

**Maryland HealthChoice Demonstration**  
**Section 1115 Quarterly Report**  
**Demonstration Year 20 (July 1, 2016 – June 30, 2017)**  
**State Fiscal Second Quarter (October 1 – December 31, 2016)**

**Introduction**

Following approval of the 1115 waiver by the 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 nearly 288,000 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, submitted in June 2016, has been approved effective January 1, 2017 through December 31, 2021 (see Outreach/Innovation Activities below for additional information on the waiver renewal).

**Enrollment Information**

**Table 1: Average Monthly Enrollees**

Demonstration Populations	Previous Quarter (As of September 30, 2016)	Current Enrollees (As of December 31, 2016)
Parents/Caretaker Relatives <116% FPL & Former Foster Care	205,929	208,847
ACA Expansion Adults	276,970	291,044
Medicaid Children	442,115	447,509
SSI/BD Adults	88,614	89,000

Demonstration Populations	Previous Quarter (As of September 30, 2016)	Current Enrollees (As of December 31, 2016)
Medically-Needy Adults	22,535	22,359
Medically-Needy Children	5,468	5,426
SOBRA Adults	9,050	9,240
MCHP	113,064	114,015
MCHP Premium	30,115	30,953
Family Planning	9,985	9,673
ICS	25	25
WBCCHP	163	154
Presumptively-Eligible Pregnant Women (PEPW)	1	6

### **Outreach/Innovation Activities**

#### *1115 HealthChoice Waiver Renewal*

Effective January 1, 2017, the CMS approved and renewed Maryland’s HealthChoice demonstration waiver for a period of five years.

The 2017 extension made the following changes to the demonstration:

- Created a Residential Treatment for Individuals with Substance Use Disorder (SUD) program as part of a comprehensive SUD strategy;
- Created two community health pilot programs:
  - Evidence-based Home Visiting pilot program to provide home visiting services for high-risk pregnant women and children up to two years of age; and
  - Assistance in Community Integration Services pilot program to provide housing-related support services for high-risk, high utilizers who are either transitioning to the community from institutionalization or at high-risk of institutional placement;
- Raised the enrollment cap for the Increased Community Services program from 30 to 100; and
- Expanded dental benefits for former foster youth.

Initial outreach to stakeholders on the community health pilot programs began in November with a presentation to Local Health Officers that included a discussion about budget considerations and a tentative project timeline. Working drafts of key documents, including the Letter of Intent, Request for Applications, and a summary of frequently-asked questions were developed during the quarter. Additional information concerning the community health pilots is under further development with CMS, and post-approval protocols are expected. In addition, all current information regarding the approval of the waiver renewal was posted to the DHMH website for public access, including waiver approvals, authorities and Special Terms and Conditions.

### *Medicaid and National Diabetes Prevention Program (DPP) Grant*

As mentioned in the previous report, Maryland was one of two states that received funding for a two-year project to demonstrate ways of offering the National Diabetes Prevention Program (National DPP) to the Medicaid population through managed care. In Maryland, there is growing concern about the increased number of Medicaid beneficiaries at high risk for type 2 diabetes. According to Medicaid claims data (2013-2015), more than 90,500 of Maryland Medicaid beneficiaries are at risk for developing type 2 diabetes. Unless aggressive mitigation strategies are implemented, these beneficiaries will more than likely go on to join the 19 percent of current Medicaid beneficiaries who have type two diabetes (2013-2015 claims data, 25-64 year-olds). Connecting these high-risk beneficiaries to evidence-based lifestyle change programs will affect overall health, as well as reduce their risk for developing diabetes.

With this funding, Maryland Medicaid has engaged four MCOs to implement the National DPP to Medicaid beneficiaries at risk for type two diabetes through virtual and community-based lifestyle-change programs that have been recognized by the Centers for Disease Control and Prevention (CDC). The Center for Chronic Disease Prevention and Control (the Center) is also supporting 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 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.

Operationalization of this delivery model, which includes actual program delivery, screening and referrals, patient activation and retention, billing and payment, is being managed through the four participating MCOs and overseen by the Maryland Medicaid program. The National Association of Chronic Disease Directors (NACDD) will evaluate the delivery of the intervention, 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. Key deliverables under this grant include establishing a billing and payment model, and enrolling at least 100 Medicaid beneficiaries into participating National DPP programs by May 31, 2017.

To date, Maryland has successfully established key aspects of the project, including grant agreements with MCOs and the development of a fiscal structure to ensure transfer of grant monies for operational startup. The MCOs are close to executing contracts with virtual and community-based DPPs and have begun to actively conduct outreach and enrollment activities. The Department has established a Current Procedural Terminology coding plus modifier framework to enable billing to occur, and has begun developing guidance on the ICD-10 diagnosis codes to be used for the demonstration. The Department has also supported the grant's independent evaluator in attaining approval of the evaluation proposal by the Department's Institutional Review Board and facilitated implementation of an informed consent process as part of enrollment.

## **Operational/Policy Development Issues**

As of December 2016, there were eight MCOs participating in the HealthChoice program; their respective market shares are as follows: Amerigroup (24.6 percent); Jai Medical Systems (2.2 percent); Kaiser Permanente (4.8 percent); Maryland Physicians Care (18.8 percent); MedStar Family Choice (7.2 percent); Priority Partners (24.8 percent); University of Maryland Health Partners (3.3 percent);<sup>1</sup> and United Healthcare (14.3 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 fourth quarter was 9,777 women, a decrease of 320 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	9,777		
Percent Change from Previous Quarter	-4.0%	-3.2%		

## **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	4,314

<sup>1</sup> Formerly known as Riverside Health of Maryland.

FY 2017	Referrals Received	Referrals Approved	Referrals Denied	REM Disenrollments	Currently Enrolled in REM
Quarter 2	212	159	85	104	4,344
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 24 individuals enrolled in the ICS Program.

**MCHP and MCHP Premium Status/Update Projections**

Effective June 1, 2008, Maryland moved its separate CHIP program, 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 December 31, 2016, the MCHP Premium program had 30,953 enrollees, with MCHP at 114,015 enrollees.

**Expenditure Containment Initiatives**

*HealthChoice Financial Monitoring Report (HFMR)*

Final Service Year 2015 HFMR submissions (reported as of September 30, 2016) and the supporting financial templates were provided to the Department and Hilltop for review and for eventual distribution to MCOs on a consolidated basis, with MCO submissions were due to the Department by November 21, 2016. The final 2015 submissions are expected to serve as the base period for the 2018 HealthChoice rate-setting period. The firm Myers & Stauffer (M&S) is expected to perform an independent review of each MCO’s submission, which will include an income statement of each MCO’s underwriting results. All initial submissions were received by November 29, 2016. As of January 3, 2017, there was one MCO with a revised submission outstanding.

During the next quarter, M&S will review all MCOs submissions for 2015 and their reported incurred but not reported will be independently evaluated. The next MCO submissions will likely be due by May 2017, reflecting preliminary 2016 results.

*MCO Rates*

The rate-setting team performed the following activities in support of the calendar year (CY) 2018 HealthChoice rates:

- Reviewed final 2015 MCO financial submissions that will be the basis for CY 2018 HealthChoice rates; working files for M&S review should be available by mid-December;
- Provided M&S and the Department with working 2015 HealthChoice HFMRs and MCO financial reconciliation files for seven of the eight MCOs; one MCO has a revised submission that is outstanding;
- Participated in a December conference call with M&S and the Department to kick off the 2015 annual MCO financial review; and
- Provided the Department with 1) financial savings estimates related to alternative scenarios for MCO outlier calculations and 2) a twelve year (2004-2015) analysis of MCO underwriting results.

