

Department of Planning and Budget

DANIEL S. TIMBERLAKE Director 1111 E. Broad Street Room 5040 Richmond, VA 23219-1922

November 1, 2017

The Honorable Thomas K. Norment, Jr. Co-Chairman, Finance Committee Senate of Virginia
Post Office Box 6205
Williamsburg, Virginia 23188

The Honorable Emmett W. Hanger, Jr. Co-Chairman, Finance Committee Senate of Virginia
Post Office Box 2
Mount Solon, Virginia 22843-0002

The Honorable Stephen D. Newman Chairman, Education and Health Committee Senate of Virginia Post Office Box 480 Forest, Virginia 24551

Dear Senators Norment, Hanger, and Newman:

Pursuant to Item 310, Paragraph A., Chapter 836, 2017 Acts of Assembly, please find enclosed the official consensus forecast of Virginia General Medicaid, Behavioral Health, and Long-Term Care expenditures through fiscal year 2020. Please note that the current estimates for Medicare Part A and B premiums are subject to change upon the release of the official rates by the Centers for Medicare and Medicaid Services. These rates are not yet available; therefore, this forecast uses proxy rates.

As you are aware, as of this date, Congress has not passed a budget to support continuation of the federal Children's Health Insurance Program (CHIP). In Virginia, the federal CHIP funds support 88 percent of the total cost of Virginia's CHIP program. Virginia's program currently serves three populations of Virginians – the FAMIS Moms, FAMIS, and MCHIP. According to the Department of Medical Assistance Services (DMAS), Virginia is expected to deplete the federal funds that support this program by January 31, 2018.

At that time, services to the discretionary recipients, FAMIS Moms and FAMIS, would be discontinued unless additional state and/or federal support is provided. DMAS has determined that services to the third group of recipients, MCHIP, would however, be mandated and must be continued under current federal law. DMAS has concluded that these costs would be added to the Medicaid program if the federal CHIP funding is not continued.

The Honorable Thomas K. Norment, Jr. The Honorable Emmett W. Hanger, Jr. The Honorable Stephen D. Newman November 1, 2017
Page 2

If federal CHIP funding is not continued at the current rate, the federal match for the mandated services under MCHIP would drop from the 88 percent level under the federal CHIP program to the 50 percent level in the Medicaid program as coverage of services for these children is transferred into the Medicaid program. A separate estimate of potential Medicaid costs associated with the continuation of services for the mandated MCHIP population has been included for your information.

While it is too soon to know what Congress will do and if further state action will be necessary, I wanted to provide this information to give you a full picture of the potential Medicaid costs based on what is currently authorized under federal law.

If you have any questions or concerns about this information, please let me know.

Sincerely,

Daniel S. Timberlake

Enclosure

c: The Honorable Richard D. Brown The Honorable William A. Hazel, Jr., M.D.

Mr. Mike Tweedy

Official Consensus Medicaid Forecast

	FY 2018	FY 2019	FY 2020
	Consensus Forecast	Consensus Forecast	Consensus Forecast
General Medical Care (45609)	7,414,014,680	8,774,604,430	9,217,364,751
Managed Care	7,414,014,000	3111110011100	0,211,004,101
Capitation Payments: Low-Income Adults & Children	1,859,109,315	2,182,518,956	2,363,750,025
Capitation Payments: Aged, Blind & Disabled	813,188,476	101,674,781	108,626,651
Capitation Payments: Duals/CCC Program	171,360,390	7,174,312	0
Capitation Payments: CCC+ Program	2,397,197,565	4,512,804,171	4,731,577,445
MCO Pharmacy Rebates	(171,567,154)	(199,785,756)	(199,785,756)
Fee-For-Service	(17.1,001,10.1)	(100), 50, 100)	(100,100,100)
Inpatient Hospital	306,260,026	197,396,874	194,304,008
Indigent Care Payments	774,922,018	752,452,714	756,128,956
Outpatient Hospital	104,911,871	94,892,422	95,960,036
Physician/Practitioner Services	97,321,394	57,671,193	55,958,613
Clinic Services	105,653,940	99,813,401	102,519,708
Pharmacy	82,889,895	67,613,092	69,298,083
FFS Pharmacy Rebates	(49,719,363)	(22,066,987)	(22,066,987)
Medicare Premiums Part A & B	323,262,401	334,777,263	355,482,080
Medicare Premiums Part D	253,255,738	266,246,732	284,774,503
Dental	163,252,874	162,954,135	164,795,910
Transportation	76,530,248	61,992,801	59,927,446
All Other	106,185,045	96,474,325	96,114,026
Behavioral Health & Rehabilitative Services (45608)	671,487,348	142,297,520	28,629,451
MH Case Management	62,749,621	11,328,040	855,965
MH Residential Services	19,548,589	5,986,587	510,669
MH Rehabilitative Services	496,160,371	105,790,257	25.617.115
Early Intervention & EPSDT-Authorized Services	93,028,766	19,192,636	1,645,501
Long-Term Care Services (45610)	1,764,573,692	1,188,419,866	1,212,847,765
Nursing Facility	332,693,019	16,182,731	16,675,191
Private ICF/MRs	115,045,157	119,428,031	124,995,633
PACE	63,965,488	64,214,132	64,048,724
HCBC Waivers: Personal Support	370,092,439	111,104,329	118,121,655
HCBC Waivers: Habilitation	773,446,612	790,231,492	801,347,821
HCBC Waivers: Case Management & Support	68,108,984	85,049,601	65,738,056
HCBC Waivers: Nursing, EM/AT, Adult Day Care, Alzheimers	41,221,994	22,209,551	21,920,686
Contracts (49601)	60,349,592	53,879,420	49,034,853
Total Medicaid - DMAS	9,910,425,311	10,159,201,236	10,507,876,819
State Funds	5,003,374,986	5,116,079,037	5,301,050,295
Federal Funds	4,907,050,325	5,043,122,199	5,206,826,524
TOTAL Funds	9,910,425,311	10,159,201,236	10,507,876,819

