



Cost and FTE

- The Department requests an additional reduction of \$1,637,822 General Fund for FY 2015-16; a reduction of \$3,548,707 General Fund for FY 2016-17; and a reduction of \$4,534,496 General Fund for FY 2017-18 to the Medicare Modernization Act State Contribution Payment line item. This request does not require any additional FTE.

Current Program

- The Department serves clients who are eligible for both Medicaid and Medicare.
- Dual-eligible clients are provided prescription drug coverage through the federal Medicare program.
- The State is required to reimburse the federal government for the amount the federal Centers for Medicare and Medicaid Services (CMS) determines is the State's obligation for such prescription drug coverage, which is also called the "clawback" payment.

Problem or Opportunity

- The State's obligation varies from year to year and is affected by changes in caseload and the per member per month (PMPM) rate, which is also determined by CMS.
- The Department must annually forecast both anticipated caseload and PMPM rate to ensure the State is adequately funded to meet its reimbursement obligation to the federal government.

Consequences of Problem

- If this request is not approved and the State is unable to meet its reimbursement obligation to the federal government, the Department would be at risk of having the amount due for the clawback payment – plus interest – deducted from the federal funds received for the Medicaid program, generating overexpenditures on other line items.

Proposed Solution

- The Department requests adjustment to the appropriation in the Medicare Modernization Act State Contribution Payment line item to meet the State's obligation to the federal government for prescription drug coverage for dual-eligible clients while reducing the risk of reverting funds that could be used for other purposes.



COLORADO

Department of Health Care
Policy & Financing

FY 2015-16 and FY 2016-17 Funding Request | February 16, 2016

John W. Hickenlooper
Governor

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Executive Director

Department Priority: S-4A, BA-4

Request Detail: Medicare Modernization Act State Contribution Payment

Summary of Incremental Funding Change for FY 2015-16	Total Funds	General Fund
Medicare Modernization Act State Contribution Payment	(\$1,637,822)	(\$1,637,822)

Summary of Incremental Funding Change for FY 2016-17	Total Funds	General Fund
Medicare Modernization Act State Contribution Payment	(\$3,548,707)	(\$3,548,707)

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund
Medicare Modernization Act State Contribution Payment	(\$4,534,496)	(\$4,534,496)

Problem or Opportunity:

On January 1, 2006, the federal Centers for Medicare and Medicaid Services (CMS) assumed responsibility for the Medicare Part D prescription-drug benefit that replaced the Medicaid prescription-drug coverage for dual-eligible clients, who are individuals eligible for both Medicare and Medicaid. States are required to make mandatory state payments to the federal government, known as the “clawback” payment, to help finance the Medicaid Part D benefit for the dual-eligible population for the states’ share of the costs of outpatient prescription drugs. The amount of each state’s clawback payment roughly reflects the expenditures of its own funds that the state would make if it continued to pay for outpatient prescription drugs through Medicaid on behalf of dual-eligible clients. These clawback payments, if left unpaid, are subject to automatic deduction – plus interest – from the federal funds the State receives for the Medicaid program.

Current projections indicate that incremental funding decreases to the appropriation for FY 2015-16, FY 2016-17 and FY 2017-18 are needed in addition to changes requested in the Department’s FY 2016-17 “R-4 Medicaid Modernization Act State Contribution Payment” request submitted November 1, 2015, and “FY 2016-17 “BA-16 Federal Medical Assistance Percentage” request submitted January 4, 2016.

Proposed Solution:

The Department requests an additional decrease of \$1,637,822 General Fund for FY 2015-16; a decrease of \$3,548,707 General Fund for FY 2016-17; and a decrease of \$4,534,496 General Fund for FY 2017-18 for funding adjustment to the Medicare Modernization Act State Contribution Payment line item to cover the State's share of the costs of the Medicare Part D outpatient prescription drug benefit for dual-eligible clients. This request is in addition to changes requested in the Department's FY 2016-17 "R-4 Medicaid Modernization Act State Contribution Payment" request submitted November 1, 2015, which included an incremental decrease of \$1,318,801 in FY 2015-16, an increase of \$16,865,498 in FY 2016-17 and an increase of \$29,880,480 in FY 2017-18; and the "FY 2016-17 "BA-16 Federal Medical Assistance Percentage" request submitted January 4, 2016, which included a \$534,193 increase in FY 2016-17. The Medicare Modernization Act State Contribution Payment line item is entirely General Fund, as it is a reimbursement to the federal government and is not eligible to receive a federal match.

