NEW YORK STATE | Department of Health

Medicaid Global Spending Cap Report

April through December 2019

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Overview

Pursuant to legislation, the Medicaid Global Spending Cap will increase from $20.8 billion in FY 2019 to $22.4 billion (including the Essential Plan) in FY 2020, an increase of 7.4 percent. The CPI used on Medicaid services subject to the trend was 3.0 percent (ten-year average of the Medical Care Consumer Price Index). Based on a review of price and utilization trends, FY 2019 results, and other factors, the State has concluded that a structural imbalance exists within the Medicaid Global Cap. A structural imbalance in this case means that estimated expense growth in State-share Medicaid subject to the Global Cap, absent measures to control costs, is growing faster than allowed under the Global Cap spending growth index (currently 3 percent).

The State estimates that, absent the actions described below, State-share Medicaid spending subject to the Global Cap would exceed the indexed growth amount by $4.0 billion in FY 2020 (including the FY 2019 deferral of $1.7 billion) and $3.1 billion in FY 2021. Factors that are placing upward pressure on State-share Medicaid spending (which includes spending under and outside the Global Cap) include, but are not limited to: reimbursement to providers for the cost of the increase in the minimum wage; the phase-out of enhanced Federal funding; increased enrollment and costs in managed long-term care; and payments to financially distressed hospitals.

Components of the projected $5.5 billion annual growth are as follows:

Price (+$1.29 billion)	• Trend increases for mainstream managed care rates ($357 million); • Long term managed care rates reduction (-$41 million); • Various FFS rate packages ($180 million); and • Minimum Wage Adjustment ($750 million).
Utilization (+$1.07 billion)	• Annualization of FY 2019 enrollment; and • New enrollment for FY 2020 (33,607 individuals).
MRT/One-Timers/Other (+$3.14 billion)	• FY 2019 Delayed Payments ($2 billion); • Loss of One-time credits i.e., Essential Plan Medical Loss Ratio rebates ($107 million); • Federal payment increases for Medicare Part B and Part D ($75 million); • Additional Vital Access Provider Assurance Program Payments ($77 million); • Outstanding Federal Obligations ($375 million); and • Local Cap Reconciliation ($110 million).

The State has, at times, taken actions to manage the timing of Medicaid payments to ensure compliance with the Global Cap. Between FY 2015 and FY 2018, the State managed the timing of payments across State fiscal years. In FY 2019, the State deferred, for three business days, the final cycle payment to Medicaid Managed Care Organizations, as well as other payments. The FY 2019 deferral had a State-share value of $1.7 billion and was paid utilizing cash on hand in April 2019, consistent with contractual obligations and had no impact on provider services. Absent the deferral, Medicaid spending under the Global Cap would have exceeded the statutorily indexed rate for FY 2019. This higher spending in FY 2019 appears to reflect growth in managed care enrollment and costs above projections, as well as certain savings actions and offsets that were not processed by year-end.

The Division of the Budget (DOB) and the Department of Health (DOH) conducted an in-depth examination of Medicaid expenditures following the FY 2019 payment deferral. The examination found that a structural gap had formed within the Medicaid Global Cap. The gaps were estimated at $4.0 billion in FY 2020 and $3.1 billion in FY 2021. An initial plan to address the gaps was outlined in the Mid-Year Update. At the time, DOB said that it expected the current year gap to be eliminated, and the FY 2021 gap reduced to $2.0 billion, through a combination of payment restructuring (FY 2020: $2.2 billion; FY 2021: $177 million) and savings in the Medicaid program and other General Fund activities (FY 2020: $1.8 billion; FY 2021: $890 million). The remaining gaps were to be addressed in the FY 2021 Executive Budget.

Following the inclusion of the FY 2020 Savings Plan in the Mid-Year Update, the State has instituted a plan that is expected to reduce Medicaid costs by $599 million in FY 2020, growing to $851 million in FY 2021. Stronger tax receipts and savings elsewhere in the General Fund close the remaining FY 2020 Medicaid gap ($1.2 billion) and allow the State to reverse the FY 2020 payment deferral ($552 million) planned in the Mid-Year Update.

