



Medicaid SFY17 Budget Presentation to Legislature May 3, 2016

Department of Health and Human Services
Division of Medical Assistance



Table of contents

- Executive Summary
- Recommended Adjustments
- Drivers for SFY17 Budget Reduction
- Drivers for Growth Over Current Year
- Historical Context
- Conclusion



Executive summary

- Recommended adjustments include the expansion of critical services and funding for the proper administration of the NC Medicaid program (\$10.7M)
- Rebase request for SFY17 represents a \$318.6M reduction from the biennial budget developed in 2015
- Over 60% of the reduction is due to lower than anticipated enrollment and a more favorable federal match
- Drug spending, drug rebates, and other changes account for the balance of the reduction
- DHHS believes the proposed budget will adequately fund the Medicaid program in SFY17



Recommended Adjustments

Expand support for Alzheimer's patients and their families through Community Alternatives Program for Disabled Adults (CAP/DA) Waiver slots

\$3.0M

 Expand the CAP/DA program for individuals who qualify for institutional level care due to a disability, but can be served under a community alternatives program in their homes

Reduce backlog and expand Medicaid services for individuals with developmental disabilities

 Add 250 slots to NC Innovations Waiver for individuals with intellectual or developmental disabilities \$2.6M



Recommended Adjustments

Retain and Train Medicaid Workforce

\$2.0M

 Provides funding to retain and train critical Division of Medical Assistance (DMA) personnel during the transition to Medicaid managed care, with goal of preventing interruptions in DMA operations and loss of critical personnel during transition

Medicaid Critical Personnel

\$2.1M

 Provides necessary funding for DMA to adequately staff and operate critical organizational units

Invest in Medicaid Reform

\$1.0M

 Increase funding for transfer to the Division of Health Benefits (DHB), allowing DHB to continue efforts to transform Medicaid and Health Choice programs



Recommended Adjustments

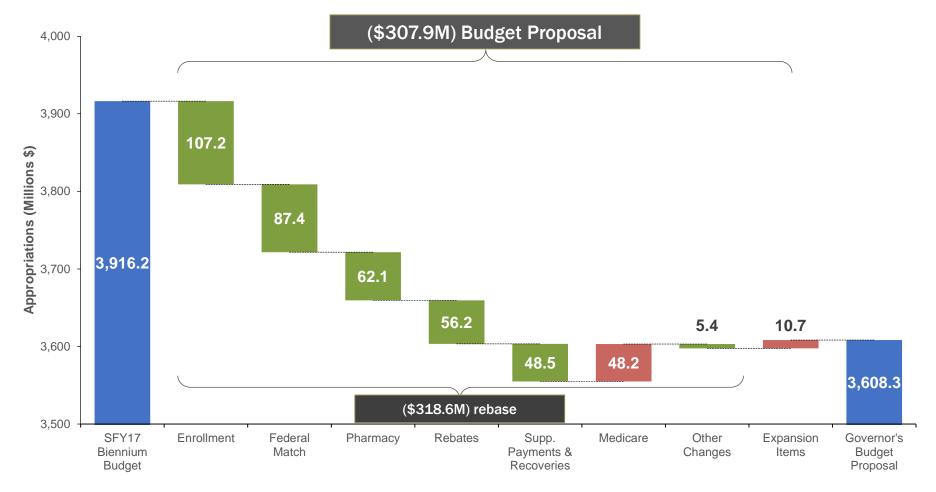
In addition to the programmatic and operational requests, SFY17 budget adjustments include a rebase reduction of \$318.6M

Adjustment	Expansion / (Reduction)
Expand Support for Alzheimer's Patients and Their Families Through Community Alternatives Program for Disabled Adults (CAP/DA) Waiver Slots	\$3.0
Reduce Backlog and Expand Medicaid Services for Individuals with Developmental Disabilities	\$2.6
Retain and Train Medicaid Workforce	\$2.0
Medicaid Critical Personnel	\$2.1
Invest in Medicaid Reform	\$1.0
Medicaid Rebase	(\$318.6)
Total Adjustment	(\$307.9)



