

Colorado Health Care Affordability Act: Outlook FY 2009-10 to FY 2013-14						
	FY 2009-10 Actuals	FY 2010-11 Actuals	FY 2011-12 Request	FY 2012-13 Request	FY 2013-14 Estimate ⁶	
A. Hospital Provider Fee Cash Fund Revenue						
Actual/Projected Revenue	\$340,869,957	\$441,057,840	\$584,598,059	\$641,224,885	\$605,685,469	
Interest Earned	\$900,117	\$1,495,212	\$1,981,821	\$2,173,789	\$2,053,309	
Previous Year's Cash Fund Balance	N/A	\$5,714,436	\$22,198,436	\$17,370,137	\$0	
Hospital Provider Fee Cash Funds Available	\$341,770,074	\$448,267,488	\$608,778,316	\$660,768,811	\$607,738,778	
B. Hospital Provider Fee Cash Fund Expenditures						
(1) Executive Director's Office - Total Prior to Change Requests	\$1,321,599	\$2,607,725	\$9,324,555	\$10,590,848	\$12,155,903	
Personal Services ¹	\$704,444	\$1,080,269	\$1,846,620	\$1,826,906	\$1,977,846	
Legal Service & Third Party Recovery	\$0	\$27,998	\$58,997	\$95,113	\$126,461	
Administrative Law Judge Services	\$0	\$14,305	\$24,698	\$45,499	\$60,439	
Operating Expenses	\$114,264	\$36,803	\$89,807	\$41,608	\$41,943	
Leased Space	\$15,550	\$97,790	\$151,164	\$151,164	\$151,164	
General Professional Services and Special Projects	\$128,858	\$187,118	\$337,500	\$337,500	\$337,500	
Information Technology Contracts ²	\$127,872	\$227,415	\$1,502,935	\$1,449,800	\$1,860,365	
Centralized Eligibility Vendor Contract Project	\$0	\$0	\$964,169	\$2,129,467	\$3,206,328	
Customer Outreach	\$5,852	\$40,252	\$56,109	\$71,333	\$75,935	
Medicaid Identification Cards	\$0	\$0	\$0	\$0	\$0	
County Administration	\$219,259	\$880,251	\$1,180,751	\$1,290,536	\$1,286,413	
Contracts for Special Eligibility Determinations	\$0	\$0	\$2,801,268	\$2,801,268	\$2,647,808	
Professional Services Contracts	\$5,500	\$15,524	\$60,537	\$100,654	\$133,701	
Professional Audit Contracts	\$0	\$0	\$250,000	\$250,000	\$250,000	
Bottom-Line Adjustments	\$0	\$0	\$1,290,521	\$21,576	\$21,576	
(1) Executive Director's Office - Total After Change Requests ³	\$1,321,599	\$2,607,725	\$10,615,076	\$10,612,424	\$12,177,479	
(2) Medical Service Premiums - Total Prior to Change Requests	\$130,563,456	\$222,581,531	\$355,543,816	\$441,535,239	\$411,443,016	
Expansion Populations	\$1,212,200	\$34,324,731	\$48,529,023	\$115,990,338	\$85,898,115	
Supplemental Payments to Hospitals	\$129,351,256	\$188,256,800	\$307,014,793	\$325,544,901	\$325,544,901	
Bottom-Line Adjustments	\$0	\$0	(\$65,044)	(\$254,643)	(\$345,955)	
(2) Medical Services Premiums Request- Total After Change Request ³	\$130,563,456	\$222,581,531	\$355,478,772	\$441,280,593	\$411,097,061	
