

# Section 1115 Primary Care Network Demonstration Amendment

## Adult Expansion Medicaid

### Amendment # 15

#### Section I. Program Description and Objectives

During the 2018 General Session, the Utah State Legislature passed House Bill 472 “Medicaid Expansion Revisions”. This legislation directed the Utah Department of Health, Division of Medicaid and Health Care Financing (DMHF) to seek 1115 waiver approval from the Centers for Medicare and Medicaid Services (CMS) to implement Medicaid eligibility for adults ages 19-64 and obtain the increased Federal medical assistance percentage (FMAP) for this population. In order to meet the intent of the legislation, the State is seeking to implement the following with this amendment:

- Adult Expansion – Expand Medicaid eligibility to adults ages 19-64, who have household income up to 95 percent of the federal poverty level (FPL) using the modified adjusted gross income (MAGI) methodology, which includes a five percent of FPL income disregard.
- Community Engagement – Require individuals eligible under this Demonstration to participate in a work requirement, if they do not meet an allowable exemption.
- Employer Sponsored Insurance (ESI) – Provide premium reimbursement and wrap-around Medicaid coverage to individuals under this Demonstration who have access to ESI.

In addition, in order to coordinate the Adult Expansion with existing programs, the State also requests to change the income limit range for Demonstration Group III – Utah’s Premium Partnership (UPP) Adults. Currently the income limit is up to 200 percent FPL. If approved, the income limit would change from the range of 0 to 200 percent FPL, to the range of over the Adult Expansion income level up to 200 percent FPL.

#### Goals and Objectives

The State’s goals and objectives of this Demonstration are as follows:

- Provide health care coverage for low-income and other vulnerable populations that would not otherwise have access to, or be able to afford health care coverage.
- Lower the uninsured rate of low income Utahns.
- Support the use of employer-sponsored insurance by encouraging work engagement and providing premium reimbursement for employer-sponsored health plans.
- Provide continuity of coverage for individuals.
- Improve the health and well-being of individuals through incentivizing work engagement.

Approval of this Demonstration will allow the State to provide coverage to uninsured adults who have limited options for affordable health coverage. These individuals fall in the coverage gap and are not eligible for subsidies to purchase coverage through the Marketplace.

## Operation and Proposed Timeframe

The Demonstration will operate statewide. The State intends to implement the Demonstration effective January 1, 2019. The State requests to operate the Demonstration through the end of the current waiver approval period, which is June 30, 2022.

## Hypotheses

With the help of an independent evaluator, the State will develop a plan for evaluating the hypotheses indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration on beneficiaries.

The State intends to test the following hypotheses during the Demonstration period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
<b>Adult Expansion</b>			
The Demonstration will improve the health and well-being of individuals in Utah.	<ul style="list-style-type: none"> <li>Number of Utahns without health coverage</li> </ul>	Utah Behavioral Risk Factor Surveillance System (BRFSS)	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
The Demonstration will increase access to primary care and improve appropriate utilization of emergency department (ED) services by Adult Expansion members.	<ul style="list-style-type: none"> <li>Review of claims for Primary Care</li> <li>Review of claims for ED Visits</li> </ul>	Claims/encounter data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
The Demonstration will reduce uncompensated care provided by Utah hospitals.	<ul style="list-style-type: none"> <li>Amount of statewide hospital-reported uncompensated care</li> </ul>	Hospital Costs Report	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
The Demonstration will assist previously uninsured individuals in purchasing	<ul style="list-style-type: none"> <li>Number of enrolled members with</li> </ul>	Enrollment data	Comparison and trending of measures. This will

employer sponsored insurance to help reduce the number of uninsured adults.	employer-sponsored insurance		include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
<b>Work Requirement</b>			
The work requirement will encourage skills development through an evaluation of job search readiness and the completion of employment-related training workshops. In addition, by increasing the individual's job skills and encouraging job search activities, the work requirement will promote gainful employment.	<ul style="list-style-type: none"> <li>• Number of trainings completed/attended</li> <li>• Number of job searches</li> <li>• Number of job registrations</li> <li>• Amount of earned income</li> </ul>	eREP & UWORKS Data	Track and compare rates of recipients who obtain employment and complete work requirement activities.
The work requirement will not negatively impact an individual's health.	<ul style="list-style-type: none"> <li>• Number of prescriptions</li> <li>• Number of non-emergent ED visits</li> </ul>	Claims/encounter data	Track and compare utilization for exempt and non-exempt groups and those who increase their hours worked.

