

Colorado Health Care Affordability Act: Outlook FY 2009-10 to FY 2014-15							
	FY 2009-10 Actuals	FY 2010-11 Actuals	FY 2011-12 Actuals	FY 2012-13 Request	FY 2013-14 Request	FY 2014-15 Estimate ⁴	
A. Hospital Provider Fee Cash Fund Revenue							
Actual/Projected Revenue	\$340,869,957	\$441,057,840	\$585,719,330	\$651,598,317	\$623,691,220	\$569,054,643	
Interest Earned	\$900,117	\$1,495,212	\$816,861	\$908,737	\$869,817	\$793,619	
Other Income	\$0	\$0	\$256	\$0	\$0	\$0	
Previous Year's Cash Fund Balance	N/A	\$5,714,436	\$22,198,436	\$24,545,430	\$18,842,286	\$5,000,000	
Hospital Provider Fee Cash Funds Available	\$341,770,074	\$448,267,488	\$608,734,883	\$677,052,484	\$643,403,323	\$574,848,262	
B. Hospital Provider Fee Cash Fund Expenditures							
(1) Executive Director's Office - Total Prior to Bottom-Line Adjustments	\$1,321,599	\$2,607,725	\$6,073,833	\$10,935,433	\$11,644,412	\$11,644,412	
(A) General Administration	\$963,117	\$1,444,283	\$1,935,420	\$2,535,659	\$2,624,799	\$2,624,799	
(C) Information Technology Contracts and Projects	\$127,872	\$227,415	\$239,409	\$3,852,157	\$4,471,996	\$4,471,996	
(D) Eligibility Determinations and Client Services	\$225,111	\$920,503	\$1,731,383	\$4,183,285	\$4,183,285	\$4,183,285	
(E) Utilization and Quality Review Contracts	\$5,500	\$15,524	\$57,620	\$364,332	\$364,332	\$364,332	
Bottom-Line Adjustments	\$0	\$0	\$0	\$11,812	\$782,559	\$490,211	
(1) Executive Director's Office - Total After Bottom-Line Adjustments¹	\$1,321,599	\$2,607,725	\$6,073,833	\$10,947,245	\$12,426,971	\$12,134,623	
(2) Medical Service Premiums - Total Prior to Bottom-Line Adjustments	\$130,563,456	\$222,581,532	\$352,555,138	\$427,989,488	\$422,062,294	\$361,057,088	
Expansion Populations	\$1,212,199	\$34,324,731	\$48,544,623	\$103,622,536	\$80,263,779	\$14,392,016	
Supplemental Payments to Hospitals	\$129,351,256	\$188,256,800	\$304,010,516	\$324,366,952	\$341,798,515	\$346,665,072	
Bottom-Line Adjustments	\$0	\$0	\$0	\$0	\$1,302,405	\$1,460,024	
(2) Medical Services Premiums Request- Total After Bottom-Line Adjustments¹	\$130,563,456	\$222,581,532	\$352,555,138	\$427,989,488	\$423,364,699	\$362,517,112	
(3) Medicaid Mental Health Community Programs - Total Prior to Bottom-Line Adjustments	\$321,539	\$3,843,622	\$5,736,622	\$13,919,179	\$11,513,791	\$2,617,856	
Expansion Populations	\$321,539	\$3,843,622	\$5,736,622	\$13,919,179	\$11,513,791	\$2,617,856	
Bottom-Line Adjustments	\$0	\$0	\$0	(\$12,562)	\$1,618	\$84,074	
