With Waiver Actual 782,518,829 606,872,075 680,043,480 132,075,320 821,127 239,702,186 0 1,045,022,611 279,145,125 24 73,469 (885,400)

\$720.70 \$411.59 \$238.52 \$3,837.28 \$2,089.38 \$3,738.10 \$0.00 \$3,001.80 \$2,235.50 \$0.29 (\$11.71)

Demonstration Year 18 Actuals (12 months)

New Adult Group TANF Adults 0-123 Medicaid Child Medically Needy Adult Medically Needy Child Sobra Adult Presumptive Eligibility SSI Adult SSI Child ICS WBCCPTA FAMILY PLAN Total

Year 18 Actual base for trending to DY19 Projection Adjustment factor DY 18 Actual, member months 2,778,981 2,872,945 5,671,322 75,449 1,211 116,108 30 702,885 250,888 201 3,313 158,042 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 2,778,981 2,872,945 5,671,322 75,449 1,211 116,108 30 702,885 250,888

Member Months: Eld, PAC & FP

Member Months excluding add-on population 12,469,819 Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP 177,360

Year 18 PMPM Cap 828.02 848.90 465.08 4,942.81 2,260.57 3,838.46 939.28 2,034.04 1,765.73 0.00 0.00 0.00

Budget Cap \$2,301,051,848 \$2,438,843,011 \$2,637,618,436 \$372,930,072 \$2,737,550 \$445,675,914 \$28,178 \$1,429,696,205 \$443,000,468 Estimated without Waiver Expenditures \$0 \$0 \$0 \$10,071,581,682

Actual DY 18 PMPM costs before DY 18 increases to add-on population: \$482.47 Year 18 cost PMPM \$515.88 Total Projected Year 18 Spending: excluding add-on population 6,016,257,153

Percent of costs before expansion population: 30.42% 17.83% 25.63% 2.21% 0.01% 3.70% 0.00% 14.94% 5.27%

1,245,971 Presumptive Eligibility 9,000,000 REM Case Management 88,617,391 Unidentified OME Payments (manual, not thru MMIS) \$48,433,082 Pharmacy Rebates (110,839,446) DSH in MCO Payments (49,884,423) FQHC Cost Settlements (23,530,531) Voucher Carryover MA Carryover

0 0 0 0 0 1,245,971 0 0 0 26,954,087 15,796,682 22,712,415 1,962,306 12,423 3,276,584 499 13,236,179 4,666,216 14,731,527 8,633,542 12,413,278 1,072,482 6,790 1,790,789 273 7,234,121 2,550,281 (33,713,203) (19,757,922) (28,407,872) (2,454,382) (15,538) (4,098,233) (624) (16,555,337) (5,836,335) (15,172,971) (8,892,254) (12,785,253) (1,104,619) (6,993) (1,844,452) (281) (7,450,898) (2,626,702) 7,157,105 4,194,485 6,030,816 521,050 3,299 870,030 133 3,514,596 1,239,018 0 0 0 0 0 0 0 0 0 0 0

1,829,876,345 1,072,415,303 1,541,915,024 133,218,277 843,362 223,688,798 33,892 900,566,206 323,803,051 6,026,360,259

Total Actual Year 18 Spending with other additions & before add-on population costs 6,026,360,259 DY 18 cost PMPM after other additions & before add-on Population Costs 483.28

\$0.29 \$0.31 \$1,477.09 \$1,579.30 (\$10.45) (\$11.17)

Total Costs of Expansion Population Items: MHIP, 3,076,954 PAC, FAMILY PLAN, etc

\$1,829,876,345 \$1,072,415,303 \$1,541,915,024 \$133,218,277 \$843,362 \$223,688,798 \$33,892 \$900,566,206 \$323,803,051 \$58 \$4,893,587 (\$1,816,691) \$6,029,437,213

0 0 0 0 0 0 0 0 0 0

With Waiver Actual 1,829,876,345 1,072,415,303 1,541,915,024 133,218,277 843,362 223,688,798 33,892 900,566,206 323,803,051 58 4,893,587 (1,816,691)

\$658.47 \$373.28 \$271.88 \$1,765.67 \$696.42 \$1,926.56 \$1,129.74 \$1,281.24 \$1,290.63 \$0.29 (\$10.45)

Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in 0 DY 12) 6,029,437,213 Year 18 Balance 59.87% Percentage of Cap Year 18 PMPM including add-on population Costs, excluding add on member 483.52 months Year 18 PMPM including add-on population Costs, \$516.98 trended forward DY 19

Demonstration Year 19 Projection (12 months)

New Adult Group TANF Adults 0-123 Medicaid Child Medically Needy Adult Medically Needy Child Sobra Adult Presumptive Eligibility SSI Adult SSI Child ICS WBCCPTA FAMILY PLAN Total

Year 19 projection; base for trending to DY20 Projection Adjustment factor DY 19 Projection, member months 2,668,881 2,255,107 4,656,822 25,173 1,511 98,929 7 645,220 237,865 0 2,273 136,623 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 2,668,881 2,255,107 4,656,822 25,173 1,511 98,929 7 645,220 237,865

Member Months:

Member Months excluding add-on population 10,589,515 Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP 138,896

BN Negotiated PMPM (Proposed) 0 2,273 136,623

Year 19 PMPM Cap 866.94 890.50 486.01 5,160.29 2,360.04 3,838.46 989.06 2,034.04 1,843.42 0.00 0.00 0.00

Budget Cap \$2,313,759,694 \$2,008,172,784 \$2,263,262,060 \$129,899,980 \$3,566,020 \$379,735,009 \$6,923 \$1,312,403,289 \$438,485,098 Estimated without Waiver Expenditures \$0 \$0 \$0 \$8,849,290,857

Projected DY 19 PMPM costs before DY 19 increases to add-on population: \$626.34

\$704.04 \$399.11 \$290.69 \$1,887.86 \$744.61 \$2,048.40 \$1,207.92 \$1,366.89 \$1,350.02

