

**Social Services Estimating Conference  
Medicaid Caseloads and Expenditures  
February 20 and 23, March 1, 2023  
Executive Summary**

The Social Services Estimating Conference convened on February 20, 2023 to adopt a new Medicaid caseload forecast; on February 23, 2023, to revise the series of FMAP projections; and on March 1, 2023, to update the expenditure projection for the period covering FY 2022-23 through FY 2027-28.

**Caseload Estimating Conference** – The Consolidated Appropriations Act, 2023 (CAA; P.L. 117-328), signed into law December 29, 2022, ends the continuous coverage provision on March 31, 2023 and is no longer linked to the end of the Public Health Emergency. As a result of continued caseload increases that have already materialized and the end of the continuous coverage provision, the Conference increased total caseload in FY 2022-23 to 5,479,399—well above the pre-pandemic peak of 4,017,726 seen in FY 2016-17. This is an increase of 119,514 or 2.23% over the forecast adopted in August 2022.

Despite the end of continuous coverage, caseload remains higher than the pre-pandemic peak throughout the remainder of the forecast. The CAA allows for redeterminations to begin in April 2023. As a result, the FY 2023-24 caseload is projected to decrease to 4,714,883 or 5.35% below the prior forecast. Caseload is expected to decline to 4,684,747 in FY 2024-25; 4,640,427 in FY 2025-26; 4,606,815 in FY 2026-27; and then to rise to 4,626,546 in FY 2027-28 (an increase of approximately 20,000 cases).

In terms of fiscal years, the new forecast shows an 7.8% increase in Medicaid caseload for FY 2022-23 over the prior fiscal year and a -14.0% decline in FY 2023-24. See the table below for additional detail.

Total Medicaid Caseload	FY 2022-23	FY 2023-24
	<b>5,479,399</b>	<b>4,714,883</b>

	SMMC		FFS		
	FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
TANF 0-13	1,746,109	1,575,713	Other FFS	398,134	406,743
TANF 14+	1,848,230	1,267,586	Medically Needy	145,900	84,468
SSI Medicaid	321,682	326,186	QMB/SLMB/QI	488,466	495,014
SSI Dual	97,914	100,686	XXI Children (6-18)	4,847	5,011
HIV/AIDS Medicaid	12,162	14,066	General Assistance	48,306	60,165
HIV/AIDS Specialty Medicaid	12,365	13,485	Family Planning	36,587	37,372
HIV/AIDS Dual	3,977	4,070	Relative Caregiver	9,947	9,622
LTC Medicaid	11,086	11,707	Child Only	13,882	13,881
LTC Dual	75,192	75,515	Families with Adults	21,832	24,635
Child Welfare	66,805	67,564	Unemployed Parents	18,447	20,979
CMSN	96,697	99,578			
PDN	832	837			

NOTE: While the names of some of the categories have been used consistently over time, significant changes in methodology that first appeared in July 2016 may prevent comparisons of the data before and after this date.

**Expenditure Estimating Conference** – The new expenditure forecast takes account of the Medicaid caseload changes described above. Current projections include a 6.2% enhanced FMAP through 3/31/2023 per the Families First Coronavirus Response Act. The public health emergency was extended well into FY 2022-23, resulting in a reduction in needed state funds relative to the August 2022 expectations. The CAA 2023 (mentioned above) also phases down the 6.2% from April to Dec 2023. Conversely, no reductions in federal Disproportionate Share Hospital (DSH) funding have been included in the forecast, even though the DSH reductions are set to go into effect in 2024 unless additional federal action is taken.

The forecast does not adhere to federal waiver authority for the size of the Low Income Pool (LIP) for FY 2022-23 which is currently set to expire June 2030 and is contingent upon approval of a budget amendment per the General Appropriations Act. The forecast assumes 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 2022-23 through FY 2027-28. 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 2022-23 and could result in lower supplemental payments to providers.

