

Schedule 13

Department of Health Care Policy and Financing

Funding Request for The FY 2020-21 Budget Cycle

Request Title

R-10 Provider Rate Adjustment

Dept. Approval By:  Supplemental FY 2019-20

OSPB Approval By:  Budget Amendment FY 2020-21

X Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$8,686,110,626	\$0	\$8,705,990,436	\$2,090,599	(\$12,175,778)
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$2,651,346,925	\$0	\$2,662,681,957	\$538,753	(\$6,788,148)
	CF	\$1,012,452,127	\$0	\$1,010,827,684	\$266,277	\$330,730
	RF	\$88,876,290	\$0	\$88,876,290	\$0	\$0
	FF	\$4,933,435,284	\$0	\$4,943,604,505	\$1,285,569	(\$5,718,360)

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$88,984,286	\$0	\$89,064,515	\$258,944	\$266,065
01. Executive Director's Office, (D) Eligibility Determinations and Client Services, (1) Eligibility Determinations and Client Services - County Administration	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$12,590,592	\$0	\$12,602,060	\$36,638	\$37,646
	CF	\$21,423,565	\$0	\$21,442,848	\$62,343	\$64,057
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$54,970,129	\$0	\$55,019,607	\$159,963	\$164,362

Total		\$7,895,417,528	\$0	\$7,915,363,590	(\$2,328,261)	(\$17,306,564)
FTE		0.0	0.0	0.0	0.0	0.0
02. Medical Services Premiums, (A) Medical Services Premiums, (1) Medical Services Premiums - Medical Services Premiums	GF	\$2,285,686,174	\$0	\$2,294,366,911	(\$1,677,922)	(\$9,365,812)
	CF	\$983,543,298	\$0	\$984,608,781	\$220,053	\$283,699
	RF	\$88,876,290	\$0	\$88,876,290	\$0	\$0
	FF	\$4,537,311,766	\$0	\$4,547,511,608	(\$870,392)	(\$8,224,451)

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$10,244,233	\$0	\$10,252,750	(\$281,896)	(\$298,271)
03. Behavioral Health Community Programs,	FTE	0.0	0.0	0.0	0.0	0.0
(A) Behavioral Health Community Programs,	GF	\$2,363,894	\$0	\$2,365,859	(\$65,991)	(\$69,441)
(1) Behavioral Health Community Programs - Behavioral Health Fee-for-Service Payments	CF	\$533,495	\$0	\$533,939	(\$18,573)	(\$19,757)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$7,346,844	\$0	\$7,352,952	(\$197,332)	(\$209,073)
	Total	\$503,255,278	\$0	\$502,793,147	\$1,361,049	\$1,515,017
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs - Adult Comprehensive Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$248,117,256	\$0	\$250,596,573	\$680,525	\$757,508
	CF	\$3,510,383	\$0	\$800,001	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$251,627,639	\$0	\$251,396,573	\$680,524	\$757,509
	Total	\$86,732,157	\$0	\$86,971,925	\$367,768	\$546,607
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs - Adult Supported Living Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$45,959,837	\$0	\$46,082,518	\$192,733	\$283,154
	CF	\$2,676,085	\$0	\$2,676,689	\$2,038	\$2,268
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$38,096,235	\$0	\$38,212,718	\$172,997	\$261,185
	Total	\$27,062,419	\$0	\$27,080,575	\$125,774	\$199,336
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs - Children's Extensive Support Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$13,531,210	\$0	\$13,540,287	\$62,887	\$99,668
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$13,531,209	\$0	\$13,540,288	\$62,887	\$99,668
	Total	\$45,206,293	\$0	\$45,243,320	\$116,183	\$129,326
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs - Case Management	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$23,571,393	\$0	\$23,590,677	\$60,544	\$67,393
	CF	\$150,346	\$0	\$150,471	\$416	\$463
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$21,484,554	\$0	\$21,502,172	\$55,223	\$61,470

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$7,811,600	\$0	\$7,817,740	\$19,150	\$21,316
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs - Family Support Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$7,196,645	\$0	\$7,202,785	\$19,150	\$21,316
	CF	\$614,955	\$0	\$614,955	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$65,445	\$0	\$65,499	\$174	\$194
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs - Preventive Dental Hygiene	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$65,445	\$0	\$65,499	\$174	\$194
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$3,197,573	\$0	\$3,200,203	\$8,427	\$9,380
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs - Eligibility Determination and Waiting List Management	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$3,197,573	\$0	\$3,200,203	\$8,371	\$9,318
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$56	\$62
	Total	\$5,152,220	\$0	\$5,155,578	\$546,946	\$726,050
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs - Children's Habilitation Residential Program	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$2,576,110	\$0	\$2,577,789	\$273,473	\$363,025
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$2,576,110	\$0	\$2,577,789	\$273,473	\$363,025
	Total	\$12,981,594	\$0	\$12,981,594	\$1,896,341	\$2,015,766
07. Department of Human Services Medicaid-Funded Programs, (C) Division of Child Welfare - Medicaid Funding, (1) Division of Child Welfare - Medicaid Funding - Child Welfare Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$6,490,796	\$0	\$6,490,796	\$948,171	\$1,007,883
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$6,490,798	\$0	\$6,490,798	\$948,170	\$1,007,883

Auxiliary Data

Requires Legislation? YES

Type of Request? Department of Health Care Policy and
Financing Prioritized Request

**Interagency Approval or
Related Schedule 13s:**

Impacts Other Agency



Department Priority: R-10
Request Detail: Provider Rate Adjustments

Summary of Incremental Funding Change for FY 2020-21			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Funds	\$0	\$2,090,599	(\$12,175,778)
FTE	0.0	0.0	0.0
General Fund	\$0	\$538,753	(\$6,788,149)
Cash Funds	\$0	\$266,277	\$330,730
Reappropriated Funds	\$0	\$0	\$0
Federal Funds	\$0	\$1,285,569	(\$5,718,360)

Summary of Request:

The Department requests an increase of \$2,090,599 total funds, including \$538,753 General Fund in FY 2020-21 and a reduction of \$12,175,778 total funds, including \$6,788,149 General Fund in FY 2021-22 and ongoing to adjust provider rates across several service categories. The targeted rate adjustments include an increase for personal care and homemaker, a reduction to anesthesia rates, targeted adjustments based on Department recommendations in the Medicaid Provider Rate Review Recommendation Reports, and an increase to certain family planning rates. The Department is requesting an across-the-board rate increase for providers that are not impacted by any targeted rate adjustments. The Department also requests a change to statute to eliminate automatic rate increase provisions for nursing facilities; rate increases for nursing facilities would be subject to annual appropriation by the General Assembly, in a manner consistent with how most other providers receive increases. The requested change to cash funds impacts the Healthcare Affordability and Sustainability Fee, the Breast and Cervical Cancer Prevention and Treatment Fund, the Adult Dental Fund, and local funds.

Current Program:

Colorado's Medicaid program currently provides health care access to about 1.3 million people with a budget of \$10.7 billion. The Department spends the majority of its budget to pay providers who deliver services to Medicaid clients. Most providers are paid on a fee-for-service basis, meaning the Department pays for each incurred service based on a set rate. In recent years, the General Assembly has authorized the Department to ensure the adequacy of payment rates. A key example is SB 15-228, which established the Medicaid Payment Rate Review process to determine whether rates are sufficient for provider retention and access to care¹. Pursuant to section 25.5-4-401.5, C.R.S., the Department is required to periodically perform reviews of provider rates under the Colorado Medical Assistance Act. Section 25.5-4-401.5, C.R.S. also established the Medicaid Provider Rate Review Advisory Committee (MPRRAC) to assist in the review of provider reimbursement rates.

Section 25.5-6-202, C.R.S. outlines a comprehensive methodology for the Department to set nursing facility rates. This methodology requires the Department to annually adjust nursing facility rates based on changes in provider costs. The increase in nursing facility rates is limited by section 25.5-6-202(9)(b), C.R.S, which states that: "Except for changes in the number of patient days, the general fund share of the aggregate statewide average of the per diem rate net of patient payment... shall be limited to an annual increase of three percent." As a result, the State's reimbursement for nursing facilities increases due to rate growth by approximately 3% each year.

Because of the detailed methodology in statute, the State is obligated to provide additional funding every year to account for growth in nursing facility rates. For example, in FY 2019-20, the Department's appropriation increased by approximately \$19,903,227 total funds and by \$9,951,614 General Fund to account for statutorily required growth in nursing facility rates.

Very few other providers in the Medicaid program receive automatic rate increases, and other than nursing facilities, no other providers in the Medicaid program receive automatic rate increases as a result of state law. Other providers that receive automatic increases, such as pharmacies and Federally Qualified Health Centers, receive these increase because of requirements in federal law. Rate increases for other providers are subject to annual appropriation by the General Assembly.

