



Department of Health

NYPWA Presentation

January 29, 2026

Executive Budget Summary

State Fiscal Year 2026-27

AGENCY BUDGET SUMMARY

DOH Appropriation Authority by Appropriation Type

Category	FY 2026	FY 2027	% Change
Aid to Localities (ATL)	\$130,993,860,751	\$131,382,707,000	0.30%
State Operations (SO)	\$3,753,552,000	\$3,699,480,000	-1.44%
Capital Projects	\$1,560,670,000	\$1,419,698,000	-9.03%
Totals	\$136,308,082,751	\$136,501,885,000	0.14%

DOH ATL Appropriation Authority by Funding Source

ATL Category	FY 2026	FY 2027	% Change
General Fund	\$32,494,759,806	\$35,562,713,000	9.44%
Special Revenue – Federal	\$86,924,861,945	\$83,680,147,000	-3.73%
Special Revenue – Other	\$11,425,239,000	\$11,989,847,000	4.94%
Fiduciary	\$150,000,000	\$150,000,000	0.00%
Totals	\$130,993,860,751	\$131,382,707,000	0.30%

DOH SO Appropriation Authority by Funding Source

ATL Category	FY 2026	FY 2027	% Change
General Fund	\$743,531,000	\$816,387,000	9.80%
Special Revenue – Federal	\$2,597,682,000	\$2,432,839,000	-6.35%
Special Revenue – Other	\$412,339,000	\$450,254,000	8.28%
Totals	\$3,753,552,000	\$3,699,480,000	-1.44%

DOH ATL Appropriation Authority by Program Type

ATL Category	FY 2026	FY 2027	% Change
Health Insurance Programs	\$127,717,132,000	\$128,086,614,000	0.29%
• Medicaid	\$111,662,262,000	\$117,755,179,000	5.46%
• Essential Plan (EP)	\$13,099,000,000	\$6,387,218,000	-51.24%
• Child Health Plus (CHIP)	\$2,862,653,000	\$3,851,000,000	34.53%
• Elderly Pharm Ins Cov (EPIC)	\$93,217,000	\$93,217,000	0.00%
Public Health Programs	\$3,278,228,751	\$3,296,093,000	0.29%
Totals	\$130,995,360,751	\$131,382,707,000	0.30%

MAJOR YEAR-TO-YEAR PROGRAM CHANGES

General Fund (ATL)

Program	FY 2026	FY 2027	Difference
Medicaid (Services)	\$30,380,914,000	\$33,110,567,000	\$2,736,553,000
Essential Plan – State	\$1,000,000	\$386,218,000	\$385,218,000
Hunger Prev/Nutrition Assistance	\$23,250,000	\$38,250,000	\$15,000,000
Long-Term Care Providers*	\$7,000,000	\$0	(\$7,000,000)
Maternal Health*	\$7,000,000	\$0	(\$7,000,000)
Medication Abortion Care*	\$5,000,000	\$0	(\$5,000,000)
United Way of Greater NY*	\$5,000,000	\$0	(\$5,000,000)
Children's Swimming Instruction*	\$5,000,000	\$0	(\$5,000,000)
Enhancing Quality of Adult Living*	\$3,266,000	\$0	(\$3,266,000)

*Represent FY 2026 One-Time Add-Ons.

Special Revenue Other (ATL)

Program	FY 2026	FY 2027	Difference
Medicaid (Services)	\$9,454,960,000	\$9,807,523,000	\$352,563,000
Children's Health Insurance	\$1,312,385,000	\$1,650,000,000	\$337,615,000
Quality of Care Improvement	\$1,000,000	\$4,000,000	\$3,000,000
Childhood Cancer Research	\$100,000	\$500,000	\$400,000
PTP Educ. Foundation (Dental)	\$0	\$50,000	\$50,000
ALS Research / Education	\$50,000	\$75,000	\$25,000
NYS Medical Indemnity Fund	\$211,000,000	\$127,000,000	(\$84,000,000)
Physician Excess Med Mal Prgm.	\$78,500,000	\$39,250,000	(\$39,250,000)
GME Empire Clinical Research	\$3,445,000	\$0	(\$3,445,000)
Rural Health Access	\$1,100,000	\$0	(\$1,100,000)
Diversity in Medicine 1*	\$750,000	\$0	(\$750,000)
Diversity in Medicine 2*	\$500,000	\$0	(\$500,000)
GME Area Hlth. Educ Centers*	\$500,000	\$0	(\$500,000)

