



Board of Medical Assistance Service – Director's Update

Cheryl Roberts, J.D., DMAS Director

September 17, 2024



Agenda

- Medicaid Overview
- Director's Program Updates

DMAS Mission & Values

Our Mission & Values

To improve the health and well-being of Virginians through access to high-quality health care coverage and services



Service



Collaboration



Trust



Adaptability



Problem Solving

What is Virginia Medicaid?



1 in 4 Virginians are Medicaid members



Medicaid/CHIP covers 1 in 3 births in Virginia



1 in 3 Medicaid members have a Behavioral Health Diagnosis

Virginia Medicaid, now known as Cardinal Care, plays a critical role in the lives of nearly 2 million Virginians, providing high-quality health care coverage, disability services, and long-term services and supports for those most in need.

The Department of Medical Assistance Services (DMAS) is a State executive branch that administers Virginia's Medicaid program and Children's Health Insurance Program (CHIP) for nearly 1 in 4 Virginians.

Joint partnership and accountability between the Governor, General Assembly, and Centers for Medicare and Medicaid Services (CMS).

DMAS Commitment

Committed to exploring, investing and implementing best practices that fit our Virginia Medicaid members



S

Services for
Members

O

Operations &
Opportunities

A

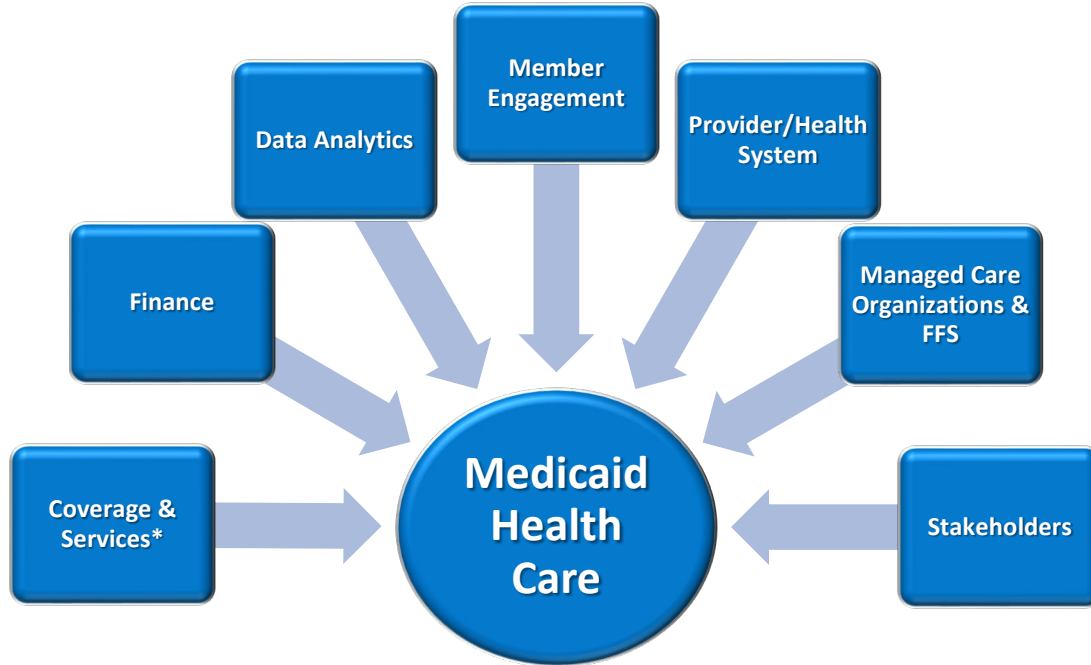
Accountability

R

Results

Virginia Medicaid Ecosystem

Seven levers are involved in Virginia Medicaid health care



Who Do We Cover?

Medicaid is available to Virginians who meet specific income thresholds and other eligibility criteria

