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October 21, 2020

Governor Asa Hutchinson
250 State Capitol
Little Rock, AR 72201

Dear Governor Hutchinson:

Enclosed is the Department of Human Services' (DHS) Medicaid Transformation Savings Scorecard and Quarterly Report for the fourth quarter (Q4) of State Fiscal Year (SFY) 2020. I am pleased to report that DHS continues to be on track to achieve the five-year savings target of \$835 million you established with the Health Care Task Force over the period SFY 2017-2021. Between SFY 2017 and 2020, the Traditional Medicaid program has experienced an average annual growth rate of 3.6 percent compared to the HCTF projected annual growth rate of 5.0 percent. Cumulative spending for Traditional Medicaid is \$1.4 billion lower than the HCTF projected spending. Of this amount, \$908 million in savings are in the five areas of Transformation plus the PASSE program.

The savings goal for SFY 2020 was \$237 million. Transformation savings for SFY 2020 were \$291 million. While the Q1 savings target was not met, the quarterly targets were met in Q2, Q3, and Q4. In Q4, saving targets were met in each of the Transformation areas except for Long-term Services and Supports (LTSS). The LTSS savings target was not met due to \$53.2 million in additional payments to LTSS direct care workers as part of the Department's response to the COVID-19 emergency. However, LTSS has met the savings goal for SFY2020 and is on target to exceed the five-year goal.

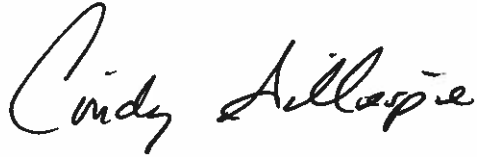
The PASSE program was implemented a year earlier than the HCTF expected and is now generating savings compared to the cost of serving the population in Fee-For-Service (FFS). The PASSE program and dental managed care have generated a total of \$46 million in premium tax collections. As you know, we are using \$15 million in PASSE revenues to add 700 slots to the Community Employment Services (CES) waiver for individuals with intellectual/developmental disabilities effective December 1, 2020.

It is important to note that the spread of COVID-19 likely had some effective on Medicaid spending. While Medicaid enrollment was generally flat from January through March, it increased each month from April through June. In comparing spending between Q3, the quarter in which you declared the COVID-19 public emergency, and Q4 when its impact was being realized, changes in expenditures are noticeable. Spending for Long-term Services and Supports (LTSS) and Behavioral Health services increased while spending for DD services and pharmacy decreased. DHS also opened additional codes to be billed through telemedicine which likely helped maintain access to services. The disruption of childcare services due to COVID-19 clearly had a negative impact on the Early Intervention Day Treatment (EIDT) program and therapy services which are delivered at EIDT centers.

As you know, SFY 2021 is the last year of the five-year Medicaid Transformation Initiative. While DHS appears to be on target to exceed the goal of saving \$835 million from the baseline, the cost of the Medicaid program is influenced by many factors including economic conditions, advances in medical technology, the cost of providing services, and changes in utilization. COVID-19 has demonstrated that changes can occur rapidly.

We greatly appreciate your continued support and leadership in this important matter.

Sincerely,

A handwritten signature in black ink that reads "Cindy Gillespie". The signature is written in a cursive style with a large, looping initial "C".

Cindy Gillespie
Secretary

Medicaid Transformation Savings Scorecard and Quarterly Report

Q4 – SFY 2020



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

October 22, 2020

A Four Section Report to Track Medicaid and Savings

- DHS is obligated to provide a quarterly report beginning with the first quarter of SFY18 that:
 - Includes a dashboard or scorecard to track savings from reforms approved by the Health Care Task Force (HCTF). The reforms target “at least \$835 million” in savings from traditional Medicaid.
 - Reports on all Medicaid programs to monitor spending and savings across the programs.
 - Measures the impact on Medicaid spending and other quality/performance indicators from implementation of provider-led organized care in Arkansas.
- Act 802 requires DHS to submit to the Bureau of Legislative Research an initial report on September 1, 2017, to establish the baseline for the quarterly reports.
- Act 802 further provides:
 - If project (sic) savings in an amount less than five percent (5%) of the goal are not achieved during any two (2) consecutive quarters unrelated to non-claims based performance, the department shall develop additional reforms to achieve the savings goals (emphasis added.)”
 - “If legislative action is required to implement the additional reforms ..., the Department may take the action to the Legislative Council or the Executive Subcommittee of the Legislative Council for immediate action.”



PASSE – Full Risk Provider-led Organizations

1. The final report to the HCTF projected that a provider-led risk based care model for the BH and DD populations could be implemented by DHS in SFY 2021. The report estimated the risk-based model would produce \$40 million in savings and generate \$56 million in premium tax revenue in SFY 2021.
2. Act 775 created the risk-based provider organizations (PASSEs) and reserved at least 50% of premium taxes to be used to reduce the DD waitlist.
3. Act 802 also directs DHS to measure (1) increase care management and care coordination; (2) value-based purchasing strategies; (3) reduction in duplication of healthcare services; (4) reduction in unnecessary healthcare services; and (5) the degree of risk assumed by risk-based provider organizations
4. Three provider-led organizations, Arkansas Total Care, Empower, and Summit Community Care, assumed full-risk for approximately 42,000 Medicaid recipients with high levels of need for BH and/or DD specialty services on March 1, 2019. The PASSEs receive a monthly capitated payment from DHS for each member to cover all specialty services and halo costs. As services are covered by a PASSE, there are reductions in direct payments to providers in fee-for-service (FFS) Medicaid for the individuals enrolled in a PASSE. DHS has applied a “risk corridor” that allows DHS and the PASSEs to share savings and protect PASSEs against unexpected high costs.
5. Each PASSE is required to provide care coordination. DHS can sanction a PASSE for failure to meet care coordination performance measures.
6. PASSEs are allowed and encouraged to use value-based purchasing strategies with their network providers, but not required to do so. The PASSEs are generally using the Medicaid fee schedule for payments. Value-based strategies are likely to be adopted in calendar year 2020 and beyond.
7. DHS will use encounter claims data analyses to determine reductions in duplication of health care services. Because of the lag time in obtaining clean encounters and the need for sufficient time for the PASSEs to gain experience, such analyses will occur in calendar year 2020.
8. PASSEs have authority to ensure that healthcare is medically necessary for an individual. Encounter claims will be analyzed for this purpose as well.
9. The PASSE program is regulated under federal Medicaid managed care rules and state health insurance rules.



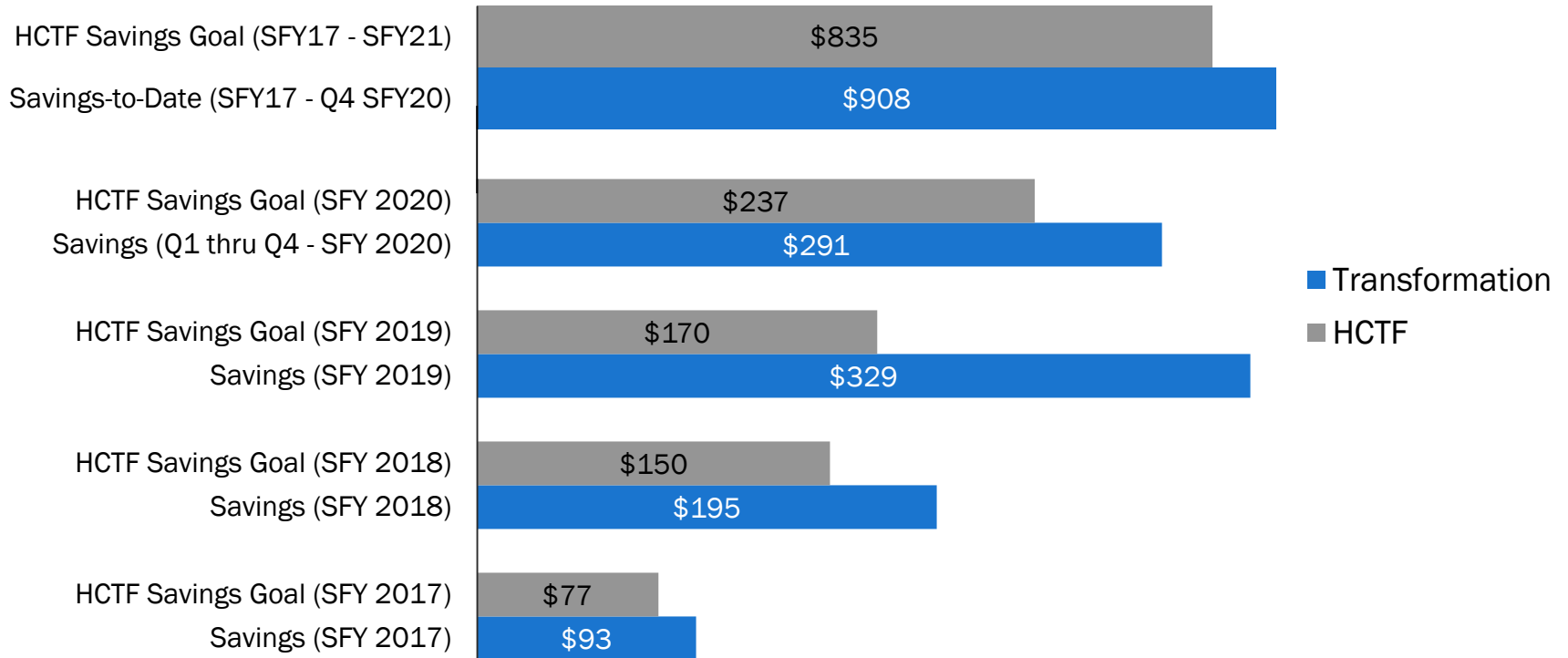
SECTION I

Medicaid Transformation Savings Scorecard

Traditional Medicaid Scorecard

Savings Overview

Overall Savings (\$M)



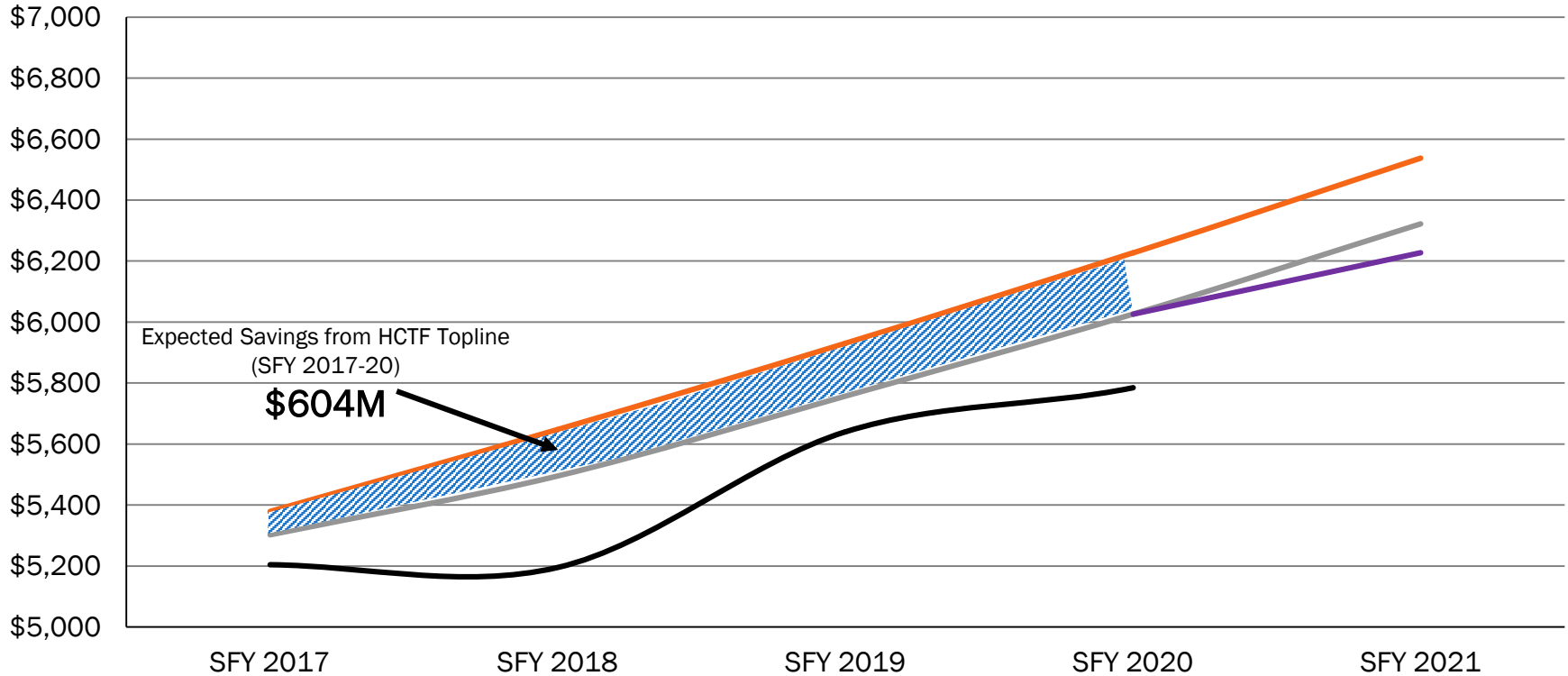
Note(s): (1) SFY 2019 savings were adjusted due to the PASSEs becoming full risk in March 2019. This resulted in a \$73M reduction in Overall SFY 2019 savings from \$402M to \$329M
 (2) In prior scorecards the Dental premium tax was counted towards savings. Starting in SFY 2020, all premium taxes (Dental and PASSE) will be counted as a fiscal impact. Therefore HCTF savings goals for SFY 2018 and SFY 2019 were reduced by \$3M each year (the amount of Dental premium tax).



Traditional Medicaid Spending vs HCTF Toplines

SFY 2017-2021

Dollars in Millions (\$M)



— HCTF Topline (5% Annual Growth)

— HCTF Transformation Topline (4.5% Annual Growth)

— HCTF Transformation w/ PASSE

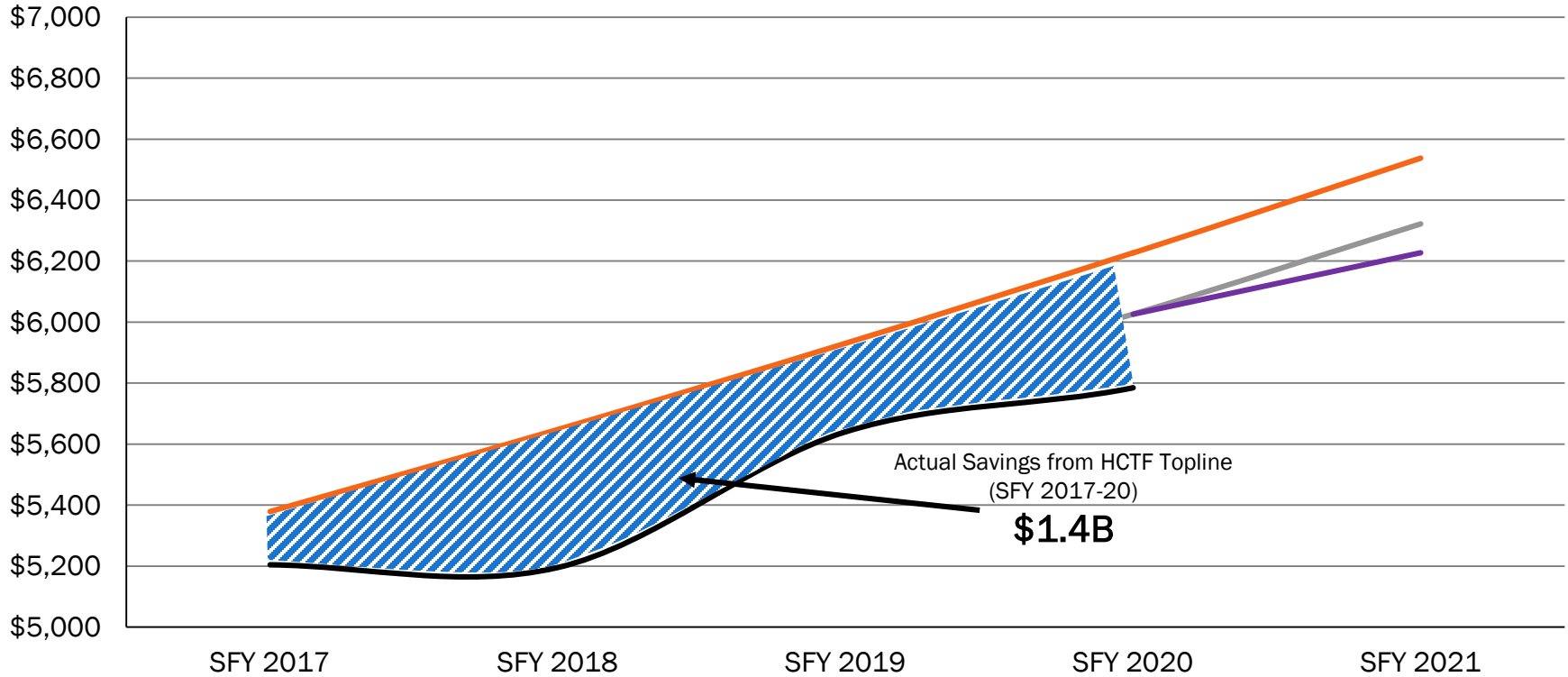
— Actual Spending (3.6% Annual Growth)