Projected Medicaid Spending (Online and Offline)

The $26.4 billion projected Medicaid State Funds Spending can be organized into two major components: (1) health care provider reimbursement and (2) other administrative, intergovernmental or revenue lines, also referred to as “offline” that occurs outside the MMIS billing system. Health care provider spending reflects the cost of care that is attributable to certain service sectors of the program (i.e., hospital, nursing home, managed care, etc.). These payments occur within the Medicaid claiming system (eMedNY). Projections for most service sectors begin with the number of eligible recipients as of the end of FY 2019 and the average spending per recipient. Adjustments to spending projections are then made for anticipated rate packages, transitions of populations/benefits to managed care , and any non-recurring or one-time payments. Monitoring the movement of recipients between fee-for-service reimbursement and monthly managed care rates of payment is critical to evaluating various health service budgets.

The second component of spending, spending that is processed outside the eMedNY billing system, reflects spending on intergovernmental transfer payments, State and Local District Social Service administrative claims, etc., as well as receipts that offset the State’s cost for Medicaid, i.e., drug manufacturer rebates and accounts receivable collections. The following table outlines the annual Medicaid projections by major health care sector for both provider claims and other payments/revenues.

Projected Medicaid Spending ($ in millions)			
Category of Service	**Online**	**Offline**	**Total**
Medicaid Managed Care	**$19,540**	**($203)**	**$19,337**
Mainstream Managed Care	$10,905	($75)	$10,830
Long Term Managed Care	$8,635	($128)	$8,507
Fee For Service	**$7,559**	**$1,847**	**$9,406**
Acute Care	$2,733	$830	$3,563
Long Term Care	$3,510	$132	$3,642
Non-Institutional	$1,316	$885	$2,201
Medicaid Administration Costs	**$0**	**$606**	**$606**
OHIP Budget / State Operations	**$0**	**$323**	**$323**
Medicaid Audits	**$0**	**($362)**	**($362)**
Other State Agency	**$3,713**	**($476)**	**$3,237**
All Other	**$12**	**$925**	**$937**
Local Cap Contribution	**$0**	**($7,094)**	**($7,094)**
TOTAL	**$30,824**	**($4,434)**	**$26,390**

Major Offline Components

Medicaid Managed Care (-$203 million)

- *Medicaid Managed Care* offline budget includes Quality Pool payments offset by additional Federal Revenue for Community First Choice Option (CFCO) services. .

Fee For Service (+$1,847 million)

- *Acute Care* includes payments for Disproportionate Share Hospital, Upper Payment Limit, SUNY IGT, and the Major Academic Pool.
- *Long Term Care* includes the 5th installment of Universal Settlement and the 1% Supplemental Pool payments offset by additional Federal Revenue for CFCO.
- *Non-Institutional* includes payments for Medicare Part D Clawback and Supplemental Medical Insurance, offset by rebate collections.

OHIP Budget / State Operations (+$323 million)

The OHIP State Operations budget reflects the Non-Federal share only of personal services (i.e., salaries of OHIP staff that work on the Medicaid budget) and non-personal services costs (i.e., contractual services).

Contracts for the Enrollment Center, the NY State of Health (NYSOH) Customer Service Center, eMedNY/Medicaid Management Information Systems (MMIS) and various MRT initiatives comprise over 80 percent of the total non-personal service budget. The chart below shows the annual budget for FY 2020 State Operations:

OHIP Budget ($ in millions)	
Service Costs	**Budget**
Personal Services	$38
Non-Personal Services	$206
Essential Plan Administration	$79
TOTAL	**$323**

All Other (+$925 million)

The All Other Category includes a variety of payments but is primarily comprised of spending for the following major programs:

- **Vital Access / Safety Net Provider Program ($365 million):** The Vital Access/Safety Net Provider Program (VAP) supports projects for facilities that were selected due to their serious financial condition and critical role in providing services to New York State's fragile, elderly, and low-income population. These awards support multi-year projects submitted by hospitals, nursing homes, free standing clinics, and home health providers. The VAP funds will be used primarily to improve community care including expand access to ambulatory services, open urgent care centers, expand services in rural areas, and provide more effective services that meet community needs.

- **ACA Reconciliation ($212 million):** Under the ACA the State receives enhanced Federal funding for single individuals and childless couples in the adult group at or below 100% of the federal poverty level (FPL).

