

# Medicaid Transformation Savings Scorecard and Quarterly Report

Q1 – SFY2019

# A Four Section Report to Track Medicaid and Savings

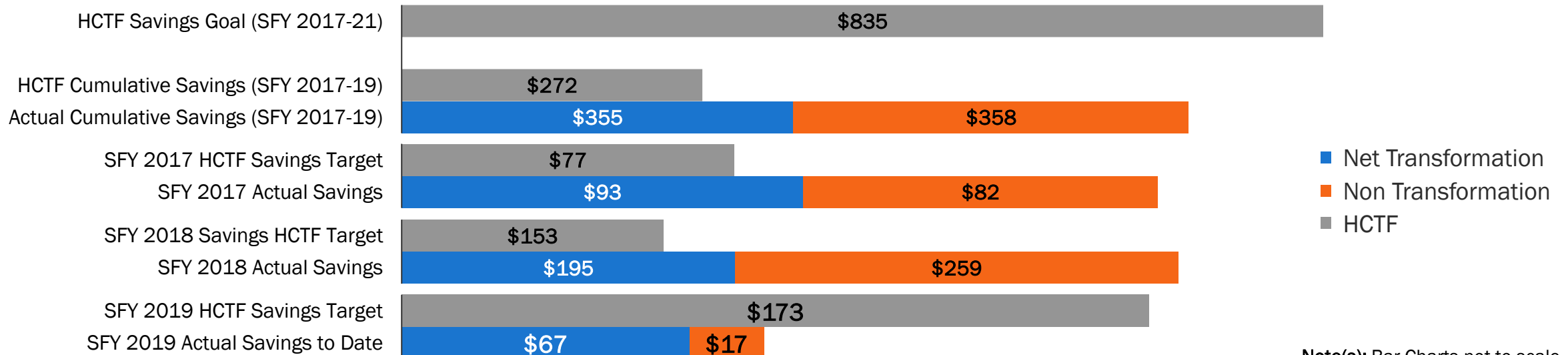
- DHS is obligated to provide a quarterly report beginning with the first quarter of SFY18 that:
  - Includes a dashboard or scorecard to track savings from reforms approved by the Health Care Task Force (HCTF). The reforms target “at least \$835 million” in savings from traditional Medicaid.
  - Reports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

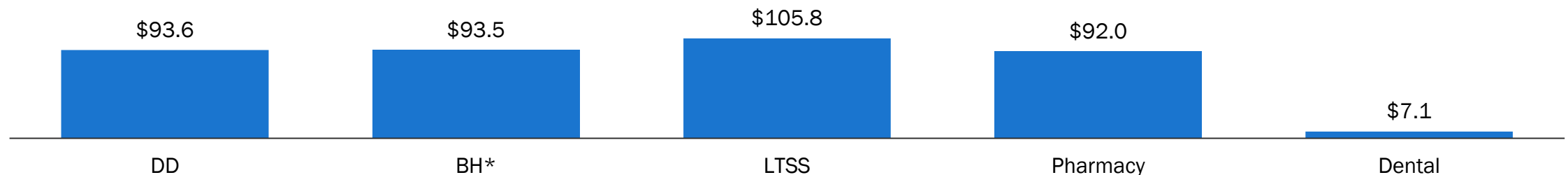
## Overall Savings

Savings (\$M)



Note(s): Bar Charts not to scale

Cumulative Transformation Savings by Program (\$M) (SFY 2017-19)

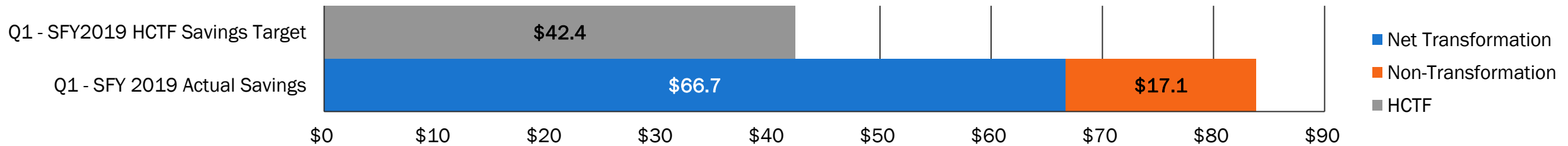


\* With the implementation of Behavioral Health transformation on July 1, 2018, DHS is investigating the impact of this new reimbursement methodology across multiple categories of service. For the Scorecard ending on Dec. 31, 18 (Q2 - SFY 2018), DHS will include an analysis and savings of CPT codes related to Behavioral Health.

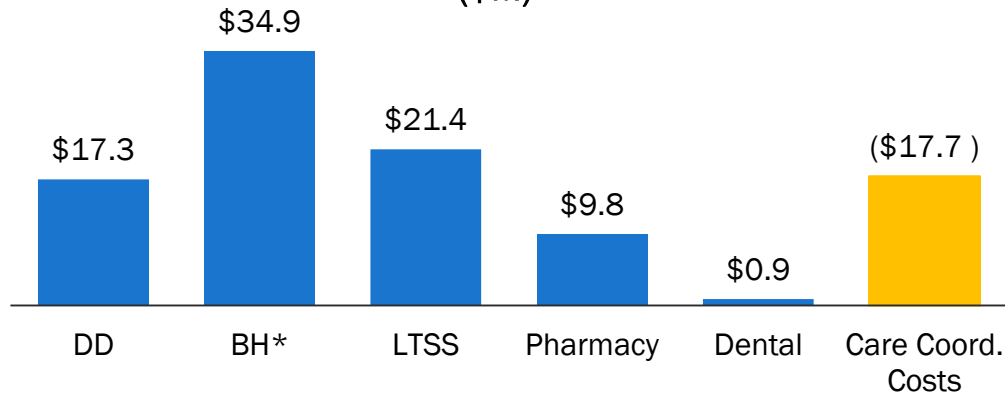
# Traditional Medicaid Scorecard

SFY 2019

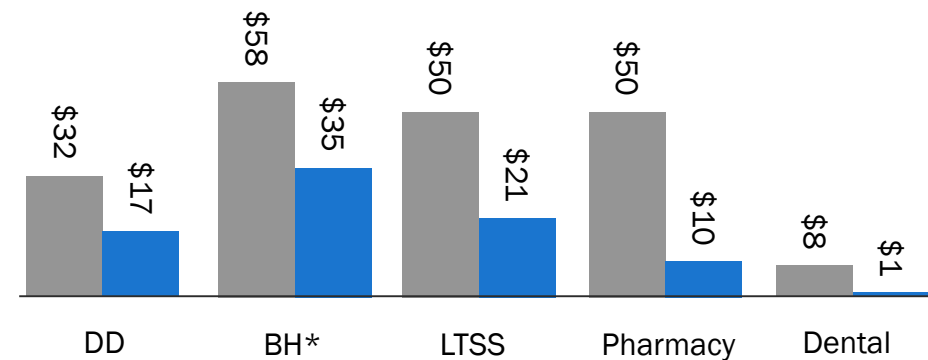
Savings (\$M)



Q1 - SFY 2019 Transformation Savings by Program (\$M)



SFY 2019 Savings to Date by Program (\$M)



\* With the implementation of Behavioral Health transformation on July 1, 2018, DHS is investigating the impact of this new reimbursement methodology across multiple categories of service. For the Scorecard ending on Dec. 31, 18 (Q2 - SFY 2018), DHS will include an analysis and savings of CPT codes related to Behavioral Health.

**Note(s):** The Centers for Medicare & Medicaid Services (CMS) issued an invoice to DHS for Part D claw backs that was paid in July 2018 which included adjustments totaling \$11,333,003 for December 2015 through April 2016. Excluding this adjustment, the total savings for Non-Transformation would have been **\$28,460,930**

# 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

<b>“Current Model” Savings and Costs by Year &amp; Program</b> 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)
<b>Net DD Savings</b>	<b>\$0</b>	<b>\$32</b>	<b>\$30</b>	<b>\$47</b>	<b>\$47</b>	<b>\$156</b>
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)
<b>Net BH Savings</b>	<b>\$12</b>	<b>\$15</b>	<b>\$35</b>	<b>\$45</b>	<b>\$60</b>	<b>\$167</b>
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
<b>Net Dental All-Funds Impact</b>	<b>\$0</b>	<b>\$6</b>	<b>\$8</b>	<b>\$9</b>	<b>\$9</b>	<b>\$32</b>
<b>Net Fiscal Impacts</b>	<b>\$77</b>	<b>\$153</b>	<b>\$173</b>	<b>\$201</b>	<b>\$216</b>	<b>\$820</b>

# Total Traditional Medicaid Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
Total Hospital/Medical Expenditures	\$918,961,780	\$901,981,077	\$1,023,582,576	\$1,052,345,571	\$1,013,208,371	\$948,288,827	(\$64,919,544)
Total Prescription Drugs Expenditures*	\$102,486,370	\$107,193,167	\$99,689,725	\$107,292,180	\$112,195,437	\$118,584,950	\$6,389,513
Total Long-Term Care Expenditures	\$226,564,860	\$224,295,587	\$208,684,919	\$222,140,376	\$239,089,192	\$213,798,332	(\$25,290,861)
<b>Total Traditional Medicaid</b>	<b>\$1,248,013,010</b>	<b>\$1,233,469,832</b>	<b>\$1,331,957,220</b>	<b>\$1,381,778,127</b>	<b>\$1,364,493,000</b>	<b>\$1,280,672,109</b>	<b>(\$83,820,891)</b>

**Note(s):** The Centers for Medicare & Medicaid Services (CMS) issued an invoice to DHS for Part D claw backs that was paid in July 2018 which included adjustments totaling \$11,333,003 for December 2015 through April 2016. Excluding this adjustment, the total savings for Traditional Medicaid would have been **\$95,153,894**.

\* Includes Contracts and Part D claw backs which are not part of transformation



# Medicaid Transformation Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
Developmentally Disabled (DD)	\$160,297,222	\$167,371,939	\$162,508,143	\$194,534,138	\$178,670,807	\$161,349,272	(\$17,321,535)
Behavioral Health (BH)*	\$97,707,370	\$95,524,476	\$93,002,034	\$101,254,417	\$106,390,884	\$71,470,869	(\$34,920,015)
Long Term Services & Supports (LTSS)	\$247,127,611	\$247,837,720	\$229,158,090	\$246,166,768	\$257,946,486	\$236,471,081	(\$21,475,404)
Pharmacy	\$87,896,942	\$92,982,688	\$98,602,418	\$89,602,885	\$98,826,135	\$88,994,409	(\$9,831,726)
Dental	\$32,247,834	\$32,568,691	\$39,178,647	\$35,618,779	\$35,636,464	\$34,765,750	(\$870,713)
<b>Grand Total</b>	<b>\$625,276,979</b>	<b>\$636,285,514</b>	<b>\$622,449,333</b>	<b>\$667,176,987</b>	<b>\$677,470,775</b>	<b>\$593,051,381</b>	<b>(\$84,419,394)</b>

