Maryland HealthChoice Demonstration
Section 1115 Quarterly Report
Demonstration Year 21
Quarter 3 1/1/2018 - 3/31/2018

Introduction

The HealthChoice section 1115(a) demonstration is designed to use a managed care delivery system to create efficiencies in the Medicaid program and enable the extension of coverage and targeted benefits to certain individuals who would otherwise be without health insurance or without access to benefits tailored to the beneficiary's specific medical needs. Now in its twentieth waiver year, Maryland implemented the HealthChoice program and moved its fee-for-service enrollees into a managed care payment system following approval of the waiver by what is now the Centers for Medicare and Medicaid Services (CMS) in 1996. Under the statewide health care reform program, the State enrolls individuals eligible through the demonstration into a managed care organization (MCO) for comprehensive primary and acute care or one of the demonstration's authorized health care programs.

The State's goal in implementing and continuing the demonstration is to improve the health status of low-income Marylanders by:

- Improving access to health care for the Maryland population;
- Expanding coverage to additional low-income Marylanders with resources generated through managed care efficiencies;
- Providing patient-focused, comprehensive, and coordinated care designed to meet health care needs by providing each member a single "medical home" through a primary care provider (PCP);
- Emphasizing health promotion and disease prevention by providing access to immunizations and other wellness services, such as regular prenatal care; and
- Using demonstration authority to test emerging practices through innovative pilot programs.

Subsequent to the initial grant, Maryland requested and received several program extensions, in 2002, 2005, 2008, 2011, 2013, and 2017. The 2017 extension made the following changes to the demonstration:

- Created a Residential Treatment for Individuals with Substance Use Disorders (SUD) Program as part of a comprehensive SUD strategy;
- Created Community Health Pilot Programs:
    - Evidence-Based Home Visiting Services (HVS) pilot program for high-risk pregnant women and children up to two years of age; and
    - Assistance in Community Integration Services (ACIS);
- Raised the enrollment cap for the Increased Community Services Program from 30 to 100; and
- Expanded dental benefits for former foster youth.

Enrollment Information

Table 1 below provides a comparison of enrollment counts between the previous and current quarters. These counts represent individuals enrolled at a point in time, as opposed to total member months.

Table 1. Enrollment Counts

Demonstration Populations	Current enrollees (as of December 31, 2017)	Current enrollees (as of March 31, 2018)
Parents/Caretaker Relatives <116% FPL and Former Foster Care	213,843	216,568
ACA Expansion Adults	310,969	313,593
Medicaid Children	457,534	466,418
SSI/BD Adults	89,580	89,999
SSI/BD Children	22,722	23,138
Medically-Needy Adults	22,505	21,655
Medically-Needy Children	5,923	5,838
SOBRA Adults	8,666	8,973
MCHP	113,573	115,118
MCHP Premium	34,170	35,342
PEPW	1	2
Family Planning	9,723	9,308
Increased Community Services	31	32
WBCCHP	122	117

Outreach/Innovative Activities

Medicaid and National Diabetes Prevention Program (DPP) Demonstration

The Medicaid and National DPP demonstration continued in its second program year during this reporting period. The four original participating MCOs—Amerigroup, Jai Medical Systems, MedStar Family Choice, and Priority Partners—continued to be active partners in the demonstration. Major objectives for the second program year are continue to grow enrollment, improve retention, strengthen capacity, engage providers, and explore and recommend sustainability strategies beyond the grant funding period.

The Department stayed focused on the objectives from an earlier an in-person meeting with the demonstration's MCOs and National DPP suppliers to:

1) Identify new and/or optimize existing recruitment, enrollment, and retention strategies, and action plans to meet the goal of 600 enrolled by January 31, 2018; and
2) Assess sustainability approaches including strategies for provider engagement.

To this end, in this quarter the Department:

1) Successfully met and surpassed the Pilot's enrollment target of 600 participants;

2) Developed a shared learning document that includes recruitment strategies identified as successful by DPPs and MCOs; and
3) Presented a demonstration update, a proposed sustainability plan, to the Maryland Medicaid Advisory Committee (MMAC).

Over eighty percent of enrollees in the demonstration are receiving DPP services from virtual suppliers.

During this period, the Department and one MCO achieved another milestone with the successful transmittal of DPP encounter records out of an MCO claims system into the Medicaid Management Information System (MMIS). In addition, the Department consulted with the Medicaid operational area to ensure that the DPP-related Medicare Healthcare Common Procedure Coding System (HCPCS) codes were available through MMIS. This was done to ensure that any applicable cost sharing for dually-eligible Medicare-Medicaid beneficiaries could be reimbursed.

The Department continues to inform internal and external stakeholders, at the local and national levels, on the value of DPP through in-person presentations, webinars, and articles. Presentations this quarter were given to:

- the CMS Quality Conference;
- the Tennessee State Engagement Conference sponsored by the Centers for Disease Control and Prevention (CDC) and the National Association of Chronic Disease Directors (NACDD); and
- AcademyHealth's Medicaid Medical Directors' Open Mic Call.

The Department, the participating MCOs, and now also, the participating National DPP suppliers continue to meet at least monthly to discuss program techniques, strategies for enrollment, recruitment and retention, credentialing and provider enrollment, program evaluation, sustainability, or other issues that arise, as well as monitor the requirements under and implementation progress of the Medicare DPP Expanded Model. Enrollment into the Medicaid and National DPP demonstration concluded January 31, 2018. The program evaluation is anticipated to be available at the end of September 2018.

Community Health Pilots

In January 2018, the Department issued a second round of Requests for Applications for local government entities to apply for federal matching funds in support of the Community Health Pilots that were included as part of the 2016 HealthChoice waiver renewal. During the quarter, two local health departments applied for Medicaid federal matching funds for Evidence-based Home Visiting Services for High Risk Pregnant Women and Children Up to Age 2 (HVS) Pilot, and one other jurisdiction applied for funding for the Assistance in Community Integration Services (ACIS) Pilot for high-risk, high-utilizing Medicaid enrollees who are either transitioning to the community from an institution or at high risk of institutional placement. One of the counties awarded ACIS Pilot funding in Round 1 also applied for additional funds to expand its program. As of the end of the quarter, the four applications were under review with the expectation of awards to be made in May for implementation in July 2018. The Harford County Health Department (HCHD), who was awarded funding in Round 1, initiated implementation during this quarter to serve up to 30 families in HVS Pilot through the Healthy Families America model.

The pilots are effective through December 31, 2021, and are scheduled to be funded for the duration of the five-year waiver.

Residential Treatment for Individuals with Substance Use Disorder
Effective July 1, 2017, the Department provides reimbursement for adults aged 21 through 64 for up to two non-consecutive 30-day stays annually in Institutions for Mental Disease (IMDs) for American Society of Addiction Medicine (ASAM) levels 3.7-WM, 3.7, 3.5, and 3.3. The Department also plans to phase in coverage of ASAM level 3.1, with completion by January 1, 2019.

Table 2 displays IMD utilization for individuals 21 and over under the HealthChoice demonstration from implementation in July 2017 through the end of March 2018. These results should be considered preliminary and subject to change to account for run-out.

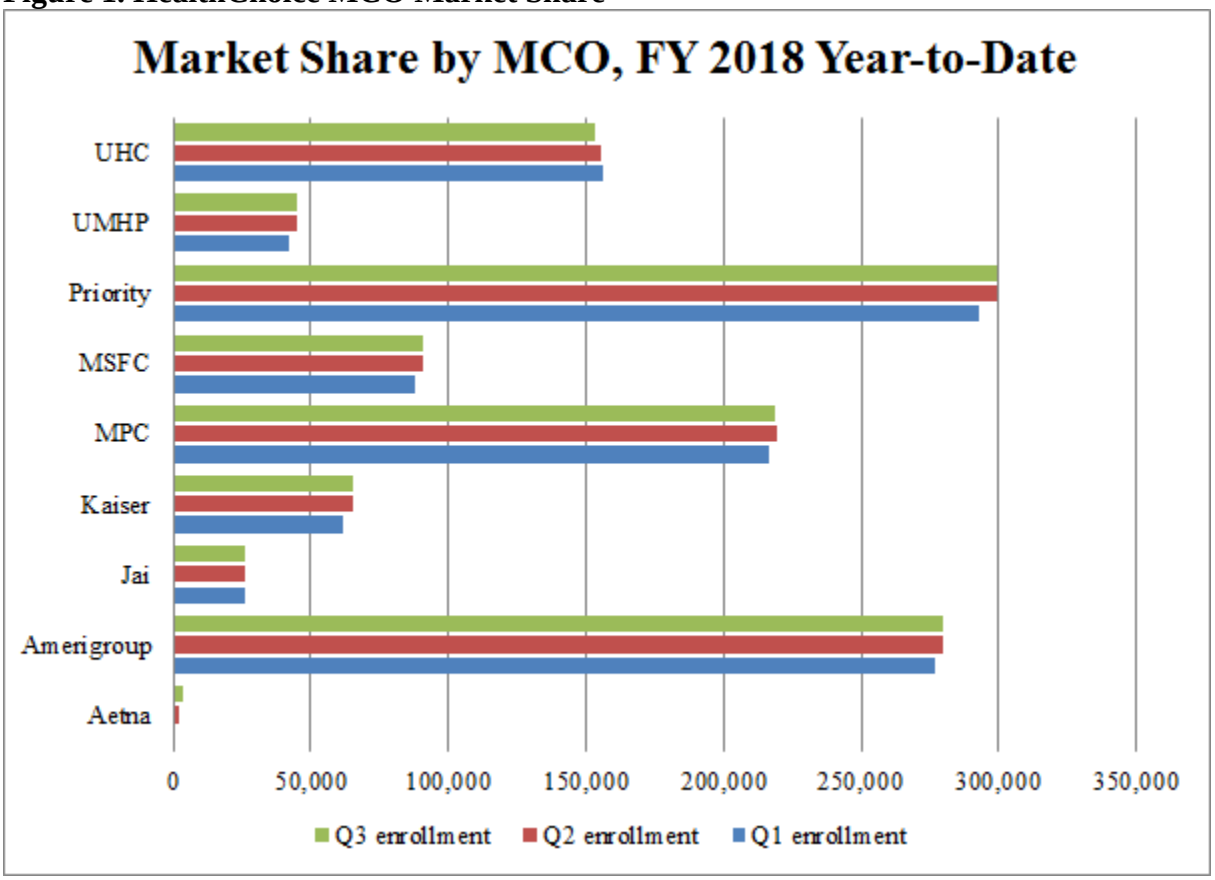
Table 2. Utilization of Residential Treatment (IMD) for Substance Use Disorders Services, Fiscal Year (FY) 2018 Year-to-Date: March 31, 201

Level of Service	No. of Participants	No. of Admissions	No. of Days
Level 3.7-WM	3,034	3,403	18,441
Level 3.7	3,846	4,452	55,287
Level 3.5	1,211	1,386	21,194
Level 3.3	651	933	15,139
Total	**5,752**	**10,174**	**110,061**

Operational/Policy Developments/Issues

Market Share
As of March 2018, there were nine MCOs participating in the HealthChoice program. Aetna Better Health joined the HealthChoice program and began accepting enrollments in October 2017. The MCOs' respective market shares are as follows: Aetna (0.3 percent), Amerigroup (23.7 percent); Jai Medical Systems (2.2 percent); Kaiser Permanente (5.5 percent); Maryland Physicians Care (18.5 percent); MedStar Family Choice (7.7 percent); Priority Partners (25.3 percent); University of Maryland Health Partners (3.8 percent); and United Healthcare (13.0 percent).

Figure 1. HealthChoice MCO Market Share



Maryland Medicaid Advisory Committee

The MMAC met in January, February, and March of 2018. The Department updated the committee on a variety of items. The Department has kept the MMAC apprised of any waiver, state plan, or regulation changes, as well as issues related to behavioral health. The Department also informs the MMAC about any changes at the federal level and how those issues might affect the Department. During the quarter, the MMAC also received information regarding the legislative session, specifically which pieces of legislation could affect the Department and the Maryland Medicaid program.

During the January meeting, the MMAC discussed quality assurance activities. In addition, the Development Disabilities Administration (DDA) provided the MMAC with an overview of the new Family Supports and the Community Supports Waivers. In February, the MMAC received an update on the Medicaid and National Diabetes Prevention Program (DPP) demonstration, as well as the community health pilots. The MMAC also received an overview of the new vendor that maintains an online listing of pharmacy formulary information for both the fee-for-service and MCO programs. During the March meeting, the Department briefed the MMAC on dental utilization in Calendar Year (CY) 2016. In addition, the MMAC discussed potential new workgroups to be comprised of MMAC members.