**Section II. Demonstration Eligibility**

Individuals must meet the following criteria to be eligible for the Demonstration:

- Adults ages 19 through 64
- A U.S. Citizen or qualified alien
- A resident of Utah and not in a public institution
- Have a household income at or below 95 percent of FPL using the MAGI methodology which includes a five percent FPL income disregard
- Ineligible for other Medicaid programs that do not require a spenddown to qualify

Retroactive coverage will be allowed, but may not begin prior to the implementation date of the Demonstration program. In addition, pursuant to 42 CFR 435.1110(c)(2), hospitals would be permitted to make presumptive eligibility determinations for this Demonstration group.

## Standards and Methodology

When determining eligibility under the Demonstration, the State will apply the same eligibility standards and methodologies described in the State Plan. Because MAGI methodology will be used there will be no resource test.

## Enrollment Limits

The State requests to apply enrollment limits to the Demonstration group. Under the State's current Demonstration waiver, enrollment limits are used for both the Primary Care Network (PCN) program and the Targeted Adult Medicaid program. The State proposes to use the same process of applying enrollment limits to this Demonstration group, as is used for PCN and Targeted Adults. All eligible individuals that apply before an enrollment limit is put in place will be placed on the program. Individuals already enrolled in the program at the time enrollment is closed will remain enrolled. Individuals that apply after an enrollment limit is enacted would not be eligible for the program. The State is requesting to implement enrollment limits to allow the State to stay within its appropriated budget.

## Projected Enrollment

The projected enrollment for the Demonstration group is approximately 70,000-90,000 individuals.

## Employer Sponsored Insurance (ESI) Reimbursement

For individuals who are eligible under the Demonstration and have access to ESI, the State is proposing to reimburse the eligible individual for the health insurance premium amount for that individual. Individuals will be required to purchase available health insurance in order to be eligible under the Demonstration. Failure to purchase the insurance plan will result in ineligibility for Medicaid. The State estimates that approximately 10,000 individuals may be eligible for ESI reimbursement.

## ESI Benefit Package

Eligible individuals will be reimbursed for the full amount of the individual's share of the monthly premium cost of the qualified plan. In addition, the individual will receive wrap-around benefits through the State's fee for service (FFS) Medicaid program.

## Qualified Plan

In order to be eligible for reimbursement, the health insurance plan must meet the criteria for a qualified health plan, as defined in state rule. The State is considering establishing the same criteria for this program as the criteria used for the Demonstration Group III – UPP Adults.

## Verification of Coverage

Verification of ESI coverage and the individual's premium amount will be verified at initial application, quarterly between reviews, and at review.

## Change to the Income Limit for Demonstration Group III – UPP Adults

If the ESI premium reimbursement component of this Demonstration is approved and implemented, the State is requesting to amend and change the income limit range for Demonstration Group III – UPP Adults. Under the current Demonstration waiver, adults with countable household income up to 200 percent of the FPL are eligible for premium assistance. If this Demonstration is approved, the Demonstration Group III – UPP Adults income range would change to; above the income limit for the Adult Expansion and up to and including 200 percent of the FPL.

## Community Engagement through a Work Requirement

With this amendment, the State proposes to implement a work requirement for able-bodied adults eligible under this Demonstration, as directed by House Bill 472. Many studies have concluded that employed individuals have better physical and mental health, and are more financially stable than unemployed individuals.<sup>1</sup> Recognizing the connection between employment and health, the State proposes that the work requirement will; increase an individual's health and well-being through incentivizing work and community engagement, increase their sense of purpose, help to build a healthy lifestyle, and increase employment and wage earnings of able-bodied adults, while focusing funding on the State's neediest individuals. The State proposes to align closely with the work requirements and activities of the Supplemental Nutrition Assistance Program (SNAP) program, as well as Temporary Assistance for Needy Families (TANF) work activities.

The State recognizes that not all individuals may be able to participate in the work requirement, or they may already be participating in work or training activities that meet the goals of the Demonstration. Therefore, the State proposes to exempt certain individuals from the requirement. The exemptions are largely aligned with federal SNAP exemptions. The exemptions are:

1. Age 60 or older.
2. Physically or mentally unable to work.
3. Parents or other members of households with the responsibility of a dependent child under age six.
4. Responsible for the care of an incapacitated person.
5. Receiving Unemployment Insurance benefits or has applied and/or waiting for a decision and has registered for work at the Department of Workforce Services (DWS).
6. Participating regularly in a substance use disorder treatment program, including involvement in intensive outpatient treatment.
7. A student enrolled at least half time in any school or training program. The student remains exempt until the individual drops out, is suspended or expelled, or does not intend to register for the next normal school term (Summer school is not considered a normal school term).
8. Participating in refugee employment services.
9. TANF recipients.