*Represent FY 2026 One-Time Add-Ons.

Federal Funds (ATL)

Program	FY 2026	FY 2027	Difference
Medicaid (Services)	\$69,784,188,000	\$72,794,889,000	\$3,010,701,000
Children's Health Insurance	\$1,550,268,000	\$2,201,000,000	\$650,732,000
Rural Hlth Transf Program	\$0	\$190,852,000	\$190,852,000
Essential Plan	\$13,098,000,000	\$6,001,000,000	(\$7,097,000,000)

State Operations (All Funds)

Program	Fund	FY 2026	FY 2027	Difference
Medicaid Administration – NPS	GF	\$302,546,000	\$322,658,000	\$20,112,000
Essential Plan – NPS	GF	\$89,850,000	\$106,151,000	\$16,601,000
Medicaid Administration – PS	GF	\$65,811,000	\$74,410,000	\$8,599,000
Vital Records Program	GF	\$0	\$7,000,000	\$7,000,000
Article 28C Vape Enforcement	GF	\$0	\$4,700,000	\$4,700,000
Temp Hlthcare Staff Agency Reg	GF	\$0	\$4,200,000	\$4,200,000
NYS Electronic CON Imp Project	GF	\$0	\$4,000,000	\$4,000,000
Cardiac Emergency Readiness	GF	\$0	\$3,200,000	\$3,200,000
Artificial Intelligence in Hlthcare	GF	\$0	\$1,500,000	\$1,500,000
NYS Veterans' Home Lower HV	SRO	\$33,703,000	\$41,155,000	\$7,452,000
NYS Veterans' Home Oxford	SRO	\$28,576,000	\$35,595,000	\$7,109,000
Helen Hayes Hospital	SRO	\$70,617,000	\$76,932,000	\$6,315,000
NYS Veterans' Home St. Albans	SRO	\$39,663,000	\$45,293,000	\$5,630,000
New York State of Health – Contr.	SRO	\$23,463,000	\$28,897,000	\$5,434,000
Child Hlth Insurance Prog – Contr.	SRO	\$16,685,000	\$19,050,000	\$2,365,000
NYS Veterans' Home Western NY	SRO	\$18,117,000	\$19,689,000	\$1,572,000
Medicaid Administration – NPS	SRF	\$559,384,000	\$613,251,000	\$53,867,000
MA Admin – Electr. MA Systems	SRF	\$202,000,000	\$225,000,000	\$23,000,000
Rural Health Transf Program	SRF	\$0	\$21,206,000	\$21,206,000
Essential Plan – NPS	SRF	\$89,891,000	\$106,192,000	\$16,301,000
Medicaid Administration - PS	SRF	\$55,532,000	\$63,795,000	\$8,263,000
Essential Plan Interest Repay	SRF	\$600,000,000	\$300,000,000	(\$300,000,000)

*Personal Service (PS) represents cost of permanent employees and temporary staff funded directly on State's payroll.

**Non-Personal Service (NPS) represents all other non-PS costs (contractual, etc.) funded in the State Operations budget.