In the expenditure forecast, an overall rate decrease of -5.5% was applied to the Prepaid Health Plans category at a granular level beginning October 1, 2022. This reduction is slightly less than the preliminary figure of -6.0% that was first suggested by the August 3, 2022 letter prepared by Milliman, Inc. (reference “Combined SMMC Rate Change for October 2022 through September 2023”). In subsequent years, the MMA capitation rate increase is projected to be 8.35% in October 2023, 2.58% in October 2024, 2.67% in October 2025, 2.62% in October 2026, and 2.60% in October 2027 as increases in medical inflation begin to take hold.

For the Prepaid Health Plan – CMS category, a rate decrease of -5.1% was applied on October 1, 2022. This is relative to a preliminary figure of -5.2% that was provided in the same August 3, 2022 letter referenced above. In the outer years, changes to CMS capitation rates are projected match the other Prepaid Health Plans.

For the Prepaid Health Plan – Long Term Care (LTC) category, a rate increase of 0.7% was applied October 1, 2022. A preliminary figure of 1.1% was provided in the same August 3, 2022 letter referenced above. In the outer years, LTC capitation rates are projected to increase 1.5% in October of each year.

For FY 2022-23, program expenditures are expected to be \$36,997.3 million. This level is lower than the appropriated level and slightly higher than forecasted in August—but the additional need for state funds has been suppressed by the temporary FMAP boost described above and below. Overall, the new forecast anticipates a surplus in General Revenue funds for the current year of \$1,821.8 million relative to the appropriated level; this surplus is \$564.3 higher than anticipated in August. For FY 2023-24, program expenditures are expected to decrease to \$35,872.2 million (3.0% below the new estimate for the 2022-23 fiscal year). The General Revenue requirement for FY 2023-24 is \$195.5 million below the FY 2023-24 base budget level. See the table on the following page for details.

<b>Expenditure Forecast (millions)</b>	<b>FY 2022-23 Forecast</b>	<b>Surplus/Deficit (Appropriation)</b>	<b>FY 2023-24 Forecast</b>	<b>Comparison to Base Budget</b>
General Revenue	\$8,195.5	\$1,821.8	\$9,853.3	\$195.5
Medical Care TF	22,278.2	(1,576.1)	19,480.7	1,183.2
Refugee Assistance TF	41.6	(18.5)	34.9	(11.8)
Public Medical Assistance TF	900.6	0	843.5	57.1
Other State Funds	671.2	122.2	803.9	(10.5)
Grants and Donations TF	3,824.6	279.4	3,869.5	171.9
Health Care Trust Fund	743.3	0	666.1	77.2
Tobacco Settlement TF	342.2	17.9	320.3	39.9
<b>Total</b>	<b>\$36,997.3</b>	<b>\$646.7</b>	<b>\$35,872.2</b>	<b>\$1,702.4</b>

**Federal Medical Assistance Percentage** – Using new population and personal income data for the nation and for Florida, the Conference made modifications to the Federal Medical Assistance Percentages (FMAP) which are the federal funding shares used for state budgeting purposes. Further adjustments were made to reflect the provisions of Section 6008 of the Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127), which first became effective for budgeting purposes in January 2020, as well as the phasedown of the FFCRA FMAP in the CAA, 2023. These provisions provided states and territories with a temporary 6.2 percentage-point increase in the regular FMAP through March 2023 then phases it down from April to December 2023 before fully eliminating it in January 2024. Based on the CAA, the Conference applied the adjusted enhancement through December 31, 2023. The confirmed base federal FMAP for 2022-23 is 60.05%. The confirmed base federal FMAP for 2023-24 is 57.96%. After adjusting for FFCRA and the State’s fiscal year, the effective state FMAP for 2022-23 is 66.20% and 59.48% for 2023-34. Both 2022-23 and 2023-24 federal shares are higher than expected in the prior forecast due to the consecutive extensions of the public health emergency.