PRA Disclosure Statement

PRA Disclosure Statement - The 1115 PMDA application offers a source of high quality and timely data to improve the Center for Medicaid & CHIP Services (CMCS) ability to monitor demonstrations for the achievement of desired outcomes and projected cost savings. The states will upload and submit their budget neutrality workbook to CMCS via PMDA. Eventually PMDA will also be integrated into the Medicaid and CHIP program (MACPro) System, which currently allows CMS and states to collaborate online to process State Plan Amendments (SPA), 1915 waivers, Quality Measures reports, advance planning documents, and other initiatives. The goal of the PMDA application is to: Collect programmatic quality and other performance metrics, related reports and other information associated with selected 1115 demonstrations; Validate and track performance-based incentive payments for 1115 demonstrations that include them; Provide electronic reports that support CMCS oversight, monitoring and evaluation of 1115 demonstration performance, particularly on quality and other performance metrics, and on related incentive payments (if any); Produce analytic files to support demonstration evaluation. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 CMS-10398 #56. Public burden for all of the collection of information requirements under this control number is estimated to take about 7.5 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Budget neutrality is a Federal policy that governs the Federal expenditures for1115 demonstrations. It is assured by placing an upper limit on the amount of Federal Financial Participation (FFP) the state can receive during the demonstration. The upper limit represents what the state could have received in the absence of the 1115 demonstration.

The Budget Neutrality workbook will assist in collecting standardized data in order to determine financial performance for the demonstration in terms of budget neutrality.

The workbook has two major groups of tabs: the first group collects and calculates Without Waiver (WOW) numbers, and the second group calculates With Waiver (WW) numbers. Data is collected per each demonstration Medicaid Eligibility Group (MEG), by demonstration year (DY). A Medicaid section 1115 demonstration is considered budget neutral if the Federal title XIX match, or funding received by the state (i.e., "with waiver" expenditures) do not exceed what the state would have (or could have) received without the demonstration (i.e., "without waiver" expenditures). The workbook provides the ability to evaluate any variance between WW and WOW calculations.

The workbook consists of 15 tabs which contain different types of data and calculations. The following color schema is applied to the tabs:

Blue	Information populated in the Budget Neutrality workbook template based on the demonstration's approved STC
Red	Information populated by states on a quarterly basis or per the reporting requirements defined in the STC
Green	Information automatically populated based on the input from other worksheets

Note: Overview and Dropdowns tabs are read-only, no data entry is required. The Dropdowns tab displays the values used to build the dropdowns menus thoroughout the workbook, including the list of active waivers for the demonstration.

Within the tabs where a State User populates information (C Report, Total Adjustments, WW Spending Projected, MemMon Actual, MemMon Projected, and Summary TC Data Entry tabs), yellow highlighted cells denote where data entry may be needed (depending on DY being updated).

Pre-populated values in the downloaded Budget Neutrality workbook template

The original workbook entries are based on the STCs and other demonstration approval documentation. These entries are made on the DY Def, MEG Def, WOW PMPM & Agg, Program Spending Limits, and Summary TC tab (Phase-Down Percentage and Cumulative Target Percentage fields).

The MEG Def tab defines MEGs as Medicaid populations (core demonstration populations), Hypothetical populations (when a demonstration has separate budget neutrality agreements) and Tracking Only populations (for example, "pass-through" populations). The MEG Def tab also defines how expenditure numbers are calculated for a MEG (Per Capita vs. Aggregate) and the applicable scenarios (WOW, WW, or both). Also, the tab contains indicators defining MEG characteristics such as expenditure caps or applicability of savings phase-down calculations.

Calculating With Waiver (WW) numbers

WW numbers for each active DY of a demonstration are calculated based on a combination of actual WW expenditures, projected future expenditures, and any adjustments entered by a State User. The actual WW expenditures are copied from the Schedule C of the MBES CMS-64 report to the workbook (C Report tab). These numbers are automatically transferred to the C Report Grouper tab, where waiver expenditures are grouped by MEGs. The numbers are also transferred to the WW Spending Actual tab, which factors in adjustments entered on the Total Adjustments tab to calculate total actual WW expenditures. The WW Spending Total tab displays the actual WW expenditures plus future projected expenditures (transferred from the WW Spending Projected tab). Finally, the total WW actual and projected numbers are transferred to the Summary TC (Total Computable) tab (into the With-Waiver Total Expenditures section).

Calculating Without Waiver (WOW) numbers

WOW numbers can be obtained either one of two ways: using Aggregate or Per Capita calculations. If total projected expenditures for a MEG is known and the expenditure calculation type is defined as 'Aggregate' on the MEG Def tab, the total projected expenditure amount is entered for each active DY. However, if the expenditure calculation type is defined as 'Per Capita', total projected expenditures are derived by multiplying per member per month (PMPM) costs by the actual number of member months.

