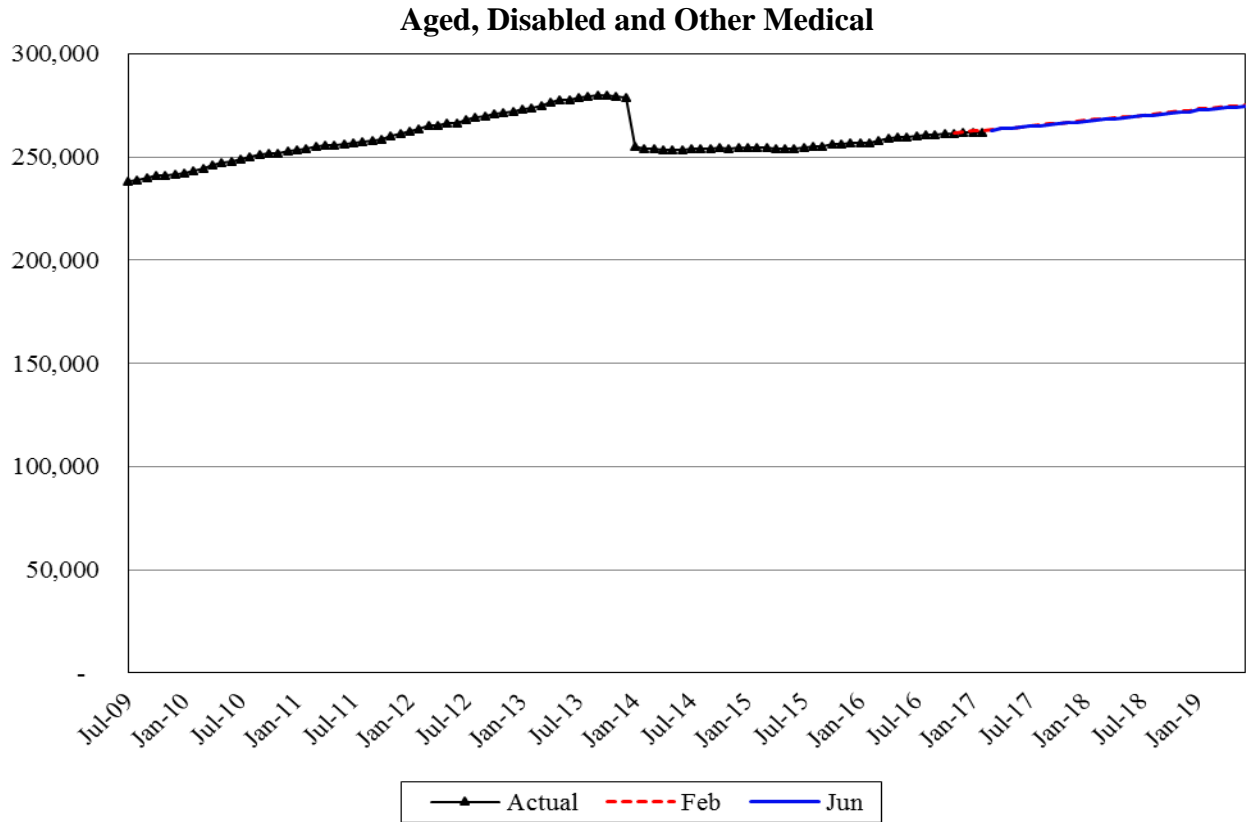


# Medical Assistance

## Aged, Disabled and Other Medical

Caseload Forecast Council  
June 21, 2017



The forecast for Aged, Disabled and Other Medical is composed of nine component forecasts: Categorically Needy (CN) Aged, CN Disabled, Medically Needy (MN) Aged, MN Disabled, Breast and Cervical Cancer Treatment (BCCT), Healthcare for Workers with Disabilities (HWD), Qualified Medicare Beneficiaries (QMB), MCS Alien Medical, and Alien Emergency Medical (AEM).

### Forecast Comparisons (Fiscal Year Averages)

Fiscal Year	Feb-17 Forecast	Jun-17 Forecast	Feb to Jun Difference	Percent Difference
2017	262,410	262,080	-330	-0.1%
2018	267,446	267,131	-315	-0.1%
2019	272,845	272,324	-521	-0.2%

The June 2017 forecast is 330 cases or 0.1 percent lower than the February 2017 forecast for FY 2017, and 0.2 percent lower than the February 2017 forecast for the 2017-19 Biennium.

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### Tracking the Current Forecast

	Feb-17 Forecast	Actual	Variance	Percent Variance
Nov-16	261,743	261,560	-183	-0.1%
Dec-16	262,087	261,706	-381	-0.1%
Jan-17	262,664	262,047	-616	-0.2%
Feb-17	262,953	262,023	-929	-0.4%

The caseload actuals have been tracking, on average, about 527 cases or 0.2 percent lower than the February 2017 forecast for the past four months.

### Fiscal Year Caseload Change

	Fiscal Year	Caseload	Change from Prior Year	Percent Change
Actual	2010	242,647		
	2011	253,058	10,410	4.3%
	2012	261,772	8,715	3.4%
	2013	273,008	11,235	4.3%
	2014	266,679	-6,329	-2.3%
	2015	254,209	-12,470	-4.7%
	2016	256,935	2,726	1.1%
Forecast	2017	262,080	5,146	2.0%
	2018	267,131	5,050	1.9%
	2019	272,324	5,193	1.9%

In the June forecast, CN Aged, CN Disabled, CN BCCT, and MCS Alien Medical are adjusted lower, while the others are adjusted higher. All of these changes are small in terms of cases or percentage except a spike in transfers among Medicare Savings Programs.

#### *Risks to the Forecast*

Risks to this forecast category are lower than other medical forecasts, primarily because eligibility continues to be determined through the Classic or traditional Medicaid process rather than the new Modified Adjusted Gross Income (MAGI) process under the Federal Affordable Care Act (ACA).