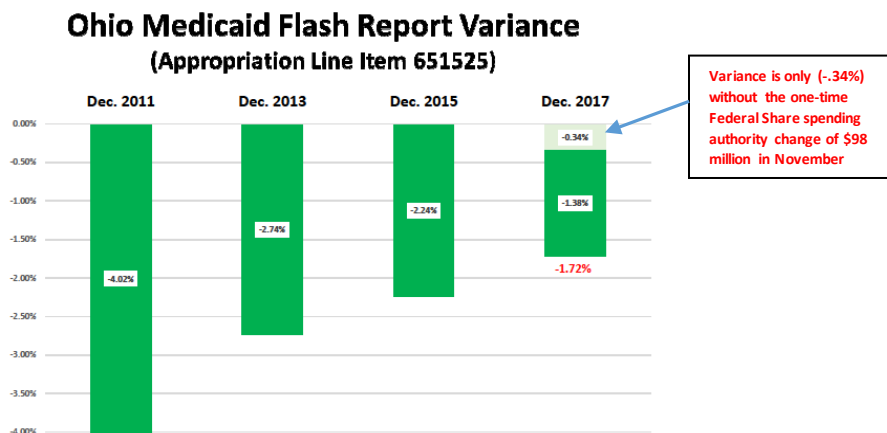


Ohio Medicaid Budget Variance Report – December 2017

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](#).

- For the month of December, total Medicaid payments were lower than projected by \$28.7 million (1.3% percent). This was driven by Hospital Upper Limit (UPL) payments that were paid in November, a month earlier than anticipated. Year to date, the total variance of the Medicaid Program was \$110 million (-0.8 percent) under the \$13.7 billion dollar estimate. This is being driven by underspending in fee-for-service (FFS). The total ODM Medicaid actuals of FFS and Managed Care are running \$23.8 million (-0.23 percent) under budget.
- For the month of December, spending virtually matched the disbursement estimate for the 651525 line item. The 651525 line item variance was only \$0.4 million (0.03 percent) for the month. The primary Medicaid services line item (651525) was \$121.8 million (-1.7 percent) under the original disbursement estimate of \$7.082 billion through December 2017. The year to date variance was driven by a one-time funding adjustment that occurred in November 2017.
- The state share of general revenue fund (GRF) spending on Medicaid was \$39.3 million (-1.5 percent) below the disbursement estimate at the end of December. The state share variance increased from November to December as the spending had a slightly higher federal share for the month.
- 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 a one-time funding adjustment that occurred in November, the line item is within 0.34% 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 100,515 (-3.3 percent) under estimates for the month of December. The covered families and children (CFC) enrollment is below projections (-4.9 percent), but the impact on the budget is offset because the higher-cost aged, blind and disabled (ABD) category is above projections (1.9 percent).

All Agency Medicaid Budget Variance - SFY 2018

Budget Status By Appropriation Line Item

As of Jan 10, 2018 (Month Closed)