Family Planning Program

The HealthChoice waiver allows the Department 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 quarter was 9,308 women, with an average monthly enrollment of 9,411, a decrease of 3.8 percent over the previous quarter. Women who receive pregnancy coverage will continue to be automatically enrolled, if eligible, following the end of their pregnancy-related eligibility.

Table 3. Average Quarterly Family Planning Enrollment

Q1 Enrollment	% Change	Q2 Enrollment	% Change	Q3 Enrollment	% Change	Q4 Enrollment	% Change
9,816	2.1%	9,779	(0.4)	9,411	(3.8)		

REM Program

The table below shows the status of REM program enrollment.

Table 4. Current REM Program Enrollment

FY 2018	Referrals Received	Referrals Approved	Referrals Denied	REM Disenrollments	Currently Enrolled in REM
Quarter 1	158	120	50	130	4,318
Quarter 2	167	126	78	125	4,306
Quarter 3	176	140	52	74	4,318
Quarter 4					

Reasons for disenrollment or discharge from REM include aging out of the REM qualifying diagnosis, loss of HealthChoice eligibility, loss of Medicaid eligibility, death, or a request to return to the MCO.

Table 5. REM Complaints

FY 2018 Q3	Transportation	Dental	DMS/ DME	EPSDT	Clinical	Pharmacy	Case Mgt.	REM Intake	Other
REM Case Management Agencies	0	0	0	0	0	0	3	0	0
REM Hotline	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	3	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 6. REM Significant Events Reported by Case Managers

FY 2018 Q3	DMS/ DME	Legal	Media	Other	Protective Services	Appeals	Services	Total
REM Enrollees	3	10	0	49	15	3	4	84

ICS Program

Through the ICS Program, Maryland continued providing Medicaid State Plan benefits and home- and community-based services to residents aged 18 and over, enabling qualifying individuals to live at home with appropriate supports, as opposed to residing in a nursing facility. Under the terms of the 2016 waiver renewal, Maryland will increase enrollment incrementally over the course of the waiver to a maximum of 100 participants. As of the end of this quarter, there were 32 individuals enrolled in the ICS Program.

The ICS Program does not currently have a registry. All new applicants begin receiving services upon approval of their application.

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 March 31, 2018, the Premium program had 35,342 enrollees, with MCHP at 115,118 enrollees.

Expenditure Containment Initiatives

The Department, in collaboration with the Hilltop Institute, has worked on several different fronts to contain expenditures. The culmination of the Department and the Hilltop Institute's efforts are detailed below.

HealthChoice Financial Monitoring Report (HFMR)

Final 2016 HFMR MCO submissions were updated and reviewed. Unadjusted consolidated 2016 HFMRs by region were provided to all MCOs on March 22, 2018.

The final reviewed 2016 submissions will be the base period for the 2019 HealthChoice rate-setting period. The Department's contracted accounting firm is currently in the process of performing independent reviews of each MCO's submission which are due May 1, 2018. A separate actuarial firm is completing draft analyses of each MCO's incurred but not reported (IBNR) estimates.

During the next quarter, all MCOs will submit their first HFMR reports for 2017 (reported as of March 31, 2018). These reports are due to the Department by May 14, 2018. MCOs were provided updated financial templates and instructions in March for completing their May submissions.

MCO Rates

The rate-setting team performed the following activities in support of the CY 2019 HealthChoice rates:

- Provided the accounting firm and the Department with working 2016 HealthChoice HFMRs and MCO financial reconciliation files for the eight MCOs active at that time.
- Hosted a planning conference call with the Department, the Maryland Health Services Cost Review Commission (HSCRC), and the Department's contracted actuarial firm to discuss timelines for information needed from hospital regulator in the development of 2018 mid-year and 2019 HealthChoice rates.
- Co-facilitated first 2019 HealthChoice MCO rate setting meeting, held in February. Main topics discussed were the goals, organization, and methodology of HealthChoice rate setting, and the presentation of the Department's issues. Issued a request for proposals (RFP) for rate setting actuarial service at the end of February.
- Attended and participated in review of rate-setting methodology with Medicaid Director held at the Department, in addition to a rate-setting preparation meeting, in March.
- Attended and participated in rate setting prep meeting held at the Department in March.
- Co-facilitated second 2019 HealthChoice MCO rate setting meeting held on March 29, 2018. Topics discussed included:
    - Status of the accounting firm's review,
    - Discussion of the Department and MCO issues,
    - Constant cohort analysis- CY 2016/2017 (as of 2/28/2018), and
    - Proposed hearing benefit effective July 1, 2018.
- Provided MCOs with current consolidated 2016 HealthChoice submission.
- Provided MCOs with templates to use for first CY 2017 financial submission for the HealthChoice program (HFMR).
- Incorporated revised 2016 HFMR submissions provided by MCOs.

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

- Reviewed December 2017 prospective payments (the new 2018 HealthChoice rates implemented) for January 2018 MCO services as recorded on the MCO capitation file.
- In conjunction with the actuarial firm, provided the Department with round two responses to CMS questions regarding 2018 HealthChoice original certification.
- Provided an independent contract firm assistance in understanding the HealthChoice risk adjustment methodology for use in drafting a section of their contracted MCO rate-setting study report, which is due to the Maryland General Assembly June 1, 2018.
- Hosted a meeting in March with a specific MCO to discuss HealthChoice risk adjustment.

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

- Provided the Department draft Code of Maryland Regulations (COMAR) language regarding HealthChoice minimum medical loss ratio (MLR) to better align calculation with new federal rules.
- Participated in medical loss ratio regulation meetings with the Department held in March.

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 December 2017, January 2018, and February 2018.
- Participated and attended nursing home liaison meetings held in January, February, and March 2018.
- Provided the Department with round two responses to CMS questions regarding 2017 and 2018 Program of All-Inclusive Care for the Elderly (PACE) rates.
- Provided the Department MCO family planning ratios for calendar year 2016.
- Provided the Department updated HIV enrollment information by county.

Financial/Budget Neutrality Development/Issues

The Department is in compliance with all reporting requirements for monitoring budget neutrality set forth in the General Financial Requirements sections of the Special Terms and Conditions (STCs). A budget neutrality worksheet is attached to this report. (See Appendix A.)

Member Month Reporting

Tables 7 and 8 display the number of member months for the current quarter by eligibility group. The corresponding figure from the last month of the previous quarter is provided for comparison.

Table 7. Member Month Reporting

Eligibility Group	Total for Previous Quarter (ending December 31, 2017)	Current Quarter Month 1 (January 2018)	Current Quarter Month 2 (February 2018)	Current Quarter Month 3 (March 2018)	Total for Quarter Ending March 31, 2018
Parent/Caretaker Relatives <116% FPL and Former Foster Care	640,433	214,624	215,929	216,568	647,121
ACA Expansion Adults	926,839	311,496	312,583	313,593	937,672
Medicaid Children	1,371,570	461,670	465,136	466,418	1,393,224
SSI/BD Adults	268,985	89,454	89,579	89,999	269,032
SSI/BD Children	67,948	22,715	22,789	23,138	68,642
Medically-Needy Adults	67,552	22,334	21,601	21,655	65,590
Medically-Needy Children	17,554	5,906	5,867	5,838	17,611
SOBRA Adults	25,859	8,915	8,987	8,973	26,875
MCHP	340,979	114,092	114,568	115,118	343,778
MCHP Premium	99,169	34,445	34,669	35,342	104,456
PEPW	2	0	1	2	3
Family Planning	29,338	9,527	9,398	9,308	28,233
WBCCTP	378	118	118	117	353
ICS	95	32	34	32	98

Consumer Issues

The HealthChoice Help Line serves as the front line of the State's mandated central complaint program. The Help Line assists waiver-eligible consumers with eligibility and enrollment questions, and provides general education about managed care. Help Line staff explain to consumers how to work with their MCOs and how to access carved-out services—services not covered by MCOs but covered by Medicaid on a fee-for-service basis. When a consumer is experiencing medically-related issues such as difficulty getting appointments with a specialist, getting a prescription filled or getting a service preauthorized, the call is classified as a complaint.

Complaints are referred to the State's Complaint Resolution Unit (CRU), which is staffed with registered nurses. If necessary, the CRU engages a local Ombudsman, who has the ability to meet with the member face-to-face. If the MCO has issued a denial letter to a member, and the member wishes to appeal the decision through the State's Fair Hearing process, the CRU will assist the member with that process.

The HealthChoice Help Line received 54,114 calls during the third quarter of the fiscal year 2018, compared with 51,025 in the previous quarter, an increase of 3,089 calls.

Table 8. Total Recipient Complaints (not including billing)

MCO / Type of Service		Aetna Better Health (ABH)		Ameri-group (ACC)		JAI Medical Systems (JAI)		Kaiser Permanente (KP)		Maryland Physicians Care (MPC)		MedStar Family Choice (MSFC)		Priority Partners (PP)		United Healthcare (UHC)		University of Maryland Health Partners (UMHP)		Sub Totals	
2nd & 3rd Quarter in FY 2018		2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3
Pharmacy	#	0	5	83	61	6	4	20	20	34	52	18	24	42	69	70	68	10	8	283	311
	%	0%	2%	29%	20%	2%	1%	7%	6%	12%	17%	6%	8%	15%	22%	25%	22%	4%	3%	35%	39%
Prenatal	#	3	6	60	36	7	3	31	25	31	28	35	26	55	48	42	30	10	8	274	210
	%	1%	3%	22%	17%	3%	1%	11%	12%	11%	13%	13%	12%	20%	23%	15%	14%	4%	4%	34%	26%
PCP	#	0	2	15	20	4	5	7	8	16	11	10	15	12	17	14	13	2	5	80	96
	%	0%	2%	19%	21%	5%	5%	9%	8%	20%	11%	13%	16%	15%	18%	18%	14%	3%	5%	10%	12%
Specialist	#	1	7	8	13	1	3	8	12	11	13	6	13	4	21	8	13	7	3	54	98
	%	2%	7%	15%	13%	2%	3%	15%	12%	20%	13%	11%	13%	7%	21%	15%	13%	13%	3%	7%	12%
Sub Totals	#	4	20	166	130	18	15	66	65	92	104	69	78	113	155	134	124	29	24	691	715
	%	1%	3%	24%	18%	3%	2%	10%	9%	13%	15%	10%	11%	16%	22%	19%	17%	4%	3%	85%	89%
All Complaint Totals	#	4	22	206	156	19	18	70	73	120	120	79	86	137	166	148	139	33	27	816	807
	%	0%	3%	25%	19%	2%	2%	9%	9%	15%	15%	10%	11%	17%	21%	18%	17%	4%	3%	100%	100%
Other Categories		0	2	40	26	1	3	4	8	28	16	10	8	24	11	14	15	4	3	125	92

**Aetna Better Health was launched on 10/23/2017.*

There were 1,202 MCO total recipient complaints this quarter compared to 1,132 last quarter, an increase of six percent. 67 percent of the complaints (807) complaints were related to access to care. The remaining 33 percent (395) were billing complaints. The top three member complaint categories were pharmacy, access to prenatal care and access to specialists. Priority Partners had the highest percent of complaints in all three of these categories.

Access complaints regarding prenatal care decreased this quarter from 30 percent to 22 percent (259/807). All pregnant women were connected with an MCO network prenatal care provider and referred to the Administrative Care Coordination Unit (ACCU) for follow-up and education. While 210 of the 259 were enrolled in an MCO at the time they called the Help Line, some women recently enrolled in Medicaid for pregnancy care while others were already active in an MCO. An additional 404 pregnant women called the Help Line for general information and were referred to the ACCU for follow-up and education.