Total Enrollment – 2 million members



789,542
Children



773,240
Adults



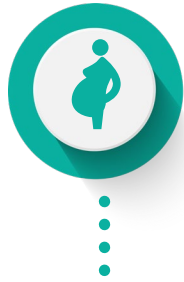
189,282
Limited Benefits
Individuals



138,272
Individuals with
Disabilities

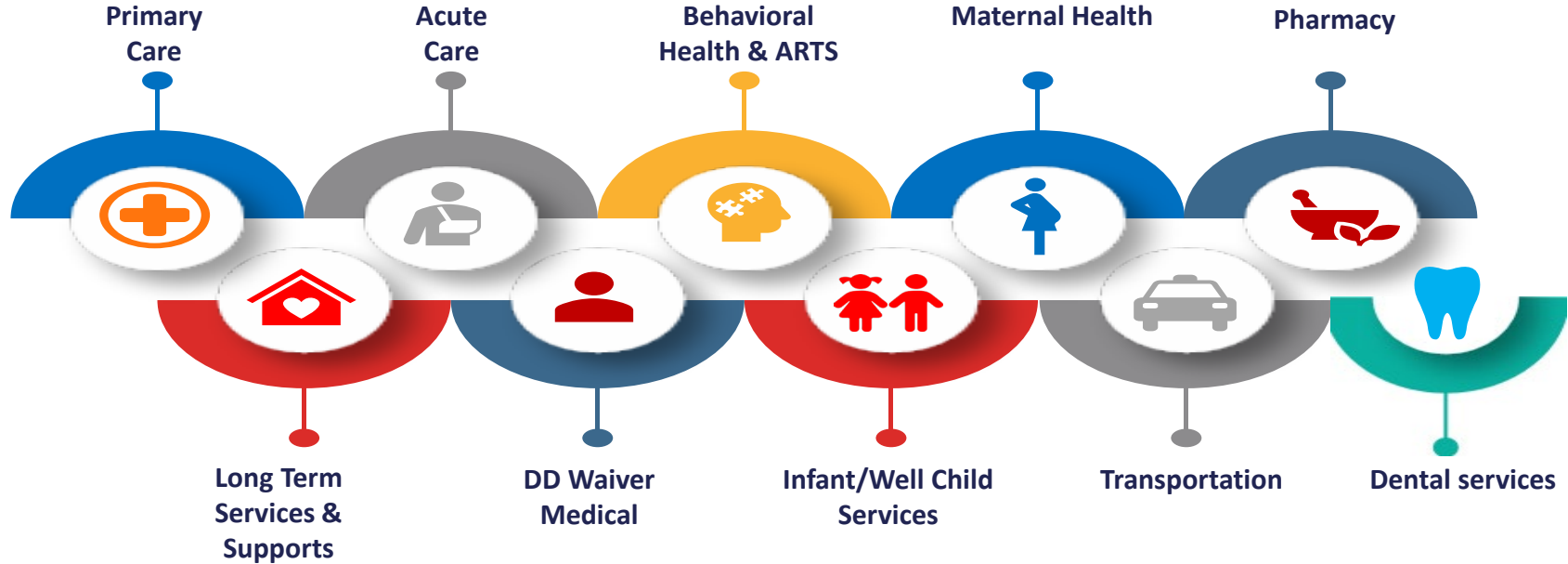


89,532
Older
Adults



38,782
Pregnant & Postpartum

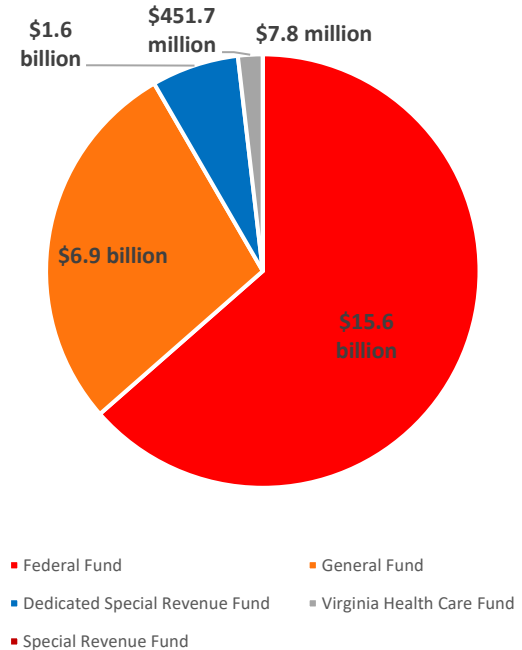
Virginia Medicaid Covered Services



Medicaid Finance Update

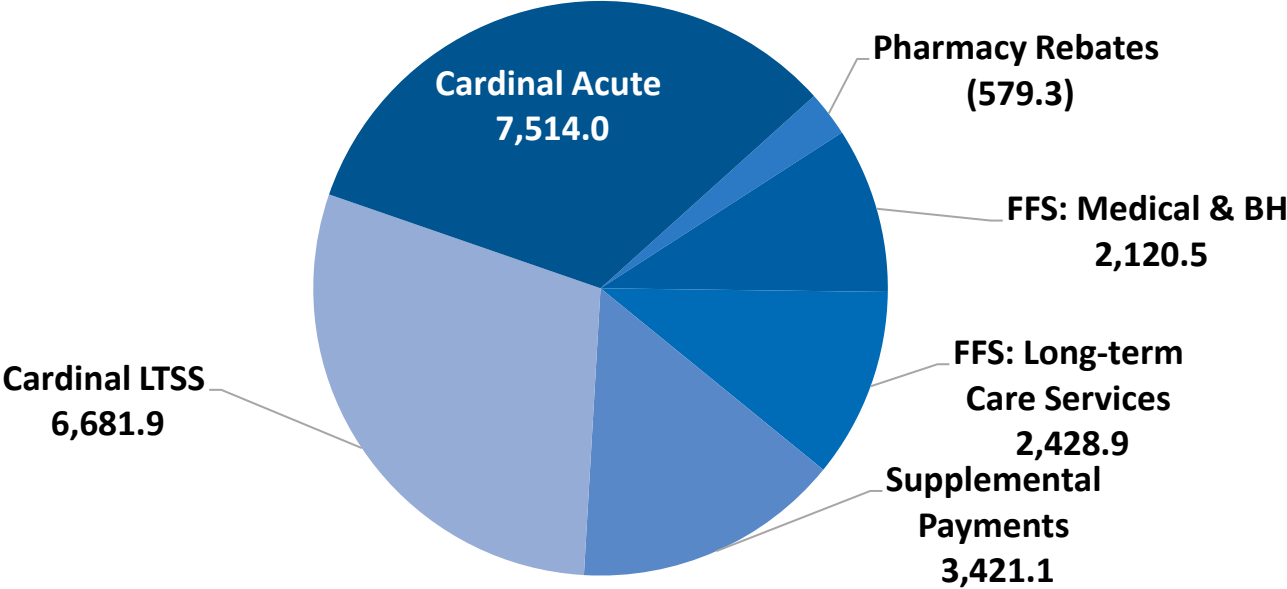
Fiscal Year 2025 begins July 1, 2024

- FY25 Medicaid budget (all funds, all-in): **24.6 billion**
- FY25 State of Virginia operating budget (all funds, all-in): **99.4 billion**
- FY25 Medicaid percent of state budget (all funds, all-in): **24.7%**
- FY25 Medicaid general fund cost as percent of state general fund revenue collections: **\$0.21 per dollar collected**



Title XIX: FY24 Actual Expenditures by Category *In Millions*

FY24 Actual Expenditures



Director's Program Updates

Programs

GA Bootcamp
Procurement Update
Managed Care Contract & Rates
CMS Visit

Behavioral Health Updates

Redesign
1115 Waiver
ID/DD Slots

Successes

Unwinding
INOVA Health System – Maternal
Extended Hours
DMAS Strategic Plan Submission

Challenges

Cardinal Care

Thank You!





Enhancing Language and Disability Access in Virginia Medicaid

September 17, 2024

Montserrat Serra
Civil Rights Coordinator
Civil Rights Unit | Appeals Division
montserrat.serra@dmas.virginia.gov | (804) 482-7269



Introduction to the DMAS Civil Rights Unit

- **Who We Are:**

- John Stanwix, Appeals Division Director.
- Montserrat Serra, Civil Rights Coordinator.
- Jesus Perez, Civil Rights Compliance Specialist.
- Teresa Roberts, Civil Rights Administrative Specialist.

- **What We Do**

- Protect the rights of Medicaid applicants and members, ensuring equitable access to services regardless of language or disability.
- Ensure compliance with federal and state civil rights laws across Medicaid programs and services.
- Oversee the implementation of language and disability access programs.
- Coordinate language and disability access services and accommodations within DMAS.
- Handle discrimination complaints related to Medicaid.

Applicable Laws and Regulations



Title VI of the Civil Rights Act of 1964

Prohibits discrimination
on the basis of race,
color and national origin



Section 504 of the Rehabilitation Act of 1973:

Ensures individuals with
disabilities have equal
access to services.



ADA Title II

Requires state and local
government to provide
appropriate auxiliary aids
and services where
necessary to ensure
effective communication
with individuals with
disabilities



