

**Social Services Estimating Conference  
Medicaid Caseloads and Expenditures  
February 18 and 28, 2019 and March 6, 2019  
Executive Summary**

The Social Services Estimating Conference convened on February 18, 2019, to adopt a revised Medicaid caseload forecast; on February 28, 2019, to adopt FMAP projections; and on March 6, 2019, to update the expenditure projection for the period covering FY 2018-19 through FY 2023-24.

**Caseload Estimating Conference** – FY 2017-18 Medicaid caseload was 3,931,828. The Conference adopted a caseload estimate for FY 2018-19 that was 28,094 (0.73%) lower than the one adopted in December and decreased the projection for FY 2019-20 by 30,533 (0.78%). The new projection for FY 2018-19 is 3,845,450. In the out-years, caseload is projected to be 3,887,036 in FY 2019-20; 3,933,838 in FY 2020-21; 3,978,671 in FY 2021-22; 4,022,749 in FY 2022-23; and 4,066,198 in FY 2023-24.

Caseload is projected separately for the Statewide Medicaid Managed Care (SMMC) and Fee for Service (FFS) categories. The SMMC enrollment is forecasted by enrollment categories that align with capitation rate cell groupings (e.g. TANF, SSI, HIV/AIDS, etc.) and by geographic Medicaid super-regions. The FFS enrollment is forecasted by enrollment categories that align with Medicaid eligibility groupings (e.g. Medically Needy, QMB/SLMB/QI, Family Planning, etc.). Note that while the names of some of the current FFS categories are unchanged from prior methodologies, the current groups are not directly comparable to the historical groups shown in forecasts prior to July 2016.

The new estimate shows a 2.2% decrease in Medicaid caseload for FY 2018-19 over the prior fiscal year and a 1.1% increase in FY 2019-20. The table below summarizes the newly adopted estimates.

<b>Total Medicaid Caseload</b>	<b>FY 2018-19</b>		<b>FY 2019-20</b>	
	<b>3,845,450</b>		<b>3,887,036</b>	

  

	SMMC		FFS	
	FY 2018-19	FY 2019-20	FY 2018-19	FY 2019-20
TANF 0-13	1,487,882	1,488,442	Other FFS	222,527
TANF 14+	899,083	899,491	Medically Needy	28,606
SSI Medicaid	299,012	297,990	QMB/SLMB/QI	468,198
SSI Dual	112,850	112,922	XXI Children (6-18)	4,550
HIV/AIDS Medicaid	6,539	6,708	General Assistance	1,149
HIV/AIDS Specialty Medicaid	6,797	6,862	Family Planning	68,856
HIV/AIDS Dual	4,693	4,793	Relative Caregiver	18,055
LTC Medicaid	8,293	8,979	Child Only	22,139
LTC Dual	77,935	81,140	Families with Adults	23,375
Child Welfare	63,466	65,089	Unemployed Parents	2,327
CMSN	53,624	54,838		

**Expenditure Estimating Conference** – The new expenditure forecast takes account of the Medicaid caseload forecast adopted in February 2019 as described above. While the Conference is aware that reductions to hospital disproportionate share (DSH) funding are possible, they are not reflected in this forecast. The federal Centers for Medicare & Medicaid Services (CMS) has only released amounts and methodology that will be used in calculating state reductions. This forecast reflects the draft DSH allotments currently provided by CMS. The forecast also adheres to federal waiver authority for the size of the Low Income Pool (LIP) in FY 2018-19, which is currently set to expire in June 2022 and is contingent upon approval of a budget amendment per the General Appropriations Act. In this regard, the forecast assumes the continuation of Intergovernmental Transfers (IGTs) from local taxing authorities. The forecast also assumes continuation of IGTs for DSH based on historical collections for this purpose for FY 2018-19 through FY 2023-24. While IGT collections for LIP and DSH have no impact on managed care plan capitation rates, the SSEC strongly cautions that IGTs for these purposes may be at risk beginning in FY 2018-19 and may result in lower supplemental payments to providers. The forecast also recognizes that retroactive eligibility began in February 2019 and assumes that it continues throughout the forecast; however, additional legislative action is needed for all years beyond the current year.

In the current expenditures forecast, an overall rate increase of 3.82% was applied to the Prepaid Health Plans category at a granular level beginning October 1, 2018. This figure was provided in the December 1, 2018 letter prepared by Milliman, Inc., “Social Services Estimating Conference – RY 18/19 Final Estimates for SMMC.” The overall rate change is comprised of two components, a 1.91% net increase from Rate Year 2017-18 to Rate Year 2018-19, excluding program changes, and an additional 1.91% reflecting several program changes.

In the out-years, the MMA capitation rate increase is projected to be 3.20% in October 2019, 3.50% in October 2020, 3.90% in October 2021, 4.00% in October 2022, and 4.10% in October 2023.

In the current expenditures forecast, a rate increase of 1.47% was applied to the Prepaid Health Plan – Long Term Care category beginning October 1, 2018. This figure was provided in the December 1, 2018 letter prepared by Milliman, Inc., “Social Services Estimating Conference – RY 18/19 Final Estimates for SMMC.” In the out-years, the LTC capitation rate increase is projected to be 1.5% in October of each year.

Final, reconciled program expenditures for FY 2017-18 totaled \$25,203.7 million. For FY 2018-19, program expenditures are estimated to increase to \$27,728.7 million (10.0% above FY 2017-18). This level is lower than the appropriated level, but higher than forecasted in December. The net increase in the estimate since the last Conference is primarily driven by the higher than anticipated costs for the Prepaid Health Plan–Managed Medical Assistance Program, Community Mental Health Services and Supplemental Medical Insurance. Overall, the new forecast anticipates a surplus in General Revenue funds for the current year relative to the appropriation of \$125.4 million, but this is \$20.8 million less than forecast in December.

For FY 2019-20, program expenditures are expected to increase to \$28,175.5 million (1.6% above the fiscal year 2018-19 estimates). The General Revenue requirement for FY 2019-20 is \$173.8 million above the FY 2019-20 base budget level and \$9.6 million more than anticipated in December.

<b>Expenditure Forecast (millions)</b>	<b>FY 2018-19 Forecast</b>	<b>Comparison to August Forecast (Dec. - Mar.)</b>	<b>FY 2019-20 Forecast</b>	<b>Comparison to August Forecast (Dec. - Mar.)</b>
General Revenue	\$6,707.9	(\$20.8)	\$6,953.8	(\$9.6)
Medical Care TF	15,532.5	(31.5)	15,818.4	(1.9)
Refugee Assistance TF	3.9	.9	3.9	.9
Public Medical Assistance TF	752.3	.0	796.1	(22.8)
Other State Funds	482.5	(.1)	479.8	(.1)
Grants and Donations TF	3,154.5	.0	3,115.7	.0
Health Care Trust Fund	819.6	.0	738.7	27.8
Tobacco Settlement TF	275.5	2.6	269.1	(3.4)
<b>Total</b>	<b>\$27,728.7</b>	<b>(\$48.8)</b>	<b>\$28,175.5</b>	<b>(\$9.0)</b>

**Federal Medical Assistance Percentage** – Based on new population and personal income data for the nation and for Florida, the Conference made modifications to the Federal Medical Assistance Percentage levels used for state budgeting purposes. The confirmed FMAP for 2018-19 is 61.10% and for 2019-20 is 61.32%.