

**Redesigning**  
THE MEDICAID PROGRAM



**Medicaid Global Spending Cap**  
*February 2012 Report*



# Redesigning

## THE MEDICAID PROGRAM



### Overview

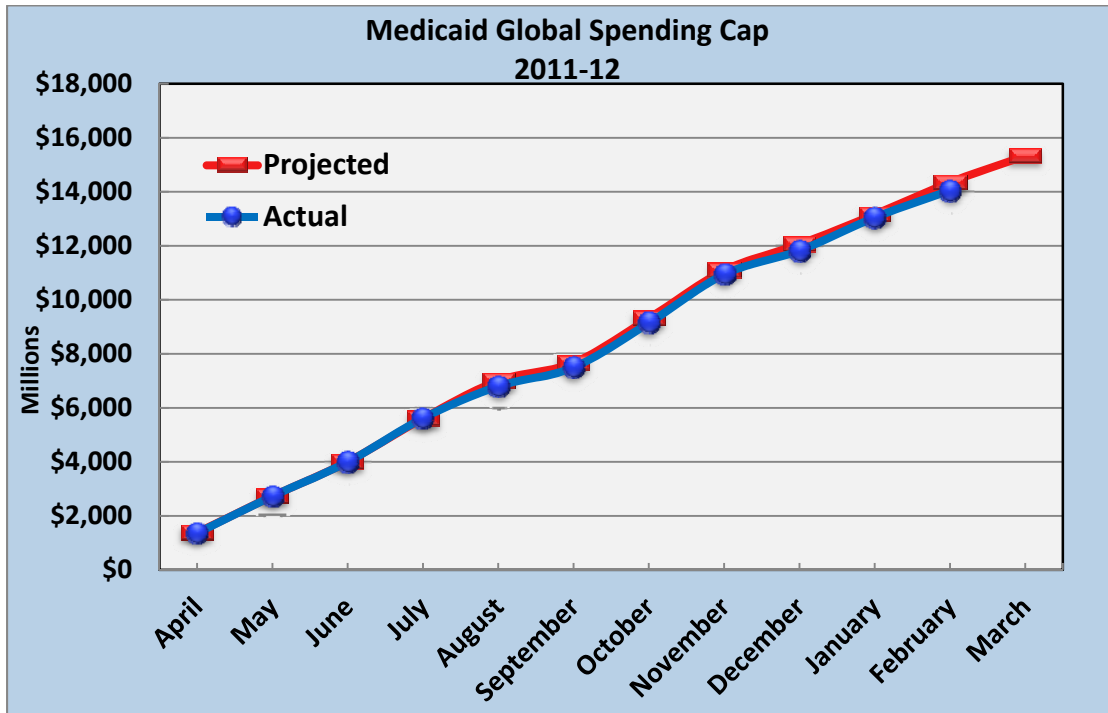
The Department of Health and Division of Budget are required to report on a monthly basis, under Chapter 59 of the Laws of 2011, actual State Medicaid spending compared to projected expenditures. The Medicaid Global Spending Cap is projected to total \$15.3 billion in SFY 2011-12. The charts on page three of this report depict actual monthly spending through February and projected spending for March of this state fiscal year.

### Results through February 2012 - Summary

Total State Medicaid expenditures under the Medicaid Global Spending Cap through February of SFY 2011-12 are \$124 million or less than 1% **below** projections. Cumulative spending for the months April through February resulted in total expenditures of \$14.05 billion compared to the projection of \$14.17 billion. Since April 2011, enrollment in the Medicaid program has grown by nearly 138,000 enrollees (or 2.8%), with a majority of these individuals enrolling in either the Family Health Plus or Medicaid Managed Care programs. This enrollment growth will drive additional spending which, if unabated, could place more pressure on the global cap.