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

- Provided individual HealthChoice rate schedules to all MCOs effective January 1, 2017, based on final plan risk adjustment scores;
- Provided the Department's Operations with HealthChoice rate tables effective January 1, 2017, including new supplemental Hepatitis C kick payment codes;
- Provided the Department with alternative CY 2017 Code of Maryland Regulations language reflecting the mid-year process with respect to restated hospital trends;
- On behalf of Hilltop, the actuarial firm Optumas provided the Department with the MCO version of the 2017 HealthChoice certification letters;
- Provided the Department with total CY 2017 projected expenditures for ACA expansion;
- In conjunction with Optumas, provided the Department with two rounds of responses to CMS questions regarding 2017 HealthChoice original certification;
- Provided the Department with the annual tape of CY 2015 risk-adjusted capital (RAC) assignments for CY 2017 payments; prepared a formal memo to the Department which includes the adjusted clinical group (ACG) recipient distribution by the number of months enrolled in the calendar year and the current MCO of the recipient, and provided resolution of any duplicate records on the ACG tape; and

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

- Provided CMS with additional information in order to approve the amended CY 2016 HealthChoice rates;
- Provided the Department with new MCO family planning ratios based on the MCOs' CY 2015 experience;
- In conjunction with Optumas, prepared two rounds of responses to CMS questions regarding the 2016 HealthChoice mid-year certification;
- Provided the Department with the HealthChoice rural access calculation for the second half of 2016; and
- Provided the Department with final supplemental payment adjustments related to CY 2016 mid-year HealthChoice rates.

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

- Provided the Department with:
  - Trauma calculations for September-November 2016;
  - The annual HealthChoice Financial Reporting and Performance report;
  - Multiple scenarios regarding the intensity of Hepatitis C in women of child-bearing age;
  - Settlement calculations regarding year to date August 2015 Hepatitis C MCO kick payments;
  - Fiscal year (FY) 2016 total actual costs associated with 2009 adult expansion, which was then provided to the Health Services Cost Review Commission;
  - Historical Optumas rating trends and unadjusted MCO financials on a category of aid basis, which was then provided to the Department of Legislative Services;
- Attended and participated in a nursing home liaison meeting held in November 30; and
- Per a Department-requested change, provided revised cost projections for Employed Individuals with Disabilities Program through fiscal year 2019.

### **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 Dec. 31, 2016, can be found in Appendix A.

**Table 4: Member Month Reporting**

Demonstration Populations	Jul. 2016	Aug. 2016	Sept. 2016	FY17 Q1 Total	Oct. 2016	Nov. 2016	Dec. 2016	FY17 Q2 Total
Parents/Caretaker Relatives <116% FPL & Former Foster Care	203,115	205,537	205,929	614,581	206,695	207,868	208,847	623,410
ACA Expansion Adults	268,776	273,965	276,970	819,711	280,953	285,679	291,044	857,676
Medicaid Children	436,228	442,012	442,115	1,320,355	443,408	446,266	447,509	1,337,183
SSI/BD Adults	88,506	88,631	88,614	265,751	89,365	89,145	89,000	267,510
Medically-Needy Adults	22,612	22,420	22,535	67,567	22714	22325	22359	67,398
Medically-Needy Children	5,398	5,385	5,468	16,251	5411	5424	5426	16,261
SOBRA Adults	9,291	9,116	9,050	27,457	9,015	9,109	9,240	27,364
MCHP	110,670	112,173	113,064	335,907	113,835	113,977	114,015	341,827
MCHP Premium	30,431	30,651	30,115	91,197	30,832	31,354	30,953	93,139
Family Planning	10,231	10,076	9,985	30,292	9,894	9,763	9,673	29,330
ICS	23	24	25	72	25	25	25	75
WBCCHP	174	167	163	504	158	157	154	469
PEPW	2	1	1	4	4	4	6	14

**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
4	466	332	2	2	0	127	323	199	45	11	1,511

**Table 6. Children with Special Needs Complaints**

Cerebral Palsy	Attention Deficit Disorder/ Hyperactivity	Developmental Delay	Congenital/ Metabolic Disorders	Respiratory Conditions	Lead Poisoning	Other	Autism	Mental Health	Total
0	2	0	0	0	0	1	0	1	4

**Table 7. Adults with Special Needs Complaints**

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
0	204	1	0	1	27	40	0	0	273

**Table 8. Appeal Rights Issued**

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

**Table 9. Hearing Activity**

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



**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	7	0	7
REM Hotline	0	0	0	1	0	0	0	0	1
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>7</b>

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	1	6	0	43	17	3	8	<b>78</b>

### **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.dhmdh.maryland.gov/healthchoice/Pages/HealthChoice-Quality-Assurance-Activities.aspx>

### **Systems Performance Review (SPR)**

The Department's contracted External Quality Review Organization (EQRO) mailed the CY 2016 interim desktop review orientation manual to the MCOs. The Department facilitated a meeting to discuss the first SPR interim desktop review process. The EQRO created a portal folder on each MCOs portal site for supporting documentation to be uploaded for the interim desktop. All supporting documentation was received from the individual MCOs for the CY 2016 reviews.

### **Value-Based Purchasing (VBP)**

The final CY 2016 VBP report was approved by the Department; the Department mailed the final CY 2016 VBP awards letters to each MCO.

### **Performance Improvement Projects (PIP)**

The CY 2016 submission for the Adolescent Well Care (AWC) and Controlling High Blood Pressure (CBP) PIPs were review and approved. The new PIP, Asthma Medication Ratio

(AMR), and related timeline were introduced at the SPR Orientation meeting in October. In addition, the EQRO finalized AMR PIP Submission Form and Instruction Sheet and posted to the MCO resource site.

### **Annual Technical Report (ATR)**

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

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

The CY 2015 EPSDT Annual Report was posted to each MCO portal site. In addition, the EPSDT Statewide Executive Summary Report was provided to the Department and posted to the HealthChoice Quality Assurance website.

### **HealthChoice Consumer Report Card**

The Department approved the CY 2017 Information Reporting Strategy, which informs how the data in the report card is presented to consumers, as well as the analytic methodology.

### **HEDIS Performance Review**

A new vendor was awarded the new HEDIS Audit contract by the Department and officially began work in October 2016 with a Kick-Off HEDIS Conference Call with the HealthChoice MCOs and the Department. The transition from the incumbent vendor to the new one was completed with no major issues arising. The new vendor randomly assigned auditors for each HealthChoice MCO for HEDIS 2017. The new vendor approved the CAHPS source code submitted by University of Maryland, Baltimore County (UMBC) in December and will review and approve the final CAHPS sample frame once the Department has received it from UMBC and uploads it to a secure web portal in January.

### **HealthChoice Enrollee Satisfaction Survey**

All final Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2016 reports were distributed to the MCOs and the Department in November. Per the Department's request, the Department's vendor reviewed the data file specifications for CAHPS 2016 for compliance. In November, the vendor provided the CAHPS 2017 survey administration timeline to the Department and shared this timeline with all MCOs at the December Quality Assurance Liaison Committee (QALC) meeting. Also at the QALC meeting, the vendor discussed changes for the 2017 survey administration, including a revised definition of a "Complete and Valid Survey," a revised sampling methodology by the National Committee for Quality Assurance (NCQA) and confirmed that there would be no restrictions on oversampling rates. Pre-survey administration for CAHPS 2017 is underway.

### **Provider Satisfaction Survey**

The final 2015 Primary Care Provider (PCP) reports were distributed to all MCOs and to the Department in November. Pre-survey activities are underway for the 2016 Provider Survey. The

Department sent the 2017 PCP data file request letter to each MCO in mid-November, with the final sample frame due to the vendor and the Department in late January. The Department continues to offer an online survey option, to foster an increased response.

