

# MEDICAID MONITORING REPORT AND MONTANA HELP ACT MEDICAID EXPANSION REPORT

A Report Prepared for the  
Legislative Finance Committee

By  
**Jon Arnold**

September 6-7, 2018



# MEDICAID MONITORING

As part of its interim work plan, the Legislative Finance Committee (LFC) chose to monitor the Medicaid program administered by the Department of Public Health and Human Services (DPHHS) via a report at each committee meeting. This report covers Medicaid benefits only; a subset of total Department of Health and Human Services expenditures. The administrative costs of the state Medicaid program are not included in this report. The state Medicaid program involves appropriations and expenditures by four different DPHHS divisions: Health Resources Division (HRD), Senior and Long-Term Care Division (SLTC), Developmental Services Division (DSD), and Addictive and Mental Disorders Division (AMDD). The Health and Economic Livelihood Partnership Act (HELP Act - Medicaid expansion) is discussed in the second half of this report.

## FY 2018 MEDICAID MONITORING HIGHLIGHTS

- Medicaid general fund expenditures in FY 2018 (including accruals) were \$2.4 million lower than FY 2017 (including prior year adjustment) expenditures (\$275.1 million as compared to \$277.5 million)
- Reversions of unspent Medicaid general fund authority total \$5.1 million
- For FY 2018 state special revenue authority for Medicaid has a balance of \$8.3 million, of which \$4.0 million is due to not using HB 2 authority for hospital utilization fee payments. Another \$1.2 million of this unspent state special authority was specific to HB 618 and nursing facility utilization fees, which was not fully spent as a result of the across-the-board Medicaid rate reductions
- DPHHS shifted about \$4.3 million in general fund Medicaid authority to cover non-Medicaid expenditures in other areas of the agency (child protection services and foster care in the Child and Family Services Division and vocational rehabilitation in the Disability Employment and Transitions Division)
- DPHHS did not utilize any of the \$20.6 million general fund fiscal transfer request the LFC received in March of 2018, leaving that appropriation available for FY 2019
- The rate at which persons are newly enrolling in the HELP Act is slowing. HELP Act enrollment is 96,209 as of July 2018

## FY 2018 MEDICAID FUNDING AND EXPENDITURES

Final FY 2018 Medicaid expenditures for benefits and claims totaled \$1,168.0 million including accruals. Table 1 below contains fiscal-year-end (FYE) 2018 Medicaid expenditures. General fund spending totaled \$275.1 million. For comparison, this is down from \$277.5 for FY 2017. Appropriation changes represent those that occurred during June 2018.

General fund Medicaid expenditures are about \$6.3 million less than the final FY 2018 appropriation. This includes \$1.2 million in biennial funding for the Money Follows the Person (MFP) program which will carry into FY 2019. The remaining \$5.1 million will be reverted back to the general fund including \$5.0 million in unused contingency funding from a \$5.3 million appropriation. Medicaid FYE "actuals" are not considered final as Medicaid providers have one year from the date of service to submit claims for reimbursement. A discussion of FYE 2018 accruals and their effect on estimated expenditures can be found in the appendix. Unused federal authority generally indicates an inability to draw it down as a match for state expenditures.

Table 1: FYE 2018 Medicaid Benefits & Claims Appropriations Compared to DPHHS Expenditures

