

Medicaid Forecast
for
Fiscal Year 2019-2020
to
Fiscal Year 2023-2024

Medicaid Subcommittee
of the Health and Social Services Estimating Conference

1/27/2020

Medicaid Subcommittee of the Health and Social Services Estimating Conference

Overview of the Medicaid Forecast

Guiding Principles

Pursuant to R.S. 39:21.1(A), the Medicaid Forecast is “based on the assumption that current laws and current administrative practices will remain in effect throughout the period for which the information will be used.” Therefore, the forecast does not adjust for proposed changes in policy or reimbursement methodologies that have not been enacted at the state or federal level. The Subcommittee will meet after the budget is enacted each year to revise the forecast to reflect the appropriation for the Medicaid program as enacted and incorporate the impact of any changes in law or policy during the regular legislative session.

The forecast does factor projected utilization of services, increases in the costs of services, increases in managed care premiums, and changes in enrollment in the program into the estimates of future expenditures.

The assumptions of funding for the LSU Public Private Partnership Hospitals in the forecast are based on the amounts appropriated and agreements between the state and the partner hospitals in place at the time that the forecast is adopted.

Organization of the Forecast

This forecast consists of two components:

- (1) A projection of the number of individuals enrolled in the Medicaid program and
- (2) A projection of the cost of the various payments made by the state to purchase health care services for those enrollees.

The enrollment projections separate enrollees within broad eligibility categories.

The projections of expenditures on payments for services are split into two time frames – a short-term forecast consisting of Fiscal Years 2019-2020 and 2020-2021 and a long-range forecast consisting of Fiscal Years 2021-2022, 2022-2023 and 2023-2024. Further, the cost projections are divided according to the four programs that structure the budget for Schedule 09-306 Medical Vendor Payments in the General Appropriation Act:

- (1) Payments to Private Providers;
- (2) Payments to Public Providers;
- (3) Medicare Buy-Ins and Supplements; and
- (4) Uncompensated Care Costs.

It is important to also note that the Payments to Private Providers Program has three distinct parts for the purposes of this forecast:

- (a) Legacy (Fee-for-Service) Medicaid Program – Under fee-for-service, the state pays providers directly for each covered service received by a Medicaid beneficiary.
- (b) Medicaid Managed Care Programs – Under managed care, the state pays a monthly fee to a managed care plan for each person enrolled in the plan. In turn, the plan pays providers for all of the Medicaid services a beneficiary may receive that are included in the plan’s contract with the state.
- (c) Pharmacy Rebates – The rebate program is reimbursements received by the state to offset the costs of most prescription drugs dispensed to Medicaid patients.














The summary document preceding and the four addenda following the Forecast document are not components of the Official Forecast of the Medicaid Program and are for informational purposes only. The addenda are as follows:

- Addendum A – Summary of Payments to the LSU Public Private Partnership Hospitals;
- Addendum B – Description of Items Termed "Other";
- Addendum C1 & C2 – Overview of Mandatory and Optional Services and Populations; and
- Addendum D – Match Rates.

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Overview of the Medicaid Forecast

Guide to Color Coding in the Forecast

-  Enrollment Data
-  Entire Medicaid Program
 -  Payments to Private Providers Program
 -  Legacy (Fee-for-Service) Medicaid Program
 -  Medicaid Managed Care Programs
 - Healthy Louisiana
 -  Non-Expansion Population
 -  Expansion Population
 - Dental Benefits
 -  Non-Expansion Population
 -  Expansion Population
 - Louisiana Behavioral Health Partnership and Coordinated of System of Care
 -  Pharmacy Rebates
 -  Payments to Public Providers Program
 -  Medicare Buy-Ins and Supplements Program
 -  Uncompensated Care Costs Program

Medicaid Subcommittee of the Health and Social Services Estimating Conference

Summary of the Medicaid Forecast

| ADOPTED ON FEBRUARY 6, 2019 | ACTUALS | | | FORECAST | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Fiscal Year 2017-2018 | Fiscal Year 2018-2019 | Fiscal Year 2019-2020 | Fiscal Year 2020-2021 | Fiscal Year 2021-2022 | Fiscal Year 2022-2023 |
| Total Enrollment | 1,661,521 | 1,697,938 | 1,748,845 | 1,766,334 | 1,783,997 | 1,801,837 |
| Payments to Private Providers | | | | | | |
| Legacy (Fee-for-Service) Medicaid Program | \$2,638,671,349 | \$2,723,696,730 | \$2,892,290,427 | \$3,025,326,384 | \$3,165,369,401 | \$3,313,413,022 |
| Medicaid Managed Care Programs | | | | | | |
| Non-Expansion Payments | \$4,716,711,692 | \$5,080,374,966 | \$5,066,232,269 | \$5,268,881,560 | \$5,479,636,822 | \$5,698,822,295 |
| Expansion Payments | \$3,080,403,804 | \$3,192,545,838 | \$3,751,513,401 | \$3,901,573,937 | \$4,057,636,894 | \$4,219,942,370 |
| Total Managed Care Payments | \$7,797,115,496 | \$8,272,920,804 | \$8,817,745,670 | \$9,170,455,497 | \$9,537,273,716 | \$9,918,764,665 |
| Subtotal Payments to Private Providers | \$10,435,786,845 | \$10,996,617,534 | \$11,710,036,097 | \$12,195,781,881 | \$12,702,643,117 | \$13,232,177,687 |
| Pharmacy Rebates | (\$630,613,731) | (\$603,114,920) | (\$665,556,596) | (\$679,533,285) | (\$685,649,084) | (\$691,819,926) |
| Net Payments to Private Providers (Subtotal Less Rebates) | \$9,805,173,114 | \$10,393,502,614 | \$11,044,479,501 | \$11,516,248,596 | \$12,016,994,033 | \$12,540,357,761 |
| Payments to Public Providers | \$184,630,528 | \$193,422,900 | \$217,675,689 | \$230,845,068 | \$244,695,772 | \$259,377,518 |
| Medicare Buy-Ins and Supplements | \$515,978,684 | \$528,138,514 | \$546,556,636 | \$573,564,195 | \$601,043,706 | \$630,961,950 |
| Uncompensated Care Costs | \$1,090,547,492 | \$1,064,702,202 | \$1,070,506,006 | \$1,070,506,006 | \$1,070,506,006 | \$1,070,506,006 |
| Total Payments | \$11,596,329,818 | \$12,179,766,230 | \$12,879,217,832 | \$13,391,163,865 | \$13,933,239,517 | \$14,501,203,235 |
| <i>Total State Effort¹</i> | <i>\$3,225,074,763</i> | <i>\$3,310,761,787</i> | <i>\$3,356,654,744</i> | <i>Not Available</i> | <i>Not Available</i> | <i>Not Available</i> |
| PROPOSED ON JANUARY 27, 2020 | ACTUALS | | | FORECAST | | |
| | Fiscal Year 2018-2019 | Fiscal Year 2019-2020 | Fiscal Year 2020-2021 | Fiscal Year 2021-2022 | Fiscal Year 2022-2023 | Fiscal Year 2023-2024 |
| Total Enrollment | 1,556,584 | 1,558,434 | 1,554,100 | 1,549,806 | 1,545,551 | 1,541,334 |
| Payments to Private Providers | | | | | | |
| Legacy (Fee-for-Service) Medicaid Program | \$2,668,080,212 | \$2,889,164,095 | \$3,077,452,365 | \$3,224,444,952 | \$3,374,900,767 | \$3,532,121,921 |
| Medicaid Managed Care Programs | | | | | | |
| Non-Expansion Payments | \$4,994,113,582 | \$5,305,690,389 | \$5,619,490,477 | \$5,553,648,465 | \$5,609,184,950 | \$5,665,276,800 |
| Expansion Payments | \$3,133,515,815 | \$3,576,859,323 | \$3,887,341,020 | \$3,881,086,299 | \$3,958,708,025 | \$4,037,882,186 |
| Total Managed Care Payments | \$8,127,629,397 | \$8,882,549,712 | \$9,506,831,497 | \$9,434,734,764 | \$9,567,892,975 | \$9,703,158,986 |
| Subtotal Payments to Private Providers | \$10,795,709,609 | \$11,771,713,807 | \$12,584,283,862 | \$12,659,179,716 | \$12,942,793,742 | \$13,235,280,907 |
| Pharmacy Rebates | (\$571,765,585) | (\$747,215,337) | (\$747,215,337) | (\$767,763,759) | (\$790,028,908) | (\$812,939,746) |
| Net Payments to Private Providers (Subtotal Less Rebates) | \$10,223,944,024 | \$11,024,498,470 | \$11,837,068,525 | \$11,891,415,957 | \$12,152,764,834 | \$12,422,341,161 |
| Payments to Public Providers | \$188,271,418 | \$223,409,702 | \$239,071,627 | \$239,071,627 | \$239,071,627 | \$239,071,627 |
| Medicare Buy-Ins and Supplements | \$537,836,897 | \$574,291,316 | \$553,768,801 | \$579,051,032 | \$609,051,465 | \$643,940,732 |
| Uncompensated Care Costs | \$1,093,683,097 | \$1,177,019,310 | \$1,143,606,143 | \$1,143,606,143 | \$1,143,606,143 | \$1,143,606,143 |
| Total Payments | \$12,043,735,436 | \$12,999,218,798 | \$13,773,515,096 | \$13,853,144,759 | \$14,144,494,069 | \$14,448,959,663 |
| <i>Total State Effort¹</i> | <i>\$3,240,399,200</i> | <i>\$3,438,926,943</i> | <i>\$3,674,601,153</i> | <i>Not Available</i> | <i>Not Available</i> | <i>Not Available</i> |
| DIFFERENCE FEBRUARY 6, 2019 TO JANUARY 27, 2020 | ACTUALS | | | FORECAST | | |
| | Fiscal Year 2018-2019 | Fiscal Year 2019-2020 | Fiscal Year 2020-2021 | Fiscal Year 2021-2022 | Fiscal Year 2022-2023 | Fiscal Year 2023-2024 |
| Total Enrollment | (141,354) | (190,411) | (212,234) | (234,191) | (256,286) | 1,541,334 |
| Payments to Private Providers | | | | | | |
| Legacy (Fee-for-Service) Medicaid Program | (\$55,616,518) | (\$3,126,332) | \$52,125,981 | \$59,075,551 | \$61,487,745 | \$3,532,121,921 |
| Medicaid Managed Care Programs | | | | | | |
| Non-Expansion Payments | (\$86,261,384) | \$239,458,120 | \$350,608,917 | \$74,011,643 | (\$89,637,345) | \$5,665,276,800 |
| Expansion Payments | (\$59,030,023) | (\$174,654,078) | (\$14,232,917) | (\$176,550,595) | (\$261,234,345) | \$4,037,882,186 |
| Total Managed Care Payments | (\$145,291,407) | \$64,804,042 | \$336,376,000 | (\$102,538,952) | (\$350,871,690) | \$9,703,158,986 |
| Subtotal Payments to Private Providers | (\$200,907,925) | \$61,677,710 | \$388,501,981 | (\$43,463,401) | (\$289,383,945) | \$13,235,280,907 |
| Pharmacy Rebates | \$31,349,335 | (\$81,658,741) | (\$67,682,052) | (\$82,114,675) | (\$98,208,982) | (\$812,939,746) |
| Net Payments to Private Providers (Subtotal Less Rebates) | (\$169,558,590) | (\$19,981,031) | \$320,819,929 | (\$125,578,076) | (\$387,592,927) | \$12,422,341,161 |
| Payments to Public Providers | (\$5,151,482) | \$5,734,013 | \$8,226,559 | (\$5,624,145) | (\$20,305,891) | \$239,071,627 |
| Medicare Buy-Ins and Supplements | \$9,698,383 | \$27,734,680 | (\$19,795,394) | (\$21,992,674) | (\$21,910,485) | \$643,940,732 |
| Uncompensated Care Costs | \$28,980,895 | \$106,513,304 | \$73,100,137 | \$73,100,137 | \$73,100,137 | \$1,143,606,143 |
| Total Payments | (\$136,030,794) | \$120,000,966 | \$382,351,231 | (\$80,094,758) | (\$356,709,166) | \$14,448,959,663 |
| <i>Total State Effort¹</i> | <i>(\$70,362,587)</i> | <i>\$82,272,199</i> | <i>Not Available</i> | <i>Not Available</i> | <i>Not Available</i> | <i>Not Available</i> |