INFORMATIONAL ONLY

DMAS Estimates of potential additional costs if MCHIP recipients are required to move to Medicaid coverage

	FY 2018	FY 2019	FY 2020
MCHIP	69,428,037	172,181,781	62,036,255
State Funds	34,714,019	79,026,077	81,595,460
Federal Funds	34,714,019	79,026,077	81,595,460
TOTAL Funds	69,428,037	158,052,153	163,190,920



Department of Planning and Budget

DANIEL S. TIMBERLAKE Director

FAX (804) 225-3291

1111 E. Broad Street Room 5040 Richmond, VA 23219-1922

November 1, 2017

The Honorable S. Chris Jones Chairman, Appropriations Committee Virginia House of Delegates Post Office Box 5059 Suffolk, Virginia 23435-0059

The Honorable Robert D. Orrock, Sr., Chairman, Health, Welfare, and Institutions Committee Virginia House of Delegates Post Office Box 458 Thornburg, Virginia 22565

Dear Delegates Jones and Orrock:

Pursuant to Item 310, Paragraph A., Chapter 836, 2017 Acts of Assembly, please find enclosed the official consensus forecast of Virginia General Medicaid, Behavioral Health, and Long-Term Care expenditures through fiscal year 2020. Please note that the current estimates for Medicare Part A and B premiums are subject to change upon the release of the official rates by the Centers for Medicare and Medicaid Services. These rates are not yet available; therefore, this forecast uses proxy rates.

As you are aware, as of this date, Congress has not passed a budget to support continuation of the federal Children's Health Insurance Program (CHIP). In Virginia, the federal CHIP funds support 88 percent of the total cost of Virginia's CHIP program. Virginia's program currently serves three populations of Virginians – the FAMIS Moms, FAMIS, and MCHIP. According to the Department of Medical Assistance Services (DMAS), Virginia is expected to deplete the federal funds that support this program by January 31, 2018.

At that time, services to the discretionary recipients, FAMIS Moms and FAMIS, would be discontinued unless additional state and/or federal support is provided. DMAS has determined that services to the third group of recipients, MCHIP, would however, be mandated and must be continued under current federal law. DMAS has concluded that these costs would be added to the Medicaid program if the federal CHIP funding is not continued.

The Honorable S. Chris Jones The Honorable Robert D. Orrock, Sr. November 1, 2017 Page 2

If federal CHIP funding is not continued at the current rate, the federal match for the mandated services under MCHIP would drop from the 88 percent level under the federal CHIP program to the 50 percent level in the Medicaid program as coverage of services for these children is transferred into the Medicaid program. A separate estimate of potential Medicaid costs associated with the continuation of services for the mandated MCHIP population has been included for your information.

While it is too soon to know what Congress will do and if further state action will be necessary, I wanted to provide this information to give you a full picture of the potential Medicaid costs based on what is currently authorized under federal law.

If you have any questions or concerns about this information, please let me know.

Sincerely,

Daniel S. Timberlake

Enclosure

c: The Honorable Richard D. Brown The Honorable William A. Hazel, Jr., M.D.