Affordable Care Act Section 1557

Covered entities shall take
reasonable steps to
ensure meaningful access
to its programs or
activities by limited
English proficient
individuals. 45 CFR 92.101

How We Currently Inform the Public of Their Rights

- **Language and Disability Access Plan:**
 - Published on the DMAS website, providing detailed information on how we support language and disability access.
- **Notices:**
 - Nondiscrimination notices and language taglines are included in all major communications, ensuring that members know their rights.
- **Appeal Documents:**
 - Information about language and disability access rights is included in all appeal-related communications.
- **DMAS Virtual Forum:**
 - Regular discussions and updates on language and disability access are provided through our forum, engaging stakeholders and the public.

Resources for Providers

- Medicaid providers are required to provide language and disability access services since they are partially paid from federal funds.
- **Guidance and Tools:**
 - Detailed resources on language and disability access obligations are available for providers.
 - [DMAS Language and Disability Access Plan](#)
 - [Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#)
 - [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)
 - [ADA.Gov](#)

Soliciting Feedback

- Questions for the Board:
 - How can we enhance awareness among Medicaid applicants and members regarding their rights to language and disability access?
 - What additional resources or training would be beneficial for Medicaid providers and stakeholders to better understand their obligations?
 - Are there any gaps in our current outreach or resources that need addressing?



Q & A Time





Cardinal Care Member Communication

Chief of Staff Office



Cardinal Care Member Communication - “One Voice”

The Public Relations & Communications Team’s Mission is to ensure effective, coordinated and accessible communications that enable members to make informed decisions about their health care.

Content Creation and Communications that supports DMAS's mission and goals:

- Agency priorities
- Program updates & changes
- Medicaid news & Press Releases
- Updated policies and priorities
- Media Inquiries



It's your health care;
IT'S YOUR CHOICE:

Virginia Medicaid members have their choice of health plans and providers with Cardinal Care.



Cardinal Care Member Communication - “One Voice”

Cardinal Care Communications is focused on continuing to find best practices to ensure that Members, Providers, and External Stakeholders are receiving up to date information!

