



External Finance Review Committee (EFRC) Meeting

April 29, 2024





Budget Update

Truman Horwitz, Budget Division Director



Overview

- Expenditure Comparison
- Actual to Forecast Comparison

Expenditure Comparison

In Millions

Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
Title XIX Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%
Fund Type							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
Coverage Assessment	169.6	280.1	307.4	430.2	528.2	98	22.8%
Rate Assessment	279.3	320.9	414.6	532.5	635.0	102	19.2%
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%

Expenditure Comparison

In Millions

Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
Title XIX Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%
Fund Type							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%

FY24 trends lower due to the accelerated capitation payment into FY23 (July to June) to save general funds at a favorable FMAP. **FY24 will have a total of 11 capitation payments; normal years have 12.**

Expenditure Comparison

In Millions

Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	%
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
Title XIX Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%
Fund Type							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%

Primarily related to Medicaid Expansion: Year-over-year population growth as well as Medicare Part D payments beginning in January 2023.

Expenditure Comparison

In Millions

Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
Title XIX Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%
Fund Type							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
Lingering CSA reporting issue (mentioned last EFRC)							
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%

Expenditure Comparison

In Millions

Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
Title XIX Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%
Fund Type							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
<div style="border: 2px solid red; padding: 5px; margin: 5px 0;">Primarily driven by DD Waiver slots added in FY24.</div>							
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%

Expenditure Comparison

In Millions

Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	%
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
Title XIX Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%
Fund Type							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%

Timing and unexpected cost settlement with UVA/VCU (mentioned last EFRC).

Expenditure Comparison

In Millions

Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	%
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
Title XIX Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%
Fund Type							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
<div style="border: 2px solid red; padding: 5px; margin: 10px 0;"> <p>Increased Upper Payment Limit and Medicaid Expansion population over FY23.</p> </div>							
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%

Expenditure Comparison

In Millions

Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
Title XIX Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%

Fund Type

General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
---------	---------	---------	---------	---------	---------	------	-------

Pharmacy Rebates have been trending lower, but some timing issues are at play as well (only three months of current year rebates are reflected).

Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%

Expenditure Comparison

In Millions

Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
CardinalCare							.4%
CardinalCare							.6%
Fee-For-Service							.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	52.2	55.4	45.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
Title XIX Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%
Fund Type							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
Coverage Assessment	169.6	280.1	307.4	430.2	528.2	98	22.8%
Rate Assessment	279.3	320.9	414.6	532.5	635.0	102	19.2%
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%

Follows the trend of capitation; since payments were accelerated into FY23, these trend lower than FY23.

Expenditure Comparison

In Millions

Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24		
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change	
Cardinal Acute	2,141.4	2,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%	
Cardinal	Increased Medicaid Expansion Enrollment in short term and Increased UPL.							6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,605.1	225	16.1%	
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%	
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%	
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%	
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%	
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%	
Title XIX Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%	
Fund Type								
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%	
Coverage Assessment	169.6	280.1	307.4	430.2	528.2	98	22.8%	
Rate Assessment	279.3	320.9	414.6	532.5	635.0	102	19.2%	
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%	
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%	
Total	10,341.4	12,015.4	14,274.9	16,832.9	16,489.7	(343)	-2.0%	

Expenditure Comparison – Another way to Look at the Data

In Millions

FY 2024 Compared Against the Forecast

Expenditures	YTD FY 2024	YTD Mar Forecast	Variance	Comments
Cardinal Acute	5,047.9	4,952.3	1.9%	Slower unwinding than forecasted.
Cardinal LTSS	5,557.0	5,474.5	1.5%	Slower unwinding than forecasted.
Fee-For-service: General Medicaid	1,603.1	1,485.5	7.9%	Slower unwinding than forecasted.
Fee-For-service: BH & Rehabilitative	43.6	32.4	34.5%	Slower unwinding than forecasted.
Fee-For-service: Long-Term Care Services	1,824.2	1,804.9	1.1%	Slower unwinding than forecasted.
Hospital Supplemental (DSH, IME/GME, Dx)	584.7	518.9	12.7%	Timing and Cost Settlement
Hospital Rate Assessment Payments	2,109.9	2,249.3	-6.2%	
Pharmacy Rebates	(280.8)	(351.2)	-20.0%	Lower Pharmacy Rebates
Title XIX Total	16,489.7	16,166.6	2.0%	
Fund Type				
General	4,224.3	4,049.9	4.3%	
Coverage Assessment	528.2	489.2	8.0%	
Rate Assessment	635.0	660.9	-3.9%	
VA Health Care Fund	405.6	405.6	0.0%	
Federal	10,696.5	10,561.0	1.3%	
Total	16,489.7	16,166.6	2.0%	

Summary

- Financial data shows a variance from forecast due to slower unwinding.
- Lessons from FY24 will be incorporated into FY25/26 forecast



Enrollment Update

Chris Gordon, CFO

Jessica Anecchini, Sr. Policy Advisor



Overview

- Enrollment 2019-2024
- Enrollment Trends by Eligibility Category
- Actual to Forecast Comparison