Traditional Medicaid Spending vs HCTF Toplines

SFY 2017-2021

Dollars in Millions (\$M)



— HCTF Topline (5% Annual Growth)

— HCTF Transformation Topline (4.5% Annual Growth)

— HCTF Transformation w/ PASSE

— Actual Spending (3.6% Annual Growth)

Actual Savings from HCTF Topline
(SFY 2017-20)
\$1.4B



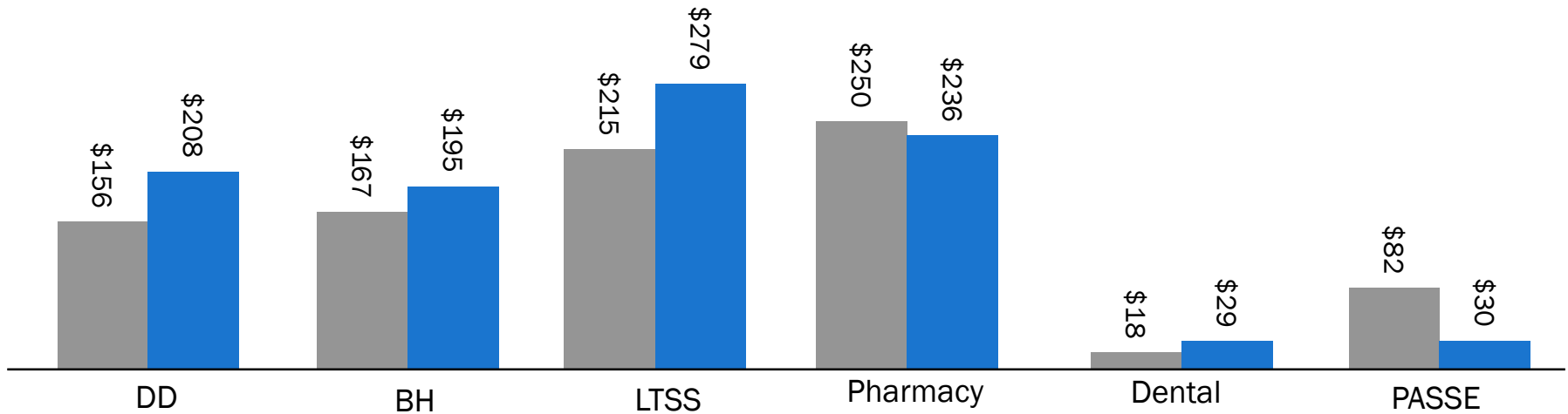
Traditional Medicaid Scorecard

Savings Overview by Program

Overall Savings (\$M)



Program Savings (SFY17 - Q4 SFY20) compared to their SFY 2017-21 HCTF Savings Goals (\$M)



Note(s): (1) Pharmacy savings does not factor in drug rebates. It is calculated using gross pharmacy expenditures.
 (2) SFY 2019 savings were adjusted due to the PASSEs becoming full risk in March 2019. This resulted in a \$73M reduction in Overall SFY 2019 savings from \$402M to \$329M



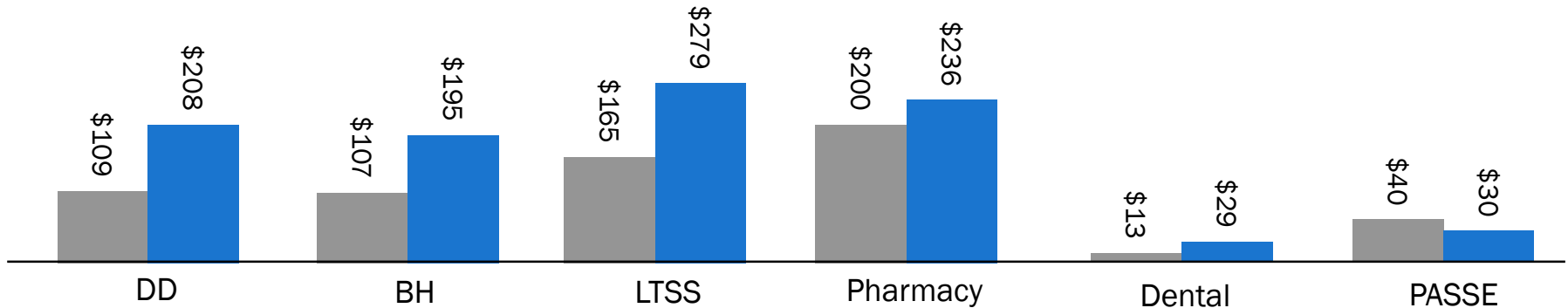
Traditional Medicaid Scorecard

Savings-to-Date (SFY 2017- Q4 SFY 2020)

Overall Savings-to-Date (\$M) (SFY 2017 – Q4 SFY 2020)



Program Savings-to-Date compared to their Savings Goals-to-Date (\$M) (SFY 2017 – Q4 SFY 2020)



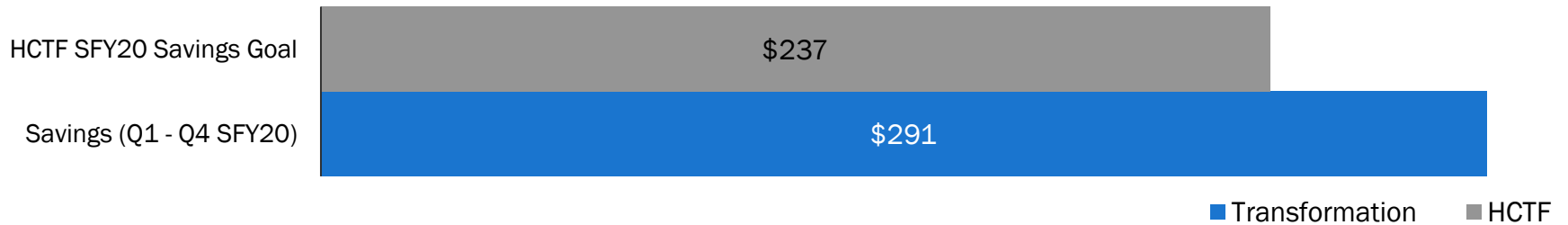
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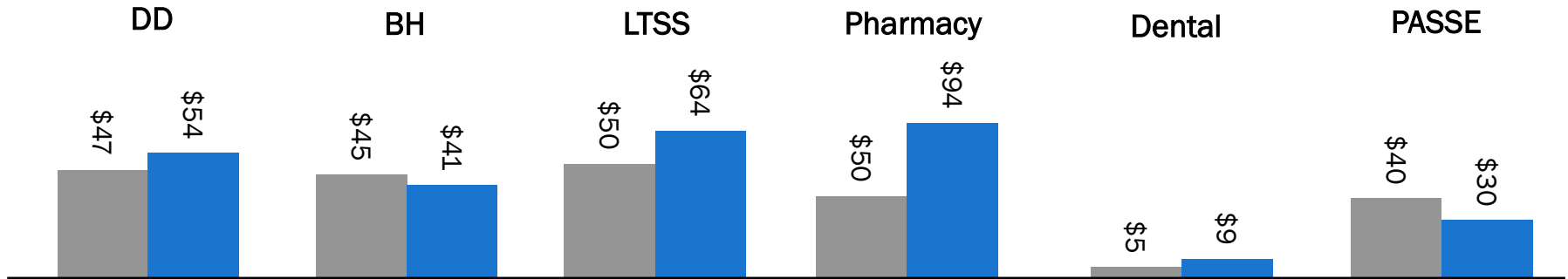
Traditional Medicaid Scorecard

SFY 2020

Overall Savings (\$M)



SFY 2020 Savings by Program (\$M)



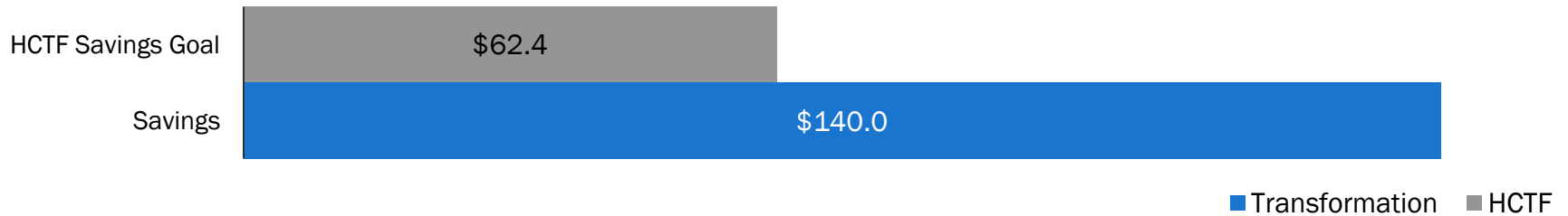
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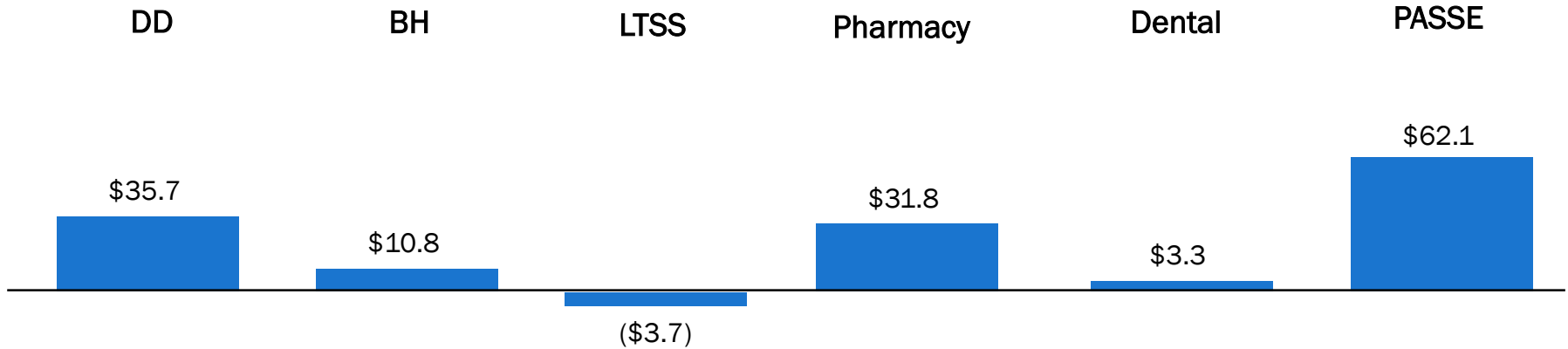
Traditional Medicaid Scorecard

Q4 – SFY 2020

Q4 – SFY 2020 Overall Savings (\$M)



Q4 – SFY 2020 Savings by Program (\$M)



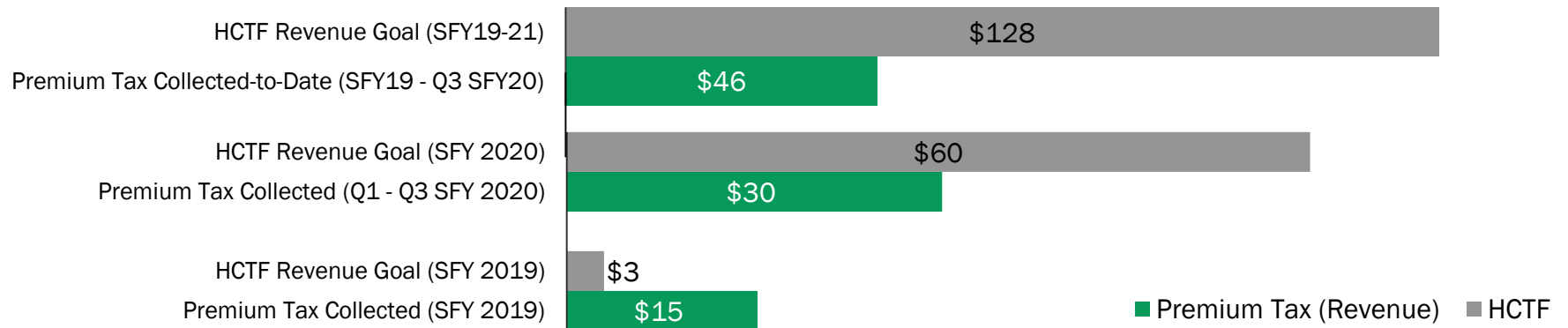
Note(s): Pharmacy savings does not factor in drug rebates. It is calculated using gross pharmacy expenditures.



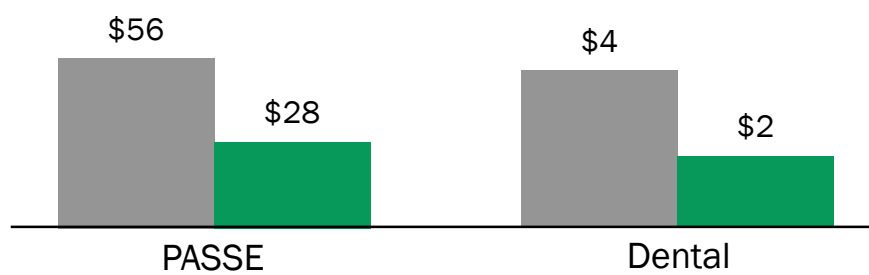
Traditional Medicaid Scorecard

HCTF Premium Tax Overview

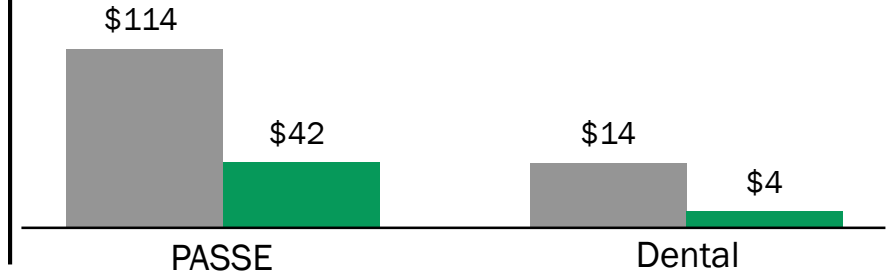
Overall Premium Taxes Collected (\$M)



SFY 2020 by Program



Program Revenues compared to their SFY 2019-21 HCTF Revenue Goals (\$M)



Note(s): The Arkansas Insurance Department (AID) collects premium taxes on Dental Managed Care and PASSE organizations 45 days following the end of the quarter. As a result, the scorecard can only report the previous quarter's premium tax payments.

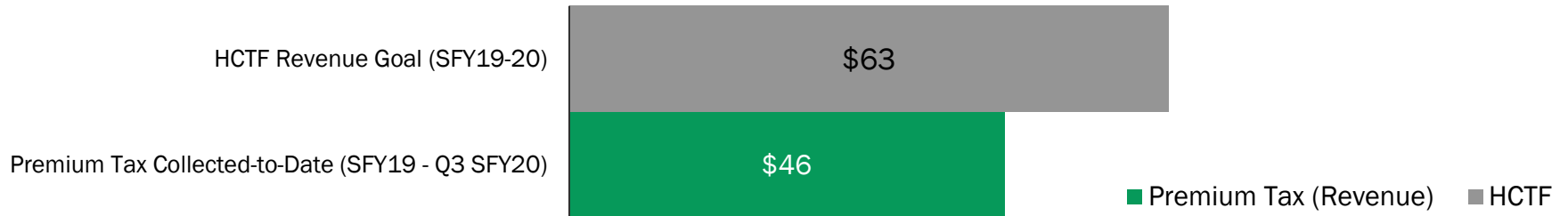
- Bar Charts Not To Scale -



Traditional Medicaid Scorecard

HCTF Premium Tax Collections-to-Date (SFY 2019-20)

Premium Tax Collections-to-Date (\$M) (SFY 2019 – Q3 SFY 2020)



Premium Tax Collections-to-Date compared to their Revenue Goals-to-Date (\$M) (SFY 2019 – Q3 SFY 2020)



Note(s): The Arkansas Insurance Department (AID) collects premium taxes on Dental Managed Care and PASSE organizations 45 days following the end of the quarter. As a result, the scorecard can only report the previous quarter’s premium tax payments.