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<sup>1</sup> Karsent I. Paul, Klaus Moser, (2009), Unemployment Impairs Mental Health: Meta-Analyses, *Journal of Vocational Behavior*, 74 (3), 264-282. McKee-Ryan, Z.Song, C.R. Wanbert, and A.J. Kinicki. (2005). Psychological and physical well-being during employment: a meta-analytic study. *Journal of Applied Technology*, 90 (1), 53-75.

10. Individuals issued a Family Employment Program (FEP)/TANF diversion payment (for the month of issuance only).

11. Individuals working at least 30 hours a week OR earning at least Federal Minimum Wage times 30 hours a week.

Additional exceptions:

- Pregnant women will not be required to participate. If a woman is receiving Medicaid under this Demonstration and pregnancy is reported, she will be moved to the Pregnant Woman program provided under the State Plan.
- American Indian/Alaska Natives will not be required to participate, but they may participate in the work requirement if they choose. They will not lose eligibility if they fail to participate.
- Individuals receiving SNAP benefits who are compliant with the SNAP work requirement, or who are exempt from the SNAP work requirement, will be considered to be complying with the Medicaid work requirement.

#### *Work Requirement Participation*

Individuals who do not meet an exemption and are required to participate will be referred for participation on the first of the month following approval for the Demonstration program. This will be month one of the three-month participation period (this is the same as SNAP). Individuals will be required to complete participation requirements within the three-month period. Once they have met the work requirement, they will be eligible for the remainder of their eligibility period. Eligibility periods are 12 months. The individual must complete participation requirements every 12 months to continue to receive Medicaid.

Participation activities include completing an evaluation, receiving online job training, performing online job searches, and making job contacts. Activities will be completed through the DWS, using the same online evaluation, training, and search resources offered to Utah SNAP recipients.

#### *Closure Due to Non-Participation and Regaining Eligibility*

Failure to comply with the work requirement will result in a loss of Medicaid eligibility.

The following will apply:

- Only those individuals who fail to participate will lose eligibility.
- Individuals who lose eligibility may become eligible again by completing all required activities OR by meeting an exemption.
- After completing all required activities, the individual must reapply for benefits.
- As long as the individual applies for benefits in the month following the month they complete all required activities, open enrollment requirements will not apply if enrollment limits are approved under this Demonstration.

#### *Good Cause Exemptions*

The State will waive loss of eligibility if an individual claims good cause for failure to participate in the work requirement. Good cause exemptions include, but are not limited to:

1. The individual has a disability as defined by the ADA, section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act, and was unable to meet the requirement for reasons related to that disability; or has an immediate family member in the home with a disability under federal disability rights laws and was unable to meet the requirement for reasons related to the disability of that family member; or the individual or an immediate family member who was living in the home with the individual experiences a hospitalization or serious illness;
2. The individual experiences the birth, or death, of a family member living with the individual;
3. The individual experiences severe inclement weather (including natural disaster) and therefore was unable to meet the requirement;
4. The individual has a family emergency or other life-changing event (e.g. divorce or domestic violence); or
5. The individual is not able to participate due to a lack of transportation or child care.

*Work Requirement Community Supports*

The State will work with DWS and other community partners to make a good faith effort to connect participating individuals to existing community supports that are available to assist individuals in meeting the work requirement. This may include non-Medicaid assistance with transportation, child care, language access services, and other supports; and connect individuals with disabilities as defined in the ADA, section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act with services to enable them to participate.

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

The Demonstration benefits will be provided as indicated in the table below.

Eligibility Group	Benefit Package
Adults with Dependent Children	Non-Traditional Benefits (same as Current Eligibles)
Adults without Dependent Children	State Plan Benefits
ESI Eligible Adults with Dependent Children	Premium Reimbursement with Non-Traditional Benefit Wrap-around
ESI Eligible Adults without Dependent Children	Premium Reimbursement with State Plan Benefit Wrap-around

*Early and Periodic Screening, Diagnostic, and Treatment*

The State is requesting to waive the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement for adults age 19 and 20 years old in the Demonstration.

*Cost Sharing*

*Cost Sharing for Individuals without ESI:* Cost sharing requirements provided under the State Plan will apply to Demonstration individuals who do not have ESI.

*Cost Sharing for ESI:* For ESI eligible individuals, the State will pay cost sharing imposed by the ESI. The State will pay such cost sharing directly to providers, provided that such providers are enrolled in the Medicaid program.