(3) Medicaid Mental Health Community Programs - Total Prior to Change Requests	\$321,539	\$3,843,622	\$5,722,911	\$12,840,644	\$11,529,532	
Expansion Populations	\$321,539	\$3,843,622	\$5,722,911	\$12,840,644	\$11,529,532	
Bottom-Line Adjustments	\$0	\$0	\$0	\$774,099	\$1,214,729	
(3) Mental Health Request - Total After Change Request ³	\$321,539	\$3,843,622	\$5,722,911	\$13,614,743	\$12,744,261	
(4) Indigent Care Program - Total Prior to Change Requests ⁴	\$124,429,144	\$135,692,180	\$153,046,277	\$154,703,956	\$156,180,272	
Children's Basic Health Plan Administration	\$0	\$6,974	\$8,692	\$9,361	\$9,361	
Expansion Populations	\$61,047	\$4,817,287	\$8,650,652	\$11,166,829	\$12,643,145	
Supplemental Payments to CICP Providers	\$124,368,097	\$130,867,920	\$144,386,933	\$143,527,766	\$143,527,766	
Bottom-Line Adjustments	\$0	\$0	(\$2,468)	(\$221,413)	(\$254,030)	
(4) Indigent Care Program- Total After Change Request ³	\$124,429,144	\$135,692,180	\$153,043,809	\$154,482,543	\$155,926,242	
(6) Department of Human Services Medicaid Funded Programs - Total Prior to Change Requests	\$19,900	\$0	\$114,591	\$71,485	\$86,715	
DHS: Colorado Benefits Management System	\$19,900	\$0	\$114,591	\$71,485	\$86,715	
Bottom-Line Adjustments	\$0	\$0	\$733,020	\$7,020	\$7,020	
(6) Department of Human Services Medicaid Funded Programs - Total After Change Requests ³	\$19,900	\$0	\$847,611	\$78,505	\$93,735	
C. Other Expenditures						
General Fund Relief	\$41,400,000	\$53,493,993	\$50,000,000	\$25,000,000	\$0	
CICP General Fund	\$0	\$7,850,000	\$15,700,000	\$15,700,000	\$15,700,000	
D. Provider Refunds	\$38,000,000	\$0	\$0	\$0	\$0	
E. Base Total Fund Hospital Provider Fee Expenditures - Prior to Change Requests						
	\$675,819,346	\$902,424,375	\$1,123,310,613	\$1,294,755,498	\$1,346,339,274	
Total Change Requests: Total Funds	\$0	\$0	\$3,783,199	\$342,826	\$958,979	
Final Total Fund Hospital Provider Fee Expenditures After Change Requests	\$675,819,346	\$902,424,375	\$1,127,093,812	\$1,295,098,324	\$1,347,298,253	
F. Base Hospital Provider Fee Expenditures Total Prior to Change Requests						
	\$336,055,638	\$426,069,051	\$589,452,150	\$660,442,172	\$607,095,438	
Total Change Requests: Hospital Provider Fee Cash Funds	\$0	\$0	\$1,956,029	\$326,639	\$643,340	
Final State Share After Change Requests: Hospital Provider Fee Cash Funds	\$336,055,638	\$426,069,051	\$591,408,179	\$660,768,811	\$607,738,778	
G. Cash Fund Reserve Balance ⁵						
	\$5,714,436	\$22,198,436	\$17,370,137	\$0	\$0	