Division/Fund	FY 2018 Legislative Appropriation <sup>1</sup>	Executive Changes in Legislative Appropriation <sup>2</sup>	FYE 2018 Modified Appropriation	FYE 2018 Expenditures and Accruals <sup>3</sup>	Estimated Expenditures (Over) Under Appropriation	Estimated Balance as a % of Modified Appropriation
<u>10 Developmental Services Div.</u>						
General Fund	\$67,015,005	\$892,057	\$67,907,062	\$67,758,015	\$149,047	0.2%
State Special Revenue	5,960,183	0	5,960,183	5,960,183	0	0.0%
Federal Funds	<u>188,881,592</u>	<u>0</u>	<u>188,881,592</u>	<u>177,185,692</u>	<u>11,695,900</u>	<u>6.2%</u>
Subtotal	261,856,780	892,057	262,748,837	250,903,889	11,844,948	4.5%
<u>11 Health Resources Division</u>						
General Fund	148,563,441	(3,583,889)	144,979,552	139,993,266	4,986,286	3.4%
State Special Revenue	67,602,445	(668,395)	66,934,050	62,038,495	4,895,555	7.2%
Federal Funds	<u>464,188,082</u>	<u>0</u>	<u>464,188,082</u>	<u>404,263,436</u>	<u>59,924,646</u>	<u>12.9%</u>
Subtotal	680,353,968	(4,252,284)	676,101,684	606,295,198	69,806,486	10.3%
<u>22 Senior and Long Term Care</u>						
General Fund	60,579,071	(1,339,697)	59,239,374	58,052,054	1,187,320	2.0%
State Special Revenue	29,760,526	(47,350)	29,713,176	27,138,339	2,574,837	8.7%
Federal Funds	<u>181,747,379</u>	<u>0</u>	<u>181,747,379</u>	<u>170,490,282</u>	<u>11,257,097</u>	<u>6.2%</u>
Subtotal	272,086,976	(1,387,047)	270,699,929	255,680,675	15,019,254	5.5%
<u>33 Addictive and Mental Disorders</u>						
General Fund	9,566,604	(252,066)	9,314,538	9,314,537	1	0.0%
State Special Revenue	8,860,606	336,000	9,196,606	8,375,775	820,831	9.3%
Federal Funds	<u>41,936,972</u>	<u>(1,420,000)</u>	<u>40,516,972</u>	<u>37,428,594</u>	<u>3,088,378</u>	<u>7.4%</u>
Subtotal	\$60,364,182	(\$1,336,066)	\$59,028,116	\$55,118,905	\$3,909,211	6.5%
<u>Grand Total All Medicaid Services</u>						
General Fund	285,724,121	(4,283,595)	281,440,526	275,117,871	6,322,655	2.2%
State Special Revenue	112,183,760	(379,745)	111,804,015	103,512,792	8,291,223	7.4%
Federal Funds	876,754,025	(1,420,000)	875,334,025	789,368,003	85,966,022	9.8%
Grand Total All Funds	\$1,274,661,906	(\$6,083,340)	\$1,268,578,566	\$1,167,998,667	\$100,579,899	7.9%

1 As of May 31, 2018, and reported in the June report to the LFC.

2 Changes in appropriation authority can include: reorganizations, transfers of authority among Medicaid programs, transfers of authority to other DPHHS programs, reallocations of authority between program functions within a division, additions due to budget amendments, and special session changes to HB 2.

3 Expenditures and accruals are based on SABHRS Datamine. Expenditure data are not yet final.

DSD expended 95.5% of their modified HB 2 Medicaid budget including 100.0% of state funds and 93.8% of federal funds. At fiscal year-end, federal funds for Medicaid facilities were only 37.1% expended due in part to the continued decline in the MDC population. Facility reimbursements are tied to the MDC census. The appropriation for facility reimbursements was set prior to the census decline and has resulted in excess federal authority. Children’s mental health services (\$5.0 million) and children’s autism services (\$1.9 million) had the largest remaining federal authority.

HRD expended 89.7% of their total modified HB 2 budget, including 96.6% of the general fund budget. Unspent general fund totaled \$5.0 million in contingency funding. A total of \$4.9 million in state special was unspent including \$4.0 million in hospital utilization fees.

SLTC expended 94.5% of their modified HB 2 budget. Unspent general funds are from MFP. Remaining state special appropriations total \$2.6 million, including \$1.2 million for the nursing home

direct care wage increase from HB 618. Unspent federal authority areas include MFP (\$2.1 million), nursing home IGT (\$5.5 million), and HB 618 direct care wage increase funding (\$2.3 million).

AMDD expended 93.4% of their modified HB 2 Medicaid budget including 100% of the general fund budget and 91.1% of the state special revenue authority, leaving only \$820,831 of the state special authority unused.

## BUDGET CHANGES SINCE JUNE 1

The Medicaid benefits and claims budget was reduced by \$6.1 million during the final month of FY 2018, including \$4.3 million in general funds. Most of the general fund modifications involved two program transfers totaling \$4.0 million. Authority of \$3.0 million from HRD hospital services along with \$1.0 million from nursing homes services at Senior and Long Term Care was moved to Child and Family Services to cover administration costs associated with higher than expected caseloads.

The change in federal appropriation occurred at AMDD and moved \$1.4 million of a federal block grant from Medicaid Mental Health Services to non-Medicaid personal services expenses required to meet federal regulations at the Montana State Hospital.