Anticipated Outcomes:

One of the Department's top priorities in its Performance Plan is to "ensure sound stewardship of financial resources." The approval of this request would be a direct implementation of this goal by allowing the Department to meet its obligation to the federal government, and ensuring that no amount of federal funds owed to the State for Medicaid would be subject to deduction plus interest.

Assumptions and Calculations:

Detailed calculations for the request are included in the attached appendix.

A summary of the funding request for the Medicare Modernization Act State Contribution Payment line item by fund type is provided for FY 2015-16, FY 2016-17, and FY 2017-18 in tables 1.1, 1.2, and 1.3, respectively. The incremental change requested for each fiscal year is show in table 1.1 row D, table 1.2 row E, and table 1.3 row D.

The State's clawback payment is calculated according to three factors:

1. The projected number of Medicare and Medicaid dual-eligible clients enrolled in a Part D plan;
2. A per member per month (PMPM) estimate of the amount the State otherwise would have spent on Medicaid prescription drugs for dual-eligible clients; and
3. A "phasedown" percentage of the State's obligation for the PMPM rate was set forth by the MMA starting at 90% in 2006 and declined by 1.67% each year thereafter until 2015 when it reached 75%, where it will remain ongoing.

The Department's current estimates of the clawback payment are \$113,860,126 for FY 2015-16; \$130,667,733 for FY 2016-17; and \$142,162,737 for FY 2017-18, based on the Department's most recent caseload projections and actual and projected per member per month (PMPM) rates paid by the State as required by federal regulations (see table 3.1 of the appendix).

The total caseload and expenditure estimates for FY 2015-16, FY 2016-17, and FY 2017-18 are calculated in tables 2.1, 2.3, and 2.5, respectively. The Department assumes the changes in dual-eligible caseload will

follow a 5.05% annual growth trend determined by annualizing the monthly average month-of-service growth over the past three years from January 2013 through December 2015. Retroactivity is also considered in this forecast because clients are able to be retroactively enrolled and disenrolled for up to 24 months. This method estimates caseload by increasing the total caseload incurred each month by 0.42% to forecast the total caseload for the following month. Rows A through L on tables 2.1, 2.3 and 2.5 of the appendix show the breakdown of actual and projected caseload for a given month by the calendar year for which the caseload is attributed. Due to a two-month delay between when the Department receives an invoice from CMS and when the invoice is paid, the amount paid in the state fiscal year includes invoices received between May and April. Tables 2.2, 2.4, and 2.6 provide calculations of caseload and expenditures for dual-eligible clients by the various PMPM rates for each calendar year resulting from changes in the Federal Medical Assistance Percentage (FMAP).

The changes in the PMPM rate are based on a prescribed methodology established by CMS. Table 3.1 provides a summary of the various PMPM rates for each calendar year from CY 2014 through CY 2018. The estimated PMPM rates for CY 2017 and CY 2018 are calculated by in tables 3.2 and 3.3, respectively. The CY 2017 change in percentage of growth in table 3.2 row G is calculated by dividing the projected 2016 Health Expenditure (NHE) percentage growth rate of per capita prescription drug expenditure between years 2003 and 2006 from the 2015 NHE percentage of growth in row F, minus 1. The CY 2018 change in percentage of growth in table 3.3 row G is calculated by dividing the projected 2017 Health Expenditure (NHE) percentage growth rate of per capita prescription drug expenditure between years 2003 and 2006 from the 2016 NHE percentage of growth in row F, minus 1. For CY 2017 and CY 2018, the Department uses the median of the last five years of the annual percentage increase (API) in average per capita Part D expenditures from CY 2011 to CY 2015 to project the percentage change in the rate (found in row J of tables 3.2 and 3.3). The final percentage change in the PMPM rate is calculated in row K of tables 3.2 and 3.3.

To calculate the CY 2017 PMPM rate before the phasedown, the CY 2016 PMPM is increased by the final percentage change in the PMPM rate (found in table 3.2 row M). The PMPM rates are also adjusted based on changes in the FMAP rate which occur on a federal fiscal year (October 1 through September 30 timespan) as follows:

- FFY 2014: 50.00%
- FFY 2015: 51.01%
- FFY 2016: 50.72%
- FFY 2017: 50.02% is estimated
- FFY 2018: 50.00% is estimated

To determine the State's share of the PMPM rate for January through September 2017 (table 3.2 row Q), the total projected rate (found in table 3.2 row M) is multiplied by the State share of the FMAP (100% minus applicable FMAP percentage above) and by the 75% phasedown percentage. Table 3.2 row S shows the rate adjusted by the change in the FFY 2017 FMAP for October through December 2017.

