

State of Utah  
Section 1115 Demonstration Amendment  
Utah's Premium Partnership for Health Insurance (UPP)  
Premium Reimbursement Increase

**Section I. Program Description and Objectives**

During the 2020 General Session, the Utah State Legislature passed, and Governor Herbert signed into law, House Bill 436 "Health and Human Services Amendments". This legislation directed the Utah Department of Health (UDOH), Division of Medicaid and Health Care Financing (DMHF) to increase the maximum premium reimbursement amount allowable under Utah's Premium Partnership for Health Insurance program (UPP). The UPP program is currently authorized under Utah's 1115 demonstration waiver. Through this demonstration, working adults, their spouses, and their children up to age 26 may receive premium reimbursement if they have access to a qualified employer-sponsored insurance plan (ESI) or COBRA. The reimbursement amounts are currently capped at \$150 per enrollee per month for adults, and \$120 per enrollee per month for children (with an additional \$20 per month for children if the plan provides dental coverage).

This amendment request seeks to allow the State to increase the maximum reimbursement amount for adults (age 19 through 64), from \$150 per enrollee per month, to a higher amount, through the state administrative rulemaking process, rather than by waiver amendment. As directed by House Bill 436, the State may increase the maximum premium reimbursement amount each subsequent fiscal year to keep pace with the increase in insurance premiums costs, subject to appropriation of additional funding. For the first fiscal year of implementation, the maximum reimbursement amount will be \$300 per adult enrollee per month. The State is not requesting to increase the reimbursement amount for children under age 19.

As currently approved under Utah's 1115 demonstration waiver, the maximum premium reimbursement amount will not exceed the individual/family's share of the costs of the premium.

**Goals and Objectives**

This Demonstration furthers the objectives of Title XIX of the Social Security Act by assisting demonstration eligible individuals in obtaining employer-sponsored insurance, thereby reducing the number of uninsured individuals in the State of Utah.

Currently, 51 percent of UPP eligible individuals receive the maximum reimbursement of \$150 per adult per month. The State believes increasing the maximum premium reimbursement amount will allow individuals to continue to purchase much needed health insurance as the costs of health coverage rise.

### Operation and Proposed Timeline

The Demonstration will continue to operate statewide. The State intends to implement the premium increase the beginning of the first month after approval, if possible. The State requests to operate the Demonstration through the end of the current waiver approval period, which is June 30, 2022.

### Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the State will develop a plan for evaluating the hypothesis indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration to beneficiaries. The State will submit the evaluation plan to CMS for approval.

The State will conduct ongoing monitoring of this demonstration, and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

The following hypotheses will be tested during the approval period:

| Hypothesis   | Anticipated Measure(s)  | Data Sources             | Evaluation Approach   |
|--|---|--------------------------|---|
| The demonstration will assist previously uninsured individuals in obtaining employer-sponsored health insurance. | -Members receiving assistance obtaining employer-sponsored health insurance<br><br>-Total costs of assistance provided to members | -Medicaid data warehouse | Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons |

### Section II. Demonstration Eligibility

Individuals must meet the criteria for the following demonstration populations (as currently approved under the State’s 1115 demonstration waiver) to be eligible to receive the increased premium reimbursement:

- Demonstration Population III- comprised of adults age 19 through 64, their spouses, and their children age 19-26, with countable gross family incomes over 133 percent (federal poverty level) FPL up to and including 200 percent of the FPL, who are U.S. citizens/qualified non-citizen, are resident(s) of Utah, are not otherwise eligible for Medicaid, Medicare or Veterans benefits, have no other health insurance, and participate in an Utah’s Premium Partnership for health insurance-approved ESI plan where the employee’s costs to participate is at least five percent of the household’s countable income.
- Demonstration Population V- comprised of adults age 19 through 64 with countable gross family income over 133 percent FPL and up to and including 200 percent of FPL, are U.S. citizens or qualified non- citizen, are resident(s) of Utah, do not qualify for Medicaid, Medicare, or Veterans benefits, have no other health insurance, and would otherwise be eligible as a member of Demonstration Population III (except that the eligible individual or custodial parent/caretaker is

able to enroll in COBRA continuation coverage based on any qualifying event rather than a qualifying ESI plan, and that COBRA-eligibles are not subject to the requirement that an employer subsidize at least 50 percent of the premium cost for the employee’s health coverage).

#### Projected Enrollment

The projected enrollment for individuals in this demonstration (Demonstration groups III and V) is 380 adults per month.

### Section III. Demonstration Benefits and Cost Sharing Requirements

The sole benefit provided to individuals eligible for premium assistance under this demonstration (through ESI or COBRA coverage) is assistance in paying the employee’s, individual’s, or family’s share of the monthly premium cost of qualifying insurance plans. The maximum premium assistance amount must not exceed the individuals’ share of the premium, and may not exceed the amount as will be stated in State Administrative Rule R414-320-16. This maximum monthly premium amount at the time of implementation of this amendment will be \$300 per eligible adult.

Individuals eligible under this demonstration will have cost sharing requirements (including the out-of-pocket maximum) as set by their qualified ESI plan.

### Section IV. Delivery System

Individuals eligible under this demonstration will receive services through the delivery systems provided by their respective qualified plan for ESI or COBRA premium assistance.

### Section V. Implementation and Enrollment in Demonstration

Eligible individuals will be enrolled in the Demonstration as of the implementation date of this amendment.

### Section VI. Demonstration Financing and Budget Neutrality

Refer to Budget Neutrality- Attachment 1 for the State’s historical and projected expenditures for the requested period of the Demonstration.

Below is the projected enrollment and expenditures for each remaining demonstration year.

|               | DY19 (SFY 21) | DY 20 (SFY 22) |
|---------------|---------------|----------------|
| Member Months | 4,560         | 4,560          |
| Expenditures  | \$973,000     | \$973,000      |

## Section VII. Proposed Waiver and Expenditure Authority

The State requests the following proposed waivers and expenditure authority to operate the Demonstration.

| Waiver and Expenditure Authority              | Reason and Use of Waiver   |
|---|--|
| Section 1902(a)(34)- Retroactive Eligibility  | To permit the State to not provide retroactive eligibility for individuals under this demonstration.   |
| Section 1902(a)(14) Cost Sharing Requirements | To permit individuals affected by this demonstration, whose benefits are limited to premium assistance, to have cost sharing requirements (including the out-of-pocket maximum) as set by the individual's qualified ESI plan. |
| Section 1902(a)(23)(A) Freedom of Choice      | To enable the state to restrict freedom of choice of providers for individuals under this demonstration.   |

### Expenditure Authority

The State requests expenditure authority to provide premium assistance related to providing 12 months of guaranteed eligibility to subsidize the employee's share of the costs of the insurance premium for employer sponsored health insurance to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 200 percent of the FPL, as well as their spouses, and their children (age 19 through 26), who are enrolled in their parents' employer sponsored insurance (ESI) plan, who are not otherwise eligible for Medicaid.