Total Enrollment

2019-2024

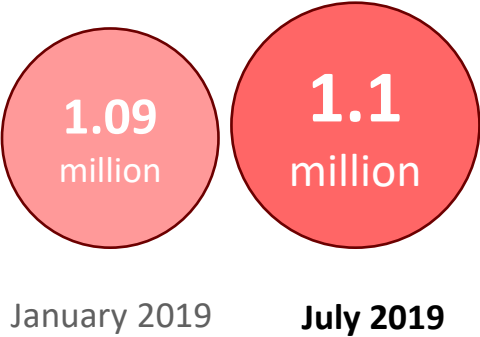


1.09
million

January 2019

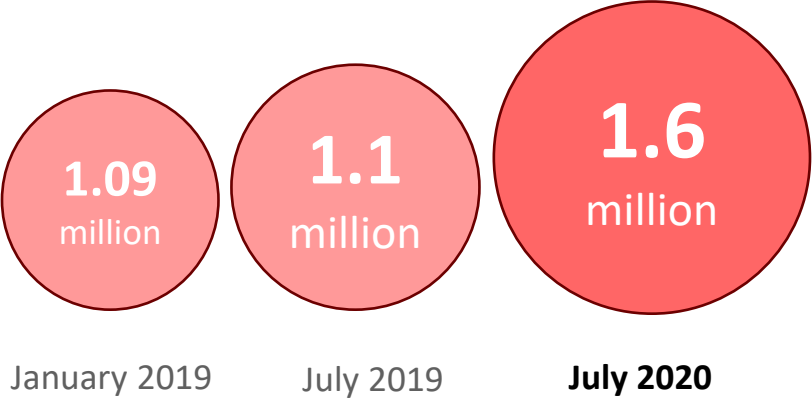
Total Enrollment

2019-2024



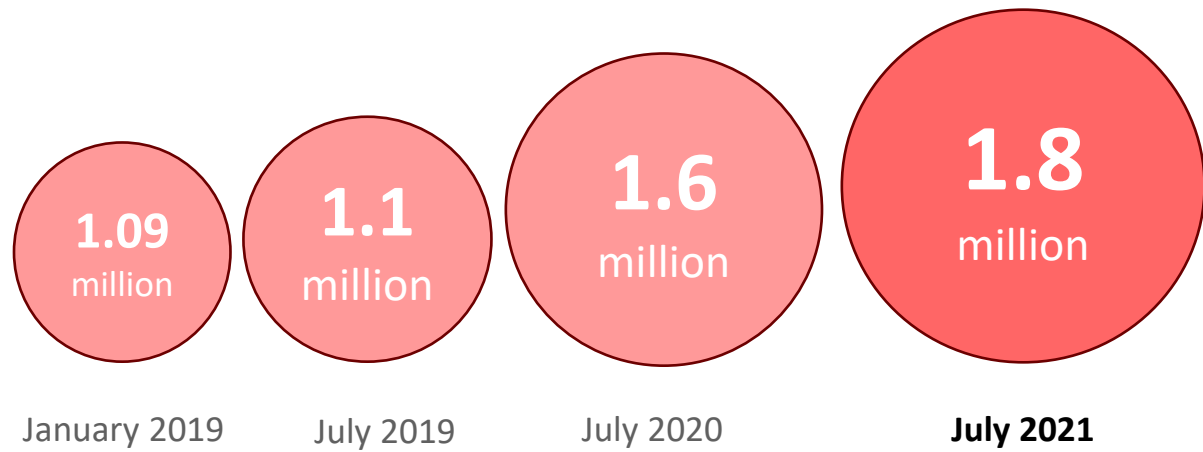
Total Enrollment

2019-2024



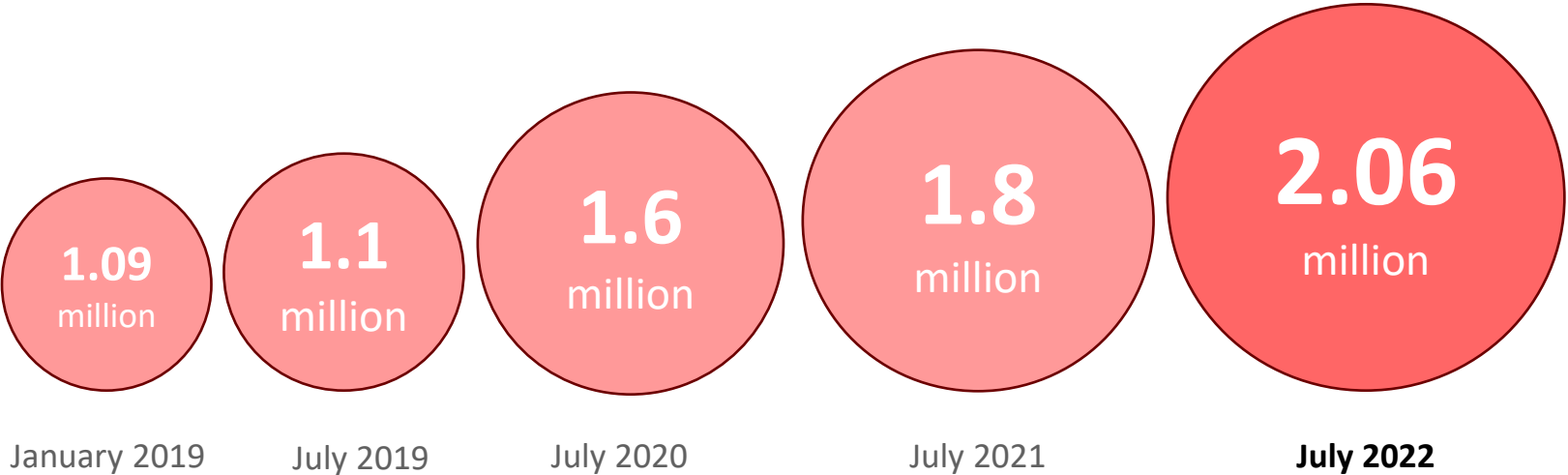
