

**Social Services Estimating Conference  
Medicaid Caseloads and Expenditures  
November 19, 2018 and December 10, 2018  
Executive Summary**

The Social Services Estimating Conference convened on November 19, 2018, to adopt revised Medicaid caseload and FMAP projections and on December 10, 2018, to update the expenditure projection for the period covering FY 2018-19 through FY 2023-24.

**Caseload Estimating Conference** – FY 2017-18 Medicaid caseload was 3,931,828. The Conference adopted a caseload estimate for FY 2018-19 that was 8,461 (0.22%) higher than the one adopted in August and increased the projection for FY 2019-20 by 24,140 (0.62%). The new projection for FY 2018-19 is 3,873,544. In the out-years, caseload is projected to be 3,917,569 in FY 2019-20; 3,955,279 in FY 2020-21; 3,991,109 in FY 2021-22; 4,026,228 in FY 2022-23; and 4,060,764 in FY 2023-24.

Caseload is projected separately for Statewide Medicaid Managed Care (SMMC) and Fee for Service (FFS) categories. The SMMC enrollment is forecasted by enrollment categories that align with capitation rate cell groupings (e.g. TANF, SSI, HIV/AIDS, etc.) and by geographic Medicaid super-regions. The FFS enrollment is forecasted by enrollment categories that align with Medicaid eligibility groupings (e.g. Medically Needy, QMB/SLMB/QI, Family Planning, etc.). Note that while the names of some of the current FFS categories are unchanged from prior methodologies, the current groups are not directly comparable to the historical groups shown in forecasts prior to July 2016.

The new estimate shows a 1.5% decrease in Medicaid caseload for FY 2018-19 over the prior fiscal year and a 1.1% increase in FY 2019-20. The table below summarizes the newly adopted estimates.

<b>Total Medicaid Caseload</b>	<b>FY 2018-19</b>		<b>FY 2019-20</b>		
	<b>3,873,544</b>		<b>3,917,569</b>		
SMMC	FY 2018-19	FY 2019-20	FFS	FY 2018-19	FY 2019-20
TANF 0-13	1,498,036	1,499,949	Other FFS	207,759	226,250
TANF 14+	910,663	912,202	Medically Needy	30,351	31,348
SSI Medicaid	303,893	305,230	QMB/SLMB/QI	447,034	459,766
SSI Dual	114,317	114,702	XXI Children (6-18)	4,526	4,621
HIV/AIDS Medicaid	6,360	6,437	General Assistance	988	1021
HIV/AIDS Specialty Medicaid	6,467	6,531	Family Planning	67,586	68,066
HIV/AIDS Dual	6,862	6,876	Relative Caregiver	18,095	18,110
LTC Medicaid	8,206	8,846	Child Only	22,650	22,730
LTC Dual	76,549	77,774	Families with Adults	23,231	23,375
Child Welfare	62,762	63,863	Unemployed Parents	2,394	2,467
CMSN	51,482	51,541			

**Expenditure Estimating Conference** – The new expenditure forecast takes account of the Medicaid caseload forecast adopted in November 2018 as described above. While the Conference is aware that reductions to hospital disproportionate share (DSH) funding are possible, they are not reflected in this forecast. The federal Centers for Medicare & Medicaid Services (CMS) has only released amounts and methodology that will be used in calculating state reductions. This forecast reflects the draft DSH allotments currently provided by CMS. The forecast also adheres to federal waiver authority for the size of the Low Income Pool (LIP) in FY 2018-19, which is currently set to expire in June 2022 and is contingent upon approval of a budget amendment per the General Appropriations Act. In this regard, the forecast assumes the continuation of Intergovernmental Transfers (IGTs) from local taxing authorities. The forecast also assumes continuation of IGTs for DSH based on historical collections for this purpose for FY 2018-19 through FY 2023-24. While IGT collections for LIP and DSH have no impact on managed care plan capitation rates, the SSEC strongly cautions that IGTs for these purposes may be at risk beginning in FY 2018-19 and may result in lower supplemental payments to providers. The forecast assumes that retroactive eligibility will begin in February 2019 and continue throughout the forecast; however, additional legislative action is needed for all years beyond the current year.

In the current expenditures forecast, an overall rate increase of 3.82% was applied to the Prepaid Health Plans category at a granular level beginning October 1, 2018. This figure was provided in the December 1, 2018 letter prepared by Milliman, Inc., “Social Services Estimating Conference – RY 18/19 Final Estimates for SMMC.” The overall rate change is comprised of two components, a 1.91% net increase from Rate Year 2017-18 to Rate Year 2018-19, excluding program changes, and an additional 1.91% reflecting several program changes.

In the out-years, the MMA capitation rate increase is projected to be 3.20% in October 2019, 3.50% in October 2020, 3.90% in October 2021, 4.00% in October 2022, and 4.10% in October 2023.

In the current expenditures forecast, a rate increase of 1.47% was applied to the Prepaid Health Plan – Long Term Care category beginning October 1, 2018. This figure was provided in the December 1, 2018 letter prepared by Milliman, Inc., “Social Services Estimating Conference – RY 18/19 Final Estimates for SMMC.” In the out-years, the LTC capitation rate increase is projected to be 1.5% in October of each year.

Final, reconciled program expenditures for FY 2017-18 totaled \$25,203.7 million. For FY 2018-19, program expenditures are estimated to increase to \$27,679.9 million (9.8% above FY 2017-18). This level is lower than the appropriated level, but higher than forecasted in August. The net increase in the estimate since the last Conference is primarily driven by the higher caseload and the higher than anticipated costs for Prepaid Health Plan–Managed Medical Assistance Program and Community Mental Health Services. Overall, the new forecast anticipates a surplus in General Revenue funds for the current year relative to the appropriation of \$146.2 million, but this is \$23.8 million less than forecast in August.

For FY 2019-20, program expenditures are expected to increase to \$28,166.4 million (1.8% above the fiscal year 2018-19 estimates). The General Revenue requirement for FY 2019-20 is \$164.2 million above the FY 2019-20 base budget level and \$24.2 million more than anticipated in August.

A negative number on the table below means additional funding is needed relative to the August forecast.

<b>Expenditure Forecast (millions)</b>	<b>FY 2018-19 Forecast</b>	<b>Comparison to August Forecast (Aug. - Dec.)</b>	<b>FY 2019-20 Forecast</b>	<b>Comparison to August Forecast (Aug. - Dec.)</b>
General Revenue	\$6,687.1	(\$23.8)	\$6,944.2	(\$24.2)
Medical Care TF	15,501.0	(60.5)	15,816.5	(544.1)
Refugee Assistance TF	4.8	1.1	4.8	1.2
Public Medical Assistance TF	752.3	(2.5)	773.3	(99.8)
Other State Funds	482.5	(.1)	479.7	5.8
Grants and Donations TF	3,154.5	.0	3,115.7	9.8
Health Care Trust Fund	819.6	.0	766.5	(26.2)
Tobacco Settlement TF	278.1	.0	265.7	.0
<b>Total</b>	<b>\$27,679.9</b>	<b>(\$85.8)</b>	<b>\$28,166.4</b>	<b>(\$677.5)</b>

**Federal Medical Assistance Percentage** – Based on new population and personal income data for the nation and for Florida, the Conference made modifications to the Federal Medical Assistance Percentage levels used for state budgeting purposes. The confirmed FMAP for 2018-19 is 61.10%, and the preliminary FMAP for 2019-20 is 61.32%.