Notes for Hospital Provider Fee Cash Fund: Outlook FY 2009-10 to FY 2013-14

¹ 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.

² The FY 2011-12 estimated expenditure for the "Information Technology Contracts" line item includes a \$1,087,619 Total Funds rollforward from FY 2010-11, so will not match the year-to-date appropriations.

³ Long Bill Group totals for projected Hospital Provider Fee Cash Fund expenditures incorporate Change Requests. 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, 2011, FY 2012-13 Budget Request.

⁴ 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 report, as this summary includes the Children's Basic Health Plan Administration costs while the Expansion Populations table does not.

⁵ The Department was granted authority by the Hospital Provider Fee Oversight and Advisory Board to create and maintain a reserve fund using unspent Hospital Provider Fee cash funds, although this policy is subject to annual reconsideration.

⁶ Long Bill Group totals for FY 2013-14 will not match figures presented in the Schedule 9, which assumes constant expenditures after FY 2012-13. The population expenditures presented in this document are estimated separately throughout the forecast period.

Medical Services Premiums - Rate, Caseload, and Expenditure Forecast						
	FY 2009-10 Actuals	FY 2010-11 Actuals	FY 2011-12 Request	FY 2012-13 Request	FY 2013-14 Estimate ⁵	
Medicaid Parents to 100% of the Federal Poverty Level ¹						
1 Per Capita Cost ²	\$748.73	\$2,284.86	\$2,540.84	\$2,667.16	\$2,688.71	
2 % Change Over Prior Year	N/A	205.17%	11.20%	4.97%	0.81%	
3 Caseload ²	3,238	27,166	35,406	42,381	46,835	
4 % Change Over Prior Year	N/A	738.97%	30.33%	19.70%	10.51%	
5 Total Fund Expenditures	\$2,424,399	\$68,649,463	\$89,960,981	\$113,036,908	\$125,925,732	
6 Cash Fund Expenditures	\$1,212,200	\$34,324,731	\$44,980,492	\$56,518,453	\$31,481,434	
Buy-In Program for Individuals with Disabilities						
7 Per Capita Cost ³	\$0.00	\$0.00	\$9,764.90	\$10,639.92	\$11,069.97	
8 % Change Over Prior Year	N/A	N/A	N/A	8.96%	4.04%	
9 Per Client Premiums Contribution: Disabled Buy-In Cash Fund	\$0.00	\$0.00	\$2,551.29	\$2,052.52	\$1,893.93	
10 Effective Per Capita Cost	\$0.00	\$0.00	\$7,213.60	\$8,587.41	\$9,176.04	
11 Caseload ²	0	0	58	2,208	5,671	
12 % Change Over Prior Year	N/A	N/A	N/A	3706.90%	156.84%	
13 Total Fund Expenditures	\$0	\$0	\$566,364	\$23,492,951	\$62,777,782	
14 Cash Fund Expenditures - Hospital Provider Fee Cash Fund	\$0	\$0	\$235,431	\$10,305,385	\$28,074,881	
15 Cash Fund Expenditures - Medicaid Buy-In Cash Fund ⁴	\$0	\$0	\$147,975	\$4,531,955	\$10,740,500	
Adults without Dependent Children to 100% of the Federal Poverty Level						
16 Per Capita Cost ³	\$0.00	\$0.00	\$3,974.93	\$9,833.30	\$10,536.72	
17 % Change Over Prior Year	N/A	N/A	N/A	147.38%	7.15%	
18 Caseload ²	0	0	1,667	10,000	10,000	
19 % Change Over Prior Year	N/A	N/A	N/A	499.88%	0.00%	
20 Total Fund Expenditures	\$0	\$0	\$6,626,200	\$98,333,000	\$105,367,200	
21 Cash Fund Expenditures	\$0	\$0	\$3,313,100	\$49,166,500	\$26,341,800	
22 Expansion Populations Total Funds Expenditures	\$2,424,399	\$68,649,463	\$97,153,545	\$234,862,859	\$294,070,714	
23 Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$1,212,200	\$34,324,731	\$48,529,023	\$115,990,338	\$85,898,115	
24 Supplemental Payments to Hospitals - Total Fund Expenditures	\$312,468,739	\$455,348,284	\$614,029,587	\$651,089,802	\$651,089,802	
25 Supplemental Payments to Hospitals - Hospital Provider Fee Cash Fund Expenditures	\$129,351,256	\$188,256,800	\$307,014,793	\$325,544,901	\$325,544,901	
Total Fund Hospital Provider Fee Expenditures (Row 22 + Row 24)	\$314,893,138	\$523,997,747	\$711,183,132	\$885,952,661	\$945,160,516	
State Share: Hospital Provider Fee Cash Funds (Row 23 + Row 25)	\$130,563,456	\$222,581,531	\$355,543,816	\$441,535,239	\$411,443,016	

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

¹ Expenditures for the Medicaid Parents to 100% FPL expansion are not eligible for enhanced Federal Financial Participation until January 2014, at which time eligibility under Medicaid for this population is mandated under federal health care reform.

² Projected caseload and per capita expenditures for the Medicaid Parents to 100% FPL population are taken from Exhibit J of the Department's FY 2012-13 February 15, 2012 S-1. Caseload estimates for the Buy-In Program for Individuals with Disabilities are based on American Community Survey uninsured estimates analyzed by the Colorado Health Institute. The caseload estimates for the Adults without Dependent Children is annual average of the enrollment cap of 10,000 in the program. In January 2014, the Department is required to expand eligibility for the Parents to 100% and AwDC populations to 133% FPL, however these caseload estimates do not reflect that increase. In the Department's November 1, 2012 Budget submission, the Department will provide caseload estimates up to that level along with other impacts of the federal Affordable Care Act (ACA).

