

**Social Services Estimating Conference
Medicaid Caseloads and Expenditures
November 16 and November 29, 2012
Executive Summary**

The Social Services Estimating Conference convened on November 16, 2012 to adopt a revised Medicaid caseload projection and reconvened on November 29, 2012 to update the expenditure projections for fiscal years 2012-13 and 2013-14.

Caseload Estimating Conference—The Conference adopted a caseload projection for fiscal year 2012-13 that was 29,325 (+0.9%) greater than the one adopted last June, and increased the projection for fiscal year 2013-14 by 62,479 (+1.8%). In general, higher cost groups incorporating the elderly and disabled had modest revisions. However, the TANF category had significant upward revisions, particularly among those only receiving medical assistance. These individuals are in families with incomes too high to be eligible for financial assistance under TANF, but still below the Medicaid eligibility income standard. Overall, the new forecast anticipates a 5.4% increase in caseload growth in fiscal year 2013-14 from the current fiscal year. The table below summarizes the revisions to the forecast from the one adopted last summer.

Caseload Changes...	FY2012-13			FY2013-14		
	NEW	change	% chg	NEW	change	% chg
SSI	636,789	2,252	0.4%	656,268	1,091	0.2%
MEDS Elderly & Disabled	43,191	(2,680)	-5.8%	45,673	(5,526)	-10.8%
Medically Needy	55,195	1,462	2.7%	62,280	2,403	4.0%
TANF	1,037,523	33,254	3.3%	1,113,356	71,927	6.9%
Categorically Eligible	262,089	(5,904)	-2.2%	274,165	(5,429)	-1.9%
MEDS Pregnant Women <100% FPL	72,314	505	0.7%	74,870	745	1.0%
MEDS Pregnant Women >100% FPL	17,444	184	1.1%	18,276	332	1.8%
MEDS Children <100% FPL	716,485	1,844	0.3%	739,593	(789)	-0.1%
MEDS Children > 100% FPL	75,820	(110)	-0.1%	78,440	(335)	-0.4%
Children Title XXI	736	(3)	-0.5%	736	(3)	-0.4%
Qualified Medicare Beneficiaries	356,931	(3,138)	-0.9%	389,938	(4,980)	-1.3%
Family Planning Waiver	60,104	104	0.2%	60,000	-	0.0%
General Assistance	11,789	1,554	15.2%	13,997	3,042	27.8%
TOTAL	3,346,409	29,325	0.9%	3,527,589	62,479	1.8%

Expenditure Estimating Conference—With regard to expenditures, the Conference revised the total estimate of expenditures for fiscal year 2012-13 downward by \$212.3 million from the previous forecast, to \$20,776.2 million. The new forecast is lower than the appropriation by \$400.3 million. The reduction to the estimate is largely based on reductions in utilization of services, length of stay, and unit cost for Hospital Inpatient Services. Overall, the new forecast anticipates a surplus in General Revenue for the current year of \$156.1 million.

For fiscal year 2013-14, program expenditures are expected to increase to \$22,158.5 million (+6.7% over the revised fiscal year 2012-13 estimate); however, this level is lower than expected in August. The revised General Revenue requirement for next year is \$183.8 million above the current year recurring appropriation base, for a percentage increase of 3.7%.

Expenditure Forecast...	FY 2012-13 <u>Forecast</u>	Surplus/ <u>(Deficit)</u>	FY 2013-14 <u>Forecast</u>	Comparison to <u>Appropriation Base</u>
TOTAL	20776.2	400.3	22158.5	(1112.3)
General Revenue	4807.0	156.1	5104.2	(183.8)
Medical Care TF	11350.5	231.9	12292.9	(785.5)
Refugee Assistance TF	32.6	(4.9)	40.0	(12.5)
Public Medical Assistance TF	561.4	0.0	606.5	(45.1)
Other State Funds	711.5	(0.8)	697.4	13.3
Grants and Donations TF	2431.1	17.9	2487.9	(51.2)
Health Care Trust Fund	823.3	0.0	870.9	(47.6)
Tobacco Settlement TF	58.7	0.0	58.7	0.0

Federal Medical Assistance Percentage—Based on new population and income data for Florida, the Conference made small increases to the expected Federal Medical Assistance Percentage levels. The new percentages are as follows: FY 2013-14 at 58.67%, FY 2014-15 at 58.83%, and FY 2015-16 at 59.07%.

SOCIAL SERVICES ESTIMATING CONFERENCE - MEDICAID SERVICES EXPENDITURES (\$ Millions)
November 29, 2012

FY 2012-13
APPROPRIATION COMPARED TO NEW FORECAST

	Appropriation	New Forecast	Surplus/ (Deficit)
Physician Services	1261.9	1172.0	89.8
Hospital Inpatient Services	3697.4	3219.6	477.8
Hospital Disproportionate Share	342.3	342.3	0.0
Low Income Pool	1000.3	1000.3	(0.0)
Hospital Insurance Benefits	160.0	153.5	6.5
Nursing Home Care	2770.2	2858.7	(88.4)
Prescribed Medicine Services	1967.1	1935.8	31.3
Hospital Outpatient Services	1080.5	1022.9	57.7
Other Lab & X-ray Services	107.9	114.7	(6.8)
Family Planning Services	23.4	18.9	4.5
Clinic Services	130.7	111.8	18.9
Dev Eval/Early Intervention-Part H	8.8	10.1	(1.3)
Supplemental Medical Services	1272.0	1225.6	46.4
State Mental Health Hospital	11.1	9.5	1.6
Home Health Services	187.4	171.0	16.3
EPSDT	273.5	259.8	13.7
Adult Dental	33.2	32.6	0.6
Adult Visual & Hearing	18.3	17.1	1.2
Patient Transportation	143.2	136.1	7.1
Inter. Care Facilities/Sunland	90.6	88.0	2.7
Inter. Care Facilities/Community	253.8	242.6	11.1
Rural Health Clinics	125.7	138.5	(12.8)
Birthing Center Services	1.6	1.4	0.1
Nurse Practitioner Services	7.2	6.3	0.9
Hospice	321.6	314.8	6.9
Community Mental Health Services	69.0	76.3	(7.3)
Physician Assistant Services	11.4	12.1	(0.7)
Home & Community Based Services	1082.3	1082.3	0.0
Community Supported Living Waiver	0.0	0.0	0.0
ACLF Resident Waiver	37.3	37.3	0.0
Dialysis Center	19.1	15.7	3.4
Assistive Care Services Waiver	26.2	26.2	0.0
Healthy Start Waiver	23.6	23.6	0.0
Nursing Home Diversion Waiver	385.6	385.6	0.0
Prepaid Health Plan	3605.4	3858.1	(252.6)
Case Management Services	104.6	94.6	10.1
Therapeutic Services for Children	73.6	139.0	(65.4)
Personal Care Services	39.0	46.8	(7.8)
Physical Therapy Services	8.9	9.0	(0.1)
Occupational Therapy Services	34.6	34.5	0.1
Speech Therapy	54.2	52.6	1.6
Respiratory Therapy Services	20.2	18.6	1.6
Private Duty Nursing Services	171.7	148.7	22.9
MediPass Services	22.4	21.4	0.9
Medicaid School Financing	97.6	89.7	7.9
TOTAL	21176.5	20776.2	400.3
General Revenue	4963.1	4807.0	156.1
Medical Care Trust Fund	11582.5	11350.5	231.9
Refugee Assistance Trust Fund	27.8	32.6	(4.9)
Public Medical Assistance Trust Fund	561.4	561.4	0.0
Other State Funds	710.7	711.5	(0.8)
Grants and Donations Trust Fund	2449.0	2431.1	17.9
Health Care Trust Fund	823.3	823.3	0.0
Tobacco Settlement Trust Fund	58.7	58.7	0.0

SOCIAL SERVICES ESTIMATING CONFERENCE - MEDICAID SERVICES EXPENDITURES (\$ Millions)
November 29, 2012

FY 2012-13
OLD FORECAST COMPARED TO NEW FORECAST

	Old Forecast	New Forecast	Difference
Physician Services	1170.5	1172.0	1.5
Hospital Inpatient Services	3461.6	3219.6	(242.0)
Hospital Disproportionate Share	342.3	342.3	0.0
Low Income Pool	1000.3	1000.3	0.0
Hospital Insurance Benefits	152.4	153.5	1.1
Nursing Home Care	2768.7	2858.7	90.0
Prescribed Medicine Services	2055.0	1935.8	(119.3)
Hospital Outpatient Services	1040.4	1022.9	(17.5)
Other Lab & X-ray Services	105.9	114.7	8.8
Family Planning Services	20.0	18.9	(1.1)
Clinic Services	119.4	111.8	(7.6)
Dev Eval/Early Intervention-Part H	8.8	10.1	1.3
Supplemental Medical Services	1251.5	1225.6	(25.9)
State Mental Health Hospital	9.8	9.5	(0.3)
Home Health Services	167.8	171.0	3.2
EPSDT	276.3	259.8	(16.5)
Adult Dental	32.5	32.6	0.2
Adult Visual & Hearing	17.6	17.1	(0.5)
Patient Transportation	136.3	136.1	(0.2)
Inter. Care Facilities/Sunland	90.6	88.0	(2.7)
Inter. Care Facilities/Community	253.8	242.6	(11.1)
Rural Health Clinics	141.4	138.5	(2.9)
Birthing Center Services	1.5	1.4	(0.0)
Nurse Practitioner Services	6.4	6.3	(0.1)
Hospice	334.4	314.8	(19.7)
Community Mental Health Services	75.8	76.3	0.4
Physician Assistant Services	12.6	12.1	(0.4)
Home & Community Based Services	1082.3	1082.3	0.0
Community Supported Living Waiver	0.0	0.0	0.0
ACLF Resident Waiver	37.3	37.3	0.0
Dialysis Center	19.2	15.7	(3.5)
Assistive Care Services Waiver	26.2	26.2	0.0
Healthy Start Waiver	23.6	23.6	0.0
Nursing Home Diversion Waiver	385.6	385.6	0.0
Prepaid Health Plan	3699.6	3858.1	158.5
Case Management Services	93.3	94.6	1.3
Therapeutic Services for Children	135.2	139.0	3.8
Personal Care Services	37.9	46.8	8.9
Physical Therapy Services	8.9	9.0	0.1
Occupational Therapy Services	34.3	34.5	0.3
Speech Therapy	52.4	52.6	0.2
Respiratory Therapy Services	19.1	18.6	(0.5)
Private Duty Nursing Services	161.1	148.7	(12.4)
MediPass Services	21.3	21.4	0.1
Medicaid School Financing	97.6	89.7	(7.9)
TOTAL	20988.5	20776.2	(212.3)
General Revenue	4868.0	4807.0	(61.1)
Medical Care Trust Fund	11438.8	11350.5	(88.3)
Refugee Assistance Trust Fund	31.1	32.6	1.5
Public Medical Assistance Trust Fund	561.4	561.4	0.0
Other State Funds	712.2	711.5	(0.7)
Grants and Donations Trust Fund	2494.9	2431.1	(63.8)
Health Care Trust Fund	823.3	823.3	0.0
Tobacco Settlement Trust Fund	58.7	58.7	0.0

