

## PRA Disclosure Statement

PRA Disclosure Statement - The 1115 PMDA application offers a source of high quality and timely data to improve the Center for Medicaid & CHIP Services (CMCS) ability to monitor demonstrations for the achievement of desired outcomes and projected cost savings. The states will upload and submit their budget neutrality workbook to CMCS via PMDA. Eventually PMDA will also be integrated into the Medicaid and CHIP Program (MACPro) System, which currently allows CMS and states to collaborate online to process State Plan Amendments (SPA), 1915 waivers, Quality Measures reports, advance planning documents, and other initiatives. The goal of the PMDA application is to: Collect programmatic quality and other performance metrics, related reports and other information associated with selected 1115 demonstrations; Validate and track performance-based incentive payments for 1115 demonstrations that include them; Provide electronic reports that support CMCS oversight, monitoring and evaluation of 1115 demonstration performance, particularly on quality and other performance metrics, and on related incentive payments (if any); Produce analytic files to support demonstration evaluation. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 CMS-10398 #56. Public burden for all of the collection of information requirements under this control number is estimated to take about 7.5 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Budget neutrality is a Federal policy that governs the Federal expenditures for 1115 demonstrations. It is assured by placing an upper limit on the amount of Federal Financial Participation (FFP) the state can receive during the demonstration. The upper limit represents what the state could have received in the absence of the 1115 demonstration.

The Budget Neutrality workbook will assist in collecting standardized data in order to determine financial performance for the demonstration in terms of budget neutrality.

The workbook has two major groups of tabs: the first group collects and calculates Without Waiver (WOW) numbers, and the second group calculates With Waiver (WW) numbers. Data is collected per each demonstration Medicaid Eligibility Group (MEG), by demonstration year (DY). A Medicaid section 1115 demonstration is considered budget neutral if the Federal title XIX match, or funding received by the state (i.e., "with waiver" expenditures) do not exceed what the state would have (or could have) received without the demonstration (i.e., "without waiver" expenditures). The workbook provides the ability to evaluate any variance between WW and WOW calculations.

The workbook consists of 15 tabs which contain different types of data and calculations. The following color schema is applied to the tabs:

<b>Blue</b>	Information populated in the Budget Neutrality workbook template based on the demonstration's approved STC
<b>Red</b>	Information populated by states on a quarterly basis or per the reporting requirements defined in the STC
<b>Green</b>	Information automatically populated based on the input from other worksheets

Note: Overview and Dropdowns tabs are read-only, no data entry is required. The Dropdowns tab displays the values used to build the dropdowns menus throughout the workbook, including the list of active waivers for the demonstration.

**Data Entry** Within the tabs where a State User populates information (C Report, Total Adjustments, WW Spending Projected, MemMon Actual, MemMon Projected, and Summary TC tabs), yellow highlighted cells denote where data entry may be needed (depending on DY being updated).

### **Pre-populated values in the downloaded Budget Neutrality workbook template**

The original workbook entries are based on the STCs and other demonstration approval documentation. These entries are made on the DY Def, MEG Def, WOW PMPM & Agg, Program Spending Limits, and Summary TC tab (Phase-Down Percentage and Cumulative Target Percentage fields).

The MEG Def tab defines MEGs as Medicaid populations (core demonstration populations), Hypothetical populations (when a demonstration has separate budget neutrality agreements) and Tracking Only populations (for example, "pass-through" populations). The MEG Def tab also defines how expenditure numbers are calculated for a MEG (Per Capita vs. Aggregate) and the applicable scenarios (WOW, WW, or both). Also, the tab contains indicators defining MEG characteristics such as expenditure caps or applicability of savings phase-down calculations.

### **Calculating With Waiver (WW) numbers**

WW numbers for each active DY of a demonstration are calculated based on a combination of actual WW expenditures, projected future expenditures, and any adjustments entered by a State User. The actual WW expenditures are copied from the Schedule C of the MBES CMS-64 report to the workbook (C Report tab). These numbers are automatically transferred to the C Report Grouper tab, where waiver expenditures are grouped by MEGs. The numbers are also transferred to the WW Spending Actual tab, which factors in adjustments entered on the Total Adjustments tab to calculate total actual WW expenditures. The WW Spending Total tab displays the actual WW expenditures plus future projected expenditures (transferred from the WW Spending Projected tab). Finally, the total WW actual and projected numbers are transferred to the Summary TC (Total Computable) tab (into the With-Waiver Total Expenditures section).

### **Calculating Without Waiver (WOW) numbers**

WOW numbers can be obtained either one of two ways: using Aggregate or Per Capita calculations. If total projected expenditures for a MEG is known and the expenditure calculation type is defined as 'Aggregate' on the MEG Def tab, the total projected expenditure amount is entered for each active DY. However, if the expenditure calculation type is defined as 'Per Capita', total projected expenditures are derived by multiplying per member per month (PMPM) costs by the actual number of member months.