Source: OAKS GL Table

			December Budget	December Expenditures	December Variance	%	YTD Budget	YTD Expenditures	YTD Variance	%
AGY FUND GRF Services										
MCD	GRF State	651525 Medicaid/Health Care Services	\$ 335,351,380	\$ 318,025,167	\$ (17,326,213)	-5.17%	\$ 2,015,748,410	\$ 1,990,829,768	\$ (24,918,642)	-1.24%
MCD	GRF Federal	651525 Medicaid/Health Care Services	\$ 855,476,285	\$ 873,214,096	\$ 17,737,812	2.07%	\$ 5,067,182,823	\$ 4,970,301,544	\$ (96,881,278)	-1.91%
651525 Total			\$ 1,190,827,665	\$ 1,191,239,263	\$ 411,598	0.03%	\$ 7,082,931,233	\$ 6,961,131,312	\$ (121,799,920)	-1.72%
MCD	GRF State	651526 MEDICARE PART D	\$ 39,661,494	\$ 38,040,749	\$ (1,620,745)	-4.09%	\$ 244,594,734	\$ 237,340,181	\$ (7,254,553)	-2.97%
DDD	GRF State	653407 MEDICAID SERVICES	\$ 49,900,868	\$ 47,633,803	\$ (2,267,065)	-4.54%	\$ 297,337,598	\$ 297,069,812	\$ (267,785)	-0.09%
Subtotal GRF Services			\$ 1,280,390,027	\$ 1,276,913,815	\$ (3,476,212)	-0.27%	\$ 7,624,863,564	\$ 7,495,541,305	\$ (129,322,258)	-1.70%
AGY FUND GRF Administration										
MCD	GRF State	651425 MEDICAID PROGRAM SUPPORT STATE	\$ 13,334,377	\$ 9,382,207	\$ (3,952,171)	-29.64%	\$ 81,582,967	\$ 74,518,270	\$ (7,064,697)	-8.66%
MHA	GRF State	652321 MEDICAID SUPPORT	\$ 121,391	\$ 128,477	\$ 7,086	5.84%	\$ 1,250,366	\$ 1,250,363	\$ (3)	0.00%
DDD	GRF State	653321 MEDICAID PROGRAM SUPPORT STATE	\$ 807,690	\$ 798,155	\$ (9,535)	-1.18%	\$ 3,995,675	\$ 3,926,530	\$ (69,145)	-1.73%
DOH	GRF State	654453 MEDICAID-HC QUALITY ASSURANCE	\$ 375,423	\$ 411,915	\$ 36,492	9.72%	\$ 1,863,539	\$ 2,026,180	\$ 162,641	8.73%
JFS	GRF State	655425 MEDICAID PROGRAM SUPPORT	\$ 567,917	\$ 638,731	\$ 70,814	12.47%	\$ 3,592,495	\$ 3,851,531	\$ 259,036	7.21%
JFS	GRF State	655522 MEDICAID PROGRAM SUPPORT-LOCAL	\$ 1,756,978	\$ 1,951,673	\$ 194,695	11.08%	\$ 21,052,520	\$ 21,451,656	\$ 399,136	1.90%
JFS	GRF State	655523 MEDICAID PRGRM SUPP- LOC TRNSP	\$ 3,388,390	\$ 4,146,413	\$ 758,023	22.37%	\$ 21,027,726	\$ 20,418,545	\$ (609,181)	-2.90%
AGE	GRF State	656423 LONG TERM CARE BUDGET - STATE	\$ 383,000	\$ 415,143	\$ 32,143	8.39%	\$ 1,790,000	\$ 1,786,115	\$ (3,885)	-0.22%
EDU	GRF State	657401 Medicaid in Schools	\$ 12,343	\$ 13,989	\$ 1,646	13.33%	\$ 90,969	\$ 192,713	\$ 101,743	111.84%
Subtotal GRF Administration			\$ 20,747,509	\$ 17,886,703	\$ (2,860,806)	-13.79%	\$ 136,246,257	\$ 129,421,902	\$ (6,824,355)	-5.01%