Both Aggregate and PMPM numbers are populated on the WOW PMPM & Agg tab. The number of actual member months (number of beneficiaries times the number of months enrolled) are entered by a State User on the MemMon Actual tab for each DY. On the MemMon Projected tab, State User enters projected numbers. The totals for actual and projected member months are calculated on the MemMon Total tab. WOW aggregate, PMPM and member month data is then moved to the the Without-Waiver Total Expenditures section of the Summary TC tab, where final calculations are performed.

Based on information from all tabs, the WW and WOW numbers are compared to determine the budget neutrality status of the demonstration.

Below are the definitions for the tabs of the workbook which require data entries from State User.

On top of the C Report tab, enter data in the following highlighted cells:

'Data Pulled On:' - enter the date the source file used to enter data on this tab was pulled

'For the Time Period Through:' - enter the date through which the source file data was pulled

Reporting DY' - enter the Demonstration Year (DY) for which data is being reported. Entered DY value must align with DYs from the DY Def tab.

Reporting Quarter' - enter a number of the quarter (values 1 through 4) for which data is being reported.

Notes:

- Dates must be entered in the following format: mm/dd/yyyy
- Reporting DY and Reporting Quarter entries affect which portion of the 'Medicaid Aggregate' and 'Medicaid Aggregate WOW only' amounts for a DY will be calculated as Actuals, and which will be calculated as Projected
- Entry for each of these four fields is required for the workbook submission. If any field is not populated, you will receive an error and the document will not be uploaded to the system.

State User enters information on the following tabs:

C Report Tab

Open Schedule C of the CMS 64 Expenditure Report. Under your state, locate expenditure data for the specific demonstration.

From this location on the CMS 64 Expenditure Report, copy expenditure data cells for all DYs (active and non-active). On the C Report tab, paste the data into the correct cell/row. Repeat the copy and paste process for MAP Waivers section (Total Computable and Federal Share) and ADM Waivers section (if applicable). Verify that the pasted numbers are correctly aligned with the Waiver Name values.

Total Adjustments tab

When adjustments are relevant for a demonstration, enter the actual numbers of total contributions to the reported expenditures, per each MEG, for the reporting quarter. Add new reported adjustments to any existing numbers for previous quarters for the reported DY.

Note: Any adjustments that reduce expenditures must be entered as negative numbers (for example, -\$10,000).

WW Spending Projected tab

Enter projected annual expenditures for each MEG for the active DYs of a demonstration.

For each reporting quarter, update the projected numbers so they reflect only future quarter projections. Please see the example for the MemMon Projected tab.

MemMonth Actual tab

For each MEG, calculate the actual number of member months for the reported quarter and add this number to the previously entered number for the same DY. For example, for Q3 reporting period, add Q3 member months to the existing number for the same MEG and DY and enter the result into the same cell.

MemMonth Projected tab

For each MEG, enter projected (future) annual member months for all active DYs of the demonstration. Adjust future DY numbers as needed.

For the current DY, enter only the number that reflects future quarters. For example, for Q3 reporting, only enter the projected number for Q4. There should be no projected numbers for completed (actual) DYs.

Summary TC tab

In the Net Variance section, for each DY, enter estimated numbers in row '1115A Dual Demonstration Savings (state preliminary estimate)'.

In the next row, '1115A Dual Demonstration Savings (OACT certified)' enter certified numbers.

Both estimated and certified numbers must be negative, as dual demonstration savings numbers reduce the Net Variance amount.

Demonstration Years Definitions

DY	1	2	3	4	5	6	7	8	9	10
Start Date	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	1/1/2023
End Date	12/31/2014	12/31/2015	12/31/2016	12/31/2017	12/31/2018	12/31/2019	12/31/2020	12/31/2021	12/31/2022	12/31/2023

Enter any general comments / notes:

MEG Definitions

	MEG Name	MEG Description	Savings Phase-Down	Expenditures Subject to Cap?	Hypothetical Populations Included in Calculations?	Start DY	Start Date	End DY	End Date
	Medicaid Per Capita TANF and Related	Includes: Low income families Qualified pregnant women Poverty level related infants Poverty level related children under ages 1- 5 Foster care children	Savings Phase-Down	No	N/A				
1 2	SSI Medicaid Only	Individuals under 65 screened for breast or cervical cancer Aged, Blind, and Disabled (not eligible for Medicare)	Savings Phase-Down	No	N/A	1	1/1/2014	10 10	12/31/2023
3	SSI Dual	Aged, Blind, and Disabled (eligible for Medicare)	Savings Phase-Down	No	N/A	1	1/1/2014	10	12/31/2023
1	Medicaid Aggregate - WOW only UPL Payments	WOW projected amount of hospital supplemental payments	N/A	No	N/A	1	1/1/2014	10	12/31/2023
1 2	Medicaid Aggregate - WW only UC HQII	Uncompensated Care (UC) Pool payments Hospital Quality Improvement Incentive Pool payments		Yes Yes	N/A N/A	1	1/1/2014	10 10	12/31/2023
1 2	Hypothetical 1 Per Capita 217-like Medicaid 217-like Group-Dual	217-like Medicaid 217-like Group-Dual	N/A N/A		Hypothetical Test 1 Yes Yes	1	1/1/2014 1/1/2014	10 10	12/31/2023 12/31/2023
1	<u>Hypothetical 2 Per Capita</u> VIII Group	Individuals age 19 through 65. Adult group 1902(a)(10)(A)(i)(VII) 42 CFR 435.119	N/A		Hypothetical Test 2 Yes	1	1/1/2014	10	12/31/2023
1	Hypothetical 3 Per Capita SUD/IMD	Substance Use Disorder / Institution for Mental Diseases	N/A		<u>Hypothetical Test 3</u> Yes	6	1/1/2019	10	12/31/2023
	Hypothetical 4 Per Capita CHV	Expenditures to pilot home visiting services to eligible pregnant women, postpartum women, infants, and children up to age two residing in the state-designated counties, as			Hypothetical Test 4				
1	Tenancy	defined in STC 48 Expenditures to pilot pre-tenancy and tenancy services furnished to seriously	N/A		Yes	7	1/1/2020	10	12/31/2023
2		mental ill Centennial Care 2.0 beneficiaries, as defined in STC 49.				7	1/1/2020	10	12/31/2023

