Social Services Estimating Conference
Medicaid Caseloads and Expenditures
December 12 and 20, 2024
Executive Summary

The Social Services Estimating Conference (SSEC) develops its new materials for Medicaid over multiple conferences. For this cycle, it convened on December 12, 2024, to adopt a new Medicaid caseload forecast, and on December 20, 2024, to update the expenditure forecast for the period covering FY 2024-25 through FY 2029-30.

Caseload Estimating Conference – The Consolidated Appropriations Act of 2023 (P.L. 117-328) ended the PHE-related continuous coverage provision at the end of March 2023, triggering Florida's redetermination process which began in May 2023. Total caseload for FY 2023-24 was 4,836,670, which reflected a 13.3% drop from the previous year's total of 5,575,548. The Conference expects this decline to continue throughout FY 2024-25, generating an estimated caseload of 4,299,790, which is 107,801 or 2.45% lower than expected at the July 2024 conference. While the redetermination process has all but ended, it continues to affect specific caseload categories. Of note, the SSI Medicaid and SSI Dual categories have reductions in FY 2024-25 from the prior forecast of 39,099 or 13.27% and 11,813 or 18.31%. These downward shifts in levels persist throughout the new forecast. Even so, total caseload is expected to resume positive growth beginning in FY 2025-26, increasing to 4,315,120. Modest growth continues throughout the forecast—producing a caseload total of 4,357,719 in FY 2029-30. Yet, the revised caseload relative to the previous expectations is lower across all years, largely due to the adjustments made to FY 2024-25.

Albeit small in relative size, three categories had noteworthy caseload adjustments that reflected changes in program administration. According to the agency, beginning February 1, 2025, a new HIV / AIDS algorithm will be in place to identify those members eligible for HIV / AIDS specialty services. The new algorithm is expected to reduce the number of members eligible for the HIV/AIDS unique categories and move them instead into more general eligibility categories (SSI and TANF). The average annualized reduction across the three HIV/AIDS categories is 9,578—a decline of 46% from the prior estimates for the full 2025-26 fiscal year.

Total Medicaid Caseload	**FY 2024-25**	**FY 2025-26**
	4,299,790	**4,315,120**

SMMC			FFS		
	FY 2024-25	FY 2025-26		FY 2024-25	FY 2025-26
TANF 0-13	1,412,056	1,414,880	Other FFS	321,254	319,908
TANF 14+	1,074,179	1,088,144	Medically Needy	19,586	19,608
SSI Medicaid	255,588	256,867	QMB/SLMB/QI	510,554	513,361
SSI Dual	52,700	52,399	XXI Children (6-18)	5,391	5,574
HIV/AIDS Medicaid	7,728	5,231	General Assistance	54,435	53,291
HIV/AIDS Specialty Medicaid	6,648	4,478	Family Planning	284,187	287,029
HIV/AIDS Dual	1,891	1,636	Relative Caregiver	6,847	6,847
LTC Medicaid	12,769	13,559	Child Only	11,465	11,311
LTC Dual	70,263	70,588	Families with Adults	22,308	22,308
Child Welfare	61,401	61,401	Unemployed Parents	17,126	13,624
CMSN	90,519	92,179			
PDN	894	897			

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 set to go into effect April 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 in FY 2024-25, potentially resulting in lower payments to providers.

In the expenditure forecast, an overall rate increase of 2.08% was applied to the Prepaid Health Plan general category beginning October 1, 2024. The prior forecast had assumed a rate decline of -0.2%. 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 the changes mentioned above 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 2.9% in October 2025, 2.75% in October 2026, 2.70% 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 3.7% was applied on October 1, 2024. In the outer years, the overall CMSN capitation rate is projected to grow 3.2% in October 2025, 3.1% in October 2026, and an annual 3.0% starting in October 2027 and continuing through 2029.

For the Prepaid Health Plan – Long Term Care (LTC) category, an overall rate increase of 2.10% was applied October 1, 2024. In the outer years, the overall LTC capitation rate is projected to increase 1.75% in October of each year.

For FY 2024-25, program expenditures are expected to drop from the prior year to $33,007.6 million. This level is lower than the appropriated level and lower than forecasted in July. Most importantly, the current-year estimate produces a General Revenue surplus of $338.7 million relative to the appropriated level. For FY 2025-26, program expenditures are expected to increase to $34,620.1 million or 4.9% above the new estimate for the 2024-25 fiscal year. This results in a General Revenue need for an additional $1,031.0 million above the base budget level. See the table on the following page for more details relating to the first two years.

Federal Medical Assistance Percentage –The Conference made no modifications to the July 2024 forecast for the Federal Medical Assistance Percentage (FMAP). This is the federal funding share used for state budgeting purposes. The base FMAP for 2024-25 has been confirmed at 57.17%. The preliminary base FMAP for 2025-26 is projected to be 56.04%. After adjusting to the State's fiscal year, the effective state FMAP is 57.37% for FY 2024-25 and 56.32% for FY 2025-26.

Expenditure Forecast (millions)	FY 2024-25		FY 2025-26	
	Forecast	Surplus/(Deficit)	Forecast	Comparison to Base Budget
General Revenue	$10,577.6	$338.7	$11,990.5	($1,031.0)
Medical Care TF	$16,456.1	$496.0	$17,608.1	($600.5)
Refugee Assistance TF	$282.2	($98.4)	$286.0	($102.1)
Public Medical Assistance TF	$1,148.5	$15.5	$907.6	$256.4
Other State Funds	$51.6	($4.7)	$52.6	($5.6)
Grants and Donations TF	$3,559.6	$53.8	$2,813.2	$799.6
Health Care Trust Fund	$643.8	($.0)	$706.3	($62.5)
Tobacco Settlement TF	$288.1	$.0	$255.9	$32.2
Total	**$33,007.6**	**$800.9**	**$34,620.1**	**($713.6)**