SOCIAL SERVICES ESTIMATING CONFERENCE - MEDICAID SERVICES EXPENDITURES (\$ Millions)
November 29, 2012

FY 2013-14
FY 12-13 APPROPRIATION BASE COMPARED TO NEW FORECAST

	FY 2012-13 Appropriation base	New Forecast	Surplus/ (Deficit)
Physician Services	1261.7	1255.1	6.5
Hospital Inpatient Services	3635.6	3478.5	157.1
Hospital Disproportionate Share	342.3	323.7	18.6
Low Income Pool	1000.3	1000.3	(0.0)
Hospital Insurance Benefits	160.0	165.3	(5.3)
Nursing Home Care	2770.2	2961.3	(191.1)
Prescribed Medicine Services	1967.1	2070.0	(102.9)
Hospital Outpatient Services	1061.0	1135.5	(74.6)
Other Lab & X-ray Services	107.9	119.3	(11.4)
Family Planning Services	23.4	19.9	3.5
Clinic Services	130.7	120.7	10.1
Dev Eval/Early Intervention-Part H	8.8	10.1	(1.3)
Supplemental Medical Services	1272.0	1345.7	(73.7)
State Mental Health Hospital	11.1	9.6	1.5
Home Health Services	187.1	177.9	9.2
EPSDT	273.5	271.8	1.8
Adult Dental	33.2	34.4	(1.2)
Adult Visual & Hearing	18.3	18.1	0.2
Patient Transportation	143.2	139.9	3.3
Inter. Care Facilities/Sunland	90.6	92.0	(1.3)
Inter. Care Facilities/Community	253.8	243.6	10.1
Rural Health Clinics	125.7	151.4	(25.7)
Birthing Center Services	1.6	1.4	0.1
Nurse Practitioner Services	7.2	6.6	0.6
Hospice	321.6	321.5	0.1
Community Mental Health Services	69.0	75.6	(6.7)
Physician Assistant Services	11.4	12.8	(1.4)
Home & Community Based Services	1082.3	1082.3	0.0
Community Supported Living Waiver	0.0	0.0	0.0
ACLF Resident Waiver	37.3	37.3	0.0
Dialysis Center	19.1	15.6	3.5
Assistive Care Services Waiver	26.2	26.2	0.0
Healthy Start Waiver	23.6	23.6	0.0
Nursing Home Diversion Waiver	385.6	385.6	0.0
Prepaid Health Plan	3561.6	4274.4	(712.8)
Case Management Services	104.6	98.8	5.8
Therapeutic Services for Children	73.6	225.5	(151.9)
Personal Care Services	38.0	47.0	(9.0)
Physical Therapy Services	8.9	9.4	(0.5)
Occupational Therapy Services	34.6	34.6	(0.0)
Speech Therapy	54.2	52.5	1.7
Respiratory Therapy Services	20.2	18.6	1.5
Private Duty Nursing Services	168.1	145.0	23.1
MediPass Services	22.4	22.5	(0.1)
Medicaid School Financing	97.6	97.6	0.0
TOTAL	21046.2	22158.5	(1112.3)
General Revenue	4920.5	5104.2	(183.8)
Medical Care Trust Fund	11507.4	12292.9	(785.5)
Refugee Assistance Trust Fund	27.5	40.0	(12.5)
Public Medical Assistance Trust Fund	561.4	606.5	(45.1)
Other State Funds	710.7	697.4	13.3
Grants and Donations Trust Fund	2436.7	2487.9	(51.2)
Health Care Trust Fund	823.3	870.9	(47.6)
Tobacco Settlement Trust Fund	58.7	58.7	0.0

SOCIAL SERVICES ESTIMATING CONFERENCE - MEDICAID SERVICES EXPENDITURES (\$ Millions)
November 29, 2012

FY 2013-14
OLD FORECAST COMPARED TO NEW FORECAST

	Old Forecast	New Forecast	Difference
Physician Services	1225.3	1255.1	29.8
Hospital Inpatient Services	3726.1	3478.5	(247.6)
Hospital Disproportionate Share	343.1	323.7	(19.4)
Low Income Pool	1000.3	1000.3	0.0
Hospital Insurance Benefits	164.7	165.3	0.6
Nursing Home Care	2890.3	2961.3	71.0
Prescribed Medicine Services	2171.2	2070.0	(101.2)
Hospital Outpatient Services	1115.3	1135.5	20.2
Other Lab & X-ray Services	110.2	119.3	9.1
Family Planning Services	20.8	19.9	(0.9)
Clinic Services	126.4	120.7	(5.7)
Dev Eval/Early Intervention-Part H	8.8	10.1	1.3
Supplemental Medical Services	1385.3	1345.7	(39.6)
State Mental Health Hospital	10.0	9.6	(0.3)
Home Health Services	176.2	177.9	1.7
EPSDT	286.6	271.8	(14.8)
Adult Dental	34.0	34.4	0.4
Adult Visual & Hearing	18.4	18.1	(0.3)
Patient Transportation	140.6	139.9	(0.6)
Inter. Care Facilities/Sunland	94.4	92.0	(2.5)
Inter. Care Facilities/Community	257.9	243.6	(14.3)
Rural Health Clinics	152.0	151.4	(0.6)
Birthing Center Services	1.5	1.4	(0.1)
Nurse Practitioner Services	6.7	6.6	(0.2)
Hospice	341.2	321.5	(19.7)
Community Mental Health Services	76.6	75.6	(1.0)
Physician Assistant Services	13.1	12.8	(0.4)
Home & Community Based Services	1082.3	1082.3	0.0
Community Supported Living Waiver	0.0	0.0	0.0
ACLF Resident Waiver	37.3	37.3	0.0
Dialysis Center	19.1	15.6	(3.5)
Assistive Care Services Waiver	26.2	26.2	0.0
Healthy Start Waiver	23.6	23.6	0.0
Nursing Home Diversion Waiver	385.6	385.6	0.0
Prepaid Health Plan	3997.6	4274.4	276.7
Case Management Services	95.7	98.8	3.0
Therapeutic Services for Children	221.7	225.5	3.8
Personal Care Services	34.9	47.0	12.1
Physical Therapy Services	8.9	9.4	0.5
Occupational Therapy Services	34.3	34.6	0.4
Speech Therapy	52.4	52.5	0.2
Respiratory Therapy Services	19.1	18.6	(0.5)
Private Duty Nursing Services	156.5	145.0	(11.5)
MediPass Services	22.1	22.5	0.4
Medicaid School Financing	97.6	97.6	0.0
TOTAL	22211.8	22158.5	(53.3)
General Revenue	5222.2	5104.2	(118.0)
Medical Care Trust Fund	12285.5	12292.9	7.4
Refugee Assistance Trust Fund	34.2	40.0	5.8
Public Medical Assistance Trust Fund	566.3	606.5	40.2
Other State Funds	698.9	697.4	(1.5)
Grants and Donations Trust Fund	2527.8	2487.9	(39.9)
Health Care Trust Fund	818.3	870.9	52.6
Tobacco Settlement Trust Fund	58.7	58.7	0.0

SOCIAL SERVICES ESTIMATING CONFERENCE - MEDICAID SERVICES EXPENDITURES (\$ Millions)
November 29, 2012

	FY08-09	% chg	FY09-10	% chg	FY10-11	% chg
Physician Services	863.6	18.8%	1061.6	18.8%	1149.7	8.3%
Hospital Inpatient Services	2474.4	17.9%	2770.1	17.9%	3096.9	11.8%
Hospital Disproportionate Share	296.4	4.2%	339.8	4.2%	338.1	-0.5%
Low Income Pool	876.3	-5.1%	1123.6	-5.1%	1004.5	-10.6%
Hospital Insurance Benefits	125.9	6.7%	136.2	6.7%	134.4	-1.3%
Nursing Home Care	2398.6	2.1%	2771.4	2.1%	2875.2	3.7%
Prescribed Medicine Services	1478.4	3.6%	1382.0	3.6%	1607.7	16.3%
Hospital Outpatient Services	741.5	23.2%	846.8	23.2%	958.8	13.2%
Other Lab & X-ray Services	62.2	8.7%	83.9	8.7%	92.0	9.6%
Family Planning Services	14.5	116.6%	18.5	116.6%	18.7	1.5%
Clinic Services	111.4	9.2%	121.4	9.2%	120.5	-0.8%
Dev Eval/Early Intervention-Part H	5.3	78.9%	7.1	78.9%	8.3	16.8%
Supplemental Medical Services	905.0	2.6%	1038.2	2.6%	1198.5	15.4%
State Mental Health Hospital	14.2	53.4%	8.2	53.4%	8.7	5.7%
Home Health Services	173.6	5.7%	128.5	5.7%	108.7	-15.4%
EPSDT	132.6	21.5%	164.6	21.5%	182.4	10.8%
Adult Dental	17.8	20.2%	25.5	20.2%	29.7	16.7%
Adult Visual & Hearing	13.9	NA	17.0	NA	16.8	NA
Patient Transportation	125.1	14.6%	130.5	14.6%	138.4	6.1%
Inter. Care Facilities/Sunland	119.2	26.3%	101.0	26.3%	89.9	-11.0%
Inter. Care Facilities/Community	219.6	-6.9%	228.7	-6.9%	239.8	4.9%
Rural Health Clinics	94.2	25.5%	92.7	25.5%	109.7	18.4%
Birthing Center Services	1.4	16.8%	1.4	16.8%	1.3	-4.7%
Nurse Practitioner Services	6.2	-69.3%	5.2	-69.3%	5.7	10.7%
Hospice	294.8	5.9%	325.4	5.9%	326.3	0.3%
Community Mental Health Services	45.6	24.1%	52.3	24.1%	62.8	20.2%
Physician Assistant Services	2.8	28.9%	7.5	28.9%	9.4	26.0%
Home & Community Based Services	973.0	-5.7%	1070.6	-5.7%	1112.6	3.9%
Community Supported Living Waiver	75.5	67.1%	0.0	67.1%	0.0	NA
ACLF Resident Waiver	22.9	-18.1%	30.1	-18.1%	33.6	11.7%
Dialysis Center	21.0	49.8%	17.4	49.8%	18.0	3.4%
Assistive Care Services Waiver	28.4	5.2%	28.1	5.2%	28.2	0.3%
Healthy Start Waiver	13.1	4.8%	15.3	4.8%	14.3	-6.8%
Nursing Home Diversion Waiver	266.2	12.0%	318.6	12.0%	364.4	14.4%
Prepaid Health Plan	2436.2	11.1%	2840.9	11.1%	3137.3	10.4%
Case Management Services	101.0	37.5%	115.2	37.5%	99.1	-13.9%
Therapeutic Services for Children	72.3	0.9%	69.7	0.9%	70.6	1.2%
Personal Care Services	37.9	9.6%	40.0	9.6%	39.4	-1.4%
Physical Therapy Services	7.2	-57.4%	8.6	-57.4%	8.7	1.0%
Occupational Therapy Services	28.4	16.2%	31.4	16.2%	33.6	7.1%
Speech Therapy	44.5	17.8%	49.8	17.8%	52.8	6.1%
Respiratory Therapy Services	19.6	287.3%	19.5	287.3%	20.0	2.6%
Private Duty Nursing Services	154.1	28.6%	184.2	28.6%	186.6	1.3%
MediPass Services	18.2	-24.6%	19.9	-24.6%	20.5	3.0%
Medicaid School Financing	70.2	12.8%	70.7	12.8%	73.4	3.9%
TOTAL	16004.4	8.1%	17918.9	8.1%	19246.2	7.4%
General Revenue	3537.6	-20.2%	2564.5	-20.2%	3949.0	54.0%
Medical Care Trust Fund	9811.4	22.6%	11642.0	22.6%	11827.8	1.6%
Refugee Assistance Trust Fund	24.9	5.1%	30.7	5.1%	23.8	-22.3%
Public Medical Assistance Trust Fund	506.6	-4.1%	538.2	-4.1%	0.0	-100.0%
Other State Funds	440.5	-18.7%	516.3	-18.7%	590.2	14.3%
Grants and Donations Trust Fund	1302.1	9.2%	1731.0	9.2%	1920.4	10.9%
Health Care Trust Fund	0.0	NA	0.0	NA	884.8	NA
Tobacco Settlement Trust Fund	381.3	361.8%	45.3	361.8%	50.2	11.0%