Total Enrollment

2019-2024



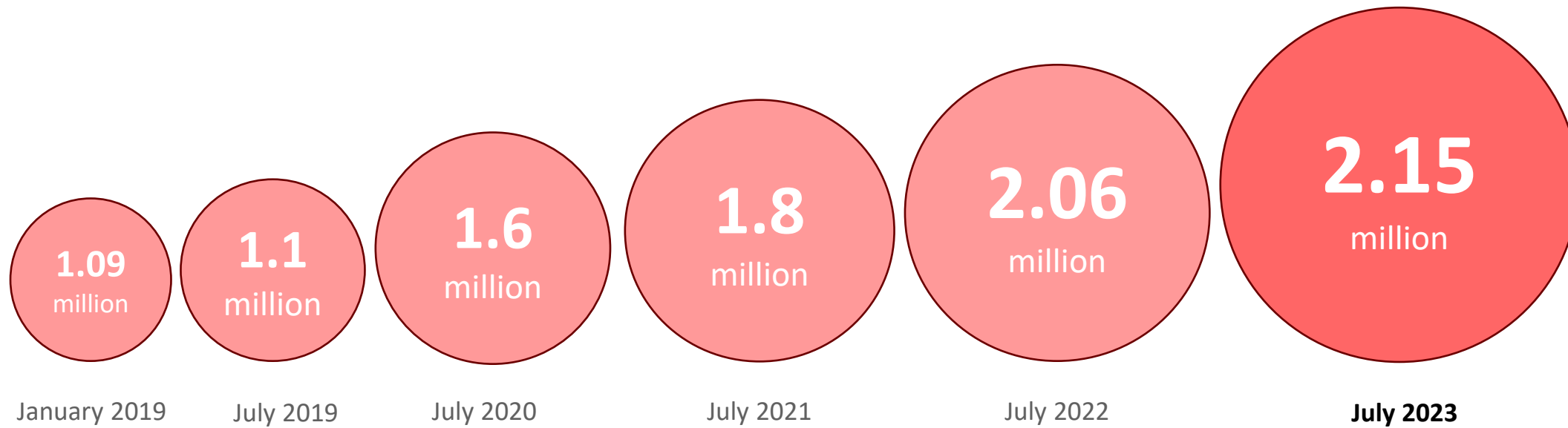
Total Enrollment

2019-2024



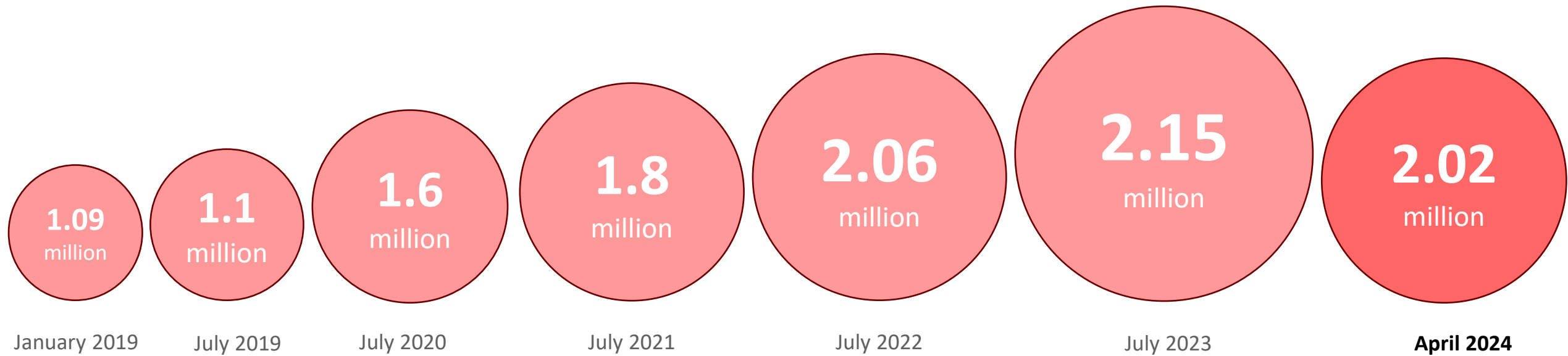
Total Enrollment

2019-2024

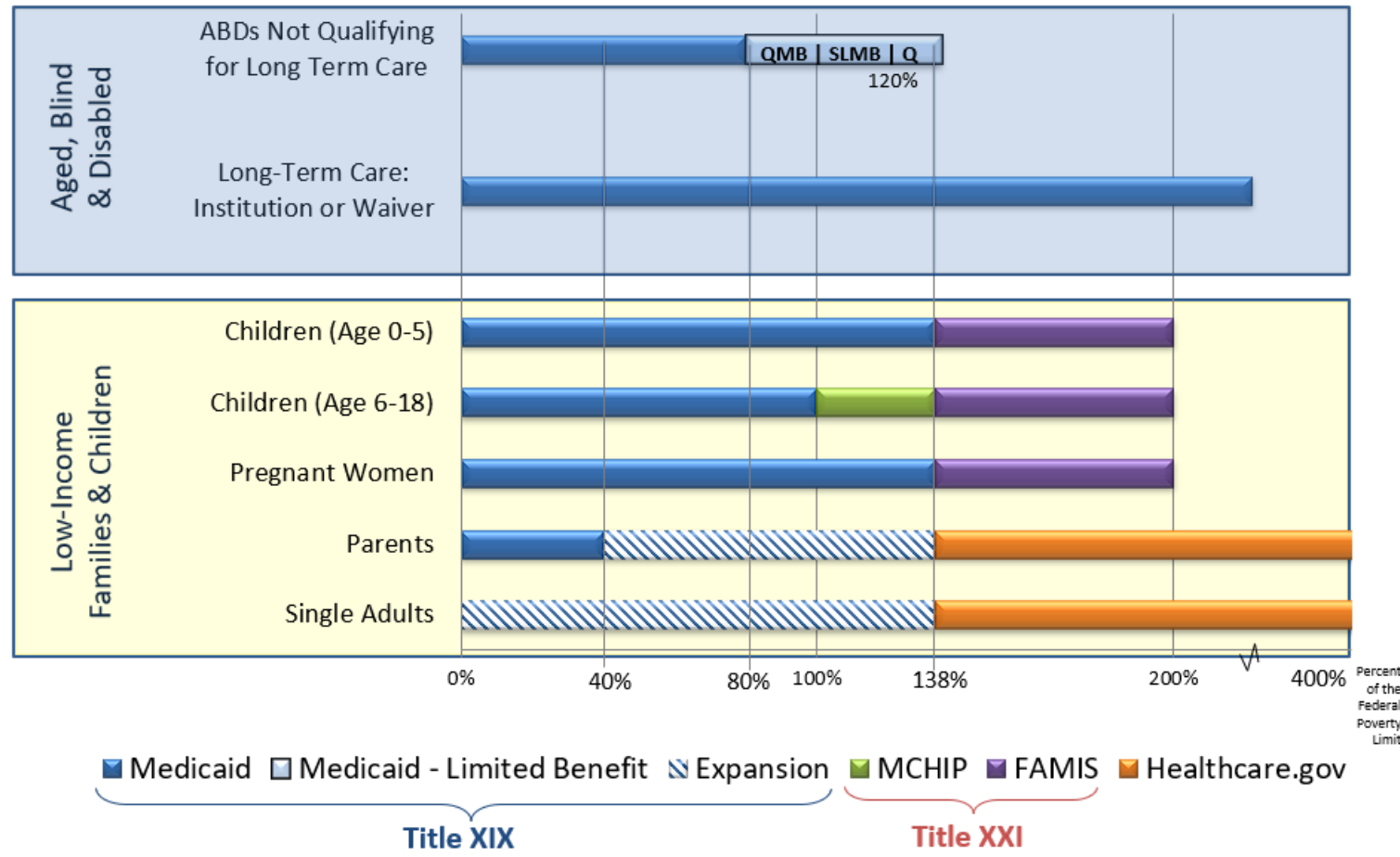


Total Enrollment

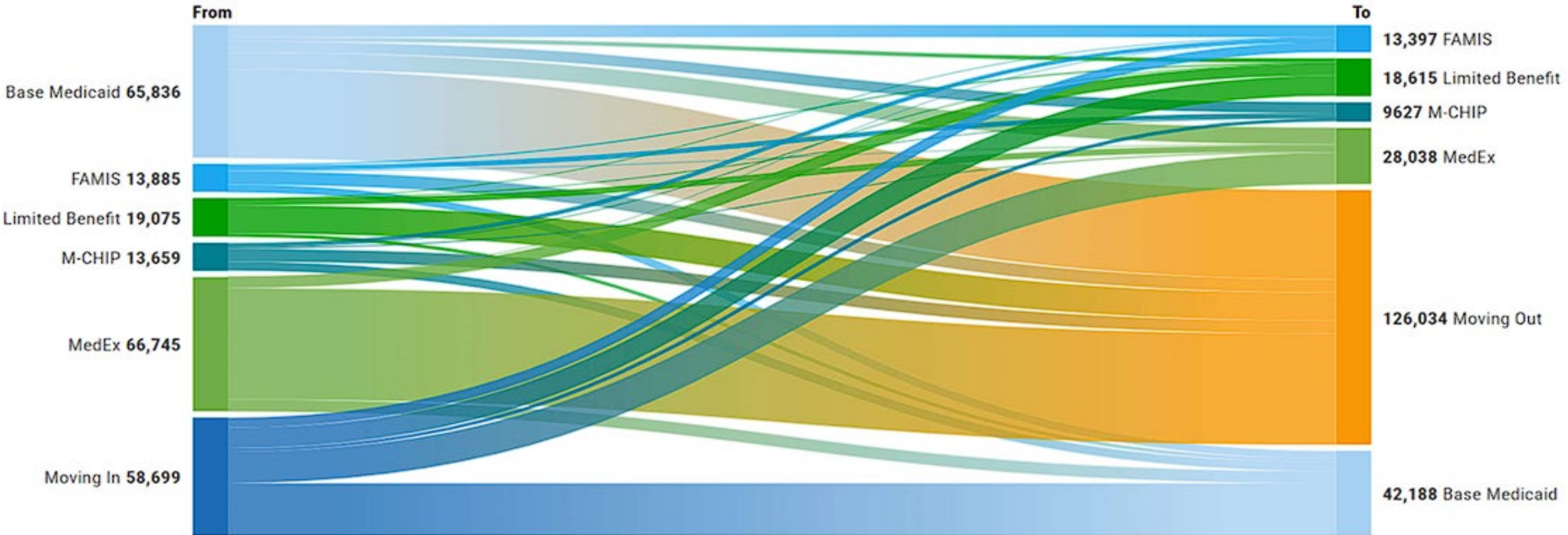