	\$752.76	\$426.73	\$310.81	\$2,018.50	\$796.14	\$2,190.15	\$1,291.51	\$1,461.48	\$1,443.44					Year 19 cost PMPM \$669.68 trended forward to DY 20 Total Projected Year 19 Spending: excluding add- 6,632,674,990 on population
	2,230,363,831	1,263,962,102	1,382,632,367	46,902,715	2,599,999	158,285,281	8,455	1,149,625,977	398,294,263					
Percent of costs before expansion population:	33.63%	19.06%	20.85%	0.71%	0.04%	2.39%	0.00%	17.33%	6.01%					
	0	0	0	0	0	2,000,000	0	0	0					2,000,000 Presumptive Eligibility
	0	0	0	0	0	0	0	1,980,000	7,020,000					9,000,000 REM Case Management
	4,226,972	0	0	0	0	0	0	4,579,219	0					8,806,191 Pysch IMD (6 months)
	(2,480,601)	(1,598,610)	0	0	0	0	0	(1,433,236)	0					(5,512,448) SUD IMD (6 months)
	77,235,118	43,769,658	47,879,083	1,624,191	90,035	5,481,250	293	39,810,320	13,792,505					229,682,454 Unidentified
	16,656,293	9,439,232	10,325,459	350,268	19,417	1,182,070	63	8,585,374	2,974,450					GME Payments (manual, 49,532,625 not thru MMIS)
	(37,271,884)	(21,122,226)	(23,105,339)	(783,797)	(43,449)	(2,645,125)	(141)	(19,211,541)	(6,655,944)					(110,839,446) Pharmacy Rebates
	(14,204,503)	(8,049,787)	(8,805,561)	(298,709)	(16,559)	(1,008,070)	(54)	(7,321,615)	(2,536,614)					(42,241,472) DSH in MCO Payments
	7,912,591	4,484,118	4,905,121	166,395	9,224	561,544	30	4,078,492	1,413,016					FQHC Cost Settlements 23,530,531 (Manual, not thru MMIS)
	2,282,437,817	1,290,884,489	1,413,831,129	47,961,063	2,658,667	163,856,950	8,646	1,180,692,990	414,301,676					Total Projected Year 19 Spending with other additions & before add-on 6,796,633,426 population costs
	\$855.20	\$572.43	\$303.60	\$1,905.26	\$1,759.54	\$1,656.31	\$1,235.11	\$1,829.91	\$1,741.75					DY 19 cost PMPM after other additions & before 641.83 add-on Population Costs
							\$0.29 \$0.31	\$1,682.39 \$1,798.81	(\$10.45) (\$11.17)					
							0	3,824,079	0					Total Costs of Expansion Population Items: MHIP, 3,824,079 PAC, FAMILY PLAN, etc
	\$2,282,437,817	\$1,290,884,489	\$1,413,831,129	\$47,961,063	\$2,658,667	\$163,856,950	\$8,646	\$1,180,692,990	\$414,301,676	\$0	\$3,824,079	\$0	\$6,800,457,505	Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in 0 DY 12)
	0	0	0	0	0	0	0	0	0					
With Waiver Actual	2,282,437,817	1,290,884,489	1,413,831,129	47,961,063	2,658,667	163,856,950	8,646	1,180,692,990	414,301,676	0	3,824,079	0	6,800,457,505	Year 19 Charged Against Cap
														\$2,048,833,353 Year 19 Balance
														76.85% Percentage of Cap
	\$855.20	\$572.43	\$303.60	\$1,905.26	\$1,759.54	\$1,656.31	\$1,235.11	\$1,829.91	\$1,741.75					Year 19 PMPM including add-on population Costs, excluding add on member \$642.19 months
														Year 19 PMPM including add-on population Costs, \$686.63 trended forward DY 20
Demonstration Year 20 Projection (6 Months)	New Adult Group	TANF Adults 0-123	Medicaid Child	Medically Needy Adult	Medically Needy Child	Sobra Adult	Presumptive Eligibility	SSI Adult	SSI Child	ICS	WBCCPTA	FAMILY PLAN	Total	
Year 20 projection; base for trending to DY21	2,668,881	545,448	4,656,822	25,173	1,511	98,929	7	645,220	237,865	0	2,976	136,623		
Projection Adjustment factor (6 months)	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000	0.5000		
DY 20 Projection, member months	1,334,441	272,724	2,328,411	12,587	756	49,465	4	322,610	118,933				4,439,931	Member Months excluding add-on population
														Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium 69,800 Subsidy MHIP
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		0	1,488	68,312	
Year 20 PMPM Cap	907.68	934.13	507.88	5,387.34	2,463.88	4,239.97	0.00	2,216.97	2,009.21		0.00	0.00	0.00	BN Negotiated PMPM (Proposed)
Budget Cap	\$1,211,245,407	\$254,759,670	\$1,182,553,379	\$67,810,449	\$1,862,693	\$209,730,116	\$0	\$715,216,692	\$238,961,373		\$0	\$0	\$0	Estimated without Waiver Expenditures
	\$752.76	\$426.73	\$310.81	\$2,018.50	\$796.14	\$2,190.15	\$1,291.51	\$1,461.48	\$1,443.44					Projected DY 20 PMPM costs before DY 20 increases to add- \$590.57 onpopulation;
	\$804.85	\$456.26	\$332.32	\$2,158.18	\$851.23	\$2,341.71	\$1,380.88	\$1,562.62	\$1,543.33					Year 20 cost PMPM \$631.44 trended forward to DY 21 Total Projected Year 20 Spending: excluding add- 2,622,091,015 on population
	1,004,508,099	116,379,624	723,691,842	25,406,829	601,880	108,335,845	5,166	471,488,601	171,673,129					
Percent of costs before expansion population:	38.31%	4.44%	27.60%	0.97%	0.02%	4.13%	0.00%	17.98%	6.55%					
	0	0	0	0	0	1,000,000	0	0	0					1,000,000 Presumptive Eligibility
	0	0	0	0	0	0	0	990,000	3,510,000					4,500,000 REM Case Management
	4,226,972	0	0	0	0	0	0	4,579,219	0					8,806,191 Pysch IMD (6 months)
	(2,480,601)	(1,598,610)	0	0	0	0	0	(1,433,236)	0					(5,512,448) SUD IMD (6 months)
	1,006,254,469	114,781,014	723,691,842	25,406,829	601,880	109,335,845	5,166	475,624,584	175,183,129					Total Projected Year 20 Spending with other additions & before add-on 2,630,884,759 population costs
	\$754.06	\$420.87	\$310.81	\$2,018.50	\$796.14	\$2,210.37	\$1,291.50	\$1,474.30	\$1,472.96					DY 20 cost PMPM after other additions & before 592.55 add-on Population Costs
							\$0.00 \$0.00	\$3,586.27 \$3,834.44	\$0.00 \$0.00					
							0	5,336,365	0					Total Costs of Expansion Population Items: MHIP, 5,336,365 PAC, FAMILY PLAN, etc

