

**Social Services Estimating Conference
Medicaid Caseloads and Expenditures
February 13, 25 and 27, 2025
Executive Summary**

The Social Services Estimating Conference (SSEC) develops its new materials for Medicaid over multiple conferences. For this cycle, it convened on February 13, 2025, to adopt a new Medicaid caseload forecast, on February 25, 2025, to revise the FMAP estimates and on February 27, 2025, to update the expenditure forecast for the period covering FY 2024-25 through FY 2029-30.

Caseload Estimating Conference – In response to the end of the continuous coverage provision that was in place from the early days of the pandemic through March 2023, Florida’s redetermination process began in May 2023. Total caseload for FY 2023-24 finished the year at 4,836,670, which reflected a 13.3% drop from the prior year’s historic caseload peak of 5,575,548. The Conference expects this double-digit decline (-12.1%) to continue throughout FY 2024-25, concluding the year with an estimated caseload of 4,249,579 which is 50,210 or 1.17% lower than expected at the December 2024 conference. Despite large upward adjustments to a few categories (Other FFS and CMSN), the overall caseload decline (-0.6%) continues into FY 2025-26, producing a fiscal year total of 4,226,199. At this level, the cycle low is still higher than the pre-pandemic caseload level. As previously assumed, total caseload resumes growth in FY 2026-27, increasing to 4,231,075. Weak growth then continues throughout the remainder of the forecast—producing a caseload total of 4,254,830 in FY 2029-30. Even so, the revised caseload in the new forecast is lower across all years relative to the previous expectations, largely due to the annualized adjustments made to FY 2024-25.

Fiscal Year	Medicaid Caseload	Percent Change
2012-13	3,313,699	
2013-14	3,457,449	4.3%
2014-15	3,752,934	8.5%
2015-16	3,967,169	5.7%
2016-17	4,017,726	1.3%
2017-18	3,931,828	-2.1%
2018-19	3,812,142	-3.0%
2019-20	3,814,034	0.0%
2020-21	4,524,393	18.6%
2021-22	5,082,185	12.3%
2022-23	5,575,548	9.7%
2023-24	4,836,670	-13.3%
2024-25	4,249,579	-12.1%
2025-26	4,226,199	-0.6%
2026-27	4,231,075	0.1%
2027-28	4,236,223	0.1%
2028-29	4,244,694	0.2%
2029-30	4,254,830	0.2%



Note: Shaded cells reflect historical Medicaid caseload.
Unshaded cells reflect forecasted Medicaid caseload.

Expenditure Estimating Conference – The new expenditure forecast takes account of the Medicaid caseload changes described above, which had a material effect on projected costs. There are several other important funding notes. First, the scheduled changes to Disproportionate Share Hospital Funding (DSH) allotments have yet to be included. While the DSH reductions are currently set to go into effect October 1, 2025, it is unknown how the Legislature will respond to the loss of these federal funds. Florida has previously implemented other federal matching programs that may offset DSH losses, including the Directed Payment Program (DPP) and the Indirect Medical Education (IME) Program. The aggregate reductions to the Medicaid DSH allotments nationwide equal \$8.0 billion for each 12-month period, of which Florida's share would be \$118.6 million. Second, the Low Income Pool (along with other supplemental payment programs funded through Intergovernmental Transfers [IGTs] from local taxing authorities) is contingent upon Legislative Budget Commission approval of a pending budget amendment. Third, the forecast assumes continuation of IGTs for DSH based on historical collections for this purpose. While IGT collections for DSH have no impact on managed care plan capitation rates, the Conference strongly cautions that IGTs for this purpose may be at risk beginning as early as FY 2024-25, potentially resulting in lower payments to providers.

In the expenditure forecast, an overall rate increase of 4.2% was applied to the Prepaid Health Plan general category beginning October 1, 2024. The prior forecast had assumed a rate increase of 2.08%. The current rate year is bifurcated pre- (10/24 to 1/25) and post-implementation (2/25 to 9/25) of several programmatic changes. The post-implementation period includes changes to the HIV/AIDS categories; however, even more significant is the transfer of behavioral analysis services from fee-for-service to managed care. In subsequent years, the overall MMA capitation rate is expected to grow 4.3% in October 2025, 3.4% in October 2026, 2.75% in October 2027, 2.6% in October 2028 and 2.5% in October 2029.

For the Prepaid Health Plan – CMSN category, a rate increase of 8.0% was applied on October 1, 2024. In the outer years, the overall CMSN capitation rate is projected to grow 9.7% in October 2025, 4.38% in October 2026, and an annual 3.0% beginning in October 2027 and continuing through October 2029.

For the Prepaid Health Plan – Dental category, a rate increase of 44.5% was applied on October 1, 2024. In the outer years, the overall Dental capitation rate is projected to grow 5.5% in October 2025, 3.4% in October 2026, and an annual 3.0% beginning in October 2027 and continuing through October 2029.

For the Prepaid Health Plan – Long Term Care (LTC) category, an overall rate increase of 6.3% was applied October 1, 2024. In the outer years, the overall LTC capitation rate is projected to increase 2.25% in October 2025, and an annual 2.0% beginning in October 2026 and continuing through October 2029.

For FY 2024-25, program expenditures are expected to drop 12.9% from the prior year to \$32,967.0 million. This level is lower than the appropriated level and lower than forecasted in December. Most importantly, the current-year estimate produces a General Revenue surplus of \$416.9 million relative to the appropriated level, an improvement of \$78.3 million since the December forecast. For FY 2025-26, program expenditures are expected to increase to \$34,675.7 million or 5.2% above the new estimate for the 2024-25 fiscal year. This results in a General Revenue need for an additional \$873.1 million above the base budget level, an improvement of \$157.9 million since the December forecast. See the table on the following page for more details relating to the first two years.

Federal Medical Assistance Percentage – Using new population and personal income data for the nation and for Florida, the Conference made modifications to the Federal Medical Assistance Percentages (FMAP) that are the federal funding shares used for state budgeting purposes. Overall, the new FMAP forecast has changes that are favorable to the State. The base FMAP for 2024-25 and 2025-26 have been confirmed at 57.17% and 57.22%. After adjusting to the State’s fiscal year, the effective state FMAP is 57.37% for FY 2024-25 and 57.21% for FY 2025-26.

Expenditure Forecast (millions)	FY 2024-25		FY 2025-26	
	Forecast	Surplus/(Deficit)	Forecast	Comparison to Base Budget
General Revenue	\$10,499.4	\$416.9	\$11,832.6	(\$873.1)
Medical Care TF	\$16,397.7	\$554.4	\$17,855.6	(\$848.1)
Refugee Assistance TF	\$310.9	(\$127.0)	\$315.3	(\$131.5)
Public Medical Assistance TF	\$1,146.9	\$17.1	\$906.9	\$257.1
Other State Funds	\$54.1	(\$7.1)	\$54.2	(\$7.3)
Grants and Donations TF	\$3,559.6	\$53.8	\$2,917.7	\$695.1
Health Care Trust Fund	\$738.4	(\$94.6)	\$549.2	\$94.6
Tobacco Settlement TF	\$260.1	\$28.0	\$244.2	\$43.9
Total	\$32,967.0	\$841.5	\$34,675.7	(\$769.2)