Both Aggregate and PMPM numbers are populated on the WOW PMPM & Agg tab. The number of actual member months (number of beneficiaries times the number of months enrolled) are entered by a State User on the MemMon Actual tab for each DY. On the MemMon Projected tab, State User enters projected numbers. The totals for actual and projected member months are calculated on the MemMon Total tab. WOW aggregate, PMPM and member month data is then moved to the the Without-Waiver Total Expenditures section of the Summary TC tab, where final calculations are performed.

Based on information from all tabs, the WW and WOW numbers are compared to determine the budget neutrality status of the demonstration.

**Below are the definitions for the tabs of the workbook which require data entries from State User.**

**On top of the C Report tab, enter data in the following highlighted cells:**

'Data Pulled On:' - enter the date the source file used to enter data on this tab was pulled  
'For the Time Period Through :'- enter the date through which the source file data was pulled  
Reporting DY' - enter the Demonstration Year (DY) for which data is being reported. Entered DY value must align with DYs from the DY Def tab.  
Reporting Quarter' - enter a number of the quarter (values 1 through 4) for which data is being reported.

#### **Notes:**

- Dates must be entered in the following format: mm/dd/yyyy
- Reporting DY and Reporting Quarter entries affect which portion of the 'Medicaid Aggregate' and 'Medicaid Aggregate - WOW only' amounts for a DY will be calculated as Actuals, and which will be calculated as Projected
- Entry for each of these four fields is required for the workbook submission. If any field is not populated, you will receive an error and the document will not be uploaded to the system.

**State User enters information on the following tabs:**

### **C Report Tab**

Open Schedule C of the CMS 64 Expenditure Report. Under your state, locate expenditure data for the specific demonstration. From this location on the CMS 64 Expenditure Report, copy expenditure data cells for all DYs (active and non-active). On the C Report tab, paste the data into the correct cell/row. Repeat the copy and paste process for MAP Waivers section (Total Computable and Federal Share) and ADM Waivers section (if applicable). Verify that the pasted numbers are correctly aligned with the Waiver Name values.

**Total Adjustments tab**

When adjustments are relevant for a demonstration, enter the actual numbers of total contributions to the reported expenditures, per each MEG, for the reporting quarter. Add new reported adjustments to any existing numbers for previous quarters for the reported DY.

**Note:** Any adjustments that reduce expenditures must be entered as negative numbers (for example, -\$10,000).

**WW Spending Projected tab**

Enter projected annual expenditures for each MEG for the active DYs of a demonstration.

For each reporting quarter, update the projected numbers so they reflect only future quarter projections. Please see the example for the MemMon Projected tab.

**MemMonth Actual tab**

For each MEG, calculate the actual number of member months for the reported quarter and add this number to the previously entered number for the same DY. For example, for Q3 reporting period, add Q3 member months to the existing number for the same MEG and DY and enter the result into the same cell.

**MemMonth Projected tab**

For each MEG, enter projected (future) annual member months for all active DYs of the demonstration. Adjust future DY numbers as needed.

For the current DY, enter only the number that reflects future quarters. For example, for Q3 reporting, only enter the projected number for Q4. There should be no projected numbers for completed (actual) DYs.

**Summary TC tab**

In the Net Variance section, for each DY, enter estimated numbers in row '1115A Dual Demonstration Savings (state preliminary estimate)'.

In the next row, '1115A Dual Demonstration Savings (OACT certified)' enter certified numbers.

Both estimated and certified numbers must be negative, as dual demonstration savings numbers reduce the Net Variance amount.

**Demonstration Years Definitions**

DY	1	2	3	4	5	6	7	8	9	10
<b>Start Date</b>	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	1/1/2023
<b>End Date</b>	12/31/2014	12/31/2015	12/31/2016	12/31/2017	12/31/2018	12/31/2019	12/31/2020	12/31/2021	12/31/2022	12/31/2023

Enter any general comments / notes:

MEG Definitions

MEG Name	MEG Description	Savings Phase-Down	Expenditures Subject to Cap?	Hypothetical Populations Included in Calculations?	Start DY	Start Date	End DY	End Date
<b>Medicaid Per Capita</b> TANF and Related	Includes: Low income families Qualified pregnant women Poverty level related infants Poverty level related children under ages 1-5 Foster care children Individuals under 65 screened for breast or cervical cancer	Savings Phase-Down	No	N/A				
1					1	1/1/2014	10	12/31/2023
2	SSI Medicaid Only Aged, Blind, and Disabled (not eligible for Medicare)	Savings Phase-Down	No	N/A	1	1/1/2014	10	12/31/2023
3	SSI Dual Aged, Blind, and Disabled (eligible for Medicare)	Savings Phase-Down	No	N/A	1	1/1/2014	10	12/31/2023
<b>Medicaid Aggregate - WOW only</b> UPL Payments	WOW projected amount of hospital supplemental payments	N/A	No	N/A	1	1/1/2014	10	12/31/2023
1					1	1/1/2014	10	12/31/2023
<b>Medicaid Aggregate - WW only</b> UC	Uncompensated Care (UC) Pool payments	N/A	Yes	N/A	1	1/1/2014	10	12/31/2023
1					1	1/1/2014	10	12/31/2023
2	HQII Hospital Quality Improvement Incentive Pool payments	N/A	Yes	N/A	1	1/1/2014	10	12/31/2023
<b>Hypothetical 1 Per Capita</b> 217-like Medicaid	217-like Medicaid	N/A		<u>Hypothetical Test 1</u> Yes	1	1/1/2014	10	12/31/2023
1					1	1/1/2014	10	12/31/2023
2	217-like Group-Dual	N/A		Yes	1	1/1/2014	10	12/31/2023
<b>Hypothetical 2 Per Capita</b> VIII Group	Individuals age 19 through 65. Adult group 1902(a)(10)(A)(i)(VII) 42 CFR 435.119	N/A		<u>Hypothetical Test 2</u> Yes	1	1/1/2014	10	12/31/2023
1					1	1/1/2014	10	12/31/2023
<b>Hypothetical 3 Per Capita</b> SUD/IMD	Substance Use Disorder / Institution for Mental Diseases	N/A		<u>Hypothetical Test 3</u> Yes	6	1/1/2019	10	12/31/2023
1					6	1/1/2019	10	12/31/2023
<b>Hypothetical 4 Per Capita</b> CHV	Expenditures to pilot home visiting services to eligible pregnant women, postpartum women, infants, and children up to age two residing in the state-designated counties, as defined in STC 48	N/A		<u>Hypothetical Test 4</u> Yes	7	1/1/2020	10	12/31/2023
1					7	1/1/2020	10	12/31/2023
Tenancy	Expenditures to pilot pre-tenancy and tenancy services furnished to seriously mental ill Centennial Care 2.0 beneficiaries, as defined in STC 49.	N/A		Yes	7	1/1/2020	10	12/31/2023
2					7	1/1/2020	10	12/31/2023

**WOW PMPMs and Aggregates**

		6	7	8	9	10
<b>Medicaid Per Capita</b>						
TANF and Related	1	\$460.00	\$477.48	\$495.62	\$514.45	\$534.00
SSI Medicaid Only	2	\$2,158.77	\$2,247.28	\$2,339.42	\$2,435.34	\$2,535.19
SSI Dual	3	\$2,057.62	\$2,141.98	\$2,229.80	\$2,321.22	\$2,416.39
<b>Medicaid Aggregate - WOW only</b>						
UPL Payments	1	\$80,901,176.00	\$80,901,176.00	\$80,901,176.00	\$80,901,176.00	\$80,901,176.00
<b>Hypothetical 1 Per Capita</b>						
217-like Medicaid	1	\$5,747.30	\$5,926.04	\$6,110.34	\$6,300.37	\$6,496.31
217-like Group-Dual	2	\$3,661.18	\$3,811.29	\$3,967.56	\$4,130.23	\$4,299.57
<b>Hypothetical 2 Per Capita</b>						
VIII Group	1	\$738.22	\$772.92	\$809.24	\$847.28	\$887.10
<b>Hypothetical 3 Per Capita</b>						
SUD/IMD	1	\$808.21	\$841.35	\$875.85	\$911.76	\$949.14
<b>Hypothetical 4 Per Capita</b>						
CHV	1		\$708.33	\$708.33	\$708.33	\$708.33
Tenancy	2		\$450.00	\$450.00	\$450.00	\$450.00

**Program Spending Limits**

						TOTAL
Program Name and Associated MEGs	6	7	8	9	10	
<b>Spending Cap</b>						
<i>Uncompensated Care Pool</i>	\$68,889,323					\$ 413,335,938
<b>Expenditures Subject to Cap</b>						
<i>UC</i>	\$68,889,316					
<b>Variance</b>	\$7					\$ 1,594,357
Over or Under						

						TOTAL
Program Name and Associated MEGs	6	7	8	9	10	
<b>Spending Cap</b>						
Hospital Quality Improvement Incentive Pool	\$12,000,000	\$12,000,000	\$12,000,000			\$ 65,426,586
<b>Expenditures Subject to Cap</b>						
<i>HQII</i>	\$12,000,002	\$11,999,993	\$12,000,000			
<b>Variance</b>	(\$2)	\$7				\$ (1,594,342)
Over or Under	Over					Over



C Report Group

MAP Waivers Only

Total Computable

MEG Names	C Report Waiver Names	6	7	8	9	10
<b>Medicaid Per Capita</b>						
TANF and Related	1 MEG1-TANF & Related	\$1,713,268,114	\$2,002,559,452	\$2,390,789,512	\$1,842,747,779	
SSI Medicaid Only	2 MEG2- SSI Medicaid Only	\$865,759,378	\$1,006,496,530	\$1,070,861,800	\$852,577,526	
SSI Dual	3 MEG3- SSI DUAL	\$557,061,667	\$625,745,431	\$670,401,310	\$540,913,981	
<b>Medicaid Aggregate - WW only</b>						
UC	1 Uncompensated Care "UC" Pool	\$68,889,316				
UC	1 MEG8-UHC-Uncompensated care					
UC	1 UC					
HQII	2 Hospital Quality Improvement Incentive "HQII" Pool	\$12,000,002	\$11,999,993	\$12,000,000		
HQII	2 MEG9-HQII-Hospital Quality Improve Incentive					
<b>Hypothetical 1 Per Capita</b>						
217-like Medicaid	1 MEG4-217	\$11,383,232	\$12,139,659	\$11,732,716	\$8,540,995	
217-like Group-Dual	2 MEG5- 217 DUAL	\$143,887,343	\$191,782,440	\$243,727,931	\$200,387,610	
<b>Hypothetical 2 Per Capita</b>						
VIII Group	1 MEG6-VIII GROUP	\$1,611,492,050	\$1,974,111,193	\$2,168,905,645	\$1,741,584,163	
<b>Hypothetical 3 Per Capita</b>						
SUD/IMD	1 Centennial Care 2.0 Medicaid SUD/IMD	\$3,448,086	\$4,652,746	\$6,397,878	\$4,526,556	
<b>Hypothetical 4 Per Capita</b>						
CHV	1 CHV					
Tenancy	2 Tenancy					
<b>TOTAL</b>		<b>\$4,987,189,188</b>	<b>\$5,829,487,444</b>	<b>\$6,574,816,792</b>	<b>\$5,191,278,610</b>	

