



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

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August 25, 2016

MEMORANDUM

TO: The Honorable Thomas K. Norment, Jr.
Co-Chairman, Senate Finance Committee

The Honorable Emmett W. Hanger, Jr.
Co-Chairman, Senate Finance Committee

The Honorable S. Chris Jones
Chairman, House Appropriations Committee

Daniel Timberlake
Director, Department of Planning and Budget

FROM: Cynthia B. Jones 
Director, Virginia Department of Medical Assistance Services

SUBJECT: Monthly Report on Medicaid Expenditures for July State Fiscal Year 2017
due August 20, 2016

This monthly report is submitted in compliance with Item 310.B of the 2016 Appropriation Act which states:

B. The Department of Medical Assistance Services shall submit monthly expenditure reports of the Medicaid program by service. The report for the month at the end of each quarter shall compare expenditures to the official Medicaid forecast, adjusted to reflect budget actions from each General Assembly Session. The monthly report shall be submitted to the Department of Planning and Budget and the Chairmen of the House Appropriations and Senate Finance Committees within 20 days after the end of each month and the quarterly report shall be submitted within 30 days after the end of the quarter.

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

CBJ/

Enclosure

pc: The Honorable William A. Hazel, Jr., MD, Secretary of Health and Human Resources

Department of Medical Assistance Services
Summary Report on Medicaid and CHIP Expenditures -- July, FY2017

