



## Office of Director

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January 30, 2018

The Honorable Asa Hutchinson  
Governor, State of Arkansas  
State Capitol, Room 250  
Little Rock, AR 72201

Dear Governor Hutchinson:

Today I am submitting to you the Department of Human Services' third Medicaid Transformation Savings Scorecard and Quarterly Report, which covers the second quarter of State Fiscal Year (SFY) 2018. As you know, the purpose of the Scorecard is to track progress towards your goal of achieving \$835 million in savings in the period SFY 2017-SFY 2021 from the traditional Medicaid baseline through the implementation of transformation efforts established by the Legislature's Health Care Task Force. I am happy to report that we remain on track to achieve that savings level through the Medicaid transformation efforts described below as well as other Medicaid reforms and are exceeding our overall savings projections to date.

In SFY 2018 Q2, \$85 million in savings from baseline is attributed to Transformation efforts. Medicaid Transformation work is being done in five high-cost spending areas: behavioral health, developmental disabilities (excluding human development centers), long-term services and supports (LTSS), pharmacy, and dental (through managed care). In addition, we also have seen a reduction in Medicaid spend of \$92 million, which is identified in the Scorecard as "non-Transformation" savings efforts.

Combining those totals with previous savings for Transformation of \$93 million for SFY 2017 and \$25 million for SFY 2018 Q1 brings the total Transformation savings-to-date to \$203 million. Non-Transformation savings for SFY 2017 was \$82 million and \$28 million for SFY 2018 Q1. Adding that to the \$92 million in savings for SFY 2018 Q2 brings the total non-Transformation savings-to-date to \$202 million. Savings-to-date for both Transformation and non-Transformation efforts is \$405 million. As the fiscal year continues and we implement additional Transformation components, such as Independent Assessments, we expect to see larger savings accumulate. Independent Assessments (IA) have begun for individuals in need of behavioral health services and developmental disabilities services. These screenings ensure clients get the right services to meet their needs, but nothing more or less.

DHS continues working with LTSS stakeholders to adjust the annual saving targets by year to more accurately reflect when Transformation savings are implemented over time. The overall savings target of \$250 million for LTSS will remain the same.

The Scorecard shows that Transformation and other efforts are beginning to move the Medicaid program in Arkansas on the right path, but much work remains to ensure that it is financially sustainable in the long-term so that it is there for people who truly need its services.

Sincerely,

A handwritten signature in blue ink that reads "Cindy Gillespie".

Cindy Gillespie  
DHS Director

[humanservices.arkansas.gov](http://humanservices.arkansas.gov)

Protecting the vulnerable, fostering independence and promoting better health

# Medicaid Transformation Savings Scorecard and Quarterly Report

Q2 SFY2018 Report



# Medicaid Scorecard

## December 31, 2017

**Governor and Health Care Task Force Savings Goal from SFY 2017-2021 - \$835 million**

**Savings-to-date from Medicaid Transformation efforts only:**

- \$93 million total in SFY 2017 (\$16 million over projections)
- \$110 million in the first 2 quarters of SFY 2018 (\$37 million over first two quarter projections)

Total Transformation Savings-to-date = **\$203 million of \$835 million (\$53 million more than projected)**

**Additional Non-Transformation Medicaid Savings:**

- \$82 million total in SFY 2017
- \$120 million in first 2 quarters of SFY 2018

Total Non-Transformation Savings-to-date = **\$202 million**

**Total Savings-to-date (Transformation and Non-Transformation savings)**

- \$405 million in SFY 2017 and SFY 2018 Savings-to-date

# A Three 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.”
- DHS will submit these quarterly reports to BLR on or before the thirtieth day following the end of a quarter.

# SECTION I: MEDICAID TRANSFORMATION SAVINGS SCORECARD

# HCTF Baseline Spending Models

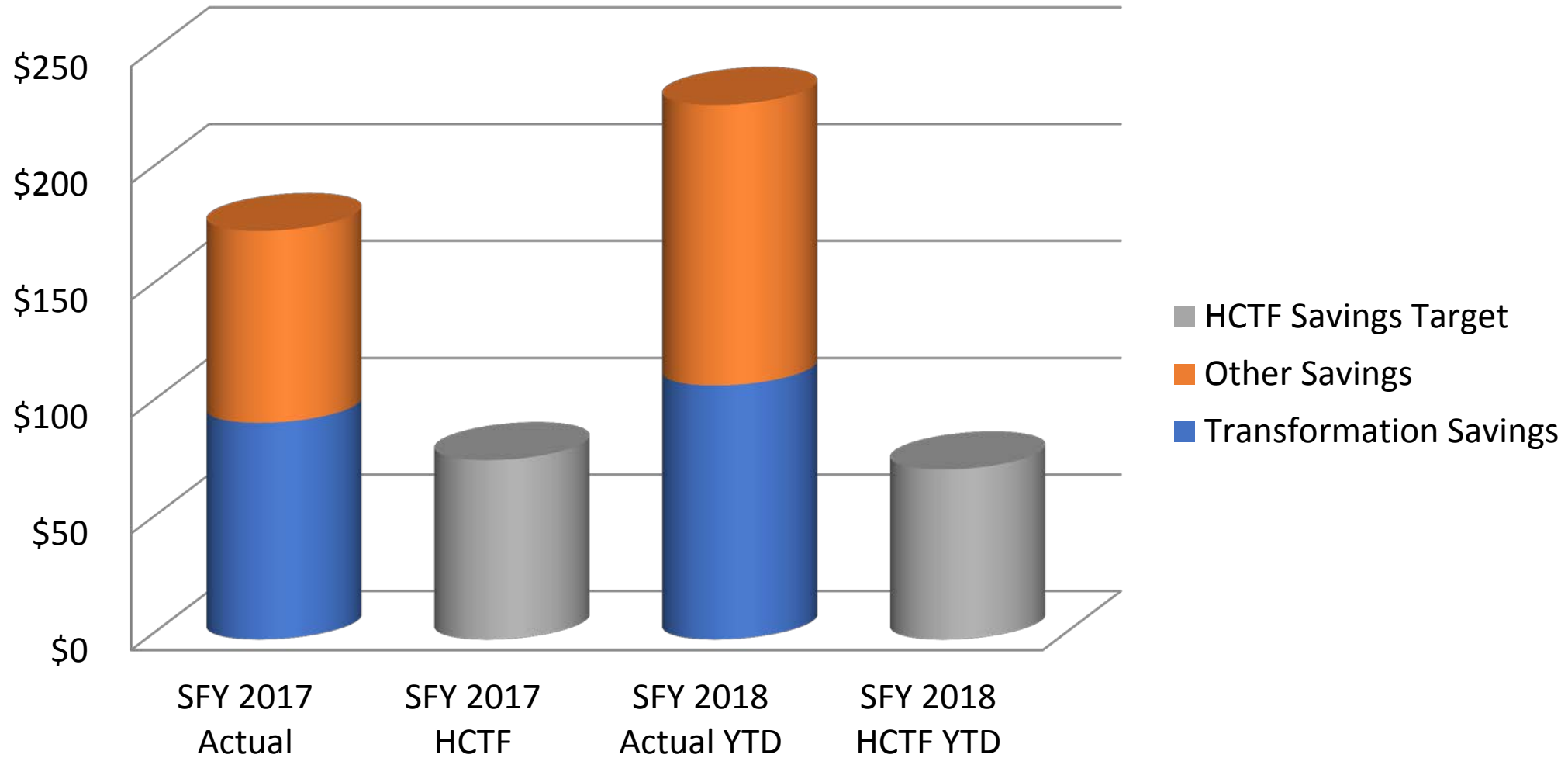
Spending by Year & Program Dollars in Millions (\$M)	SFY17	SFY18	SFY19	SFY20	SFY21	SFY17-21
*HCTF Baseline, Traditional Medicaid	\$5,379	\$5,648	\$5,930	\$6,227	\$6,538	\$29,722
‡HCTF “Current Model” Spending Traditional Medicaid only	\$5,302	\$5,495	\$5,757	\$6,026	\$6,322	\$28,902
‡HCTF “Current Model” Net Fiscal Impact of Reforms	(\$77)	(\$153)	(\$173)	(\$201)	(\$216)	(\$820)
‡HCTF “Current Model” with Provider-led	\$5,302	\$5,495	\$5,757	\$6,026	\$6,227	\$28,806
**HCTF Net Fiscal Impact of “Current Model” with Provider-led	(\$77)	(\$153)	(\$173)	(\$201)	(\$311)	(\$916)

\* HCTF assumed 5% annual growth in spending

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

\*\* HCTF assumed Provider-Led would not show savings until SFY21

# Actual Savings vs HCTF Savings Targets (\$M) Per SFY





# Traditional Medicaid Scorecard by Quarter (SFY 2018)

Savings By Quarter (\$M)										
Division/ Reform	Projected SFY17 Savings	Actual SFY 17 Savings	HCTF Projected SFY 18 Savings	SFY 18 Q1	SFY 18 Q2	SFY 18 Q3	SFY 18 Q4	Actual SFY 18 Savings Y-T-D	SFY 18 Remaining from Projected	Total Savings (SFY 17-18)
Total HCTF Projected Savings	\$77		\$153	\$35	\$38	\$39	\$41			\$230 (2017-18 Total HCTF Projected Savings)
DD	\$0	\$16	\$32	\$7	\$24	\$0	\$0	\$31	\$1 under	\$47
BH	\$12	\$25	\$15	\$4	\$14	\$0	\$0	\$18	\$3 over	\$43
LTSS MOU	\$15	\$2	\$50	\$10	\$35	\$0	\$0	\$45	\$5 under	\$47
Pharmacy	\$50	\$50*	\$50	\$4	\$13	\$0	\$0	\$17	\$33 under	\$67
Dental†	\$0	\$0	\$6	\$0	\$0	\$0	\$0	\$0	\$6 under	\$0
Transformation	\$77	\$93	\$153	\$25	\$85	\$0	\$0	\$110	\$43 under	\$203
Non-Transformation	\$0	\$82	\$0	\$28	\$92	\$0	\$0	\$120	\$120 over	\$202
<b>Total</b>	<b>\$77</b>	<b>\$175</b>	<b>\$153</b>	<b>\$53</b>	<b>\$177</b>	<b>\$0</b>	<b>\$0</b>	<b>\$230</b>	<b>\$77 over</b>	<b>\$405</b>

**Note(s):** Savings will occur at various times due to divisions implementing new codes on different schedules.

Due to rounding, numbers presented in this chart may not add up precisely to totals provided in the previous page.

† Dental will not see savings until Q4 of SFY 2018

\* Pharmacy achieved \$50 million in savings from Fee-for-service; half was credited to Arkansas Works non-QHP beneficiaries in FFS; half to traditional Medicaid Beneficiaries

# HCTF Baseline for Net Savings in Targeted Areas

"Current Model" Savings and Costs by Year & Program Dollars in Millions (\$M)	SFY17	SFY18	SFY19	SFY20	SFY21	SFY17-21
DD Savings – Therapy Caps	\$0	\$18	\$18	\$18	\$18	\$72
DD Savings – Changes to CHMS and DDTCS	\$0	\$14	\$14	\$14	\$14	\$56
DD Savings – Independent Assessment & Tiers/Waiver Changes	\$0	\$0	\$0	\$17	\$17	\$34
DD Cost – Independent Assessment	\$0	\$0	(\$2)	(\$2)	(\$2)	(\$6)
<b>Net DD Savings</b>	<b>\$0</b>	<b>\$32</b>	<b>\$30</b>	<b>\$47</b>	<b>\$47</b>	<b>\$156</b>
BH Savings – Updated Outpatient Benefits Policy	\$12	\$16	\$33	\$33	\$33	\$127
BH Savings – Inpatient	\$0	\$15	\$25	\$35	\$50	\$125
BH Cost – Independent Assessment	\$0	(\$1)	(\$2)	(\$2)	(\$2)	(\$7)
BH Cost – Care Coordination	\$0	(\$15)	(\$21)	(\$21)	(\$21)	(\$78)
<b>Net BH Savings</b>	<b>\$12</b>	<b>\$15</b>	<b>\$35</b>	<b>\$45</b>	<b>\$60</b>	<b>\$167</b>
LTSS MOU (Note: TSG did not model; these numbers were arbitrary)	\$15	\$50	\$50	\$50	\$50	\$215
Pharmacy (These savings were for all FFS, not just Traditional)	\$50	\$50	\$50	\$50	\$50	\$250
Dental Savings – Capitated Managed Care	\$0	\$3	\$5	\$5	\$5	\$18
Dental Premium Tax	\$0	\$3	\$3	\$4	\$4	\$14
<b>Net Dental All-Funds Impact</b>	<b>\$0</b>	<b>\$6</b>	<b>\$8</b>	<b>\$9</b>	<b>\$9</b>	<b>\$32</b>
<b>Net Fiscal Impacts</b>	<b>\$77</b>	<b>\$153</b>	<b>\$173</b>	<b>\$201</b>	<b>\$216</b>	<b>\$820</b>

