

FY 2014-2015 Medicaid Budget Update

Presentation to JMOC Committee
Susan Ackerman
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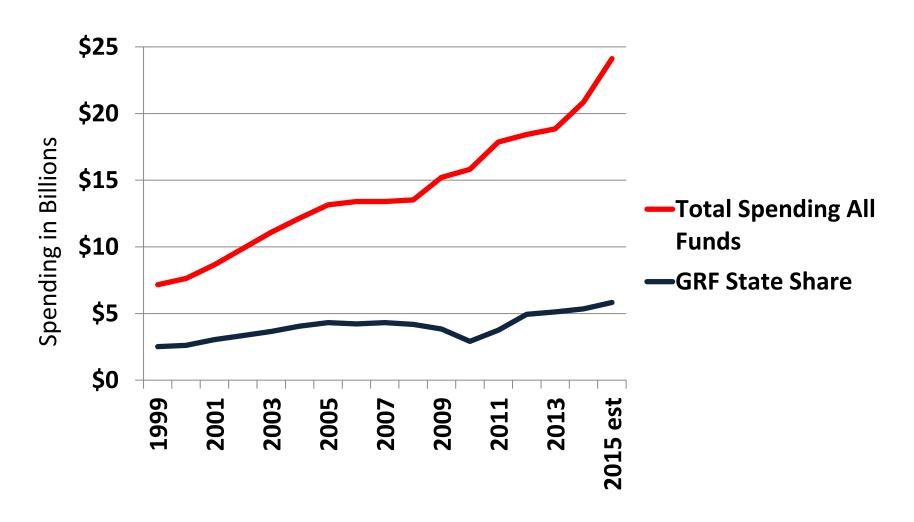
Today's Topics

- Basis for estimates
- Recap of FY 2014
- Update on FY 2015
- Look at national projections
- What this means for Ohio in FY 2016-2017

The Budget Process: GRF Disbursement Estimates

- Legislation authorizes annual appropriations by line item
- Agencies develop monthly disbursement estimates by GRF line item. Estimates include:
 - Planned encumbrances & lapses
 - Spending against prior year encumbrances
 - May include appropriation changes such as transfers and Controlling Board actions
- These estimates become the basis for the monthly financial reports
 - OBM: http://obm.ohio.gov/Budget/monthlyfinancial/
 - LSC: http://www.lsc.state.oh.us/fiscal/bfn/default.htm

Medicaid Spending Over Time



Source: Legislative Service Commission

Medicaid Budget: All Spending on Medicaid Matters

- Medicaid budget includes GRF and non-GRF funds and spending across multiple agencies
- Most non-GRF Medicaid funds can be used interchangeably with GRF funds
- GRF spending has implications for the entire General Revenue Fund

End of Year Analysis: FY 2014 Medicaid Spending (\$ in millions)

	Projection	Actual	Variance
GRF Services	\$14,211	\$13,375	\$(836)
GRF Administration	\$232	\$196	\$(36)
GRF Total	\$14,442	\$13,571	\$(872)
Non-GRF Services	\$6,312	\$6,709	\$396
Non-GRF	\$836	\$580	\$(256)
Administration			
Non-GRF Total	\$7,148	\$7,289	\$141
Grand Total	\$21,590	\$20,859	\$(731)
Total Services	\$20,523	\$20,083	\$(440)
Total Administration	\$1,067	\$776	\$(291)

Source: ODM All Agency Budget Variance Report for June 2014

Variance Highlights (All Funds)

Areas under estimate

- My Care \$500.6M
- Health Homes \$211.7M
- Managed Care/CFC \$108.7M
- Inpatient Hospital \$108.4M
- Agency Administration \$291.5M
- All Other \$166.2M

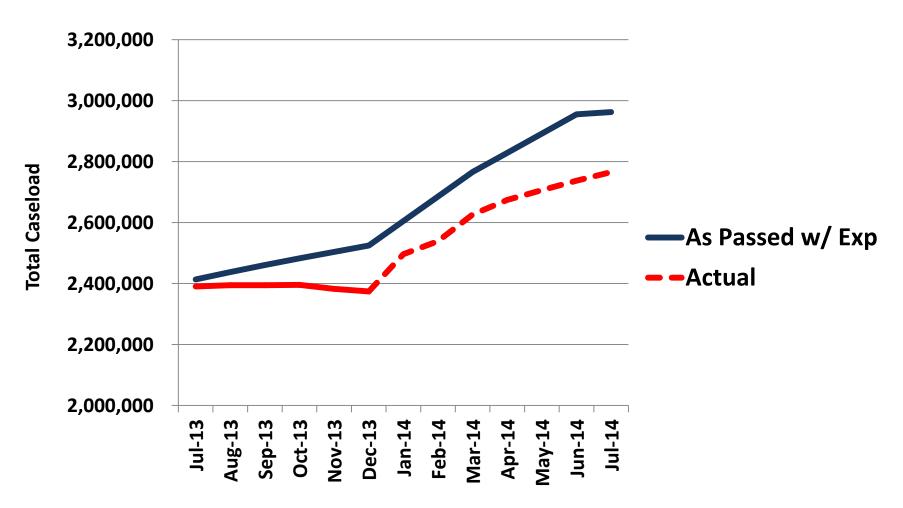
Areas over estimate

- Group VIII \$512.0M
- ACA Physician Rate Increase -\$238.2M
- Nursing Facilities \$140.1M
- Behavioral Health \$55.5M

