NC Department of Health and Human Services

Division of Medical Assistance



LEGISLATIVE OVERSIGHT COMMITTEE MEDICAID BUDGET UPDATE OCTOBER 16, 2012

Steve Owen, Chief Business Operating Officer

MEDICAID BUDGET UPDATE

- Cash Position of Medicaid All Funds
- Enrollment, Utilization and Expenditure Trends
- CCNC Savings Status
- BC Waiver Implementation Status and Impact
- SFY 2013 Claims Expenditure Forecast Status



DMA CASH POSITION 10/12/12

 Medicaid budgets an annual amount for all funds.

 This year the Division has converted this to weekly estimates based on history, planning implementation of reductions and enrollment projections.



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DMA CASH POSITION 10/12/12

• \$9,300,000 Overall YTD State cash shortfall for all funds through October 12, 2012 (Databook page 1); the components are:

Overall a .8%

- Claims and service expenditures \$20,300,000 cash shortfall

- Administration and contracts \$3,800,000 cash shortfall

- Program Integrity net recoveries \$17,400,000 cash surplus

variance for the year through

10/12/12

- Settlements, GAP Plan and other payments/receipts \$6,600,000 cash shortfall
- Claims expenditures represent 95% of state Medicaid costs, settlements and adjustments are 3% and administration/contracts represent 2% of state costs budgeted in SFY 2013 (Databook page 2)
- Through last week, DMA funds reflected a \$3.7M surplus. The Division is monitoring claims expenditures to determine whether the last 2 weeks claims are a forecasting distribution anomaly or a trend.



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ENROLLMENT, UTLIZATION and EXPENDITURE TRENDS

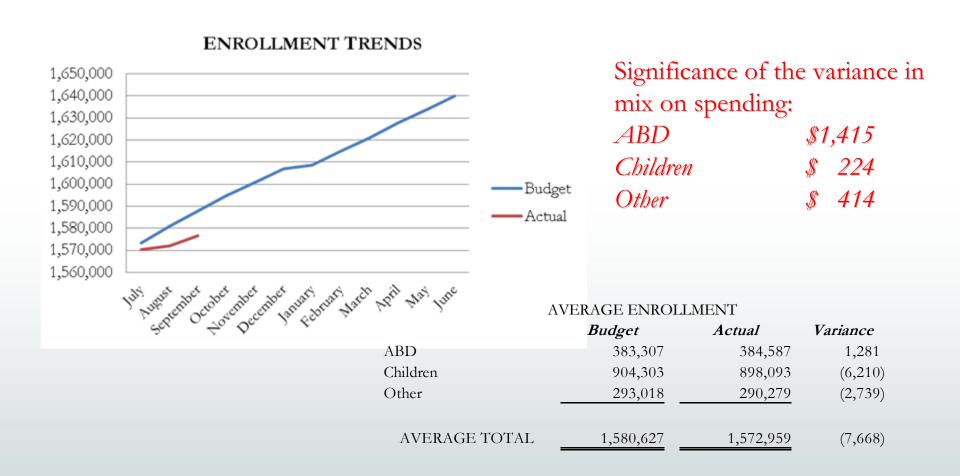
- Overall enrollment averaging 7,668 less recipients per month than budgeted
- Creates positive volume variance (*Databook 3*)

- Enrollment mix reflects
 higher proportion of more
 expensive disabled population
 and less children than
 budgeted
- Expenditure variance not proportional to overall enrollment variance (Databook page 4)





ENROLLMENT, UTLIZATION and EXPENDITURE TRENDS



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ENROLLMENT, UTLIZATION and EXPENDITURE TRENDS

Inpatient Hospital

- 11% decrease in recipients/1,000 and 7% decrease in average cost
- Hospital Emergency Services
- 1% increase in recipients/1,000 and 4% increase in average cost

Dental Services

- 10% increase in recipients/1,000 and 17% decrease in average cost
- PCS (In-home and ACH)
- 6% decrease in recipients/1,000 and 6% increase in average cost

