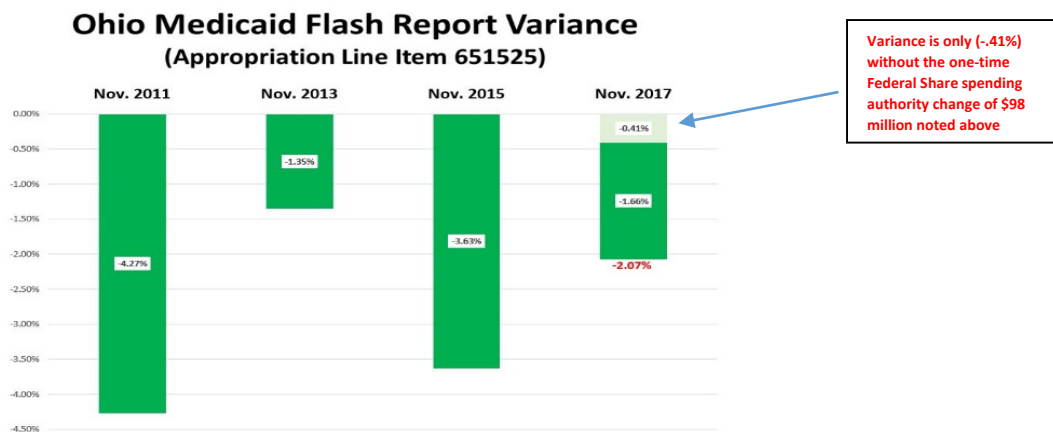


Ohio Medicaid Budget Variance Report –November 2017

The Ohio Medicaid Budget Variance Report provides a monthly review of actual Medicaid expenditures compared to the budget enacted by the Ohio General Assembly (HB 49). Budget projections are based on Ohio Department of Medicaid (ODM) estimates of disbursements and policies enacted in HB 49, including vetoes and veto overrides, Controlling Board approved funds set aside in the Health and Human Services Fund to offset the 651525 line item, and [\\$1.1 billion in hospital reductions over the next two years](#). The primary Medicaid services line item (651525) was \$122.2 million (-2.07 percent) under the original budget projection of \$5.892 billion through November 2017.

- In November, the 651525 line item was under the disbursement estimate by \$118.4 million (-14.1 percent) for the month. Almost all of the variance is the result of one funding change. \$98.8 million of the November estimate variance resulted from the Controlling Board providing spending authority in a non-GRF state fund which shifted associated federal spending to a non-GRF federal fund, according to traditional budgeting practices. However, we expect to draw against the GRF spending authority to fund the Medicaid program and this variance will be reduced throughout the remainder of the fiscal year.
- The state share of general revenue fund (GRF) spending on Medicaid was \$15.2 million (-0.68 percent) below the original budget projection at the end of November. The state share is closer to estimate as it was not impacted by the funding adjustment noted above.
- The SFY 2018 budget for 651525 is tracking much closer to the disbursement estimate than it was at the same time in the three previous budgets. Without the one-time adjustment, the line item is within 0.41% of budget. (see the table below)



- The Medicaid Budget estimates were [updated in November](#) and as a result the 5% hospital reduction was delayed until FY19. In May 2018, Ohio Medicaid will assess whether or not the July 1 rate reduction is necessary to eliminate any remaining shortfall and appropriate within the context of the overall state budget.
- Overall [caseload](#) is 87,229 (-2.8 percent) under estimates. The covered families and children (CFC) enrollment is below projections (-4.3 percent), but the impact on the budget is offset because the higher-cost aged, blind and disabled (ABD) category is above projections (2.4 percent).
- The state-funded payment for Medicare Part D (651526) was \$5.6 million (-2.8 percent) below the estimate year-to-date. November was right at estimate. ODM projected declining payments over the rest of the fiscal year, so it is not clear that underspending will continue.

Across all agencies, total Medicaid spending was \$81.7 million (-0.7 percent) under budget year-to-date. The variance was reduced from last month due to \$50 million of hospital UPL payments that were made one month early to help offset a hospital payment issue that occurred during the month. Services provided by the Ohio Department of Developmental Disabilities (DDD) accounts for over \$54 million of the variance in the fee-for-service program. A DDD county cost reconciliation payment originally budgeted for August was delayed and will take place in the coming months. Also, all agency administration was \$44.0 million (-9.9 percent) under budget year-to-date. The ODM administrative variance is being driven primarily by timing of invoices and underspending in caseload driven contracts.