| | Official | Funding | Final | Funded | July | July | FY % Change | Balance Remaining | |
|--|------------------------|-----------------------|------------------------|-----------|----------------------|----------------------|-------------|------------------------|--------------|
| | Forecast | Adjustments | Appropriation | Growth | FY2016 | FY2017 | | Amount | % |
| Medicaid | | | | | | | | | |
| General Medical Care: MCOs | 3,386,152,613 | 0 | 3,386,152,613 | 7% | 259,904,345 | 277,108,951 | 7% | 3,109,043,662 | 92% |
| Capitation Payments: Low-Income Adults & Children | 1,785,652,436 | 0 | 1,785,652,436 | 5% | 133,753,951 | 139,247,826 | 4% | 1,646,404,610 | 92.2% |
| Capitation Payments: Aged, Blind & Disabled | 1,367,583,656 | | 1,367,583,656 | 3% | 102,094,534 | 111,260,734 | 9% | 1,256,322,922 | 92% |
| Capitation Payments: Duals/CCC Program | 322,916,521 | | 322,916,521 | 4% | 24,055,860 | 26,600,391 | 11% | 296,316,130 | 92% |
| MCO Pharmacy Rebates | (90,000,000) | | (90,000,000) | -43% | 0 | 0 | | (90,000,000) | 100% |
| General Medical Care: Fee-For-Service | 1,653,620,705 | (34,991,533) | 1,618,629,172 | -1% | 115,177,442 | 190,908,658 | 66% | 1,427,720,514 | 88% |
| Inpatient Hospital | 395,899,250 | (15,359,619) | 380,539,631 | -6% | 48,214,158 | 48,269,081 | 0% | 332,270,550 | 87.3% |
| Outpatient Hospital | 106,315,722 | 0 | 106,315,722 | -3% | 11,853,630 | 13,038,313 | 10% | 93,277,409 | 88% |
| Physician/Practitioner Services | 121,181,199 | 654,682 | 121,835,881 | -6% | 15,093,032 | 14,376,639 | -5% | 107,459,242 | 88% |
| Clinic Services | 80,831,876 | 0 | 80,831,876 | -2% | 12,960,182 | 23,035,949 | 78% | 57,795,927 | 71.5% |
| Pharmacy | 132,801,769 | 0 | 132,801,769 | 22% | 11,549,811 | 13,231,836 | 15% | 119,569,933 | 90% |
| FFS Pharmacy Rebates | (71,981,526) | 0 | (71,981,526) | 50% | (71,952,584) | 0 | -100% | (71,981,526) | 100% |
| Medicare Premiums Part A & B | 298,799,637 | 0 | 298,799,637 | 9% | 21,389,880 | 24,553,243 | 15% | 274,246,394 | 92% |
| Medicare Premiums Part D | 221,324,939 | 0 | 221,324,939 | 1% | 31,943,754 | 18,129,347 | -43% | 203,195,592 | 92% |
| Dental | 161,320,268 | (19,438,023) | 141,882,245 | -8% | 16,560,337 | 17,210,109 | 4% | 124,672,136 | 88% |
| Transportation | 89,322,047 | 0 | 89,322,047 | -2% | 6,647,370 | 7,602,756 | 14% | 81,719,291 | 91% |
| All Other | 117,805,524 | (848,573) | 116,956,951 | 15% | 10,917,872 | 11,461,385 | 5% | 105,495,566 | 90% |
| Behavioral Health & Rehabilitative Services | 787,680,604 | 11,844,542 | 799,525,146 | 9% | 77,133,199 | 91,156,461 | 18% | 708,368,685 | 89% |
| MH Case Management | 81,116,766 | 0 | 81,116,766 | -5% | 9,372,796 | 10,161,219 | 8% | 70,955,547 | 87% |
| MH Residential Services | 30,456,560 | 0 | 30,456,560 | 16% | 2,120,798 | 13,796,536 | 551% | 16,660,024 | 55% |
| MH Rehabilitative Services | 569,646,456 | 11,844,542 | 581,490,998 | 10% | 54,774,782 | 54,307,744 | -1% | 527,183,254 | 91% |
| Early Intervention & EPSDT-Authorized Services | 106,460,822 | 0 | 106,460,822 | 9% | 10,864,823 | 12,890,962 | 19% | 93,569,860 | 88% |
| Long-Term Care Services | 2,657,021,501 | 12,265,298 | 2,669,286,799 | 6% | 250,948,192 | 264,133,417 | 5% | 2,405,153,382 | 90.1% |
| Nursing Facility | 807,560,364 | 900,000 | 808,460,364 | 3% | 73,073,672 | 75,936,961 | 4% | 732,523,403 | 90.6% |
| Private ICF/MRs | 115,189,955 | 0 | 115,189,955 | 9% | 12,534,183 | 10,113,913 | -19% | 105,076,042 | 91% |
| PACE | 66,459,905 | 0 | 66,459,905 | 8% | 6,556,493 | 5,793,154 | -12% | 60,666,751 | 91% |
| HCBC Waivers: Personal Support | 835,149,095 | (30,266,744) | 804,882,351 | 3% | 78,483,832 | 89,074,331 | 13% | 715,808,020 | 89% |
| HCBC Waivers: Habilitation | 680,747,025 | 39,146,502 | 719,893,527 | 11% | 66,647,756 | 68,250,241 | 2% | 651,643,286 | 91% |
| HCBC Waivers: Nursing, EM/AT, Adult Day Care, Alzheimers | 87,287,778 | 2,485,540 | 89,773,318 | 49% | 6,547,616 | 7,494,318 | 14% | 82,279,000 | 92% |
| HCBC Waivers: Case Management & Support | 64,627,379 | 0 | 64,627,379 | -8% | 7,104,640 | 7,470,499 | 5% | 57,156,880 | 88% |
| Indigent Care | 516,170,712 | | 516,170,712 | -4% | 72,934,728 | 124,477,573 | 71% | 391,693,139 | 76% |
| Total Medicaid Expenditures | \$9,000,646,137 | (\$10,881,693) | \$8,989,764,442 | 5% | \$776,097,906 | \$947,785,060 | 22% | \$8,041,979,382 | 89.5% |
| Mental Health Services CSA | | 71,713,945 | 71,713,945 | -20% | 10,468,091 | 6,300,289 | -40% | 65,413,656 | 91% |
| Federal Funds | | 43,187,748 | 43,187,748 | -3% | 5,234,046 | 3,150,145 | -40% | 40,037,604 | 93% |
| State Funds | | 28,526,197 | 28,526,197 | -36% | 5,234,046 | 3,150,145 | -40% | 25,376,053 | 89% |
| MHMR Facility Reimbursements (45607) | 151,698,269 | (17,008,121) | 134,690,148 | -28% | 15,098,488 | 11,499,486 | -24% | 123,190,662 | 91.5% |
| Federal Funds | 75,849,135 | (12,504,061) | 63,345,074 | -37% | 7,549,244 | 5,749,713 | -24% | 57,595,361 | 90.9% |
| State Funds | 75,849,135 | (4,504,061) | 71,345,074 | -17% | 7,549,244 | 5,749,743 | -24% | 65,595,331 | 91.9% |
| Total Medicaid Program (456) | \$9,152,344,406 | \$43,824,131 | \$9,196,168,535 | 4% | \$801,664,485 | \$965,584,835 | 20% | \$8,230,583,700 | 89.5% |
| Federal Funds | 4,314,572,995 | 17,729,666 | 4,332,302,661 | 1% | 386,862,463 | 483,129,251 | 25% | 3,849,173,410 | 88.8% |
| Special Funds | 346,848,632 | 18,236,320 | 365,084,952 | -3% | | (31,190,222) | | 396,275,174 | 108.5% |
| State Funds | 4,490,922,781 | 7,858,145 | 4,498,780,926 | 8% | 414,802,021 | 451,345,608 | 9% | 4,047,435,318 | 90.0% |
| CHIP | | | | | | | | | |
| FAMIS Expenditures (446) | 143,450,335 | (2,030,669) | 141,419,666 | -2% | 14,274,205 | 14,984,527 | | 126,435,139 | 89% |
| Federal Funds | 126,236,295 | (1,651,265) | 124,585,030 | 4% | 9,637,260 | 13,412,153 | 39% | 111,172,877 | 89% |
| Special Funds | 14,065,627 | 0 | 14,065,627 | 0% | | (321) | | 14,065,948 | 100% |
| State Funds | 3,148,413 | (379,404) | 2,769,009 | -75% | 4,636,945 | 1,572,695 | -66% | 1,196,314 | 43% |
| M-CHIP Expenditures (466) | 133,564,066 | (2,675,115) | 130,888,951 | 17% | 12,528,441 | 14,294,557 | | 116,594,394 | 89% |
| Federal Funds | 117,536,378 | (2,217,033) | 115,319,345 | 0 | 8,465,859 | 12,813,157 | 51% | 102,506,188 | 89% |
| State Funds | 16,027,688 | (458,082) | 15,569,606 | (0) | 4,062,582 | 1,481,400 | -64% | 14,088,206 | 90% |