



Office of the Secretary

P.O. Box 1437, Slot S201 · Little Rock, AR 72203-1437
501-682-8650 · Fax: 501-682-6836 · TDD: 501-682-8820



July 31, 2019

Governor Asa Hutchinson
250 State Capitol
Little Rock, AR 72201

Dear Governor Hutchinson:

I am pleased to submit to you the Department of Human Services' (DHS) Medicaid Transformation Savings Scorecard and Quarterly Report, which covers the fourth quarter (Q4) of State Fiscal Year 2019. We continue to be on track to achieve the five year savings target of \$835 million for SFY 2017-2021 you established with the Health Care Task Force (HCTF). The savings target represents a reduction in expenditures from the original spending projections over the five year period, as is typical in assessing the impact of reforms against a Medicaid baseline. The HCTF projected that Medicaid expenditures over the three-year SFY 2017-2019 would total \$16,957 million. Actual Medicaid spending was \$16,039 million, a reduction of \$918 million. I am pleased to report that Medicaid Transformation savings accounts for \$690 million of the total reduction. The five year targeting savings for the Behavioral Health (BH) and Developmental Disabilities Transformation Initiatives have been exceeded.

This Q4 Report begins to show the interaction between the Provider-led Arkansas Shared Entity (PASSE) program and direct payments to providers, in particular to the BH and DD specialty providers and in pharmacy spending. Future Quarterly Reports will proportionately assign savings between fee-for-service and the PASSE program. This Q4 Report provides new data, including drug rebates, that we believe are useful in gaining a better understanding of Medicaid. For example, when properly accounting for rebates from drug manufacturers, the net cost of outpatient pharmacy costs are reduced by more than half.

We are also pleased to report our progress in meeting your Executive Order 19-02, "To Establish a Systematic Approach to Reviewing Medicaid Rates on a Regular Cycle." As you have directed, we have completed the first round of reviews. We have considered a number of factors including access, quality, and comparable rates in other states. We will be meeting with the respective industry groups to review the results shortly. Our second round of reviews by service category will be:

- Hospice benefits in skilled nursing facilities
- Nurse practitioners
- Physician assistants
- Laboratory and x-rays

While financial challenges remain, through your leadership, and with the ongoing support of the General Assembly, Medicaid is becoming more financially stable and predictable while ensuring services for those most in need remain intact.

Sincerely,

Cindy Gillespie
Secretary

Medicaid Transformation Savings Scorecard and Quarterly Report

Q4 – SFY2019

A Four Section Report to Track Medicaid and Savings

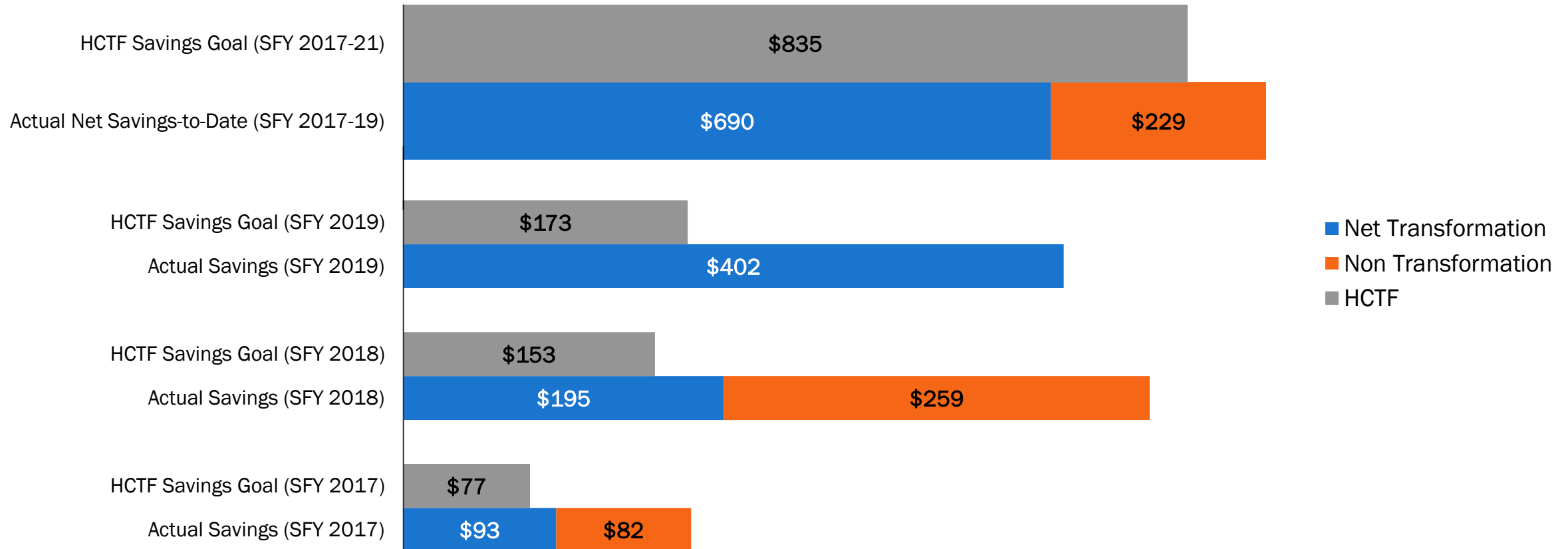
- DHS is obligated to provide a quarterly report beginning with the first quarter of SFY18 that:
 - Includes a dashboard or scorecard to track savings from reforms approved by the Health Care Task Force (HCTF). The reforms target “at least \$835 million” in savings from traditional Medicaid.
 - Reports 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

Traditional Medicaid Scorecard

Year-by-Year Savings

Net Savings (\$M)



Note(s): Starting in Q3 – SFY19, the PASSEs assumed full risk and their capitated payments are now calculated as part of non-transformation savings. Excluding the capitated payments, the Actual Savings for Non Transformation from SFY 2017-19 would have been **\$769M**. Non Transformation savings for SFY 2019 would have been **\$428M**.

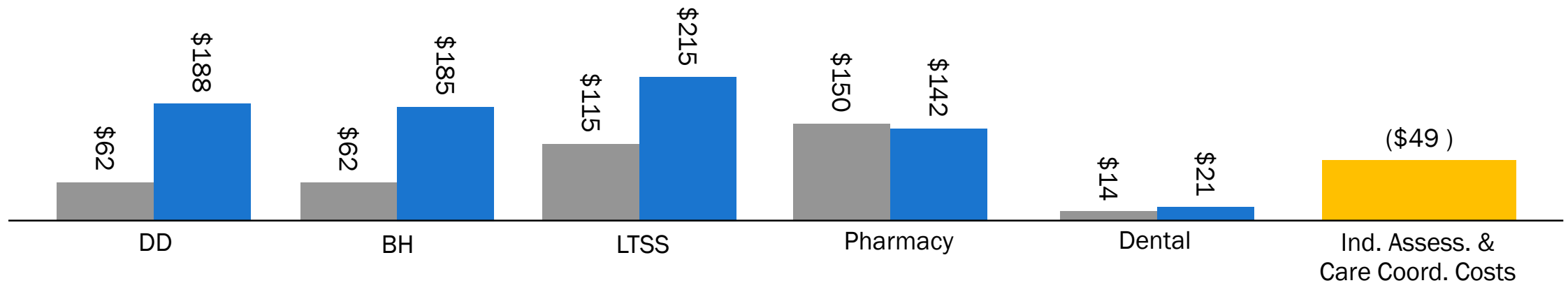
Traditional Medicaid Scorecard

Year-to-Date (SFY 2017-19) Savings

Overall Net Savings (\$M)



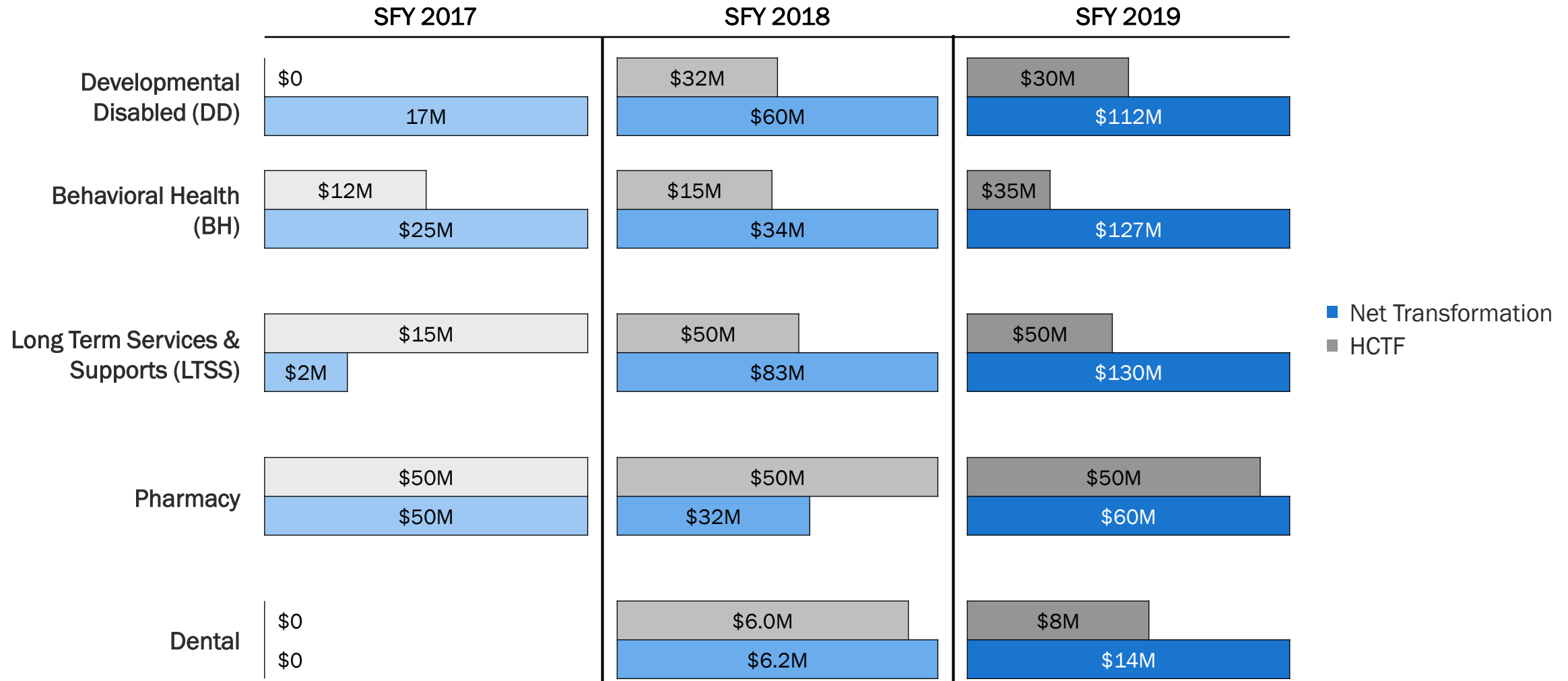
Net Savings by Program (\$M)



Note(s): (1) Starting in Q3 – SFY19, the PASSEs assumed full risk and their capitated payments are now calculated as part of non-transformation savings. Excluding the capitated payments, the Actual Savings-to-Date for Non Transformation (SFY 2017-19) would have been **\$769M**.
 (2) Pharmacy savings does not factor in drug rebates. It is calculated using gross pharmacy expenditures.

Traditional Medicaid Scorecard

Year-by-Year Program Savings



Note(s): Pharmacy savings does not factor in drug rebates. It is calculated using gross pharmacy expenditures.

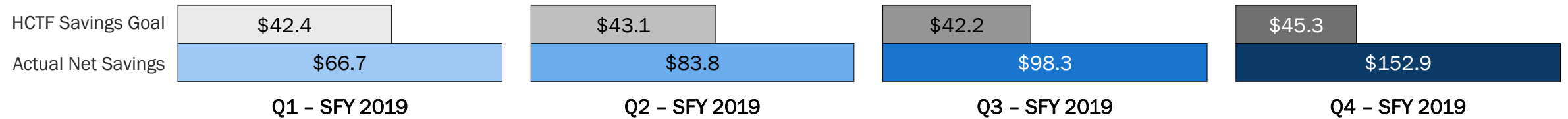
Traditional Medicaid Scorecard

SFY 2019

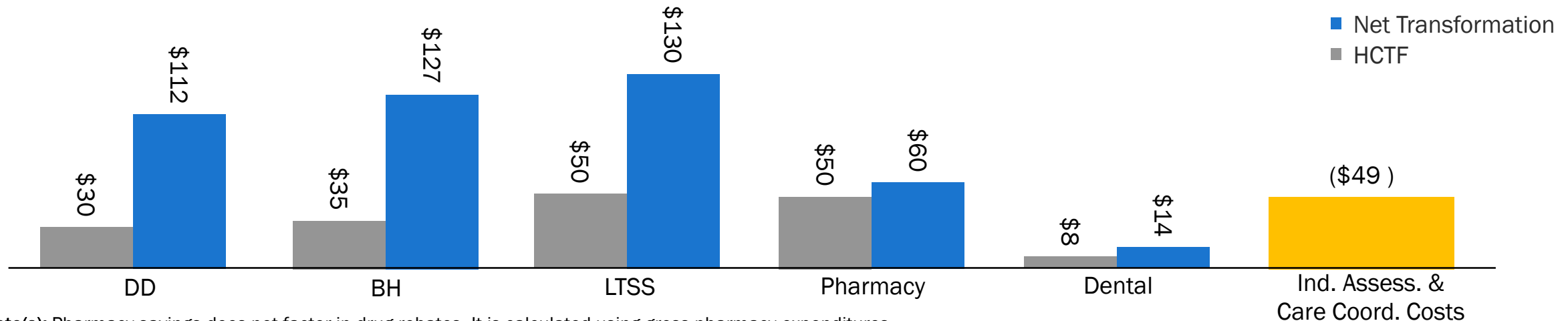
Net Savings (\$M)



Net Savings Per Quarter (\$M)



Net Savings by Program (\$M)

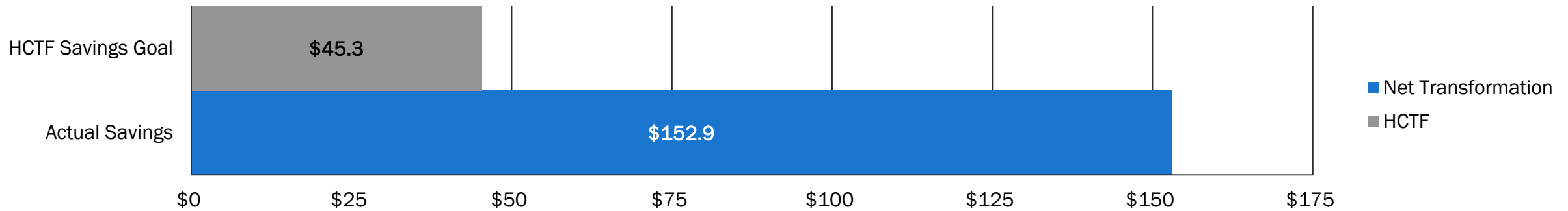


Note(s): Pharmacy savings does not factor in drug rebates. It is calculated using gross pharmacy expenditures.

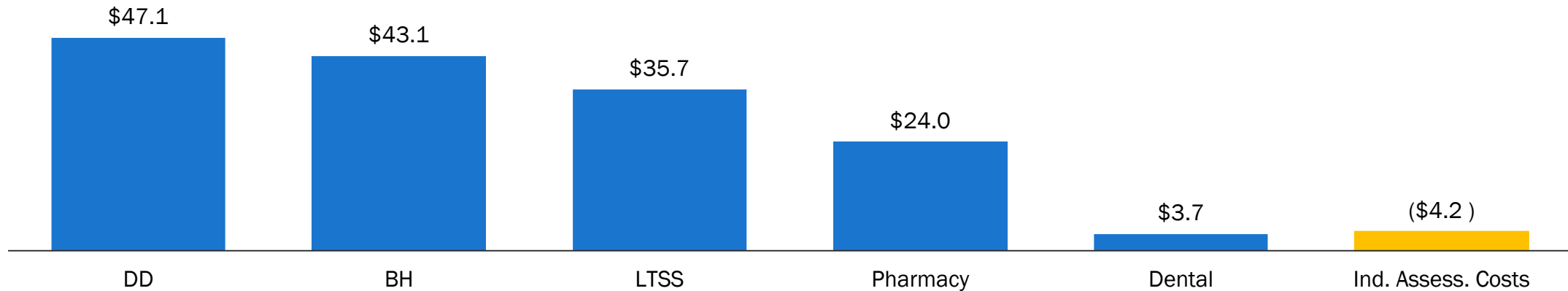
Traditional Medicaid Scorecard

Q4 – SFY 2019

Q4 – SFY 2019 Net Savings (\$M)



Q4 – SFY 2019 Transformation Savings by Program (\$M)



Note(s): (1) Starting in Q3 – SFY19, the PASSEs assumed full risk and their capitated payments are now calculated as part of non-transformation savings. Excluding the capitated payments, the Actual Savings-to-Date for Non Transformation in Q4 – SFY 2019 would have been **\$249M**.
(2) Pharmacy savings does not factor in drug rebates. It is calculated using gross pharmacy expenditures.

