

Exhibit J - Health Care Affordability Act of 2009 Estimates

Cash Funded Expansion Populations							
Source of Funding							
FY 2015-16 Summary							
Eligibility Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Hospital Provider Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
HB 09-1293 Medicaid Expansion Clients							
MAGI Parents/Caretakers 69% to 133% FPL	85,399	\$217,180,511	\$0	\$49,130	\$0	\$217,131,381	100.00%
Buy-In for Individuals with Disabilities	6,122	\$33,580,394	\$0	\$14,911,785	\$3,278,046	\$15,390,563	50.79%
MAGI Adults	315,772	\$1,222,981,175	\$0	\$673,211	\$0	\$1,222,307,964	100.00%
Non-Newly Eligibles	2,079	\$33,657,015	\$0	\$4,139,813	\$0	\$29,517,202	87.70%
MAGI Parents/Caretakers 60% to 68% FPL	11,487	\$29,224,903	\$0	\$14,381,576	\$0	\$14,843,327	50.79%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$1,536,623,998	\$0	\$34,155,515	\$3,278,046	\$1,499,190,437	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$598,100,000	\$0	\$293,800,000	\$0	\$304,300,000	50.88%
Outpatient Hospital Rates		\$288,000,000	\$0	\$142,000,000	\$0	\$146,000,000	50.69%
Uncompensated Care Payment		\$115,500,000	\$0	\$57,000,000	\$0	\$58,500,000	50.65%
Hospital Quality Incentive Payment		\$84,800,000	\$0	\$41,800,000	\$0	\$43,000,000	50.71%
Subtotal from HB 09-1293 Supplemental Payments		\$1,086,400,000	\$0	\$534,600,000	\$0	\$551,800,000	
Cash Fund Financing		\$0	(\$40,985,193)	\$40,985,193	\$0	\$0	
HB 09-1293 Total		\$2,623,023,998	(\$40,985,193)	\$609,740,708	\$3,278,046	\$2,050,990,437	
FY 2016-17 Summary							
Eligibility Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Hospital Provider Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
HB 09-1293 Medicaid Expansion Clients							
MAGI Parents/Caretakers 69% to 133% FPL	90,649	\$227,317,845	\$0	\$5,736,377	\$0	\$221,581,468	97.50%
Buy-in for Individuals with Disabilities	5,858	\$34,829,398	\$0	\$15,416,236	\$3,873,100	\$15,540,062	50.20%
MAGI Adults	343,248	\$1,310,468,447	\$0	\$33,491,268	\$0	\$1,276,977,179	97.50%
Non-Newly Eligibles	2,248	\$36,826,877	\$0	\$5,273,609	\$0	\$31,553,268	85.68%
MAGI Parents/Caretakers 60% to 68% FPL	12,557	\$31,272,798	\$0	\$15,573,853	\$0	\$15,698,945	50.20%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$1,640,715,365	\$0	\$75,491,343	\$3,873,100	\$1,561,350,922	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$339,000,000	\$0	\$168,100,000	\$0	\$170,900,000	50.41%
Outpatient Hospital Rates		\$139,700,000	\$0	\$69,300,000	\$0	\$70,400,000	50.39%
Uncompensated Care Payment		\$115,500,000	\$0	\$57,300,000	\$0	\$58,200,000	50.39%
Hospital Quality Incentive Payment		\$84,800,000	\$0	\$42,000,000	\$0	\$42,800,000	50.47%
Subtotal from HB 09-1293 Supplemental Payments		\$679,000,000	\$0	\$336,700,000	\$0	\$342,300,000	
Cash Fund Financing		\$0	(\$43,058,579)	\$43,058,579	\$0	\$0	
HB 09-1293 Total		\$2,319,715,365	(\$43,058,579)	\$455,249,922	\$3,873,100	\$1,903,650,922	
FY 2017-18 Summary							
Eligibility Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Hospital Provider Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
HB 09-1293 Medicaid Expansion Clients							
MAGI Parents/Caretakers 69% to 133% FPL	94,501	\$233,996,330	\$0	\$12,924,751	\$0	\$221,071,579	94.50%
Buy-in for Individuals with Disabilities	6,874	\$41,955,703	\$0	\$18,773,717	\$4,400,760	\$18,781,226	50.01%
MAGI Adults	345,405	\$1,333,989,270	\$0	\$74,115,573	\$0	\$1,259,873,697	94.50%
Non-Newly Eligibles	2,280	\$37,653,219	\$0	\$6,257,964	\$0	\$31,395,255	83.38%
MAGI Parents/Caretakers 60% to 68% FPL	13,141	\$32,148,383	\$0	\$16,070,977	\$0	\$16,077,406	50.01%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$1,679,742,905	\$0	\$128,142,982	\$4,400,760	\$1,547,199,163	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$318,900,000	\$0	\$158,700,000	\$0	\$160,200,000	50.24%
Outpatient Hospital Rates		\$133,500,000	\$0	\$66,400,000	\$0	\$67,100,000	50.26%
Uncompensated Care Payment		\$115,500,000	\$0	\$57,500,000	\$0	\$58,000,000	50.22%
Hospital Quality Incentive Payment		\$84,800,000	\$0	\$42,200,000	\$0	\$42,600,000	50.24%
Subtotal from HB 09-1293 Supplemental Payments		\$652,700,000	\$0	\$324,800,000	\$0	\$327,900,000	
Cash Fund Financing		\$0	(\$45,063,963)	\$45,063,963	\$0	\$0	
HB 09-1293 Total		\$2,332,442,905	(\$45,063,963)	\$498,006,945	\$4,400,760	\$1,875,099,163	