### **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.dhmf.maryland.gov/Documents/HealthChoice%20Evaluation%20CY%202010%20-%20CY%202014%20updated.pdf>.

In addition, Maryland's current demonstration term expired on December 31, 2016. Maryland received approval for its waiver renewal application in late 2016; more information on the waiver renewal application can be found at the following web address:

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

### **Enclosures/Attachments**

Appendix A: Maryland Budget Neutrality Report as of December 31, 2016.

### **State Contact**

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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	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									Total
<b>BN Negotiated PMPM</b>									
	New Adult Group	\$907.68	1.0470	\$950.34	1.0470	\$995.01	1.0470	\$1,041.77	
	TANF Adults 0-123	\$934.13	1.0490	\$979.90	1.0490	\$1,027.92	1.0490	\$1,078.29	
	Medicaid Child	\$507.88	1.0450	\$530.73	1.0450	\$554.62	1.0450	\$579.58	
	Medically Needy Adult	\$5,387.34	1.0440	\$5,624.38	1.0440	\$5,871.86	1.0440	\$6,130.22	
	Medically Needy Child	\$2,463.88	1.0440	\$2,572.29	1.0440	\$2,685.47	1.0440	\$2,803.63	
	Sobra Adult	\$4,239.97	1.0510	\$4,456.21	1.0510	\$4,683.48	1.0510	\$4,922.33	
	SSI ADULT	\$2,216.97	1.0440	\$2,314.52	1.0440	\$2,416.36	1.0440	\$2,522.68	
	SSI CHILD	\$2,009.21	1.0440	\$2,097.62	1.0440	\$2,189.91	1.0440	\$2,286.27	
<b>Projected With Waiver PMPM Expenditures by EG</b>									
	New Adult Group	\$802.27		\$857.78		\$917.14		\$980.61	
	TANF Adults 0-123	\$455.99		\$487.54		\$521.28		\$557.35	
	Medicaid Child	\$332.04		\$355.02		\$379.58		\$405.85	
	Medically Needy Adult	\$2,152.31		\$2,301.25		\$2,460.50		\$2,630.76	
	Medically Needy Child	\$835.14		\$892.93		\$954.72		\$1,020.79	
	Sobra Adult	\$2,546.23		\$2,713.68		\$2,900.43		\$3,105.54	
	Pregnant Women Inpatient Hospital PE	\$864.67		\$881.92		\$899.54		\$917.50	
	SSI ADULT	\$1,552.24		\$1,658.23		\$1,772.81		\$1,896.21	
	SSI CHILD	\$1,568.83		\$1,663.18		\$1,776.58		\$1,906.68	
	Family Planning	-\$10.45		-\$11.17		-\$11.17		-\$11.17	
	ICS	\$4,408.00		\$4,713.03		\$4,713.03		\$4,713.03	
	WBCCPTA	\$2,296.99		\$1,044.09		\$949.17		\$1,725.76	
	Residential Substance Use Disorder	N/A		\$5,750.40		\$5,562.68		\$5,418.23	
	Limited Housing Support Services	N/A		\$666.67		\$666.67		\$666.67	
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		\$300.00		\$300.00		\$300.00	
	Former Foster Dental Care	\$22.01		\$22.01		\$22.01		\$22.01	
	Projected Member Months	Projected DY 20: 6 mos		Projected DY 21: 12 mos		Projected DY 22: 12 mos		Projected DY 23: 6 mos	
	New Adult Group	1,681,283		3,698,823		4,068,705		2,237,788	
	TANF Adults 0-123	1,738,132		3,823,890		4,206,279		2,313,453	
	Medicaid Child	3,431,150		7,548,530		8,303,383		4,566,861	
	Medically Needy Adult	45,647		100,423		110,465		60,756	
	Medically Needy Child	733		1,613		1,774		976	
	Sobra Adult	70,245		154,539		169,993		93,496	
	Pregnant Women PE	6		24		24		12	
	SSI ADULT	425,246		935,541		1,029,095		566,002	
	SSI CHILD	151,787		333,931		367,324		202,028	
	Family Planning	95,615		210,354		231,389		127,264	
	ICS	306		765		1,071		612	
	WBCCPTA	2,323		5,111		5,622		3,092	
	Residential Substance Use Disorder	N/A		4,400		5,711		3,511	
	Limited Housing Support Services	N/A		3,600		3,600		1,800	
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		17,920		17,920		8,960	
	Former Foster Dental Care	14,250		31,428		34,356		18,642	
	MM w/o FP,ICS, WBCCPTA, SUD, LHSS, High Risk PWC, Dental	7,544,229		16,597,314		18,257,042		10,041,372	
	TOTAL Member Months	7,656,724		16,870,892		18,556,711		10,205,253	
<b>Estimated W/out Waiver Expenditures by EG</b>									
	New Adult Group	\$1,526,066,953		\$3,515,143,001		\$4,048,389,895		\$2,331,265,582	
	TANF Adults 0-123	\$1,623,641,245		\$3,747,038,874		\$4,323,708,156		\$2,494,562,936	
	Medicaid Child	\$1,742,612,462		\$4,006,266,050		\$4,605,202,825		\$2,646,840,526	
	Medically Needy Adult	\$245,915,909		\$564,817,410		\$648,634,552		\$372,447,492	
	Medically Needy Child	\$1,806,024		\$4,149,105		\$4,764,026		\$2,736,345	
	Sobra Adult	\$297,836,693		\$688,658,001		\$796,157,983		\$460,218,384	
	SSI ADULT	\$942,757,625		\$2,165,325,249		\$2,486,659,275		\$1,427,839,125	
	SSI CHILD	\$304,971,958		\$700,458,755		\$804,406,615		\$461,889,821	
<b>TOTAL BN limit (without waiver)</b>		\$16,180,857,033		\$15,391,856,444		\$17,717,923,327		\$10,197,800,211	\$49,993,188,851

Projected With Waiver Expenditures by EG								
	New Adult Group	\$1,348,835,013		\$3,172,784,015		\$3,731,574,460		\$2,194,389,922
	TANF Adults 0-123	\$792,564,234		\$1,864,301,100		\$2,192,641,809		\$1,289,404,691
	Medicaid Child	\$1,139,280,567		\$2,679,861,322		\$3,151,838,498		\$1,853,470,289
	Medically Needy Adult	\$98,246,522		\$231,098,477		\$271,798,803		\$159,834,662
	Medically Needy Child	\$612,155		\$1,440,293		\$1,693,671		\$996,287
	Sobra Adult	\$178,859,784		\$419,368,899		\$493,052,319		\$290,355,823
	Pregnant Women PE	\$5,188		\$21,166		\$21,589		\$11,010
	SSI ADULT	\$660,085,911		\$1,551,341,434		\$1,824,389,151		\$1,073,257,631
	SSI CHILD	\$238,127,486		\$555,385,975		\$652,582,195		\$385,203,017
	Family Planning	-\$999,180		-\$2,350,311		-\$2,585,342		-\$1,421,938
	ICS	\$1,348,848		\$3,605,471		\$5,047,659		\$2,884,377
	WBCPTTA	\$5,336,365		\$5,336,365		\$5,336,365		\$5,336,365
	Residential Substance Use Disorder	N/A		\$25,301,751		\$31,768,451		\$19,023,401
	Limited Housing Support Services	N/A		\$2,400,000		\$2,400,000		\$1,200,000
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		\$5,376,000		\$5,376,000		\$2,688,000
	Former Foster Dental Care	\$313,643		\$691,730		\$756,176		\$410,310
\$11,947,433,894	TOTAL With Waiver	\$4,462,616,536		\$10,515,963,687		\$12,367,691,804		\$7,277,043,847
\$4,233,423,138	(Over)/Under BN Limit	\$2,222,992,333		\$4,875,892,757		\$5,350,231,523		\$2,920,756,364
								\$34,623,315,873
								\$15,369,872,978