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

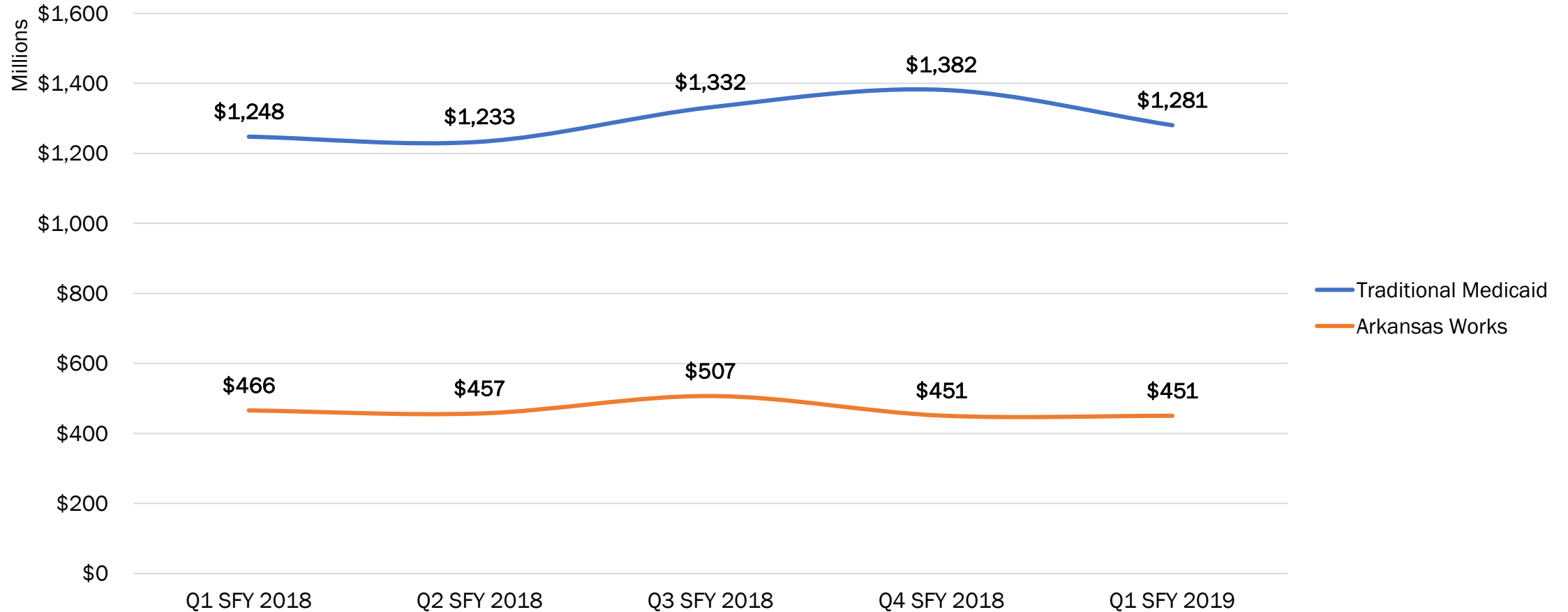
(2) Long Term Services & Supports numbers contain Assisted Living which was not in last year's Scorecard

\* With the implementation of Behavioral Health transformation on July 1, 2018, DHS is investigating the impact of this new reimbursement methodology across multiple categories of service. For the Scorecard ending on Dec. 31, 18 (Q2 - SFY 2018), DHS will include an analysis and savings of CPT codes related to Behavioral Health.

# SECTION II: ARKANSAS MEDICAID ENROLLMENT & SPENDING REPORT

# Overall Medicaid Spend by Quarter (\$M)

SFY 2018-19

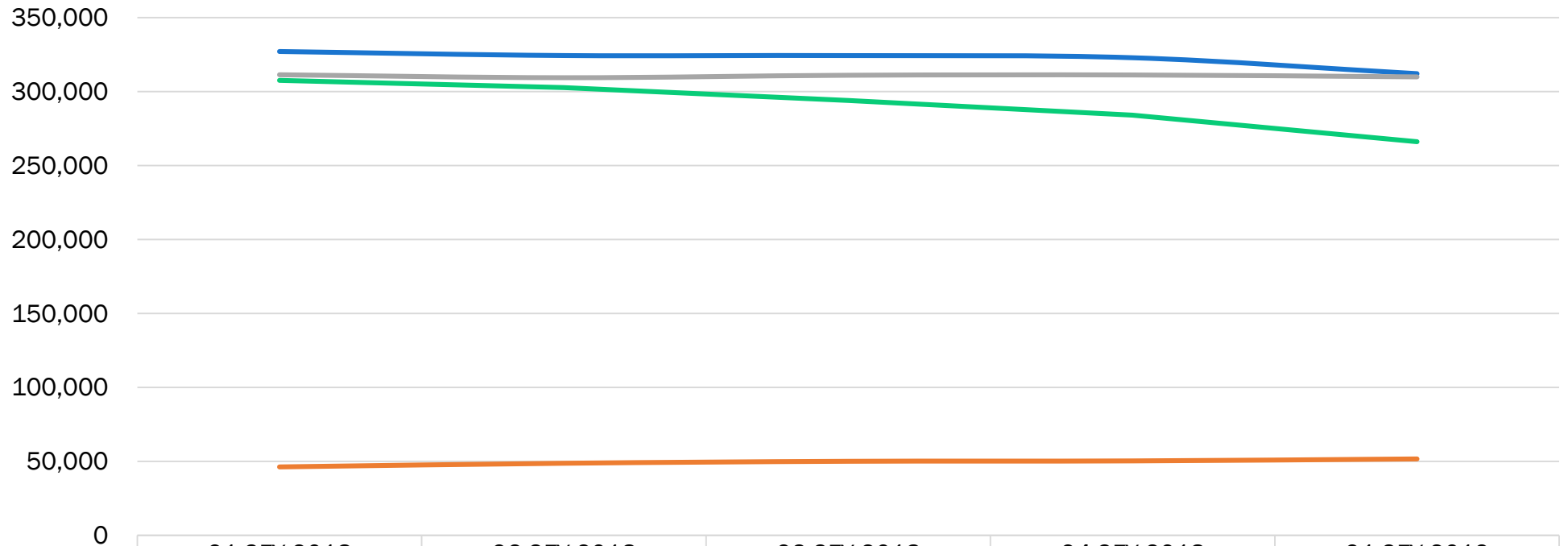


**Note(s):** (1) Traditional Medicaid increased on Jan. 1, 2018 to increase in payments to pediatric hospitals due to cost settlement payments and increase in Medicare buy-in expenditures.

(2) Arkansas Works increased on Jan. 1, 2018 due to increase in rates to carriers.

# Medicaid Enrollment by Quarter

SFY 2018-19

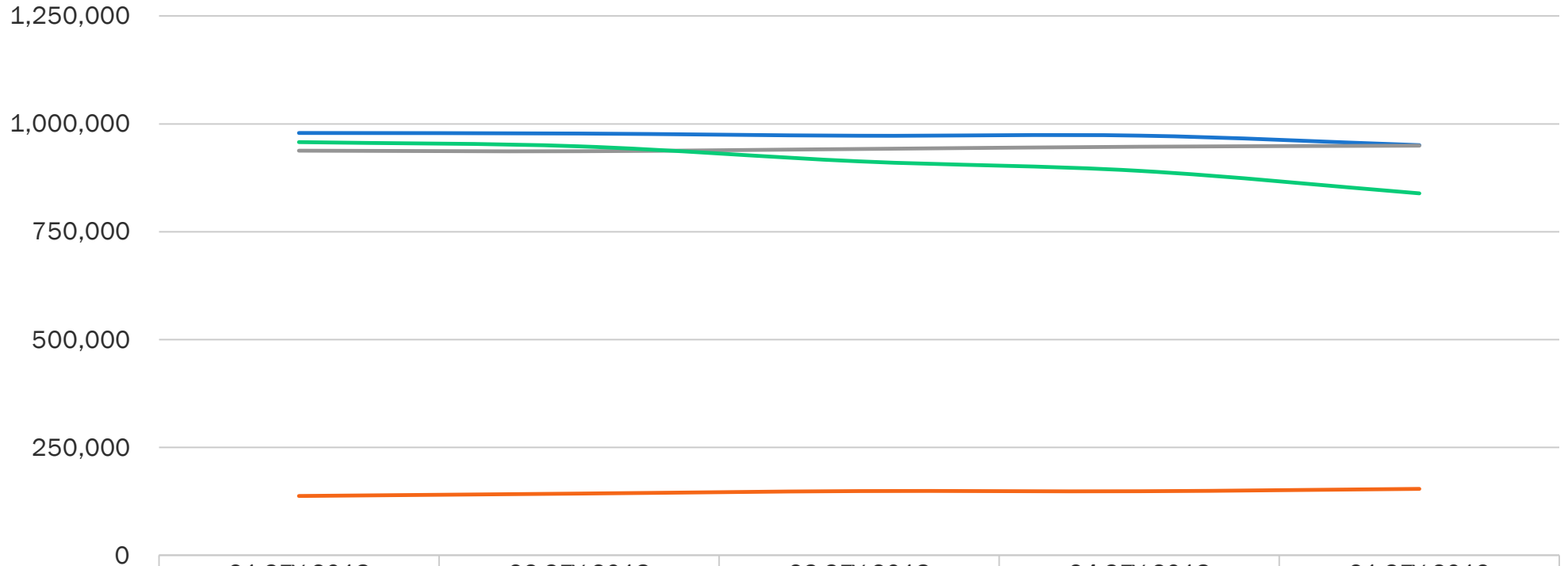


	Q1 SFY 2018	Q2 SFY 2018	Q3 SFY 2018	Q4 SFY 2018	Q1 SFY 2019
— ARKids A	327,010	324,286	324,253	322,804	312,029
— ARKids B	46,277	48,736	50,065	50,333	51,663
— Other Traditional Medicaid	311,374	309,416	311,039	311,233	309,961
— ARWorks	307,592	302,655	293,991	284,031	266,091
Total	992,253	985,093	979,348	968,401	939,744

**Note(s):** This point-in-time report was run on Oct. 10, 2018. 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

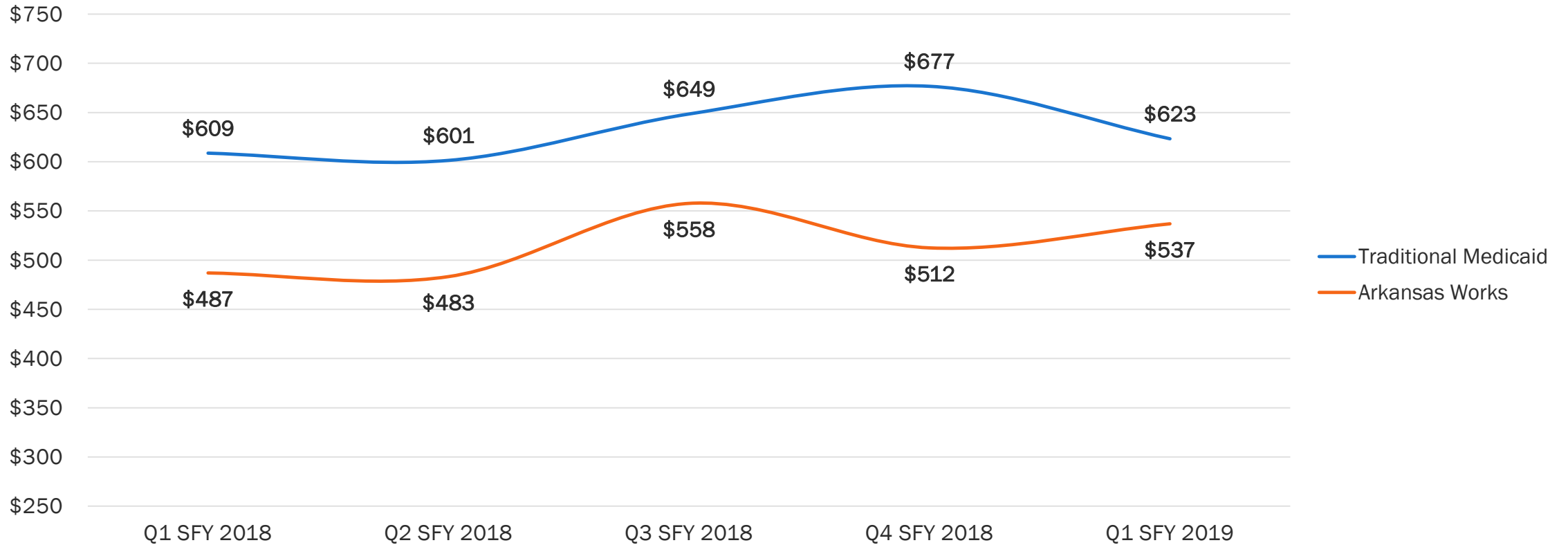


	Q1 SFY 2018	Q2 SFY 2018	Q3 SFY 2018	Q4 SFY 2018	Q1 SFY 2019
AR Kids A	978,800	977,519	972,496	972,751	950,908
AR Kids B	137,648	143,155	148,895	148,561	153,941
Other Traditional Medicaid	937,720	936,440	941,806	947,224	949,742
ARWorks	957,908	948,119	913,339	891,324	839,136
Total	3,012,076	3,005,233	2,976,536	2,959,860	2,893,727