SOCIAL SERVICES ESTIMATING CONFERENCE - MEDICAID SERVICES EXPENDITURES (\$ Millions)
November 29, 2012

	FY11-12	% chg	FY12-13	% chg	FY13-14	% chg
Physician Services	1100.2	-4.3%	1172.0	6.5%	1255.1	7.1%
Hospital Inpatient Services	3042.0	-1.8%	3219.6	5.8%	3478.5	8.0%
Hospital Disproportionate Share	334.7	-1.0%	342.3	2.3%	323.7	-5.4%
Low Income Pool	995.1	-0.9%	1000.3	0.5%	1000.3	0.0%
Hospital Insurance Benefits	121.0	-10.0%	153.5	26.9%	165.3	7.7%
Nursing Home Care	2820.7	-1.9%	2858.7	1.3%	2961.3	3.6%
Prescribed Medicine Services	1811.4	12.7%	1935.8	6.9%	2070.0	6.9%
Hospital Outpatient Services	999.8	4.3%	1022.9	2.3%	1135.5	11.0%
Other Lab & X-ray Services	106.4	15.6%	114.7	7.8%	119.3	4.0%
Family Planning Services	16.8	-10.1%	18.9	12.1%	19.9	5.5%
Clinic Services	108.2	-10.2%	111.8	3.4%	120.7	7.9%
Dev Eval/Early Intervention-Part H	9.6	15.8%	10.1	4.7%	10.1	-0.1%
Supplemental Medical Services	1208.0	0.8%	1225.6	1.5%	1345.7	9.8%
State Mental Health Hospital	9.6	10.0%	9.5	-0.6%	9.6	1.2%
Home Health Services	157.9	45.3%	171.0	8.4%	177.9	4.0%
EPSDT	239.5	31.3%	259.8	8.5%	271.8	4.6%
Adult Dental	30.8	3.5%	32.6	5.9%	34.4	5.6%
Adult Visual & Hearing	16.4	NA	17.1	4.3%	18.1	5.9%
Patient Transportation	131.7	-4.8%	136.1	3.4%	139.9	2.8%
Inter. Care Facilities/Sunland	83.7	-6.9%	88.0	5.1%	92.0	4.5%
Inter. Care Facilities/Community	244.5	1.9%	242.6	-0.8%	243.6	0.4%
Rural Health Clinics	129.4	17.9%	138.5	7.1%	151.4	9.3%
Birthing Center Services	1.4	6.3%	1.4	0.9%	1.4	-0.6%
Nurse Practitioner Services	6.0	4.1%	6.3	6.3%	6.6	3.6%
Hospice	313.3	-4.0%	314.8	0.5%	321.5	2.1%
Community Mental Health Services	72.3	15.0%	76.3	5.5%	75.6	-0.9%
Physician Assistant Services	11.6	22.9%	12.1	4.7%	12.8	5.4%
Home & Community Based Services	1059.6	-4.8%	1082.3	2.2%	1082.3	0.0%
Community Supported Living Waiver	0.0	NA	0.0	NA	0.0	NA
ACLF Resident Waiver	38.7	15.0%	37.3	-3.7%	37.3	0.0%
Dialysis Center	16.1	-10.4%	15.7	-2.5%	15.6	-0.5%
Assistive Care Services Waiver	29.1	3.2%	26.2	-9.9%	26.2	0.0%
Healthy Start Waiver	13.5	-5.2%	23.6	75.0%	23.6	0.0%
Nursing Home Diversion Waiver	370.9	1.8%	385.6	4.0%	385.6	0.0%
Prepaid Health Plan	3413.2	8.8%	3858.1	13.0%	4274.4	10.8%
Case Management Services	91.6	-7.6%	94.6	3.2%	98.8	4.5%
Therapeutic Services for Children	77.2	9.4%	139.0	80.1%	225.5	62.2%
Personal Care Services	41.8	6.2%	46.8	11.9%	47.0	0.5%
Physical Therapy Services	8.0	-8.9%	9.0	13.0%	9.4	4.0%
Occupational Therapy Services	34.4	2.3%	34.5	0.3%	34.6	0.4%
Speech Therapy	52.0	-1.6%	52.6	1.1%	52.5	-0.1%
Respiratory Therapy Services	18.6	-7.0%	18.6	-0.2%	18.6	0.2%
Private Duty Nursing Services	154.3	-17.3%	148.7	-3.6%	145.0	-2.5%
MediPass Services	21.0	2.8%	21.4	2.0%	22.5	4.9%
Medicaid School Financing	71.5	-2.6%	89.7	25.5%	97.6	8.8%
TOTAL	19633.2	2.0%	20776.2	5.8%	22158.5	6.7%
General Revenue	4155.2	5.2%	4807.0	15.7%	5104.2	6.2%
Medical Care Trust Fund	10376.7	-12.3%	11350.5	9.4%	12292.9	8.3%
Refugee Assistance Trust Fund	25.1	5.4%	32.6	30.1%	40.0	22.7%
Public Medical Assistance Trust Fund	1169.7	NA	561.4	-52.0%	606.5	8.0%
Other State Funds	721.1	22.2%	711.5	-1.3%	697.4	-2.0%
Grants and Donations Trust Fund	2293.8	19.4%	2431.1	6.0%	2487.9	2.3%
Health Care Trust Fund	832.9	-5.9%	823.3	-1.2%	870.9	5.8%
Tobacco Settlement Trust Fund	58.7	16.9%	58.7	0.0%	58.7	0.0%

**SOCIAL SERVICES ESTIMATING CONFERENCE - November 2012 forecast
MEDICAID CASELOADS**

	SSI	TANF	CAT. ELIGIBLE	MEDICALLY NEEDY	PREGNANT WOMEN <100% FPL	CHILDREN <100% FPL	ELDERLY & DISABLED < 88% FPL	QMB SLMB QI	PREGNANT WOMEN >100% FPL	CHILDREN >100% FPL	CHILDREN UNDER 1 YR	FAMILY PLANNING WAIVER	GENERAL ASSIST.	TOTAL
FY 2011-12														
OLD	613,455	941,590	253,232	47,976	69,265	692,259	41,019	327,734	16,293	73,203	737	55,155	9,114	3,141,031
NEW	613,458	942,108	252,938	47,757	69,220	692,115	40,975	327,639	16,284	73,180	734	55,300	9,129	3,140,838
change	3	518	(294)	(219)	(45)	(145)	(44)	(95)	(10)	(23)	(3)	145	15	(194)
	0.00%	0.06%	-0.12%	-0.46%	-0.06%	-0.02%	-0.11%	-0.03%	-0.06%	-0.03%	-0.35%	0.26%	0.17%	-0.01%
FY 2012-13														
OLD	634,537	1,004,269	267,992	53,733	71,809	714,641	45,871	360,069	17,260	75,930	739	60,000	10,235	3,317,084
NEW	636,789	1,037,523	262,089	55,195	72,314	716,485	43,191	356,931	17,444	75,820	736	60,104	11,789	3,346,409
change	2,252	33,254	(5,904)	1,462	505	1,844	(2,680)	(3,138)	184	(110)	(3)	104	1,554	29,325
	0.35%	3.31%	-2.20%	2.72%	0.70%	0.26%	-5.84%	-0.87%	1.07%	-0.14%	-0.45%	0.17%	15.18%	0.88%
FY 2013-14														
OLD	655,177	1,041,429	279,594	59,877	74,125	740,381	51,199	394,917	17,944	78,774	739	60,000	10,955	3,465,110
NEW	656,268	1,113,356	274,165	62,280	74,870	739,593	45,673	389,938	18,276	78,440	736	60,000	13,997	3,527,589
change	1,091	71,927	(5,429)	2,403	745	(789)	(5,526)	(4,980)	332	(335)	(3)	0	3,042	62,479
	0.17%	6.91%	-1.94%	4.01%	1.00%	-0.11%	-10.79%	-1.26%	1.85%	-0.42%	-0.41%	0.00%	27.77%	1.80%
FY 2014-15														
OLD	675,817	1,044,106	281,169	66,021	76,441	766,121	56,527	429,765	18,628	81,618	739	60,000	11,675	3,568,625
NEW	675,084	1,155,189	286,517	68,940	77,426	761,853	49,769	422,974	19,056	80,876	736	60,000	16,085	3,674,502
change	(733)	111,083	5,348	2,919	985	(4,269)	(6,759)	(6,792)	428	(743)	(3)	0	4,410	105,877
	-0.11%	10.64%	1.90%	4.42%	1.29%	-0.56%	-11.96%	-1.58%	2.29%	-0.91%	-0.41%	0.00%	37.77%	2.97%
FY 2015-16														
OLD	696,457	1,044,800	281,074	72,165	78,757	791,861	61,855	464,613	19,312	84,462	739	60,000	12,395	3,668,488
NEW	693,900	1,191,892	299,025	75,600	79,982	784,113	54,077	456,010	19,836	83,312	736	60,000	18,173	3,816,652
change	(2,557)	147,092	17,951	3,435	1,225	(7,749)	(7,779)	(8,604)	524	(1,151)	(3)	0	5,778	148,164
	-0.37%	14.08%	6.39%	4.76%	1.55%	-0.98%	-12.58%	-1.85%	2.71%	-1.36%	-0.41%	0.00%	46.62%	4.04%

AVERAGE MONTHLY CASELOADS BY FISCAL YEAR, FY 2005-2006 TO FY 2015-16
results of Social Services Estimating Conference of November 16, 2012

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
SSI (A)	502,395	519,085	531,433	551,405	574,345	596,789	613,458	636,789	656,268	675,084	693,900
TANF (B)	693,965	650,414	634,437	714,939	814,927	891,281	942,108	1,037,523	1,113,356	1,155,189	1,191,892
Categorically Eligible (C)	114,011	101,700	109,397	159,553	209,013	240,213	252,938	262,089	274,165	286,517	299,025
Medically Needy (D)	27,975	17,856	18,607	23,915	33,447	42,161	47,757	55,195	62,280	68,940	75,600
General Assistance (E)	8,963	9,997	10,029	9,066	7,991	8,335	9,129	11,789	13,997	16,085	18,173
MEDS Elderly & Disabled (F)	81,985	31,980	24,172	26,439	31,500	36,684	40,975	43,191	45,673	49,769	54,077
Qualified Medicare Beneficiaries(G)	140,648	188,946	203,737	223,136	250,599	290,662	327,639	356,931	389,938	422,974	456,010
MEDS Pregnant Women <100% FPL (H)	49,386	51,833	54,052	58,504	64,308	67,863	69,220	72,314	74,870	77,426	79,982
MEDS Pregnant Women > 100% FPL (I)	17,887	17,497	16,591	15,849	14,777	15,679	16,284	17,444	18,276	19,056	19,836
Family Planning Waiver	2,858	7,055	48,289	58,289	30,942	2,592	55,300	60,104	60,000	60,000	60,000
MEDS Children <100% FPL (H)	481,251	442,395	431,888	492,662	617,669	667,618	692,115	716,485	739,593	761,853	784,113
MEDS Children > 100% FPL (I)	81,048	72,425	65,249	65,544	68,215	71,501	73,180	75,820	78,440	80,876	83,312
Children Title XXI (J)	1,227	1,123	826	770	791	789	734	736	736	736	736
TOTAL	2,203,599	2,112,306	2,148,707	2,400,071	2,718,524	2,932,167	3,140,838	3,346,409	3,527,589	3,674,502	3,816,652
	2.4%	-4.1%	1.7%	11.7%	13.3%	7.9%	7.1%	6.5%	5.4%	4.2%	3.9%

- (A) Elderly or disabled individuals of low income who are determined eligible for supplemental security income as determined by the Social Security Administration.
- (B) Individuals in single-parent low-income families who meet the AFDC eligibility standards effective in September 1996 or meet TANF eligibility guidelines.
- (C) Unemployed parents and children under 18, children under 21 in intact families, or children born after 9/83 living with non-relatives, where family income meets AFDC standards.
- (D) Individuals who meet SSI or AFDC eligibility after expenses for medical care are deducted.
- (E) This category is 100% federally funded and covers the first eight months in the U.S. for individuals who generally meet the TANF and SSI eligibility requirements.
- (F) Elderly and disabled individuals with income above the criteria for supplemental security income but less than 90% of the Federal Poverty Level.
- (G) Medicaid covers certain Medicare-related expenses for elderly and disabled individuals between 90-120% of the Federal Poverty Level
- (H) Pregnant women under 100% of the Federal Poverty Level and children age 6 and older in families under 100% of the Federal Poverty Level.
- (I) Children age 1 to 6 under 133% of the Federal Poverty Level; pregnant women and infants less than one year old with incomes less than 185% of the Federal Poverty Level.
- (J) Children born after 10/93 under age 19 and under 100% of the Federal Poverty Level; and children under 200% of the Federal Poverty Limit and under 1 year of age.

