

Colorado Health Care Affordability Act: Outlook FY 2009-10 to FY 2013-2014						
	FY 2009-10 Actuals	FY 2010-11 Estimate	FY 2011-12 Request	FY 2012-13 Estimate <sup>6</sup>	FY 2013-14 Estimate <sup>6</sup>	
<b>A. Hospital Provider Fee Cash Fund Revenue</b>						
Actual/Projected Revenue	\$340,869,957	\$441,058,090	\$604,256,858	\$711,994,180	\$812,706,488	
Interest Earned	\$900,117	\$1,164,678	\$1,595,629	\$1,880,125	\$2,146,070	
Previous Year's Cash Fund Balance	N/A	\$5,714,436	\$5,714,436	\$5,714,436	\$5,714,436	
<b>Hospital Provider Fee Cash Funds Available</b>	<b>\$341,770,074</b>	<b>\$447,937,204</b>	<b>\$611,566,923</b>	<b>\$719,588,741</b>	<b>\$820,566,994</b>	
<b>B. Hospital Provider Fee Cash Fund Expenditures</b>						
<b>(1) Executive Director's Office- Total Prior to Change Requests</b>						
Personal Services <sup>1</sup>	\$704,444	\$1,287,447	\$1,946,780	\$1,977,846	\$1,977,846	
Legal Service & Third Party Recovery	\$0	\$29,932	\$57,259	\$95,202	\$126,461	
Administrative Law Judge Services	\$0	\$14,305	\$27,365	\$45,499	\$60,439	
Operating Expenses	\$114,264	\$104,426	\$66,192	\$41,608	\$41,943	
Leased Space	\$15,550	\$151,164	\$151,164	\$151,164	\$151,164	
General Professional Services and Special Projects	\$128,858	\$262,500	\$337,500	\$202,500	\$202,500	
Information Technology Contracts <sup>2</sup>	\$127,872	\$2,447,689	\$1,231,030	\$1,449,800	\$1,860,365	
Centralized Eligibility Vendor Contract Project	\$0	\$366,320	\$964,169	\$2,129,467	\$3,206,328	
Customer Outreach	\$5,852	\$40,252	\$56,109	\$71,333	\$75,935	
County Administration	\$219,259	\$935,915	\$1,180,751	\$885,280	\$882,009	
Contracts for Special Eligibility Determinations	\$0	\$1,537,200	\$2,647,808	\$2,647,808	\$2,647,808	
Professional Services Contracts	\$5,500	\$31,647	\$60,537	\$100,654	\$133,701	
Professional Audit Contracts	\$0	\$250,000	\$250,000	\$250,000	\$250,000	
Bottom-Line Adjustments	\$0	\$0	(\$40,617)	\$0	\$0	
<b>(1) Executive Director's Office- Total After Change Requests<sup>3</sup></b>	<b>\$1,321,599</b>	<b>\$7,458,797</b>	<b>\$8,936,047</b>	<b>\$10,048,161</b>	<b>\$11,616,499</b>	
<b>(2) Medical Service Premiums- Total Prior to Change Requests</b>						
Expansion Populations	\$1,212,200	\$29,739,009	\$72,774,467	\$114,757,211	\$135,018,441	
Supplemental Payments to Hospitals	\$129,351,256	\$188,256,800	\$251,424,469	\$251,424,469	\$251,424,469	
Bottom-Line Adjustments	\$0	(\$325,226)	(\$828,651)	(\$1,212,420)	(\$1,212,420)	
<b>(2) Medical Services Premiums Request- Total After Change Request<sup>3</sup></b>	<b>\$130,563,456</b>	<b>\$217,670,583</b>	<b>\$323,370,285</b>	<b>\$364,969,260</b>	<b>\$385,230,490</b>	
<b>(3) Medicaid Mental Health Community Programs- Total Prior to Change Requests</b>						
Expansion Populations	\$321,539	\$3,704,070	\$10,213,824	\$18,223,618	\$22,113,108	
Bottom-Line Adjustments	\$0	(\$141,178)	(\$56,513)	(\$68,312)	(\$68,312)	
<b>(3) Mental Health Request- Total After Change Requests<sup>3</sup></b>	<b>\$321,539</b>	<b>\$3,562,892</b>	<b>\$10,157,311</b>	<b>\$18,155,306</b>	<b>\$22,044,796</b>	
<b>(4) Indigent Care Program- Total Prior to Change Requests <sup>4</sup></b>						
Children's Basic Health Plan Administration and Outreach	\$0	\$6,974	\$8,692	\$9,361	\$9,391	
Expansion Populations	\$61,047	\$10,376,325	\$51,423,482	\$134,293,424	\$234,537,479	
Supplemental Payments to CICP Providers	\$124,368,097	\$130,867,931	\$146,964,434	\$146,964,434	\$146,964,434	
Bottom-Line Adjustments	\$0	\$1,081,384	(\$822,356)	(\$1,337,126)	(\$1,337,126)	
<b>(4) Indigent Care Program- Total After Change Request<sup>3</sup></b>	<b>\$124,429,144</b>	<b>\$142,332,614</b>	<b>\$197,574,252</b>	<b>\$279,930,093</b>	<b>\$380,174,178</b>	
<b>(6) Department of Human Services Medicaid Funded Programs- Total Prior to Change Requests</b>						
DHS: Colorado Benefits Management System	\$19,900	\$295,450	\$114,592	\$71,485	\$86,595	
Bottom-Line Adjustments	\$0	\$0	\$0	\$0	\$0	
<b>(6) Department of Human Services Medicaid Funded Programs- Total After Change Request<sup>3</sup></b>	<b>\$19,900</b>	<b>\$295,450</b>	<b>\$114,592</b>	<b>\$71,485</b>	<b>\$86,595</b>	
<b>C. Other Expenditures</b>						
General Fund Relief	\$41,400,000	\$53,223,690	\$50,000,000	\$25,000,000	\$0	
*Add CICP General Fund	\$0	\$7,850,000	\$15,700,000	\$15,700,000	\$15,700,000	
<b>D. Provider Refunds</b>	<b>\$38,000,000</b>	<b>\$9,828,742</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>E. Base Total Fund Hospital Provider Fee Expenditures- Prior to Change Requests</b>						
<b>Total Change Requests: Total Funds</b>	<b>\$0</b>	<b>\$730,860</b>	<b>(\$3,116,726)</b>	<b>(\$4,618,581)</b>	<b>(\$4,618,581)</b>	
<b>Final Total Fund Hospital Provider Fee Expenditures After Change Requests</b>	<b>\$675,819,346</b>	<b>\$933,818,940</b>	<b>\$1,172,646,881</b>	<b>\$1,425,244,348</b>	<b>\$1,657,776,479</b>	
<b>F. Base Hospital Provider Fee Expenditures Total Prior to Change Requests</b>						
<b>Total Change Requests: Hospital Provider Fee Cash Funds</b>	<b>\$0</b>	<b>\$614,980</b>	<b>(\$1,748,137)</b>	<b>(\$2,617,858)</b>	<b>(\$2,617,858)</b>	
<b>Final State Share After Change Requests: Hospital Provider Fee Cash Funds</b>	<b>\$336,055,638</b>	<b>\$442,222,768</b>	<b>\$605,852,487</b>	<b>\$713,874,305</b>	<b>\$814,852,558</b>	
<b>G. Cash Fund Reserve Balance <sup>5</sup></b>						
	<b>\$5,714,436</b>	<b>\$5,714,436</b>	<b>\$5,714,436</b>	<b>\$5,714,436</b>	<b>\$5,714,436</b>	