**Note(s):** This point-in-time report was run on Oct. 10, 2018. Enrollment is counted on the last day of each month and 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



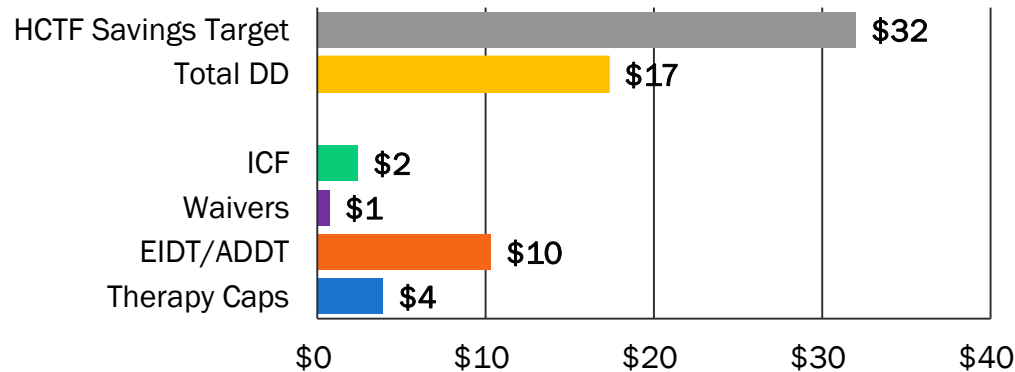
- Note(s):**
- (1) Traditional Medicaid increased on Jan. 1, 2018 to increase in payments to pediatric hospitals due to cost settlement payments and increase in Medicare buy-in expenditures.
  - (2) Arkansas Works increased on Jan. 1, 2018 due to increase in rates to carriers.
  - (3) This point-in-time report was run on Oct. 10, 2018. Enrollment is counted on the last day of each month and includes retro-active eligibility for each month. As a result, these totals will vary from previous Scorecards.

# SECTION III: PROGRAM SCORECARDS

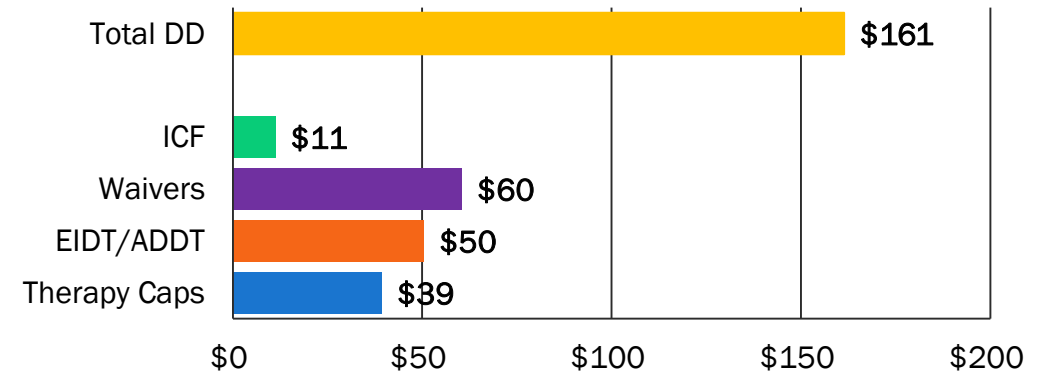
# Developmentally Disabled (DD)

## SFY 2018-19: Quarterly Scorecard

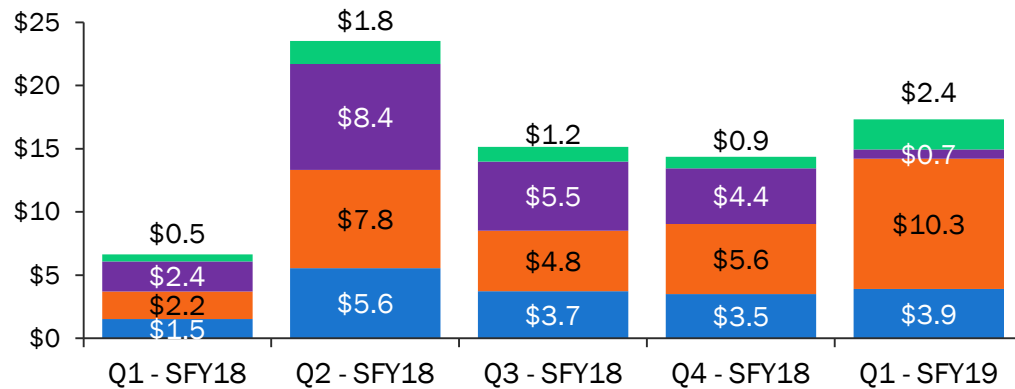
SFY 2019 Savings to Date (\$M)



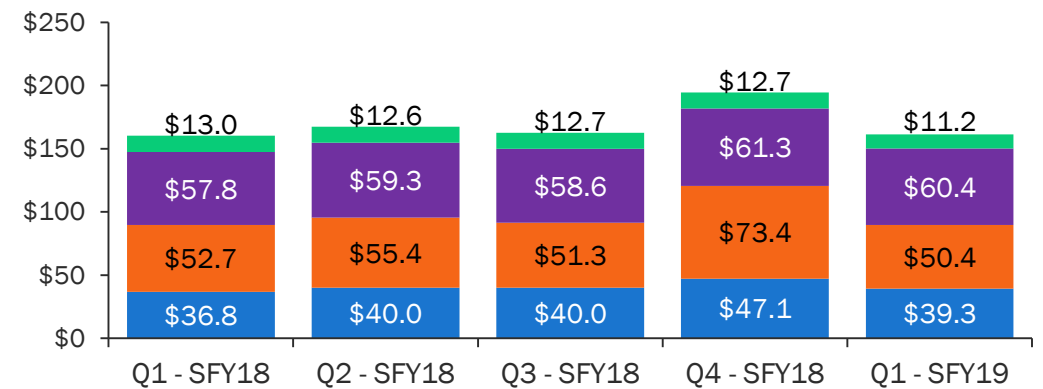
SFY 2019 Spending to Date (\$M)



Savings per Quarter (\$M)



Spending per Quarter (\$M)



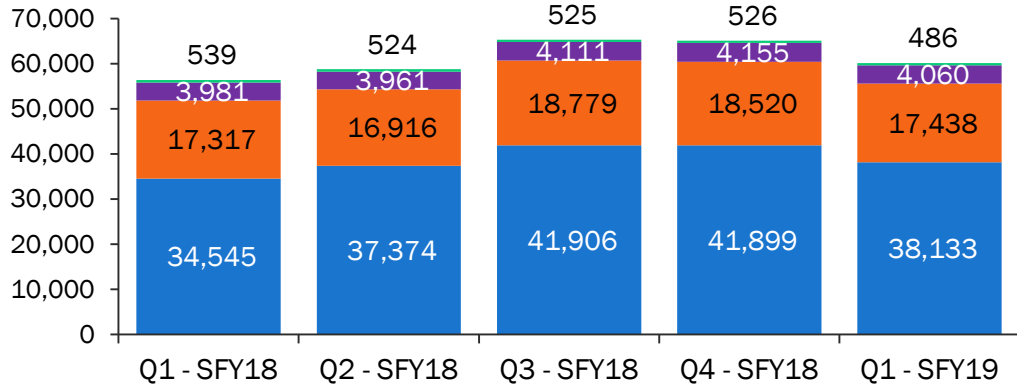
Note(s): EIDT/ADDT was formally called CHMS/DDTCS in last year's Scorecard



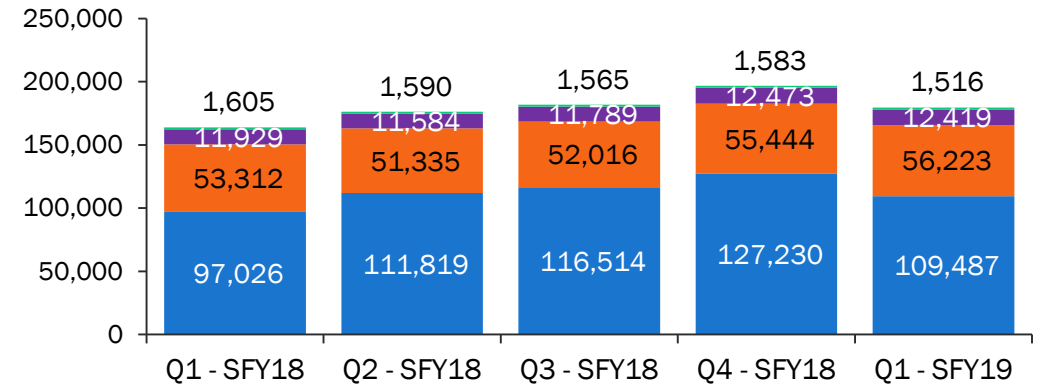
# Developmentally Disabled (DD)