SOCIAL SERVICES ESTIMATING CONFERENCE - SELECTED MEDICAID CASELOADS, HISTORICAL AND FORECASTED
AVERAGE MONTHLY CASELOADS BY FISCAL YEAR, FY 2005-2006 TO FY 2015-16
 results of Social Services Estimating Conference of November 16, 2012

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
SSI	502,395	519,085 3.3%	531,433 2.4%	551,405 3.8%	574,345 4.2%	596,789 3.9%	613,458 2.8%	636,789 3.8%	656,268 3.1%	675,084 2.9%	693,900 2.8%
MEDS Elderly & Disabled	81,985	31,980 -61.0%	24,172 -24.4%	26,439 9.4%	31,500 19.1%	36,684 16.5%	40,975 11.7%	43,191 5.4%	45,673 5.7%	49,769 9.0%	54,077 8.7%
Medically Needy	27,975	17,856 -36.2%	18,607 4.2%	23,915 28.5%	33,447 39.9%	42,161 26.1%	47,757 13.3%	55,195 15.6%	62,280 12.8%	68,940 10.7%	75,600 9.7%
Qualified Medicare Beneficiaries	140,648	188,946 34.3%	203,737 7.8%	223,136 9.5%	250,599 12.3%	290,662 16.0%	327,639 12.7%	356,931 8.9%	389,938 9.2%	422,974 8.5%	456,010 7.8%
TOTAL Elderly and Disabled	753,003	757,867 0.6%	777,949 2.6%	824,895 6.0%	889,891 7.9%	966,296 8.6%	1,029,829 6.6%	1,092,106 6.0%	1,154,158 5.7%	1,216,766 5.4%	1,279,586 5.2%
TANF	693,965	650,414 -6.3%	634,437 -2.5%	714,939 12.7%	814,927 14.0%	891,281 9.4%	942,108 5.7%	1,037,523 10.1%	1,113,356 7.3%	1,155,189 3.8%	1,191,892 3.2%
Categorically Eligible	114,011	101,700 -10.8%	109,397 7.6%	159,553 45.8%	209,013 31.0%	240,213 14.9%	252,938 5.3%	262,089 3.6%	274,165 4.6%	286,517 4.5%	299,025 4.4%
MEDS Pregnant Women <FPL	49,386	51,833 5.0%	54,052 4.3%	58,504 8.2%	64,308 9.9%	67,863 5.5%	69,220 2.0%	72,314 4.5%	74,870 3.5%	77,426 3.4%	79,982 3.3%
MEDS Pregnant Women >FPL	17,887	17,497 -2.2%	16,591 -5.2%	15,849 -4.5%	14,777 -6.8%	15,679 6.1%	16,284 3.9%	17,444 7.1%	18,276 4.8%	19,056 4.3%	19,836 4.1%
MEDS Children <FPL	481,251	442,395 -8.1%	431,888 -2.4%	492,662 14.1%	617,669 25.4%	667,618 8.1%	692,115 3.7%	716,485 3.5%	739,593 3.2%	761,853 3.0%	784,113 2.9%
MEDS Children >FPL	81,048	72,425 -10.6%	65,249 -9.9%	65,544 0.5%	68,215 4.1%	71,501 4.8%	73,180 2.3%	75,820 3.6%	78,440 3.5%	80,876 3.1%	83,312 3.0%
Children Title XXI	1,227	1,123 -8.5%	826 -26.4%	770 -6.8%	791 2.7%	789 -0.3%	734 -6.9%	736 0.2%	736 0.0%	736 0.0%	736 0.0%
TOTAL Adults and Children	1,438,775	1,337,387 -7.0%	1,312,440 -1.9%	1,507,821 14.9%	1,789,700 18.7%	1,954,944 9.2%	2,046,579 4.7%	2,182,410 6.6%	2,299,434 5.4%	2,381,651 3.6%	2,458,893 3.2%

**MEDICAID FEDERAL SHARE OF MATCHING FUNDS
based on revised FMAP calculation**

November, 2012

	State budgeted FMAP adopted July 2012	State budgeted FMAP based on updated calculation	Difference in state budgeted FMAP	Percentage change in Federal Funding	Status of underlying federal percentage calculation
FY2011-12	0.5594	0.5594	0.0000	0.00%	confirmed
FY2012-13	0.5773	0.5773	0.0000	0.00%	confirmed
FY2013-14	0.5862	0.5867	0.0005	0.09%	confirmed
FY2014-15	0.5909	0.5883	-0.0026	-0.44%	estimated
FY2015-16	0.5937	0.5907	-0.0030	-0.51%	estimated
FY2016-17	#N/A	0.5914	#N/A	#N/A	estimated

The federal fiscal year percentages used in calculating the estimated federal share of Medicaid matching funds as budgeted by state fiscal year are subject to future revision depending on changes to the forecasts of Florida and U.S. personal income and population. The personal income and population figures used in this forecast are based on the National and Florida economic forecasts as adopted by the Revenue Estimating Conference in November 2012. The State budgeted FMAP shown above is a blended rate designed to take account of the estimated distribution of Medicaid payments among months.

CALCULATION OF BASE FEDERAL MEDICAL ASSISTANCE PERCENTAGE

		FLORIDA DATA				NATIONAL DATA			
					3 yr average				3 yr average
		BEA Florida	BEA Florida	Florida	Per Capita Florida	BEA U.S.	U.S.		Per Capita U.S.
		Personal	Population	Personal	Personal	Personal	BEA U.S.	Personal	Personal
Calendar	Year	Income	(millions)	Income	Income	Income	Population	Income	Income
		<u>(Millions \$)</u>	<u>(millions)</u>	<u>Income</u>	<u>Squared</u>	<u>(Millions \$)</u>	<u>Population</u>	<u>Income</u>	<u>Squared</u>
History	2000	466,644	16.048	29,078		8,554,866	282.162	30,319	
	2001	487,499	16.357	29,804		8,878,830	284.969	31,157	
	2002	508,400	16.689	30,463		9,054,702	287.625	31,481	960,113,476
	2003	531,218	17.004	31,241	930,405,329	9,369,072	290.108	32,295	1,001,368,568
	2004	582,766	17.415	33,463	1,006,314,834	9,928,790	292.805	33,909	1,060,267,972
	2005	633,193	17.842	35,489	1,115,406,822	10,476,669	295.517	35,452	1,148,223,532
	2006	690,268	18.167	37,996	1,270,876,396	11,256,516	298.380	37,725	1,274,172,559
	2007	721,052	18.368	39,256	1,412,268,648	11,900,562	301.231	39,506	1,410,850,516
	2008	740,676	18.527	39,978	1,526,980,154	12,451,660	304.094	40,947	1,551,798,365
	2009	687,337	18.653	36,849	1,497,243,106	11,852,715	306.772	38,637	1,575,827,074
	2010	722,368	18.839	38,344	1,473,819,823	12,308,496	309.330	39,791	1,583,362,378
2011	755,358	19.058	39,635	1,465,041,544	12,949,905	311.591	41,561	1,599,688,000	
Forecast	2012	780,386	19.237	40,567	1,561,452,561	13,397,319	314.519	42,596	1,707,003,002
	2013	811,456	19.444	41,733	1,652,009,110	13,899,572	317.579	43,767	1,818,286,097
	2014	851,871	19.678	43,290	1,752,552,877	14,571,469	320.667	45,441	1,930,272,596

<u>FEDERAL MEDICAL ASSISTANCE PERCENTAGE</u>			
	July 2012	Nov 2012	
	forecast	forecast	change
FFY 2014	0.5873	0.5879	0.0006
FFY 2015	0.5916	0.5884	-0.0032
FFY 2016	0.5942	0.5912	-0.0030
FFY 2017	#N/A	0.5914	#N/A

Federal Medical Assistance Percentage formula:

$$[1 - .45] \times \frac{3 \text{ yr avg Florida per capita personal income}^2}{3 \text{ yr avg U.S. per capita personal income}^2}$$

Medicaid Services

This summary is provided for information only and does not represent the opinion of any Senator, Senate Officer, or Senate Office.

Major issues funded:

- Medicaid Workload/Price Level Adjustment - \$304.7 million
(Adjustments included a net reduction in TFs by \$552.1 million and increased GR by \$856.8 million)
- Hospital Inpatient and Outpatient - \$100.4 million (\$30 million NR GR and \$70.4 million NR TF); provides nonrecurring funding to partially restore Hospital Inpatient and Outpatient Rate Reductions. With this funding, the rate reduction will be 5.64 percent.
- Clinics Primary Care Services - \$50 million in Low Income Pool (LIP)
- Medicaid Current-year deficit - \$47.3 million GR
- Kidcare Rate Increase - \$17 million (\$5 million GR and \$12 million TF)
- Kidcare Enrollment Growth - \$4.6 million TF
- Expanded the home health fraud project statewide

Preserved:

- Medically Needy Program
- Meds/AD Waiver Program
- Medicaid Eligibility
- KidCare Program

Reductions:

- Hospital Inpatient and Outpatient Rate Reduction - \$404.9 million (\$121.2 million GR and \$283.2 million TF); rates were reduced by 7.5 percent
- Limit Emergency Room visits to 6 per year for non-pregnant adult Medicaid recipients - \$46.7 million (\$19.6 million GR and 27.1 million TF)
- Nursing Home Rate Reduction - \$38 million (\$16 million GR and \$22 million TF) - rates were reduced by 1.25 percent

Other Issues:

- Changes the statutory deadline for Medicaid hospital rates to be adjusted within any fiscal year from September 30 to October 31. Allows rate reductions beyond the deadline only in cases of insufficient collections of funds voluntarily donated by local taxing authorities designed to augment hospital rates.
- Revises the timeline and parameters for AHCA to develop a plan to transfer the state's hospital payments to a diagnosis related group (DRG) system, with a target implementation date of July 1, 2013, subject to Legislative approval.
- Updates statutes relating to the disproportionate share hospital (DSH) program so the program uses the proper data to calculate the distribution of dollars. Also repeals two sections of statute for two perennially unfunded DSH programs.
- Expands statewide two Medicaid anti-fraud pilot projects relating to home health care.
- Authorizes the establishment or expansion of Programs of All-inclusive Care for the Elderly (PACE) in Manatee, Sarasota, DeSoto, and Broward counties.
- Expands statewide a pilot project for the delivery of Medicaid services for persons diagnosed with HIV/AIDS, in partnership with a university-based, research-oriented program that specializes in health care for HIV/AIDS patients.