HCTF Baseline Spending Models

Spending by Year & Program Dollars in Millions (\$M)	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2017-21
*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 PASSE	\$5,302	\$5,495	\$5,757	\$6,026	\$6,227	\$28,806
**HCTF Net Fiscal Impact of “Current Model” with PASSE	(\$77)	(\$153)	(\$173)	(\$201)	(\$311)	(\$915)

* HCTF assumed 5% annual growth in spending

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

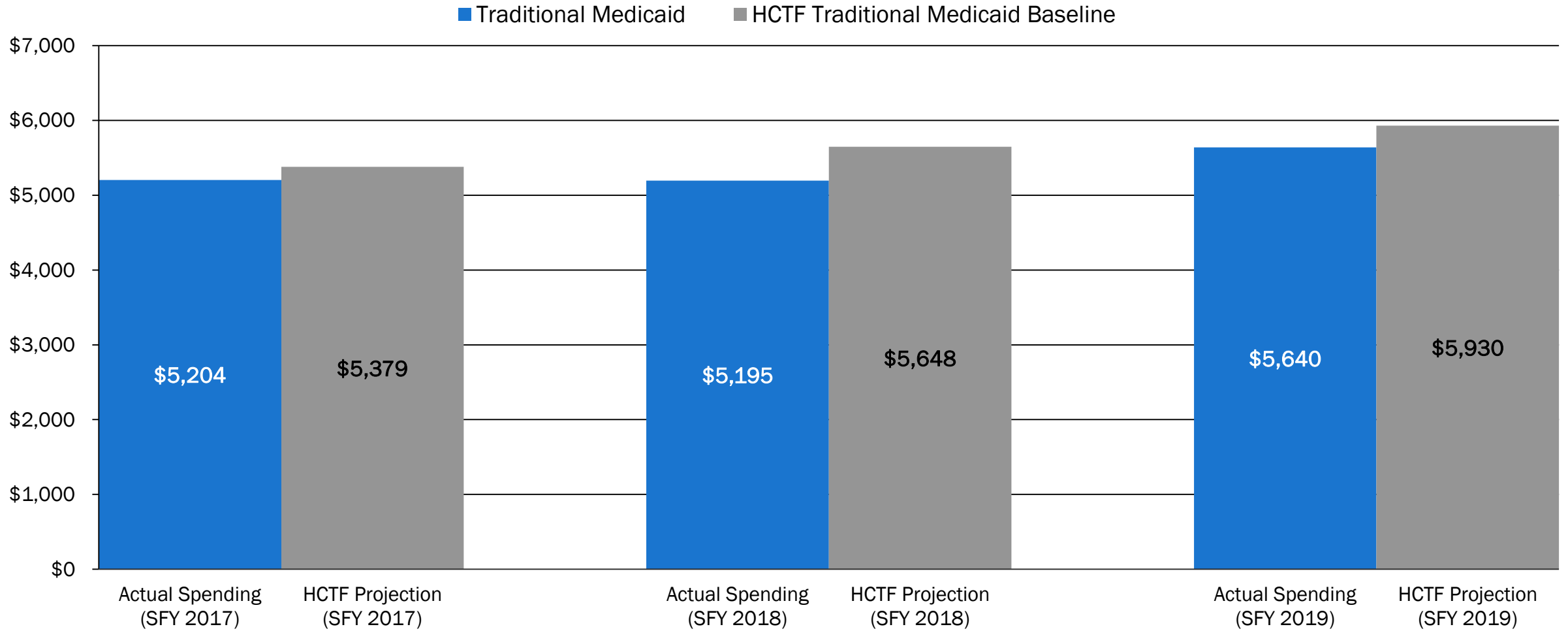
** HCTF assumed PASSE would not show savings until SFY21

HCTF Baseline for Net Savings in Targeted Areas

“Current Model” Savings and Costs by Year & Program Dollars in Millions (\$M)	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2017-21
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)
Net DD Savings	\$0	\$32	\$30	\$47	\$47	\$156
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)
Net BH Savings	\$12	\$15	\$35	\$45	\$60	\$167
LTSS (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
Net Dental All-Funds Impact	\$0	\$6	\$8	\$9	\$9	\$32
Net Fiscal Impacts	\$77	\$153	\$173	\$201	\$216	\$820

Traditional Medicaid Overall Spend (\$M)

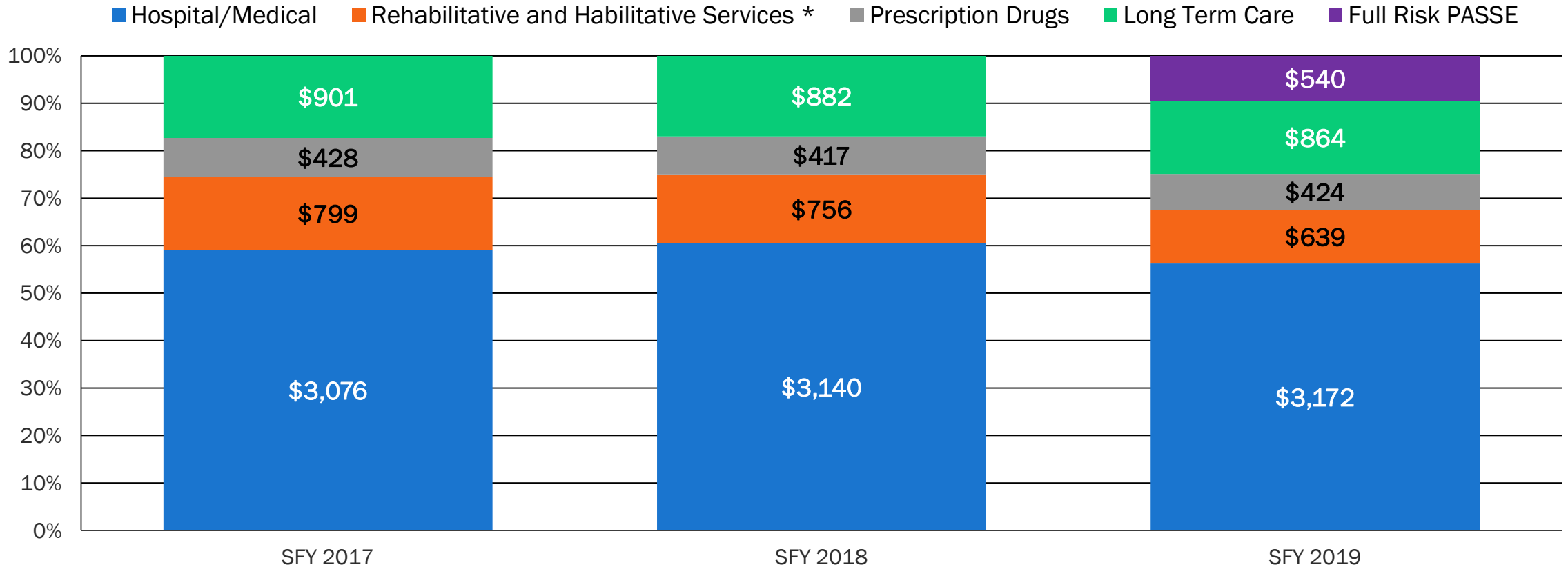
SFY 2017-19



Note(s): HCTF Medicaid Baseline assumed 5% annual growth in spending

Traditional Medicaid Detailed Spend (\$M)

SFY 2017-19

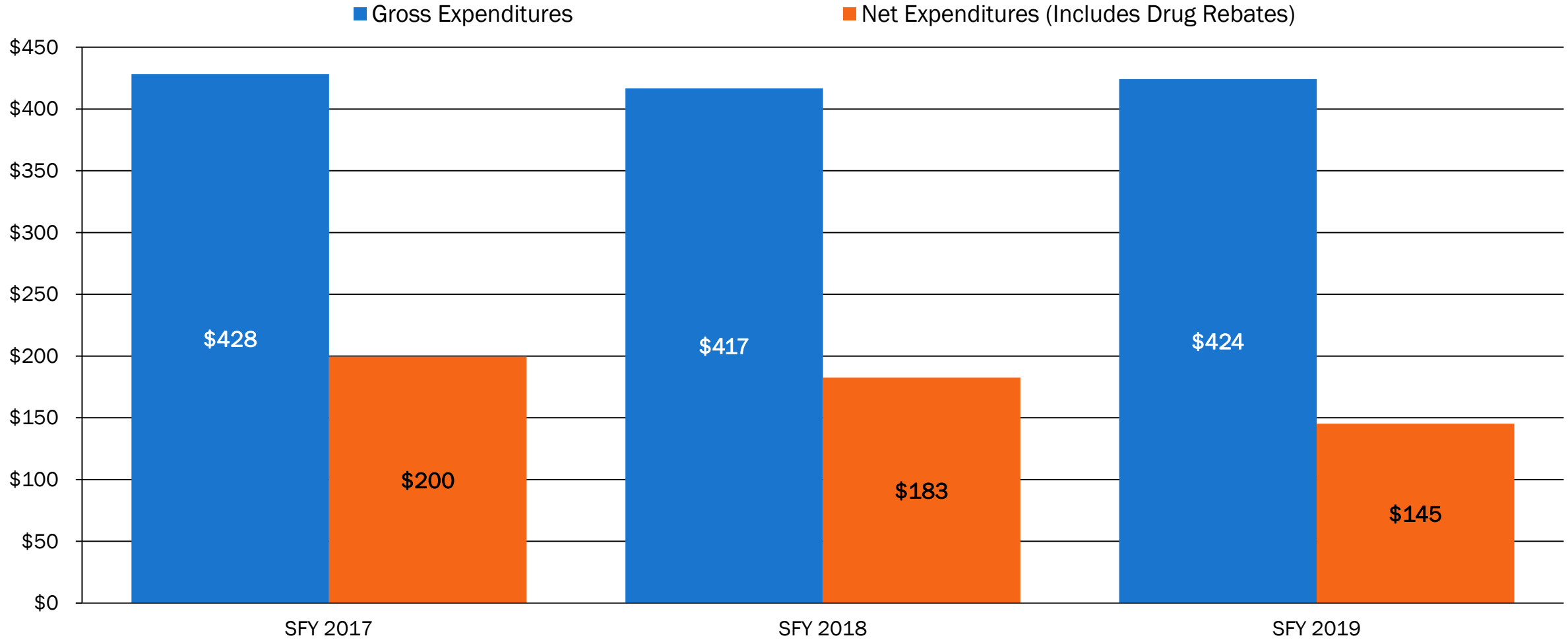


* Rehabilitative and Habilitative Services are comprised of Therapy, DDTCS/CHMS, Outpatient Behavioral Health (All Tiers), DDTCS & NET Transportation, and Medical Equipment Category of Service Codes

Note(s): (1) Includes Contracts, HDCs, and Part D claw backs which are not part of transformation
 (2) As the PASSEs pay for Hospital/Medical and Prescription Drugs for their members, there will be corresponding reductions in fee-for-service expenditures.

Prescription Drugs (\$M)

SFY 2017-19



Note(s): Rebates are collected from drug manufacturers. If the cost of prescription drugs were to appropriately account for rebate, the cost would be reduced by more than 50-percent. The orange bars labeled “Net Expenditures (Includes Drug Rebates)” represents spending net of rebates.

Traditional Medicaid Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
Hospital/Medical	\$838,607,833	\$793,142,722	\$805,584,889	\$864,968,971	\$1,027,814,862	\$708,616,619	(\$319,198,244)
Rehabilitative and Habilitative Services*	\$213,737,738	\$155,146,105	\$176,013,020	\$158,005,088	\$176,832,846	\$149,617,694	(\$27,215,153)
Prescription Drugs	\$107,292,180	\$118,584,950	\$108,706,526	\$109,261,902	\$117,452,422	\$87,731,724	(\$29,720,697)
Long-Term Care	\$222,140,376	\$213,798,332	\$214,947,014	\$221,762,527	\$239,268,870	\$213,890,217	(\$25,378,653)
Full Risk PASSE Capitated Payments	\$0	\$0	\$0	\$133,223,000	\$0	\$407,270,540	\$407,270,540
Total Traditional Medicaid	\$1,381,778,127	\$1,280,672,109	\$1,305,251,449	\$1,487,221,488	\$1,561,369,000	\$1,567,126,793	\$5,757,794

* Rehabilitative and Habilitative Services are comprised of Therapy, DDTCS/CHMS, Outpatient Behavioral Health (All Tiers), DDTCS & NET Transportation, and Medical Equipment Category of Service Codes

- Note(s):**
- (1) Includes Contracts, HDCs, and Part D claw backs which are not part of transformation
 - (2) Starting in Q3 – SFY19, the PASSEs assumed full risk and their capitated payments are now calculated as part of non-transformation savings. Excluding the capitated payments, the total savings for Traditional Medicaid in Q4 – SFY19 would have been **\$401,512,776**.
 - (3) As the PASSEs pay for Hospital/Medical and Prescription Drugs for their members, there will be corresponding reductions in fee-for-service expenditures.

Medicaid Transformation Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
Developmentally Disabled (DD)	\$194,534,138	\$161,349,272	\$174,811,123	\$160,618,005	\$171,202,549	\$121,662,255	(\$49,540,295)
Behavioral Health (BH)	\$101,254,417	\$71,470,869	\$84,081,370	\$67,890,370	\$68,640,904	\$24,513,787	(\$44,127,117)
Long Term Services & Supports (LTSS)	\$246,166,768	\$236,471,081	\$238,068,185	\$248,297,924	\$262,978,258	\$227,206,991	(\$35,771,267)
Pharmacy	\$89,602,885	\$88,994,409	\$94,754,347	\$93,783,736	\$97,029,715	\$72,979,963	(\$24,049,752)
Dental	\$35,618,779	\$34,765,750	\$34,652,437	\$34,202,766	\$38,261,347	\$34,588,986	(\$3,672,362)
Grand Total	\$667,176,987	\$593,051,381	\$626,367,462	\$604,792,801	\$638,112,774	\$480,951,981	(\$157,160,793)

Note(s): (1) Further details of each section can be found in Section III

(2) Long Term Services & Supports numbers contain Assisted Living which was not in last year's Scorecard

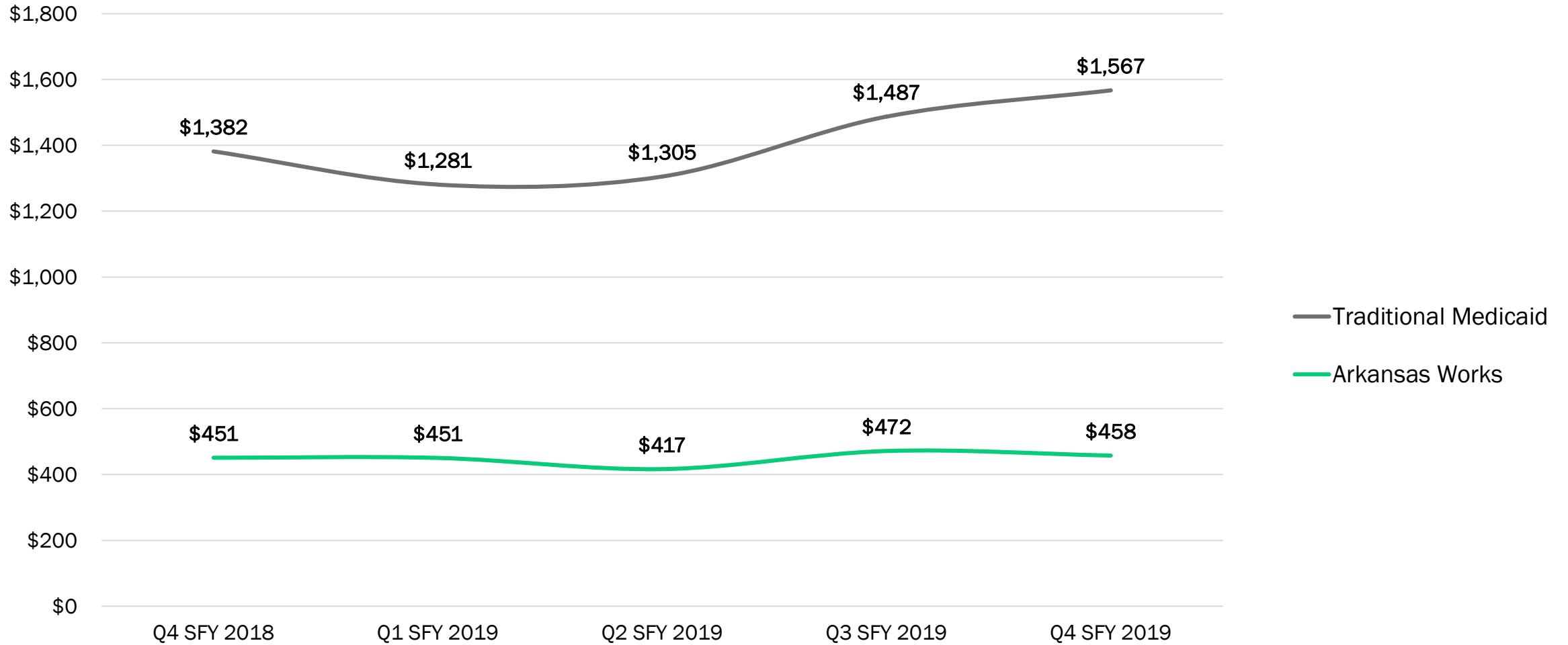
(3) The reductions in DD and BH actual spending since Q2 – SFY 2019 is due to paying capitated payments to the PASSEs

(4) Pharmacy savings are based on gross pharmacy expenditures. It does not factor in drug rebates.