- Bar Charts Not To Scale -



Medicaid Transformation Spend by Quarter

SFY 2019-20

Spending & Savings by Year & Program Dollars in Millions (\$M)	Q4 – SFY19 Actual	Q1 – SFY20 Actual	Q2 – SFY20 Actual	Q3 – SFY20 Actual	Q4 – SFY20 HCTF Topline (5% Annual Increase)	Q4 – SFY20 Actual	Q4 – SFY20 Savings / (Cost)
Developmentally Disabled (DD)	\$116.5	\$83.0	\$94.3	\$94.6	\$103.0	\$67.3	\$35.7
Behavioral Health (BH)	\$16.1	\$15.3	\$17.0	\$15.1	\$27.1	\$16.3	\$10.8
Long Term Services & Supports (LTSS)	\$227.2	\$240.8	\$231.1	\$235.6	\$274.8	\$278.5	(\$3.7)
Pharmacy	\$73.0	\$71.1	\$77.2	\$82.7	\$103.8	\$72.0	\$31.8
Dental	\$34.6	\$34.8	\$35.1	\$33.8	\$38.3	\$35.0	\$3.3
Grand Total	\$475.8	\$445.0	\$454.6	\$461.8	\$547.0	\$469.1	\$77.9

Note(s): (1) Further details of each section can be found in Section III and the Appendix
 (2) The reductions in DD and BH spending from previous scorecards is the result of removing PASSE participants and/or programs affected by the PASSE
 (3) Pharmacy savings are based on gross pharmacy expenditures. It does not factor in drug rebates.



Savings Attributed to Provider-Led (PASSE)

SFY 2020

Program Dollars in Millions (\$M)	Q4 – SFY20 Expected Year-over-Year Reductions in FFS	Q4 – SFY20 Actual Year-over-Year Reductions in FFS	Savings / (Cost)
Institutional Medical Services	\$66.8	\$54.3	(\$12.5)
Non-Institutional Medical Services	\$46.9	\$42.5	(\$4.4)
Habilitative & Rehabilitative Services	\$287.6	\$346.7	\$59.2
Long Term Care - ICFs	\$9.0	\$26.7	\$17.6
Pharmacy	\$45.3	\$47.4	\$2.2
Total	\$455.6	\$517.6	\$62.1

Note(s): (1) Expected Year-over-Year Reductions in FFS are the expected reductions the PASSE population should have had on Fee-for-Service (FFS) spending
 (2) Actual Year-over-Year Reductions in FFS are the actual reductions that occurred in Fee-for-Service (FFS) spending



Traditional Medicaid Spend by Quarter

SFY 2019-20

Spending & Savings by Year & Program Dollars in Millions (\$M)	Q4 – SFY19 Actual	Q1 – SFY20 Actual	Q2 – SFY20 Actual	Q3 – SFY20 Actual	Q4 – SFY20 Actual
Institutional Medical Services	\$144.2	\$147.5	\$162.1	\$152.8	\$166.6
Non-Institutional Medical Services	\$121.0	\$119.5	\$131.8	\$132.0	\$100.0
Habilitative & Rehabilitative Services	\$132.1	\$112.4	\$124.3	\$123.8	\$72.0
Long-Term Services & Supports	\$290.2	\$302.5	\$284.8	\$295.1	\$312.4
Pharmacy	\$73.0	\$71.2	\$77.2	\$82.8	\$72.1
Capitated Payments (Includes PASSE, NET, PCMH, and Dental Managed Care)	\$455.5	\$446.9	\$402.3	\$324.3	\$293.0
Supplementals/Cost-Settlements/Access Payments	\$174.6	\$169.0	\$16.1	\$207.5	\$219.1
Non-Claims Payments	\$176.4	\$126.5	\$117.7	\$141.3	\$278.2
Total Traditional Medicaid	\$1,567.1	\$1,495.5	\$1,316.2	\$1,459.7	\$1,513.3

Note(s): (1) These categories contain Contracts, HDCs, Part D claw backs, and other programs which are not part of transformation
 (2) As the PASSEs pay for Medical Services, Habilitative & Rehabilitative Services, and Prescription Drugs for their members, there will be corresponding reductions in those fee-for-service expenditures.

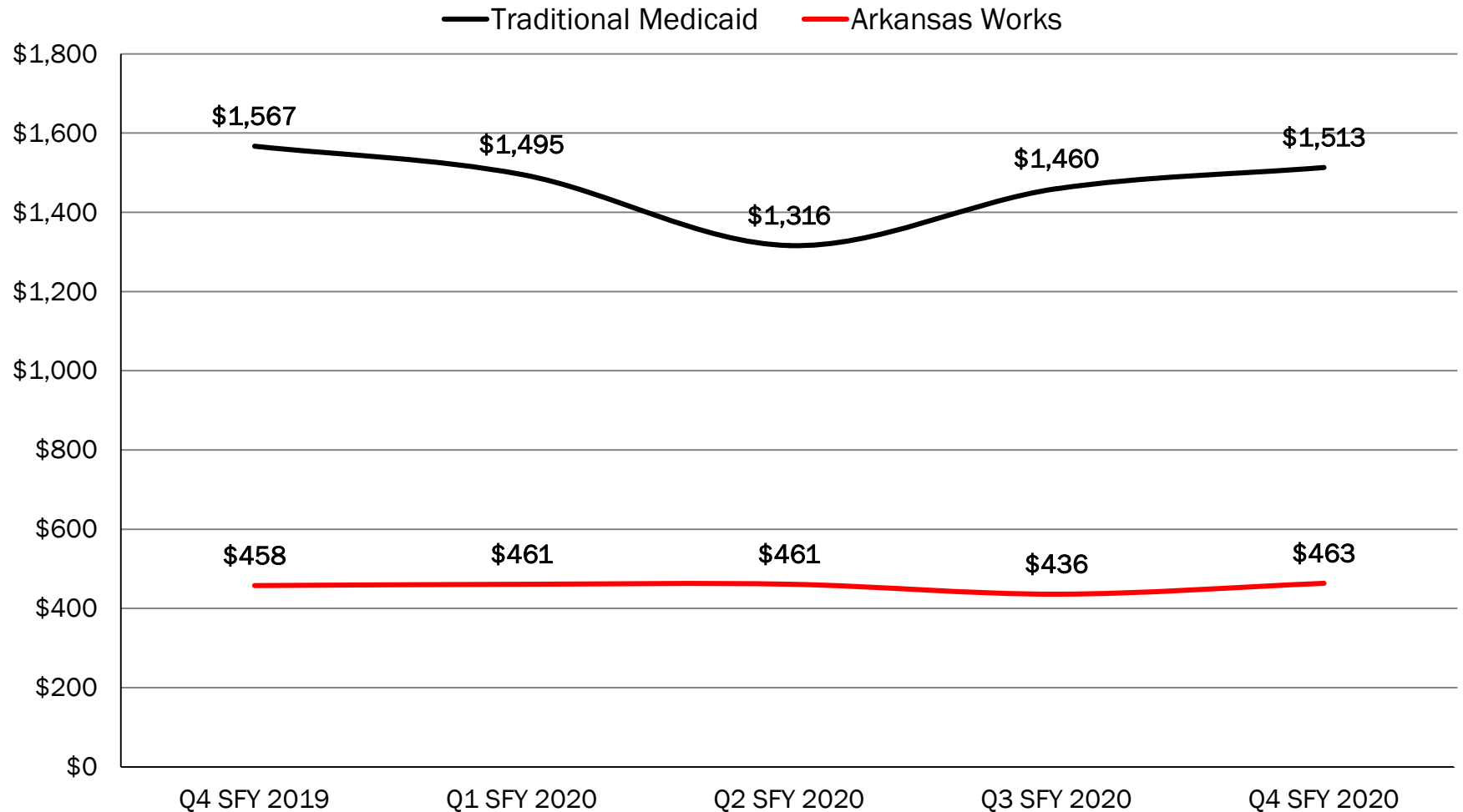


SECTION II

Medicaid Enrollment & Spending Report

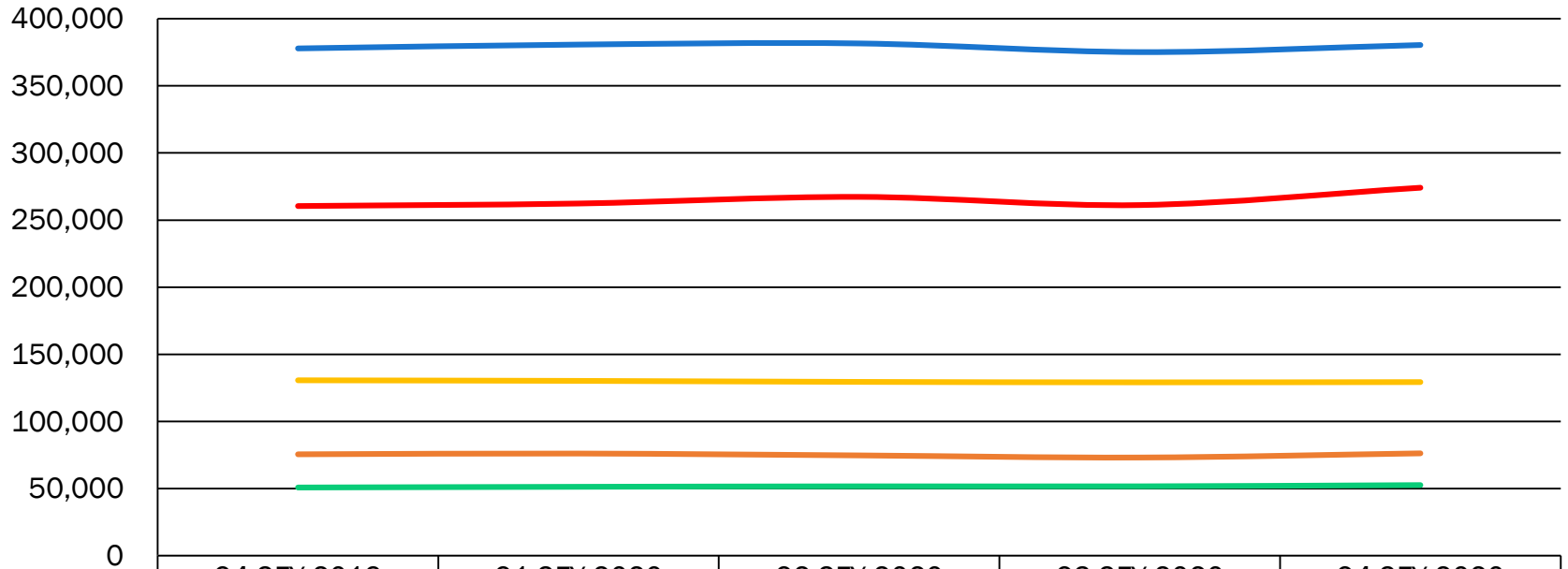
Overall Medicaid Spend by Quarter (\$M)

SFY 2019-20



Medicaid Enrollment by Quarter

SFY 2019-20



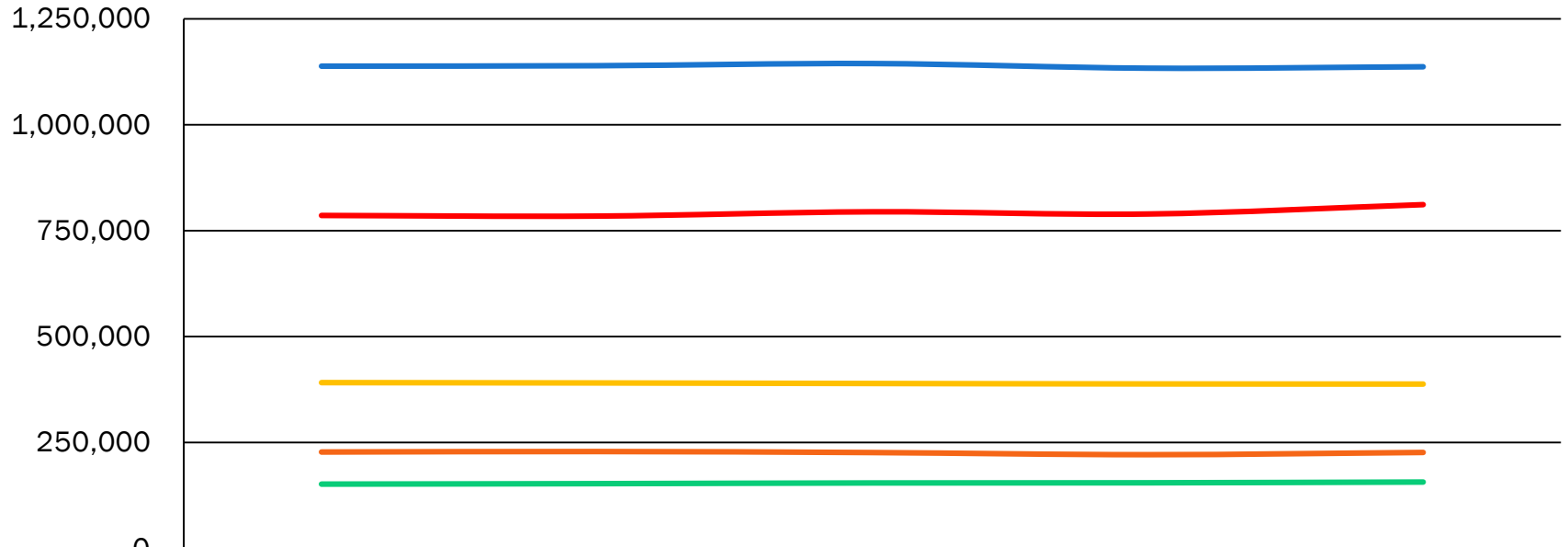
	Q4 SFY 2019	Q1 SFY 2020	Q2 SFY 2020	Q3 SFY 2020	Q4 SFY 2020
Children	377,873	380,689	381,528	375,172	380,364
Adults	75,583	76,163	74,714	73,078	76,309
Disabled	130,674	130,260	129,547	129,220	129,399
Elderly	50,759	51,317	51,693	51,700	52,664
ARWorks	260,380	262,268	267,193	261,107	274,002
Total	895,269	900,697	904,675	890,277	912,738

Note(s): This enrollment report was run on July 15, 2020. Enrollment is counted on the last day of each month. Due to the COVID-19 public health emergency starting in Q4, Medicaid suspended disenrollment.