## FY 2018 GENERAL FUND MEDICAID MODIFICATIONS SUMMARY

In FY 2018 DPHHS established an initial general fund budget for Medicaid of \$304.2 million. Subsequently, the Medicaid general fund appropriation was reduced by \$22.9 million to a final amount of \$281.4 million as of FYE (see Appendix). The table below illustrates the FY 2018 changes made by each division to the general fund Medicaid appropriation.

FY 2018 General Fund Medicaid Appropriation Modifications	
	Transfers into Medicaid or (out of Medicaid)
Developmental Services Division	\$3,392,057
Health Resources Division	(7,973,889)
Senior & Long Term Care Division	(1,339,697)
Addictive & Mental Disorders Division	(252,066)
<b>TOTAL</b>	<b>(\$6,173,595)</b>

SB 261 and the 17-7-140 Governor’s reductions account for \$16.6 million of this total reduction. The remaining \$6.2 million in total reduced appropriation resulted from the department moving authority from Medicaid appropriations to Non-Medicaid appropriations. Appropriation authority in the amount of \$2.6 million was moved from Montana Developmental Center funding, due to the MDC transition, to DSD to cover increased waiver costs, as allowed by HB 639 (2017 Legislature). An additional \$8.7 million was transferred out to non-Medicaid subclasses, including a \$7.4 million transfer from HRD Medicaid hospital services to Child and Family Services and Disability Employment and Transitions Divisions to cover increased caseloads for child protection/foster care and vocational rehabilitation respectively.

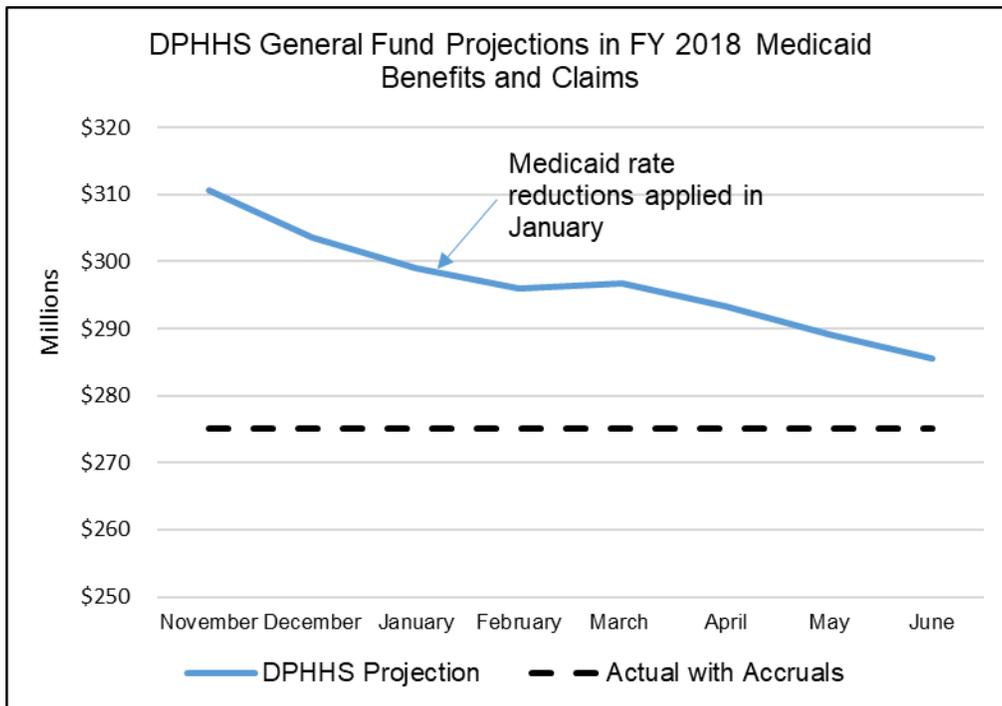
All four DPHHS divisions had general fund appropriation modifications that resulted in reductions greater than 20%. At DSD children’s autism services authority was reduced by over 98%. It should be noted that this used to be a waiver and has only recently been added as a state plan service, and this service has

not yet been fully implemented. DSD reduced the targeted case management appropriation by more than 20% as well. Senior and Long Term Care reduced the appropriations for home based services (74.7%), the Big Sky waiver (23.9%) and CFC benefits (74.7%). HRD (Medicaid acute services and pharmacy) and AMDD (adult mental health) each had just one appropriation see a reduction of more than 20%.