*Cost Sharing for Certain American Indian/Alaskan Native Eligibles:* American Indian/Alaskan Native individuals enrolled in the Demonstration are subject to cost sharing exemptions of section 5006 of the American Recovery Reinvestment Act of 2009, and are not required to pay premiums or cost sharing for services received through the Indian health care system.

#### Section IV. Delivery System

Services for Demonstration individuals will be provided initially through FFS. At a future date, the State may continue delivery of these services through FFS or may transition delivery of these services to managed care under 1915(b) authority or by amendment to the Demonstration. FFS rates will be the same as State Plan provider payment rates.

Demonstration individuals who receive ESI reimbursement will receive services through the delivery systems provided by their respective qualified plan for ESI. Wrap-around benefits provided by Medicaid will be delivered through FFS.

#### Section V. Enrollment in Demonstration

##### New Applicants

New applicants who apply for the program within 30 days prior to the implementation date will be enrolled in the Demonstration as of the implementation date of the Demonstration. Applicants will submit an application to DWS for an eligibility determination. The individual will be sent a Notice of Decision regarding the eligibility decision.

##### Individuals Currently Eligible for Medicaid, PCN or UPP

As of the implementation date of this Demonstration, the PCN program will be suspended. Therefore, individuals eligible for PCN at the time of implementation will be identified by the system and moved to the Demonstration program as of the first day of implementation, if eligible.

Individuals who are currently eligible for UPP or Medically Needy, who will be eligible for the Demonstration program, will also be identified by the system and moved to the new program as of the first day of program implementation.

Eligible individuals will be notified they have been moved to the new program, and notified of any benefit changes.

At a future date, if the State elects to enroll the Adult Expansion group in managed care, enrollment in managed care plans for the Demonstration group will occur as it does for those covered under the State plan. Individuals eligible for the Demonstration who reside in one of the thirteen managed care counties will be notified of the requirement to choose a managed care plan. If they do not choose one, one will be assigned. All eligibles will also be enrolled in a prepaid mental health plan.



### Individuals Eligible for ESI Reimbursement

Individuals with household income up to 95 percent of the FPL who are determined eligible for the Demonstration and have access to, or are enrolled in, a qualified ESI will receive premium reimbursement for the cost of the eligible individual's premium amount. ESI eligible individuals will be notified of the following:

- Eligibility for ESI reimbursement
- Requirement to purchase their ESI plan, if not already enrolled
- Availability of wrap-around benefits, including cost sharing protections
- Failure to purchase or maintain the ESI plan will result in ineligibility for Medicaid

If an individual voluntarily disenrolls from the ESI coverage, the individual will become ineligible for Medicaid coverage under this Demonstration. If the individual involuntarily disenrolls from the ESI plan, such as when the plan no longer meets the criteria for a qualified health plan, the individual will remain enrolled in the Demonstration and will receive direct Medicaid coverage.

### Section VI. Demonstration Financing and Budget Neutrality

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

### Section VII. Proposed Waivers and Expenditure Authorities

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

Waiver Authority	Reason and Use of Waiver
Section 1902(a)(1)- Statewideness/Uniformity	To enable the State to provide differing types of managed care plans in certain geographical areas of the state for the populations affected by this Demonstration.
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to provide benefits to populations affected by this Demonstration that are less than those available to other individuals under the State Plan. In addition this waiver enables the State to include additional benefits for Demonstration eligibles, who are enrolled in managed care delivery system, such as case management and health education, compared to the benefits available to individuals eligible under the State Plan that are not affected by the Demonstration.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for Title XIX populations affected by this Demonstration. This does not apply to family planning providers.
Section 1902(a)(43)- Early Periodic Diagnosis, Screening and Treatment (EPSDT)	To enable the State not to cover certain services required to treat a condition identified during an EPSDT screening for 19 and 20 year old Title XIX populations affected by the Demonstration.
Section 1902(a)(10)(A)(i)(VIII)- 133 Percent Income Level	To enable the State to implement a lower income level for the Demonstration group.

The State is requesting a waiver of the income level specified in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, which will permit the State to implement an income level of 95 percent of the FPL, rather than 133 percent of the FPL, for the Demonstration group. This will allow the State to receive the full FMAP allowable under 42 U.S.C. Section 1396d(y), which is 93 percent for 2019 and 90 percent for 2020 and each year thereafter, for the Demonstration group. Authority to set the income level at 95 percent of the FPL will allow the State to provide Medicaid benefits to 70,000-90,000 individuals who would not otherwise be eligible for full Medicaid coverage, and are ineligible for the Marketplace. The State is requesting this waiver for the Demonstration group, which includes adults with dependent children with household income using the 2014 Parent Caretaker Relative income standard up to 95 percent of the FPL, and adults without dependent children with household income between zero percent and 95 percent of the FPL. This would also include the Targeted Adult Medicaid group, whose income is zero percent of the FPL.

