

BOARD OF MEDICAL ASSISTANCE SERVICES

Tuesday, September 17, 2024
 10:00 AM to 12:00 PM
 Department of Medical Assistance Services
 600 East Broad Street
 Richmond, VA 23219
 1st floor Conference Rooms A&B

<i>To Join Meeting Remotely:</i> https://covaconf.webex.com/covaconf/j.php?MTID=m904b3c848793137f380439c7046dccb8
Closed Captioning Link https://www.streamtext.net/player?event=HamiltonRelayRCC-0917-VA4120

AGENDA

#	Item	Presenter	Time
1	Call to order	Tim Hanold, Board Chair	10:00am
2	Introductions & Welcome New Board Member	Tim Hanold, Board Chair	10:00am 10:05am
3	Approval of 06/18/2024 Meeting Minutes	Tim Hanold, Board Chair	10:05am 10:10am
4	Director's Report	Cheryl Roberts, Agency Director	10:10am 10:20am
5	Member Communication	Adrienne Fegans Montserrat Serra Sarah Haggie Tammy Whitlock	10:20am 11:15am
6	Aspirin Reveal	Dr. Lisa Stevens, Chief Medical Officer	11:15am 11:20am
7	Dashboards	Rich Rosendahl, Deputy for Healthcare Analytics & Transformation	11:20am 11:30am
8	Finance	Truman Horwitz, Director, Budget Division	11:30am 11:40am
9	New Business/Old Business		11:40am 11:45am
10	Public Comment		11:45am 12:00pm
12	Adjournment		12:00pm

Next Meeting Dates: December 10th, March 11,2025, June 10,2025, September 9, 2025, December 9, 2025

BMAS DRAFT MINUTES

Tuesday, June 18, 2024

10:00 AM

A quorum of the Board of Medical Assistance Services attended the meeting at the Department of Medical Assistance Services (DMAS) offices at 600 East Broad Street, Richmond. A web-ex option was also available for members of the Board and the public to attend virtually.

Present: Tim Hanold, Patricia Cook, Jennifer Clarke, Jason Brewster, Margaret Roomsburg, Paul Hogan, Ashish Kachru

Present Virtually: Dr. Vienne Murray

Absent: Basim Khan, Bernie Boone

DMAS Attendees: Cheryl Roberts-DMAS Director, Jeff Lunardi - Chief Deputy, Tammy Whitlock – Deputy Complex Care Services, Adrienne Fegans -Deputy for Programs, Danielle Nowell – Program Operations Manager/Administration, Chris Gordon-Deputy for Finance, John Kissel-Deputy for Technology & Innovation, Ivory Banks – Chief of Staff, Rich Rosendahl- Deputy for Health Economics and Economic Policy, Lisa Price-Stevens, MD-Chief Medical Officer, Truman Horwitz, Director of Budget, Jason Lowe-Behavioral Health Integration Advisor, Christine Minnick, MSW-Child Welfare Program Specialist, Lanette Walker- Office of the Secretary of Health and Human Resources (OSHR) Chief Financial Officer, Craig Markva –OSHR Assistant Secretary, Jona Roka – OSHR Special Assistant, Brian McCormick- Director Legislative and Intergovernmental Affairs, Emily McClellan-Policy Division Director, Morgan Greer- Board counsel and Brooke Barlow- Board Secretary.

Other Attendees: Troy Washington, Natalie Benke, Meredith Atkinson, Dylan Bishop, Tyler Cox, Yolanda Chandler & Corey Pleasants.

1. Call to Order

Tim Hanold, Board Chair, called for a motion by the Board to open the regular meeting of the Board of Medical Assistance Services at 10:05 am on June 18, 2024, at 600 East Broad Street, Conference Rooms A & B, Richmond, Virginia 23219.

Moved by Tim Hanold; 10:05 am; seconded by Ashish Kachru.

2. Approval of Minutes

The minutes from the March 12, 2024 meeting were introduced and approved.

Moved by Tim Hanold; seconded by Ashish Kachru to Approve Motion Passed: 7 - 0

Voting For: Tim Hanold, Patricia Cook, Jennifer Clarke, Jason Brewster, Margaret

Roomsburg, Paul Hogan, Ashish Kachru

Voting Against: None

3. Director's Report

Director Roberts presented to the Board an overview of Medicaid, program updates, along with program updates for the Executive Leadership Team. Director Roberts reviewed the DMAS mission and values, Medicaid funding and authority and the five health care levers in Virginia Medicaid healthcare: Coverage & Services, Data Analytics, Member Engagement, Provider/Health System and Managed Care Organization/FFS.

DMAS launched SOAR in 2024 as DMAS' commitment to provide health insurance coverage and services to qualified low-income members in the Commonwealth efficiently. SOAR is Services for Members, Operations and Opportunities, Accountability and Results.

Director Roberts provides updates on Managed care, Maternal Health and CMS Final Rules.

Executive Leadership Team members provided updates on workforce, unwinding, systems, special projects, complex care updates, dental update, nursing facilities, and an update from the Chief Medical Officer.

4. 1115 Demonstration Waiver Renewal Application: Addiction and Recovery Treatment Services (ARTS) and Former Foster Care Youth (FFCY)

Jason Lowe, Behavioral Health Integration Advisor and Christine Minnick, MSW, Child Welfare Program Specialist provide information regarding the 1115 Demonstration Waiver Renewal Application.