Table 4.1 provides actual caseload history from FY 2006-07 through FY 2014-15 and caseload projections

based on current trends for FY 2015-16 through FY 2017-18. Table 4.2 provides actual and projected aggregate monthly caseload history by number of member months and average monthly caseload. Table 4.3 shows the PMPM rate history from CY 2006 to CY 2015, and projected PMPM rates for CY 2016 to CY 2018.

S-4A, BA-4 Medicare Modernization Act State Contribution Payment
Appendix A: Calculations and Assumptions

Table 1.1				
FY 2015-16 Summary of Incremental Funding Request				
LBG (6) Other Medical Services, Medicare Modernization Act State Contribution Payment Line Item				
Row	Item	Total Funds	General Fund	Source
A	FY 2015-16 Spending Authority	\$116,816,749	\$116,816,749	Long Bill Appropriation (SB 15-234)
B	Projected FY 2015-16 Expenditures	\$113,860,126	\$113,860,126	Table 2.3 Row O
C	FY 2016-17 "R-4 Medicare Modernization Act State Contribution Payment"	(\$1,318,801)	(\$1,318,801)	R-4 Table 1.1 Row C
D	FY 2015-16 Incremental Change	(\$1,637,822)	(\$1,637,822)	Row B - (Row A + Row C)

Table 1.2				
FY 2016-17 Summary of Incremental Funding Request				
LBG (6) Other Medical Services, Medicare Modernization Act State Contribution Payment Line Item				
Row	Item	Total Funds	General Fund	Source
A	FY 2016-17 Spending Authority	\$116,816,749	\$116,816,749	Long Bill Appropriation (SB 15-234)
B	Projected FY 2016-17 Expenditures	\$130,667,733	\$130,667,733	Table 2.5 Row O
C	FY 2016-17 "R-4 Medicare Modernization Act State Contribution Payment"	\$16,865,498	\$16,865,498	R-4 Table 1.2 Row C
D	FY 2016-17 "BA-16 Decreased Federal Medical Assistance Percentage"	\$534,193	\$534,193	BA-16 Table 1, Row N
E	FY 2016-17 Incremental Change	(\$3,548,707)	(\$3,548,707)	Row B - (Row + Row C+ Row D)

Table 1.3				
FY 2017-18 Summary of Incremental Funding Request				
LBG (6) Other Medical Services, Medicare Modernization Act State Contribution Payment Line Item				
Row	Item	Total Funds	General Fund	Source
A	FY 2017-18 Spending Authority	\$116,816,749	\$116,816,749	Long Bill Appropriation (SB 15-234)
B	Projected FY 2017-18 Expenditures	\$142,162,737	\$142,162,737	Table 2.5 Row O
C	FY 2016-17 "R-4 Medicare Modernization Act State Contribution Payment"	\$29,880,484	\$29,880,484	R-4 Table 1.3 Row C
D	FY 2017-18 Incremental Change	(\$4,534,496)	(\$4,534,496)	Row B - (Row A + Row C)

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Appendix A: Calculations and Assumptions

Table 2.1						
FY 2015-16 Projected Caseload and Expenditures						
Row	Month	CY 2013	CY 2014	CY 2015	CY 2016	FY 2015-16 TOTAL
A	May 2015	(48)	52	71,529	0	71,533
B	June 2015	(118)	168	73,022	0	73,072
C	July 2015	(39)	192	71,845	0	71,998
D	August 2015	(93)	(175)	71,945	0	71,677
E	September 2015	(68)	(76)	73,133	0	72,989
F	October 2015	(17)	(44)	72,913	0	72,852
G	November 2015	(7)	(82)	72,851	0	72,762
H	December 2015	0	219	73,037	0	73,256
I	January 2016	0	(912)	4,450	70,735	74,273
J	February 2016	0	(189)	1,590	72,272	73,673
K	March 2016	0	(164)	892	73,254	73,982
L	April 2016	0	(145)	531	73,902	74,288
M	CY Client Total	(390)	(1,156)	587,738	290,163	876,355
N	CY PMPM Rate ⁽¹⁾	\$133.62	Varies ⁽²⁾	Varies ⁽²⁾	Varies ⁽²⁾	
O	Expenditures ⁽³⁾	(\$52,112)	(\$145,947)	\$73,441,168	\$40,617,017	\$113,860,126

(1) PMPM Rates in row N are shown in table 3.1.
(2) Rate changes occurred for calendar years 2014, 2015, and 2016 due to FMAP changes shown in table 3.1.
(3) Expenditures are calculated by multiplying caseload by the respective PMPM rates shown in table 2.2.