# Total Traditional Medicaid Spend by Quarter (SFY 2017-2018)

	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
Total Hospital/Medical Expenditures	\$954,108,685	\$1,022,367,775	\$1,013,384,069	\$918,961,780	\$1,031,614,956	\$901,981,077	(\$129,633,879)
Total Prescription Drugs Expenditures*	\$105,936,495	\$115,811,675	\$105,381,709	\$102,486,370	\$122,258,067	\$107,193,167	(\$15,064,899)
Total Long Term Care Expenditures	\$231,888,291	\$218,036,931	\$227,777,445	\$226,564,860	\$256,432,577	\$224,295,587	(\$32,136,990)
<b>Total Traditional Medicaid</b>	<b>\$1,291,933,472</b>	<b>\$1,356,216,381</b>	<b>\$1,346,543,223</b>	<b>\$1,248,013,010</b>	<b>\$1,410,305,600</b>	<b>\$1,233,469,832</b>	<b>(\$176,835,768)</b>

\* Includes Contracts and Part D claw backs which are not part of transformation

# Medicaid Transformation Spend by Quarter (SFY 2017-18)

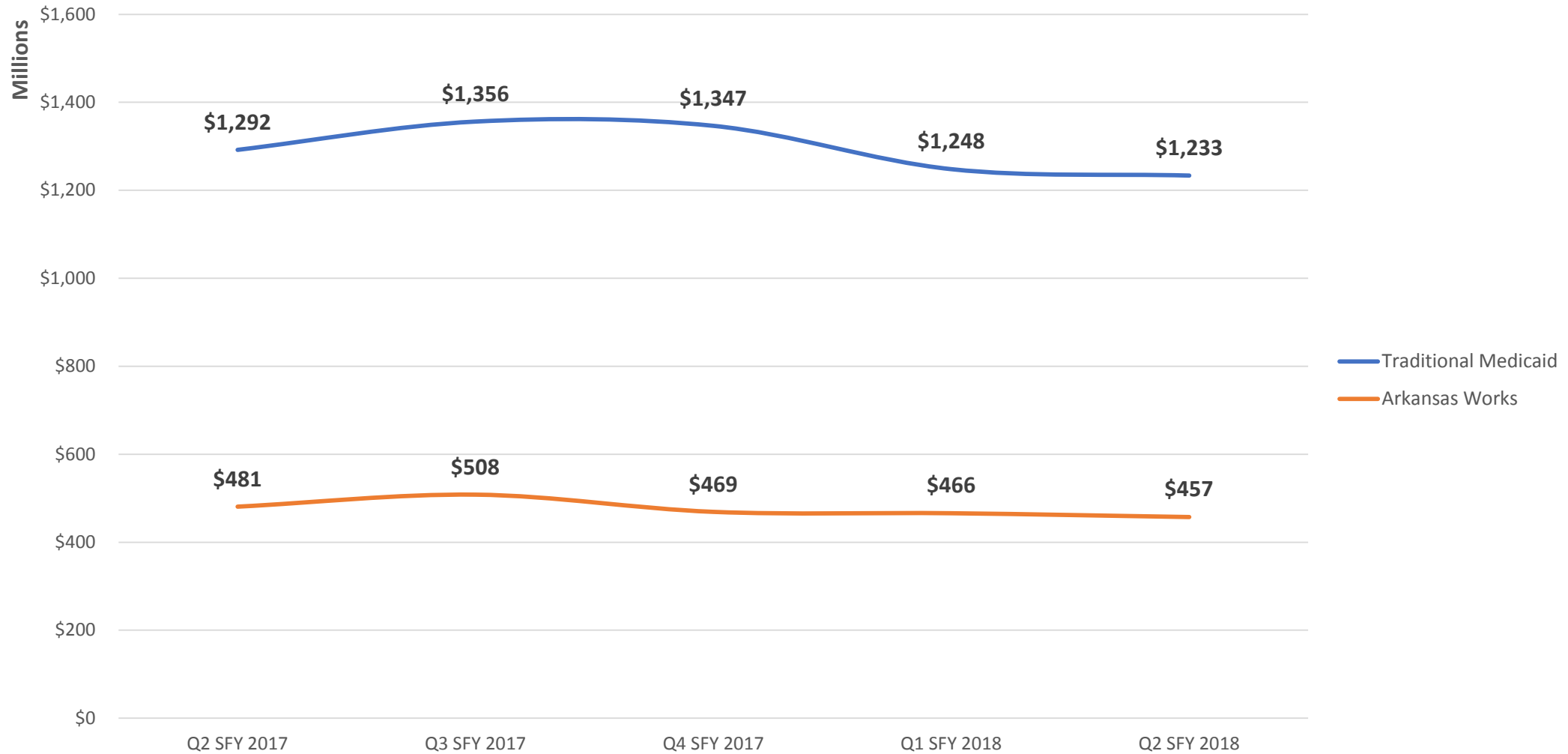
	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
Developmental Disability (DD) – Therapy Caps	\$44,098,822	\$42,015,279	\$46,121,316	\$36,774,468	\$45,586,804	\$40,036,373	(\$5,550,431)
Developmental Disability (DD) – CHMS/DDTCS	\$57,955,535	\$53,921,827	\$81,481,836	\$52,746,826	\$63,174,059	\$55,399,400	(\$7,774,659)
Developmental Disability (DD) – Waiver	\$55,708,897	\$54,789,192	\$56,858,519	\$57,781,900	\$67,722,858	\$59,330,942	(\$8,391,916)
Developmental Disability (DD) – ICF	\$12,753,794	\$12,668,555	\$21,650,545	\$12,994,028	\$14,422,225	\$12,603,098	(\$1,819,126)
<b>Total Developmental Disability (DD)</b>	<b>\$170,517,047</b>	<b>\$163,394,853</b>	<b>\$206,112,217</b>	<b>\$160,297,222</b>	<b>\$190,905,946</b>	<b>\$167,369,813</b>	<b>(\$23,536,133)</b>
Behavioral Health (BH) – Inpatient	\$31,850,012	\$31,813,568	\$33,605,963	\$30,470,002	\$33,789,828	\$29,526,576	(\$4,266,143)
Behavioral Health (BH) – Outpatient	\$71,414,944	\$69,152,811	\$73,284,001	\$67,237,368	\$75,483,050	\$65,997,900	(\$9,482,259)
<b>Total Behavioral Health (BH)</b>	<b>\$103,264,957</b>	<b>\$100,966,378</b>	<b>\$106,889,964</b>	<b>\$97,707,370</b>	<b>\$109,272,878</b>	<b>\$95,524,476</b>	<b>(\$13,748,402)</b>
LTSS MOU – Independent Choices	\$12,438,345	\$13,627,457	\$13,679,543	\$13,967,742	\$17,336,802	\$15,226,777	(\$2,110,024)
LTSS MOU – Personal Care	\$25,460,005	\$23,124,805	\$23,558,229	\$23,267,575	\$25,944,678	\$22,677,193	(\$3,267,485)
LTSS MOU – ARChoices & Other Waivers	\$31,909,883	\$32,182,565	\$32,436,127	\$33,795,006	\$38,816,178	\$33,974,829	(\$4,841,350)
LTSS MOU – Private Long Term Care / SNF	\$168,260,827	\$164,420,763	\$164,898,612	\$170,272,986	\$194,320,213	\$170,033,016	(\$24,287,197)
<b>Total LTSS MOU</b>	<b>\$238,069,061</b>	<b>\$233,355,590</b>	<b>\$234,572,511</b>	<b>\$241,303,309</b>	<b>\$276,417,871</b>	<b>\$241,911,815</b>	<b>(\$34,506,055)</b>
<b>Total Pharmacy</b>	<b>\$93,754,188</b>	<b>\$101,557,857</b>	<b>\$90,843,358</b>	<b>\$87,896,942</b>	<b>\$105,999,588</b>	<b>\$92,982,688</b>	<b>(\$13,016,900)</b>
<b>Grand Total</b>	<b>\$605,605,254</b>	<b>\$599,274,679</b>	<b>\$638,418,050</b>	<b>\$587,204,843</b>	<b>\$682,596,283</b>	<b>\$597,788,792</b>	<b>(\$84,807,491)</b>

Note(s): Further details of each section can be found in Section II; ICF Excludes HDC providers

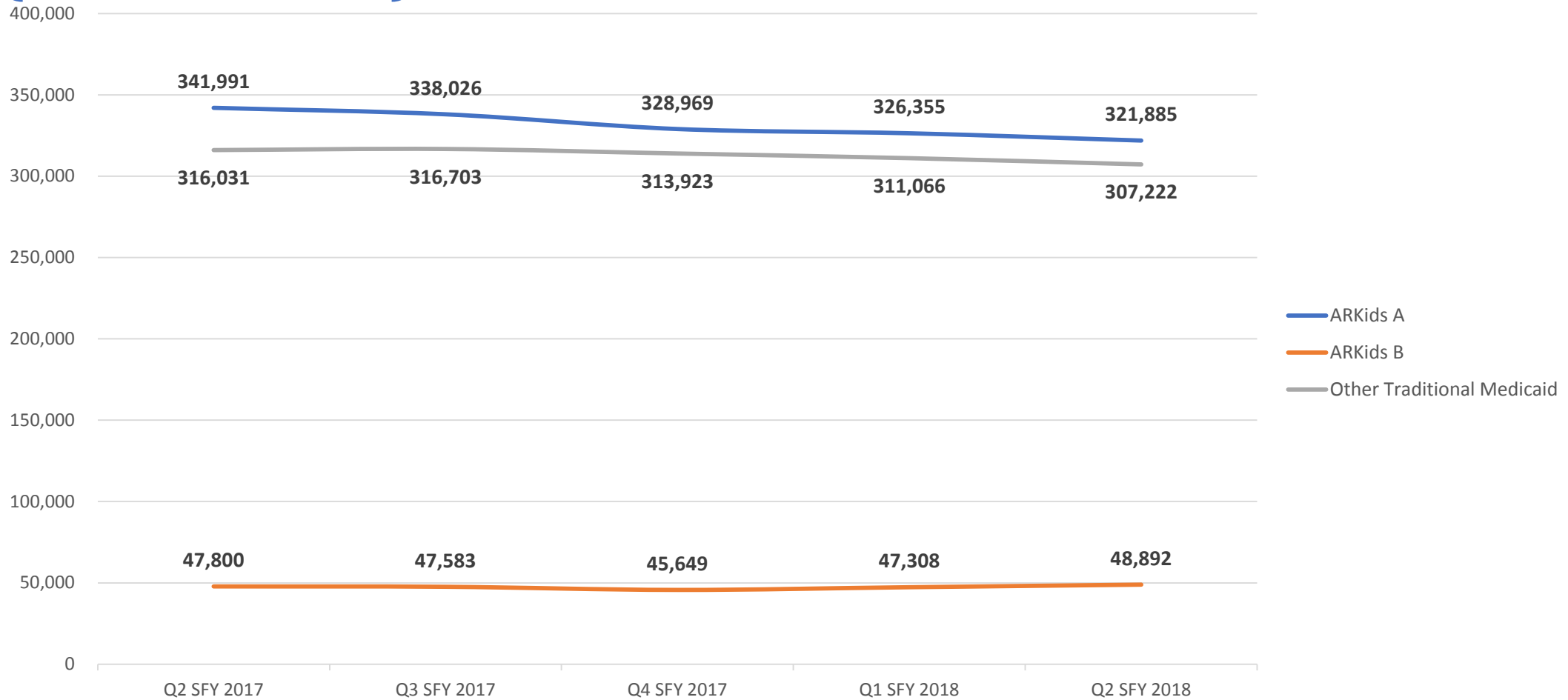
Source(s): Quarter 02 SFY 2018 Financials (5 Quarters)\_20180123