- **Patient Centered Medical Homes ($165 million):** The Medicaid Patient Centered Medical Home (PCMH) incentive program gives incentive payments to National Committee for Quality

Assurance PCMH-recognized providers to support their ongoing efforts to deliver high-quality, coordinated care to Medicaid members.

- **Supportive Housing ($54 million):** The Supportive Housing Initiative seeks to ensure that Medicaid members have proper housing that promotes a healthy environment and lifestyle. The FY 2019 Budget included a $44 million increase for a Social Determinants of Health investment to the existing $63 million supportive housing budget. The FY 2020 Budget included State savings for receiving a Federal match on Supportive Housing services, and $15 million of those Federal dollars were to be reinvested in Supportive Housing. A Federal waiver has not yet been submitted but a portion of the Federal dollars are anticipated to be awarded before the end of FY 2020. The State is holding additional investments into the program until Federal dollars through the waiver become available to offset State-only cost.

Annual Enrollment Estimates

Mainstream Managed Care (includes HIV/SNPs and BHO/HARPs): Mainstream Managed Care (MMC) enrollment is expected to remain relatively flat; however it includes continued transition of eligible recipients to a Health and Recovery Plan (HARP).

Long Term Managed Care (includes PACE, FIDA, MA and MAP): The Long Term Managed Care (MLTC) program has been rapidly growing period after period. In FY 2019, MLTC enrollment reached 257,792, an increase of 28,124 individuals. The FY 2020 projections assume continued growth at the slightly higher levels than prior years, roughly 13% or 33,607 individuals.

Essential Plan: The Essential Plan has been very successful, proving to be an affordable health insurance option for consumers with incomes too high to qualify for Medicaid and a major contributor to the reduction in the number of uninsured New Yorkers. As of March 2019, enrollment in the Essential Plan was 773,584. About 43 percent of enrollees would have been eligible for Medicaid prior to implementation of the Essential Plan; 57 percent would have been eligible for Qualified Health Plan (QHP) coverage with tax credits. It is expected that enrollment will remain stable through the end of FY 2020, increasing by 0.7%.

Results April through December 2019 – Global Cap Target vs. Actual Spending

Through December total actual State Medicaid spending is $2.751 billion above the Medicaid Global Spending Cap for FY 2020. Spending through December resulted in total expenditures of $19.549 billion compared to the allowable spending target of $16.798 billion.

April to December -- Medicaid Global Cap Target vs. Actual Spending ($ in millions)			
Category of Service	**Global Cap Target**	**Actual**	**Variance Over / (Under)**
Medicaid Managed Care	**$12,310**	**$14,657**	**$2,347**
Mainstream Managed Care	$7,039	$8,211	$1,172
Long Term Managed Care	$5,271	$6,446	$1,175
Total Fee For Service	**$6,461**	**$6,980**	**$519**
Inpatient	$1,964	$2,152	$188
Outpatient/Emergency Room	$253	$257	$4
Clinic	$324	$337	$13
Nursing Homes	$1,963	$1,968	$5
Other Long Term Care	$610	$598	($12)
Non-Institutional	$1,347	$1,668	$321
Medicaid Administration Costs	**$348**	**$297**	**($51)**
OHIP Budget / State Operations	**$211**	**$210**	**($1)**
Medicaid Audits	**($150)**	**($225)**	**($75)**
All Other	**$2,938**	**$2,950**	**$12**
Local Funding Offset	**($5,320)**	**($5,320)**	**$0**
TOTAL	**$16,798**	**$19,549**	**$2,751[1]**

1. *Deficit through December should not be trended to arrive at a full year number since two managed care payments were made in April (including the prior year deferral).*

If the overall actual spending trends continue throughout the remainder of the fiscal year, projected Medicaid program spending will reach $26.4 billion. Factors driving this growth are explained below:

- Price: The annual growth in the Medicaid Global Spending Cap is limited to the 10-year rolling average of the Medical CPI, which has declined over time from the original 4 percent to the current level of 3 percent. This allowable growth rate is significantly less than estimates for health care spending growth by the Federal Centers for Medicare and Medicaid Service Office of the Actuary which estimate growth 5.5 percent annual growth on average between 2018 and 2027.