Notes:

1. The estimate of the "Total State Effort" required to finance the Medicaid program is based on the application of the appropriate match rate to the projections of costs associated with the enrollment and utilization of services as provided for in the Forecast as adopted. As the Federal Medical Assistance Percentage (FMAP) is adjusted on a yearly basis and calculated based on state and national income data, it is not feasible to project the FMAP for Fiscal Years 2022-2024.

Medicaid Subcommittee of the Health and Social Services Estimating Conference

Medicaid Forecast

Enrollment

Adopted 1-27-20

| Eligibility Category | Fiscal Year 2018-2019 | Fiscal Year 2019-2020 | | | Fiscal Year 2020-2021 | | | Fiscal Year 2021-2022 | | | Fiscal Year 2022-2023 | | | Fiscal Year 2023-2024 |
|--------------------------|-----------------------|-----------------------|------------------|------------|-----------------------|------------------|------------|-----------------------|------------------|------------|-----------------------|------------------|------------|-----------------------|
| | ACTUALS | Adopted on 2/6/19 | Proposed 1/27/20 | Difference | Adopted on 2/6/19 | Proposed 1/27/20 | Difference | Adopted on 2/6/19 | Proposed 1/27/20 | Difference | Adopted on 2/6/19 | Proposed 1/27/20 | Difference | Proposed 1/27/20 |
| Families and Children | 752,959 | 848,065 | 757,806 | (90,258) | 856,545 | 754,017 | (102,528) | 865,111 | 750,247 | (114,864) | 873,762 | 746,496 | (127,266) | 742,764 |
| Adults (Expansion Group) | 454,638 | 561,119 | 454,720 | (106,399) | 566,731 | 452,446 | (114,285) | 572,398 | 450,184 | (122,214) | 578,122 | 447,933 | (130,189) | 445,693 |
| Disabled | 224,320 | 219,498 | 222,341 | 2,842 | 221,693 | 223,452 | 1,759 | 223,910 | 224,569 | 659 | 226,149 | 225,692 | (457) | 226,820 |
| Aged | 124,667 | 120,163 | 123,567 | 3,404 | 121,364 | 124,185 | 2,821 | 122,578 | 124,806 | 2,228 | 123,804 | 125,430 | 1,626 | 126,057 |
| Total Enrollment | 1,556,584 | 1,748,845 | 1,558,434 | (190,411) | 1,766,334 | 1,554,100 | (212,234) | 1,783,997 | 1,549,806 | (234,191) | 1,801,837 | 1,545,551 | (256,286) | 1,541,334 |

Medicaid Subcommittee of the Health and Social Services Estimating Conference

Medicaid Forecast

Short-term Forecast: Fiscal Years 2019-2020 and 2020-2021

Adopted 1-21-20

| Payments | | | | | |
|----------------------------------|---|--|-------------------------|----------------------|--------------------------------|
| Program | Fiscal Year 2018-19 Actual Expenditures | Fiscal Year 2019-2020 Forecast <i>Adopted 1-27-20</i> | | | Fiscal Year 2020-2021 Forecast |
| | | Adopted on 2/6/19 | Proposed on 1/27/20 | Difference | Proposed on 1/27/20 |
| Payments to Private Providers | \$10,223,944,024 | \$11,044,479,501 | \$11,024,498,470 | (\$19,981,031) | \$11,837,068,525 |
| Payments to Public Providers | \$188,271,418 | \$217,675,689 | \$223,409,702 | \$5,734,013 | \$239,071,627 |
| Medicare Buy-Ins and Supplements | \$537,836,897 | \$546,556,636 | \$574,291,316 | \$27,734,680 | \$553,768,801 |
| Uncompensated Care Costs | \$1,093,683,097 | \$1,070,506,006 | \$1,177,019,310 | \$106,513,304 | \$1,143,606,143 |
| Total Payments | \$12,043,735,436 | \$12,879,217,832 | \$12,999,218,798 | \$120,000,966 | \$13,773,515,096 |

| Payments to Private Providers | Fiscal Year 2018-19 Actual Expenditures | Fiscal Year 2019-2020 Forecast <i>Adopted 1-27-20</i> | | | Fiscal Year 2020-2021 Forecast |
|--|---|--|-------------------------|-----------------------|--------------------------------|
| | | Adopted on 2/6/19 | Proposed on 1/27/20 | Difference | Proposed on 1/27/20 |
| Legacy (Fee-for-Service) Medicaid Program Payments | \$2,668,080,212 | \$2,892,290,427 | \$2,889,164,095 | (\$3,126,332) | \$3,077,452,365 |
| Medicaid Managed Care Programs | | | | | |
| Healthy Louisiana Program | | | | | |
| Non-Expansion | \$4,784,176,044 | \$4,831,423,680 | \$5,051,671,755 | \$220,248,075 | \$5,346,694,681 |
| Expansion | \$3,119,368,834 | \$3,735,224,277 | \$3,561,624,117 | (\$173,600,160) | \$3,871,090,513 |
| Total Healthy Louisiana Payments | \$7,903,544,878 | \$8,566,647,957 | \$8,613,295,872 | \$46,647,915 | \$9,217,785,194 |
| Dental Benefits | | | | | |
| Non-Expansion | \$157,961,084 | \$163,213,022 | \$181,155,405 | \$17,942,383 | \$197,942,126 |
| Expansion | \$14,146,981 | \$16,289,124 | \$15,235,206 | (\$1,053,918) | \$16,250,507 |
| Total Dental Benefits Payments | \$172,108,065 | \$179,502,146 | \$196,390,611 | \$16,888,465 | \$214,192,633 |
| Louisiana Behavioral Health Partnership and Coordinated System of Care | \$51,976,454 | \$71,595,567 | \$72,863,229 | \$1,267,662 | \$74,853,670 |
| Total Managed Care Payments | \$8,127,629,397 | \$8,817,745,670 | \$8,882,549,712 | \$64,804,042 | \$9,506,831,497 |
| Pharmacy Rebates | (\$571,765,585) | (\$665,556,596) | (\$747,215,337) | (\$81,658,741) | (\$747,215,337) |
| Total (Payments less Rebates) | \$10,223,944,024 | \$11,044,479,501 | \$11,024,498,470 | (\$19,981,031) | \$11,837,068,525 |