Problem or Opportunity:

Provider rates generally do not change year-over-year unless the General Assembly appropriates funding to adjust them². Without additional appropriations, rates will not increase to keep pace with inflation or adjust to follow benchmarks, such as Medicare rates. Investing in adequate provider rates and aligning payment with high-value services are critical components in ensuring clients have sufficient access to care, that quality

¹ <https://www.colorado.gov/pacific/hcpf/medicaid-provider-rate-review-advisory-committee>

² Exceptions include provider rates that are set pursuant to methodologies defined in federal or state law, such as rates for nursing facilities, federally qualified health centers, and pharmacies.

outcomes are achieved, and that services provided are cost effective. The Department has an opportunity to address these goals by through a series of provider rate adjustments.

The General Assembly and the Governor also have an opportunity to reclaim control over nursing facility rate growth by amending the nursing facility statute. In the absence of a statutory change, the General Assembly is obligated to provide enough funding to account for expected rate growth, and the Governor is constrained in making proactive budgetary proposals that balance the needs of all providers and members served by Medicaid. The current statute does not permit sufficient discretion to adjust rates for nursing facilities.

Proposed Solution:

The Department requests an increase of \$2,090,599 total funds, including \$538,753 General Fund in FY 2020-21 and a reduction of \$12,175,778 total funds, including \$6,788,149 General Fund in FY 2021-22 to adjust provider rates across several service categories. The Department is also working to identify the appropriate legislative route to eliminate the automatic increase of nursing facility rates beginning in FY 2020-21.

If this request is not funded, providers would not see inflationary or targeted rate increases for FY 2020-21, which may reduce providers willingness to participate in the Medicaid program. In addition, nursing facility rates will continue to grow by approximately 3% each year under the existing statutory methodology.

Providing adequate reimbursement to providers encourages participation in Medicaid and therefore increases member access, which aligns with the Department's FY 2019-20 Performance Plan Pillar 3 to improve health outcomes for members. Further, this request links to the Department's Performance Plan "pillar" of Medicaid Cost Control by reducing the amount of automatic fiscal growth in the Medicaid program.

Targeted Rate Adjustments

Personal Care and Homemaker Inflationary Adjustments

The Department requests an increase of \$4,534,519 total funds, \$2,267,259 General Fund, to implement a rate increase of 2.75% to personal care and homemaker services. This rate increase ensures that attendants' wages keep up with inflationary increases in the state minimum wage and are competitive to attract, grow, and retain a quality workforce to deliver critical services.

Attendants for these services are often paid at or near minimum wage. If the rates for these services do not keep pace with rising wages around the state, potential and existing attendants would likely choose other near-minimum wage jobs over direct support professional positions because these alternatives are not as challenging emotionally and physically. This creates an access-to-care problem for clients who need to receive these services.

The requested rate increase aligns with recent actions that raise wages for personal care and homemaker services. The State passed Amendment 70 in 2016, which raised Colorado's minimum wage each year starting in 2017 until it reaches \$12 an hour by 2020. Beyond 2020, the State's minimum wage is set to

increase by the rate of inflation, measured through the Consumer Price Index (CPI). The General Assembly approved a one-time increase in personal care and homemaker rates through SB 19-238 “Improve Wages and Accountability Home Care Workers” for FY 2019-20 but did not approve an ongoing adjustment for these rates for future increases in the minimum wage, as requested by the Department in FY 2019-20 R-13, “Provider Rate Adjustments.” Therefore, future rate increases for these services are dependent upon additional action from the General Assembly.

Other Targeted Rate Adjustments

Anesthesia Reduction to 100% of Medicare

The Department requests a reduction of \$5,977,532 total funds, \$1,789,672 General Fund, to decrease anesthesia rates to 100% of the rate comparison benchmark – the 2016 Medicare conversion factor. The results of the 2017 Medicaid Provider Rate Review Analysis Report³ revealed that the Department’s payments for anesthesia services were above 100% of the benchmark. This recommendation aligns with the MPRRAC’s support of the Department recommendation to reduce anesthesia rates to 100% of the benchmark. The Department requested to reduce anesthesia rates to 100% of the benchmark as part of FY 2019-20 R-13, “Provider Rate Adjustments.” The General Assembly approved a partial reduction, but the rates remain well above Medicare, at 120% of the benchmark rate. The Department is requesting an additional reduction to 100% of the benchmark, in line with the MPRRAC’s support of the Department recommendation.

Rebalancing Rates to Benchmark

The Department requests an increase of \$1,537,727 total funds, \$858,532 General Fund, to increase rates for certain services that were below 80% of the benchmark rate to that level and to decrease rates for certain services that were above 100% of the benchmark rate to that level. The affected services include: durable medical equipment (DME) services that are not subject to the Upper Payment Limit established by section 1903(i)(27) of the Social Security Act; and fee-for-service behavioral health services. Residential Child Care Facilities (RCCFs) bill from this fee schedule. Overall, this would result in a net increase to expenditure for services provided in RCCFs, and a smaller reduction to expenditure for services provided in the behavioral health fee-for-service benefit and for DME services. The MPRRAC and stakeholders noted their support of this Department recommendation.⁴

In-Home Dialysis Payment Methodology Change

The Department requests a reduction of \$929,537 total funds, \$292,415 General Fund, to set the rate for in-home dialysis in line with Medicare. Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD) are two types of in-home dialysis that require daily treatments. Medicare accounts for each day (seven days per week) a patient received CAPD or CCPD and then applies a unit conversion calculation to arrive at the number of days (three) per week that the patient would have visited a

³<https://www.colorado.gov/pacific/sites/default/files/2017%20Medicaid%20Provider%20Rate%20Review%20Analysis%20Report%20-%20Physician%20Services%2C%20Surgery%2C%20and%20Anesthesia.pdf>

⁴<https://www.colorado.gov/pacific/hcpf/medicaid-provider-rate-review-advisory-committee>

clinic, had they received hemodialysis in a facility setting. Medicare then reimburses providers an equivalent rate. Colorado Medicaid reimburses the same facility rate for each day a patient receives CAPD or CCPD as it does for each visit to a dialysis facility. The result is that Medicaid currently pays the facility rate for four extra days per week of CAPD or CCPD treatment than for patients receiving hemodialysis facility treatments, compared to Medicare. The Department is requesting to use a unit conversion calculation in line with Medicare, which would reduce overall expenditure for in-home dialysis. The MPRRAC and stakeholders noted their support of this Department recommendation.⁵

Adding Services to Ambulatory Surgical Centers

The Department plans to add clinically appropriate procedures for reimbursement in Ambulatory Surgical Centers (ASCs), which could increase access and utilization to certain services but at a less expensive rate than if it was performed in the outpatient hospital setting. The MPRRAC and stakeholders noted their support of this Department recommendation.⁶ Any changes would be budget neutral; the Department is not requesting increases to ASC rates beyond the across-the-board rate change discussed below.

Office of Community Living Waiver Services

The Department requests an increase of \$7,670,040 total funds, \$3,835,020 General Fund, to increase rates for certain Home and Community Based Services (HCBS) waiver services that have been identified as having significant gaps between the current set rate and the appropriate rate for the service. The rates for these services were reviewed in the 2017 Medicaid Provider Rate Review Analysis Report⁷, which found that they varied between 36.70% and 184.58% of their relevant benchmark comparisons. The Department recommended increasing rates for waiver services as identified through the ongoing rate setting process, with special attention to services that were identified by stakeholders through the rate review process and those that have the biggest gaps, between current rates and appropriate rates developed through the Department's rate setting methodology.⁸

The Department proposes reducing the gap by 18% for alternative care facility rates, which is a 6.4% increase to the rate, and by 25% for adult day programs, which is an average increase of 19.0% across services and waivers. These services received increases in rates in previous budget cycles but remain well below the appropriate rates developed through the rate setting methodology.

The Department also proposes to increase the rates for habilitation services provided through Residential Child Care Facilities (RCCFs) in the Children's Habilitation Residential Program (CHRP) waiver. RCCFs are residential settings designed to provide 24-hour services and intensive therapeutic supports to children and youth with extreme behavior support needs. These types of intensive supports are not available in the

⁵ *ibid.*

⁶ *ibid.*

⁷ <https://www.colorado.gov/pacific/sites/default/files/2017%20Medicaid%20Provider%20Rate%20Review%20Analysis%20Report%20-%20HCBS%20Waivers.pdf>

⁸ <https://www.colorado.gov/pacific/sites/default/files/2017%20Medicaid%20Provider%20Rate%20Review%20Recommendation%20Report%20November%202017.pdf>

other residential setting available under CHRP. Currently, the RCCF rates are the same as group home rates for the CHRP waiver, but group homes do not provide the same level of intensive therapeutic supports as RCCFs and the costs for providing services in RCCFs are higher than the current \$196.33 per diem. This is a barrier to access, because RCCFs may not accept CHRP clients as the per diem rate does not cover their costs. The Department proposes to increase the rates based on the support level needed by the client and to be more consistent with rates paid to the RCCFs by the Department of Human Services.