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Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2015-16							
MAGI Parents/Caretakers 69% to 133% FPL⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,428.76	\$207,413,265	\$0	\$0	\$0	\$207,413,265
Community Based Long-Term Care		\$4.86	\$414,950	\$0	\$49,130	\$0	\$365,820
Long-Term Care		\$0.17	\$14,119	\$0	\$0	\$0	\$14,119
Insurance		\$0.32	\$27,207	\$0	\$0	\$0	\$27,207
Service Management		\$109.03	\$9,310,970	\$0	\$0	\$0	\$9,310,970
Total	85,399	\$2,543.14	\$217,180,511	\$0	\$49,130	\$0	\$217,131,381
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$4,667.01	\$28,571,426	\$0	\$12,687,492	\$2,789,081	\$13,094,853
Community Based Long-Term Care		\$728.15	\$4,457,749	\$0	\$1,979,518	\$435,156	\$2,043,075
Long-Term Care		\$26.57	\$162,637	\$0	\$72,221	\$15,876	\$74,540
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$63.47	\$388,582	\$0	\$172,554	\$37,933	\$178,095
Total	6,122	\$5,485.20	\$33,580,394	\$0	\$14,911,785	\$3,278,046	\$15,390,563
MAGI Adults⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$3,729.04	\$1,177,526,558	\$0	\$0	\$0	\$1,177,526,558
Community Based Long-Term Care		\$19.91	\$6,285,816	\$0	\$673,211	\$0	\$5,612,605
Long-Term Care		\$3.42	\$1,078,828	\$0	\$0	\$0	\$1,078,828
Insurance		\$0.08	\$24,485	\$0	\$0	\$0	\$24,485
Service Management		\$120.55	\$38,065,488	\$0	\$0	\$0	\$38,065,488
Total	315,772	\$3,872.99	\$1,222,981,175	\$0	\$673,211	\$0	\$1,222,307,964
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$15,035.43	\$31,258,653	\$0	\$3,844,814	\$0	\$27,413,839
Community Based Long-Term Care		\$429.95	\$893,875	\$0	\$109,947	\$0	\$783,928
Long-Term Care		\$630.02	\$1,309,814	\$0	\$161,107	\$0	\$1,148,707
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$93.64	\$194,673	\$0	\$23,945	\$0	\$170,728
Total	2,079	\$16,189.04	\$33,657,015	\$0	\$4,139,813	\$0	\$29,517,202
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,439.55	\$28,023,592	\$0	\$13,790,410	\$0	\$14,233,182
Community Based Long-Term Care		\$12.55	\$144,165	\$0	\$70,944	\$0	\$73,221
Long-Term Care		\$1.27	\$14,558	\$0	\$7,164	\$0	\$7,394
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$90.76	\$1,042,588	\$0	\$513,058	\$0	\$529,530
Total	11,487	\$2,544.13	\$29,224,903	\$0	\$14,381,576	\$0	\$14,843,327
FY 2015-16 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	420,859	\$3,651.16	\$1,536,623,998	\$0	\$34,155,515	\$3,278,046	\$1,499,190,437