Mr. Robert Vaughn

Official Consensus Medicaid Forecast

	FY 2018	FY 2019	FY 2020
	Consensus Forecast	Consensus Forecast	Consensus Forecast
General Medical Care (45609)	7,414,014,680	8,774,604,430	9,217,364,751
Managed Care	.,,,	5,111,001,100	0,211,001,101
Capitation Payments: Low-Income Adults & Children	1,859,109,315	2,182,518,956	2,363,750,025
Capitation Payments: Aged, Blind & Disabled	813,188,476	101,674,781	108,626,651
Capitation Payments: Duals/CCC Program	171,360,390	7,174,312	0
Capitation Payments: CCC+ Program	2,397,197,585	4,512,804,171	4,731,577,445
MCO Pharmacy Rebates	(171,567,154)	(199,785,756)	(199,785,756)
Fee-For-Service	(,,	(100)	(111)
Inpatient Hospital	306,260,026	197,396,874	194,304,008
Indigent Care Payments	774,922,018	752,452,714	756,128,956
Outpatient Hospital	104,911,871	94,892,422	95,960,036
Physician/Practitioner Services	97,321,394	57,671,193	55,958,613
Clinic Services	105,653,940	99,813,401	102,519,708
Pharmacy	82,889,895	67,613,092	69,298,083
FFS Pharmacy Rebates	(49,719,363)	22,066,987)	(22,066,987)
Medicare Premiums Part A & B	323,262,401	334,777,263	355,482,080
Medicare Premiums Part D	253,255,738	266,246,732	284,774,503
Dental	163,252,874	162,954 135	164,795,910
Transportation	76,530,248	61,992,801	59,927,446
All Other	106,185,045	96,474,325	96,114,026
Behavioral Health & Rehabilitative Services (45608)	671,487,348	142,297,520	28,629,451
MH Case Management	62,749,621	11,328,040	855,965
MH Residential Services	19,548,589	5,986,587	510,869
MH Rehabilitative Services	496.160.371	105,790,257	25,617,115
Early Intervention & EPSDT-Authorized Services	93,028,766	19,192,636	1,645,501
Long-Term Care Services (45610)	1,764,573,692	1,188,419,866	1,212,847,765
Nursing Facility	332,693,019	16,182,731	16,675,191
Private ICF/MRs	115,045,157	119,428,031	124,995,633
PACE	63,965,488	64,214,132	64,048,724
HCBC Waivers: Personal Support	370,092,439	111,104,329	118,121,655
HCBC Waivers: Habilitation	773,446,612	790,231,492	801,347,821
HCBC Waivers: Case Management & Support	68,108,984	65,049,601	65,738,056
HCBC Waivers: Nursing, EM/AT, Adult Day Care, Alzheimers	41,221,994	22,209,551	21,920,686
Contracts (49601)	60,349,592	53,879,420	49,034,853
Total Medicaid - DMAS	9,910,425,311	10,159,201,236	10,507,876,819
State Funds	5,003,374,986	5,116,079,037	5,301,050,295
Federal Funds	4,907,050,325	5,043,122,199	5,206,826,524
TOTAL Funds	9,910,425,311	10,159,201,236	10,507,876,819

INFORMATIONAL ONLY

DMAS Estimates of potential additional costs if MCHIP recipients are required to move to Medicaid coverage

MCHIP	FY 2018 69,428,037	FY 2019 172,181,781	62,036,255
State Funds	34,714,019	79,026,077	81,595,460
Federal Funds	34,714,019	79,026,077	81,595,460
TOTAL Funds	69,428,037	158,052,153	163,190,920



COMMONWEALTH of VIRGINIA

Department of Planning and Budget

DANIEL S. TIMBERLAKE Director 1111 E. Broad Street Room 5040 Richmond, VA 23219-1922

November 1, 2017

Mr. Hal E. Greer, Director Joint Legislative Audit and Review Commission Suite 2101 919 East Main Street Richmond, Virginia 23219

Dear Mc Greer: #AL

Pursuant to Item 310, Paragraph A., Chapter 836, 2017 Acts of Assembly, please find enclosed the official consensus forecast of Virginia General Medicaid, Behavioral Health, and Long-Term Care expenditures through fiscal year 2020. Please note that the current estimates for Medicare Part A and B premiums are subject to change upon the release of the official rates by the Centers for Medicare and Medicaid Services. These rates are not yet available; therefore, this forecast uses proxy rates.

As you are aware, as of this date, Congress has not passed a budget to support continuation of the federal Children's Health Insurance Program (CHIP). In Virginia, the federal CHIP funds support 88 percent of the total cost of Virginia's CHIP program. Virginia's program currently serves three populations of Virginians – the FAMIS Moms, FAMIS, and MCHIP. According to the Department of Medical Assistance Services (DMAS), Virginia is expected to deplete the federal funds that support this program by January 31, 2018.