All Agency Medicaid Budget Variance - SFY 2018

Budget Status By Appropriation Line Item

As of Dec 6 2017 (Month Closed)

Source: OAKS GL Table

			November Budget	November Expenditures	November Variance	%	YTD Budget	YTD Expenditures	YTD Variance	%
AGY FUND GRF Services										
MCD	GRF State	651525 Medicaid/Health Care Services	\$ 222,576,419	\$ 223,354,351	\$ 777,932	0.35%	\$ 1,680,397,029	\$ 1,672,804,601	\$ (7,592,429)	-0.45%
MCD	GRF Federal	651525 Medicaid/Health Care Services	\$ 616,184,063	\$ 496,969,292	\$ (119,214,771)	-19.35%	\$ 4,211,706,538	\$ 4,097,087,448	\$ (114,619,090)	-2.72%
651525 Total			\$ 838,760,482	\$ 720,323,643	\$ (118,436,839)	-14.12%	\$ 5,892,103,568	\$ 5,769,892,049	\$ (122,211,519)	-2.07%
MCD	GRF State	651526 MEDICARE PART D	\$ 40,001,710	\$ 40,026,082	\$ 24,372	0.06%	\$ 204,933,240	\$ 199,299,432	\$ (5,633,808)	-2.75%
DDD	GRF State	653407 MEDICAID SERVICES	\$ 49,285,791	\$ 50,596,568	\$ 1,310,777	2.66%	\$ 247,436,730	\$ 249,436,010	\$ 1,999,280	0.81%
Subtotal GRF Services			\$ 928,047,983	\$ 810,946,293	\$ (117,101,690)	-12.62%	\$ 6,344,473,537	\$ 6,218,627,490	\$ (125,846,046)	-1.98%
AGY FUND GRF Administration										
MCD	GRF State	651425 MEDICAID PROGRAM SUPPORT STATE	\$ 12,010,056	\$ 11,616,697	\$ (393,359)	-3.28%	\$ 68,248,590	\$ 65,136,063	\$ (3,112,526)	-4.56%
MHA	GRF State	652321 MEDICAID SUPPORT	\$ 225,000	\$ 102,164	\$ (122,836)	-54.59%	\$ 1,128,975	\$ 1,121,886	\$ (7,089)	-0.63%
DDD	GRF State	653321 MEDICAID PROGRAM SUPPORT STATE	\$ 475,253	\$ 533,434	\$ 58,181	12.24%	\$ 3,187,985	\$ 3,128,375	\$ (59,610)	-1.87%
DOH	GRF State	654453 MEDICAID-HC QUALITY ASSURANCE	\$ 270,877	\$ 283,864	\$ 12,987	4.79%	\$ 1,488,116	\$ 1,614,265	\$ 126,149	8.48%
JFS	GRF State	655425 MEDICAID PROGRAM SUPPORT	\$ 567,917	\$ 414,564	\$ (153,353)	-27.00%	\$ 3,024,578	\$ 3,212,801	\$ 188,223	6.22%
JFS	GRF State	655522 MEDICAID PROGRAM SUPPORT-LOCAL	\$ 1,966,993	\$ (569,823)	\$ (2,536,816)	-128.97%	\$ 19,295,542	\$ 19,499,982	\$ 204,440	1.06%
JFS	GRF State	655523 MEDICAID PRGRM SUPP- LOC TRNSP	\$ 6,012,438	\$ 4,803,599	\$ (1,208,839)	-20.11%	\$ 17,639,336	\$ 16,272,132	\$ (1,367,204)	-7.75%
AGE	GRF State	656423 LONG TERM CARE BUDGET - STATE	\$ 256,000	\$ 239,846	\$ (16,155)	-6.31%	\$ 1,407,000	\$ 1,370,972	\$ (36,029)	-2.56%
EDU	GRF State	657401 Medicaid in Schools	\$ 18,207	\$ 12,897	\$ (5,310)	-29.16%	\$ 78,626	\$ 178,724	\$ 100,098	127.31%
Subtotal GRF Administration			\$ 21,802,741	\$ 17,437,240	\$ (4,365,501)	-20.02%	\$ 115,498,748	\$ 111,535,200	\$ (3,963,549)	-3.43%