2019-2024



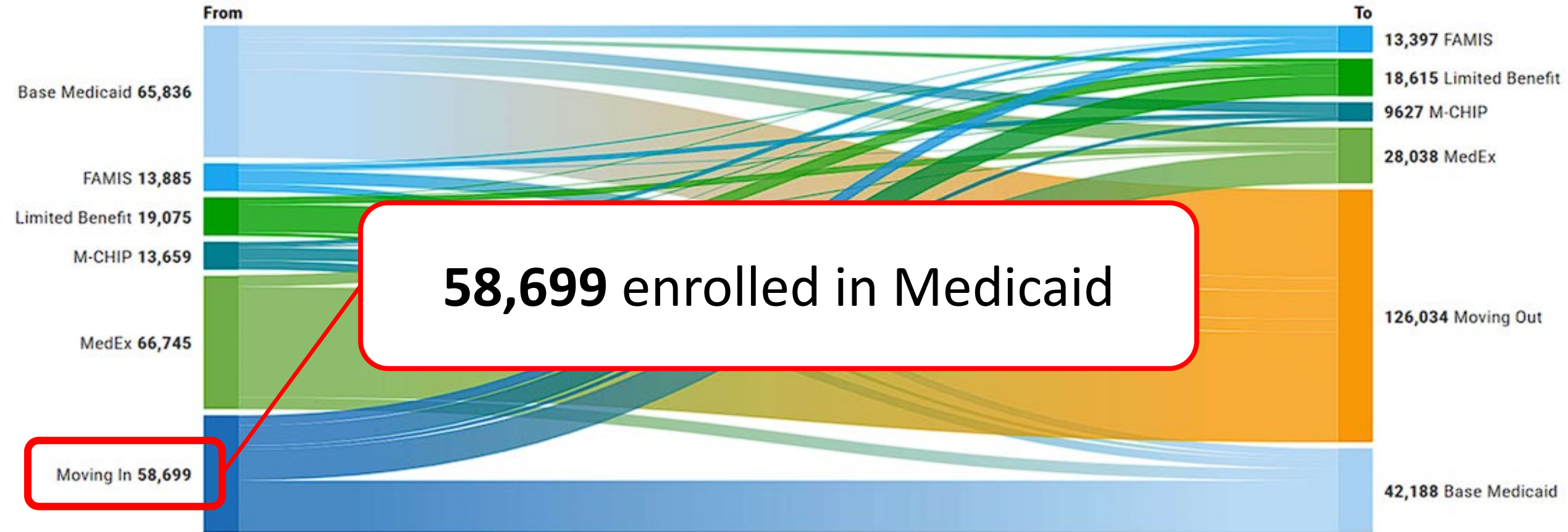
Major Eligibility Categories



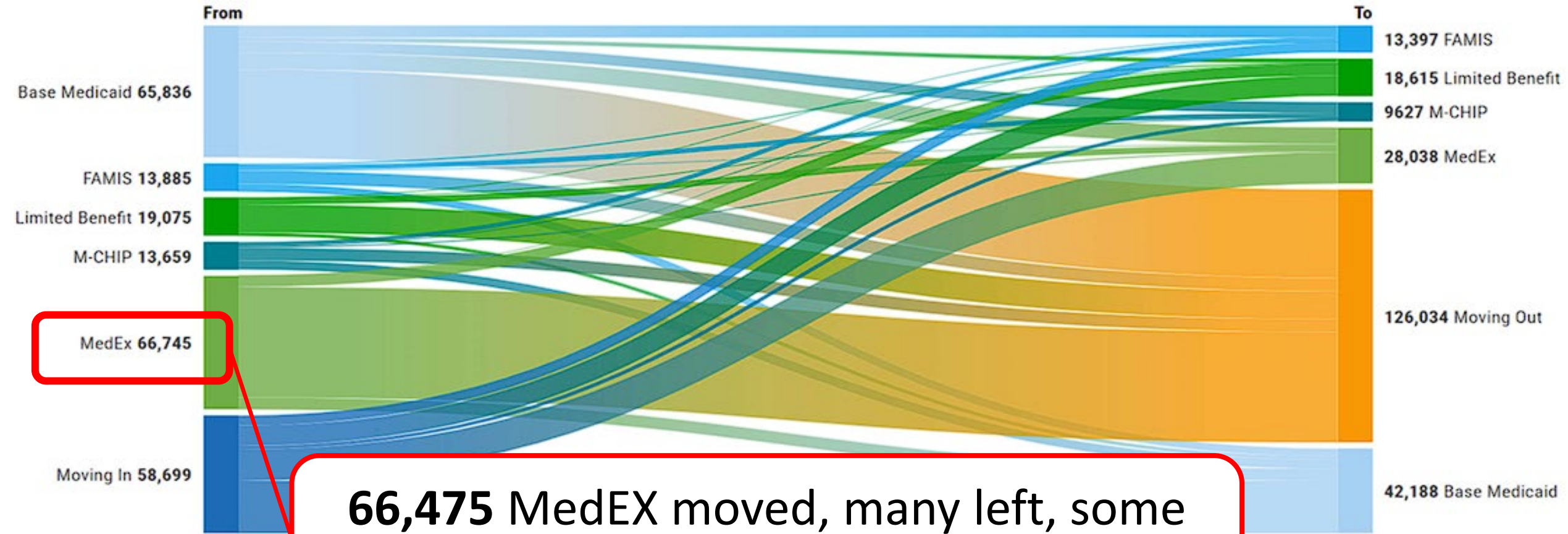
Population Movement: March to April



Population Movement: March to April



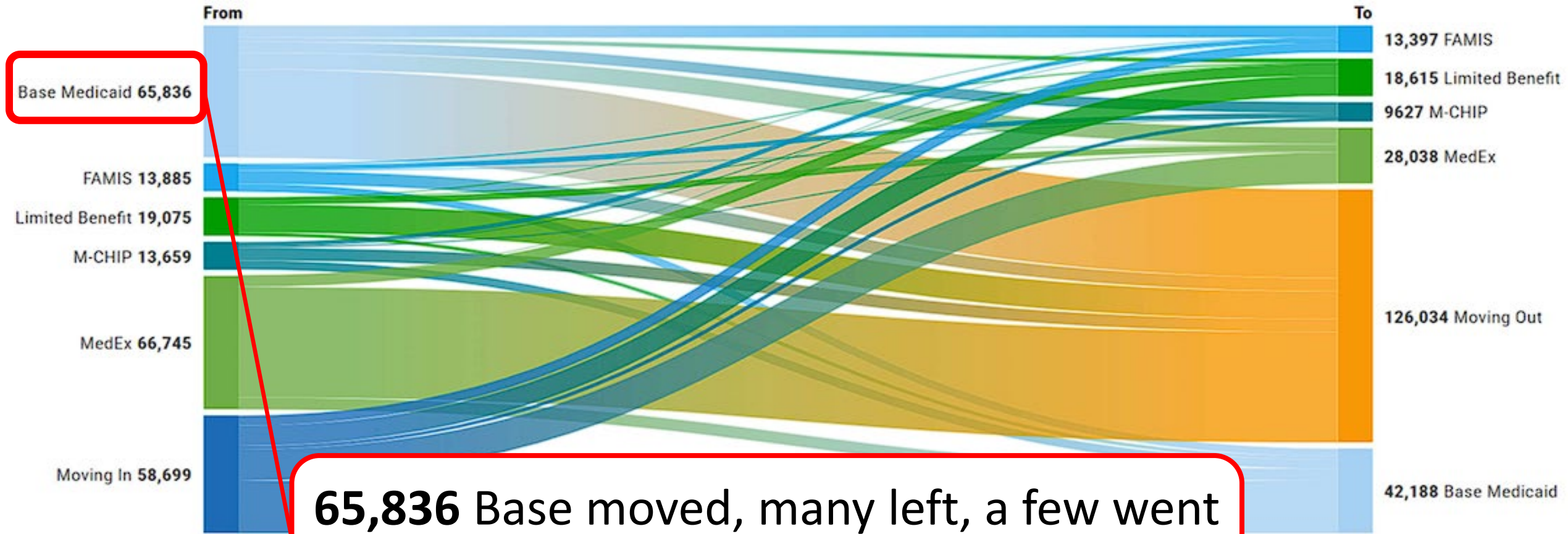
Population Movement: March to April