With this renewal application, Virginia seeks to extend the SUD and Former Foster Care Youth (FFCY) components the Commonwealth's current 1115 demonstration to build upon Medicaid delivery system reforms already in place under Virginia's State Plan and Medicaid managed care program. Specifically, this demonstration extension, Virginia's demonstration "Building and Transforming Coverage, Services, and Supports for a Healthier Virginia" will:

Continue to provide essential SUD services to all Medicaid enrollees through the ARTS benefit; Maintain authority for coverage of FFCY who aged out of foster care in another state and turned 18 prior to January 1, 2023; and

Sunset the High Needs Supports components of the demonstration until such time that the General Assembly signals funding authority to renew these or similar efforts to implement certain housing and employment supports to eligible high needs Medicaid members.

5. Virtual Option: Bylaws Review

The Board reviewed and discussed the changes to the policy for remote participation of members and all-virtual meetings. BMAS counsel Morgan Greer assisted with questions the Board proposed. The Board will vote on the policy changes and amendments to the By-laws at the September 17, 2024 meeting.

6. Board Discussion – How do we encourage member engagement in care and coverage – deferred due to time constraints

7. GA Updates – deferred due to time constraints

8. Budget Updates – deferred due to time constraints

9. New Business/Old Business

10. Public Comment – No public comments

11. Regulations – Regulations were presented to the Board and posted to Townhall.

12. Adjournment

Moved by Tim Hanold; seconded by Ashish Kachru to Approve Motion Passed: 7 - 0
Voting For: Tim Hanold, Patricia Cook, Jennifer Clarke, Jason Brewster, Margaret Roomsburg,
Paul Hogan, Ashish Kachru
Voting Against: None

BMAS Board Orientation

At the conclusion of the regular BMAS Board meeting, Board members were provided an Orientation, which began at 12:00 PM and ended at 2:00 PM on June 18,2024 . A web-ex option was also available for members of the Board and the public to attend virtually

Present: Tim Hanold, Jennifer Clarke, Jason Brewster, Margaret Roomsburg

Present Virtually: Bernie Boone

Absent: Basim Khan, Dr. Vienne Murray, Patricia Cook, Ashish Kachru, Paul Hogan

DMAS Staff presented on the topics below:

DMAS Mission and Values

Functions of Agency/Departments

- DMAS Org Chart
- Individual Divisions and descriptions

Medicaid Authority- Agency and board

What is Medicaid and who qualifies (income guidelines) and how to apply

Who We Serve

- children
- pregnant women
- the aged, blind, and individuals with disabilities
- adults - Medicaid Expansion 2020 maag + updated enrollment #'s
- 12-month Continuous Eligibility for children
- Continuous Coverage Unwinding Updates

Programs and Benefits

- Services
- FFS vs. Managed Care
- Transition to Managed Care Cardinal Care
- Long Term Services and Supports (LTSS)
- High level review of services (waivers, etc)
- High level review of benefit programs (ARTS, PACE, etc)

Finance

- Medicaid Funding and Authority
- Finance Overview
- Historical Enrollment
- MCO Claims and Utilization Data

DMAS Major Initiatives of the Agency

- MES
- Pharmacy Services
- Behavioral Health
- General Assembly and State Based Exchange
- Maternal and Child Health

Resources: Dashboards, digital communications, MAAG, BMAS report, Med 101 handout, Board date calendar, links to studies and reports.

Board of Medical Assistance Service – Director's Update

Cheryl Roberts, J.D., DMAS Director
September 17, 2024

Agenda

- Medicaid Overview
- Director's Program Updates

DMAS Mission & Values

Our Mission & Values

To improve the health and well-being of Virginians through access to high-quality health care coverage and services



Service



Collaboration



Trust



Adaptability



Problem Solving

What is Virginia Medicaid?



1 in 4 Virginians are Medicaid members



Medicaid/CHIP covers 1 in 3 births in Virginia



1 in 3 Medicaid members have a Behavioral Health Diagnosis

Virginia Medicaid, now known as Cardinal Care, plays a critical role in the lives of nearly 2 million Virginians, providing high-quality health care coverage, disability services, and long-term services and supports for those most in need.

The Department of Medical Assistance Services (DMAS) is a State executive branch that administers Virginia's Medicaid program and Children's Health Insurance Program (CHIP) for nearly 1 in 4 Virginians.

Joint partnership and accountability between the Governor, General Assembly, and Centers for Medicare and Medicaid Services (CMS).

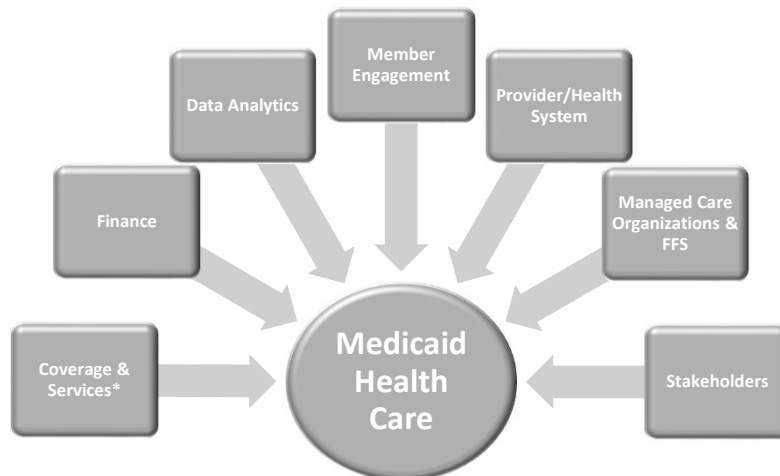
DMAS Commitment

Committed to exploring, investing and implementing best practices that fit our Virginia Medicaid members



Virginia Medicaid Ecosystem

Seven levers are involved in Virginia Medicaid health care



Who Do We Cover?