	\$1,006,254,469	\$114,781,014	\$723,691,842	\$25,406,829	\$601,880	\$109,335,845	\$5,166	\$475,624,584	\$175,183,129	\$0	\$5,336,365	\$0
	0	0	0	0	0	0	0	0	0			
With Waiver Actual	1,006,254,469	114,781,014	723,691,842	25,406,829	601,880	109,335,845	5,166	475,624,584	175,183,129	0	5,336,365	0
	\$754.06	\$420.87	\$310.81	\$2,018.50	\$796.14	\$2,210.37	\$1,291.50	\$1,474.30	\$1,472.96	#DIV/0!	\$3,586.27	\$0.00

\$2,636,221,124 Total charged against CAP
 Total Funds, SCHIP
 Shortfall (Fully Funded in
 0 DY 12)
Year 20 Charged Against
2,636,221,124 Cap
 \$1,245,918,656 Year 20 Balance
 67.91% Percentage of Cap
 Year 20 PMPM including
 add-on population Costs,
 excluding add on member
 \$593.75 months
 Year 20 PMPM including
 add-on population Costs,
 \$634.84 trended forward DY 20

Projected SFY2012-2014 Extension	Eligibility Group	01/01/14 -06/30/14 DY 17: 6 mos	Trend Rate	07/01/14 -06/30/15 DY 18: 12 mos	Trend Rate	07/01/15 -06/30/16 DY 19: 12 mos	Trend Rate	07/01/16 -12/31/16 DY 20: 6 mos	Projected SFY2014-2016 Extension Total
Total									Total
BN Negotiated PMPM									
	New Adult Group	\$790.85	1.0470	\$828.02	1.0470	\$866.94	1.0470	\$907.68	
	TANF Adults 0-123	\$809.25	1.0490	\$848.90	1.0490	\$890.50	1.0490	\$934.13	
	Medicaid Child	\$445.05	1.0450	\$465.08	1.0450	\$486.01	1.0450	\$507.88	
	Medically Needy Adult	\$4,734.49	1.0440	\$4,942.81	1.0440	\$5,160.29	1.0440	\$5,387.34	
	Medically Needy Child	\$2,165.30	1.0440	\$2,260.57	1.0440	\$2,360.04	1.0440	\$2,463.88	
	Sobra Adult	3,652.20	1.0510	\$3,838.46	1.0000	\$3,838.46	1.1046	\$4,239.97	
	Pregnant Women PE	892.00	1.0530	\$939.28	1.0530	\$989.06	0.0000	\$0.00	
	SSI ADULT	1,948.31	1.0440	\$2,034.04	1.0000	\$2,034.04	1.0899	\$2,216.97	
	SSI CHILD	\$1,765.73	1.0000	\$1,765.73	1.0440	\$1,843.42	1.0899	\$2,009.21	
Projected With Waiver PMPM Expenditures by EG									
	New Adult Group	\$720.70		\$658.47		\$855.20		\$754.06	
	TANF Adults 0-123	\$411.59		\$373.28		\$572.43		\$420.87	
	Medicaid Child	\$238.52		\$271.88		\$303.60		\$310.81	
	Medically Needy Adult	\$3,837.28		\$1,765.67		\$1,905.26		\$2,018.50	
	Medically Needy Child	\$2,089.38		\$696.42		\$1,759.54		\$796.14	
	Sobra Adult	\$3,738.10		\$1,926.56		\$1,656.31		\$2,210.37	
	Pregnant Women PE	\$0.00		\$1,129.74		\$1,235.11		\$1,291.50	
	SSI ADULT	\$3,001.80		\$1,281.24		\$1,829.91		\$1,474.30	
	SSI CHILD	\$2,235.50		\$1,290.63		\$1,741.75		\$1,472.96	
	Family Planning	-\$11.71		-\$10.45		\$0.00		\$0.00	
	ICS	\$0.29		\$0.29		#DIV/0!		#DIV/0!	
	WBCCPTA	\$31.21		\$1,477.09		\$1,682.39		\$3,586.27	
	Projected Member Months	Projected DY 17: 6 mos		Projected DY 18: 12 mos		Projected DY 19: 12 mos		Projected DY 20: 6 mos	
	New Adult Group	1,085,772		2,778,981		2,668,881		1,334,441	
	TANF Adults 0-123	1,474,462		2,872,945		2,255,107		272,724	
	Medicaid Child	2,851,037		5,671,322		4,656,822		2,328,411	
	Medically Needy Adult	34,419		75,449		25,173		12,587	