- Utilization: Medicaid enrollment has increased by 1.4 million New Yorkers or 30%, growing from 4.7 million enrollees in 2012 to 6.1 million enrollees as of December 2019. At the same time, the rate of uninsured New Yorkers has declined by 58% from around 11.1% to a record low of 4.7% in 2018 – a reduction in the number of uninsured of 1.2 million.

In addition to the price and utilization drivers noted above, specific categories/items also contributing to spending growth include:

- Long-Term Care: Long-term care is by far the fastest growing category of Medicaid spending. Enrollment in the State's Managed Long-Term Care program has been growing at approximately 13% per year for the last several years. In the current fiscal year, the State expects to spend at least $8 billion (State share) on payments to Medicaid managed long-term care plans or $16 billion including Federal funds.

- Minimum Wage: In the current fiscal year, the State expects that Medicaid will spend $3 billion (Gross, with a Federal share) or $1.5 billion (State share) to support the increased cost providers must pay workers because of the Statewide minimum wage increases. This is an increase of $750 million (State share) from the prior fiscal year. This cost is projected to increase to $1.8B in fiscal year 2021 growing to $2.0B in fiscal year 2022.

- Medicaid Managed Care: Medicaid spending in major Managed Care categories was $2.3 billion over allowable spending. This is mainly due to the deferral of a managed care payment by three days into FY 2020, continued enrollment growth in Managed Long Term Care and lower Federal funding on the Affordable Care Act expansion population enrolled in Mainstream Managed Care.

- Fee-For-Service: Medicaid spending in major fee-for-service categories was $519 million, or 7.6 percent, over target.

    - *Inpatient* spending was $188 million above target. This is a result of approximately $80 million in anticipated prior year payments being processed in April 2019.

    - *Non-Institutional* spending (includes Pharmacy, Medical Supplies, Physicians, Supplemental Medical Insurance, etc.) was $321 million above the target. This is the result of being more timely with the Medicare Part B Supplemental Medical Insurance and Medicare Part D Clawback payments.

OHIP Budget / State Operations

The OHIP State Operations budget reflects the Non-Federal share only of personal services (i.e., salaries of OHIP staff) and non-personal services costs (i.e., contractual services). The FY 2020 Budget is projected to total $323 million which also includes Essential Plan administration costs.

Contracts for the Enrollment Center, the NYSOH Customer Service Center, eMedNY/ MMIS, and various MRT initiatives comprise over 80 percent of the total non-personal service budget.

OHIP State Operations $1 million below projections through December.

OHIP Budget – FY 2020 ($ in millions)		
Service Costs	**Annual Budget**	**Actual - YTD**
Personal Services	**$38**	**27**
Non-Personal Services	**$206**	**130**
Enrollment Center	$69	36
eMedNY/MMIS	$38	23
All Payer Database	$9	$0
Data Warehouse	$12	8
OHIP Actuarial and Consulting Services	$19	2
All Others	$80	56
Essential Plan All Others	**$79**	**53**
TOTAL	**$323**	**$210**

All Other

All Other spending was over allowable spending by $12 million. The All Other category includes a variety of Medicaid payments and offsets, such as Accounts Receivable collections, and disbursements for VAPAP, VAP and Supportive Housing.

Accounts Receivable

The Accounts Receivable (A/R) ending balance for FY 2019 was $224 million. The State is expected to recoup $20 million by the end of FY 2020, resulting in a projected A/R balance of $204 million by March 2020. Through the end of December, retroactive rates have increased by $36 million since March 2019.

Enrollment

Medicaid Enrollment

Medicaid total enrollment reached 6,072,886 enrollees at the end of December 2019. This reflects a *net* decrease of 70,777 enrollees since March 2019, which is comprised of:

Medicaid Enrollment Summary				
	March 2019	**December 2019**	**Net Increase / (Decrease)**	**% change**
Managed Care	4,475,671	4,339,989	(135,682)	-3.0%
Long Term Managed Care	257,792	281,836	24,044	9.3%
Fee-For-Service	1,410,200	1,451,061	40,861	2.9%
TOTAL	**6,143,663**	**6,072,886**	**(70,777)**	**-1.2%**

Appendix A
Inventory of Rate Packages

Below is the majority of rate packages to be processed in FY 2020:

Category of Service	Rate Package Description	Effective Date	Date Released
Managed Care	April 2019 Mainstream Rates	4/1/2019	November 2019
	July 2019 Mainstream Rates	7/1/2019	
	October 2019 Mainstream Rates	10/1/2019	
	April 2019 HARP Rates	4/1/2019	November 2019
	July 2019 HARP Rates	7/1/2019	
	October 2019 HARP Rates	10/1/2019	
	April 2019 HIV SNP Rates	4/1/2019	
	January 2020 EP rates	1/1/2020	
Long Term Managed Care	April 2019 Partial Capitation Rates	4/1/2019	November 2019
	July 2019 Partial Capitation Rates	7/1/2019	
	October 2019 Partial Capitation Rates	10/1/2019	
	QIVAPP	4/1/2019	
	Quality Pools	Various	
Inpatient	Acute & Exempt Unit Actual Capital Updates	Various	
	January 2020 Statewide Inpatient Rates	1/1/2020	
Outpatient / Emergency room	FQHC Hold Harmless	1/1/2018	
	APG Capital Update	Various	
	Home Health Agency Rates	Various	
Clinic	FQHC Hold Harmless	1/1/2017	
	APG Capital Update	Various	
	2019 Minimum Wage Add-on	1/1/2019	
Nursing Home	2019 Initial Rates	1/1/2019	July 2019
	2020 Initial Rates	1/1/2020	
	July 2019 Case Mix	7/1/2019	November 2019
	Reversal of the July 2019 Case Mix	7/1/2019	January 2020
	Cash Receipts Assessment Rates	Various	October 2019 November 2019

Appendix B
Phase IX MRT Initiatives (http://www.health.ny.gov/health_care/medicaid/redesign/mrt_budget.htm)

Initiative	FY 2020 (in millions)
GC Pressures	
Financial Plan Target	$425.00
Total GC Pressures	**$425.00**
Pharmacy Savings Initiatives	
Establish Fair Drug Pricing Models in Managed Care through improved Pharmacy Benefit Manager (PBM) oversight	($43.30)
Drug Cap Enhancements	($13.70)
Total Pharmacy Savings	**($57.00)**
LTC Savings Initiatives	
Establish per-member per-month payment for Fiscal Intermediary Services	($75.00)
CFCO Readiness	($24.50)
NH Case Mix Adjustment	($122.80)
SOFA EISEP Investment	$15.00
SOFA EISEP DOH MA Offset	($34.00)
MLTC Manage Utilization of Personal Care	($25.00)
Total LTC Savings	**($266.30)**
Managed Care Savings Initiatives	
State takeover of third party health insurance disenrollment	($18.70)
Additional TPHI Recoveries	($3.90)
Transition Flushing Support to Value Based Payment Quality Improvement Program (VBP-QIP)	($29.60)
Office of Medicaid Inspector General Managed Care Recoveries	($4.10)
Total Managed Care Savings	**($56.30)**
Other Savings	
Promote promising DSRIP ideas to reduce unnecessary utilization	($10.00)
Health Home Rate Reduction	($5.00)
Reimburse National Diabetes Prevention Program	($0.90)
Supportive Housing Federal Waiver	($18.30)
Reinvest Supportive Housing	$0.00
Eliminate Major Academic Centers of Excellence Payment	($24.50)
Total Other Savings	**($58.70)**
Other Investments	
Recognize Applied Behavioral Analysts	$6.40
Fund additional year of Ambulance Rate Adequacy Increase	$3.10
SUNY Disproportionate Share Hospital Investment	$60.00
Electronic Visit Verification (EVV) Investment	$10.00
OTB Retiree - Shift to Medicaid	$2.81
Increase the United Hospital Fund (UHF)	$0.30
Nursing Home Transition and Diversion (NHTD) - Shift to Medicaid	$1.84
Traumatic Brain Injury (TBI) - Shift to Medicaid	$11.47
Behavioral Health Parity Staffing Investment	$0.53

Maternal Mortality	$4.00
Early Intervention Rate Increase	$3.60
Total Other Investments	**$104.05**
Adds/Avails	
CFCO Revenue	($49.00)
Audit Recoveries	($21.75)
Reduce Managed Care Quality Bonus	($10.00)
Reduce Managed Long Term Care Quality Bonus	($5.00)
Federal Maximization/IMD	($5.00)
Additional Health Home Savings	($20.00)
Enhanced Safety Net Hospitals	$16.00
ICS/VNS Investment	$4.00
Medicaid Re-estimate	$0.00
Total Adds/Avails	**($90.75)**
Total MRT	**$0.00**

Note: The $599 million savings actions and payment restructuring described in the FY 2021 Executive Budget are in addition to the MRT IX actions originally planned to achieve Financial Plan savings in the FY 2020 Enacted Budget.