Medicaid is available to Virginians who meet specific income thresholds and other eligibility criteria

Total Enrollment – 2 million members



789,542
Children



773,240
Adults



189,282
Limited Benefits
Individuals



138,272
Individuals with
Disabilities



89,532
Older
Adults



38,782
Pregnant & Postpartum

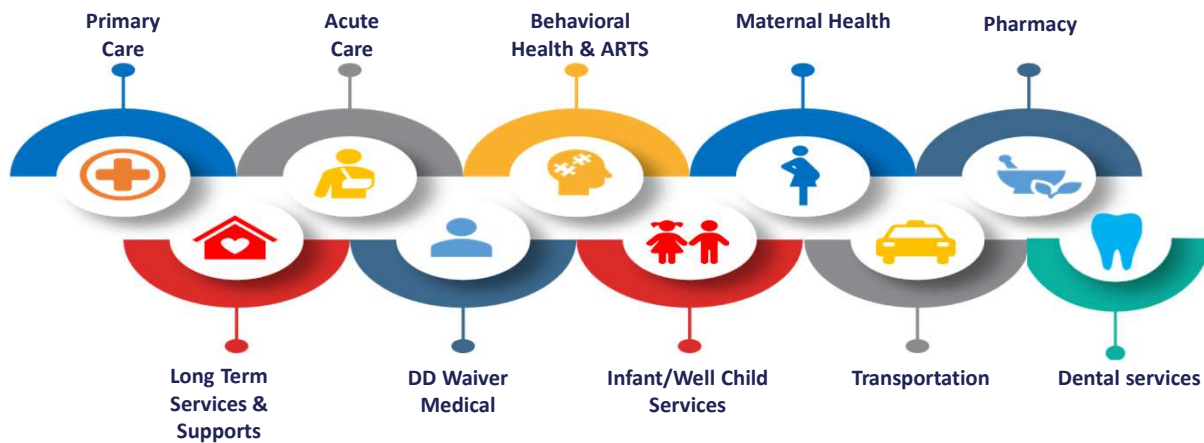


CardinalCare
Virginia's Medicaid Program

Source: September 1, 2024: DMAS Enrollment Dashboard - <https://www.dmas.virginia.gov/data/medicaid-famis-enrollment/>

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Virginia Medicaid Covered Services



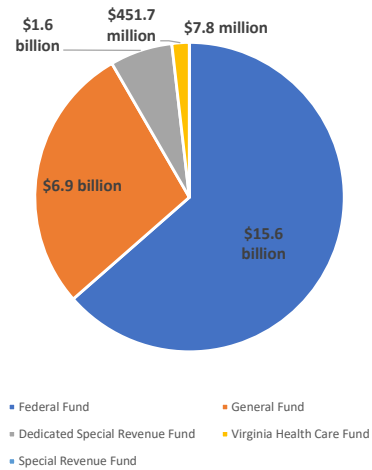
CardinalCare
Virginia's Medicaid Program

7

Medicaid Finance Update

Fiscal Year 2025 begins July 1, 2024

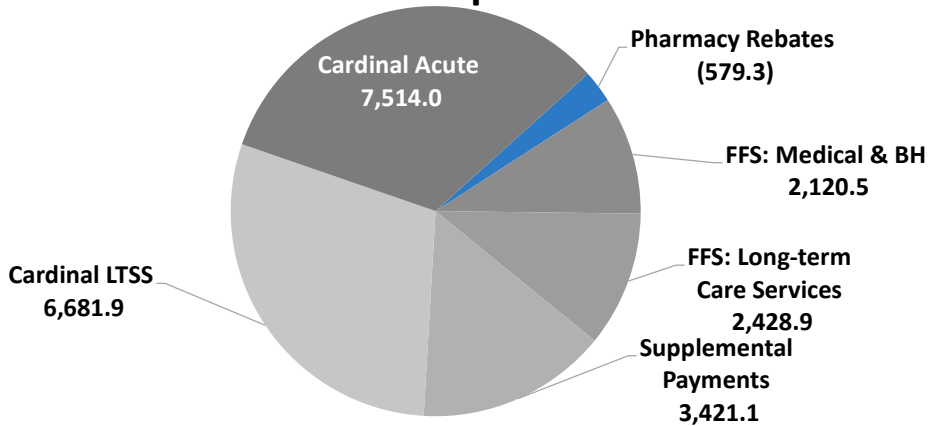
- FY25 Medicaid budget (all funds, all-in): **24.6 billion**
- FY25 State of Virginia operating budget (all funds, all-in): **99.4 billion**
- FY25 Medicaid percent of state budget (all funds, all-in): **24.7%**
- FY25 Medicaid general fund cost as percent of state general fund revenue collections: **\$0.21 per dollar collected**



Title XIX: FY24 Actual Expenditures by Category

In Millions

FY24 Actual Expenditures



Director's Program Updates

Programs

GA Bootcamp
Procurement Update
Managed Care Contract & Rates
CMS Visit

Behavioral Health Updates

Redesign
1115 Waiver
ID/DD Slots

Successes

Unwinding
INOVA Health System – Maternal
Extended Hours
DMAS Strategic Plan Submission

Challenges

Cardinal Care

Thank You!





Encouraging Member Engagement in Coverage and Care



CardinalCare
Virginia's Medicaid Program



Open Discussion


- Member facing information
 - Social Media
 - Apps
 - Websites
- How do we encourage members to be more actively engaged?