**Adjustments made to the reported expenditures**

Enter total adjustments made to the expenditure numbers, including adjustments to the previous reporting periods.

Positive adjustments increase expenditures, and negative adjustments decrease expenditures.

Enter adjustments for every MEG for which adjustments were made or are planned.

**Helpful Hint:** Remember to enter total adjustments as positive or negative (for example, -\$10,000 reflects a decrease in expenditures).

		6	7	8	9	10	Description (type of collection, time period, CMS-64 reporting line, etc.)
<b>Medicaid Per Capita</b>							
	TANF and Related	1	\$872,706	\$468,059	\$425,303	\$287,423	SUD IMD Adjustment
	SSI Medicaid Only	2	\$528,611	\$280,663	\$245,491	\$166,102	SUD IMD Adjustment
	SSI Dual	3	\$179,528	\$94,993	\$83,984	\$56,756	SUD IMD Adjustment
<b>Medicaid Aggregate - WW only</b>							
	UC	1					
	HQII	2					
<b>Hypothetical 1 Per Capita</b>							
	217-like Medicaid	1	\$4,987	\$1,727	\$1,615	\$1,041	SUD IMD Adjustment
	217-like Group-Dual	2	\$14,961	\$8,636	\$6,460	\$4,166	SUD IMD Adjustment
<b>Hypothetical 2 Per Capita</b>							
	VIII Group	1	\$1,366,409	\$1,502,624	\$1,672,679	\$1,129,907	SUD IMD Adjustment
<b>Hypothetical 3 Per Capita</b>							
	SUD/IMD	1	-\$2,967,201	-\$2,356,702	-\$2,435,533	-\$1,645,394	SUD IMD Adjustment
<b>Hypothetical 4 Per Capita</b>							
	CHV	1					
	Tenancy	2					

**WW Spending - Actual**

**Total Computable**

		6	7	8	9	10
<b><u>Medicaid Per Capita</u></b>						
TANF and Related	1	\$1,714,140,820	\$2,003,027,511	\$2,391,214,815	\$1,843,035,202	
SSI Medicaid Only	2	\$866,287,989	\$1,006,777,193	\$1,071,107,291	\$852,743,628	
SSI Dual	3	\$557,241,195	\$625,840,424	\$670,485,294	\$540,970,737	
<b><u>Medicaid Aggregate - WW only</u></b>						
UC	1	\$68,889,316				
HQII	2	\$12,000,002	\$11,999,993	\$12,000,000		
<b><u>Hypothetical 1 Per Capita</u></b>						
217-like Medicaid	1	\$11,388,219	\$12,141,386	\$11,734,331	\$8,542,036	
217-like Group-Dual	2	\$143,902,304	\$191,791,076	\$243,734,391	\$200,391,776	
<b><u>Hypothetical 2 Per Capita</u></b>						
VIII Group	1	\$1,612,858,459	\$1,975,613,817	\$2,170,578,324	\$1,742,714,070	
<b><u>Hypothetical 3 Per Capita</u></b>						
SUD/IMD	1	\$480,885	\$2,296,044	\$3,962,345	\$2,881,162	
<b><u>Hypothetical 4 Per Capita</u></b>						
CHV	1					
Tenancy	2					
<b>TOTAL</b>		<b>\$4,987,189,188</b>	<b>\$5,829,487,444</b>	<b>\$6,574,816,792</b>	<b>\$5,191,278,610</b>	

**WW Spending - Projected**

Enter projected spending for the demonstration which includes the remaining quarters of the current DY and all future DYs.

Enter the projected annual expenditures for each DY per MEG for the active DYs.

For the current DY, only future quarters should have projected spending information. Do not include expenditures that were reported as actuals.