#### Expenditures

*Adult Expansion Demonstration Group:* Expenditures for optional services not covered under Utah's State Plan or beyond the State Plan's service limitations and for cost-effective alternative services, to the extent those services are provided in compliance with the federal managed care regulations at 42 CFR 438 et seq.

*ESI Premium Reimbursement:* Expenditures for premium reimbursement related to reimbursing the eligible individual's portion of the costs of the ESI.

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

Public Notice of the State's request for amendment and notice of Public Hearing will be published in the Utah State Bulletin on May 1, 2018 and May 15, 2018. Public notice will also be advertised in the newspapers of widest circulation and sent to an electronic mailing list. The public has through May 31, 2018 to provide comment.

A presentation regarding the amendment request will be provided to the Utah Indian Health Advisory Board on May 11, 2018. This is the first step in our approved consultation process.

Public hearings to take public comment on the amendment request will be held on, May 11, 2018 from 4:00 p.m. to 6:00 p.m., and on May 17, 2018 from 2:00 p.m. to 4:00 p.m. during the Medical Care Advisory Committee meeting.

#### Section IX. Demonstration Administration

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# ATTACHMENT A

## **Compliance with Budget Neutrality Requirements**



HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J	K
1											
2											
3											
4	<b>ELIGIBILITY</b>	<b>TREND</b>	<b>MONTHS</b>	<b>BASE YEAR</b>	<b>TREND</b>	<b>DEMONSTRATION YEARS (DY)</b>					<b>TOTAL</b>
5	<b>GROUP</b>	<b>RATE 1</b>	<b>OF AGING</b>	<b>DY 15 (SFY 17)</b>	<b>RATE 2</b>	<b>DY 16 (SFY 18)</b>	<b>DY 17 (SFY 19)</b>	<b>DY 18 (SFY 20)</b>	<b>DY 19 (SFY 21)</b>	<b>DY 20 (SFY 22)</b>	<b>WOW</b>
6											
7	<b>Current Eligibles</b>										
8	<b>Pop Type:</b>	<b>Medicaid</b>									
9	Eligible Member Months	0%	0	377,866	0.0%	377,866	377,866.00	377,866	377,866.00	377,866	
10	PMPM Cost	5.30%	0	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
11	Total Expenditure					\$ 377,612,829.78	\$ 397,626,309.76	\$ 418,700,504.18	\$ 440,891,630.90	\$ 464,258,887.33	\$ 2,099,090,162
12											
13	<b>Demo Pop I - PCN Adults with Children</b>										
14	<b>Pop Type:</b>	<b>Hypothetical</b>									
15	Eligible Member Months	5.92%	0	104,836	5.9%	111,042	117,615.99	124,579	131,953.93	139,766	
16	PMPM Cost	5.30%	0	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
17	Total Expenditure					\$ 5,399,986.62	\$ 6,022,808.12	\$ 6,717,464.35	\$ 7,492,240.57	\$ 8,356,377.61	\$ 33,988,877
18											
19	<b>Demo Pop III/IV - UPP Adults with Children</b>										
20	<b>Pop Type:</b>	<b>Hypothetical</b>									
21	Eligible Member Months	34.9%	0	6,067	34.9%	8,181.96	11,034.19	14,880.70	20,068.12	27,063.86	
22	PMPM Cost	5.3%	0	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 184.51	\$ 194.29	
23	Total Expenditure					\$ 1,292,995	\$ 1,836,150	\$ 2,607,473	\$ 3,702,809	\$ 5,258,269	\$ 14,697,695
24											
25	<b>Adult Expansion I</b>										
26	<b>Pop Type:</b>	<b>Expansion</b>					Est. Start: 1/1/19				
27	Eligible Member Months					-	258,930	517,860	791,088	904,416	
28	PMPM Cost	5.3%			5.3%	\$ -	\$542.08	\$542.08	\$570.81	\$601.06	
29	Total Expenditure					\$ -	\$ 140,360,774	\$ 280,721,549	\$ 451,561,131	\$ 543,611,159	\$ 1,416,254,614
30											
31	<b>Employee Sponsored Insurance (ESI)</b>										
32	<b>Pop Type:</b>	<b>Expansion</b>					Est. Start: 1/1/19				
33	Eligible Member Months			-		-	39,782	79,564	125,401	142,086	
34	PMPM Cost	5.3%		\$ -	5.3%	\$ -	\$ 230.63	\$ 230.63	\$ 242.85	\$ 255.72	
35	Total Expenditure					\$ -	\$ 9,174,946	\$ 18,349,892	\$ 30,454,166	\$ 36,334,799	\$ 94,313,803
36											
37	<b>Dental - Blind/Disabled</b>										
38	<b>Pop Type:</b>	<b>Hypothetical</b>									
39	Eligible Member Months	0%	0			412,361	412,361	412,361	412,361	412,361	
40	PMPM Cost	3.0%	0			\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
41	Total Expenditure					\$ 7,595,689.62	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$ 40,326,548
42											
43	<b>Former Foster</b>										
44	<b>Pop Type:</b>	<b>Hypothetical</b>									
45	Eligible Member Months	0%	24			10	10	10	10	10	
46	PMPM Cost	4.8%	24			\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
47	Total Expenditure					\$ 9,908.70	\$ 10,384.32	\$ 10,882.76	\$ 11,405.14	\$ 11,952.58	\$ 54,533.50
48											
49	<b>SUD</b>										
50	<b>Pop Type:</b>	<b>Hypothetical</b>									
51	Eligible Member Months	6.9%	18	36,913	6.9%	39,456	42,175	45,081	48,187	51,507	
52	PMPM Cost	5.0%	18	\$ 3,163.77	5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
53	Total Expenditure					\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223