Total GRF			\$ 949,850,724	\$ 828,383,534	\$ (121,467,190)	-12.79%	\$ 6,459,972,285	\$ 6,330,162,690	\$ (129,809,595)	-2.01%
Total GRF State			\$ 333,666,661	\$ 331,414,241	\$ (2,252,419)	-0.68%	\$ 2,248,265,747	\$ 2,233,075,242	\$ (15,190,505)	-0.68%
Total GRF Federal			\$ 616,184,063	\$ 496,969,292	\$ (119,214,771)	-19.35%	\$ 4,211,706,538	\$ 4,097,087,448	\$ (114,619,090)	-2.72%
AGY FUND Non GRF Services										
MCD	5R20	651608 MEDICAID Nursing Facilities	\$ -	\$ -	\$ -	#DIV/0!	\$ 100,000,000	\$ 100,199,254	\$ 199,254	0.20%
MCD	3F00	651623 HEALTH CARE FEDERAL	\$ 605,985,519	\$ 740,499,754	\$ 134,514,235	22.20%	\$ 2,581,325,809	\$ 2,706,593,177	\$ 125,267,368	4.85%
MCD	5FX0	651638 Medicaid Services - Payment Withholding	\$ 1,000,000	\$ 514,627	\$ (485,373)	-48.54%	\$ 5,000,000	\$ 8,335,222	\$ 3,335,222	66.70%
MCD	5DL0	651639 Medicaid Revenue and Collections	\$ 40,100,048	\$ 41,382,559	\$ 1,282,511	3.20%	\$ 390,878,117	\$ 394,840,040	\$ 3,961,924	1.01%
MCD	R055	651644 Refunds & Reconciliation	\$ 83,333	\$ 74,403	\$ (8,931)	-10.72%	\$ 416,667	\$ 124,280	\$ (292,386)	-70.17%
MCD	6510	651649 Medicaid Services - HCAP	\$ -	\$ -	\$ -	#DIV/0!	\$ 238,057,429	\$ 234,136,746	\$ (3,920,683)	-1.65%
MCD	5GF0	651656 MEDICAID HOSPITAL	\$ 117,459,627	\$ 131,520,466	\$ 14,060,839	11.97%	\$ 185,901,198	\$ 201,998,757	\$ 16,097,559	8.66%
MCD	5SC0	651683 Medicaid Services - Physician UPL	\$ -	\$ -	\$ -	#DIV/0!	\$ 2,233,200	\$ 1,690,844	\$ (542,356)	-24.29%
MCD	5TN0	651684 Medicaid Services-HIC Fee	\$ 5,933,403	\$ 5,933,403	\$ (0)	0.00%	\$ 224,617,740	\$ 224,617,741	\$ 1	0.00%
MCD	5AN0	651686 CARE INNOVA & COMM IMRPRV PRG	\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -	#DIV/0!
MCD	5SA4	651689 Medicaid Health and Human Services	\$ 133,559,233	\$ 133,559,233	\$ (0)	0.00%	\$ 133,559,233	\$ 133,559,233	\$ (0)	0.00%
DDD	3A40	653605 DC & RES FAC SVCS AND SUPPORT	\$ -	\$ 177,701	\$ 177,701	#DIV/0!	\$ 3,187,555	\$ 2,587,525	\$ (600,030)	-18.82%
DDD	5GE0	653606 ICF/IID & WAIVER MATCH	\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ (78)	\$ (78)	#DIV/0!
DDD	1520	653609 DC&RESIDENTIAL OPERATING SRVCS	\$ -	\$ 459,326	\$ 459,326	#DIV/0!	\$ 6,404,336	\$ 7,298,101	\$ 893,765	13.96%
DDD	5Z10	653624 COUNTY BOARD WAIVER MATCH	\$ 20,700,000	\$ 20,621,573	\$ (78,427)	-0.38%	\$ 121,905,944	\$ 120,418,789	\$ (1,487,155)	-1.22%
DDD	4890	653632 DC DIRECT CARE SERVICES	\$ 170,417	\$ 63,725	\$ (106,692)	-62.61%	\$ 3,669,413	\$ 2,644,327	\$ (1,025,086)	-27.94%
DDD	3G60	653639 MEDICAID WAIVER SERVICES	\$ -	\$ -	\$ -	#DIV/0!	\$ 39,858,954	\$ 39,107,411	\$ (751,544)	-1.89%