Table 2.2					
Caseload Breakdown for FY 2015-16 with CY 2014, CY 2015, and CY 2016 Rates					
Row	Rate Period	FY 2015-16 Dual-Eligible Caseload	Rates	Total	Source
A	Jan - Sept 2014	(1,499)	\$125.50	(\$188,125)	
B	Oct - Dec 2014	343	\$122.97	\$42,178	
C	CY 2014 Total	(1,156)		(\$145,947)	Row A + Row B
D	Jan - Sept 2015	368,827	\$124.68	\$45,985,350	
E	Oct - Dec 2015	218,911	\$125.42	\$27,455,818	
F	CY 2015 Total	587,738		\$73,441,168	Row D + Row E
G	Jan - Sept 2016	290,163	\$139.98	\$40,617,017	
H	Oct - Dec 2016	0	\$141.99	\$0	
I	CY 2016 Total	290,163		\$40,617,017	Row G + Row I

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Table 2.3						
FY 2016-17 Projected Caseload and Expenditures						
Row	Month	CY 2014	CY 2015	CY 2016	CY 2017	FY 2016-17 TOTAL
A	May 2016	(119)	297	74,423	0	74,601
B	June 2016	(94)	128	74,880	0	74,914
C	July 2016	(75)	29	75,276	0	75,230
D	August 2016	(58)	(55)	75,658	0	75,545
E	September 2016	(41)	(116)	76,021	0	75,864
F	October 2016	(25)	(165)	76,373	0	76,183
G	November 2016	(12)	(197)	76,716	0	76,507
H	December 2016	0	(218)	77,042	0	76,824
I	January 2017	0	(208)	2,972	74,384	77,148
J	February 2017	0	(192)	1,671	76,000	77,479
K	March 2017	0	(169)	932	77,033	77,796
L	April 2017	0	(145)	558	77,716	78,129
M	CY Client Total	(424)	(1,011)	612,522	305,133	916,220
N	CY PMPM Rate ⁽¹⁾	Varies ⁽²⁾	Varies ⁽²⁾	Varies ⁽²⁾	Varies ⁽²⁾	
O	Expenditures ⁽³⁾	(\$52,481)	(\$125,715)	\$86,201,920	\$44,644,009	\$130,667,733

(1) PMPM Rates in row N are shown in table 3.1.
(2) Rate changes occurred for calendar years 2014, 2015, 2016 and 2017 due to FMAP changes shown in table 3.1.
(3) Expenditures are calculated by multiplying caseload by the respective PMPM rates shown in table 2.4.

Table 2.4					
Caseload Breakdown for FY 2016-17 with CY 2014, CY 2015, CY 2016, and CY 2017 Rates					
Row	Rate Period	FY 2016-17 Dual-Eligible Caseload	Rates	Total	Source
A	Jan - Sept 2014	(135)	\$125.50	(\$16,943)	
B	Oct - Dec 2014	(289)	\$122.97	(\$35,538)	
C	CY 2014 Total	(424)		(\$52,481)	Row A + Row B
D	Jan - Sept 2015	(1,465)	\$124.68	(\$182,656)	
E	Oct - Dec 2015	454	\$125.42	\$56,941	
F	CY 2015 Total	(1,011)		(\$125,715)	Row D + Row E
G	Jan - Sept 2016	383,124	\$139.98	\$53,629,698	
H	Oct - Dec 2016	229,398	\$141.99	\$32,572,222	
I	CY 2016 Total	612,522		\$86,201,920	Row G + Row H
J	Jan - Sept 2017	305,133	\$146.31	\$44,644,009	
K	Oct - Dec 2017	0	\$146.37	\$0	
L	CY 2017 Total	305,133		\$44,644,009	Row J + Row K