Family Planning Rates

The Department requests \$97,092 total funds, \$9,709 General Fund, to increase rates for two evaluation and management codes with family planning modifiers, which indicates that the services provided focus on family planning. The Department typically sets rates for services with the family planning modifier higher than the equivalent service without the modifier in order to incentivize providers to offer family planning services. In addition, the higher rate encourages providers to include the modifier on the claim when appropriate, which allows the Department to identify the service as family planning and claim an enhanced federal match of 90%. The two codes included in this request have rates that are set lower than the equivalent service without the modifier. The Department is requesting to increase the rates for these codes to be higher than the equivalent service without the modifier, in line with the rate setting methodology of other codes.

Across-the-Board Rate Increase

The Department requests \$14,126,117 total funds, \$5,134,233 General Fund to implement an across-the-board (ATB) provider rate increase of 0.29% for most services that are not addressed in the other components of this request. In aggregate, the increases would help address adequacy of payments.

Nursing Facilities Rate Change

The Department requests a reduction of \$18,967,827 total funds, including \$9,483,914 General Fund, to account for lower nursing facility rates as compared to the base budget. This includes a reduction of \$21,003,749 total funds due to eliminating the 3% rate growth in FY 2020-21 and an increase of \$2,035,922 to increase nursing facility rates by 0.29%, which aligns with the rate increase requested for other providers.

The Department continues to work to identify the appropriate legislative route to amend section 25.5-6-202, C.R.S. to remove the allowable growth factor for nursing facility per diem rates in FY 2020-21 and ongoing and specify that rate increases are subject to annual appropriation by the General Assembly.

The Department seeks this reduction because no other provider in the Medicaid program has statutory language which effectively requires rate increases. If approved, the request would not directly affect service delivery as nursing facilities would still be required to provide the same level of care as defined in both statute and regulations. This statutory change would provide parity between nursing facilities and other provider types with respect to the process through which payment rates are proposed and adopted by the Governor and the General Assembly.

Anticipated Outcomes:

Targeted Rate Adjustments and Across-the-Board Rate Increase

Implementing a provider rate increase would reduce the financial strain and risk to client access that stagnant provider rates represent. Additionally, targeted rate changes to specific services would more appropriately align incentives, encouraging positive outcomes for clients and allowing the Department to pay for value rather than volume of services. Increasing rates for personal care and homemaker services would help ensure that minimum wage requirements are satisfied and grow a competent workforce to deliver the services, thereby allowing members to continue to receive care in their homes and communities.

Personal care and homemaker attendants play a vital role in keeping Colorado's elders, aging parents and grandparents, and people with disabilities in their homes and communities. If there are not enough people in Colorado who are willing to perform these tasks, individuals cannot stay in their homes; the alternative care settings are more expensive, such as placement in nursing facilities or assisted living facilities. The State's Demographer indicated that the senior population in Colorado (ages 65 and over) increased by 43% from 2010-2017, compared to 14% for the rest of the State population, and is projected to increase by more than 60% by 2030. Supporting a workforce that can most efficiently care for this population, which will increase by approximately 500,000 people over this period, is critical to managing the State budget in future years. The effective management of Medicaid services to seniors is, and will continue to be one of the most pressing budget challenges the State will face, and this proposed rate increase is key to addressing this challenge. Access to care is a requirement under the Social Security Act and the Americans with Disabilities Act.

Nursing Facility Rates Change

By making rate increases subject to annual appropriation, nursing facility rate growth would be subject to overall statewide budget balancing, which is consistent with rate increases for most other providers. This, in turn, would create additional flexibility for both the Executive and the Legislative branches to make annual determinations about the appropriate level of funding for nursing facilities.

Assumptions and Calculations:

Please see Appendix A for detailed calculations on all components.

Targeted Rate Adjustments

For most services, the Department assumes that the requested rate adjustments would be effective July 1, 2020. This aligns with the Department's recent experience with receiving approval from the Centers for Medicare and Medicaid Services (CMS) for new rates in the Department's State Plan and loading the new rates into the Medicaid Management Information System (MMIS). The Department estimates that there would be an average one-month delay between the date in which a service occurs and the payment for that service. Therefore, the Department assumes 11 out of 12 months of the impact of the rate increases would be realized in FY 2020-21, and a full-year impact would be realized in FY 2021-22.

For targeted rate increases for HCBS waiver services, such as personal care and homemaker services, the Department assumes that it would take between 90 and 180 days to submit and receive CMS approval to

amend the waivers for the new rates. The Department estimates the FY 2020-21 impact for those services assuming an implementation date of October 1, 2020.

Across-the-Board Provider Rate Increase

Estimates are based on the Department's FY 2020-21 budget and prior year actuals. As the Department will be revising Medicaid caseload and per capita cost forecasts through future budget requests, adjustments to estimates may be necessary in the future. The Department calculated the percentage increase by estimating the cost to provide a 0.5% across-the-board increase, in line with the increase proposed in other areas of the Governor's budget, and allocating a portion of that funding to the targeted rate adjustments. The Department is requesting to use the remaining funding for the across-the-board increase of 0.29%.

Although these rate increases would affect most Medicaid providers, a number of providers would be exempted from rate increases or receive different rate increases. These distinctions include:

- A portion of expenditure related to non-medical emergency transportation services is not eligible for an increase due to services rendered under a fixed price contract.
- Dental administrative payments are ineligible for rate increases because the contract was competitively procured, with payment rates agreed upon during the procurement.
- Reimbursement to pharmacies are not eligible for the rate increase. Pharmaceutical reimbursement has transitioned to a methodology that reflects the actual costs of purchasing and dispensing medications. Further, pharmaceutical reimbursement is unique in that the reimbursement methodology is directly tied to a moving price statistic that increases reimbursement as provider costs increase.
- Rates for rural health clinics (RHCs) are based on actual cost or the Medicare upper payment limit. RHCs have previously not been subject to rate decreases or increases due to the unique manner in which these rates are calculated.
- Rates for Federally Qualified Health Centers would be ineligible due to recent increases bringing reimbursement for this provider type to the upper limit of allowed amount under the current reimbursement methodology.
- Physical health managed care programs, including risk-based health maintenance organizations such as the providers for the Program of All-Inclusive Care for the Elderly (PACE), are negotiated within the parameters of their respective rate setting methodology and may or may not be impacted by rate increases.
- Risk-based physical health managed care programs for Medicaid and the Child Health Plan Plus (CHP+) and regional accountable entities (RAEs) would not receive direct rate increases as part of this change request. Rates are set in accordance with federal regulation and actuarial standards, which do not generally permit general provider rate increases. The Department notes, however, that RAE and CHP+ rates generally increase in response to provider cost, and rates for Medicaid managed care organizations would increase indirectly based on increases applied to fee-for-service rates.
- Services receiving targeted rate adjustments would not be eligible for the additional across-the-board rate increase.

Nursing Facility Rates Change

The Department's calculations for the effect of the eliminating automatic rate growth in nursing facility per diem rates are contained in Appendix A. The Department would absorb the work associated with changing regulations and calculating rates in FY 2020-21 to match the revised statutory language. If the General Assembly takes different action than proposed in this request, the Department may need additional resources. The Department would use the regular budget process if additional resources are needed.