Appendix C
Regional Spending Data

The Global Cap legislation requires the Department to publish actual State Medicaid spending by region. The regions selected are based on the Governor's eleven economic development areas. The chart below represents total provider spending that occurs within the Medicaid claiming system (eMedNY) through December 2019 for each region.

Medicaid Regional Spending ($ in millions)	
Economic Region	**Non-Federal Total Paid**
New York City	$13,419
Long Island	$2,042
Mid-Hudson	$1,980
Western	$1,029
Finger Lakes	$871
Capital District	$703
Central	$523
Mohawk Valley	$445
Southern Tier	$388
North Country	$286
Out of State	$82
TOTAL	**$21,768**

More detailed regional information can be found on the Department of Health's website at:
http://www.health.ny.gov/health_care/medicaid/regulations/global_cap/

Appendix D
Medicaid Drug Cap

- The State Fiscal Year 2018 Enacted Budget establishes a Medicaid Drug Cap that will limit pharmacy spending growth in the Medicaid program to the 10-year rolling average of the medical component of the consumer price index plus four percent (7.2% in the current year), less $85 million in state share savings in FY 2020.

- If the Budget Director determines that expenditures will exceed the annual growth limitation imposed by the Medicaid Drug Cap, the Commissioner of Health may refer drugs to the State's Drug Utilization Review Board (DURB) for a recommendation as to whether a supplemental rebate should be paid by the manufacturer.

- If the Department intends to refer drugs to the DURB, it will notify affected manufacturers and will attempt to reach agreement on rebate amounts prior to DURB referral.

- In determining whether to recommend a target supplemental rebate for a drug the DURB must consider the cost of the drug to the NYS Medicaid program and may consider, among other things: the drug's impact on the Medicaid drug spending, significant and unjustified increases in the price of the drug, and whether the drug may be priced disproportionally to its therapeutic benefits.

- In formulating a recommendation, the DURB may consider, among other things: publicly available and DOH supplied pricing information, the seriousness and prevalence of the disease or condition being treated, Medicaid utilization, the drug's effectiveness or impact on improving health, quality of life or overall health outcomes, the likelihood that the drug will reduce the need for other medical care (including hospitalization), the average wholesale price, wholesale acquisition cost, and retail price of the drug, and the cost of the drug to Medicaid minus rebates.

- If after the DURB recommends a target rebate amount, DOH and the manufacturer are unable to reach agreement regarding supplemental rebate amounts, the manufacturer will be required to provide DOH with certain information including but not limited to marketing, research, and development costs for the drug.

Appendix E
State-only Payments (YTD)

Payments ($ in thousands)	Non-Federal Total Paid
Major Academic Pool*	$24,500
Supportive Housing	$29,919
VAPAP	$81,852
Alzheimer's Caregiver Support	$18,966
End of AIDS	$10,799
Assisted Living Voucher Demo	$6,020
Rural Transportation	$4,000
MLTC Ombudsman	$4,091
CSEA Buy-in	$2,201
Water Fluoridation	$1,465
Primary Care Service Corps	$81
MLTC Technology Demonstration	$46
TOTAL	**$183,941**

** Major Academic Pool was eliminated in the FY 20 Budget. Payment reflects funding for FY 19.*

Appendix F
Monthly Results (April-November 2019)