SECTION II: ARKANSAS MEDICAID ENROLLMENT & SPENDING REPORT

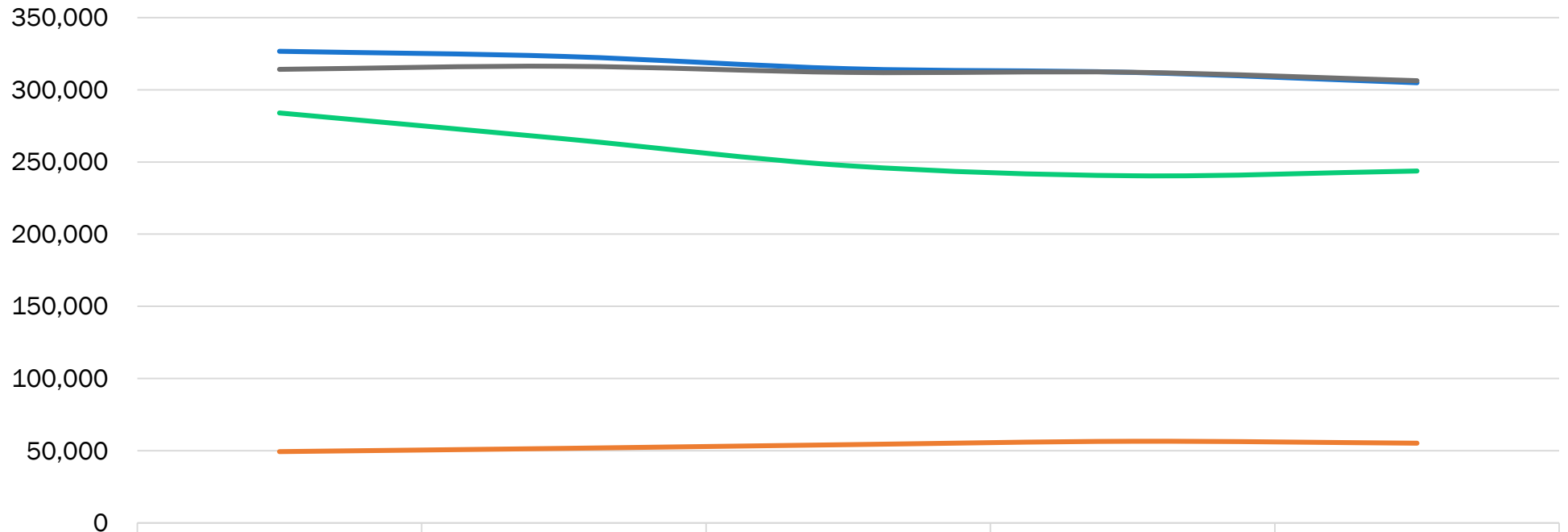
Overall Medicaid Spend by Quarter (\$M)

SFY 2018-19



Medicaid Enrollment by Quarter

SFY 2018-19

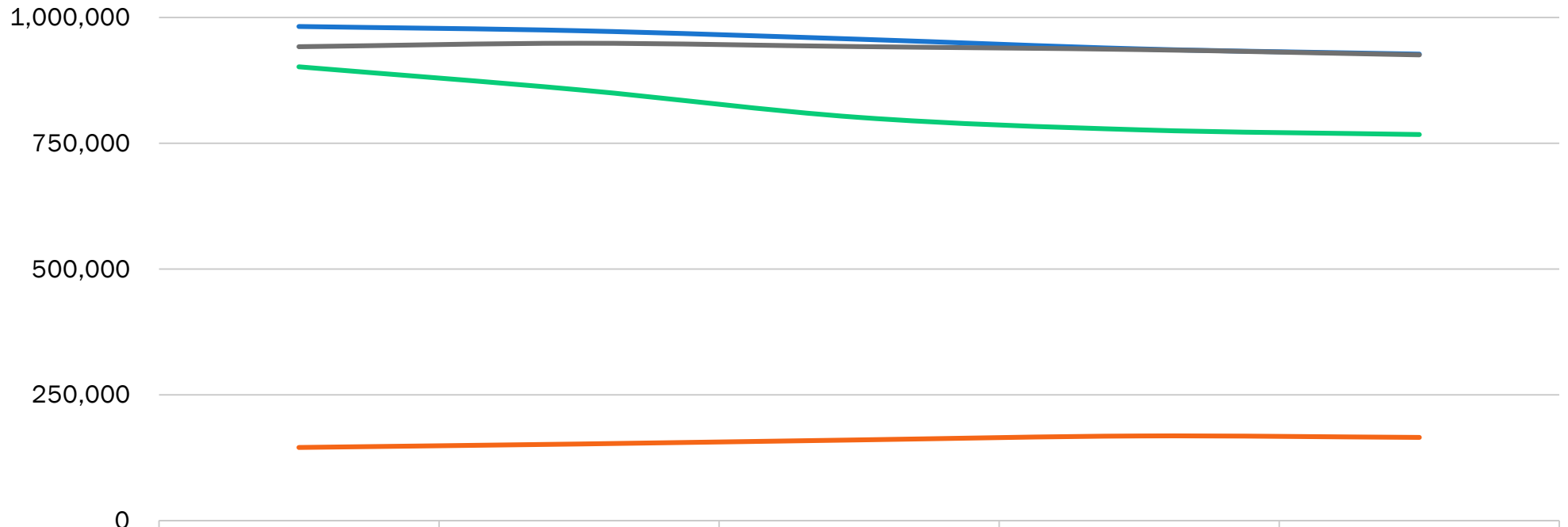


	Q4 SFY 2018	Q1 SFY 2019	Q2 SFY 2019	Q3 SFY 2019	Q4 SFY 2019
— ARKids A	326,660	323,093	314,596	312,020	304,854
— ARKids B	49,334	51,611	54,227	56,599	55,262
— Other Traditional Medicaid	314,155	316,326	312,035	312,115	306,243
— ARWorks	284,031	266,091	247,374	240,394	243,717
Total	974,180	957,121	928,232	921,128	910,076

Note(s): This point-in-time report was run on Jul. 09, 2019. Enrollment is counted on the last day of each month. Traditional Medicaid Enrollment includes retro-active eligibility for each month. As a result, Traditional Medicaid Enrollment totals will vary from previous Scorecards. ARWorks enrollment numbers DO NOT include retro-active eligibility for each month and as a result do not change Scorecard to Scorecard.

Medicaid Member Months by Quarter

SFY 2018-19

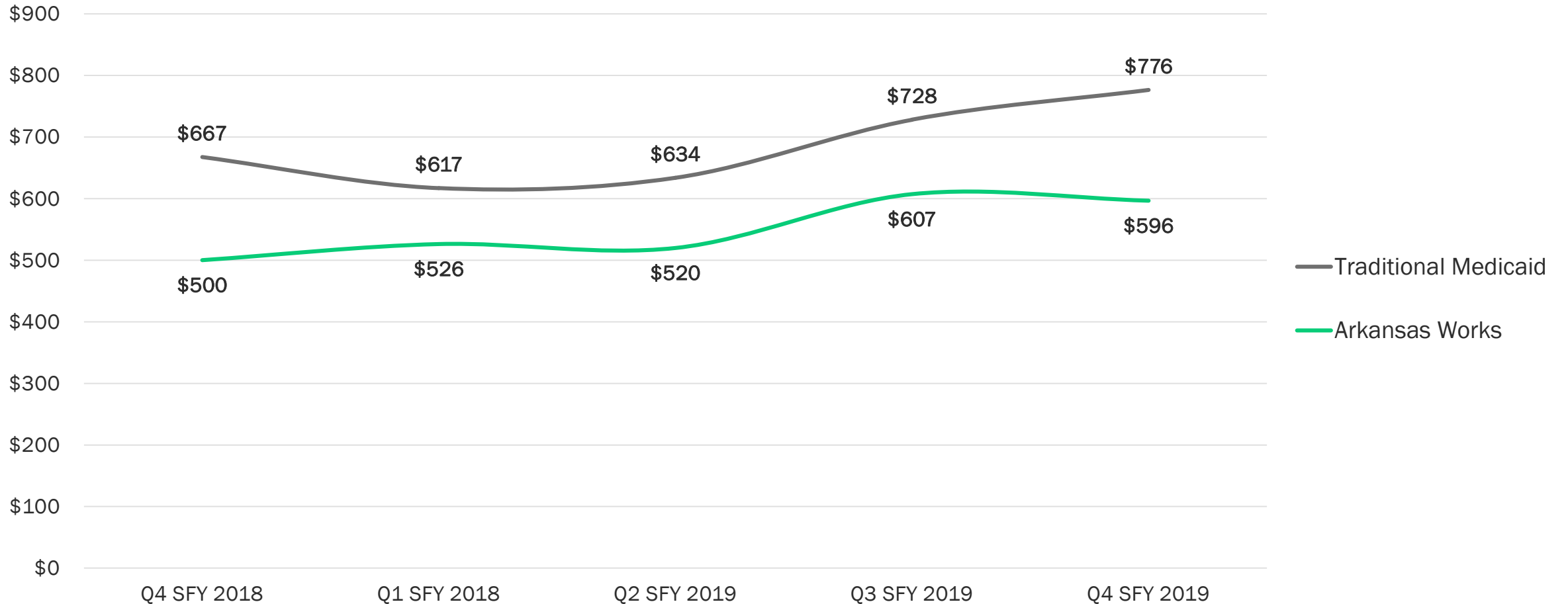


	Q4 SFY 2018	Q1 SFY 2019	Q2 SFY 2019	Q3 SFY 2019	Q4 SFY 2019
AR Kids A	982,521	974,087	957,194	937,951	927,502
AR Kids B	145,485	152,297	160,329	168,035	165,188
Other Traditional Medicaid	942,189	948,991	942,405	936,558	926,055
ARWorks	901,874	856,163	801,396	776,749	767,381
Total	2,972,069	2,931,538	2,861,324	2,819,293	2,786,126

Note(s): This point-in-time report was run on Jul 09, 2019. Member Months includes retro-active eligibility for each month. As a result, these totals will vary from previous Scorecards.

Medicaid Quarterly Per Member Per Month (PMPM)

SFY 2018-19



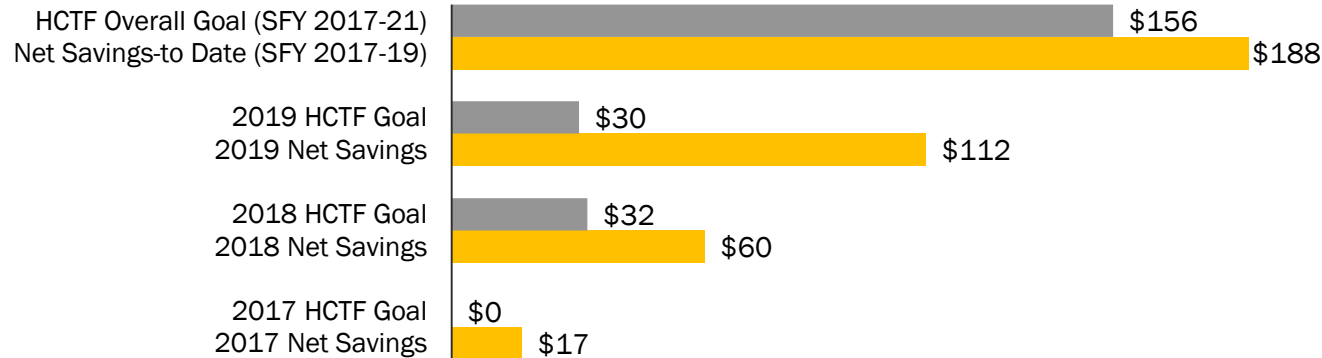
Note(s): This point-in-time report was run on Jul. 09, 2019. Member Months includes retro-active eligibility for each month. As a result, these totals will vary from previous Scorecards.

SECTION III: PROGRAM SCORECARDS

Developmentally Disabled (DD)

Savings Overview

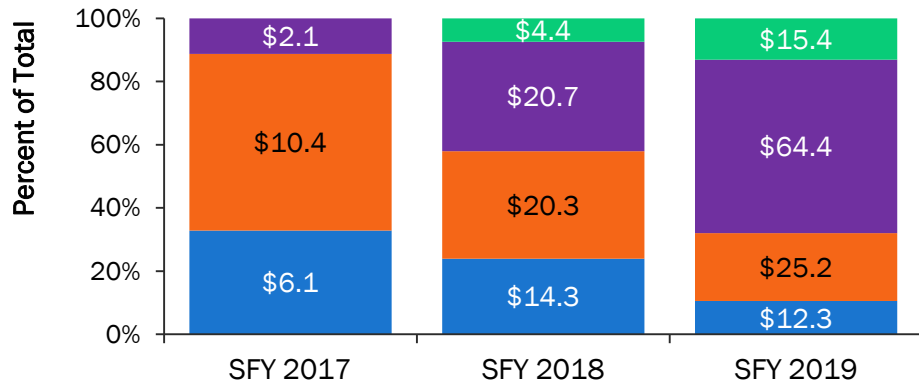
Net Savings (\$M)



At the end of SFY 2019, the DD Program exceeded its Health Care Task Force (HCTF) overall savings goal of \$156M with a cumulative savings to date of \$188M.

Starting next quarter (Q1 - SFY 2020), the Medicaid Scorecard will proportionally assign DD savings between Fee-for-Service (FFS) and the PASSE.

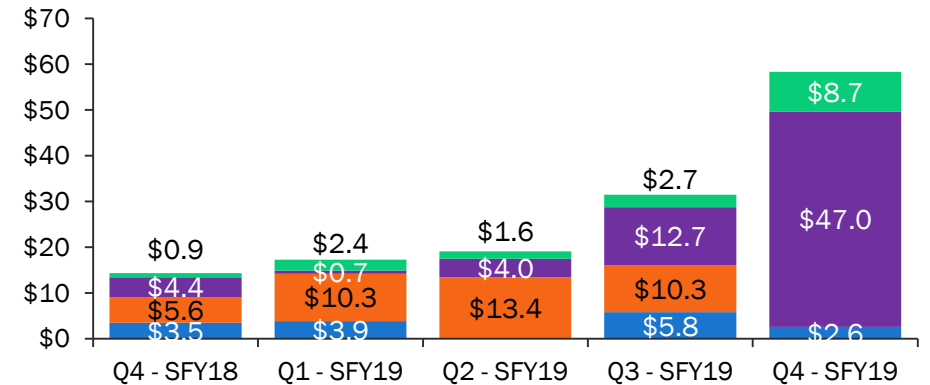
Program Savings per Year (\$M)



\$2.4M

SFY 2019
Independent Assessment Costs

Program Savings per Quarter (\$M)

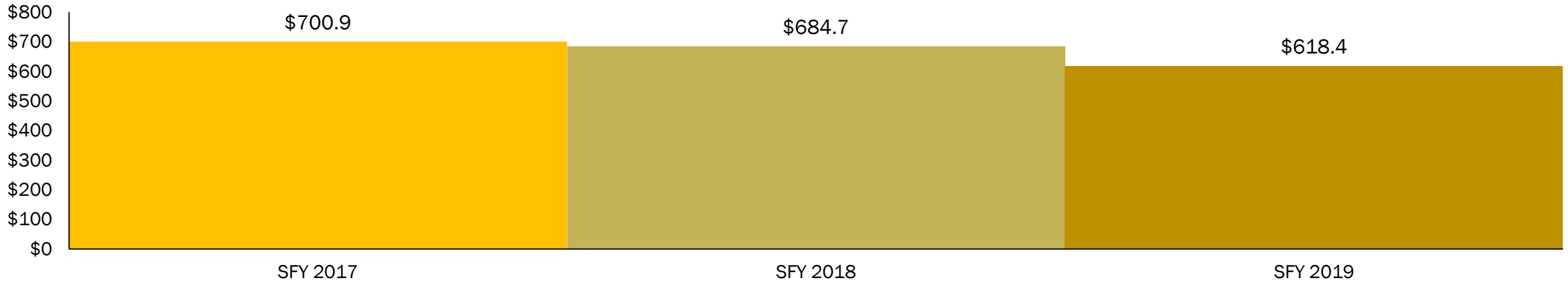


Note(s): In SFY 2017, ICFs was over their savings target by \$2M, as a result the Net Savings is \$17M