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 1.1: FY 2020-21 Summary by Line Item

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
A	(1) Executive Directors Office, (D) Eligibility Determination and Client Services, County Administration	\$258,944	0.0	\$36,638	\$62,343	\$0	\$159,963	Table 11.1 Row B
B	(2) Medical Services Premiums, Medical and Long-Term Care Services for Medicaid Eligible Individuals	(\$2,328,261)	0.0	(\$1,677,922)	\$220,053	\$0	(\$870,392)	Table 11.1 Row G + Table 2.1 Row A + Table 2.1 Row E + Table 2.1 Row R + + Table 2.1 Row F + Table 2.1 Row I + Table 2.1 Row K + Table 2.1 Row L + Table 2.1 Row N
C	(3) Behavioral Health Community Programs, Behavioral Health Fee-for-Service Payments	(\$281,896)	0.0	(\$65,991)	(\$18,573)	\$0	(\$197,332)	Table 5.1 Row F + Table 11.1 Row I
D	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Adult Comprehensive Services	\$1,361,049	0.0	\$680,525	\$0	\$0	\$680,524	Table 11.1 Row K
E	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Adult Supported Living Services	\$367,768	0.0	\$192,733	\$2,038	\$0	\$172,997	Table 11.1 Row M + Table 2.1 Row B
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Children's Extensive Support Services	\$125,774	0.0	\$62,887	\$0	\$0	\$62,887	Table 11.1 Row O + Table 2.1 Row C
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Case Management	\$116,183	0.0	\$60,544	\$416	\$0	\$55,223	Table 11.1 Row Q
H	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Children's Habitation/Rehabilitation Program	\$546,946	0.0	\$273,473	\$0	\$0	\$273,474	Table 11.1 Row S + Table 2.1 Row J
I	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Family Support Services	\$19,150	0.0	\$19,150	\$0	\$0	\$0	Table 11.1 Row U
J	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Preventive Dental Hygiene	\$174	0.0	\$174	\$0	\$0	\$0	Table 11.1 Row W
K	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Eligibility Determination and Waitlist Management	\$8,427	0.0	\$8,371	\$0	\$0	\$56	Table 11.1 Row Y
L	(7) Department of Human Services Medicaid-Funded Programs, (C) Division of Child Welfare - Medicaid Funding, (2) Child Welfare Services	\$1,896,341	0.0	\$948,171	\$0	\$0	\$948,170	Table 5.2 Row F
M	Total Request	\$2,090,599	0.0	\$538,753	\$266,277	\$0	\$1,285,569	Sum Rows A through L

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 1.2: FY 2021-22 Summary by Line Item

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
A	(1) Executive Directors Office, (D) Eligibility Determination and Client Services, County Administration	\$266,065	\$0	\$37,646	\$64,057	\$0	\$164,362	Table 11.2 Row B
B	(2) Medical Services Premiums, Medical and Long-Term Care Services for Medicaid Eligible Individuals	(\$17,306,563)	\$0	(\$9,365,812)	\$283,699	\$0	(\$8,224,451)	Table 11.2 Row G + Table 2.2 Row A + Table 2.2 Row E + Table 2.2 Row R + + Table 2.2 Row F + Table 2.2 Row I + Table 2.2 Row K + Table 2.2 Row L + Table 2.2 Row N
C	(3) Behavioral Health Community Programs, Behavioral Health Fee-for-Service Payments	(\$298,271)	\$0	(\$69,441)	(\$19,757)	\$0	(\$209,073)	Table 5.1 Row F + Table 11.2 Row I
D	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Adult Comprehensive Services	\$1,515,017	\$0	\$757,508	\$0	\$0	\$757,509	Table 11.2 Row K
E	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Adult Supported Living Services	\$546,606	\$0	\$283,154	\$2,268	\$0	\$261,184	Table 11.2 Row M + Table 2.2 Row B
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Children's Extensive Support Services	\$199,336	\$0	\$99,668	\$0	\$0	\$99,668	Table 11.2 Row O + Table 2.2 Row C
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Case Management	\$129,326	\$0	\$67,393	\$463	\$0	\$61,470	Table 11.2 Row Q
H	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Children's Habitation/Rehabilitation Program	\$726,050	\$0	\$363,025	\$0	\$0	\$363,026	Table 11.2 Row S + Table 2.2 Row J
I	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Family Support Services	\$21,316	\$0	\$21,316	\$0	\$0	\$0	Table 11.2 Row U
J	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Preventive Dental Hygiene	\$194	\$0	\$194	\$0	\$0	\$0	Table 11.2 Row W
K	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Program Costs, Eligibility Determination and Waitlist Management	\$9,380	\$0	\$9,318	\$0	\$0	\$62	Table 11.2 Row Y
L	(7) Department of Human Services Medicaid-Funded Programs, (C) Division of Child Welfare - Medicaid Funding, (2) Child Welfare Services	\$2,015,766	\$0	\$1,007,883	\$0	\$0	\$1,007,883	Table 5.2 Row F
M	Total Request	(\$12,175,778)	\$0	(\$6,788,148)	\$330,730	\$0	(\$5,718,360)	Sum Rows A through L

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 2.1: FY 2020-21 Summary by Initiative									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP	Notes/Calculations
Targeted Rate Adjustments									
Personal Care and Homemaker Inflationary Increases									
A	Medical Services Premiums Waivers	\$4,356,298	0.0	\$2,178,149	\$0	\$0	\$2,178,149	50.00%	Table 3.1 Row D
B	Supportive Living Services Waiver	\$125,539	0.0	\$62,769	\$0	\$0	\$62,770	50.00%	Table 3.1 Row C
C	Children's Extensive Support Waiver	\$52,682	0.0	\$26,341	\$0	\$0	\$26,341	50.00%	Table 3.1 Row F
D	Total for Personal Care and Homemaker	\$4,534,519	0.0	\$2,267,259	\$0	\$0	\$2,267,260		Row A + Row B + Row C
Anesthesia Reduction to 100% of Medicare Rate									
E	Estimated Impact of Reduction to 100% of Medicare Rates	(\$5,977,532)	0.0	(\$1,789,672)	(\$320,397)	\$0	(\$3,867,463)	64.70%	Table 4.1 Row E
Rebalancing Up to 80% / Down to 100% of Benchmark									
F	Durable Medical Equipment	(\$49,244)	0.0	(\$17,432)	(\$3,733)	\$0	(\$28,079)	57.02%	Table 5.3 Row F
G	Behavioral Health Fee-For-Service and Residential Child Care Facilities	\$1,586,971	0.0	\$875,964	(\$20,264)	\$0	\$731,271	46.08%	Table 5.1 Row F + Table 5.2 Row F
H	Total for Rebalancing	\$1,537,727	0.0	\$858,532	(\$23,997)	\$0	\$703,192		Row F + Row G
In-Home Dialysis Payment Methodology Change									
I	Estimated savings from revised CAPD payment methodology	(\$929,537)	0.0	(\$292,415)	(\$34,471)	\$0	(\$602,651)	64.83%	Table 6.2 Row H
Office of Community Living Waiver Services									
J	Children's Habilitation Residential Program Waiver, Regional Child Care Facility Rate Increase	\$532,361	0.0	\$266,181	\$0	\$0	\$266,181	50.00%	Table 7.1 Row C
K	Alternative Care Facility Rate Increase	\$3,693,257	0.0	\$1,846,629	\$0	\$0	\$1,846,629	50.00%	Table 8.1 Row I
L	Adult Day Rate Increase	\$3,444,422	0.0	\$1,722,211	\$0	\$0	\$1,722,211	50.00%	Table 9.1 Row Y
M	Total for OCL Waiver Services	\$7,670,040	0.0	\$3,835,020	\$0	\$0	\$3,835,020	50.00%	Row J + Row K + Row L
Family Planning Rates									
N	Estimated Increase to Office Visit Codes with Family Planning Modifier	\$97,092	0.0	\$9,709	\$0	\$0	\$87,383	90.00%	Table 10.1 Row O
Across the Board Increase									
O	Across the Board Increase of 0.29%	\$14,126,117	0.0	\$5,134,233	\$645,142	\$0	\$8,346,742	N/A	Table 11.1 Row Z Calculated as 0.29% ATB Increase
Nursing Facilities Rate Change									
P	Reduction of 3.00% Rate Growth	(\$21,003,749)	0.0	(\$10,501,875)	\$0	\$0	(\$10,501,875)	50.00%	Table 12.1 Row D
Q	Increase of 0.29% Across-the-Board Rate Increase	\$2,035,922	0.0	\$1,017,961	\$0	\$0	\$1,017,961	50.00%	Table 12.1 Row E
R	Net Impact of Nursing Facilities Rate Change	(\$18,967,827)	0.0	(\$9,483,914)	\$0	\$0	(\$9,483,914)	50.00%	Row P + Row Q
S	Total Estimate	\$2,090,599	0.0	\$538,753	\$266,277	\$0	\$1,285,569	N/A	Row D + Row E + Row H + Row I + Row M + Row N + Row O + Row R

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 2.2: FY 2021-22 Summary by Initiative