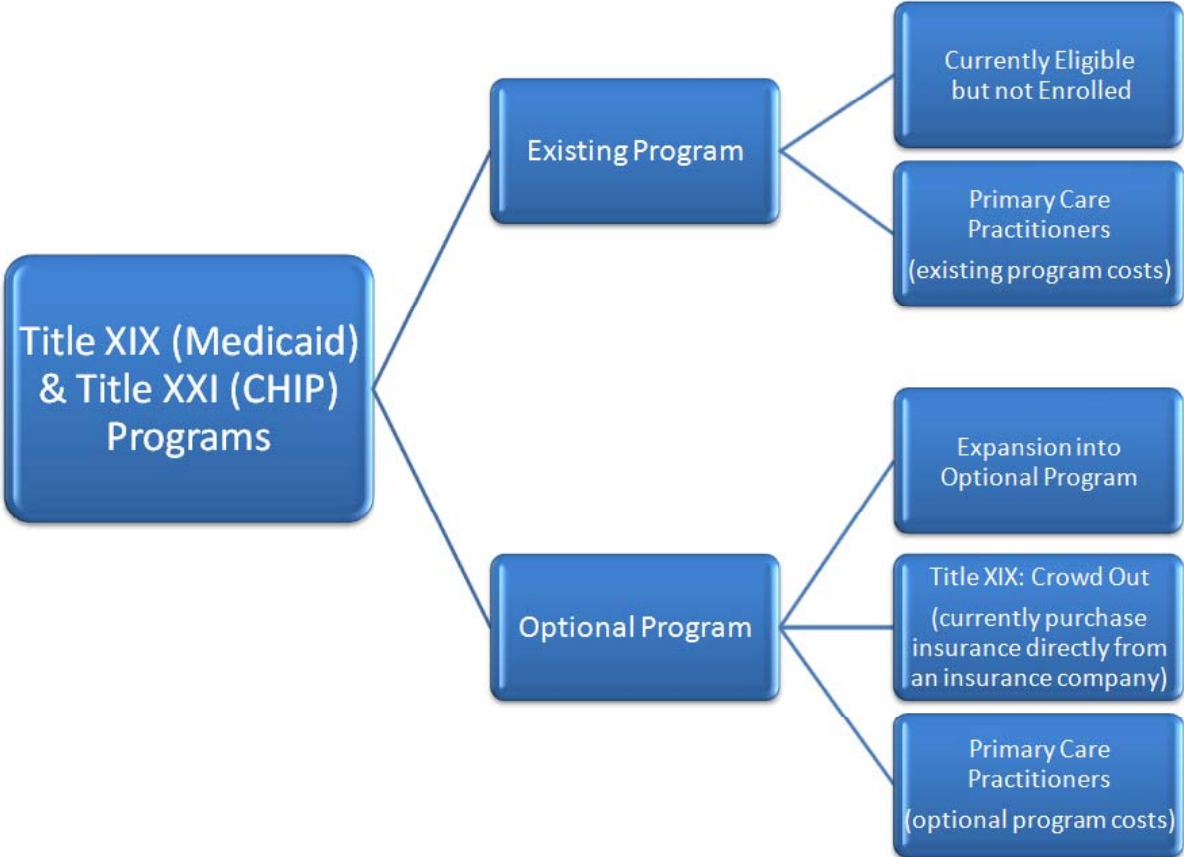
Social Services Estimating Conference

**Estimates Related to Federal Affordable Care Act:
Title XIX (Medicaid) & Title XXI (CHIP) Programs**

**Adopted
August 14, 2012**

Scope of Analysis

- Impacts are not included for the administration of new program elements or changes to the state disproportionate share allowances which are currently unknown. Changes to the federal pharmacy rebate are already built-in to the underlying Medicaid estimates.



Conference Results: Existing Program

- **Currently Eligible but not Enrolled**—Indeterminate. While the Social Services Estimating Conference believes that added expenditures to the existing program are likely under the provisions of the Federal Affordable Care Act, only the state's maximum exposure can be estimated. The likelihood and pace of the population's presentation for services cannot be reasonably forecast at this time. The numbers provided in the Appendix for this population can be interpreted as the state's maximum exposure should 100% of the population change behavior.
- **Increased Rates for Primary Care Practitioners**—For SFY 2012-13, SFY 2013-14 and SFY 2014-15, the total costs per year range from \$424.8 million to \$849.7 million. There are no state costs during the required increased-rate period. At this time, the estimates for the primary care fee increase may not reflect all of the details in the May 2012 draft CMS rule relating to the fee increase.

Conference Results: Optional Program

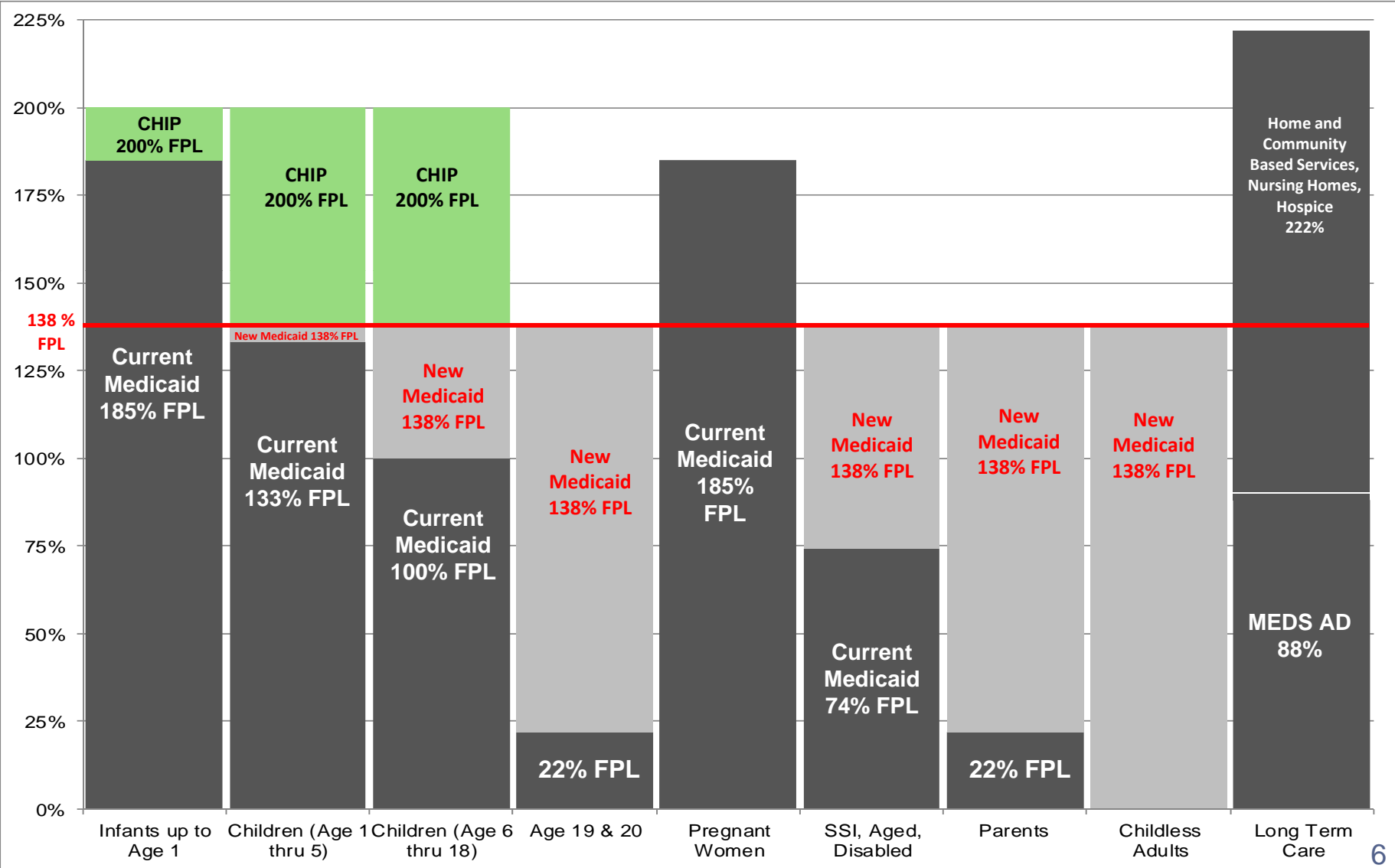
The costs associated with the optional program (including crowd out) are related to an expansion of the existing program, and are therefore subject to a future action of the Legislature and approval by the Governor prior to their taking effect. The numbers immediately following reflect Conference decisions as stated in the assumptions. The numbers provided in the Appendix are for information only and can be interpreted as the state's maximum exposure should 100% of the eligible population participate in the optional program.

- **Expansion into Optional Program (including Crowd Out)**—For SFY 2013-14 through SFY 2022-23, the total costs per year start at \$862.8 million and grow to \$3.4 billion. The state share of these costs start in SFY 2016-17 at \$79.2 million and grow to a cost of \$337.6 million per year.
- **Increased Rates for Primary Care Practitioners**—For SFY 2012-13, SFY 2013-14 and SFY 2014-15, the total costs per year range from \$38.2 million to \$54.4 million once the expansion starts. There are no state costs during the required increased-rate period.

Assumptions Related to Medicaid and CHIP

KEY ELEMENT	Affordable Care Act
FMAP/ Current Eligibility Level (EXISTING PROGRAM)	Regular FMAP (58.62%) for SFY 13-14, (59.09%) for SFY 14-15, and (59.37%) thereafter. Based on 7/12 FMAP Calculation.
FMAP/ CHIP (EXISTING PROGRAM)	Anticipated enhanced FMAP for CHIP Population begins 10/1/2015 (138% Federal Poverty Level and above) <ul style="list-style-type: none"> •10/1/2015: 71.59+23.0=94.59%
CHIP/ Eligible but Not Enrolled (EXISTING PROGRAM)	Since the analysis begins on July 1,2013 (2013-2014 State Fiscal Year), and the enhanced CHIP FMAP does not begin until 10/1/2015, the following FMAP levels are used for CHIP eligible but not enrolled based on 7/12 FMAP calculation: <ul style="list-style-type: none"> •71.11% SFY 2013-2014 •71.34% SFY 2014-2015 •88.80% SFY 2015-2016 •94.59% SFY 2016-2017 and beyond
Medicaid Expansion (OPTIONAL PROGRAM)	Expand eligibility to 138% Federal Poverty Level – beginning 1/1/2014 <ul style="list-style-type: none"> •138% FPL for a family of 4: \$31,809
FMAP/ Medicaid Expansion (OPTIONAL PROGRAM)	Provides for enhanced FMAP for expansion population: <ul style="list-style-type: none"> •100% CY 2014 •100% CY 2015 •100% CY 2016 •95% CY 2017 •94% CY 2018 •93% CY 2019 •90% CY 2020 and beyond
CHIP Transition (OPTIONAL PROGRAM)	Children under 138% FPL move from Title XXI CHIP Program to Title XIX Medicaid program. The regular CHIP EFMAP (71.00%) for SFY 13-14, (71.34%) for SFY 14-15, and (71.55%) thereafter received for these children. Based on 7/12 FMAP Calculation.
Increased Rate for Practitioners (BOTH PROGRAMS)	100% federally funded increase to select codes for primary care providers for 2013 and 2014. This impacts approximately 35% of primary care codes under the Florida Medicaid Program. The estimates for the primary care fee increase may not reflect all of the details included in the May 2012 draft CMS rule relating to the fee increase.

Existing and Optional Medicaid / CHIP Eligibility Levels



Assumptions:

Eligible but not Enrolled under Existing Program

- Based on 2008-2010 3-Year American Community Survey (Public Use Microdata Sample).
- Phase-in assumptions:
 - Indeterminate. The state's maximum exposure would occur if all enrollees (100%) present during the first state year (SFY 2013-14) of the expansion and continue in the program; these numbers are presented in the Appendix.
 - The Conference assumes that the population will not present in this manner:
 - This population is already eligible, and has elected not to participate in the Medicaid Program. Currently this population is estimated to be 20.3% of the total eligible population.
 - The Social Services Estimating Conference interprets recent communication from the Department of Health and Human Services to mean that no one eligible for Medicaid will be subject to penalties for non-compliance with the Individual Responsibility provisions. [See letter from Kathleen Sebelius to all Governors dated July 10, 2012: page 2 in the first full paragraph]
- By fiscal year, this phase-in translates as follows:
 - Indeterminate.