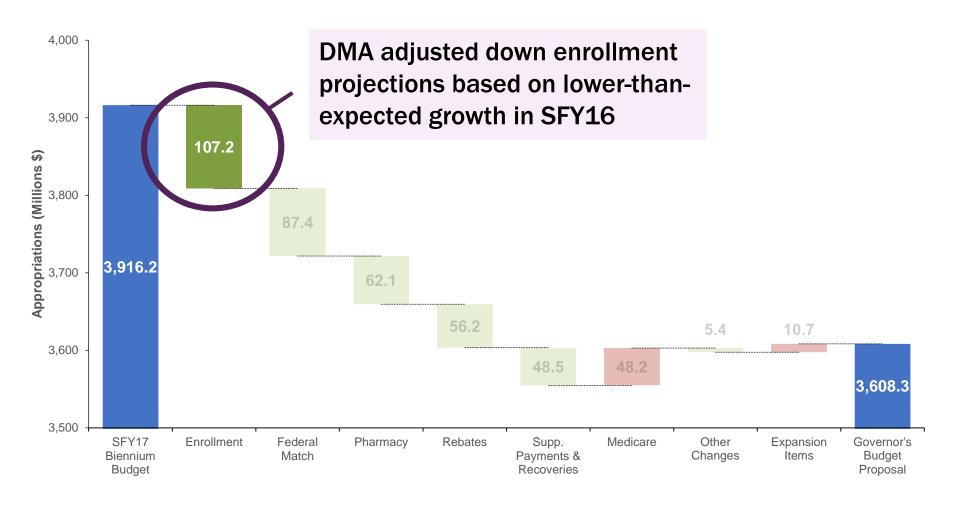
Drivers for SFY17 budget reduction

More than 60% of DMA's reduction is driven by increases in the federal funding rate and favorable enrollment trends



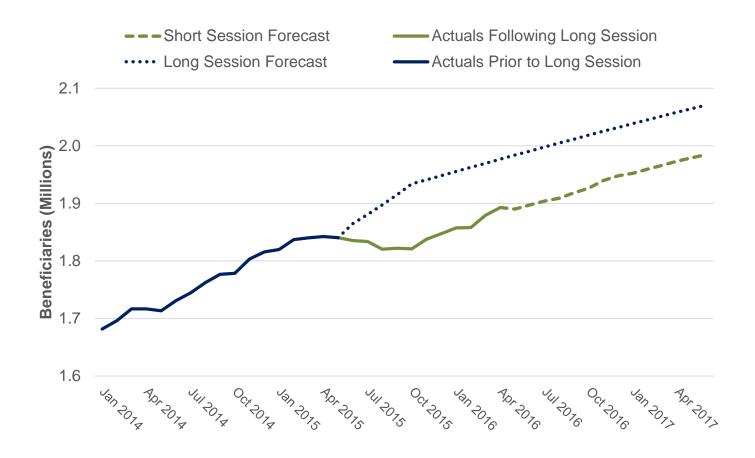
Sources: DMA Forecast Model v195 – this exhibit only covers factors affecting the rebased funds. It is a descriptive estimate but can be sensitive to changes in the order in which estimates are obtained. SFY17 budget is the certified budget appearing on the BD-307 used to compute the rebase

Enrollment growth lower than expected

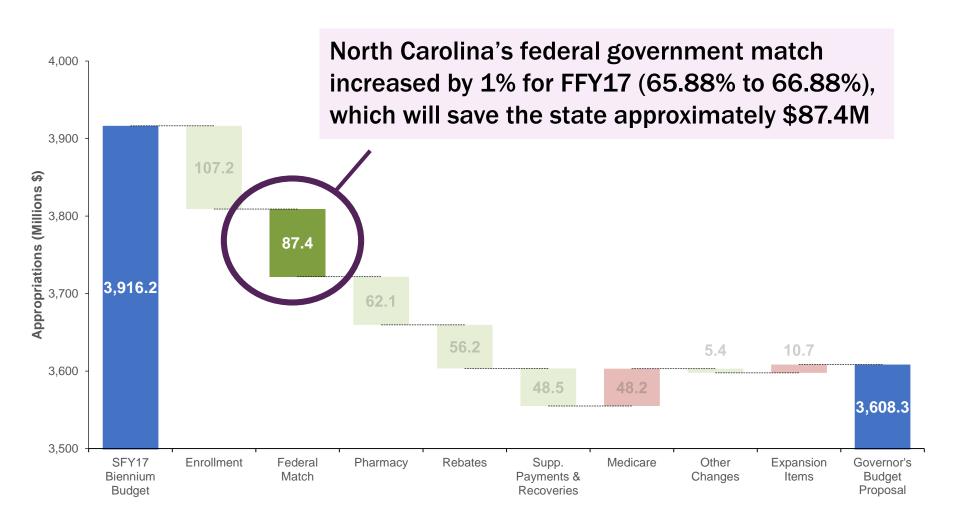


New enrollment expectations

Enrollment growth has resumed over the last two quarters; DMA expects this growth to continue in SFY17