Carryover from 1-14	\$	5,545,084,274
Carryover from 15-17	\$	9,778,507,412
Projected Cushion at end of DY 20		20,251,365,591

	Carryover from 1-20	\$	20,251,365,591
	Sub-Projected Cushion at end of DY 23	\$	35,621,238,569
	Estimated Savings on New Adult Group		\$973,282,021
	Projected Cushion at end of DY 23	\$	34,647,956,548

Revised 03/25/13, 7.1% Actuals Based on 03/30/16  
 CAP trend yrs 9 thru 11 MMIS Data

Revised member  
 months and  
 Expenditures

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

**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  
 MCO Supplemental  
 \$0 Payments in actual 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	SSI Aged	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

Actual Spending Year 5  
\$1,557,941,967 Through MMIS  
Projected Prog. 03  
Remaining Year 5  
\$0 Spending  
MCO Supplemental  
\$0 Payments in actual 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  
\$1,554,711,637 Cap

\$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  
MCO Supplemental  
\$0 Payments in actual 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  
\$1,879,679,767 Cap

\$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  
MCO Supplemental  
\$0 Payments in actual 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
<b>Member Months (11 months, Jul-May)</b>	<b>1,258,181</b>	<b>640,276</b>	<b>461,631</b>	<b>2,203,916</b>	11 month year: Jul 1, 2004 thru May 31, 2005 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
					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 MCO Supplemental \$0 Payments in actual 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
<b>Member Months (13 June '05-July '06)</b>	<b>1,388,805</b>	<b>777,397</b>	<b>546,448</b>	<b>2,678,817</b>	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				
<b>13 Month base times avg % change</b>	<b>1,388,805</b>	<b>777,397</b>	<b>546,448</b>	<b>2,678,817</b>				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
Percent of Actual Costs	18.10%	37.33%	15.98%	28.59%	100.00%			Actual costs thru MMIS, DY 9 to-date 2,674,161,322
	483,909,276	998,254,384	427,238,407	764,759,255				Actual costs thru MMIS DY 9 to-date less "expansion population" costs in MMIS: 2,668,223,402
	3,341,601	6,891,822	2,950,209	5,278,253				Expansion population costs EID and PAC are included in Medically Needy Expansion population costs Family Planning are in Sobra FQHC Cost Settlements (manual, 18,461,885 not thru MMIS)
	0	0	0					MCO Supplemental 0 Payments (in MMIS) GME Payments (manual, not thru 38,478,221 MMIS)
	6,964,558	14,363,920	6,148,820	11,000,923				(86,388,686) Pharmacy Rebates DSH in MCO Payments
	(15,636,352)	(32,248,896)	(13,804,912)	(24,698,525)				(28,081,550) Payments
	(5,082,761)	(10,482,843)	(4,487,432)	(8,028,515)				

(784,333)	(1,617,633)	(692,467)	(1,238,900)					6 month eligibility, full (\$4,333,333) year
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472,711,989	975,160,754	417,343,205	741,143,991					Net Actual & Projected Year 9 Spending Before expansion 2,606,359,939 population below
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340.37	1,254.39	763.74	276.67					PMPM Cost before Expansion Population \$483.42 costs
				9,420				expansion population: 9,420 EID 0 PAC
					0	5,928,500	5,928,500	Family Planning

<b>With Waiver Actual</b>	472,711,989	975,160,754	417,343,205	741,143,991	9,420	0	5,928,500	2,612,297,859	Year 9 Total Charged Against Cap, Includes expansion population costs
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\$340.37	\$1,254.39	\$763.74	\$276.67					PMPM after expansion \$484.52 population costs
								\$455,887,114 Year 9 Balance 85.14% Percentage of Cap Year 9 Cost PMPM includes expansion
\$340.37	\$1,254.39	\$763.74	\$276.67					\$484.52 population cost

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	<b>4,898,375</b>	
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	Actual costs thru MMIS, DY 10 to-date Percent of costs:
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454,587,877	987,098,527	318,737,803	782,202,586					2,542,626,793	Actual costs thru MMIS DY 10 to-date less expansion population costs in MMIS & <b>Expansion population costs EID and PAC are included in Medically Needy Expansion population costs Family Planning are in Sobra</b>
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3,811,964	8,279,655	3,162,793	6,603,178					\$21,857,590	FQHC Cost Settlements (manual, not thru MMIS) GME Payments (manual, not thru MMIS)
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)	Pharmacy Rebates DSH in MCO Payments
(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	Net Projected Year 10 Spending before DY 10 expansion population increases and other additons DY 10 cost PMPM before DY 10 increases to expansion population
\$378.52	\$1,359.73	\$654.68	\$312.04					\$516.73	

Other Additions:

2,531,147,748	Net Projected Year 10 Spending before DY 10 expansion population increases with other additons
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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	
	319,112,080	373,710,528	133,642,402	83,074,844	220,557,185	16,137,042	257,815,626	492,343,207	825,695,873	305,687,841				Total Actual Year 12 Spending 3,027,776,628 before adjustments below	
	(2,501,894) (2,976,852)	(4,503,409) (3,484,751)	(1,000,758) (1,244,352)	(4,503,409) (773,135)	(2,501,894) (2,054,169)	(2,301,743) (149,548)	(200,152) (2,404,055)	(2,501,894) (4,588,021)	(24,518,562) (7,694,669)	(5,504,167) (2,847,056)				(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 thru MMIS 211,143 UNIDENTIFIED	
	2,978,302	3,486,448	1,244,958	773,512	2,055,169	149,621	2,405,226	4,590,255	7,698,416	2,848,442					
	3,466,494 22,276	7,142,190 26,076	1,542,640 9,311	1,863,044 5,785	3,379,558 15,371	843,089 1,119	1,041,168 17,989	16,283,273 34,332	3,487,215 57,579	1,443,015 21,304				211,143	
	320,100,405	376,377,082	134,194,202	80,440,641	221,451,220	14,679,580	258,675,802	506,161,152	804,725,851	301,649,380				Total Projected Year 12 Spending with other additions & before , PAC & FP DY 12 cost PMPM after other additions & before EID, PAC & 527.19 FP Year 12 cost PMPM trended \$563.67 forward to DY 13	
	\$524.95	\$310.08	\$392.44	\$185.47	\$1,552.14	\$195.54	\$1,725.22	\$253.42	\$1,494.58	\$1,352.88					
	\$561.28	\$331.54	\$419.60	\$198.30	\$2,117.12	\$1,061.26	\$1,844.61	\$270.96	\$1,598.00	\$1,446.50					
											1,793.95 \$1,918.09	221.32 \$236.63	63.63 \$68.03		
														Total Costs of add-on Population: 100,943,111 EID, PAC, FAMILY PLAN	
Percent of costs before expansion population:	10.55%	12.35%	4.41%	2.74%	7.28%	0.53%	8.52%	16.26%	27.27%	10.09%	100.00%				
	\$320,100,405	\$376,377,082	\$134,194,202	\$80,440,641	\$221,451,220	\$14,679,580	\$258,675,802	\$506,161,152	\$804,725,851	\$301,649,380		\$1,745,509	\$78,098,080	\$21,099,522	\$3,119,398,427 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	320,100,405	376,377,082	134,194,202	80,440,641	221,451,220	14,679,580	258,675,802	506,161,152	804,725,851	301,649,380		1,745,509	78,098,080	21,099,522	3,119,398,427 Year 12 Charged Against Cap Year 12 PMPM including add-on population Costs, excluding add \$544.82 on member months \$623,958,336 Year 12 Balance 83.33% Percentage of Cap Year 12 PMPM including add-on population Costs, excluding add \$544.82 on member months Year 12 PMPM including add-on population Costs, trending \$582.52 forward to YEAR 13
	\$524.95	\$310.08	\$392.44	\$185.47	\$1,552.14	\$195.54	\$1,725.22	\$253.42	\$1,494.58	\$1,352.88		\$1,793.95	\$221.32	\$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 excluding add-on population 6,891,130	
											Member Months: PAC & FP	Not counted in CAP			Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP 670,276	
												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	
	458,778,817	479,610,109	332,991,522	213,077,888	243,464,641	519,536	217,815,528	426,501,806	861,565,277	313,020,335					Total Actual Year 13 Spending: excluding PAC, EID & adjustments below 3,547,345,459	
	(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)					(79,251,830) Pharmacy Rebates GME Payments (manual, not thru MMIS) 42,041,202 thru MMIS (668,627) Unidentified	
	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)					(32,584,381) DSH in MCO Payments FQHC Cost Settlements 22,623,572 (Manual, not thru MMIS)	
	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						
	457,295,871	475,139,279	332,771,014	206,248,034	239,517,096	522,677	219,506,455	427,107,427	833,531,871	307,865,670					Total Projected Year 13 Spending with other additions & before add-on population costs 3,499,505,395	