**Notes for Hospital Provider Fee Cash Fund: Outlook 2009-2014**

<sup>1</sup> The "Personal Services" line item consists of the following appropriations: Personal Services; Health, Life, and Dental; Short-Term Disability; Amortization Equalization Disbursement; and Supplemental Amortization Equalization Disbursement.

<sup>2</sup> The FY 2010-11 estimated expenditure for the "Information Technology Contracts" line item includes a \$550,000 Total Funds rollforward from FY 2009-10, so will not match the year-to-date appropriations.

<sup>3</sup> Long Bill Group totals for projected Hospital Provider Fee Cash Fund expenditures in FY 2010-11 and FY 2011-12 incorporate FY 2010-11 and FY 2011-12 Change Requests, respectively. For more detail on the specific requests affecting Hospital Provider Fee Cash Fund expenditures, please refer to the Schedule 9 submitted with the Department's November 1, 2010, FY 2011-12 Budget Request.

<sup>4</sup> The Total Prior to Change Requests for the Indigent Care Program Long Bill Group will not match that shown in the Indigent Care Program Expansions table of this reports, as this summary includes the Children's Basic Health Plan Administration costs while the Expansion Populations table does not.

<sup>5</sup> The Department was granted authority by the Hospital Provider Fee Oversight and Advisory Board to create a reserve fund using a portion of the unspent Hospital Provider Fee cash funds in FY 2009-10, although this policy is subject to annual reconsideration.

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; FY 2011-12 BUDGET REQUEST; HEALTH CARE AFFORDABILITY ACT UPDATE

<b>Medical Services Premiums - Rate, Caseload, and Expenditure Forecast</b>						
	<b>FY 2009-10 Actuals</b>	<b>FY 2010-11 Estimate</b>	<b>FY 2011-12 Request</b>	<b>FY 2012-13 Estimate</b>	<b>FY 2013-14 Estimate</b>	
<b>Medicaid Parents to 100% of the Federal Poverty Level <sup>1</sup></b>						
1 Per Capita Cost <sup>2</sup>	\$748.73	\$2,155.23	\$2,873.74	\$3,257.86	\$3,475.65	
2 % Change Over Prior Year	N/A	187.85%	33.34%	13.37%	6.69%	
3 Caseload <sup>2</sup>	3,238	27,597	33,976	36,083	38,320	
4 % Change Over Prior Year	N/A	752.29%	23.11%	6.20%	6.20%	
<b>5 Total Fund Expenditures</b>	<b>\$2,424,399</b>	<b>\$59,478,017</b>	<b>\$97,638,082</b>	<b>\$117,553,362</b>	<b>\$133,186,908</b>	
<b>6 Cash Fund Expenditures</b>	<b>\$1,212,200</b>	<b>\$29,739,009</b>	<b>\$48,819,041</b>	<b>\$58,776,681</b>	<b>\$66,593,454</b>	
<b>Continuous Eligibility for Medicaid Children: Family Medical Program</b>						
7 Per Capita Cost <sup>2</sup>	\$0.00	\$0.00	\$1,675.98	\$1,738.65	\$1,803.68	
8 Adjustment - Continuity of Care <sup>3</sup>	N/A	N/A	75.00%	75.00%	75.00%	
9 Final Per Capita	\$0.00	\$0.00	\$1,256.99	\$1,303.99	\$1,352.76	
10 % Change Over Prior Year	N/A	N/A	N/A	3.74%	3.74%	
11 Caseload <sup>2</sup>	0	0	7,966	24,867	25,877	
12 % Change Over Prior Year	N/A	N/A	N/A	212.16%	4.06%	