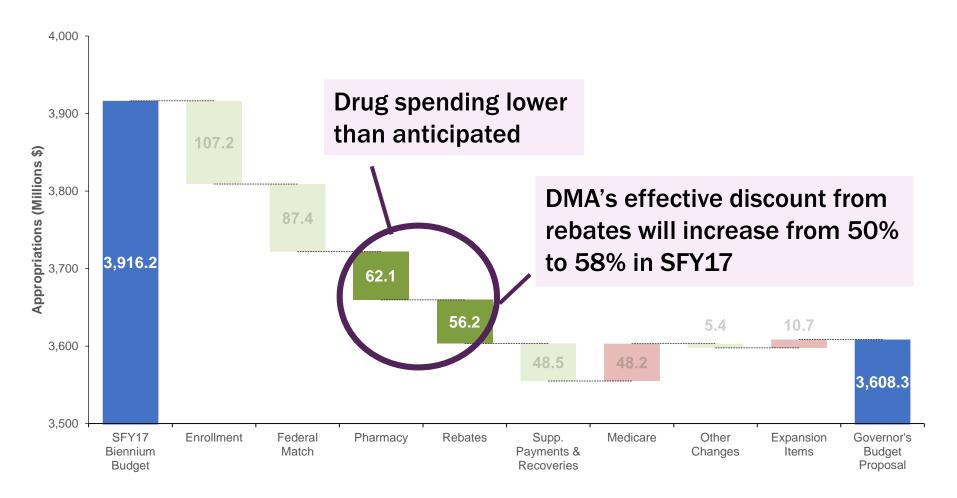
Increased federal funding



Sources: DMA Forecast Model v195

Increased rebates, lower pharmacy spending

Between reduced expenditures and improved management of rebates, DMA will save \$118.3M next year on drug spending

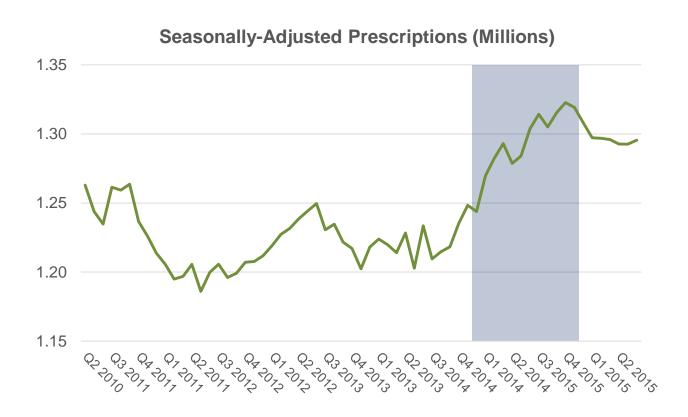


Sources: DMA Forecast Model v195

Drug growth slowed dramatically in SFY16

SFY16 budget was based on aggressive growth trends in pharmacy expenditures leading up to the biennial budget process

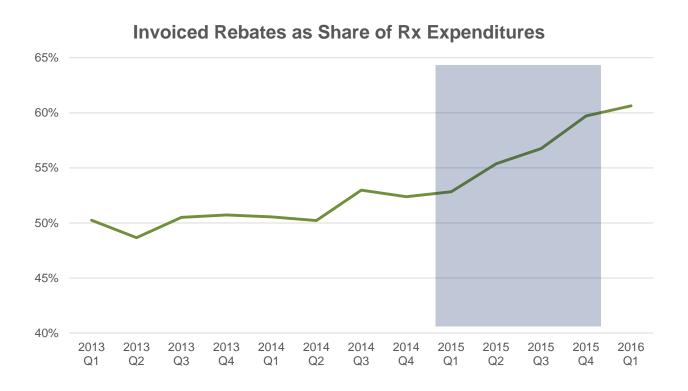
As SFY15 ended, prescription growth declined. The budget for SFY17 reflects the change in pharmacy trends