Table 9. Recipient Complaints under age 21 (not including billing)

MCO / Type of Service		Aetna Better Health (ABH)		Ameri-group (ACC)		JAI Medical Systems (JAI)		Kaiser Permanente (KP)		Maryland Physicians Care (MPC)		MedStar Family Choice (MSFC)		Priority Partners (PP)		United Healthcare (UHC)		University of Maryland Health Partners (UMHP)		Sub Totals	
2nd & 3rd Quarter in FY 2018		2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3
Pharmacy	#	0	1	22	19	0	0	1	1	7	7	3	4	7	14	8	10	2	1	50	57
	%	0%	2%	44%	33%	0%	0%	2%	2%	14%	12%	6%	7%	14%	25%	16%	18%	4%	2%	38%	36%
PCP	#	0	1	5	14	2	0	4	5	7	5	2	6	6	11	4	3	1	4	31	49
	%	0%	2%	16%	29%	6%	0%	13%	10%	23%	10%	6%	12%	19%	22%	13%	6%	3%	8%	23%	31%
Specialist	#	1	1	2	4	0	1	1	2	3	3	1	2	2	7	2	4	1	0	13	24
	%	8%	4%	15%	17%	0%	4%	8%	8%	23%	13%	8%	8%	15%	29%	15%	17%	8%	0%	10%	15%
Prenatal	#	0	0	3	3	0	1	2	1	0	3	1	1	2	3	1	3	0	0	9	15
	%	0%	0%	0%	20%	0%	7%	0%	7%	0%	20%	0%	7%	0%	20%	0%	20%	0%	0%	7%	9%
Sub Totals	#	1	3	32	40	2	2	8	9	17	18	7	13	17	35	15	20	4	5	103	145
	%	1%	2%	31%	28%	2%	1%	8%	6%	17%	12%	7%	9%	17%	24%	15%	14%	4%	3%	77%	92%
All EPSDT Complaint Totals	#	1	5	42	45	3	3	9	9	23	19	10	13	23	37	18	22	4	5	133	158
	%	1%	3%	32%	28%	2%	2%	7%	6%	17%	12%	8%	8%	17%	23%	14%	14%	3%	3%	100%	100%
Other Categories		0	2	10	5	1	1	1	0	6	1	3	0	6	2	3	2	0	0	30	13

**Aetna Better Health was launched on 10/23/2017.*

There were 158 member complaints for recipients under age 21 or 20 percent of the total non-billing complaints. This is an increase from last quarter when 12 percent of complaints were under age 21. The top three complaint categories for the under 21 population were pharmacy, access to PCPs, and access to specialists. In the under 21 population, pharmacy complaints continue to a major issue. Amerigroup and Priority Partners account for the majority of complaints related to pharmacy services authorization.

Table 10. Total Recipient Billing Complaints

MCO / Type of Service		Aetna Better Health (ABH)		Ameri-group (ACC)		JAI Medical Systems (JAI)		Kaiser Permanente (KP)		Maryland Physicians Care (MPC)		MedStar Family Choice (MSFC)		Priority Partners (PP)		United Healthcare (UHC)		University of Maryland Health Partners (UMHP)		Sub Totals	
2nd & 3rd Quarter in FY 2018		2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3
Emergeny	#	0	0	22	23	2	0	16	12	15	20	15	9	24	23	10	10	2	5	106	102
	%	0%	0%	0%	23%	0%	0%	0%	12%	0%	20%	0%	9%	0%	23%	0%	10%	0%	5%	34%	26%
PCP	#	0	0	17	41	2	4	8	15	15	20	11	19	15	24	14	17	4	5	86	145
	%	0%	0%	20%	28%	2%	3%	9%	10%	17%	14%	13%	13%	17%	17%	16%	12%	5%	3%	27%	37%
Laborator/Test	#	0	1	14	23	0	0	1	2	8	10	8	9	10	12	6	4	6	2	53	63
	%	0%	2%	26%	37%	0%	0%	2%	3%	15%	16%	15%	14%	19%	19%	11%	6%	11%	3%	17%	16%
Specialist	#	0	0	3	2	0	0	0	1	2	10	1	2	3	2	2	1	0	0	11	18
	%	0%	0%	27%	11%	0%	0%	0%	6%	18%	56%	9%	11%	27%	11%	18%	6%	0%	0%	3%	5%
Sub Totals	#	0	1	56	89	4	4	25	30	40	60	35	39	52	61	32	32	12	12	256	328
	%	0%	0%	22%	27%	2%	1%	10%	9%	16%	18%	14%	12%	20%	19%	13%	10%	5%	4%	81%	83%
All Billing Complaint Totals	#	0	2	71	106	4	4	30	36	45	76	44	47	63	71	44	36	15	17	316	395
	%	0%	1%	22%	27%	1%	1%	9%	9%	14%	19%	14%	12%	20%	18%	14%	9%	5%	4%	100%	100%
Other Categories		0	1	15	17	0	0	5	6	5	16	9	8	11	10	12	4	3	5	60	67

**Aetna Better Health was launched on 10/23/2017.*

Billing complaints comprised 33 percent of total complaints this quarter, compared to 28 percent in the previous quarter. Many of the complaints are fee-for-service related meaning the service was received prior to enrollment in the MCO.

The top three bill types members had complaints about this quarter were from primary care providers, emergency services, and laboratory/tests. Compared to the previous quarter, PCP billing complaints increased by 10 percent, and billing issues for emergency services decreased by eight percent. Amerigroup had the highest percentage of billing complaints this quarter.

MCOs are required to respond to all recipient grievances and complaints. The CRU works with MCOs on behalf of the consumer to resolve the complaint. Once a plan is in place, the CRU refers the case to the ACCU for follow-up to ensure the complaint has been resolved. When trends are identified, the HealthChoice Medical Advisor makes an inquiry to the MCO. If potential policy or systems issues or barriers are identified the MCO may be directed to take corrective action.

Legislative Update

The 2018 Maryland General Assembly's 2018 session began on January 10 and adjourned on April 9, 2018, after the culmination of the reporting period. Below is a list of major Medicaid-related legislation that was introduced during the 2018 session:

SB1023/HB1194: Health – Drug Cost Commission - would create a drug cost review commission to protect against excessive costs of prescription drugs; if commission finds that spending on a specific pharmacy product creates excessive costs for payers and consumers, it could set reimbursement levels for drugs in the State.

SB1208/HB1766 Sunset Extension & Repeal of Subsidy for Medicare Part D Coverage Gap - would extend funding to subsidize Senior Prescription Drug Assistance Program (SPDAP) through FY 2025 and extends SDPAP sunset through December 31, 2025.

SB550/HB782: Maryland Achieving a Better Life Experience (ABLE) Program - Modifications - would authorize money & assets in an ABLE account to be transferred upon the death of a designate beneficiary to their estate or to an ABLE account for another eligible person; an 'agency or instrumentality of the State' may not seek payment from an ABLE account or its proceeds for any amount of Medical Assistance paid for the beneficiary. It would also allow funds from certain college savings plans to be transferred to an ABLE account

SB630/HB1215: Nursing Homes – Partial Payment for Services Provided - would require advance payments (upon request) to be made to nursing homes for uncompensated Medicaid program services provided to a nursing home resident who has filed an application for Medicaid but their eligibility has not yet been determined within 90 days after the application was filed; the amount of the advance payment may not exceed 50 percent of the amount due; if an advance payment is made and the resident's application is approved, the Department shall pay the balance to the nursing home, but if their application is denied, the Department shall recover any advance payments made.

HB1574: Maryland Health Care Commission – Health Record and Payment Integration Program Advisory Committee - would require the Health Care Commission to establish an advisory committee (including MCO representatives) to examine the feasibility of creating a health record & payment integration program, approaches for accelerating the adjudication of clean claims, and other issues.

SB284: Maryland Medical Assistance Program – Dental Coverage for Adults – Pilot Program - would require Maryland to apply for an 1115 waiver amendment to implement a pilot program to provide limited dental coverage for adult Medicaid enrollees; the pilot program may limit participation to dual-eligibles of a certain age and to certain geographic regions of the State; report on status of waiver application due December 1, 2018.

SB660/HB1280: Maryland Department of Health - Enrollees in the Employed Individuals with Disabilities (EID) Program – Demonstration Program - would establish a 3-year demonstration program supported by State General Funds to cover health care services that are

provided to individuals aged 21-65 who are enrolled in EID, have a qualifying condition and are not covered under Medicaid; report on program due December 1, 2020.

SB682: EMS Providers – Coverage & Reimbursement of Services – Reports & Plan - would require the Maryland Health Care Commission & Maryland Institute for Emergency Medical Services Systems (MIEMSS), in consultation with other stakeholders, to jointly develop a statewide plan for the reimbursement of services provided by EMS providers to Medicaid enrollees; report due January 1, 2019.

SB704/HB1652: Maryland Medical Assistance Program – Telemedicine – Assertive Community Treatment & Mobile Treatment Services - would require the Medicaid program to reimburse psychiatrists who are providing assertive community treatment or mobile treatment services through telemedicine to enrollees located in a home- or community-based setting.

SB765/HB772: Maryland Department of Health - Reimbursement for Services Provided by Certified Peer Recovery Specialists – Workgroup & Report - would require the Department to convene a stakeholder workgroup to make findings and recommendations on issues related to the reimbursement of certified peer recovery specialists.

SB774/HB994: Maryland Medical Assistance Program – Family Planning Services - would require Maryland to apply for a State Plan Amendment to provide family planning services for individuals below 250 percent of the federal poverty level, with no age restrictions; would require presumptive eligibility and exempts Family Planning Program from federal coordination of benefits requirements; also would extend the length of time for which Medicaid and MCHP must provide coverage for a single dispensing of a supply of prescription contraceptives from 6 months to 12 months. In addition, it would also require the Department to collaborate with stakeholders to establish a presumptive eligibility process and integrate that process into Maryland Health Connection, the State's insurance marketplace.

SB835/HB1682: Maryland Medical Assistance Program – Collaborative Care Pilot Program - would establish a program to implement a Collaborative Care Model in primary care settings for HealthChoice enrollees; three sites with certain characteristics to be selected to participate.

Quality Assurance/Monitoring Activity

Quality Assurance Monitoring

Various vendors overseen by the Department's Division of Quality Assurance (DQA) carry out HealthChoice MCOs' quality assurance activities. During the third quarter, each of the vendors—Healthcare Effectiveness Data and Information Set® (HEDIS), External Quality Review Organization (EQRO), and Consumer Assessment of Healthcare Providers and Systems (CAHPS)—updated and consulted with DQA on various projects. In early March, the Department held the quarterly Quality Assurance Liaison Committee (QALC) meeting with updates from all quality assurance vendors and all MCOs in attendance.

Systems Performance Review (SPR)
The Department reviewed the vendor's MCO Systems Performance Report template for the CY 2019 SPR.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medical Record Review
The Department approved the CY 2018 EPSDT Orientation Manual for distribution to the MCOs.

Value Based Purchasing (VBP)
The EQRO completed the draft CY 2016 VBP Report and submitted the report to the Department for review and approval.

Consumer Report Card
Consumer Report Card results were provided to the MCOs.

Performance Improvement Projects (PIP)
The EQRO provided technical assistance to the MCOs regarding the new Rapid Cycle PIP Process. A Rapid Cycle PIP Process Guide was provided to MCOs for the new Lead Screening PIP.

Encounter Data Validation (EDV) Review
The EQRO completed the draft EDV report and submitted the report to the Department for review and approval.

Annual Technical Report (ATR)
The EQRO completed the ATR draft and posted to the portal for the Department to review with the exception of results for EDV. The next ATR is due to CMS April 30, 2018.

Network Adequacy Validation (NAV)/Secret Shopper Activities
The EQRO revised the timeline, updated survey requirement for CY 2018 NAV activities, and provided technical assistance to MCOs regarding NAV.

Quarterly Review of Appeals/Grievances/Pre-Services Denial Activities
The EQRO completed quarterly appeal and denial reviews for all MCOs.

HEDIS Performance Review
All MCOs submitted the required HEDIS Roadmap and Health Organization Questionnaire submissions by end of January to the HEDIS vendor. At the quarterly QALC meeting in early March, the HEDIS vendor discussed the audit and reporting timeline, convenience sample and medical record review validation, the interactive data submission system, and potential changes for HEDIS 2019.

HealthChoice Enrollee Satisfaction Survey
In January, the National Committee for Quality Assurance (NCQA) Satisfaction Survey vendor received Departmental and NCQA approval of the questionnaires and collateral materials for the 2018 HealthChoice Enrollee Satisfaction Survey. After receiving the CAHPS Sample Frames,

validated by the HEDIS vendor, the survey vendor de-duplicated the sample frames and successfully pulled the sample. The survey vendor mailed the first questionnaires along with cover letters in February. Survey fielding continued through March with the processing of returned, completed surveys and the mailing of the second questionnaires and the postcard reminders.

Provider Satisfaction Survey
The Department notified the survey vendor of the approval of the questionnaire and collateral materials for the 2018 survey in January. The 2018 Provider survey tool continues to include an option for the survey to be completed online with the goal of increased response rate from PCPs. The survey vendor received the final approved Provider Sample Frames from the MCOs in late January, checked the sample frame, and pulled sample files in February. The first survey questionnaires were mailed out in -February, and survey fielding continued through March with the processing of returned, completed surveys and the mailing of the first postcard reminders.

REM Satisfaction Survey
The survey vendor received the final approved Sample Frames from the REM Unit in January, checked the sample frame, and pulled sample files in February. The first survey questionnaires were mailed out in February, and survey fielding continued through March with the processing of returned, completed surveys and the mailing of the first postcard reminders.