³ The per capita cost for the Buy-In Program for Individuals with Disabilities is lower than that for the Disabled Individuals to 59 population as the Department assumes that there will be fewer higher cost children in the program, enrollees will have lower utilization of high cost Long-Term Care Services, and many will be dually-eligible for Medicare. The per capita cost for the Adults without Dependent Children was developed using a weighting system and claims data of the Department's Disabled Individuals to 59 and Expansion Adults to 60% FPL populations.

⁴ The Medicaid Buy-In Cash Fund expenditures are based on the Medicaid Buy-In Program for Working Adults with Disabilities premium schedule approved by the Medical Services Board and the estimated premium schedule for the Medicaid Buy-in program for Children with Disabilities. These expenditures are not eligible for a federal match.

⁵ The FY 2013-14 fund split incorporates the 100% federal match provided under the Affordable Care Act beginning in CY 2014 for the Medicaid Parents to 100% and Adults without Dependent Children populations.

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: FY 2012-13 BUDGET REQUEST; COLORADO HEALTH CARE AFFORDABILITY ACT UPDATE

Medicaid Mental Health - Rate, Caseload, and Expenditure Forecast						
	FY 2009-10 Actuals	FY 2010-11 Actuals	FY 2011-12 Request	FY 2012-13 Request	FY 2013-14 Estimate²	
Medicaid Parents to 100% of the Federal Poverty Level						
1 Per Capita Cost ¹	\$233.86	\$281.78	\$278.22	\$286.97	\$297.15	
2 % Change Over Prior Year	N/A	20.49%	-1.26%	3.14%	3.55%	
3 Caseload ¹	3,238	27,166	35,406	42,381	46,835	
4 % Change Over Prior Year	N/A	738.97%	30.33%	19.70%	10.51%	
5 Total Fund Expenditures	\$643,078	\$7,687,244	\$9,850,657	\$12,162,076	\$13,917,020	
6 Cash Fund Expenditures	\$321,539	\$3,843,622	\$4,925,328	\$6,081,038	\$3,479,255	
Buy-In Program for Individuals with Disabilities						
7 Per Capita Cost ¹	\$0.00	\$0.00	\$1,790.10	\$1,846.10	\$1,950.03	
8 % Change Over Prior Year	N/A	N/A	N/A	3.13%	5.63%	
9 Caseload ¹	0	0	58	2,208	5,671	
10 % Change Over Prior Year	N/A	N/A	N/A	3706.90%	156.84%	
11 Total Fund Expenditures	\$0	\$0	\$103,826	\$4,076,189	\$11,058,620	
12 Cash Fund Expenditures	\$0	\$0	\$51,913	\$2,038,094	\$5,529,310	
Adults without Dependent Children to 100% of the Federal Poverty Level						
13 Per Capita Cost ¹	\$0.00	\$0.00	\$894.63	\$944.30	\$1,008.39	
14 % Change Over Prior Year	N/A	N/A	N/A	5.55%	6.79%	
15 Caseload ¹	0	0	1,667	10,000	10,000	
16 % Change Over Prior Year	N/A	N/A	N/A	499.88%	0.00%	
17 Total Fund Expenditures	\$0	\$0	\$1,491,341	\$9,443,024	\$10,083,870	
18 Cash Fund Expenditures	\$0	\$0	\$745,670	\$4,721,512	\$2,520,967	
19 Expansion Populations Total Funds Expenditures	\$643,078	\$7,687,244	\$11,445,824	\$25,681,289	\$35,059,510	
20 Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$321,539	\$3,843,622	\$5,722,911	\$12,840,644	\$11,529,532	

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

¹ Caseload projections are the same as those in the Medical Services Premiums exhibit. Projected per capita expenditures for the above populations are taken from the Department's FY 2012-13 February 15, 2012 S-2, Exhibit DD.