## SFY 2018-19: Quarterly Scorecard

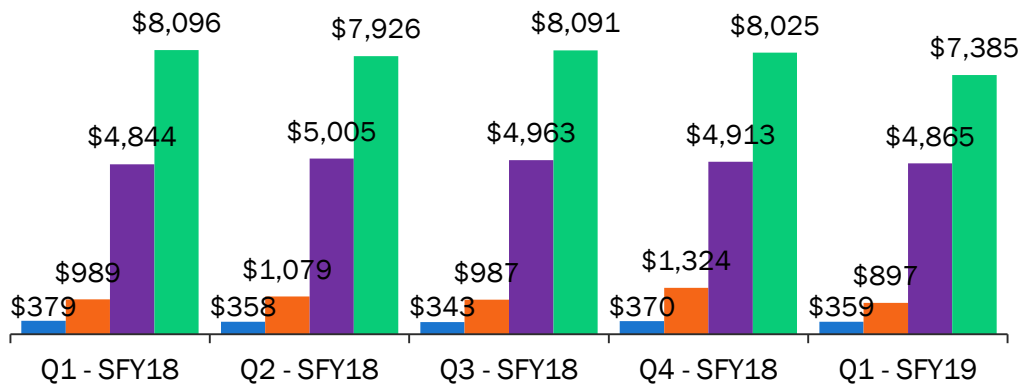
### Recipients per Quarter



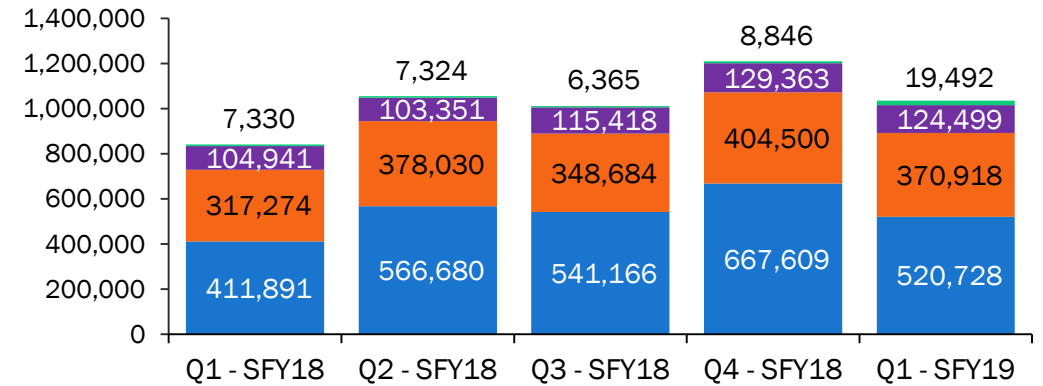
### Member Months per Quarter



### PMPM per Quarter



### Claims per Quarter

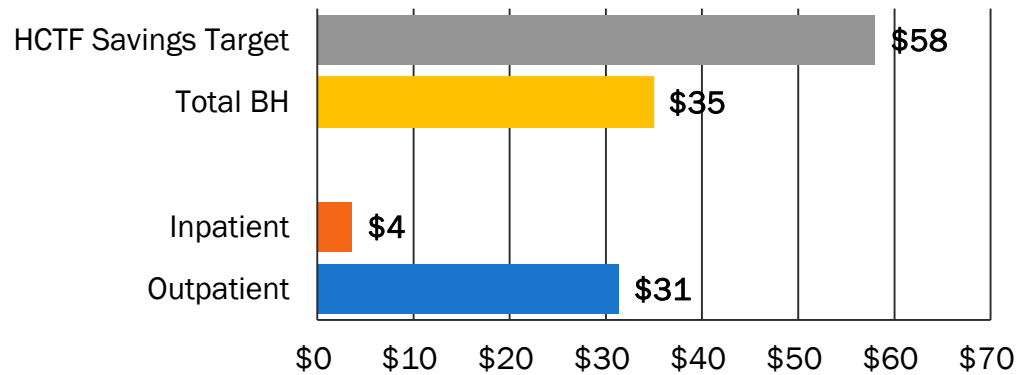


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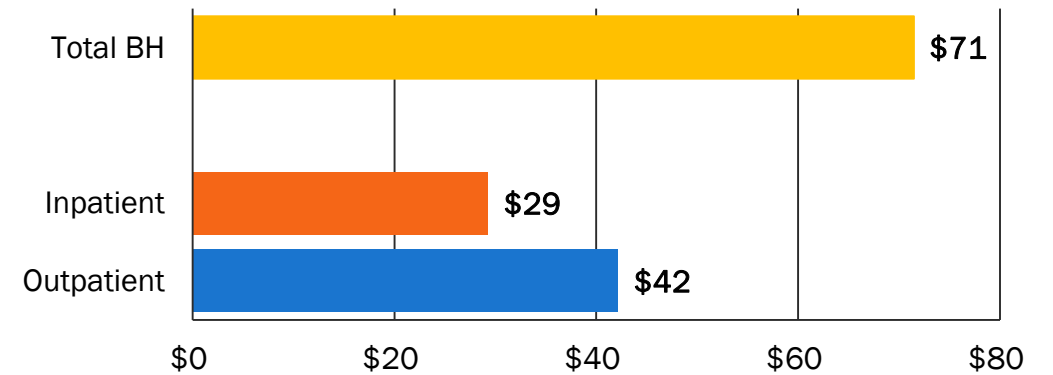
# Behavioral Health (BH)

## SFY 2018-19: Quarterly Scorecard

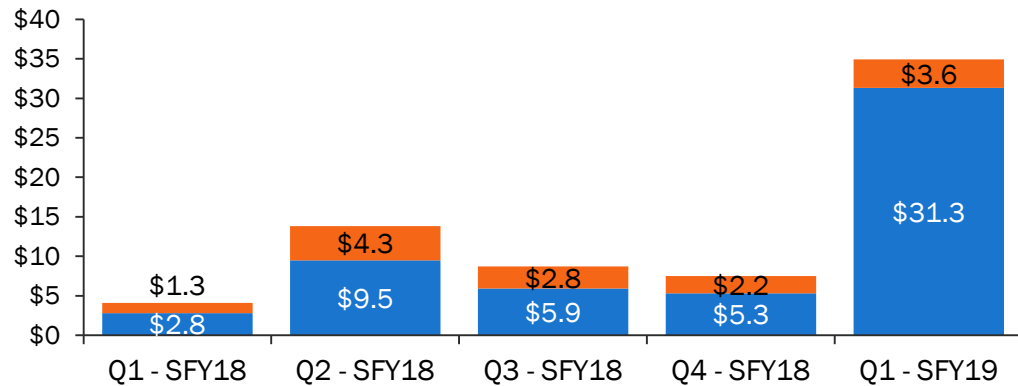
SFY 2019 Savings to Date (\$M)



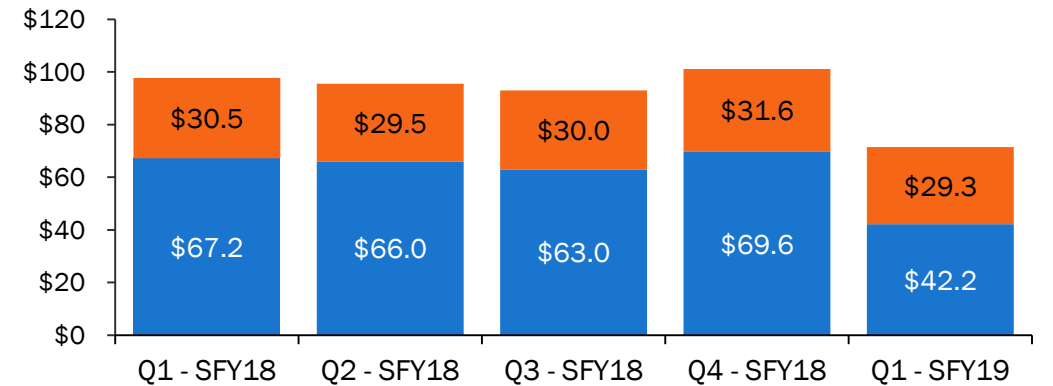
SFY 2019 Spending to Date (\$M)



Savings per Quarter (\$M)



Spending per Quarter (\$M)

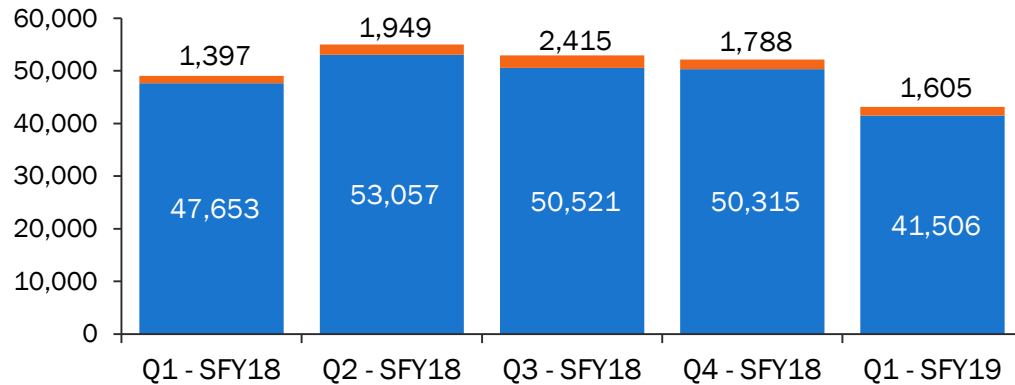


Note(s): With the implementation of Behavioral Health transformation on July 1, 2018, DHS is investigating the impact of this new reimbursement methodology across multiple categories of service. For the Scorecard ending on Dec. 31, 18 (Q2 - SFY 2018), DHS will include an analysis and savings of CPT codes related to Behavioral Health.

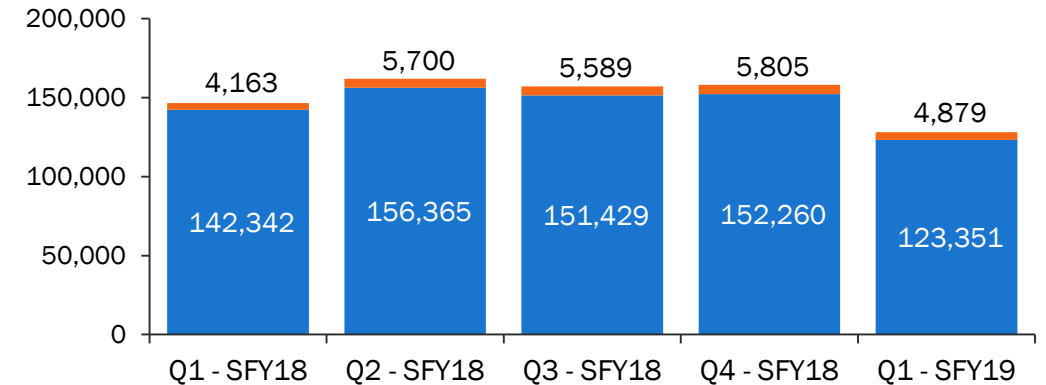
# Behavioral Health (BH)

## SFY 2018-19: Quarterly Scorecard

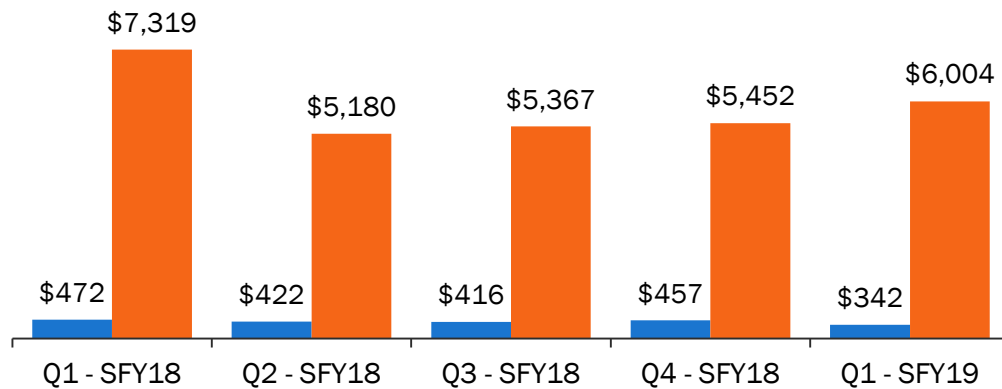
### Recipients per Quarter



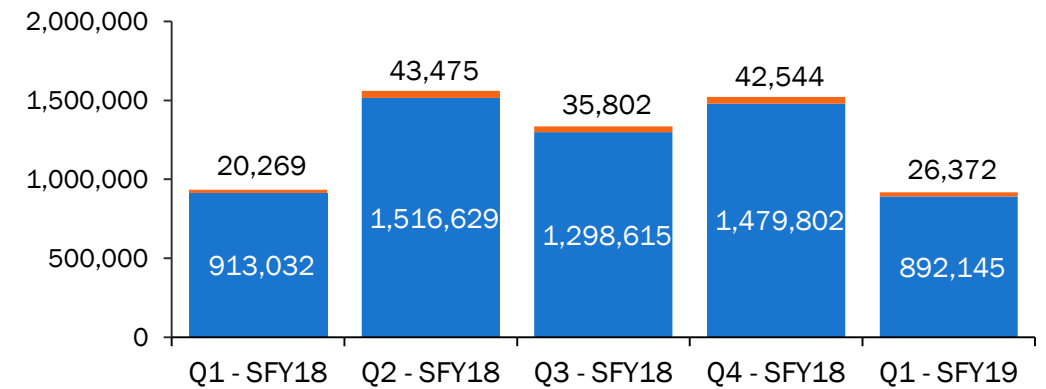
### Member Months per Quarter



### PMPM per Quarter



### Claims per Quarter

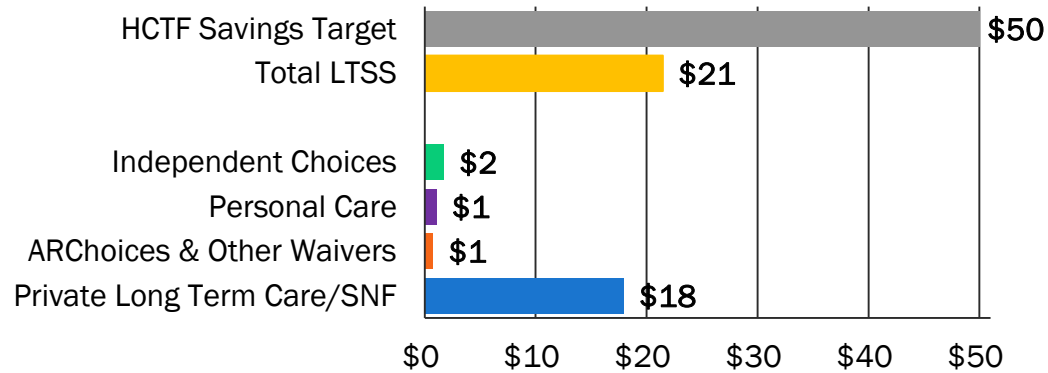


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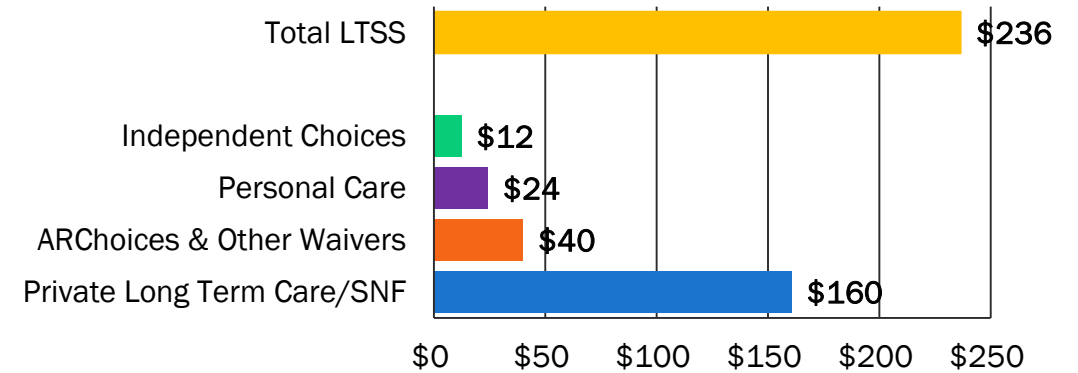
# Long Term Services & Supports (LTSS)