<b>13 Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$10,013,182</b>	<b>\$32,426,319</b>	<b>\$35,005,371</b>	
<b>14 Cash Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,006,592</b>	<b>\$16,213,160</b>	<b>\$17,502,686</b>	
<b>Continuous Eligibility for Medicaid Children: Foster Care</b>						
15 Per Capita Cost <sup>2</sup>	\$0.00	\$0.00	\$3,939.53	\$4,120.00	\$4,308.70	
16 Adjustment - Continuity of Care <sup>3</sup>	N/A	N/A	75.00%	75.00%	75.00%	
17 Final Per Capita	\$0.00	\$0.00	\$2,954.66	\$3,090.00	\$3,231.53	
18 % Change Over Prior Year	N/A	N/A	N/A	4.58%	4.58%	
19 Caseload <sup>2</sup>	0	0	380	1,159	1,180	
20 % Change Over Prior Year	N/A	N/A	N/A	205.00%	1.78%	
<b>21 Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,122,771</b>	<b>\$3,581,310</b>	<b>\$3,813,205</b>	
<b>22 Cash Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$561,386</b>	<b>\$1,790,655</b>	<b>\$1,906,603</b>	
<b>Buy-In Program for Individuals with Disabilities</b>						
23 Per Capita Cost <sup>4</sup>	\$0.00	\$0.00	\$10,028.44	\$10,306.06	\$10,591.54	
24 % Change Over Prior Year	N/A	N/A	N/A	2.77%	2.77%	
25 Per Client Premiums Contribution: Disabled Buy-In Cash Fund	\$0.00	\$0.00	\$1,533.43	\$1,533.43	\$1,533.43	
26 Effective Per Capita Cost	\$0.00	\$0.00	\$8,495.01	\$8,772.63	\$9,058.11	
27 Caseload <sup>2</sup>	0	0	4,329	8,658	10,823	
28 % Change Over Prior Year	N/A	N/A	N/A	100.00%	25.00%	
<b>29 Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$43,413,116</b>	<b>\$89,229,867</b>	<b>\$114,626,942</b>	
<b>30 Cash Fund Expenditures-Hospital Provider Fee Cash Fund</b>	<b>\$0</b>	<b>\$0</b>	<b>\$18,387,448</b>	<b>\$37,976,715</b>	<b>\$49,015,698</b>	
<b>31 Cash Fund Expenditures-Medicaid Buy-In Cash Fund</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,638,222</b>	<b>\$13,276,437</b>	<b>\$16,595,546</b>	
<b>32 Expansion Populations Total Funds Expenditure</b>	<b>\$2,424,399</b>	<b>\$59,478,017</b>	<b>\$152,187,151</b>	<b>\$242,790,858</b>	<b>\$286,632,426</b>	
<b>33 Expansion Populations Hospital Provider Fee Cash Funds Expenditures</b>	<b>\$129,351,256</b>	<b>\$29,739,009</b>	<b>\$72,774,467</b>	<b>\$114,757,211</b>	<b>\$135,018,441</b>	
<b>34 Supplemental Payments to Hospitals-Total Fund Expenditures</b>	<b>\$312,468,739</b>	<b>\$455,348,204</b>	<b>\$502,848,939</b>	<b>\$502,848,939</b>	<b>\$502,848,939</b>	
<b>35 Supplemental Payments to Hospitals-Hospital Provider Fee Cash Fund Expenditures</b>	<b>\$129,351,256</b>	<b>\$188,256,800</b>	<b>\$251,424,469</b>	<b>\$251,424,469</b>	<b>\$251,424,469</b>	
<b>Total Fund Hospital Provider Fee Expenditures (Row 32 + Row 34)</b>	<b>\$314,893,138</b>	<b>\$514,826,221</b>	<b>\$655,036,090</b>	<b>\$745,639,797</b>	<b>\$789,481,365</b>	
<b>State Share: Hospital Provider Fee Cash Funds (Row 33 + Row 35)</b>	<b>\$130,563,456</b>	<b>\$217,995,809</b>	<b>\$324,198,936</b>	<b>\$366,181,680</b>	<b>\$386,442,910</b>	