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP	Notes/Calculations
<i>Targeted Rate Adjustments</i>									
Personal Care and Homemaker Inflationary Increases									
A	Medical Services Premiums Waivers	\$9,715,348	0.0	\$4,857,674	\$0	\$0	\$4,857,674	50.00%	Table 3.1 Row D
B	Supportive Living Services Waiver	\$276,975	0.0	\$138,488	\$0	\$0	\$138,487	50.00%	Table 3.1 Row C
C	Children's Extensive Support Waiver	\$117,976	0.0	\$58,988	\$0	\$0	\$58,988	50.00%	Table 3.1 Row F
D	Total for Personal Care and Homemaker	\$10,110,299	0.0	\$5,055,150	\$0	\$0	\$5,055,149		Row A + Row B + Row C
Anesthesia Reduction to 100% of Medicare Rate									
E	Estimated Impact of Reduction to 100% of Medicare Rates	(\$6,195,018)	0.0	(\$1,854,787)	(\$332,055)	\$0	(\$4,008,176)	64.70%	Table 4.1 Row E
Rebalancing Up to 80% / Down to 100% of Benchmark									
F	Durable Medical Equipment	(\$52,346)	0.0	(\$18,530)	(\$3,968)	\$0	(\$29,848)	57.02%	Table 5.3 Row F
G	Behavioral Health Fee-For-Service and Residential Child Care Facilities	\$1,686,913	0.0	\$931,523	(\$21,639)	\$0	\$777,029	46.06%	Table 5.1 Row F + Table 5.2 Row F
H	Total for Rebalancing	\$1,634,567	0.0	\$912,993	(\$25,607)	\$0	\$747,181		Row F + Row G
In-Home Dialysis Payment Methodology Change									
I	Estimated savings from revised CAPD payment methodology	(\$950,816)	0.0	(\$299,109)	(\$35,260)	\$0	(\$616,447)	64.83%	Table 6.2 Row H
Office of Community Living Waiver Services									
J	Children's Habilitation Residential Program Waiver, Regional Child Care Facility Rate Increase	\$709,815	0.0	\$354,908	\$0	\$0	\$354,908	50.00%	Table 7.1 Row C
K	Alternative Care Facility Rate Increase	\$4,924,342	0.0	\$2,462,171	\$0	\$0	\$2,462,171	50.00%	Table 8.1 Row I
L	Adult Day Rate Increase	\$4,592,563	0.0	\$2,296,282	\$0	\$0	\$2,296,282	50.00%	Table 9.1 Row Y
M	Total for OCL Waiver Services	\$10,226,720	0.0	\$5,113,360	\$0	\$0	\$5,113,360	50.00%	Row J + Row K + Row L
Family Planning Rates									
N	Estimated Increase to Office Visit Codes with Family Planning Modifier	\$101,313	0.0	\$10,131	\$0	\$0	\$91,182	90.00%	Table 10.1 Row O
Across the Board Increase									
O	Across the Board Increase of 0.29%	\$15,871,511	0.0	\$5,761,291	\$723,652	\$0	\$9,386,568	N/A	Table 11.2 Row Z Calculated as 0.29% ATB Increase
Nursing Facilities Rate Change									
P	Reduction of 3.00% Rate Growth	(\$45,028,808)	0.0	(\$22,514,404)	\$0	\$0	(\$22,514,404)	50.00%	Table 12.2 Row D
Q	Increase of 0.29% Across-the-Board Rate Increase	\$2,054,454	0.0	\$1,027,227	\$0	\$0	\$1,027,227	50.00%	Table 12.2 Row E
R	Net Impact of Nursing Facilities Rate Change	(\$42,974,354)	0.0	(\$21,487,177)	\$0	\$0	(\$21,487,177)	50.00%	Row P + Row Q
S	Total Estimate	(\$12,175,778)	0.0	(\$6,788,148)	\$330,730	\$0	(\$5,718,360)	N/A	Row D + Row E + Row H + Row I + Row M + Row N + Row O + Row R

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 3.1: Final Estimated Impact of Homemaker and Personal Care				
Row	Item	FY 2020-21	FY 2021-22	Notes/Calculations
A	IDD Homemaker and Personal Care Impact	\$111,465	\$247,169	SLS Share of Table 3.2 Row T + Row AB+ Row X
B	CDASS Impact	\$14,074	\$29,806	1% of Table 3.2 Rows H + P
C	Total Impact to Supportive Living Services	\$125,539	\$276,975	Sum of Row A + B
D	Total Impact to Medical Services Premiums	\$4,356,298	\$9,715,348	(Table 3.2 Sum of Rows D, H, L, P, AF) - Table 3.1 Row B
E	IDD Homemaker Impact	\$52,682	\$117,976	CES Share of Table 3.2 Rows T + AB
F	Total Impact to Children's Extensive Support Services	\$52,682	\$117,976	Row E
G	Final Estimated Impact of Homemaker and Personal Care	\$4,534,519	\$10,110,299	Row C + Row D + Row F

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 3.2 Homemaker & Personal Care Wage Pass-Through Impact				
Row	Item	FY 2020-21	FY 2021-22	Notes
Personal Care				
A	Current Rate	\$4.98	\$4.98	FY 2019-20 Fee Schedule
B	Proposed Rate	\$5.12	\$5.12	Table 3.3 Row A
C	Estimated Utilization	17,038,029	39,423,114	Table 3.4 Personal Care Column
D	Estimated Impact	\$2,385,324	\$5,519,236	(Row B - Row A) * Row C
CDASS - Personal Care				
E	Current Rate	\$4.54	\$4.54	FY 2019-20 Fee Schedule
F	Proposed Rate	\$4.66	\$4.66	Table 3.3 Row B
G	Estimated Utilization	7,386,504	15,643,138	Table 3.4 CDASS - Personal Care Column
H	Estimated Impact	\$886,380	\$1,877,177	(Row F - Row E) * Row G
Homemaker				
I	Current Rate	\$4.98	\$4.98	FY 2019-20 Fee Schedule
J	Proposed Rate	\$5.12	\$5.12	Table 3.3 Row C
K	Estimated Utilization	3,760,779	8,011,211	Table 3.4 Homemaker Column
L	Estimated Impact	\$526,509	\$1,121,570	(Row J - Row I) * Row K
CDASS - Homemaker				
M	Current Rate	\$4.54	\$4.54	FY 2019-20 Fee Schedule
N	Proposed Rate	\$4.66	\$4.66	Table 3.3 Row D
O	Estimated Utilization	4,341,876	9,195,224	Table 3.4 CDASS - Homemaker Column
P	Estimated Impact	\$521,025	\$1,103,427	(Row N - Row M) * Row O
IDD Homemaker Basic				
Q	Current Rate	\$4.49	\$4.49	FY 2019-20 Fee Schedule
R	Proposed Rate	\$4.61	\$4.61	Table 3.3 Row G
S	Estimated Utilization	449,907	1,002,752	Table 3.4 IDD Homemaker Column
T	Estimated Impact	\$53,989	\$120,330	(Row R - Row Q) * Row S
IDD Personal Care				
U	Current Rate	\$5.84	\$5.84	FY 2019-20 Fee Schedule
V	Proposed Rate	\$6.00	\$6.00	Table 3.3 Row F
W	Estimated Utilization	175,878	378,348	Table 3.4 IDD Personal Care Column
X	Estimated Impact	\$28,140	\$60,536	(Row V - Row U) * Row W
Homemaker Enhanced				
Y	Current Rate	\$7.28	\$7.28	FY 2019-20 Fee Schedule
Z	Proposed Rate	\$7.48	\$7.48	Table 3.3 Row E
AA	Estimated Utilization	410,092	921,395	Table 3.4 Homemaker Enhanced Column
AB	Estimated Impact	\$82,018	\$184,279	(Row Z - Row Y) * Row AA
AD	Proposed Rate	\$5.12	\$5.12	Table 3.3 Row H
AE	Estimated Utilization	255,670	618,721	Table 3.4 Pediatric Personal Care Column

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Row	Service	CY 2020	CY 2021	CY 2022	Notes
A	Personal Care	\$4.98	\$5.12	\$5.12	The CY 2021 rates include a proposed 2.75% increase from the CY 2020 rates
D	CDASS - Homemaker	\$4.54	\$4.66	\$4.66	
E	Homemaker Enhanced	\$7.28	\$7.48	\$7.48	
F	IDD Personal Care	\$5.84	\$6.00	\$6.00	
G	IDD Homemaker Basic	\$4.49	\$4.61	\$4.61	
H	Pediatric Personal Care	\$4.92	\$5.12	\$5.12	

Table 3.4 Projected Utilization for Homemaker & Personal Care Services										
Row	Item	Personal Care	CDASS - Personal Care	Homemaker	CDASS - Homemaker	IDD Personal Care	IDD Homemaker	Homemaker Enhanced	Pediatric Personal Care	Calculation
A	FY 2018-19 Utilization	31,680,975	13,175,255	6,630,207	7,744,573	304,045	724,553	649,894	349,252	MMIS Claims data from FY 2016-17 through FY 2018-19
B	Selected Growth Rate	7.56%	5.89%	6.51%	5.89%	7.56%	11.44%	12.34%	21.00%	Selected trend for each service based off recent actuals
C	FY 2019-20 Estimated Utilization	34,076,057	13,951,278	7,061,833	8,200,728	327,031	807,442	730,091	422,595	Row A *(1+ Row B)
D	FY 2020-21 Estimated Utilization	36,652,207	14,773,008	7,521,558	8,683,751	351,755	899,813	820,184	511,340	Row C *(1+ Row B)
E	FY 2021-22 Estimated Utilization	39,423,114	15,643,138	8,011,211	9,195,224	378,348	1,002,752	921,395	618,721	Row D *(1+ Row B)