# SECTION II: ALL ARKANSAS MEDICAID ENROLLMENT AND SPENDING REPORT

# Medicaid Spend by Quarter (SFY 2017-18) (\$M)

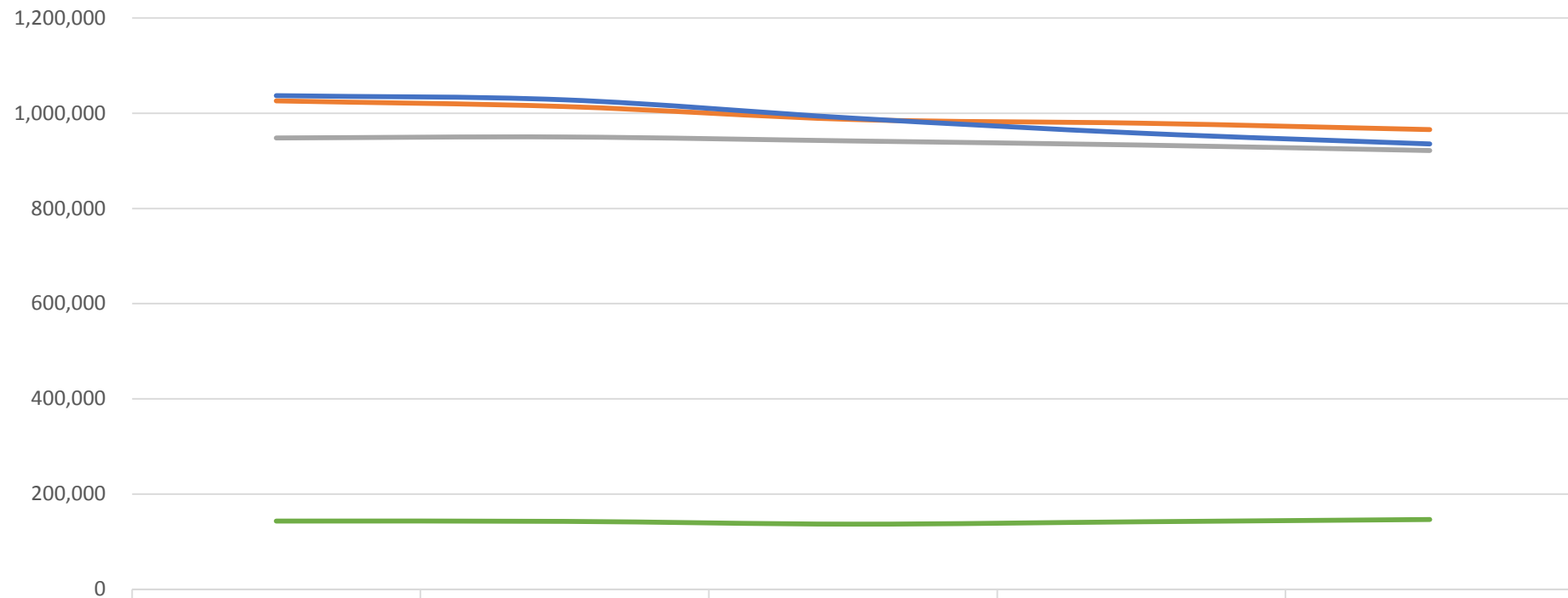


# Traditional Medicaid Enrollment by Quarter (SFY 2017-18)



Note(s): This point-in-time report was run on Jan. 23, 2018. As a result, these totals will vary from the Q1 – SFY2018 Scorecard due to retro-active eligibility

# Medicaid Enrollee Months by Quarter (SFY 2017-18)



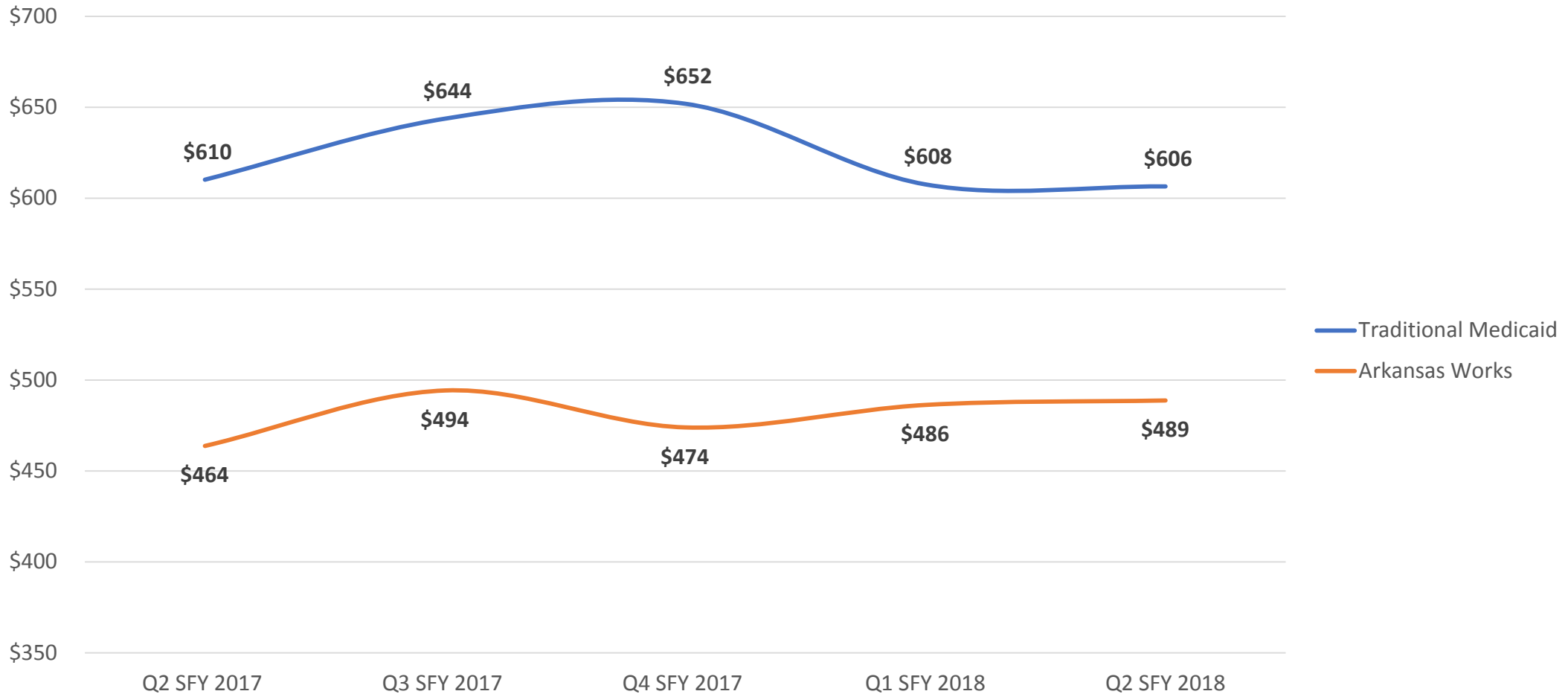
	Q2 SFY 2017	Q3 SFY 2017	Q4 SFY 2017	Q1 SFY 2018	Q2 SFY 2018
AR Kids A	1,025,974	1,014,079	986,906	979,065	965,654
AR Kids B	143,401	142,750	136,947	141,925	146,676
Other Traditional Medicaid	948,093	950,109	941,770	933,197	921,665
ARWorks	1,036,945	1,028,155	989,641	958,040	935,525
Total	3,154,413	3,135,093	3,055,264	3,012,227	2,969,520

Note(s): This point-in-time report was run on Jan. 23, 2018. As a result, these totals will vary from the Q1 – SFY2018 Scorecard due to retro-active eligibility





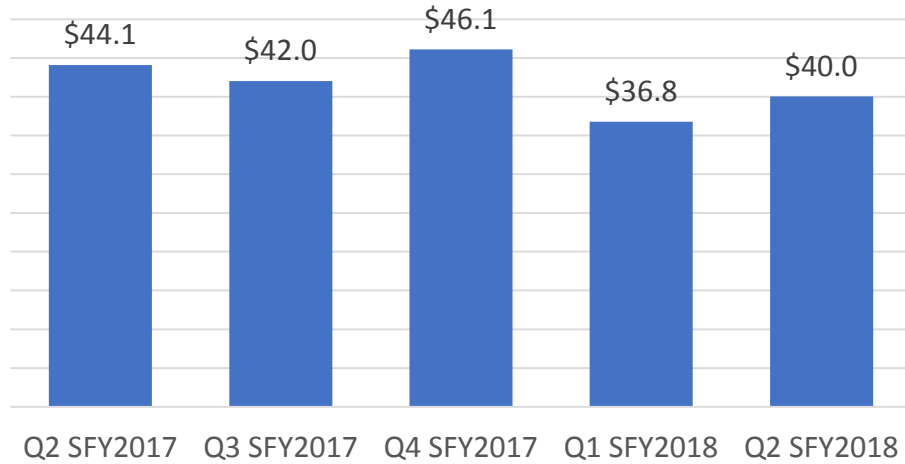
# Medicaid Average Cost Per Enrollee Per Month by Quarter (SFY 2017-18)



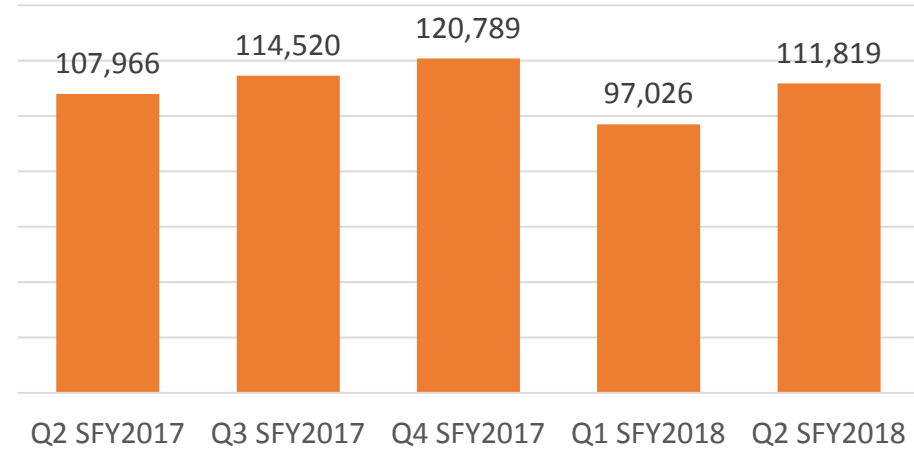
Note(s): This point-in-time report was run on Jan. 23, 2018. As a result, these totals will vary from the Q1 – SFY2018 Scorecard due to retro-active eligibility

# DD – Therapy Caps by Quarter (SFY 2017-18)

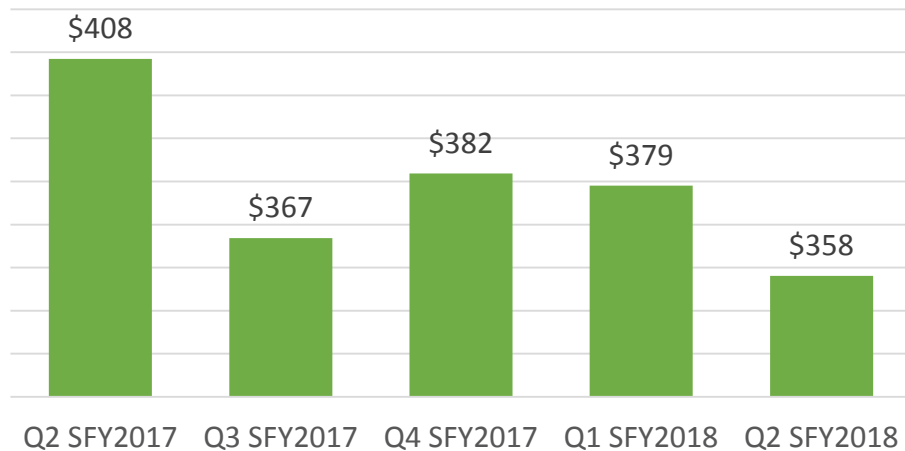
Amount Paid (\$M)