Capital Funds

Program	FY 2026	FY 2027	Difference
Grants to Food Banks	\$0	\$10,000,000	\$10,000,000
All Payers Claim Database	\$10,000,000	\$13,794,000	\$3,794,000
Emergency Med Svcs Mod.	\$0	\$3,200,000	\$3,200,000
Water Resources – Fed	\$300,000,000	\$215,000,000	(\$85,000,000)
Nassau Univ Med Ctr	\$50,000,000	\$0	(\$50,000,000)
Water Resources – SRO	\$30,000,000	\$20,000,000	(\$10,000,000)
Stwide Hlth Inf of NY (SHIN-NY)	\$35,000,000	\$30,000,000	(\$5,000,000)
Hlth Care Sys. Improv. Purpose	\$15,000,000	\$10,000,000	(\$5,000,000)

MEDICAID / GLOBAL CAP (GC) BUDGET SUMMARY

General Budget Overview

Medicaid spending is currently projected at \$122.6B during SFY 2026-27 on an All Funds basis. The funding source breakout of the \$122.6B is as follows (in billions):

Fund Source	Expenditures	MA %	Total %
Federal Medicaid	\$61,381	53.1%	50.1%
State (DOH)	\$38,654	31.5%	31.5%
State (Other Agencies)	\$9,801	8.0%	8.0%
Local	\$9,051	7.4%	7.4%
Medicaid Subtotal	\$118,887	100.0%	97.0%
Essential Plan 1332	\$3,734	N/A	3.0%
Total	\$122,621	N/A	100.0%

The State (DOH) share of Medicaid spending is broken out into Medicaid spending that is indexed and non-indexed sub-categories as depicted on the table below (in billions):

Category	FY 2027	FY 2028	FY 2029	FY 2030
DOH MA Global Cap Index	\$28.57	\$30.71	\$32.84	\$35.05
DOH Global Cap Adjustments	\$7.24	\$10.78	\$11.45	\$12.17
Tobacco Settlement Fund Offset	\$0.28	\$0.27	\$0.25	\$0.24
DOH Global Cap Total	\$36.09	\$41.76	\$44.54	\$47.46
Target	\$36.09	\$38.85	\$41.62	\$44.50
(Over) / Under	\$0.00	(\$2.91)	(\$2.92)	(\$2.96)
Healthcare Stability Fund*	\$2.84	\$0.50	\$0.50	\$0.50
DOH Global Cap w/HSF	\$38.93	\$42.26	\$45.04	\$47.96

*Healthcare Stability Fund is exempt from Global Cap calculations but included in Financial Plan estimates.

A summary of Medicaid Global Cap terminology and expenditure trends follows below:

- **Global Cap Definition**
 - Statutory spending cap that applies to a subset of State-share funded Medicaid spending.
 - Intended to limit the growth of Medicaid costs financed by the General Fund.
- **Global Cap Indexing**
 - **Current Methodology** – Cap set at 5-year rolling average of the Medicaid annual growth rate within the National Health Expenditure Accounts produced by the Office of the Actuary within the Centers for Medicare and Medicaid Services (CMS).
 - Allows for growth associated with all health care spending.
 - Updated on an annual basis by CMS.

- **Global Cap Index Exclusions**
 - Supplemental Hospital Payments
 - State-Mandated Minimum Wage Increases
 - State-Mandated Home Care Wage Increases
 - Local Share Takeover Costs (Growth in Medicaid over CY 2015 levels)
 - Other State Agency Medicaid Costs
 - Expenditures from the Healthcare Stability Fund, which is the dedicated revenue account for the approved MCO tax
- **Global Cap Control Mechanisms**
 - Statutory provisions grant the Commissioner of Health certain powers to limit Medicaid disbursements to levels authorized by the Global Cap – as well as unanticipated costs resulting from a disaster.
 - Examples – Reducing reimbursement rates (subject to federal approvals where required), reducing rates of program implementation, etc.
 - Non-statutory actions are also available to the State and have been taken in the past.
 - Examples - Modification of scope of spending subject to Global Cap; financial plan relief to the Global Cap via the General Fund; and adjustments to timing of payments consistent with contractual terms to ensure compliance with Global Cap.