Assumptions:

Newly Eligible Population under Expansion Option

- Based on 2008-2010 3-Year American Community Survey (Public Use Microdata Sample).
- Phase-in assumptions:
 - The Conference assumes that only 79.7% of the eligible population will present for services:
 - Experience with the current Medicaid program indicates that only 79.7% of the population has availed themselves of available services.
 - Employers may provide new coverage that provides an alternative.
 - Potential impact of any stigma that might be associated with Medicaid program.
 - The Conference assumes 60% of likely new enrollees for the first state fiscal year (SFY 2013-14) if expansion is exercised beginning 1/1/2014.
 - The Conference assumes 90% of likely new enrollees for the second state fiscal year (SFY 2014-15) of expansion beginning 7/1/2014.
 - The Conference assumes 100% of likely new enrollees for the third state fiscal year (SFY 2015-16) of expansion and beyond (beginning 7/1/2015).
- The eligible population will increase each year by the annual growth rate in the total population of Florida.
- By fiscal year, the phase-in translates as follows:
 - SFY 2013-2014: 60%
 - SFY 2014-2015: 90%
 - SFY 2015-2016 and beyond: 100%

Assumptions:

Crowd Out Population under Expansion Option

- Based on 2008-2010 3-Year American Community Survey (Public Use Microdata Sample).
- The Conference assumes enhanced FMAP would be received for these enrollees.
- Phase-in assumptions:
 - The Conference assumes that 165,626 persons under 138% FPL who are currently purchasing insurance directly from an insurance company (excluding the availability of any other insurance coverage) will enroll in Medicaid if the Expansion Option is adopted. This is a subset of all persons directly purchasing private insurance because:
 - Employers may provide new coverage that provides an alternative.
 - Potential impact of any stigma that might be associated with Medicaid program.
 - The Conference assumes 40% of these enrollees for the first state year (SFY 2013-14) if expansion is exercised beginning 1/1/2014.
 - The Conference assumes 80% of new enrollees for the second state fiscal year (SFY 2014-15) of expansion beginning 7/1/2014.
 - The Conference assumes 100% of new enrollees for the third state fiscal year (SFY 2015-16) of expansion and beyond (beginning 7/1/2015).
- By fiscal year, this phase-in translates as follows:
 - SFY 2013-2014: 40%
 - SFY 2014-2015: 80%
 - SFY 2015-2016 and beyond: 100%

Assumptions:

Impact to CHIP Population under Existing Program and Expansion Option

- Children transitioning from CHIP to Medicaid under Existing Program:
 - CHIP Eligible but not enrolled population based on 2008-2010 3-Year American Community Survey (Public Use Microdata Sample).
 - Indeterminate. The state's maximum exposure would occur if all enrollees (100%) present during the first state year (SFY 2013-14) of the expansion and continue in the program; these numbers are presented in the Appendix.
- Children transitioning from CHIP to Medicaid under Expansion Option:
 - Assumed that for children under 138% FPL who move from CHIP to Title XIX, Florida will receive regular CHIP EFMAP.
- For both Existing Program and Expansion Option:
 - Expenditures based on July 2012 enrollment and PMPM for all KidCare categories from June 29, 2012 KidCare SSEC.
 - Estimates based on July 2012 Enrollment for Florida Healthy Kids, Children's Medical Services, and Medikids enrollment.
- Utilized the PMPM expenditures from the June 29, 2012 KidCare SSEC for those transitioning to Title XIX from CHIP. This would equate to no change in estimated expenditures due to the programmatic change for these beneficiaries.

Assumptions:

Impact to CHIP Population under Expansion Option

- Assume phase-in for CHIP Population:
 - On January 1, 2014: 27% of Healthy Kids Title XXI children will move to Title XIX (based on current distribution of Healthy Kids Children by Income Level). For future years it is assumed that the number of children will grow in Medicaid at 3.60% per year (the same rate as approved by SSEC for the 7/15 - 6/16 SFY for Healthy Kids).
 - On January 1, 2014: 24.5% of CMS Title XXI children will move to CMS Title XIX (Based on current distribution of CMS Children by Income Level). For future years it is assumed that the number of children will grow in Medicaid at 2.10% per year (the same rate as approved by SSEC for the 7/15 – 6/16 SFY for CMS children).
 - On January 1, 2014: 5% of MK Title XXI children will move to Title XIX (Based on current distribution of MK Children by Income Level). For future years it is assumed that the number of children will grow in Medicaid at 2.40% per year (the same rate as approved by SSEC for the 7/15 - 6/16 SFY for MK XXI).
 - Beginning January 2014, Full Pay Program Growth for both Healthy Kids and MediKids will stop and 5% of Full Pay Enrollment as of December 2013 will migrate to an Exchange each month (assumption).

Assumptions Related To Primary Care Practitioners

- The draft CMS proposed rule relating to the primary care fee increase released in May 2012 states:
 - This proposed rule implements new requirements in sections 1902(a)(13), 1902(jj), 1905(dd) and 1932(f) of the Social Security Act requiring payment by State Medicaid agencies of at least the Medicare rates in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor (CF) for primary care services furnished by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine.
- Further clarification from the proposed rule noted in the proposed rule summary:
 - “It would also provide for a 100 percent Federal matching rate for any increase in payment above the amounts that would be due for these services under the provisions of the State plan as of July 1, 2009. In this proposed rule, we specify which services and types of physicians qualify for the minimum payment level in CYs 2013 and 2014, and the method for calculating the payment amount and any increase for which increased Federal funding is due.”

General Assumptions

- Expenditures:
 - Expenditures are based on July 17, 2012, SSEC estimate for SFY 2013-14 and then held flat for remainder of analysis.
 - FMAP used is based on estimates from July 17, 2012, FMAP Estimating Conference for SFY 2013-14, SFY 2014-15, and SFY 2015-16, then held flat for remainder of analysis.
- Caseload:
 - The Newly Eligible/Expansion, Eligible but not Enrolled/Existing Uninsured, and Crowd Out caseload is based on 2008-2010 3-Year American Community Survey (Public Use Microdata Sample) regarding the uninsured.
 - Increased each year by the annual growth rate in the total population of Florida for the Newly Eligible population only.
- Other Assumptions:
 - Based on analysis of those under 65 years of age.

PMPM Calculations

- The cost calculations use the following Medicaid PMPMs from July 17, 2012, SSEC estimate for SFY 2013-14 blended and weighted based on caseload:
 - Under 1 for Children Under 1 : \$385.32
 - SOBRA Children to 100% FPL for Children: \$144.45
 - SOBRA Pregnant Women to 100% FPL for Pregnant Women: \$852.25
 - TANF Adults for Adults: \$343.14
 - SSI for SSI, Aged, Disabled: \$1,503.68
- Based on the above PMPM details:
 - The weighted PMPM for the newly eligible Medicaid population is \$315.41.
 - The weighted PMPM for the eligible but not enrolled Medicaid population is \$257.30.
 - The weighted PMPM for the crowd out population is \$280.37.

Adopted Impact Affordable Care Act: Existing & Optional Programs

		<i>Total: Impact of Enrollment and FMAP Changes to Title XIX and Title XXI (EXISTING PROGRAM)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Title XIX and Title XXI (OPTIONAL PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (EXISTING PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (OPTIONAL PROGRAM)</i>	<i>Grand Total All Elements</i>
SFY 2012-2013	State Cost	Indeterminate	\$0	\$0	\$0	\$0
	Total Cost	Indeterminate	\$0	\$424,836,178	\$0	\$424,836,178
	Enrollment	Indeterminate				
SFY 2013-2014	State Cost	Indeterminate	\$0	\$0	\$0	\$0
	Total Cost	Indeterminate	\$862,817,128	\$849,672,356	\$38,194,390	\$1,750,683,874
	Enrollment	Indeterminate	463,280			463,280
SFY 2014-2015	State Cost	Indeterminate	\$0	\$0	\$0	\$0
	Total Cost	Indeterminate	\$2,729,084,478	\$424,836,178	\$54,422,111	\$3,208,342,767
	Enrollment	Indeterminate	735,756			735,756
SFY 2015-2016	State Cost	Indeterminate	\$0			\$0
	Total Cost	Indeterminate	\$3,129,819,761			\$3,129,819,761
	Enrollment	Indeterminate	845,312			845,312
SFY 2016-2017	State Cost	Indeterminate	\$79,156,477			\$79,156,477
	Total Cost	Indeterminate	\$3,166,259,048			\$3,166,259,048
	Enrollment	Indeterminate	854,939			854,939
SFY 2017-2018	State Cost	Indeterminate	\$176,141,641			\$176,141,641
	Total Cost	Indeterminate	\$3,202,575,286			\$3,202,575,286
	Enrollment	Indeterminate	864,534			864,534

Adopted Impact Affordable Care Act: Existing & Optional Programs

		<i>Total: Impact of Enrollment and FMAP Changes to Title XIX and Title XXI (EXISTING PROGRAM)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Title XIX and Title XXI (OPTIONAL PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (EXISTING PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (OPTIONAL PROGRAM)</i>	<u><i>Grand Total All Elements</i></u>
SFY 2018-2019	State Cost	Indeterminate	\$210,484,315			\$210,484,315
	Total Cost	Indeterminate	\$3,238,220,229			\$3,238,220,229
	Enrollment	Indeterminate	873,952			873,952
SFY 2019-2020	State Cost	Indeterminate	\$278,233,560			\$278,233,560
	Total Cost	Indeterminate	\$3,273,335,997			\$3,273,335,997
	Enrollment	Indeterminate	883,230			883,230
SFY 2020-2021	State Cost	Indeterminate	\$330,800,711			\$330,800,711
	Total Cost	Indeterminate	\$3,308,007,113			\$3,308,007,113
	Enrollment	Indeterminate	892,390			892,390
SFY 2021-2022	State Cost	Indeterminate	\$334,219,337			\$334,219,337
	Total Cost	Indeterminate	\$3,342,193,378			\$3,342,193,378
	Enrollment	Indeterminate	901,422			901,422
SFY 2022-2023	State Cost	Indeterminate	\$337,588,564			\$337,588,564
	Total Cost	Indeterminate	\$3,375,885,641			\$3,375,885,641
	Enrollment	Indeterminate	910,324			910,324