(1) The matching federal funds for this population increased from 50% to 100% effective January 1, 2014 in accordance with the Affordable Care Act.

(2) Figures may not sum due to rounding.

Exhibit J - Health Care Affordability Act of 2009 Estimates

Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2016-17							
MAGI Parents/Caretakers 69% to 133% FPL ⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,383.02	\$216,018,475	\$0	\$5,400,462	\$0	\$210,618,013
Community Based Long-Term Care		\$4.99	\$452,040	\$0	\$64,732	\$0	\$387,308
Long-Term Care		\$0.16	\$14,848	\$0	\$371	\$0	\$14,477
Insurance		\$0.37	\$33,302	\$0	\$833	\$0	\$32,469
Service Management		\$119.13	\$10,799,180	\$0	\$269,979	\$0	\$10,529,201
Total	90,649	\$2,507.67	\$227,317,845	\$0	\$5,736,377	\$0	\$221,581,468
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$4,964.76	\$29,083,584	\$0	\$12,873,016	\$3,234,154	\$12,976,414
Community Based Long-Term Care		\$882.45	\$5,169,396	\$0	\$2,288,085	\$574,847	\$2,306,464
Long-Term Care		\$29.20	\$171,036	\$0	\$75,704	\$19,020	\$76,312
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$69.20	\$405,382	\$0	\$179,431	\$45,079	\$180,872
Total	5,858	\$5,945.61	\$34,829,398	\$0	\$15,416,236	\$3,873,100	\$15,540,062
MAGI Adults ⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds ⁽²⁾
Acute Care		\$3,663.17	\$1,257,376,034	\$0	\$31,434,401	\$0	\$1,225,941,633
Community Based Long-Term Care		\$20.20	\$6,934,953	\$0	\$902,931	\$0	\$6,032,022
Long-Term Care		\$3.11	\$1,065,977	\$0	\$26,649	\$0	\$1,039,328
Insurance		\$0.09	\$29,970	\$0	\$749	\$0	\$29,221
Service Management		\$131.28	\$45,061,513	\$0	\$1,126,538	\$0	\$43,934,975
Total	343,248	\$3,817.85	\$1,310,468,447	\$0	\$33,491,268	\$0	\$1,276,977,179
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$15,206.62	\$34,184,474	\$0	\$4,895,217	\$0	\$29,289,257
Community Based Long-Term Care		\$438.53	\$985,809	\$0	\$141,168	\$0	\$844,641
Long-Term Care		\$643.25	\$1,446,016	\$0	\$207,069	\$0	\$1,238,947
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$93.67	\$210,578	\$0	\$30,155	\$0	\$180,423
Total	2,248	\$16,382.06	\$36,826,877	\$0	\$5,273,609	\$0	\$31,553,268
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,378.56	\$29,866,827	\$0	\$14,873,680	\$0	\$14,993,147
Community Based Long-Term Care		\$13.02	\$163,518	\$0	\$81,432	\$0	\$82,086
Long-Term Care		\$1.30	\$16,270	\$0	\$8,102	\$0	\$8,168
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$97.65	\$1,226,183	\$0	\$610,639	\$0	\$615,544
Total	12,557	\$2,490.53	\$31,272,798	\$0	\$15,573,853	\$0	\$15,698,945
FY 2016-17 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	454,560	\$3,609.46	\$1,640,715,365	\$0	\$75,491,343	\$3,873,100	\$1,561,350,922

(1) The matching federal funds for this population will decrease from 100% to 95% effective January 1, 2017 in accordance with the Affordable Care Act.
(2) Figures may not sum due to rounding.