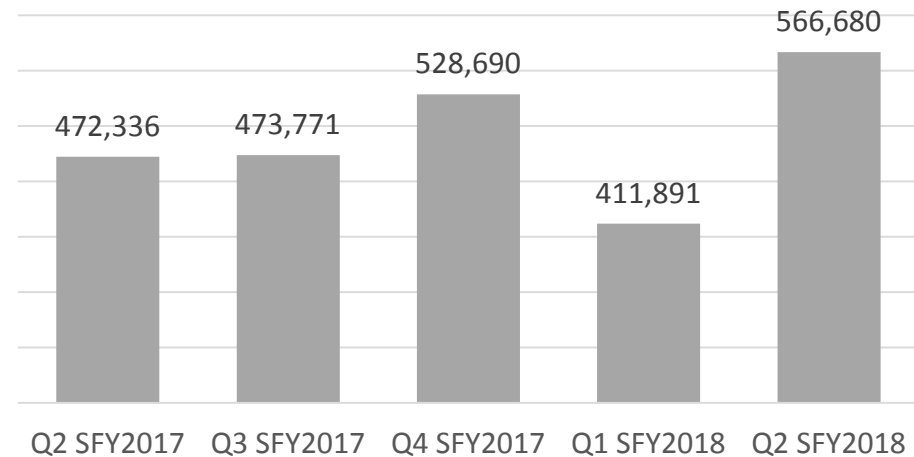
Total User Months per Quarter



Amount Paid Per User Month



Claims

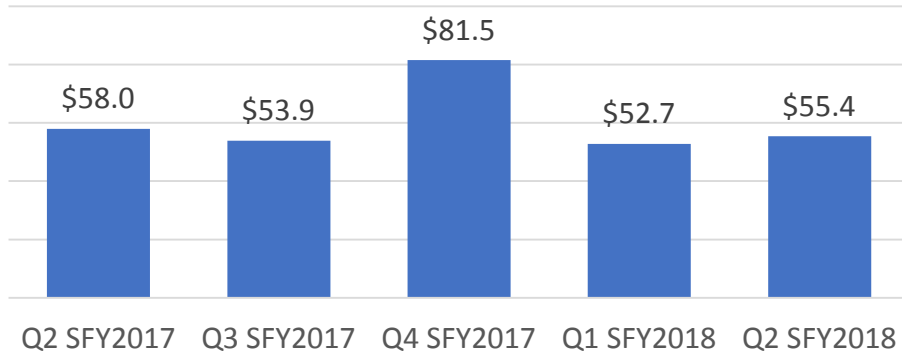


# DD – Therapy Cap Spend by Quarter (SFY 2017-18)

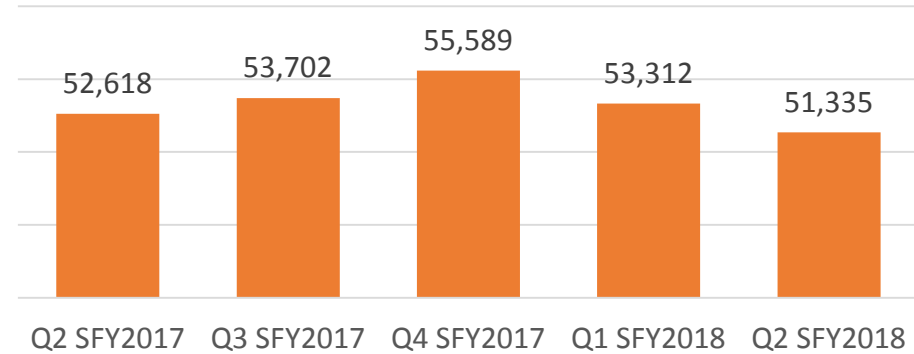
	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
Physical Therapy CHMS	\$3,211,343	\$2,980,994	\$3,208,703	\$2,988,955	\$3,470,139	\$3,038,825	(\$431,313)
Occupational Therapy - CHMS	\$3,713,728	\$3,502,913	\$3,997,703	\$3,644,577	\$4,612,233	\$4,054,202	(\$558,031)
Speech & Language Therapy - CHMS	\$5,066,561	\$4,499,387	\$5,118,979	\$4,610,626	\$5,209,476	\$4,556,239	(\$653,237)
Physical Therapy General	\$4,287,078	\$3,890,686	\$4,248,657	\$4,069,685	\$4,623,695	\$4,044,956	(\$578,739)
Physical Therapy School Based	\$1,617,119	\$1,562,755	\$1,732,227	\$439,537	\$1,588,658	\$1,434,333	(\$154,325)
Occupational Therapy General	\$5,899,820	\$5,398,863	\$5,890,339	\$5,796,874	\$6,594,118	\$5,769,077	(\$825,041)
Occupational Therapy School Based	\$2,813,130	\$3,194,550	\$3,304,546	\$874,925	\$2,801,229	\$2,524,474	(\$276,756)
Speech & Language Therapy General	\$8,008,292	\$7,481,269	\$8,188,547	\$7,628,104	\$8,808,823	\$7,712,057	(\$1,096,766)
Speech & Language Therapy School Based Only	\$3,322,221	\$3,750,474	\$3,861,060	\$960,801	\$2,915,432	\$2,625,062	(\$290,370)
DDTCS - Disabled Day Treatment Clinic Services Therapy	\$6,159,530	\$5,753,387	\$6,570,555	\$5,760,383	\$4,963,001	\$4,277,147	(\$685,854)
<b>Total Developmental Disability (DD) - Therapy Caps</b>	<b>\$44,098,822</b>	<b>\$42,015,279</b>	<b>\$46,121,316</b>	<b>\$36,774,468</b>	<b>\$45,586,804</b>	<b>\$40,036,373</b>	<b>(\$5,550,431)</b>

# DD – CHMS/DDTCS by Quarter (SFY 2017-18)

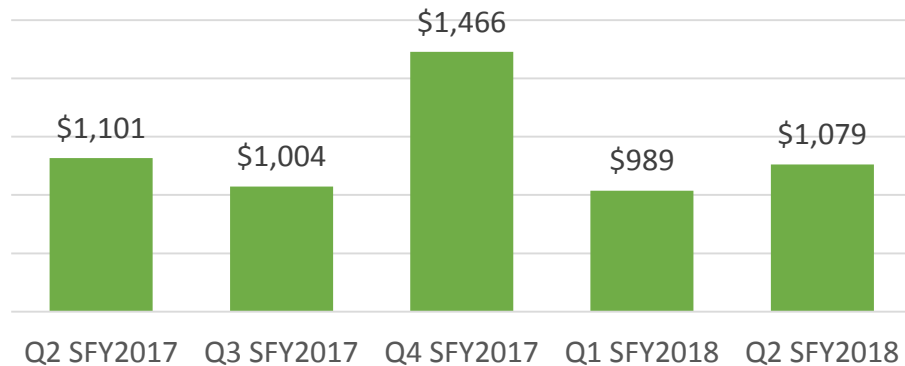
Amount Paid (\$M)



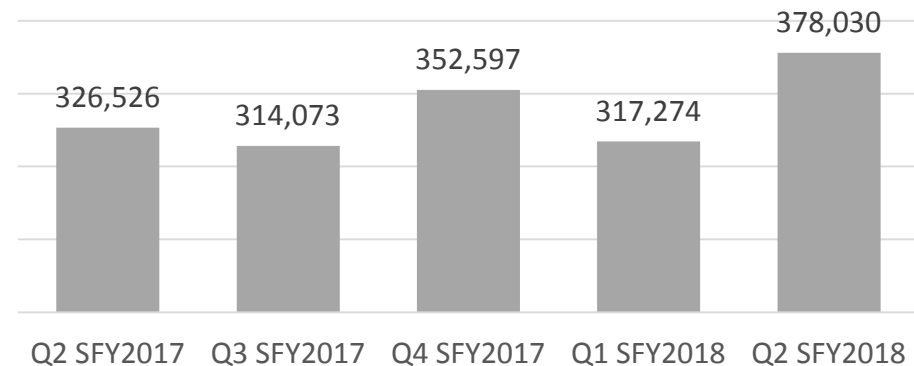
Total User Months per Quarter



Amount Paid Per User Month



Claims



Note(s): DDTCS – Disabled Day Treatment Clinic Services expenditures for Q2 – SFY 2017 through Q1 – SFY 2018 have been restated due to DDTCS therapy services being included in the Q1 – SFY 2018 scorecard

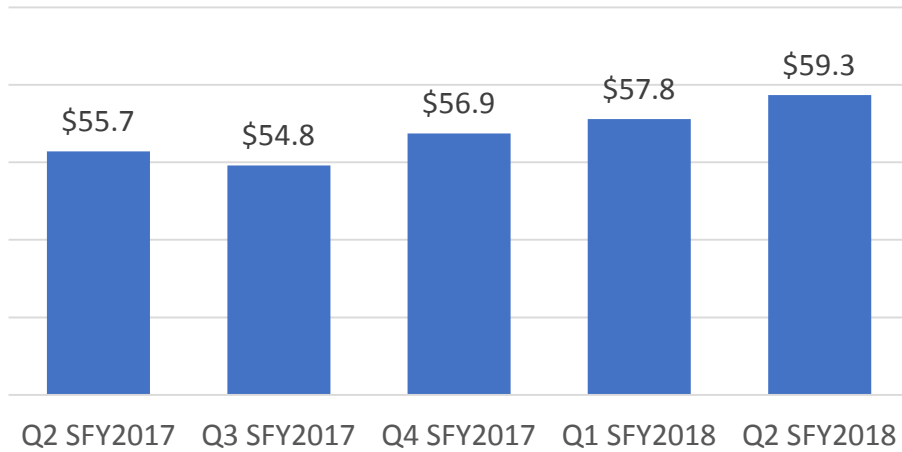
# DD – CHMS/DDTCS Spend by Quarter (SFY 2017-18)

	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
EPSDT - CHMS	\$15,407,337	\$14,718,246	\$36,672,954	\$14,956,818	\$17,421,397	\$15,258,311	(\$2,163,087)
Rehab Services School Based CHMS	\$1,967,467	\$2,016,841	\$2,396,620	\$2,003,600	\$772,188	\$614,053	(\$158,135)
DDTCS Transportation	\$4,031,699	\$3,745,080	\$4,263,852	\$3,776,655	\$4,464,500	\$3,912,788	(\$551,711)
DDTCS - Disabled Day Treatment Clinic Services	\$36,549,032	\$33,441,660	\$38,148,411	\$32,009,754	\$40,515,974	\$35,614,248	(\$4,901,726)
<b>Total Developmental Disability (DD) - CHMS/DDTCS</b>	<b>\$57,955,535</b>	<b>\$53,921,827</b>	<b>\$81,481,836</b>	<b>\$52,746,826</b>	<b>\$63,174,059</b>	<b>\$55,399,400</b>	<b>(\$7,774,659)</b>

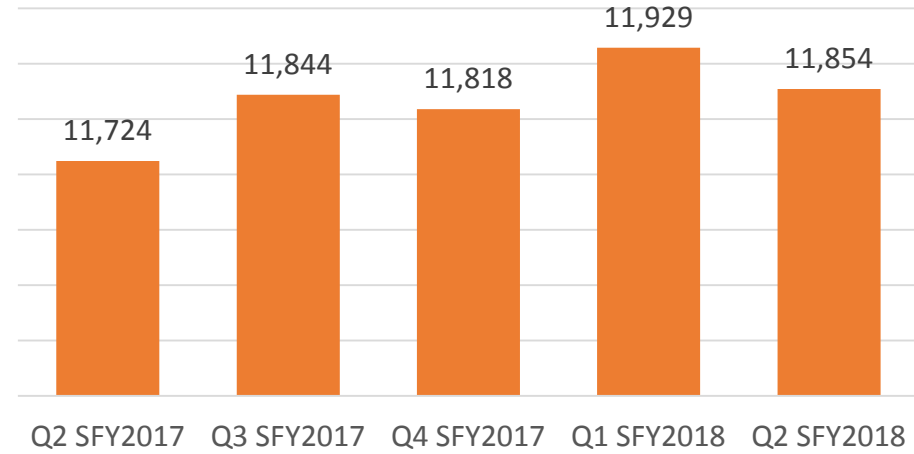
Note(s): DDTCS – Disabled Day Treatment Clinic Services expenditures for Q2 – SFY 2017 through Q1 – SFY 2018 have been restated due to DDTCS therapy services being included in the Q1 – SFY 2018 scorecard