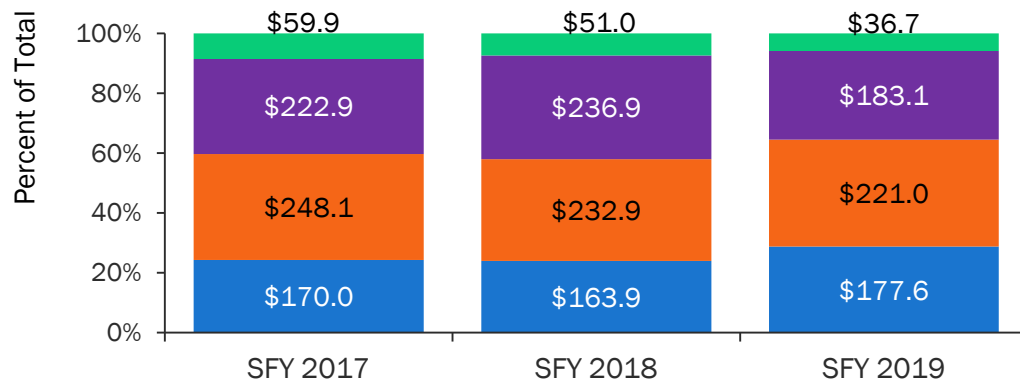
Developmentally Disabled (DD)

Spending Overview

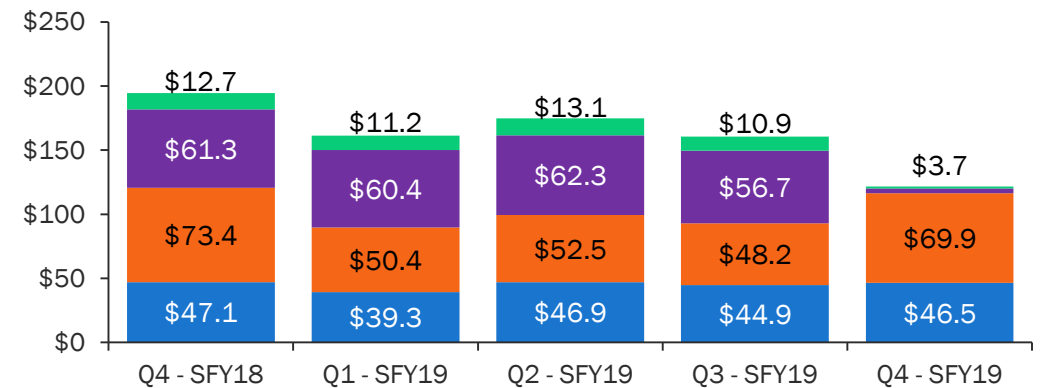
Spending (\$M)



Program Spending per Year (\$M)



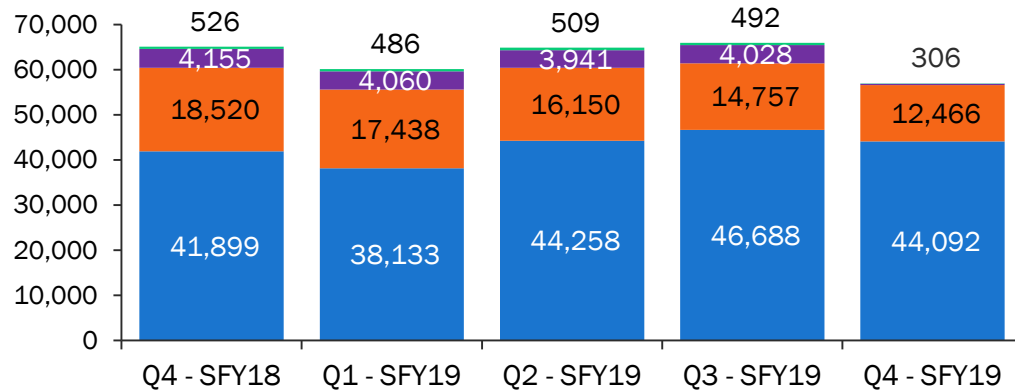
Program Spending per Quarter (\$M)



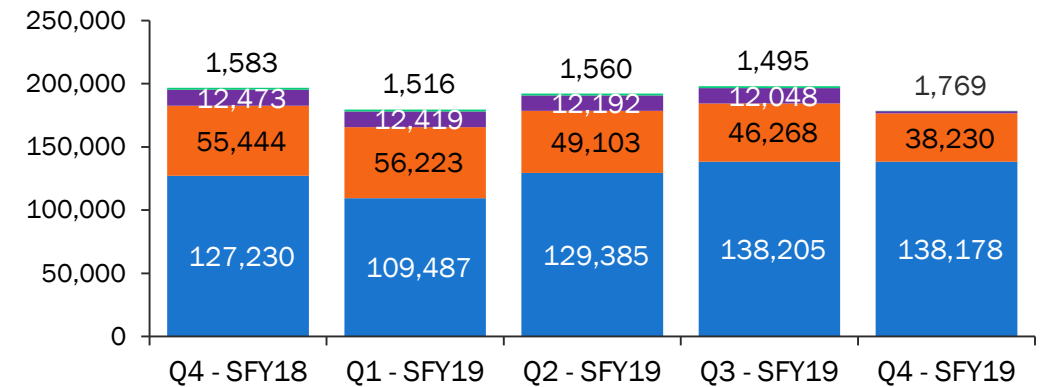
Developmentally Disabled (DD)

Quarterly Scorecard (SFY 2018-19)

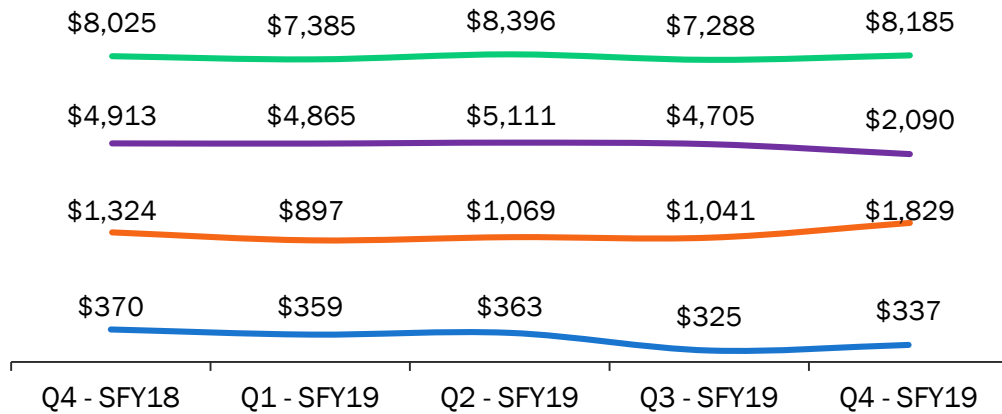
Recipients per Quarter



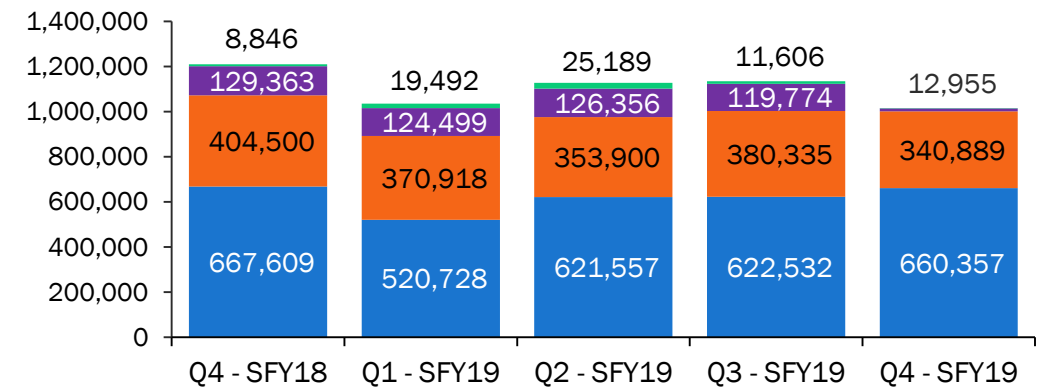
Member Months per Quarter



Overall PMPM per Quarter



Claims per Quarter



Note(s): EIDT/ADDT was formerly called CHMS/DDTCS in last year's Scorecard

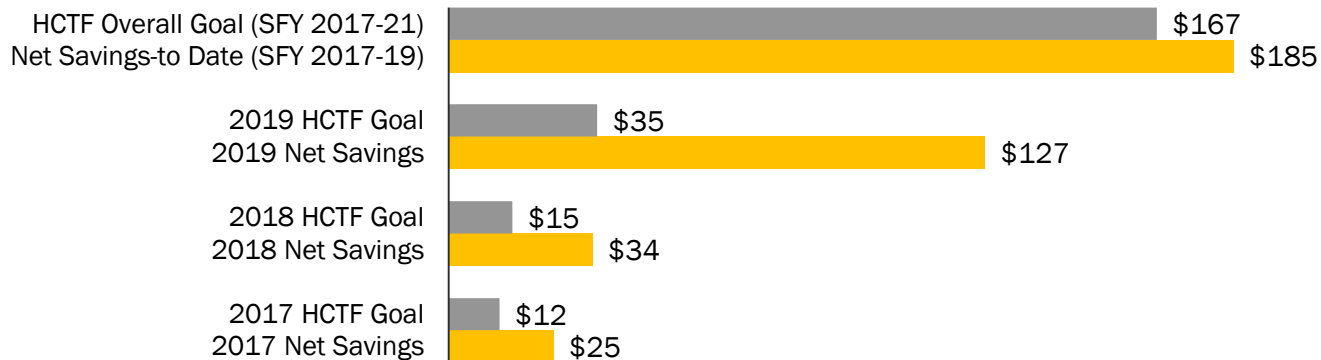
Source(s): 9234 5151 Scorecard - DD year over year and monthly_07102019

Therapy Caps EIDT/ADDT Waivers ICF

Behavioral Health (BH)

Savings Overview

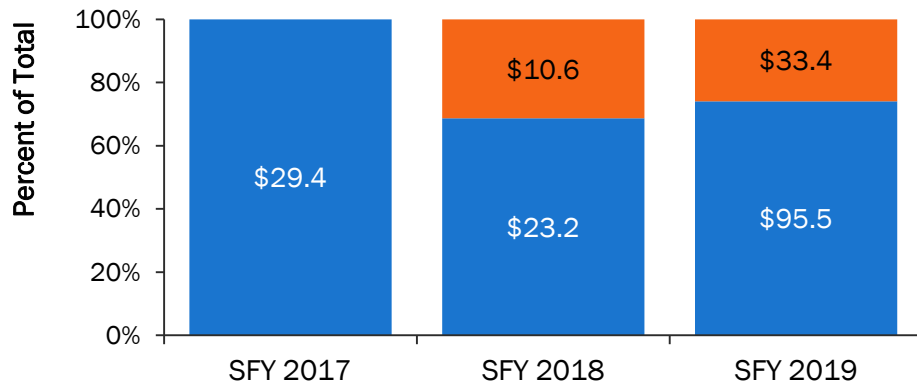
Net Savings (\$M)



At the end of SFY 2019, the BH Program exceeded its Health Care Task Force (HCTF) overall savings goal of \$167M with a cumulative savings to date of \$185M.

Starting next quarter (Q1 - SFY 2020), the Medicaid Scorecard will proportionally assign BH savings between Fee-for-Service (FFS) and the PASSE.

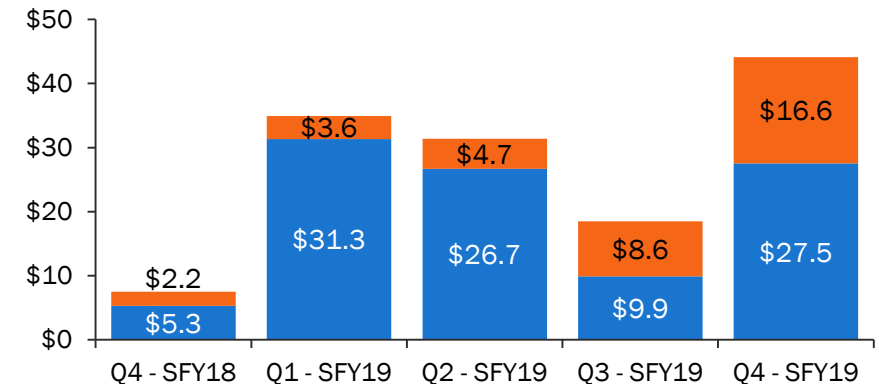
Program Savings per Year (\$M)



\$5.6M

SFY 2019
Independent Assessment Costs

Program Savings per Quarter (\$M)

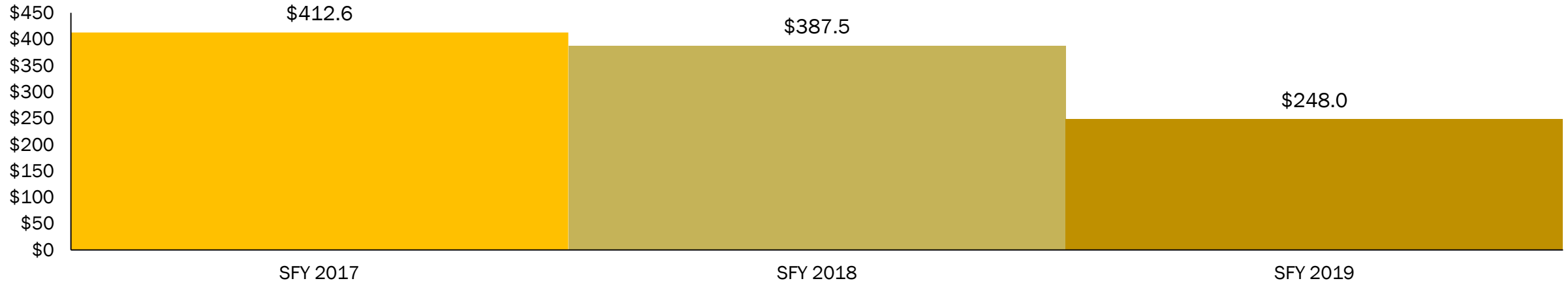


Note(s): In SFY 2017, Inpatient was over their savings target by \$4.7M, as a result the Net Savings is \$24.7M

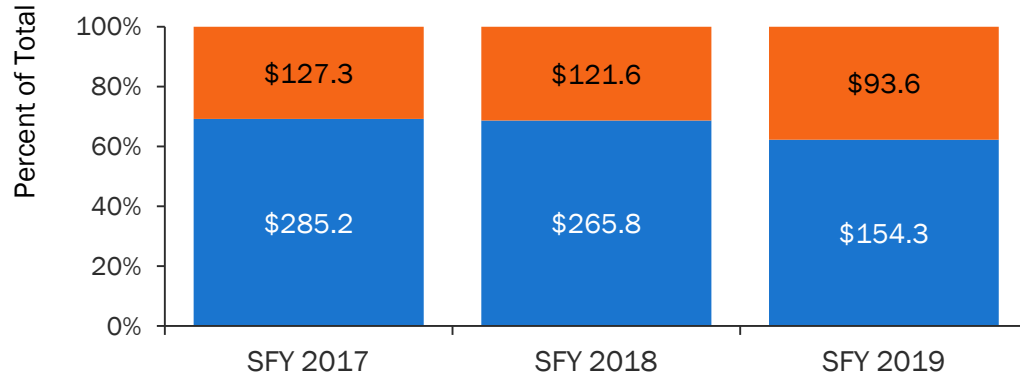
Behavioral Health (BH)

Spending Overview

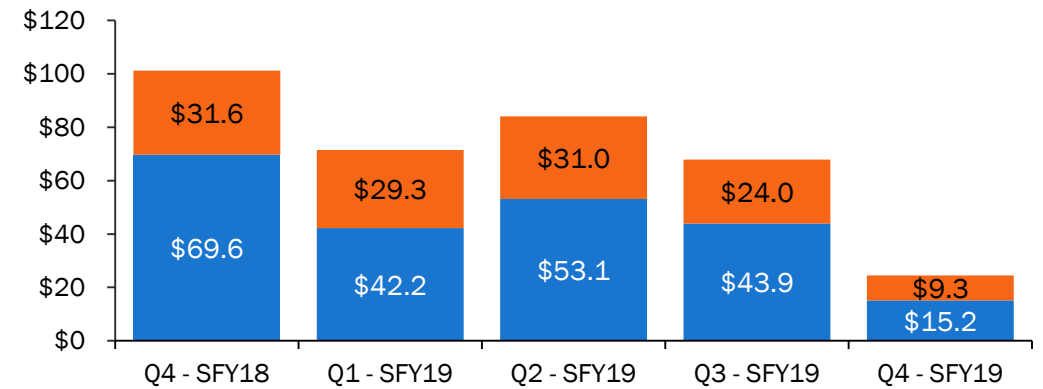
Spending (\$M)



Program Spending per Year (\$M)