Demonstration Evaluation
During the quarter, the Department continued work on implementing measures proposed in the draft summative evaluation into the annual HealthChoice report, which will serve as the rapid-cycle assessment to provide program updates and review the areas of coverage and access, medical homes, quality of care, special topics and the ACA expansion. New measures are envisioned to be gradually incorporated into the annual evaluation over the course of the waiver period. The next annual HealthChoice evaluation will cover the period from CY 2012 through CY 2016.

The Department has begun planning its annual Post-Award Forum, scheduled for May 24, 2018, to review the status of the waiver with interested stakeholders. The upcoming Annual Report, which also covers the fourth quarter, will provide a summary of the 2018 Post-Award Forum.

Enclosures/Attachments
Appendix A: Maryland Budget Neutrality Report as of March 31, 2018

State Contact(s)
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Date Submitted to CMS: May 31, 2018

Projected SFY2012-2014 Extension Total	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
	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	$239.44		$660.61		$853.11		$726.40	
	TANF Adults 0-123	$434.98		$493.34		$565.27		$520.78	
	Medicaid Child	$240.29		$272.22		$301.75		$266.07	
	Medically Needy Adult	$1,950.97		$1,767.30		$1,890.98		$1,414.91	
	Medically Needy Child	$535.02		$691.85		$1,731.39		$1,446.41	
	Sobra Adult	$1,874.47		$1,914.39		$1,616.85		$1,422.75	
	Pregnant Women PE	$0.00		$1,130.10		$0.00		$129.86	
	SSI ADULT	$1,562.93		$1,639.15		$1,804.68		$1,606.64	
	SSI CHILD	$1,463.19		$1,553.45		$1,700.14		$1,493.81	
	Family Planning	-$5.86		$0.00		$0.00		$0.00	
	ICS	$0.14		$0.14		$0.00		$0.00	
	WBCCPTA	$30.94		$1,475.49		$914.46		$584.84	
	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		2,668,138		1,888,761	
	TANF Adults 0-123	1,474,462		2,872,945		2,255,106		1,345,184	
	Medicaid Child	2,851,037		5,671,322		4,657,991		2,866,391	
	Medically Needy Adult	34,419		75,449		25,124		6,581	
	Medically Needy Child	393		1,211		1,501		1,197	
	Sobra Adult	64,124		116,108		98,917		62,218	
	Pregnant Women PE	0		30		7		18	
	SSI ADULT	348,132		702,885		645,946		387,489	
	SSI CHILD	124,869		250,888		238,311		143,098	
	Family Planning	75,579		173,846		191,231		62,410	
	ICS	83		201		221		165	
	WBCCPTA	2,354		3,313		4,224		999	
	MM w/o FP, & ICS	5,983,208		12,469,819		10,591,041		6,700,937	
	TOTAL Member Months	6,061,224		12,647,179		10,786,717		6,764,510	
	Estimated Without Waiver Expenditures by EG								
	New Adult Group	$858,682,786		$2,301,051,848		$2,313,115,558		$1,714,390,584	
	TANF Adults 0-123	$1,193,208,374		$2,438,843,011		$2,008,171,893		$1,256,576,730	
	Medicaid Child	$1,268,854,017		$2,637,618,436		$2,263,830,206		$1,455,782,661	
	Medically Needy Adult	$162,956,411		$372,930,072		$129,647,126		$35,454,085	
	Medically Needy Child	$850,963		$2,737,550		$3,542,420		$2,949,264	
	Sobra Adult	$234,193,673		$445,675,914		$379,688,948		$263,802,453	
	Pregnant Women PE	$0		$28,178		$6,923		$0	
	SSI ADULT	$678,269,057		$1,429,696,205		$1,313,880,002		$859,051,488	
	SSI CHILD	$220,484,939		$443,000,468		$439,307,264		$287,513,933	
TOTAL BN limit (without waiver) $16,180,857,033	TOTAL BN limit (without waiver)	$4,617,500,220		$10,071,581,681		$8,851,190,339		$5,875,521,199	$29,415,793,439
	Projected With Waiver Expenditures by EG								
	New Adult Group	$259,974,713		$1,835,822,470		$2,276,211,954		$1,371,991,508	
	TANF Adults 0-123	$641,368,652		$1,417,351,833		$1,274,741,257		$700,542,845	
	Medicaid Child	$685,083,967		$1,543,839,750		$1,405,560,970		$762,662,382	
	Medically Needy Adult	$67,150,407		$133,341,258		$47,509,097		$9,311,517	
	Medically Needy Child	$210,263		$837,831		$2,598,821		$1,731,355	
	Sobra Adult	$120,198,217		$222,275,745		$159,934,337		$88,520,867	
	Pregnant Women PE	$0		$33,903		$0		$2,338	
	SSI ADULT	$544,106,093		$1,152,134,462		$1,165,724,136		$622,554,258	
	SSI CHILD	$182,706,575		$389,742,359		$405,162,292		$213,761,783	
	Family Planning	-$442,700		$0		$0		$0	
	ICS	$12		$29		$0		$0	
	WBCPTTA	$72,838		$4,888,291		$3,862,685		$583,968	
$11,321,344,019	TOTAL With Waiver	$2,500,429,037		$6,700,267,932		$6,741,305,549		$3,771,662,818	$19,713,665,336
$4,859,513,014	(Over)/Under BN Limit	$2,117,071,183		$3,371,313,749		$2,109,884,790		$2,103,858,381	$9,702,128,103

Carryover from 1-14	$ 5,443,824,736
Projected Cushion at end of DY 17	$ 10,303,337,750

Carryover from 1-17	$ 10,303,337,750
Sub-Projected Cushion at end of DY 20	$ 20,005,465,853
Estimated Savings on New Adult Group	$1,443,240,131
Projected Cushion at end of DY 20	$ 18,562,225,722

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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 SFY2017-2023 Extension Total	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 -06/31/20 DY 23: 12 mos	Projected SFY2017-2023 Extension Total
	BN Negotiated PMPM								
	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	
	Projected With Waiver PMPM Expenditures by EG								
	New Adult Group	$726.40		$776.66		$830.41		$887.87	
	TANF Adults 0-123	$520.78		$556.82		$595.35		$636.55	
	Medicaid Child	$266.07		$284.48		$304.17		$325.22	
	Medically Needy Adult	$1,414.91		$1,512.82		$1,617.51		$1,729.44	
	Medically Needy Child	$1,446.41		$1,546.50		$1,653.52		$1,767.94	
	Sobra Adult	$1,430.79		$1,530.50		$1,634.92		$1,746.71	
	Pregnant Women Inpatient Hospital PE	$129.86		$132.50		$135.17		$137.83	
	SSI ADULT	$1,607.91		$1,719.21		$1,837.95		$1,964.94	
	SSI CHILD	$1,506.08		$1,610.69		$1,719.98		$1,837.04	
	Family Planning	$0.00		$0.00		#VALUE!		#VALUE!	
	ICS	$0.00		$0.00		$4,713.03		$4,713.03	
	WBCCPTA	$531.68		$0.00		$2,103.26		$1,912.05	
	Residential Substance Use Disorder	N/A		$5,667.03		$5,562.68		$5,418.23	
	Limited Housing Support Services	N/A		$0.00		$666.67		$333.33	
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		$0.00		$300.00		$150.00	
	Former Foster Dental Care	$0.05		$1.37		$22.01		$22.01	
	National DPP	N/A		N/A		$41.67		$41.67	
	IMD	N/A		N/A		$1,195.83		$1,208.01	
	Limited Dental Care	N/A		N/A		$9.08		N/A	
	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	1,888,761		3,710,390		4,081,429		4,489,572	
	TANF Adults 0-123	1,345,184		2,514,050		2,765,455		3,042,001	
	Medicaid Child	2,866,391		5,336,286		5,869,915		6,456,907	
	Medically Needy Adult	6,581		13,130		14,443		15,887	
	Medically Needy Child	1,197		4,632		5,095		5,605	
	Sobra Adult	62,218		107,628		118,391		130,230	
	Pregnant Women PE	18		6		6		6	
	SSI ADULT	387,489		712,966		784,263		862,689	
	SSI CHILD	143,098		259,980		285,978		314,576	
	Family Planning	62,410		137,302		N/A		N/A	
	ICS	306		765		1,071		612	
	WBCCPTA	1,098		2,307		2,537		2,791	
	Residential Substance Use Disorder	N/A		4,400		5,711		3,511	
	Limited Housing Support Services	N/A		3,600		3,600		3,600	
	Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		17,920		17,920		17,920	
	Former Foster Dental Care	25,627		31,428		34,356		37,284	
	National DPP	N/A		N/A		33,600		33,600	
	IMD	N/A		N/A		13,020		26,556	
	Limited Dental Care	N/A		N/A		462,120		N/A	
	MM w/o FP,ICS, WBCCPTA, SUD, LHSS, High Risk PWC, Dental	6,700,937		12,659,068		13,924,975		15,317,473	
	TOTAL Member Months	6,790,378		12,856,790		14,498,910		15,443,347	
	Estimated Without Waiver Expenditures by EG								
	New Adult Group	$1,714,390,584		$3,526,135,595		$4,061,050,364		$4,677,111,809	
	TANF Adults 0-123	$1,256,576,730		$2,463,523,553		$2,842,659,828		$3,280,145,715	
	Medicaid Child	$1,455,782,661		$2,832,151,616		$3,255,558,504		$3,742,264,790	
	Medically Needy Adult	$35,454,085		$73,848,148		$84,807,213		$97,390,765	
	Medically Needy Child	$2,949,264		$11,914,851		$13,682,477		$15,714,359	
	Sobra Adult	$263,802,453		$479,612,805		$554,481,301		$641,035,340	
	SSI ADULT	$859,051,488		$1,650,171,699		$1,895,058,146		$2,176,284,018	
	SSI CHILD	$287,513,933		$545,338,010		$626,266,171		$719,204,528	
TOTAL BN limit (without waiver) $16,180,857,033	TOTAL BN limit (without waiver)	$5,875,521,199		$11,582,696,277		$13,333,564,005		$15,349,151,323	$46,140,932,804
	Projected With Waiver Expenditures by EG								
	New Adult Group	$1,371,991,508		$2,881,727,610		$3,389,257,477		$3,986,173,592	
	TANF Adults 0-123	$700,542,845		$1,399,864,079		$1,646,408,141		$1,936,373,861	
	Medicaid Child	$762,662,382		$1,518,080,988		$1,785,445,534		$2,099,898,364	
	Medically Needy Adult	$9,311,517		$19,863,338		$23,361,669		$27,475,607	
	Medically Needy Child	$1,731,355		$7,163,402		$8,424,690		$9,909,331	
	Sobra Adult	$89,020,867		$164,724,560		$193,560,055		$227,473,558	
	Pregnant Women PE	$2,338		$795		$811		$827	
	SSI ADULT	$623,049,258		$1,225,734,785		$1,441,437,571		$1,695,128,609	
	SSI CHILD	$215,516,783		$418,746,372		$491,877,802		$577,889,504	
	Family Planning	$0		$0		N/A		N/A	
	ICS	$0		$0		$5,047,659		$2,884,377	
	WBCPTTA	$583,968		$0		$5,336,365		$5,336,365	
	Residential Substance Use Disorder	N/A		$24,934,918		$31,768,451		$19,023,401	
	Limited Housing Support Services	N/A		$0		$2,400,000		$1,200,000	

		Evidence Based Home Visiting for High Risk PWC up to age 2	N/A		$0		$5,376,000		$2,688,000	
		Former Foster Dental Care	$1,218		$42,912		$756,176		$820,621	
		National DPP	N/A		N/A		$1,400,000		$1,400,000	
		IMD	N/A		N/A		$15,569,750		$32,079,913	
		Limited Dental Care	N/A		N/A		$4,196,050		N/A	
	$11,321,344,019	TOTAL With Waiver	$3,774,414,036		$7,660,883,759		$9,051,624,201		$10,625,755,929	$31,112,677,925
	$4,859,513,014	(Over)/Under BN Limit	$2,101,107,163		$3,921,812,518		$4,281,939,804		$4,723,395,393	$15,028,254,878

Carryover from 1-14	$ 5,443,824,736			Carryover from 1-20	$ 18,562,225,722
Carryover from 15-17	$ 10,303,337,750			Sub-Projected Cushion at end of DY 23	$ 33,590,480,600
Projected Cushion at end of DY 20	18,562,225,722			Estimated Savings on New Adult Group	$2,349,538,165
				Projected Cushion at end of DY 23	$ 31,240,942,435