Medicaid spending is currently projected to exceed the Cap beginning in SFY 2027-28, as reflected on the table below:

Category (\$ in Billions)	FY 2027	FY 2028	FY 2029	FY 2030
Global Cap Target	\$35.82	\$41.49	\$44.29	\$47.22
Executive Budget*	\$35.52	\$41.19	\$43.99	\$46.92
Tobacco Settlement Fund	\$0.30	\$0.30	\$0.30	\$0.30
Global Cap Projections	\$35.82	\$41.49	\$44.29	\$47.22
Exec Over/(Under)	\$0.00	\$2.91	\$2.92	\$2.96

*Excludes the Healthcare Stability Fund

MAJOR FACTORS IMPACTING MEDICAID SPENDING

Major factors impacting Medicaid spending during the current and future fiscal years are as follows:

Increasing Factors

- **Elevated Enrollment** – The State has experienced sustained increases in enrollment since FY 2020 relative to pre-COVID-19 pandemic levels.

The following table depicts actual and projected Statewide Medicaid enrollment totals in since March 2020:

Month	Enrollment	Change (%)
March 2020	6,082,983	N/A
March 2021	6,959,095	14.40%
March 2022	7,452,010	7.08%
March 2023	7,873,662	5.66%
March 2024	7,292,559	-7.38%
March 2025	6,895,516	-5.44%
March 2026 (est.)	6,791,381	-1.51%
March 2027 (est.)	6,806,567	0.22%

- Medicaid enrollment as of November 2025 was 6.8 million.
- Recent decreases in enrollment attributed to Medicaid enrollment unwind activities, which have normalized and aligned enrollment to current economic trends.
- Enrollment not projected to significantly decline further and is expected to remain substantially higher than pre-pandemic levels.
- **Reduction in Federal Funding** – The Department anticipates funding reductions due to the implementation of Federal H.R. 1 legislation. The Budget anticipates a reduction of \$2.5 billion in Federal funding during FY 27, largely related to the Essential Plan Aliessa non-citizen population that are no longer able to receive federal subsidies under Section 1332 of the Affordable Care Act (current Essential Plan authorization).
- **Managed Long-Term Care and Personal Care Enrollment** – Ongoing growth in the utilization of the State's Managed Long-Term Care (MLTC) and Personal Care programs - which includes the Nursing Home Transition and Diversion (NHTD) Waiver program - by the State's aging population.
- **Provider Reimbursement Rate Increases** - Increases in provider reimbursement rates to include Home Health providers, in order to account for wage increases.
- **Drug Price Growth** – Ongoing growth in drug prices and utilization of high-cost drugs have continued to increase pharmacy spending in Medicaid.
- **Continued State Support to Distressed Hospitals** - State support to financially distressed facilities has increased substantially over the past five years and currently, 75 of 261, of New York's hospitals are financially distressed. Represents funding associated with payments above and beyond traditional Medicaid reimbursement rates.

Offsets / Mitigation to Anticipated Spending Growth

- **Global Cap Metric Update** – Updated calculations for the FY 2027 Global Cap resulted in an increase in the Global Cap Ceiling by \$715.7M. This growth is primarily absorbed by base price and utilization trends.

- **Master Settlement Agreement (MSA)** – The New York State Division of the Budget (DOB) anticipates receiving \$298.0M in payments from tobacco manufacturers to help defray the costs of the State's Takeover of Medicaid costs for Upstate counties and New York City.
- **Health Care Transformation Fund (HCTF)** – The HCTF Funds are used to support health care delivery, including for capital investment, debt retirement or restructuring, housing, or transitional operating support to health care providers. DOB anticipates utilizing \$250.0 M during SFY 2026-27 to offset costs of Home Care wage increases.
- **Healthcare Stability Fund (HSF) offset** - \$500 million from the Managed Care Organization (MCO) Tax to offset existing spending obligations under the Medicaid Global Cap. HSF funding is utilized to offset General Fund expenditures to help ensure that the State does not need to make significant provider reimbursement or service reductions. While technically a disbursement, the HSF is not subject to the Global Cap.