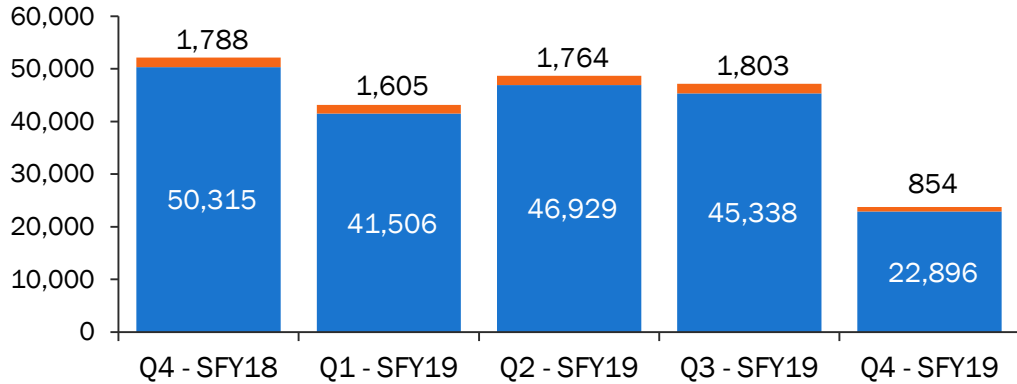
Program Spending per Quarter (\$M)



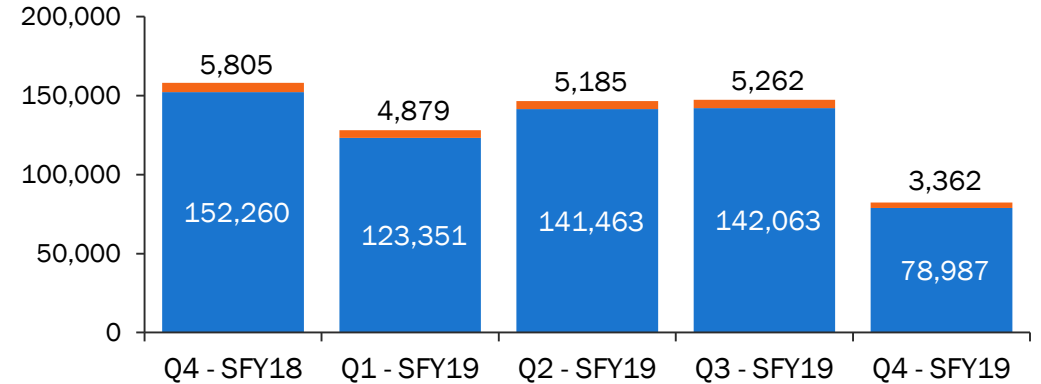
Behavioral Health (BH)

Quarterly Scorecard (SFY 2018-19)

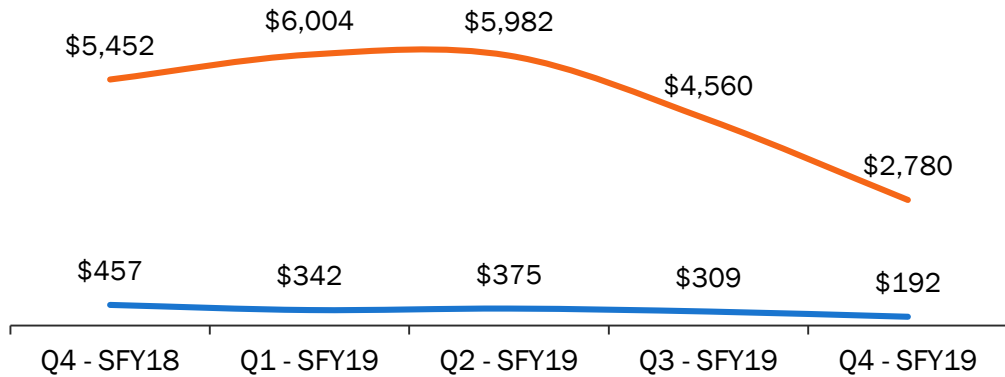
Recipients per Quarter



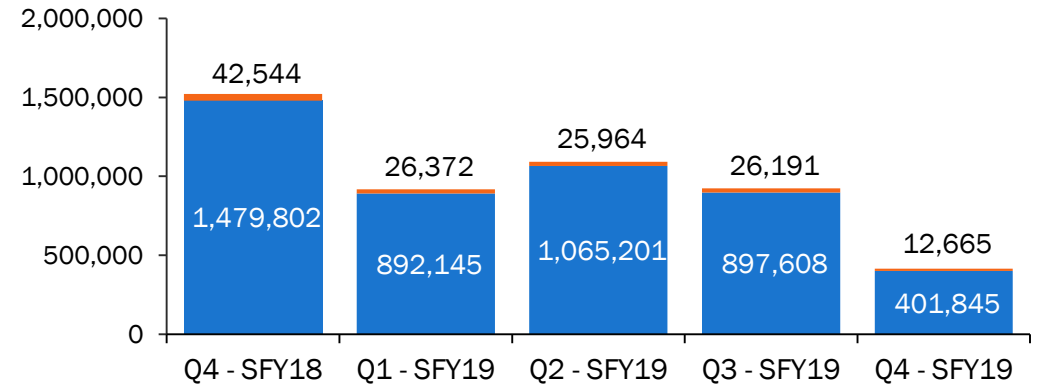
Member Months per Quarter



Overall PMPM per Quarter



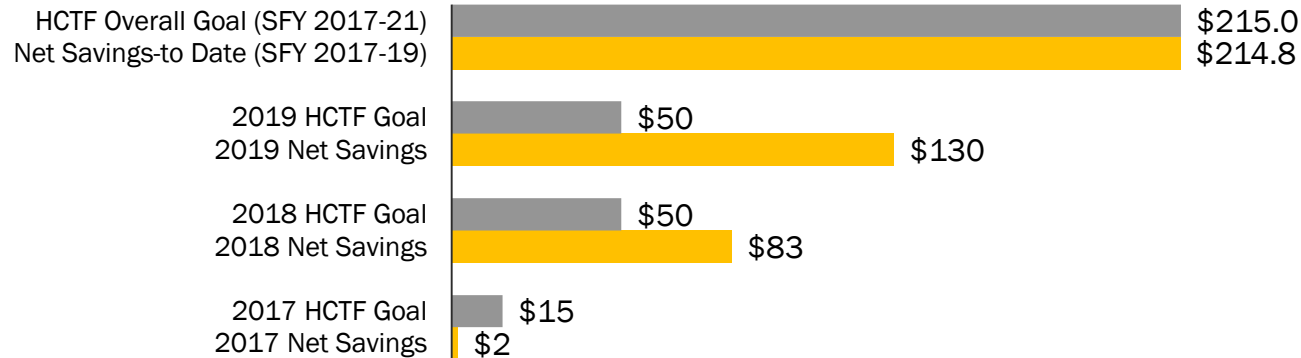
Claims per Quarter



Long Term Services & Supports (LTSS)

Savings Overview

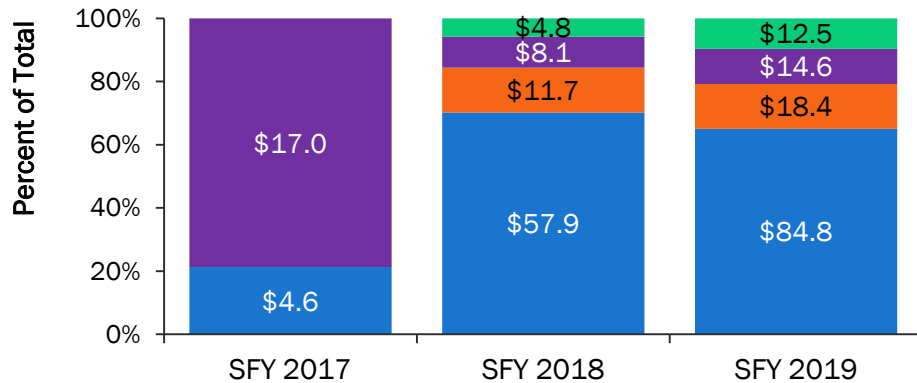
Net Savings (\$M)



At the end of SFY 2019, the LTSS Program is \$200K shy of hitting its Health Care Task Force (HCTF) overall savings goal of \$215M.

The majority of this savings comes from Private Long Term Care/SNFs which has seen spending plateaued over the last three fiscal years. Private Long Term Care/SNFs have accounted for nearly two-thirds of LTSS savings.

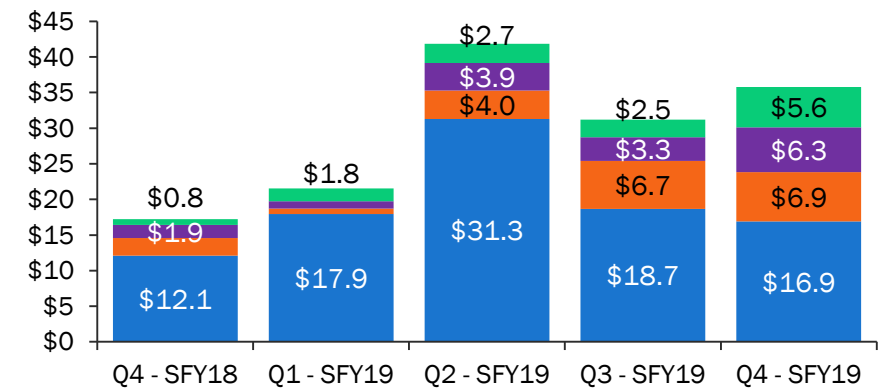
Program Savings per Year (\$M)



\$127K

January - June 2019
Independent Assessment Costs

Program Savings per Quarter (\$M)

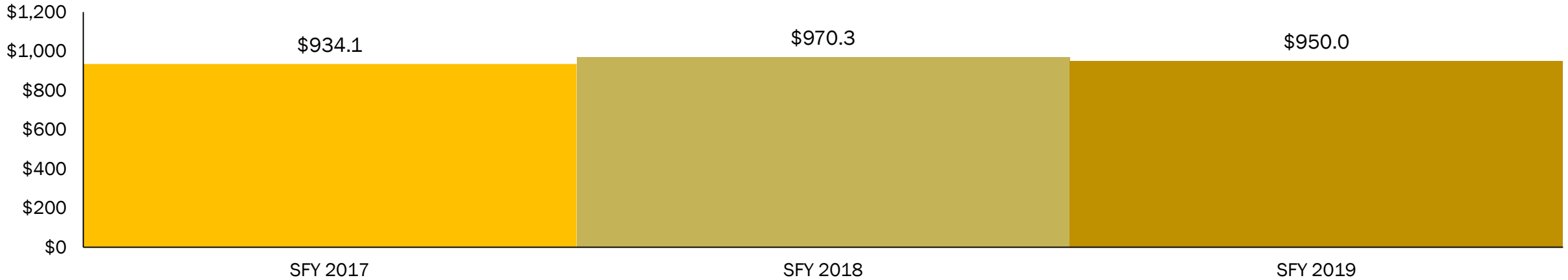


Note(s): In SFY 2017, ARChoices & Other Waivers were over their savings target by \$7.6M. Independent Choices was over their savings target by \$12.2M. As a result, the Net Savings for SFY 2017 is \$1.8M

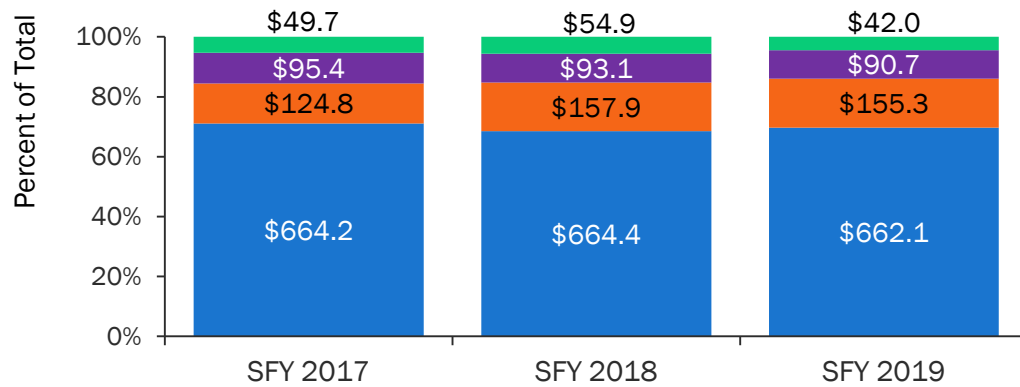
Long Term Services & Supports (LTSS)

Spending Overview

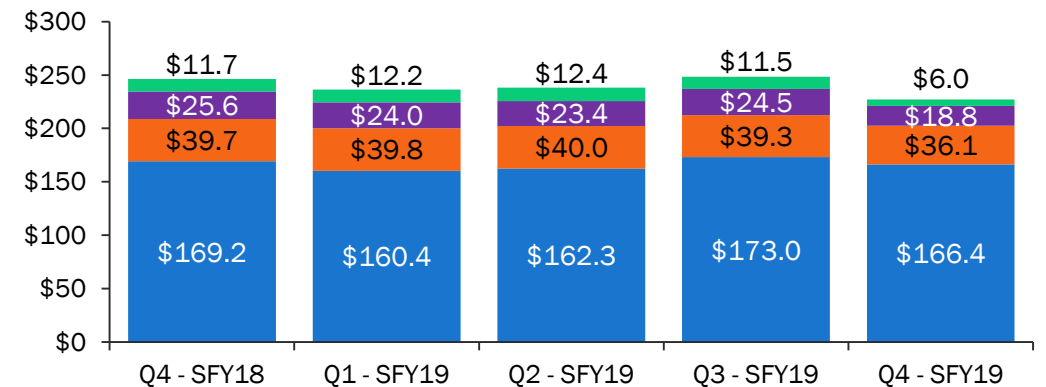
Spending (\$M)



Program Spending per Year (\$M)



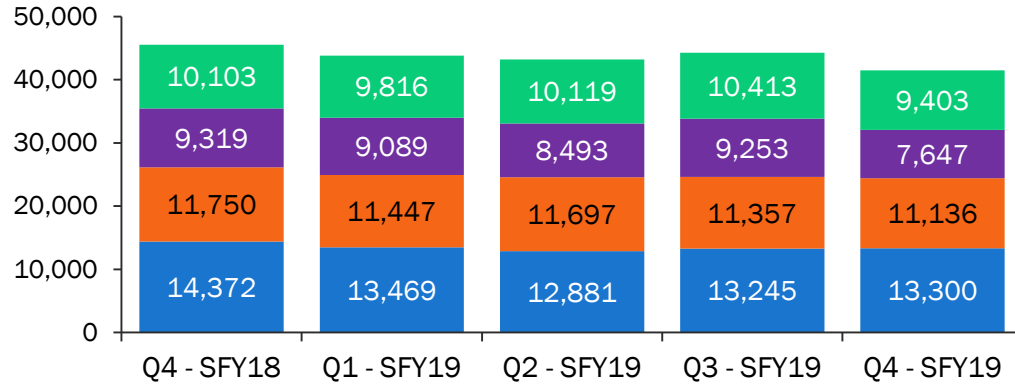
Program Spending per Quarter (\$M)



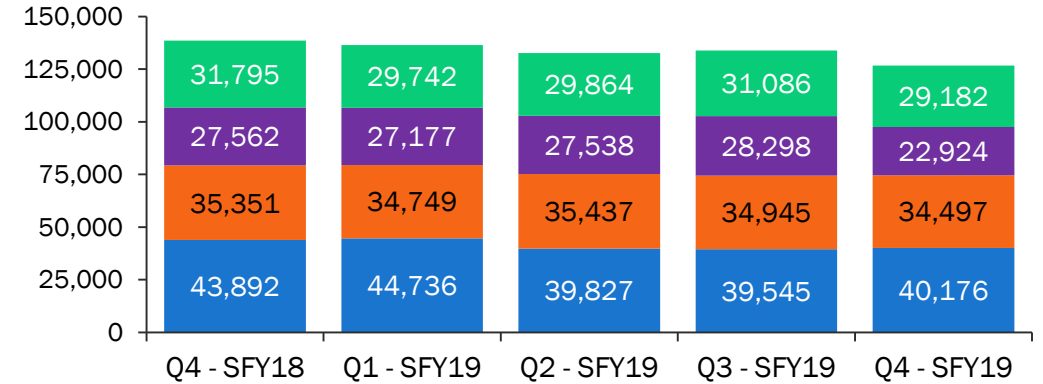
Long Term Services & Supports (LTSS)

Quarterly Scorecard (SFY 2018-19)