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 4.1 Reduction to Anesthesia Rates				
Row	Item	FY 2020-21	FY 2021-22	Notes/Calculations
A	Claims Priced at 100% of the Medicare Rate	\$29,887,662	\$30,575,078	FY 2019-20 R-13 Provider Rate Adjustments
B	Claims Priced at FY 2015-16 Medicaid Rates	\$39,343,578	\$40,248,480	FY 2019-20 R-13 Provider Rate Adjustments
C	Incremental Difference	(\$9,455,916)	(\$9,673,402)	Row A - Row B
D	Previously Approved Reduction to 120% of Medicare Rates	(\$3,478,384)	(\$3,478,384)	Amount appropriated in SB 19-207
E	Estimated Impact of Reduction to 100% of Medicare Rates	(\$5,977,532)	(\$6,195,018)	Row C - Row D

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 5.1 Using 80-100% of Medicare Rates for Behavioral Health fee-for-service Services

Row	Item	FY 2020-21	FY 2021-22	Notes/Calculations
A	Claims Priced at FY 2017-18 Medicaid Rate	\$5,148,590	\$5,258,304	Actuarial analysis, trended forward by projected caseload growth
B	Claims Adjusted to 80 - 100% of the Medicare Rate	\$4,825,769	\$4,928,604	Actuarial analysis, trended forward by projected caseload growth
C	Incremental Difference	(\$322,821)	(\$329,700)	Row B - Row A
D	Expenditure for Current Year Claims, Adjusted for Implementation Date and Cash Flow	(\$309,370)	(\$315,962)	Row C x 11.5/12
E	Expenditure for Prior Year Claims	\$0	(\$12,890)	Previous Year Row D x 0.5/12
F	Total Impact	(\$309,370)	(\$328,853)	Row D + Row E

Table 5.2 Using 80-100% of Medicare Rates for RCCF Services

Row	Item	FY 2020-21	FY 2021-22	Notes/Calculations
A	Claims Priced at FY 2017-18 Medicaid Rate	\$7,998,018	\$8,168,453	Actuarial analysis, trended forward by projected caseload growth
B	Claims Adjusted to 80 - 100% of the Medicare Rate	\$9,976,809	\$10,189,411	Actuarial analysis, trended forward by projected caseload growth
C	Incremental Difference	\$1,978,791	\$2,020,958	Row B - Row A
D	Expenditure for Current Year Claims, Adjusted for Implementation Date and Cash Flow	\$1,896,341	\$1,936,752	Row C x 11.5/12
E	Expenditure for Prior Year Claims	\$0	\$79,014	Previous Year Row D x 0.5/12
F	Total Impact	\$1,896,341	\$2,015,766	Row D + Row E

Table 5.3 Using 80-100% of Medicare Rates for DME Services

Row	Item	FY 2020-21	FY 2021-22	Notes/Calculations
A	Claims Priced at FY 2017-18 Medicaid Rate (Under 80, Over 100 Rates Only)	\$806,804	\$824,022	Actuarial analysis, trended forward by projected caseload growth
B	Claims Adjusted to 80 - 100% of the Medicare Rate	\$755,419	\$771,541	Actuarial analysis, trended forward by projected caseload growth
C	Incremental Difference	(\$51,385)	(\$52,481)	Row B - Row A
D	Expenditure for Current Year Claims, Adjusted for Implementation Date and Cash Flow	(\$49,244)	(\$50,295)	Row C x 11.5/12
E	Expenditure for Prior Year Claims	\$0	(\$2,052)	Previous Year Row D x 0.5/12
F	Total Impact	(\$49,244)	(\$52,346)	Row D + Row E

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 6.1 In-Home Dialysis Rate Change				
Row	Item	FY 2020-21	FY 2021-22	Notes/Calculation
A	FY 2019-20 Rate	\$201.54	\$201.54	FY 2018-19 Rate inflated by 1% to get to FY 2019-20 Rate
B	Conversion factor	42.86%	42.86%	Reduction of rate to pay for 3 units per week.
C	New Converted Per Unit Rate	\$86.37	\$86.37	Row A x Row B

Table 6.2 In-Home Dialysis Estimated Savings				
Row	Item	FY 2020-21	FY 2021-22	Notes/Calculation
A	Rate before applied conversion factor	\$201.54	\$201.54	Table 6.1 Row A
B	FY 2018-19 In-Home Dialysis Units	7,718	7,718	In-Home Dialysis Units the Department paid for in FY 2018-19
C	Estimated Trend Factor	2.29%	2.29%	Average percent change in units over the last three fiscal years.
D	In-Home Dialysis Units ⁽¹⁾	8,071	8,256	Row B x (1 + 2 x Row C)
E	Expenditure Prior to Conversion	\$1,626,690	\$1,663,927	Row A x Row D
F	New Rate After Applying Conversion Factor	\$86.37	\$86.37	Table 6.1 Row C
G	Estimated Expenditure After Applying Conversion Factor	\$697,153	\$713,112	Row D x Row F
H	Savings	(\$929,537)	(\$950,816)	Row G - Row E

(1) The 2.29% trend factor was applied twice to get the estimated in-home dialysis units for FY 2020-21. The same trend factor of 2.29% was then applied to the estimated units of 8,071 for FY 2020-21.

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 7.1 Children's Habilitation Residential Program (CHRP) Waiver Regional Child Care Facility (RCCF) Rate Increase				
Row	Item	FY 2020-21	FY 2021-22	Notes/Calculations
A	Full implementation impact	\$709,815	\$709,815	Table 7.2 Row E
B	Adjustment Factor	75.00%	100.00%	10/1/2020 Implementation
C	Final Estimated Impact	\$532,361	\$709,815	Row A * Row B

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Appendix A: Calculations and Assumptions

Table 7.2 CHRP Waiver RCCF Rate Increase						
Row	Support Level	Current Units	Estimated Increased Utilization	Current Rate	Proposed Rate	Estimated Impact
A	Support Level 3	263	973	\$128.86	\$559.95	\$419,451
B	Support Level 4	120	444	\$152.22	\$589.00	\$193,930
C	Support Level 5	51	189	\$168.17	\$620.00	\$85,396
D	Support Level 6	6	22	\$198.29	\$700.00	\$11,038
E	Total	440	1628	N/A	N/A	\$709,815

R-10 Provider Rate Adjustments
Appendix A: Calculations and Assumptions

Table 8.1 Alternative Care Facility (ACF) Rate Increase				
Row	Item	FY 2020-21	FY 2021-22	Notes/Calculations
A	Current Rate	\$65.55	\$65.55	Per Day
B	Estimated Utilization	266.81	266.81	Days per Utilizer
C	Estimated Utilizers	4,395	4,395	Number of Utilizers
D	Estimated Expenditure Under Current Rate	\$76,865,893	\$76,865,893	Row A * Row B * Row C
E	Proposed New Rate	\$69.75	\$69.75	Proposed Rate
F	Estimated Expenditure Under New Rate	\$81,790,235	\$81,790,235	Row E * Row B * Row C
G	Estimated Impact of New Rate	\$4,924,342	\$4,924,342	Row F - Row D
H	Implementation Adjustment	75.00%	100.00%	Implemented 10/1/2020
I	Estimated Impact	\$3,693,257	\$4,924,342	Row G x Row H

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Appendix A: Calculations and Assumptions

Table 9.1 Adult Day Rate Increase				
Row	Item	FY 2020-21	FY 2021-22	Notes/Calculations
EBD & CMHS Adult Day Basic				
A	Current Rate	\$31.63	\$31.63	Per Day
B	Estimated Utilization	429,492	429,492.4	Days per Utilizer
C	Estimated Expenditure Under Current Rate	\$13,586,627	\$13,586,627	Row A * Row B
D	Proposed New Rate	\$37.16	\$37.16	Proposed Rate
E	Estimated Expenditure Under New Rate	\$15,959,938	\$15,959,938	Row D * Row B
F	Estimated Impact of New Rate	\$2,373,311	\$2,373,311	Row E - Row C
G	Implementation Adjustment	75.00%	100.00%	Implemented 10/1/2020
H	Estimated Impact	\$1,779,983	\$2,373,311	Row F x Row G
BI Adult Day Basic				
I	Current Rate	\$78.08	\$78.08	Per Day
J	Estimated Utilization	4,941	4,940.5	Days per Utilizer
K	Estimated Expenditure Under Current Rate	\$385,758	\$385,758	Row I * Row J
L	Proposed New Rate	\$98.98	\$98.98	Proposed Rate
M	Estimated Expenditure Under New Rate	\$489,011	\$489,011	Row L * Row J
N	Estimated Impact of New Rate	\$103,253	\$103,253	Row M - Row K
O	Implementation Adjustment	75.00%	100.00%	Implemented 10/1/2020
P	Estimated Impact	\$77,440	\$103,253	Row N x Row O
EBD, CMHS, SCI Adult Day Specialized				
Q	Current Rate	\$43.28	\$43.28	Per Day
R	Estimated Utilization	225,485	225,485	Days per Utilizer
S	Estimated Expenditure Under Current Rate	\$9,758,041	\$9,758,041	Row Q * Row R
T	Proposed New Rate	\$52.66	\$52.66	Proposed Rate
U	Estimated Expenditure Under New Rate	\$11,874,040	\$11,874,040	Row T * Row R
V	Estimated Impact of New Rate	\$2,115,999	\$2,115,999	Row U - Row S
W	Implementation Adjustment	75.00%	100.00%	Implemented 10/1/2020
X	Estimated Impact	\$1,586,999	\$2,115,999	Row V x Row W
Y	Total Estimated Impact	\$3,444,422	\$4,592,563	Sum of Rows H , P , X