**Total Computable**

		6	7	8	9	10
<b><u>Medicaid Per Capita</u></b>						
TANF and Related	1				\$942,109,720	\$2,762,514,667
SSI Medicaid Only	2				\$247,371,198	\$1,156,772,350
SSI Dual	3				\$199,025,655	\$772,294,907
<b><u>Medicaid Aggregate - WW only</u></b>						
UC	1					
HQII	2					
<b><u>Hypothetical 1 Per Capita</u></b>						
217-like Medicaid	1				\$4,687,785	\$14,184,968
217-like Group-Dual	2				\$86,824,555	\$327,487,401
<b><u>Hypothetical 2 Per Capita</u></b>						
VIII Group	1				\$675,673,442	\$2,250,714,487
<b><u>Hypothetical 3 Per Capita</u></b>						
SUD/IMD	1				\$1,354,875	\$4,010,116
<b><u>Hypothetical 4 Per Capita</u></b>						
CHV	1					
Tenancy	2					

**WW Spending - Total**

**Total Computable**

		6	7	8	9	10
<b><u>Medicaid Per Capita</u></b>						
TANF and Related	1	\$1,714,140,820	\$2,003,027,511	\$2,391,214,815	\$2,785,144,922	\$2,762,514,667
SSI Medicaid Only	2	\$866,287,989	\$1,006,777,193	\$1,071,107,291	\$1,100,114,826	\$1,156,772,350
SSI Dual	3	\$557,241,195	\$625,840,424	\$670,485,294	\$739,996,392	\$772,294,907
<b><u>Medicaid Aggregate - WW only</u></b>						
UC	1	\$68,889,316				
HQII	2	\$12,000,002	\$11,999,993	\$12,000,000		
<b><u>Hypothetical 1 Per Capita</u></b>						
217-like Medicaid	1	\$11,388,219	\$12,141,386	\$11,734,331	\$13,229,821	\$14,184,968
217-like Group-Dual	2	\$143,902,304	\$191,791,076	\$243,734,391	\$287,216,331	\$327,487,401
<b><u>Hypothetical 2 Per Capita</u></b>						
VIII Group	1	\$1,612,858,459	\$1,975,613,817	\$2,170,578,324	\$2,418,387,512	\$2,250,714,487
<b><u>Hypothetical 3 Per Capita</u></b>						
SUD/IMD	1	\$480,885	\$2,296,044	\$3,962,345	\$4,236,037	\$4,010,116
<b><u>Hypothetical 4 Per Capita</u></b>						
CHV	1					
Tenancy	2					
<b>TOTAL</b>		<b>\$4,987,189,188</b>	<b>\$5,829,487,444</b>	<b>\$6,574,816,792</b>	<b>\$7,348,325,840</b>	<b>\$7,287,978,896</b>

**Member Months - Actual**

Enter actual member months (number of beneficiaries times the number of enrolled months) for quarters to date for each active DY.

For the reported quarter, add the actual number of member months per each MEG to the previous actual number. The number should equal the total of ALL actual member months.

**Note:** Depending of the specifics of the state, you can use Total member months or Average monthly unduplicated counts. Whichever definition is used, it must be applied consistently.

**Helpful Hint:** When updating a DY, remember to enter actual member months for the reported quarter along with actuals for prior quarter(s). Retroactive adjustments may affect the entries.

		6	7	8	9	10
<b>Medicaid Per Capita</b>						
TANF and Related	1	4313466	4592930	5135010	4072843	
SSI Medicaid Only	2	448354	450072	461498	354548	
SSI Dual	3	433379	433209	435813	332559	
<b>Hypothetical 1 Per Capita</b>						
217-like Medicaid	1	2989	3005	3601	3267	
217-like Group-Dual	2	50764	60554	68032	51906	
<b>Hypothetical 2 Per Capita</b>						
VIII Group	1	3070621	3275235	3505466	2651854	
<b>Hypothetical 3 Per Capita</b>						
SUD/IMD	1	595	2729	4524	3160	
<b>Hypothetical 4 Per Capita</b>						
CHV	1					
Tenancy	2					

**Member Months - Projected**

Enter/adjust projected member months based on reported actuals.

Enter projected number of member months for each active DY per MEG for the demonstration.

For the current DY, enter only the number that reflects projections for future quarters of the DY.

Do not include member months for either the current reporting quarter or past quarters.

		6	7	8	9	10
<b><u>Medicaid Per Capita</u></b>						
TANF and Related	1				1437601	5246172
SSI Medicaid Only	2				101178	458612
SSI Dual	3				102785	435211
<b><u>Hypothetical 1 Per Capita</u></b>						
217-like Medicaid	1				470	3867
217-like Group-Dual	2				20620	79068
<b><u>Hypothetical 2 Per Capita</u></b>						
VIII Group	1				931914	3150868
<b><u>Hypothetical 3 Per Capita</u></b>						
SUD/IMD	1				1486	4225
<b><u>Hypothetical 4 Per Capita</u></b>						
CHV	1					
Tenancy	2					

**Member Months - Total**

		6	7	8	9	10
<b>Medicaid Per Capita</b>						
TANF and Related	1	4,313,466	4,592,930	5,135,010	5,510,444	5,246,172
SSI Medicaid Only	2	448,354	450,072	461,498	455,726	458,612
SSI Dual	3	433,379	433,209	435,813	435,344	435,211
<b>Hypothetical 1 Per Capita</b>						
217-like Medicaid	1	2,989	3,005	3,601	3,737	3,867
217-like Group-Dual	2	50,764	60,554	68,032	72,526	79,068
<b>Hypothetical 2 Per Capita</b>						
VIII Group	1	3,070,621	3,275,235	3,505,466	3,583,768	3,150,868
<b>Hypothetical 3 Per Capita</b>						
SUD/IMD	1	595	2,729	4,524	4,646	4,225
<b>Hypothetical 4 Per Capita</b>						
CHV	1					
Tenancy	2					

**Budget Neutrality Summary**

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year. By changing these settings, you change the year for which Demonstration Years will be used in calculating Budget Neutrality. Selecting the "Revert to Default" button will reset the Reporting DV values back to the demonstration's current Period of Performance.