Sources: AdvantageSuite prescription counts, seasonally adjusted estimate from forecast model

Continuous management, better data on rebates

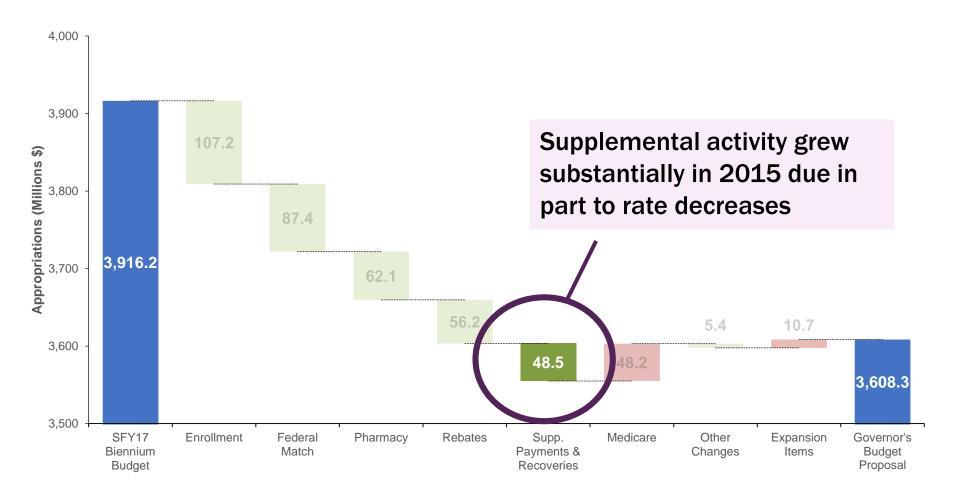
Rebate rates tracked higher through SFY15



Forecast now uses invoiced rebates to predict collections two quarters in advance

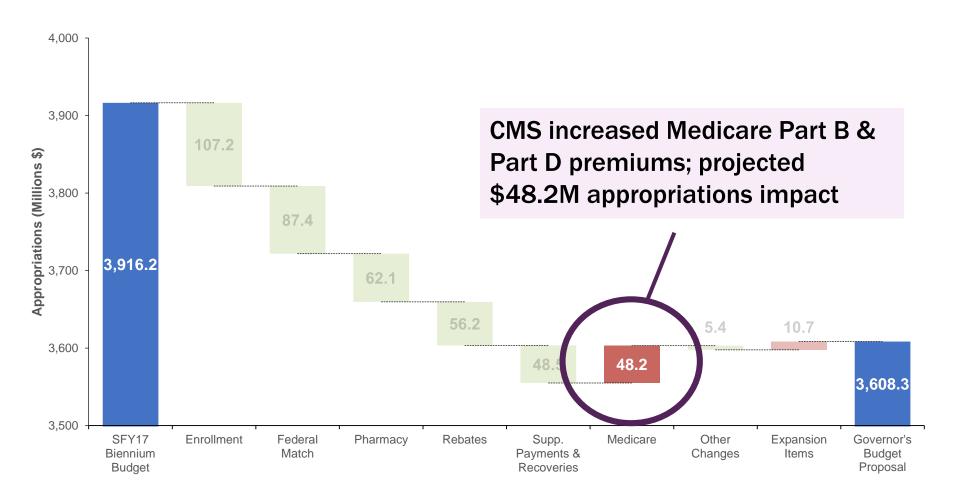
Supplemental payments and recoveries

DMA will increase its recoveries by \$28.5M and supplemental payments retention by \$20.0M