Medicaid Member Months by Quarter

SFY 2019-20



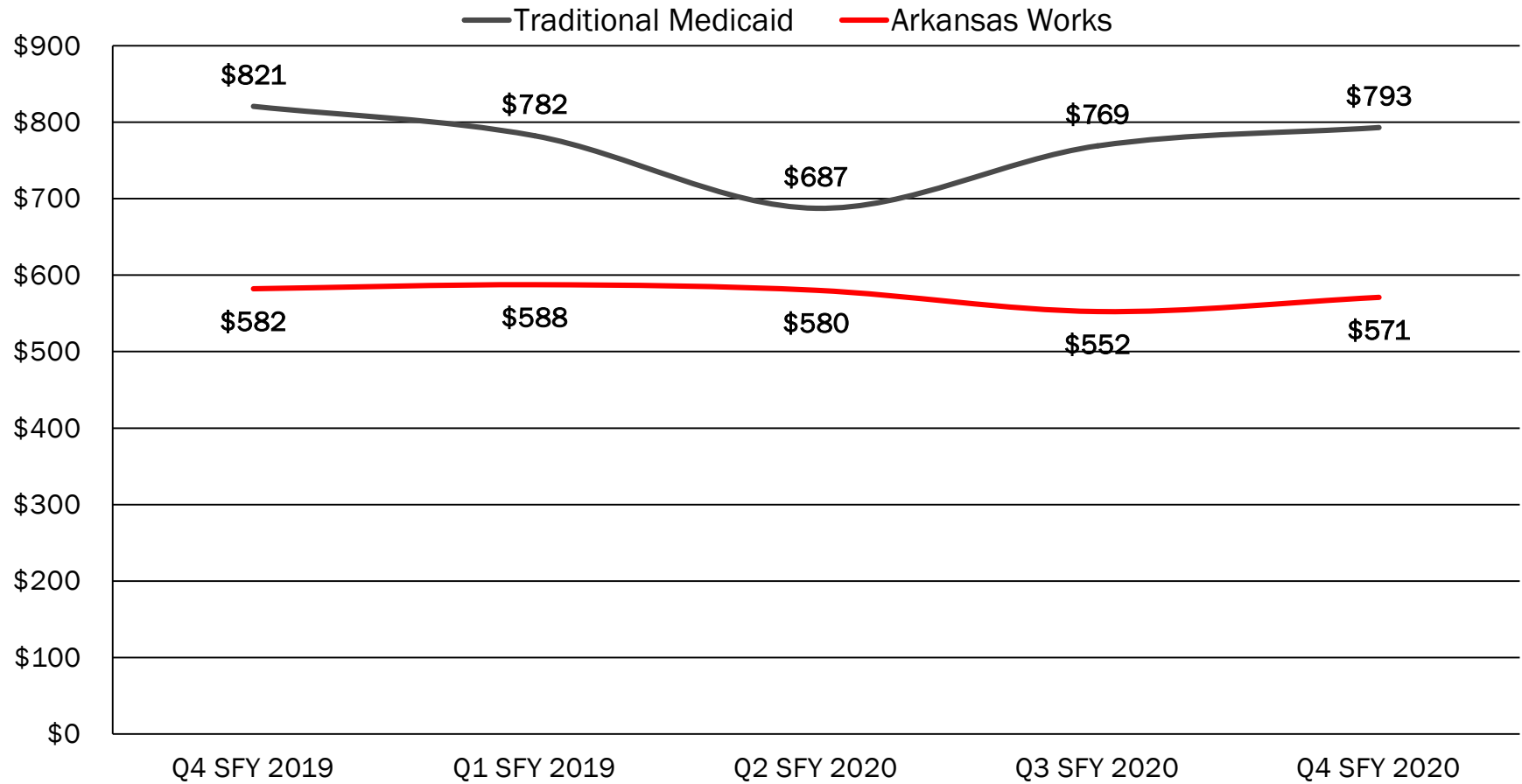
	Q4 SFY 2019	Q1 SFY 2020	Q2 SFY 2020	Q3 SFY 2020	Q4 SFY 2020
Children	1,138,177	1,139,230	1,144,273	1,133,440	1,136,735
Adults	227,626	228,756	226,316	221,150	226,560
Disabled	391,608	390,825	389,500	388,416	388,062
Elderly	152,149	153,256	154,935	155,320	157,138
ARWorks	785,999	784,528	794,660	789,441	811,556
Total	2,695,559	2,696,595	2,709,684	2,687,767	2,720,051

Note(s): This enrollment report was run on July 15, 2020. Enrollment is counted on the last day of each month. Due to the COVID-19 public health emergency starting in Q4, Medicaid suspended disenrollment.



Medicaid Quarterly Per Member Per Month (PMPM)

SFY 2019-20



Note(s): This enrollment report was run on July 15, 2020. Enrollment is counted on the last day of each month.

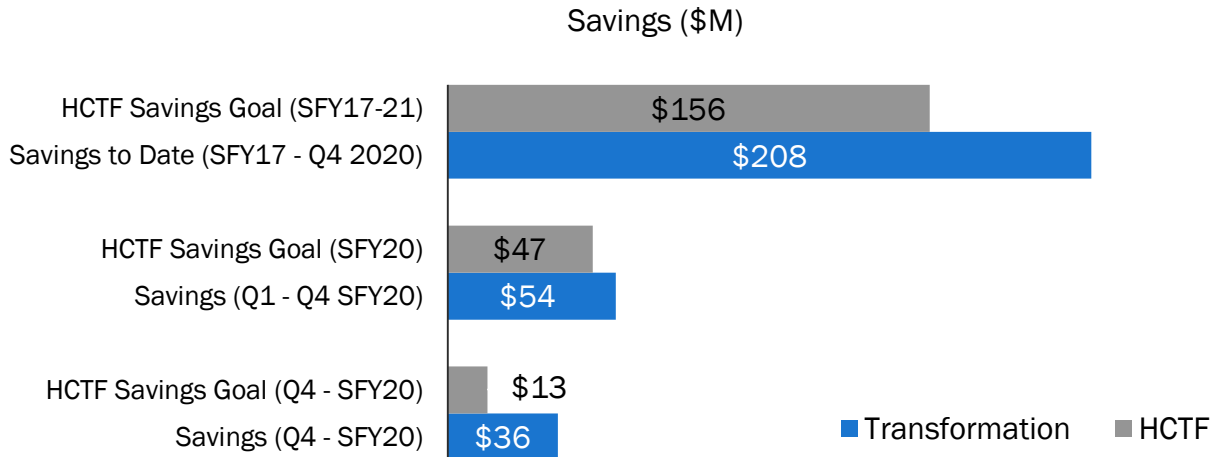


SECTION III

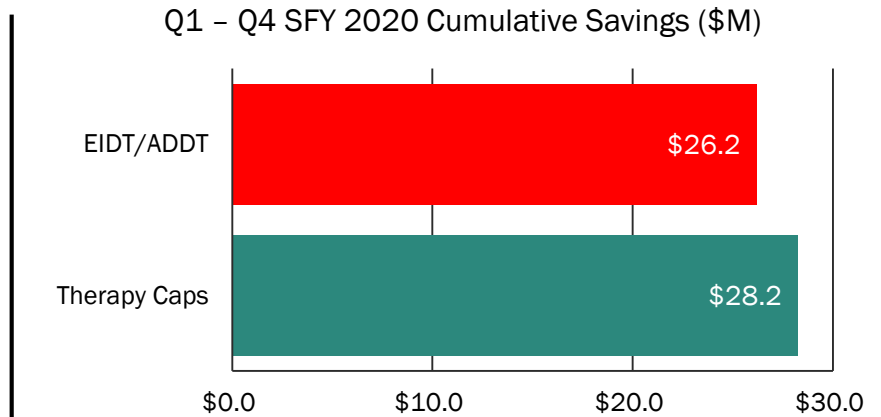
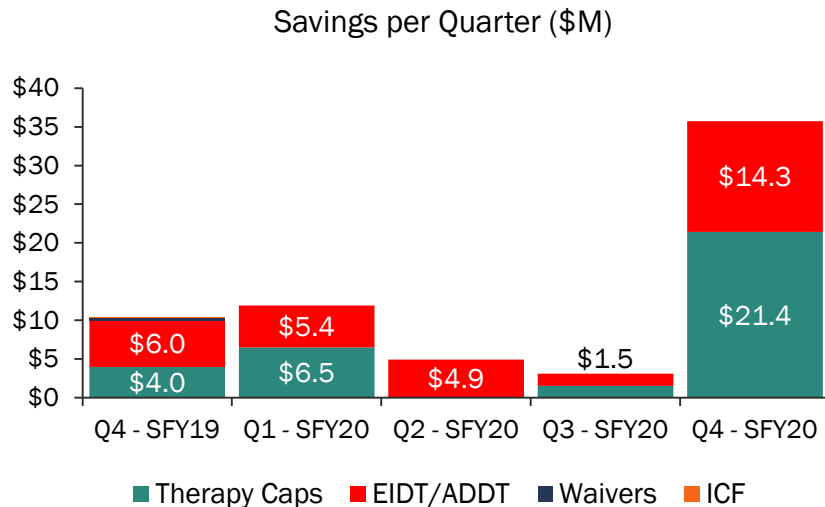
Program Scorecards

Developmentally Disabled (DD)

Savings Overview



The vast majority of ICF and DD Waiver (Autism and CES) users have transitioned over to the PASSEs. As a result, starting in Q1 – SFY 2020 the Scorecard will only measure savings on Therapy Caps and EIDT/ADDT.



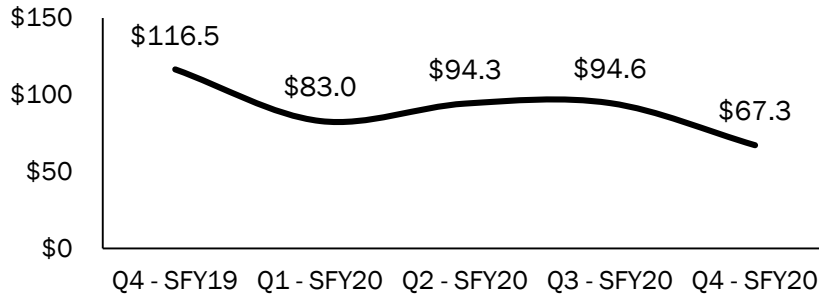
Note(s): In Q2 – SFY 2020, Therapy Caps had a cost of \$1.2M.



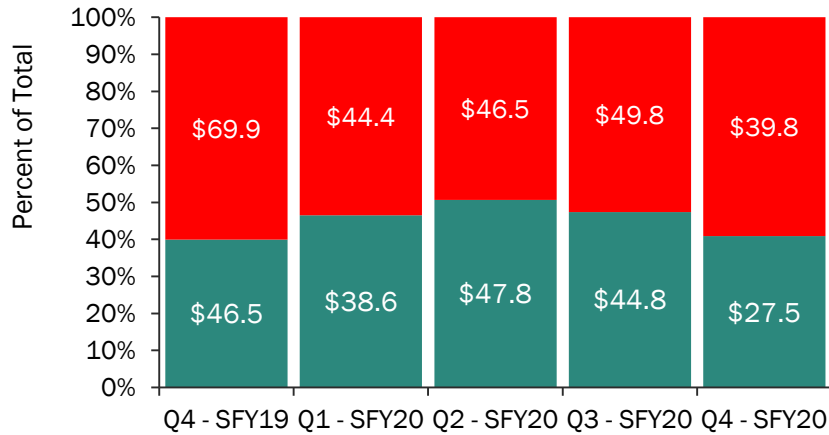
Developmentally Disabled (DD)

Spending Overview

Spending (\$M)



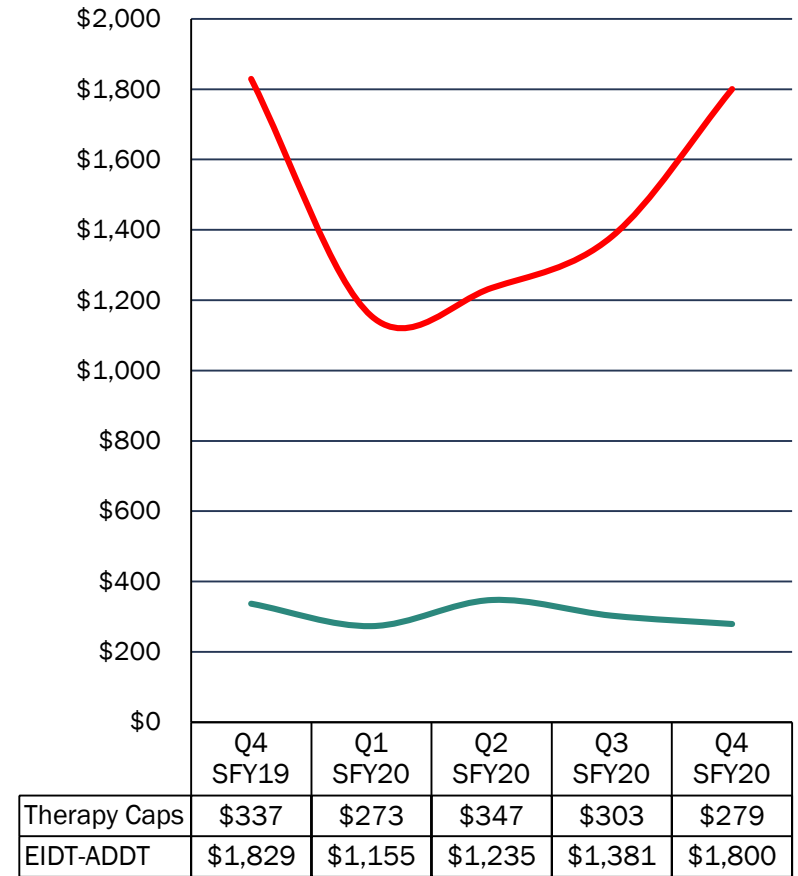
Spending by Program (\$M)



■ Therapy Caps

■ EIDT-ADDT

Per User Per Month by Program



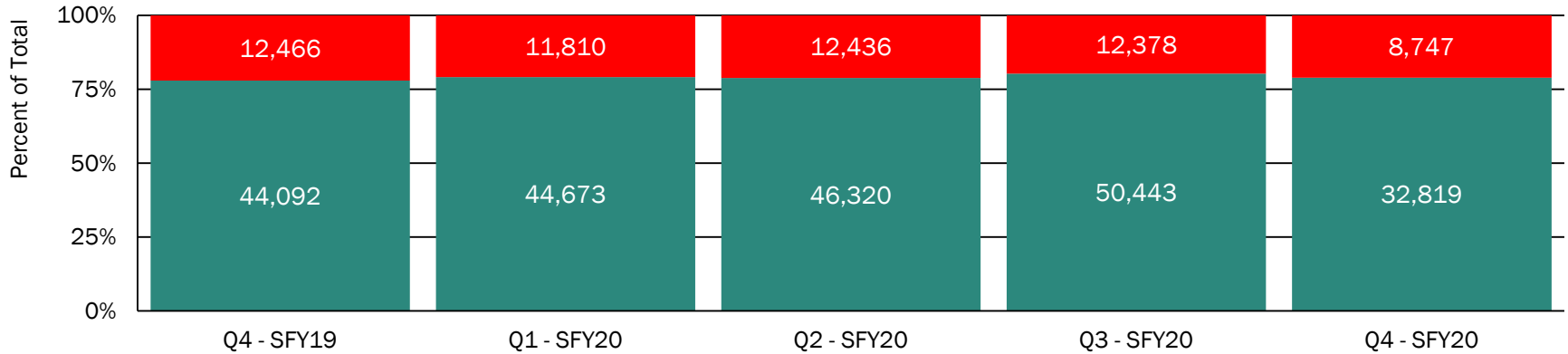
Note(s): Spending for EIDT-ADDT is higher in Q4 - SFY2019 due to CHMS-EIDT providers submitting most of their claims at the end of the each state fiscal year.



Developmentally Disabled (DD)

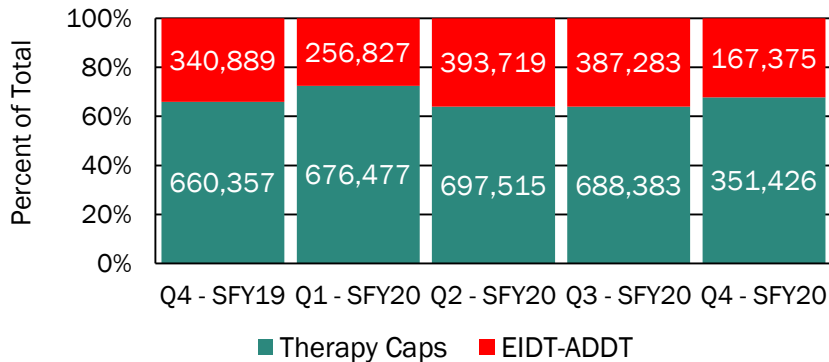
Program Overview

Users by Program

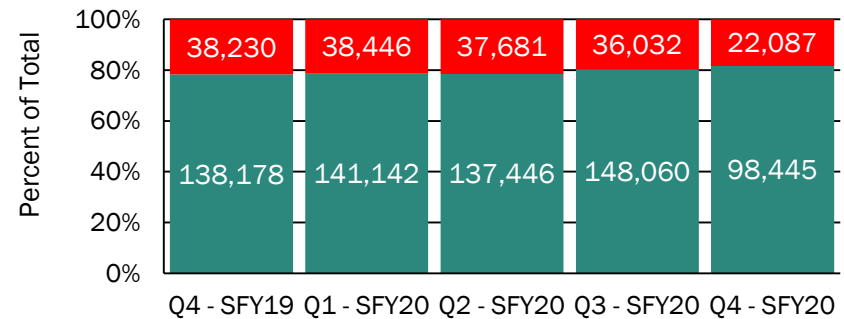


Note(s): Users are the number of people who receive services that were billed under various categories of service. Users DO NOT reflect the number of people who are enrolled in a waiver program.