**DEMONSTRATION WITH WAIVER (WW) 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>									
<b>Pop Type: Medicaid</b>									
Eligible Member Months	377,866	0.0%	377,866	377,866	377,866	377,866	377,866		
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.06	\$ 1,166.79	\$ 1,228.63		
Total Expenditure			\$ 377,612,297	\$ 397,625,749	\$ 418,699,913	\$ 440,891,009	\$ 464,258,232	\$ 2,099,087,200	
<b>Demo Pop I - PCN Childless Adults</b>									
<b>Pop Type: Medicaid</b>									
Eligible Member Months	70,097	4.9%	73,812	77,724	81,844	86,181	90,749		
PMPM Cost	\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40		
Total Expenditure			\$ 3,806,153	\$ 4,220,297	\$ 4,679,503	\$ 5,188,675	\$ 5,753,250	\$ 23,647,879	
<b>Demo Pop III/IV - UPP Childless Adults</b>									
<b>Pop Type: Medicaid</b>									
Eligible Member Months	159	4.9%	167	175	184	193	202		
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62		
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	\$ 59,133	
<b>Targeted Adults</b>									
<b>Pop Type: Expansion</b>									
Eligible Member Months		0%	78,000	78,000	78,000	78,000	78,000		
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,086.11	\$ 1,143.68	\$ 1,204.29		
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 84,716,711	\$ 89,206,697	\$ 93,934,652	\$ 424,714,116	
<b>Adult Expansion I</b>									
<b>Pop Type: Expansion</b>				Est. Start: 1/1/19					
Eligible Member Months			-	258,930	517,860	791,088	904,416		
PMPM Cost		5.3%	\$ -	\$ 542.08	\$ 542.08	\$ 570.81	\$ 601.06		
Total Expenditure			\$ -	\$ 140,360,774	\$ 280,721,549	\$ 451,561,131	\$ 543,611,159	\$ 1,416,254,614	
<b>Employee Sponsored Insurance (ESI)</b>									
<b>Pop Type: Expansion</b>				Est. Start: 1/1/19					
Eligible Member Months			-	39,782	79,564	125,401	142,086		
PMPM Cost		5.3%	\$ -	\$ 230.63	\$ 230.63	\$ 242.85	\$ 255.72		
Total Expenditure			\$ -	\$ 9,174,946	\$ 18,349,892	\$ 30,454,166	\$ 36,334,799	\$ 94,313,803	

<b>Demo Pop I - PCN Adults w/Children</b>									
<b>Pop Type:</b>		<b>Hypothetical</b>							
Eligible Member Months	104,836	5.9%	111,042	117,616	124,579	131,954	139,766		
PMPM Cost	\$ 46.18	5.3%	\$ 48.63	\$ 51.20	\$ 53.92	\$ 56.77	\$ 59.78		
Total Expenditure			\$ 5,399,479	\$ 6,022,242	\$ 6,716,833	\$ 7,491,536	\$ 8,355,592	\$ 33,985,680	