MedEx 66,745

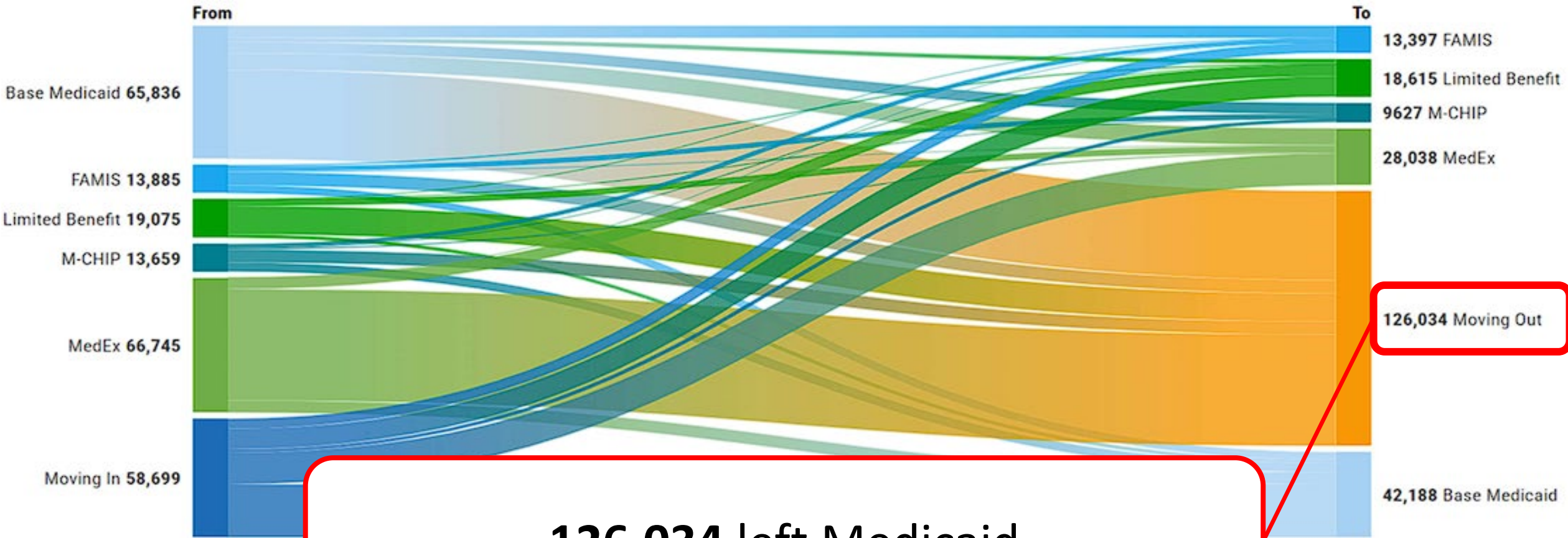
66,475 MedEX moved, many left, some went to Base, others Limited Benefit

Population Movement: March to April



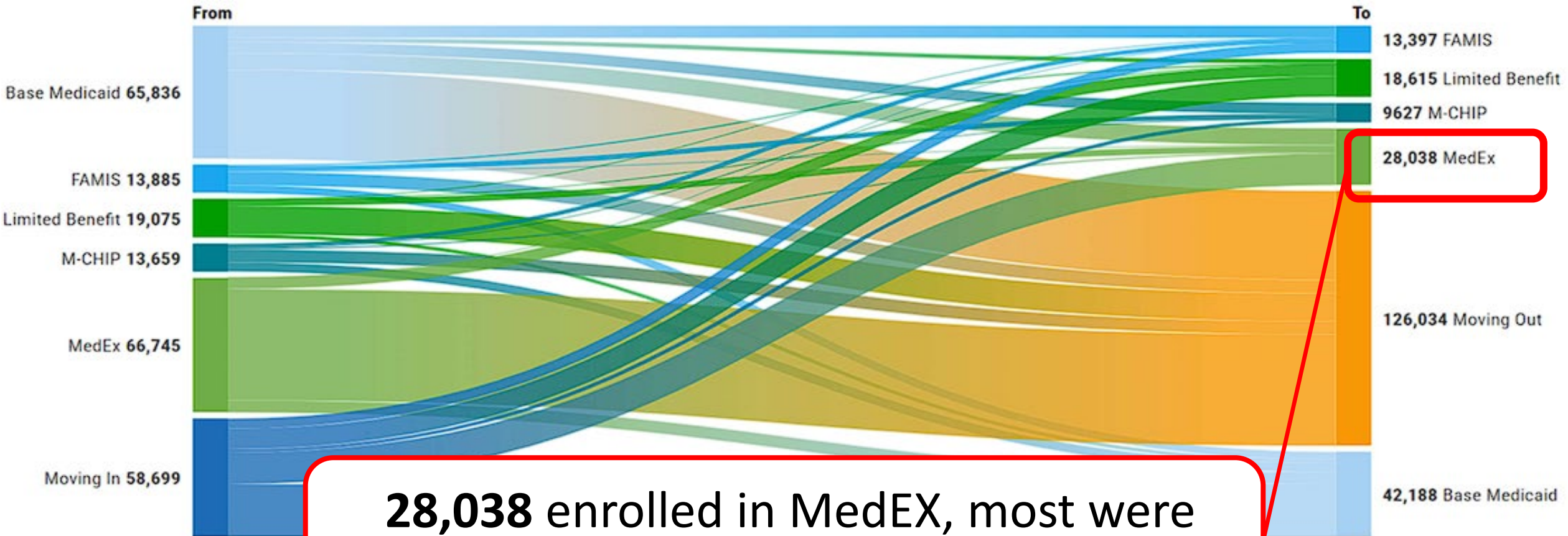
65,836 Base moved, many left, a few went to MedEX, M-CHIP, and FAMIS