Projected SFY2021-2022 Extension Total	Eligibility Group	07/01/20 -06/30/21 DY 24: 12 mos	Trend Rate	07/01/21 -1230/21 DY 25: 6mos	Trend Rate				Projected SFY2021-2022 Extension Total
	BN Negotiated PMPM								
	New Adult Group	$1,090.74	1.0470	$1,142.00					
	TANF Adults 0-123	$1,131.12	1.0490	$1,186.55					
	Medicaid Child	$605.66	1.0450	$632.91					
	Medically Needy Adult	$6,399.95	1.0440	$6,681.54					
	Medically Needy Child	$2,926.99	1.0440	$3,055.78					
	Sobra Adult	$5,173.37	1.0510	$5,437.21					
	SSI ADULT	$2,633.67	1.0440	$2,749.55					
	SSI CHILD	$2,386.86	1.0440	$2,491.88					
	Projected With Waiver PMPM Expenditures by EG								
	New Adult Group	$949.31		$1,015.01					
	TANF Adults 0-123	$680.60		$727.69					
	Medicaid Child	$347.72		$371.78					
	Medically Needy Adult	$1,849.12		$1,977.08					
	Medically Needy Child	$1,890.29		$2,021.09					
	Sobra Adult	$1,866.35		$2,002.00					
	Pregnant Women Inpatient Hospital PE	$147.33		$157.67					
	SSI ADULT	$2,100.73		$2,247.07					
	SSI CHILD	$1,962.38		$2,107.62					
	Family Planning	N/A		N/A					
	ICS	$4,713.03		$4,713.03					
	WBCCPTA	$1,738.23		$3,476.46					
	Residential Substance Use Disorder	$5,418.23		$10,836.46					
	Limited Housing Support Services	$333.33		$666.67					
	Evidence Based Home Visiting for High Risk PWC up to age 2	$150.00		$300.00					
	Former Foster Dental Care	$22.01		$22.01					
	National DPP	$41.67		N/A					
	IMD	$1,219.69		$1,231.97					
	Limited Dental Care	N/A		N/A					
	Projected Member Months	Projected DY 20: 6 mos		Projected DY 21: 12 mos					
	New Adult Group	4,938,529		2,469,265					
	TANF Adults 0-123	3,346,201		1,673,101					
	Medicaid Child	7,102,598		3,551,299					
	Medically Needy Adult	17,476		8,738					
	Medically Needy Child	6,166		3,083					
	Sobra Adult	143,253		71,627					
	Pregnant Women PE	6		3					
	SSI ADULT	948,958		474,479					
	SSI CHILD	346,034		173,017					
	Family Planning	0		0					
	ICS	612		306					
	WBCCPTA	3,070		1,535					
	Residential Substance Use Disorder	3,511		1,756					
	Limited Housing Support Services	3,600		1,800					
	Evidence Based Home Visiting for High Risk PWC up to age 2	17,920		8,960					
	Former Foster Dental Care	37,284		18,642					
	National DPP	33,600		N/A					
	IMD	27,096		13,818					
	Limited Dental Care	N/A		N/A					
	MM W/O PP ICS, WBCCPTA, SUD, LHSS, High Risk PWC, Dental	16,849,221		8,424,612					
	TOTAL Member Months	16,975,914		8,471,428					
	Estimated W/out Waiver Expenditures by EG								
	New Adult Group	$5,386,629,452		$2,819,901,089					
	TANF Adults 0-123	$3,784,960,027		$1,985,212,128					
	Medicaid Child	$4,301,733,558		$2,247,655,784					
	Medically Needy Adult	$111,845,474		$58,383,338					
	Medically Needy Child	$18,047,833		$9,420,969					
	Sobra Adult	$741,100,956		$389,451,271					
	SSI ADULT	$2,499,244,830		$1,304,605,801					
	SSI CHILD	$825,935,434		$431,138,297					
TOTAL BN limit (without waiver)	TOTAL BN limit (without waiver)	$17,669,497,565		$9,245,768,676					
$16,180,857,033	Projected With Waiver Expenditures by EG								$26,915,266,241
	New Adult Group	$4,688,218,296		$2,506,322,008					
	TANF Adults 0-123	$2,277,407,957		$1,217,502,658					
	Medicaid Child	$2,469,732,568		$1,320,319,031					
	Medically Needy Adult	$32,315,166		$17,275,688					
	Medically Needy Child	$11,655,507		$6,231,034					
	Sobra Adult	$267,360,081		$143,397,093					
	Pregnant Women PE	$884		$473					
	SSI ADULT	$1,993,500,510		$1,066,186,119					
	SSI CHILD	$679,050,003		$364,653,686					
	Family Planning	N/A		N/A					
	ICS	$2,884,377		$1,442,188					
	WBCPTTA	$5,336,365		$5,336,365					
	Residential Substance Use Disorder	$19,023,401		$19,023,401					
	Limited Housing Support Services	$1,200,000		$1,200,000					

		Evidence Based Home Visiting for High Risk PWC up to age 2	$2,688,000		$2,688,000					
		Former Foster Dental Care	$820,621		$410,310					
		National DPP	$1,400,000		N/A					
		IMD	$33,048,726		$17,023,399					
		Limited Dental Care	N/A		N/A					
	$11,321,344,019	TOTAL With Waiver	$12,485,642,462		$6,689,011,453					$19,174,653,915
	$4,859,513,014	(Over)/Under BN Limit	$5,183,855,103		$2,556,757,223					$7,740,612,326

Carryover from 14	$ 5,443,824,736		
Carryover from 15-17	$ 10,303,337,750		
Projected Cushion at end of DY 20	18,562,225,722		
Projected Cushion at end of DY 23	31,240,942,435		

Carryover from 1-23	$	31,240,942,435
Sub-Projected Cushion at end of DY 25	$	38,981,554,762
Estimated Savings on New Adult Group		$1,011,990,237
Projected Cushion at end of DY 25	$	37,969,564,525

HealthChoice

Budget Neutrality
Calculations
Waiver Extension to DY
11

Revised 03/25/13, 7.1% Actuals Based on 09/30/17
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

$1,212,086,573	Actual Spending Year 1 through MMIS
$0	Projected Prog. 03 Future Year 1 Spending
$0	Projected MHA Future Year 1 Spending
$0	Additional Capitation per All Services GME: N/A, included in rates in FY 1998
$1,212,086,573	Total Projected Year 1 Spending
Less:	
$9,170,286	Pharmacy Rebate Offset CHIP Provider
$0	Reimbursement
$1,202,916,287	Year 1 Charged Against Cap
($18,540,056)	Year 1 Balance
101.57%	Percentage of Cap

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

$1,294,374,685	Actual Spending Year 2 Through MMIS
$0	Projected Prog. 03 Future Year 2 Spending
$0	Projected MHA Future Year 2 Spending
$0	Additional Capitation per All Services
$24,252,573	GME Payments
$1,318,627,258	Total Projected Year 2 Spending
Less:	
$8,942,016	Pharmacy Rebate Offset CHIP Provider
$0	Reimbursement
$11,100,000	DSH in MCO in " Actual Spending Year 2 thru MMIS"
$1,298,585,242	Year 2 Charged Against Cap
($56,476,406)	Year 2 Balance
104.55%	Percentage of Cap

Demonstration Year 3

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total

Budget Cap Trend

-

0

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

$1,330,954,311	Actual Spending Year 3 Through MMIS
$0	Projected Prog. 03 Future Year 3 Spending
$0	Projected MHA Future Year 3 Spending
$0	Adjustment, Capitation per All Services,collections
$24,185,831	GME Payments
$1,355,140,142	Total Projected Year 3 Spending
	Less:
$10,608,823	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$11,500,000	DSH in MCO in " Actual Spending Year 3 thru MMIS"
$1,333,031,319	Year 3 Charged Against 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

$1,435,800,580	Actual Spending Year 4 Through MMIS
$0	Projected Prog. 03 Remaining Year 4 Spending
$0	Projected MHA Remaining Year 4 Spending
$25,713,820	GME Payments
$0	MCO Supplemental Payments in actual MMIS
$1,461,514,400	Total Projected Year 4 Spending
	Less:
$11,436,899	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$14,020,964	DSH in MCO in " Actual Spending Year 4 thru MMIS"
$1,436,056,537	Year 4 Charged Against 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

$1,557,941,967	Actual Spending Year 5 Through MMIS
$0	Projected Prog. 03 Remaining Year 5 Spending
$0	MCO Supplemental Payments in actual MMIS
$6,461,407	FQHC Adjustment 2002
$29,076,794	GME Payments
$1,593,480,168	Total Projected Year 5 Spending
	Less:
$18,376,107	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$20,392,424	DSH in MCO in " Actual Spending Year 5 thru MMIS"
$1,554,711,637	Year 5 Charged Against 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	
Member Months (11 months, Jul-May)	**1,258,181**	**640,276**	**461,631**	**2,203,916**	4,564,004	11 month year: Jul 1, 2004 thru May 31, 2005
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 Malpractcie 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 eligibiltiy 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				2,674,161,322	Actual costs thru MMIS, DY 9 to-date
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				2,668,223,402	Actual costs thru MMIS DY 9 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
	3,341,601	6,891,822	2,950,209	5,278,253				18,461,885	FQHC Cost Settlements (manual, not thru MMIS)
	0	0	0					0	MCO Supplemental Payments (in MMIS)
	6,964,558	14,363,920	6,148,820	11,000,923				38,478,221	GME Payments (manual, not thru MMIS)
	21,069,418	21,621,594	11,569,060	41,453,462					
	(15,636,352)	(32,248,896)	(13,804,912)	(24,698,525)				(86,388,686)	Pharmacy Rebates
	(5,082,761)	(10,482,843)	(4,487,432)	(8,028,515)				(28,081,550)	DSH in MCO Payments
	(784,333)	(1,617,633)	(692,467)	(1,238,900)				($4,333,333)	6 month eligibility, full year
									Net Actual & Projected Year 9 Spending Before expansion
	493,781,407	996,782,348	428,912,265	782,597,453				2,606,359,939	population below
	355.54	1,282.21	784.91	292.14				$483.42	PMPM Cost before Expansion Population costs
							expansion population:		
					9,420			9,420	EID
						0		0	PAC
							5,928,500	5,928,500	Family Planning
With Waiver Actual	493,781,407	996,782,348	428,912,265	782,597,453	9,420	0	5,928,500	2,612,297,859	Year 9 Total Charged Against Cap, Includes expansion population costs
	$355.54	$1,282.21	$784.91	$292.14				$484.52	PMPM after expansion population costs
								$455,887,114	Year 9 Balance
								85.14%	Percentage of Cap
	$355.54	$1,282.21	$784.91	$292.14				$484.52	Year 9 Cost PMPM includes expansion 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	**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	987,098,527	377,217,275	787,277,674				2,606,181,353	Actual costs thru MMIS, DY 10 to-date
	17.44%	37.88%	14.47%	30.21%					Percent of costs:
	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 &
									Expansion population costs EID and PAC are included in Medically Needy
									Expansion population costs Family Planning are in Sobra
	3,811,964	8,279,655	3,162,793	6,603,178				$21,857,590	FQHC Cost Settlements (manual, not thru MMIS)
	6,560,513	14,249,554	5,443,270	11,364,283				37,617,620	GME Payments (manual, not thru MMIS)
	(8,809,714)	(19,134,860)	(7,309,436)	(15,260,404)				(50,514,414)	Pharmacy Rebates
	(3,564,708)	(7,742,612)	(2,957,645)	(6,174,876)				(20,439,841)	DSH in MCO Payments
	(38,187)	(171,087)	(29,027)	(151,039)					
	452,547,745	982,579,177	317,047,758	778,583,728				2,531,147,748	Net Projected Year 10 Spending before DY 10 expansion population increases and other additons