**Notes for Medical Services Premiums - Rate, Caseload, and Expenditure Forecast**

<sup>1</sup> Expenditures for the Medicaid Parents to 100% FPL expansion are not eligible for enhanced Federal Financial Participation until National implementation of Medicaid eligibility for this population in 2014 as eligibility under Medicaid for this population was extended after passage of federal health care reform.

<sup>2</sup> Projected caseload and per capita expenditures for the Medicaid Parents to 100% FPL population and continuous eligibility are taken from Exhibits B,C, and J, of the Department's February 15, 2011 S-1. Caseload estimates for FY 2013-14 for the Buy-In Program for Individuals with Disabilities are based on projections used in the fiscal note for HB 09-1293.

<sup>3</sup> Per Capita costs for the Continuous Eligibility expansions are adjusted downwards to account for the assumption that the guaranteed eligibility will lower costs as pent-up demand for services is relieved.

<sup>4</sup> The Per Capita cost for the Buy-In Program for Individuals with Disabilities is assumed to be lower than that for the Disabled Individuals to 59 population, as the Department assumes that there will be proportionally fewer high cost children in the program and that the enrollees will have lower utilization of high cost Long Term Care Services. Per capita cost growth for the Disabled Buy-In population in FY 2012-13 is assumed to be equal to that projected for the Disabled Individuals to 59 population, and assumed to be constant thereafter.