	\$512.22	\$291.60	\$451.09	\$197.97	\$2,093.96	\$180.92	\$1,635.36	\$276.90	\$1,473.20	\$1,340.20							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
	\$547.67	\$311.78	\$482.31	\$211.67	\$2,238.86	\$193.44	\$1,748.53	\$296.06	\$1,575.15	\$1,432.94							
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	\$255.47	\$68.03			
												\$34,732.18	\$273.14	\$72.74			
												357,327	121,707,847	(806,867)	0		Total Costs of add-on population: 121,258,307 300% SSI, PAC, FAMILY PLAN
	\$457,295,871	\$475,139,279	\$332,771,014	\$206,248,034	\$239,517,096	\$522,677	\$219,506,455	\$427,107,427	\$833,531,871	\$307,865,670		\$357,327	\$121,707,847	(\$806,867)	\$0		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	457,295,871	475,139,279	332,771,014	206,248,034	239,517,096	522,677	219,506,455	427,107,427	833,531,871	307,865,670		357,327	121,707,847	(806,867)	0		3,620,763,702 Year 13 Charged Against Cap \$1,035,769,170 Year 13 Balance 77.76% Percentage of Cap Year 13 PMPM including add-on population Costs, excluding expansion population member \$525.42 months Year 13 PMPM including add-on population Costs, trended \$561.78 forward DY 14
	\$512.22	\$291.60	\$451.09	\$197.97	\$2,093.96	\$180.92	\$1,635.36	\$276.90	\$1,473.20	\$1,340.20							

Demonstration Year 14 Projection	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI						Total	
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child	ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
Year 14 Actual; base for trending to DY15	1,067,548	1,867,981	989,040	1,429,548	114,664	2,777	139,620	1,310,016	602,293	240,257	10	624,225	124,254	0	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	1.0000		
<b>DY 14 Projection, member months</b>	<b>1,067,548</b>	<b>1,867,981</b>	<b>989,040</b>	<b>1,429,548</b>	<b>114,664</b>	<b>2,777</b>	<b>139,620</b>	<b>1,310,016</b>	<b>602,293</b>	<b>240,257</b>	Member Months: Eld, PAC & FP	Not counted in CAP				7,763,744 Member Months excluding add-on population Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP	
	6.95%	6.95%	6.95%	6.95%	6.86%	6.86%	6.95%	6.95%	6.86%	6.86%		10	624,225	124,254	0	0	748,489
Year 14 PMPM Cap	693.11	373.06	693.11	373.06	4,054.98	1,875.82	3,128.02	451.79	1,635.84	1,482.54 (Proposed)		0.00	0.00	0.00	0.00	0.00	
Budget Cap	\$739,928,194	\$696,868,992	\$685,513,514	\$533,307,177	\$464,960,227	\$5,209,152	\$436,734,152	\$591,852,129	\$985,254,981	\$356,190,613	Estimated without Waiver Expenditures	\$0	\$0	\$0	\$0	\$0	\$5,495,819,131
	594,068,414	527,994,309	477,120,468	297,666,811	241,583,232	1,091,982	256,046,813	373,133,268	957,949,408	338,454,104						4,065,108,809 Total Actual Year 14 Spending: excluding PAC, EID & adjustments below	
	(14,865,522)	(13,217,189)	(11,945,327)	(7,448,024)	(6,043,888)	(30,526)	(6,410,184)	(9,340,554)	(23,972,054)	(8,475,688)						(101,748,956) Pharmacy Rebates GME Payments (manual, 43,323,393 not thru MMIS) (50,378,598) DSH in MCO Payments FQHC Cost Settlements 37,528,655 (Manual, not thru MMIS) 129,041 Unidentified	
	6,329,548 (7,360,313)	5,627,709 (6,544,180)	5,086,166 (5,914,447)	3,171,272 (3,687,713)	2,573,410 (2,992,489)	12,997 (15,114)	2,729,374 (3,173,852)	3,977,087 (4,624,755)	10,206,991 (11,869,198)	3,608,839 (4,196,537)							
	5,482,936 18,853 0	4,874,972 16,762 0	4,405,864 15,149 0	2,747,098 9,446 0	2,229,202 7,665 0	11,259 39 0	2,364,305 8,130 0	3,445,131 11,846 0	8,841,751 30,402 0	3,126,137 10,749 0							
	583,673,916	518,752,383	468,767,873	292,458,890	237,357,132	1,070,637	251,564,586	366,602,023	941,187,300	332,527,604						3,993,962,344 Total Projected Year 14 Spending: excluding add-on population	
Percent of costs before expansion population:	14.61%	12.99%	11.74%	7.32%	5.94%	0.03%	6.30%	9.18%	23.56%	8.33%	100.00%						
	277,356	246,602	222,872	138,963	112,765	570	119,599	174,273	447,263	158,137						1,898,400 Pharmacy Waiver Program	
	583,951,272	518,998,985	468,990,745	292,597,853	237,469,897	1,071,207	251,684,185	366,776,296	941,634,563	332,685,741						3,995,860,744 Total Projected Year 14 Spending with other additions & before add-on population costs	
	\$547.00	\$277.84	\$474.19	\$204.68	\$2,071.01	\$385.74	\$1,802.64	\$279.98	\$1,563.42	\$1,384.71						514.68 DY 14 cost PMPM after other additions & before add-on Population Costs	
	\$584.85	\$297.07	\$507.00	\$218.84	\$2,214.32	\$412.43	\$1,927.38	\$299.35	\$1,671.61	\$1,480.53						Year 14 cost PMPM \$550.30 trended forward to DY 15	
											\$34,732.18	\$262.16	\$72.74	0.00	\$0.00		
											\$37,135.65	\$280.30	\$77.78	\$0.00	\$0.00		
											371,357	163,647,368	(3,348,795)	0	0	160,669,930 Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc	