	$378.48	$1,359.49	$654.62	$311.98				$516.73	DY 10 cost PMPM before DY 10 increases to expansion population
								Other Additions:	
								2,531,147,748 Expansion Population Costs	Net Projected Year 10 Spending before DY 10 expansion population increases with other additons
					383,845			383,845	EID
						58,095,627		58,095,627	PAC, start 7/1/06
							5,075,088	5,075,088	Family Planning
	452,547,745	**982,579,177**	**317,047,758**	**778,583,728**	**383,845**	**58,095,627**	**5,075,088**	**$2,594,702,308**	Total charged against CAP
	0	0	0	0				$0	Total Funds, SCHIP Shortfall (Fully Funded in DY 10)
With Waiver Actual	**452,547,745**	**982,579,177**	**317,047,758**	**778,583,728**	**383,845**	**58,095,627**	**5,075,088**	**2,594,702,308**	**Year 10 Charged Against Cap**
								$529.71	Year 10 PMPM
								$408,541,212	Year 10 Balance
								86.40%	Percentage of Cap
	$378.48	$1,359.49	$654.62	$311.98				$529.71	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**				
	1,249,798	735,426	427,219	2,525,029								
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:	Eld, 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			$3,198,110,112	$647.72	Average CAP 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	Check	
	$10,722,510.00	$24,625,829.00	$8,488,812.00	$19,573,392.00								
	(7,194,063)	(15,977,561)	(5,625,433)	(12,811,174)				(41,608,231)		Pharmacy Rebates		**(41,608,231)**
	(5,026,722)	(11,164,034)	(3,930,670)	(8,951,578)				(29,073,004)		DSH in MCO Payments		
	6,039,996	13,414,451	4,723,004	10,756,014				34,933,465		FQHC Cost Settlements (Manual, not thru MMIS)		
	6,773,903	15,044,412	5,296,887	12,062,954				39,178,156		GME Payments (manual, not thru MMIS)		
	478,050,731	1,062,905,479	293,955,535	847,286,967				2,618,788,168		Net Actual & Projected Year 11 Spending before DY 11 increases to add-on's		
	382.50	1,445.29	688.07	335.56				530.39		DY 11 Cost PMPM before DY 11 increases to population expansion		
	$478,050,731	**$1,062,905,479**	**$293,955,535**	**$847,286,967**				**$2,618,788,168**	**Net Actual & ProjectedYear 11 Spending before DY 11 expansion population increases**			
								Expansion Population:				
					$716,244			$716,244		EID		
						$79,273,808		$79,273,808		PAC		
							4,769,352	4,769,352		Family Planning		
	0	0	0	0				0		Total Funds, SCHIP Shortfall (Fully Funded in DY 11)		
With Waiver Actual	**478,050,731**	**1,062,905,479**	**293,955,535**	**847,286,967**	**716,244**	**79,273,808**	**4,769,352**	**2,703,547,572**		**Year 11 Charged Against Cap**	2,766,958,115	
								$547.56		Year 11 PMPM		
								$494,562,540		Year 11 Balance		
								84.54%		Percentage of Cap		
	$382.50	$1,445.29	$688.07	$335.56				$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		**5,725,602**	Member Months excluding EID, PAC & FP
												973	**352,878**	**331,592**	**685,443**	Member Months for add-on population Items: PAC, EID, FAMILY PLANNING
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	825,668,365	305,687,841						3,027,749,120	Total Actual Year 12 Spending before adjustments below
	(2,501,894)	(4,503,409)	(1,000,758)	(4,503,409)	(2,501,894)	(2,301,743)	(200,152)	(2,501,894)	(24,518,562)	(5,504,167)						(50,037,881)	Pharmacy Rebates
	(2,976,852)	(3,484,751)	(1,244,352)	(773,135)	(2,054,169)	(149,548)	(2,404,055)	(4,588,021)	(7,694,669)	(2,847,056)						(28,216,609)	DSH in MCO Payments
	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						28,230,349	FQHC Cost Settlements (Manual, not thru MMIS)
	3,466,494	7,142,190	1,542,640	1,863,044	3,379,558	843,089	1,041,168	16,283,273	3,487,215	1,443,015						40,491,686	GME Payments (manual, not thru MMIS)
	22,276	26,076	9,311	5,785	15,371	1,119	17,989	34,332	57,579	21,304						211,143	UNIDENTIFIED
	2,459,997	4,388,794	976,360	4,459,249	197,356	2,314,546	180,026	2,453,908	24,103,328	5,415,815							
	322,560,402	380,765,876	135,170,562	84,899,890	221,648,576	16,994,126	258,855,828	508,615,060	828,801,671	307,065,195						3,018,427,808	Total Projected Year 12 Spending with other additions & before , PAC & FP
	$528.98	$313.70	$395.29	$195.75	$1,553.52	$226.37	$1,726.42	$254.65	$1,539.30	$1,377.17						527.18	DY 12 cost PMPM after other additions & before EID, PAC & FP
	$565.59	$335.41	$422.64	$209.30	$2,117.12	$1,061.26	$1,845.89	$272.27	$1,645.82	$1,472.47						$563.66	Year 12 cost PMPM trended forward to DY 13
												1,793.06	165.03	1.09			
												$1,917.14	$176.45	$1.17			
												1,744,647	58,234,769	362,697		60,342,113	Total Costs of add-on Population: 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%						
	$322,560,402	**$380,765,876**	**$135,170,562**	**$84,899,890**	**$221,648,576**	**$16,994,126**	**$258,855,828**	**$508,615,060**	**$828,801,671**	**$307,065,195**		**$1,744,647**	**$58,234,769**	**$362,697**		**$3,078,769,921**	Total charged against CAP
	0	0	0	0	0	0	0	0	0							0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**322,560,402**	**380,765,876**	**135,170,562**	**84,899,890**	**221,648,576**	**16,994,126**	**258,855,828**	**508,615,060**	**828,801,671**	**307,065,195**		**1,744,647**	**58,234,769**	**362,697**		**3,078,769,921**	**Year 12 Charged Against Cap**
																$537.72	Year 12 PMPM including add-on population Costs, excluding add on member months
																$664,586,842	Year 12 Balance
																82.25%	Percent of Cap
	$528.98	$313.70	$395.29	$195.75	$1,553.52	$226.37	$1,726.42	$254.65	$1,539.30	$1,377.17		$1,793.06	$165.03	$1.09		$537.72	Year 12 PMPM including add-on population Costs, excluding add on member months
																$574.93	Year 12 PMPM including add-on population Costs, trending forward to YEAR 13

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			**6,891,130**	Member Months excluding add-on population
																	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI,
												11	**476,415**	**193,850**	**0**	**670,276**	Premium Subsidy MHIP
	6.95%	6.95%	6.95%	6.95%	6.86%	6.86%	6.95%	6.95%	6.86%	6.86%							
Year 13 PMPM Cap	648.07	348.82	648.07	348.82	3,794.66	1,755.40	2,924.75	422.43	1,530.82	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	$4,656,532,872	
	458,778,817	479,610,109	332,991,522	213,077,888	243,464,641	519,536	217,815,528	426,501,806	861,538,285	313,020,335						3,547,318,467	Total Actual Year 13 Spending: excluding PAC, EID & adjustments below
	(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
	5,440,132	5,683,971	3,947,669	2,526,676	2,884,026	4,204	2,581,330	5,053,352	10,211,808	3,708,034						42,041,202	GME Payments (manual, not thru MMIS)
	(86,520)	(90,398)	(62,784)	(40,184)	(45,868)	(67)	(41,054)	(80,369)	(162,410)	(58,973)						(668,627)	Unidentified
	1,264,787	4,024,474	131,271	6,478,064	3,549,806	(51,908)	(1,714,779)	(915,010)	27,095,555	3,567,626							
	(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
	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						22,623,572	FQHC Cost Settlements (Manual, not thru MMIS)
	458,560,658	479,163,753	332,902,285	212,726,098	243,066,902	470,769	217,791,676	426,192,417	860,600,434	311,433,296						3,499,478,403	Total Projected Year 13 Spending with other additions & before add-on population costs
	$513.64	$294.07	$451.27	$204.19	$2,124.99	$162.95	$1,622.59	$276.31	$1,521.04	$1,355.73						$507.82	DY 13 cost PMPM after other additions & before add-on Population Costs
	$549.18	$314.42	$482.50	$218.32	$2,272.04	$174.23	$1,734.87	$295.43	$1,626.30	$1,449.55						$542.96	Year 13 cost PMPM trended forward to DY 14
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%						
												$32,483.82	$238.83	$1.17			
												$34,731.70	$255.35	$1.25			
												357,322	113,780,268	(825,401)	0	113,312,189	Total Costs of add-on population: 300% SSI, PAC, FAMILY PLAN
	$458,560,658	**$479,163,753**	**$332,902,285**	**$212,726,098**	**$243,066,902**	**$470,769**	**$217,791,676**	**$426,192,417**	**$860,600,434**	**$311,433,296**		**$357,322**	**$113,780,268**	**($825,401)**	**$0**	**$3,612,790,592**	Total charged against CAP
	0	0	0	0	0	0	0	0	0							0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**458,560,658**	**479,163,753**	**332,902,285**	**212,726,098**	**243,066,902**	**470,769**	**217,791,676**	**426,192,417**	**860,600,434**	**311,433,296**		**357,322**	**113,780,268**	**(825,401)**	**0**	**3,612,790,592**	**Year 13 Charged Against Cap**
																$1,043,742,280	Year 13 Balance

	$513.64	$294.07	$451.27	$204.19	$2,124.99	$162.95	$1,622.59	$276.31	$1,521.04	$1,355.73							77.59%	Percentage of Cap
																	$524.27	Year 13 PMPM including add-on population Costs, excluding expansion population member months
																	$560.55	Year 13 PMPM including add-on population Costs, trended forward DY 14

Demonstration Year 14 Projection	(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 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	1.0000		
DY 14 Projection, member months	**1,067,548**	**1,867,981**	**989,040**	**1,429,548**	**114,664**	**2,777**	**139,620**	**1,310,016**	**602,293**	**240,257**	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
												10	**624,225**	**124,254**	**0**	**0**	**748,489**	Subsidy MHIP
	6.95%	6.95%	6.95%	6.95%	6.86%	6.86%	6.95%	6.95%	6.86%	6.86%								
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	BN Negotiated PMPM (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	957,924,418	338,454,104							4,065,083,819	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)	(40,701)	(6,410,184)	(9,340,554)	(23,961,879)	(8,475,688)							(101,748,956)	Pharmacy Rebates
	6,329,548	5,627,709	5,086,166	3,171,272	2,573,410	17,329	2,729,374	3,977,087	10,202,659	3,608,839							43,323,393	GME Payments (manual, not thru MMIS)
	(7,360,313)	(6,544,180)	(5,914,447)	(3,687,713)	(2,992,489)	(20,152)	(3,173,852)	(4,624,755)	(11,864,160)	(4,196,537)							(50,378,598)	DSH in MCO Payments
	5,482,936	4,874,972	4,405,864	2,747,098	2,229,202	15,012	2,364,305	3,445,131	8,837,998	3,126,137							37,528,655	FQHC Cost Settlements (Manual, not thru MMIS)
	18,853	16,762	15,149	9,446	7,665	39	8,130	11,846	30,389	10,749							129,041	Unidentified
	11,070,971	14,762,850	7,949,429	3,978,949	1,524,228	(38,867)	7,260,316	4,784,887	13,400,292	210,251								
	594,744,887	533,515,233	476,717,302	296,437,839	238,881,360	1,024,642	258,824,902	371,386,910	954,569,717	332,737,855							4,058,840,647	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%	23.55%	8.33%	99.99%							
	0	0	0	0	0	0	0	0	0	0								
																	0	Pharmacy Waiver Program
	594,744,887	533,515,233	476,717,302	296,437,839	238,881,360	1,024,642	258,824,902	371,386,910	954,569,717	332,737,855							4,058,840,647	Total Projected Year 14 Spending with other additions & before add-on population costs
	$557.11	$285.61	$482.00	$207.36	$2,083.32	$368.97	$1,853.78	$283.50	$1,584.89	$1,384.92							522.79	DY 14 cost PMPM after other additions & before add-on Population Costs
	$595.66	$305.37	$515.35	$221.71	$2,227.49	$394.50	$1,982.06	$303.12	$1,694.56	$1,480.76							$558.97	Year 14 cost PMPM trended forward to DY 15
												$34,731.70	$257.22	$1.25	0.00	$0.00		
												$37,135.13	$275.02	$1.34	$0.00	$0.00		
												0	160,564.819	(3,392,903)	0	0	157,171,916	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$594,744,887	**$533,515,233**	**$476,717,302**	**$296,437,839**	**$238,881,360**	**$1,024,642**	**$258,824,902**	**$371,386,910**	**$954,569,717**	**$332,737,855**		**$0**	**$160,564,819**	**($3,392,903)**	**$0**	**$0**	**$4,216,012,563**	Total charged against CAP
	0	0	0	0	0	0	0	0	0								0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**594,744,887**	**533,515,233**	**476,717,302**	**296,437,839**	**238,881,360**	**1,024,642**	**258,824,902**	**371,386,910**	**954,569,717**	**332,737,855**		**0**	**160,564,819**	**(3,392,903)**	**0**	**0**	**4,216,012,563**	**Year 14 Charged Against Cap**
																	$1,279,806,568	Year 14 Balance
																	76.71%	Percentage of Cap
	$557.11	$285.61	$482.00	$207.36	$2,083.32	$368.97	$1,853.78	$283.50	$1,584.89	$1,384.92		$0.00	$257.22	($27.31)	$0.00	$0.00	$543.04	Year 14 PMPM including add-on population Costs, excluding add on member months
																	$580.62	Year 14 PMPM including add-on population Costs, trended forward DY 15