WOW PMPMs and Aggregates

			_		•	40
		6	7	8	9	10
Medicaid Per Capita TANF and Related	1	\$460.00	\$477.48	\$495.62	\$514.45	\$534.00
SSI Medicaid Only	2	\$2,158.77	\$2,247.28	\$2,339.42	\$2,435.34	\$2,535.19
SSI Dual	3	\$2,057.62	\$2,141.98	\$2,229.80	\$2,321.22	\$2,416.39
Medicaid Aggregate - WOW only UPL Payments□	1	\$80,901,176.00	\$80,901,176.00	\$80,901,176.00	\$80,901,176.00	\$80,901,176.00
		6	7	8	9	10
Hypothetical 1 Per Capita 217-like Medicaid 217-like Group-Dual	1 2	\$5,747.30 \$3,661.18	\$5,926.04 \$3,811.29	\$6,110.34 \$3,967.56	\$6,300.37 \$4,130.23	\$6,496.31 \$4,299.57
		6	7	8	9	10
Hypothetical 2 Per Capita VIII Group	1	\$738.22	\$772.92	\$809.24	\$847.28	\$887.10
		6	7	8	9	10
Hypothetical 3 Per Capita SUD/IMD	1	\$808.21	\$841.35	\$875.85	\$911.76	\$949.14
		6	7	8	9	10
Hypothetical 4 Per Capita CHV	1		\$708.33	\$708.33	\$708.33	\$708.33
Tenancy	2		\$450.00	\$450.00	\$450.00	\$450.00

Program Spending Limits

						TOTAL
Program Name and Associated MEGs	6	7	8	9	10	
Spending Cap						
Uncompensated Care Pool	\$68,889,323					\$ 413,335,938
Expenditures Subject to Cap						
UC	\$68,889,316					
Variance	\$7					\$ 1,594,357
Over or Under						

						TOTAL
Program Name and Associated MEGs	6	7	8	9	10	
Spending Cap						
Hospital Quality Improvement Incentive Pool	\$12,000,000	\$12,000,000	\$12,000,000			\$ 65,426,586
Expenditures Subject to Cap						
HQII	\$12,000,002	\$11,999,993	\$12,000,000			
Variance	(\$2)	\$7				\$ (1,594,342)
Over or Under	Over					Over

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Paste all information related to the demonstration from Schedule C of the CMS 64 Waiver Expenditure Rep 1. On the Schedule C Report, locate rows relevant to all expenditures for a specific demonstration.

MAP Waivers/ Total Corroutable section – into cell A100
 MAP Waivers/ Farterel Phone section – into cell A200

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3. If ADM waisers are applicable to the demonstration, complete two more rounds of copy/baste startie.

ADM Waivers/ Total Computable section – cell A300
 ADM Waivers/ Federal Share section – cell A400