	\$583,951,272	\$518,998,985	\$468,990,745	\$292,597,853	\$237,469,897	\$1,071,207	\$251,684,185	\$366,776,296	\$941,634,563	\$332,685,741	\$371,357	\$163,647,368	(\$3,348,795)	\$0	\$0	\$4,156,530,674	
	0	0	0	0	0	0	0	0	0							Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in 0 DY 12)	
With Waiver Actual	583,951,272	518,998,985	468,990,745	292,597,853	237,469,897	1,071,207	251,684,185	366,776,296	941,634,563	332,685,741	371,357	163,647,368	(3,348,795)	0	0	<b>Year 14 Charged Against 4,156,530,674 Cap</b> \$1,339,288,457 Year 14 Balance 75.63% Percentage of Cap Year 14 PMPM including add-on population Costs, excluding add on member \$535.38 months	
	\$547.00	\$277.84	\$474.19	\$204.68	\$2,071.01	\$385.74	\$1,802.64	\$279.98	\$1,563.42	\$1,384.71	\$37,135.70	\$262.16	(\$26.95)	\$0.00	\$0.00	Year 14 PMPM including add-on population Costs, \$572.43 trended forward DY 15	
<b>Demonstration Year 15 Projection</b>																	
	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI							
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child	ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
Year 15 Actual; base for trending to DY16	1,118,853	1,928,723	1,673,971	1,673,971	84,910	2,380	137,666	1,200,232	616,108	239,280	30	745,683	133,298	0	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	1.0000		
<b>DY 15 Projection, member months</b>	<b>1,118,853</b>	<b>1,928,723</b>	<b>1,186,502</b>	<b>1,673,971</b>	<b>84,910</b>	<b>2,380</b>	<b>137,666</b>	<b>1,200,232</b>	<b>616,108</b>	<b>239,280</b>	Member Months: Eld, PAC & FP	Not counted in CAP				Member Months excluding add-on population Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP	
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		30	745,683	133,295	0	0	
Year 15 PMPM Cap	729.84	391.34	729.84	391.34	4,269.89	1,967.74	3,293.81	473.93	1,733.99	1,571.49	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00	0.00	0.00	
Budget Cap	\$816,583,674	\$754,786,459	\$865,956,620	\$655,091,811	\$362,556,360	\$4,683,221	\$453,445,647	\$568,825,952	\$1,068,325,111	\$376,026,127	Estimated without Waiver Expenditures	\$0	\$0	\$0	\$0	\$0	
	653,343,351	552,264,716	553,056,816	343,852,484	167,996,709	4,963,757	243,473,124	339,871,537	1,015,716,966	343,622,886						Total Projected Year 15 Spending: excluding add-on population 4,218,162,346	
Percent of costs before expansion population:	15.49%	13.09%	13.11%	8.15%	3.98%	0.12%	5.77%	8.06%	24.08%	8.15%							
	7,072,728 (18,625,593) 294,040 (7,803,048)	5,978,507 (15,744,031) 248,549 (6,595,840)	5,987,082 (15,766,612) 248,905 (6,605,300)	3,722,354 (9,802,589) 154,752 (4,106,719)	1,818,638 (4,789,271) 75,608 (2,006,428)	53,735 (141,507) 2,234 (59,283)	2,635,703 (6,940,962) 109,576 (2,907,862)	3,679,258 (9,689,100) 152,960 (4,059,173)	10,995,581 (28,956,185) 457,127 (12,130,969)	3,719,868 (9,796,044) 154,649 (4,103,977)							GME Payments (manual, not thru MMIS) 45,663,454 Pharmacy Rebates (120,251,896) 1,898,400 Pharmacy Waiver Program (50,378,598) DSH in MCO Payments FQHC Cost Settlements 28,708,929 (Manual, not thru MMIS) (11,229,780) Unidentified
	4,446,673 (1,739,360) 0	3,758,729 (1,470,264) 0	3,764,120 (1,472,373) 0	2,340,269 (915,419) 0	1,143,390 (447,248) 0	33,783 (13,215) 0	1,657,085 (648,185) 0	2,313,175 (904,821) 0	6,912,998 (2,704,087) 0	2,338,707 (914,808) 0						Total Projected Year 15 Spending with other additions & before add-on population costs 4,112,572,855	
	636,988,790	538,440,367	539,212,639	335,245,132	163,791,397	4,839,504	237,378,479	331,363,836	990,291,430	335,021,281						DY 15 cost PMPM after other additions & before add- on Population Costs 502.23	
	\$569.32	\$279.17	\$454.46	\$200.27	\$1,929.00	\$2,033.40	\$1,724.31	\$276.08	\$1,607.33	\$1,400.12						Year 15 cost PMPM \$536.98 trended forward to DY 16	
	\$608.72	\$298.49	\$485.91	\$214.13	\$2,062.49	\$2,174.11	\$1,843.63	\$295.18	\$1,718.56	\$1,497.01							
											\$37,135.65 \$39,705.44	\$280.30 \$299.70	\$77.78 \$83.16	\$0.00 \$0.00	\$0.00 \$0.00	Total Costs of Expansion Population Items: MHIP, 204,294,379 PAC, FAMILY PLAN, etc	
	\$636,988,790	\$538,440,367	\$539,212,639	\$335,245,132	\$163,791,397	\$4,839,504	\$237,378,479	\$331,363,836	\$990,291,430	\$335,021,281	\$1,114,070	\$203,373,022	(\$192,713)	\$0	\$0	<b>Year 15 Charged Against 4,316,867,233 Cap</b> \$1,609,413,749 Year 15 Balance 72.84% Percentage of Cap	
With Waiver Actual	636,988,790	538,440,367	539,212,639	335,245,132	163,791,397	4,839,504	237,378,479	331,363,836	990,291,430	335,021,281	1,114,070	203,373,022	(192,713)	0	0	Year 15 PMPM including add-on population Costs, excluding add on member \$527.18 months	
	\$569.32	\$279.17	\$454.46	\$200.27	\$1,929.00	\$2,033.40	\$1,724.31	\$276.08	\$1,607.33	\$1,400.12	\$37,135.65	\$272.73	(\$1.45)	#DIV/0!	\$0.00		