- DMAS Website
- DMAS Welcome Center & Call Bridge
- Electronic Newsletters (Partner Points)
- Social Media

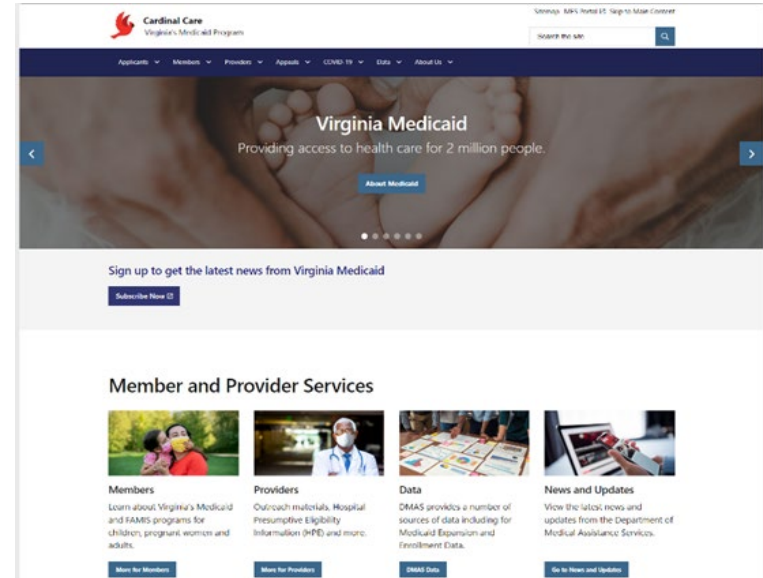
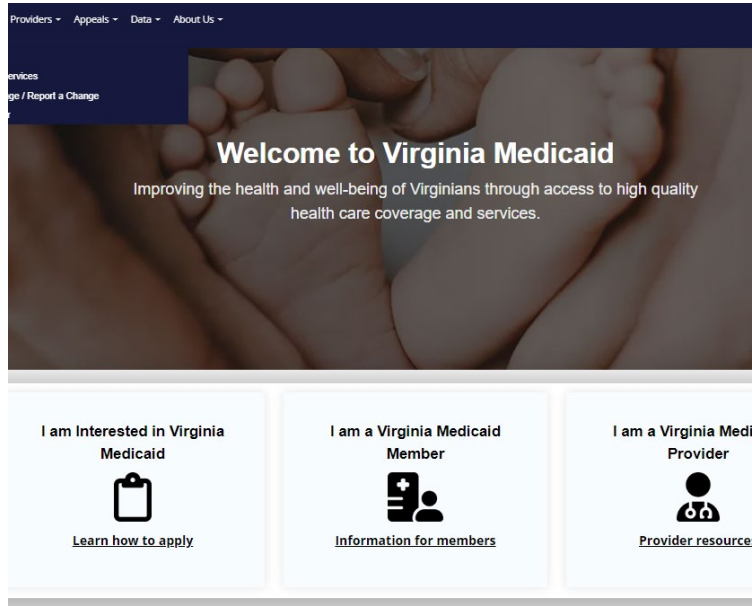
¡TU SEGURO MÉDICO, TU DECISIÓN!
Cardinal Care te ofrecerá la posibilidad de elegir planes y proveedores.

Virginia Medicaid has a new name: **CARDINAL CARE**

CardinalCare
Virginia's Medicaid Program

DMAS Website

The Public Relations and Communications team has been focused on redesigning the DMAS website to establish it as a best-in-class resource. Our goal is to ensure that members, providers, advocacy groups, and external stakeholders can easily access essential information about benefits and services.



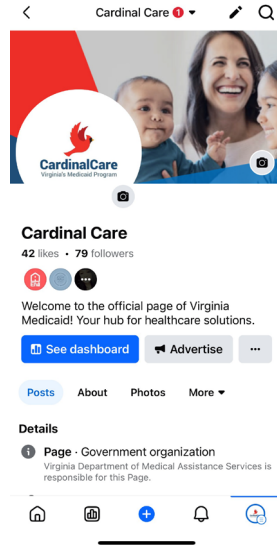
Partner Points – Electronic Newsletter

- Partner Points is a monthly newsletter sent to 60,000 Members, Providers and Advocacy Groups subscribers for Medicaid updates, Press Releases, Upcoming Events, New Policies and More...
 - The first edition was sent in 2018 to 3,573 subscribers
- Upcoming changes:
 - Creation of a Legislative Newsletter
 - Specific Newsletters to fit each audience
- Upcoming campaigns:
 - Cardinal Care & Benefits (FAQ Sheets)
 - Maternal & Child Health
 - FAQs for Providers
 - “How to Reach DMAS”



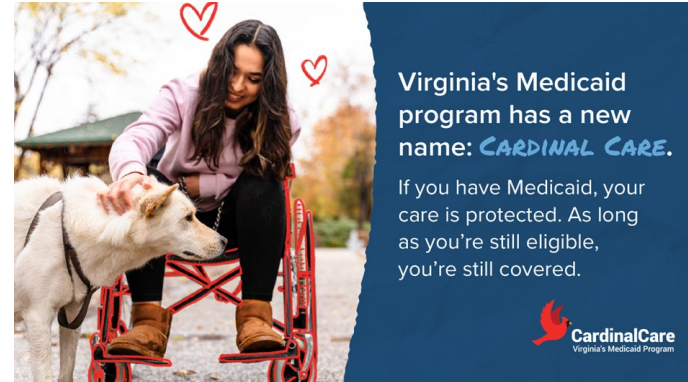
Social Media and Paid Ads

Virginia Medicaid has a new home on social media!