Total GRF			\$ 1,301,137,536	\$ 1,294,800,518	\$ (6,337,018)	-0.49%	\$ 7,761,109,821	\$ 7,624,963,208	\$ (136,146,614)	-1.75%
Total GRF State			\$ 445,661,252	\$ 421,586,421	\$ (24,074,830)	-5.40%	\$ 2,693,926,999	\$ 2,654,661,663	\$ (39,265,335)	-1.46%
Total GRF Federal			\$ 855,476,285	\$ 873,214,096	\$ 17,737,812	2.07%	\$ 5,067,182,823	\$ 4,970,301,544	\$ (96,881,278)	-1.91%
AGY FUND Non GRF Services										
MCD	5R20	651608 MEDICAID Nursing Facilities	\$ 50,000,000	\$ 50,000,320	\$ 320	0.00%	\$ 150,000,000	\$ 150,199,574	\$ 199,574	0.13%
MCD	3F00	651623 HEALTH CARE FEDERAL	\$ 455,087,838	\$ 425,296,602	\$ (29,791,236)	-6.55%	\$ 3,036,413,647	\$ 3,131,889,778	\$ 95,476,132	3.14%
MCD	5FX0	651638 Medicaid Services - Payment Withholding	\$ 1,000,000	\$ 106,713	\$ (893,287)	-89.33%	\$ 6,000,000	\$ 8,441,935	\$ 2,441,935	40.70%
MCD	5DL0	651639 Medicaid Revenue and Collections	\$ 59,271,418	\$ 59,149,404	\$ (122,014)	-0.21%	\$ 450,149,534	\$ 453,989,444	\$ 3,839,909	0.85%
MCD	R055	651644 Refunds & Reconciliation	\$ 83,333	\$ 416	\$ (82,918)	-99.50%	\$ 500,000	\$ 124,696	\$ (375,304)	-75.06%
MCD	6510	651649 Medicaid Services - HCAP	\$ -	\$ -	\$ -		\$ 238,057,429	\$ 234,136,746	\$ (3,920,683)	-1.65%
MCD	5GF0	651656 MEDICAID HOSPITAL	\$ 33,441,571	\$ 21,378,707	\$ (12,062,864)	-36.07%	\$ 219,342,768	\$ 223,377,464	\$ 4,034,695	1.84%
MCD	5SC0	651683 Medicaid Services - Physician UPL	\$ 2,233,200	\$ 531,257	\$ (1,701,944)	-76.21%	\$ 4,466,400	\$ 2,222,100	\$ (2,244,300)	-50.25%
MCD	5TN0	651684 Medicaid Services-HIC Fee	\$ 5,933,403	\$ 5,933,403	\$ (0)	0.00%	\$ 230,551,143	\$ 230,551,144	\$ 1	0.00%
MCD	5SA4	651689 Medicaid Health and Human Services	\$ 65,408,765	\$ 65,408,765	\$ (0)	0.00%	\$ 198,967,999	\$ 198,967,998	\$ (1)	0.00%
DDD	3A40	653605 DC & RES FAC SVCS AND SUPPORT	\$ -	\$ -	\$ -		\$ 3,187,555	\$ 2,587,525	\$ (600,030)	-18.82%
DDD	5GE0	653606 ICF/IID & WAIVER MATCH	\$ -	\$ -	\$ -		\$ -	\$ (78)	\$ (78)	
DDD	1520	653609 DC&RESIDENTIAL OPERATING SRVCS	\$ 4,250,000	\$ 4,250,000	\$ -	0.00%	\$ 10,654,336	\$ 11,548,101	\$ 893,765	8.39%
DDD	5Z10	653624 COUNTY BOARD WAIVER MATCH	\$ 17,600,000	\$ 17,531,764	\$ (68,236)	-0.39%	\$ 139,505,944	\$ 137,950,553	\$ (1,555,391)	-1.11%
DDD	4890	653632 DC DIRECT CARE SERVICES	\$ 2,505,480	\$ 2,381,320	\$ (124,160)	-4.96%	\$ 6,174,893	\$ 5,025,647	\$ (1,149,246)	-18.61%