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Appendix A: Calculations and Assumptions

Table 10.1 Family Planning Rate Increase				
Row	Item	FY 2020-21	FY 2021-22	Notes/Calculations
99203: New Patient Visit Level 3 with Family Planning Modifier				
A	Current Rate	\$83.47	\$83.47	Per Visit
B	Proposed New Rate	\$120.20	\$120.20	Proposed Rate
C	Proposed Rate Increase	\$36.73	\$36.73	Row B - Row A
D	Estimated Utilization	2,630	2,630	MMIS Claims Data
E	Estimated Impact of Proposed Rate	\$96,600	\$96,600	Row C x Row D
F	Implementation Adjustment	95.83%	100.00%	Implemented 7/1/2020
G	Estimated Impact	\$92,575	\$96,600	Row E x Row F
99205: New Patient Visit Level 5 with Family Planning Modifier				
H	Current Rate	\$183.72	\$183.72	Per Visit
I	Proposed New Rate	\$228.18	\$228.18	Proposed Rate
J	Proposed Rate Increase	\$44.46	\$44.46	Row B - Row A
K	Estimated Utilization	106	106	MMIS Claims Data
L	Estimated Impact of Proposed Rate	\$4,713	\$4,713	Row J x Row K
M	Implementation Adjustment	95.83%	100.00%	Implemented 7/1/2020
N	Estimated Impact	\$4,517	\$4,713	Row L x Row M
O	Total Estimated Impact	\$97,092	\$101,313	Row G + Row N

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Appendix A: Calculations and Assumptions

Table 11.1: FY 2020-21 - Amounts Eligible for Rate Increase by Funding Source (Includes Budget Actions Not Yet Approved)						
Row	Long Bill Group	Total Funds	General Fund	Cash Funds ⁽¹⁾	Reappropriated Funds	Federal Funds
(1) Executive Director's Office						
A	(D) Eligibility Determination and Clients	\$88,984,286	\$12,590,592	\$21,423,565	\$0	\$54,970,129
B	Impact of 0.29% Rate Increase	\$258,944	\$36,638	\$62,343	\$0	\$159,963
(1) Amount of cash fund by cash fund: Healthcare Affordability & Sustainability Fee: \$14,865; Local Funds: \$47,478						
(2) Medical Services Premiums						
C	Acute Care	\$2,939,982,756	\$856,193,441	\$188,614,261	\$0	\$2,752,782,381
D	Community Based Long Term Care	\$1,141,299,089	\$558,005,848	\$8,835,708	\$0	\$660,089,756
E	Service Management	\$44,082,295	\$15,224,038	\$1,918,057	\$0	\$165,525,278
F	Total Medical Services Premiums	\$4,125,364,140	\$1,429,423,327	\$199,368,026	\$0	\$3,578,397,415
G	Impact of 0.29% Rate Increase	\$12,004,810	\$4,148,813	\$578,654	\$0	\$7,277,343
(1) Amount of cash fund by cash fund: Healthcare Affordability & Sustainability Fee: \$512,797; Breast and Cervical Cancer Prevention and Treatment Fund: \$1,422; Adult Dental Cash Fund: \$64,434						
(3) Behavioral Health Community Programs						
H	Behavioral Health Fee-for-Service	\$9,441,206	\$2,136,122	\$580,984	\$0	\$7,284,442
I	Impact of 0.29% Rate Increase	\$27,474	\$6,216	\$1,691	\$0	\$19,567
(1) Amount of cash fund by cash fund: Healthcare Affordability & Sustainability Fee: \$1,691						
(4) Office of Community Living						
J	Adult Comprehensive Services	\$467,714,344	\$233,857,171	\$1	\$0	\$253,345,270
K	Impact of 0.29% Rate Increase	\$1,361,049	\$680,525	\$0	\$0	\$680,524
L	Adult Supported Living Services	\$83,240,195	\$44,661,269	\$700,194	\$0	\$41,035,294
M	Impact of 0.29% Rate Increase	\$242,229	\$129,964	\$2,038	\$0	\$110,227
N	Children's Extensive Support Services	\$25,117,450	\$12,558,726	\$0	\$0	\$13,605,286
O	Impact of 0.29% Rate Increase	\$73,092	\$36,546	\$0	\$0	\$36,546
P	Case Management	\$39,925,313	\$20,805,374	\$142,936	\$0	\$20,558,420
Q	Impact of 0.29% Rate Increase	\$116,183	\$60,544	\$416	\$0	\$55,223
R	Children's Habitation/Rehabilitation Program	\$5,012,157	\$2,506,078	\$0	\$0	\$2,714,919
S	Impact of 0.29% Rate Increase	\$14,585	\$7,292	\$0	\$0	\$7,293
T	Family Support Services	\$6,580,714	\$6,580,714	\$0	\$0	\$0
U	Impact of 0.29% Rate Increase	\$19,150	\$19,150	\$0	\$0	\$0
V	Preventive Dental Hygiene	\$59,858	\$59,858	\$0	\$0	\$0
W	Impact of 0.29% Rate Increase	\$174	\$174	\$0	\$0	\$0
X	Eligibility Determination and Waitlist Management	\$2,895,733	\$2,876,586	\$0	\$0	\$20,743
Y	Impact of 0.29% Rate Increase	\$8,427	\$8,371	\$0	\$0	\$56
Z	Total Impact	\$14,126,117	\$5,134,233	\$645,142	\$0	\$8,346,742
(1) Amount of cash fund by cash fund: Healthcare Affordability & Sustainability Fee: \$2,454						

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Appendix A: Calculations and Assumptions

Table 11.2: FY 2021-22 - Amounts Eligible for Rate Increase by Funding Source (Includes Budget Actions Not Yet Approved)						
Row	Long Bill Group	Total Funds	General Fund	Cash Funds ⁽¹⁾	Reappropriated Funds	Federal Funds
(1) Executive Director's Office						
A	(D) Eligibility Determination and Clients	\$91,431,354	\$12,590,592	\$21,423,565	\$0	\$56,481,808
B	Impact of 0.29% Rate Increase	\$266,065	\$37,646	\$64,057	\$0	\$164,362
(1) Amount of cash fund by cash fund: Healthcare Affordability & Sustainability Fee: \$15,273; Local Funds: \$48,784						
(2) Medical Services Premiums						
C	Acute Care	\$3,330,833,175	\$970,018,450.38	\$213,689,225.83	\$0	\$2,828,483,897
D	Community Based Long Term Care	\$1,270,408,548	\$621,130,260.03	\$9,835,247.28	\$0	\$678,242,224
E	Service Management	\$49,069,105	\$16,946,257.01	\$2,135,036.76	\$0	\$170,077,224
F	Total Medical Services Premiums	\$4,650,310,828	\$1,608,094,967	\$225,659,510	\$0	\$3,676,803,344
G	Impact of 0.29% Rate Increase	\$13,532,405	\$4,667,534	\$654,982	\$0	\$8,209,889
(1) Amount of cash fund by cash fund: Healthcare Affordability & Sustainability Fee: \$580,439; Breast and Cervical Cancer Prevention and Treatment Fund: \$1,610; Adult Dental Cash Fund: \$72,934						
(3) Behavioral Health Community Programs						
H	Behavioral Health Fee-for-Service	\$10,509,242	\$2,377,771	\$646,707	\$0	\$7,484,764
I	Impact of 0.29% Rate Increase	\$30,582	\$6,919	\$1,882	\$0	\$21,781
(1) Amount of cash fund by cash fund: Healthcare Affordability & Sustainability Fee: \$1,882						
(4) Office of Community Living						
J	Adult Comprehensive Services	\$520,624,529	\$260,312,264	\$1	\$0	\$260,312,264
K	Impact of 0.29% Rate Increase	\$1,515,017	\$757,508	\$0	\$0	\$757,509
L	Adult Supported Living Services	\$92,656,742	\$49,713,575	\$779,403	\$0	\$42,163,765
M	Impact of 0.29% Rate Increase	\$269,631	\$144,666	\$2,268	\$0	\$122,697
N	Children's Extensive Support Services	\$27,958,862	\$13,979,431	\$0	\$0	\$13,979,431
O	Impact of 0.29% Rate Increase	\$81,360	\$40,680	\$0	\$0	\$40,680
P	Case Management	\$44,441,864	\$23,158,982	\$159,105	\$0	\$21,123,777
Q	Impact of 0.29% Rate Increase	\$129,326	\$67,393	\$463	\$0	\$61,470
R	Children's Habitation/Rehabilitation Program	\$5,579,158	\$2,789,578	\$0	\$0	\$2,789,579
S	Impact of 0.29% Rate Increase	\$16,235	\$8,117	\$0	\$0	\$8,118
T	Family Support Services	\$7,325,157	\$7,325,157	\$0	\$0	\$0
U	Impact of 0.29% Rate Increase	\$21,316	\$21,316	\$0	\$0	\$0
V	Preventive Dental Hygiene	\$66,629	\$66,629	\$0	\$0	\$0
W	Impact of 0.29% Rate Increase	\$194	\$194	\$0	\$0	\$0
X	Eligibility Determination and Waitlist Management	\$3,223,313	\$3,202,000	\$0	\$0	\$21,313
Y	Impact of 0.29% Rate Increase	\$9,380	\$9,318	\$0	\$0	\$62
Z	Total Impact	\$15,871,511	\$5,761,291	\$723,652	\$0	\$9,386,568
(1) Amount of cash fund by cash fund: Healthcare Affordability & Sustainability Fee: \$2,731						