² The FY 2013-14 fund split incorporates the 100% federal match provided under the Affordable Care Act beginning in CY 2014 for the Medicaid Parents to 100% and Adults without Dependent Children populations

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; FY 2012-13 BUDGET REQUEST; COLORADO HEALTH CARE AFFORDABILITY ACT UPDATE

Indigent Care Program Expansions - Rate, Caseload, and Expenditure Forecast¹					
	FY 2009-10 Actuals	FY 2010-11 Actuals	FY 2011-12 Request	FY 2012-13 Request	FY 2013-14 Estimate
Children's Basic Health Plan Children's Medical and Dental Premiums from 205-250% of the Federal Poverty Level					
1 Per Capita Cost ¹	\$986.38	\$2,398.67	\$2,298.14	\$2,407.52	\$2,510.20
2 % Change Over Prior Year	N/A	143.18%	-4.19%	4.76%	4.26%
3 Enrollment ¹	136	4,023	7,891	9,785	10,737
4 % Change Over Prior Year	N/A	2858.09%	96.15%	24.00%	9.73%
5 Total Fund Expenditures	\$133,498	\$9,628,000	\$18,134,623	\$23,557,583	\$26,952,017
6 Cash Fund Expenditures ²	\$46,724	\$3,369,800	\$6,439,985	\$8,360,318	\$9,559,552
Children's Basic Health Plan Prenatal Costs from 205-250% of the Federal Poverty Level					
7 Per Capita Cost ¹	\$3,383.51	\$15,199.81	\$15,256.50	\$15,973.31	\$16,654.57
8 % Change Over Prior Year	N/A	349.23%	0.37%	4.70%	4.26%
9 Enrollment ¹	11	272	414	502	529
10 % Change Over Prior Year	N/A	2372.73%	52.21%	21.26%	5.38%
11 Total Fund Expenditures	\$37,219	\$4,134,349	\$6,316,191	\$8,018,602	\$8,810,268
12 Cash Fund Expenditures ²	\$13,027	\$1,447,022	\$2,210,667	\$2,806,511	\$3,083,593
Children's Basic Health Plan Dental Costs from 205-250% of the Federal Poverty Level ³					
13 Per Capita Cost	\$27.23	N/A	N/A	N/A	N/A
14 % Change Over Prior Year	N/A	N/A	N/A	N/A	N/A
15 Enrollment	136	N/A	N/A	N/A	N/A
16 % Change Over Prior Year	N/A	N/A	N/A	N/A	N/A
17 Total Fund Expenditures	\$3,703	N/A	N/A	N/A	N/A
18 Cash Fund Expenditures	\$1,296	N/A	N/A	N/A	N/A
19 Expansion Populations Total Fund Expenditures	\$174,419	\$13,762,349	\$24,450,814	\$31,576,185	\$35,762,285
20 Expansion Populations Cash Funds Expenditures	\$61,047	\$4,816,822	\$8,650,652	\$11,166,829	\$12,643,145
21 Safety Net Provider Payments: Supplemental Payments to Hospitals-Total Fund Expenditures	\$248,736,194	\$289,889,142	\$288,773,866	\$287,055,532	\$287,055,532
22 Safety Net Provider Payments: Supplemental Payments to Hospitals-Hospital Provider Fee Cash Fund Expenditures	\$124,368,097	\$130,867,920	\$144,386,933	\$143,527,766	\$143,527,766
Total Fund Hospital Provider Fee Expenditures (Row 19 + Row 21)	\$248,910,613	\$303,651,491	\$313,224,680	\$318,631,717	\$322,817,817
State Share: Hospital Provider Fee Cash Funds (Row 20 + Row 22)	\$124,429,144	\$135,684,742	\$153,037,585	\$154,694,595	\$156,170,911

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

¹ Per capita costs and caseload figures for the Children's Basic Health Plan are taken from Exhibits C.2 and C.3 in the Department's November 1, 2011 FY 2012-13 R-3.

² Children's Basic Health Plan expenditures receive an enhanced federal match rate of 65%. Enrollment fees are included in the Cash Fund Expenditures shown, but are not eligible for a federal match. Please refer to Exhibits C.2 and C.3 in the Department's November 1, 2011 FY 2012-13 R-3 for more details on the cash fund splits.

³ For FY 2010-11 forward, the Children's Basic Health Plan Medical and Dental Benefits costs were consolidated into one line item in the Department's budget.