Nursing Homes

• 4% decrease in recipients/1,000 and no change in average cost

Physician Services

• 3% increase in recipients/1,000 and 10% decrease in average cost

Drugs

2% decrease in recipients/1,000 and 3% increase in average cost





CHANGES IN MEDICAID CONSUMPTION

	2013	2012	2011
Medical Admissions/1,000	128.1	129.2	136.2
Surgical Admissions/1,000	29.9	30.1	32.3
ER Visits/1,000	855.2	849.0	846.6
Births/1,000	63.3	63.8	67.2
ABD Nursing Home Days/1,000	24,315	24,412	27,907
ICF and CAP MR Days/1,000	1,237	1,362	1,142

- CCNC lowering utilization of inpatient hospital services
- Growth in emergency room utilization an opportunity
- Changing ABD population to more disabled where nursing home utilization lowest

 Number of births remaining stable, in an environment of growing enrollment reflects in lower births per 1,000 enrollees – reflects decreasing proportional Medicaid hospital costs for maternity services

CCNC SFY 2013 SAVINGS STATUS

- Components of determining status of CCNC savings
 - Percentage of enrolled ABD population compared to target
 - Percentage of enrolled non-ABD population compared to target
 - PMPM comparative expenditures for ABD and non-ABD populations in network and out of network only for those categories of service that CCNC care manages
 - Estimating cost trends for ABD population in first 6 months following assignment to a CCNC physician initially drug, physician and hospital outpatient/lab & xray will rise

Status report not an "exact science", provides trends, relative range of results and areas for savings opportunity



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CCNC SFY 2013 SAVINGS STATUS

Original
Savings Target

•	ABD Enrollment 5.1% less than the 75% target	(\$67.7M)
	(Databook page 5)	

- Non-ABD Enrollment 1.3% more than target (\$18.0M)
- Savings based on more than enrollment:

-	Enhanced Plan	(\$13.8M)
-	High Cost/High Risk	(\$ 6.9M)
-	Chronic Pain	(\$16.2M)
-	Mental Health Drugs & Pharmacy Utilization	(\$16.0M)
-	Emergency Physicians	(\$ 2.3M)
_	Enhanced management of Adult Care Home residents	(\$ 8.3M)

 Savings \$7,510,106 less than budgeted through September 30, 2012

CCNC SFY 2013 SAVINGS STATUS

- CCNC achieved an estimated \$62,073,456 in savings in the first quarter of SFY 2013
- Based on ABD savings achieved the variance in enrollment accounts for only \$1,606,000 of the variance through 9/30/12
- Overall the initiatives and enrollment for the non-ABD population contribute approximately \$3,426,000 to a savings variance over target (*Databook page 7*)
- The primary area of variance exists for the ABD population management, primarily hospital services and drugs, which account for \$8.3M of a CCNC savings variance (Databook page 7)





BEHAVIORAL HEALTH MCO IMPLEMENTATION

Savings in SFY 2013
 Budget net of rebase and final approved budget

\$50,220,610

LME's Delayed

Sandhills from Oct to Dec Mecklenburg from Jan to Feb Guilford from Jan to Apr

Current Savings
 Estimated for SFY 2013

\$47,531,122





UPDATED MEDICAID CLAIMS FORECAST

	SFY 2013	First Quarter	Other	Total Known
	Approved Budge	-	Impacts	Impacts
Rebase **	\$ 354,638,214	\$ (14,671,112)		\$ (14,671,112)
CCNC Savings	(59,000,000)			
CCNC Savings in Rebase	(90,241,142)			
CCNC Savings	(149,241,142)	7,510,106		7,510,106
BC Waiver Savings	1,700,000			
BC Waiver Savings in Rebase	(51,920,610)			
BC Waiver Savings	(50,220,610)		2,689,488	2,689,488
Fee Schedules	(1,976,636)			-
Pharmacy	(1,391,906)			-
Revised Dispensing Fees	(5,279,601)			_
CHIPRA Bonus	(14,000,000)		2,567,768	2,567,768
CCNC Home Health	(4,455,457)			-
PCS	(6,000,000)			
TOTAL	\$ 122,072,862	\$ (7,161,006)	\$ 5,257,256	\$ (1,903,750)

^{**} The rebase has been adjusted for CCNC Savings and BC Waiver Savings included

This chart reflects only claims funds; Administration, Contracts, Settlements, DSH, PI Recoveries and Adjustments are not included



QUESTIONS?