Claims by Program

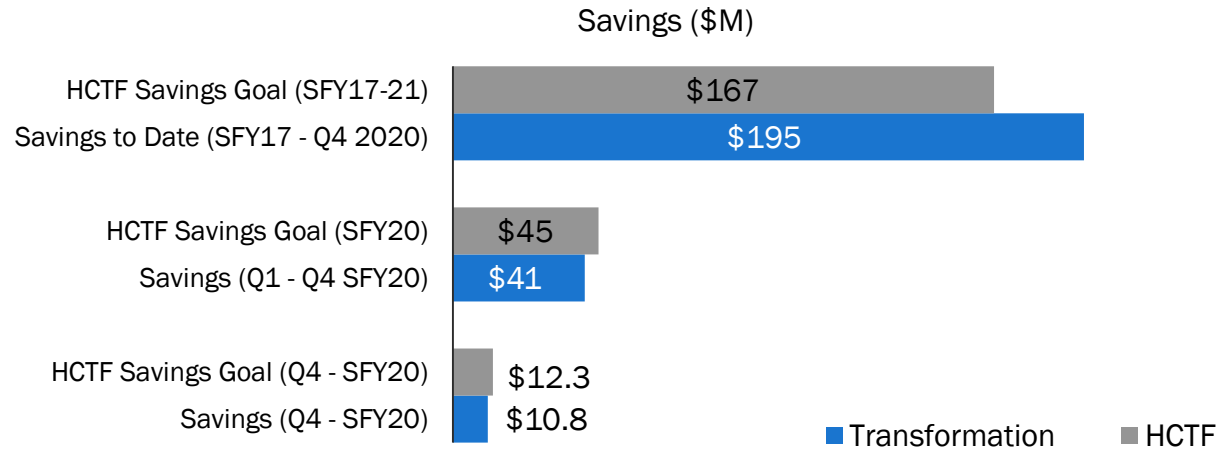


Users Months by Program



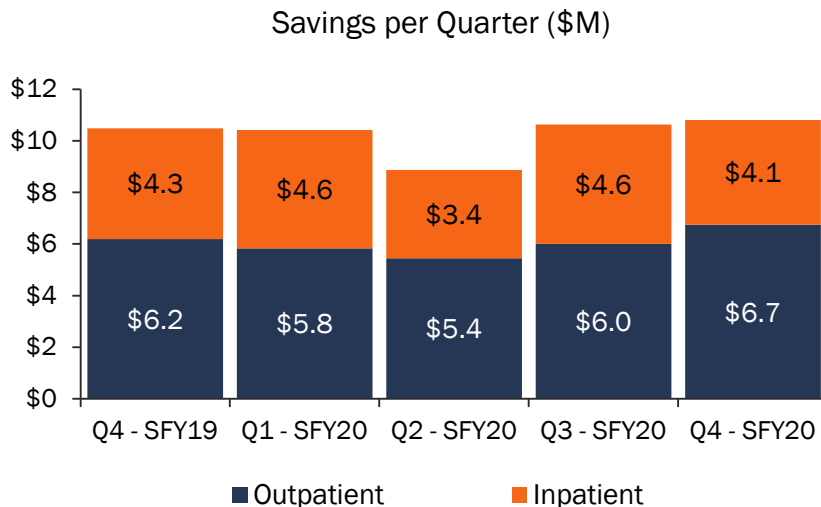
Behavioral Health (BH)

Savings Overview

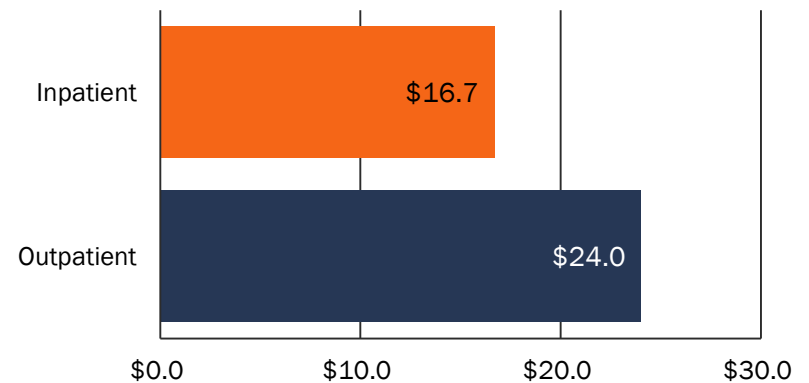


Due to the vast majority of Inpatient and Outpatient BH users transitioning over to the PASSEs, starting in Q1 - SFY 2020 the Scorecard will only measure savings on Non-PASSE users of Inpatient and Outpatient BH services.

As a result, the totals shown on page 29 and 30 reflect those of Non-PASSE users.



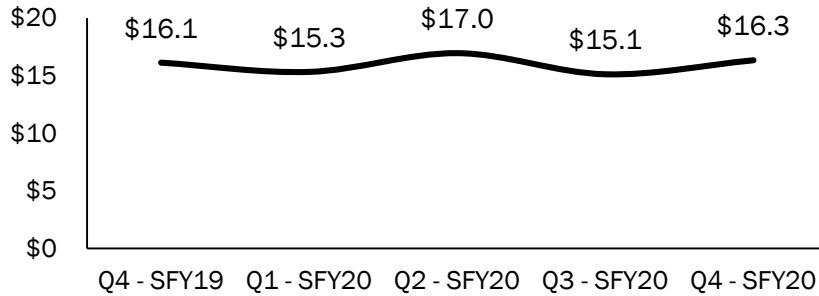
Q1 - Q4 SFY 2020 Cumulative Savings (\$M)



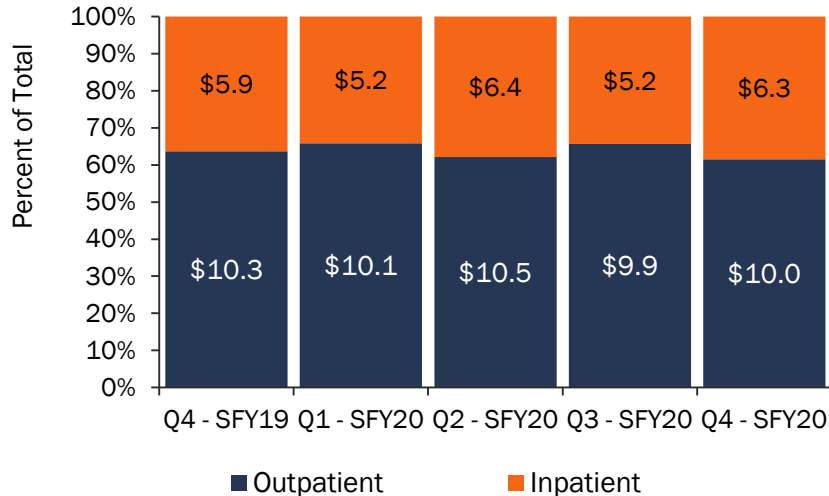
Behavioral Health (BH)

Spending Overview

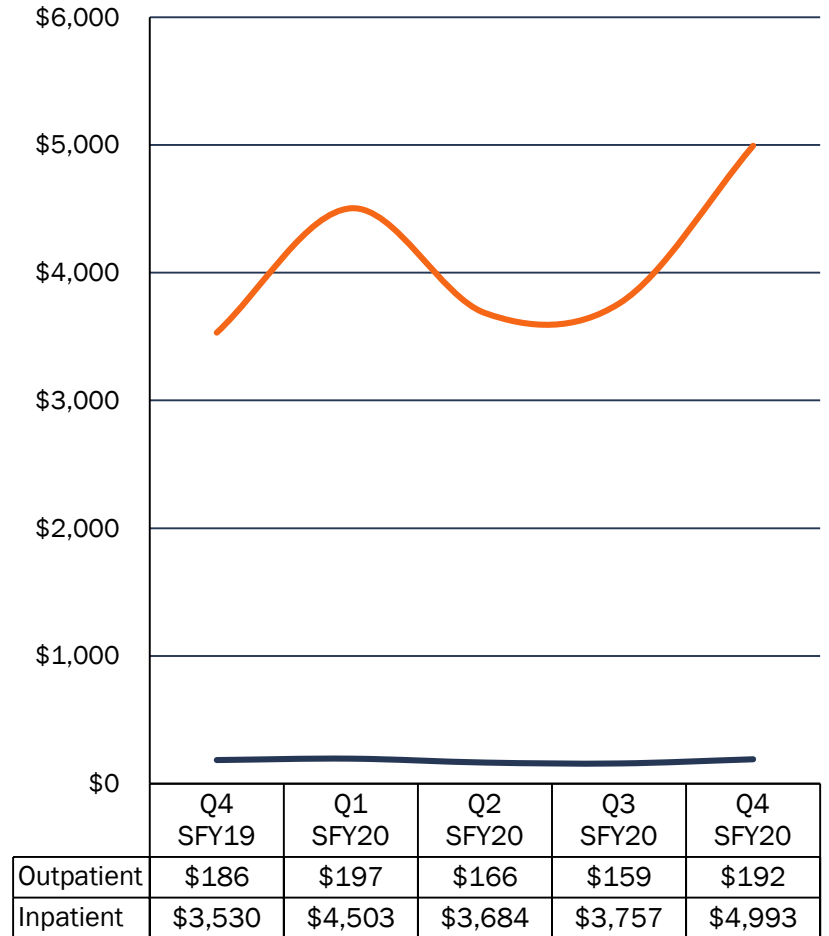
Spending (\$M)



Spending by Program (\$M)



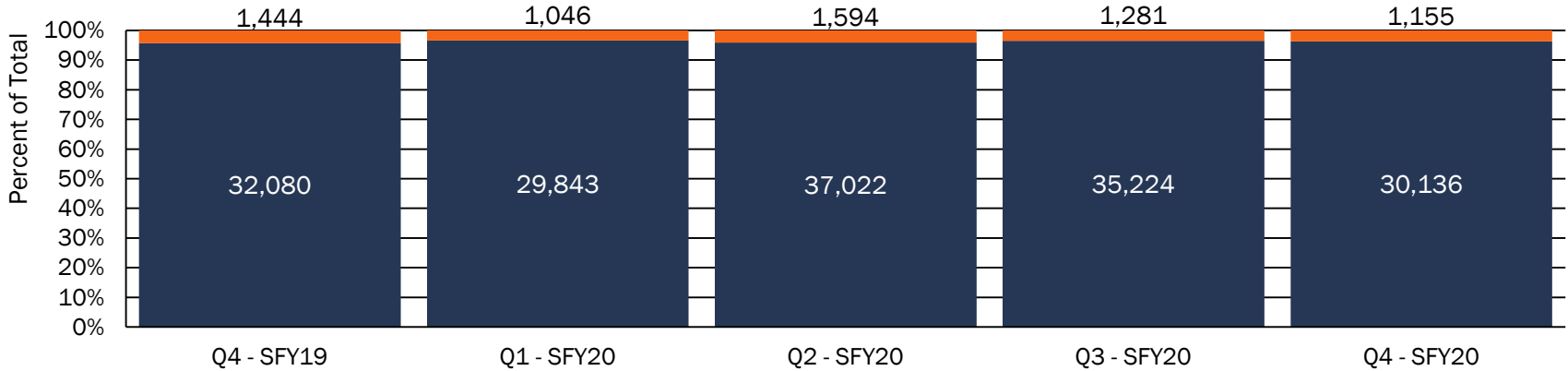
Per User Per Month by Program



Behavioral Health (BH)

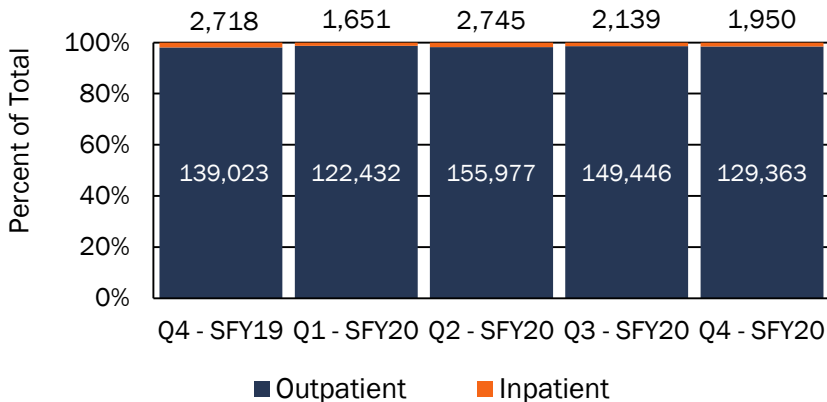
Program Overview

Users by Program

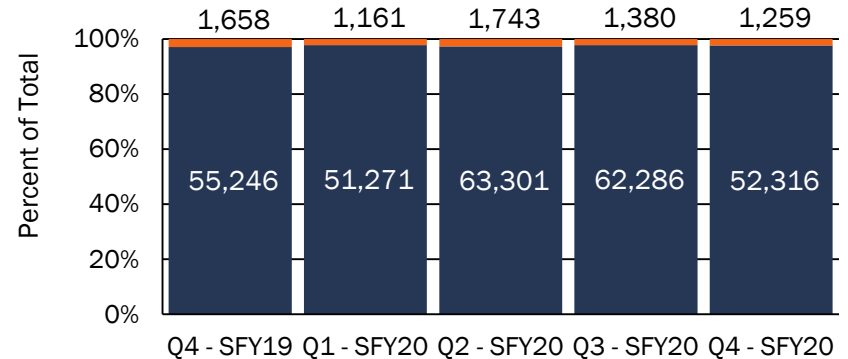


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Claims by Program

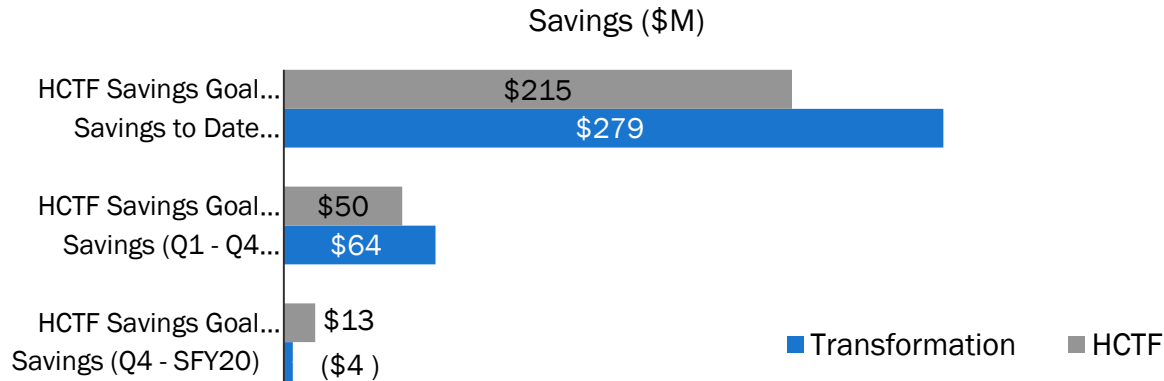


Users Months by Program

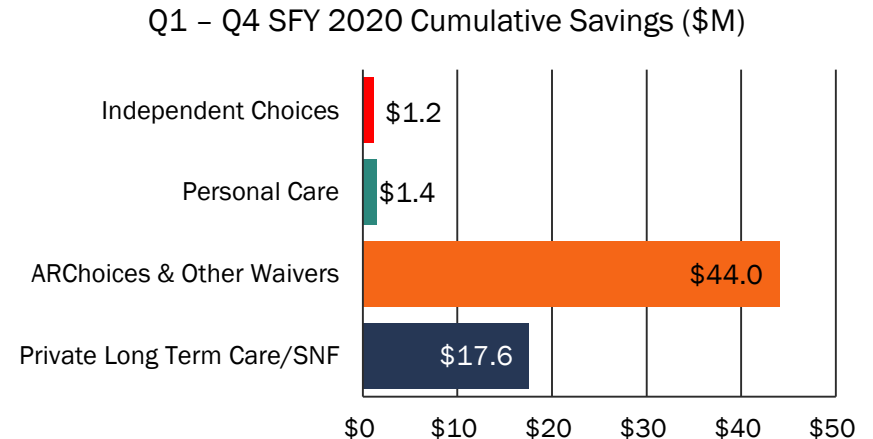
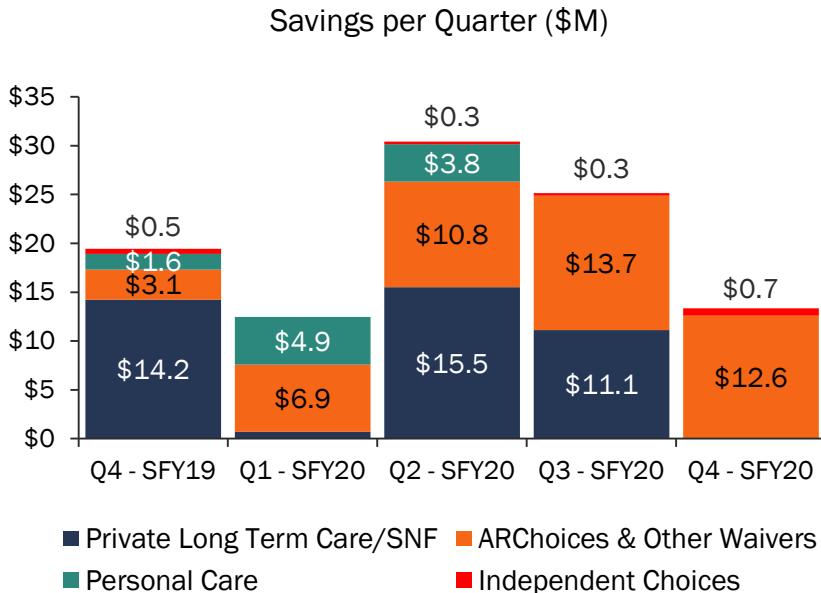


Long Term Services and Supports (LTSS)

Savings Overview



In Q4 - SFY 2020, Personal Care and Private SNFs were over their savings targets by \$7.2M and \$9.8M respectively as a result of COVID-19 Direct Care payments to their respective workers.