All Agency Medicaid Budget Variance - SFY 2018

Budget Status By Appropriation Line Item

As of Dec 6 2017 (Month Closed)

Source: OAKS GL Table

			November Budget	November Expenditures	November Variance	%	YTD Budget	YTD Expenditures	YTD Variance	%
DDD	3A40	653653 ICF/ IID	\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ (30,284)	\$ (30,284)	#DIV/0!
DDD	3A40	653654 Medicaid Services	\$ 128,987,996	\$ 130,825,015	\$ 1,837,019	1.42%	\$ 709,981,518	\$ 657,029,318	\$ (52,952,200)	-7.46%
Subtotal Non GRF Services			\$ 1,053,979,577	\$ 1,205,631,784	\$ 151,652,207	14.39%	\$ 4,746,997,112	\$ 4,835,150,403	\$ 88,153,291	1.86%
AGY FUND	Non GRF Administration									
MCD	5TZ0	651600 Brigid's Path Program	\$ -	\$ -	\$ -	#DIV/0!	\$ 500,000	\$ -	\$ (500,000)	-100.00%
MCD	3ER0	651603 Medicaid Health Information Tech	\$ 815,360	\$ 1,269,393	\$ 454,033	55.68%	\$ 10,778,780	\$ 10,637,290	\$ (141,489)	-1.31%
MCD	4E30	651605 Resident Protection Fund	\$ 227	\$ 36,526	\$ 36,299	16014.41%	\$ 1,395,549	\$ 1,578,190	\$ 182,641	13.09%
MCD	3F00	651624 Medicaid Program Support Fed	\$ 25,397,674	\$ 33,321,292	\$ 7,923,617	31.20%	\$ 171,521,488	\$ 150,808,039	\$ (20,713,449)	-12.08%
MCD	5AJ0	651631 Money Follows the Person	\$ 814,462	\$ 129,198	\$ (685,264)	-84.14%	\$ 2,872,806	\$ 2,098,393	\$ (774,413)	-26.96%
MCD	5DLO	651685 Medicaid Recoveries -Support	\$ 1,134,294	\$ 1,184,489	\$ 50,195	4.43%	\$ 3,952,356	\$ 4,038,963	\$ 86,607	2.19%
MCD	5U30	651654 Medicaid Program Support	\$ 209,167	\$ 1,701,545	\$ 1,492,378	713.49%	\$ 4,483,290	\$ 3,394,804	\$ (1,088,486)	-24.28%
MCD	3FA0	651680 Health Care Grants Federal	\$ 1,468,107	\$ 415,367	\$ (1,052,740)	-71.71%	\$ 7,059,585	\$ 8,921,123	\$ 1,861,537	26.37%
MHA	3B10	652636 COMM MEDICAID LEGACY SUPPORT	\$ 291,027	\$ 208,280	\$ (82,746)	-28.43%	\$ 963,969	\$ 757,168	\$ (206,801)	-21.45%
DDD	3A40	653604 DC&ICF/IID PROGRAM SUPPORT	\$ -	\$ -	\$ -	#DIV/0!	\$ 123,223	\$ 128,117	\$ 4,894	3.97%
DDD	3A40	653655 Medicaid Support	\$ 2,944,132	\$ 2,952,806	\$ 8,674	0.29%	\$ 26,493,619	\$ 17,728,129	\$ (8,765,490)	-33.09%
DDD	5S20	653622 MEDICAID ADMIN & OVERSIGHT	\$ 1,540,935	\$ 1,279,585	\$ (261,350)	-16.96%	\$ 8,559,106	\$ 7,699,356	\$ (859,750)	-10.04%
DDD	5EV0	653627 MEDICAID PROGRAM SUPPORT	\$ 62,000	\$ 65,326	\$ 3,326	5.37%	\$ 327,959	\$ 492,131	\$ 164,171	50.06%
DDD	3G60	653640 MEDICAID WAIVER PROGRM SUPPORT	\$ -	\$ -	\$ -	#DIV/0!	\$ 2,369,195	\$ 1,592,252	\$ (776,943)	-32.79%
DOH	3GD0	654601 MEDICAID PROGRAM SUPPORT	\$ 3,215,548	\$ 1,073,597	\$ (2,141,951)	-66.61%	\$ 10,707,353	\$ 8,023,353	\$ (2,684,000)	-25.07%
JFS	3F01	655624 MEDICAID PROGRAM SUPPORT	\$ 26,462,554	\$ 22,680,805	\$ (3,781,749)	-14.29%	\$ 74,369,187	\$ 70,590,143	\$ (3,779,044)	-5.08%
AGE	3C40	656623 LONG TERM CARE BUDGET- FEDERAL	\$ 278,000	\$ 191,946	\$ (86,054)	-30.95%	\$ 1,640,755	\$ 955,027	\$ (685,728)	-41.79%
AGE	5T40	656625 HEALTHCARE GRANTS -STATE	\$ 10,000	\$ -	\$ (10,000)	-100.00%	\$ 20,000	\$ -	\$ (20,000)	-100.00%
EDU	3AF0	657601 Schools Medicaid Admin Claims	\$ 18,207	\$ 934	\$ (17,273)	-30.95%	\$ 73,659	\$ 7,764	\$ (65,895)	-89.46%
PRX	4K90	658605 OARRS Integration - State	\$ 3,431	\$ 10,987	\$ 7,556	-94.87%	\$ 144,111	\$ 24,757	\$ (119,354)	-82.82%
PRX	3HH0	658601 OARRS Integration - Federal	\$ 32,453	\$ 103,926	\$ 71,473	220.24%	\$ 1,363,112	\$ 234,172	\$ (1,128,940)	-82.82%
Subtotal Non GRF Administration			\$ 64,697,578	\$ 66,626,002	\$ 1,928,424	2.98%	\$ 329,719,100	\$ 289,709,169	\$ (40,009,931)	-12.13%
Subtotal Non GRF			\$ 1,118,677,154	\$ 1,272,257,786	\$ 153,580,631	13.73%	\$ 5,076,716,212	\$ 5,124,859,572	\$ 48,143,360	0.95%
Grand Total			\$ 2,068,527,878	\$ 2,100,641,319	\$ 32,113,441	1.55%	\$ 11,536,688,497	\$ 11,455,022,261	\$ (81,666,235)	-0.71%
Total Service			\$ 1,982,027,560	\$ 2,016,578,077	\$ 34,550,517	1.74%	\$ 11,091,470,649	\$ 11,053,777,893	\$ (37,692,756)	-0.34%
Total Administration			\$ 86,500,318	\$ 84,063,242	\$ (2,437,076)	-2.82%	\$ 445,217,848	\$ 401,244,368	\$ (43,973,480)	-9.88%