## SFY 2018-19: Quarterly Scorecard

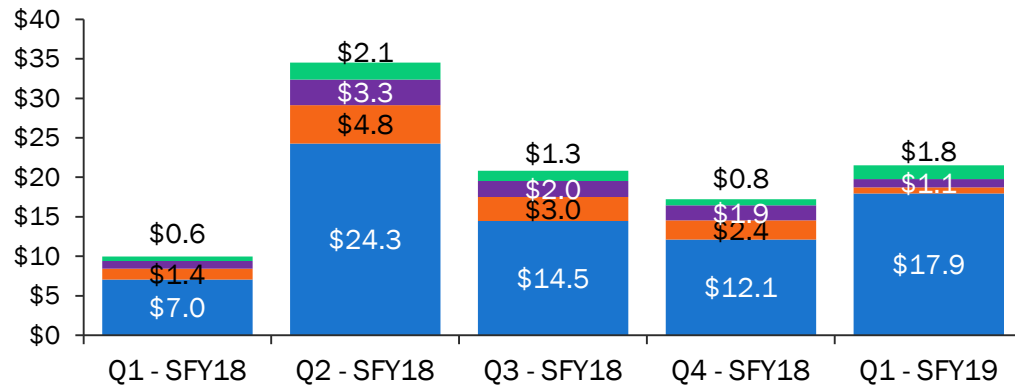
### SFY 2019 Savings to Date (\$M)



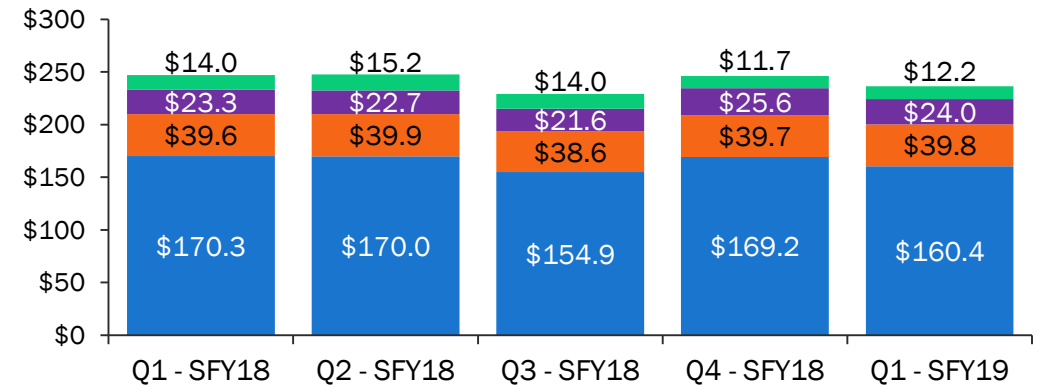
### SFY 2019 Spending to Date (\$M)



### Savings per Quarter (\$M)



### Spending per Quarter (\$M)

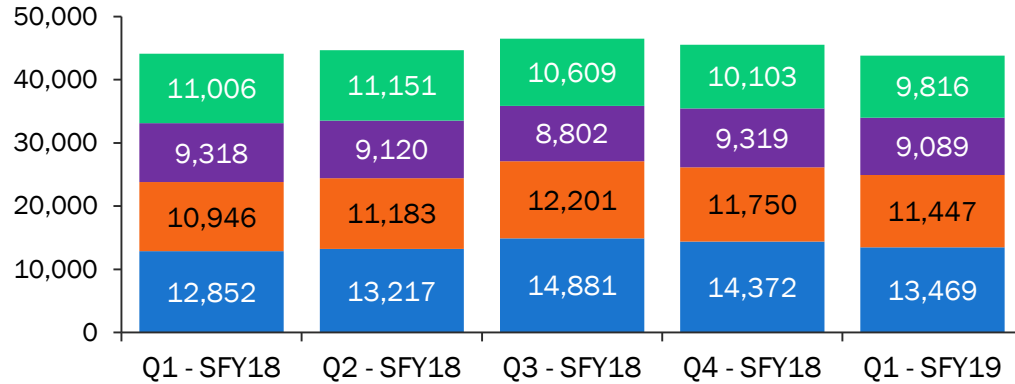


Note(s): Assisted Living which was not in last year's Scorecard is now part of ARChoices & Other Waivers

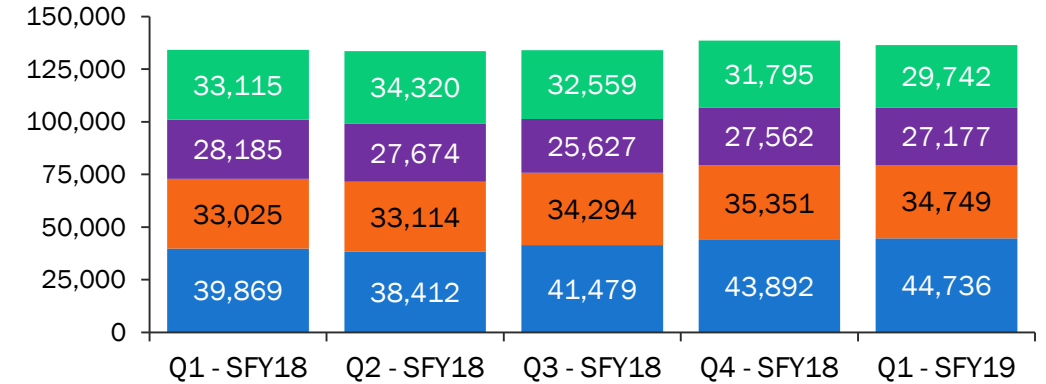
# Long Term Services & Supports (LTSS)

## SFY 2018-19: Quarterly Scorecard

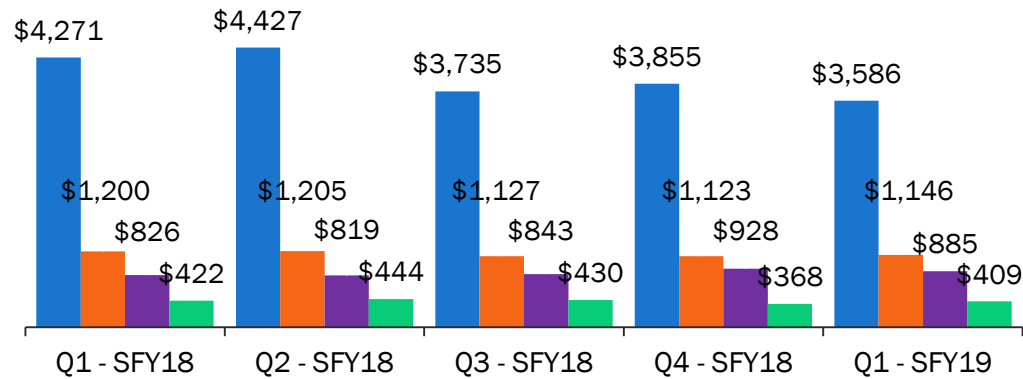
### Recipients per Quarter



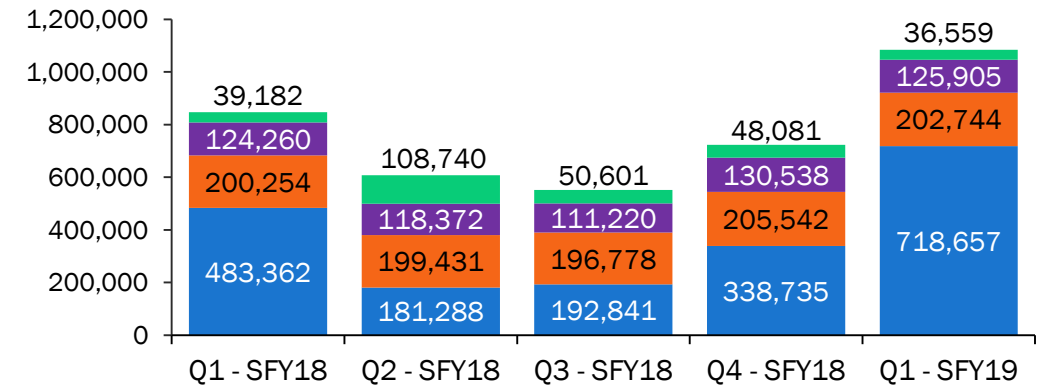
### Member Months per Quarter



### PMPM per Quarter



### Claims per Quarter



Note(s): (1) Assisted Living which was not in last year's Scorecard is now part of ARChoices & Other Waivers  
 (2) The increase in Private Long Term Care/SNF claims in Q1 - SFY19 is due to a mass adjustment of rates for those services

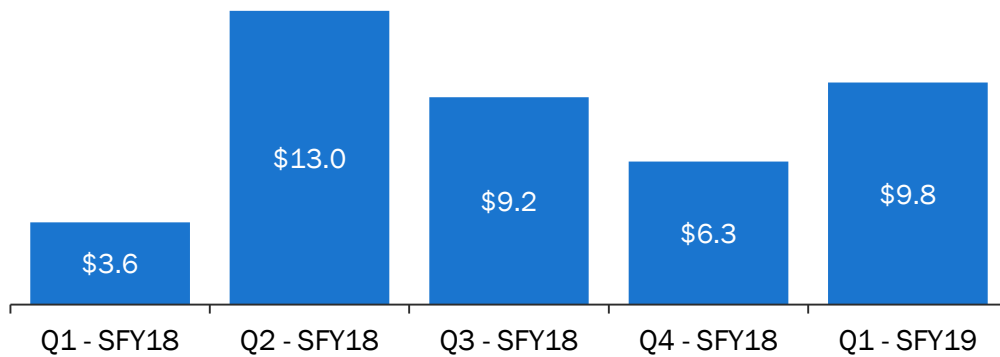
# Pharmacy

## SFY 2018-19: Quarterly Scorecard

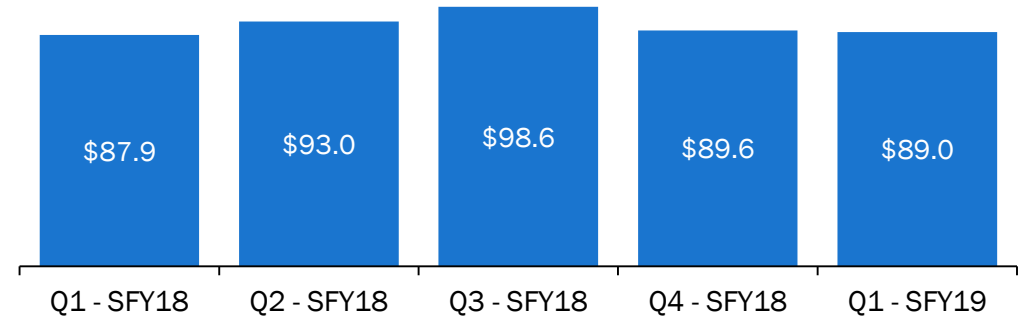
SFY 2019 (\$M)



Savings per Quarter (\$M)