## DPHHS SUPPLEMENTAL FUNDING REQUEST

On March 12, 2018 DPPHS submitted a request to the Legislative Finance Committee for a supplemental fiscal transfer of up to \$20.6 million general fund authority from FY 2019 to FY 2018. Each report to the LFC since that time has monitored the DPHHS projected expenditures which have shown a progressively smaller need for supplemental transfer. The final status of FYE 2018 reverts general fund authority and does not require any transfer of authority from FY 2019. The 2017 legislature authorized \$5.3 million general fund for Medicaid contingency expenditures to be used only after all other general fund authority was expended, \$5.0 million of which was reverted.

The graphic below shows the FY 2018 progression of the expenditure projections provided by DPHHS, compared to the final actual reported for FY 2018. The DPHHS projection and projected surplus/deficit are taken directly from the DPHHS budget status reports. Information for each month corresponds to the month in which each report is received. Accordingly, the information for November is for expenditures through the month of October, info for December is for expenditures through November, etc.



A table with more complete detail regarding the projections from each Division is available in the Appendix at the end of this report.

# MONTANA HELP ACT – MEDICAID EXPANSION

The Health and Economic Livelihood Partnership (HELP) Act of the 2015 Montana Legislature expanded Medicaid in Montana, as allowed by the Patient Protection and Affordable Care Act (ACA). Specifically, this provides Medicaid coverage for adults ages 19-64, with incomes less than 138% of the federal poverty rate for Montana. The implementation of HELP has significantly impacted the budget of the State of Montana. Currently, benefits and claims for the expansion population are matched at a rate of 94% by federal funds (less an adjustment made for continuous eligibility), with a phased-in reduction to an eventual final federal matching rate of 90% (90% federal, 10% state) in 2020 and beyond. The purpose of this report is to provide an up-to-date synopsis of the Medicaid expansion and the financial implications.

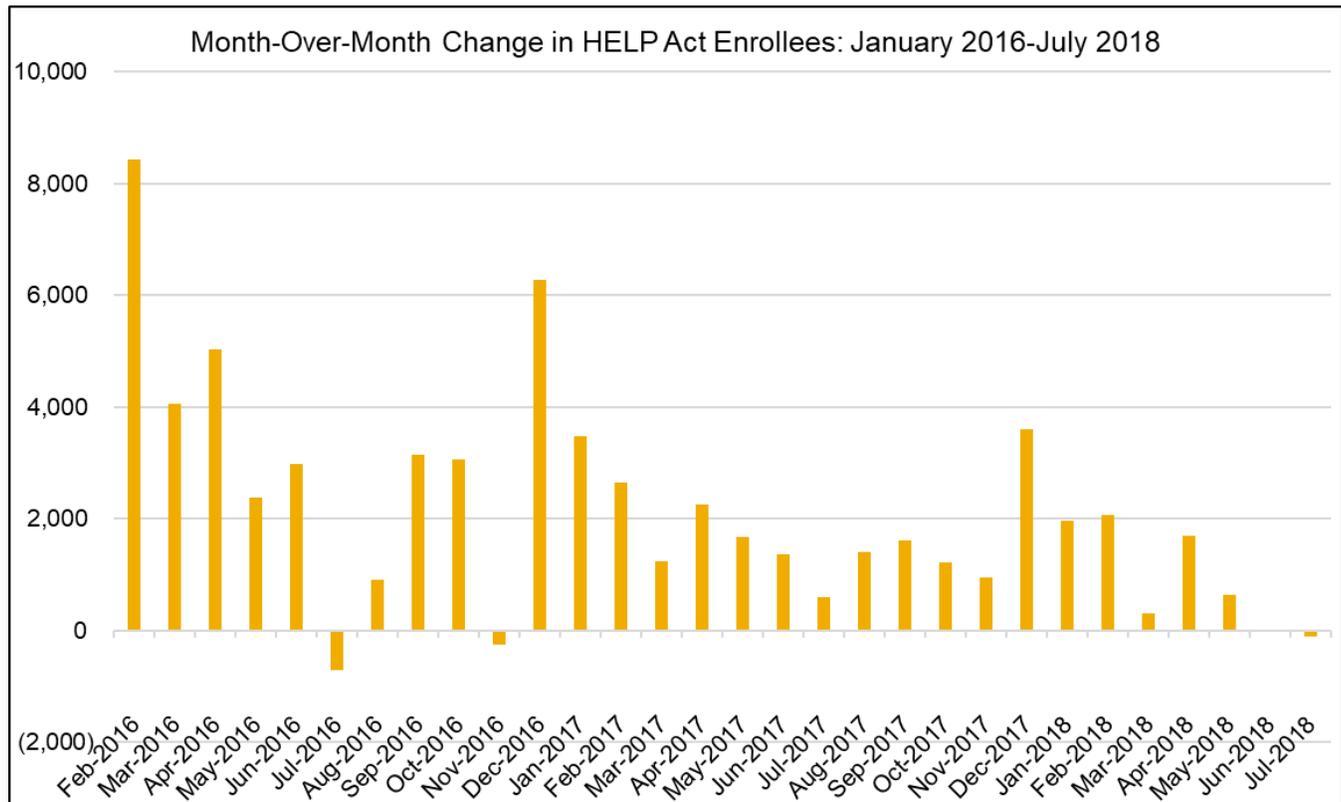
Federal Match Rate		
Calendar Year	Federal Share	State Share
2016	100.0%	0.0%
2017	95.0%	5.0%
2018	94.0%	6.0%
2019	93.0%	7.0%
2020+	90.0%	10.0%