Budget Neutrality Reporting Start DV	6
Budget Neutrality Reporting End DV	10

**Actuals + Projected**

Without-Weaver Total Expenditures		6	7	8	9	10	TOTAL
Medicaid Per Capita							
TANF and Related	Total	\$ 1,984,194,300	\$ 2,193,032,216	\$ 2,545,013,006	\$ 2,824,847,916	\$ 2,801,405,848	\$ 14,756,343,112
	PMFM	\$ 500,000	\$ 500,000	\$ 495,522	\$ 514,46	\$ 514,46	\$ 2,544,512
	Mem-Mon	\$ 1,984,194,300	\$ 2,193,032,216	\$ 2,545,013,006	\$ 2,824,847,916	\$ 2,801,405,848	\$ 14,756,343,112
SIS Medicaid Only	Total	\$ 967,893,165	\$ 1,011,427,804	\$ 1,079,637,601	\$ 1,169,947,797	\$ 1,162,999,006	\$ 5,634,912,919
	PMFM	\$ 158,771	\$ 247,298	\$ 239,424	\$ 429,34	\$ 22,59	\$ 825,19
	Mem-Mon	\$ 968,244,394	\$ 1,012,180,506	\$ 1,080,398,177	\$ 1,170,518,453	\$ 1,180,976,411	\$ 5,635,037,720
SIS Dual	Total	\$ 891,739,298	\$ 927,926,014	\$ 971,773,827	\$ 1,030,523,200	\$ 1,030,523,200	\$ 4,834,318,539
	PMFM	\$ 22,037,62	\$ 41,118	\$ 22,298	\$ 21,322	\$ 21,322	\$ 84,418
	Mem-Mon	\$ 910,701,676	\$ 886,806,896	\$ 949,481,529	\$ 1,009,201,878	\$ 1,009,201,878	\$ 4,749,903,621
Medicaid Assistance - WOV only (PIF Payments)							
TOTAL		\$ 3,843,717,999	\$ 4,213,286,010	\$ 4,624,723,511	\$ 5,025,328,913	\$ 5,065,928,060	\$ 22,244,132,007

With-Weaver Total Expenditures		6	7	8	9	10	TOTAL
Medicaid Per Capita							
TANF and Related	Total	\$ 1,714,440,820	\$ 2,003,027,911	\$ 2,361,214,816	\$ 2,781,144,322	\$ 2,792,514,697	\$ 13,653,446,667
	PMFM	\$ 686,287,969	\$ 1,008,277,193	\$ 1,011,102,291	\$ 1,101,114,826	\$ 1,102,722,300	\$ 5,910,526,819
	Mem-Mon	\$ 1,028,152,851	\$ 994,750,718	\$ 1,350,112,525	\$ 1,680,029,496	\$ 1,689,792,397	\$ 7,742,919,848
SIS Dual	Total	\$ 587,241,195	\$ 628,840,424	\$ 670,485,294	\$ 739,998,392	\$ 772,294,907	\$ 3,398,960,216
	PMFM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Mem-Mon	\$ 587,241,195	\$ 628,840,424	\$ 670,485,294	\$ 739,998,392	\$ 772,294,907	\$ 3,398,960,216
Medicaid Assistance - WV only (PIF Payments)							
TOTAL		\$ 3,888,922,210	\$ 4,639,715,750	\$ 5,002,917,430	\$ 5,302,251,110	\$ 5,367,522,904	\$ 23,353,883,916

Without-Weaver Total Expenditures		6	7	8	9	10	TOTAL
Medicaid Per Capita							
TANF and Related	Total	\$ 1,984,194,300	\$ 2,193,032,216	\$ 2,545,013,006	\$ 2,824,847,916	\$ 2,801,405,848	\$ 14,756,343,112
	PMFM	\$ 500,000	\$ 500,000	\$ 495,522	\$ 514,46	\$ 514,46	\$ 2,544,512
	Mem-Mon	\$ 1,984,194,300	\$ 2,193,032,216	\$ 2,545,013,006	\$ 2,824,847,916	\$ 2,801,405,848	\$ 14,756,343,112
SIS Medicaid Only	Total	\$ 967,893,165	\$ 1,011,427,804	\$ 1,079,637,601	\$ 1,169,947,797	\$ 1,162,999,006	\$ 5,634,912,919
	PMFM	\$ 158,771	\$ 247,298	\$ 239,424	\$ 429,34	\$ 22,59	\$ 825,19
	Mem-Mon	\$ 968,244,394	\$ 1,012,180,506	\$ 1,080,398,177	\$ 1,170,518,453	\$ 1,180,976,411	\$ 5,635,037,720
SIS Dual	Total	\$ 891,739,298	\$ 927,926,014	\$ 971,773,827	\$ 1,030,523,200	\$ 1,030,523,200	\$ 4,834,318,539
	PMFM	\$ 22,037,62	\$ 41,118	\$ 22,298	\$ 21,322	\$ 21,322	\$ 84,418
	Mem-Mon	\$ 910,701,676	\$ 886,806,896	\$ 949,481,529	\$ 1,009,201,878	\$ 1,009,201,878	\$ 4,749,903,621
Medicaid Assistance - WV only (PIF Payments)							
TOTAL		\$ 3,843,717,999	\$ 4,213,286,010	\$ 4,624,723,511	\$ 5,025,328,913	\$ 5,065,928,060	\$ 22,244,132,007