Demonstration Year 15 Projection	(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	1.0000		
DY 15 Projection, member months	**1,118,853**	**1,928,723**	**1,186,502**	**1,673,971**	**84,910**	**2,380**	**137,666**	**1,200,232**	**616,108**	**239,280**	Member Months:	Eld, PAC & FP	Not counted in CAP				**8,188,625**	Member Months excluding add-on population
																		Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium
												30	**745,683**	**133,295**	**0**	**0**	**879,008**	Subsidy MHIP
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%								

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	$5,926,280,982	
	653,343,351	552,260,949	553,056,829	343,852,492	167,995,702	4,963,757	243,473,131	339,872,943	1,015,871,374	343,622,735							4,218,313,263	Total Projected Year 15 Spending: excluding add-on population
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%								
	7,072,475	5,978,253	5,986,868	3,722,221	1,818,562	53,733	2,635,609	3,679,142	10,996,859	3,719,733							45,663,454	GME Payments (manual, not thru MMIS)
	(18,624,927)	(15,743,360)	(15,766,049)	(9,802,239)	(4,789,071)	(141,502)	(6,940,714)	(9,688,793)	(28,959,551)	(9,795,689)							(120,251,896)	Pharmacy Rebates
	294,029	248,538	248,896	154,747	75,604	2,234	109,572	152,956	457,180	154,643							1,898,400	Pharmacy Waiver Program
	(7,802,769)	(6,595,559)	(6,605,064)	(4,106,572)	(2,006,344)	(59,281)	(2,907,758)	(4,059,045)	(12,132,379)	(4,103,828)							(50,378,598)	DSH in MCO Payments
	4,446,514	3,758,569	3,763,985	2,340,186	1,143,342	33,782	1,657,026	2,313,102	6,913,801	2,338,622							28,708,929	FQHC Cost Settlements (Manual, not thru MMIS)
	(1,739,298)	(1,470,201)	(1,472,320)	(915,387)	(447,230)	(13,214)	(648,162)	(904,793)	(2,704,401)	(914,775)							(11,229,780)	Unidentified
	9,246,512	9,054,936	9,328,321	5,812,357	1,150,666	(4,063,351)	12,035,236	6,160,146	19,858,701	7,116,273								
	646,235,887	547,492,124	548,541,468	341,057,805	164,941,232	776,157	249,413,940	337,525,657	1,010,301,584	342,137,715							4,112,723,772	Total Projected Year 15 Spending with other additions & before add-on population costs
	$577.59	$283.86	$462.32	$203.74	$1,942.54	$326.12	$1,811.73	$281.22	$1,639.81	$1,429.86							502.25	DY 15 cost PMPM after other additions & before add-on Population Costs
	$617.56	$303.50	$494.31	$217.84	$2,076.96	$348.69	$1,937.10	$300.68	$1,753.28	$1,528.81							$537.01	Year 15 cost PMPM trended forward to DY 16
												$37,135.13	$275.02	$1.34	$0.00	$0.00		
												$39,704.88	$294.05	$1.43	$0.00	$0.00		
												0	199,021,986	(2,950,077)	0	0	196,071,909	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$646,235,887	**$547,492,124**	**$548,541,468**	**$341,057,805**	**$164,941,232**	**$776,157**	**$249,413,940**	**$337,525,657**	**$1,010,301,584**	**$342,137,715**		**$0**	**$199,021,986**	**($2,950,077)**	**$0**	**$0**	**$4,308,795,681**	Total charged against CAP
	0	0	0	0	0	0	0	0	0		4,188,423,569						0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**646,235,887**	**547,492,124**	**548,541,468**	**341,057,805**	**164,941,232**	**776,157**	**249,413,940**	**337,525,657**	**1,010,301,584**	**342,137,715**		**0**	**199,021,986**	**(2,950,077)**	**0**	**0**	**4,308,795,681**	**Year 15 Charged Against Cap**
															4,384,495,478		$1,617,485,301	Year 15 Balance
																	72.71%	Percentage of Cap
	$577.59	$283.86	$462.32	$203.74	$1,942.54	$326.12	$1,811.73	$281.22	$1,639.81	$1,429.86		$0.00	$266.90	($22.13)	#DIV/0!	$0.00	$526.19	Year 15 PMPM including add-on population Costs, excluding add on member months
																	$562.60	Year 15 PMPM including add-on population Costs, 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								
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
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		
DY 16 Projection, member months	**1,332,454**	**2,218,031**	**1,442,038**	**1,929,841**	**76,479**	**2,662**	**113,510**	**973,882**	**663,229**	**248,616**	Member Months:	Eld, PAC & FP	Not counted in CAP				**9,000,742**	Member Months excluding add-on population
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		**30**	**882,818**	**178,649**	**0**	**0**	**1,061,497**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
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	BN Negotiated PMPM (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	$0	$6,695,431,523	
	623,332,808	557,020,775	589,423,808	376,388,077	123,441,559	1,244,714	224,392,654	343,478,163	988,421,032	339,609,752							4,166,753,342	Total Projected Year 16 Spending: excluding add-on population
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%								
	7,060,387	6,309,281	6,676,305	4,263,285	1,398,202	14,099	2,541,658	3,890,520	11,195,680	3,846,703							$47,196,119	GME Payments (manual, not thru MMIS)
	(13,791,922)	(12,324,696)	(13,041,648)	(8,327,999)	(2,731,280)	(27,541)	(4,964,934)	(7,599,831)	(21,869,899)	(7,514,238)							(92,193,988)	Pharmacy Rebates
	283,994	253,782	268,545	171,485	56,241	567	102,235	156,491	450,331	154,728							1,898,400	Pharmacy Waiver Program
	(12,790,370)	(11,429,692)	(12,094,580)	(7,723,230)	(2,532,938)	(25,541)	(4,604,386)	(7,047,941)	(20,281,735)	(6,968,564)							(85,498,976)	DSH in MCO Payments
	4,345,758	3,883,443	4,109,351	2,624,106	860,611	8,678	1,564,423	2,394,665	6,891,084	2,367,695							29,049,814	FQHC Cost Settlements (Manual, not thru MMIS)
	18,465	16,501	17,461	11,150	3,657	37	6,647	10,175	29,281	10,061							123,435	Unidentified
	15,253,802	13,531,959	14,149,203	9,191,947	4,016,123	(259,110)	5,654,090	8,175,601	29,452,823	8,220,294								
	623,712,923	557,261,355	589,508,445	376,598,821	124,512,175	955,903	224,692,387	343,457,842	994,288,596	339,726,431							4,067,328,146	Total Projected Year 16 Spending with other additions & before add-on population costs
	$468.09	$251.24	$408.80	$195.14	$1,628.06	$359.09	$1,979.49	$352.67	$1,499.16	$1,366.47							451.89	DY 15 cost PMPM after other additions & before add-on Population Costs

	$500.48	$268.63	$437.09	$208.64	$1,740.72	$383.94	$2,116.47	$377.07	$1,602.90	$1,461.03		$39,704.88	$294.05	$1.43	$0.00	$0.00	Year 16 cost PMPM $483.16 trended forward to DY 17
												$42,452.46	$314.40	$1.53	$0.00	$0.00	
												0	236,621,511	(2,171,112)	0	0	Total Costs of Expansion Population Items: MHIP, 234,450,399 PAC, FAMILY PLAN, etc
	$623,712,923	**$557,261,355**	**$589,508,445**	**$376,598,821**	**$124,512,175**	**$955,903**	**$224,692,387**	**$343,457,842**	**$994,288,596**	**$339,726,431**		**$0**	**$236,621,511**	**($2,171,112)**	**$0**	**$0**	**$4,301,778,545** Total charged against CAP
	0	0	0	0	0	0	0	0	0								Total Funds, SCHIP Shortfall 0 (Fully Funded in DY 12)
With Waiver Actual	**623,712,923** 623,712,001	**557,261,355** 557,260,510	**589,508,445** 589,507,551	**376,598,821** 376,598,250	**124,512,175** 124,521,178	**955,903** 955,903	**224,692,387** 224,692,386	**343,457,842** 343,457,842	**994,288,596** 994,288,596	**339,726,431** 339,726,431		**0**	**236,621,511**	**(2,171,112)**	**0**	**0**	**4,301,778,545 Year 16 Charged Against Cap** $2,393,652,978 Year 16 Balance
																	64.25% Percentage of Cap
	$468.09	$251.24	$408.80	$195.14	$1,628.06	$359.09	$1,979.49	$352.67	$1,499.16	$1,366.47		$0.00	$268.03	($12.15)	#DIV/0!	$0.00	$477.94 Year 16 PMPM including add-on population Costs, excluding add on member months
																	$511.01 Year 16 PMPM including add-on population Costs, 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		ICS	PAC	FAMILY PLAN	Childless Adults	Pharmacy Discount Prog	Total	
.	Adult 703,265	CHILD 1,129,191	ADULT 612,801	CHILD 861,754	Adult 36,606	Child 680	Adult 70,833	Child 599,553	Adult 344,319	Child 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		
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				**4,483,452**	Member Months excluding add-on population
																		Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium
	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**	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	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							$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							1,898,400	GME Payments (manual, not thru MMIS) Pharmacy Rebates
	1,334,012	1,943,673	700,404	644,638	1,404,750	(407,140)	(193,898)	(99,605)	37,426,153	87,640,822								Pharmacy Waiver Program DSH in MCO Payments FQHC Cost Settlements (Manual, not thru MMIS)
	$364,463,635	$324,258,176	$355,200,965	$234,462,039	$134,300,813	$420,527	$240,396,434	$193,787,037	$1,088,212,187	$365,413,150							3,170,521,152	Total Projected Year 17 Spending with other additions & before add-on population costs
	$518.25	$287.16	$579.64	$272.08	$3,668.82	$618.42	$3,393.85	$323.22	$3,160.48	$2,936.22							707.16	DY 16 cost PMPM after other additions & before add-on Population Costs
												12	142,097,984	(442,700)	0	0	141,655,296	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$364,463,635	**$324,258,176**	**$355,200,965**	**$234,462,039**	**$67,150,406.32**	**$210,263.29**	**$120,198,217.15**	**$193,787,037**	**$544,106,093.43**	**$182,706,574.80**		**$12**	**$141,582,546**	**($442,700)**	**$0**	**$0**	**$3,312,176,448**	Total charged against CAP
	0	0	0	0	0	0	0	0	0									Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**364,463,635** 364,463,635	**324,258,176** 324,258,176	**355,200,965** 355,200,965	**234,462,039** 234,462,039	**67,150,406** 134,300,813	**210,263**	**120,198,217**	**193,787,037** 193,787,037	**544,106,093** 1,088,212,187	**182,706,575** 365,413,150		**12**	**141,582,546**	**(442,700)**	**0**	**0**	**3,312,176,448** $246,968,080	**Year 17 Charged Against Cap** Year 17 Balance
																	93.06%	Percentage of Cap
	$518.25	$287.16	$579.64	$272.08	$1,834.41	$309.21	$1,696.92	$323.22	$1,580.24	$1,468.11		$0.40	$274.58	($5.22)	#DIV/0!	$0.00	$738.76	Year 17 PMPM including add-on population Costs, excluding add on member months
																	$789.88	Year 17 PMPM including add-on population Costs, trended forward DY 18

