

# CASELOAD ESTIMATING CONFERENCE, MAY 2014: MEDICAID RESULTS

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Presentation to EOHHS Task Force

Monday, May 19, 2014



# What is the Caseload Estimating Conference (CEC)?

- Established in statute - RI General Laws 35-17
- CEC convenes twice a year – November and May
- Purpose: establish official estimates of projected Medicaid expenditures and public assistance caseloads for the current and subsequent fiscal years
- Principals of the conference: the Budget Officer, House Fiscal Advisor and Senate Fiscal Advisor
- Official estimates are made by consensus among the Principals and not by vote
- Official estimates are based on current law



# What is the Caseload Estimating Conference (CEC)?

- Official estimates: the basis for the Governor's Budget and the Enacted Budget.
  - Prior to the adoption of estimates by the Principals, EOHHS and DHS present public testimony.
  - EOHHS, as the Medicaid agency, presents caseload and expenditure information on: hospitals, long term care, managed care, pharmacy and all other.
  - EOHHS testimony is presented at an open meeting to the Principals and the testimony is a public document.



# Results of the May 2014 CEC:

- FY 2014 increase in state funded expenditures of \$8 million; increase of all funds of \$102.9 million
- FY 2015 increase in state funded expenditures of \$26.3 million; increase in all funds of \$236.4 million



Summary of Changes from Nov 2013 CEC to May 2014 CEC (\$ in millions)							
		FY 2014			FY 2015		
		Nov Adopted	May Adopted	Diff	Nov Adopted	May Adopted	Diff
<b>Hospitals</b>							
	Regular	69.3	75.0	5.7	46.2	58.0	11.8
	DSH	129.8	129.8	-	131.2	131.2	-
	<b>Total</b>	<b>199.1</b>	<b>204.8</b>	<b>5.7</b>	<b>177.4</b>	<b>189.2</b>	<b>11.8</b>
<b>Long Term Care</b>							
	Nursing and Hospice	285.8	279.6	(6.2)	175.5	165.0	(10.5)
	Home and Community Care	78.2	80.9	2.7	43.5	54.8	11.3
	<b>Total</b>	<b>364.0</b>	<b>360.5</b>	<b>(3.5)</b>	<b>219.0</b>	<b>219.8</b>	<b>0.8</b>
<b>Managed Care and Acute Care Services</b>							
	Managed Care	591.0	610.0	19.0	621.6	684.0	62.4
	Rhody Health Partners	198.0	198.5	0.5	206.0	209.0	3.0
	Rhody Health Options	126.3	116.7	(9.6)	330.0	299.9	(30.1)
	Other Medical Services	200.3	291.4	91.1	420.7	608.0	187.3
	<b>Total</b>	<b>1,115.6</b>	<b>1,216.6</b>	<b>101.0</b>	<b>1,578.3</b>	<b>1,800.9</b>	<b>222.6</b>
<b>Pharmacy</b>							
	Pharmacy	0.8	0.7	(0.1)	0.2	1.4	1.2
	Part D	50.8	50.6	(0.2)	50.4	50.4	-
	<b>Total</b>	<b>51.6</b>	<b>51.4</b>	<b>(0.3)</b>	<b>50.6</b>	<b>51.8</b>	<b>1.2</b>
	<b>Total - all funds</b>	<b>1,730.3</b>	<b>1,833.3</b>	<b>102.9</b>	<b>2,025.3</b>	<b>2,261.7</b>	<b>236.4</b>
	<b>Total - state funds</b>	<b>815.3</b>	<b>823.3</b>	<b>8.0</b>	<b>861.3</b>	<b>887.6</b>	<b>26.3</b>



# Summary of Changes to Estimate:

- Changes in Medicaid enrollment forecast:
  1. Increase in Medicaid expansion eligible members (childless adults at or below 138% of Federal Poverty Level (FPL));
  2. Increase in eligible but unenrolled members;
  3. Transition of Rltc Care Parents over 133% of FPL;
  4. Suspension of renewal (redetermination) of existing members; and
  5. Casemix changes(caseload by age and gender) resulting in higher capitation payments.
- Impact of the implementation of the Integrated Care Initiative (ICI): movement of expenditures among various lines.