With-Weaver Total Expenditures		6	7	8	9	10	TOTAL
Medicaid Per Capita							
TANF and Related	Total	\$ 1,714,440,820	\$ 2,003,027,911	\$ 2,361,214,816	\$ 2,781,144,322	\$ 2,792,514,697	\$ 13,653,446,667
	PMFM	\$ 686,287,969	\$ 1,008,277,193	\$ 1,011,102,291	\$ 1,101,114,826	\$ 1,102,722,300	\$ 5,910,526,819
	Mem-Mon	\$ 1,028,152,851	\$ 994,750,718	\$ 1,350,112,525	\$ 1,680,029,496	\$ 1,689,792,397	\$ 7,742,919,848
SIS Dual	Total	\$ 587,241,195	\$ 628,840,424	\$ 670,485,294	\$ 739,998,392	\$ 772,294,907	\$ 3,398,960,216
	PMFM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Mem-Mon	\$ 587,241,195	\$ 628,840,424	\$ 670,485,294	\$ 739,998,392	\$ 772,294,907	\$ 3,398,960,216
Medicaid Assistance - WV only (PIF Payments)							
TOTAL		\$ 3,888,922,210	\$ 4,639,715,750	\$ 5,002,917,430	\$ 5,302,251,110	\$ 5,367,522,904	\$ 23,353,883,916

Without-Weaver Total Expenditures		6	7	8	9	10	TOTAL
Medicaid Per Capita							
TANF and Related	Total	\$ 1,984,194,300	\$ 2,193,032,216	\$ 2,545,013,006	\$ 2,824,847,916	\$ 2,801,405,848	\$ 14,756,343,112
	PMFM	\$ 500,000	\$ 500,000	\$ 495,522	\$ 514,46	\$ 514,46	\$ 2,544,512
	Mem-Mon	\$ 1,984,194,300	\$ 2,193,032,216	\$ 2,545,013,006	\$ 2,824,847,916	\$ 2,801,405,848	\$ 14,756,343,112
SIS Medicaid Only	Total	\$ 967,893,165	\$ 1,011,427,804	\$ 1,079,637,601	\$ 1,169,947,797	\$ 1,162,999,006	\$ 5,634,912,919
	PMFM	\$ 158,771	\$ 247,298	\$ 239,424	\$ 429,34	\$ 22,59	\$ 825,19
	Mem-Mon	\$ 968,244,394	\$ 1,012,180,506	\$ 1,080,398,177	\$ 1,170,518,453	\$ 1,180,976,411	\$ 5,635,037,720
SIS Dual	Total	\$ 891,739,298	\$ 927,926,014	\$ 971,773,827	\$ 1,030,523,200	\$ 1,030,523,200	\$ 4,834,318,539
	PMFM	\$ 22,037,62	\$ 41,118	\$ 22,298	\$ 21,322	\$ 21,322	\$ 84,418
	Mem-Mon	\$ 910,701,676	\$ 886,806,896	\$ 949,481,529	\$ 1,009,201,878	\$ 1,009,201,878	\$ 4,749,903,621
Medicaid Assistance - WV only (PIF Payments)							
TOTAL		\$ 3,843,717,999	\$ 4,213,286,010	\$ 4,624,723,511	\$ 5,025,328,913	\$ 5,065,928,060	\$ 22,244,132,007

With-Weaver Total Expenditures		6	7	8	9	10	TOTAL
Medicaid Per Capita							
TANF and Related	Total	\$ 1,714,440,820	\$ 2,003,027,911	\$ 2,361,214,816	\$ 2,781,144,322	\$ 2,792,514,697	\$ 13,653,446,667
	PMFM	\$ 686,287,969	\$ 1,008,277,193	\$ 1,011,102,291	\$ 1,101,114,826	\$ 1,102,722,300	\$ 5,910,526,819
	Mem-Mon	\$ 1,028,152,851	\$ 994,750,718	\$ 1,350,112,525	\$ 1,680,029,496	\$ 1,689,792,397	\$ 7,742,919,848
SIS Dual	Total	\$ 587,241,195	\$ 628,840,424	\$ 670,485,294	\$ 739,998,392	\$ 772,294,907	\$ 3,398,960,216
	PMFM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Mem-Mon	\$ 587,241,195	\$ 628,840,424	\$ 670,485,294	\$ 739,998,392	\$ 772,294,907	\$ 3,398,960,216
Medicaid Assistance - WV only (PIF Payments)							
TOTAL		\$ 3,888,922,210	\$ 4,639,715,750	\$ 5,002,917,430	\$ 5,302,251,110	\$ 5,367,522,904	\$ 23,353,883,916