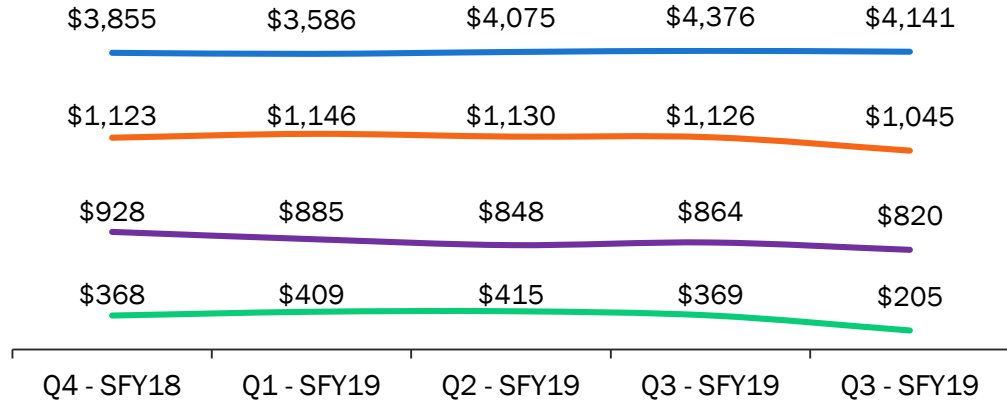
Recipients per Quarter



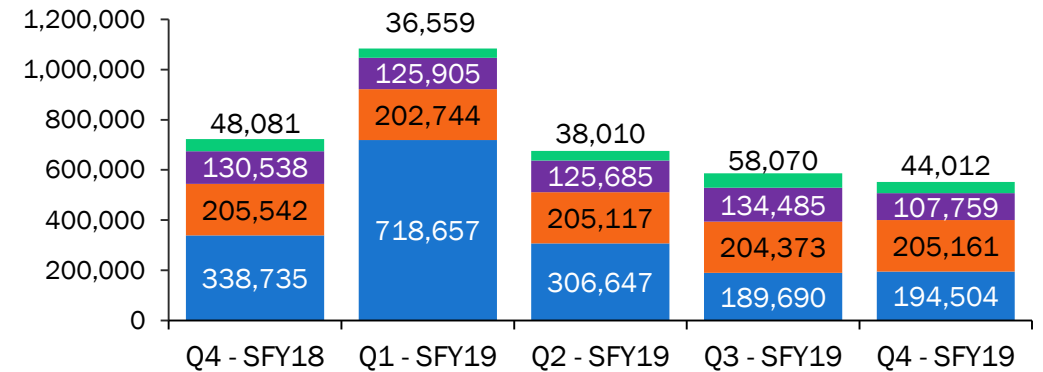
Member Months per Quarter



Overall PMPM per Quarter

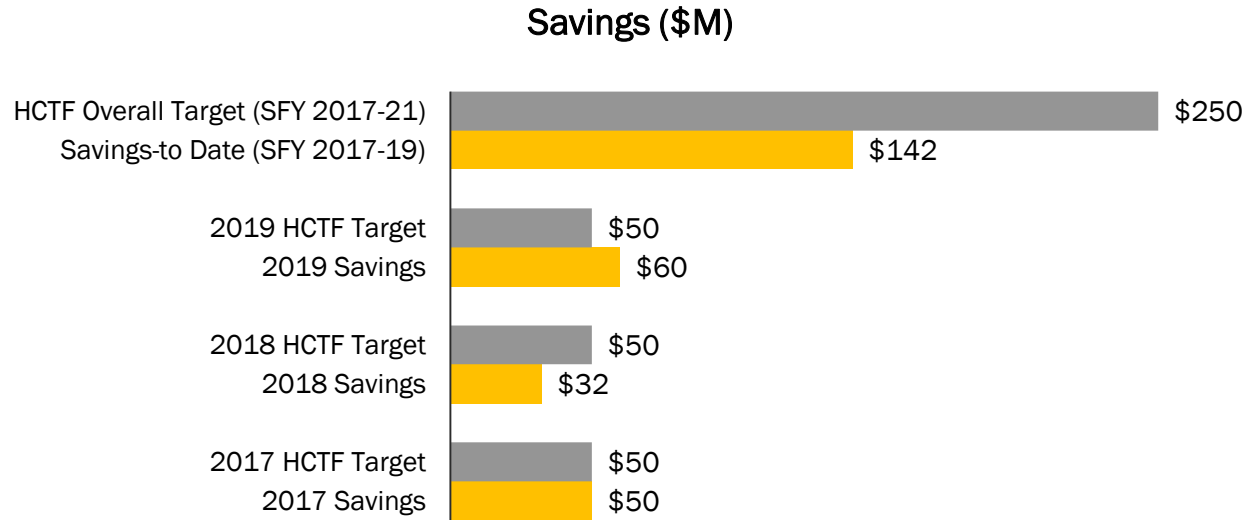


Claims per Quarter



Note(s): (1) During Q3 – SFY18, enrollment of new beneficiaries in ARChoices was frozen due to litigation. Regular enrollment of new beneficiaries did not resume until Q2 – SFY19.
 (2) The increase in Private Long Term Care/SNF claims in Q1 – SFY19 is due to a mass adjustment of rates for those services

Pharmacy Savings Overview

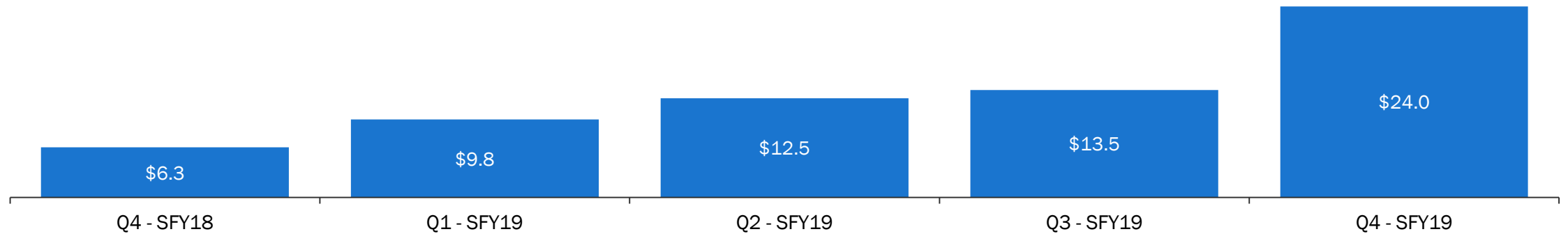


The Pharmacy Program hit its Health Care Task Force (HCTF) 2019 savings target of \$50M by having a cumulative savings of \$60M.

40-percent of this fiscal year’s savings came in the fourth quarter with a total of \$24M, nearly double last quarter’s (Q3 – SFY 2019) savings.

Much of the increase in savings in Q4 appears to be a result in a shift from Fee-for-Service (FFS) claims to the PASSEs.

Savings per Quarter (\$M)

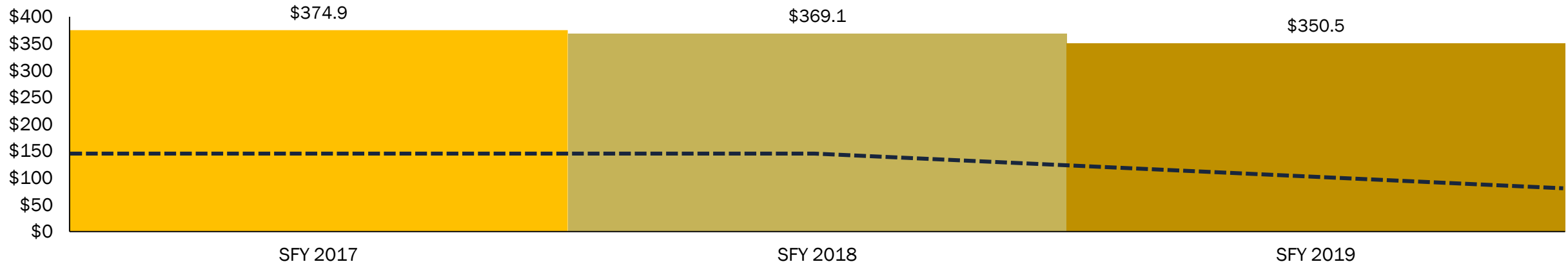


Note(s): Pharmacy savings does not factor in drug rebates. It is calculated using gross pharmacy expenditures.

Pharmacy

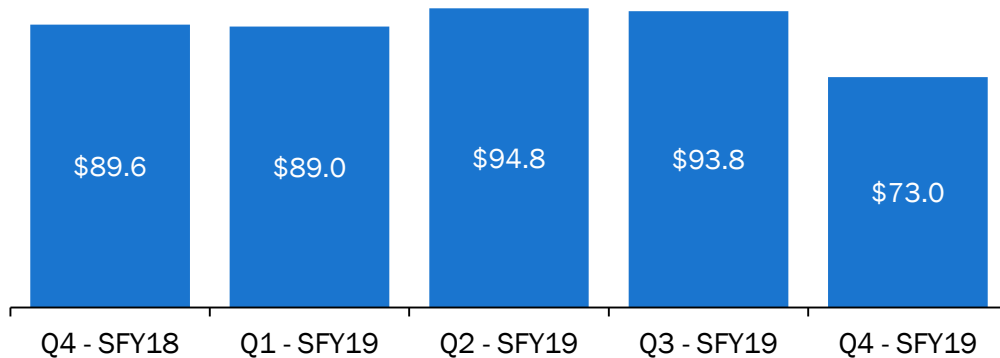
Spending Overview

Yearly Spending (\$M)

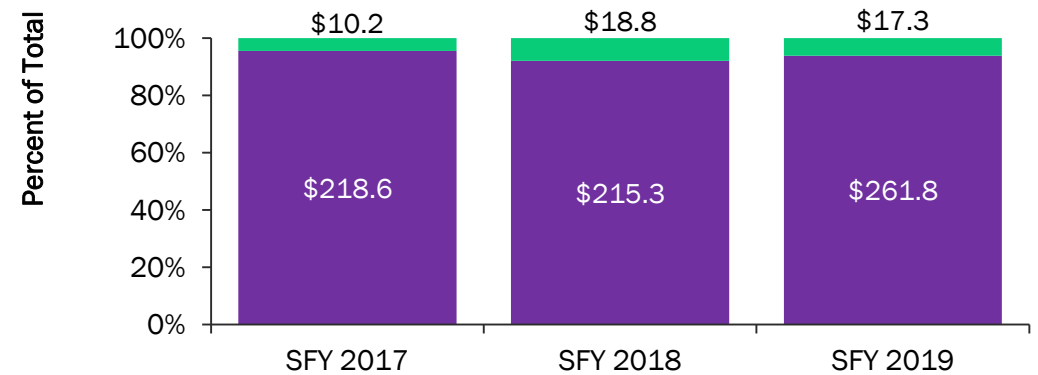


Note(s): Rebates are collected from drug manufacturers. If the cost of prescription drugs were to appropriately account for rebate, the cost would be reduced by more than 50-percent. The dotted line represents spending net of rebates.

Spending per Quarter (\$M)



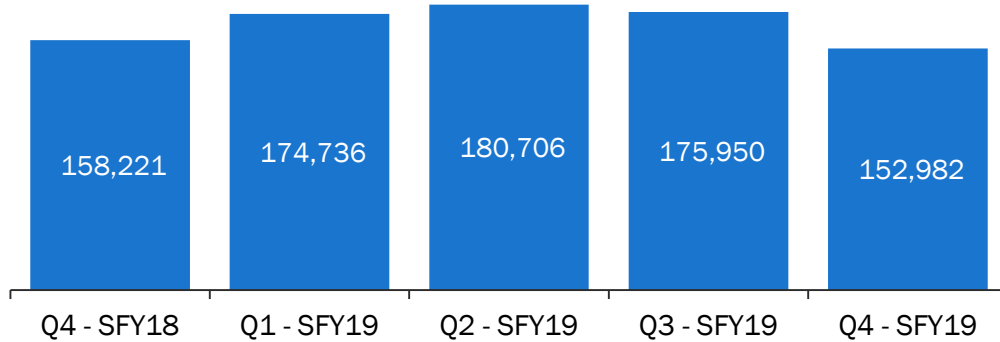
Rebates Collected per Year (\$M)



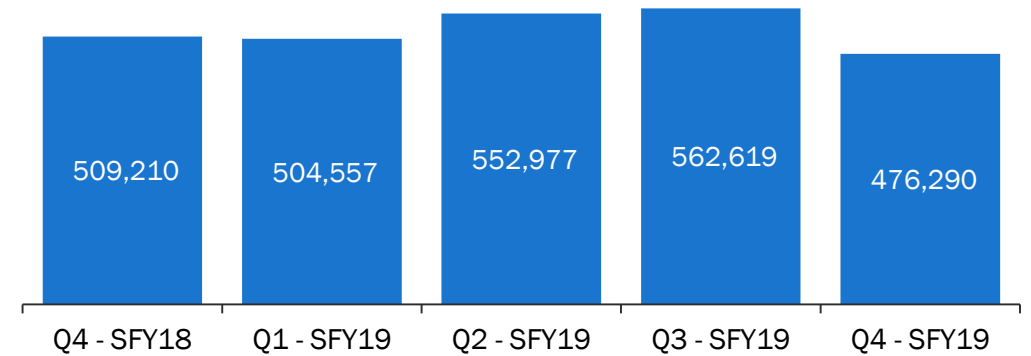
Pharmacy

Quarterly Scorecard (SFY 2018-19)

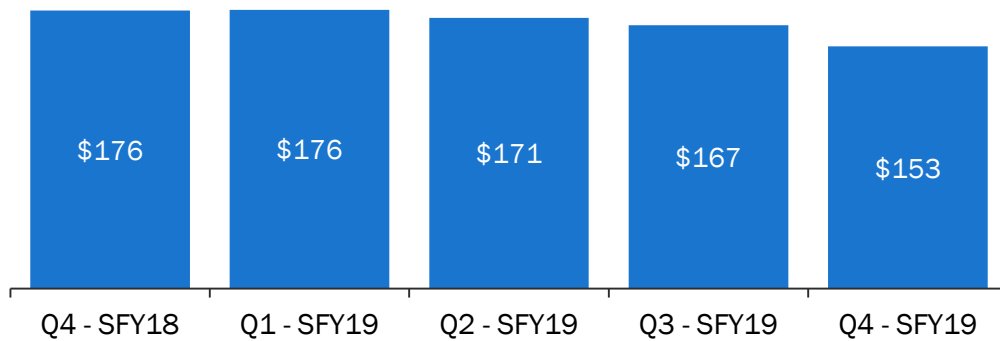
Recipients per Quarter



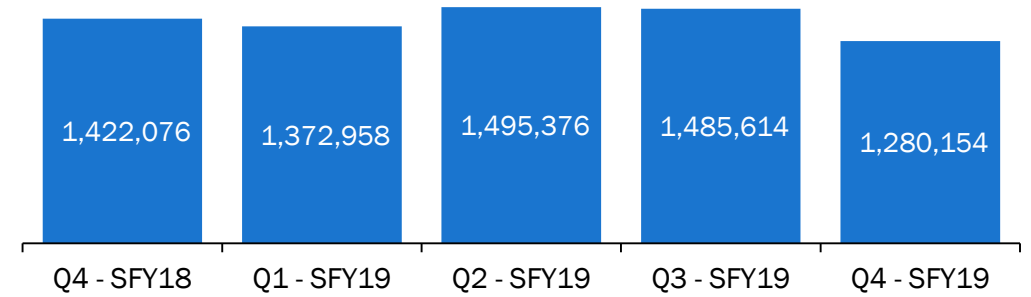
Member Months per Quarter



Overall PMPM per Quarter



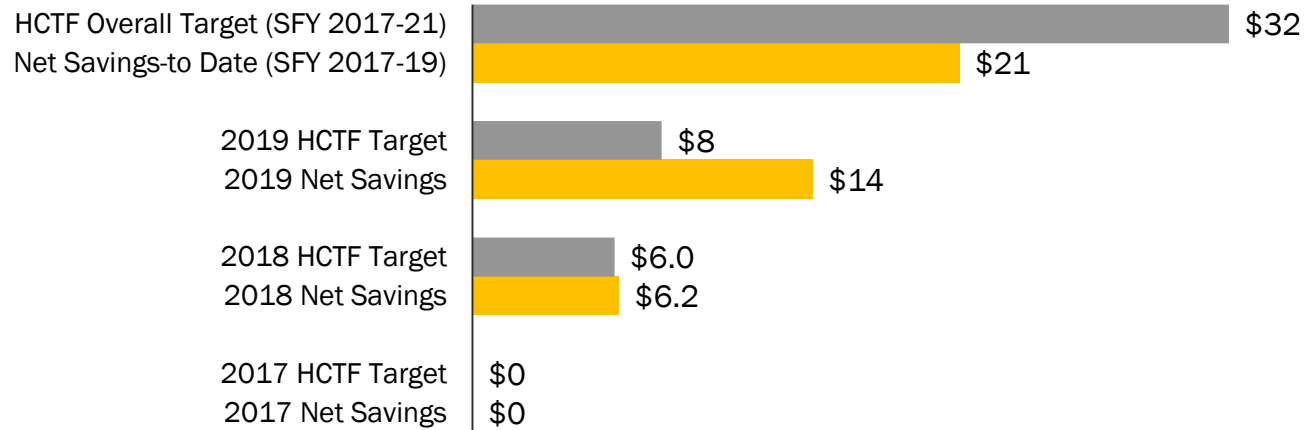
Claims per Quarter



Dental

Savings Overview

Net Savings (\$M)

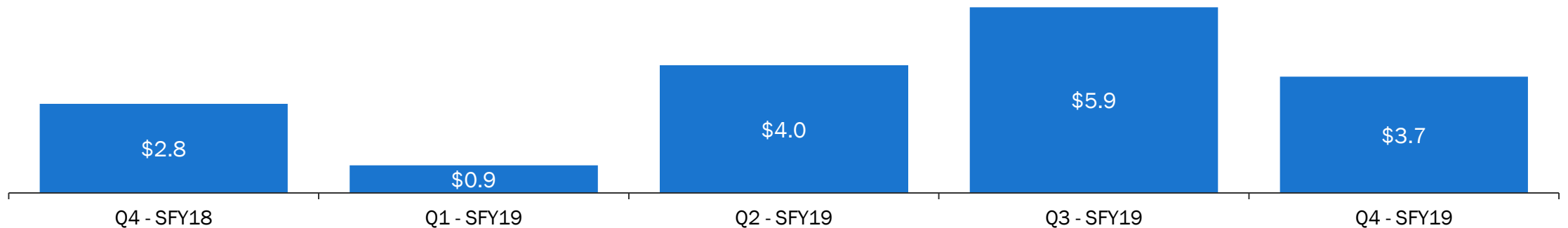


The Dental Program hit its Health Care Task Force (HCTF) 2019 savings target of \$8M by having a cumulative net savings of \$14M.