Year 15 PMPM including add-on population Costs, \$563.66 trended forward DY 16

Demonstration Year 16 Projection	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI						Total
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child	ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	
Year 16 actual; base for trending to DY17	1,200,409	2,034,891	1,299,133	1,770,496	72,837	2,584	138,427	1,187,661	643,912	241,375	30	882,818	171,778	0	0	
Projection Adjustment factor:	1.1100	1.0900	1.1100	1.0900	1.0500	1.0300	0.8200	0.8200	1.0300	1.0300	1.0000	1.0000	1.0400	1.0000	1.0000	
<b>DY 16 Projection, member months</b>	<b>1,332,454</b>	<b>2,218,031</b>	<b>1,442,038</b>	<b>1,929,841</b>	<b>76,479</b>	<b>2,662</b>	<b>113,510</b>	<b>973,882</b>	<b>663,229</b>	<b>248,616</b>	Member Months: Eld, PAC & FP		Not counted in CAP			
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		<b>30</b>	<b>882,818</b>	<b>178,649</b>	<b>0</b>	<b>0</b>
Year 16 PMPM Cap	768.52	410.52	768.52	410.52	4,496.19	2,064.16	3,468.38	497.15	1,838.03	1,665.78 (Proposed)		0.00	0.00	0.00	0.00	0.00
Budget Cap	\$1,024,017,548	\$910,546,086	\$1,108,235,044	\$792,238,327	\$343,864,115	\$5,494,794	\$393,695,814	\$484,165,436	\$1,219,034,799	\$414,139,560	Estimated without Waiver Expenditures		\$0	\$0	\$0	\$0
	623,325,036	557,027,351	589,423,812	376,388,079	123,172,108	1,244,716	224,398,740	343,476,839	988,421,032	339,609,752						
Percent of costs before expansion population:	14.96%	13.37%	14.15%	9.03%	2.96%	0.03%	5.39%	8.24%	23.72%	8.15%						
	7,060,749 (13,792,630)	6,309,758 (12,325,628)	6,676,731 (13,042,481)	4,263,557 (8,328,531)	1,395,239 (2,725,492)	14,100 (27,542)	2,541,889 (4,965,385)	3,890,753 (7,600,287)	11,196,394 (21,871,295)	3,846,948 (7,514,718)						
	284,009 (12,791,027)	253,801 (11,430,556)	268,562 (12,095,352)	171,496 (7,723,723)	56,122 (2,527,570)	567 (25,542)	102,244 (4,604,805)	156,500 (7,048,363)	450,360 (20,283,029)	154,738 (6,969,008)						
	4,345,981 18,466	3,883,737 16,502	4,109,613 17,462	2,624,274 11,151	858,787 3,649	8,678 37	1,564,565 6,648	2,394,808 10,176	6,891,524 29,283	2,367,846 10,061						
	608,450,585	543,734,966	575,358,348	367,406,303	120,232,843	1,215,013	219,043,896	335,280,426	964,834,268	331,505,620						
	\$456.64	\$245.14	\$398.99	\$190.38	\$1,572.10	\$456.43	\$1,929.73	\$344.27	\$1,454.75	\$1,333.40						
	\$488.24	\$262.10	\$426.60	\$203.55	\$1,680.89	\$488.01	\$2,063.27	\$368.09	\$1,555.42	\$1,425.67						
											\$39,705.44	\$299.70	\$83.16	\$0.00	\$0.00	
											\$42,453.06	\$320.44	\$88.91	\$0.00	\$0.00	
											1,191,163	252,750,447	(2,170,978)	0	0	
	<b>\$608,450,585</b>	<b>\$543,734,966</b>	<b>\$575,358,348</b>	<b>\$367,406,303</b>	<b>\$120,232,843</b>	<b>\$1,215,013</b>	<b>\$219,043,896</b>	<b>\$335,280,426</b>	<b>\$964,834,268</b>	<b>\$331,505,620</b>	<b>\$1,191,163</b>	<b>\$252,750,447</b>	<b>(\$2,170,978)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,318,832,901</b>
	0	0	0	0	0	0	0	0	0	0						
With Waiver Actual	608,450,585	543,734,966	575,358,348	367,406,303	120,232,843	1,215,013	219,043,896	335,280,426	964,834,268	331,505,620	1,191,163	252,750,447	(2,170,978)	0	0	4,318,832,901
																\$2,376,598,622
																Year 16 Charged Against Cap
																Year 16 Balance
																64.50% Percentage of Cap
	\$456.64	\$245.14	\$398.99	\$190.38	\$1,572.10	\$456.43	\$1,929.73	\$344.27	\$1,454.75	\$1,333.40	\$39,705.44	\$286.30	(\$12.15)	#DIV/0!	\$0.00	\$479.83
																Year 16 PMPM including add-on population Costs, excluding add on member months
																Year 16 PMPM including add-on population Costs, \$513.03 trended forward DY 17

Demonstration Year 17 Projection (6 Months)	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI						Total
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child	ICS	PAC	FAMILY PLAN	Childless Adults	Pharmacy Discount Prog	
	703,265	1,129,191	612,801	861,754	36,606	680	70,833	599,553	344,319	124,450	30	515,637	84,736	0	0	
	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	1.0000	
<b>DY 17 Projection, member months</b>	<b>703,265</b>	<b>1,129,191</b>	<b>612,801</b>	<b>861,754</b>	<b>36,606</b>	<b>680</b>	<b>70,833</b>	<b>599,553</b>	<b>344,319</b>	<b>124,450</b>	Member Months: Eld, PAC & FP		Not counted in CAP			
																Member Months excluding add-on population
																<b>4,483,452</b>

	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	30	515,637	84,736	0	0	600,403	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
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 (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	\$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						\$3,168,622,752.00	Total Projected Year 17 Spending: excluding add-on population
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%							
	217,430	192,991	212,263	140,002	79,574	496	144,057	116,093	629,175	166,321							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)
	\$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						3,170,521,152	Total Projected Year 17 Spending with other additions & before add-on population costs
	\$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						707.16	DY 16 cost PMPM after other additions & before add-on Population Costs
											24	142,097,984	(885,400)	0	0	141,212,608	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	\$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	\$3,311,733,760	Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
	0	0	0	0	0	0	0	0	0	0							
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	3,311,733,760	Year 17 Charged Against Cap
	\$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	\$738.66	Year 17 Balance 93.05% Percentage of Cap Year 17 PMPM including add-on population Costs, excluding add on member months
Demonstration Year 17 Projection (6 Months) January 1-June 30th	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 17 PMPM including add-on population Costs, \$789.78 trended forward DY 18
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		83	2,354	75,579				
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				5,983,208	Member Months excluding add-on population
											83	2,354	75,579			78,016	Member Months for add-on population Items: FAMILY PLANNING & ICS
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	
	\$788,728,673	\$611,150,478	\$684,926,910.00	\$132,816,489.00	\$827,171.00	\$240,446,275	\$0.00	\$1,050,156,859	\$277,606,007							\$3,786,658,862.00	Total Actual Year 17 Spending: excluding add-on population
	\$726.42	\$414.49	\$240.24	\$3,858.81	\$2,104.76	\$3,749.71	\$0.00	\$3,016.55	\$2,223.18							\$632.88	Actual DY 17 PMPM costs before DY 17 increases to add-on population:



	\$776.69	\$443.17	\$256.86	\$4,125.84	\$2,250.41	\$4,009.19	\$0.00	\$3,225.29	\$2,377.02
	20.83%	16.14%	18.09%	3.51%	0.02%	6.35%	0.00%	27.73%	7.33%
	9,888,670 (16,544,597) (11,183,667)	7,662,287 (12,819,666) (8,665,722)	8,587,258 (14,367,221) (9,711,825)	1,665,184 (2,785,996) (1,883,253)	10,371 (17,351) (11,729)	3,014,591 (5,043,669) (3,409,374)	0 0 0	13,166,321 (22,028,388) (14,890,551)	3,480,480 (5,823,142) (3,936,275)
	5,604,415.2	4,342,610.0	4,866,838.1	943,745.0	5,877.6	1,708,522.6	0.0	7,462,027.5	1,972,566.0
	0	0	0	0	0	1,000,000	0	0	0
	0	0	0	0	0	0	0	990,000	3,510,000
	9,564,838	7,411,364	8,306,044	1,610,653	10,031	2,915,869	0	12,735,153	3,366,502

Year 17 cost PMPM trended forward to DY 18	\$676.68
Percent of costs before expansion population:	
GME Payments (manual, not thru MMIS)	\$47,475,162
Pharmacy Rebates	(79,430,031)
DSH in MCO Payments	(53,692,396)
FQHC Cost Settlements	26,906,602
(Manual, not thru MMIS)	
Presumptive Eligibility	1,000,000
REM Case Management	4,500,000
Unidentified	45,920,453

	786,058,333	609,081,351	682,608,004	132,366,822	824,371	240,632,214	0	1,047,591,421	280,176,137
	\$723.96	\$413.09	\$239.42	\$3,845.75	\$2,097.63	\$3,752.61	#DIV/0!	\$3,009.18	\$2,243.76

Total Projected Year 17 Spending with other additions & before add-on population costs	3,779,338,652
DY 16 cost PMPM after other additions & before add-on Population Costs	631.66

	\$	786,058,333	\$	609,081,351	\$	682,608,004	\$	132,366,822	\$	824,371	\$	240,632,214	\$	-	\$	1,047,591,421	\$	280,176,137
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	0	0	0	0	0	0	0	0	0
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Total Costs of Expansion Population Items: FAMILY PLAN, & ICS	24	95,035	(885,400)
Total charged against CAP Total Funds, SCHIP Shortfall (Fully Funded in DY 12)			