Demonstration Year 17 Projection (6 Months) January1-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 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 only)	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-onpopulation:
	$776.69	$443.17	$256.86	$4,125.84	$2,250.41	$4,009.19	$0.00	$3,225.29	$2,377.02					$676.68	Year 17 cost PMPM trended forward to DY 18
	20.83%	16.14%	18.09%	3.51%	0.02%	6.35%	0.00%	27.73%	7.33%						Percent of costs before expansion population:
	9,888,670	7,662,287	8,587,258	1,665,184	10,371	3,014,591	0	13,166,321	3,480,480					$47,475,162	GME Payments (manual, not thru MMIS)
	(16,544,597)	(12,819,666)	(14,367,221)	(2,785,996)	(17,351)	(5,043,669)	0	(22,028,388)	(5,823,142)					(79,430,031)	Pharmacy Rebates
	(11,183,667)	(8,665,722)	(9,711,825)	(1,883,253)	(11,729)	(3,409,374)	0	(14,890,551)	(3,936,275)					(53,692,396)	DSH in MCO Payments
	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					26,906,602	FQHC Cost Settlements (Manual, not thru MMIS)
	(526,083,620)	32,287,301	2,475,963	1,933,991	(403,844)	764,220	0	40,620,766	85,237,013					1,000,000	Presumptive Eligibility
	0	0	0	0	0	0	0	990,000	3,510,000					4,500,000	REM Case Management
	9,564,838	7,411,364	8,306,044	1,610,653	10,031	2,915,869	0	12,735,153	3,366,502					45,920,453	Unidentified
	259,974,713	641,368,652	685,083,967	134,300,813	420,527	240,396,434	0	1,088,212,187	365,413,150					3,779,338,652	Total Projected Year 17 Spending with other additions & before add-on population costs
	$239.44	$434.98	$240.29	$3,901.94	$1,070.04	$3,748.93		$3,125.86	$2,926.37					631.66	DY 16 cost PMPM after other additions & before add-on Population Costs
											$ 0.14	$ 30.94	($5.22)		
											$0.15	$33.08	($5.58)		
											12	72,838	(442,700)	(369,850)	Total Costs of Expansion Population Items: FAMILY PLAN, & ICS
	$ 259,974,713	**$ 641,368,652**	**$ 685,083,967**	**$ 67,150,407**	**$ 210,263**	**$ 120,198,217**	**$ -**	**$ 544,106,093**	**$ 182,706,575**		**$12**	**$72,838**	**($442,700)**	**$3,778,968,802**	Total charged against CAP
	0	0	0	0	0	0	0	0	0						Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**259,974,713**	**641,368,652**	**685,083,967**	**67,150,407**	**210,263**	**120,198,217**	**0**	**544,106,093**	**182,706,575**		**12**	**72,838**	**(442,700)**	**3,778,968,802**	**Year 17 Charged Against Cap**
	259,974,713	641,368,652	685,083,967	134,300,813		240,396,434								$838,531,418	Year 17 Balance
														81.84%	Percentage of Cap
	$239.44	$434.98	$240.29	$1,950.97	$535.02	$1,874.47	$0.00	$1,562.93	$1,463.19		$0.14	$30.94	($5.86)	$631.60	Year 17 PMPM including add-on population Costs, excluding add on member months
									365,413,150					$675.31	Year 17 PMPM including add-on population Costs, trended forward DY 18
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			**12,469,819**	Member Months excluding add-on population
											201	**3,313**	**173,846**	**177,360**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
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	
	$660.61	$493.34	$272.22	$1,767.30	$691.85	$1,903.66	$1,130.10	$1,636.33	$1,525.47					$482.56	Actual DY 18 PMPM costs before DY 18 increases to add-onpopulation:
	$706.32	$527.48	$291.06	$1,889.60	$739.73	$2,035.39	$1,208.31	$1,749.57	$1,631.03					$515.95	Year 18 cost PMPM trended forward to DY 19
	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					6,017,402,721	Total Projected Year 18 Spending: excluding add-on population

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	1,245,971	0	0	0				1,245,971	Presumptive Eligibility
	0	0	0	0	0	0	0	1,980,000	7,020,000				9,000,000	REM Case Management
	27,441,340	16,124,296	23,178,057	1,998,758	12,448	3,618,480	510	13,408,938	4,773,176				90,556,003	Unidentified
	14,676,760	8,623,938	12,396,580	1,069,018	6,658	1,935,312	273	7,171,653	2,552,891				$48,433,082	GME Payments (manual, not thru MMIS)
	(33,587,867)	(19,735,942)	(28,369,660)	(2,446,455)	(15,236)	(4,428,976)	(624)	(16,412,377)	(5,842,309)				(110,839,446)	Pharmacy Rebates
	(15,116,562)	(8,882,362)	(12,768,055)	(1,101,052)	(6,857)	(1,993,306)	(281)	(7,386,558)	(2,629,391)				(49,884,423)	DSH in MCO Payments
														FQHC Cost Settlements
	7,130,497	4,189,819	6,022,704	519,367	3,235	940,244	133	3,484,246	1,240,286				23,530,531	(Manual, not thru MMIS)
	11,814,480	345,580,401	3,209,430	485,133	10,413	(19,488,256)	0	258,871,089	65,452,483					Voucher Carryover
	0	0	0	0	0	0	0	0	0					MA Carryover
	1,835,822,470	1,417,351,833	1,543,839,750	133,341,258	837,831	222,275,745	33,903	1,152,134,462	389,742,359				6,029,444,439	Total Actual Year 18 Spending with other additions & before add-on population costs
	$660.61	$493.34	$272.22	$1,767.30	$691.85	$1,914.39	$1,130.10	$1,639.15	$1,553.45				483.52	DY 18 cost PMPM after other additions & before add-on Population Costs
					837,831	222,275,745		1,152,134,462	389,742,359					
											$0.14	$1,475.49	($5.22)	
											$0.15	$1,577.59	($5.58)	
											29	4,888,291	(907,476)	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$1,835,822,470	**$1,417,351,833**	**$1,543,839,750**	**$133,341,258**	**$837,831**	**$222,275,745**	**$33,903**	**$1,152,134,462**	**$389,742,359**		**$29**	**$4,888,291**	**$0**	**$6,033,425,283** Total charged against CAP
	0	0	0	0	0	0	0	0	0				0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**1,835,822,470**	**1,417,351,833**	**1,543,839,750**	**133,341,258**	**837,831**	**222,275,745**	**33,903**	**1,152,134,462**	**389,742,359**		**29**	**4,888,291**	**0**	**6,033,425,283 Year 18 Charged Against Cap**
	1,835,822,470	1,417,351,833	1,543,839,750	133,341,258									$4,038,156,399	Year 18 Balance
													59.91%	Percentage of Cap
	$660.61	$493.34	$272.22	$1,767.30	$691.85	$1,914.39	$1,130.10	$1,639.15	$1,553.45		$0.14	$1,475.49	$0.00	Year 18 PMPM including add-on population Costs, excluding add on member months
													$517.32	Year 18 PMPM including add-on population Costs, trended forward DY 19

Demonstration Year 19 Actual (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 actual; base for trending to DY20	2,668,138	2,255,106	4,657,991	25,124	1,501	98,917	7	645,946	238,311		201	3,840	173,846		
Projection Adjustment factor)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.1000	1.1000	1.1000		
DY 19 Actual member months	**2,668,138**	**2,255,106**	**4,657,991**	**25,124**	**1,501**	**98,917**	**7**	**645,946**	**238,311**	Member Months:				**10,591,041**	Member Months excluding add-on population
											221	**4,224**	**191,231**		Member Months for age-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium
														195,676	Subsidy MHIP
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	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00		
Budget Cap	$2,313,115,558	$2,008,171,893	$2,263,830,206	$129,647,126	$3,542,420	$379,688,948	$6,923	$1,313,880,002	$439,307,264	Estimated without Waiver Expenditures	$0	$0	$0	$8,851,190,340	
	$853.11	$565.27	$301.75	$1,890.98	$1,731.39	$1,616.85	$852.20	$1,804.68	$1,700.14					$636.15	Projected DY 19 PMPM costs before DY 19 increases to add-onpopulation:
	$912.14	$604.39	$322.63	$2,021.84	$1,851.21	$1,728.74	$911.17	$1,929.56	$1,817.79					$680.17	Year 19 cost PMPM trended forward to DY 20
	2,276,211,954	1,274,741,257	1,405,560,970	47,509,097	2,598,821	159,934,337	0	1,165,724,136	405,162,292					6,737,442,864	Total Projected Year 19 Spending: excluding add-on population
Percent of costs before expansion population:	33.78%	18.92%	20.86%	0.71%	0.04%	2.37%	0.00%	17.30%	6.01%						
	0	0	0	0	0	0	0	0	0						Presumptive Eligibility
	0	0	0	0	0	0	0	0	0						REM Case Management
	0	0	0	0	0	0	0	0	0						
	2,276,211,954	1,274,741,257	1,405,560,970	47,509,097	2,598,821	159,934,337	0	1,165,724,136	405,162,292					6,737,442,864	Total Projected Year 19 Spending with other additions & before add-on population costs
	$853.11	$565.27	$301.75	$1,890.98	$1,731.39	$1,616.85	$0.00	$1,804.68	$1,700.14					636.15	DY 19 cost PMPM after other additions & before add-on Population Costs
											$0.14	$914.46	($5.22)		
											$0.15	$977.74	($5.58)		
											0	3,862,685	0	3,862,685	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$2,276,211,954	**$1,274,741,257**	**$1,405,560,970**	**$47,509,097**	**$2,598,821**	**$159,934,337**	**$0**	**$1,165,724,136**	**$405,162,292**		**$0**	**$3,862,685**	**$0**	**$6,741,305,549**	Total charged against CAP
	0	0	0	0	0	0	0	0	0					0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**2,276,211,954**	**1,274,741,257**	**1,405,560,970**	**47,509,097**	**2,598,821**	**159,934,337**	**0**	**1,165,724,136**	**405,162,292**		**0**	**3,862,685**	**0**	**6,741,305,549**	**Year 19 Charged Against Cap**
														$2,109,884,791	Year 19 Balance

	2,276,211,954													76.16%	Percentage of Cap
	$853.11	$565.27	$301.75	$1,890.98	$1,731.39	$1,616.85	$0.00	$1,804.68	$1,700.14		$0.00		$0.00	$636.51	Year 19 PMPM including add-on population Costs, excluding add on member months
														$680.56	Year 19 PMPM including add-on population Costs, trended forward DY 20
Demonstration Year 20 Actual (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	3,777,522	2,690,367	5,732,782	13,161	2,394	124,435	35	774,977	286,196		329	1,997	124,820		
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 Actual member months	**1,888,761**	**1,345,184**	**2,866,391**	**6,581**	**1,197**	**62,218**	**18**	**387,489**	**143,098**	Member Months:				**6,700,937**	Member Months excluding add-on population
											165	**999**	**62,410**	**63,573**	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%						
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	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00		
Budget Cap	$1,714,390,584	$1,256,576,730	$1,455,782,661	$35,454,085	$2,949,264	$263,802,453	$0	$859,051,488	$287,513,933	Estimated without Waiver Expenditures	$0	$0	$0	$5,875,521,198	
	$726.40	$520.78	$266.07	$1,414.91	$1,446.41	$1,422.75	$129.86	$1,606.64	$1,493.81					$1,125.54	Projected DY 20 PMPM costs before DY 20 increases to add-onpopulation:
	$776.66	$556.82	$284.48	$1,512.82	$1,546.50	$1,521.21	$138.85	$1,717.82	$1,597.19					$1,203.43	Year 20 cost PMPM trended forward to DY 21
	2,743,983,016	1,401,085,690	1,525,324,763	18,623,034	3,462,709	177,041,734	4,675	1,245,108,515	427,523,565					7,542,157,701	Total Projected Year 20 Spending: excluding add-on population
Percent of costs before expansion population:	36.38%	18.58%	20.22%	0.25%	0.05%	2.35%	0.00%	16.51%	5.67%						
	0	0	0	0	0	0	0	0	0					0	
	0	0	0	0	0	0	0	0	0					0	
	0	0	0	0	0	0	0	0	0					0	
	0	0	0	0	0	0	0	0	0					0	
	2,743,983,016	1,401,085,690	1,525,324,763	18,623,034	3,462,709	177,041,734	4,675	1,245,108,515	427,523,565					7,542,157,701	Total Projected Year 20 Spending with other additions & before add-on population costs
	$1,452.80	$1,041.56	$532.14	$2,829.82	$2,892.82	$2,845.51	$259.72	$3,213.27	$2,987.63					1,125.54	DY 20 cost PMPM after other additions & before add-on Population Costs
											$0.14	$584.84	($5.22)		1
											$0.15	$625.32	($5.58)		
											0	583,968	0	583,968	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$1,371,991,508	**$700,542,845**	**$762,662,382**	**$9,311,517**	**$1,731,355**	**$88,520,867**	**$2,338**	**$622,554,258**	**$213,761,783**		**$0**	**$583,968**	**$0**	**$7,542,741,669**	Total charged against CAP
	0	0	0	0	0	0	0	0	0					0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**1,371,991,508**	**700,542,845**	**762,662,382**	**9,311,517**	**1,731,355**	**88,520,867**	**2,338**	**622,554,258**	**213,761,783**		**0**	**583,968**	**0**	**7,542,741,669**	**Year 20 Charged Against Cap**
														($1,667,220,471)	Year 20 Balance
														128.38%	Percentage of Cap
	$726.40	$520.78	$266.07	$1,414.91	$1,446.41	$1,422.75	$129.86	$1,606.64	$1,493.81		$0.00	$584.84	$0.00	$1,125.62	Year 20 PMPM including add-on population Costs, excluding add on member months
														$1,203.51	Year 20 PMPM including add-on population Costs, trended forward DY 20