SFY 2019 saw Dental fully transition to managed care as 97-percent of expenditures went toward capitated payments.

This transition to managed care has only seen Dental spending increase only three-percent since SFY 2017 when Dental was strictly Fee-for-Service.

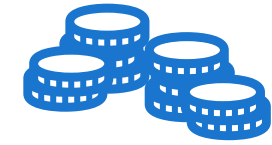
Savings per Quarter (\$M)



Dental

Spending Overview

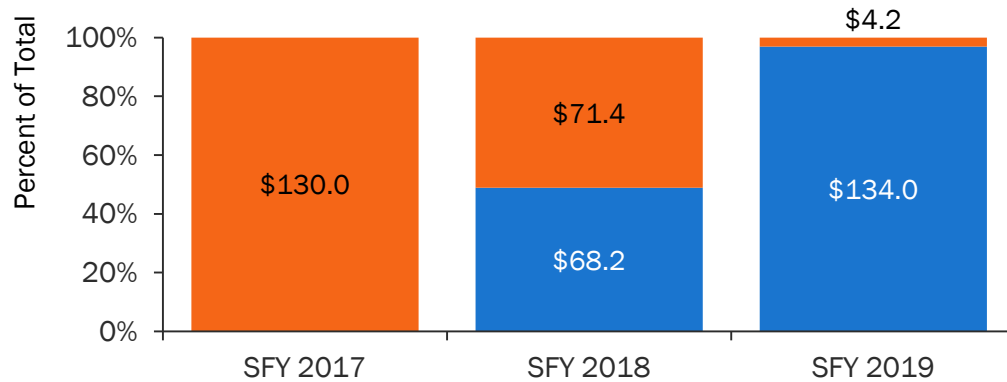
Spending (\$M)



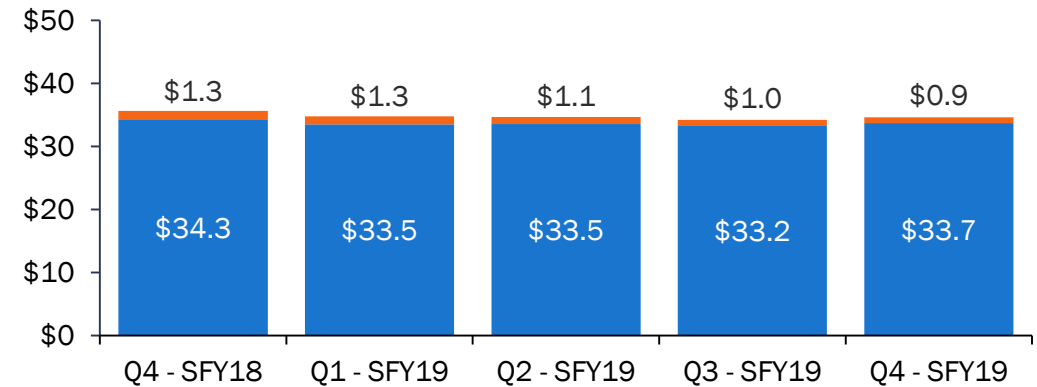
\$3.2M

Premium Taxes paid by Dental MCOs in SFY 2019.

Program Spending per Year (\$M)



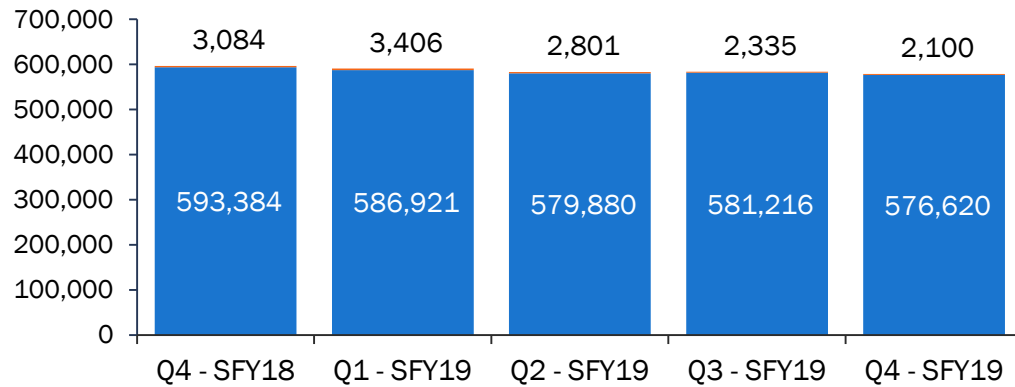
Program Spending per Quarter (\$M)



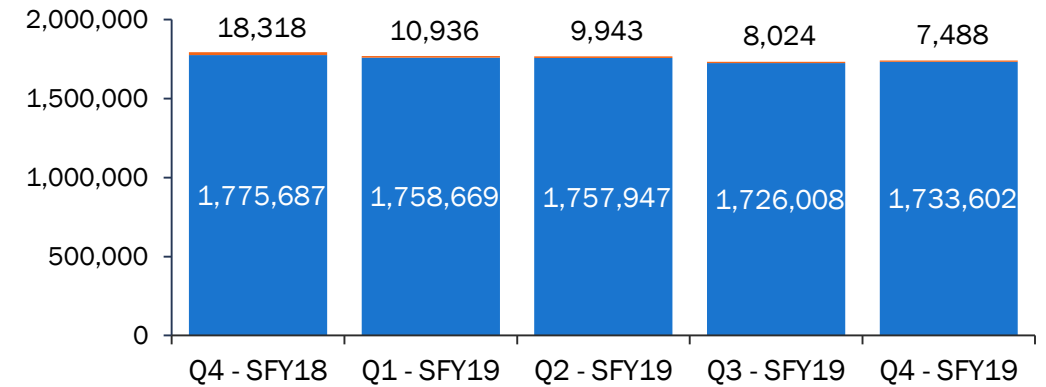
Dental

Quarterly Scorecard (SFY 2018-19)

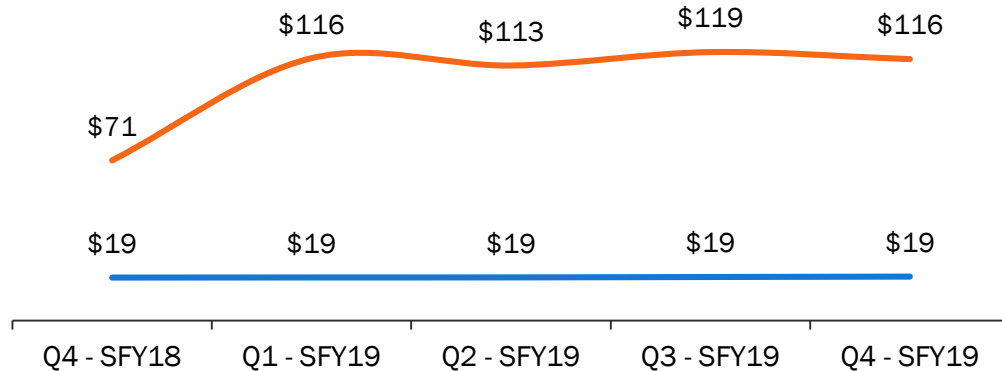
Recipients per Quarter



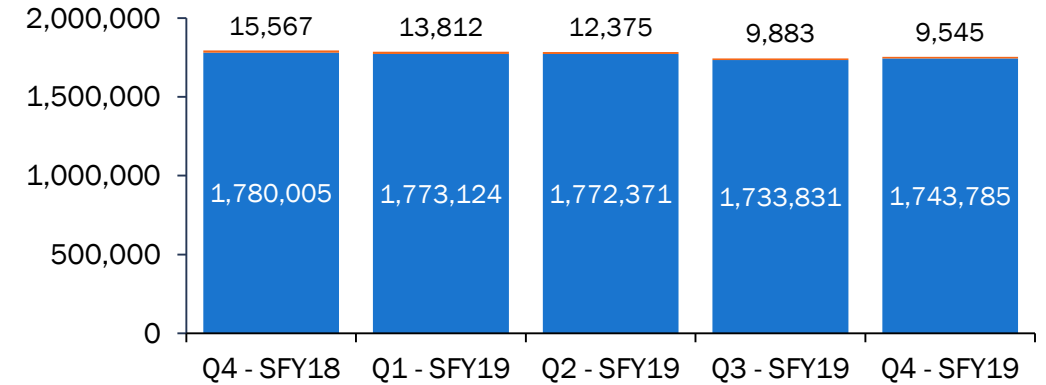
Member Months per Quarter



Overall PMPM per Quarter



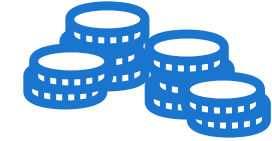
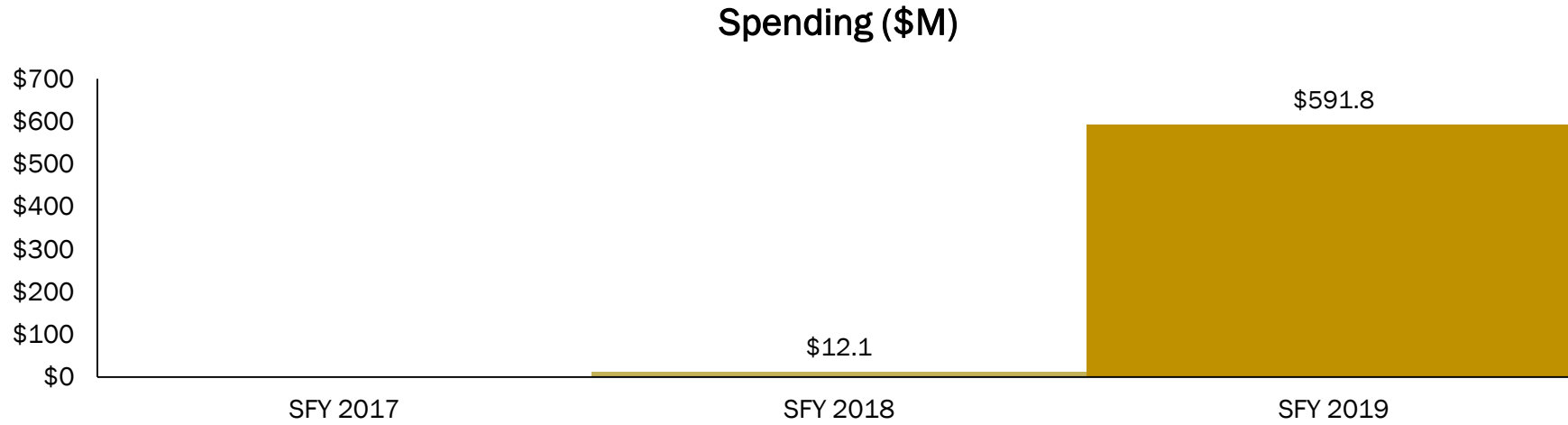
Claims per Quarter



SECTION IV: PROVIDER-LED (PASSE) PROGRAM REPORT

Provider-Lead (PASSE)

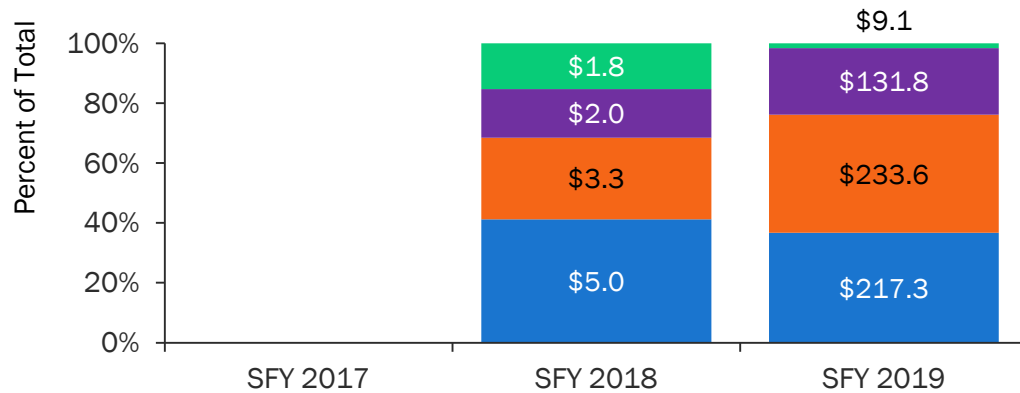
Spending Overview



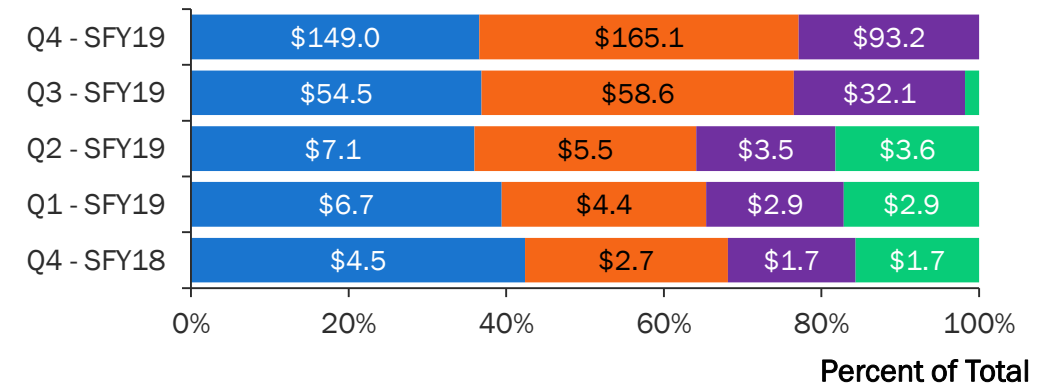
\$2.0M

Premium Taxes paid by PASSEs for March 2019.

PASSE Spending by Fiscal Year (\$M)



PASSE Spending per Quarter (\$M)

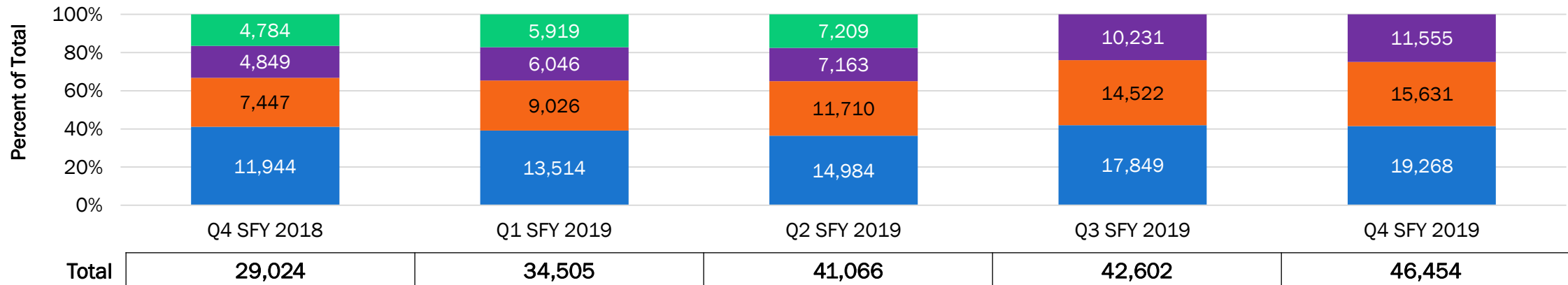


Note(s): (1) Forevercare ended its participation in the PASSE program in Q3 - SFY19. Their members were reassignment to one of the three remaining PASSEs.
 (2) PASSEs assumed full-risk (Phase II) on March 1, 2019.