The HELP Act includes a sunset clause that voids the legislation after June 30, 2019. Without action, Medicaid expansion in Montana will cease to exist at that time. A voter initiative (I-185) intended to extend Medicaid expansion and increase the tobacco tax has been submitted and approved by the Secretary of State. Medicaid expansion could be continued through either a voter initiative or legislative action by the 2019 Legislature.

## EXPANSION IMPLEMENTATION STATUS

### Current Enrollment

Nearly one in ten Montanans is enrolled in Medicaid expansion. As of July 2018, DPHHS was reporting a snapshot total of 96,209 individuals covered by Medicaid expansion. This marks just the third time in the history of expansion the snapshot number has gone down. The graph below illustrates HELP Act enrollment since the program was instituted.



# MONTANA HELP ACT OVERSIGHT COMMITTEE

The HELP oversight committee held a conference call on August 7, 2018. Committee members discussed proposed recommendations to the executive. A total of four recommendations were adopted including a recommendation to continue the HELP Act, “beyond its scheduled sunset date and...make sure that, one way or another, the state’s budget has the money to fund the state’s small share of the cost”. For more information please see the 2018 HELP oversight committee annual report.

## FINANCIAL UPDATE

Expenditures for Medicaid benefits experience a lag due to the fact that providers have up to a year to submit a billable claim. The expenditures below reflect all paid claims with a date of service during FY 2018 and any accrual amounts included by DPHHS. In the traditional Medicaid tables presented earlier in this report, only benefits and claims are covered. The HELP Act expenditures presented below show benefits and claims, and administration as these are statutorily appropriated outside of HB 2.

### Expenditures

Fiscal Year 2018 Montana HELP Act Expenditures (Including Accruals)			
	General Fund	Federal Funds	Total
<b>Benefits &amp; Claims</b>			
Health Resources Division	\$29,114,779	\$612,240,914	\$641,355,693
Senior & Long Term Care	433,960	8,567,275	9,001,235
Addictive & Mental Disorders	<u>2,541,429</u>	<u>42,538,235</u>	<u>45,079,664</u>
	32,090,168	663,346,424	695,436,592
<b>Administration</b>			
Personal Services	324,043	350,125	674,167
Operating Expenses	<u>7,308,198</u>	<u>5,979,879</u>	<u>13,288,077</u>
	7,632,241	6,330,003	13,962,244
<b>Total</b>	<b>\$39,722,409</b>	<b>\$669,676,427</b>	<b>\$709,398,836</b>

## OTHER INTERACTIONS

### Department of Labor and Industry (DLI) HELP-Link – Financial Update

The Department of Labor and Industry was appropriated state special revenue of approximately \$885,400 for FY 2018 in HB 2 to provide workforce activities included in the HELP Act. Through the end of FY 2018, DLI had expended almost its entire budget (\$885,398). This includes approximately \$309,000 in personal services, \$63,000 in operating expenses, and \$514,000 in grants.

### HELP-Link Participation

Every HELP enrollee receives information about HELP-Link services. The first step in HELP-Link participation is completing the HELP-Link survey. The survey is available online and at all job service locations. As of August 2, 2018, 12,446 HELP clients had completed the survey. According to the department, 8,000 survey completers have received some form of employment services from DLI.

In order to become an official HELP-Link participant, a survey completer must make an in-person visit to a job service office.