Adopted 1-27-20

| Legacy (Fee-for-Service) Medicaid Program | Fiscal Year 2018-19 Actual Expenditures | Fiscal Year 2019-2020 Forecast <i>Adopted 1-27-20</i> | | | Fiscal Year 2020-2021 Forecast |
|--|---|--|------------------------|----------------------|--------------------------------|
| | | Adopted on 2/6/19 | Proposed on 1/27/20 | Difference | Proposed on 1/27/20 |
| Ambulatory Surgical Centers | \$2,014,463 | \$2,129,962 | \$2,070,804 | (\$59,158) | \$2,239,855 |
| Case Management Services | \$7,432,377 | \$7,731,565 | \$7,634,225 | (\$97,340) | \$8,231,763 |
| Durable Medical Equipment | \$10,028,984 | \$11,682,377 | \$10,118,426 | (\$1,563,951) | \$10,923,663 |
| Early and Periodic Screening, Diagnosis and Treatment (EPSDT) | \$17,139,220 | \$20,388,366 | \$20,025,625 | (\$362,741) | \$23,300,000 |
| Early Steps | \$10,728,828 | \$11,454,293 | \$11,789,069 | \$334,776 | \$12,699,522 |
| Family Planning Services | \$346,610 | \$338,235 | \$455,626 | \$117,391 | \$491,838 |
| Federally Qualified Health Centers | \$2,145,413 | \$2,314,513 | \$2,229,226 | (\$85,287) | \$2,456,924 |
| Hemodialysis Services | \$23,233,786 | \$25,206,422 | \$24,074,976 | (\$1,131,446) | \$27,329,136 |
| Home Health Services | \$13,746,941 | \$17,465,644 | \$12,901,598 | (\$4,564,046) | \$14,545,640 |
| Hospice Services | \$68,056,156 | \$69,695,765 | \$70,677,126 | \$981,361 | \$74,022,511 |
| Hospital – Inpatient Services | \$113,182,379 | \$129,509,028 | \$103,947,757 | (\$25,561,271) | \$121,109,106 |
| Hospital – Outpatient Services | \$43,676,900 | \$51,488,021 | \$47,309,796 | (\$4,178,225) | \$52,807,947 |
| Intermediate Care Facilities for the Developmentally Disabled (ICF-DD Community Homes) | \$229,824,915 | \$261,861,200 | \$270,406,525 | \$8,545,325 | \$285,314,928 |
| Laboratory and X-Ray Services | \$5,378,867 | \$5,782,699 | \$5,188,830 | (\$593,869) | \$5,250,088 |
| Long Term Personal Care Services (LT-PCS) | \$139,235,867 | \$161,750,490 | \$187,894,807 | \$26,144,317 | \$189,136,816 |
| Mental Health - Inpatient Services | \$7,591,650 | \$8,362,578 | \$7,556,314 | (\$806,264) | \$8,702,784 |
| Nursing Homes | \$1,045,663,458 | \$1,099,679,584 | \$1,090,375,309 | (\$9,304,275) | \$1,187,657,166 |
| Program for All-Inclusive Care for the Elderly (PACE) | \$16,036,688 | \$19,892,050 | \$17,058,473 | (\$2,833,577) | \$17,520,233 |
| Pediatric Day Health Care Centers | \$2,256,859 | \$2,690,028 | \$2,353,799 | (\$336,229) | \$2,694,673 |
| Pharmaceutical Products and Services | \$72,830,444 | \$97,178,895 | \$77,849,426 | (\$19,329,469) | \$86,169,294 |
| Physicians Services | \$28,843,471 | \$30,300,046 | \$25,663,288 | (\$4,636,758) | \$27,156,766 |
| Rural Health Clinics | \$4,961,593 | \$4,954,726 | \$4,535,749 | (\$418,977) | \$5,314,068 |
| Transportation – Emergency – Ambulance | \$4,783,647 | \$5,611,192 | \$4,821,833 | (\$789,359) | \$5,246,526 |
| Transportation – Non-Emergency – Ambulance | \$846,547 | \$838,242 | \$977,190 | \$138,948 | \$988,163 |
| Waiver Services – Adult Day Health | \$6,445,502 | \$8,946,888 | \$8,068,950 | (\$877,938) | \$7,874,497 |
| Waiver Services – Children's Choice | \$13,164,259 | \$16,664,329 | \$0 | (\$16,664,329) | \$0 |
| Waiver Services – Community Choices | \$99,095,730 | \$117,525,798 | \$107,482,853 | (\$10,042,945) | \$121,224,678 |
| Waiver Services – New Opportunities (NOW) | \$472,433,057 | \$494,220,960 | \$0 | (\$494,220,960) | \$0 |
| Waiver Services – Residential Options (ROW) | \$11,168,112 | \$20,851,043 | \$0 | (\$20,851,043) | \$0 |
| Waiver Services – Supports | \$13,548,213 | \$13,496,587 | \$0 | (\$13,496,587) | \$0 |
| Waiver Services – Most Appropriate Waiver (MAW) | \$0 | \$0 | \$584,070,153 | \$584,070,153 | \$585,040,340 |
| Waiver Services – ACT 421 of 2019 RLS | \$0 | \$0 | \$0 | \$0 | \$13,600,000 |
| Other Private Providers | \$361,410 | \$716,179 | \$392,373 | (\$323,806) | \$567,596 |
| Supplemental Payments | \$181,877,866 | \$171,562,722 | \$181,233,969 | \$9,671,247 | \$177,835,844 |
| Total Legacy (Fee-for-Service) Medicaid Program | \$2,668,080,212 | \$2,892,290,427 | \$2,889,164,095 | (\$3,126,332) | \$3,077,452,365 |

Adopted 1-27-20

| Medicaid Managed Care – Healthy Louisiana Program Non-Expansion Population | Fiscal Year 2018-19 Actual Expenditures | Fiscal Year 2019-2020 Forecast <i>Adopted 1-27-20</i> | | | Fiscal Year 2020-2021 Forecast |
|---|--|--|------------------------|----------------------|--------------------------------------|
| | | Adopted on 2/6/19 | Proposed on 1/27/20 | Difference | Proposed on 1/27/20 |
| Supplemental Security Income | | | | | |
| Total Payments | \$1,624,907,747 | \$1,608,146,141 | \$1,834,466,964 | \$226,320,823 | \$2,115,174,435 |
| Member Months | 1,275,569 | 1,274,569 | 1,358,925 | \$84,356 | 1,369,572 |
| Average Monthly Premium | \$1,273.87 | \$1,261.72 | \$1,349.94 | \$88 | \$1,544.41 |
| Family and Children | | | | | |
| Total Payments | \$2,522,496,341 | \$2,512,219,001 | \$2,458,101,620 | (\$54,117,381) | \$2,462,398,599 |
| Member Months | 9,418,184 | 9,486,219 | 9,054,010 | (\$432,209) | 8,655,016 |
| Average Monthly Premium | \$267.83 | \$264.83 | \$271.49 | \$7 | \$284.51 |
| Breast and Cervical Cancer | | | | | |
| Total Payments | \$12,143,064 | \$12,679,665 | \$9,414,236 | (\$3,265,429) | \$10,038,702 |
| Member Months | 5,123 | 5,284 | 3,734 | (1,550) | 3,660 |
| Average Monthly Premium | \$2,370.30 | \$2,399.63 | \$2,521.22 | \$121.59 | \$2,742.81 |
| LaCHIP Affordable Plan | | | | | |
| Total Payments | \$8,049,214 | \$9,173,866 | \$5,680,606 | (\$3,493,260) | \$8,181,553 |
| Member Months | 36,808 | 39,425 | 24,410 | (15,015) | 34,571 |
| Average Monthly Premium | \$218.68 | \$232.69 | \$232.72 | \$0.02 | \$236.66 |
| Home and Community-based Services | | | | | |
| Total Payments | \$40,279,742 | \$45,606,296 | \$52,906,953 | \$7,300,657 | \$57,229,919 |
| Member Months | 24,392 | 25,732 | 30,281 | 4,549 | 30,900 |
| Average Monthly Premium | \$1,651.35 | \$1,772.36 | \$1,747.20 | (\$25.16) | \$1,852.10 |
| Chisholm Class Members | | | | | |
| Total Payments | \$48,703,500 | \$51,862,947 | \$57,065,383 | \$5,202,436 | \$58,755,410 |
| Member Months | 34,870 | 34,322 | 38,731 | 4,409 | 39,468 |
| Average Monthly Premium | \$1,396.72 | \$1,511.07 | \$1,473.38 | (\$37.69) | \$1,488.68 |
| Foster Care | | | | | |
| Total Payments | \$95,756,993 | \$94,404,880 | \$87,017,749 | (\$7,387,131) | \$83,692,870 |
| Member Months | 153,781 | 152,513 | 159,683 | \$7,170 | 160,176 |
| Average Monthly Premium | \$622.68 | \$619.00 | \$544.94 | (\$74) | \$522.51 |
| Retros | | | | | |
| Total Payments | \$101,834,314 | \$88,979,765 | \$210,684,835 | \$121,705,070 | \$219,552,377 |
| Member Months | 54,383 | 59,822 | 59,822 | 0 | 65,804 |
| Average Monthly Premium | \$1,872.53 | \$1,487.41 | \$3,521.86 | \$2,034.45 | \$3,336.46 |
| Maternity Kick Payment | | | | | |
| Total Payments | \$267,811,222 | \$334,781,691 | \$269,294,964 | (\$65,486,727) | \$265,810,023 |
| Number of Delivery Events | 23,865 | 27,048 | 22,769 | (4,279) | 23,100 |
| Payment Per Delivery Event | \$11,221.92 | \$12,377.32 | \$11,827.26 | (\$550.05) | \$11,506.93 |
| Specialized Behavioral Health Services and Non-Emergency Medical Transportation Services | | | | | |
| Total Payments | \$62,193,908 | \$73,569,428 | \$67,038,445 | (\$6,530,983) | \$65,860,793 |
| Member Months | 1,474,395 | 1,412,309 | 1,555,217 | 142,908 | 1,572,248 |
| Average Monthly Premium | \$42.18 | \$52.09 | \$43.11 | (\$8.99) | \$41.89 |
| Subtotal – Healthy Louisiana Non-Expansion Population Payments | \$4,784,176,044 | \$4,831,423,680 | \$5,051,671,755 | \$220,248,075 | \$5,346,694,681 |