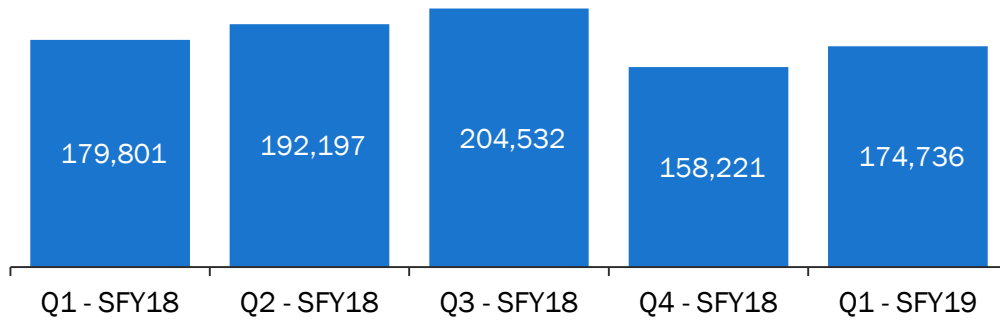
Spending per Quarter (\$M)



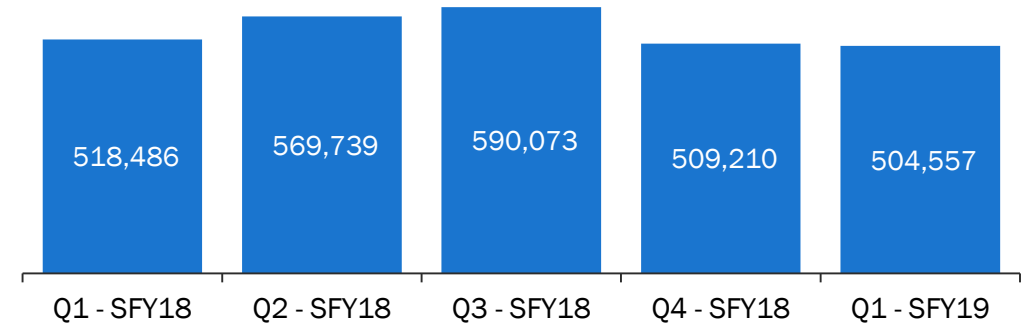
# Pharmacy

## SFY 2018-19: Quarterly Scorecard

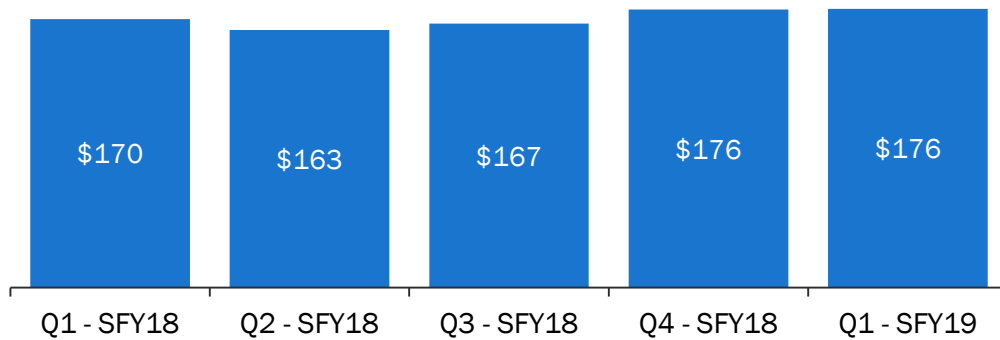
### Recipients per Quarter



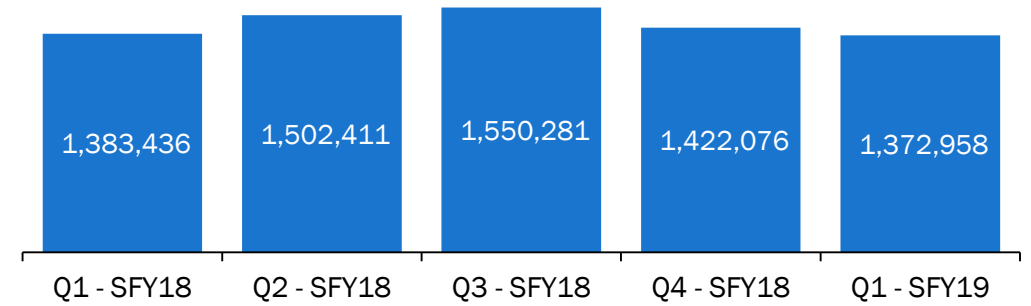
### Member Months per Quarter



### PMPM per Quarter



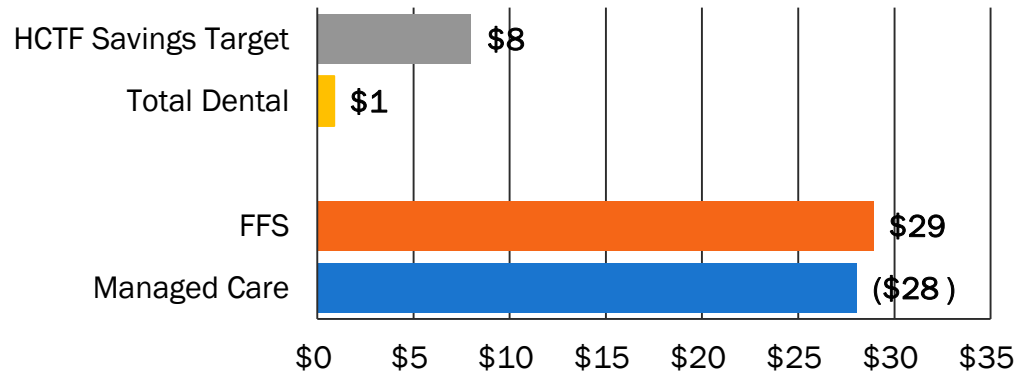
### Claims per Quarter



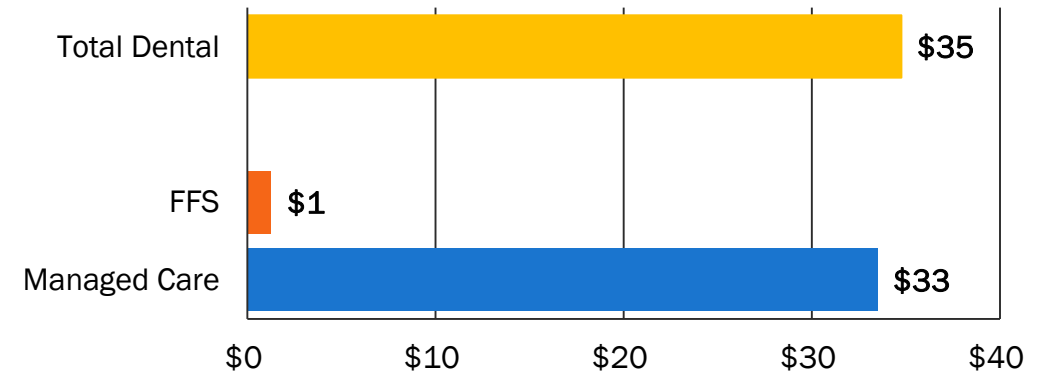
# Dental

## SFY 2018-19: Quarterly Scorecard

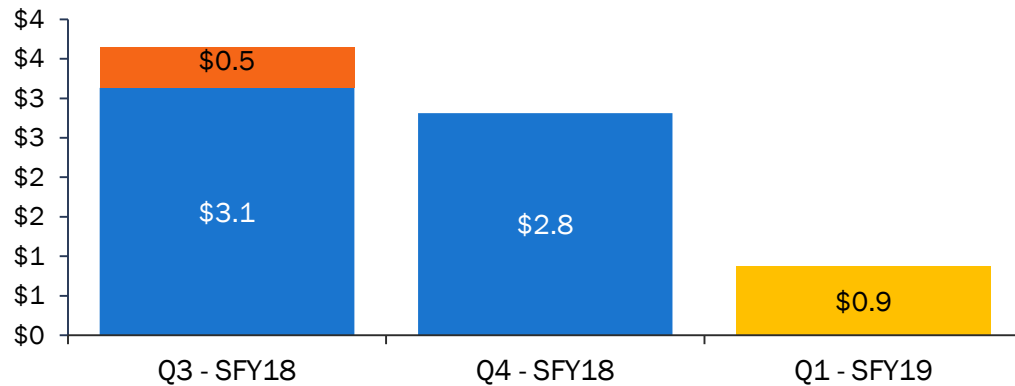
SFY 2019 Savings to Date (\$M)



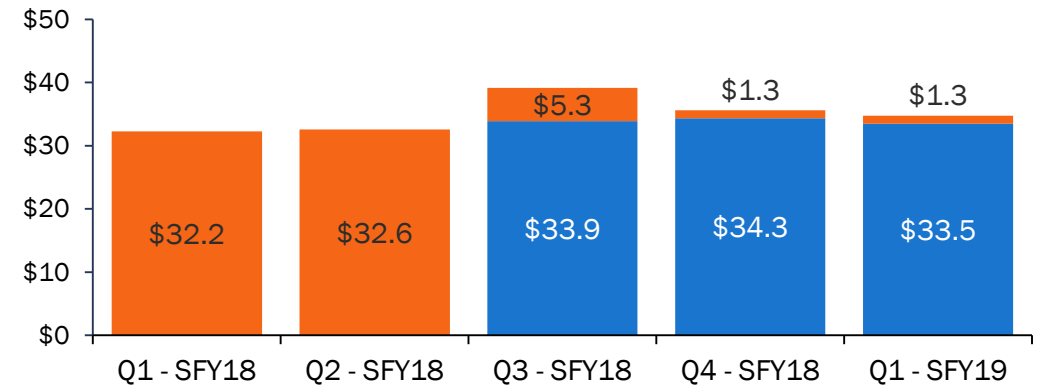
SFY 2019 Spending to Date (\$M)



Savings per Quarter (\$M)



Spending per Quarter (\$M)



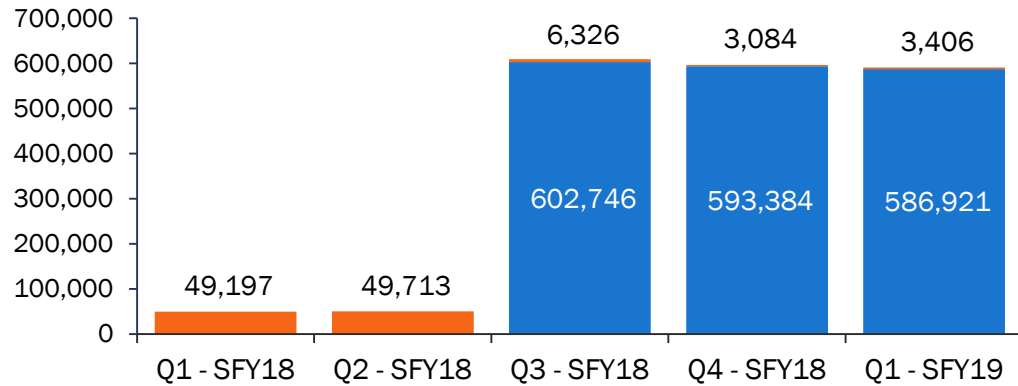
Note(s): In Q1 - SFY19, Managed Care overshot its HCTF savings target by \$28M. With \$29M in savings for Fee-for-Service, Dental had a net savings of \$1M for Q1 - SFY19. See pg. 41 for details.