The State also requests expenditure authority to provide premium assistance related to providing up to a maximum of 18 months of eligibility to subsidize the employee's share of the costs of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) premium for COBRA continuation of coverage to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 200 percent of the FPL, as well as their spouses, who are not otherwise eligible for Medicaid.

## Section VIII. Compliance with Public Notice and Tribal Consultation

### Public Notice Process

Public Notice of the State's request for this demonstration amendment, and notice of Public Hearing will be advertised in the newspapers of widest circulation, and sent to an electronic mailing list. In addition, the abbreviated public notice will be posted to the State's Medicaid website at <https://medicaid.utah.gov/1115-waiver>.

Two public hearings to take public comment on this request will be held. The first public hearing will be held on May 21, 2020 from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing will be held on May 26, 2020 from 4:30 p.m. to 5:30 p.m. Due to the COVID-19 emergency and state social distancing guidelines, both public hearings will be held via video and teleconferencing.

### *Public Comment*

The public comment period will be held May 18, 2020 through June 17, 2020.

### *Tribal Consultation*

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act, the State ensures that a meaningful consultation process occurs in a timely manner on program decisions impacting Indian Tribes in the State of Utah. DMHF notified the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, DMHF will begin the tribal consultation process by attending the Utah Indian Health Affairs Board (UIHAB) meeting in June 2020 to present this demonstration amendment.

### *Tribal Consultation Policy*

The consultation process will include, but is not limited to:

- An initial meeting to present the intent and broad scope of the policy and waiver application to the UIHAB.
- Discussion at the UIHAB meeting to more fully understand the specifics and impact of the proposed policy initiation or change;
- Open meeting for all interested parties to receive information or provide comment;
- A presentation by tribal representatives of their concerns and the potential impact of the proposed policy;
- Continued meetings until concerns over intended policy have been fully discussed;
- A written response from the Department of Health to tribal leaders as to the action on, or outcome of tribal concerns.

Tribal consultation policy can be found at: <http://health.utah.gov/indianh/consultation.html>.

## **Section IX. Demonstration Administration**

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DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

| ELIGIBILITY GROUP  | TREND RATE 1        | MONTHS OF AGING | BASE YEAR DY 15 (SFY 17) | TREND RATE 2 | DEMONSTRATION YEARS (DY) |                |                |                |                | TOTAL WOW        |
|--|---------------------|-----------------|--------------------------|--------------|--------------------------|----------------|----------------|----------------|----------------|------------------|
|  |                     |                 |                          |              | DY 16 (SFY 18)           | DY 17 (SFY 19) | DY 18 (SFY 20) | DY 19 (SFY 21) | DY 20 (SFY 22) |                  |
| <b>Current Eligibles</b>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <i>Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19</i>  |                     |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type:</b>   | <b>Medicaid</b>     |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 0.0%                | 0               | 377,866                  | 0.0%         | 377,866                  | 364,366        | 320,957        | 319,534        | 318,076        |                  |
| PMPM Cost  | 5.3%                | 0               | \$ 949.03                | 5.3%         | \$ 999.33                | \$ 1,052.29    | \$ 1,108.07    | \$ 1,166.79    | \$ 1,228.63    |                  |
| Total Expenditure  |                     |                 |                          |              | \$ 377,612,830           | \$ 383,420,334 | \$ 355,641,571 | \$ 372,830,227 | \$ 390,798,881 | \$ 1,880,303,842 |
| <b>Demo Pop I - PCN Adults with Children</b>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <i>PCN ends 3/31/19</i>  |                     |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type:</b>   | <b>Hypothetical</b> |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 5.9%                | 0               | 104,836                  | 5.9%         | 111,042                  | 88,212         | -              | -              | -              |                  |
| PMPM Cost  | 5.3%                | 0               | \$ 46.18                 | 5.3%         | \$ 48.63                 | \$ 51.21       | \$ 53.92       | \$ 56.78       | \$ 59.79       |                  |
| Total Expenditure  |                     |                 |                          |              | \$ 5,399,987             | \$ 4,517,106   | \$ -           | \$ -           | \$ -           | \$ 9,917,093     |
| <b>Demo Pop III/V - UPP Adults with Children</b>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <i>Anticipated start of 9/1/20</i>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type:</b>   | <b>Hypothetical</b> |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 34.9%               | 0               | 6,067                    | 34.9%        | 8,182                    | 11,034         | 14,881         | 16,723         | 27,064         |                  |
| PMPM Cost  | 5.3%                | 0               | \$ 150.08                | 5.3%         | \$ 158.03                | \$ 166.41      | \$ 175.23      | \$ 1,166.79    | \$ 1,228.63    |                  |
| Total Expenditure  |                     |                 |                          |              | \$ 1,293,029             | \$ 1,836,200   | \$ 2,607,542   | \$ 19,512,792  | \$ 33,251,572  | \$ 58,501,135    |
| <b>Demo Pop I - PCN Childless Adults</b>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <i>PCN ends 3/31/19</i>  |                     |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type:</b>   | <b>Medicaid</b>     |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   |                     | 0               |                          | 2.5%         | 73,812                   | 58,293         | -              | -              | -              |                  |