	Medically Needy Child	393		1,211		1,511		756	
	Sobra Adult	64,124		116,108		98,929		49,465	
	Pregnant Women PE	0		30		7		4	
	SSI ADULT	348,132		702,885		645,220		322,610	
	SSI CHILD	124,869		250,888		237,865		118,933	
	Family Planning	75,579		173,846		136,623		68,312	
	ICS	83		201		0		0	
	WBCCPTA	2,354		3,313		2,273		1,488	
	MM w/o FP, & ICS	5,983,208		12,469,819		10,589,515		4,439,931	
	TOTAL Member Months	6,061,224		12,647,179		10,728,411		4,509,731	
Estimated W/out Waiver Expenditures by EG									
	New Adult Group	\$858,682,786		\$2,301,051,848		\$2,313,759,694		\$1,211,245,407	
	TANF Adults 0-123	\$1,193,208,374		\$2,438,843,011		\$2,008,172,784		\$254,759,670	
	Medicaid Child	\$1,268,854,017		\$2,637,618,436		\$2,263,262,060		\$1,182,553,379	
	Medically Needy Adult	\$162,956,411		\$372,930,072		\$129,899,980		\$67,810,449	
	Medically Needy Child	\$850,963		\$2,737,550		\$3,566,020		\$1,862,693	
	Sobra Adult	\$234,193,673		\$445,675,914		\$379,735,009		\$209,730,116	
	Pregnant Women PE	\$0		\$28,178		\$6,923		\$0	
	SSI ADULT	\$678,269,057		\$1,429,696,205		\$1,312,403,289		\$715,216,692	
	SSI CHILD	\$220,484,939		\$443,000,468		\$438,485,098		\$238,961,373	
TOTAL BN limit (without waiver)		\$16,180,857,033		\$4,617,500,220		\$10,071,581,681		\$8,849,290,858	
	TOTAL BN limit (without waiver)							\$3,882,139,778	\$27,420,512,538
Projected With Waiver Expenditures by EG									
	New Adult Group	\$782,518,829		\$1,829,876,345		\$2,282,437,817		\$1,006,254,469	
	TANF Adults 0-123	\$606,872,075		\$1,072,415,303		\$1,290,884,489		\$114,781,014	
	Medicaid Child	\$680,043,480		\$1,541,915,024		\$1,413,831,129		\$723,691,842	
	Medically Needy Adult	\$132,075,320		\$133,218,277		\$47,961,063		\$25,406,829	
	Medically Needy Child	\$821,127		\$843,362		\$2,658,667		\$601,880	
	Sobra Adult	\$239,702,186		\$223,688,798		\$163,856,950		\$109,335,845	
	Pregnant Women PE	\$0		\$33,892		\$8,646		\$5,166	
	SSI ADULT	\$1,045,022,611		\$900,566,206		\$1,180,692,990		\$475,624,584	
	SSI CHILD	\$279,145,125		\$323,803,051		\$414,301,676		\$175,183,129	
	Family Planning	-\$885,400		-\$1,816,691		\$0		\$0	
	ICS	\$24		\$58		\$0		\$0	
	WBCCPTA	\$73,469		\$4,893,587		\$3,824,079		\$5,336,365	
\$11,936,227,703	TOTAL With Waiver	\$3,765,388,846		\$6,029,437,213		\$6,800,457,505		\$2,636,221,124	\$19,231,504,687
\$4,244,629,329	(Over)/Under BN Limit	\$852,111,374		\$4,042,144,468		\$2,048,833,354		\$1,245,918,655	\$8,189,007,851

Carryover from 1-14	\$ 5,526,570,834
Projected Cushion at end of DY 17	\$ 9,771,200,163

Carryover from 1-17	\$ 9,771,200,163
Sub-Projected Cushion at end of DY 20	\$ 17,960,208,013
Estimated Savings on New Adult Group	\$783,652,275

Projected Cushion at end of DY 20	\$ 17,176,555,739
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Note: Included in above cushion is a built in savings of \$13,520,400 in expenditures attributable to increased utilization of IMD services for SUD treatment.