Note: Amounts exclude transfers and non appropriated Local funding

All Agency Medicaid Budget Variance - SFY 2018

November

As of 12/6/2017

Month	Projection	Expenditure	Variance	%
July	\$ 2,223,826,915	\$ 2,223,826,915	\$ -	0.00%
August	\$ 2,495,034,797	\$ 2,396,220,217	\$ (98,814,581)	-3.96%
September	\$ 2,469,614,931	\$ 2,450,535,496	\$ (19,079,436)	-0.77%
October	\$ 2,279,683,975	\$ 2,283,798,314	\$ 4,114,339	0.18%
November	\$ 2,068,527,878	\$ 2,100,641,319	\$ 32,113,441	1.55%
Total Projection	\$ 11,536,688,498	\$ 11,455,022,261	\$ (81,666,236)	-0.71%

Year-To-Date Analysis - Source GL Table

Category	Projection	Expenditure	Variance	%
Nursing Facility	\$ 612,952,546	\$ 640,047,096	\$ 27,094,550	4.42%
Dept of Aging Waivers	\$ 173,351,922	\$ 167,150,309	\$ (6,201,613)	-3.58%
Home Care Waiver (ODM)	\$ 58,028,791	\$ 53,970,829	\$ (4,057,962)	-6.99%
Hospital	\$ 370,732,651	\$ 358,836,843	\$ (11,895,809)	-3.21%
Physician/Non Institutional Providers	\$ 494,819,521	\$ 458,950,258	\$ (35,869,263)	-7.25%
Prescribed Drugs	\$ 159,536,001	\$ 140,496,906	\$ (19,039,095)	-11.93%
Behavioral Health (MH/ODADAS)	\$ 503,602,400	\$ 523,226,355	\$ 19,623,956	3.90%
DDD Services	\$ 1,132,444,450	\$ 1,078,491,119	\$ (53,953,330)	-4.76%
Subtotal FFS	\$ 3,505,468,281	\$ 3,421,169,715	\$ (84,298,566)	-2.40%
Managed Care - ABD	\$ 1,001,701,698	\$ 1,006,541,801	\$ 4,840,103	0.48%
Managed Care - MyCare	\$ 1,025,405,382	\$ 1,010,953,433	\$ (14,451,949)	-1.41%
Managed Care - CFC/ABD Kids	\$ 2,528,244,286	\$ 2,562,854,041	\$ 34,609,755	1.37%
Managed Care - Group VIII	\$ 1,714,080,026	\$ 1,711,003,617	\$ (3,076,409)	-0.18%
Managed Care Pay For Performance	\$ 79,338,167	\$ 63,654,244	\$ (15,683,923)	-19.77%
Subtotal Managed Care	\$ 6,348,769,559	\$ 6,355,007,136	\$ 6,237,577	0.10%
Hospital UPL	\$ 122,084,426	\$ 172,204,471	\$ 50,120,044	41.05%
Hospital based Physician UPL	\$ 6,000,000	\$ 5,983,150	\$ (16,850)	-0.28%
Hospital HCAP	\$ 634,591,903	\$ 621,381,586	\$ (13,210,318)	-2.08%
Subtotal Hospital/Physician UPL/HCAP	\$ 762,676,329	\$ 799,569,206	\$ 36,892,877	4.84%
Medicare Buy In (includes QI)	\$ 252,375,013	\$ 253,809,278	\$ 1,434,265	0.57%
Medicare Part D	\$ 204,933,240	\$ 199,299,432	\$ (5,633,808)	-2.75%
Subtotal Medicare Premium Assistance	\$ 457,308,252	\$ 453,108,709	\$ (4,199,543)	-0.92%
Other OAKS Financial	\$ 17,248,228	\$ 24,923,127	\$ 7,674,898	44.50%
All Agency Administration	\$ 445,217,848	\$ 401,244,368	\$ (43,973,480)	-9.88%
Subtotal Other	\$ 462,466,076	\$ 426,167,495	\$ (36,298,581)	-7.85%
Total YTD Vs. Projection	\$ 11,536,688,498	\$ 11,455,022,261	\$ (81,666,236)	-0.71%