All Agency Medicaid Budget Variance - SFY 2018

Budget Status By Appropriation Line Item

As of Jan 10, 2018 (Month Closed)

Source: OAKS GL Table

			December Budget	December Expenditures	December Variance	%	YTD Budget	YTD Expenditures	YTD Variance	%
DDD	3G60	653639 MEDICAID WAIVER SERVICES	\$ -	\$ -	\$ -		\$ 39,858,954	\$ 39,107,411	\$ (751,544)	-1.89%
DDD	3A40	653653 ICF/ IID	\$ -	\$ -	\$ -		\$ -	\$ (30,284)	\$ (30,284)	
DDD	3A40	653654 Medicaid Services	\$ 137,949,534	\$ 163,988,900	\$ 26,039,366	18.88%	\$ 847,931,052	\$ 821,018,217	\$ (26,912,835)	-3.17%
Subtotal Non GRF Services			\$ 834,764,542	\$ 815,957,568	\$ (18,806,974)	-2.25%	\$ 5,581,761,655	\$ 5,651,107,971	\$ 69,346,317	1.24%
AGY FUND	Non GRF Administration									
MCD	5TZ0	651600 Brigid's Path Program	\$ -	\$ -	\$ -		\$ 500,000	\$ -	\$ (500,000)	-100.00%
MCD	3ER0	651603 Medicaid Health Information Tech	\$ 2,242,579	\$ 1,015,512	\$ (1,227,067)	-54.72%	\$ 13,021,358	\$ 11,652,802	\$ (1,368,556)	-10.51%
MCD	4E30	651605 Resident Protection Fund	\$ 227	\$ 164,648	\$ 164,421	72538.82%	\$ 1,395,776	\$ 1,742,838	\$ 347,063	24.87%
MCD	3F00	651624 Medicaid Program Support Fed	\$ 34,224,452	\$ 24,536,274	\$ (9,688,178)	-28.31%	\$ 205,745,940	\$ 175,344,312	\$ (30,401,628)	-14.78%
MCD	5AJ0	651631 Money Follows the Person	\$ 196,212	\$ 125,009	\$ (71,204)	-36.29%	\$ 3,069,018	\$ 2,223,401	\$ (845,617)	-27.55%
MCD	5DL0	651685 Medicaid Recoveries -Support	\$ 2,051,131	\$ 608,999	\$ (1,442,132)	-70.31%	\$ 6,003,486	\$ 4,647,962	\$ (1,355,525)	-22.58%
MCD	5U30	651654 Medicaid Program Support	\$ -	\$ (48,792)	\$ (48,792)		\$ 4,483,290	\$ 3,346,012	\$ (1,137,277)	-25.37%
MCD	3FA0	651680 Health Care Grants Federal	\$ 1,325,875	\$ 375,183	\$ (950,693)	-71.70%	\$ 8,385,461	\$ 9,296,305	\$ 910,845	10.86%
MHA	3B10	652636 COMM MEDICAID LEGACY SUPPORT	\$ 386,542	\$ 215,073	\$ (171,469)	-44.36%	\$ 1,350,511	\$ 972,241	\$ (378,270)	-28.01%
DDD	3A40	653604 DC&ICF/IID PROGRAM SUPPORT	\$ -	\$ 678	\$ 678		\$ 123,223	\$ 128,795	\$ 5,572	4.52%
DDD	3A40	653655 Medicaid Support	\$ 2,829,341	\$ 9,598,103	\$ 6,768,762	239.23%	\$ 29,322,960	\$ 27,326,232	\$ (1,996,728)	-6.81%
DDD	5S20	653622 MEDICAID ADMIN & OVERSIGHT	\$ 2,227,438	\$ 2,618,760	\$ 391,322	17.57%	\$ 10,786,544	\$ 10,318,116	\$ (468,429)	-4.34%
DDD	5EV0	653627 MEDICAID PROGRAM SUPPORT	\$ 90,000	\$ 212,268	\$ 122,268	135.85%	\$ 417,959	\$ 704,399	\$ 286,439	68.53%
DDD	3G60	653640 MEDICAID WAIVER PROGRM SUPPORT	\$ -	\$ -	\$ -		\$ 2,369,195	\$ 1,592,252	\$ (776,943)	-32.79%
DOH	3GD0	654601 MEDICAID PROGRAM SUPPORT	\$ 1,422,617	\$ 3,562,275	\$ 2,139,658	150.40%	\$ 12,129,970	\$ 11,585,628	\$ (544,342)	-4.49%
JFS	3F01	655624 MEDICAID PROGRAM SUPPORT	\$ 14,153,996	\$ 13,682,938	\$ (471,058)	-3.33%	\$ 88,523,183	\$ 84,273,081	\$ (4,250,102)	-4.80%
AGE	3C40	656623 LONG TERM CARE BUDGET- FEDERAL	\$ 352,000	\$ 149,529	\$ (202,471)	-57.52%	\$ 1,992,755	\$ 1,104,556	\$ (888,199)	-44.57%
AGE	5T40	656625 HEALTHCARE GRANTS -STATE	\$ 20,000	\$ -	\$ (20,000)	-100.00%	\$ 40,000	\$ -	\$ (40,000)	-100.00%
EDU	3AF0	657601 Schools Medicaid Admin Claims	\$ 12,343	\$ -	\$ (12,343)	-100.00%	\$ 86,002	\$ 7,764	\$ (78,238)	-90.97%
PRX	4K90	658605 OARRS Integration - State	\$ 5,146	\$ 118,421	\$ 113,275	2201.22%	\$ 149,257	\$ 143,178	\$ (6,079)	-4.07%
PRX	3HH0	658601 OARRS Integration - Federal	\$ 48,679	\$ 1,120,109	\$ 1,071,430	2201.01%	\$ 1,411,791	\$ 1,354,282	\$ (57,509)	-4.07%
Subtotal Non GRF Administration			\$ 61,588,578	\$ 58,054,986	\$ (3,533,592)	-5.74%	\$ 391,307,677	\$ 347,764,155	\$ (43,543,523)	-11.13%
Subtotal Non GRF			\$ 896,353,120	\$ 874,012,554	\$ (22,340,566)	-2.49%	\$ 5,973,069,332	\$ 5,998,872,126	\$ 25,802,794	0.43%
Grand Total			\$ 2,197,490,656	\$ 2,168,813,072	\$ (28,677,584)	-1.31%	\$ 13,734,179,153	\$ 13,623,835,333	\$ (110,343,820)	-0.80%
Total Service			\$ 2,115,154,569	\$ 2,092,871,383	\$ (22,283,186)	-1.05%	\$ 13,206,625,218	\$ 13,146,649,277	\$ (59,975,942)	-0.45%
Total Administration			\$ 82,336,087	\$ 75,941,689	\$ (6,394,399)	-7.77%	\$ 527,553,935	\$ 477,186,057	\$ (50,367,878)	-9.55%