Virginia Medicaid ads can be found on both social media and websites!

- Social media ads have reached more than 1,295,000 people
- Display ads have reached more than 616,000 people



Stay Connected

Receive our
Newsletters &
Notifications



Follow us on Social
Media!



Explore our
Website



DMAS Dashboard Introduction

September 2024



Dashboard Overview

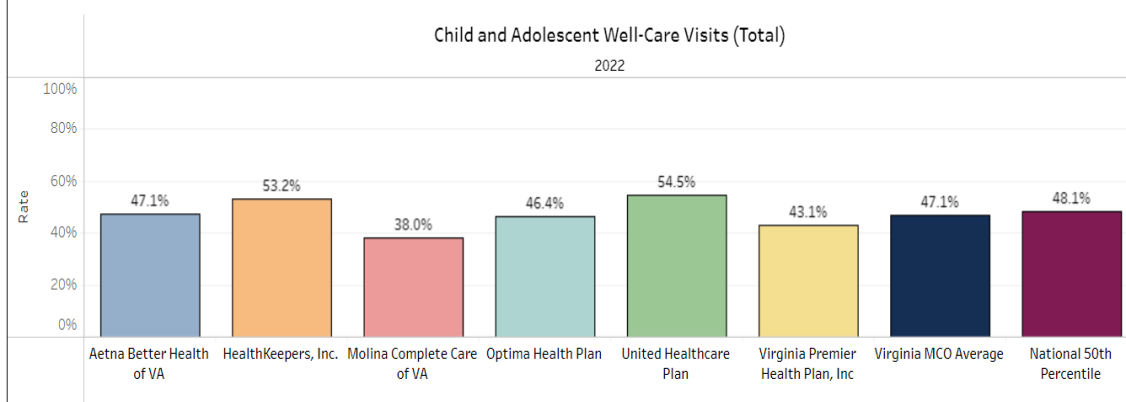
- HEDIS Dashboard: Measurement Year 2020 - 2022
- Nursing Facility Value-Based Purchasing Dashboard
- Waiver Services Dashboard

HEDIS Dashboard: Measurement Year 2020-2022

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

MeasureName (Care for Children-Adolescents) ▾
Child and Adolescent Well-Care Visits (Total) ▾

Category: Care for Children and Adolescents

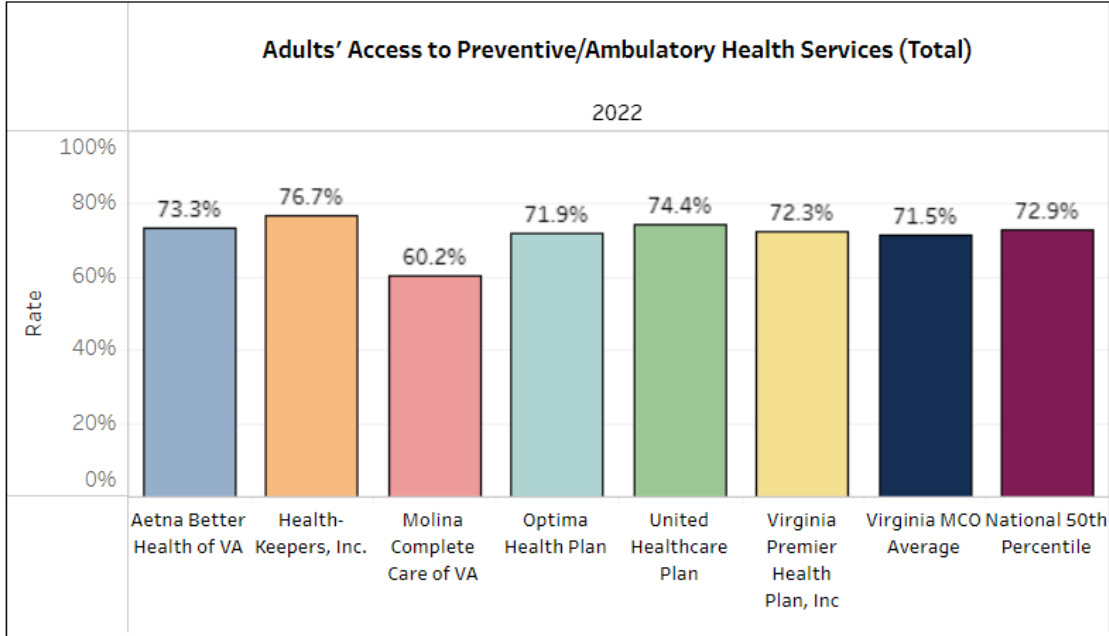


This public dashboard presents Virginia's Managed Care performance in the Healthcare Effectiveness Data and Information Set (HEDIS) measures.