| PMPM Cost  |                     | 0               |                          | 5.3%         | \$ 51.57                 | \$ 54.30       | \$ 57.18       | \$ 60.21       | \$ 63.40       |                  |
| Total Expenditure  |                     |                 |                          |              | \$ 3,806,153             | \$ 3,165,223   | \$ -           | \$ -           | \$ -           | \$ 6,971,376     |
| <b>Demo Pop III/V - UPP Childless Adults</b>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <i>Anticipated start of 9/1/20</i>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type:</b>   | <b>Medicaid</b>     |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 159                 | 0               |                          | 2.5%         | 163                      | 167            | 171            | 146            | 180            |                  |
| PMPM Cost  | 68.45               | 0               |                          | 5.3%         | \$ 72.08                 | \$ 75.90       | \$ 79.92       | \$ 1,166.79    | \$ 1,228.63    |                  |
| Total Expenditure  |                     |                 |                          |              | \$ 10,702                | \$ 11,237      | \$ 11,799      | \$ 12,388      | \$ 13,008      | \$ 59,133        |
| <b>Targeted Adults</b>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <i>Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment. PMPM will increase due to adding the housing support benefit and new managed care directed payments</i> |                     |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type:</b>   | <b>Expansion</b>    |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   |                     | 0               | 0                        | 2.5%         | 78,000                   | 78,000         | 126,000        | 172,200        | 176,505        |                  |
| PMPM Cost  |                     | 0               | \$ -                     | 5.3%         | \$ 979.53                | \$ 1,031.45    | \$ 1,522.79    | \$ 1,603.50    | \$ 1,688.48    |                  |
| Total Expenditure  |                     |                 |                          |              | \$ 76,403,340            | \$ 80,452,717  | \$ 191,871,540 | \$ 276,122,333 | \$ 298,025,737 | \$ 922,875,668   |
| <b>Dental - Targeted Adults</b>  |                     |                 |                          |              |                          |                |                |                |                |                  |
| <i>Started 3/1/19 Porcelain crowns anticipated start date of 1/1/20 increases PMPM</i>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type:</b>   | <b>Expansion</b>    |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   |                     | 0               |                          | 2.5%         | -                        | 12,000         | 36,900         | 37,823         | 38,768         |                  |
| PMPM Cost  | 5.3%                | 0               |                          | 5.3%         | \$ -                     | \$ 33.33       | \$ 37.27       | \$ 39.24       | \$ 41.32       |                  |
| Total Expenditure  |                     |                 |                          |              | \$ -                     | \$ 400,000     | \$ 1,375,111   | \$ 1,484,192   | \$ 1,601,925   | \$ 4,861,228     |
| <b>System of Care</b>  |                     |                 |                          |              |                          |                |                |                |                |                  |
| <i>Anticipated start date of 1/1/20</i>  |                     |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type:</b>   | <b>Hypothetical</b> |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   |                     | 0               |                          | 5.3%         | -                        | 720            | 1,440          | 1,440          | 1,440          |                  |
| PMPM Cost  | 5.3%                | 0               |                          | 5.3%         | \$ -                     | \$ 2,100.00    | \$ 2,211.30    | \$ 2,328.50    | \$ 2,328.50    |                  |
| Total Expenditure  |                     |                 |                          |              | \$ -                     | \$ 1,512,000   | \$ 3,184,272   | \$ 3,353,038   | \$ 3,353,038   | \$ 8,049,310     |
| <b>Dental - Blind/Disabled</b>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type:</b>   | <b>Hypothetical</b> |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 0.0%                | 0               |                          |              | 412,361                  | 412,361        | 412,361        | 412,361        | 412,361        |                  |
| PMPM Cost  | 3.0%                | 0               |                          |              | \$ 18.42                 | \$ 18.97       | \$ 19.54       | \$ 20.13       | \$ 20.73       |                  |
| Total Expenditure  |                     |                 |                          |              | \$ 7,595,690             | \$ 7,823,560   | \$ 8,058,267   | \$ 8,300,015   | \$ 8,549,016   | \$ 40,326,548    |
| <b>Dental - Aged</b>   |                     |                 |                          |              |                          |                |                |                |                |                  |
| <i>Anticipated start date of 1/1/20</i>  |                     |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type:</b>   | <b>Hypothetical</b> |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 2.5%                | 0               | 108,000                  |              |                          | 54,000         | 110,700        | 113,468        |                |                  |
| PMPM Cost  | 5.3%                | 0               |                          |              | \$ -                     | \$ -           | \$ 30.75       | \$ 32.38       | \$ 34.10       |                  |
| Total Expenditure  |                     |                 |                          |              | \$ -                     | \$ -           | \$ 1,660,500   | \$ 3,584,438   | \$ 3,868,774   | \$ 9,113,712     |