Population Movement: March to April



126,034 left Medicaid

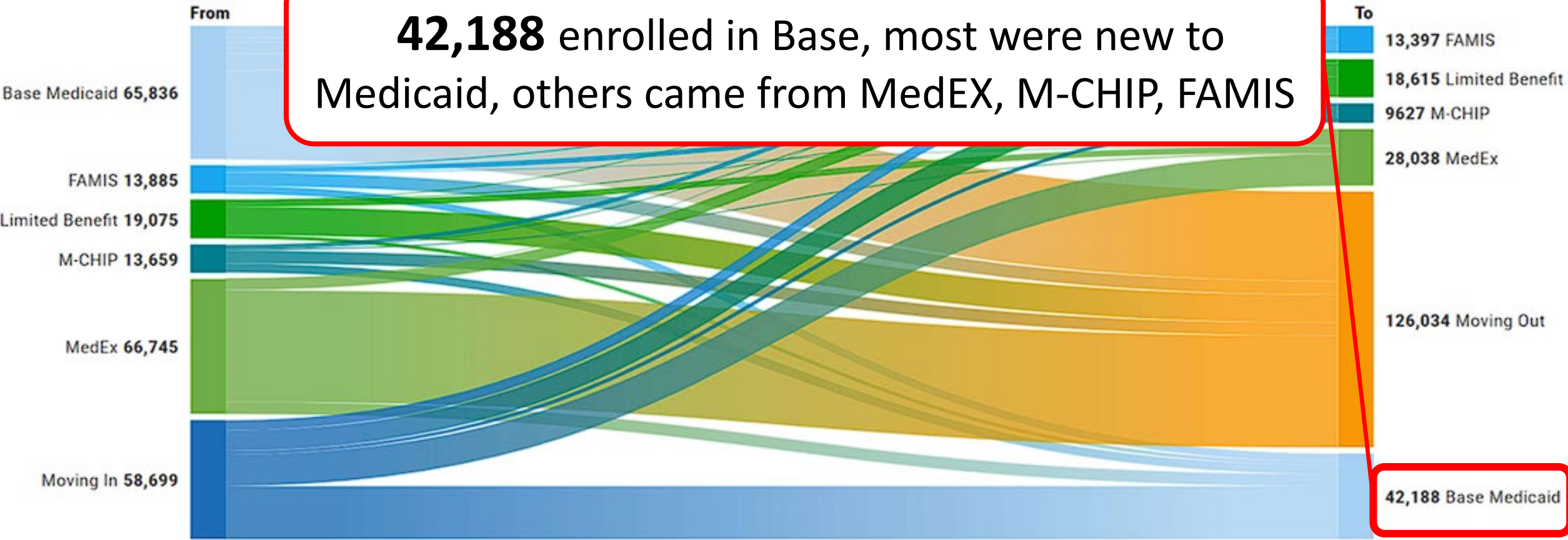
Population Movement: March to April



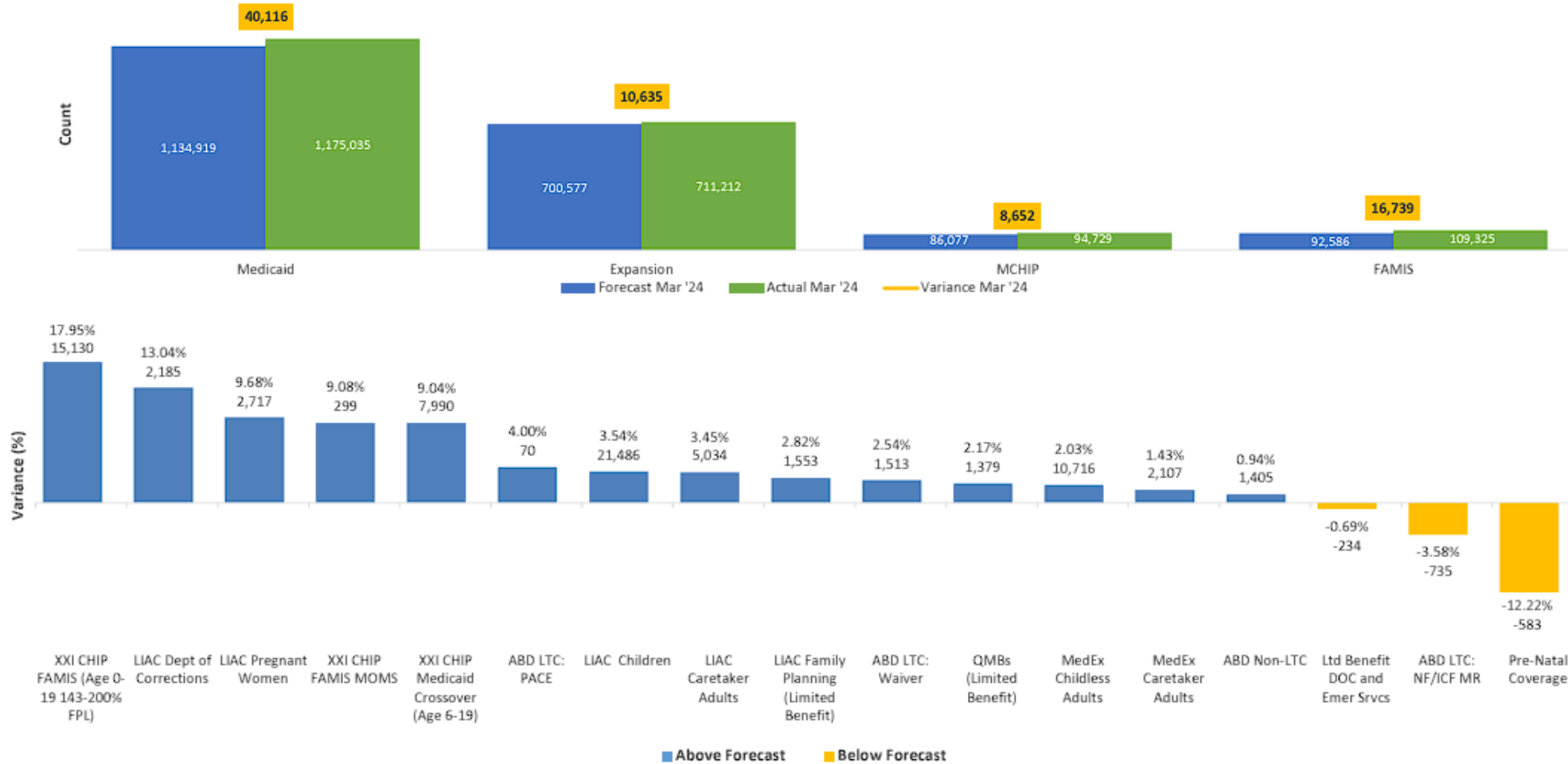
28,038 enrolled in MedEX, most were new to Medicaid, others came from Base

Population Movement: March to April

42,188 enrolled in Base, most were new to Medicaid, others came from MedEx, M-CHIP, FAMIS



Actual to Forecast Comparison



Actual to Forecast Comparison



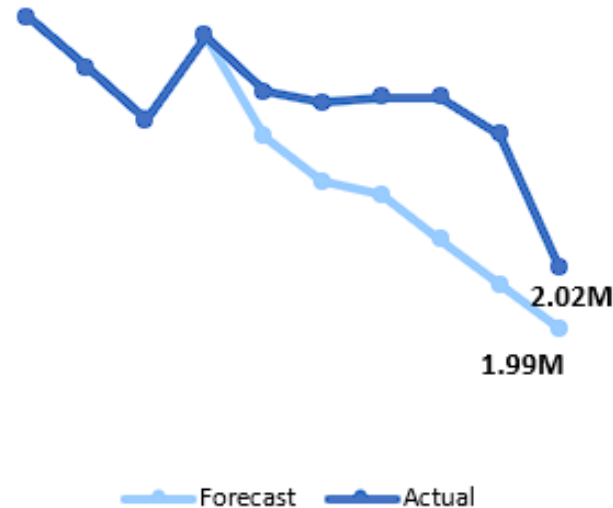
Actual to Forecast Comparison

Enrollment as of 4/1/2024

Selected Categories	Forecast	Latest	Variance*
Non-Long Term Care (LTC)	148,441	146,605	-1,836
LTC Nursing Facilities	20,613	19,168	-1,445
LTC HCBS	59,108	60,678	1,570
Caretaker Adults	142,043	143,806	1,763
Pregnant Women	27,354	30,982	3,628
Children	587,172	604,475	17,303
Expansion - Caretaker	141,349	138,422	-2,927
Expansion - Non-Caretaker	515,264	503,948	-11,316
Title XIX Total	1,815,394	1,823,690	8,296
MCHIP	83,809	91,170	7,361
FAMIS Kids	84,697	100,129	15,432
FAMIS MOMS	3,324	3,642	318
Title XXI Total	176,611	198,942	22,331
Total Enrollment	1,992,005	2,022,632	30,627

*Variance = +/- 10% of forecast

Total Enrollment



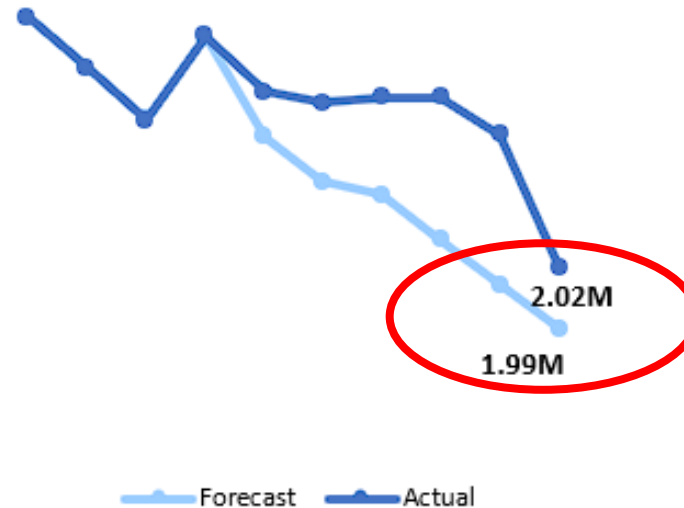
Actual to Forecast Comparison

Enrollment as of 4/1/2024

Selected Categories	Forecast	Latest	Variance*
Non-Long Term Care (LTC)	148,441	146,605	-1,836
LTC Nursing Facilities	20,613	19,168	-1,445
LTC HCBS	59,108	60,678	1,570
Caretaker Adults	142,043	143,806	1,763
Pregnant Women	27,354	30,982	3,628
Children	587,172	604,475	17,303
Expansion - Caretaker	141,349	138,422	-2,927
Expansion - Non-Caretaker	515,264	503,948	-11,316
Title XIX Total	1,815,394	1,823,690	8,296
MCHIP	83,809	91,170	7,361
FAMIS Kids	84,697	100,129	15,432
FAMIS MOMS	3,324	3,642	318
Title XXI Total	176,611	198,942	22,331
Total Enrollment	1,992,005	2,022,632	30,627