<b>Demo Pop III/V - UPP Adults with Children</b>									
<b>Pop Type:</b>		<b>Hypothetical</b>							
Eligible Member Months	6,067	34.9%	\$ 8,181.96	\$ 11,034.19	\$ 14,880.70	\$ 20,068.12	\$ 27,063.86		
PMPM Cost	\$ 150.08	5.3%	\$ 158.04	\$ 166.41	\$ 175.23	\$ 184.52	\$ 194.30		
Total Expenditure			\$ 1,293,049	\$ 1,836,227	\$ 2,607,582	\$ 3,702,963	\$ 5,258,489	\$ 14,698,309	

<b>Dental - Blind/Disabled</b>									
<b>Pop Type:</b>		<b>Hypothetical</b>							
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>Former Foster Care</b>									
<b>Pop Type:</b>		<b>Hypothetical</b>							
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	\$ 54,534	

<b>SUD</b>									
<b>Pop Type:</b>		<b>Hypothetical</b>							
Eligible Member Months		6.9%	39,456	42,175	45,081	48,187	51,507		
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	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223	

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J	K
1	DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS										
2											
3											
4	ELIGIBILITY	TREND	MONTHS	BASE YEAR	TREND	DEMONSTRATION YEARS (DY)					TOTAL
5	GROUP	RATE 1	OF AGING	DY 15 (SFY 17)	RATE 2	DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	WOW
6											
7	<b>Current Eligibles</b>										
8	<b>Pop Type:</b>	<b>Medicaid</b>									
9	Eligible Member Months	0.00%	0	377,866	0.0%	377,866	377,866.00	377,866	377,866.00	377,866	
10	PMPM Cost	5.30%	0	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
11	Total Expenditure					\$ 377,612,829.78	\$ 397,626,309.76	\$ 418,700,504.18	\$ 440,891,630.90	\$ 464,258,887.33	\$ 2,099,090,162
12											
13	<b>Demo Pop I - PCN Adults with Children</b>										
14	<b>Pop Type:</b>	<b>Hypothetical</b>									
15	Eligible Member Months	5.92%	0	104,836	5.9%	111,042	117,615.99	124,579	131,953.93	139,766	
16	PMPM Cost	5.30%	0	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
17	Total Expenditure					\$ 5,399,986.62	\$ 6,022,808.12	\$ 6,717,464.35	\$ 7,492,240.57	\$ 8,356,377.61	\$ 33,988,877
18											
19	<b>Demo Pop III/V - UPP Adults with Children</b>										
20	<b>Pop Type:</b>	<b>Hypothetical</b>									
21	Eligible Member Months	34.9%	0	6,067	34.9%	8,181.96	11,034.19	14,880.70	20,068.12	27,063.86	
22	PMPM Cost	5.3%	0	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 184.51	\$ 194.29	
23	Total Expenditure					\$ 1,292,995	\$ 1,836,150	\$ 2,607,473	\$ 3,702,809	\$ 5,258,269	\$ 14,697,695
24											
25	<b>Dental - Targeted Adults</b>										
26	<b>Pop Type:</b>	<b>Expansion</b>					Est. Start: 1/1/19				
27	Eligible Member Months		0			-	18,000	36,000	36,000	36,000	
28	PMPM Cost	5.3%	0		5.3%	\$ -	\$ 33.33	\$ 35.10	\$ 36.96	\$ 38.92	
29	Total Expenditure					\$ -	\$ 600,000	\$ 1,263,600	\$ 1,330,571	\$ 1,401,091	\$ 4,595,262
30											
31	<b>Family Planning</b>										
32	<b>Pop Type:</b>	<b>Hypothetical</b>					Est. Start: 1/1/19				
33	Eligible Member Months		0	-		-	67,200	134,400	134,400	134,400	
34	PMPM Cost	5.3%	0	\$ -	5.3%	\$ -	\$ 19.54	\$ 20.58	\$ 21.67	\$ 22.81	
35	Total Expenditure					\$ -	\$ 1,313,050	\$ 2,765,283	\$ 2,911,843	\$ 3,066,171	\$ 10,056,348
36											
37	<b>System of Care</b>										
38	<b>Pop Type:</b>	<b>Hypothetical</b>					Est. Start: 1/1/19				
39	Eligible Member Months		0			-	720	1,440	1,440	1,440	
40	PMPM Cost	5.3%	0		5.3%	\$ -	\$ 2,100.00	\$ 2,211.30	\$ 2,328.50	\$ 2,451.91	
41	Total Expenditure					\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 3,530,749	\$ 11,580,060
42											
43	<b>Dental - Blind/Disabled</b>										
44	<b>Pop Type:</b>	<b>Hypothetical</b>									
45	Eligible Member Months	0%	0			412,361	412,361	412,361	412,361	412,361	
46	PMPM Cost	3.0%	0			\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
47	Total Expenditure					\$ 7,595,689.62	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$ 40,326,548
48											
49	<b>Former Foster</b>										
50	<b>Pop Type:</b>	<b>Hypothetical</b>									
51	Eligible Member Months	0%	24			10	10	10	10	10	
52	PMPM Cost	4.8%	24			\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
53	Total Expenditure					\$ 9,908.70	\$ 10,384.32	\$ 10,882.76	\$ 11,405.14	\$ 11,952.58	\$ 54,533.50
54											
55	<b>SUD</b>										
56	<b>Pop Type:</b>	<b>Hypothetical</b>									
57	Eligible Member Months	6.9%	18	36,913	6.9%	39,456	42,175	45,081	48,187	51,507	
58	PMPM Cost	5.0%	18	\$ 3,163.77	5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
59	Total Expenditure					\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223