Adopted 1-27-20

| Medicaid Managed Care – Healthy Louisiana Program Expansion Population | Fiscal Year 2018-19 Actual Expenditures | Fiscal Year 2019-2020 Forecast <i>Adopted 1-27-20</i> | | | Fiscal Year 2020-2021 Forecast |
|--|--|--|------------------------|-----------------|--------------------------------------|
| | | Adopted on 2/6/19 | Proposed on 1/27/20 | Difference | Proposed on 1/27/20 |
| Age 19-24 | | | | | |
| Female | | | | | |
| Total Payments | \$312,033,983 | \$460,183,787 | | | |
| Member Months | 681,124 | 829,482 | | | |
| Average Monthly Premium | \$458.12 | \$554.78 | | | |
| Male | | | | | |
| Total Payments | \$187,685,142 | \$287,570,312 | | | |
| Member Months | 430,096 | 518,139 | | | |
| Average Monthly Premium | \$436.38 | \$555.01 | | | |
| Age 25-39 | | | | | |
| Female | | | | | |
| Total Payments | \$687,534,340 | \$892,762,521 | | | |
| Member Months | 1,336,452 | 1,610,458 | | | |
| Average Monthly Premium | \$514.45 | \$554.35 | | | |
| Male | | | | | |
| Total Payments | \$387,520,211 | \$504,500,126 | | | |
| Member Months | 749,959 | 909,904 | | | |
| Average Monthly Premium | \$516.72 | \$554.45 | | | |
| Age 40-49 | | | | | |
| Female | | | | | |
| Total Payments | \$342,644,266 | \$366,311,281 | | | |
| Member Months | 546,783 | 661,570 | | | |
| Average Monthly Premium | \$626.65 | \$553.70 | | | |
| Male | | | | | |
| Total Payments | \$224,040,429 | \$240,730,669 | | | |
| Member Months | 359,979 | 434,687 | | | |
| Average Monthly Premium | \$622.37 | \$553.80 | | | |
| Age 50-64 | | | | | |
| Female | | | | | |
| Total Payments | \$464,279,659 | \$456,870,503 | | | |
| Member Months | 671,250 | 825,704 | | | |
| Average Monthly Premium | \$691.66 | \$553.31 | | | |
| Male | | | | | |
| Total Payments | \$346,001,647 | \$326,631,971 | | | |
| Member Months | 481,990 | 590,477 | | | |
| Average Monthly Premium | \$717.86 | \$553.17 | | | |
| Regular PMPMs (Consolidated from Age/Sex breakouts) | | | | | |
| Total Payments | | | \$3,356,332,754 | (\$179,228,416) | \$3,674,071,964 |
| Member Months | | | 5,416,742 | (963,679) | 5,294,343 |
| Average Monthly Premium | | | \$619.62 | (\$3,812.95) | \$693.96 |
| High Need | | | | | |
| Total Payments | \$4,387,084 | 8,179,390 | \$4,128,986 | (\$4,050,404) | \$7,922,359 |
| Member Months | 2,445 | 4,840 | 2,402 | (2,438) | 4,076 |
| Average Monthly Premium | \$1,794.31 | \$1,689.96 | \$1,719.09 | \$29.13 | \$1,943.66 |
| Retros | | | | | |
| Total Payments | \$23,724,908 | \$27,850,438 | \$62,166,701 | \$34,316,263 | \$43,408,566 |
| Member Months | 42,184 | 49,777 | 44,293 | (5,484) | 46,508 |
| Average Monthly Premium | \$562.42 | \$559.50 | \$1,403.54 | \$844.03 | \$933.36 |
| Maternity Kick Payment | | | | | |
| Total Payments | \$139,517,165 | \$163,633,279 | \$138,995,676 | (\$24,637,603) | \$145,687,624 |
| Number of Delivery Events | 12,667 | 13,056 | 11,812 | (1,244) | 12,696 |
| Payment Per Delivery Event | \$11,014.22 | \$12,533.19 | \$11,767.33 | (\$765.86) | \$11,475.08 |
| Subtotal – Healthy Louisiana Expansion Population Payments | | | | | |
| | \$3,119,368,834 | \$3,735,224,277 | \$3,561,624,117 | (\$173,600,160) | \$3,871,090,513 |
| Total Healthy Louisiana Payments | | | | | |
| | \$7,903,544,878 | \$8,566,647,957 | \$8,613,295,872 | \$46,647,915 | \$9,217,785,194 |

Adopted 1-27-20

| Medicaid Managed Care – Dental Benefits | Fiscal Year 2018-19 Actual Expenditures | Fiscal Year 2019-2020 Forecast <i>Adopted 1-27-20</i> | | | Fiscal Year 2020-2021 Forecast |
|---|--|--|------------------------|----------------------|--------------------------------------|
| | | Adopted on 2/6/19 | Proposed on 1/27/20 | Difference | Proposed on 1/27/20 |
| Non-Expansion Population | | | | | |
| Child | | | | | |
| Total Payments | \$153,285,571 | \$158,628,638 | \$175,285,970 | \$16,657,332 | \$191,811,587 |
| Member Months | 8,781,580 | 9,178,609 | 9,711,633 | 533,024 | 8,083,320 |
| Average Monthly Premium | \$17.46 | \$17.28 | \$18.05 | \$0.77 | \$23.73 |
| Adult | | | | | |
| Total Payments | \$4,675,513 | \$4,584,384 | \$5,869,435 | \$1,285,051 | \$6,130,539 |
| Member Months | 3,439,827 | 3,452,819 | 4,005,496 | 552,677 | 3,384,077 |
| Average Monthly Premium | \$1.36 | \$1.33 | \$1.47 | \$0.14 | \$1.81 |
| Subtotal Non-Expansion Population Payments | \$157,961,084 | \$163,213,022 | \$181,155,405 | \$17,942,383 | \$197,942,126 |
| Expansion Population | | | | | |
| Child | | | | | |
| Total Payments | \$7,360,480 | \$8,547,476 | \$9,413,834 | \$866,358 | \$10,092,961 |
| Member Months | 465,763 | 548,351 | 564,830 | 16,479 | 453,266 |
| Average Monthly Premium | \$15.80 | \$15.59 | \$16.67 | \$1.08 | \$22.27 |
| Adult | | | | | |
| Total Payments | \$6,786,501 | \$7,741,648 | \$5,821,372 | (\$1,920,276) | \$6,157,546 |
| Member Months | 5,160,017 | 6,138,284 | 4,368,368 | (1,769,916) | 4,620,634 |
| Average Monthly Premium | \$1.32 | \$1.26 | \$1.33 | \$0.07 | \$1.33 |
| Subtotal Expansion Population Payments | \$14,146,981 | \$16,289,124 | \$15,235,206 | (\$1,053,918) | \$16,250,507 |
| Total Dental Benefits Payments | \$172,108,065 | \$179,502,146 | \$196,390,611 | \$16,888,465 | \$214,192,633 |

| Medicaid Managed Care – Louisiana Behavioral Health Partnership and Coordinated System of Care | Fiscal Year 2018-19 Actual Expenditures | Fiscal Year 2019-2020 Forecast <i>Adopted 1-27-20</i> | | | Fiscal Year 2020-2021 Forecast <i>Adopted 1-27-20</i> |
|--|--|--|------------------------|--------------------|--|
| | | Adopted on 2/6/19 | Proposed on 1/27/20 | Difference | Proposed on 1/27/20 |
| Member Months | 29,373 | 30,688 | 30,688 | 0 | 30,416 |
| Payments | \$51,976,454 | \$71,595,567 | \$72,863,229 | \$1,267,662 | \$74,853,670 |
| Total Louisiana Behavioral Health Partnership and Coordinated System of Care Payments | \$51,976,454 | \$71,595,567 | \$72,863,229 | \$1,267,662 | \$74,853,670 |

Adopted 1-27-20

| Payments to Public Providers | Fiscal Year 2018-19 Actual Expenditures | Fiscal Year 2019-2020 Forecast | | | Fiscal Year 2020-2021 Forecast |
|--|---|--------------------------------|----------------------|--------------------|--------------------------------|
| | | Adopted on 2/6/19 | Proposed on 1/27/20 | Difference | Proposed on 1/27/20 |
| Lallie Kemp Regional Medical Center | \$1,025,688 | \$2,453,094 | \$2,453,094 | \$0 | \$2,936,708 |
| LSU Health Sciences Centers – Physicians | \$6,803,226 | \$14,889,037 | \$14,889,037 | \$0 | \$14,889,037 |
| Louisiana Department of Health | | | | | |
| Office of Aging and Adult Services – Villa Feliciana Medical Complex | \$16,790,587 | \$17,467,304 | \$18,460,497 | \$993,193 | \$20,315,319 |
| Office of Behavioral Health | \$2,949,173 | \$3,429,879 | \$3,480,767 | \$50,888 | \$3,429,879 |
| Office for Citizens with Developmental Disabilities – Pinecrest Supports and Services Center | \$101,416,448 | \$110,601,561 | \$117,019,208 | \$6,417,647 | \$147,285,114 |
| Office of Public Health | \$97,913 | \$1,654,827 | \$48,576 | (\$1,606,251) | \$1,654,827 |
| Human Services Authorities and Districts | \$427,027 | \$473,676 | \$309,540 | (\$164,136) | \$473,676 |
| Louisiana Special Education Center (LSEC) | \$19,034,459 | \$0 | \$18,761,916 | \$18,761,916 | \$0 |
| School-based Health Services | \$39,627,987 | \$46,969,746 | \$46,969,746 | \$0 | \$46,969,746 |
| State Education Facilities | \$98,910 | \$19,736,565 | \$1,017,321 | (\$18,719,244) | \$1,117,321 |
| Total | \$188,271,418 | \$217,675,689 | \$223,409,702 | \$5,734,013 | \$239,071,627 |