The *Child and Adolescent Well-Care Visits (Total)* shows the percentage of members 3-21 years of age who had at least one comprehensive well care visit with a PCP or an OB/GUN practitioner during the measurement year.

<https://dmas.virginia.gov/data/managed-care-hedis-dashboards/>

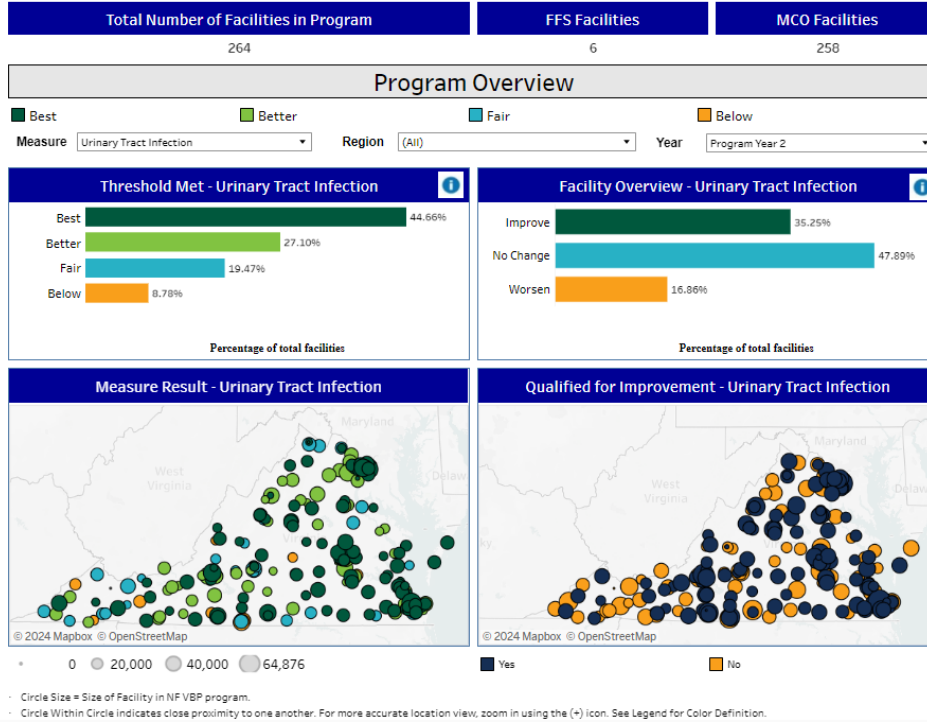
HEDIS Dashboard: Measurement Year 2020-2022



The *Adults' Access to Preventive/Ambulatory Health Services (Total)* shows the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

<https://dmas.virginia.gov/data/managed-care-hedis-dashboards/>

Nursing Facility Value-Based Purchasing Dashboard



The Nursing Facility (NF) Value Based Purchasing (VBP) Program is a unified performance-based payment program that strives to reward quality and to support improvement in Virginia Nursing Facilities serving Medicaid members.

This public dashboard displays facility specific quality performance information, performance-based payment information, and overall program performance and trends.

The performance measures are: ED Visits, Days without 8 RN hours, Hospitalizations, Pressure Ulcers, Urinary Tract Infections, and Weighted Case Mix Hours.

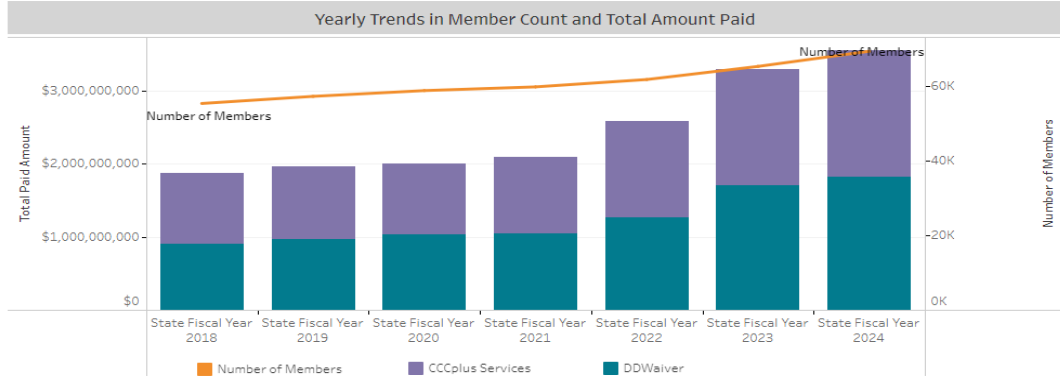
<https://dmas.virginia.gov/data/value-based-purchasing/nursing-facility-value-based-purchasing-program/>

Waiver Services Dashboard

Waiver Services Expenditures Last Refresh Date: Aug 04, 2024

Select Period of Service: (All) | Member Age: (All) | Program: (All) | Waiver Type: (All) | Service Category: (All)

Total Amount Paid	Average Cost Per Member	Total Number of Members
\$17,349,609,436	\$156,144	111,113



Note: Data is suppressed for values where member count is less than 10. Suppressed data will appear as 'Null', or blank, in this visualization. Data is suppressed to protect Member confidentiality and privacy.