# DD – Waivers by Quarter (SFY 2017-18)

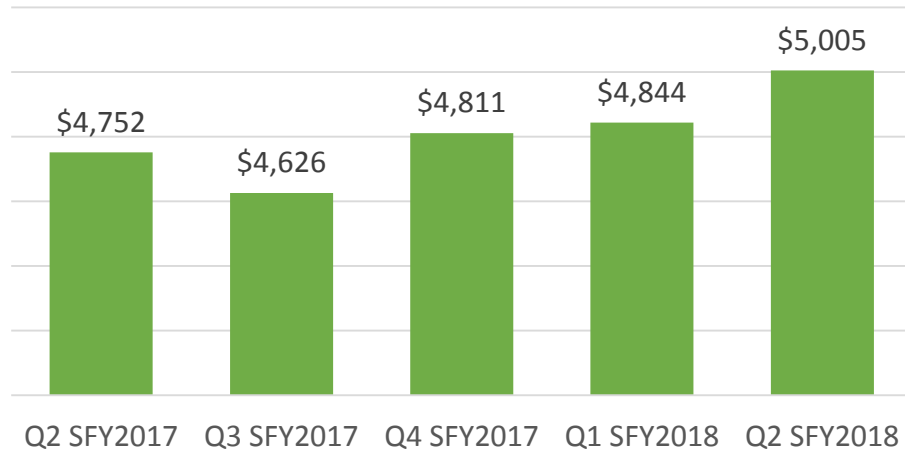
Amount Paid (\$M)



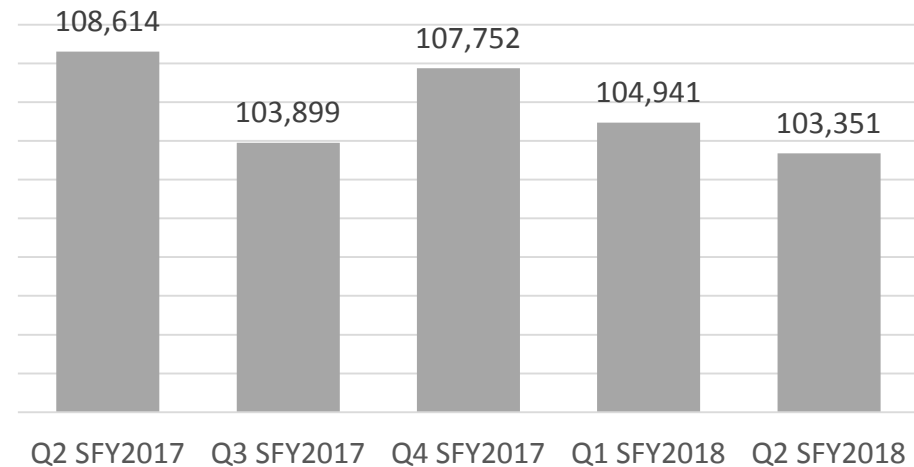
Total User Months per Quarter



Amount Paid Per User Month



Claims



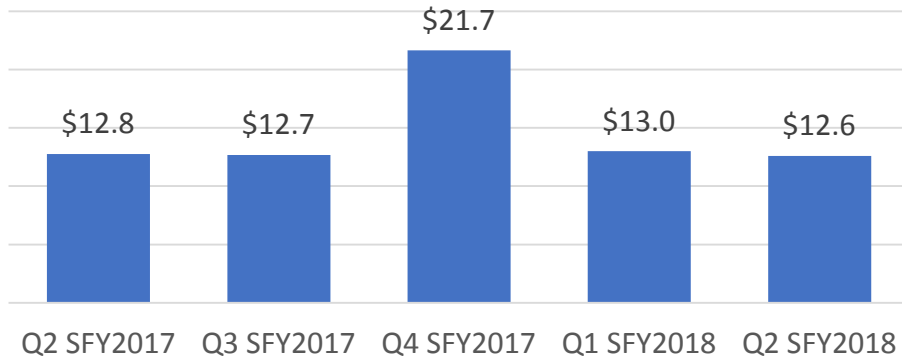
# DD – Waiver Spend by Quarter (SFY 17-18)

	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
DDS Community & Employee Supports Waiver*	\$55,147,949	\$54,195,335	\$56,190,530	\$57,159,764	\$67,074,742	\$58,766,349	(\$8,308,393)
Autism Intensive Intervention Provider Waiver	\$560,948	\$593,857	\$667,990	\$622,136	\$648,117	\$564,593	(\$83,523)
<b>Total Developmental Disability Services (DD) - Waiver</b>	<b>\$55,708,897</b>	<b>\$54,789,192</b>	<b>\$56,858,519</b>	<b>\$57,781,900</b>	<b>\$67,722,858</b>	<b>\$59,330,942</b>	<b>(\$8,391,916)</b>

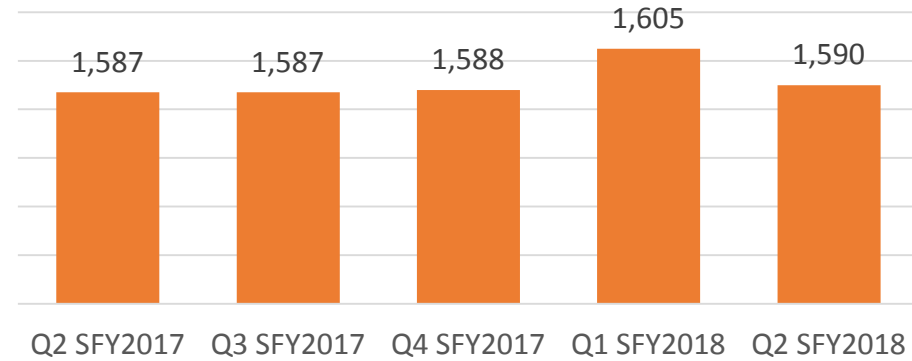
\* Formerly known as the Alternative Community Services Waiver

# DD – ICF by Quarter (SFY 2017-18)

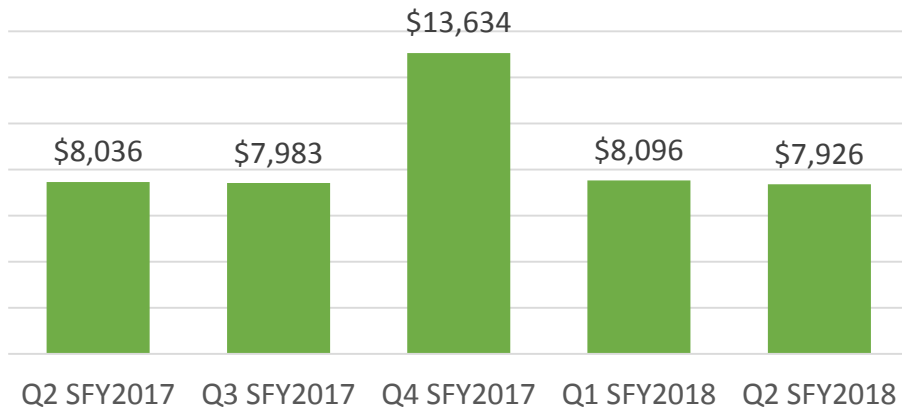
Amount Paid (\$M)



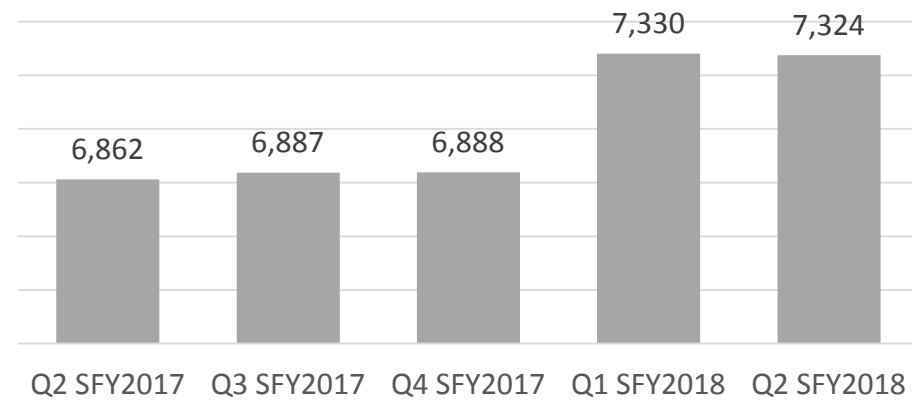
Total User Months per Quarter



Amount Paid Per User Month



Claims



Note(s): These figures do not include HDC providers



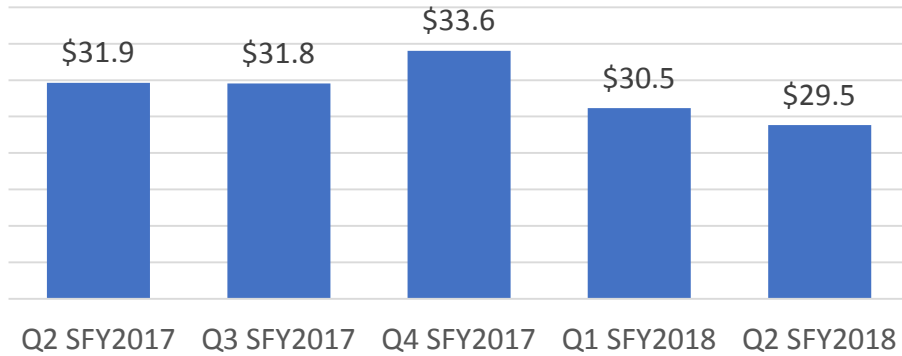
# DD – ICF Spend by Quarter (SFY 2017-18)

	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
ICF/Infant Infirmaries	\$6,897,139	\$6,840,233	\$6,945,303	\$7,003,048	\$7,759,329	\$6,780,055	(\$979,274)
Public - ICF	\$5,856,655	\$5,828,322	\$14,705,242	\$5,990,980	\$6,662,896	\$5,823,043	(\$839,852)
<b>Total Developmental Disability Services (DD) - ICF</b>	<b>\$12,753,794</b>	<b>\$12,668,555</b>	<b>\$21,650,545</b>	<b>\$12,994,028</b>	<b>\$14,422,225</b>	<b>\$12,603,098</b>	<b>(\$1,819,126)</b>

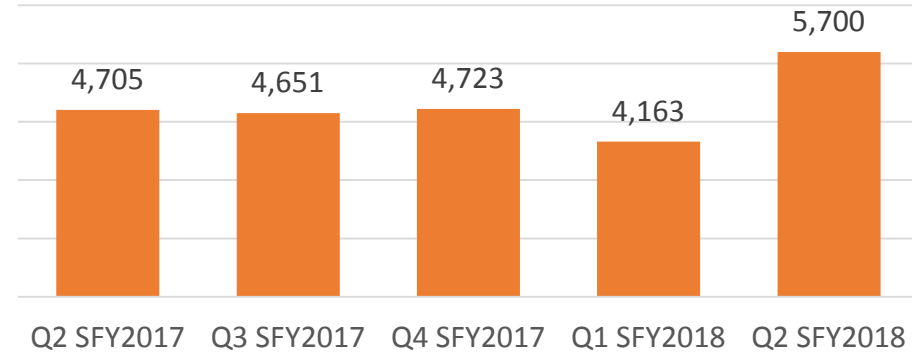
Note(s): These numbers do not include HDC providers

# BH – Inpatient by Quarter (SFY 2017-18)

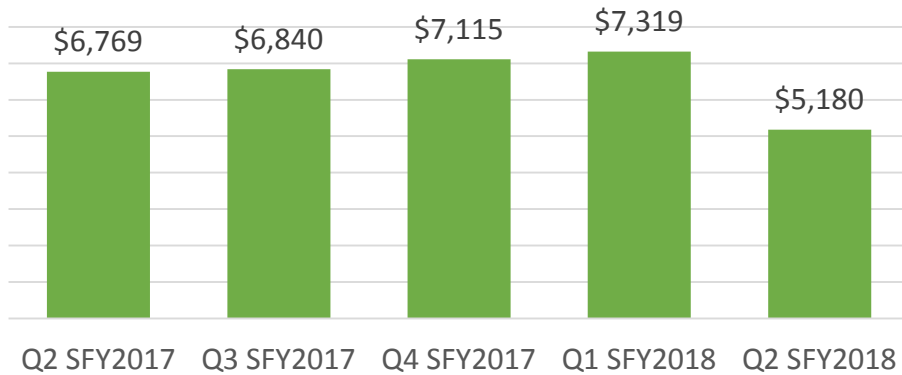
Amount Paid (\$M)



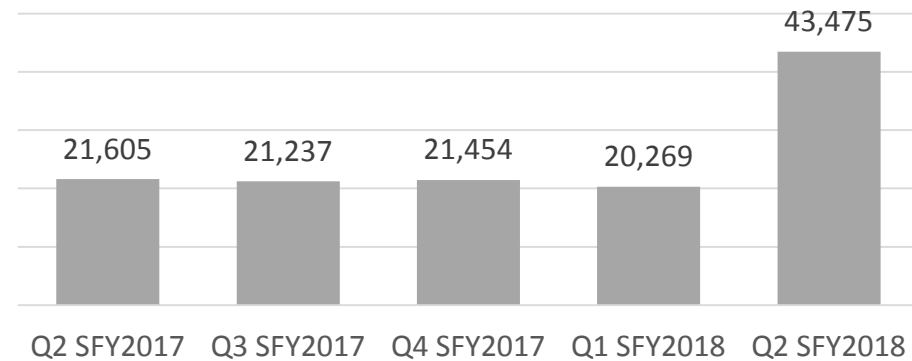
Total User Months per Quarter



Amount Paid Per User Month



Claims



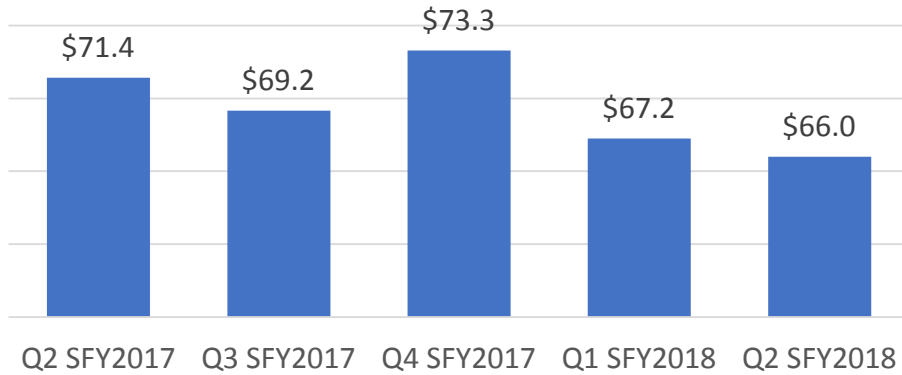
Note(s): Increases in claims and user months for Q2 – SFY2018 relates to transitioning to the new MMIS. This transition had no impact on expenditures.