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C Report Grouper

MAP Waivers Only

MEG Names		C Report Waiver Names	6	7		0	
Madianid Ban Onnita				- /	8	9	
Medicaid Per Capita TANF and Related	1	MEG1-TANF & Related	C4 740 000 444	#0.000.550.450	©0.000.700.540	£4 040 747 770	
		MEG2- SSI Medicaid Only	\$1,713,268,114	\$2,002,559,452	\$2,390,789,512		
SSI Medicaid Only		MEG3- SSI DUAL	\$865,759,378	\$1,006,496,530	\$1,070,861,800	\$852,577,526	
SSI Dual	3	WEGS- SSI DOAL	\$557,061,667	\$625,745,431	\$670,401,310	\$540,913,981	
Medicaid Aggregate - WW only							
UC	1	Uncompensated Care "UC" Pool	\$68,889,316				
UC	1	MEG8-UHC-Uncompensated care					
UC	1	UC					
		Hospital Quality Improvement Incentive					
HQII	2	"HQII" Pool	\$12,000,002	\$11,999,993	\$12,000,000		
		MEG9-HQII-Hospital Quality Improve					
HQII	2	Incentive					
Hypothetical 1 Per Capita							
217-like Medicaid	1	MEG4-217	\$11.383.232	\$12,139,659	\$11.732.716	\$8.540.995	
217-like Group-Dual		MEG5- 217 DUAL	\$143,887,343	\$12,139,639	\$243,727,931	\$200,387,610	
217-ііке Group-Duai	2	WEGS-217 DOAL	\$143,007,343	\$191,762,440	\$243,727,931	\$200,367,610	
Hypothetical 2 Per Capita							
VIII Group	1	MEG6-VIII GROUP	\$1,611,492,050	\$1,974,111,193	\$2,168,905,645	\$1,741,584,163	
Hypothetical 3 Per Capita		Contouriel Cons C O Madisaid CUD/IMD					
SUD/IMD	1	Centennial Care 2.0 Medicaid SUD/IMD	\$3,448,086	\$4,652,746	\$6,397,878	\$4,526,556	
Hypothetical 4 Per Capita							
CHV	1	CHV					
Tenancy	2	Tenancy					
	_	<u> </u>					
TOTAL			\$4,987,189,188	\$5,829,487,444	\$6,574,816,792	\$5,191,278,610	

Adjustments made to the reported expenditures

Enter total adjustments made to the expenditure numbers, including adjustments to the previous reporting periods.

Positive adjustments increase expenditures, and negative adjustments decrease expenditures.

Enter adjustments for every MEG for which adjustments were made or are planned.

Helpful Hint: Remember to enter total adjustments as positive or negative (for example, -\$10,000 reflects a decrease in expenditures).

		6	7	8	9	10	Description (type of collection, time period, CMS-64 reporting line, etc.)
Medicaid Per Capita TANF and Related SSI Medicaid Only SSI Dual	1 2 3	\$872,706 \$528,611 \$179,528	\$468,059 \$280,663 \$94,993	\$425,303 \$245,491 \$83,984	\$287,423 \$166,102 \$56,756		SUD IMD Adjustment SUD IMD Adjustment SUD IMD Adjustment
Medicaid Aggregate - WW only UC HQII	1 2						
Hypothetical 1 Per Capita 217-like Medicaid 217-like Group-Dual	1 2	\$4,987 \$14,961	\$1,727 \$8,636	\$1,615 \$6,460	\$1,041 \$4,166		SUD IMD Adjustment SUD IMD Adjustment
Hypothetical 2 Per Capita VIII Group	1	\$1,366,409	\$1,502,624	\$1,672,679	\$1,129,907		SUD IMD Adjustment
Hypothetical 3 Per Capita SUD/IMD Hypothetical 4 Per Capita	1	-\$2,967,201	-\$2,356,702	-\$2,435,533	-\$1,645,394		SUD IMD Adjustment
CHV Tenancy	1 2						

WW Spending - Actual

		6	7	8	9	10
Medicaid Per Capita TANF and Related SSI Medicaid Only SSI Dual	1 2 3	\$1,714,140,820 \$866,287,989 \$557,241,195	\$2,003,027,511 \$1,006,777,193 \$625,840,424	\$2,391,214,815 \$1,071,107,291 \$670,485,294	\$1,843,035,202 \$852,743,628 \$540,970,737	
Medicaid Aggregate - WW only UC HQII	1 2	\$68,889,316 \$12,000,002	\$11,999,993	\$12,000,000		
Hypothetical 1 Per Capita 217-like Medicaid 217-like Group-Dual	1 2	\$11,388,219 \$143,902,304	\$12,141,386 \$191,791,076	\$11,734,331 \$243,734,391	\$8,542,036 \$200,391,776	
Hypothetical 2 Per Capita VIII Group	1	\$1,612,858,459	\$1,975,613,817	\$2,170,578,324	\$1,742,714,070	
Hypothetical 3 Per Capita SUD/IMD	1	\$480,885	\$2,296,044	\$3,962,345	\$2,881,162	
Hypothetical 4 Per Capita CHV Tenancy	1 2					
TOTAL		\$4,987,189,188	\$5,829,487,444	\$6,574,816,792	\$5,191,278,610	

WW Spending - Projected

Enter projected spending for the demonstration which includes the remaining quarters of the current DY and all future DYs. Enter the projected annual expenditures for each DY per MEG for the active DYs.

For the current DY, only future quarters should have projected spending information. Do not include expenditures that were reported as actuals.