Adopted Impact

Cost Components: Existing & Optional Programs

<u>Enrollment and Enhanced Federal Matching Rate</u>		Title XIX: Eligible but not enrolled (EXISTING PROGRAM)	CHIP: Eligible but not enrolled 139-200% FPL (EXISTING PROGRAM)	Savings CHIP: Enhanced FMAP between 139-200% FPL (EXISTING PROGRAM)	Title XIX: Expansion to 138% FPL (OPTIONAL PROGRAM)	Title XIX: "Crowd Out" (OPTIONAL PROGRAM)	Title XIX: Under 138% FPL in CHIP program move to Title XIX (OPTIONAL PROGRAM)	Savings CHIP : Under 138% FPL in CHIP move to Title XIX (OPTIONAL PROGRAM)	Total:
SFY 2013-14	FMAP	Indeterminate	Indeterminate	Indeterminate	100%	100%	71.00%	71.00%	
	State Cost	Indeterminate	Indeterminate	Indeterminate	\$0	\$0	\$16,276,624	(\$16,276,624)	\$0
	Total Cost	Indeterminate	Indeterminate	Indeterminate	\$751,369,364	\$111,447,764	\$56,121,451	(\$56,121,451)	\$862,817,128
	Enrollment	Indeterminate	Indeterminate	Indeterminate	397,030	66,250	64,753	-64,753	463,280
SFY 2014-15	FMAP	Indeterminate	Indeterminate	Indeterminate	100%	100%	71.34%	71.34%	
	State Cost	Indeterminate	Indeterminate	Indeterminate	\$0	\$0	\$32,343,901	(\$32,343,901)	\$0
	Total Cost	Indeterminate	Indeterminate	Indeterminate	\$2,283,290,057	\$445,794,421	\$112,834,123	(\$112,834,123)	\$2,729,084,478
	Enrollment	Indeterminate	Indeterminate	Indeterminate	603,255	132,501	65,094	-65,094	735,756
SFY 2015-16	FMAP	Indeterminate	Indeterminate	Indeterminate	100%	100%	71.55%	71.55%	
	State Cost	Indeterminate	Indeterminate	Indeterminate	\$0	\$0	\$33,115,134	(\$33,115,134)	\$0
	Total Cost	Indeterminate	Indeterminate	Indeterminate	\$2,572,577,576	\$557,242,185	\$116,377,205	(\$116,377,205)	\$3,129,819,761
	Enrollment	Indeterminate	Indeterminate	Indeterminate	679,686	165,626	67,138	-67,138	845,312
SFY 2016-17	FMAP	Indeterminate	Indeterminate	Indeterminate	97.50%	97.50%	71.55%	71.55%	
	State Cost	Indeterminate	Indeterminate	Indeterminate	\$65,225,422	\$13,931,055	\$34,221,539	(\$34,221,539)	\$79,156,477
	Total Cost	Indeterminate	Indeterminate	Indeterminate	\$2,609,016,863	\$557,242,185	\$120,265,470	(\$120,265,470)	\$3,166,259,048
	Enrollment	Indeterminate	Indeterminate	Indeterminate	689,313	165,626	69,381	-69,381	854,939
SFY 2017-18	FMAP	Indeterminate	Indeterminate	Indeterminate	94.50%	94.50%	71.55%	71.55%	
	State Cost	Indeterminate	Indeterminate	Indeterminate	\$145,493,321	\$30,648,320	\$35,418,028	(\$35,418,028)	\$176,141,641
	Total Cost	Indeterminate	Indeterminate	Indeterminate	\$2,645,333,101	\$557,242,185	\$124,470,316	(\$124,470,316)	\$3,202,575,286
	Enrollment	Indeterminate	Indeterminate	Indeterminate	698,908	165,626	71,807	-71,807	864,534

Adopted Impact

Cost Components: Existing & Optional Programs

<u>Enrollment and Enhanced Federal Matching Rate</u>		Title XIX: Eligible but not enrolled (EXISTING PROGRAM)	CHIP: Eligible but not enrolled 139-200% FPL (EXISTING PROGRAM)	Savings CHIP: Enhanced FMAP between 139-200% FPL (EXISTING PROGRAM)	Title XIX: Expansion to 138% FPL (OPTIONAL PROGRAM)	Title XIX: "Crowd Out" (OPTIONAL PROGRAM)	Title XIX: Under 138% FPL in CHIP program move to Title XIX (OPTIONAL PROGRAM)	Savings CHIP : Under 138% FPL in CHIP move to Title XIX (OPTIONAL PROGRAM)	Total:
SFY 2018-19	FMAP	Indeterminate	Indeterminate	Indeterminate	93.50%	93.50%	71.55%	71.55%	
	State Cost	Indeterminate	Indeterminate	Indeterminate	\$174,263,573	\$36,220,742	\$36,657,091	(\$36,657,091)	\$210,484,315
	Total Cost	Indeterminate	Indeterminate	Indeterminate	\$2,680,978,044	\$557,242,185	\$128,824,781	(\$128,824,781)	\$3,238,220,229
	Enrollment	Indeterminate	Indeterminate	Indeterminate	708,326	165,626	74,319	-74,319	873,952
SFY 2019-20	FMAP	Indeterminate	Indeterminate	Indeterminate	91.50%	91.50%	71.55%	71.55%	
	State Cost	Indeterminate	Indeterminate	Indeterminate	\$230,867,974	\$47,365,586	\$37,940,260	(\$37,940,260)	\$278,233,560
	Total Cost	Indeterminate	Indeterminate	Indeterminate	\$2,716,093,812	\$557,242,185	\$133,334,248	(\$133,334,248)	\$3,273,335,997
	Enrollment	Indeterminate	Indeterminate	Indeterminate	717,604	165,626	76,921	-76,921	883,230
SFY 2020-21	FMAP	Indeterminate	Indeterminate	Indeterminate	90.00%	90.00%	71.55%	71.55%	
	State Cost	Indeterminate	Indeterminate	Indeterminate	\$275,076,493	\$55,724,218	\$39,269,122	(\$39,269,122)	\$330,800,711
	Total Cost	Indeterminate	Indeterminate	Indeterminate	\$2,750,764,928	\$557,242,185	\$138,004,294	(\$138,004,294)	\$3,308,007,113
	Enrollment	Indeterminate	Indeterminate	Indeterminate	726,764	165,626	79,615	-79,615	892,390
SFY 2021-22	FMAP	Indeterminate	Indeterminate	Indeterminate	90.00%	90.00%	71.55%	71.55%	
	State Cost	Indeterminate	Indeterminate	Indeterminate	\$278,495,119	\$55,724,218	\$40,645,321	(\$40,645,321)	\$334,219,337
	Total Cost	Indeterminate	Indeterminate	Indeterminate	\$2,784,951,193	\$557,242,185	\$142,840,700	(\$142,840,700)	\$3,342,193,378
	Enrollment	Indeterminate	Indeterminate	Indeterminate	735,796	165,626	82,405	-82,405	901,422
SFY 2022-23	FMAP	Indeterminate	Indeterminate	Indeterminate	90.00%	90.00%	71.55%	71.55%	
	State Cost	Indeterminate	Indeterminate	Indeterminate	\$281,864,346	\$55,724,218	\$42,070,562	(\$42,070,562)	\$337,588,564
	Total Cost	Indeterminate	Indeterminate	Indeterminate	\$2,818,643,456	\$557,242,185	\$147,849,454	(\$147,849,454)	\$3,375,885,641
	Enrollment	Indeterminate	Indeterminate	Indeterminate	744,698	165,626	85,294	-85,294	910,324

Adopted Impact

Increase Select Primary Care Rates to Medicare Rate

<u>Increase Reimbursement to Primary Care Providers to the Medicare Rate</u>		Currently Enrolled Population (EXISTING PROGRAM)	Eligible but Not Enrolled (EXISTING PROGRAM)	Expansion to 138% FPL (OPTIONAL PROGRAM)	Crowd Out: Population (OPTIONAL PROGRAM)	Kidcare Transition Population (OPTIONAL PROGRAM)	Total:
SFY 2012-13	FMAP	100%					
	State Cost	\$0					\$0
	Total Cost	\$424,836,178					\$424,836,178
	Enrollment						
SFY 2013-14	FMAP	100%		100%	100%	100%	
	State Cost	\$0	Indeterminate	\$0	\$0	\$0	\$0
	Total Cost	\$849,672,356	Indeterminate	\$28,776,734	\$7,269,150	\$2,148,506	\$887,866,746
	Enrollment						
SFY 2014-15	FMAP	100%		100%	100%	100%	
	State Cost	\$0	Indeterminate	\$0	\$0	\$0	\$0
	Total Cost	\$424,836,178	Indeterminate	\$43,723,923	\$8,538,365	\$2,159,823	\$479,258,289
	Enrollment						

Appendix

- The Conference assumptions are relaxed to produce the following Tables based on the maximum exposure for:
 - Absorbing the currently eligible but not enrolled population into the Existing Program,
 - Expanding into the Optional Program, and
 - Providing of a continuing rate increase for primary care practitioners.
- These Tables are included for information only.

Maximum Exposure

Affordable Care Act: Existing & Optional Programs

		<i>Total: Impact of Enrollment and FMAP Changes to Title XIX and Title XXI (EXISTING PROGRAM)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Title XIX and Title XXI (OPTIONAL PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (EXISTING PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (OPTIONAL PROGRAM)</i>	<i>Grand Total All Elements</i>
SFY 2012-2013	State Cost	\$0	\$0	\$0	\$0	\$0
	Total Cost	\$0	\$0	\$424,836,178	\$0	\$424,836,178
	Enrollment					
SFY 2013-2014	State Cost	\$195,337,342	\$0	\$0	\$0	\$195,337,342
	Total Cost	\$511,994,709	\$1,054,191,943	\$864,680,269	\$42,523,930	\$2,473,390,851
	Enrollment	365,783	564,405			930,188
SFY 2014-2015	State Cost	\$386,473,782	\$0	\$179,940,217	\$619,113	\$567,033,112
	Total Cost	\$1,023,989,417	\$3,310,640,605	\$879,688,182	\$131,117,468	\$5,345,435,672
	Enrollment	365,783	889,407			1,255,190
SFY 2015-2016	State Cost	\$291,747,596	\$0	\$357,417,308	\$1,267,751	\$650,432,655
	Total Cost	\$1,023,989,417	\$3,785,056,847	\$879,688,182	\$149,423,632	\$5,838,158,078
	Enrollment	365,783	1,018,430			1,384,213
SFY 2016-2017	State Cost	\$260,824,335	\$95,769,431	\$357,417,308	\$4,978,093	\$718,989,167
	Total Cost	\$1,023,989,417	\$3,830,777,243	\$879,688,182	\$151,323,538	\$5,885,778,380
	Enrollment	365,783	1,030,510			1,396,293
SFY 2017-2018	State Cost	\$260,824,335	\$213,198,879	\$357,417,308	\$9,521,462	\$840,961,984
	Total Cost	\$1,023,989,471	\$3,876,343,249	\$879,688,182	\$153,229,651	\$5,933,250,553
	Enrollment	365,783	1,042,548			1,408,331

Maximum Exposure

Affordable Care Act: Existing & Optional Programs

		<i>Total: Impact of Enrollment and FMAP Changes to Title XIX and Title XXI (EXISTING PROGRAM)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Title XIX and Title XXI (OPTIONAL PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (EXISTING PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (OPTIONAL PROGRAM)</i>	<i>Grand Total All Elements</i>
SFY 2018-2019	State Cost	\$260,824,335	\$254,869,354	\$357,417,308	\$11,164,881	\$884,275,878
	Total Cost	\$1,023,989,417	\$3,921,066,981	\$879,688,182	\$155,109,234	\$5,979,853,814
	Enrollment	365,783	1,054,365			1,420,148
SFY 2019-2020	State Cost	\$260,824,335	\$337,035,775	\$357,417,308	\$14,360,986	\$969,638,404
	Total Cost	\$1,023,989,417	\$3,965,126,757	\$879,688,182	\$156,969,320	\$6,025,773,676
	Enrollment	365,783	1,066,005			1,431,788
SFY 2020-2021	State Cost	\$260,824,335	\$400,862,862	\$357,417,308	\$16,856,440	\$1,035,960,945
	Total Cost	\$1,023,989,417	\$4,008,628,628	\$879,688,182	\$158,814,188	\$6,071,120,415
	Enrollment	365,783	1,077,499			1,443,282
SFY 2021-2022	State Cost	\$260,824,335	\$405,152,215	\$357,417,308	\$17,073,404	\$1,040,467,262
	Total Cost	\$1,023,989,417	\$4,051,522,155	\$879,688,182	\$160,642,055	\$6,115,841,809
	Enrollment	365,783	1,088,831			1,454,614
SFY 2022-2023	State Cost	\$260,824,335	\$409,379,585	\$357,417,308	\$17,289,871	\$1,044,911,099
	Total Cost	\$1,023,989,417	\$4,093,795,859	\$879,688,182	\$162,452,922	\$6,159,926,380
	Enrollment	365,783	1,100,000			1,465,783