| Medicare Buy-In and Supplements | Fiscal Year 2018-19 Actual Expenditures | Fiscal Year 2019-2020 Forecast | | | Fiscal Year 2020-2021 Forecast |
|--|---|--------------------------------|----------------------|---------------------|--------------------------------|
| | | Adopted on 2/6/19 | Proposed on 1/27/20 | Difference | Proposed on 1/27/20 |
| Medicare Part A | | | | | |
| Total Payments | \$41,915,518 | \$42,047,700 | \$42,157,898 | \$110,198 | \$46,632,719 |
| Member Months | 105,705 | 107,892 | 101,527 | (6,365) | 103,005 |
| Average Monthly Premiums | \$396.53 | \$389.72 | \$415.24 | \$25.52 | \$452.72 |
| Medicare Part B | | | | | |
| Total Payments | \$339,498,785 | \$346,168,899 | \$375,880,223 | \$29,711,324 | \$342,105,146 |
| Member Months | 2,468,452 | 2,525,566 | 2,566,063 | 40,497 | 2,524,608 |
| Average Monthly Premiums | \$137.54 | \$137.07 | \$146.48 | \$9.42 | \$135.51 |
| Medicare Part D (Clawback) | | | | | |
| Total Payments | \$157,105,026 | \$152,773,415 | \$157,469,214 | \$4,695,799 | \$162,621,158 |
| Member Months | 1,354,307 | 1,285,373 | 1,380,007 | 94,634 | 1,589,781 |
| Average Monthly Premiums | \$116.00 | \$118.86 | \$114.11 | (\$4.75) | \$102.29 |
| Louisiana Health Insurance Premium Payment (LaHIPP) Program | | | | | |
| Total Payments | \$1,661,524 | \$5,155,093 | \$1,885,141 | (\$3,269,952) | \$1,998,249 |
| Member Months | 5,369 | 24,649 | 9,014 | (15,635) | 9,465 |
| Average Monthly Premiums | \$309 | \$209.14 | \$209.13 | (\$0.01) | \$211.13 |
| Other | | | | | |
| Total Payments | (\$2,343,956) | \$411,529 | (\$3,101,160) | (\$3,512,689) | \$411,529 |
| Total | \$537,836,897 | \$546,556,636 | \$574,291,316 | \$27,734,680 | \$553,768,801 |

Adopted
1-27-20

| Uncompensated Care Costs | Fiscal Year 2018-19 Actual Expenditures | Fiscal Year 2019-2020 Forecast <i>Adopted 1-27-20</i> | | | Fiscal Year 2020-2021 Forecast |
|--|--|--|------------------------|----------------------|--------------------------------------|
| | | Adopted on 2/6/19 | Proposed on 1/27/20 | Difference | Proposed on 1/27/20 |
| Louisiana Department of Health | | | | | |
| Office of Behavioral Health – Free-standing Psychiatric Units | \$82,514,458 | \$84,685,085 | \$84,868,114 | \$183,029 | \$86,520,456 |
| Office of Behavioral Health – Public-Private Cooperative Endeavor Agreements | \$13,925,872 | \$14,690,831 | \$14,690,831 | \$0 | \$14,690,831 |
| Lallie Kemp Regional Medical Center | \$13,572,737 | \$13,647,057 | \$13,647,057 | \$0 | \$13,969,205 |
| Public Private Partnership Hospitals | \$608,635,841 | \$612,905,204 | \$612,905,204 | \$0 | \$612,905,204 |
| High Medicaid Hospitals Disproportionate Share Pool | \$1,000 | \$1,000 | \$1,000 | \$0 | \$1,000 |
| Low Income Needy Care Collaboration Agreement (LINCCA) Hospitals | \$266,517,144 | \$297,953,162 | \$297,953,162 | \$0 | \$297,953,162 |
| North and Central LA (SPA # 16-0018) | \$76,651,225 | \$35,775,639 | \$61,496,623 | \$25,720,984 | \$61,496,623 |
| Major Medical Center (SPA # 18-0009) | \$19,021,721 | \$0 | \$24,221,634 | \$24,221,634 | \$24,221,634 |
| West Jefferson Payments (SPA # 19-0027) | \$0 | \$0 | \$21,000,000 | \$21,000,000 | \$21,000,000 |
| Non-State Public Hospitals | \$2,122,630 | \$10,848,028 | \$10,848,028 | \$0 | \$10,848,028 |
| Other DSH Payments (DSH Audit) | \$10,720,469 | \$0 | \$0 | \$0 | \$0 |
| Carryforward from FY19: Audit Balances and CPEs | \$0 | \$0 | \$35,387,657 | \$35,387,657 | \$0 |
| Total | \$1,093,683,097 | \$1,070,506,006 | \$1,177,019,310 | \$106,513,304 | \$1,143,606,143 |

Medicaid Subcommittee of the Health and Social Services Estimating Conference

Medicaid Forecast

Long-range Forecast: Fiscal Years 2021-2022, 2022-2023, 2023-2024

Payments

| Program | Fiscal Year 2021-2022 <i>Adopted 1-27-20</i> | | Fiscal Year 2022-2023 <i>Adopted 1-27-20</i> | | Fiscal Year 2023-2024 <i>Adopted 1-27-20</i> | |
|---|---|-----------------------|---|----------------------|---|-----------------|
| | Adopted on 2/6/19 | Proposed 1/27/2020 | Difference | Adopted on 2/6/19 | Proposed 1/27/2020 | Difference |
| Legacy (Fee-for-Service) Medicaid Program | \$3,165,369,401 | \$3,224,444,952 | \$59,075,551 | \$3,313,413,022 | \$3,374,900,767 | \$61,487,745 |
| Managed Care Programs | | | | | | |
| Non-Expansion | \$5,479,636,822 | \$5,553,648,465 | \$74,011,643 | \$5,698,822,295 | \$5,609,184,950 | (\$89,637,345) |
| Expansion | \$4,057,636,894 | \$3,881,086,299 | (\$176,550,595) | \$4,219,942,370 | \$3,958,708,025 | (\$261,234,345) |
| Pharmacy Rebates | (\$685,649,084) | (\$767,763,759) | (\$82,114,675) | (\$691,819,926) | (\$790,028,908) | (\$98,208,982) |
| Payments to Private Providers <i>(Legacy and Managed Care Programs Less Rebates)</i> | \$12,016,994,033 | \$11,891,415,957 | (\$125,578,076) | \$12,540,357,761 | \$12,152,764,834 | (\$387,592,927) |
| Payments to Public Providers | \$244,695,772 | \$239,071,627 | (\$5,624,145) | \$259,377,518 | \$239,071,627 | (\$20,305,891) |
| Medicare Buy-Ins and Supplements | \$601,043,706 | \$579,051,032 | (\$21,992,674) | \$630,961,950 | \$609,051,465 | (\$21,910,485) |
| Uncompensated Care Costs | \$1,070,506,006 | \$1,143,606,143 | \$73,100,137 | \$1,070,506,006 | \$1,143,606,143 | \$73,100,137 |
| Total Payments | \$13,933,239,517 | \$13,853,144,759 | (\$80,094,758) | \$14,501,203,235 | \$14,144,494,069 | (\$356,709,166) |

Medicaid Subcommittee of the Health and Social Services Estimating Conference

Explanation of the Assumptions and Calculations in the Medicaid Forecast

Enrollment

The enrollment assumptions for the Legacy (Fee-for-Service) and Non-Expansion Programs are based on prior year's experience.

Enrollment counts are unduplicated members for the month of June, for each fiscal year. Prior to November 2018, actuals were pulled from the Medicaid Data Warehouse and projected counts are based on the assumptions below. November 2018 and forward, actuals are pulled from the Louisiana Medicaid Eligibility Determination System (LaMEDS) and reconciled to MDW for basis of eligibility breakouts.

Assumptions:

Families and Children

1. SFY 19: actuals
2. SFY 20: Based on projected end of year enrollment from the December 2019 Medicaid Monthly Forecast Report
3. SFY 21-24: -0.5% growth

Adults (Expansion Group)

1. SFY 19: actuals
2. SFY 20: Based on projected end of year enrollment from the December 2019 Medicaid Monthly Forecast Report
3. SFY 21-24: -0.5% growth

Disabled

1. SFY 19: actuals
2. SFY 20: Based on projected end of year enrollment from the December 2019 Medicaid Monthly Forecast Report
3. SFY 21-24: +0.5% growth

Aged

1. SFY 19: actuals
2. SFY 20: Based on projected end of year enrollment from the December 2019 Medicaid Monthly Forecast Report
3. SFY 21-24: +0.5% growth

Payments

Fiscal Year 2018-2019

Actuals for 2018-2019

- i. Non-Expansion MCO payments include 12+ PMPMs (includes portion of June '18)
- ii. Expansion MCO payments include 12 PMPMs
- A. Non-Expansion Dental payments include 12 PMPMs
- E. Expansion Dental payments include 12 PMPMs
- iii. HIPF was paid in SFY19 (\$114M Non-Expansion; \$71M Expansion)

Fiscal Year 2019-2020

Payments to Private Providers - FFS

FY 20 December Forecast.

Payments to Private Providers - MCO Non Expansion

Based on FY 20 December Forecast.

Rates: 7/1/19 - Actual Rates; 1/1/20 - Draft rates (+4.7% increase on full rate over 7/1/19 rates)

Increases projection for MCIP

Reduces projection for suspension of HIPF

Assumes 12 PMPMs paid at the floor (from July 2019 to June 2020)

Payments to Private Providers - MCO Expansion

Based on FY 20 December Forecast.

Rates: 7/1/19 - Actual Rates; 1/1/20 - Draft rates (+9.8% increase on full rate)

Reduces projection for suspension of HIPF

Increases projection for MCIP

Assumes 12 PMPMs paid at the floor (from July 2019 to June 2020)

Effective 7/1/18, age/sex rate bands were consolidated into a single, risk-adjusted rate; therefore, PMPMs across ages/sexes will no longer vary

Payments to Private Providers - Dental

Based on FY 20 December Forecast.
Includes rate increase effective 7/1/19
Assumes 12 PMPMs paid at the 25th percentile (from July 2019 to June 2020)
Reduces projection for suspension of HIPF

Payments to Private Providers - LBHP/CSoc

Based on FY 20 December Forecast

Payments to Public Providers

Based on FY 20 December Forecast

Medicare Buy-Ins and Supplements

Medicare Part A&B Premiums:

Based on FY 20 December Forecast

Medicare Part D (Clawback):

Based on FY 20 December Forecast

LaHIPP:

Based on FY 20 December Forecast

Uncompensated Care Costs

Based on FY 20 December Forecast

Pharmacy Rebates

Based on FY 20 December Forecast

Fiscal Year 2020-2021

Payments to Private Providers - FFS

FY 20 total plus an average increase of 7.3%.