		6	7	8	9	10
Medicaid Per Capita						
TANF and Related	1				\$942,109,720	\$2,762,514,667
SSI Medicaid Only	2				\$247,371,198	\$1,156,772,350
SSI Dual	3				\$199,025,655	\$772,294,907
Medicaid Aggregate - WW only						
UC	1					
HQII	2					
Hypothetical 1 Per Capita						
217-like Medicaid	1				\$4,687,785	\$14,184,968
217-like Group-Dual	2				\$86,824,555	\$327,487,401
Hypothetical 2 Per Capita						
VIII Group	1				\$675,673,442	\$2,250,714,487
···· Group					\$6.6,6.6,1.12	ψ <u>2</u> ,2σσ,, ισ.
Hypothetical 3 Per Capita						
SUD/IMD	1				\$1,354,875	\$4,010,116
Hypothetical 4 Per Capita						
CHV	1					
Tenancy	2					

WW Spending - Total

Total Computable						
		6	7	8	9	10
Medicaid Per Capita TANF and Related SSI Medicaid Only SSI Dual	1 2 3	\$1,714,140,820 \$866,287,989 \$557,241,195	\$2,003,027,511 \$1,006,777,193 \$625,840,424	\$2,391,214,815 \$1,071,107,291 \$670,485,294	\$2,785,144,922 \$1,100,114,826 \$739,996,392	\$2,762,514,667 \$1,156,772,350 \$772,294,907
Medicaid Aggregate - WW only UC HQII	1 2	\$68,889,316 \$12,000,002	\$11,999,993	\$12,000,000		
<u>Hypothetical 1 Per Capita</u> 217-like Medicaid 217-like Group-Dual	1 2	\$11,388,219 \$143,902,304	\$12,141,386 \$191,791,076	\$11,734,331 \$243,734,391	\$13,229,821 \$287,216,331	\$14,184,968 \$327,487,401
<u>Hypothetical 2 Per Capita</u> VIII Group	1	\$1,612,858,459	\$1,975,613,817	\$2,170,578,324	\$2,418,387,512	\$2,250,714,487
Hypothetical 3 Per Capita SUD/IMD	1	\$480,885	\$2,296,044	\$3,962,345	\$4,236,037	\$4,010,116
<u>Hypothetical 4 Per Capita</u> CHV Tenancy	1 2					
TOTAL		\$4,987,189,188	\$5,829,487,444	\$6,574,816,792	\$7,348,325,840	\$7,287,978,896

Member Months - Actual

Enter actual member months (number of beneficiaries times the number of enrolled months) for quarters to date for each active DY.

For the reported quarter, add the actual number of member months per each MEG to the previous actual number. The number should equal the total of ALL actual member months.

Note: Depending of the specifics of the state, you can use Total member months or Average monthly unduplicated counts. Whichever definition is used, it must be applied consistently.

Helpful Hint: When updating a DY, remember to enter actual member months for the reported quarter along with actuals for prior quarter(s). Retroactive adjustments may affect the entries.

		6	7	8	9	10
Medicaid Per Capita						
TANF and Related SSI Medicaid Only	1 2	4313466 448354	4592930 450072	5135010 461498	4072843 354548	
SSI Dual	3	433379	433209	435813	332559	
Hypothetical 1 Per Capita						
217-like Medicaid	1	2989	3005	3601	3267	
217-like Group-Dual	2	50764	60554	68032	51906	
Hypothetical 2 Per Capita						
VIII Group	1	3070621	3275235	3505466	2651854	
Hypothetical 3 Per Capita						
SUD/IMD	1	595	2729	4524	3160	
Hypothetical 4 Per Capita						
CHV	1					
Tenancy	2					

Member Months - Projected

Enter/adjust projected member months based on reported actuals.

Enter projected number of member months for each active DY per MEG for the demonstration.

For the current DY, enter only the number that reflects projections for future quarters of the DY. Do not include member months for either the current reporting quarter or past quarters.

		6	7	8	9	10
Medicaid Per Capita						
TANF and Related	1				1437601	5246172
SSI Medicaid Only	2				101178	458612
SSI Dual	3				102785	435211
Hypothetical 1 Per Capita						
217-like Medicaid	1				470	3867
217-like Group-Dual	2				20620	79068
Hypothetical 2 Per Capita						
VIII Group	1				931914	3150868
VIII Gloup	l '				931914	3130606
Hypothetical 3 Per Capita						
SUD/IMD	1				1486	4225
Hypothetical 4 Per Capita						
CHV	1					
Tenancy	2					

Member Months - Total

		6	7	8	9	10
Medicaid Per Capita						
TANF and Related	1	4,313,466	4,592,930	5,135,010	5,510,444	5,246,172
SSI Medicaid Only	2	448,354	450,072	461,498	455,726	458,612
SSI Dual	3	433,379	433,209	435,813	435,344	435,211
Hypothetical 1 Per Capita						
217-like Medicaid	1	2,989	3,005	3,601	3,737	3,867
217-like Group-Dual	2	50,764	60,554	68,032	72,526	79,068
Hypothetical 2 Per Capita VIII Group	1	3,070,621	3,275,235	3,505,466	3,583,768	3,150,868
Hypothetical 3 Per Capita SUD/IMD	1	595	2,729	4,524	4,646	4,225
<u>Hypothetical 4 Per Capita</u> CHV Tenancy	1 2					