Maximum Exposure

Cost Components: Existing & Optional Programs

<u>Enrollment and Enhanced Federal Matching Rate</u>		Title XIX: Eligible but not enrolled (EXISTING PROGRAM)	CHIP: Eligible but not enrolled 139-200% FPL (EXISTING PROGRAM)	Savings CHIP: Enhanced FMAP between 139-200% FPL (EXISTING PROGRAM)	Title XIX: Expansion to 138% FPL (OPTIONAL PROGRAM)	Title XIX: "Crowd Out" (OPTIONAL PROGRAM)	Title XIX: Under 138% FPL in CHIP program move to Title XIX (OPTIONAL PROGRAM)	Savings CHIP : Under 138% FPL in CHIP move to Title XIX (OPTIONAL PROGRAM)	Total:
SFY 2013-14	FMAP	58.62%	71.11%	n/a	100%	100%	71.00%	71.00%	
	State Cost	\$162,222,470	\$33,114,872	\$0	\$0	\$0	\$16,276,624	(\$16,276,624)	\$195,337,342
	Total Cost	\$392,031,102	\$119,963,607	\$0	\$942,744,179	\$111,447,764	\$56,121,451	(\$56,121,451)	\$1,566,186,652
	Enrollment	253,941	111,842	0	498,155	66,250	64,753	-64,753	930,188
SFY 2014-15	FMAP	59.09%	71.34%	n/a	100%	100%	71.34%	71.34%	
	State Cost	\$320,759,847	\$65,713,935	\$0	\$0	\$0	\$32,343,901	(\$32,343,901)	\$386,473,782
	Total Cost	\$784,062,203	\$239,927,214	\$0	\$2,864,846,184	\$445,794,421	\$112,834,123	(\$112,834,123)	\$4,334,630,022
	Enrollment	253,941	111,842	0	756,906	132,501	65,094	-65,094	1,255,190
SFY 2015-16	FMAP	59.37%	88.80%	n/a	100%	100%	71.55%	71.55%	
	State Cost	\$318,564,473	\$25,687,237	(\$52,504,114)	\$0	\$0	\$33,115,134	(\$33,115,134)	\$291,747,596
	Total Cost	\$784,062,203	\$239,927,214	\$0	\$3,227,814,662	\$557,242,185	\$116,377,205	(\$116,377,205)	\$4,809,046,264
	Enrollment	253,941	111,842	0	852,804	165,626	67,138	-67,138	1,384,213
SFY 2016-17	FMAP	59.37%	94.59%	n/a	97.50%	97.50%	71.55%	71.55%	
	State Cost	\$318,564,473	\$12,402,316	(\$70,142,454)	\$81,838,376	\$13,931,055	\$34,221,539	(\$34,221,539)	\$356,593,766
	Total Cost	\$784,062,203	\$239,927,214	\$0	\$3,273,535,058	\$557,242,185	\$120,265,470	(\$120,265,470)	\$4,854,766,660
	Enrollment	253,941	111,842	0	864,884	165,626	69,381	-69,381	1,396,293
SFY 2017-18	FMAP	59.37%	94.59%	n/a	94.50%	94.50%	71.55%	71.55%	
	State Cost	\$318,564,473	\$12,402,316	(\$70,142,454)	\$182,550,559	\$30,648,320	\$35,418,028	(\$35,418,028)	\$474,023,214
	Total Cost	\$784,062,203	\$239,927,214	\$0	\$3,319,101,064	\$557,242,185	\$124,470,316	(\$124,470,316)	\$4,900,332,666
	Enrollment	253,941	111,842	0	876,922	165,626	71,807	-71,807	1,408,331

Maximum Exposure

Cost Components: Existing & Optional Programs

<u>Enrollment and Enhanced Federal Matching Rate</u>		Title XIX: Eligible but not enrolled (EXISTING PROGRAM)	CHIP: Eligible but not enrolled 139-200% FPL (EXISTING PROGRAM)	Savings CHIP: Enhanced FMAP between 139-200% FPL (EXISTING PROGRAM)	Title XIX: Expansion to 138% FPL (OPTIONAL PROGRAM)	Title XIX: "Crowd Out" (OPTIONAL PROGRAM)	Title XIX: Under 138% FPL in CHIP program move to Title XIX (OPTIONAL PROGRAM)	Savings CHIP : Under 138% FPL in CHIP move to Title XIX (OPTIONAL PROGRAM)	Total:
SFY 2018-19	FMAP	59.37%	94.59%	n/a	93.50%	93.50%	71.55%	71.55%	
	State Cost	\$318,564,473	\$12,402,316	(\$70,142,454)	\$218,648,612	\$36,220,742	\$36,657,091	(\$36,657,091)	\$515,693,689
	Total Cost	\$784,062,203	\$239,927,214	\$0	\$3,363,824,796	\$557,242,185	\$128,824,781	(\$128,824,781)	\$4,945,056,398
	Enrollment	253,941	111,842	0	888,739	165,626	74,319	-74,319	1,420,148
SFY 2019-20	FMAP	59.37%	94.59%	n/a	91.50%	91.50%	71.55%	71.55%	
	State Cost	\$318,564,473	\$12,402,316	(\$70,142,454)	\$289,670,189	\$47,365,586	\$37,940,260	(\$37,940,260)	\$597,860,110
	Total Cost	\$784,062,203	\$239,927,214	\$0	\$3,407,884,572	\$557,242,185	\$133,334,248	(\$133,334,248)	\$4,989,116,174
	Enrollment	253,941	111,842	0	900,379	165,626	76,921	-76,921	1,431,788
SFY 2020-21	FMAP	59.37%	94.59%	n/a	90%	90%	71.55%	71.55%	
	State Cost	\$318,564,473	\$12,402,316	(\$70,142,454)	\$345,138,644	\$55,724,218	\$39,269,122	(\$39,269,122)	\$661,687,197
	Total Cost	\$784,062,203	\$239,927,214	\$0	\$3,451,386,443	\$557,242,185	\$138,004,294	(\$138,004,294)	\$5,032,618,045
	Enrollment	253,941	111,842	0	911,873	165,626	79,615	-79,615	1,443,282
SFY 2021-22	FMAP	59.37%	94.59%	n/a	90%	90%	71.55%	71.55%	
	State Cost	\$318,564,473	\$12,402,316	(\$70,142,454)	\$349,427,997	\$55,724,218	\$40,645,321	(\$40,645,321)	\$665,976,550
	Total Cost	\$784,062,203	\$239,927,214	\$0	\$3,494,279,970	\$557,242,185	\$142,840,700	(\$142,840,700)	\$5,075,511,572
	Enrollment	253,941	111,842	0	923,205	165,626	82,405	-82,405	1,454,614
SFY 2022-23	FMAP	59.37%	94.59%	n/a	90%	90%	71.55%	71.55%	
	State Cost	\$318,564,473	\$12,402,316	(\$70,142,454)	\$353,655,367	\$55,724,218	\$42,070,562	(\$42,070,562)	\$670,203,920
	Total Cost	\$784,062,203	\$239,927,214	\$0	\$3,536,553,674	\$557,242,185	\$147,849,454	(\$147,849,454)	\$5,117,785,276
	Enrollment	253,941	111,842	0	934,374	165,626	85,294	-85,294	1,465,783

Maximum Exposure

Increase Select Primary Care Rates to Medicare Rate

<u>Increase Reimbursement to Primary Care Providers to the Medicare Rate</u>		Currently Enrolled Population (EXISTING PROGRAM)	Eligible but Not Enrolled (EXISTING PROGRAM)	Expansion to 138% FPL (OPTIONAL PROGRAM)	Crowd Out: Population (OPTIONAL PROGRAM)	Kidcare Transition Population (OPTIONAL PROGRAM)	Total:
SFY 2012-13	FMAP	100%					
	State Cost	\$0					
	Total Cost	\$424,836,178					\$424,836,178
	Enrollment						
SFY 2013-14	FMAP	100%	100%	100%	100%	100%	
	State Cost	\$0	\$0	\$0	\$0	\$0	\$0
	Total Cost	\$849,672,356	\$15,007,913	\$36,106,274	\$4,269,150	\$2,148,506	\$907,204,199
	Enrollment						
SFY 2014-15	FMAP	79.55%	79.34%	100%	100%	85.67%	
	State Cost	\$173,800,480	\$6,139,737	\$0	\$0	\$619,113	\$180,559,330
	Total Cost	\$849,672,356	\$30,015,826	\$109,721,094	\$17,076,729	\$4,319,645	\$1,010,805,650
	Enrollment						
SFY 2015-16	FMAP	59.37%	59.37%	100%	100%	71.55%	
	State Cost	\$345,221,878	\$12,195,430	\$0	\$0	\$1,267,751	\$358,685,059
	Total Cost	\$849,672,356	\$30,015,826	\$123,622,468	\$21,345,879	\$4,455,285	\$1,029,111,814
	Enrollment						
SFY 2016-17	FMAP	59.37%	59.37%	97.50%	97.50%	71.55%	
	State Cost	\$345,221,878	\$12,195,430	\$3,134,338	\$533,647	\$1,310,108	\$362,395,401
	Total Cost	\$849,672,356	\$30,015,826	\$125,373,519	\$21,345,879	\$4,604,140	\$1,031,011,720
	Enrollment						
SFY 2017-18	FMAP	59.37%	59.37%	94.50%	94.50%	71.55%	
	State Cost	\$345,221,878	\$12,195,430	\$6,991,526	\$1,174,023	\$1,355,913	\$366,938,770
	Total Cost	\$849,672,356	\$30,015,826	\$127,118,657	\$21,345,879	\$4,765,115	\$1,032,917,833
	Enrollment						

Maximum Exposure

Increase Select Primary Care Rates to Medicare Rate

<u>Increase Reimbursement to Primary Care Providers to the Medicare Rate</u>		Currently Enrolled Population (EXISTING PROGRAM)	Eligible but Not Enrolled (EXISTING PROGRAM)	Expansion to 138% FPL (OPTIONAL PROGRAM)	Crowd Out: Population (OPTIONAL PROGRAM)	Kidcare Transition Population (OPTIONAL PROGRAM)	Total:
SFY 2018-19	FMAP	59.37%	59.37%	93.50%	93.50%	71.55%	
	State Cost	\$345,221,878	\$12,195,430	\$8,374,050	\$1,387,482	\$1,403,349	\$368,582,189
	Total Cost	\$849,672,356	\$30,015,826	\$128,831,537	\$21,345,879	\$4,931,818	\$1,034,797,416
	Enrollment						
SFY 2019-20	FMAP	59.37%	59.37%	91.50%	91.50%	71.55%	
	State Cost	\$345,221,878	\$12,195,430	\$11,094,114	\$1,814,400	\$1,452,472	\$371,778,294
	Total Cost	\$849,672,356	\$30,015,826	\$130,518,987	\$21,345,879	\$5,104,454	\$1,036,657,502
	Enrollment						
SFY 2020-21	FMAP	59.37%	59.37%	90.00%	90.00%	71.55%	
	State Cost	\$345,221,878	\$12,195,430	\$13,218,507	\$2,134,588	\$1,503,345	\$374,273,748
	Total Cost	\$849,672,356	\$30,015,826	\$132,185,071	\$21,345,879	\$5,283,238	\$1,038,502,370
	Enrollment						
SFY 2021-22	FMAP	59.37%	59.37%	90.00%	90.00%	71.55%	
	State Cost	\$345,221,878	\$12,195,430	\$13,382,785	\$2,134,588	\$1,556,031	\$374,490,712
	Total Cost	\$849,672,356	\$30,015,826	\$133,827,785	\$21,345,879	\$5,468,391	\$1,040,330,237
	Enrollment						
SFY 2022-23	FMAP	59.37%	59.37%	90.00%	90.00%	71.55%	
	State Cost	\$345,221,878	\$12,195,430	\$13,544,690	\$2,134,588	\$1,610,593	\$374,707,179
	Total Cost	\$849,672,356	\$30,015,826	\$135,446,901	\$21,345,879	\$5,660,142	\$1,042,141,104
	Enrollment						