(3) Mental Health Request - Total After Bottom-Line Adjustments¹	\$321,539	\$3,843,622	\$5,736,622	\$13,906,617	\$11,515,409	\$2,701,930	
(4) Indigent Care Program - Total Prior to Bottom-Line Adjustments²	\$124,429,144	\$135,692,180	\$153,292,367	\$163,999,738	\$174,848,167	\$176,488,837	
Children's Basic Health Plan Administration	\$0	\$6,974	\$7,690	\$9,361	\$9,361	\$9,361	
Expansion Populations	\$61,047	\$4,817,287	\$8,967,953	\$14,402,665	\$19,190,713	\$20,831,352	
Supplemental Payments to CICIP Providers	\$124,368,097	\$130,867,920	\$144,316,724	\$149,587,712	\$155,648,093	\$155,648,124	
Bottom-Line Adjustments	\$0	\$0	\$0	\$361,350	\$242,317	\$0	
(4) Indigent Care Program- Total After Bottom-Line Adjustments¹	\$124,429,144	\$135,692,180	\$153,292,367	\$164,361,088	\$175,090,484	\$176,488,837	
(6) Department of Human Services Medicaid Funded Programs - Total Prior to Bottom-Line Adjustments	\$19,900	\$0	\$831,492	\$305,760	\$305,760	\$305,760	
DHS: Colorado Benefits Management System	\$19,900	\$0	\$831,492	\$305,760	\$305,760	\$305,760	
Bottom-Line Adjustments	\$0	\$0	\$0	\$0	\$0	\$0	
(6) Department of Human Services Medicaid Funded Programs - Total After Bottom-Line Adjustments¹	\$19,900	\$0	\$831,492	\$305,760	\$305,760	\$305,760	
C. Other Expenditures							
General Fund Relief	\$41,400,000	\$61,343,993	\$65,700,000	\$40,700,000	\$15,700,000	\$15,700,000	
CICP General Fund	\$0	\$53,493,993	\$50,000,000	\$25,000,000	\$0	\$0	
	\$0	\$7,850,000	\$15,700,000	\$15,700,000	\$15,700,000	\$15,700,000	
D. Provider Refunds							
	\$38,000,000	\$0	\$0	\$0	\$0	\$0	
E. Base Total Fund Hospital Provider Fee Expenditures - Total Prior to Bottom-Line Adjustments							
	\$675,819,346	\$902,424,375	\$1,112,518,195	\$1,290,292,915	\$1,435,931,864	\$1,469,899,783	
Total Bottom-Line Adjustments: Total Funds	\$0	\$0	\$0	\$1,394,559	\$7,587,783	\$6,536,371	
Final Total Fund Hospital Provider Fee Expenditures After Bottom-Line Adjustments	\$675,819,346	\$902,424,375	\$1,112,518,195	\$1,291,687,474	\$1,443,519,647	\$1,476,436,154	
F. Base Hospital Provider Fee Expenditures - Total Prior to Bottom-Line Adjustments							
	\$336,055,638	\$426,069,052	\$584,189,452	\$657,849,598	\$636,074,424	\$567,813,953	
Total Bottom-Line Adjustments: Hospital Provider Fee Cash Funds	\$0	\$0	\$0	\$360,600	\$2,328,899	\$2,034,309	
Final State Share After Bottom-Line Adjustments: Hospital Provider Fee Cash Funds	\$336,055,638	\$426,069,052	\$584,189,452	\$658,210,198	\$638,403,323	\$569,848,262	
G. Cash Fund Reserve Balance³							
	\$5,714,436	\$22,198,436	\$24,545,430	\$18,842,286	\$5,000,000	\$5,000,000	