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

| ELIGIBILITY GROUP  | TREND RATE 1 | MONTHS OF AGING | BASE YEAR DY 15 (SFY 17) | TREND RATE 2 | DEMONSTRATION YEARS (DY) |                |                |                |                | TOTAL WOW        |
|--|--------------|-----------------|--------------------------|--------------|--------------------------|----------------|----------------|----------------|----------------|------------------|
|  |              |                 |                          |              | DY 16 (SFY 18)           | DY 17 (SFY 19) | DY 18 (SFY 20) | DY 19 (SFY 21) | DY 20 (SFY 22) |                  |
| <b>Former Foster</b>   |              |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type: Hypothetical</b>  |              |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 0.0%         | 24              |                          |              | 10                       | 10             | 10             | 10             | 10             |                  |
| PMPM Cost  | 4.8%         | 24              |                          |              | \$ 990.87                | \$ 1,038.43    | \$ 1,088.28    | \$ 1,140.51    | \$ 1,195.26    |                  |
| Total Expenditure  |              |                 |                          |              | \$ 9,909                 | \$ 10,384      | \$ 10,883      | \$ 11,405      | \$ 11,953      | \$ 54,534        |
| <b>Substance Use Disorder (SUD)</b>  |              |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type: Hypothetical</b>  |              |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 6.9%         | 18              | 36,913                   | 6.9%         | 39,456.31                | 42,175         | 40,554         | 43,348         | 46,335         |                  |
| PMPM Cost  | 5.0%         | 18              |                          | 5.0%         | \$ 3,321.96              | \$ 3,488.06    | \$ 3,662.46    | \$ 3,845.58    | \$ 4,037.86    |                  |
| Total Expenditure  |              |                 |                          |              | \$ 131,072,269           | \$ 147,108,390 | \$ 148,527,403 | \$ 166,698,858 | \$ 187,093,676 | \$ 780,500,596   |
| <b>Withdrawal Management</b>   |              |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type: Hypothetical</b>  |              |                 |                          |              |                          |                |                |                |                |                  |
| <i>Started 5/1/19</i>  |              |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 0.0%         | 0               | 4,018                    | 0.0%         | 670                      |                | 4,018          | 4,018          | 4,018          |                  |
| PMPM Cost  | 5.0%         | 0               |                          | 5.0%         | \$ -                     | \$ 700.00      | \$ 735.00      | \$ 771.75      | \$ 810.34      |                  |
| Total Expenditure  |              |                 |                          |              | \$ -                     | \$ 468,738     | \$ 2,953,046   | \$ 3,100,699   | \$ 3,255,733   | \$ 9,778,216     |
| <b>Medicaid for Justice-Involved Populations</b>   |              |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type: Hypothetical</b>  |              |                 |                          |              |                          |                |                |                |                |                  |
| <i>Assumes start date of 7/1/21</i>  |              |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 1.75%        |                 | 3,200                    | 1.75%        | -                        |                | 38,400         |                | 39,072         |                  |
| PMPM Cost  | 3.0%         |                 |                          | 3.0%         | -                        |                | \$ 520.00      |                | \$ 535.60      |                  |
| Total Expenditure  |              |                 |                          |              | -                        |                | \$ 19,968,000  |                | \$ 20,926,963  | \$ 40,894,963    |
| <b>Expansion Parents &lt;=100% FPL</b>   |              |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type: Expansion</b>   |              |                 |                          |              |                          |                |                |                |                |                  |
| <i>Assumes start date of 1/1/20</i>  |              |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 2.5%         |                 | 339,828                  | 2.5%         | -                        | 169,914        |                | 348,324        | 357,032        |                  |
| PMPM Cost  | 5.3%         |                 |                          | 5.3%         | \$ -                     | \$ 671.61      |                | \$ 707.21      | \$ 744.69      |                  |
| Total Expenditure  |              |                 |                          |              | \$ -                     | \$ 114,115,918 |                | \$ 246,336,326 | \$ 265,876,956 | \$ 626,329,200   |
| <b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>   |              |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type: Expansion</b>   |              |                 |                          |              |                          |                |                |                |                |                  |
| <i>Assumes start date of 1/1/20</i>  |              |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 2.5%         |                 | 400,973                  | 2.5%         | -                        | 200,487        |                | 410,997        | 421,272        |                  |
| PMPM Cost  | 5.3%         |                 |                          | 5.3%         | -                        | \$ 937.16      |                | \$ 986.83      | \$ 1,039.13    |                  |
| Total Expenditure  |              |                 |                          |              | -                        | \$ 187,887,968 |                | \$ 405,584,361 | \$ 437,757,341 | \$ 1,031,229,669 |
| <b>Expansion Parents 101-133% FPL</b>  |              |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type: Expansion</b>   |              |                 |                          |              |                          |                |                |                |                |                  |
| <i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premium</i> |              |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 5.25%        |                 | 121,473                  | 5.25%        | -                        | 58,671         |                | 123,503        | 129,987        |                  |
| PMPM Cost  | 5.3%         |                 |                          | 5.3%         | \$ -                     | \$ 656.90      |                | \$ 691.72      | \$ 728.38      |                  |
| Total Expenditure  |              |                 |                          |              | \$ -                     | \$ 38,541,205  |                | \$ 85,429,087  | \$ 94,679,562  | \$ 218,649,854   |
| <b>Expansion Adults w/out Dependent Children 101-133% FPL</b>  |              |                 |                          |              |                          |                |                |                |                |                  |
| <b>Pop Type: Expansion</b>   |              |                 |                          |              |                          |                |                |                |                |                  |
| <i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premium</i> |              |                 |                          |              |                          |                |                |                |                |                  |
| Eligible Member Months   | 5.25%        |                 | 384,418                  | 5.25%        | -                        | 185,674        |                | 390,844        | 411,363        |                  |
| PMPM Cost  | 5.3%         |                 |                          | 5.3%         | -                        | \$ 920.73      |                | \$ 969.53      | \$ 1,020.91    |                  |
| Total Expenditure  |              |                 |                          |              | -                        | \$ 170,955,560 |                | \$ 378,934,111 | \$ 419,966,044 | \$ 969,855,715   |

- Start date of 5/1/19 (2 months of SFY19) \$ 6,618,271,791
- Assumes start date of 1/1/2020 (SFY20)
- Assumes start date of 7/1/21 (SFY22)
- Anticipated start date of 9/1/20 (10 months of SFY21)


DEMONSTRATION WITH WAIVER (WW ALL) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