At that time, services to the discretionary recipients, FAMIS Moms and FAMIS, would be discontinued unless additional state and/or federal support is provided. DMAS has determined that services to the third group of recipients, MCHIP, would however, be mandated and must be continued under current federal law. DMAS has concluded that these costs would be added to the Medicaid program if the federal CHIP funding is not continued.

If federal CHIP funding is not continued at the current rate, the federal match for the mandated services under MCHIP would drop from the 88 percent level under the federal CHIP program to the 50 percent level in the Medicaid program as coverage of services for these children is transferred into the Medicaid program. A separate estimate of potential Medicaid costs associated with the continuation of services for the mandated MCHIP population has been included for your information.

Mr. Hal E. Greer November 1, 2017 Page 2

While it is too soon to know what Congress will do and if further state action will be necessary, I wanted to provide this information to give you a full picture of the potential Medicaid costs based on what is currently authorized under federal law.

If you have any questions or concerns about this information, please let me know.

Sincerely,

Daniel S. Timberlake

Enclosure

c: The Honorable Richard D. Brown The Honorable William A. Hazel, Jr., M.D.

Official Consensus Medicaid Forecast

	FY 2018	FY 2019	FY 2020
	Consensus Forecast	Consensus Forecast	Consensus Forecast
General Medical Care (45609)	7,414,014,680	8,774,604,430	9,217,364,751
Managed Care			
Capitation Payments: Low-Income Adults & Children	1,859,109,315	2,182,518,956	2,383,750,025
Capitation Payments: Aged, Blind & Disabled	813,188,476	101,674,781	108,626,651
Capitation Payments: Duals/CCC Program	171,360,390	7,174,312	0
Capitation Payments: CCC+ Program	2,397,197,565	4,512,804,171	4,731,577,445
MCO Pharmacy Rebates	(171,567,154)	(199,785,756)	(199,785,758)
Fee-For-Service			
Inpatient Hospital	306,260,026	197,396,874	194,304,008
Indigent Care Payments	774,922,018	752,452,714	756,128,956
Outpatient Hospital	104,911,871	94,892,422	95,960,036
Physician/Practitioner Services	97,321,394	57,671,193	55,958,613
Clinic Services	105,853,940	99,813,401	102,519,708
Pharmacy	82,889,895	67,613,092	69,298,083
FFS Pharmacy Rebates	(49,719,363)	(22,066,967)	(22,066,987)
Medicare Premiums Part A & B	323,262,401	334,777,263	355,482,080
Medicare Premiums Part D	253,255,738	266,248,732	284,774,503
Dental	163,252,874	162,954,135	164,795,910
Transportation	76,530,248	61,992,801	59,927,446
All Other	106,185,045	96,474,325	96,114,026
Behavioral Health & Rehabilitative Services (45608)	671,487,348	142,297,520	28,629,451
MH Case Management	62,749,621	11,328,040	855,965
MH Residential Services	19,548,589	5,986,587	510,869
MH Rehabilitative Services	496,160,371	105,790,257	25,617,115
Early Intervention & EPSDT-Authorized Services	93,028,766	19,192,636	1,645,501
Long-Term Care Services (45610)	1,764,573,692	1,188,419,866	1,212,847,765
Nursing Facility	332,693,019	16,182,731	16,675,191
Private ICF/MRs	115,045,157	119,428,031	124,995,633
PACE	63,965,488	64,214,132	64,048,724
HCBC Waivers: Personal Support	370,092,439	111,104,329	118,121,655
HCBC Waivers: Habilitation	773,448,612	790,231,492	801,347,821
HCBC Waivers: Case Management & Support	68,108,984	65,049,601	65,738,056
HCBC Waivers: Nursing, EM/AT, Adult Day Care, Alzheimers	41,221,994	22,209,551	21,920,688
Contracts (49601)	60,349,592	53,879,420	49,034,853
Total Medicaid - DMAS	9,910,425,311	10,159,201,236	10,507,876,819
State Funds	5,003,374,986	5,116,079,037	5,301,050,295
Federal Funds	4,907,050,325	5,043,122,199	5,206,826,524
TOTAL Funds	9,910,425,311	10,159,201,236	10,507,876,819

INFORMATIONAL ONLY

DMAS Estimates of potential additional costs if MCHIP recipients are required to move to Medicaid coverage

MCHIP	69,428,037	172,181,781	62,036,255
State Funds	34,714,019	79,026,077	81,595,460
Federal Funds	34,714,019	79,026,077	81,595,460
TOTAL Funds	69,428,037	158,052,153	163,190,920