With Waiver Actual	786,058,333	609,081,351	682,608,004	132,366,822	824,371	240,632,214	0	1,047,591,421	280,176,137
	\$723.96	\$413.09	\$239.42	\$3,845.75	\$2,097.63	\$3,752.61	\$0.00	\$3,009.18	\$2,243.76

Year 17 Charged Against Cap	3,778,548,311
Year 17 Balance	\$838,951,909
Percentage of Cap	81.83%
Year 17 PMPM including add-on population Costs, excluding add on member months	\$631.53

	0	0	0	0	0	0	0	0	0
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Year 17 PMPM including add-on population Costs, trended forward DY 18	\$675.23
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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	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					
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	1.1000					
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	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
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	201	3,313	173,846
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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
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Estimated without Waiver Expenditures	\$0	\$0	\$0
Total	\$10,071,581,682		

	\$656.36	\$373.06	\$271.65	\$1,760.87	\$683.25	\$2,071.50	\$1,130.10	\$1,268.04	\$1,264.59
	\$701.78	\$398.87	\$290.45	\$1,882.73	\$730.53	\$2,214.85	\$1,208.31	\$1,355.78	\$1,352.10

Actual DY 18 PMPM costs before DY 18 increases to add-onpopulation:	\$482.56
Year 18 cost PMPM trended forward to DY 19	\$515.95

	1,823,463,822	1,071,451,683	1,540,170,694	132,816,489	827,171	240,446,275	33,893	891,017,471	317,175,223
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Total Projected Year 18 Spending: excluding add-on population	6,017,402,721
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Percent of costs before expansion population:	30.30%	17.81%	25.60%	2.21%	0.01%	4.00%	0.00%	14.81%	5.27%
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	0	0	0	0	0	1,245,971	0	0	0
	0	0	0	0	0	0	0	1,980,000	7,020,000
	27,441,340	16,124,296	23,178,057	1,998,758	12,448	3,618,480	510	13,408,938	4,773,176
	14,676,760 (33,587,867) (15,116,562)	8,623,938 (19,735,942) (8,882,362)	12,396,580 (28,369,660) (12,768,055)	1,069,018 (2,446,455) (1,101,052)	6,658 (15,236) (6,857)	1,935,312 (4,428,976) (1,993,306)	273 (624) (281)	7,171,653 (16,412,377) (7,386,558)	2,552,891 (5,842,309) (2,629,391)
	7,130,497	4,189,819	6,022,704	519,367	3,235	940,244	133	3,484,246	1,240,286
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0

1,245,971 Presumptive Eligibility	
9,000,000 REM Case Management	
90,556,003 Unidentified	
GME 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
(Manual, not thru MMIS)	
Voucher Carryover	
MA Carryover	



	New Adult Group	TANF Adults 0-123	Medicaid Child	Medically Needy Adult	Medically Needy Child	Sobra Adult	Presumptive Eligibility	SSI Adult	SSI Child	ICS	WBCCPA	FAMILY PLAN	Total
Demonstration Year 20 Projection (6 Months)													
Year 20 projection; base for trending to DY21	3,056,879	3,160,240	6,238,454	82,994	1,332	127,719	33	773,174	275,977	221	4,224	191,231	
Projection Adjustment factor (6 months)	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500	0.5500	
<b>DY 20 Projection, member months</b>	<b>1,681,283</b>	<b>1,738,132</b>	<b>3,431,150</b>	<b>45,647</b>	<b>733</b>	<b>70,245</b>	<b>18</b>	<b>425,246</b>	<b>151,787</b>				
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%				
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				
Budget Cap	\$1,526,066,953	\$1,623,641,245	\$1,742,612,462	\$245,915,909	\$1,806,024	\$297,836,693	\$0	\$942,757,625	\$304,971,958				
	\$750.34	\$426.47	\$310.55	\$2,013.01	\$781.09	\$2,368.12	\$1,291.92	\$1,449.60	\$1,445.66				
	\$802.27	\$455.99	\$332.04	\$2,152.31	\$835.14	\$2,531.99	\$1,381.32	\$1,549.92	\$1,545.70				
	1,261,536,675	741,268,457	1,065,544,863	91,887,880	572,536	166,348,470	23,255	616,438,375	219,432,741				
Percent of costs before expansion population:	30.30%	17.81%	25.60%	2.21%	0.01%	4.00%	0.00%	14.81%	5.27%				
	0	0	0	0	0	1,000,000	0	0	0				
	0	0	0	0	0	0	0	990,000	3,510,000				
	4,226,972	0	0	0	0	0	0	4,579,219	0				
	(2,480,601)	(1,598,610)	0	0	0	0	0	(1,433,236)	0				
	1,263,283,045	739,669,847	1,065,544,863	91,887,880	572,536	167,348,470	23,255	620,574,358	222,942,741				
	\$751.38	\$425.55	\$310.55	\$2,013.01	\$781.09	\$2,382.35	\$1,291.94	\$1,459.33	\$1,468.79				
										\$0.29	\$2,296.99	(\$10.45)	
										\$0.31	\$2,455.94	(\$11.17)	
										35	5,336,365	(1,099,098)	
	<b>\$1,263,283,045</b>	<b>\$739,669,847</b>	<b>\$1,065,544,863</b>	<b>\$91,887,880</b>	<b>\$572,536</b>	<b>\$167,348,470</b>	<b>\$23,255</b>	<b>\$620,574,358</b>	<b>\$222,942,741</b>	<b>\$35</b>	<b>\$5,336,365</b>	<b>(\$1,099,098)</b>	
	0	0	0	0	0	0	0	0	0				
With Waiver Actual	<b>1,263,283,045</b>	<b>739,669,847</b>	<b>1,065,544,863</b>	<b>91,887,880</b>	<b>572,536</b>	<b>167,348,470</b>	<b>23,255</b>	<b>620,574,358</b>	<b>222,942,741</b>	<b>35</b>	<b>5,336,365</b>	<b>(1,099,098)</b>	
	\$751.38	\$425.55	\$310.55	\$2,013.01	\$781.09	\$2,382.35	\$1,291.94	\$1,459.33	\$1,468.79	\$0.29	\$2,296.99	(\$10.45)	

Year 19 PMPM including add-on population Costs, excluding add on member \$517.50 months

Year 19 PMPM including add-on population Costs, \$553.31 trended forward DY 20

Member Months excluding add-on population **7,544,241**

Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP **107,622**

BN Negotiated PMPM (Proposed) 0.00 0.00 0.00

Estimated without Waiver Expenditures \$0 \$0 \$0

Projected DY 20 PMPM costs before DY 20 increases to add-on population: \$551.82

Year 20 cost PMPM \$590.01

Total Projected Year 20 Spending: excluding add-on population 4,163,053,252

1,000,000 Presumptive Eligibility  
4,500,000 REM Case Management  
8,806,191 Pysch IMD (6 months)  
(5,512,448) SUD IMD (6 months)

Total Projected Year 20 Spending with other additions & before add-on DY 20 cost PMPM after other additions & before add-on Population Costs 552.98

Total Costs of Expansion Population Items: MHIP, 4,237,302 PAC, FAMILY PLAN, etc

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

**Year 20 Charged Against Cap 4,176,084,298**

\$2,509,524,571 Year 20 Balance  
62.46% Percentage of Cap

Year 20 PMPM including add-on population Costs, excluding add on member \$553.55 months

Year 20 PMPM including add-on population Costs, \$591.86 trended forward DY 20