Note: Amounts exclude transfers and non appropriated Local funding

All Agency Medicaid Budget Variance - SFY 2018

December

As of 1/10/2018

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%
December	\$ 2,197,490,656	\$ 2,168,813,072	\$ (28,677,584)	-1.31%
Total Projection	\$ 13,734,179,154	\$ 13,623,835,333	\$ (110,343,820)	-0.80%

Year-To-Date Analysis - Source GL Table

Category	Projection	Expenditure	Variance	%
Nursing Facility	\$ 732,651,455	\$ 766,365,553	\$ 33,714,098	4.60%
Dept of Aging Waivers	\$ 205,193,305	\$ 199,134,790	\$ (6,058,515)	-2.95%
Home Care Waiver (ODM)	\$ 68,392,985	\$ 63,489,843	\$ (4,903,142)	-7.17%
Hospital	\$ 432,894,223	\$ 422,815,459	\$ (10,078,764)	-2.33%
Physician/Non Institutional Providers	\$ 576,437,474	\$ 538,606,160	\$ (37,831,314)	-6.56%
Prescribed Drugs	\$ 187,385,875	\$ 164,857,620	\$ (22,528,255)	-12.02%
Behavioral Health (MH/ODADAS)	\$ 590,745,079	\$ 620,037,938	\$ 29,292,859	4.96%
DDD Services	\$ 1,344,650,332	\$ 1,314,276,905	\$ (30,373,427)	-2.26%
Subtotal FFS	\$ 4,138,350,728	\$ 4,089,584,268	\$ (48,766,460)	-1.18%
Managed Care - ABD	\$ 1,206,513,987	\$ 1,211,484,854	\$ 4,970,867	0.41%
Managed Care - MyCare	\$ 1,231,772,152	\$ 1,214,183,793	\$ (17,588,359)	-1.43%
Managed Care - CFC/ABD Kids	\$ 3,035,079,969	\$ 3,064,442,684	\$ 29,362,715	0.97%
Managed Care - Group VIII	\$ 2,056,077,564	\$ 2,049,615,706	\$ (6,461,858)	-0.31%
Managed Care Pay For Performance	\$ 79,338,167	\$ 63,654,244	\$ (15,683,923)	-19.77%
Subtotal Managed Care	\$ 7,608,781,839	\$ 7,603,381,281	\$ (5,400,558)	-0.07%
Hospital UPL	\$ 244,168,852	\$ 251,176,107	\$ 7,007,255	2.87%
Hospital based Physician UPL	\$ 12,000,000	\$ 11,737,911	\$ (262,089)	-2.18%
Hospital HCAP	\$ 634,591,903	\$ 621,381,586	\$ (13,210,318)	-2.08%
Subtotal Hospital/Physician UPL/HCAP	\$ 890,760,756	\$ 884,295,604	\$ (6,465,152)	-0.73%
Medicare Buy In (includes QI)	\$ 303,439,288	\$ 304,994,486	\$ 1,555,198	0.51%
Medicare Part D	\$ 244,594,734	\$ 237,340,181	\$ (7,254,553)	-2.97%
Subtotal Medicare Premium Assistance	\$ 548,034,022	\$ 542,334,667	\$ (5,699,355)	-1.04%
Other OAKS Financial	\$ 20,697,874	\$ 27,055,457	\$ 6,355,583	30.71%
All Agency Administration	\$ 527,553,935	\$ 477,186,057	\$ (50,367,878)	-9.55%
Subtotal Other	\$ 548,251,809	\$ 504,239,514	\$ (44,012,295)	-8.03%
Total YTD Vs. Projection	\$ 13,734,179,154	\$ 13,623,835,333	\$ (110,343,820)	-0.80%