	10	1							
Actuals + Projected Without-Waiver Total Expenditures	1								
				6	7		2	10	Total
Medicald Per Capita TANF and Related	1	Total PMPM Mem-Mon	s	1.984.194.360 \$ \$460.00	2.193.032.216 \$ \$477.48	2.545.013.656 \$ \$495.62 5.135.010	2.834.847.916 S	2.801.455.848	
SSI Medicaid Only	2		5	\$450.00 4.313.455 967.893.165 \$	\$477.48 4.592.930 1.011.437.804 \$		\$514.45 5.510.444 1.109.847.757 \$	\$534.00 5.246.172 1.162.668.556	
SSI MIRICES CRIV	2	Total PMPM Mem-Mon	2	\$2,158,77 448,354	\$2,247.28 450.072	1.079.637.651 \$ \$2.339.42 461.495	\$2,435,34 455,726	\$2,535.19 458.612	
SSI Dual	3	Total PMPM Mem-Mon	s	891.729.298 \$ \$2.057.62 433.379	927.925.014 \$ \$2.141.95 433.209	971.775.827 \$ \$2.229.80 435.813	1.010.529.200 \$ \$2.321.22 435.344	1.051.639.508 \$2.416.39 435.211	
Medicald Accrecate - WOW only UPL Payments:									
UPL Payments: TOTAL	1	Total	5	80.901.176 S 3,924,717,999 S	80.901.176 \$ 4,213,296,210 \$	80.901.176 \$ 4,677,328,311 \$	80.901.176 S 5,036,126,048 S	80.901.176 5,096,665,009	22.948.133.657
With-Waiver Total Expenditures			_						TOTAL
Medicald Per Capita			_					10	TOTAL
Medicaid Per Capita TANF and Related SSI Medicaid Only SSI Datel	2 3		\$	1.714.140.820 \$ 866.287.989 \$ 557.241.195 \$	2.003.027.511 \$ 1.006.777.193 \$ 625.840.424 \$	2.391.214.815 \$ 1.071.107.291 \$ 670.485.294 \$	2.785.144.922 \$ 1.100.114.826 \$ 739.996.392 \$	2.762.514.667 1.156.772.350 772.294.907	
Medicald Accrecate - WW only UC HOII	1 2		s	68.889.316 \$ 12.000.002 \$			- 5		
HOII TOTAL	2		\$	12.000.002 S 3,218,559,322 S	11.999.993 \$ 3,647,645,121 \$. \$ 12,000,000 \$ 4,144,807,400 \$	- S 4,625,256,140 \$	4,691,581,924	20,327,849,907
Savings Phase-Down			_						TOTAL
Medicaid Per Capita TANF and Related		Savinos Phase-Down	_		7			10	
	,	Without Walver With Walver	\$ \$	1,984,194,360 \$ 1,714,140,820 \$ 270,053,540 \$	2,193,032,216 \$ 2,003,027,511 \$ 190,004,706 \$	2,545,013,656 \$ 2,391,214,815 \$ 153,798,841 \$ 25% 115,349,131 \$	2,834,847,916 \$ 2,785,144,922 \$ 49,702,993 \$ 25%	2,801,455,848 2,762,514,667 38,941,181 25%	
Difference Phase-Down Percentage Savings Reduction		Savinos Phase-Down	s	1,714,140,820 \$ 270,053,540 \$ 25% 202,540,155 \$ 967,893,165 \$	25% 142.503.529 \$	25% 115,349,131 \$	37.277.246 5	29.205.886	
SSI Medicaid Only Difference	2	Without Walver With Walver	5 5	967.893.165 \$ 866.287.989 \$ 101.605.176 \$	1.011.437.804 \$ 1.006.777.193 \$ 4.660.612 \$	1.079.637.651 \$ 1.071.107.291 \$ 8.530.360 \$	1.109.847.757 \$ 1.100.114.826 \$ 9.732.931 \$ 25% 7.299.698 \$	1.162.688.556 1.156.772.350 5.896.206	
Difference Phase-Down Percentage Savings Reduction		Savines Phase Draw	s	76.203.882 \$	3.495.459 \$	6.397.770 \$	7.299.698 \$	4.422.155	
SSI Dual	3	Without Waiver With Waiver	s	891.729.298 \$ 557.241.195 \$ 334.488.103 \$	927.925.014 \$ 625.840.424 \$ 302.084.589 \$	971.775.827 \$ 670.485.294 \$ 301.290.534 \$	1.010.529.200 \$ 739.996.392 \$ 270.532.808 \$	1.051.639.508 772.294.907 279.344.601	
Ofference Phase-Down Percentage Savings Reduction			ŝ	250.865.077 \$	226.563.442 \$	301.290.534 S 36% 225.967.900 S	202.899.606 \$	279.544.801 245. 209.508.451	
Total Reduction			\$	529,610,114 \$	372,562,430 \$	347,714,801 \$	247,476,550 \$	243,136,491	1,740,500,386
BASE VARIANCE			s	176.548.563 S	193.088.660 \$	184,806,110 \$	163.393.359 \$	161.946.673	879.783.364