# BH – Inpatient Spend by Quarter (SFY 2017-18)

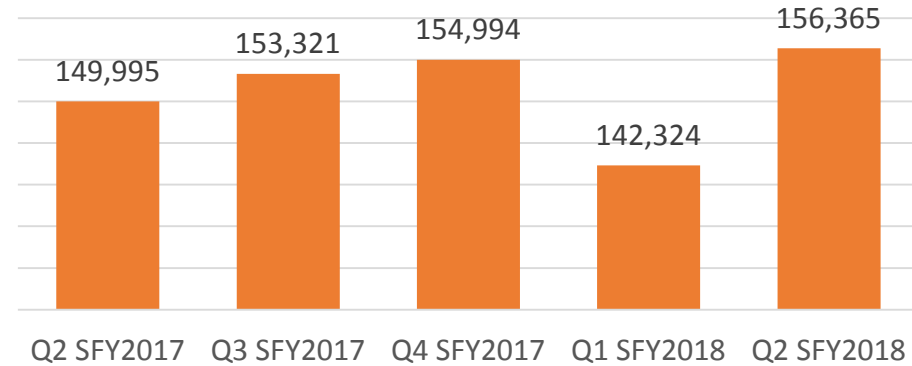
	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
Inpatient Psychiatric, U-21	\$31,539,378	\$31,408,675	\$33,204,289	\$30,075,052	\$33,490,801	\$29,271,096	(\$3,417,637)
Inpatient Psychiatric Crossover, U-21	\$310,634	\$404,893	\$401,675	\$394,950	\$299,026	\$255,479	(\$34,756)
<b>Total Behavioral Health (BH) – Inpatient</b>	<b>\$31,850,013</b>	<b>\$31,813,568</b>	<b>\$33,605,963</b>	<b>\$30,470,002</b>	<b>\$33,789,828</b>	<b>\$29,526,576</b>	<b>(\$4,263,252)</b>

# BH – Outpatient by Quarter (SFY 2017-18)

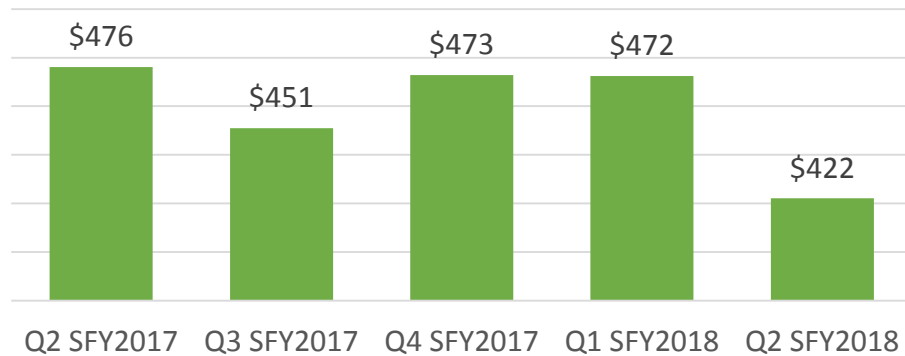
### Amount Paid (\$M)



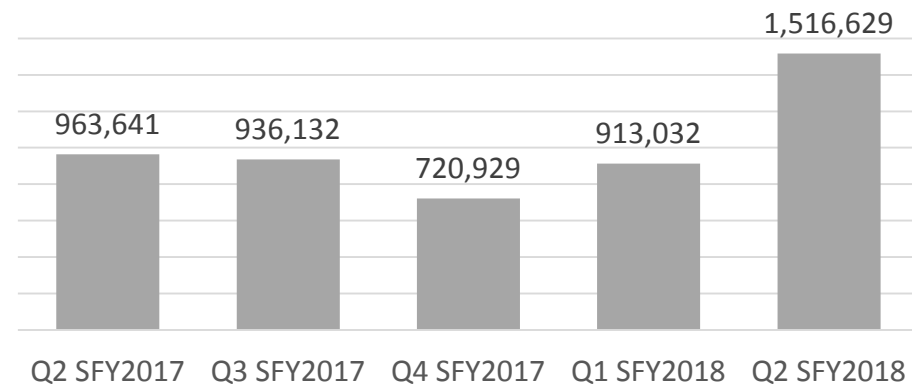
### Total User Months per Quarter



### Amount Paid Per User Month



### Claims



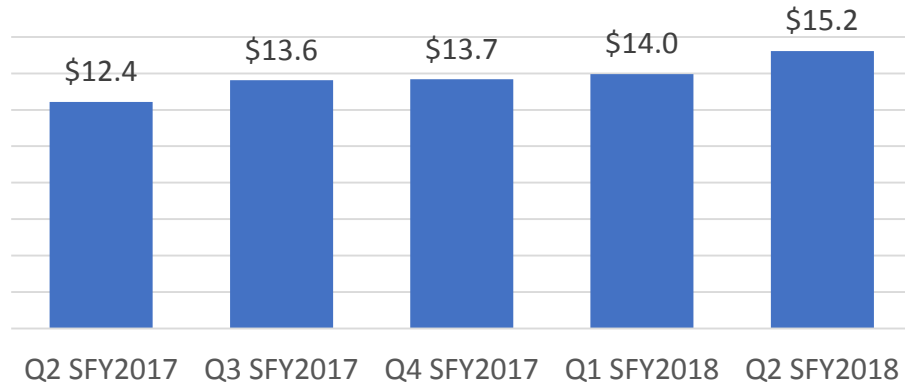
Note(s): Increases in claims for Q2 – SFY2018 relates to transitioning to the new MMIS. This transition had no impact on expenditures or users.

# BH – Outpatient Spend by Quarter (SFY 2017-18)

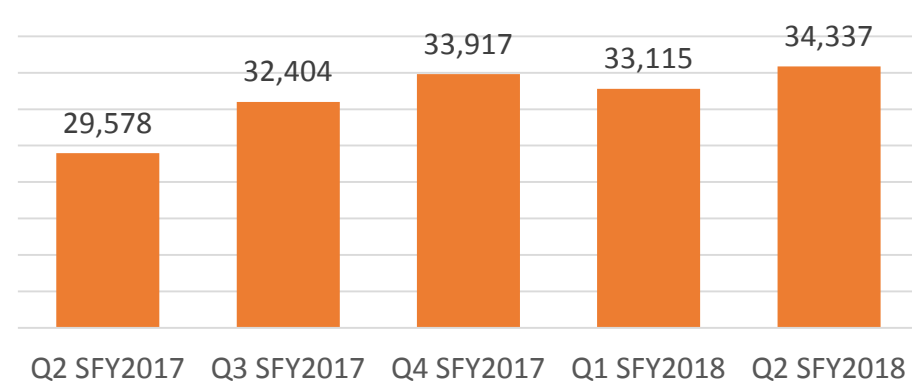
	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
Mental Health Clinic RSPMI	\$70,780,816	\$68,612,868	\$72,568,659	\$66,671,151	\$75,203,598	\$65,768,437	(\$9,435,300)
Rehab Services - School Based RSPMI	\$606,206	\$511,765	\$684,582	\$543,104	246,958	\$200,781	(\$46,038)
School-Based Mental Health Services	\$6,993	\$5,904	\$6,765	\$453	\$10,680	\$9,759	(\$921)
Substance Abuse Program	\$20,930	\$22,275	\$23,993	\$22,659	\$21,814	\$18,923	(\$2,891)
<b>Total Behavioral Health (BH) – Outpatient</b>	<b>\$71,414,944</b>	<b>\$69,152,811</b>	<b>\$73,284,001</b>	<b>\$67,237,368</b>	<b>\$75,483,050</b>	<b>\$65,997,900</b>	<b>(\$9,485,150)</b>

# LTSS MOU – Independent Choices by Quarter (SFY 2017-18)

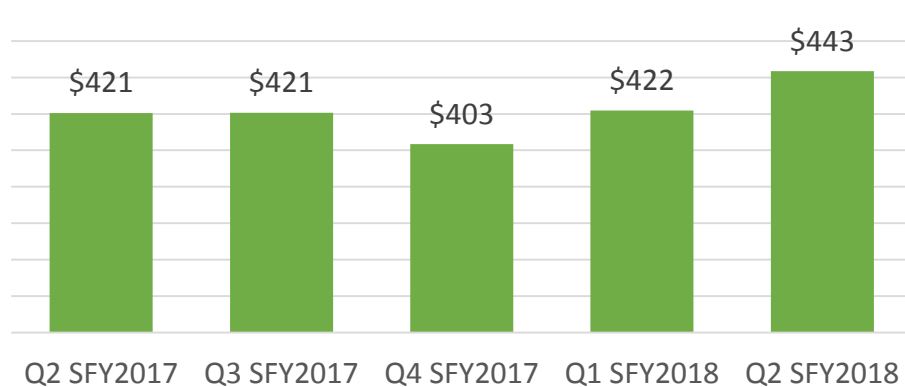
Amount Paid (\$M)



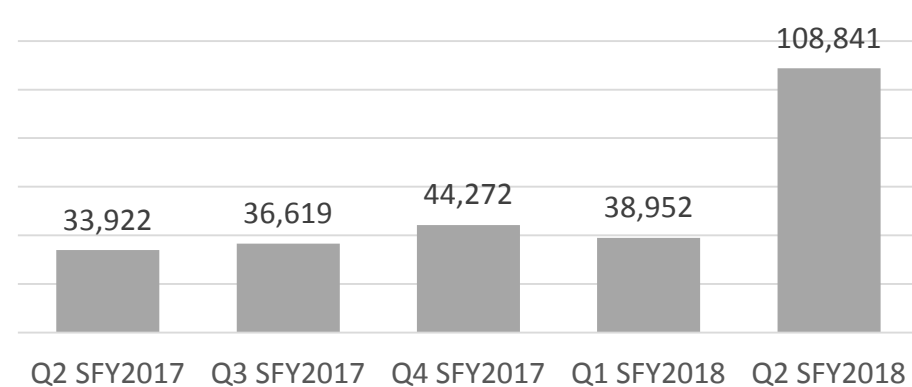
Total User Months Per Quarter



Amount Paid Per User Month



Claims



Note(s): The following Provider Types were used to determine Personal Care: '32' & '87'

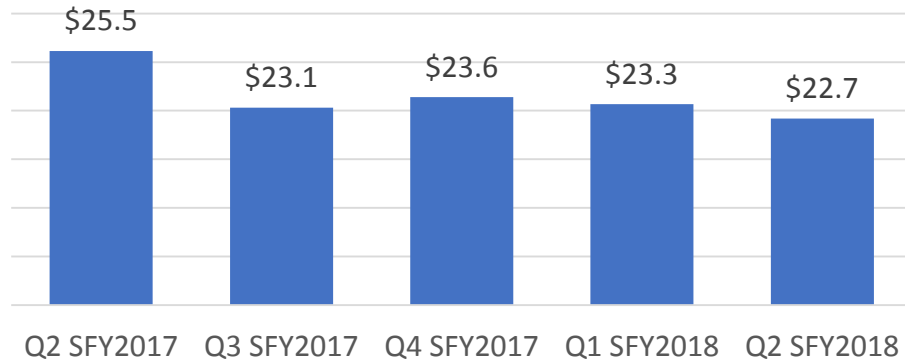
Increases in claims for Q2 – SFY2018 relates to transitioning to the new MMIS. This transition had no impact on expenditures or users.