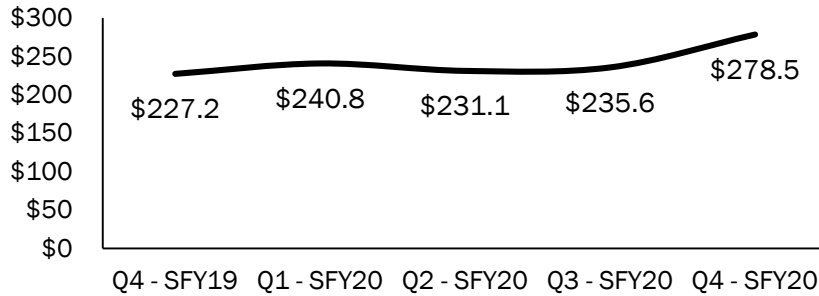
Note(s): (1) In Q1 - SFY 2020, Independent Choices was over their savings target by \$116K
 (2) In Q3 - SFY 2020, Personal Care was over their savings target by \$25K
 (3) In Q4 - SFY 2020, Personal Care and Private SNFs were over their savings targets by \$7.2M and \$9.8M respectively



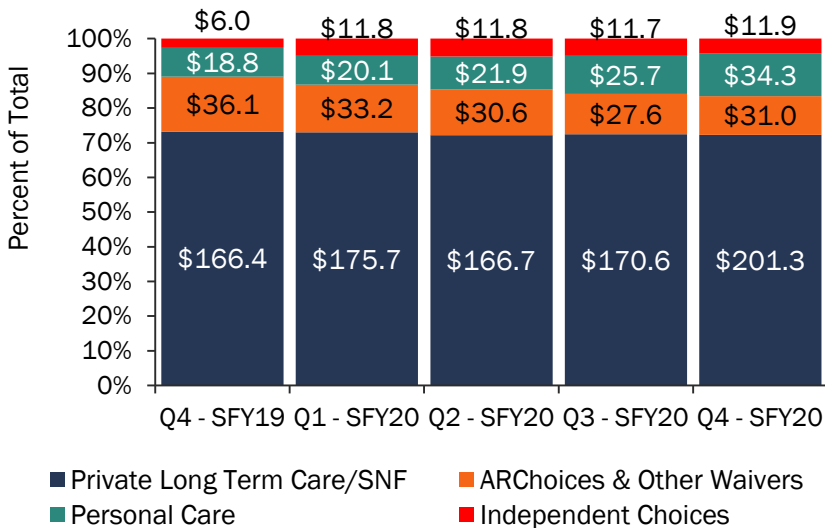
Long Term Services and Supports (LTSS)

Spending Overview

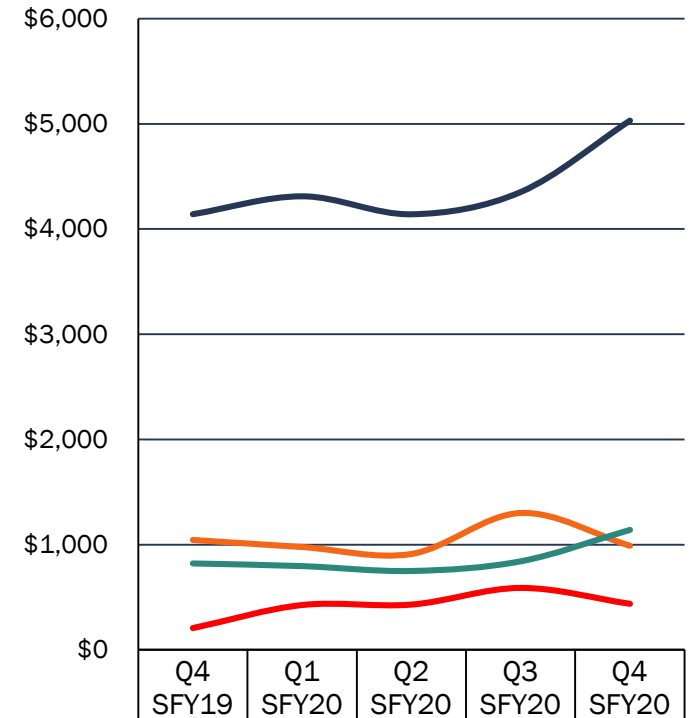
Spending (\$M)



Spending by Program (\$M)



Per User Per Month by Program

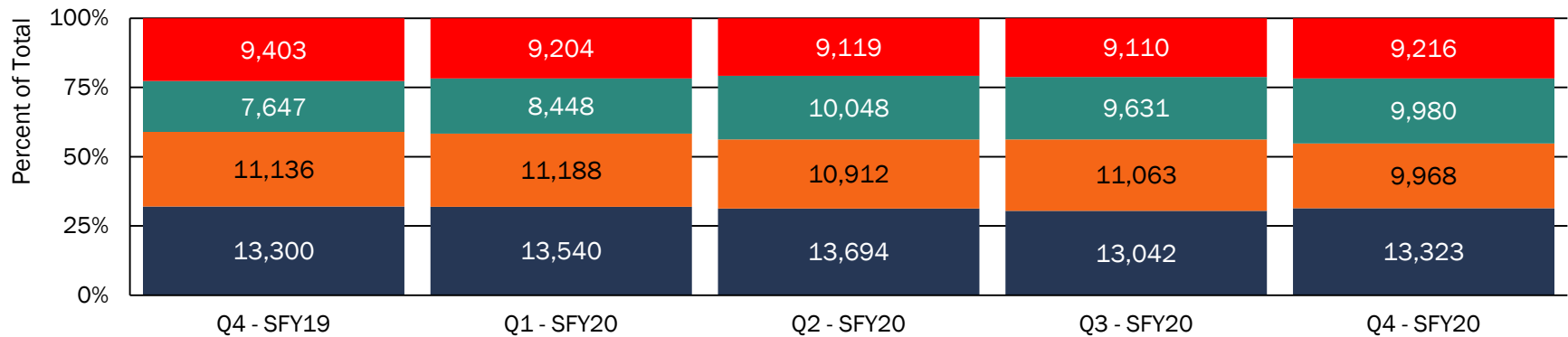


	Q4 SFY19	Q1 SFY20	Q2 SFY20	Q3 SFY20	Q4 SFY20
Private Long Term Care/SNF	\$4,141	\$4,311	\$4,140	\$4,352	\$5,030
ARChoices & Other Waivers	\$1,045	\$978	\$912	\$1,301	\$990
Personal Care	\$820	\$795	\$748	\$841	\$1,140
Independent Choices	\$205	\$425	\$429	\$588	\$436



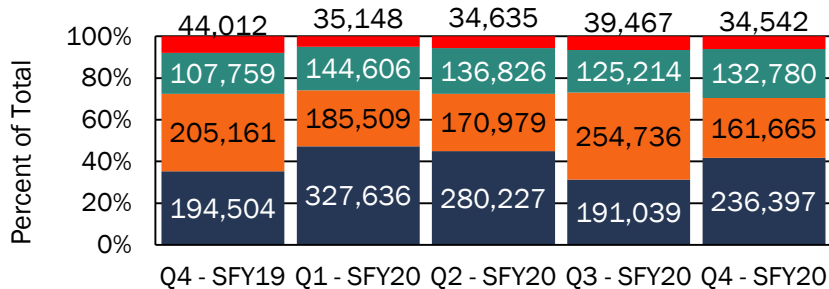
Long Term Services and Supports (LTSS) Program Overview

Users by Program

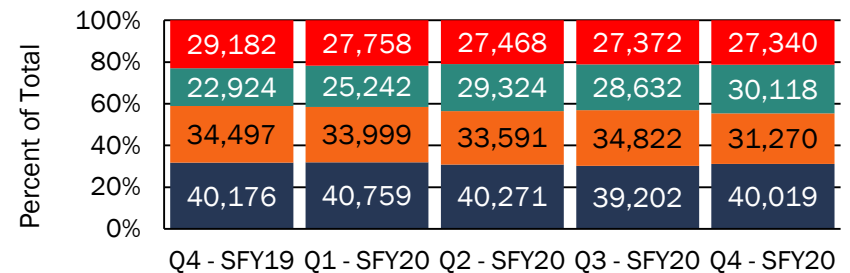


Note(s): Users are the number of people who receive services that were billed under various categories of service. Users DO NOT reflect the number of people who are enrolled in a waiver program.

Claims by Program



Users Months by Program



■ Private Long Term Care/SNF ■ ARChoices & Other Waivers
■ Personal Care ■ Independent Choices

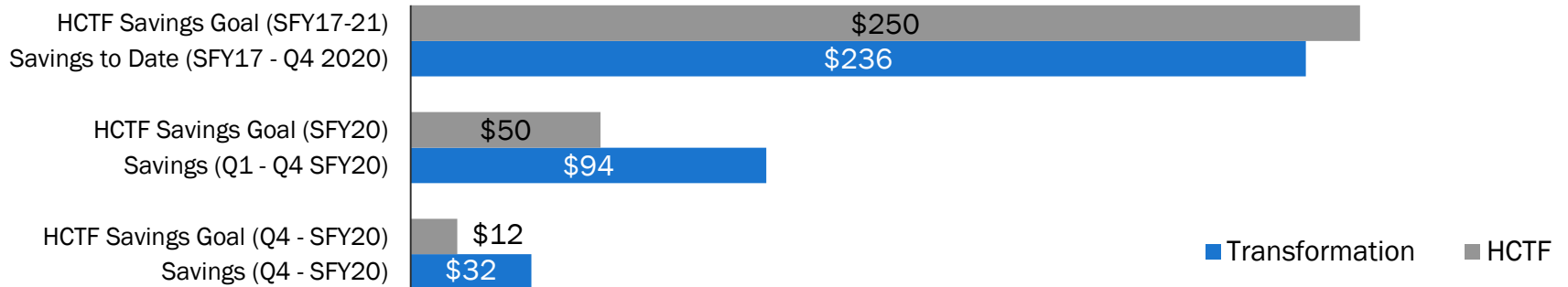
Note(s): (1) During Q3 – SFY18, enrollment of new beneficiaries in ARChoices was frozen due to litigation. Regular enrollment of new beneficiaries did not resume until Q2 – SFY19.
 (2) The increase in Private Long Term Care/SNF claims in Q1 SFY19 is due to a mass adjustment of rates for those services



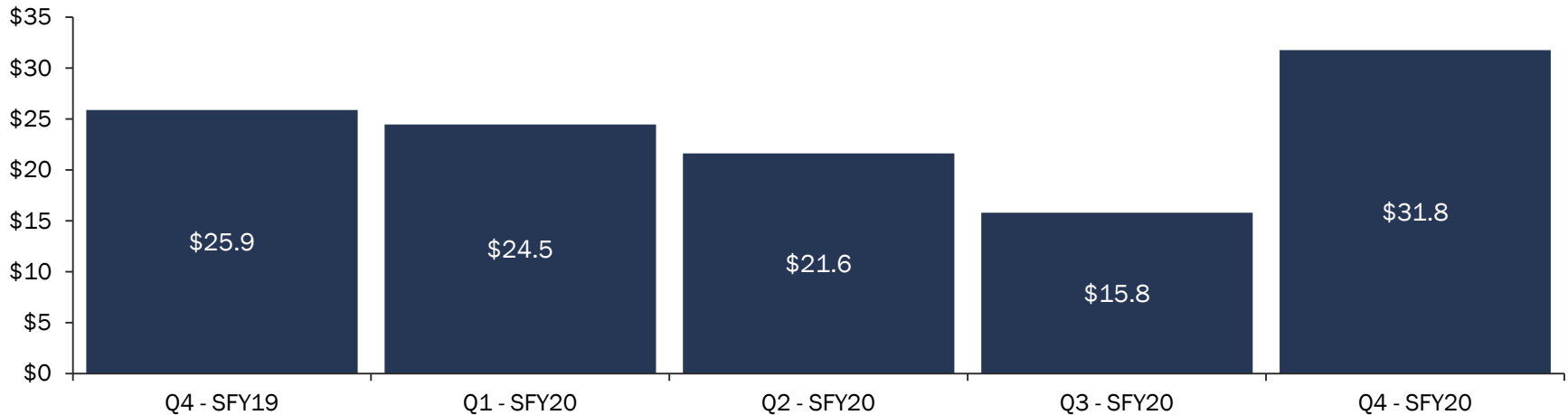
Pharmacy

Savings Overview

Savings (\$M)



Savings per Quarter (\$M)

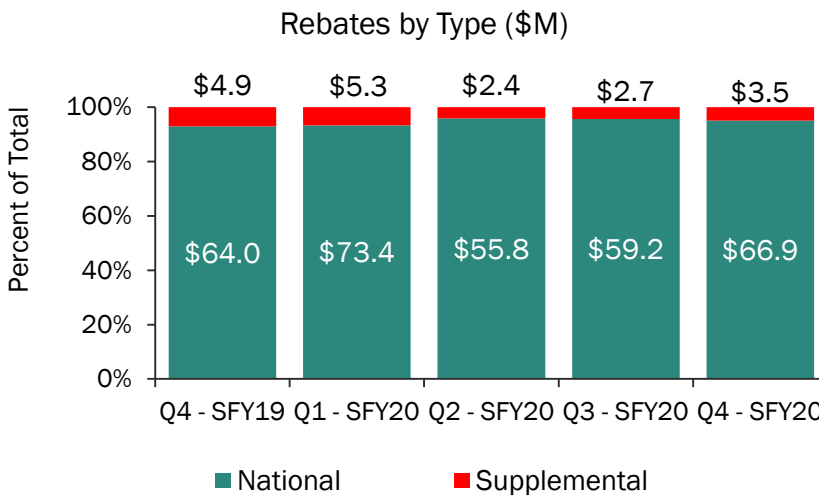
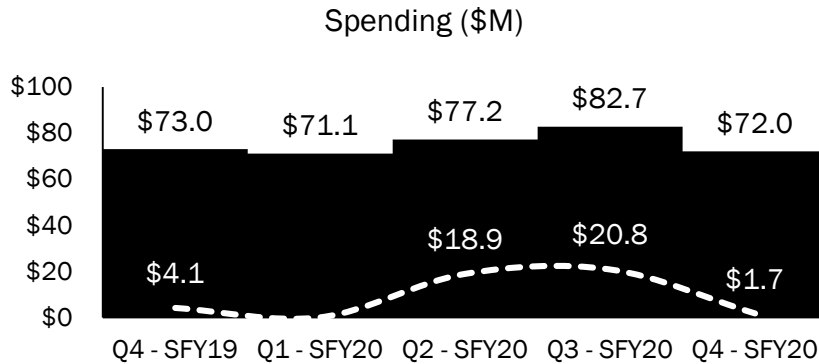


Note(s): Pharmacy savings does not factor in drug rebates. It is calculated using gross pharmacy expenditures.