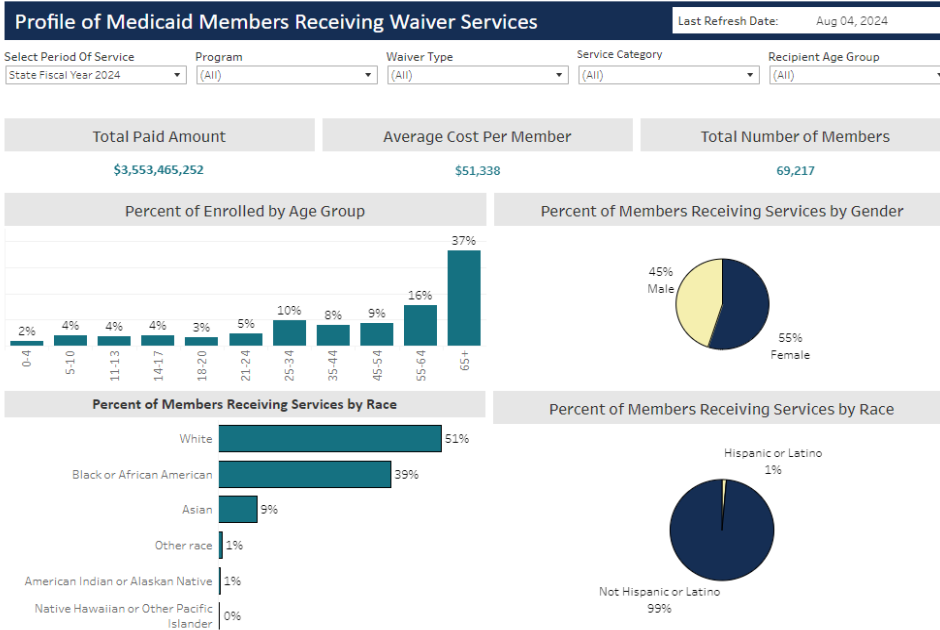
Private duty nursing includes services provided through the EPSDT benefit for members under age 21

The Waiver Services dashboard displays trend and demographic information for utilization of Virginia Medicaid’s waiver services.

This public dashboard includes three storyboards that show yearly trends in expenditures, demographics of members utilizing waiver services, and the geographic distribution of waiver services utilization.

<https://dmas.virginia.gov/data/waiver-services/>

Waiver Services Dashboard



Notes:

- Due to a member's age changing over time, a member may be counted in more than one age group over an extended time period. A unique count of members by age group can be obtained by selecting a single month for analysis.
- Locality of residence is based on the member's current address.

The Demographics storyboard provides an overview of cost and demographics for members using Waiver Services during the selected time period.

<https://dmas.virginia.gov/data/waiver-services/>

DMAS Dashboards



Department of Medical Assistance Services
An official website of the Commonwealth of Virginia [Here's how you know](#) ▾

The screenshot shows the Virginia Medicaid website's navigation menu. The 'Data' tab is selected, revealing a list of dashboard categories:

- Behavioral Health
- Cardinal Care Managed Care
- Eligibility Redetermination Tracker
- Enrollment Reports
- Financial Reports
- General Assembly Reports
- Managed Care HEDIS Dashboards
- Monthly Expenditure Reports of the Medicaid Program
- Medicaid Expansion Access
- Medicaid Expansion Enrollment
- Medicaid / FAMIS / PACE Enrollment
- MCO Expenditures
- MCO Financials
- MCO Service Authorization Performance
- MMIS Vendor Payments
- Value-Based Purchasing
- Waiver Services

Additional public dashboards can be found under the data tab of our website.

<https://dmass.virginia.gov/data>



Budget Update

Truman Horwitz, Budget Division Director



Overview

- Five-Year Expenditure comparison
- Forecast to actual for FY 2025

Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25	
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	%
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%
Fee-For-service: General Medicaid	242.3	273.4	490.0	317.8	536.4	219	68.8%
Fee-For-service: BH & Rehabilitative	12.0	13.2	12.7	7.4	14.4	7	93.6%
Fee-For-service: Long-Term Care Services	266.7	280.7	555.0	381.6	511.6	130	34.1%
Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
Fund Type							
General	701.0	710.7	1,284.4	680.4	1,303.1	623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%

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FY24 trends lower due to the accelerated capitation payment into FY23 (July to June) to save general funds at a favorable FMAP. **FY25 reflects a return to normal capitation spending.**

General	782.8	720.7	1,250.1	880.7	1,300.2	419	47.3%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
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This reflects **Medicare Premiums** that were carried into FY25 during the FY24 year-end spend-down.