Exceptions to above FFS growth:

Waivers are projected flat

Payments to Private Providers - Non-Expansion (MCO+Dental+LBHP/CSoc)

Based on FY 21 updated Budget Request.

1/1/21 rate is +4.15% increase over 1/1/20 rates

Assumes 12 PMPMs paid at the floor for MCOs and at the 25th percentile for Dental (from July 2020 to June 2021)

Payments to Private Providers - Expansion (MCO+Dental)

Based on FY 21 updated Budget Request.

1/1/21 rate is +6.71% increase over 1/1/20 rates

Assumes 12 PMPMs paid at the floor for MCOs and at the 25th percentile for Dental (from July 2020 to June 2021)

Payments to Public Providers

FY 21 projects no change, but includes IAT adjustments through the "Wheel"

Medicare Buy-Ins and Supplements

Medicare Part A&B expenditures are based on Trust Report Premium rates for FY 21

Medicare Part D Expenditures are based on historical enrollment and expenditure trends

Expenditure amount includes retro enrollees, which can go back three years.

LaHIPP is projected flat

Uncompensated Care Costs

FY 21 projects no change, with the exception of non-recurring a carryforward and IAT adjustments through the "Wheel".
It does not include DSH Cap reduction due to uncertainty of Federal action.

Pharmacy Rebates

FY 21 rebates are based upon the FY 20 December Forecast.

Fiscal Year 2021-2022

Payments to Private Providers - FFS

FY 21 total plus 5.8% increase.

The 5.8% trend is an average of the National Health Expenditure Projection of total Medicaid expenditures.

Exceptions to above FFS growth:

Waivers are projected flat

Inpatient/Outpatient Hospital = FY 21 total plus 4.35% increase.

Pharmacy = FY 21 total plus 5.75% increase (based on National Health Expenditure Projections)

Payments to Private Providers - Non-Expansion (MCO+Dental+LBHP/CSoc)

FY 21 total plus 1% growth calculated based on the average historical PMPM growth

Assumes 12 PMPMs paid at the floor for MCOs and at the 25th percentile for Dental (from July 2021 to June 2022)

HIPF removed from projection for FY 22 and beyond based on federal legislation

Payments to Private Providers - Expansion (MCO+Dental)

FY 21 total plus 2% growth calculated based on the average historical PMPM growth

Assumes 12 PMPMs paid at the floor for MCOs and at the 25th percentile for Dental (from July 2021 to June 2022)

HIPF removed from projection for FY 22 and beyond based on federal legislation

Payments to Public Providers

FY22 is projected flat.

Medicare Buy-Ins and Supplements

Medicare Parts A & B – 4.5% & 4.1% growth based on Rates from Trust Fund Report.

Medicare Part D – 5.7% growth based on FFIS (Federal Funds Information for States)

LaHIPP projected flat.

Uncompensated Care Costs

Projected Flat due to uncertainty of Federal action.

Pharmacy Rebates

FY 21 total plus average annual growth of 2.75% based on historical invoices.

Fiscal Year 2022-2023

Payments to Private Providers - FFS

FY 22 total plus 6.15% increase.

The 6.15% trend is an average of the National Health Expenditure Projection of total Medicaid expenditures.

Exceptions to above FFS growth:

Waivers are projected flat

Inpatient/Outpatient Hospital = FY 22 total plus 5.65% increase.

Pharmacy = FY 22 total plus 5.9% increase (based on National Health Expenditure Projections)

Payments to Private Providers - Non-Expansion (MCO+Dental+LBHP/CSoc)

FY 22 total plus 1% growth calculated based on the average historical PMPM growth

Assumes 12 PMPMs paid at the floor for MCOs and at the 25th percentile for Dental (from July 2022 to June 2023)

HIPF removed from projection for FY 22 and beyond based on federal legislation

Payments to Private Providers - Expansion (MCO+Dental)

FY 22 total plus 2% growth calculated based on the average historical PMPM growth

Assumes 12 PMPMs paid at the floor for MCOs and at the 25th percentile for Dental (from July 2022 to June 2023)

HIPF removed from projection for FY 22 and beyond based on federal legislation

Payments to Public Providers

FY 23 is projected flat.

Medicare Buy-Ins and Supplements

Medicare Parts A & B – 4.5% & 5.1% growth based on Rates from Trust Fund Report.

Medicare Part D – 5.7% growth based on FFIS (Federal Funds Information for States)

LaHIPP projected flat.

Uncompensated Care Costs

Projected Flat due to uncertainty of Federal action.

Pharmacy Rebates

FY 22 total plus average annual growth of 2.9% based on historical invoices.

Fiscal Year 2023-2024

Payments to Private Providers - FFS

FY 23 total plus 6.05% increase.

The 6.05% trend is an average of the National Health Expenditure Projection of total Medicaid expenditures.

Exceptions to above FFS growth:

Waivers are projected flat

Inpatient/Outpatient Hospital = FY 23 total plus 5.6% increase.

Pharmacy = FY 23 total plus 5.9% increase (based on National Health Expenditure Projections)

Payments to Private Providers - Non-Expansion (MCO+Dental+LBHP/CSOC)

FY 23 total plus 1% growth calculated based on the average historical PMPM growth

Assumes 12 PMPMs paid at the floor for MCOs and at the 25th percentile for Dental (from July 2023 to June 2024)

HIPF removed from projection for FY 22 and beyond based on federal legislation

Payments to Private Providers - Expansion (MCO+Dental)

FY 23 total plus 2% growth calculated based on the average historical PMPM growth

Assumes 12 PMPMs paid at the floor for MCOs and at the 25th percentile for Dental (from July 2023 to June 2024)

HIPF removed from projection for FY 22 and beyond based on federal legislation

Payments to Public Providers

FY 24 is projected flat.

Medicare Buy-Ins and Supplements

Medicare Parts A & B – 4.4% & 6.0% growth based on Rates from Trust Fund Report.

Medicare Part D – 5.7% growth based on FFIS (Federal Funds Information for States)

LaHIPP projected flat.

Uncompensated Care Costs

Projected Flat due to uncertainty of Federal action.

Pharmacy Rebates

FY 23 total plus average annual growth of 2.9% based on historical invoices.

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Addendum A

Summary of Supplemental Medicaid Payments to the LSU Public Private Partnership Hospitals

| Location (Former LSU Hospital) | Fiscal Year 2018-19 Actuals | | | Fiscal Year 2019-20 Budgeted | | |
|--|--|-----------------------------------|------------------------|--|-----------------------------------|------------------------|
| | Upper Payment Limit/Full-Medicaid Pricing Payments | Uncompensated Care Costs Payments | Total Payments | Upper Payment Limit/Full-Medicaid Pricing Payments | Uncompensated Care Costs Payments | Total Payments |
| Bogalusa (Washington/St. Tammany Regional Medical Center) | \$15,979,476 | \$17,910,560 | \$33,890,036 | \$15,979,476 | \$18,883,228 | \$34,862,704 |
| Houma (Leonard J. Chabert Medical Center) | \$58,616,970 | \$75,891,316 | \$134,508,286 | \$58,616,970 | \$75,891,316 | \$134,508,286 |
| Baton Rouge (Earl K. Long Medical Center) – Our Lady of the Lake | \$75,000,000 | - | \$75,000,000 | \$75,000,000 | - | \$75,000,000 |
| Baton Rouge (Earl K. Long Medical Center) – Woman's Hospital | \$10,203,122 | - | \$10,203,122 | \$9,894,611 | - | \$9,894,611 |
| New Orleans (Medical Center of Louisiana at New Orleans/Interim LSU Hospital) | \$144,247,827 | \$243,672,892 | \$387,920,719 | \$123,247,827 | \$240,672,891 | \$363,920,718 |
| Lafayette (University Medical Center) | \$62,006,681 | \$56,225,260 | \$118,231,941 | \$62,006,681 | \$56,225,260 | \$118,231,941 |
| Independence (Lallie Kemp Regional Medical Center) | \$5,693,574 | \$13,572,737 | \$19,266,311 | \$6,117,224 | \$13,647,057 | \$19,764,281 |
| Lake Charles (W. O. Moss Regional Medical Center) | \$3,500,000 | \$34,064,613 | \$37,564,613 | \$3,500,000 | \$38,082,958 | \$41,582,958 |
| Monroe (E. A. Conway Medical Center) | \$190,099,066 | - | \$190,099,066 | \$160,099,066 | - | \$160,099,066 |
| Alexandria (Huey P. Long Medical Center) | - | \$46,078,934 | \$46,078,934 | - | \$46,078,961 | \$46,078,961 |
| Shreveport (LSU Health Sciences Center - University Hospital Shreveport) | - | \$134,070,590 | \$134,070,590 | - | \$134,070,590 | \$134,070,590 |
| Total | \$565,346,716 | \$621,486,902 | \$1,186,833,618 | \$514,461,855 | \$623,552,261 | \$1,138,014,116 |

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Addendum B

Description of Items Termed "Other"

Other Private Providers

| Budget Category | Actuals SFY 2018/19 |
|---------------------------------|--------------------------------|
| Rehab Centers | \$164,299 |
| Chiropractic Services | \$1,734 |
| Adult Dental Services | \$965 |
| Other Medical Services | (\$78,101) |
| Mental Health Rehabilitation | \$2,004 |
| Psychology | \$9,076 |
| Audiology | \$16,421 |
| Physical Therapy | \$19,869 |
| Occupational Therapy | \$4,026 |
| Social Worker Services | \$35,133 |
| Behavioral Management | \$343 |
| American Indian/Native Alaskans | \$575 |
| Applied Behavioral Analysis | \$185,066 |
| Total | \$361,410 |