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; FY 2011-12 BUDGET REQUEST; HEALTH CARE AFFORDABILITY ACT UPDATE

<b>Medicaid Mental Health - Rate, Caseload, and Expenditure Forecast</b>						
	<b>FY 2009-10 Actuals</b>	<b>FY 2010-11 Estimate</b>	<b>FY 2011-12 Request</b>	<b>FY 2012-13 Estimate</b>	<b>FY 2013-14 Estimate</b>	
<b>Medicaid Parents to 100% of the Federal Poverty Level</b>						
1	Per Capita Cost <sup>1,2</sup>	\$233.86	\$268.44	\$288.68	\$311.86	\$324.38
2	% Change Over Prior Year	N/A	14.79%	7.54%	8.03%	4.02%
3	Caseload <sup>1</sup>	3,238	27,597	33,976	36,083	38,320
4	% Change Over Prior Year	N/A	752.29%	23.11%	6.20%	6.20%
5	<b>Total Fund Expenditures</b>	<b>\$643,078</b>	<b>\$7,408,139</b>	<b>\$9,808,192</b>	<b>\$11,252,844</b>	<b>\$12,430,287</b>
6	<b>Cash Fund Expenditures</b>	<b>\$321,539</b>	<b>\$3,704,069</b>	<b>\$4,904,096</b>	<b>\$5,626,422</b>	<b>\$6,215,144</b>
<b>Continuous Eligibility for Medicaid Children: Family Medical Program</b>						
7	Per Capita Cost <sup>1,2</sup>	\$0.00	\$0.00	\$203.85	\$216.65	\$230.26
8	% Change Over Prior Year	N/A	N/A	N/A	6.28%	6.28%
9	Caseload <sup>1</sup>	0	0	7,966	24,867	25,877
10	% Change Over Prior Year	N/A	N/A	N/A	212.16%	4.06%
11	<b>Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,623,869</b>	<b>\$5,387,480</b>	<b>\$5,958,373</b>
12	<b>Cash Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$811,934</b>	<b>\$2,693,740</b>	<b>\$2,979,187</b>
<b>Continuous Eligibility for Medicaid Children: Foster Care</b>						
13	Per Capita Cost <sup>1,2</sup>	\$0.00	\$0.00	\$2,220.58	\$1,983.20	\$1,983.20
14	% Change Over Prior Year	N/A	N/A	N/A	-10.69%	0.00%
15	Caseload <sup>1</sup>	0	0	380	1,159	1,180
16	% Change Over Prior Year	N/A	N/A	N/A	205.00%	1.81%
17	<b>Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$843,820</b>	<b>\$2,298,529</b>	<b>\$2,340,176</b>
18	<b>Cash Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$421,910</b>	<b>\$1,149,265</b>	<b>\$1,170,088</b>
<b>Disabled Buy-In</b>						
19	Per Capita Cost <sup>3</sup>	\$0.00	\$0.00	\$1,883.06	\$2,022.22	\$2,171.16
20	% Change Over Prior Year	N/A	N/A	N/A	7.39%	7.37%
21	Caseload <sup>1</sup>	0	0	4,329	8,658	10,823
22	% Change Over Prior Year	N/A	N/A	N/A	100.00%	25.00%
23	<b>Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$8,151,767</b>	<b>\$17,508,381</b>	<b>\$23,497,380</b>
24	<b>Cash Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,075,883</b>	<b>\$8,754,191</b>	<b>\$11,748,690</b>
25	<b>Expansion Populations Total Funds Expenditure</b>	<b>\$643,078</b>	<b>\$7,408,139</b>	<b>\$20,427,648</b>	<b>\$36,447,234</b>	<b>\$44,226,216</b>
26	<b>Expansion Populations Cash Funds Expenditure</b>	<b>\$321,539</b>	<b>\$3,704,069</b>	<b>\$10,213,823</b>	<b>\$18,223,618</b>	<b>\$22,113,109</b>
<b>Total Fund Hospital Provider Fee Expenditures (Row 5 + Row 11 + Row 17 + Row 24)</b>		<b>\$643,078</b>	<b>\$7,408,139</b>	<b>\$20,427,648</b>	<b>\$36,447,234</b>	<b>\$44,226,216</b>
<b>State Share: Hospital Provider Fee Cash Funds</b>		<b>\$321,539</b>	<b>\$3,704,069</b>	<b>\$10,213,823</b>	<b>\$18,223,618</b>	<b>\$22,113,109</b>

**Notes for Medicaid Mental Health - Rate, Caseload, and Expenditure Forecast**

<sup>1</sup> Caseload projections for the Medicaid Parents to 100% FPL population are the same as those for the Medical Services Premiums population. Projected per capita expenditures for the Expansion Adult population are taken from the Department's February 15, 2011 S-2, Exhibit DD.