April -- Medicaid Global Cap Target vs. Actual Spending ($ in millions)			
Category of Service	**Global Cap Target**	**Actual**	**Variance Over / (Under)**
Medicaid Managed Care	**$1,401**	**$2,794**	**$1,393**
Mainstream Managed Care	$809	$1,599	$790
Long Term Managed Care	$592	$1,195	$603
Total Fee For Service	**$536**	**$802**	**$266**
Inpatient	$125	$166	$41
Outpatient/Emergency Room	$24	$25	$1
Clinic	$35	$41	$6
Nursing Homes	$181	$204	$23
Other Long Term Care	$56	$56	$0
Non-Institutional	$115	$310	$195
Medicaid Administration Costs	**$9**	**$5**	**($4)**
OHIP Budget / State Operations	**$26**	**$26**	**$0**
Medicaid Audits	**($29)**	**($38)**	**($9)**
All Other	**$253**	**$284**	**$31**
Local Funding Offset	**($546)**	**($546)**	**$0**
TOTAL	**$1,650**	**$3,327**	**$1,677**

April to May -- Medicaid Global Cap Target vs. Actual Spending ($ in millions)			
Category of Service	**Global Cap Target**	**Actual**	**Variance Over / (Under)**
Medicaid Managed Care	**$2,808**	**$4,316**	**$1,508**
Mainstream Managed Care	$1,586	$2,437	$851
Long Term Managed Care	$1,222	$1,879	$657
Total Fee For Service	**$1,604**	**$1,965**	**$361**
Inpatient	$558	$657	$99
Outpatient/Emergency Room	$55	$61	$6
Clinic	$79	$92	$13
Nursing Homes	$405	$430	$25
Other Long Term Care	$122	$129	$7
Non-Institutional	$385	$596	$211
Medicaid Administration Costs	**$197**	**$177**	**($20)**
OHIP Budget / State Operations	**$54**	**$54**	**$0**
Medicaid Audits	**($37)**	**($56)**	**($19)**
All Other	**$712**	**$726**	**$14**
Local Funding Offset	**($1,228)**	**($1,228)**	**$0**
TOTAL	**$4,110**	**$5,954**	**$1,844**

April to June -- Medicaid Global Cap Target vs. Actual Spending ($ in millions)			
Category of Service	**Global Cap Target**	**Actual**	**Variance Over / (Under)**
Medicaid Managed Care	**$4,016**	**$5,645**	**$1,629**
Mainstream Managed Care	$2,286	$3,203	$917
Long Term Managed Care	$1,730	$2,442	$712
Total Fee For Service	**$2,285**	**$2,696**	**$411**
Inpatient	$718	$831	$113
Outpatient/Emergency Room	$78	$90	$12
Clinic	$105	$114	$9
Nursing Homes	$586	$630	$44
Other Long Term Care	$177	$187	$10
Non-Institutional	$621	$844	$223
Medicaid Administration Costs	**$216**	**$195**	**($21)**
OHIP Budget / State Operations	**$91**	**$91**	**$0**
Medicaid Audits	**($47)**	**($77)**	**($30)**
All Other	**$1,004**	**$1,009**	**$5**
Local Funding Offset	**($1,773)**	**($1,773)**	**$0**
TOTAL	**$5,792**	**$7,786**	**$1,994**

April to July -- Medicaid Global Cap Target vs. Actual Spending ($ in millions)			
Category of Service	**Global Cap Target**	**Actual**	**Variance Over / (Under)**
Medicaid Managed Care	**$5,259**	**$7,011**	**$1,752**
Mainstream Managed Care	$2,880	$3,877	$997
Long Term Managed Care	$2,379	$3,134	$755
Total Fee For Service	**$2,945**	**$3,389**	**$444**
Inpatient	$968	$1,103	$135
Outpatient/Emergency Room	$110	$124	$14
Clinic	$148	$159	$11
Nursing Homes	$859	$884	$25
Other Long Term Care	$243	$256	$13
Non-Institutional	$617	$863	$246
Medicaid Administration Costs	**$224**	**$199**	**($25)**
OHIP Budget / State Operations	**$112**	**$112**	**$0**
Medicaid Audits	**($61)**	**($105)**	**($44)**
All Other	**$1,511**	**$1,507**	**($4)**
Local Funding Offset	**($2,456)**	**($2,456)**	**$0**
TOTAL	**$7,534**	**$9,657**	**$2,123**