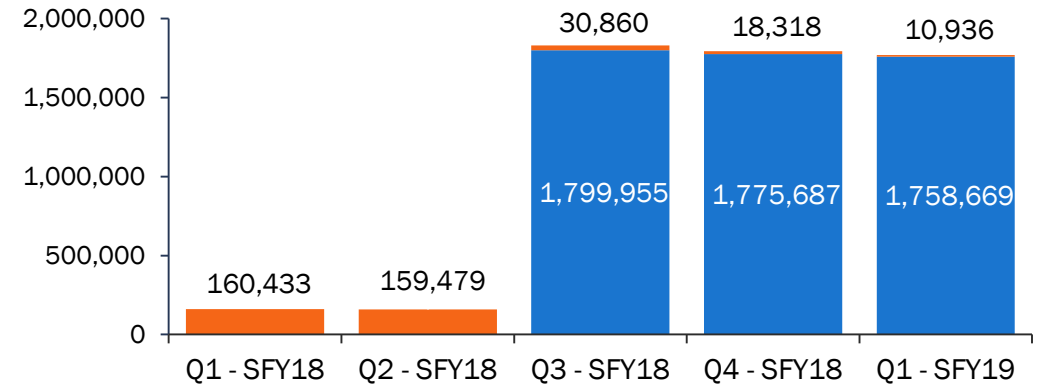
# Dental

## SFY 2018-19: Quarterly Scorecard

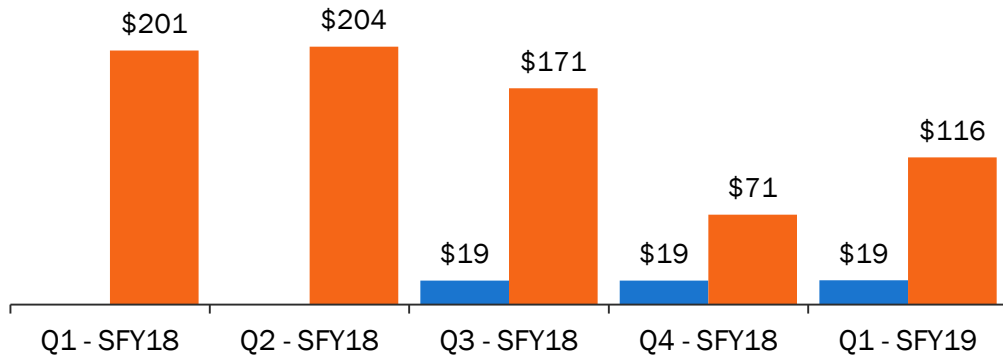
### Recipients per Quarter



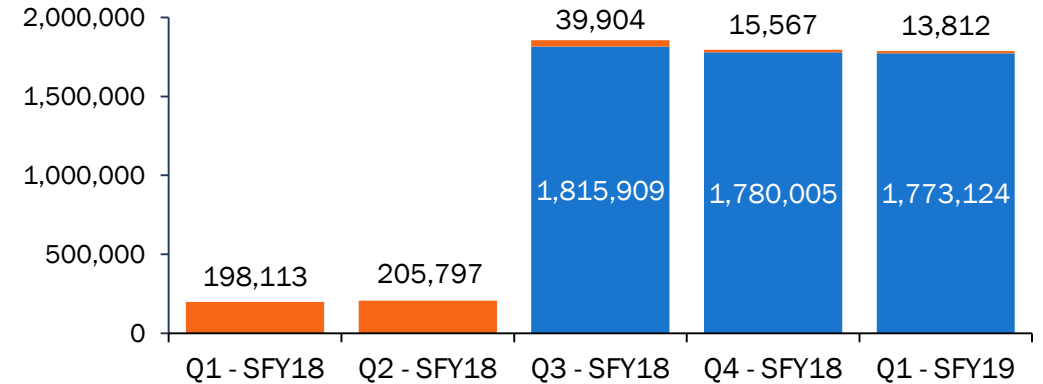
### Member Months per Quarter



### PMPM per Quarter



### Claims per Quarter

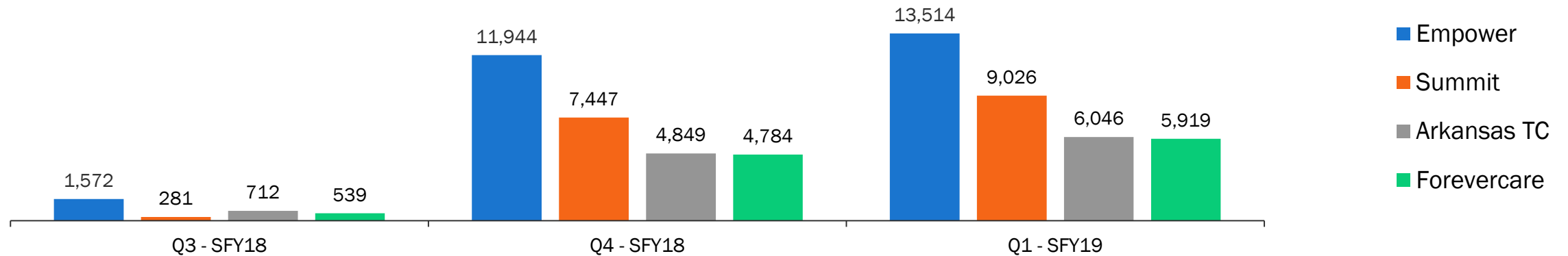


# SECTION IV: PROVIDER-LED (PASSE) PROGRAM REPORT

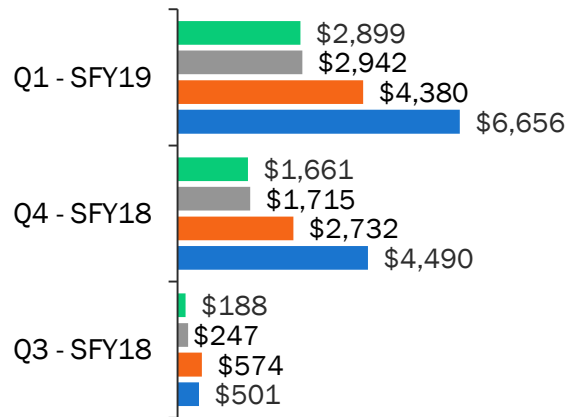
# Provider-Lead (PASSE)

## SFY 2018-19: Quarterly Scorecard

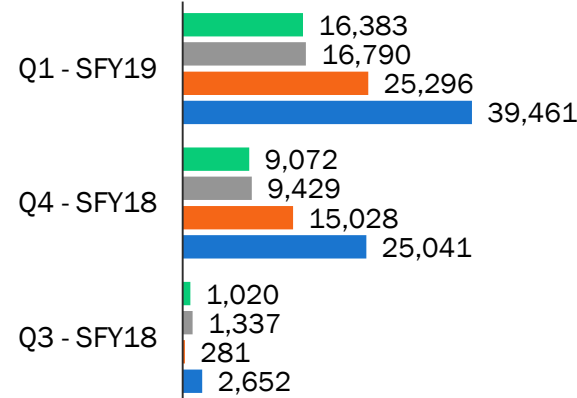
### Enrollment per Quarter



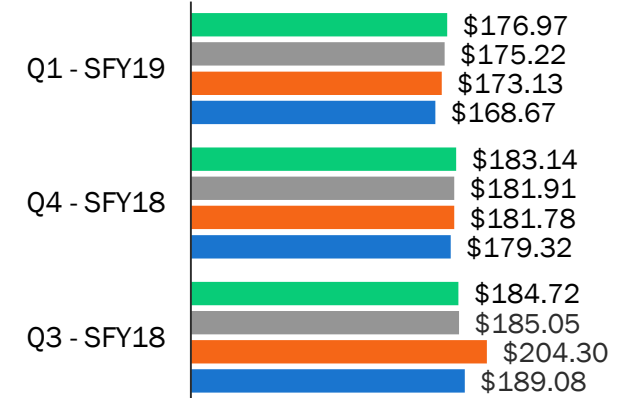
### Spending per Quarter (\$000)



### Member Months per Quarter



### PMPM per Quarter



# APPENDIX: DETAILED SPENDING BY STATE FISCAL QUARTER

# Medicaid Transformation Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
DD – Therapy Caps	\$36,774,468	\$40,036,373	\$39,955,626	\$47,120,596	\$43,208,035	\$39,304,915	(\$3,903,120)
DD – EIDT/ADDT (Formerly CHMS/DDTCS)	\$52,746,826	\$55,399,400	\$51,339,558	\$73,428,599	\$60,734,948	\$50,432,170	(\$10,302,778)
DD – Waiver	\$57,781,900	\$59,333,068	\$58,550,069	\$61,281,619	\$61,140,202	\$60,416,085	(\$724,118)
DD – ICF	\$12,994,028	\$12,603,098	\$12,662,889	\$12,703,324	\$13,587,621	\$11,196,101	(\$2,391,520)
<b>Total DD</b>	<b>\$160,297,222</b>	<b>\$167,371,939</b>	<b>\$162,508,143</b>	<b>\$194,534,138</b>	<b>\$178,670,807</b>	<b>\$161,349,272</b>	<b>(\$17,321,535)</b>
BH – Inpatient	\$30,470,002	\$29,526,576	\$29,997,670	\$31,647,338	\$32,885,646	\$29,292,559	(\$3,593,087)
BH – Outpatient	\$67,237,368	\$65,997,900	\$63,004,364	\$69,607,078	\$73,505,238	\$42,178,310	(\$31,326,928)
<b>Total BH*</b>	<b>\$97,707,370</b>	<b>\$95,524,476</b>	<b>\$93,002,034</b>	<b>\$101,254,417</b>	<b>\$106,390,884</b>	<b>\$71,470,869</b>	<b>(\$34,920,015)</b>
LTSS – Independent Choices	\$13,967,742	\$15,226,777	\$14,003,320	\$11,690,211	\$13,874,165	\$12,157,687	(\$1,716,478)
LTSS – Personal Care	\$23,267,575	\$22,677,193	\$21,602,568	\$25,588,832	\$25,094,391	\$24,041,859	(\$1,052,532)
LTSS – ARChoices & Other Waivers	\$39,619,307	\$39,900,733	\$38,640,099	\$39,699,976	\$40,588,209	\$39,828,112	(\$760,097)
LTSS – Private Long Term Care / SNF	\$170,272,986	\$170,033,016	\$154,912,104	\$169,187,749	\$178,389,721	\$160,443,424	(\$17,946,297)
<b>Total LTSS</b>	<b>\$247,127,611</b>	<b>\$247,837,720</b>	<b>\$229,158,090</b>	<b>\$246,166,768</b>	<b>\$257,946,486</b>	<b>\$236,471,081</b>	<b>(\$21,475,404)</b>
<b>Total Pharmacy</b>	<b>\$87,896,942</b>	<b>\$92,982,688</b>	<b>\$98,602,418</b>	<b>\$89,602,885</b>	<b>\$98,826,135</b>	<b>\$88,994,409</b>	<b>(\$9,831,726)</b>
Dental – Managed Care	\$0	\$0	\$33,891,412	\$34,322,478	\$5,460,701	\$33,494,013	\$28,033,312
Dental – Fee for Service	\$32,247,834	\$32,568,691	\$5,287,235	\$1,296,301	\$30,175,763	\$1,271,737	(\$28,904,026)
<b>Total Dental</b>	<b>\$32,247,834</b>	<b>\$32,568,691</b>	<b>\$39,178,647</b>	<b>\$35,618,779</b>	<b>\$35,636,464</b>	<b>\$34,765,750</b>	<b>(\$870,713)</b>
<b>Grand Total</b>	<b>\$625,276,979</b>	<b>\$636,285,514</b>	<b>\$622,449,333</b>	<b>\$667,176,987</b>	<b>\$677,470,775</b>	<b>\$593,051,381</b>	<b>(\$84,419,394)</b>

Note(s): (1) ICF Excludes HDC providers

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

\* With the implementation of Behavioral Health transformation on July 1, 2018, DHS is investigating the impact of this new reimbursement methodology across multiple categories of service. For the Scorecard ending on Dec. 31, 18 (Q2 – SFY 2018), DHS will include an analysis and savings of CPT codes related to Behavioral Health.