It should be noted that Medicaid spending on a month-to-month basis is subject to significant variation due to enrollment swings, provider billing patterns, rate adjustments, and the number of billing cycles within a month. The Department of Health does not expect Medicaid program volatility to decline in the near term due to factors such as, the enrollment trend mentioned above, as well as processing of significant retroactive rate packages (i.e., 2009 hospital rates, managed care premiums, 2009 Outpatient Ambulatory Patient Groups). In addition, the implementation of new Medicaid Redesign Team measures impact monthly Medicaid spending. The State will continue to monitor spending and enrollment trends very closely each month.

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**Medicaid Spending  
April 2011 - February 2012  
(dollars in thousands)**

Category of Service	Estimated	Actual	Variance
Inpatient	\$1,903,795	\$1,911,721	\$7,926
Outpatient/Emergency Room	\$289,562	\$284,138	(\$5,424)
Clinic	\$253,382	\$258,793	\$5,411
Nursing Homes	\$2,773,835	\$2,789,897	\$16,062
Other Long Term Care	\$1,711,981	\$1,509,091	(\$202,890)
Medicaid Managed Care	\$3,449,160	\$3,610,042	\$160,882
Family Health Plus	\$681,405	\$746,385	\$64,979
Non-Institutional / Other	\$3,395,078	\$3,251,653	(\$143,425)
Cash Audits	(\$284,513)	(\$312,434)	(\$27,922)
<b>TOTAL</b>	<b>\$14,173,686</b>	<b>\$14,049,285</b>	<b>(\$124,401)</b>

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## Results through February - Variance Highlights

- ▶ **Lower Fee-for-Service Spending:** Through February, Medicaid spending in major fee-for-service categories is \$458 million below projections as follows:
  - *Inpatient* hospital spending is \$8 million above the estimate.
  - *Outpatient/Emergency Room* spending is \$5 million below projection, a result of lower than expected utilization trends. The Outpatient Emergency Room sector has experienced a decrease in the number of recipients served and a decrease in the number of claims billed. The utilization drops reflect the migration of recipients to Medicaid Managed Care.
  - *Clinic* spending is \$5 million above the target projections.
  - *Nursing Home* spending is \$16 million above the global cap estimate.
  - *Other Long Term Care* services spending, which includes Personal Care, Home Health, Home Nursing, and the Assisted Living programs, is \$203 million below projections. The variance is primarily attributable to lower than projected spending in Personal Care (\$57 million), Home Health (\$117 million), and Home Nursing (\$27 million). The Personal Care variance continues to reflect efforts to reduce utilization as well as a reduction in fee-for-service spending due to the inclusion of personal care services in the benefit package for Managed Care enrollees (effective August 1, 2011). The Home Health and Home Nursing variances reflect a significant reduction in per recipient spending based on both claims payment adjustments and agency effort to control and reduce home health service utilization as a result of the implementation of MRT #5.
  - *Non-Institutional* fee-for-service spending (includes Pharmacy, Transportation, Supplemental Medical Insurance, etc.) is \$279 million below estimates. This variance is primarily due to lower Supplemental Medical Insurance (\$107 million) and Pharmacy spending (\$148 million). Lower than forecasted Medicare rates drove the under spending for SMI, and higher than projected drug rebates resulted in lower Pharmacy spending.
- ▶ **Higher Medicaid Managed Care Spending:** Total spending through February is \$161 million above projections due to higher than anticipated enrollment.
- ▶ **Higher Family Health Plus Spending:** Through February, Family Health Plus spending is \$65 million above estimates and continues to reflect higher than projected enrollment.
- ▶ **Lower Federal Medical Assistance Payments (FMAP):** Enhanced Federal share payment benefits are \$56 million below projections through February. A portion of this variance may be attributed to the receipt of the anticipated benefits through lower payments in other service categories. The enhanced FMAP period ended June 30, 2011. It is not anticipated there will be significant additional earnings for the remainder of the fiscal year.