Medicaid Clients and DLI	
HELP -Link Survey Completers	12,446
DLI Clients	25,908
Workforce Disenrollment Exemption	5,151
HELP-Link Participants	3,041
Source: MT DLI on 8/2/2018. Total since 01/01/2016. DLI Clients are people w ho have received staff-assisted services from MT DLI w hile on Medicaid. This includes HELP Link, RESEA, WIOA, 100% appointments, Wagner-Peyser services, apprenticeships, etc.	

All participants receive two basic services when they visit a job service office, an individualized employment plan and workforce/labor market information services. These two services are required for HELP-Link enrollment. Information gathered by job service staff and the participant, including the HELP-Link survey, labor market information (including job openings and in-demand jobs in the state) and other services are used to develop an individualized employment plan. This process is what the department considers one-on-one intensive service.

Many HELP participants use DLI services other than the HELP-Link program. A breakdown of services provided to all Medicaid DLI clients is provided in the table below.

Participation in Workforce Training Programs by State Fiscal year for Montana Medicaid Populations				
	SFY2016 (6 months)	SFY 2017	SFY 2018	Total
MTDLI Montana Medicaid Clients	4,609	12,664	19,396	25,244
HELP-Link Clients	620	1,942	1,687	2,966
HELP-Link Clients that received training assistance	82	400	400	597
HELP-Link Clients that Completed Training	65	192	213	411
Other Federally-Funded Workforce Programs				
Registered Apprenticeship	147	245	238	280
RESEA	681	1,484	1,421	2,167
WIOA	734	12,387	1,156	1,617
100% Appointment	695	1,682	1,503	2,488
Wagner – Peyser	3,633	11,511	18,538	23,613
Other	1,203	1,694	1,539	2,139

Source: DLI HELP-Link Program Update July 2018

Note: Table only includes individuals in eligible types of Montana Medicaid. Clients can be co-enrolled in programs.

## I-185

A voter initiative has been approved by the Montana Secretary of State, and will appear on the November general election ballot, that would eliminate the sunset date of the HELP Act as passed in the 2015 Legislature. The initiative would increase tobacco taxes by \$2.00 per pack of cigarettes. It also raises the tax on moist snuff by \$2.00 per can and all other tobacco products, including e-cigarettes and vaping products would see a 33% increase. The increased revenue would be dedicated to health programs including Medicaid expansion, veterans' services, smoking prevention and cessation, and long-term care services for senior and disabled persons. The initiative caps the revenue dedicated to Medicaid expansion at \$26 million per year.

A legal review of I-185 was conducted by Legislative Services Division (LSD) and it was noted that the initiative would lead to the appropriation of continued funding for Medicaid Expansion. The Montana Constitution prohibits the enactment of appropriations by voters through ballot initiatives and the LSD legal review stated that no case law exists in regard to the extension of a statutory appropriation by initiative.

A copy of the ballot language for I-185 is available on the Montana Secretary of State's webpage: <http://sos.mt.gov/Portals/142/Elections/archives/2010s/2018/I-185.pdf?dt=1528306937871>.