<sup>2</sup> For FY 2013-14, the Per Capita projections for Medicaid Parents to 100% in FY 2013-14 is half of the prior year growth rate; for Continuous Eligibility for Medicaid Children: Family Medical Program it is assumed to be equal to the growth rate in FY 2012-13; for Continuous Eligibility for Medicaid Children: Foster Care it is assumed to be equal to the prior year; and for the Disabled Buy-In it is assumed to be the average of the growth rate over the two previous years. Overall, per capita costs are expected to flatten out in future years.

<sup>3</sup> Per capita cost projections use the forecast growth rate in the "Disabled Individuals to 59" eligibility type as given in the Department's February 15, 2011 S-2 applied to the average per capita cost for these waiver clients.

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; FY 2011-12 BUDGET REQUEST; HEALTH CARE AFFORDABILITY ACT UPDATE

Indigent Care Program Expansions - Rate, Caseload, and Expenditure Forecast					
	FY 2009-10 Actuals	FY 2010-11 Estimate	FY 2011-12 Request	FY 2012-13 Estimate	FY 2013-14 Estimate
<b>Children's Basic Health Plan Premiums</b>					
1 Per Capita Cost <sup>1</sup>	\$986.38	\$2,324.41	\$2,422.04	\$2,533.53	\$2,650.15
2 Less Enrollment Fee <sup>2</sup>	(\$4.78)	(\$5.43)	(\$5.69)	(\$5.69)	(\$5.69)
3 Adjusted Per Capita Cost	\$981.60	\$2,318.98	\$2,416.35	\$2,527.84	\$2,644.46
4 % Change Over Prior Year	N/A	136.24%	4.20%	4.61%	4.61%
5 Enrollment from 205-250% FPL <sup>3</sup>	136	6,860	13,125	14,796	15,144
6 % Change Over Prior Year	N/A	4944.12%	91.33%	12.73%	2.36%
<b>7 Total Fund Expenditures</b>	<b>\$133,498</b>	<b>\$15,908,203</b>	<b>\$31,714,594</b>	<b>\$37,401,921</b>	<b>\$40,048,881</b>
<b>8 Cash Fund Expenditures <sup>4</sup></b>	<b>\$46,724</b>	<b>\$5,567,871</b>	<b>\$11,100,108</b>	<b>\$13,090,672</b>	<b>\$14,017,108</b>
<b>Children's Basic Health Plan Prenatal Costs</b>					
9 Per Capita Cost <sup>1</sup>	\$3,383.51	\$14,794.32	\$15,452.67	\$16,187.63	\$16,932.75
10 % Change Over Prior Year	N/A	337.25%	4.45%	4.76%	4.60%
11 Enrollment from 205-250% FPL <sup>3</sup>	11	858	1,750	2,020	2,108
12 % Change Over Prior Year	N/A	7700.00%	103.96%	15.43%	4.36%
<b>13 Total Fund Expenditures</b>	<b>\$37,219</b>	<b>\$12,693,527</b>	<b>\$27,042,173</b>	<b>\$32,699,013</b>	<b>\$35,694,237</b>
<b>14 Cash Fund Expenditures <sup>4</sup></b>	<b>\$13,027</b>	<b>\$4,442,734</b>	<b>\$9,464,761</b>	<b>\$11,444,655</b>	<b>\$12,492,983</b>
<b>Children's Basic Health Plan Dental Costs</b>					
15 Per Capita Cost <sup>1</sup>	\$27.23	\$152.32	\$155.46	\$166.66	\$174.33
16 % Change Over Prior Year	N/A	459.38%	2.06%	7.20%	4.60%
17 Enrollment from 205-250% FPL <sup>3</sup>	136	6,860	13,125	14,796	15,144
18 % Change Over Prior Year	N/A	4944.12%	91.33%	12.73%	2.36%
<b>19 Total Fund Expenditures</b>	<b>\$3,703</b>	<b>\$1,044,915</b>	<b>\$2,040,413</b>	<b>\$2,465,901</b>	<b>\$2,640,131</b>
<b>20 Cash Fund Expenditures <sup>4</sup></b>	<b>\$1,296</b>	<b>\$365,720</b>	<b>\$714,145</b>	<b>\$863,065</b>	<b>\$924,046</b>
<b>Continuous Eligibility: Children's Basic Health Plan</b>					
21 Per Capita Cost <sup>1</sup>	\$0	\$0	\$2,581.37	\$2,700.19	\$2,824.48
22 % Change Over Prior Year	N/A	N/A	N/A	4.60%	4.60%
23 Caseload <sup>3</sup>	0	0	(972)	(1,018)	(1,018)
24 % Change Over Prior Year	N/A	N/A	N/A	4.73%	0.00%
<b>25 Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$2,509,092)</b>	<b>(\$2,748,793)</b>	<b>(\$2,875,321)</b>
<b>26 Cash Fund Expenditures <sup>4</sup></b>	<b>\$0</b>	<b>\$0</b>	<b>(\$878,182)</b>	<b>(\$962,078)</b>	<b>(\$1,006,362)</b>
<b>Adults without Dependent Children to 100% of the Federal Poverty Level</b>					
27 Medical Premiums Per Capita Cost <sup>1</sup>	\$0	\$0	\$3,503.98	\$3,653.42	\$3,809.24
28 % Change Over Prior Year	N/A	N/A	N/A	4.26%	4.27%
29 Mental Health Per Capita Cost <sup>1</sup>	\$0	\$0	\$279.27	\$291.18	\$303.60
30 % Change Over Prior Year	N/A	N/A	N/A	4.26%	4.27%
31 Caseload <sup>3</sup>	0	0	16,400	55,700	101,200
32 % Change Over Prior Year	N/A	N/A	N/A	239.63%	81.69%
<b>33 Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$62,045,300</b>	<b>\$219,714,220</b>	<b>\$416,219,408</b>
<b>34 Cash Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$31,022,650</b>	<b>\$109,857,110</b>	<b>\$208,109,704</b>
<b>34 Expansion Populations Total Fund Expenditures</b>	<b>\$174,419</b>	<b>\$29,646,645</b>	<b>\$120,333,388</b>	<b>\$289,532,262</b>	<b>\$491,727,336</b>
<b>35 Expansion Populations Cash Funds Expenditure</b>	<b>\$61,047</b>	<b>\$10,376,325</b>	<b>\$51,423,482</b>	<b>\$134,293,424</b>	<b>\$234,537,479</b>
<b>35 Safety Net Provider Payments: Supplemental Payments to Hospitals-Total Fund Expenditures</b>	<b>\$248,736,194</b>	<b>\$289,889,142</b>	<b>\$293,928,867</b>	<b>\$293,928,867</b>	<b>\$293,928,867</b>
<b>36 Safety Net Provider Payments: Supplemental Payments to Hospitals-Hospital Provider Fee Cash Fund Expenditures</b>	<b>\$124,368,097</b>	<b>\$130,867,931</b>	<b>\$146,964,434</b>	<b>\$146,964,434</b>	<b>\$146,964,434</b>
<b>Total Fund Hospital Provider Fee Expenditures (Row 39 + Row 41)</b>	<b>\$248,910,613</b>	<b>\$319,535,787</b>	<b>\$414,262,255</b>	<b>\$583,461,129</b>	<b>\$785,656,203</b>
<b>State Share: Hospital Provider Fee Cash Funds (Row 40 + Row 42)</b>	<b>\$124,429,144</b>	<b>\$141,244,256</b>	<b>\$198,387,916</b>	<b>\$281,257,858</b>	<b>\$381,501,913</b>