| ELIGIBILITY GROUP  | DY 15        | DEMO TREND RATE | DEMONSTRATION YEARS (DY) |                |                |                |                | TOTAL WW |
|--|--------------|-----------------|--------------------------|----------------|----------------|----------------|----------------|----------|
|  |              |                 | DY 16 (SFY 18)           | DY 17 (SFY 19) | DY 18 (SFY 20) | DY 19 (SFY 21) | DY 20 (SFY 22) |          |
| <b>Current Eligibles</b>   |              |                 |                          |                |                |                |                |          |
| Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19   |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>   | Medicaid     |                 |                          |                |                |                |                |          |
| Eligible Member Months   | 377,866      | 0%              | 377,866                  | 364,366        | 320,957        | 319,534        | 318,076        |          |
| PMPM Cost  | \$ 949.03    | 5.3%            | \$ 999.33                | \$ 1,052.29    | \$ 1,108.07    | \$ 1,166.79    | \$ 1,228.63    |          |
| Total Expenditure  |              |                 | \$ 377,612,830           | \$ 383,420,334 | \$ 355,641,571 | \$ 372,830,227 | \$ 390,798,881 |          |
| <b>Demo Pop I - PCN Adults w/Children</b>  |              |                 |                          |                |                |                |                |          |
| PCN ends 3/31/19   |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>   | Hypothetical |                 |                          |                |                |                |                |          |
| Eligible Member Months   | 104,836      | 5.9%            | 111,042                  | 88,212         | -              | -              | -              |          |
| PMPM Cost  | \$ 46.18     | 5.3%            | \$ 48.63                 | \$ 51.21       | \$ 53.92       | \$ 56.78       | \$ 59.79       |          |
| Total Expenditure  |              |                 | \$ 5,399,987             | \$ 4,517,106   | \$ -           | \$ -           | \$ -           |          |
| <b>Demo Pop III/IV - UPP Adults with Children</b>  |              |                 |                          |                |                |                |                |          |
| Anticipated start date of 9/1/20   |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>   | Hypothetical |                 |                          |                |                |                |                |          |
| Eligible Member Months   | 6,067        | 34.9%           | 8,182                    | 11,034         | 14,881         | 16,723         | 27,064         |          |
| PMPM Cost  | \$ 150.08    | 5.3%            | \$ 158.03                | \$ 166.41      | \$ 175.23      | \$ 1,166.79    | \$ 1,228.63    |          |
| Total Expenditure  |              |                 | \$ 1,293,029             | \$ 1,836,200   | \$ 2,607,542   | \$ 19,512,792  | \$ 33,251,572  |          |
| <b>Demo Pop I - PCN Childless Adults</b>   |              |                 |                          |                |                |                |                |          |
| PCN ends 3/31/19   |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>   | Medicaid     |                 |                          |                |                |                |                |          |
| Eligible Member Months   | 70,097       | 4.9%            | 73,812                   | 58,293         | -              | -              | -              |          |
| PMPM Cost  | \$ 48.97     | 5.3%            | \$ 51.57                 | \$ 54.30       | \$ 57.18       | \$ 60.21       | \$ 63.40       |          |
| Total Expenditure  |              |                 | \$ 3,806,153             | \$ 3,165,223   | \$ -           | \$ -           | \$ -           |          |
| <b>Demo Pop III/IV - UPP Childless Adults</b>  |              |                 |                          |                |                |                |                |          |
| Anticipated start date of 9/1/20   |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>   | Medicaid     |                 |                          |                |                |                |                |          |
| Eligible Member Months   | 159          | 4.9%            | 167                      | 175            | 184            | 160            | 202            |          |
| PMPM Cost  | \$ 68.45     | 5.3%            | \$ 72.08                 | \$ 75.90       | \$ 79.92       | \$ 1,166.79    | \$ 1,228.63    |          |
| Total Expenditure  |              |                 | \$ 10,702                | \$ 11,237      | \$ 11,799      | \$ 12,388      | \$ 13,008      |          |
| <b>Targeted Adults</b>   |              |                 |                          |                |                |                |                |          |
| Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment.<br>PMPM will increase due to adding the housing support benefit and new managed care directed payments |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>   | Expansion    |                 | Started 11/1/17          |                |                |                |                |          |
| Eligible Member Months   |              | 2.5%            | 78,000                   | 78,000         | 126,000        | 172,200        | 176,505        |          |
| PMPM Cost  |              | 5.3%            | \$ 979.53                | \$ 1,031.45    | \$ 1,522.79    | \$ 1,603.50    | \$ 1,688.48    |          |
| Total Expenditure  |              |                 | \$ 76,403,340            | \$ 80,452,717  | \$ 191,871,540 | \$ 276,122,333 | \$ 298,025,737 |          |
| <b>Dental - Targeted Adults</b>  |              |                 |                          |                |                |                |                |          |
| Started 3/1/19 Porcelain crowns anticipated start date of 1/1/20 increases PMPM  |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>   | Expansion    |                 |                          |                |                |                |                |          |
| Eligible Member Months   |              | 2.5%            | -                        | 12,000         | 36,900         | 37,823         | 38,768         |          |
| PMPM Cost  |              | 5.3%            | \$ -                     | \$ 33.33       | \$ 37.27       | \$ 39.24       | \$ 41.32       |          |
| Total Expenditure  |              |                 | \$ -                     | \$ 400,000     | \$ 1,375,111   | \$ 1,484,192   | \$ 1,601,925   |          |
| <b>System of Care</b>  |              |                 |                          |                |                |                |                |          |
| Anticipated start date of 1/1/20   |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>   | Hypothetical |                 |                          |                |                |                |                |          |
| Eligible Member Months   |              |                 | -                        | 720            | 1,440          | 1,440          | 1,440          |          |
| PMPM Cost  |              | 5.3%            | \$ -                     | \$ 2,100       | \$ 2,211       | \$ 2,328       | \$ 2,328       |          |
| Total Expenditure  |              |                 | \$ -                     | \$ 1,512,000   | \$ 3,184,272   | \$ 3,353,038   | \$ 8,049,310   |          |
| <b>Dental - Blind/Disabled</b>   |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>   | Hypothetical |                 |                          |                |                |                |                |          |
| Eligible Member Months   |              | 0%              | 412,361                  | 412,361        | 412,361        | 412,361        | 412,361        |          |
| PMPM Cost  |              | 3.0%            | \$ 18.42                 | \$ 18.97       | \$ 19.54       | \$ 20.13       | \$ 20.73       |          |
| Total Expenditure  |              |                 | \$ 7,595,690             | \$ 7,823,560   | \$ 8,058,267   | \$ 8,300,015   | \$ 8,549,016   |          |
| <b>Dental - Aged</b>   |              |                 |                          |                |                |                |                |          |
| Anticipated start date of 1/1/20   |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>   | Hypothetical |                 |                          |                |                |                |                |          |
| Eligible Member Months   |              | 0%              | -                        | 54,000         | 110,700        | 113,468        | 113,468        |          |
| PMPM Cost  |              | 3.0%            | \$ -                     | \$ 30.75       | \$ 32.38       | \$ 34.10       | \$ 34.10       |          |
| Total Expenditure  |              |                 | \$ -                     | \$ 1,660,500   | \$ 3,584,438   | \$ 3,868,774   | \$ 9,113,712   |          |



DEMONSTRATION WITH WAIVER (WW ALL) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