# APPENDIX

FY 2018 General Fund Medicaid Appropriation								
	Budget as Originally Established <sup>1</sup>	SB 261 Reductions	17-7-140 Reductions <sup>2</sup>	Executive Budget Modifications <sup>3</sup>	Transfers into / (out of) Medicaid <sup>4</sup>	Other Modifications	FYE 2018 Expenditures With Accruals	Estimated Expenditures (Over)/Under Appropriation
<b>Developmental Services Division</b>								
Childrens Mental Health	\$31,725,296	(\$2,383,660)	(\$703,501)	\$935,000		\$600	\$29,573,702	\$33
Childrens Autism	1,036,200			(935,000)		(85,470)	15,348	382
Mental Health Waivers (RST)					2,491,000		2,491,000	0
Targeted Case Management	1,677,947		(438,632)		102,000		1,340,626	689
DD Waivers	<u>33,601,355</u>					<u>883,927</u>	<u>34,337,339</u>	<u>147,943</u>
Total	68,040,798	(2,383,660)	(1,142,133)	0	2,593,000	799,057	67,758,015	149,047
<b>Health Resources Division</b>								
Caseload Contingency (RST)	5,300,000						320,000	4,980,000
Acute Services & Pharmacy	63,635,039		(1,577,215)	(11,253,777)			50,798,770	5,277
Medicare Buy-in	11,923,411			1,950,751			13,874,160	2
Hospital Services	68,508,854	(2,805,022)	(2,689,866)	(650,751)	(7,420,000)	(322,466)	54,619,747	1,002
Clinical Services	8,750,498			236,065		(97,134)	8,889,427	2
Member Services	2,413,752		(724,164)	1,044,182		(126,898)	2,606,870	2
Managed Care Benefit	<u>390,753</u>		<u>(172,599)</u>	<u>8,673,530</u>		<u>(7,391)</u>	<u>8,884,291</u>	<u>2</u>
Total	160,922,307	(2,805,022)	(5,163,844)	0	(7,420,000)	(553,889)	139,993,266	4,986,286
<b>Senior &amp; Long Term Care Division</b>								
Community First Choice (CFC)	1,397,870					(223,744)	1,174,124	2
Personal Assistance	88,951						88,463	488
Nursing Home Direct Care Wage (DCW)	2,382,085						2,382,084	1
Waiver DCW	181,629						181,627	2
Home & Comm. Based Services DCW	31,963						31,963	0
Home Based Services	2,734,267		(206,383)	(1,700,000)		(4,331)	823,552	1
CFC DCW (RST)	638,234			(114,285)			523,949	0
CFC Benefits	5,535,612		(463,865)	4,600,285			9,671,417	615
Nursing Home	34,964,563	(1,524,233)			(1,000,000)	(107,849)	32,332,480	1
MFP Benefits (Bien)	1,304,049						117,841	1,186,208
Waiver	<u>14,086,059</u>		<u>(571,730)</u>	<u>(2,786,000)</u>		<u>(3,773)</u>	<u>10,724,554</u>	<u>2</u>
Total	63,345,282	(1,524,233)	(1,241,978)	0	(1,000,000)	(339,697)	58,052,054	1,187,320
<b>Addictive &amp; Mental Disorders Division</b>								
Adult Mental Health	11,906,161	(1,353,802)	(985,755)			(252,066)	9,314,537	1
<b>TOTAL</b>	<b>\$304,214,548</b>	<b>(\$8,066,717)</b>	<b>(\$8,533,710)</b>	<b>\$0</b>	<b>(\$5,827,000)</b>	<b>(\$346,595)</b>	<b>\$275,117,871</b>	<b>\$6,322,655</b>
FY 2018 General Fund Reversion <sup>5</sup>								5,136,447
1 Budget as established by DPHHS.								
2 As entered in SABHRS.								
3 Total amount of Medicaid appropriation moved from one subclass to another within each Medicaid division.								
4 Total appropriation moved between Medicaid and Non-Medicaid subclasses. Some within the same division.								
5 Does not include MFP biennial appropriation.								

## ACCRUALS

Medicaid providers have one year from the date of providing a service to file a claim. DPHHS always includes an accrual to cover program year expenses that are not billed until the following year. The majority of claims are billed and paid during the fiscal year in which services occur, however, some services provided in FY 2018 will be billed during FY 2019. The table below shows FY 2018 accruals. The amounts represent what DPHHS expects to use to cover claims from FY 2018 in FY 2019.

The amounts shown below are included in the totals in Table 1 on p 3. They are split out here only as a reference for legislators to understand that some of those actuals are still based on an estimate.

Medicaid FY2018 Accruals by Division and Fund Type				
DPHHS Division	General Fund	State Special	Federal Special	Total
Developmental Services Division	\$3,791,074		\$10,558,632	\$14,349,706
Health Resources Division	22,867,770	1,231,000	62,646,555	86,745,326
Senor & Long Term care	4,140,148	3,154,463	14,592,022	21,886,632
Addictive and Mental Disorders Division	1,127,169	725,678	4,233,981	6,086,828
<b>Total Medicaid Accruals</b>	<b>\$31,926,161</b>	<b>\$5,111,141</b>	<b>\$92,031,190</b>	<b>\$129,068,492</b>

Source: SABHRS

The \$30.1 million accrued in general funds represent just 11.6% of expected FY 2018 expenditures for benefits and claims. Again, this exemplifies that the majority of claims are billed during the fiscal year in which services are provided. Further analysis shows that most of the accruals are used to cover services provided near the end of the fiscal year, too late to be billed during the year in which services were provided.