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Table 2.5						
FY 2017-18 Projected Caseload and Expenditures						
Row	Month	CY 2015	CY 2016	CY 2017	CY 2018	FY 2017-18 TOTAL
A	May 2017	(119)	315	78,260	0	78,456
B	June 2017	(134)	318	78,741	0	78,925
C	July 2017	(142)	318	79,160	0	79,336
D	August 2017	(152)	318	79,559	0	79,725
E	September 2017	(152)	322	79,943	0	80,113
F	October 2017	(142)	322	80,313	0	80,493
G	November 2017	(117)	326	80,674	0	80,883
H	December 2017	(72)	322	81,015	0	81,265
I	January 2018	0	325	3,127	78,220	81,672
J	February 2018	0	327	1,753	78,549	80,629
K	March 2018	0	329	983	78,879	80,191
L	April 2018	0	331	588	79,210	80,129
M	CY Client Total	(1,030)	3,873	644,116	314,858	961,817
N	CY PMPM Rate ⁽¹⁾	Varies ⁽²⁾	Varies ⁽²⁾	Varies (2)	\$150.84	
O	Expenditures ⁽³⁾	(\$128,635)	\$543,105	\$94,255,086	\$47,493,181	\$142,162,737

(1) PMPM Rates in row N are shown in table 3.1.
(2) Rate changes occurred for calendar years 2015, 2016 and 2017 due to FMAP changes shown in table 3.1.
(3) Expenditures are calculated by multiplying caseload by the respective PMPM rates shown in table 2.6.

Table 2.6					
Caseload Breakdown for FY 2016-17 with CY 2015 and CY 2016 Rates					
Row	Rate Period	FY 2017-18 Dual-Eligible Caseload	Rates	Total	Source
A	Jan - Sept 2015	(740)	\$124.68	(\$92,263)	
B	Oct - Dec 2015	(290)	\$125.42	(\$36,372)	
C	CY 2015 Total	(1,030)		(\$128,635)	Row A + Row B
D	Jan - Sept 2016	3,394	\$139.98	\$475,092	
E	Oct - Dec 2016	479	\$141.99	\$68,013	
F	CY 2016 Total	3,873		\$543,105	Row D + Row E
G	Jan - Sept 2017	402,886	\$146.31	\$58,946,251	
H	Oct - Dec 2017	241,230	\$146.37	\$35,308,835	
I	CY 2017 Total	644,116		\$94,255,086	Row G + Row H

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Appendix A: Calculations and Assumptions

Table 3.1 Summary of PMPM Rates by Calendar Year (CY)				
Row	Year	Rate	FMAP	Source
	CY 2014			
A	Jan. thru Sept. 2014	\$125.50	50.00%	Actual CMS
B	Oct. thru Dec. 2014	\$122.97	51.01%	Row A adjusted for FMAP Change
	CY 2015			
C	Jan. thru Sept. 2015	\$124.68	51.01%	Actual CMS
D	Oct. thru Dec. 2015	\$125.42	50.72%	Row C adjusted for FMAP Change
	CY 2016			
E	Jan. thru Sept. 2016	\$139.98	50.72%	Actual CMS
F	Estimated Oct. thru Dec. 2016	\$141.99	50.02%	Row E adjusted for FMAP Change
	CY 2017			
G	Estimated Jan. thru Sept. 2017	\$146.31	50.02%	Table 3.2 Row Q
H	Estimated Oct. thru Dec. 2017	\$146.37	50.00%	Table 3.2 Row S
	CY 2018			
I	Estimated Jan. thru Dec. 2018	\$150.84	50.00%	Table 3.3 Row Q

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Appendix A: Calculations and Assumptions