*Variance = +/- 10% of forecast

Total Enrollment



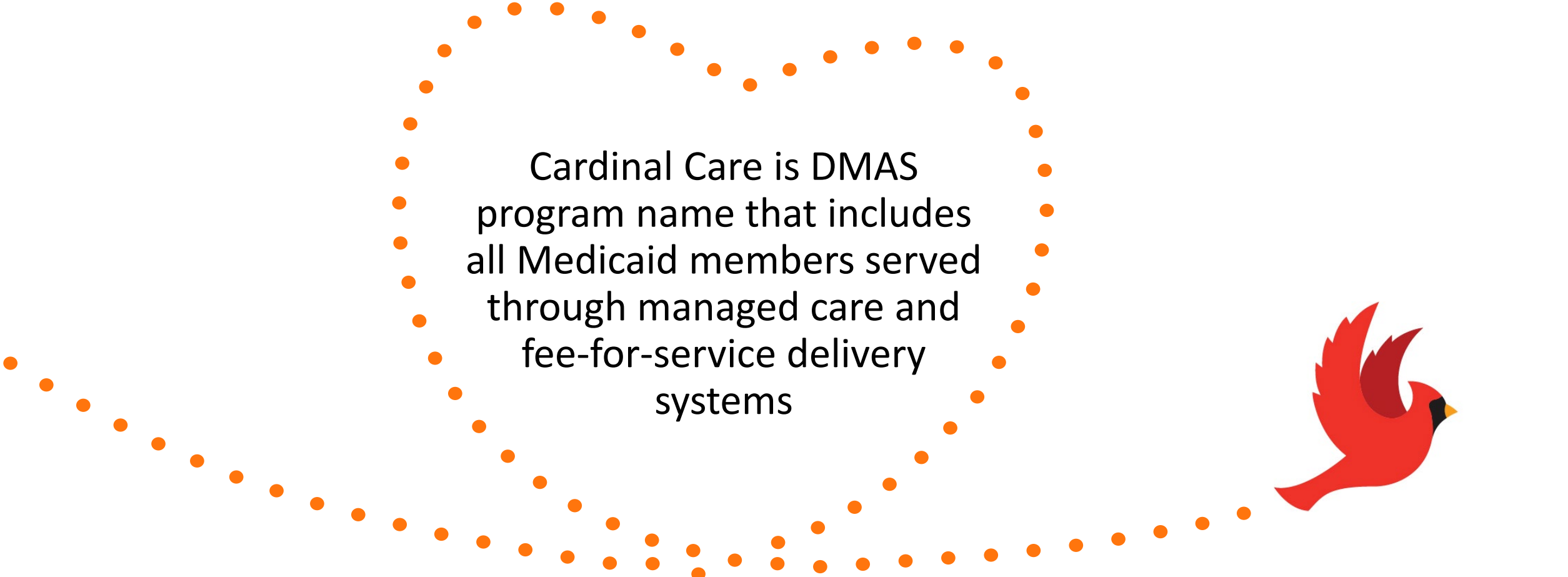
Summary

- November 2023 forecast enrollment projection without precedent
- Reforecasting MedEX enrollment before Q1 coverage assessment invoices mailed on May 20
- Unexpected general fund pressure in FY24



Managed Care Programs Update





Cardinal Care is DMAS
program name that includes
all Medicaid members served
through managed care and
fee-for-service delivery
systems



Where We Are

- Blackout period still in effect
- Draft rate meeting with the MCOs and Mercer was held April 16th
- July 1 contracts sent to MCOs for review
- This is the renewal contract until June 30, 2024
- After review, will forward to DPB for review
- Certain contract provisions are still subject to change, once the state budget is finalized
- CMS released three final rules on April 22nd regarding minimum staffing standards for nursing homes, ensuring access to Medicaid services, and managed care access, finance and quality
 - Staff are analyzing the rules and requirements



Complex Care Services



Complex Care Services – 2024 General Assembly Impacts

- Programs and Services impacted by 2024 Legislation include Long Term Services and Supports (LTSS) Screenings, Home and Community Based Services, Behavioral Health and ARTS Services.
- Impacts from the pending budget span across programs including:
 - RHRN Initiatives;
 - Behavioral Health Services;
 - Developmental Disability Services;
 - Personal Care Services; and
 - Durable Medical Equipment



MCO Claims Expense and Utilization Review

April 2024




Summary – All Programs

*SFY2024 reflects claims paid July 1 – December 31, 2023



MCO Utilization and Expenditure Insights

- Per Member Per Month Cost
- Cost Per Claim
- Claims Per 1000 Members

SFY 2024 



Cardinal Care Acute Overview (Managed Care)

Big 3 By Cost Category

Program: MEDALLION4 (Acute) | Healthplan*: (All) | Eligibility Category: (All)

		SFY2022	SFY2023	SFY2024	% Difference SFY23 - 24
Grand Total	PMPM	\$290	\$309	\$318	2.7%▲
	Cost Per Claim	\$165	\$171	\$182	6.2%▲
	Claims Per 12K Members	21,063	21,699	20,978	-3.3%▼
ER	PMPM	\$16	\$19	\$21	11.8%▲
	Cost Per Claim	\$123	\$146	\$165	13.2%▲
	Claims Per 12K Members	1,514	1,571	1,551	-1.3%▼
In-Patient	PMPM	\$58	\$55	\$55	0.3%▲
	Cost Per Claim	\$8,750	\$7,967	\$8,121	1.7%▲
	Claims Per 12K Members	80	83	82	-1.3%▼
Nursing Facility	PMPM	\$0	\$0	\$0	98.1%▲
	Cost Per Claim	\$2,472	\$3,804	\$4,333	13.9%▲
	Claims Per 12K Members	0	0	0	73.9%▲
Other Facility	PMPM	\$4	\$5	\$5	-8.5%▼
	Cost Per Claim	\$1,071	\$1,229	\$1,239	0.9%▲
	Claims Per 12K Members	48	52	47	-9.2%▼
Out-Patient	PMPM	\$33	\$40	\$44	9.9%▲
	Cost Per Claim	\$390	\$502	\$540	7.5%▲
	Claims Per 12K Members	1,014	958	980	2.2%▲
Pharmacy	PMPM	\$73	\$80	\$82	2.4%▲
	Cost Per Claim	\$107	\$111	\$117	5.6%▲
	Claims Per 12K Members	8,234	8,672	8,405	-3.1%▼
Physician Services	PMPM	\$106	\$110	\$110	0.4%▲
	Cost Per Claim	\$125	\$127	\$134	5.0%▲
	Claims Per 12K Members	10,173	10,363	9,913	-4.3%▼

*Beginning SFY2024, Virginia Premier has become part of Sentara.