# LTSS MOU – Independent Choices Spend by Quarter (SFY 2017-18)

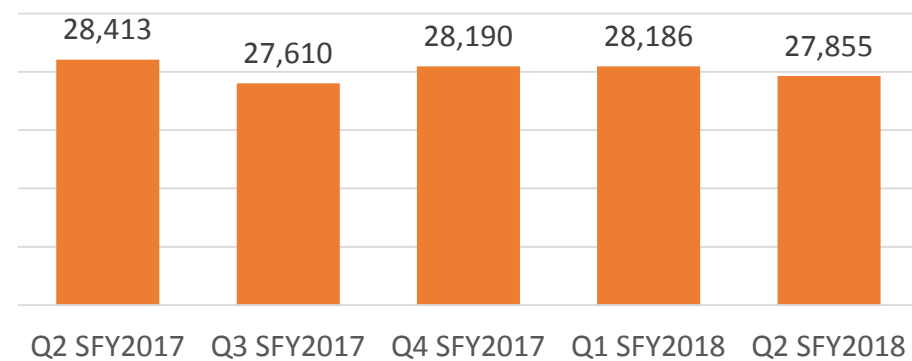
	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
Treatment Elderly	\$10,449,076	\$11,464,855	\$11,361,068	\$11,664,217	\$13,101,975	\$11,455,892	(\$1,646,083)
Refusers	\$694,925	\$790,300	\$815,625	\$815,325	\$1,508,849	\$1,343,800	(\$165,049)
Counseling/Fiscal Intermediary	\$1,294,344	\$1,372,302	\$1,502,850	\$1,488,200	\$2,725,978	\$2,427,085	(\$298,892)
<b>LTSS MOU Services - Independent Choices</b>	<b>\$12,438,345</b>	<b>\$13,627,457</b>	<b>\$13,679,543</b>	<b>\$13,967,742</b>	<b>\$17,336,802</b>	<b>\$15,226,777</b>	<b>(\$2,110,024)</b>

# LTSS MOU – Personal Care by Quarter (SFY 2017-18)

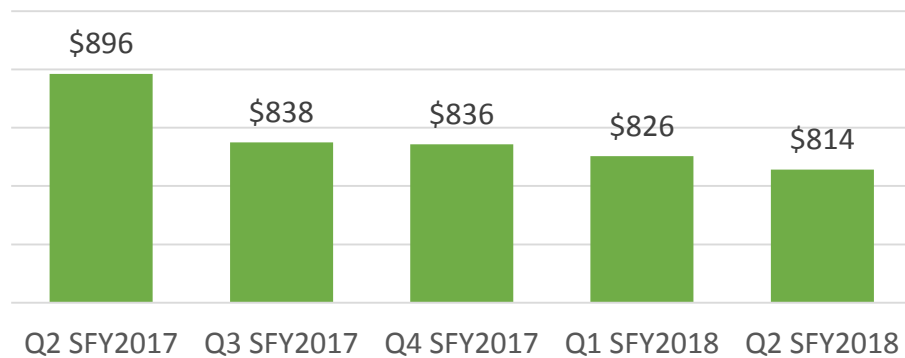
**Amount Paid (\$M)**



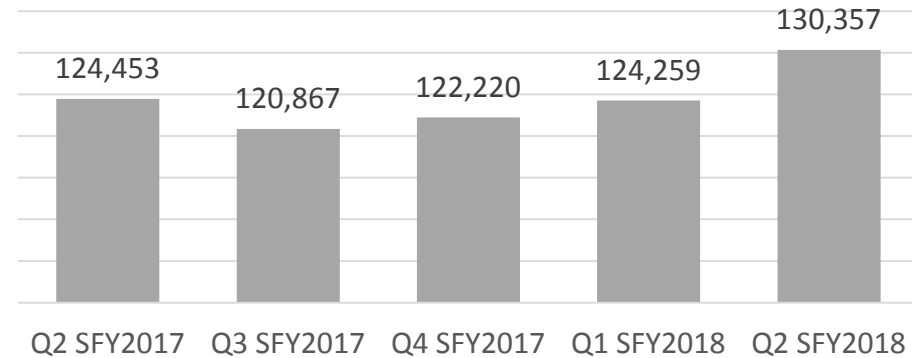
**Total User Months Per Quarter**



**Amount Paid Per User Month**



**Claims**



Note(s): The following Provider Types were used to determine Personal Care: '32' & '87'

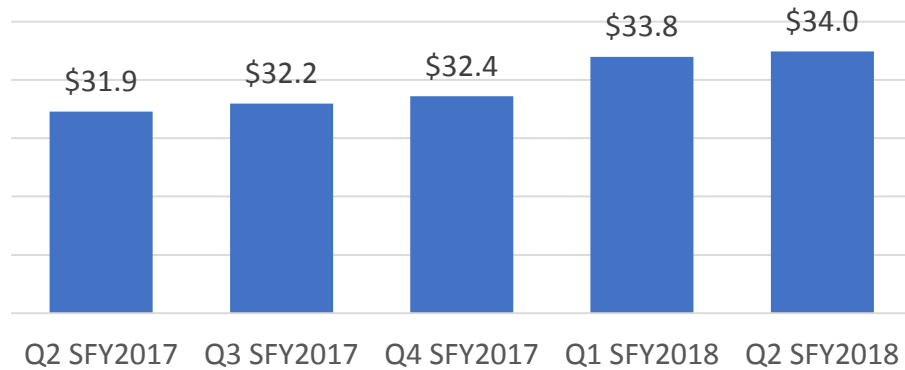


# LTSS MOU – Personal Care Spend by Quarter (SFY 2017-18)

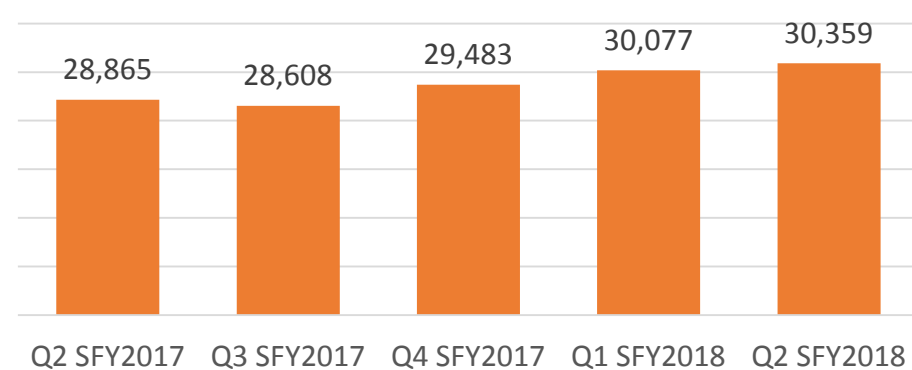
	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
Personal Care - Regular	\$25,297,844	\$22,642,019	\$22,788,758	\$23,130,743	\$25,735,291	\$22,491,811	(\$3,243,481)
Personal Care - School Based	\$162,161	\$482,786	\$769,471	\$136,833	\$209,386	\$185,382	(\$24,004)
<b>Total LTSS MOU - Personal Care</b>	<b>\$25,460,005</b>	<b>\$23,124,805</b>	<b>\$23,558,229</b>	<b>\$23,267,575</b>	<b>\$25,944,678</b>	<b>\$22,677,193</b>	<b>(\$3,267,485)</b>

# LTSS MOU – AR Choices & Other Waivers by Quarter (SFY 2017-18)

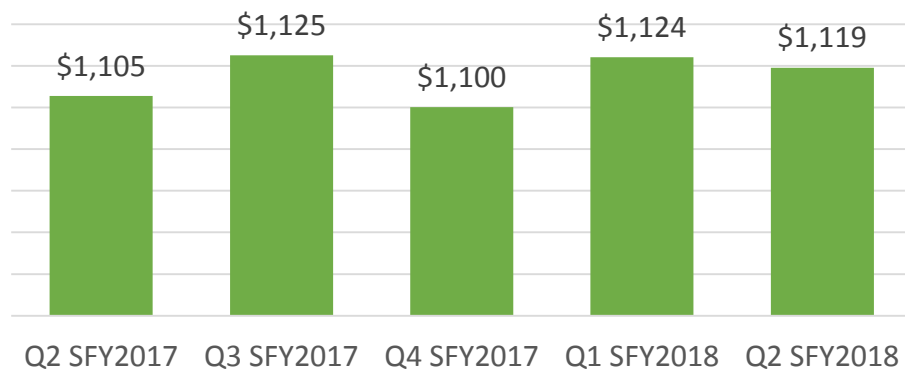
Amount Paid (\$M)



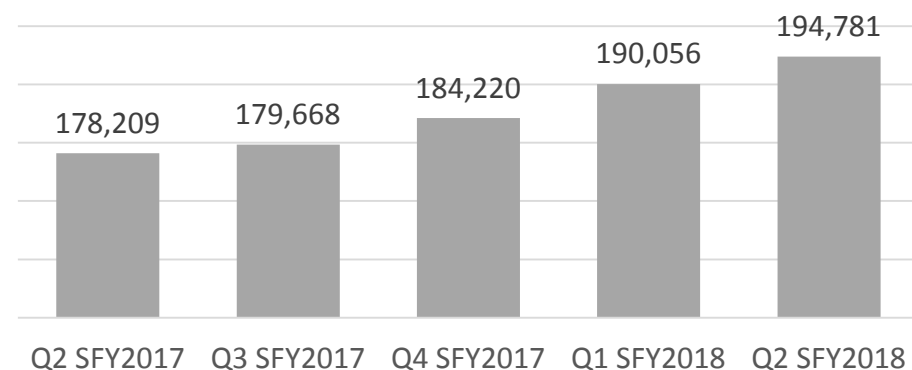
Total User Months Per Quarter



Amount Paid Per User Month



Claims



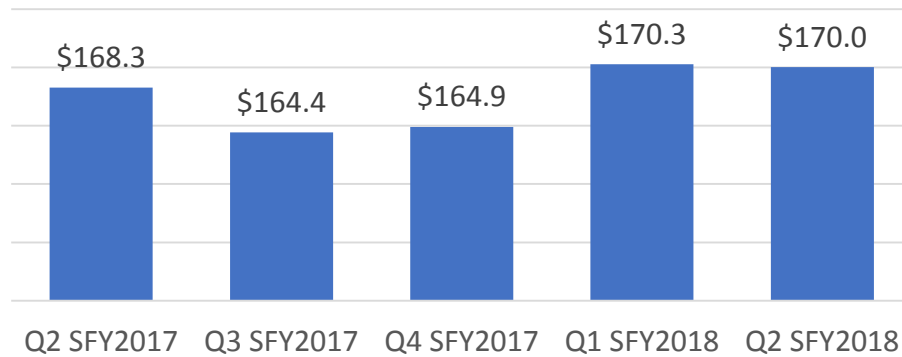
Note(s): The following Provider Types were used to determine Personal Care: '32' & '87'

# LTSS MOU – AR Choices & Other Waiver Spend by Quarter (SFY 2017-18)

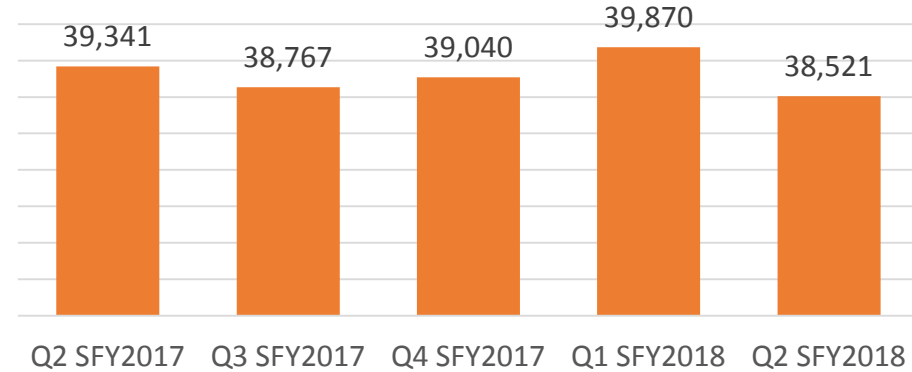
	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
ARChoices in Home Care	\$29,871,786	\$29,881,084	\$30,182,548	\$31,601,761	\$36,782,233	\$32,214,183	(\$4,568,050)
ARSeniors	\$2,035,453	\$2,418,306	\$2,270,440	\$2,219,202	\$2,048,347	\$1,772,628	(\$275,719)
Former Elderchoices & APD Waivers	\$2,645	(\$116,825)	(\$16,860)	(\$25,957)	(\$14,402)	(\$11,982)	\$2,419
<b>Total LTSS MOU - Waivers</b>	<b>\$31,909,883</b>	<b>\$32,182,565</b>	<b>\$32,436,127</b>	<b>\$33,795,006</b>	<b>\$37,900,263</b>	<b>\$33,974,829</b>	<b>(\$4,841,350)</b>