DATABOOK





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MEDICAID CASHFLOW

DMA APPROPRIATIONS COMPARED TO TOTAL FORECASTED

WEEK BEGINNIN G	<i>→ OCT 8</i>	OCT 15
YTD Appropriation Variance		
Claims (Checkwrite)	(26, 127, 740)	7
Claims (Non Checkwrite)	1,864,488	
Administration	(5,160,372)	
Contracts	1,332,889	
Settlements	622,521	
Hospital Plan	(3,088,187)	S
Misc Receipts (PI, Settlements, Chipra)	17,473,654	_ _
Rebates	3,919,141	a
Assessments	(6,800,779)	
Transfers	(108,012)	
Other Receipts & Paybacks	6,756,434	
YTD Appropriation Variance		
Surplus/(Shortfall) 14445	(9,315,964)	

State Dollars for all Medicaid Funds

CHECKWRITE SUMMARY

TIECKWICH E SCHIMMIKI		_
Forecast SFY 2013	\$162,704,290	\$148,718,174
Actual SFY 2013	(\$200,293,709)	(\$169,837,601)
Variance (Over)/Under	(\$37,589,419)	(\$21,119,427)
Percent Variance	23.1%	14.2%
YTD Cummulative Variance (Over)/Unde	(\$77,267,057)	(\$98,386,484)
Percent of Total Expenditures	2.67%	3.40%
Actual SFY 2012	221,865,516	190,359,701
YTD Cummulative Variance (Over)/Unde	\$110,609,641	\$131,131,742
Percent of Total Expenditures	3.55%	4.20%

Total Requirements for HP Claims Payments Only

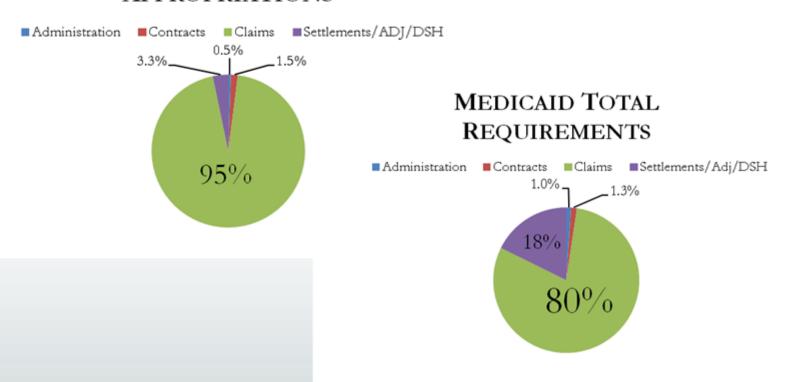




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MEDICAID MACRO TRENDS IN SFY 2013

MEDICAID STATE APPROPRIATIONS

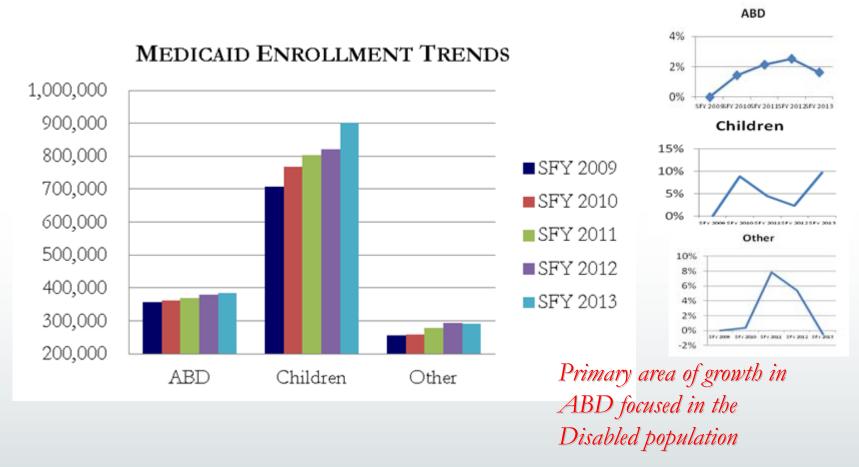






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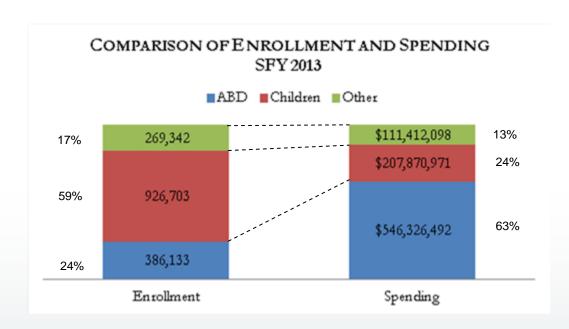
MEDICAID MACRO TRENDS IN SFY 2013