Projected SFY2015-2017 Extension	Eligibility Group	01/01/17 -06/30/17 DY 20: 6 mos	Trend Rate	07/01/17 -06/30/18 DY 21: 12 mos
Total				
	BN Negotiated PMPM			
	New Adult Group	\$907.68	1.0470	\$950.34
	TANF Adults 0-123	\$934.13	1.0490	\$979.90
	Medicaid Child	\$507.88	1.0450	\$530.73
	Medically Needy Adult	\$5,387.34	1.0440	\$5,624.38
	Medically Needy Child	\$2,463.88	1.0440	\$2,572.29
	Sobra Adult	\$4,239.97	1.0510	\$4,456.21
	SSI ADULT	\$2,216.97	1.0440	\$2,314.52
	SSI CHILD	\$2,009.21	1.0440	\$2,097.62
	Projected With Waiver PMPM Expenditures by EG			
	New Adult Group	\$804.85		\$860.54
	TANF Adults 0-123	\$456.26		\$487.83
	Medicaid Child	\$332.32		\$355.31
	Medically Needy Adult	\$2,158.18		\$2,307.52
	Medically Needy Child	\$851.23		\$910.13
	Sobra Adult	\$2,361.93		\$2,512.95
	Pregnant Women Inpatient Hospital PE	\$864.67		\$881.92
	SSI ADULT	\$1,565.68		\$1,672.14
	SSI CHILD	\$1,572.84		\$1,663.54
	Family Planning	\$0.00		\$0.00
	ICS	\$4,408.00		\$4,713.03
	Wbccpta	\$3,586.27		\$1,793.13
	Residential Substance Use Disorder	N/A		\$5,750.40
	Limited Housing Support Services	N/A		\$666.67
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		\$300.00
	Former Foster Dental Care	\$22.01		\$22.01
	Projected Member Months	Projected DY 20: 6 mos		Projected DY 21: 12 mos
	New Adult Group	1,334,441		2,935,769
	TANF Adults 0-123	272,724		599,993
	Medicaid Child	2,328,411		5,122,504
	Medically Needy Adult	12,587		27,690
	Medically Needy Child	756		1,662
	Sobra Adult	49,465		108,822
	Pregnant Women PE	6		12
	SSI ADULT	322,610		709,742
	SSI CHILD	118,933		261,652
	Family Planning	68,312		150,285
	ICS	306		765
	Wbccpta	1,488		2,976
	Residential Substance Use Disorder	N/A		4,400
	Limited Housing Support Services	N/A		3,600
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		17,920

	Former Foster Dental Care	14,250		31,428
	MM w/o FP, ICS, WBCCPTA, SUD, LHSS, High Risk PWC, Dental	4,439,933		9,767,846
	TOTAL Member Months	4,524,289		9,979,220

Estimated W/out Waiver Expenditures by EG

	New Adult Group	\$1,211,245,407		\$2,789,981,530
	TANF Adults 0-123	\$254,759,670		\$587,934,563
	Medicaid Child	\$1,182,553,379		\$2,718,690,111
	Medically Needy Adult	\$67,810,449		\$155,739,164
	Medically Needy Child	\$1,862,693		\$4,275,147
	Sobra Adult	\$209,730,116		\$484,933,518
	SSI ADULT	\$715,216,692		\$1,642,709,697
	SSI CHILD	\$238,961,373		\$548,845,223

TOTAL BN limit (without waiver)	\$16,180,857,033	TOTAL BN limit (without waiver)	\$3,882,139,778	\$8,933,108,954
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Projected With Waiver Expenditures by EG

	New Adult Group	\$1,074,020,059		\$2,526,351,912
	TANF Adults 0-123	\$124,433,094		\$292,696,598
	Medicaid Child	\$773,771,317		\$1,820,095,772
	Medically Needy Adult	\$27,164,981		\$63,895,325
	Medically Needy Child	\$643,530		\$1,512,644
	Sobra Adult	\$116,832,685		\$273,463,772
	Pregnant Women PE	\$5,188		\$10,583
	SSI ADULT	\$505,105,612		\$1,186,790,908
	SSI CHILD	\$187,062,909		\$435,269,505
	Family Planning	\$0		\$0
	ICS	\$1,348,848		\$3,605,471
	WBCPTTA	\$5,336,365		\$5,336,365
	Residential Substance Use Disorder	N/A		\$25,301,751
	Limited Housing Support Services	N/A		\$2,400,000
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		\$5,376,000
	Former Foster Dental Care	\$313,643		\$691,730