BASE VARIANCE Excess Seendine from Hypotheticals 1115A Dual Demonstration Serious (state cellminary estimate) 1115A Dual Demonstration Serious (DACT cestified) Carry-Forward Serious From Price Period NET VARIANCE									
Carry-Forward Savings From Prior Period NET VARIANCE Cumulative Target Limit		L	<u></u>						879,783,364
			L	6	7		2	10	
Comulative Tecnet Percentana (CTP) Comulative Budost Neutrality Limit (CBNL) Allowed Currelative Variance (s. CTP X CBNL)			\$	3.395.107.885 \$	1 RML 7.235.841.665 \$ 108.537.625 \$	1 ML 11 565 455 175 \$ 115 654 552 \$	16 354 104 674 \$ 81 770 523 \$	21 207 633 271	
Artical Completion Variance (Preitive - Commended)			* *	3.395.107.885 \$ 67.902.158 \$ (176.548.563) \$	7.235.841.865 S 108 537 625 S (369 637 222) S	115 654 552 \$ (554 443 332) \$	81 770 523 \$ (717 836 691) \$	(879 783 364)	
Is a Corrective Action Plan needed?			-	11103403031 3	120700 2221 2	1204452227 2	1111 420 4311 2	107971032041	
HYPOTHETICALS TEST 1									
Without-Waiver Total Expenditures	Γ		_				,	10	
Hypothetical 1 Per Capita 217-like Medicald		Total	s	17.178.680 S	7 17.807.750 \$	22,003,334 \$		25.121.231	TOTAL
		Total PMPM Mem-Mon	ľ	17.178.680 \$ \$5.747.30 2.989	\$5.926.04 3.005	22.003.334 \$ \$6.110.34 3.601	23.544.483 \$ \$6.300.37 3.737	\$6.496.31 3.867	
217-like Group-Dual	2	Total PMPM Mem-Mon	\$	185,856,142 \$ \$3,661,18 50,764	230,788,855 \$ \$3,811,29 60,554	269.921.042 \$ \$3.967.56 68.032	299.549.061 \$ \$4.130.23 72.526	339.958.401 \$4.299.57 79.068	
TOTAL		Mem-Mon		50.764 \$203,034,821	\$248,596,605	68.032 \$291,924,376	72.526 \$323,093,544	79.068 \$365,079,632	\$1,431,728,978
With-Waiver Total Expanditures			_						
Hypothetical 1 Per Capita 217-like Medicaid 217-like Group-Dual	١.			6	7		2 220 220	10	TOTAL
217-like Group-Dual	2			\$11,388,219 \$143,902,304 155,290,523 \$	\$12,141,386 \$191,791,076 203,932,462 \$	\$11,734,331 \$243,734,391 255,468,722 \$	\$13,229,821 \$287.216.331 300.446.152 \$	\$14,184,968 \$327,487,401 341,672,369	
TOTAL HYPOTHETICALS VARIANCE 1			\$	155.290.523 \$ 47,744,299 \$	203.932.462 S 44,664,143 S	255.468.722 S 36,455,654 S	300.446.152 \$ 22,647,392 \$	23,407,263	1,256,810,228
HYPOTHETICALS TEST 1 Cumulative Target Limit			_						
Complete Towns December (CTD)				6	7		,	10	
Cumulative Tancet Percentace (CTP) Cumulative Budoet Neutrality Limit (CBNL) Allowed Cumulative Variance (s CTP X CBNL)			s	203 034 821 \$ 4.060.696 \$	451 631 426 \$ 6.774.471 \$	743 555 802 \$ 7.435.558 \$	1 055 549 346 \$ 5.333.247 \$	1 431 728 978	
Actual Cumulative Variance (Positive » Overspending) Is a Corrective Action Plan needed?			s	(47 744 299) \$	(92 408 442) \$	(128 864 095) \$	(151 511 487) \$	(174 918 750)	
HYPOTHETICALS TEST 2									
Without-Waiver Total Expenditures		1	г						
Hypothetical 2 Per Capita VII Group	1	Total	5	2,265,793,835 \$	7 2.531.494.636 \$ \$772.92	2.836.763.306 \$ \$809.24	3.036.454.530 \$ \$847.28	10 2.795.135.363 \$887.10	TOTAL
		Total PMPM Mem-Mon		2.266.793.835 \$ \$738.22 3.070.621	3.275.235	1.505.466	3.583.768	3.150.868	
TOTAL With-Waiver Total Expenditures			\$	2,266,793,835 \$	2,531,494,636 \$	2,836,763,306 \$	3,036,454,530 \$	2,795,135,363	13,466,641,670
Hypothetical 2 Per Capita				6	7		2	10	TOTAL
VIII Group	1		s	1.612.858.459 \$	1.975.613.817 \$	2.170.578.324 \$	2.418.387.512 \$	2.250.714.487	