MAJOR DOH MEDICAID BUDGET ACTIONS

State Budget Initiatives

The most significant Medicaid budget investment actions proposed for FY 2027 include the following:

- **State Support for Federal H.R. 1 Impacts (\$2,570.2M)** – The Budget allocates \$2.57 billion to offset the loss of Federal funding anticipated due to the implementation of provisions tied to H.R. 1 legislation. Largest impact would be potential loss of Essential Plan (EP) Waiver funding if the proposed reversion to EP Trust Fund is not accepted by Centers for Medicare and Medicaid Services (CMS). Other investments pertain to support for the New York State of Health (NYSOH) to account for new community engagement and eligibility renewal requirements.
- **Managed Care Organization (MCO) Tax Investments** – The Budget establishes an updated plan for investing receipts from the MCO Tax during FY 2027. The updated plan assumes five quarters of MCO Tax revenue collection through March 2026, totaling \$2.25 billion in net State Share benefit. This funding will be allocated as follows:
 - **Existing Global Cap Commitments** - 44.4% (\$1.0B)
 - **New Investments from Healthcare Stability Fund** - \$56.6% (\$1.25B)
 - Investments to support healthcare facilities, providers, and programs including: hospitals, nursing homes, assisted living programs, federally qualified health centers, and the Safety Net Transformation program.
 - **Possible Future Cessation of Program** – Recent Federal (CMS) guidance implies the State will be required to either amend or sunset its MCO assessment at the conclusion of the current fiscal year (FY 2026). The Budget therefore assumes no additional collections will be received during FY 2027.

A summary of other Medicaid-related investment initiatives is as follows:

Initiative	Category	Value
Safety Net Hospital Transformation Program	Hospitals	\$330.0M
Restoration of 10% Capital Cut	Nursing Homes	\$8.8M
Nursing Home and Hospital Investments	Hlthcr Stability Fund	\$750.0M
MA Enterprise Client Management System	MA Administration	\$17.9M

A summary of Medicaid-related savings initiatives is as follows:

Initiative	Category	Value
Biomarker Coverage Reforms	Managed Care	(\$50.0M)
Independent Dispute Resolution (IDR) MMC Carve-Out	Managed Care	(\$28.5M)
NYRx Enhanced Rebate Purchasing Pool	Pharmacy	(\$25.0M)
Applied Behavioral Analysis Reforms	Managed Care	(\$13.7M)
Aligns Personal Care FFS Admin Reimbursement at 15%	Other LTC	(\$7.5M)
Health Home Qualifying Conditions Reform	Managed Care	(\$2.5M)

MAJOR DOH PUBLIC HEALTH ACTIONS

The most significant (>\$1.0M) DOH Public Health investment initiatives include the following:

Initiative	Category	Value
Medical Indemnity Fund	ATL	\$75.0M
HPNAP Support	ATL	\$23.3M
HPNAP Additional Investment (SOTS)	ATL	\$15.0M
Vital Records (SOTS)	SO	\$7.0M
Choose Healthy Life	ATL	\$5.9M
Nourish NY	ATL	\$5.0M
Enhancing Illegal Vapor Product Enforcement (SOTS)	SO	\$4.7M
Reduce Reliance on Temp Staff / Stabilize Workforce (SOTS)	SO	\$4.2M
Enable Transf. of Healthcare Delivery System (SOTS)	SO	\$4.0M
Strengthen Cardiac Emergency Readiness (SOTS)	SO/ATL	\$3.2M
Nursing Home Staffing Campaign	ATL	\$3.0M
Expand Use of AI in Healthcare Safely and Equitably (SOTS)	SO	\$1.5M
Tax Check-Off SROs (Gifts for Food, Lupus Research, ALS)	ATL	\$1.4M
Radiological Health Investment	SO	\$1.3M

A summary of the most significant (>\$1.0M) DOH Public Health savings initiatives is as follows:

Initiative	Category	Value
HCRA Medical Malpractice Program Restructuring	ATL	(\$39.3M)
EQUAL Operating Support	ATL	(\$3.3M)
EQUAL Capital	CAP	(\$3.3M)

FEDERAL FUNDING UPDATES

The following points summarize updates on major DOH Federal funding initiatives for FY 2027.