**DEMONSTRATION WITH WAIVER (WW) 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>								
<b>Pop Type: Medicaid</b>								
Eligible Member Months	377,866	0%	377,866	377,866	377,866	377,866	377,866	
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.06	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 377,612,297	\$ 397,625,749	\$ 418,699,913	\$ 440,891,009	\$ 464,258,232	
							\$ 2,099,087,200	
<b>Demo Pop I - PCN Childless Adults</b>								
<b>Pop Type: Medicaid</b>								
Eligible Member Months	70,097	4.9%	73,812	77,724	81,844	86,181	90,749	
PMPM Cost	\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure			\$ 3,806,153	\$ 4,220,297	\$ 4,679,503	\$ 5,188,675	\$ 5,753,250	
							\$ 23,647,879	
<b>Demo Pop III/V - UPP Childless Adults</b>								
<b>Pop Type: Medicaid</b>								
Eligible Member Months	159	4.9%	167	175	184	193	202	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	
							\$ 59,133	
<b>Targeted Adults</b>								
<b>Pop Type: Expansion</b>								
Eligible Member Months		0%	78,000	78,000	78,000	78,000	78,000	
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,086.11	\$ 1,143.68	\$ 1,204.29	
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 84,716,711	\$ 89,206,697	\$ 93,934,652	
							\$ 424,714,116	
<b>Dental - Targeted Adults</b>								
<b>Pop Type: Expansion</b>								
Est. Start: 1/1/19								
Eligible Member Months			-	18,000	36,000	36,000	36,000	
PMPM Cost		5.3%	\$ -	\$ 33.33	\$ 35.10	\$ 36.96	\$ 38.92	
Total Expenditure			\$ -	\$ 600,000	\$ 1,263,600	\$ 1,330,571	\$ 1,401,091	
							\$ 4,595,262	
<b>Family Planning</b>								
<b>Pop Type: Hypothetical</b>								
Est. Start: 1/1/19								
Eligible Member Months			-	67,200	134,400	134,400	134,400	
PMPM Cost		5.3%	\$ -	\$ 19.54	\$ 20.58	\$ 21.67	\$ 22.81	
Total Expenditure			\$ -	\$ 1,313,050	\$ 2,765,283	\$ 2,911,843	\$ 3,066,171	
							\$ 10,056,348	



<b>System of Care</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>	Est. Start: 1/1/19						
Eligible Member Months			-	720	1,440	1,440	1,440	
PMPM Cost		5.3%	\$ -	\$ 2,100.00	\$ 2,211.30	\$ 2,328.50	\$ 2,451.91	
Total Expenditure			\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 3,530,749	\$ 11,580,060

<b>Demo Pop I - PCN Adults w/Children</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months	104,836	5.9%	111,042	117,616	124,579	131,954	139,766	
PMPM Cost	\$ 46.18	5.3%	\$ 48.63	\$ 51.20	\$ 53.92	\$ 56.77	\$ 59.78	
Total Expenditure			\$ 5,399,479	\$ 6,022,242	\$ 6,716,833	\$ 7,491,536	\$ 8,355,592	\$ 33,985,680

<b>Demo Pop III/V - UPP Adults with Children</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months	6,067	34.9%	\$ 8,181.96	\$ 11,034.19	\$ 14,880.70	\$ 20,068.12	\$ 27,063.86	
PMPM Cost	\$ 150.08	5.3%	\$ 158.04	\$ 166.41	\$ 175.23	\$ 184.52	\$ 194.30	
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<b>Dental - Blind/Disabled</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
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>Former Foster Care</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
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	\$ 54,534

<b>SUD</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months		6.9%	39,456	42,175	45,081	48,187	51,507	
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	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223