# LTSS MOU – Private Long Term Care/SNF by Quarter (SFY 2017-18)

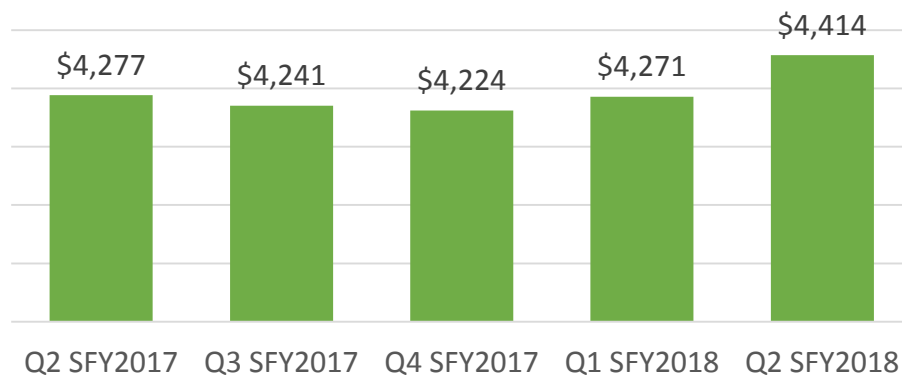
Amount Paid (\$M)



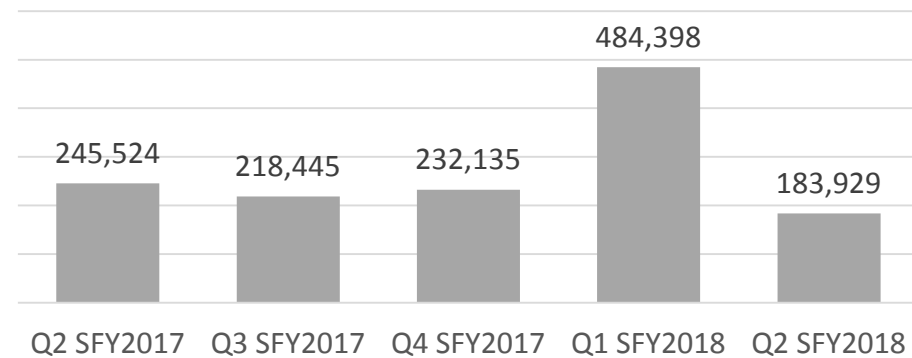
Total User Months Per Quarter



Amount Paid Per User Month



Claims



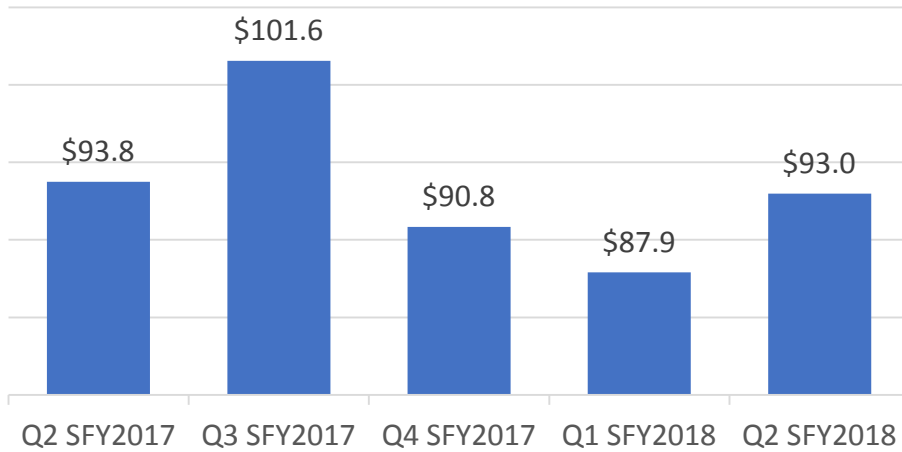
Note(s): The following Provider Types were used to determine Personal Care: '32' & '87'

# LTSS MOU – Private Long Term Care/SNF Spend by Quarter (SFY 2017-18)

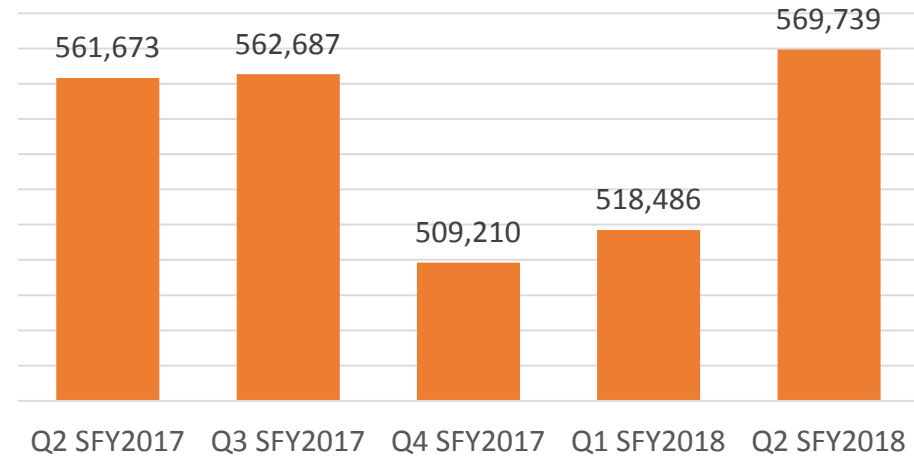
	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
Private SNF	\$161,712,694	\$157,880,947	\$158,486,081	\$164,219,231	\$187,540,253	\$164,105,692	(\$23,434,561)
Private SNF Crossover	\$6,485,670	\$6,512,329	\$6,412,531	\$6,032,711	\$6,778,893	\$5,927,325	(\$851,568)
Private Long Term Care Adjustment	\$62,463	\$27,487	\$0	\$21,043	\$1,067	\$0	(\$1,067)
<b>Total LTSS MOU – Private Long Term Care / SNF</b>	<b>\$168,260,827</b>	<b>\$164,420,763</b>	<b>\$164,898,612</b>	<b>\$170,272,986</b>	<b>\$194,320,213</b>	<b>\$170,033,016</b>	<b>(\$24,287,197)</b>

# Pharmacy by Quarter (SFY 2017-18)

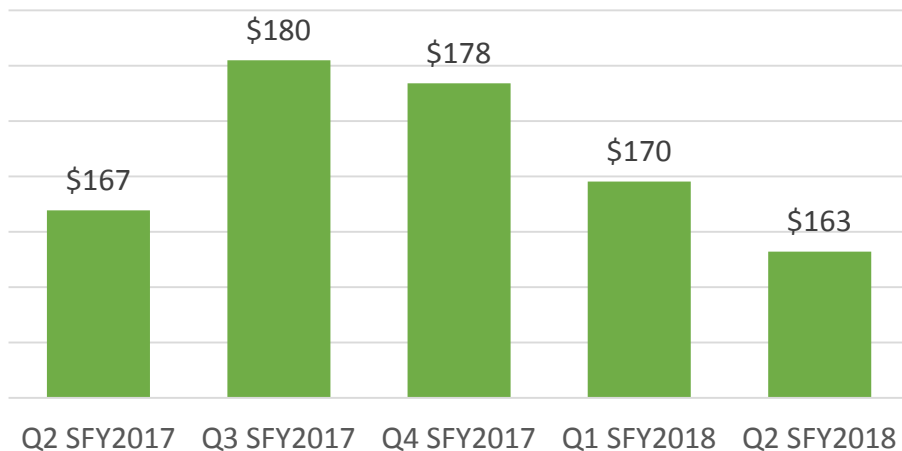
## Amount Paid (\$M)



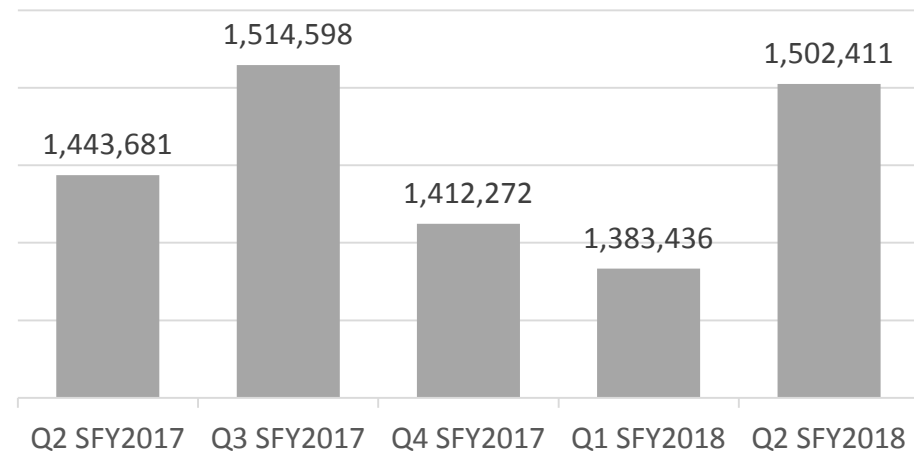
## Total User Months Per Quarter



## Amount Paid Per User Month



## Claims



# Pharmacy Spend by Quarter (SFY 2017-18)

	Q2 SFY 2017 Actual	Q3 SFY 2017 Actual	Q4 SFY 2017 Actual	Q1 SFY 2018 Actual	Q2 SFY 2018 HCTF Baseline (5% Annual Increase)	Q2 SFY 2018 Actual	Q2 SFY 2018 Difference
Prescription Services	\$92,703,443	\$100,523,782	\$89,866,307	\$86,924,421	\$104,866,751	\$91,990,504	(\$12,876,247)
Family Planning Drugs	\$992,490	\$1,034,075	\$977,051	\$972,520	\$1,131,026	\$990,525	(\$140,501)
Prescription Drug Adjustments	\$58,256	\$0	\$0	\$0	\$1,812	\$1,659	(\$153)
<b>Total Pharmacy Cost</b>	<b>\$93,754,188</b>	<b>\$101,557,857</b>	<b>\$90,843,358</b>	<b>\$87,896,942</b>	<b>\$105,999,588</b>	<b>\$92,982,688</b>	<b>(\$13,016,900)</b>

## SECTION III: PROVIDER-LED PROGRAM REPORT



# PASSE Enrollment by Quarter (SFY 2018-19)

	SFY 18 Q3	SFY 18 Q4	SFY 19 Q1	SFY 19 Q2	SFY 19 Q3	SFY 19 Q4	Total SFY 18 Enrollment	Total SFY 19 Enrollment
PASSE 1	0	0	0	0	0	0	0	0
PASSE 2	0	0	0	0	0	0	0	0
PASSE 3	0	0	0	0	0	0	0	0
PASSE 4	0	0	0	0	0	0	0	0
PASSE 5	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# PASSE Expenditures by Quarter (SFY 2018-19)

	SFY 18 Q3	SFY 18 Q4	SFY 19 Q1	SFY 19 Q2	SFY 19 Q3	SFY 19 Q4	Total SFY 18 Spending	Total SFY 19 Spending
PASSE 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PASSE 2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PASSE 3	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PASSE 4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PASSE 5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

# PASSE Savings by Quarter (SFY 2019)

	Projected SFY 19 Q3	Actual SFY 19 Q3	Projected SFY 19 Q3	Actual SFY 19 Q4	Projected SFY 19 Q4	Actual SFY 19 Q4	Projected SFY 19 Spending	Actual SFY 19 Spending	SFY 19 Difference
PASSE 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PASSE 2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PASSE 3	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PASSE 4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PASSE 5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>