Exhibit J - Health Care Affordability Act of 2009 Estimates

Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2017-18							
MAGI Parents/Caretakers 69% to 133% FPL⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,346.08	\$221,707,220	\$0	\$12,193,897	\$0	\$209,513,323
Community Based Long-Term Care		\$5.10	\$481,616	\$0	\$81,441	\$0	\$400,175
Long-Term Care		\$0.16	\$15,358	\$0	\$845	\$0	\$14,513
Insurance		\$0.44	\$41,872	\$0	\$2,303	\$0	\$39,569
Service Management		\$124.34	\$11,750,264	\$0	\$646,265	\$0	\$11,103,999
Total	94,501	\$2,476.13	\$233,996,330	\$0	\$12,924,751	\$0	\$221,071,579
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$5,182.03	\$35,621,293	\$0	\$15,939,288	\$3,736,341	\$15,945,664
Community Based Long-Term Care		\$824.67	\$5,668,795	\$0	\$2,536,589	\$594,603	\$2,537,603
Long-Term Care		\$25.74	\$176,912	\$0	\$79,162	\$18,556	\$79,194
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$71.09	\$488,703	\$0	\$218,678	\$51,260	\$218,765
Total	6,874	\$6,103.54	\$41,955,703	\$0	\$18,773,717	\$4,400,760	\$18,781,226
MAGI Adults⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$3,703.03	\$1,279,043,574	\$0	\$70,347,397	\$0	\$1,208,696,177
Community Based Long-Term Care		\$20.97	\$7,244,292	\$0	\$1,144,598	\$0	\$6,099,694
Long-Term Care		\$3.20	\$1,106,130	\$0	\$60,837	\$0	\$1,045,293
Insurance		\$0.11	\$37,683	\$0	\$2,073	\$0	\$35,610
Service Management		\$134.79	\$46,557,591	\$0	\$2,560,668	\$0	\$43,996,923
Total	345,405	\$3,862.10	\$1,333,989,270	\$0	\$74,115,573	\$0	\$1,259,873,697
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$15,314.07	\$34,916,079	\$0	\$5,803,052	\$0	\$29,113,027
Community Based Long-Term Care		\$452.39	\$1,031,452	\$0	\$171,427	\$0	\$860,025
Long-Term Care		\$654.46	\$1,492,162	\$0	\$247,997	\$0	\$1,244,165
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$93.65	\$213,526	\$0	\$35,488	\$0	\$178,038
Total	2,280	\$16,514.57	\$37,653,219	\$0	\$6,257,964	\$0	\$31,395,255
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,330.99	\$30,630,519	\$0	\$15,312,196	\$0	\$15,318,323
Community Based Long-Term Care		\$13.66	\$179,533	\$0	\$89,749	\$0	\$89,784
Long-Term Care		\$1.32	\$17,281	\$0	\$8,639	\$0	\$8,642
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$100.53	\$1,321,050	\$0	\$660,393	\$0	\$660,657
Total	13,141	\$2,446.50	\$32,148,383	\$0	\$16,070,977	\$0	\$16,077,406
FY 2017-18 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	462,201	\$3,634.23	\$1,679,742,905	\$0	\$128,142,982	\$4,400,760	\$1,547,199,163

(1) The matching federal funds for this population will decrease from 95% to 94% effective January 1, 2018 in accordance with the Affordable Care Act.

(2) Figures may not sum due to rounding.