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- ▶ **Higher Local Medicaid Cap Costs:** To date, Local Medicaid Cap expenditures have exceeded projected levels by \$85 million. This corresponds to increased State spending in Managed Care and serves to offset under spending in other fee-for-service categories. (Note: Under the 2005 Local Medicaid Cap statute, the State is responsible for covering local costs of Medicaid that exceed the annual cap).
- ▶ **Higher Other State Agency Offset Transfers:** Medicaid spending by other State agencies is running \$72 million below projections through February. This spending is processed by the Department of Health and subsequently offset by transfers from the other agency budgets.
- ▶ **Lower Medicaid Administration Costs:** Through February, spending on Medicaid administration is below projected levels by \$51 million, reflecting lower than anticipated local social service district claiming.
- ▶ **Higher Medicaid Audits:** Through February, spending offsets realized from Medicaid audit recoveries are \$28 million above projections.

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### Accounts Receivable

The Department of Health has processed approximately 80 different rate adjustment packages in SFY 2012. Many of these rate packages have retroactive impacts (meaning they adjust rates for prior periods). With a few exceptions (those pertaining to mental hygiene programs not subject to the Medicaid Global Spending Cap), these rates are all included in the Medicaid Global Spending Cap calculation and the impacts they will have on the State's Financial Plan are important to note. When the State makes payment on these rate packages, all adjustments with a positive impact get paid to providers on the date of the transaction. For those providers with a rate decrease, the State's policy has been to collect these funds back by intercepting a portion of future payments over time. This avoids creating an undue hardship on the provider.

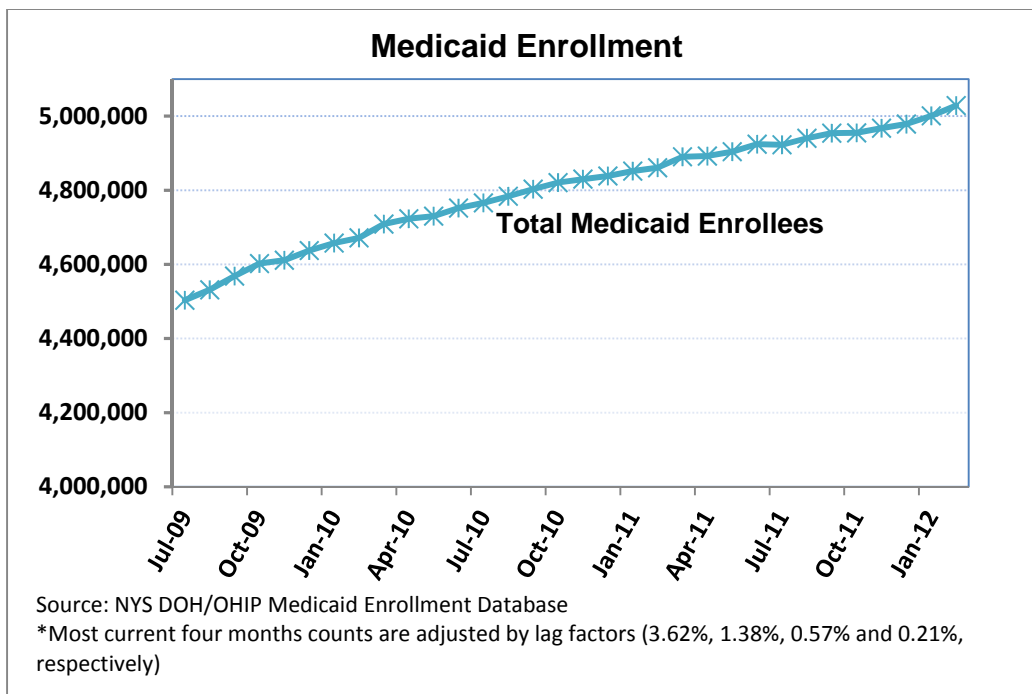
The accounts receivable for retroactive rates owed to the State as of February 2012 is significantly higher than projected. Through February, the accounts receivable balance totaled \$679 million. January was the peak month, as most rate adjustment packages were processed, and the balance has begun and will continue to decline in the following months. It should be noted that to the extent recoveries are not made, there will be a direct impact on the Medicaid Global Spending Cap. The Department of Health sent out letters to the hospitals, nursing homes, and home care providers asking for voluntary payment of outstanding liabilities as a means to avoid interest costs and help mitigate the adverse impact of outstanding receivable balances on the Medicaid Global Spending Cap. To date in response to this letter, the State has received \$54 million from providers. The Department will closely monitor the accounts receivable balances each month.