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Addendum C-1

Overview of Mandatory and Optional Populations

| Detail # | ACTIVITY NAME |
|----------|--|
| 1 | Mandatory Populations |
| 2 | Optional Populations |
| 3 | Privates & Public Programs Supplemental Payments |
| 4 | Medicare Buy-Ins & Supplements Program |
| 5 | Uncompensated Care Costs Program |

| Detail # | ACTIVITY NAME |
|----------|---|
| 1 | Mandatory Populations |
| | Children <19 |
| | Newborns |
| | Foster Children |
| | Children & Parents (<12%) |
| | PW <=188% |
| | Aged, Blind, Disabled |
| | <i>Aged, Blind, Disabled (non-waiver)</i> |
| | <i>PACE</i> |
| | <i>SSI/ADHC</i> |
| | <i>SSI/EDA Waiver</i> |
| | <i>SSI/NOW</i> |
| | <i>SSI/Children's Choice Waiver</i> |
| | <i>SSI/Supports Waiver</i> |
| | <i>SSI/ROW</i> |
| | <i>SSI/NOW-Fund</i> |
| | <i>SSI/Community Choices Waiver</i> |
| | <i>SSI/ICF-DD</i> |
| | Ext Medicaid |
| | Emergency Alien |
| | QMB Crossovers |
| | Former Foster Care |
| | CHIP I |
| | CHIP II |
| | CHIP III |
| | CHIP IV |
| | CHIP V |
| | FOA |
| | PW 119%-185% |
| | Rebates |
| 2 | Optional Populations |
| | LTC Special Income |
| | <i>LTC Special Income (non-waiver)</i> |
| | <i>PACE</i> |
| | <i>ADHC</i> |
| | <i>EDA Waiver</i> |
| | <i>NOW</i> |
| | <i>Children's Choice Waiver</i> |
| | <i>Supports Waiver</i> |
| | <i>ROW</i> |
| | <i>NOW - Fund</i> |
| | <i>Community Choices Waiver</i> |
| | <i>CSoC MEDICAID CHILD</i> |
| | <i>ICF-DD</i> |
| | Regular MNP |
| | Spend-Down MNP |
| | LTC Spend-Down MNP |
| | BCC |
| | MPP |
| | Disability Medicaid |
| | Provisional Medicaid |
| | Family Planning |
| | Expansion |

| Detail # | ACTIVITY NAME |
|----------|---|
| | Misc State |
| | Misc Fed |
| | Local Education Agencies |
| | HIPF |
| | Full Medicaid Pricing - Hospital |
| | Full Medicaid Pricing - Ambulance |
| | Full Medicaid Pricing - Physician |
| 3 | Privates & Public Programs Supplemental Payments |
| | High Medicaid UPL Pool |
| | UPL for Tyler Mental Health Clinic |
| | Rural Health Clinic Cost Reports |
| | Nursing Home UPL |
| | In-Patient Graduate Medical Education |
| | Hospital FFS UPL Payments (PPP, LINCCA) |
| | Hospital Based Physician UPL |
| | Ambulance UPL |
| | Outliers |
| 4 | Medicare Buy-Ins & Supplements Program |
| | Medicare Part A & B Premiums |
| | Medicare Part D/Clawback |
| | Optional State Supplemental Payments - Mandatory |
| | LaHIPP Premiums |
| 5 | Uncompensated Care Costs Program |
| | UCC DSH to OBH Free Standing Psych Units |
| | UCC DSH to OBH: Cooper lawsuit re: EAST |
| | OBH Public/Private Partnership UCC/DSH |
| | High Medicaid DSH Pool |
| | UCC DSH to Public Hospital (Lallie Kemp) |
| | UCC DSH to Public/Private Partner Hospitals |
| | UCC/DSH LINCCA Program |
| | Non-State Public CPEs |
| | Major Medical Centers - Northern and Central LA |

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Addendum C-2

Overview of Mandatory and Optional Services

| Detail # | ACTIVITY NAME |
|----------|--|
| 1 | Mandatory Services |
| 2 | Optional Services |
| 3 | Privates & Public Programs Supplemental Payments |
| 4 | Medicare Buy-Ins & Supplements Program |
| 5 | Uncompensated Care Costs Program |

| Detail # | ACTIVITY NAME |
|----------|--|
| 1 | Mandatory Services |
| Non-Exp | Inpatient Hospital |
| Exp | Inpatient Hospital |
| Non-Exp | Nursing Home |
| Exp | Nursing Home |
| Non-Exp | Physician |
| Exp | Physician |
| Non-Exp | Outpatient Hospital |
| Exp | Outpatient Hospital |
| Non-Exp | Lab & X-Ray |
| Exp | Lab & X-Ray |
| Non-Exp | Rural Health Center |
| Exp | Rural Health Center |
| Non-Exp | Medical Transportation |
| Exp | Medical Transportation |
| Non-Exp | Pharmacy (Children) |
| Exp | Pharmacy (Children) |
| Non-Exp | Home Health |
| Exp | Home Health |
| Non-Exp | Federally Qualified Health Center |
| Exp | Federally Qualified Health Center |
| Non-Exp | Durable Medical Equipment |
| Exp | Durable Medical Equipment |
| Non-Exp | Family Planning |
| Exp | Family Planning |
| Non-Exp | Adult Dental |
| Exp | Adult Dental |
| Non-Exp | Early Step Therapies |
| Exp | Early Step Therapies |
| Non-Exp | EPSDT |
| Exp | EPSDT |
| Non-Exp | Physical and Occupational Therapies - Children |
| Exp | Physical and Occupational Therapies - Children |
| Non-Exp | Applied Behavioral Analysis |
| Exp | Applied Behavioral Analysis |
| Non-Exp | Case Management |
| Exp | Case Management |
| Non-Exp | Non- Exp SBH Mandatory |
| Age 21+ | Psychiatrist |
| Age 21+ | FQHC, RHC |
| Age 21+ | Lab Services |
| Age 0-20 | Distinct Part Psychiatric Inpatient Hospital (DPP) |
| Age 0-20 | Psychiatric Residential Treatment Facility (PRTF) |
| Age 0-20 | Freestanding Psychiatric Hospital (IMD) |
| Age 0-20 | Outpatient Hospital |
| Age 0-20 | Psychiatrist |
| Age 0-20 | FQHC, RHC |
| Age 0-20 | Medical or Licensed Psychologists |
| Age 0-20 | Licensed Clinical Social Workers (LCSWs) |
| Age 0-20 | Licensed Professional Counselors (LPCs) |

| Detail # | ACTIVITY NAME |
|-----------------|---|
| Age 0-20 | Licensed Marriage and Family Therapists (LMFTs) |
| Age 0-20 | Advanced Practice Registered Nurses (APRNs) |
| Age 0-20 | Other Licensed Mental Health Practitioner (LMHP) |
| Age 0-20 | Addiction services: Residential |
| Age 0-20 | Addiction services: Outpatient |
| Age 0-20 | Addiction services: Intensive Outpatient |
| Age 0-20 | Licensed Addiction Counselors (LACs) |
| Age 0-20 | Lab Services |
| Age 0-20 | Crisis Intervention |
| Age 0-20 | Crisis Stabilization |
| Age 0-20 | Diagnostic Services (Psych) |
| Age 0-20 | Community Psychiatric Support and Treatment (CPST) |
| Age 0-20 | Multisystemic Therapy (MST) |
| Age 0-20 | Functional Family Therapy (FFT) |
| Age 0-20 | Therapeutic Group Home (TGH) |
| Age 0-20 | Homebuilders |
| Age 0-20 | Assertive Community Treatment (ACT) |
| Age 0-20 | Psychosocial Rehabilitation (including peer support services) |
| Exp | Exp SBH Mandatory |
| Age 21+ | Psychiatrist |
| Age 21+ | FOHC, RHC |
| Age 21+ | Lab Services |
| Age 0-20 | Distinct Part Psychiatric Inpatient Hospital (DPP) |
| Age 0-20 | Psychiatric Residential Treatment Facility (PRTF) |
| Age 0-20 | Freestanding Psychiatric Hospital (IMD) |
| Age 0-20 | Outpatient Hospital |
| Age 0-20 | Psychiatrist |
| Age 0-20 | FOHC, RHC |
| Age 0-20 | Medical or Licensed Psychologists |
| Age 0-20 | Licensed Clinical Social Workers (LCSWs) |
| Age 0-20 | Licensed Professional Counselors (LPCs) |
| Age 0-20 | Licensed Marriage and Family Therapists (LMFTs) |
| Age 0-20 | Advanced Practice Registered Nurses (APRNs) |
| Age 0-20 | Other Licensed Mental Health Practitioner (LMHP) |
| Age 0-20 | Addiction services: Residential |
| Age 0-20 | Addiction services: Outpatient |
| Age 0-20 | Addiction services: Intensive Outpatient |
| Age 0-20 | Licensed Addiction Counselors (LACs) |
| Age 0-20 | Lab Services |
| Age 0-20 | Crisis Intervention |
| Age 0-20 | Crisis Stabilization |
| Age 0-20 | Diagnostic Services (Psych) |
| Age 0-20 | Community Psychiatric Support and Treatment (CPST) |
| Age 0-20 | Multisystemic Therapy (MST) |
| Age 0-20 | Functional Family Therapy (FFT) |
| Age 0-20 | Therapeutic Group Home (TGH) |
| Age 0-20 | Homebuilders |
| Age 0-20 | Assertive Community Treatment (ACT) |
| Age 0-20 | Psychosocial Rehabilitation (including peer support services) |
| 2 | Optional Services |
| Non-Exp | CSoC |
| Exp | CSoC |
| Non-Exp | Mental Health Rehab |
| Exp | Mental Health Rehab |
| Non-Exp | Pharmacy (Adult) |
| Exp | Pharmacy (Adult) |
| Non-Exp | LT-PCS |
| Exp | LT-PCS |
| Non-Exp | PAS-PCS |
| Exp | PAS-PCS |
| Non-Exp | Ambulatory Surgical Center |
| Exp | Ambulatory Surgical Center |
| Non-Exp | Clinic Services |
| Exp | Clinic Services |