Analysis for the Month - Source GL Table

Month	Projection	Expenditure	Variance	%
Nursing Facility	\$ 124,443,724	\$ 123,941,116	\$ (502,608)	-0.40%
Dept of Aging Waivers	\$ 38,936,373	\$ 30,863,121	\$ (8,073,251)	-20.73%
Home Care Waiver (ODM)	\$ 10,273,293	\$ 9,495,124	\$ (778,169)	-7.57%
Hospital	\$ 62,277,709	\$ 52,323,145	\$ (9,954,564)	-15.98%
Physician/Non Institutional Providers	\$ 82,492,017	\$ 73,883,475	\$ (8,608,542)	-10.44%
Prescribed Drugs	\$ 27,934,804	\$ 24,757,792	\$ (3,177,012)	-11.37%
Behavioral Health (MH/ODADAS)	\$ 89,671,319	\$ 91,459,836	\$ 1,788,516	1.99%
DDD Services	\$ 199,144,204	\$ 202,743,908	\$ 3,599,704	1.81%
Subtotal FFS	\$ 635,173,442	\$ 609,467,517	\$ (25,705,926)	-4.05%
Managed Care - ABD	\$ 203,438,624	\$ 204,417,861	\$ 979,237	0.48%
Managed Care - MyCare	\$ 205,890,552	\$ 205,749,487	\$ (141,065)	-0.07%
Managed Care - CFC/ABD Kids	\$ 501,475,744	\$ 510,557,530	\$ 9,081,786	1.81%
Managed Care - Group VIII	\$ 341,733,294	\$ 336,581,962	\$ (5,151,332)	-1.51%
Subtotal Managed Care	\$ 1,252,538,214	\$ 1,257,306,840	\$ 4,768,626	0.38%
Hospital UPL	\$ -	\$ 49,888,163	\$ 49,888,163	#DIV/0!
Subtotal Hospital/Physician UPL/HCAP	\$ -	\$ 49,888,163	\$ 49,888,163	#DIV/0!
Medicare Buy In (includes QI)	\$ 50,864,548	\$ 55,622,436	\$ 4,757,888	9.35%
Medicare Part D	\$ 40,001,710	\$ 40,026,082	\$ 24,372	0.06%
Subtotal Medicare Premium Assistance	\$ 90,866,258	\$ 95,648,518	\$ 4,782,260	5.26%
Other OAKS Financial	\$ 3,449,646	\$ 4,267,039	\$ 817,394	23.70%
All Agency Administration	\$ 86,500,318	\$ 84,063,242	\$ (2,437,076)	-2.82%
Subtotal Other	\$ 89,949,964	\$ 88,330,282	\$ (1,619,683)	-1.80%
Total Month Vs. Projection	\$ 2,068,527,878	\$ 2,100,641,319	\$ 32,113,441	1.55%

Note: Subject to change for accounting updates.