Without-Weaver Total Expenditures		6	7	8	9	10	TOTAL
Medicaid Per Capita							
TANF and Related	Total	\$ 1,984,194,300	\$ 2,193,032,216	\$ 2,545,013,006	\$ 2,824,847,916	\$ 2,801,405,848	\$ 14,756,343,112
	PMFM	\$ 500,000	\$ 500,000	\$ 495,522	\$ 514,46	\$ 514,46	\$ 2,544,512
	Mem-Mon	\$ 1,984,194,300	\$ 2,193,032,216	\$ 2,545,013,006	\$ 2,824,847,916	\$ 2,801,405,848	\$ 14,756,343,112
SIS Medicaid Only	Total	\$ 967,893,165	\$ 1,011,427,804	\$ 1,079,637,601	\$ 1,169,947,797	\$ 1,162,999,006	\$ 5,634,912,919
	PMFM	\$ 158,771	\$ 247,298	\$ 239,424	\$ 429,34	\$ 22,59	\$ 825,19
	Mem-Mon	\$ 968,244,394	\$ 1,012,180,506	\$ 1,080,398,177	\$ 1,170,518,453	\$ 1,180,976,411	\$ 5,635,037,720
SIS Dual	Total	\$ 891,739,298	\$ 927,926,014	\$ 971,773,827	\$ 1,030,523,200	\$ 1,030,523,200	\$ 4,834,318,539
	PMFM	\$ 22,037,62	\$ 41,118	\$ 22,298	\$ 21,322	\$ 21,322	\$ 84,418
	Mem-Mon	\$ 910,701,676	\$ 886,806,896	\$ 949,481,529	\$ 1,009,201,878	\$ 1,009,201,878	\$ 4,749,903,621
Medicaid Assistance - WV only (PIF Payments)							
TOTAL		\$ 3,843,717,999	\$ 4,213,286,010	\$ 4,624,723,511	\$ 5,025,328,913	\$ 5,065,928,060	\$ 22,244,132,007

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	PMFM	\$ 686,287,969	\$ 1,008,277,193	\$ 1,011,102,291	\$ 1,101,114,826	\$ 1,102,722,300	\$ 5,910,526,819
	Mem-Mon	\$ 1,028,152,851	\$ 994,750,718	\$ 1,350,112,525	\$ 1,680,029,496	\$ 1,689,792,397	\$ 7,742,919,848
SIS Dual	Total	\$ 587,241,195	\$ 628,840,424	\$ 670,485,294	\$ 739,998,392	\$ 772,294,907	\$ 3,398,960,216
	PMFM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Medicaid Per Capita							
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	PMFM	\$ 500,000	\$ 500,000	\$ 495,522	\$ 514,46	\$ 514,46	\$ 2,544,512
	Mem-Mon	\$ 1,984,194,300	\$ 2,193,032,216	\$ 2,545,013,006	\$ 2,824,847,916	\$ 2,801,405,848	\$ 14,756,343,112
SIS Medicaid Only	Total	\$ 967,893,165	\$ 1,011,427,804	\$ 1,079,637,601	\$ 1,169,947,797	\$ 1,162,999,006	\$ 5,634,912,919
	PMFM	\$ 158,771	\$ 247,298	\$ 239,424	\$ 429,34	\$ 22,59	\$ 825,19
	Mem-Mon	\$ 968,244,394	\$ 1,012,180,506	\$ 1,080,398,177	\$ 1,170,518,453	\$ 1,180,976,411	\$ 5,635,037,720
SIS Dual	Total	\$ 891,739,298	\$ 927,926,014	\$ 971,773,827	\$ 1,030,523,200	\$ 1,030,523,200	\$ 4,834,318,539
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With-Weaver Total Expenditures		6	7	8	9	10	TOTAL
Medicaid Per Capita							
TANF and Related	Total						

**Yes No**

Yes

No

**Per Capita or Aggregate**

Per Capita

Aggregate

**Phase-Down**

No Phase-Down

Savings Phase-Down

**Actuals and Projected**

Actuals Only

Actuals + Projected

**MAP ADM**

MAP+ADM Waivers

MAP Waivers Only

**Waiver List**

**MAP WAIVERS**

Not Applicable

Centennial Care 2.0 Medicaid SUD/IMD

Hospital Quality Improvement Incentive "HQII" Pool

MEG1-TANF & Related

MEG2- SSI Medicaid Only

MEG3- SSI DUAL

MEG4-217

MEG5- 217 DUAL

MEG6-VIII GROUP

MEG8-UHC-Uncompensated care

MEG9-HQII-Hospital Quality Improve Incentive

UC

Uncompensated Care "UC" Pool

CHV

Tenancy

**ADM WAIVERS**

**Demonstration Reporting Start DY**

6

**Demonstration Reporting End DY**

10

**Reporting Net Variance**

\$

879,783,364