

Exhibit J - Health Care Affordability Act of 2009 Estimates

Cash Funded Expansion Populations							
Source of Funding							
FY 2012-13 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							
Expansion Adults to 100%	41,139	\$101,899,474	\$0	\$50,949,738	\$0	\$50,949,736	50.00%
Buy-In for Individuals with Disabilities	890	\$9,839,833	\$0	\$4,686,206	\$467,424	\$4,686,203	50.00%
Adults Without Dependent Children (AwDC)	10,975	\$95,973,185	\$0	\$47,986,592	\$0	\$47,986,593	50.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$207,712,492	\$0	\$103,622,536	\$467,424	\$103,622,532	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$152,717,223	\$0	\$76,358,611	\$0	\$76,358,612	50.00%
Outpatient Hospital Rates		\$143,630,691	\$0	\$71,815,345	\$0	\$71,815,346	50.00%
Supplemental Hospital Payments (Upper Payment Limit)		\$312,706,202	\$0	\$156,353,101	\$0	\$156,353,101	50.00%
Supplemental Hospital Payments (DSH)		\$39,679,790	\$0	\$19,839,895	\$0	\$19,839,895	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$648,733,906	\$0	\$324,366,952	\$0	\$324,366,954	
Cash Fund Financing		\$0	(\$40,700,000)	\$40,700,000	\$0	\$0	
HB 09-1293 Total		\$856,446,398	(\$40,700,000)	\$468,689,488	\$467,424	\$427,989,486	
FY 2013-14 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							
Expansion Adults to 100%	45,195	\$113,280,939	\$0	\$28,320,235	\$0	\$84,960,704	75.00%
Buy-in for Individuals with Disabilities	1,928	\$21,504,558	\$0	\$10,191,363	\$1,121,834	\$10,191,361	50.00%
Adults Without Dependent Children (AwDC)	18,938	\$167,008,723	\$0	\$41,752,181	\$0	\$125,256,542	75.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$301,794,220	\$0	\$80,263,779	\$1,121,834	\$220,408,607	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$141,404,890	\$0	\$70,702,445	\$0	\$70,702,445	50.00%
Outpatient Hospital Rates		\$163,672,967	\$0	\$81,836,484	\$0	\$81,836,483	50.00%
Supplemental Hospital Payments (Upper Payment Limit)		\$336,198,998	\$0	\$168,099,499	\$0	\$168,099,499	50.00%
Supplemental Hospital Payments (DSH)		\$42,320,174	\$0	\$21,160,087	\$0	\$21,160,087	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$683,597,029	\$0	\$341,798,515	\$0	\$341,798,514	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
HB 09-1293 Total		\$985,391,249	(\$15,700,000)	\$437,762,294	\$1,121,834	\$562,207,121	

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FY 2014-15 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							
Expansion Adults to 100%	46,968	\$116,501,506	\$0	\$0	\$0	\$116,501,506	100.00%
Buy-in for Individuals with Disabilities	2,722	\$30,367,891	\$0	\$14,392,016	\$1,583,860	\$14,392,014	50.00%
Adults Without Dependent Children (AwDC)	19,250	\$169,765,636	\$0	\$0	\$0	\$169,765,636	100.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$316,635,033	\$0	\$14,392,016	\$1,583,860	\$300,659,156	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$141,404,928	\$0	\$70,702,464	\$0	\$70,702,464	50.00%
Outpatient Hospital Rates		\$172,219,176	\$0	\$86,109,588	\$0	\$86,109,588	50.00%
Supplemental Hospital Payments (Upper Payment Limit)		\$337,385,880	\$0	\$168,692,940	\$0	\$168,692,940	50.00%
Supplemental Hospital Payments (DSH)		\$42,320,160	\$0	\$21,160,080	\$0	\$21,160,080	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$693,330,144	\$0	\$346,665,072	\$0	\$346,665,072	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
HB 09-1293 Total		\$1,009,965,177	(\$15,700,000)	\$376,757,088	\$1,583,860	\$647,324,228	