Analysis for the Month - Source GL Table

Month	Projection	Expenditure	Variance	%
Nursing Facility	\$ 119,698,909	\$ 126,318,457	\$ 6,619,548	5.53%
Dept of Aging Waivers	\$ 31,841,383	\$ 31,984,482	\$ 143,099	0.45%
Home Care Waiver (ODM)	\$ 10,364,194	\$ 9,519,014	\$ (845,180)	-8.15%
Hospital	\$ 62,161,572	\$ 63,978,616	\$ 1,817,044	2.92%
Physician/Non Institutional Providers	\$ 81,617,953	\$ 79,655,901	\$ (1,962,052)	-2.40%
Prescribed Drugs	\$ 27,849,875	\$ 24,360,714	\$ (3,489,161)	-12.53%
Behavioral Health (MH/ODADAS)	\$ 87,142,679	\$ 96,811,583	\$ 9,668,904	11.10%
DDD Services	\$ 212,205,882	\$ 235,785,786	\$ 23,579,904	11.11%
Subtotal FFS	\$ 632,882,447	\$ 668,414,552	\$ 35,532,105	5.61%
Managed Care - ABD	\$ 204,812,289	\$ 204,943,053	\$ 130,764	0.06%
Managed Care - MyCare	\$ 206,366,770	\$ 203,230,360	\$ (3,136,410)	-1.52%
Managed Care - CFC/ABD Kids	\$ 506,835,683	\$ 501,588,643	\$ (5,247,040)	-1.04%
Managed Care - Group VIII	\$ 341,997,538	\$ 338,612,089	\$ (3,385,449)	-0.99%
Subtotal Managed Care	\$ 1,260,012,280	\$ 1,248,374,145	\$ (11,638,135)	-0.92%
Hospital UPL	\$ 122,084,426	\$ 78,971,637	\$ (43,112,789)	-35.31%
Hospital based Physician UPL	\$ 6,000,000	\$ 5,754,761	\$ (245,239)	-4.09%
Subtotal Hospital/Physician UPL/HCAP	\$ 128,084,426	\$ 84,726,398	\$ (43,358,029)	-33.85%
Medicare Buy In (includes QI)	\$ 51,064,276	\$ 51,185,209	\$ 120,933	0.24%
Medicare Part D	\$ 39,661,494	\$ 38,040,749	\$ (1,620,745)	-4.09%
Subtotal Medicare Premium Assistance	\$ 90,725,770	\$ 89,225,958	\$ (1,499,812)	-1.65%
Other OAKS Financial	\$ 3,449,646	\$ 2,130,330	\$ (1,319,315)	-38.24%
All Agency Administration	\$ 82,336,087	\$ 75,941,689	\$ (6,394,399)	-7.77%
Subtotal Other	\$ 85,785,733	\$ 78,072,019	\$ (7,713,714)	-8.99%
Total Month Vs. Projection	\$ 2,197,490,656	\$ 2,168,813,072	\$ (28,677,584)	-1.31%

Note: Subject to change for accounting updates.