



May 10, 2024

The Monthly Medicaid Financial Report for February 2024 was released today.

Note to Readers

The forecasted monthly Medicaid expenditures, enrollment and funding are based on the December 2023 Medicaid forecast, which considered data through September 2023. Information on the latest forecast is available [here](#).

Fiscal Year 2024 began on July 1, 2023, and ends on June 30, 2024.

Results and Commentary

Enrollment

- As of February 2024, Medicaid enrollment across all programs and delivery systems totaled 1,999,726 individuals, which is 26,746 (1.3%) above the forecasted amount and 74,294 (3.4%) below enrollment in February 2023. Average monthly enrollment year-to-date (YTD) for SFY 2024 through February was 2,101,668.
- Through February 2024, FSSA had completed 11 months of the 12-month Medicaid return to normal operations period following the conclusion of the federal public health emergency. Through this process, eligibility redeterminations resumed for the first time since March 2020.
- Since the redetermination process began in April 2023, approximately 371,000 individuals were disenrolled via the redetermination process through February 2024, consistent with the December 2023 forecast assumption that 400,000 individuals would lose coverage due to redeterminations during the 12-month unwind period. On average, 20-25% of individuals disenrolled due to the redetermination process regained coverage within 90 days following submission of required eligibility verification information.
- The December forecast projected an increased number of disenrollments during the period of January 2024 through March 2024, however this has not occurred.



- Implementation of continuous eligibility for children up to the age of 19 effective January 1, 2024, in accordance with the Consolidated Appropriations Act, 2023, and House Enrolled Act 1091 (2023), is another driver of increased enrollment year-over-year, most notably in the Hoosier Healthwise (HHW) program and Children's Health Insurance Program (CHIP).

Expenditures

- Medicaid expenditures YTD through February 2024 totaled \$13.6B, which is \$102.1M (0.8%) above the estimated amount in the December 2023 Medicaid forecast and \$1,687.1M (14.1%) above expenditures YTD in February 2023.
- In late February 2024, Change Healthcare, an independent clearinghouse used by some Medicaid providers for claims submission, experienced systems interruption due to a cyberattack. Claims submission for some providers was delayed, which may impact expenditures for the months of February and March 2024 and result in deferred expenditures into subsequent months as claims are paid.
- Managed care expenditures are based on capitated per-member-per-month (PMPM) payments to managed care entities (MCEs), as opposed to utilization experience or actual claims paid by MCEs. As a result, enrollment is the primary driver of managed care variances. An unfavorable variance to forecast in SFY 2024 YTD managed care expenditures is predominately seen in the Healthy Indiana Plan (HIP) due to higher than forecasted enrollment. The HIP program is funded through an increased federal medical assistance percentage (FMAP), a portion of state cigarette tax revenue, and hospital assessment fees. As a result, these expenditures do not impact the State's general fund.
- Fee-for-service (FFS) expenditures reflect a slightly favorable YTD variance to forecast. Variance in Long-Term Institutional Care expenditures is driven by forecasted Nursing Facility rate adjustments effective 7/01/2023 that will be implemented by the end of the fiscal year and retro actively adjusted. Home and Community-Based Services (HCBS) expenditures under the Aged & Disabled (A&D) waiver continue to outpace forecast. A&D Waiver Attendant Care expenditures YTD exceeded December 2023 forecast by \$28M. These expenditures are offset by favorable variances in other HCBS waiver programs in Long-Term Community Care. A&D Waiver YTD expenditures total \$1.4B, a significant increase over the SFY 2023 YTD expenditures through February 2023 of \$657.5M. This is driven by increases in enrollment and utilization as well as provider rate increases.

- Manual expenditures include supplemental payments paid to providers throughout the year but have no impact on the State's general funds as the state share of this cost is paid through Intergovernmental Transfers (IGTs), or assessment fees. Provider supplemental payment timing, specifically acceleration of Disproportionate Share Hospital (DSH) payments, is the primary driver of the SFY 2024 YTD variance to forecast.
- A positive variance to forecast in the Other Expenditures category is primarily driven by higher than anticipated pharmacy rebate collections, which provides an offset for the cost of drugs provided to Medicaid recipients.
- Children Health Insurance Plan (CHIP) and Money Follows the Person (MFP) expenditures are not paid through the Medicaid Assistance fund, and therefore are pulled out of the total expenditures reported.
- Overall, increased SFY 2024 YTD expenditures compared to prior year expenditures are driven by increased HCBS expenditures and strategic rate investments for providers.

Funding

- General fund usage year-to-date through February 2024 totaled \$2,713.9M, which is \$22.2M (0.81%) below the forecasted amount in the December 2023 Medicaid forecast.
- Year-to-date, federal funds are the source of approximately 71% of overall funding for Medicaid Assistance expenditures while 20% comes from the State's general fund with the remaining 9% being provided through Intergovernmental Transfers (IGTs), Cigarette Tax Revenue and Assessment Fees.
- Through February 2024 the current SFY funding shortfall is estimated at \$232.9M YTD compared to the forecasted amount of \$255.2M for the entirety of SFY 2024. This shortfall is expected to fluctuate throughout the year based on the timing of funding and expenditures. Month to month changes are to be interpreted within the full fiscal year forecast
- Monthly funding variances will fluctuate due to the timing of receipts and transfers to the Medicaid Assistance fund, particularly as it pertains to non-federal and non-state funds such as IGTs and assessment fees.