Accruals can significantly alter the expenditure amounts used for FYE reporting purposes. The FYE 2017 Medicaid Monitoring Report listed general fund Medicaid expenditures totaling \$288.5 million including accruals (<https://leg.mt.gov/content/Publications/fiscal/interim/Oct-2017/Medicaid-Report.pdf>). As of August, 2018 DPHHS is showing FY 2017 actuals of \$275.1 million. Accordingly, the FYE 2017 BSR contained \$11.9 million in Medicaid accruals that was ultimately not spent. This amounted to a 4.3% increase in estimated FY 2017 expenditures at the time the FYE 2017 BSR was published.

## DPHHS PROJECTIONS

Each month of the fiscal year, beginning in November, DPHHS provides a budget status report that reflects the appropriation, actual expenditures and projected expenditures. The table below reflects the projections for each Medicaid division as compared to the FYE actuals.

DPHHS General Fund FY 2018 BSR Projections - Medicaid Benefits and Claims								
	November	December	January	February	March	April	May	June
<b>DSD</b>								
DPHHS Projection	\$71,338,836	\$69,461,644	\$69,166,817	\$68,727,888	\$69,159,693	\$69,231,771	\$68,317,748	\$68,104,694
Projected Surplus/ (Deficit)	(5,681,698)	(4,946,639)	(4,651,812)	(4,212,883)	(4,644,688)	(2,216,766)	(1,302,743)	(1,089,689)
Projection - FY 18 Actual*	3,580,821	1,703,629	1,408,802	969,873	1,401,678	1,473,756	559,733	346,679
% Over/Under FY 18 Actual	5.28%	2.51%	2.08%	1.43%	2.07%	2.18%	0.83%	0.51%
<b>HRD</b>								
DPHHS Projection	161,423,621	158,987,249	155,284,313	155,175,911	155,642,123	154,309,647	152,911,790	150,094,329
Projected Surplus/ (Deficit)	(3,306,336)	(6,033,808)	(2,330,872)	(2,222,470)	(2,688,682)	(1,356,206)	(2,588,349)	(1,530,888)
Projection - FY 18 Actual	21,430,355	18,993,983	15,291,047	15,182,645	15,648,857	14,316,381	12,918,524	10,101,063
% Over/Under FY 18 Actual	15.31%	13.57%	10.92%	10.85%	11.18%	10.23%	9.23%	7.22%
<b>SLTC</b>								
DPHHS Projection	65,967,627	64,472,914	63,829,519	62,518,727	62,151,848	60,468,363	58,643,652	58,220,858
Projected Surplus/ (Deficit)	(9,884,628)	(3,893,843)	(3,250,448)	(1,939,656)	(1,572,777)	110,708	1,935,419	2,358,213
Projection - FY 18 Actual	7,915,573	6,420,860	5,777,465	4,466,673	4,099,794	2,416,309	591,598	168,804
% Over/Under FY 18 Actual	13.64%	11.06%	9.95%	7.69%	7.06%	4.16%	1.02%	0.29%
<b>AMDD</b>								
DPHHS Projection	11,884,185	10,648,974	10,681,826	9,618,726	9,696,351	9,334,229	9,212,366	9,075,624
Projected Surplus/ (Deficit)	(2,269,578)	(1,082,370)	(1,115,222)	(52,122)	(129,747)	232,375	354,238	490,980
Projection - FY 18 Actual	2,569,647	1,334,436	1,367,288	304,188	381,813	19,691	(102,172)	(238,914)
% Over/Under FY 18 Actual	27.59%	14.33%	14.68%	3.27%	4.10%	0.21%	-1.10%	-2.56%
<b>Total</b>								
DPHHS Projection	310,614,269	303,570,781	298,962,475	296,041,252	296,650,015	293,344,010	289,085,556	285,495,505
Projected Surplus/ (Deficit)	(21,142,240)	(15,956,660)	(11,348,354)	(8,427,131)	(9,035,894)	(3,229,889)	(1,601,435)	228,616
Projection - FY 18 Actual	35,496,397	28,452,909	23,844,603	20,923,380	21,532,143	18,226,138	13,967,684	10,377,633
% Over/Under FY 18 Actual	12.90%	10.34%	8.67%	7.61%	7.83%	6.62%	5.08%	3.77%

Source: DPHHS Budget Status Reports  
\*Actuals include accruals that are still estimates at this point in the fiscal cycle

# HELP ANNUAL ENROLLMENT

The below graph includes three trend lines, one for calendar year 2016, 2017, and 2018 (7 months). These trend lines illustrate the enrollment growth rate for the HELP Act has slowed each calendar year since the HELP act was implemented. In addition, the growth rate has essentially been flat since May of 2018.