\$11,936,227,703	TOTAL With Waiver	\$2,816,038,231		\$6,642,798,336
\$4,244,629,329	(Over)/Under BN Limit	\$1,066,101,547		\$2,290,310,618

Carryover from 1-14	\$ 5,526,570,834
Carryover from 15-17	\$ 9,771,200,163
Projected Cushion at end of DY 20	17,176,555,739

Trend Rate	07/01/18 -06/30/19 DY 22: 12 mos	Trend Rate	07/01/19 -12/31/19 DY 23: 6 mos	Projected SFY2017-2020 Extension
				Total
1.0470	\$995.01	1.0470	\$1,041.77	
1.0490	\$1,027.92	1.0490	\$1,078.29	
1.0450	\$554.62	1.0450	\$579.58	
1.0440	\$5,871.86	1.0440	\$6,130.22	
1.0440	\$2,685.47	1.0440	\$2,803.63	
1.0510	\$4,683.48	1.0510	\$4,922.33	
1.0440	\$2,416.36	1.0440	\$2,522.68	
1.0440	\$2,189.91	1.0440	\$2,286.27	
	\$920.09		\$983.76	
	\$521.59		\$557.69	
	\$379.90		\$406.19	
	\$2,467.20		\$2,637.93	
	\$973.12		\$1,040.46	
	\$2,685.37		\$2,877.45	
	\$899.50		\$917.50	
	\$1,787.63		\$1,912.29	
	\$1,776.51		\$1,908.58	
	\$0.00		\$0.00	
	\$4,713.03		\$4,713.03	
	\$1,793.13		\$3,260.24	
	\$5,562.68		\$5,418.23	
	\$666.67		\$666.67	
	\$300.00		\$300.00	
	\$22.01		\$22.01	
	Projected DY 22: 12 mos		Projected DY 23: 6 mos	
	3,229,346		1,776,140	
	599,993		299,996	
	5,634,754		3,099,115	
	30,459		16,752	
	1,828		1,005	
	119,704		65,837	
	12		6	
	780,716		429,394	
	287,817		158,299	
	165,314		90,923	
	1,071		612	
	2,976		1,637	
	5,711		3,511	
	3,600		1,800	
	17,920		8,960	

	34,356		18,642	
	10,684,629		5,846,544	
	10,915,577		5,972,628	
	\$3,213,221,827		\$1,850,333,477	
	\$616,743,356		\$323,481,351	
	\$3,125,134,061		\$1,796,170,976	
	\$178,850,856		\$102,693,403	
	\$4,909,042		\$2,817,650	
	\$560,630,704		\$324,071,594	
	\$1,886,487,333		\$1,083,221,531	
	\$630,293,416		\$361,913,679	
\$10,216,270,596		\$5,844,703,661		\$28,876,222,989
	\$2,971,293,102		\$1,747,298,327	
	\$312,951,203		\$167,303,434	
	\$2,140,650,887		\$1,258,831,283	
	\$75,148,569		\$44,190,681	
	\$1,778,856		\$1,045,658	
	\$321,449,556		\$189,442,993	
	\$10,794		\$5,505	
	\$1,395,633,807		\$821,124,619	
	\$511,310,636		\$302,126,582	
	\$0		\$0	
	\$5,047,659		\$2,884,377	
	\$5,336,365		\$5,336,365	
	\$31,768,451		\$19,023,401	
	\$2,400,000		\$1,200,000	
	\$5,376,000		\$2,688,000	
	\$756,176		\$410,310	
	\$7,780,912,061		\$4,562,911,535	\$21,802,660,162
	\$2,435,358,535		\$1,281,792,127	\$7,073,562,827

	Carryover from 1-20	\$ 17,176,555,739
	Sub-Projected Cushion at end of DY 23	\$ 24,250,118,565
	Estimated Savings on New Adult Group	\$745,818,841

Projected Cushion at
end of DY 23

\$

23,504,299,724