Fund Type	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	%
General	701.0	710.7	1,284.4	680.4	1,303.1	623	91.5%
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Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
<p>FY25 is in-line with prior years; FY24 reflects the reporting issue related to CSA cases that has since been resolved.</p>							
General	701.0	710.7	1,284.4	680.4	1,303.1	623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
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Title XIX Total						661	53.9%
Utilization of new DD Waiver slots added over the last several years.							
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Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
	<div style="border: 2px solid red; padding: 5px; display: inline-block;"> Reflects the Supplemental Payments that were carried into FY25 during the FY24 spend-down. </div>						
Federal						623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%

Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25	
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	%
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%
Fee-For-service: General Medicaid	242.3	273.4	490.0	317.8	536.4	219	68.8%
Fee-For-service: BH & Rehabilitative	12.0	13.2	12.7	7.4	14.4	7	93.6%
Fee-For-service: Long-Term Care Services	266.7	280.7	555.0	381.6	511.6	130	34.1%
Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
Fund Type	Utilization and Rate Increases in FY24 and FY25.						
General						623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%

Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25	
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	%
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%
Fee-For-service: General Medicaid	242.3	273.4	490.0	317.8	536.4	219	68.8%
Fee-For-service: BH & Rehabilitative	12.0	13.2	12.7	7.4	14.4	7	93.6%
Fee-For-service: Long-Term Care Services	266.7	280.7	555.0	381.6	511.6	130	34.1%
Hospital Supplemental (DSH, IME/GME, Dx)	63.1	150.7	212.8	8.3	156.5	148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%

Fund Type	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	%
General							91.5%
Coverage Assessment							23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%

Current Year **Pharmacy Rebates** do not typically appear until January – what you are seeing here are administrative adjustments.

Expenditure Comparison

In Millions

Five Year Look-back (Through August)

Expenditures	Actuals through August					FY24 vs. FY25	
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	Change	%
Cardinal Acute	775.8	927.8	1,668.4	929.1	1,125.3	196	21.1%
Cardinal LTSS	963.2	1,064.6	1,793.0	805.5	1,316.5	511	63.4%
Fee-For-service: General Medical	212.2	252.1	162.5	212.2	252.1	219	68.8%
Fee-For-service: BH & Rehabilitation	10.0	10.0	10.0	10.0	10.0	7	93.6%
Fee-For-service: Long-Term Care	10.0	10.0	10.0	10.0	10.0	130	34.1%
Hospital Supplemental (DSH, IM)	10.0	10.0	10.0	10.0	10.0	148	1775.9%
Hospital Rate Assessment Payments	288.0	412.1	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(169.8)	(12.2)	7.1	(0.0)	(0.1)	(0)	196.6%
Title XIX Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%
Fund Type							
General	701.0	710.7	1,284.4	680.4	1,303.1	623	91.5%
Coverage Assessment	56.9	74.2	141.9	89.9	111.1	21	23.6%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	-	170.8	215.0	25.0	-	(25)	-100.0%
Federal	1,601.4	2,045.1	3,471.4	2,107.5	3,043.6	936	44.4%
Total	2,441.2	3,110.4	5,248.5	3,082.4	4,742.9	1,661	53.9%

These fund types are higher in FY25 compared to FY24 due to the capitation acceleration mentioned earlier. **General Fund** is also higher because of a changing FMAP.

Expenditure Comparison – Another way to Look at the Data

In Millions

FY 2025 Compared Against the Forecast

Expenditures	YTD	YTD	Variance	
	FY 2025	Forecast		
Cardinal Acute	1,125.3	1,096.4	2.6%	
Cardinal LTSS	1,316.5	1,316.5	0.0%	
Fee-For-service: General Medicaid	536.4	343.8	56.0%	
Fee-For-service: BH & Rehabilitative	14.4	7.6	88.7%	
Fee-For-service: Long-Term Care Services	511.6	450.2	13.6%	
Hospital Supplemental (DSH, IME/GME, Dx)	156.5	170.8	-8.4%	
Hospital Rate Assessment Payments	1,082.4	829.1	30.6%	
Pharmacy Rebates	(0.1)	(0.0)	306.7%	
Title XIX Total	4,742.9	4,214.3	12.5%	
	Fund Type			
	General	1,303.1	1,094.8	19.0%
	Coverage Assessment	111.1	100.6	10.5%
	Rate Assessment	285.1	260.7	9.4%
	VA Health Care Fund	-	69.0	-100.0%
	Federal	3,043.6	2,689.4	13.2%
	Total	4,742.9	4,214.3	12.5%

FY25 is trending higher than Forecast.

FY24's Needs were higher than Forecasted due to a slower Unwinding and lack of anticipated pharmacy rebates.

DMAS took action to hold supplemental payments, equivalent to approximately **\$140m in GF**, into FY25 to stay within its appropriation. All payments have been paid in July; this will impact the forecast this year.

Summary

- Financial data shows a variance from forecast due to slower unwinding/the knock-on effects of the actions taken in FY24.
- This will influence the Forecast and the ultimate need outlined in the Budget Process.