Increased Federal Medical Assistance Percentage (FMAP) Initiatives

- **Federal Families Coronavirus Relief Act (FFCRA)**
 - Standard FMAP rates in place since January 2024.
- **American Rescue Plan Act (ARPA)**
 - State reinvested (as of 6/30/24 program closeout) over \$2 billion in earned eFMAP funds across 37 proposals.
 - Projects aimed at strengthening and supporting the direct care workforce, investing in the state's digital healthcare infrastructure, and building home and community-based services capacity.
 - Program is complete.

Other Federally Funded Initiatives / Programs

- **New York Health Equity Reform (NYHER) 1115 Waiver Program**
 - NYHER 1115 Waiver Amendment approved on January 9th, 2024
 - Authorized through March 31, 2027.
 - Program authorizes federal funding for numerous initiatives focused on advancing health equity, reducing health disparities, and supporting the delivery of social care.
 - First payments processed in March 2024. All initiatives are implemented.

Status updates on each of the major waiver initiatives are as follows:

- **Social Care Networks / Health-Related Social Needs Services (HRSNs)**
 - Launched January 1st, 2025, across all 13 defined NYS regions.
 - Lead entities' contracts have been executed, and they are creating partnerships within each of their regions.
- **Health Equity Regional Organization (HERO)**
 - The State Medicaid HERO was announced as of January 24th, 2025.
 - United Hospital Fund (UHF) coordinates the HERO activities to bridge social services and health care delivery.
- **Career Pathways Training Program (CPT)**
 - Program has contracted with three Workforce Investment Organizations (WIOs) in their defined regions of New York State to address statewide workforce shortages.
- **Student Loan Repayment Program (SLRP)**
 - Program launched in November 2025 and is currently accepting applications.
- **Essential Plan (EP) Program** - During FY 2026, in response to a review of Federal policy changes resulting from the Federal HR1 legislation, the State submitted an application to the Centers for Medicare and Medicaid Services (CMS) to terminate its Section 1332 State

Innovation Waiver and to revert its Essential Plan authorization back to Section 1331 of the Affordable Care Act.

If approved by CMS, the changes resulting from this policy would be as follows:

Coverage Category	Current	New/Original
Nature of Funding	Grant	Trust Fund
Income Eligibility (FPL)	Up to 250%	Up to 200%
Federal Funding for Administrative Costs	Yes	No
Cost-Sharing Subsidies – Income Eligibility Limit*	400% of FPL	250% of FPL
Cost-Sharing Subsidies – Pregnancy Benefits**	Yes	No
Cost-Sharing Subsidies – Diabetes Management**	Yes	No
Behavioral Health Funding	Yes	No
Air Conditioners for Ind w/Asthma	Yes	No

*Change to 250% of FPL anticipated to take effect in CY 2027.

**Applies to individuals enrolled in Qualified Health Plans (QHP) who are eligible for the APT

- **Executive Budget Assumptions** - Since CMS approval of the reversion to the BHP Trust Fund has not yet been obtained, the Executive Budget assumes that the transition to the BHP Trust Fund will not occur. If this scenario occurs, the estimated transition of anticipated FY27 EP enrollees (1,409,000) would be as follows:
 - Medicaid - 583,000
 - Qualified Health Plans / Third-Party Insurance / None – 826,000
- **CMS Approval Scenario** - If CMS approval is obtained, sufficient appropriation authority will be authorized or transferred to the BHP Trust Fund appropriation to allow it to assume all anticipated costs.