Social pages



← cover_va

 738 posts 469 follow... 101 followi...

Cover Virginia
Government organization
Connecting Virginians to low-cost and no-cost health insurance.
Virginia's Med... more
@linkin.bio/coverva/
600 E Broad St, Richmond, Virginia 23219

Cover Virginia
2,583 posts

No co-pays for any Medicaid or FAMIS covered services

No pre-approvals needed and automatic approval extensions for many critical medical services

Outreach to higher risk and older members to review critical needs

Ensuring members do not inadvertently lose coverage due to lapses in paperwork

Encouraging use of telehealth




Cover Virginia
@coverva

Connecting Virginians to Affordable Health Insurance. Cover Virginia is sponsored by the Commonwealth of Virginia. 1-855-242-8282

Virginia @coverva.org Joined July 2013

759 following 961 Followers

Virginia Medicaid
@virginiamedicaid
1.57K subscribers



Subscribed



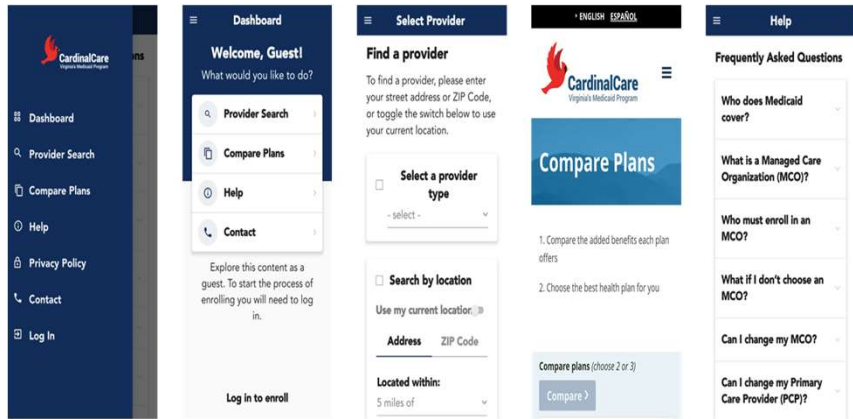
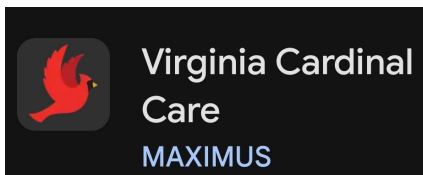
Cover Virginia
3.5K followers · 206 following
Cover Virginia provides information about Virginia's Medicaid and FAMIS programs, as well as informa



Download the Member App

The Virginia Cardinal Care mobile app is designed to make it simple to find and enroll in a health care plan.

Download for Android or iPhone




Questions?

- **Enrollment Broker Website:**
<https://virginiamanagedcare.com/>
- **Enrollment Broker Phone Number:**
 - **Toll-free number:**
 - 1-800-643-2273
 - **TTY:** 1-800-817-6608
 - **Hours of operation:**
Monday – Friday
8:30 a.m. – 6:00 p.m.



Department of Medical Assistance Services
an official website of the Commonwealth of Virginia


Virginia Medicaid Applicants Members Providers Appeals Data About Us



Welcome to Virginia Medicaid


Improving the health and well-being of Virginians through access to high quality health care coverage and services.

I am Interested in Virginia Medicaid




[Learn how to apply](#)

I am a Virginia Medicaid Member




[Information for members](#)

I am a Virginia Medicaid Provider



[Provider resources](#)


Member Benefits and Services



Find a Provider

Search for a health care provider by type, location, and more.


[Find a provider](#)



Learn About Benefits

Learn about the medical services available to you.


[Understand your benefits](#)



Download Our App

Search for Cardinal Care in your mobile app.

[Download our app](#)



Learn More

Learn more about the new Cardinal Care program.

[Learn about Cardinal Care](#)

Member Managed Care

In Virginia Medicaid's Managed Care program (including FAMIS), you are a member of a **Managed Care Organization (MCO)**. An MCO is a health plan with a group of doctors and other providers working together to give you health services.

Virginia Medicaid currently has five MCOs: Aetna Better Health, Anthem HealthKeepers Plus, Molina Healthcare, Sentara Community Plan, and UnitedHealthCare Community Plan.

Your Opinion Counts!

We are seeking your participation in completing our latest bi-annual survey which contains additional questions not on previous surveys. The feedback obtained from this survey and prior surveys is used to assist us in making improvements in operations, services and support for our provider community. The entire survey will only take a few minutes and can be accessed by [clicking here](#). Your responses will be kept strictly confidential.

Compare Health Plans

Compare the added benefits each plan offers.

[Compare health plans](#)

Change Your Health Plan

Enroll in a health plan online, by mobile app, or by phone during open enrollment.

[Change your health plan](#)

Contact Your Health Plan

Call our Managed Care HelpLine or find contact information for your MCO.

[Contact your health plan](#)

Subscribe

[Subscribe Now](#)

Brainstorming Session

- What methods work?
- What methods don't work?
- What new ideas can we try?

Enhancing Language and Disability Access in Virginia Medicaid

September 17, 2024





Montserrat Serra
Civil Rights Coordinator
Civil Rights Unit | Appeals Division
montserrat.serra@dmas.virginia.gov | (804) 482-7269

- **Who We Are:**

- John Stanwix, Appeals Division Director.
- Montserrat Serra, Civil Rights Coordinator.
- Jesus Perez, Civil Rights Compliance Specialist.
- Teresa Roberts, Civil Rights Administrative Specialist.