Table 3.2		
Estimated CY 2017 PMPM Rate Calculation		
Row	Item	Source
2015 NHE Estimates		
A	Estimated 2003 Per Capita Rx Drug Expenditures	\$610
B	Estimated 2006 Per Capita Rx Drug Expenditures	\$752
C	Percentage Growth	23.28%
Projected 2016 NHE Estimates		
D	Estimated 2003 Per Capita Rx Drug Expenditures	\$610
E	Estimated 2006 Per Capita Rx Drug Expenditures	\$751
F	Percentage Growth	23.11%
G	Change in Percentage Growth	-0.13%
From annual Announcements of CY 2011 thru CY 2015 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies		
H	Projected Annual percentage trend for July 2016	4.07%
I	Projected Prior Year Revisions of Annual percentage Trend	-0.85%
J	Projected Annual Percentage Increase in Average Per Capita Aggregate Part D Expenditures for 2017	3.19%
K	FINAL Percentage Change in Rate Prior to Applying Phasedown for CY 2017	3.06%
L	CY 2016 PMPM Rate Prior to FMAP and Phasedown	\$378.73
M	Projected CY 2017 PMPM Rate Prior to FMAP and Phasedown	\$390.31
N	FFY 17 FMAP State Share	49.98%
O	Projected CY 2017 PMPM Rate Prior to Phasedown	\$195.08
P	Ongoing Phasedown Percentage Rate	75.00%
Q	Estimated CY 2017 PMPM Rate (January through September 2017 with 50.02% FMAP)	\$146.31
R	Estimated FFY 18 FMAP State Share	50.00%
S	Estimated CY 2017 PMPM Rate (October through December 2017 with projected 50.00% FMAP)	\$146.37
Source: Centers for Medicare and Medicaid Services (CMS), CY 2011 thru CY 2015 NHE estimates; and Announcements of CY 2012 thru CY 2016 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies, Attachment V, Table V-3.		

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Appendix A: Calculations and Assumptions

Table 3.3		
Estimated CY 2018 PMPM Rate Calculation		
Row	Item	Source
Projected 2016 NHE Estimates		
A	Estimated 2003 Per Capita Rx Drug Expenditures	\$610 Department estimate
B	Estimated 2006 Per Capita Rx Drug Expenditures	\$751 Department estimate
C	Percentage Growth	23.11% (Row B ÷ Row A) - 1
Projected 2017 NHE Estimates		
D	Estimated 2003 Per Capita Rx Drug Expenditures	\$610 Department estimate
E	Estimated 2006 Per Capita Rx Drug Expenditures	\$750 Department estimate
F	Percentage Growth	22.95% (Row E ÷ Row D) - 1
G	Change in Percentage Growth	-0.13% (1 + Row F) ÷ (1 + Row C) - 1
From Announcement of CY 2015 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies 4/7/14		
H	Projected Annual percentage trend for July 2016	4.07% Median Change from CY 2011 to CY 2015
I	Projected Prior Year Revisions of the Annual percentage trend	-0.85% Median Change from CY 2011 to CY 2015
J	Projected Annual Percentage Increase in Average Per Capita Aggregate Part D Expenditures for 2018	3.19% (1 + Row H) × (1 + Row I) - 1
K	FINAL Percentage Change in Rate Prior to Applying Phasedown for CY 2018	3.06% Row G + Row H
L	CY 2017 PMPM Rate Prior to FMAP and Phasedown	\$390.31 Table 3.3 Row N
M	Projected CY 2018 PMPM Rate Prior to FMAP and Phasedown	\$402.24 Row L × (1 + Row K)
N	Estimated FFY 18 FMAP State Share	50.00% Estimated FFY 18 FMAP is 50%
O	Projected CY 2018 PMPM Rate Prior to Phasedown	\$201.12 Row M × Row N
P	Ongoing Phasedown Percentage Rate	75.00% Statutory rate
Q	Estimated CY 2018 PMPM Rate (January through December 2018 with 50.00% FMAP)	\$150.84 Row O × Row P

Source: Centers for Medicare and Medicaid Services (CMS), 2011 thru 2015 NHE estimates; and Announcements of CY 2012 through CY 2016 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies, Attachment V, Table V-3.

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Appendix A: Calculations and Assumptions

Table 4.1		
Invoice Caseload History		
Item	Total Member Months Caseload	Average Monthly Caseload
FY 2006-07	611,212	50,934
FY 2007-08	642,840	53,570
% Change from FY 2006-07	5.17%	5.18%
FY 2008-09	651,968	54,331
% Change from FY 2007-08	1.42%	1.42%
FY 2009-10	664,292	55,358
% Change from FY 2008-09	1.89%	1.89%
FY 2010-11	697,817	58,151
% Change from FY 2009-10	5.05%	5.05%
FY 2011-12	725,075	60,423
% Change from FY 2010-11	3.91%	3.91%
FY 2012-13	750,509	62,542
% Change from FY 2011-12	3.51%	3.51%
FY 2013-14	812,812	67,734
% Change from FY 2012-13	8.30%	8.30%
FY 2014-15	865,253	72,104
% Change from FY 2013-14	6.45%	6.45%
FY 2015-16 Projection	876,355	73,030
% Change from FY 2014-15 Projection	1.28%	1.28%
FY 2016-17 Projection	916,220	76,352
% Change from FY 2015-16 Projection	4.55%	4.55%
FY 2017-18 Projection	963,539	80,295
% Change from FY 2016-17 Projection	5.16%	5.16%

