

FY 2023 total all fund expenditures

Basic:	\$871,127,400	(20.7% of total)
Coordinated:	\$988,272,700	(23.5% of total)
Enhanced:	\$1,272,694,300	(30.3% of total)
Expansion:	<u>\$1,063,034,300</u>	<u>(25.3% of total)</u>
TOTAL:	\$4,195,128,700	

General Fund Expenditures in FY 2023 by Program

Basic:	\$205,548,100	(29.7% of total General Fund Expenditures in Medicaid)
Coordinated	\$272,211,600	(39.4% of total General Fund Expenditures in Medicaid)
Enhanced:	\$138,718,700	(20.1% of total General Fund Expenditures in Medicaid)
Expansion:	<u>\$73,302,900</u>	<u>(10.6% of total General Fund Expenditures in Medicaid)</u>
TOTAL:	\$689,781,300	

From FY 2020 to FY 2023, General Fund Expenditures for all of Medicaid has increased \$69,752,800. This lower increase (from FY 2019 which is the year before Expansion went live, to FY 2022 the total General Fund Expenditures increased \$126,363,800), could be attributed to the provisions of the Families First Coronavirus Response Act (signed into law by President Trump in March 2020), which required the federal government to pick up 6% of the costs of Medicaid from the states in addition to the normal FMAP rates. This federal law temporarily changed Idaho's composite FMAP from 70% federal and 30% state, to 76% federal and 24% state. This enhanced FMAP is currently in the step down process, and all states will revert to the "normal" FMAP beginning January 1, 2024.

General Fund	FY 2019	FY 2020	Fy 2021	FY 2022	FY 2023
Base Appropriation	525,126,300	602,137,000	670,884,500	728,431,700	757,945,900
Negative Supplemental				(56,000,000)	(142,943,800)
Reversion	(38,365,600)	(62,858,200)	(57,532,400)	(2,394,300)	(11,842,300)
Total Expenditures	613,397,200	620,028,500	578,824,600	620,028,500	689,781,300

The Enhanced FMAP, as discussed above, contributed to a General Fund savings. Any reduction from the General Fund was made on a onetime basis, as the continuance of the Public Health Emergency (PHE) declaration by the US Dept of Health and Human Services was unknown during budget setting each year. The negative supplementals above reflect the amount that the Division of Medicaid determined they would not need for the remainder of that fiscal year; these negative supplementals can be considered early reversions. The reversion amount reflects the amount that was unspent at the close of the fiscal year.

Eligibility by program by Average Monthly Member

	FY 2022	FY 2023	FY 2024 Projected	FY 2025 Projected
Basic	204,502	217,625	179,346	182,058
Coordinated	30,856	32,649	29,308	30,760
Enhanced	45,899	46,230	44,019	44,565
Expansion	123,926	141,715	99,095	103,905
Total	418,305	447,130	351,288	361,288

Unwinding or Redetermination Process for Medicaid Eligibility

As of September 5, 2023

Number processed: 153,196 of the estimated 153,837 or 99.5% of the held population has been processed

Of the 153,196 processed, 31,900 or 20% have been found to be eligible for Medicaid and they remain clients of Medicaid

Of that 31,900 who were found to be eligible, 37.7% were eligible for Medicaid Expansion

The remaining 121,296 or 80% were found to be ineligible for Medicaid

Of that 121,296 who were ineligible, 47% were on Expansion previously, and are no longer