MEDICAID LOCAL SHARE OVERVIEW

Current and Projected Medicaid Share Allocations (in billions)

Category	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	Totals
Federal	\$72.9	\$65.1	\$59.3	\$60.3	\$62.6	\$320.2
State (DOH)	\$34.7	\$38.6	\$42.0	\$44.8	\$47.7	\$207.8
State (OSA)	\$9.3	\$9.8	\$9.1	\$9.3	\$9.4	\$46.9
Local	\$9.1	\$9.1	\$9.1	\$9.1	\$9.1	\$45.3
- Mandatory	\$7.6	\$7.6	\$7.6	\$7.6	\$7.6	\$38.2
- Voluntary	\$1.4	\$1.4	\$1.4	\$1.4	\$1.4	\$7.1
Totals	\$126.1	\$122.6	\$119.5	\$123.5	\$128.8	\$620.3

Local Share Cap Updates – Local districts are responsible for paying their statutory amounts in FY 2026 and beyond.

Current and Projected Local Takeover Costs (in billions)

Region	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	Totals
Rest of State	\$3.70	\$4.02	\$4.32	\$4.77	\$5.11	\$21.92
New York City	\$4.62	\$5.15	\$5.64	\$6.41	\$6.98	\$28.80
Totals	\$8.32	\$9.17	\$9.96	\$11.18	\$12.09	\$50.72

Medicaid Local Share Payment Updates

- **Enhanced Federal Medical Assistance Percentage (eFMAP) Sharing** – Effective FY 2026, no future eFMAP reconciliation payments are anticipated.
- **Early Intervention (Medicaid) Payments** – The most recent payment package for EI claims is for the period between April 2013 and March 2018, and is currently pending final approval.

Medicaid Administration Cap Updates

- **Local District Medicaid Administration Caps** – The annual county Medicaid caps for Local Administration will remain at their historic / current levels during SFY 2026-27. The Statewide County Administration Ceiling remains at \$545.0 million.
- **Historic Statewide County Administration Spending Relative to Ceiling:**

Fiscal Year	Ceiling	Expenditures	Difference
FY 2013	\$545.0 M	\$510.7 M	(\$34.3) M
FY 2014	\$545.0 M	\$489.4 M	(\$55.6) M
FY 2015	\$545.0 M	\$486.3 M	(\$58.7) M
FY 2016	\$545.0 M	\$469.5 M	(\$75.5) M
FY 2017	\$545.0 M	\$420.3 M	(\$124.7) M
FY 2018	\$545.0 M	\$407.2 M	(\$137.8) M
FY 2019	\$545.0 M	\$418.7 M	(\$126.3) M
FY 2020	\$545.0 M	\$416.1 M	(\$128.9) M
FY 2021	\$545.0 M	\$400.4 M	(\$144.6) M
FY 2022	\$545.0 M	\$418.2 M	(\$126.8) M
FY 2023	\$545.0 M	\$415.4 M	(\$129.6) M
FY 2024	\$545.0 M	\$457.1 M	(\$87.9) M
FY 2025	\$545.0 M	\$461.8 M	(\$83.2) M
FY 2026 (P)	\$545.0 M	\$535.1 M	(\$9.9) M

*SFY 2025-26 projection based on actuals through November 2025 claims and remain subject to change.

- **Historic County Over/Under (Cap) Amounts:**

STATE FISCAL YEAR	UNDER	OVER	% UNDER
FY 2013	42	16	72.4%
FY 2014	45	13	77.6%
FY 2015	56	2	96.6%
FY 2016	56	2	96.6%
FY 2017	57	1	98.3%
FY 2018	55	3	94.8%
FY 2019	57	1	98.3%
FY 2020	56	2	96.6%
FY 2021	57	1	98.3%
FY 2022	57	1	98.3%
FY 2023	57	1	98.3%
FY 2024	55	3	94.8%
FY 2025	53	5	91.4%
FY 2026 (P)	40	18	69.0%

*SFY 2025-26 estimates based on actuals through November 2025 claims and remain subject to change.