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Table 4.2		
Aggregate Monthly Caseload History		
Item	Total Member Months Caseload	Average Monthly Caseload
FY 2006-07	618,862	51,572
FY 2007-08	630,715	52,560
% Change from FY 2006-07	1.92%	1.92%
FY 2008-09	621,662	51,805
% Change from FY 2007-08	-1.44%	-1.44%
FY 2009-10	665,732	55,478
% Change from FY 2008-09	7.09%	7.09%
FY 2010-11	693,267	57,772
% Change from FY 2009-10	4.14%	4.13%
FY 2011-12	728,875	60,740
% Change from FY 2010-11	5.14%	5.14%
FY 2012-13	757,424	63,119
% Change from FY 2011-12	3.92%	3.92%
FY 2013-14	803,053	66,921
% Change from FY 2012-13	6.02%	6.02%
FY 2014-15	865,392	72,116
% Change from FY 2013-14	7.76%	7.76%
FY 2015-16 Projection	876,488	73,041
% Change from FY 2014-15 Projection	1.28%	1.28%
FY 2016-17 Projection	916,454	76,371
% Change from FY 2015-16 Projection	4.56%	4.56%
FY 2017-18 Projection	963,723	80,310
% Change from FY 2016-17 Projection	5.16%	5.16%

S-4A, BA-4 Medicare Modernization Act State Contribution Payment
Appendix A: Calculations and Assumptions

Table 4.3					
PMPM Rate History					
Item	Q1	Q2	Q3	Q4	Average PMPM Rate
CY 2006	\$114.71	\$114.71	\$114.71	\$114.71	\$114.71
CY 2007	\$120.30	\$120.30	\$120.30	\$120.30	\$120.30
% Change from CY 2006					4.87%
CY 2008	\$120.03	\$120.03	\$120.03	\$98.95	\$114.76
% Change from CY 2007					-4.61%
CY 2009	\$106.03	\$98.81	\$98.81	\$98.81	\$100.62
% Change from CY 2008					-12.33%
CY 2010	\$101.49	\$101.49	\$101.49	\$101.49	\$101.49
% Change from CY 2009					0.87%
CY 2011	\$107.07	\$111.97	\$129.84	\$129.84	\$119.68
% Change from CY 2010					17.92%
CY 2012	\$132.41	\$132.41	\$132.41	\$132.41	\$132.41
% Change from CY 2011					10.64%
CY 2013	\$133.62	\$133.62	\$133.62	\$133.62	\$133.62
% Change from CY 2012					0.91%
CY 2014	\$125.50	\$125.50	\$125.50	\$122.97	\$124.87
% Change from CY 2013					-6.55%
CY 2015	\$124.68	\$124.68	\$124.68	\$125.42	\$124.87
% Change from CY 2014					0.00%
CY 2016 Projection	\$139.98	\$139.98	\$139.98	\$141.99	\$140.48
% Change from CY 2015					12.51%
CY 2017 Projection	\$146.31	\$146.31	\$146.31	\$146.37	\$146.33
% Change from CY 2016					4.16%
CY 2018 Projection	\$150.84	\$150.84	\$150.84	\$150.84	\$150.84
% Change from CY 2017					3.09%

S-4A, BA-4 Medicare Modernization Act State Contribution Payment
Appendix A: Calculations and Assumptions

Table 4.4			
MMA Expenditures by State Fiscal Year			
Item	Total Funds	General Fund	Federal Funds
FY 2005-06	\$31,461,626	\$31,461,626	\$0
FY 2006-07	\$72,494,301	\$72,494,301	\$0
FY 2007-08	\$71,350,801	\$71,350,801	\$0
FY 2008-09	\$73,720,837	\$73,720,837	\$0
FY 2009-10	\$57,624,126	\$57,624,126	\$0
FY 2010-11	\$72,377,768	\$58,706,725	\$13,671,043
FY 2011-12	\$93,582,494	\$62,939,212	\$30,643,282
FY 2012-13	\$101,817,855	\$52,136,848	\$49,681,007
FY 2013-14	\$106,376,992	\$68,306,130	\$38,070,862
FY 2014-15	\$107,620,224	\$107,190,799	\$429,425