Key Factors in Variances:

- Timing of implementation of new programs
- Lower caseloads than estimated

Actual Medicaid Enrollment Trails the Estimate

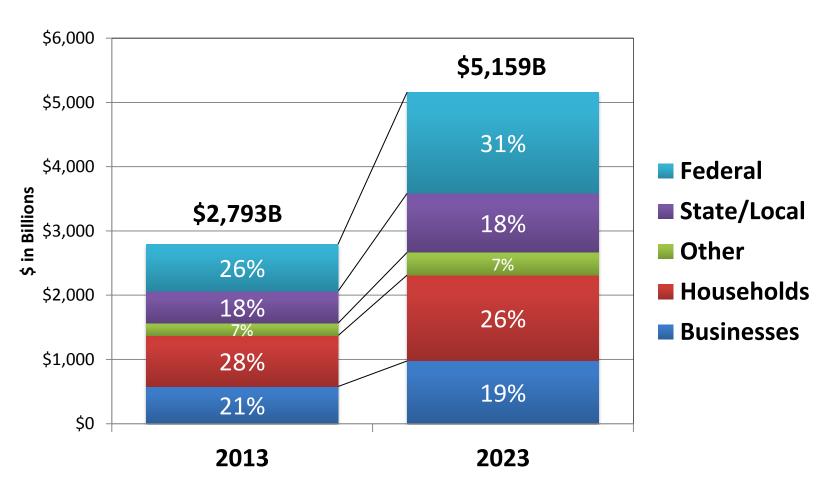


Sources: ODM Forecast Book, Budget As Passed; Mercer Expansion Forecast; ODM Monthly Caseload Report

Updated Assumptions for FY 2015

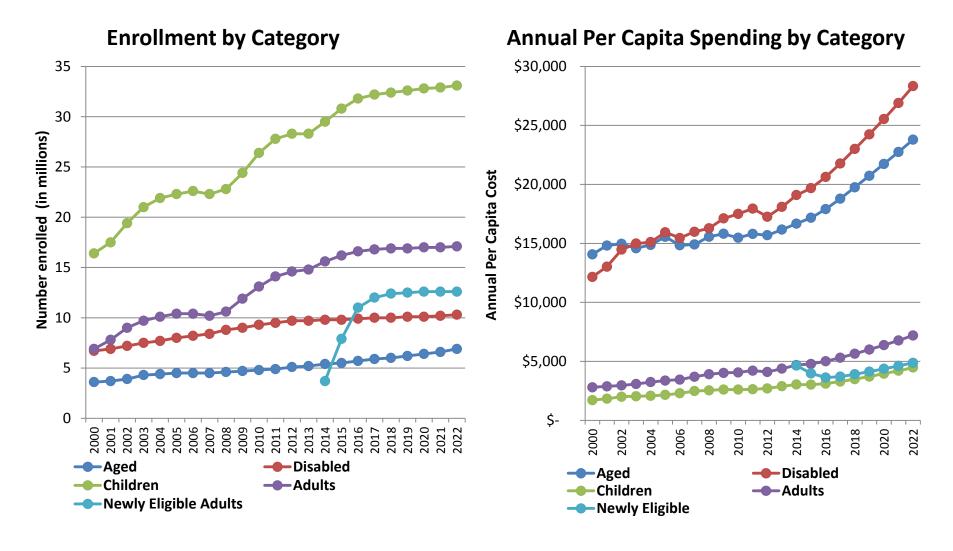
- Caseload forecast adjusted downward
 - "Woodwork" enrollment, especially for dual eligibles
- Medicaid GRF disbursements reduced by \$845.6M
 - GRF federal revenues reduced by \$559.0M
- CB Increases will be incorporated in estimates
 - Group VIII (\$1,999.5M)
 - Ohio Benefits contract (\$108.7M)

Trends in National Health Expenditures: Distribution & Spending by Payer



Source: CMS Office of the Actuary, National Health Expenditure Projections 2013-2023 (July 2014)

National Estimates: 2013 Medicaid Report



Data Source: CMS Office of the Actuary, 2013 Actuarial Report on the Financial Outlook for Medicaid (April 2014)

What Does This Mean for FY 16-17

- Healthcare costs and caseloads will continue to grow
- Still early in implementation of new initiatives
- The success of transformative initiatives to improve value and health outcomes is essential for long term program stability