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Appendix A: Calculations and Assumptions

Table 12.1 FY 2020-21 Impact of Eliminating Automatic 3% Rate Growth for Nursing Facilities							
Row	Item	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
A	Estimated Expenditure with 3% Growth For FY 2020-21 Nursing Facility Rates	\$775,993,882	\$387,996,941	\$0	\$0	\$387,996,941	Table 12.3 Row 1
B	Estimated Expenditure with 0% Growth For FY 2020-21 Nursing Facility Rates	\$754,990,133	\$377,495,067	\$0	\$0	\$377,495,067	Table 12.4 Row 1
C	Estimated Expenditure with 0.29% Growth for FY 2020-21 Nursing Facility Rates	\$757,026,055	\$378,513,028	\$0	\$0	\$378,513,028	Table 12.5 Row 1
D	Estimated Savings from removal of 3% Growth trend	(\$21,003,749)	(\$10,501,875)	\$0	\$0	(\$10,501,875)	Row B - Row A
E	Estimated Increase in Expenditure from 0.29% Growth Trend	\$2,035,922	\$1,017,961	\$0	\$0	\$1,017,961	Row C - Row B
F	Net Savings in FY 2020-21 from removal of 3% Growth Trend and 0.29% Provider Rate Increase	(\$18,967,827)	(\$9,483,914)	\$0	\$0	(\$9,483,914)	Row D + Row E

Table 12.2 FY 2021-22 Impact of Eliminating Automatic 3% Rate Growth for Nursing Facilities							
Row	Item	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Notes/Calculations
A	Estimated Expenditure with 3% Growth For FY 2021-22 Nursing Facility Rates	\$806,895,113	\$403,447,557	\$0	\$0	\$403,447,557	Table 12.3 Row 1
B	Estimated Expenditure with 0% Growth For FY 2021-22 Nursing Facility Rates	\$761,866,305	\$380,933,153	\$0	\$0	\$380,933,153	Table 12.4 Row 1
C	Estimated Expenditure with 0.29% Growth for FY 2021-22 Nursing Facility Rates	\$763,920,759	\$381,960,380	\$0	\$0	\$381,960,380	Table 12.5 Row 1
D	Estimated Savings from removal of 3% Growth trend	(\$45,028,808)	(\$22,514,404)	\$0	\$0	(\$22,514,404)	Row B - Row A
E	Estimated Increase in Expenditure from 0.29% Growth Trend	\$2,054,454	\$1,027,227	\$0	\$0	\$1,027,227	Row C - Row B
F	Net Savings in FY 2021-22 from removal of 3% Growth Trend and 0.29% Provider Rate Increase	(\$42,974,354)	(\$21,487,177)	\$0	\$0	(\$21,487,177)	Row D + Row E

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Appendix A: Calculations and Assumptions

Table 12.3 - Nursing Facility Expenditure Projections with 3% Annual Rate Increase					
Row	Item	FY 2019-20	FY 2020-21	FY 2021-22	Description
A	Estimated Medicaid Reimbursement (Per Day)	\$197.86	\$203.80	\$209.91	Based on Department's February 15, 2019 forecast
B	Estimate of Patient Days	3,786,158	3,820,621	3,855,397	Based on Department's February 15, 2019 forecast
C	Total Estimated Costs for Days of Service	\$749,129,256	\$778,642,542	\$809,286,384	Row A * Row B
D	Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	92.55%	92.55%	92.55%	Based on Department's February 15, 2019 forecast
E	Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$693,319,126	\$720,633,673	\$748,994,548	Row C * Row D
F	Estimated Expenditure for Prior Fiscal Year Dates of Service	\$53,380,371	\$55,810,130	\$58,350,486	Based on Department's February 15, 2019 forecast
G	Total Estimated Nursing Facility Service Expenditure	\$746,699,497	\$776,443,803	\$807,345,034	Row E + Row F
H	Total Estimated Nursing Facility Bottom Line Impacts	(\$162,057)	(\$449,921)	(\$449,921)	Based on Department's February 15, 2019 forecast
I	Total Estimated Nursing Facility Service Expenditure Adjusted for Bottom Line Impacts	\$746,537,440	\$775,993,882	\$806,895,113	Row G + Row H
Table 12.4 - Nursing Facility Expenditure Projections with 0% Annual Rate Increase					
Row	Item	FY 2019-20	FY 2020-21	FY 2021-22	Description
A	Estimated Medicaid Reimbursement (Per Day)	\$197.86	\$197.86	\$197.86	Eliminating automatic growth rate in FY 2020-21 and FY 2021-22
B	Estimate of Patient Days (without Hospital Back Up)	3,786,158	3,820,621	3,855,397	Based on Department's February 15, 2019 forecast
C	Total Estimated Costs for Days of Service	\$749,129,256	\$755,948,054	\$762,828,850	Row A * Row B
F	Estimated Expenditure for Prior Fiscal Year Dates of Service	\$53,380,371	\$55,810,130	\$56,318,125	Based on Department's February 15, 2019 forecast
G	Total Estimated Nursing Facility Service Expenditure	\$746,699,497	\$755,440,054	\$762,316,226	Row E + Row F
H	Total Estimated Nursing Facility Bottom Line Impacts	(\$162,057)	(\$449,921)	(\$449,921)	Based on Department's February 15, 2019 forecast
I	Total Estimated Nursing Facility Service Expenditure Adjusted for Bottom Line Impacts	\$746,537,440	\$754,990,133	\$761,866,305	Row G + Row H
Table 12.5 - Nursing Facility Expenditure Projections with 0.25% Annual Rate Increase					
Row	Item	FY 2019-20	FY 2020-21	FY 2021-22	Description
A	Estimated Medicaid Reimbursement (Per Day)	\$197.86	\$198.44	\$198.44	Assuming a 0.25% growth in the per diem rate from FY 2019-20 to FY 2020-21.
B	Estimate of Patient Days (without Hospital Back Up)	3,786,158	3,820,621	3,855,397	Based on Department's February 15, 2019 forecast
C	Total Estimated Costs for Days of Service	\$749,129,256	\$758,147,862	\$765,048,682	Row A * Row B
D	Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	92.55%	92.55%	92.55%	Based on Department's February 15, 2019 forecast
E	Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$693,319,126	\$701,665,846	\$708,052,555	Row C * Row D
F	Estimated Expenditure for Prior Fiscal Year Dates of Service	\$53,380,371	\$55,810,130	\$56,318,125	Based on Department's February 15, 2019 forecast
G	Total Estimated Nursing Facility Service Expenditure	\$746,699,497	\$757,475,976	\$764,370,680	Row E + Row F
H	Total Estimated Nursing Facility Bottom Line Impacts	(\$162,057)	(\$449,921)	(\$449,921)	Based on Department's February 15, 2019 forecast
I	Total Estimated Nursing Facility Service Expenditure Adjusted for Bottom Line Impacts	\$746,537,440	\$757,026,055	\$763,920,759	Row G + Row H