| Detail # | ACTIVITY NAME |
|-----------------|--|
| Non-Exp | Hemodialysis |
| Exp | Hemodialysis |
| Non-Exp | ICF/DD |
| Exp | ICF/DD |
| Non-Exp | Inpatient Mental Health |
| Exp | Inpatient Mental Health |
| Non-Exp | Hospice |
| Exp | Hospice |
| Non-Exp | PACE |
| Exp | PACE |
| Non-Exp | Adult Day Healthcare Center Waiver |
| Exp | Adult Day Healthcare Center Waiver |
| Non-Exp | Children's Choice Waiver |
| Exp | Children's Choice Waiver |
| Non-Exp | Community Choice Waiver |
| Exp | Community Choice Waiver |
| Non-Exp | NOW Waiver |
| Exp | NOW Waiver |
| Non-Exp | Residential Options Waiver |
| Exp | Residential Options Waiver |
| Non-Exp | Supports Waiver |
| Exp | Supports Waiver |
| Non-Exp | Pediatric Day Healthcare Center |
| Exp | Pediatric Day Healthcare Center |
| Non-Exp | Other |
| Exp | Other |
| Non-Exp | Physical and Occupational Therapies - Adults |
| Exp | Physical and Occupational Therapies - Adults |
| Non-Exp | Full Medicaid Pricing - Hospital |
| Exp | Full Medicaid Pricing - Hospital |
| Non-Exp | Full Medicaid Pricing - Ambulance |
| Exp | Full Medicaid Pricing - Ambulance |
| Non-Exp | Full Medicaid Pricing - Physician |
| Exp | Full Medicaid Pricing - Physician |
| Non-Exp | HIPF |
| Exp | HIPF |
| Non-Exp | Local Education Agencies |
| Exp | Local Education Agencies |
| Non-Exp | Non-Exp SBH Optional |
| <i>Age 21+</i> | <i>Distinct Part Psychiatric Inpatient Hospital (DPP)</i> |
| <i>Age 21+</i> | <i>Freestanding Psychiatric Hospital (IMD)</i> |
| <i>Age 21+</i> | <i>Outpatient Hospital</i> |
| <i>Age 21+</i> | <i>Medical or Licensed Psychologists</i> |
| <i>Age 21+</i> | <i>Licensed Clinical Social Workers (LCSWs)</i> |
| <i>Age 21+</i> | <i>Licensed Professional Counselors (LPCs)</i> |
| <i>Age 21+</i> | <i>Licensed Marriage and Family Therapists (LMFTs)</i> |
| <i>Age 21+</i> | <i>Advanced Practice Registered Nurses (APRNs)</i> |
| <i>Age 21+</i> | <i>Other Licensed Mental Health Practitioner (LMHP)</i> |
| <i>Age 21+</i> | <i>Addiction services: Residential</i> |
| <i>Age 21+</i> | <i>Addiction services: Outpatient</i> |
| <i>Age 21+</i> | <i>Addiction services: Intensive Outpatient</i> |
| <i>Age 21+</i> | <i>Licensed Addiction Counselors (LACs)</i> |
| <i>Age 21+</i> | <i>Crisis Intervention</i> |
| <i>Age 21+</i> | <i>Diagnostic Services (Psych)</i> |
| <i>Age 21+</i> | <i>Community Psychiatric Support and Treatment (CPST)</i> |
| <i>Age 21+</i> | <i>Psychosocial Rehabilitation (including peer support services)</i> |
| <i>Age 0-20</i> | <i>CSoC Waiver Services</i> |
| <i>Age 21+</i> | <i>Assertive Community Treatment (ACT)</i> |
| Exp | Exp SBH Optional |
| <i>Age 21+</i> | <i>Distinct Part Psychiatric Inpatient Hospital (DPP)</i> |
| <i>Age 21+</i> | <i>Freestanding Psychiatric Hospital (IMD)</i> |
| <i>Age 21+</i> | <i>Outpatient Hospital</i> |
| <i>Age 21+</i> | <i>Medical or Licensed Psychologists</i> |
| <i>Age 21+</i> | <i>Licensed Clinical Social Workers (LCSWs)</i> |

| Detail # | ACTIVITY NAME |
|-----------------|--|
| Age 21+ | <i>Licensed Professional Counselors (LPCs)</i> |
| Age 21+ | <i>Licensed Marriage and Family Therapists (LMFTs)</i> |
| Age 21+ | <i>Advanced Practice Registered Nurses (APRNs)</i> |
| Age 21+ | <i>Other Licensed Mental Health Practitioner (LMHP)</i> |
| Age 21+ | <i>Addiction services: Residential</i> |
| Age 21+ | <i>Addiction services: Outpatient</i> |
| Age 21+ | <i>Addiction services: Intensive Outpatient</i> |
| Age 21+ | <i>Licensed Addiction Counselors (LACs)</i> |
| Age 21+ | <i>Crisis Intervention</i> |
| Age 21+ | <i>Diagnostic Services (Psych)</i> |
| Age 21+ | <i>Community Psychiatric Support and Treatment (CPST)</i> |
| Age 21+ | <i>Psychosocial Rehabilitation (including peer support services)</i> |
| Age 0-20 | <i>CSoC Waiver Services</i> |
| Age 21+ | <i>Assertive Community Treatment (ACT)</i> |
| 3 | Privates & Public Programs Supplemental Payments |
| | UPL for Tyler Mental Health Clinic |
| | Rural Health Clinic Cost Reports |
| | Nursing Home UPL |
| | In-Patient Graduate Medical Education |
| | Hospital FFS UPL Payments (PPP, LINCCA) |
| | Hospital Based Physician UPL |
| | Ambulance UPL |
| | Outliers |
| 4 | Medicare Buy-Ins & Supplements Program |
| | Medicare Part A & B Premiums |
| | Medicare Part D/Clawback |
| | Optional State Supplemental Payments - Mandatory |
| | LaHIPP Premiums |
| 5 | Uncompensated Care Costs Program |
| | UCC DSH to OBH Free Standing Psych Units |
| | UCC DSH to OBH: Cooper lawsuit re: EAST |
| | OBH Public/Private Partnership UCC/DSH |
| | High Medicaid DSH Pool |
| | UCC DSH to Public Hospital (Lallie Kemp) |
| | UCC DSH to Public/Private Partner Hospitals |
| | UCC/DSH LINCCA Program |
| | Non-State Public CPEs |
| | Major Medical Centers - Northern and Central LA |

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Addendum D

Match Rates

| Federal Fiscal Year 2016-2017 | Federal Fiscal Year 2017-2018 | Federal Fiscal Year 2018-2019 | Federal Fiscal Year 2019-2020 | Federal Fiscal Year 2020-2021 | Federal Fiscal Year 2021-2022 |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

Federal Medical Assistance Percentage (FMAP)

| | | | | | | |
|----------------|--------|--------|--------|--------|--------|---|
| State Effort | 37.72% | 36.31% | 35.00% | 33.14% | 32.58% | - |
| Federal Effort | 62.28% | 63.69% | 65.00% | 66.86% | 67.42% | - |

Enhanced Federal Medical Assistance Percentage

| | | | | | | |
|----------------|--------|--------|--------|--------|--------|---|
| State Effort | 26.40% | 25.42% | 24.50% | 23.20% | 22.81% | - |
| Federal Effort | 73.60% | 74.58% | 75.50% | 76.80% | 77.19% | - |

ACA CHIP Adjustment to the Enhanced Federal Medical Assistance Percentage

| | | | | | | |
|----------------|--------|--------|--------|--------|--------|---|
| State Effort | 3.40% | 2.42% | 1.50% | 11.70% | 22.81% | - |
| Federal Effort | 96.60% | 97.58% | 98.50% | 88.30% | 77.19% | - |

| Calendar Year 2017 | Calendar Year 2018 | Calendar Year 2019 | Calendar Year 2020 | Calendar Year 2021 | Calendar Year 2022 |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|

Affordable Care Act New Adult Eligibility Group Rate

| | | | | | | |
|----------------|--------|--------|--------|--------|--------|--------|
| State Effort | 5.00% | 6.00% | 7.00% | 10.00% | 10.00% | 10.00% |
| Federal Effort | 95.00% | 94.00% | 93.00% | 90.00% | 90.00% | 90.00% |

| State Fiscal Year 2016-2017 | State Fiscal Year 2017-2018 | State Fiscal Year 2018-2019 | State Fiscal Year 2019-2020 | State Fiscal Year 2020-2021 | State Fiscal Year 2021-2022 |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Federal Medical Assistance Percentage

| | | | | | | |
|----------------|--------|--------|--------|--------|--------|---|
| State Effort | 37.74% | 36.66% | 35.33% | 33.60% | 32.72% | - |
| Federal Effort | 62.26% | 63.34% | 64.67% | 66.40% | 67.28% | - |

Enhanced Federal Medical Assistance Percentage

| | | | | | | |
|----------------|--------|--------|--------|--------|--------|---|
| State Effort | 26.41% | 25.66% | 24.72% | 23.52% | 22.91% | - |
| Federal Effort | 73.59% | 74.34% | 75.27% | 76.48% | 77.09% | - |

ACA CHIP Adjustment to the Enhanced Federal Medical Assistance Percentage

| | | | | | | |
|----------------|--------|--------|--------|--------|--------|---|
| State Effort | 3.41% | 2.66% | 1.73% | 9.15% | 20.03% | - |
| Federal Effort | 96.59% | 97.34% | 98.27% | 90.85% | 79.97% | - |

Affordable Care Act New Adult Eligibility Group Rate

| | | | | | | |
|----------------|--------|--------|--------|--------|--------|--------|
| State Effort | 2.50% | 5.50% | 6.50% | 8.50% | 10.00% | 10.00% |
| Federal Effort | 97.50% | 94.50% | 93.50% | 91.50% | 90.00% | 90.00% |