Last Update: 4/3/2024 7:20:07 AM

Cardinal Care Complex Overview (Managed Care)

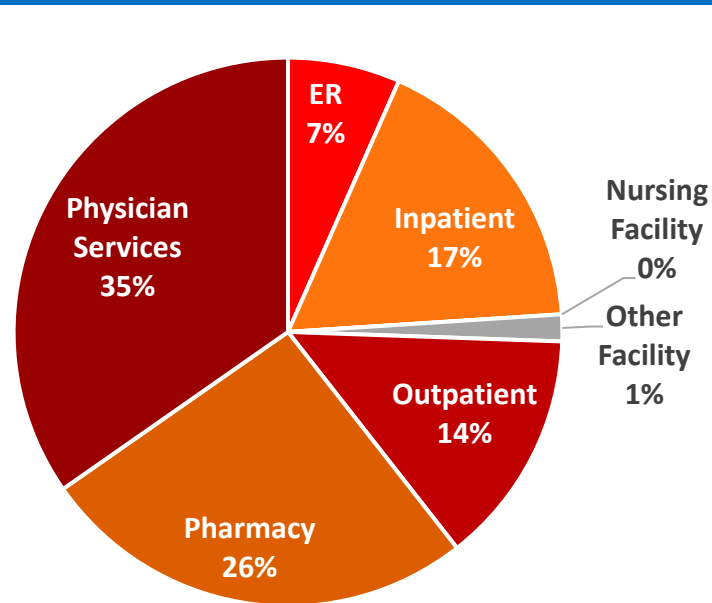
Big 3 By Cost Category						
Program	Healthplan*	Eligibility Category				
CCCPLUS (MLTSS)	(All)	(All)				
		SFY2022	SFY2023	SFY2024	% Difference SFY23 - 24	
Grand Total	PMPM	\$1,650	\$1,804	\$1,921	6.5%▲	
	Cost Per Claim	\$197	\$210	\$215	2.1%▲	
	Claims Per 12K Members	100,479	103,015	107,455	4.3%▲	
ER	PMPM	\$22	\$26	\$30	14.3%▲	
	Cost Per Claim	\$85	\$101	\$115	13.5%▲	
	Claims Per 12K Members	3,041	3,142	3,180	1.2%▲	
In-Patient	PMPM	\$185	\$181	\$195	7.7%▲	
	Cost Per Claim	\$7,448	\$6,771	\$7,119	5.1%▲	
	Claims Per 12K Members	299	320	328	2.5%▲	
Nursing Facility	PMPM	\$344	\$395	\$429	8.6%▲	
	Cost Per Claim	\$4,542	\$5,304	\$5,825	9.8%▲	
	Claims Per 12K Members	909	893	883	-1.2%▼	
Other Facility	PMPM	\$29	\$32	\$30	-7.8%▼	
	Cost Per Claim	\$544	\$589	\$679	15.3%▲	
	Claims Per 12K Members	630	653	522	-20.0%▼	
Out-Patient	PMPM	\$82	\$105	\$114	8.5%▲	
	Cost Per Claim	\$362	\$460	\$504	9.4%▲	
	Claims Per 12K Members	2,727	2,750	2,728	-0.8%▼	
Pharmacy	PMPM	\$250	\$270	\$285	5.3%▲	
	Cost Per Claim	\$125	\$129	\$138	6.6%▲	
	Claims Per 12K Members	24,096	25,078	24,757	-1.3%▼	
Physician Services	PMPM	\$738	\$794	\$839	5.7%▲	
	Cost Per Claim	\$129	\$136	\$134	-1.2%▼	
	Claims Per 12K Members	68,778	70,178	75,056	6.9%▲	

*Beginning SFY2024, Virginia Premier has become part of Sentara.

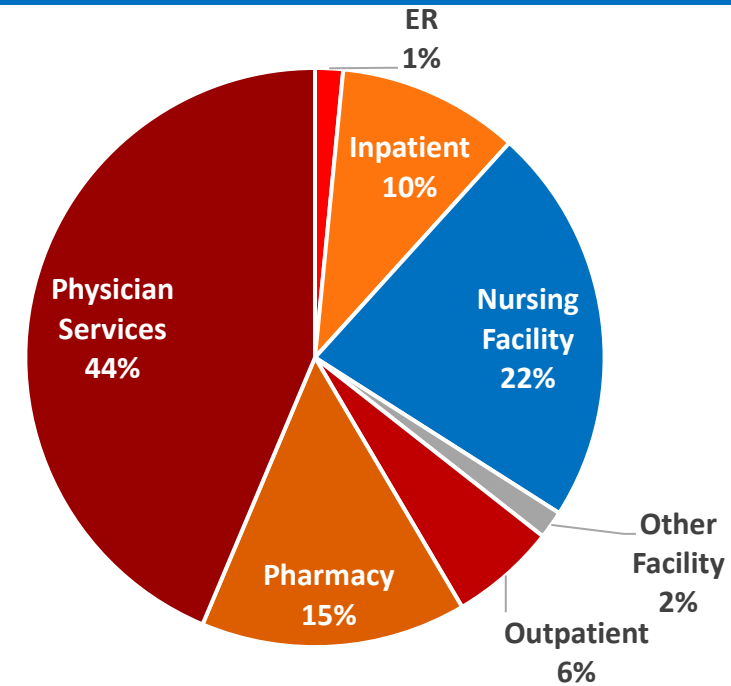
Last Update: 4/3/2024 7:20:07 AM

Cost Category Comparison by Program

Cardinal Care Acute Managed Care Expenses by Category SFY2024



Cardinal Care Complex Managed Care Expenses by Category SFY2024



- No significant changes from SFY2023 ratios
- Physician Services, Pharmacy and Inpatient make up **78%** of Cardinal Care Acute
- Physician Services, Nursing Facility and Pharmacy make up **81%** of Cardinal Care Complex
 - Cardinal Care Acute with 11 percentage points higher Pharmacy
 - Cardinal Care Complex Physician Services 9 percentage points more than Cardinal Care Acute

Cardinal Care Acute PMPM YTD vs Prior YTD

	EOY 2023	YTD 2023	YTD 2024	% Difference YTD 2023 vs YTD 2024
Grand Total	\$309	\$307	\$318▲	4%▲
ER	\$19	\$20	\$21▲	8%▲
In-Patient	\$55	\$56	\$55▼	-1%▼
Nursing Facility	\$0	\$0	\$0▲	217%▲
Other Facility	\$5	\$5	\$5▼	-6%▼
Out-Patient	\$40	\$39	\$44▲	12%▲
Pharmacy	\$80	\$78	\$82▲	5%▲
Physician Services	\$110	\$108	\$110▲	2%▲

*Beginning SFY2024, Virginia Premier has become part of Sentara.

Last Update: 4/3/2024 7:20:07 AM

Cardinal Care Complex PMPM YTD vs Prior YTD

PMPM Comparison				
PMPM	Cost Per Claim	Claims per 1000 Members	<< Back	
Program	Healthplan*	Eligibility Category		
CCCPLUS (MLTSS)	(All)	(All)		
	EOY 2023	YTD 2023	YTD 2024	% Difference YTD 2023 vs YTD 2024
Grand Total	\$1,804	\$1,801	\$1,921▲	7%▲
ER	\$26	\$26	\$30▲	15%▲
In-Patient	\$181	\$180	\$195▲	8%▲
Nursing Facility	\$395	\$396	\$429▲	8%▲
Other Facility	\$32	\$32	\$30▼	-6%▼
Out-Patient	\$105	\$105	\$114▲	9%▲
Pharmacy	\$270	\$267	\$285▲	7%▲
Physician Services	\$794	\$796	\$839▲	5%▲

*Beginning SFY2024, Virginia Premier has become part of Sentara.

Last Update: 4/3/2024 7:20:07 AM

Key Metric Definitions

- Three ingredients give you all three standardized key Metrics
 - Enrollment – Count of members enrolled each month
 - Cost – MCO expenditures on medical and pharmacy claims
 - Claim count – Count of MCO medical and pharmacy claims
- PMPM
 - “Per member per month”
 - Standardized way of looking at cost based on enrollment trends
 - Critical as we have large fluctuations in membership
 - Total Cost divided by Enrollment
- Utilization
 - Annualized metric for assessing volume of claims and services received by membership
 - Total Count of Claims divided by Enrollment (which is divided by 1,000)
- Cost per Claim
 - Average cost of a paid claim
 - Total Cost divided by Total Count of Claims