- **What We Do**

- Protect the rights of Medicaid applicants and members, ensuring equitable access to services regardless of language or disability.
- Ensure compliance with federal and state civil rights laws across Medicaid programs and services.
- Oversee the implementation of language and disability access programs.
- Coordinate language and disability access services and accommodations within DMAS.
- Handle discrimination complaints related to Medicaid.

 <p style="text-align: center;">Title VI of the Civil Rights Act of 1964</p> <p style="text-align: center;">Prohibits discrimination on the basis of race, color and national origin</p>	 <p style="text-align: center;">Section 504 of the Rehabilitation Act of 1973:</p> <p style="text-align: center;">Ensures individuals with disabilities have equal access to services.</p>	 <p style="text-align: center;">ADA Title II</p> <p style="text-align: center;">Requires state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities</p>	 <p style="text-align: center;">Affordable Care Act Section 1557</p> <p style="text-align: center;">Covered entities shall take reasonable steps to ensure meaningful access to its programs or activities by limited English proficient individuals. 45 CFR 92.101</p>
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- **Language and Disability Access Plan:**
 - Published on the DMAS website, providing detailed information on how we support language and disability access.
- **Notices:**
 - Nondiscrimination notices and language taglines are included in all major communications, ensuring that members know their rights.
- **Appeal Documents:**
 - Information about language and disability access rights is included in all appeal-related communications.
- **DMAS Virtual Forum:**
 - Regular discussions and updates on language and disability access are provided through our forum, engaging stakeholders and the public.

- Medicaid providers are required to provide language and disability access services since they are partially paid from federal funds.
- **Guidance and Tools:**
 - Detailed resources on language and disability access obligations are available for providers.
 - [DMAS Language and Disability Access Plan](#)
 - [Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#)
 - [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)
 - [ADA.Gov](#)

- **Questions for the Board:**
 - How can we enhance awareness among Medicaid applicants and members regarding their rights to language and disability access?
 - What additional resources or training would be beneficial for Medicaid providers and stakeholders to better understand their obligations?
 - Are there any gaps in our current outreach or resources that need addressing?



Q & A Time



Cardinal Care Member Communication

Chief of Staff Office

The Public Relations & Communications Team's Mission is to ensure effective, coordinated and accessible communications that enable members to make informed decisions about their health care.

Content Creation and Communications that supports DMAS's mission and goals:

- Agency priorities
- Program updates & changes
- Medicaid news & Press Releases
- Updated policies and priorities
- Media Inquiries



It's your health care;
IT'S YOUR CHOICE:

Virginia Medicaid members have their choice of health plans and providers with Cardinal Care.

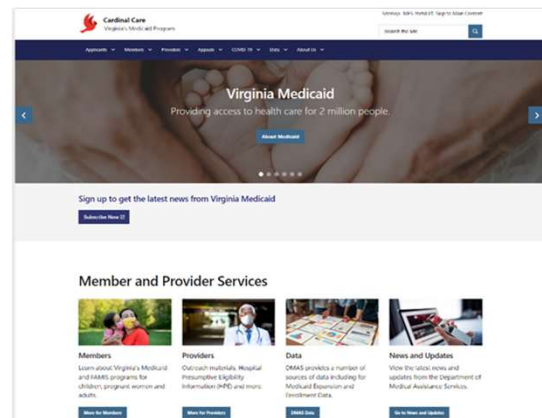
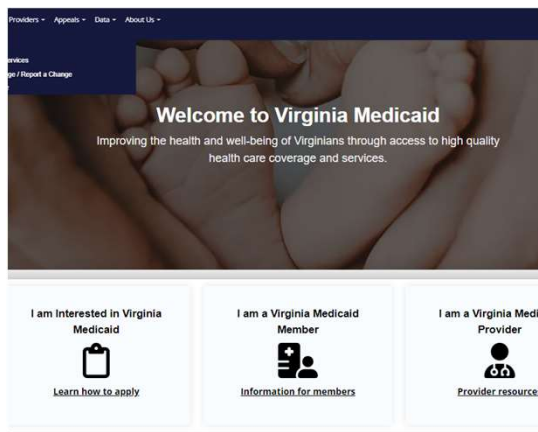


Cardinal Care Communications is focused on continuing to find best practices to ensure that Members, Providers, and External Stakeholders are receiving up to date information!

- DMAS Website
- DMAS Welcome Center & Call Bridge
- Electronic Newsletters (Partner Points)
- Social Media



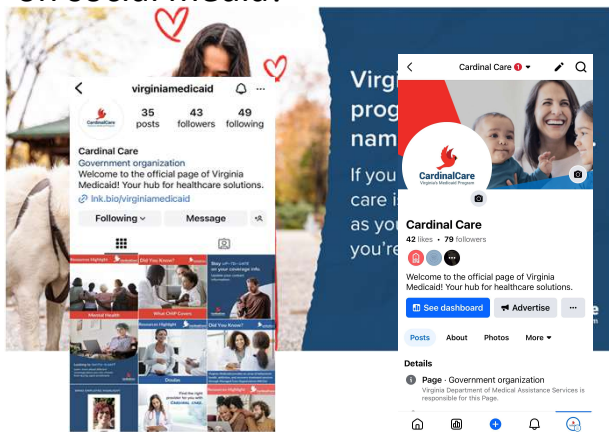
The Public Relations and Communications team has been focused on redesigning the DMAS website to establish it as a best-in-class resource. Our goal is to ensure that members, providers, advocacy groups, and external stakeholders can easily access essential information about benefits and services.