Notes for Hospital Provider Fee Cash Fund: Outlook FY 2009-10 to FY 2014-15

¹ 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, 2012, FY 2013-14 Budget Request.

² The Total Prior to Bottom-Line Adjustments 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.

³ 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.

⁴ Long Bill Group totals for FY 2014-15 will not match figures presented in the Schedule 9, which assumes constant expenditures after FY 2013-14. The population expenditures presented in this document are estimated separately throughout the forecast period.

⁵ The sum of individual line items may not equal totals by Long Bill Group due to rounding.

Medical Services Premiums - Rate, Caseload, and Expenditure Forecast

	FY 2009-10 Actuals	FY 2010-11 Actuals	FY 2011-12 Actuals	FY 2012-13 Request	FY 2013-14 Request ³	FY 2014-15 Estimate ³
Medicaid Parents to 100% of the Federal Poverty Level¹						
1 Per Capita Cost ¹	\$748.73	\$2,284.86	\$2,653.31	\$2,476.96	\$2,506.49	\$2,480.44
2 % Change Over Prior Year	N/A	205.17%	16.13%	-6.65%	1.19%	-1.04%
3 Caseload ¹	3,238	27,166	35,461	41,139	45,195	46,968
4 % Change Over Prior Year	N/A	738.97%	30.53%	16.01%	9.86%	3.92%
5 Total Fund Expenditures	\$2,424,399	\$68,649,463	\$94,088,919	\$101,899,474	\$113,280,939	\$116,501,506
6 Cash Fund Expenditures	\$1,212,199	\$34,324,731	\$46,975,653	\$50,949,738	\$28,320,235	\$0
Buy-In Program for Individuals with Disabilities						
7 Per Capita Cost ¹	\$0.00	\$0.00	\$8,330.90	\$11,055.99	\$11,153.82	\$11,156.46
8 % Change Over Prior Year	N/A	N/A	N/A	32.71%	0.88%	0.02%
9 Per Client Premiums Contribution: Disabled Buy-In Cash Fund	\$0.00	\$0.00	\$216.56	\$525.20	\$581.86	\$581.87
10 Effective Per Capita Cost	\$0.00	\$0.00	\$8,114.34	\$10,530.80	\$10,571.95	\$10,574.59
11 Caseload ¹	0	0	52	890	1,928	2,722
12 % Change Over Prior Year	N/A	N/A	N/A	1611.54%	116.63%	41.18%
13 Total Fund Expenditures	\$0	\$0	\$433,207	\$9,839,833	\$21,504,558	\$30,367,891
14 Cash Fund Expenditures - Hospital Provider Fee Cash Fund	\$0	\$0	\$211,064	\$4,686,206	\$10,191,363	\$14,392,016
15 Cash Fund Expenditures - Medicaid Buy-In Cash Fund ²	\$0	\$0	\$11,261	\$467,424	\$1,121,834	\$1,583,860
Adults without Dependent Children to 100% of the Federal Poverty Level						
16 Per Capita Cost ¹	\$0.00	\$0.00	\$2,399.33	\$8,744.71	\$8,818.71	\$8,818.99
17 % Change Over Prior Year	N/A	N/A	N/A	264.46%	0.85%	0.00%
18 Caseload ¹	0	0	1,134	10,975	18,938	19,250
19 % Change Over Prior Year	N/A	N/A	N/A	867.81%	72.56%	1.65%
20 Total Fund Expenditures	\$0	\$0	\$2,720,845	\$95,973,185	\$167,008,723	\$169,765,636
21 Cash Fund Expenditures	\$0	\$0	\$1,357,906	\$47,986,592	\$41,752,181	\$0
22 Expansion Populations Total Funds Expenditures	\$2,424,399	\$68,649,463	\$97,242,971	\$207,712,492	\$301,794,220	\$316,635,033
23 Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$1,212,199	\$34,324,731	\$48,544,623	\$103,622,536	\$80,263,779	\$14,392,016
24 Supplemental Payments to Hospitals - Total Fund Expenditures	\$312,468,739	\$455,348,284	\$608,021,031	\$648,733,906	\$683,597,029	\$693,330,144
25 Supplemental Payments to Hospitals - Hospital Provider Fee Cash Fund Expenditures	\$129,351,256	\$188,256,800	\$304,010,516	\$324,366,952	\$341,798,515	\$346,665,072
Total Fund Hospital Provider Fee Expenditures (Row 22 + Row 24)	\$314,893,138	\$523,997,747	\$705,264,002	\$856,446,398	\$985,391,249	\$1,009,965,177
State Share: Hospital Provider Fee Cash Funds (Row 23 + Row 25)	\$130,563,456	\$222,581,532	\$352,555,138	\$427,989,488	\$422,062,294	\$361,057,088

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

¹ Projected caseload and per capita expenditures for the populations shown above are taken from Exhibit J of the Department's February 15, 2013 S-1.

² The Medicaid Buy-In Cash Fund expenditures are based on the Medicaid Buy-In Program for Working Adults with Disabilities and Medicaid Buy-in program for Children with Disabilities premium schedules approved by the Medical Services Board. These expenditures are not eligible for a federal match.