**Notes for Children's Basic Health Plan Expansion - Rate, Caseload, and Expenditure Forecast**

<sup>1</sup> Per Capita Cost costs are taken from the November 1, 2010 FY 2011-12 Budget Request. CHP+ Per Capita Costs can be found in DI-3, Exhibits C.5 and C.10. Per Capita Cost costs for the Adults without Dependent Children expansion population are based upon the actuarially developed rate for the basic benefit package outlined in the 'Better Health Care for Colorado' proposal from the Blue Ribbon Commission for Healthcare Reform.

<sup>2</sup> The annual enrollment fee under the Children's Basic Health Plan is removed from the children's Per Capita Cost, as this amount is not eligible for federal match. See the Department's November 1, 2010 DI-3, Exhibits C.2 and C.3.

<sup>3</sup> Caseload figures for the Children's Basic Health Plan are taken from the Department's November 1, 2010 DI-3, Exhibits C.6 and C.7. Out years assume that the expansion population will grow at the same rate as the CHP+ program, as found in Exhibit C.10. Figures for the Adults without Dependent Children expansion for FY 2010-11 and FY 2011-12 are being projected separately using estimates of uninsured individuals below 100% of the Federal Poverty Level.

<sup>4</sup> Children's Basic Health Plan expenditures receive an enhanced federal match rate of 65%.