| ELIGIBILITY GROUP  | DY 15        | DEMO TREND RATE | DEMONSTRATION YEARS (DY)   |                |                |                |                  | TOTAL WW |
|--|--------------|-----------------|--|----------------|----------------|----------------|------------------|----------|
|  |              |                 | DY 16 (SFY 18)   | DY 17 (SFY 19) | DY 18 (SFY 20) | DY 19 (SFY 21) | DY 20 (SFY 22)   |          |
| <b>Former Foster Care</b>                                      |              |                 |  |                |                |                |                  |          |
| Pop Type:  | Hypothetical |                 |  |                |                |                |                  |          |
| Eligible Member Months   | 0%           |                 | 10   | 10             | 10             | 10             | 10               |          |
| PMPM Cost  | 4.8%         | \$              | 990.87   | \$ 1,038.43    | \$ 1,088.28    | \$ 1,140.51    | \$ 1,195.26      |          |
| Total Expenditure  |              | \$              | 9,909  | \$ 10,384      | \$ 10,883      | \$ 11,405      | \$ 11,953        |          |
| <b>Substance Use Disorder (SUD)</b>                            |              |                 |  |                |                |                |                  |          |
| Pop Type:  | Hypothetical |                 |  |                |                |                |                  |          |
| Eligible Member Months   | 6.9%         |                 | 39,456   | 42,175         | 40,554         | 43,348         | 46,335           |          |
| PMPM Cost  | 5.0%         | \$              | 3,321.96   | \$ 3,488.06    | \$ 3,662.46    | \$ 3,845.58    | \$ 4,037.86      |          |
| Total Expenditure  |              | \$              | 131,072,269  | \$ 147,108,390 | \$ 148,527,403 | \$ 166,698,858 | \$ 187,093,676   |          |
| <b>Withdrawal Management</b>                                   |              |                 |  |                |                |                |                  |          |
| Pop Type:  | Hypothetical |                 |  |                |                |                |                  |          |
|  |              |                 | Started 5/1/19   |                |                |                |                  |          |
| Eligible Member Months   | 0.0%         |                 | -  | 670            | 4,018          | 4,018          | 4,018            |          |
| PMPM Cost  | 5.0%         | \$              | -  | \$ 700.00      | \$ 735.00      | \$ 771.75      | \$ 810.34        |          |
| Total Expenditure  |              | \$              | -  | \$ 468,738     | \$ 2,953,046   | \$ 3,100,699   | \$ 3,255,733     |          |
| <b>Medicaid for Justice-Involved Populations</b>               |              |                 |  |                |                |                |                  |          |
| Pop Type:  | Hypothetical |                 |  |                |                |                |                  |          |
|  |              |                 | Assumes start date of 7/1/2021   |                |                |                |                  |          |
| Eligible Member Months   | 1.75%        | -               | -  | -              | -              | 38,400         | 39,072           |          |
| PMPM Cost  | 3.0%         | -               | \$ -   | \$ -           | \$ -           | \$ 520.00      | \$ 535.60        |          |
| Total Expenditure  |              |                 | \$ -   | \$ -           | \$ -           | \$ 19,968,000  | \$ 20,926,963    |          |
| <b>Expansion Parents &lt;=100% FPL</b>                         |              |                 |  |                |                |                |                  |          |
| Pop Type:  | Expansion    |                 |  |                |                |                |                  |          |
|  |              |                 | Assumes start date of 1/1/20   |                |                |                |                  |          |
| Eligible Member Months   | 2.5%         | -               | -  | 169,914        | 348,324        | 357,032        |                  |          |
| PMPM Cost  | 5.3%         | \$              | -  | \$ 671.61      | \$ 707.21      | \$ 744.69      |                  |          |
| Total Expenditure  |              | \$              | -  | \$ 114,115,918 | \$ 246,336,326 | \$ 265,876,956 | \$ 626,329,200   |          |
| <b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b> |              |                 |  |                |                |                |                  |          |
| Pop Type:  | Expansion    |                 |  |                |                |                |                  |          |
|  |              |                 | Assumes start date of 1/1/20   |                |                |                |                  |          |
| Eligible Member Months   | 2.5%         | -               | -  | 200,487        | 410,997        | 421,272        |                  |          |
| PMPM Cost  | 5.3%         | -               | \$ -   | \$ 937.16      | \$ 986.83      | \$ 1,039.13    |                  |          |
| Total Expenditure  |              | -               | \$ -   | \$ 187,887,968 | \$ 405,584,361 | \$ 437,757,341 | \$ 1,031,229,669 |          |
| <b>Expansion Parents 101-133% FPL</b>                          |              |                 |  |                |                |                |                  |          |
| Pop Type:  | Expansion    |                 |  |                |                |                |                  |          |
|  |              |                 | Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums |                |                |                |                  |          |
| Eligible Member Months   | 5.25%        | -               | -  | 58,671         | 123,503        | 129,987        |                  |          |
| PMPM Cost  | 5.3%         | \$              | -  | \$ 656.90      | \$ 691.72      | \$ 728.38      |                  |          |
| Total Expenditure  |              | \$              | -  | \$ 38,541,205  | \$ 85,429,087  | \$ 94,679,562  | \$ 218,649,854   |          |
| <b>Expansion Adults w/out Dependent Children 101-133% FPL</b>  |              |                 |  |                |                |                |                  |          |
| Pop Type:  | Expansion    |                 |  |                |                |                |                  |          |
|  |              |                 | Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums |                |                |                |                  |          |
| Eligible Member Months   | 5.25%        | -               | -  | 185,674        | 390,844        | 411,363        |                  |          |
| PMPM Cost  | 5.3%         | -               | \$ -   | \$ 920.73      | \$ 969.53      | \$ 1,020.91    |                  |          |
| Total Expenditure  |              | -               | \$ -   | \$ 170,955,560 | \$ 378,934,111 | \$ 419,966,044 | \$ 969,855,715   |          |

|   |   |    |               |
|---|---|----|---------------|
|  | Start date of 5/1/19 (2 months of SFY19)              | \$ | 6,618,271,791 |
|  | Assumes start date of 1/1/2020 (SFY20)                |    |               |
|  | Assumes start date of 7/1/2021 (SFY22)                |    |               |
|  | Anticipated start date of 9/1/20 (10 months of SFY21) |    |               |

DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

| ELIGIBILITY GROUP   | DY 15        | DEMO TREND RATE | DEMONSTRATION YEARS (DY) |                |                |                |                | TOTAL WW |
|---|--------------|-----------------|--------------------------|----------------|----------------|----------------|----------------|----------|
|   |              |                 | DY 16 (SFY 18)           | DY 17 (SFY 19) | DY 18 (SFY 20) | DY 19 (SFY 21) | DY 20 (SFY 22) |          |
| <b>Current Eligibles</b>  |              |                 |                          |                |                |                |                |          |
| Parent Caretaker Relative (PCR) population 45-60% FPL- transferred to Expansion Parents effective 4/1/19  |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>  | Medicaid     |                 |                          |                |                |                |                |          |
| Eligible Member Months  | 377,866      | 0%              | 377,866                  | 364,366        | 320,957        | 319,534        | 318,076        |          |
| PMPM Cost   | \$ 949.03    | 5.3%            | \$ 999.33                | \$ 1,052.29    | \$ 1,108.07    | \$ 1,166.79    | \$ 1,228.63    |          |
| Total Expenditure   |              |                 | \$ 377,612,830           | \$ 383,420,334 | \$ 355,641,571 | \$ 372,830,227 | \$ 390,798,881 |          |
| 1,880,303,842   |              |                 |                          |                |                |                |                |          |
| <b>Demo Pop I - PCN Adults w/Children</b>   |              |                 |                          |                |                |                |                |          |
| PCN ends 3/31/19  |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>  | Hypothetical |                 |                          |                |                |                |                |          |
| Eligible Member Months  | 104,836      | 5.9%            | 111,042                  | 88,212         | -              | -              | -              |          |
| PMPM Cost   | \$ 46.18     | 5.3%            | \$ 48.63                 | \$ 51.21       | \$ 53.92       | \$ 56.78       | \$ 59.79       |          |
| Total Expenditure   |              |                 | \$ 5,399,987             | \$ 4,517,106   | \$ -           | \$ -           | \$ -           |          |
| 9,917,093   |              |                 |                          |                |                |                |                |          |
| <b>Demo Pop III/V - UPP Adults with Children</b>  |              |                 |                          |                |                |                |                |          |
| Anticipated start date of 9/1/20  |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>  | Hypothetical |                 |                          |                |                |                |                |          |
| Eligible Member Months  | 6,067        | 34.9%           | \$ 8,182                 | \$ 11,034      | \$ 14,881      | \$ 16,723      | \$ 27,064      |          |
| PMPM Cost   | \$ 150.08    | 5.3%            | \$ 158.03                | \$ 166.41      | \$ 175.23      | \$ 1,166.79    | \$ 1,228.63    |          |
| Total Expenditure   |              |                 | \$ 1,293,029             | \$ 1,836,200   | \$ 2,607,542   | \$ 19,512,792  | \$ 33,251,572  |          |
| 58,501,135  |              |                 |                          |                |                |                |                |          |
| <b>Demo Pop I - PCN Childless Adults</b>  |              |                 |                          |                |                |                |                |          |
| PCN ends 3/31/19  |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>  | Medicaid     |                 |                          |                |                |                |                |          |
| Eligible Member Months  | 70,097       | 4.9%            | 73,812                   | 58,293         | -              | -              | -              |          |
| PMPM Cost   | \$ 48.97     | 5.3%            | \$ 51.57                 | \$ 54.30       | \$ 57.18       | \$ 60.21       | \$ 63.40       |          |
| Total Expenditure   |              |                 | \$ 3,806,153             | \$ 3,165,223   | \$ -           | \$ -           | \$ -           |          |
| 6,971,376   |              |                 |                          |                |                |                |                |          |
| <b>Demo Pop III/V - UPP Childless Adults</b>  |              |                 |                          |                |                |                |                |          |
| Anticipated start date of 9/1/20  |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>  | Medicaid     |                 |                          |                |                |                |                |          |
| Eligible Member Months  | 159          | 4.9%            | 167                      | 175            | 184            | 160            | 202            |          |
| PMPM Cost   | \$ 68.45     | 5.3%            | \$ 72.08                 | \$ 75.90       | \$ 79.92       | \$ 1,166.79    | \$ 1,228.63    |          |
| Total Expenditure   |              |                 | \$ 10,702                | \$ 11,237      | \$ 11,799      | \$ 12,388      | \$ 13,008      |          |
| 59,133  |              |                 |                          |                |                |                |                |          |
| <b>Former Targeted Adults</b>   |              |                 |                          |                |                |                |                |          |
| Member months will increase when the criteria is expanded to include victims of domestic violence, individuals with court ordered treatment and certain individuals on probation or parole. Also, member months will decrease due to the removal of continuous eligibility. |              |                 |                          |                |                |                |                |          |
| PMPM will increase due to adding new managed care directed payments.  |              |                 |                          |                |                |                |                |          |
| PMPM will decrease due to removing the housing support benefit, and for non-medically frail individuals removing certain benefits from the traditional package.   |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>  | Expansion    |                 | Started 11/1/17          |                |                |                |                |          |
| Eligible Member Months  |              | 2.5%            | 78,000                   | 78,000         | 121,696        | 163,378        | 167,462        |          |
| PMPM Cost   |              | 5.3%            | \$ 979.53                | \$ 1,031.45    | \$ 1,281.14    | \$ 1,349.04    | \$ 1,420.54    |          |
| Total Expenditure   |              |                 | \$ 76,403,340            | \$ 80,452,717  | \$ 155,909,778 | \$ 220,402,517 | \$ 237,885,946 |          |
| 771,054,298   |              |                 |                          |                |                |                |                |          |
| <b>Dental - Targeted Adults</b>   |              |                 |                          |                |                |                |                |          |
| Started 3/1/19  |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>  | Expansion    |                 |                          |                |                |                |                |          |
| Eligible Member Months  |              | 2.5%            | -                        | 12,000         | 18,450         | -              | -              |          |
| PMPM Cost   |              | 5.3%            | \$ -                     | \$ 33.33       | \$ 37.27       | \$ 39.24       | \$ 41.32       |          |
| Total Expenditure   |              |                 | \$ -                     | \$ 400,000     | \$ 687,556     | \$ -           | \$ -           |          |
| 1,087,556   |              |                 |                          |                |                |                |                |          |
| <b>System of Care</b>   |              |                 |                          |                |                |                |                |          |
| Anticipated start date of 1/1/20  |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>  | Hypothetical |                 |                          |                |                |                |                |          |
| Eligible Member Months  |              |                 | -                        | 720            | 1,440          | 1,440          | -              |          |
| PMPM Cost   |              | 5.3%            | \$ -                     | \$ 2,100       | \$ 2,211       | \$ 2,328       | \$ -           |          |
| Total Expenditure   |              |                 | \$ -                     | \$ 1,512,000   | \$ 3,184,272   | \$ 3,353,038   | \$ -           |          |
| 8,049,310   |              |                 |                          |                |                |                |                |          |
| <b>Dental - Blind/Disabled</b>  |              |                 |                          |                |                |                |                |          |
| Hypothetical  |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>  | Hypothetical |                 |                          |                |                |                |                |          |
| Eligible Member Months  |              | 0%              | 412,361                  | 412,361        | 412,361        | 412,361        | 412,361        |          |
| PMPM Cost   |              | 3.0%            | \$ 18.42                 | \$ 18.97       | \$ 19.54       | \$ 20.13       | \$ 20.73       |          |
| Total Expenditure   |              |                 | \$ 7,595,690             | \$ 7,823,560   | \$ 8,058,267   | \$ 8,300,015   | \$ 8,549,016   |          |
| 40,326,548  |              |                 |                          |                |                |                |                |          |
| <b>Dental - Aged</b>  |              |                 |                          |                |                |                |                |          |
| Anticipated start date of 1/1/20  |              |                 |                          |                |                |                |                |          |
| <b>Pop Type:</b>  | Hypothetical |                 |                          |                |                |                |                |          |
| Eligible Member Months  |              | 0%              | -                        | -              | 54,000         | 110,700        | 113,468        |          |
| PMPM Cost   |              | 3.0%            | \$ -                     | \$ -           | \$ 30.75       | \$ 32.38       | \$ 34.10       |          |
| Total Expenditure   |              |                 | \$ -                     | \$ -           | \$ 1,660,500   | \$ 3,584,438   | \$ 3,868,774   |          |
| 9,113,712   |              |                 |                          |                |                |                |                |          |

DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

| ELIGIBILITY GROUP  | DY 15        | DEMO TREND RATE | DEMONSTRATION YEARS (DY)   |                |                |                |                | TOTAL WW |
|--|--------------|-----------------|--|----------------|----------------|----------------|----------------|----------|
|  |              |                 | DY 16 (SFY 18)   | DY 17 (SFY 19) | DY 18 (SFY 20) | DY 19 (SFY 21) | DY 20 (SFY 22) |          |
| <b>Former Foster Care</b>                                      |              |                 |  |                |                |                |                |          |
| <b>Pop Type:</b>   | Hypothetical |                 |  |                |                |                |                |          |
| Eligible Member Months   |              | 0%              | 10   | 10             | 10             | 10             | 10             |          |
| PMPM Cost  |              | 4.8%            | \$ 990.87  | \$ 1,038.43    | \$ 1,088.28    | \$ 1,140.51    | \$ 1,195.26    |          |
| Total Expenditure  |              |                 | \$ 9,909   | \$ 10,384      | \$ 10,883      | \$ 11,405      | \$ 11,953      |          |
| <b>Substance Use Disorder (SUD)</b>                            |              |                 |  |                |                |                |                |          |
| <b>Pop Type:</b>   | Hypothetical |                 |  |                |                |                |                |          |
| Eligible Member Months   |              | 6.9%            | 39,456   | 42,175         | 40,554         | 43,348         | 46,335         |          |
| PMPM Cost  |              | 5.0%            | \$ 3,321.96  | \$ 3,488.06    | \$ 3,662.46    | \$ 3,845.58    | \$ 4,037.86    |          |
| Total Expenditure  |              |                 | \$ 131,072,269   | \$ 147,108,390 | \$ 148,527,403 | \$ 166,698,858 | \$ 187,093,676 |          |
| <b>Withdrawal Management</b>                                   |              |                 |  |                |                |                |                |          |
| <b>Pop Type:</b>   | Hypothetical |                 |  |                |                |                |                |          |
|  |              |                 | Started 5/1/19   |                |                |                |                |          |
| Eligible Member Months   |              | 0.0%            | -  | 670            | 4,018          | 4,018          | 4,018          |          |
| PMPM Cost  |              | 5.0%            | \$ -   | \$ 700.00      | \$ 735.00      | \$ 771.75      | \$ 810.34      |          |
| Total Expenditure  |              |                 | \$ -   | \$ 468,738     | \$ 2,953,046   | \$ 3,100,699   | \$ 3,255,733   |          |
| <b>Medicaid for Justice-Involved Populations</b>               |              |                 |  |                |                |                |                |          |
| <b>Pop Type:</b>   | Hypothetical |                 |  |                |                |                |                |          |
|  |              |                 | Assumes start date of 7/1/2021   |                |                |                |                |          |
| Eligible Member Months   |              | 1.75%           | -  | -              | -              | 38,400         | 39,072         |          |
| PMPM Cost  |              | 3.0%            | \$ -   | \$ -           | \$ -           | \$ 520.00      | \$ 535.60      |          |
| Total Expenditure  |              |                 | \$ -   | \$ -           | \$ -           | \$ 19,968,000  | \$ 20,926,963  |          |
| <b>Expansion Parents &lt;=100% FPL</b>                         |              |                 |  |                |                |                |                |          |
| <b>Pop Type:</b>   | Expansion    |                 |  |                |                |                |                |          |
|  |              |                 | Assumes start date of 1/1/20   |                |                |                |                |          |
| Eligible Member Months   |              | 2.5%            | -  | -              | 169,914        | 348,324        | 357,032        |          |
| PMPM Cost  |              | 5.3%            | \$ -   | \$ -           | \$ 640.57      | \$ 674.52      | \$ 710.27      |          |
| Total Expenditure  |              |                 | \$ -   | \$ -           | \$ 108,841,789 | \$ 234,951,327 | \$ 253,588,841 |          |
| <b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b> |              |                 |  |                |                |                |                |          |
| <b>Pop Type:</b>   | Expansion    |                 |  |                |                |                |                |          |
|  |              |                 | Assumes start date of 1/1/20   |                |                |                |                |          |
|  |              |                 | PMPM will decrease for non-medically frail individuals removing certain benefits from the traditional package.   |                |                |                |                |          |
| Eligible Member Months   |              | 2.5%            | -  | -              | 200,487        | 410,997        | 421,272        |          |
| PMPM Cost  |              | 5.3%            | \$ -   | \$ -           | \$ 899.03      | \$ 946.68      | \$ 996.85      |          |
| Total Expenditure  |              |                 | \$ -   | \$ -           | \$ 180,242,854 | \$ 389,081,237 | \$ 419,945,107 |          |
| <b>Expansion Parents 101-133% FPL</b>                          |              |                 |  |                |                |                |                |          |
| <b>Pop Type:</b>   | Expansion    |                 |  |                |                |                |                |          |
|  |              |                 | Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums. Further reduction of 8.3% to account for premium payment required prior to enrollment. Further reduction of 1.4% to account for removal of retroactive enrollment. |                |                |                |                |          |
| Eligible Member Months   |              | 5.25%           | -  | -              | 53,048         | 111,667        | 117,529        |          |
| PMPM Cost  |              | 5.3%            | \$ -   | \$ -           | \$ 625.86      | \$ 659.03      | \$ 693.96      |          |
| Total Expenditure  |              |                 | \$ -   | \$ -           | \$ 33,200,871  | \$ 73,591,888  | \$ 81,560,602  |          |
| <b>Expansion Adults w/out Dependent Children 101-133% FPL</b>  |              |                 |  |                |                |                |                |          |
| <b>Pop Type:</b>   | Expansion    |                 |  |                |                |                |                |          |
|  |              |                 | Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums. Further reduction of 8.3% to account for premium payment required prior to enrollment. Further reduction of 1.4% to account for removal of retroactive enrollment. |                |                |                |                |          |
|  |              |                 | PMPM will decrease for non-medically frail individuals removing certain benefits from the traditional package.   |                |                |                |                |          |
| Eligible Member Months   |              | 5.25%           | -  | -              | 167,879        | 353,386        | 371,939        |          |
| PMPM Cost  |              | 5.3%            | \$ -   | \$ -           | \$ 882.60      | \$ 929.37      | \$ 978.63      |          |
| Total Expenditure  |              |                 | \$ -   | \$ -           | \$ 148,169,813 | \$ 328,428,021 | \$ 363,991,028 |          |

- Start date of 5/1/19 (2 months of SFY19) \$ 6,232,205,690
- Assumes start date of 1/1/2020 (SFY20)
- Assumes start date of 7/1/2021 (SFY22)
- Anticipated start date of 9/1/20 (10 months of SFY21)