- Partner Points is a monthly newsletter sent to 60,000 Members, Providers and Advocacy Groups subscribers for Medicaid updates, Press Releases, Upcoming Events, New Policies and More...
 - The first edition was sent in 2018 to 3,573 subscribers
- Upcoming changes:
 - Creation of a Legislative Newsletter
 - Specific Newsletters to fit each audience
- Upcoming campaigns:
 - Cardinal Care & Benefits (FAQ Sheets)
 - Maternal & Child Health
 - FAQs for Providers
 - “How to Reach DMAS”



Virginia Medicaid has a new home on social media!



Virginia Medicaid ads can be found on both social media and websites!

- Social media ads have reached more than 1,295,000 people
- Display ads have reached more than 616,000 people

Stay Connected

Receive our Newsletters & Notifications



Follow us on Social Media!



Explore our Website



DMAS Dashboard Introduction

September 2024

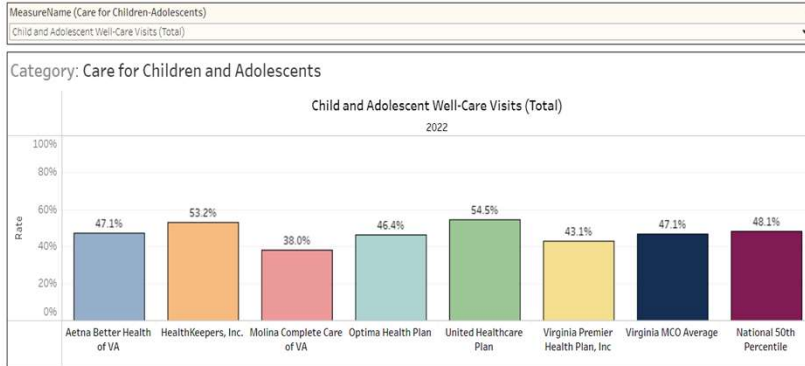
DMAS

Dashboard Overview

- HEDIS Dashboard: Measurement Year 2020 - 2022
- Nursing Facility Value-Based Purchasing Dashboard
- Waiver Services Dashboard

HEDIS Dashboard: Measurement Year 2020-2022

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)



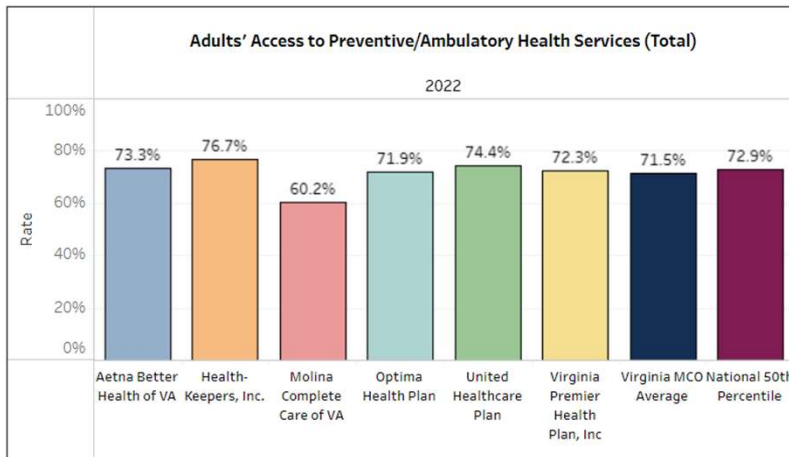
This public dashboard presents Virginia's Managed Care performance in the Healthcare Effectiveness Data and Information Set (HEDIS) measures.

The *Child and Adolescent Well-Care Visits (Total)* shows the percentage of members 3-21 years of age who had at least one comprehensive well care visit with a PCP or an OB/GUN practitioner during the measurement year.

<https://dmas.virginia.gov/data/managed-care-hedis-dashboards/>



HEDIS Dashboard: Measurement Year 2020-2022

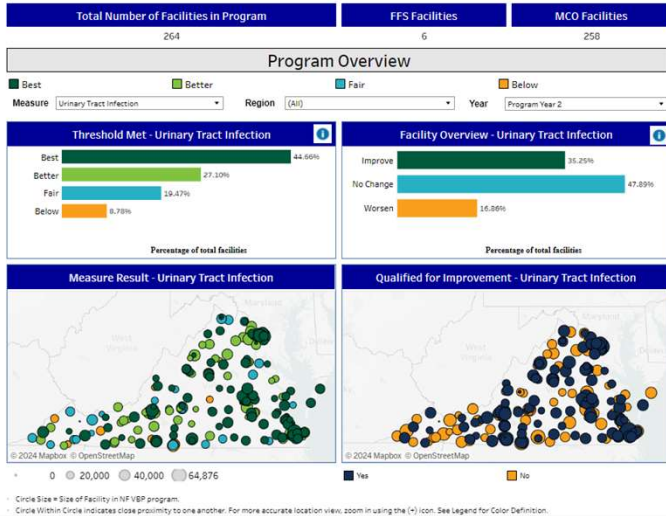


The *Adults' Access to Preventive/Ambulatory Health Services (Total)* shows the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

<https://dmas.virginia.gov/data/managed-care-hedis-dashboards/>



Nursing Facility Value-Based Purchasing Dashboard



The Nursing Facility (NF) Value Based Purchasing (VBP) Program is a unified performance-based payment program that strives to reward quality and to support improvement in Virginia Nursing Facilities serving Medicaid members.