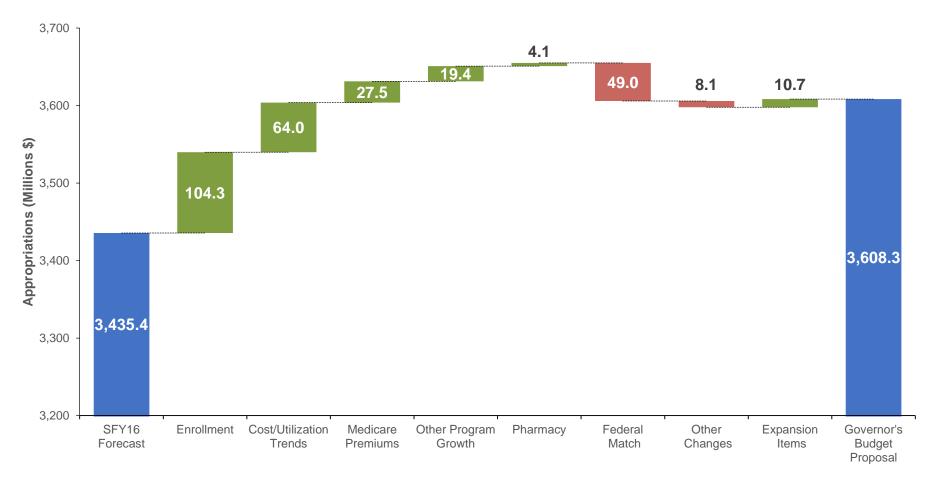
Sources: DMA Forecast Model v195

Medicare premiums



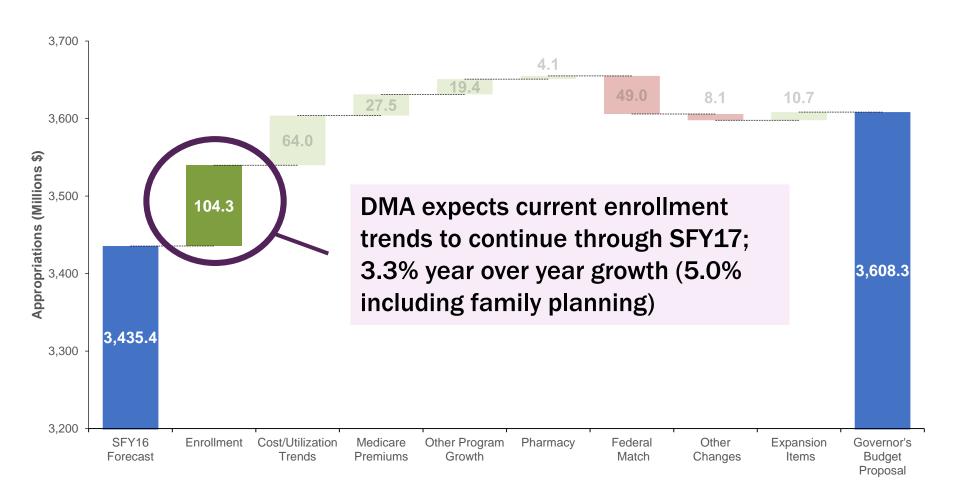
Sources: DMA Forecast Model v195

SFY17 budget proposal represents an increase of 5% over the current year forecast

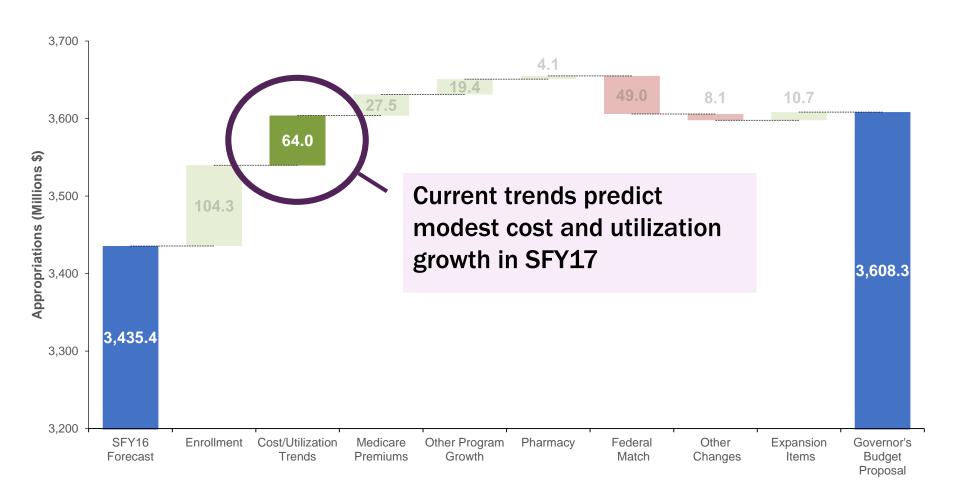


Sources: DMA Forecast Model v195 – this exhibit covers rebased funds (1310-1337) only. It should not be interpreted as a reversion or rebase estimate. This result can be sensitive to the order in which estimates are obtained.