April to August -- Medicaid Global Cap Target vs. Actual Spending ($ in millions)			
Category of Service	**Estimated**	**Actual**	**Variance Over / (Under)**
Medicaid Managed Care	**$6,611**	**$8,481**	**$1,870**
Mainstream Managed Care	$3,665	$4,715	$1,050
Long Term Managed Care	$2,946	$3,766	$820
Total Fee For Service	**$3,698**	**$4,196**	**$498**
Inpatient	$1,141	$1,300	$159
Outpatient/Emergency Room	$133	$151	$18
Clinic	$184	$196	$12
Nursing Homes	$1,046	$1,074	$28
Other Long Term Care	$299	$326	$27
Non-Institutional	$895	$1,149	$254
Medicaid Administration Costs	**$233**	**$206**	**($27)**
OHIP Budget / State Operations	**$135**	**$134**	**($1)**
Medicaid Audits	**($71)**	**($129)**	**($58)**
All Other	**$1,583**	**$1,570**	**($13)**
Local Funding Offset	**($3,001)**	**($3,001)**	**$0**
TOTAL	**$9,188**	**$11,457**	**$2,269**

April to September -- Medicaid Global Cap Target vs. Actual Spending ($ in millions)			
Category of Service	**Estimated**	**Actual**	**Variance Over / (Under)**
Medicaid Managed Care	**$7,933**	**$9,912**	**$1,979**
Mainstream Managed Care	$4,449	$5,493	$1,044
Long Term Managed Care	$3,484	$4,419	$935
Total Fee For Service	**$4,586**	**$4,951**	**$365**
Inpatient	$1,393	$1,542	$149
Outpatient/Emergency Room	$173	$174	$1
Clinic	$217	$217	$0
Nursing Homes	$1,290	$1,264	($26)
Other Long Term Care	$406	$385	($21)
Non-Institutional	$1,107	$1,369	$262
Medicaid Administration Costs	**$265**	**$249**	**($16)**
OHIP Budget / State Operations	**$151**	**$150**	**($1)**
Medicaid Audits	**($79)**	**($146)**	**($67)**
All Other	**$1,759**	**$1,795**	**$36**
Local Funding Offset	**($3,547)**	**($3,547)**	**$0**
TOTAL	**$11,068**	**$13,364**	**$2,296**

April to October -- Medicaid Global Cap Target vs. Actual Spending ($ in millions)			
Category of Service	**Global Cap Target**	**Actual**	**Variance Over / (Under)**
Medicaid Managed Care	**$9,685**	**$11,625**	**$1,940**
Mainstream Managed Care	$5,431	$6,408	$977
Long Term Managed Care	$4,254	$5,217	$963
Total Fee For Service	**$5,160**	**$5,564**	**$404**
Inpatient	$1,609	$1,781	$172
Outpatient/Emergency Room	$205	$205	$0
Clinic	$265	$267	$2
Nursing Homes	$1,549	$1,511	($38)
Other Long Term Care	$482	$463	($19)
Non-Institutional	$1,050	$1,337	$287
Medicaid Administration Costs	**$298**	**$264**	**($34)**
OHIP Budget / State Operations	**$183**	**$182**	**($1)**
Medicaid Audits	**($129)**	**($200)**	**($71)**
All Other	**$2,220**	**$2,282**	**$62**
Local Funding Offset	**($4,229)**	**($4,229)**	**$0**
TOTAL	**$13,188**	**$15,488**	**$2,300**

April to November -- Medicaid Global Cap Target vs. Actual Spending ($ in millions)			
Category of Service	**Global Cap Target**	**Actual**	**Variance Over / (Under)**
Medicaid Managed Care	**$11,080**	**$13,409**	**$2,329**
Mainstream Managed Care	$6,234	$7,428	$1,194
Long Term Managed Care	$4,846	$5,981	$1,135
Total Fee For Service	**$5,924**	**$6,340**	**$416**
Inpatient	$1,753	$1,935	$182
Outpatient/Emergency Room	$229	$231	$2
Clinic	$302	$304	$2
Nursing Homes	$1,798	$1,745	($53)
Other Long Term Care	$546	$532	($14)
Non-Institutional	$1,296	$1,593	$297
Medicaid Administration Costs	**$331**	**$281**	**($50)**
OHIP Budget / State Operations	**$208**	**$208**	**$0**
Medicaid Audits	**($138)**	**($209)**	**($71)**
All Other	**$2,563**	**$2,609**	**$46**
Local Funding Offset	**($4,775)**	**($4,775)**	**$0**
TOTAL	**$15,193**	**$17,863**	**$2,670**