# DD – Therapy Cap Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
Physical Therapy CHMS	\$2,988,955	\$3,038,825	\$3,046,309	\$3,351,344	\$3,338,914	\$3,726,852	\$387,938
Occupational Therapy - CHMS	\$3,644,577	\$4,054,202	\$3,888,424	\$4,488,362	\$4,037,535	\$5,120,141	\$1,082,606
Speech & Language Therapy - CHMS	\$4,610,626	\$4,556,239	\$4,397,471	\$5,178,634	\$5,114,120	\$5,909,343	\$795,223
Physical Therapy General	\$4,069,685	\$4,044,956	\$3,644,867	\$4,170,473	\$4,332,265	\$4,228,647	(\$103,619)
Physical Therapy School Based	\$439,537	\$1,434,333	\$1,513,840	\$1,629,929	\$1,196,660	\$396,034	(\$800,626)
Occupational Therapy General	\$5,796,874	\$5,769,077	\$5,257,287	\$6,020,090	\$6,117,022	\$6,092,483	(\$24,539)
Occupational Therapy School Based	\$874,925	\$2,524,474	\$2,862,867	\$3,388,453	\$2,244,591	\$957,922	(\$1,286,669)
Speech & Language Therapy General	\$7,628,104	\$7,712,057	\$7,085,107	\$8,150,736	\$8,301,575	\$8,216,424	(\$85,151)
Speech & Language Therapy School Based Only	\$960,801	\$2,625,062	\$3,134,508	\$4,045,426	\$2,512,032	\$870,016	(\$1,642,016)
DDTCS - Disabled Day Treatment Clinic Services Therapy	\$5,760,383	\$4,277,147	\$5,124,947	\$6,697,149	\$6,013,321	\$3,787,053	(\$2,226,267)
<b>Total DD - Therapy Caps</b>	<b>\$36,774,468</b>	<b>\$40,036,373</b>	<b>\$39,955,626</b>	<b>\$47,120,596</b>	<b>\$43,208,035</b>	<b>\$39,304,915</b>	<b>(\$3,903,120)</b>

# DD – EIDT/ADDT Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
EPSDT - CHMS	\$14,956,818	\$15,258,311	\$16,823,212	\$31,606,970	\$18,280,113	\$25,317,788	\$7,037,675
Rehab Services School Based CHMS	\$2,003,600	\$614,053	(\$12,136)	\$0	\$1,629,205	\$457	(\$1,628,748)
DDTCS Transportation	\$3,776,655	\$3,912,788	\$3,327,081	\$4,181,779	\$4,123,498	\$3,913,432	(\$210,066)
DDTCS - Disabled Day Treatment Clinic Services	\$32,009,754	\$35,614,248	\$31,201,401	\$37,639,850	\$36,702,133	\$21,200,493	(\$15,501,639)
<b>Total DD – EIDT/ADDT</b>	<b>\$52,746,826</b>	<b>\$55,399,400</b>	<b>\$51,339,558</b>	<b>\$73,428,599</b>	<b>\$60,734,948</b>	<b>\$50,432,170</b>	<b>(\$10,302,778)</b>

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

# DD – Waiver Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
DDS Community & Employee Supports Waiver*	\$57,159,764	\$58,766,349	\$58,039,468	\$60,961,016	\$60,535,732	\$59,430,704	(\$1,105,028)
Autism Intensive Intervention Provider Waiver	\$622,136	\$564,593	\$667,130	\$849,072	\$649,499	\$988,210	\$338,711
DDS H/C Community & Employee Supports Waiver*	\$0	\$2,126	(\$156,529)	(\$528,469)	(\$45,028)	(\$2,829)	\$42,199
<b>Total DD - Waiver</b>	<b>\$57,781,900</b>	<b>\$59,333,068</b>	<b>\$58,550,069</b>	<b>\$61,281,619</b>	<b>\$61,140,202</b>	<b>\$60,416,085</b>	<b>(\$724,118)</b>

\* Formerly known as the Alternative Community Services Waiver



# DD – ICF Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
ICF/Infant Infirmaries	\$7,003,048	\$6,780,055	\$6,890,818	\$6,740,605	\$7,375,085	\$6,182,456	(\$1,192,629)
Public - ICF	\$5,990,980	\$5,823,043	\$5,774,040	\$5,962,719	\$6,212,537	\$5,013,645	(\$1,198,891)
Private ICF	\$0	\$0	(\$1,968)	\$0	\$0	\$0	\$0
<b>Total DD - ICF</b>	<b>\$12,994,028</b>	<b>\$12,603,098</b>	<b>\$12,662,889</b>	<b>\$12,703,324</b>	<b>\$13,587,621</b>	<b>\$11,196,101</b>	<b>(\$2,391,520)</b>

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

# BH – Inpatient Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
Inpatient Psychiatric, U-21	\$30,075,052	\$29,271,096	\$29,740,936	\$31,438,512	\$32,532,242	\$29,058,533	(\$3,473,709)
Inpatient Psychiatric Crossover, U-21	\$394,950	\$255,479	\$256,734	\$208,826	\$353,404	\$234,026	(\$119,378)
<b>Total BH – Inpatient</b>	<b>\$30,470,002</b>	<b>\$29,526,576</b>	<b>\$29,997,670</b>	<b>\$31,647,338</b>	<b>\$32,885,646</b>	<b>\$29,292,559</b>	<b>(\$3,593,087)</b>

Note(s): With the implementation of Behavioral Health transformation on July 1, 2018, DHS is investigating the impact of this new reimbursement methodology across multiple categories of service. For the Scorecard ending on Dec. 31, 2018 (Q2 – SFY 2018), DHS will include an analysis and savings of CPT codes related to Behavioral Health.

# BH – Outpatient Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
Mental Health Clinic RSPMI	\$66,671,151	\$65,768,437	\$62,981,036	\$69,572,965	\$73,037,217	\$42,176,826	(\$30,860,391)
Rehab Services - School Based RSPMI	\$543,104	\$200,781	(\$6,858)	(\$2,484)	\$448,918	(\$116)	(\$449,034)
School-Based Mental Health Services	\$453	\$9,759	\$14,448	\$26,374	\$6,822	\$887	(\$5,935)
Substance Abuse Program	\$22,659	\$18,923	\$15,738	\$10,223	\$20,467	\$713	(\$19,754)
Episode RSPMI Services	\$0	\$0	\$0	\$0	(\$8,187)	\$0	\$8,187
Speech & Language Therapy – RSPMI	\$0	\$139	\$44	\$0	\$0	\$0	\$0
<b>Total BH – Outpatient</b>	<b>\$67,237,368</b>	<b>\$65,997,900</b>	<b>\$63,004,364</b>	<b>\$69,607,078</b>	<b>\$73,505,238</b>	<b>\$42,178,310</b>	<b>(\$31,326,928)</b>

Note(s): With the implementation of Behavioral Health transformation on July 1, 2018, DHS is investigating the impact of this new reimbursement methodology across multiple categories of service. For the Scorecard ending on Dec. 31, 2018 (Q2 – SFY 2018), DHS will include an analysis and savings of CPT codes related to Behavioral Health.

# LTSS – Independent Choices Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
Treatment Elderly	\$11,664,217	\$11,455,892	\$11,652,530	\$9,331,241	\$11,444,003	\$10,335,697	(\$1,108,305)
Refusers	\$815,325	\$1,343,800	\$800,200	\$928,150	\$900,565	\$468,650	(\$431,915)
Counseling/Fiscal Intermediary	\$1,488,200	\$2,427,085	\$1,550,590	\$1,430,820	\$1,529,597	\$1,353,339	(\$176,257)
<b>Total LTSS – Independent Choices</b>	<b>\$13,967,742</b>	<b>\$15,226,777</b>	<b>\$14,003,320</b>	<b>\$11,690,211</b>	<b>\$13,874,165</b>	<b>\$12,157,687</b>	<b>(\$1,716,478)</b>

# LTSS – Personal Care Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
Personal Care - Regular	\$23,130,743	\$22,491,811	\$21,191,872	\$24,952,384	\$24,833,773	\$23,915,599	(\$918,174)
Personal Care - School Based	\$136,833	\$185,382	\$410,696	\$636,448	\$260,618	\$126,260	(\$134,358)
<b>Total LTSS – Personal Care</b>	<b>\$23,267,575</b>	<b>\$22,677,193</b>	<b>\$21,602,568</b>	<b>\$25,588,832</b>	<b>\$25,094,391</b>	<b>\$24,041,859</b>	<b>(\$1,052,532)</b>

# LTSS – AR Choices & Other Waiver Spend by Quarter

## SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
ARChoices in Home Care	\$31,601,761	\$32,214,183	\$30,544,913	\$32,079,194	\$32,152,913	\$32,541,951	\$389,038
Assisted Living Facility*	\$5,824,459	\$5,925,905	\$6,013,018	\$5,682,807	\$6,261,658	\$5,468,786	(\$792,872)
ARSeniors	\$2,219,202	\$1,772,628	\$2,093,955	\$1,983,860	\$2,198,198	\$1,811,398	(\$386,800)
Former Elderchoices & APD Waivers	(\$25,957)	(\$11,982)	(\$11,787)	(\$45,884)	(\$24,561)	\$5,976	\$30,537
<b>Total LTSS – AR Choices &amp; Other Waivers</b>	<b>\$39,619,307</b>	<b>\$39,900,733</b>	<b>\$38,640,099</b>	<b>\$39,699,976</b>	<b>\$40,588,209</b>	<b>\$39,828,112</b>	<b>(\$760,097)</b>

\* New category not found in previous scorecards

# LTSS – Private Long Term Care/SNF Spend by Quarter

## SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
Private SNF	\$164,219,231	\$164,105,692	\$146,793,063	\$161,973,419	\$171,509,948	\$154,153,895	(\$17,356,053)
Private SNF Crossover	\$6,032,711	\$5,927,325	\$8,117,767	\$7,235,372	\$6,877,045	\$6,289,530	(\$587,515)
SNF Distinct Part Beds Crossovers	\$0	\$0	(\$442)	(\$21,042)	(\$1,364)	\$0	\$1,364
Private Long-Term Care Adjustment	\$21,043	\$0	\$1,716	\$0	\$4,093	\$0	(\$4,093)
<b>Total LTSS – Private Long- Term Care / SNF</b>	<b>\$170,272,986</b>	<b>\$170,033,016</b>	<b>\$154,912,104</b>	<b>\$169,187,749</b>	<b>\$178,389,721</b>	<b>\$160,443,424</b>	<b>(\$17,946,297)</b>

# Pharmacy Spend by Quarter

SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
Prescription Services	\$87,896,942	\$92,981,029	\$98,602,873	\$89,602,885	\$98,828,864	\$88,994,409	(\$9,834,455)
Prescription Drug Adjustments	\$0	\$1,659	(\$455)	\$0	(\$2,729)	\$0	\$2,729
<b>Total Pharmacy Cost</b>	<b>\$87,896,942</b>	<b>\$92,982,688</b>	<b>\$98,602,418</b>	<b>\$89,602,885</b>	<b>\$98,826,135</b>	<b>\$88,994,409</b>	<b>(\$9,831,726)</b>



# Dental Spend by Quarter

## SFY 2018-19

	Q1 SFY 2018 Actual	Q2 SFY 2018 Actual	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 HCTF Baseline (5% Annual Increase)	Q1 SFY 2019 Actual	Q1 SFY 2019 Difference
Dental Managed Care	\$0	\$0	\$33,891,412	\$34,322,478	\$5,460,701	\$33,494,013	\$28,033,312
Dental Fee for Service	\$32,247,834	\$32,568,691	\$5,287,235	\$1,296,301	\$30,175,763	\$1,271,737	(\$28,904,026)
<i>Dental Services</i>	\$20,733,403	\$25,847,181	\$4,503,623	\$1,110,005	\$20,631,134	\$1,110,171	(\$19,520,963)
<i>Dental Services, EPSDT</i>	\$8,759,143	\$4,520,715	\$271,039	\$85,189	\$7,173,140	\$106,462	(\$7,066,678)
<i>Dental Prosthetic Device     Adult</i>	\$370,140	\$352,247	\$124,005	\$29,159	\$360,226	\$20,347	(\$339,879)
<i>Dental Prosthetic Device     Children</i>	\$10,357	\$5,197	\$2,270	\$298	\$6,822	\$0	(\$6,822)
<i>Oral Surgery - Physicians</i>	\$332,934	\$236,483	\$41,797	\$34,272	\$282,450	\$27,015	(\$255,435)
<i>Oral Surgery - Dentist     (ADA Codes)</i>	\$2,041,858	\$1,606,868	\$344,501	\$37,377	\$1,721,990	\$7,742	(\$1,714,248)
<b>Total Dental</b>	<b>\$32,247,834</b>	<b>\$32,568,691</b>	<b>\$39,178,647</b>	<b>\$35,618,779</b>	<b>\$35,636,464</b>	<b>\$34,765,750</b>	<b>(\$870,713)</b>