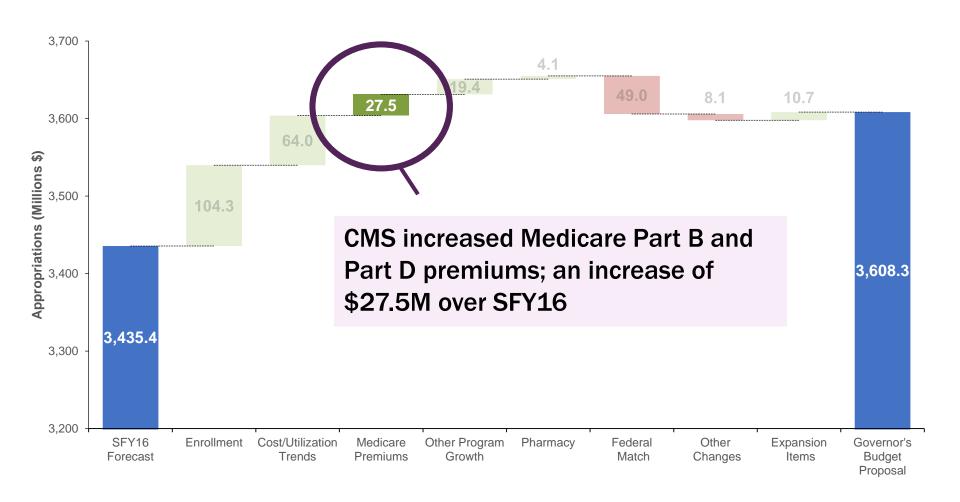
Enrollment



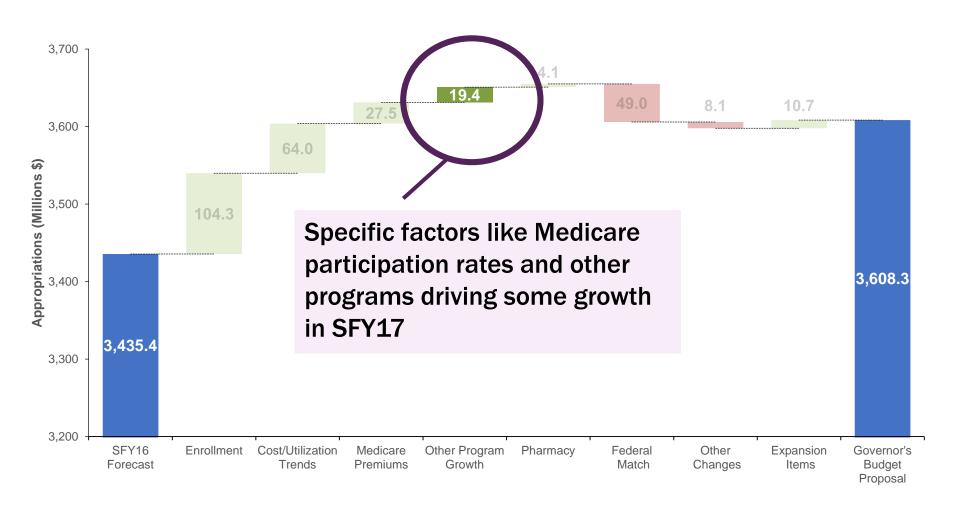
Cost and Utilization



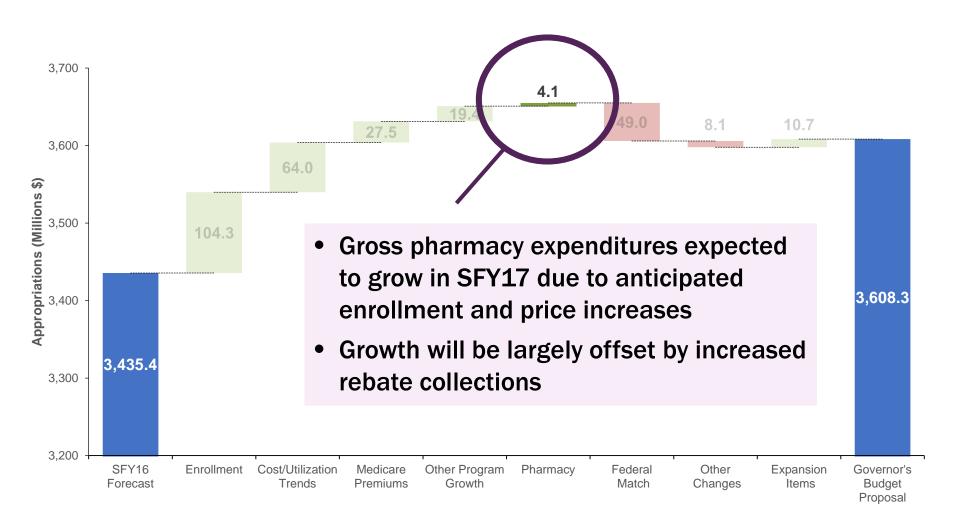
Medicare Premiums



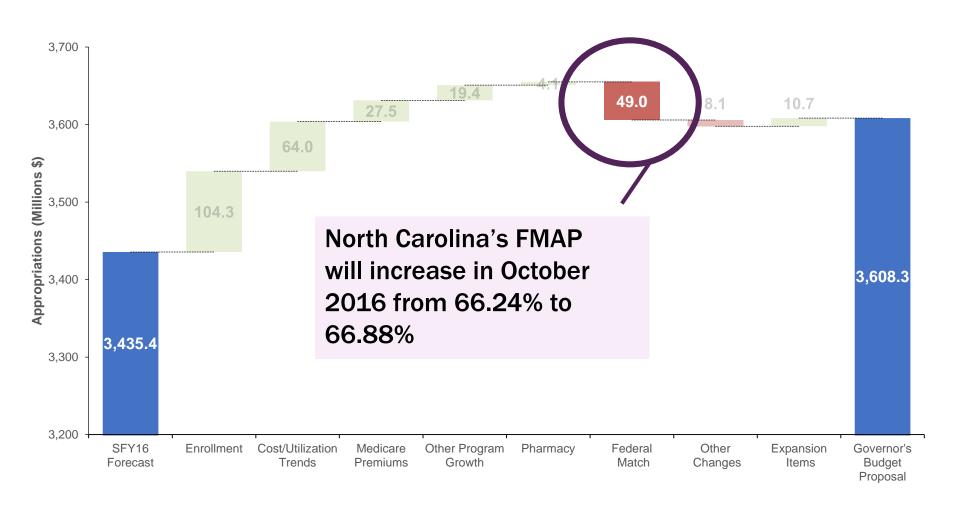
Increases in program participants



Net pharmacy expenditure



Increases in federal funding



Historical context

Recent favorable trends in the use of appropriations per beneficiary (expressed as per-member, per-month or "PMPM")

\$ millions	Medicaid Summary				
(except per enrollee)	SFY13	SFY14	SFY15	SFY16F	SFY17B
Expenditure	\$12,643	\$13,303	\$13,744	\$13,484	\$14,287
Federal Revenue	7,720	8,433	8,752	8,681	9,256
Other Revenue	1,406	1,467	1,435	1,369	1,423
Appropriations	\$3,518	\$3,404	\$3,558	\$3,434	\$3,608
% Change		-3.24%	4.52%	-3.48%	5.08%
Avg. Enrollment	1,583,720	1,655,477	1,807,996	1,855,035	1,947,903
Approp/Avg Enroll	\$2,221	\$2,056	\$1,968	\$1,851	\$1,852
Approp/PMPM	\$185	\$171	\$164	\$154	\$154



Sources: SFY16 forecast generated using version 195 of DMA's forecast model. SFY17 budget comes from the Governor's budget proposal. Historical activity from NCAS report BD-701

Conclusion

Additional funding requests will provide:

- Critical services to vulnerable populations including Alzheimer's patients and individuals with developmental disabilities
- Further support to ensure the success of the Medicaid program and its reform efforts

Rebase request for SFY17 represents a \$318.6M reduction from the biennial budget developed in 2015

SFY17 budget proposal represents an increase of 5% over the current year forecast

DHHS believes the proposed budget will adequately fund the Medicaid program in SFY17