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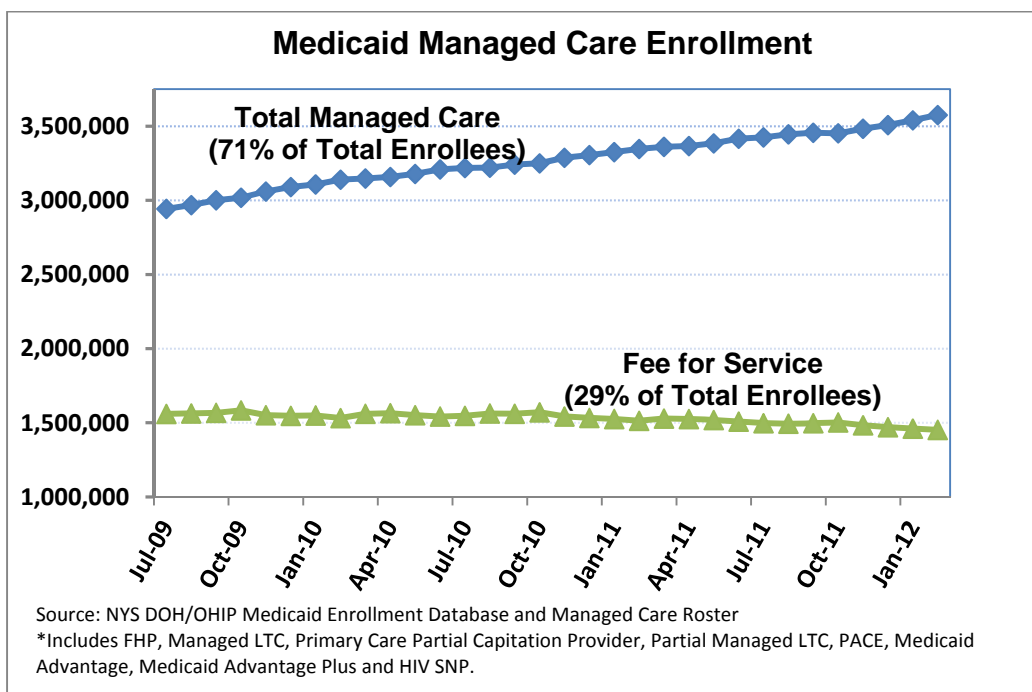


## Enrollment

Medicaid enrollment reached 5,028,491 enrollees at the end of February 2012. This reflects an increase of 138,000 enrollees, or 2.8%, since April 2011.



Medicaid Managed Care enrollment in February 2012 (includes FHP and Managed LTC and excludes CHP) reached 3,575,817 enrollees, an increase of 214,000 enrollees or 6.4% since April 2011.



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### Regional Spending Data

The Global Cap legislation requires the Department to publish actual state Medicaid spending by region. The regions selected are based on the Governor's eleven economic development areas. The following link shows actual spending for April 2011 through February 2012 for each region.

Detailed regional information can be found on the Department of Health's website at:  
[http://www.health.ny.gov/health\\_care/medicaid/regulations/global\\_cap/regional/index.htm](http://www.health.ny.gov/health_care/medicaid/regulations/global_cap/regional/index.htm)

### Monthly Spending Projections

The monthly spending forecast was developed to reflect:

- ▶ Actual spending patterns for State Fiscal Year 2010-11 adjusted for one-time spending that is not expected to recur in SFY 2011-12;
- ▶ Anticipated increases in health care prices and estimated changes in service utilization in SFY 2011-12;
- ▶ The achievement of savings generated from 73 MRT actions over time, and
- ▶ Lower costs spread among the categories attributed to the \$640 million in Health Care Industry savings and the \$475 million Medicaid caseload reestimate.

Detailed monthly spending projections can be found on the Department of Health's website at:  
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