Exhibit J - Health Care Affordability Act of 2009 Expansion Populations

**Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population
FY 2012-13**

Expansion Adults to 100%							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,369.84	\$97,492,999	\$0	\$48,746,500	\$0	\$48,746,499
Community Based Long Term Care		\$2.40	\$98,837	\$0	\$49,419	\$0	\$49,418
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$104.71	\$4,307,638	\$0	\$2,153,819	\$0	\$2,153,819
Total	41,139	\$2,476.96	\$101,899,474	\$0	\$50,949,738	\$0	\$50,949,736
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$10,737.63	\$9,556,491	\$0	\$4,551,264	\$453,964	\$4,551,263
Community Based Long Term Care		\$289.03	\$257,241	\$0	\$122,511	\$12,220	\$122,510
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$29.33	\$26,101	\$0	\$12,431	\$1,240	\$12,430
Total⁽¹⁾	890	\$11,055.99	\$9,839,833	\$0	\$4,686,206	\$467,424	\$4,686,203
Adults Without Dependent Children							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$8,550.80	\$93,845,030	\$0	\$46,922,515	\$0	\$46,922,515
Community Based Long Term Care		\$3.81	\$41,861	\$0	\$20,930	\$0	\$20,931
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$190.10	\$2,086,294	\$0	\$1,043,147	\$0	\$1,043,147
Total	10,975	\$8,744.71	\$95,973,185	\$0	\$47,986,592	\$0	\$47,986,593
FY 2012-13 Summary							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
	53,004	\$3,918.81	\$207,712,492	\$0	\$103,622,536	\$467,424	\$103,622,532

(1) Figures may not sum due to rounding.

Exhibit J - Health Care Affordability Act of 2009 Expansion Populations

**Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population
FY 2013-14**

Expansion Adults to 100%⁽²⁾							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,375.74	\$107,371,751	\$0	\$26,842,938	\$0	\$80,528,813
Community Based Long Term Care		\$2.41	\$109,136	\$0	\$27,284	\$0	\$81,852
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$128.33	\$5,800,052	\$0	\$1,450,013	\$0	\$4,350,039
Total	45,195	\$2,506.49	\$113,280,939	\$0	\$28,320,235	\$0	\$84,960,704
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$10,840.06	\$20,899,641	\$0	\$9,904,682	\$1,090,277	\$9,904,682
Community Based Long Term Care		\$290.53	\$560,140	\$0	\$265,460	\$29,221	\$265,459
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$23.22	\$44,777	\$0	\$21,221	\$2,336	\$21,220
Total	1,928	\$11,153.82	\$21,504,558	\$0	\$10,191,363	\$1,121,834	\$10,191,361
Adults Without Dependent Children⁽²⁾							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds⁽²⁾
Acute Care		\$8,706.86	\$164,890,583	\$0	\$41,222,646	\$0	\$123,667,937
Community Based Long Term Care		\$3.83	\$72,607	\$0	\$18,152	\$0	\$54,455
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$108.01	\$2,045,533	\$0	\$511,383	\$0	\$1,534,150
Total	18,938	\$8,818.71	\$167,008,723	\$0	\$41,752,181	\$0	\$125,256,542
FY 2013-14 Summary							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	66,061	\$4,568.42	\$301,794,220	\$0	\$80,263,779	\$1,121,834	\$220,408,607

(1) Figures may not sum due to rounding.

(2) The Department assumes that matching federal funds for this population will increase from 50% to 100% effective January 1, 2014 in accordance with the Affordable Care Act.

Exhibit J - Health Care Affordability Act of 2009 Expansion Populations

**Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population
FY 2014-15**

Expansion Adults to 100%⁽²⁾							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,315.90	\$108,773,018	\$0	\$0	\$0	\$108,773,018
Community Based Long Term Care		\$2.40	\$112,807	\$0	\$0	\$0	\$112,807
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$162.15	\$7,615,681	\$0	\$0	\$0	\$7,615,681
Total	46,968	\$2,480.44	\$116,501,506	\$0	\$0	\$0	\$116,501,506
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$10,848.34	\$29,529,182	\$0	\$13,994,533	\$1,540,117	\$13,994,532
Community Based Long Term Care		\$286.06	\$778,644	\$0	\$369,017	\$40,611	\$369,016
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$22.07	\$60,065	\$0	\$28,466	\$3,133	\$28,466
Total⁽²⁾	2,722	\$11,156.46	\$30,367,891	\$0	\$14,392,016	\$1,583,860	\$14,392,014
Adults Without Dependent Children (AwDC)⁽²⁾							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds⁽¹⁾
Acute Care		\$8,710.49	\$167,676,937	\$0	\$0	\$0	\$167,676,937
Community Based Long Term Care		\$3.77	\$72,667	\$0	\$0	\$0	\$72,667
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$104.73	\$2,016,032	\$0	\$0	\$0	\$2,016,032
Total	19,250	\$8,818.99	\$169,765,636	\$0	\$0	\$0	\$169,765,636
FY 2014-15 Summary							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	68,940	\$4,592.91	\$316,635,033	\$0	\$14,392,016	\$1,583,860	\$300,659,156

(1) Figure may not sum due to rounding.

(2) The Department assumes that matching federal funds for this population will increase from 50% to 100% effective January 1, 2014 in accordance with the Affordable Care Act.