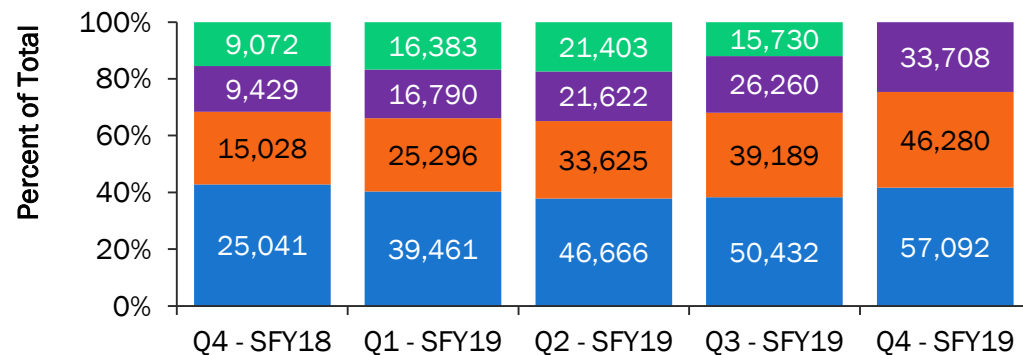
Provider-Lead (PASSE)

Quarterly Scorecard (SFY 2018-19)

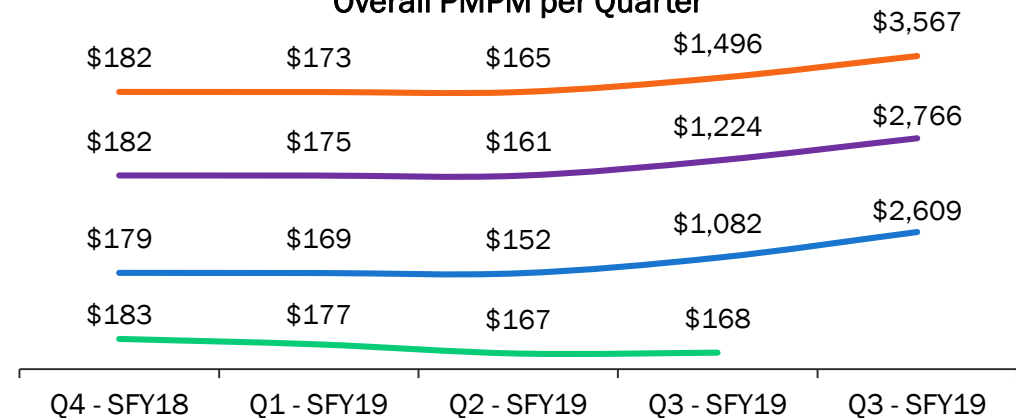
PASSE Enrollment by Quarter



Member Months per Quarter



Overall PMPM per Quarter



- Note(s):
- (1) This point-in-time report was run on Jul. 10, 2019. Enrollment for each quarter is counted on the last day of each month and DOES NOT include retro-active eligibility for each month and as a result do not change Scorecard to Scorecard.
 - (2) Forevercare ended its participation in the PASSE program in Q3 - SFY19. Their members were reassignment to one of the three remaining PASSEs.
 - (3) PASSEs assumed full-risk (Phase II) on March 1, 2019.

APPENDIX: DETAILED SPENDING BY STATE FISCAL QUARTER

Medicaid Transformation Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
DD – Therapy Caps	\$47,120,596	\$39,304,915	\$46,928,467	\$44,877,150	\$49,175,317	\$46,530,255	(\$2,645,062)
DD – EIDT/ADDT (Formerly CHMS/DDTCS)	\$73,428,599	\$50,432,170	\$52,468,530	\$48,152,956	\$61,177,560	\$69,936,854	\$8,759,294
DD – Waiver	\$61,281,619	\$60,416,085	\$62,316,507	\$56,691,606	\$50,692,967	\$3,697,259	(\$46,995,708)
DD – ICF	\$12,703,324	\$11,196,101	\$13,097,620	\$10,896,293	\$10,156,705	\$1,497,887	(\$8,658,819)
Total DD	\$194,534,138	\$161,349,272	\$174,811,123	\$160,618,005	\$171,202,549	\$121,662,255	(\$49,540,295)
BH – Inpatient	\$31,647,338	\$29,292,559	\$31,016,543	\$23,992,320	\$25,924,971	\$9,345,689	(\$16,579,281)
BH – Outpatient	\$69,607,078	\$42,178,310	\$53,064,827	\$43,898,050	\$42,715,933	\$15,168,098	(\$27,547,835)
Total BH	\$101,254,417	\$71,470,869	\$84,081,370	\$67,890,370	\$68,640,904	\$24,513,787	(\$44,127,117)
LTSS – Independent Choices	\$11,690,211	\$12,157,687	\$12,382,036	\$11,457,463	\$11,621,269	\$5,981,347	(\$5,639,922)
LTSS – Personal Care	\$25,588,832	\$24,041,859	\$23,361,981	\$24,460,968	\$25,097,445	\$18,795,431	(\$6,302,015)
LTSS – ARChoices & Other Waivers	\$39,699,976	\$39,828,112	\$40,030,082	\$39,340,991	\$42,979,804	\$36,056,550	(\$6,923,255)
LTSS – Private Long Term Care / SNF	\$169,187,749	\$160,443,424	\$162,294,086	\$173,038,502	\$183,279,739	\$166,373,664	(\$16,906,075)
Total LTSS	\$246,166,768	\$236,471,081	\$238,068,185	\$248,297,924	\$262,978,258	\$227,206,991	(\$35,771,267)
Total Pharmacy	\$89,602,885	\$88,994,409	\$94,754,347	\$93,783,736	\$97,029,715	\$72,979,963	(\$24,049,752)
Dental – Managed Care	\$34,322,478	\$33,494,013	\$33,528,574	\$33,248,042	\$37,093,443	\$33,721,365	(\$3,372,079)
Dental – Fee for Service	\$1,296,301	\$1,271,737	\$1,123,863	\$954,724	\$1,167,904	\$867,621	(\$300,283)
Total Dental	\$35,618,779	\$34,765,750	\$34,652,437	\$34,202,766	\$38,261,347	\$34,588,986	(\$3,672,362)
Grand Total	\$667,176,987	\$593,051,381	\$626,367,462	\$604,792,801	\$638,112,774	\$480,951,981	(\$157,160,793)

Note(s): (1) ICF Excludes HDC providers
 (2) Long Term Services & Supports numbers contain Assisted Living which was not in last year's Scorecard

DD – Therapy Cap Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
Physical Therapy CHMS	\$3,351,344	\$3,726,852	\$4,682,599	\$4,346,308	\$4,915,190	\$5,001,882	\$86,692
Occupational Therapy - CHMS	\$4,488,362	\$5,120,141	\$6,533,382	\$6,476,602	\$7,005,863	\$7,180,027	\$174,164
Speech & Language Therapy - CHMS	\$5,178,634	\$5,909,343	\$8,065,383	\$7,755,700	\$8,418,902	\$8,680,264	\$261,362
Physical Therapy General	\$4,170,473	\$4,228,647	\$4,387,012	\$4,023,863	\$4,551,391	\$3,801,391	(\$749,999)
Physical Therapy School Based	\$1,629,929	\$396,034	\$1,576,432	\$1,490,443	\$1,375,566	\$1,504,385	\$128,819
Occupational Therapy General	\$6,020,090	\$6,092,483	\$6,286,408	\$5,990,851	\$6,688,905	\$5,791,828	(\$897,077)
Occupational Therapy School Based	\$3,388,453	\$957,922	\$3,023,134	\$3,011,641	\$2,782,360	\$3,057,324	\$274,964
Speech & Language Therapy General	\$8,150,736	\$8,216,424	\$8,268,450	\$7,654,487	\$8,812,367	\$7,693,802	(\$1,118,565)
Speech & Language Therapy School Based Only	\$4,045,426	\$870,016	\$3,329,261	\$3,432,198	\$3,141,474	\$3,718,052	\$576,578
DDTCS - Disabled Day Treatment Clinic Services Therapy	\$6,697,149	\$3,787,053	\$776,407	\$695,056	\$1,483,301	\$101,301	(\$1,382,000)
Total DD - Therapy Caps	\$47,120,596	\$39,304,915	\$46,928,467	\$44,877,150	\$49,175,317	\$46,530,255	(\$2,645,062)

DD – EIDT/ADDT Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
EPSDT - CHMS	\$31,606,970	\$25,317,788	\$36,702,107	\$35,824,899	\$44,447,491	\$62,714,909	\$18,267,418
Rehab Services School Based CHMS	\$0	\$457	\$2,162	\$1,348	\$1,561	(\$261)	(\$1,822)
DDTCS Transportation	\$4,181,779	\$3,913,432	\$3,887,969	\$1,287,746	\$2,638,714	\$441,064	(\$2,197,650)
DDTCS - Disabled Day Treatment Clinic Services	\$37,639,850	\$21,200,493	\$11,876,291	\$11,038,964	\$14,089,794	\$6,781,142	(\$7,308,652)
Total DD – EIDT/ADDT	\$73,428,599	\$50,432,170	\$52,468,530	\$48,152,956	\$61,177,560	\$69,936,854	\$8,759,294

Note(s): EIDT/ADDT was formerly called CHMS/DDTCS in last year's Scorecard

DD – Waiver Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
DDS Community & Employee Supports Waiver*	\$60,961,016	\$59,430,704	\$61,044,870	\$56,039,442	\$49,567,220	\$2,539,941	(\$47,027,280)
DDS H/C Community & Employee Supports Waiver*	(\$528,469)	(\$2,829)	\$221,814	(\$12,594)	\$57,771	(\$253)	(\$58,024)
Autism Intensive Intervention Provider Waiver	\$849,072	\$988,210	\$1,049,823	\$664,758	\$1,067,976	\$1,157,572	\$89,595
Total DD - Waiver	\$61,281,619	\$60,416,085	\$62,316,507	\$56,691,606	\$50,692,967	\$3,697,259	(\$46,995,708)

* Formerly known as the Alternative Community Services Waiver

DD – ICF Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
ICF/Infant Infirmaries	\$6,740,605	\$6,182,456	\$7,125,757	\$5,601,809	\$5,555,351	\$1,155,579	(\$4,399,772)
Public - ICF	\$5,962,719	\$5,013,645	\$5,971,862	\$5,294,484	\$4,601,354	\$342,308	(\$4,259,046)
Private ICF	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total DD - ICF	\$12,703,324	\$11,196,101	\$13,097,620	\$10,896,293	\$10,156,705	\$1,497,887	(\$8,658,819)

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

BH – Inpatient Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
Inpatient Psychiatric, U-21	\$31,438,512	\$29,058,533	\$30,755,751	\$23,688,603	\$25,623,627	\$9,056,769	(\$16,566,858)
Inpatient Psychiatric Crossover, U-21	\$208,826	\$234,026	\$260,792	\$303,717	\$301,344	\$288,921	(\$12,423)
Total BH – Inpatient	\$31,647,338	\$29,292,559	\$31,016,543	\$23,992,320	\$25,924,971	\$9,345,689	(\$16,579,281)

BH – Outpatient Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
Mental Health Clinic RSPMI	\$69,572,965	\$42,176,826	\$53,048,905	\$43,878,651	\$42,700,319	\$15,144,465	(\$27,555,854)
Mental Health Services - RSPMI	\$0	\$0	\$46	\$1,448	\$0	\$991	\$991
Speech & Language Therapy - RSPMI	\$0	\$0	\$0	\$0	\$0	(\$87)	(\$87)
Episode RSPMI Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rehab Services - School Based RSPMI	(\$2,484)	(\$116)	\$0	(\$72)	(\$1,561)	(\$5,824)	(\$4,263)
Substance Abuse Program	\$10,223	\$713	\$555	\$0	\$0	\$0	\$0
School-Based Mental Health Services	\$26,374	\$887	\$15,321	\$18,023	\$17,175	\$28,552	\$11,377
Total BH – Outpatient	\$69,607,078	\$42,178,310	\$53,064,781	\$43,898,050	\$42,715,933	\$15,168,098	(\$27,547,835)

LTSS – Independent Choices Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
Treatment Elderly	\$9,331,241	\$10,335,697	\$10,215,617	\$9,397,266	\$10,921,776	\$9,503,623	(\$1,418,153)
Refusers	\$928,150	\$468,650	\$716,000	\$705,225	(\$825,964)	(\$4,872,145)	(\$4,046,181)
Counseling/Fiscal Intermediary	\$1,430,820	\$1,353,339	\$1,450,419	\$1,354,971	\$1,525,458	\$1,349,869	(\$175,588)
Total LTSS – Independent Choices	\$11,690,211	\$12,157,687	\$12,382,036	\$11,457,463	\$11,621,269	\$5,981,347	(\$5,639,922)

LTSS – Personal Care Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
Personal Care - Regular	\$24,952,384	\$23,915,599	\$23,149,948	\$24,094,460	\$24,682,121	\$18,001,879	(\$6,680,242)
Personal Care - School Based	\$636,448	\$126,260	\$212,034	\$366,508	\$415,324	\$793,552	\$378,227
Total LTSS – Personal Care	\$25,588,832	\$24,041,859	\$23,361,981	\$24,460,968	\$25,097,445	\$18,795,431	(\$6,302,015)

LTSS – AR Choices & Other Waiver Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
ARChoices in Home Care	\$32,079,194	\$32,541,951	\$33,171,604	\$32,338,505	\$35,291,624	\$29,433,242	(\$5,858,382)
Assisted Living*	\$5,682,807	\$5,468,786	\$5,067,958	\$4,812,982	\$5,538,176	\$4,654,522	(\$883,654)
ARSeniors	\$1,983,860	\$1,811,398	\$1,804,520	\$2,197,679	\$2,156,251	\$1,977,790	(\$178,460)
Former Elderchoices & APD Waivers	(\$45,884)	\$5,976	(\$14,000)	(\$8,175)	(\$6,245)	(\$9,004)	(\$2,758)
Total LTSS – AR Choices & Other Waivers	\$39,699,976	\$39,828,112	\$40,030,082	\$39,340,991	\$42,979,804	\$36,056,550	(\$6,923,255)

Note(s): During Q3 – SFY18, enrollment of new beneficiaries in ARChoices was frozen due to litigation. Regular enrollment of new beneficiaries did not resume until Q2 – SFY19.

* Assisted Living was not in last year's Scorecard

LTSS – Private Long Term Care/SNF Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
Private SNF	\$161,973,419	\$154,153,895	\$156,665,275	\$167,403,408	\$176,856,267	\$160,647,913	(\$16,208,354)
Private SNF Crossover	\$7,235,372	\$6,289,530	\$5,628,811	\$5,635,094	\$6,423,472	\$5,651,364	(\$772,108)
SNF Distinct Part Beds Crossovers	(\$21,042)	\$0	\$0	\$0	\$0	\$0	\$0
Private Long-Term Care Adjustment	\$0	\$0	\$0	\$0	\$0	\$74,387	\$74,387
Total LTSS – Private Long- Term Care / SNF	\$169,187,749	\$160,443,424	\$162,294,086	\$173,038,502	\$183,279,739	\$166,373,664	(\$16,906,075)

Pharmacy Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
Prescription Services	\$89,602,885	\$88,994,409	\$94,754,347	\$93,783,736	\$97,029,715	\$72,979,963	(\$24,049,752)
Prescription Drug Adjustments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Pharmacy Cost	\$89,602,885	\$88,994,409	\$94,754,347	\$93,783,736	\$97,029,715	\$72,979,963	(\$24,049,752)

Dental Spend by Quarter

SFY 2018-19

	Q4 – SFY 2018 Actual	Q1 – SFY 2019 Actual	Q2 – SFY 2019 Actual	Q3 – SFY 2019 Actual	Q4 – SFY 2019 HCTF Baseline (5% Annual Increase)	Q4 – SFY 2019 Actual	Q4 – SFY 2019 Difference
Dental Managed Care	\$34,322,478	\$33,494,013	\$33,528,574	\$33,248,042	\$37,093,443	\$33,721,365	(\$3,372,079)
Dental Fee for Service	\$1,296,301	\$1,271,737	\$1,123,863	\$954,724	\$1,167,904	\$867,621	(\$300,283)
<i>Dental Services</i>	\$1,110,005	\$1,110,171	\$927,610	\$790,160	\$977,417	\$701,567	(\$275,850)
<i>Dental Services, EPSDT</i>	\$85,189	\$106,462	\$103,775	\$90,633	\$104,612	\$77,217	(\$27,395)
<i>Dental Prosthetic Device Adult</i>	\$29,159	\$20,347	\$20,544	\$25,286	\$23,421	\$19,876	(\$3,545)
<i>Dental Prosthetic Device Children</i>	\$298	\$0	\$0	\$0	\$0	(\$570)	(\$570)
<i>Oral Surgery - Physicians</i>	\$34,272	\$27,015	\$62,764	\$41,455	\$54,648	\$65,304	\$10,656
<i>Oral Surgery - Dentist (ADA Codes)</i>	\$37,377	\$7,742	\$9,170	\$7,191	\$7,807	\$4,227	(\$3,580)
Total Dental	\$35,618,779	\$34,765,750	\$34,652,437	\$34,202,766	\$38,261,347	\$34,588,986	(\$3,672,362)