Pharmacy

Spending Overview



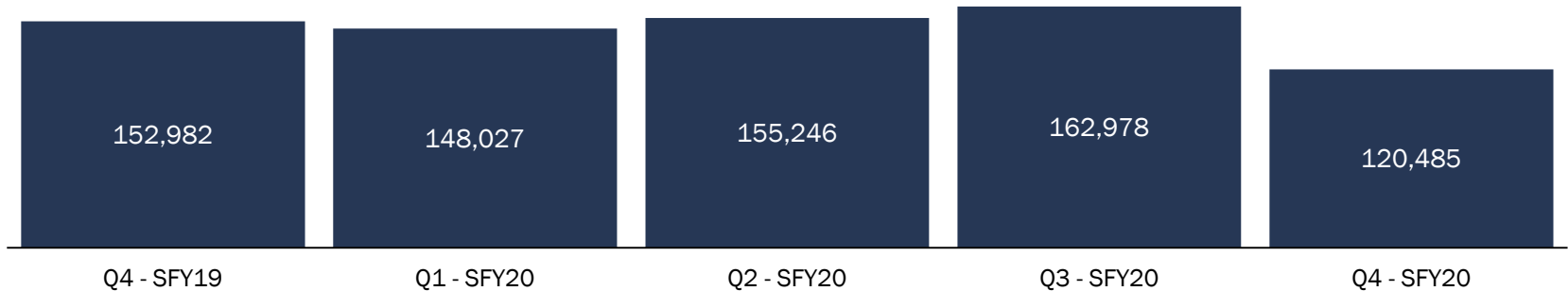
Note(s): Rebates are collected from drug manufacturers. If the cost of prescription drugs were to appropriately account for rebate, it would reduce spending by more than 50-percent. The dotted line represents spending net of rebates. In Q1 – SFY 2020 there were more drug rebates (\$78M) than actual prescription drug spending (\$71M).



Pharmacy

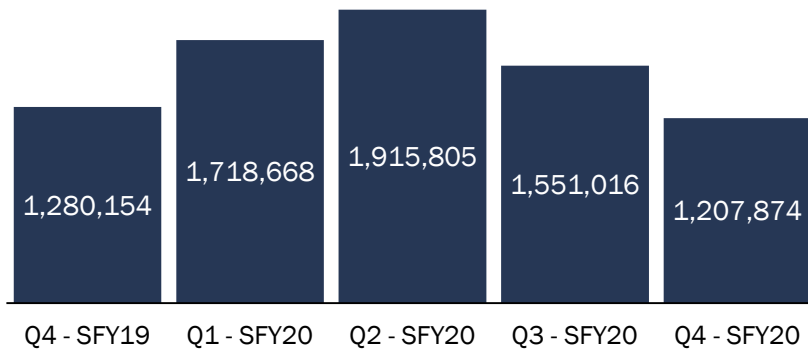
Program Overview

Users by Program

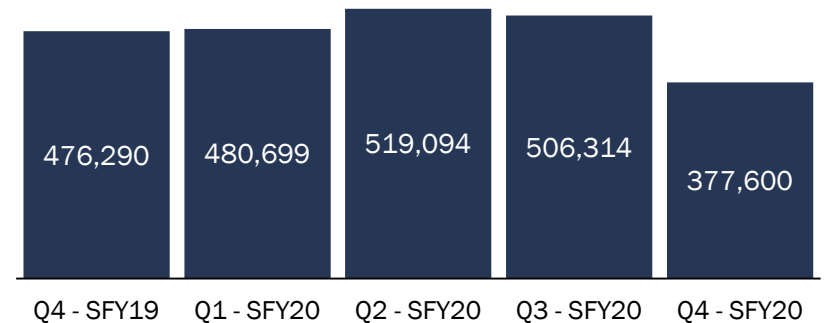


Note(s): Users are the number of people who receive services that were billed under various categories of service. Users DO NOT reflect the number of people who are enrolled in a waiver program.

Claims by Program

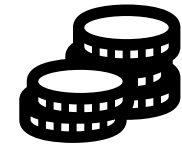
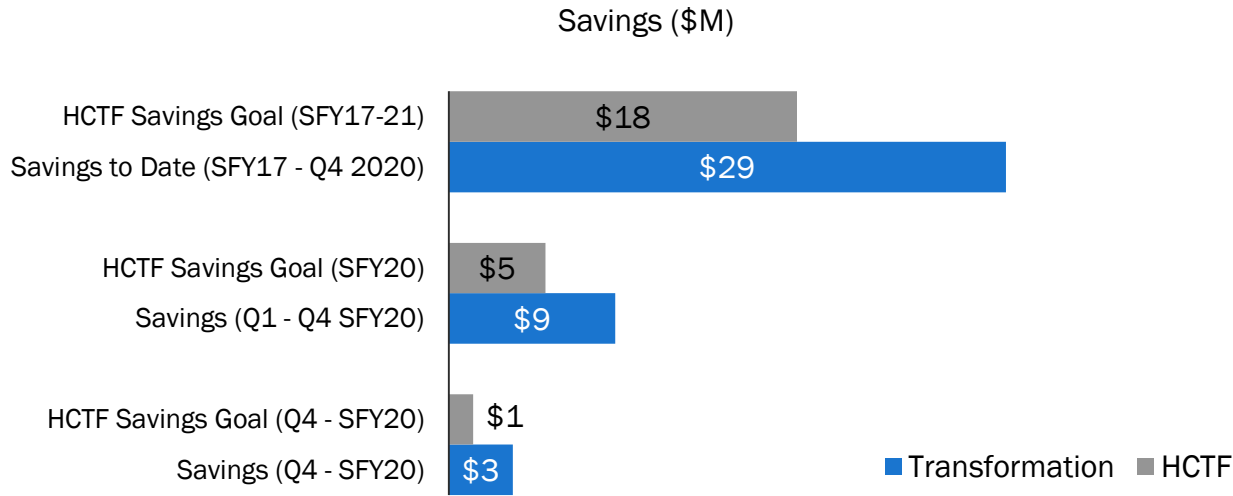


Users Months by Program



Dental

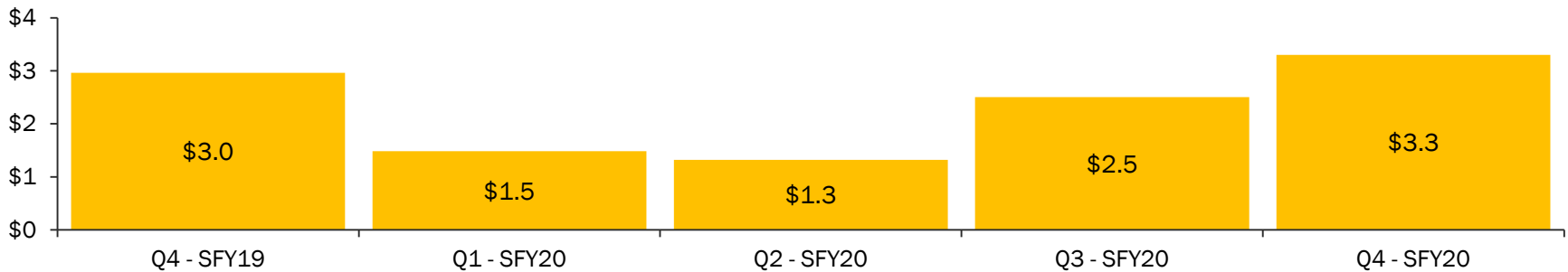
Savings Overview



\$1.8M

Premium Taxes paid by Dental MCOs in Q1 - Q3 of SFY 2020

Savings per Quarter (\$M)



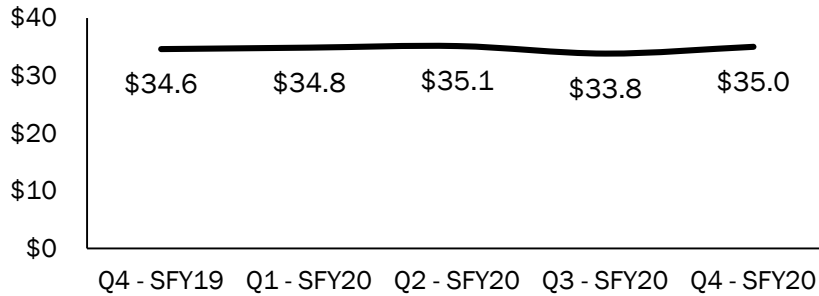
Note(s): The Arkansas Insurance Department (AID) collects premium taxes on Dental Managed Care and PASSE organizations 45 days following the end of the quarter. As a result, the scorecard can only report the previous quarter's premium tax payments.



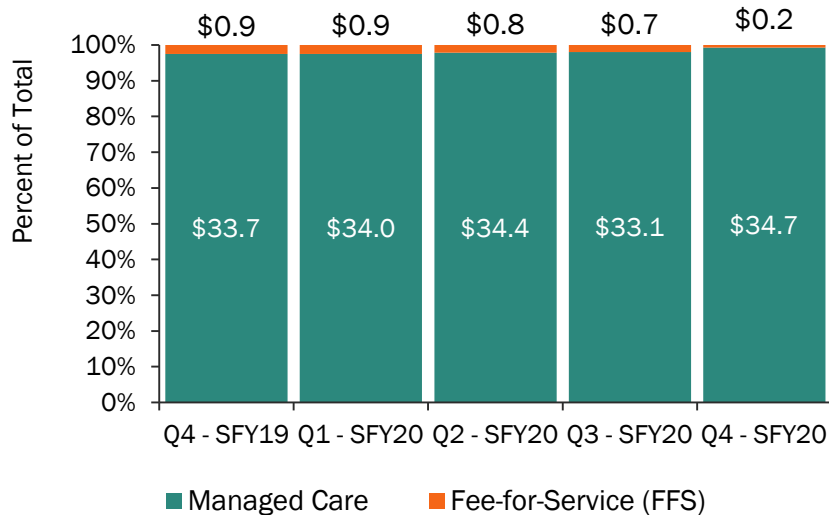
Dental

Spending Overview

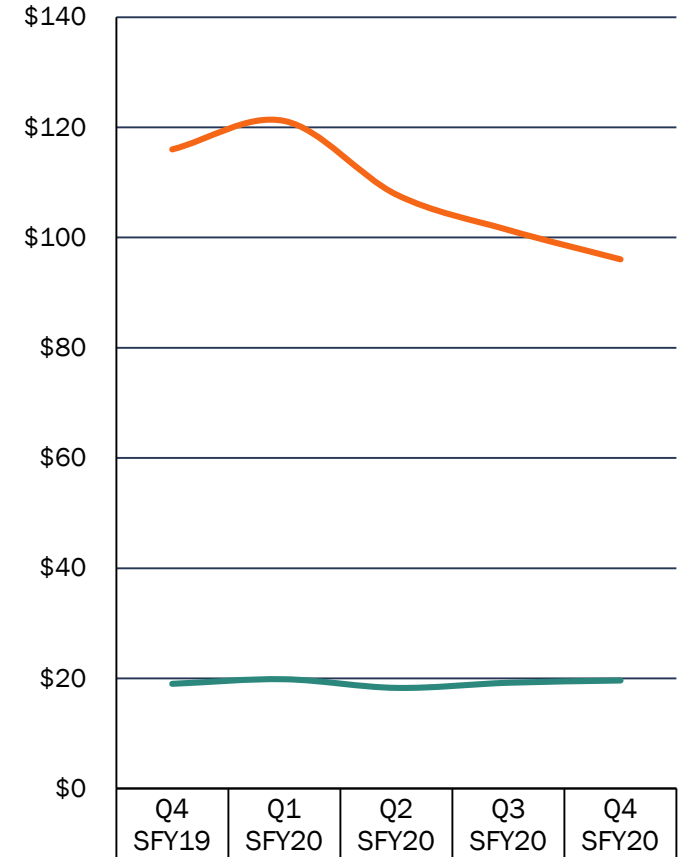
Spending (\$M)



Spending by Program (\$M)



Per User Per Month by Program



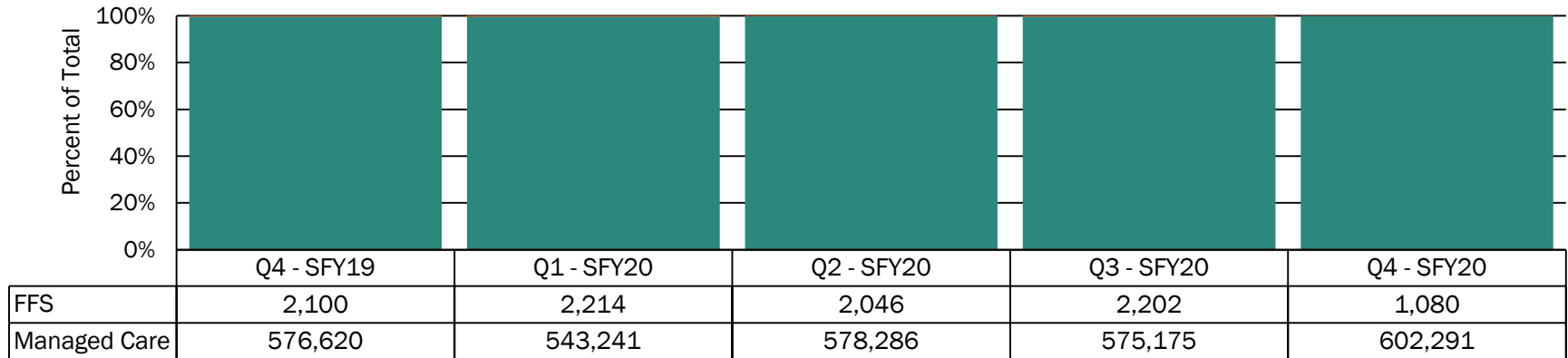
	Q4 SFY19	Q1 SFY20	Q2 SFY20	Q3 SFY20	Q4 SFY20
Managed Care	\$19	\$20	\$18	\$19	\$20
Fee-for-Service (FFS)	\$116	\$121	\$108	\$101	\$96



Dental

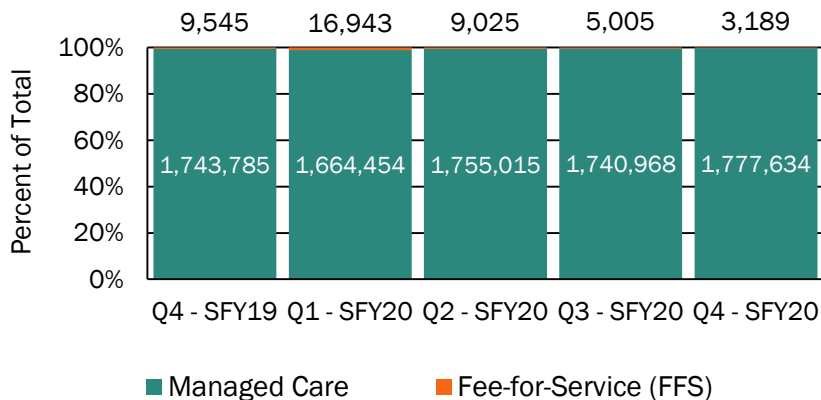
Program Overview

Users by Program

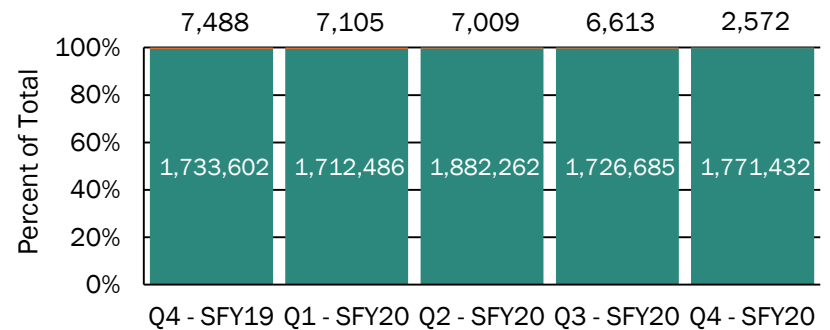


Note(s): Users are the number of people who receive services that were billed under various categories of service. Users DO NOT reflect the number of people who are enrolled in a waiver program.