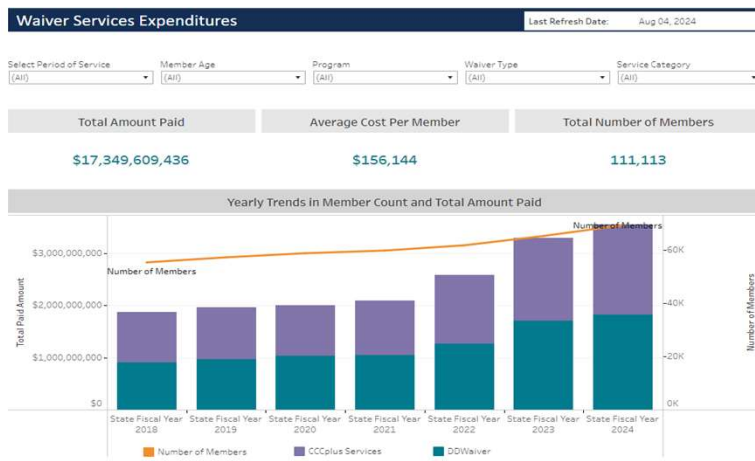
This public dashboard displays facility specific quality performance information, performance-based payment information, and overall program performance and trends.

The performance measures are: ED Visits, Days without 8 RN hours, Hospitalizations, Pressure Ulcers, Urinary Tract Infections, and Weighted Case Mix Hours.

<https://dmas.virginia.gov/data/value-based-purchasing/nursing-facility-value-based-purchasing-program/>



Waiver Services Dashboard



Note: Data is suppressed for values where member count is less than 10. Suppressed data will appear as 'Null', or blank, in this visualization. Data is suppressed to protect Member confidentiality and privacy.
Private duty nursing includes services provided through the EPSDT benefit for members under age 21.

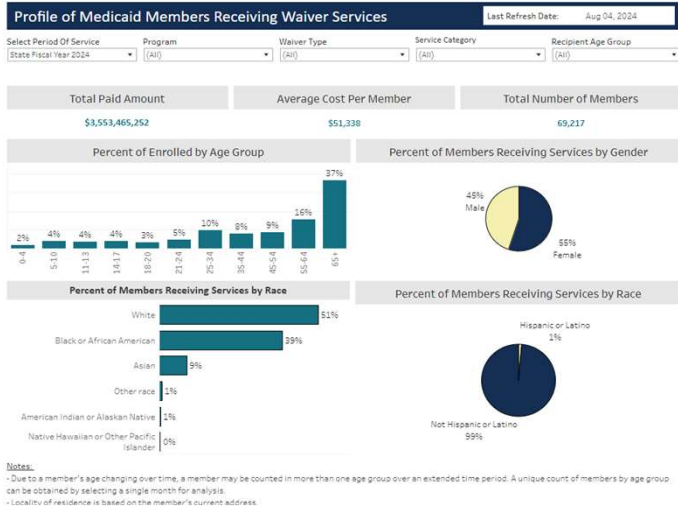
The Waiver Services dashboard displays trend and demographic information for utilization of Virginia Medicaid's waiver services.

This public dashboard includes three storyboards that show yearly trends in expenditures, demographics of members utilizing waiver services, and the geographic distribution of waiver services utilization.

<https://dmas.virginia.gov/data/waiver-services/>



Waiver Services Dashboard

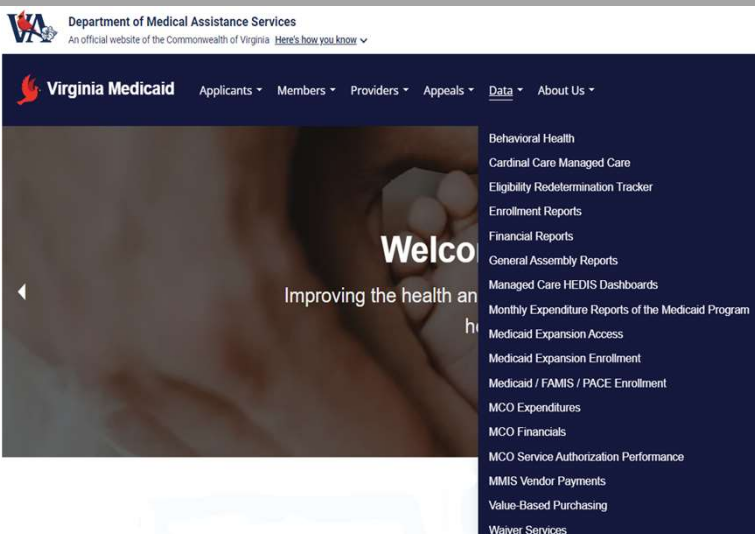


The Demographics storyboard provides an overview of cost and demographics for members using Waiver Services during the selected time period.

<https://dmas.virginia.gov/data/waiver-services/>



DMAS Dashboards



Additional public dashboards can be found under the data tab of our website.

<https://dmas.virginia.gov/data>



Budget Update

Truman Horwitz, Budget Division Director

Overview

- Five-Year Expenditure comparison
- Forecast to actual for FY 2025

Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25	
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	% Change
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%
Fee-For-service: General Medicaid	242.3	273.4	490.0	317.8	536.4	219	68.8%
Fee-For-service: BH & Rehabilitative	12.0	13.2	12.7	7.4	14.4	7	93.6%
Fee-For-service: Long-Term Care Services	266.7	280.7	555.0	381.6	511.6	130	34.1%
Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
Fund Type							
General	701.0	710.7	1,284.4	680.4	1,303.1	623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%



Expenditure Comparison

In Millions

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Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
Fund Type							
General	701.0	710.7	1,284.4	680.4	1,303.1	623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%

FY24 trends lower due to the accelerated capitation payment into FY23 (July to June) to save general funds at a favorable FMAP. FY25 reflects a return to normal capitation spending.



Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25	
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	% Change
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%
Fee-For-service: General Medicaid	242.3	273.4	490.0	317.8	536.4	219	68.8%
Fee-For-service: BH & Rehabilitative	12.0	13.2	12.7	7.4	14.4	7	93.6%
Fee-For-service: Long-Term Care Services	266.7	280.7	555.0	381.6	511.6	130	34.1%
Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
This reflects Medicare Premiums that were carried into FY25 during the FY24 year-end spend-down.							
General	701.0	710.7	1,284.4	680.4	1,303.1	623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%



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Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25	
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	% Change
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%
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Fee-For-service: BH & Rehabilitative	12.0	13.2	12.7	7.4	14.4	7	93.6%
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Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
FY25 is in-line with prior years; FY24 reflects the reporting issue related to CSA cases that has since been resolved.							
General	701.0	710.7	1,284.4	680.4	1,303.1	623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%



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Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25	
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	% Change
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%
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Fee-For-service: BH & Rehabilitative	12.0	13.2	12.7	7.4	14.4	7	93.6%
Fee-For-service: Long-Term Care Services	266.7	280.7	555.0	381.6	511.6	130	34.1%
Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total						61	53.9%
Utilization of new DD Waiver slots added over the last several years.							
Fund Type							
General	701.0	710.7	1,284.4	680.4	1,303.1	623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%



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Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25	
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	% Change
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%
Fee-For-service: General Medicaid	242.3	273.4	490.0	317.8	536.4	219	68.8%
Fee-For-service: BH & Rehabilitative	12.0	13.2	12.7	7.4	14.4	7	93.6%
Fee-For-service: Long-Term Care Services	266.7	280.7	555.0	381.6	511.6	130	34.1%
Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
Fund							
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	23	91.5%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%

Reflects the Supplemental Payments that were carried into FY25 during the FY24 spend-down.



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Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25		
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	% Change	
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%	
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%	
Fee-For-service: General Medicaid	242.3	273.4	490.0	317.8	536.4	219	68.8%	
Fee-For-service: BH & Rehabilitative	12.0	13.2	12.7	7.4	14.4	7	93.6%	
Fee-For-service: Long-Term Care Services	266.7	280.7	555.0	381.6	511.6	130	34.1%	
Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%	
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%	
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%	
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%	
Fund Type	Utilization and Rate Increases in FY24 and FY25.							
General						623	91.5%	
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%	
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%	
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%	
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%	
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%	



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Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25		
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	% Change	
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%	
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%	
Fee-For-service: General Medicaid	242.3	273.4	490.0	317.8	536.4	219	68.8%	
Fee-For-service: BH & Rehabilitative	12.0	13.2	12.7	7.4	14.4	7	93.6%	
Fee-For-service: Long-Term Care Services	266.7	280.7	555.0	381.6	511.6	130	34.1%	
Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%	
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%	
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%	
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%	
Fund Type	Current Year Pharmacy Rebates do not typically appear until January – what you are seeing here are administrative adjustments.							
General						91.5%		
Coverage Assessment						23.6%		
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%	
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%	
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%	
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%	



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Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25	
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	% Change
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%
Fee-For-service: General Medicaid						219	68.8%
Fee-For-service: BH & Rehabilitative						7	93.6%
Fee-For-service: Long-Term Care						130	34.1%
Hospital Supplemental (DSH, IME, GME, Dx)						148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
Fund Type							
General	701.0	710.7	1,284.4	680.4	1,303.1	623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%

These fund types are higher in FY25 compared to FY24 due to the capitation acceleration mentioned earlier. **General Fund** is also higher because of a changing FMAP.



Expenditure Comparison – Another way to Look at the Data

FY 2025 Compared Against the Forecast

Expenditures	YTD	YTD	Variance
	FY 2025	Forecast	
Cardinal Acute	1,125.3	1,096.4	2.6%
Cardinal LTSS	1,316.5	1,316.5	0.0%
Fee-For-service: General Medicaid	536.4	343.8	56.0%
Fee-For-service: BH & Rehabilitative	14.4	7.6	88.7%
Fee-For-service: Long-Term Care Services	511.6	450.2	13.6%
Hospital Supplemental (DSH, IME/GME, Dx)	156.5	170.8	-8.4%
Hospital Rate Assessment Payments	1,082.4	829.1	30.6%
Pharmacy Rebates	(0.1)	(0.0)	306.7%
Title XIX Total	4,742.9	4,214.3	12.5%
Fund Type			
General	1,303.1	1,094.8	19.0%
Coverage Assessment	111.1	100.6	10.5%
Rate Assessment	285.1	260.7	9.4%
VA Health Care Fund	-	69.0	-100.0%
Federal	3,043.6	2,689.4	13.2%
Total	4,742.9	4,214.3	12.5%

FY25 is trending higher than Forecast.

FY24's Needs were higher than Forecasted due to a slower Unwinding and lack of anticipated pharmacy rebates.

DMAS took action to hold supplemental payments, equivalent to approximately **\$140m in GF**, into FY25 to stay within its appropriation. All payments have been paid in July; this will impact the forecast this year.



Summary

- Financial data shows a variance from forecast due to slower unwinding/the knock-on effects of the actions taken in FY24.
- This will influence the Forecast and the ultimate need outlined in the Budget Process.