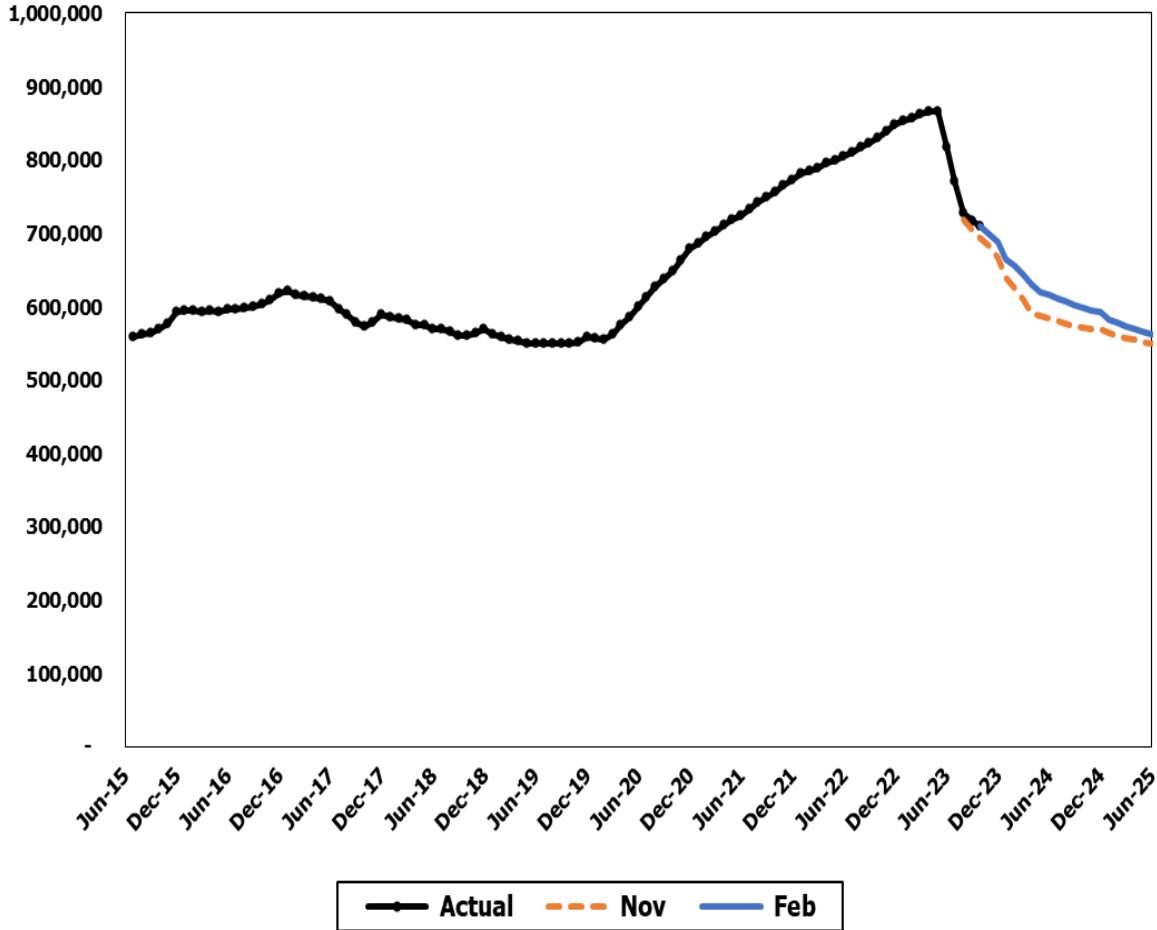


Low Income Adults



The Low-Income Adults caseload forecast began in January 2014 with the implementation of the Affordable Care Act (ACA), and it reflects the extension of Medicaid eligibility to adults under 138 percent of the federal poverty level (FPL).

Forecast Comparisons (Fiscal Year Averages)

Fiscal Year	Nov-23 Forecast	Feb-24 Forecast	Nov to Feb Difference	Percent Difference
2024	655,810	678,320	22,510	3.4%
2025	564,532	586,200	21,668	3.8%

The February 2024 forecast is, on average, 22,089 cases or 3.6 percent higher than the November 2023 forecast for the 2023-25 Biennium.

Tracking the Current Forecast

Month	Nov-23		Variance	Percent
	Forecast	Actual		Variance
Aug-23	717,739	728,190	10,451	1.5%
Sep-23	704,523	716,233	11,710	1.7%
Oct-23	693,325	709,220	15,895	2.3%

Actuals are tracking, on average, 12,685 cases or 1.8 percent above the November forecast.

The unwinding process of the pandemic continuous enrollment requirement began in April 2023. The caseload will continue to drop as the Health Care Authority (HCA) re-determines eligibility for pandemic postponed cases to ensure compliance with federal requirements. In the past unwinding months, there has been an increasing number of cases requiring Post Eligibility Reviews (PER), resulting in an increasing PER backlog. The main change in the February forecast is due to adjusting the forecast of exits based on newly available data. As happened after implementation of the ACA and based on recent data, the low-income adults' program is the most impacted medical caseload from the increased PER backlog.

Fiscal Year Caseload Change

	Fiscal Year	Caseload	Change from Prior Year	Percent Change
Actual	2016	582,109		
	2017	608,826	26,716	4.6%
	2018	581,130	-27,695	-4.5%
	2019	559,736	-21,394	-3.7%
	2020	561,693	1,956	0.3%
	2021	675,247	113,554	20.2%
	2022	772,932	97,685	14.5%
	2023	840,866	67,935	8.8%
Forecast	2024	678,320	-162,546	-19.3%
	2025	586,200	-92,120	-13.6%

Risks to the Forecast

Risks to this forecast are high primarily because of the uncertainties from the Medicaid continuous enrollment unwinding process and the uncertainties of post eligibility review during and after the unwinding period.