TOTAL HYPOTHETICALS VARIANCE 2			\$	1,612,858,459 \$ 653,935,376 \$	1,975,613,817 \$ 555,880,819 \$	2,170,578,324 \$ 666.184.982 \$	2,418,387,512 \$ 618.067.018 \$	2,250,714,487 5 544.420,876 5	3,038,489,071
HYPOTHETICALS TEST 2 Cumulative Target Limit			_						
				6	7		9	10	
Cormission T sons Decrardors (CTD) Cormission Revises Navirality I init (CTN)) Element Cormission Variance (c. CTD X CRN))			*	2 70% 701 815	4 708 288 471	7 839 051 777 \$ 76 350 518 \$	0.8% 10.871.508.307 \$ 83.387.637 \$	13.466.641.670	
Actual Cumulative Variance (Positive = Overspending) Is a Conective Action Plan needed?			s	(653.935.376) \$		(1.876.001.177) \$		(3.038.489.071)	
HYPOTHETICALS TEST 3									
Without-Waiver Total Expenditures									
Hypothetical 3 Per Capita SUDIMD	,	Total	s	490 885 *	7 2.295 na.e. *	3,957,745 *	4.236.037 *	4.010.117	TOTAL
	ľ	Total PMPM Mem-Mon	ľ	480,885 \$ \$808.21 595	\$841.35 2.729	\$875.85 4.524	4,235,037 \$ \$911.76 4.646	4,010,117 \$949.14 4,225	
TOTAL			5	400.005 \$	2.296.044 \$	3,962,345 \$	4.236.037 \$	4.010.117	14.985.428
With-Waiver Total Expenditures				6	7		,	10	TOTAL
Hypothetical 3 Per Capita SUD/MD	1		s	480.885 S	2.295.044 \$	3.962.345 \$	4.236.037 S	4.010.116	
TOTAL	L		\$	480,885 \$	2,296,044 \$	3,962,345 \$	4,236,037 \$	4,010,116	14,985,427
HYPOTHETICALS VARIANCE 3 HYPOTHETICALS TEST 3 Cumulative Target Limit	_		•	- 1	- 1			- 1	
			E		7		,	10	
Cumulative Taroet Percentage (CTP) Cumulative Budget Neutralin Limit (CBNL) Allowed Cumulative Variance (= CTP X CBNL)			5 5	2 0% 480.885 \$ 9 618 \$	15% 2,776,929 \$ 41,654 \$	1 0% 6,739,275 \$ 67,393 \$	0.5% 10.975.311 \$ 54.877 \$	14.985.428	
Actual Cumulative Variance (Positive = Oversoending) Is a Corrective Action Plan needed?			s	. 5	- 5	- 5	- 5	110	
B S CONSCIVE ACTION FIRE RESIDER HYPOTHETICALS TEST 4								I	
HYPOTHETICALS TEST 4 Without-Waiver Total Expenditures			_						
Hypothetical 4 Per Capita CHV			F	6	7		9	10	TOTAL
CHV	1	Total PMPM Mem-Mon	s	- \$. s \$708.33	. \$ \$708.33	5708.33	\$708.33	
Tenanov	2	Total PMPM Mem-Mon	s		. s \$450.00	- \$ \$450.00	. s \$450.00	\$450.00	
TOTAL		Mem-Mon	Ļ				anal 00	23.00	
TOTAL With-Waiver Total Expenditures	_								· · · ·
			F		7		,	10	TOTAL
CHV Tenancy	1 2		š	: \$: \$	- s - s	- \$ - \$: \$	1	
			•	- \$			- :		
TOTAL HARDWAY A VARIANCE A						- 1	<u> </u>		
HYPOTHETICALS VARIANCE 4 HYPOTHETICALS TEST 4 Cumulative Target Limit			Ĺ						
HYPOTHETICALS VARIANCE 4 HYPOTHETICALS TEST 4 Completive Terrors Limit			Ĺ	6	7		,	10	
HYPOTHETICALS VARIANCE 4 HYPOTHETICALS TEST 4 Completive Terrors Limit			3 3	7.0% - \$ - \$	7 1 MAC - \$ - \$	8 1 mc - 5	0.5%	10	
HYPOTHETICALS VARIANCE 4			\$ \$	5 20% - \$ - \$ - \$	7 15% - \$ - \$	1 PML - \$ - \$ - \$	9 0 PML - 3 - 3 - 4	10	

 Yes
 No

 Yes
 MAP WAIVERS

 No
 Not Applicable

 Demonstration Reporting Start DY Demonstration Reporting End DY 10

Reporting Net Variance

879,783,364

Centennial Care 2.0 Medicaid SUD/IMD

 Per Capita or Aggregate
 Hospital Quality Improvement Incentive "HQII" Pool

 Per Capita
 MEG1-TANF & Related

Aggregate MEG2- SSI Medicaid Only MEG3- SSI DUAL

Phase-DownMEG4-217No Phase-DownMEG5-217 DUALSavings Phase-DownMEG6-VIII GROUP

MEG8-UHC-Uncompensated care
Actuals and Projected MEG9-HQII-Hospital Quality Improve Incentive

UC

Actuals Only

Actuals + Projected Uncompensated Care "UC" Pool

MAP ADM Tenal

MAP+ADM Waivers
MAP Waivers Only

ADM WAIVERS