Claims by Program



Users Months by Program

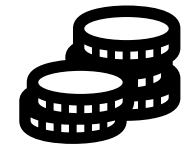
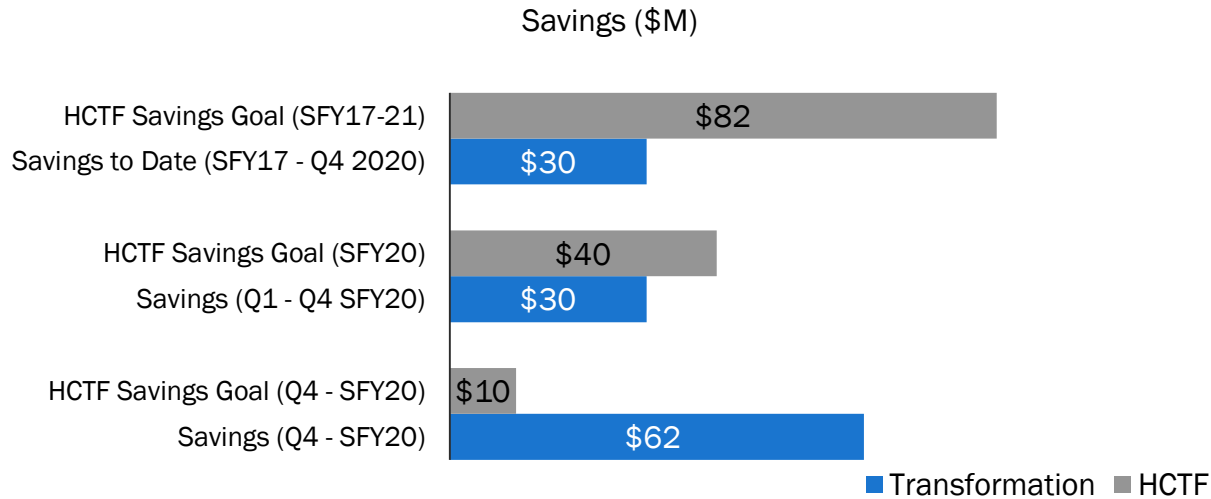


SECTION IV

Provider-led Arkansas Shared Savings Entity (PASSE)

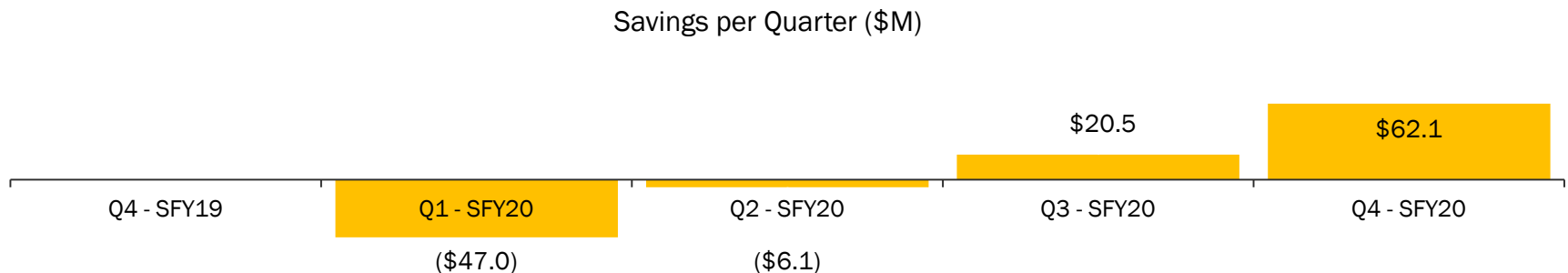
Provider-Led (PASSE)

Savings Overview



\$28.5M

Premium Taxes paid by the PASSEs in Q1 - Q3 of SFY 2020



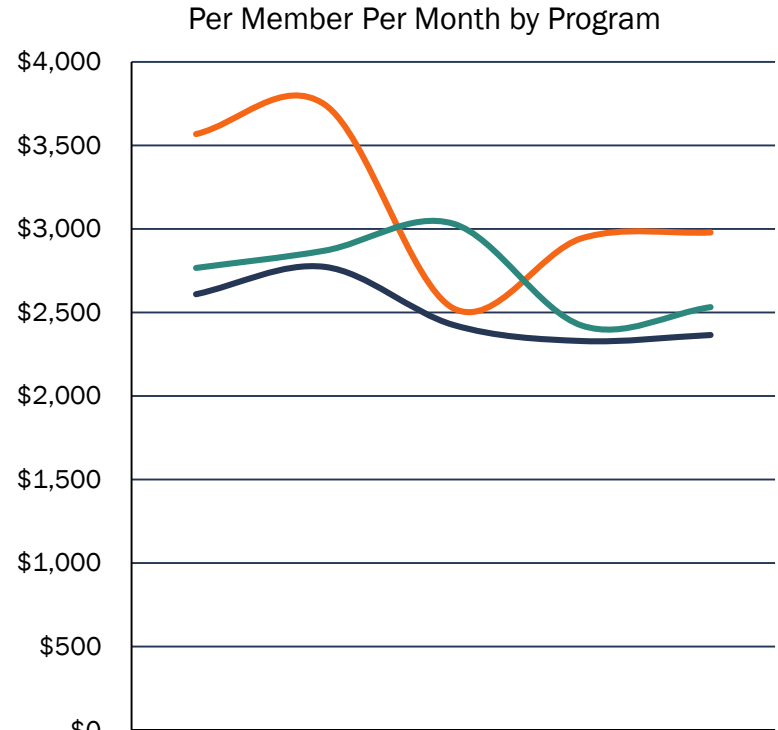
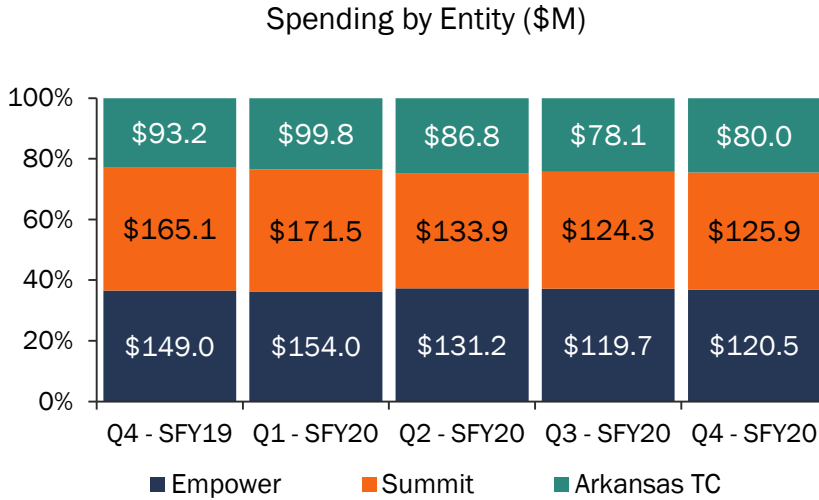
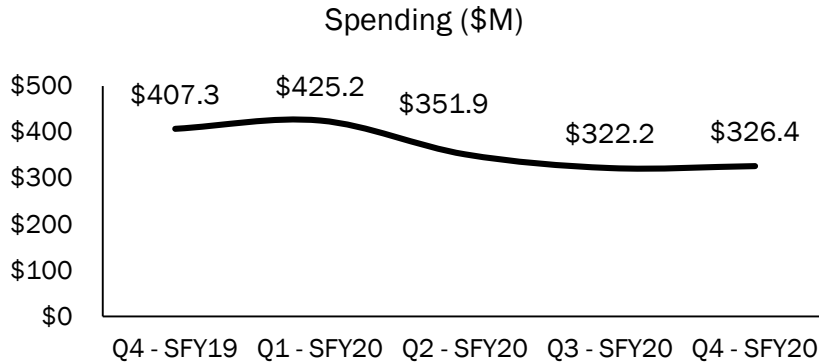
Note(s): (1) See page 13 for how PASSE savings is calculated.

(2) The Arkansas Insurance Department (AID) collects premium taxes on Dental Managed Care and PASSE organizations 45 days following the end of the quarter. As a result, the scorecard can only report the previous quarter's premium tax payments.



Provider-Led (PASSE)

Spending Overview



	Q4 SFY19	Q1 SFY20	Q2 SFY20	Q3 SFY20	Q4 SFY20
Empower	\$2,609	\$2,773	\$2,425	\$2,329	\$2,365
Summit	\$3,567	\$3,744	\$2,526	\$2,944	\$2,979
Arkansas TC	\$2,766	\$2,869	\$3,031	\$2,421	\$2,532

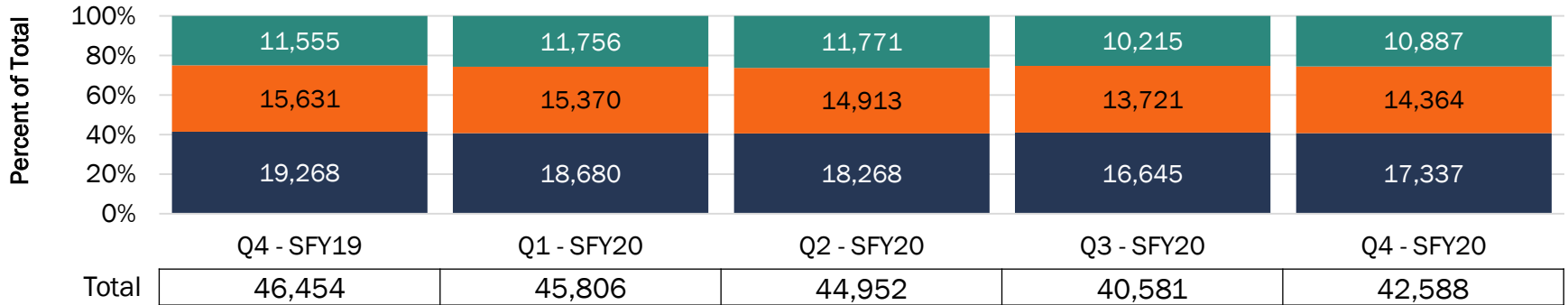
Note(s): (1) PASSEs assumed full-risk (Phase II) on March 1, 2019.



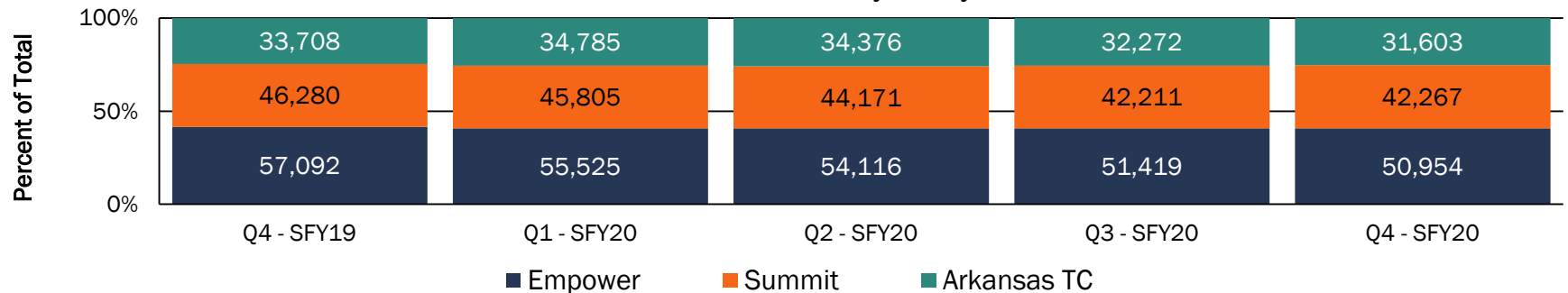
Provider-Led (PASSE)

Program Overview

PASSE Enrollment by Quarter



Member Months by Entity



Note(s): (1) This point-in-time report was run on Jul. 10, 2019. Enrollment for each quarter is counted on the last day of each month and DOES NOT include retro-active eligibility for each month and as a result do not change Scorecard to Scorecard.
 (2) PASSEs assumed full-risk (Phase II) on March 1, 2019.



APPENDIX

Detailed Spending by State Fiscal Quarter

Developmentally Disabled (DD)

SFY 2019-20

Spending & Savings by Year & Program Dollars in Millions (\$M)	Q4 – SFY19 Actual	Q1 – SFY20 Actual	Q2 – SFY20 Actual	Q3 – SFY20 Actual	Q4 – SFY20 HCTF Topline (5% Annual Increase)	Q4 – SFY20 Actual	Q4 – SFY20 Savings / (Cost)
Therapy Caps	\$46.4	\$38.6	\$47.8	\$44.8	\$48.9	\$27.5	\$21.4
Day Treatment (EIDT/ADDT)	\$70.0	\$44.4	\$46.5	\$49.8	\$54.1	\$39.8	\$14.3
Total DD	\$116.5	\$83.0	\$94.3	\$94.6	\$103.0	\$67.3	\$35.7

Note(s): The vast majority of ICF and DD Waiver (Autism and CES) users have transitioned over to the PASSEs. As a result, the Scorecard will only measure savings on Therapy Caps and EIDT/ADDT going forward.



Behavioral Health (BH)

SFY 2019-20

Spending & Savings by Year & Program Dollars in Millions (\$M)	Q4 – SFY19 Actual	Q1 – SFY20 Actual	Q2 – SFY20 Actual	Q3 – SFY20 Actual	Q4 – SFY20 HCTF Topline (5% Annual Increase)	Q4 – SFY20 Actual	Q4 – SFY20 Savings / (Cost)
Inpatient	\$5.9	\$5.2	\$6.4	\$5.2	\$10.3	\$6.3	\$4.1
Outpatient	\$10.3	\$10.1	\$10.5	\$9.9	\$16.8	\$10.0	\$6.7
Total BH	\$16.1	\$15.3	\$17.0	\$15.1	\$27.1	\$16.3	\$10.8

Note(s): Due to the vast majority of Inpatient and Outpatient BH users transitioning over to the PASSE, the Scorecard will only measure savings on Non-PASSE users of Inpatient and Outpatient BH services. As a result, the totals shown above reflect those of Non-PASSE users.



Long Term Services and Supports (LTSS)

SFY 2019-20

Spending & Savings by Year & Program Dollars in Millions (\$M)	Q4 – SFY19 Actual	Q1 – SFY20 Actual	Q2 – SFY20 Actual	Q3 – SFY20 Actual	Q4 – SFY20 HCTF Topline (5% Annual Increase)	Q4 – SFY20 Actual	Q4 – SFY20 Savings / (Cost)
Independent Choices	\$6.0	\$11.8	\$11.8	\$11.7	\$12.7	\$11.9	\$0.7
Personal Care	\$18.8	\$20.1	\$21.9	\$25.7	\$27.1	\$34.3	(\$7.2)
ARChoices & Other Waivers	\$36.1	\$33.2	\$30.6	\$27.6	\$43.5	\$31.0	\$12.6
Private Long Term Care / SNF	\$166.3	\$175.7	\$166.7	\$170.6	\$191.5	\$201.3	(\$9.8)
Total LTSS	\$227.1	\$240.8	\$231.1	\$235.6	\$274.8	\$278.5	(\$3.7)



Pharmacy and Dental

SFY 2019-20

Spending & Savings by Year & Program Dollars in Millions (\$M)	Q4 – SFY19 Actual	Q1 – SFY20 Actual	Q2 – SFY20 Actual	Q3 – SFY20 Actual	Q4 – SFY20 HCTF Topline (5% Annual Increase)	Q4 – SFY20 Actual	Q4 – SFY20 Savings / (Cost)
Total Pharmacy	\$73.0	\$71.1	\$77.2	\$82.7	\$103.8	\$72.0	\$31.8
Managed Care	\$33.7	\$34.0	\$34.4	\$33.1	\$37.3	\$34.7	\$2.6
Fee for Service	\$0.9	\$0.9	\$0.8	\$0.7	\$1.0	\$0.2	\$0.7
Total Dental	\$34.6	\$34.8	\$35.1	\$33.8	\$38.3	\$35.0	\$3.3



Adjusted HCTF Baseline Spending Models that includes Provider-Led Model (PASSE) starting in SFY 2020

Spending and Savings by Year & Program Dollars in Millions (\$M)	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2017-21
*HCTF Baseline, Traditional Medicaid	\$5,379	\$5,648	\$5,930	\$6,227	\$6,538	\$29,722
‡HCTF “Current Model” Spending Traditional Medicaid only	\$5,302	\$5,495	\$5,757	\$6,026	\$6,322	\$28,902
‡HCTF “Current Model” Savings	\$77	\$153	\$173	\$201	\$216	\$820
Provider-Led CCO for BH and DD “PASSE” Savings	\$0	\$0	\$0	\$40	\$42	\$82
Provider-Led CCO for BH and DD “PASSE” Premium Tax Revenue	\$0	\$0	\$0	\$56	\$58	\$114
**HCTF Fiscal Impact	\$77	\$153	\$173	\$297	\$317	\$1,017

* HCTF assumed 5% annual growth in spending

‡ HCTF “Current Model” reflects revised annual spending based on achieving annual savings targets

** HCTF assumed PASSE would not show savings until SFY21, As a result, numbers for SFY 2021 and 2022 were used for SFY 2020 and SFY 2021 respectively