MEDICAID MACRO TRENDS IN SFY 2013



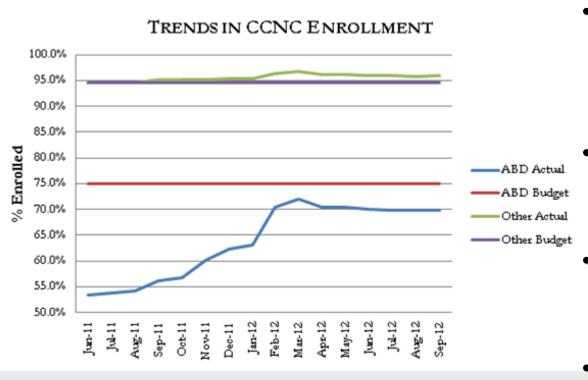
Enrollment and Mix of Enrollment equally important in forecasting Medicaid Expenditures

Division of Medical Assistance



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CCNC ENROLLMENT TRENDS



- Reinstituted auto assignment process week beginning 10/15/12
 - Rehired temporary staff for recipient follow up by 10/5/12
 - Non-ABD enrollment in CCNC averaged 1.3% over target
- ABD enrollment in CCNC has averaged 5.1% under target

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CCNC EXPENDITURE TRENDS

	TARGETED SAVINGS			ACTUAL YTD				
	July	August	September	Total		SAVINGS		Variance
Hospital Inpatient	\$ (1,615,355) \$	(1,724,367)	\$ (1,833,869) \$	(5,173,591)	\$	(3,458,717)	\$	1,714,875
Hospital Outpatient	(570,508)	(609,009)	(647,682)	(1,827,199)		(344,538)		1,482,661
Hospital Emergency	(727,431)	(780,112)	(833,006)	(2,340,549)		605,543		2,946,092
Non Physician Medical	(109,651)	(117,051)	(124,484)	(351,186)		(3,496,452)		(3,145,266)
Outpatient Diagnostics and Treatment	(337,880)	(360,682)	(383,586)	(1,082,148)		(128, 128)		954,019
Supplies	(304,783)	(325, 352)	(346,013)	(976,148)		(259,016)		717,132
Hospice	(26,780)	(28,587)	(30,402)	(85,768)		(39,320)		46,449
Physician	(1,503,742)	(1,619,035)	(1,734,751)	(4,857,528)		(5,301,755)		(444,227)
Drugs	(3,820,285)	(4,107,317)	(4,395,438)	(12,323,041)		(10,144,746)		2,178,294
Case Management	 (68,272)	(72,879)	(77,507)	(218,658)		841,420	_	1,060,078
TOTAL UNDER (OVER) TARGET	\$ (9,084,687) \$	(9,744,391)	\$ (10,406,738) \$	(29,235,816)	\$	(21,725,709)	\$	7,510,106

Analysis presents expenditures compared to the targeted savings for the 3 months ending 9/30/12





CCNC EXPENDITURE TRENDS - ANOTHER VIEW

	Targeted Savings				
		ABD		Other PAC	
ABD	\$	(13,415,537)	\$	-	Based on current
Enhanced Plan		(2,729,491)			PMPM spending,
Other PAC				(3,564,236)	1
High Cost/High Risk		(688,564)		(668,865)	the variance in
Chronic Pain		(1,629,130)		(1,582,523)	ABD enrollment
Mental Health Drugs		(1,068,610)		(1,038,038)	
Pharmacy Utilization		(541,199)		(525,716)	accounts for
Emergency Physicians		(236,128)		(229,373)	\$1,606,000 of the
Adult Care Homes		(1,318,406)			ABD variance
TOTAL	\$	(21,627,066)	\$	(7,608,750)	
Actual Savings	\$	(10,690,801)	\$	(11,034,908)	
Variance Under (Over) Savings Target	\$	10,936,264	\$	(3,426,158)	