³ FY 2013-14 and FY 2014-15 fund splits account for 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 2013-14 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 Actuals	FY 2012-13 Request	FY 2013-14 Request ²	FY 2014-15 Estimate ²
Medicaid Parents to 100% of the Federal Poverty Level							
1	Per Capita Cost ¹	\$233.86	\$281.78	\$287.26	\$285.15	\$294.43	\$306.06
2	% Change Over Prior Year	N/A	20.49%	1.94%	-0.73%	3.25%	3.95%
3	Caseload ¹	3,238	27,166	35,461	41,139	45,195	46,968
4	% Change Over Prior Year	N/A	738.97%	30.53%	16.01%	9.86%	3.92%
5	Total Fund Expenditures	\$643,078	\$7,687,244	\$10,186,472	\$11,730,786	\$13,306,764	\$14,375,026
6	Cash Fund Expenditures	\$321,539	\$3,843,622	\$5,093,236	\$5,865,393	\$3,326,691	\$0
Buy-In Program for Individuals with Disabilities							
7	Per Capita Cost ¹	\$0.00	\$0.00	\$1,763.06	\$1,781.53	\$1,834.78	\$1,923.48
8	% Change Over Prior Year	N/A	N/A	N/A	1.05%	2.99%	4.83%
9	Caseload ¹	0	0	52	890	1,928	2,722
10	% Change Over Prior Year	N/A	N/A	N/A	1611.54%	116.63%	41.18%
11	Total Fund Expenditures	\$0	\$0	\$91,679	\$1,585,562	\$3,537,456	\$5,235,713
12	Cash Fund Expenditures	\$0	\$0	\$45,839	\$792,781	\$1,768,728	\$2,617,856
Adults without Dependent Children to 100% of the Federal Poverty Level							
13	Per Capita Cost ¹	\$0.00	\$0.00	\$1,053.87	\$1,323.19	\$1,355.66	\$1,419.31
14	% Change Over Prior Year	N/A	N/A	N/A	25.56%	2.45%	4.70%
15	Caseload ¹	0	0	1,134	10,975	18,938	19,250
16	% Change Over Prior Year	N/A	N/A	N/A	867.81%	72.56%	1.65%
17	Total Fund Expenditures	\$0	\$0	\$1,195,093	\$14,522,010	\$25,673,489	\$27,321,718
18	Cash Fund Expenditures	\$0	\$0	\$597,547	\$7,261,005	\$6,418,372	\$0
19	Expansion Populations Total Funds Expenditures	\$643,078	\$7,687,244	\$11,473,244	\$27,838,358	\$42,517,709	\$46,932,457
20	Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$321,539	\$3,843,622	\$5,736,622	\$13,919,179	\$11,513,791	\$2,617,856
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 February 15, 2013 S-2, Exhibit JJ.							
² FY 2013-14 and FY 2014-15 fund splits account for 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 2013-14 BUDGET REQUEST; COLORADO HEALTH CARE AFFORDABILITY ACT UPDATE

Indigent Care Program Expansions - Rate, Caseload, and Expenditure Forecas						
	FY 2009-10 Actuals	FY 2010-11 Actuals	FY 2011-12 Actuals	FY 2012-13 Request	FY 2013-14 Request	FY 2014-15 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	\$1,894.36	\$2,137.92	\$2,381.93	\$2,451.96
2 % Change Over Prior Year	N/A	143.18%	-21.02%	12.86%	11.41%	2.94%
3 Enrollment ¹	136	4,023	11,049	16,284	19,148	20,222
4 % Change Over Prior Year	N/A	2858.09%	174.65%	47.38%	17.59%	5.61%
5 Total Fund Expenditures	\$133,498	\$9,628,000	\$20,930,793	\$34,813,889	\$45,609,196	\$49,583,499
6 Cash Fund Expenditures ²	\$46,724	\$3,369,800	\$7,325,778	\$12,349,503	\$16,217,218	\$17,506,149
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	\$10,478.91	\$10,944.36	\$13,337.05	\$13,729.16
8 % Change Over Prior Year	N/A	349.23%	-31.06%	4.44%	21.86%	2.94%
9 Enrollment ¹	11	272	448	536	637	692
10 % Change Over Prior Year	N/A	2372.73%	64.61%	19.71%	18.84%	8.63%
11 Total Fund Expenditures	\$37,219	\$4,134,349	\$4,691,931	\$5,866,177	\$8,495,701	\$9,500,579
12 Cash Fund Expenditures ²	\$13,027	\$1,447,022	\$1,642,176	\$2,053,162	\$2,973,495	\$3,325,203
Children's Basic Health Plan Dental Costs from 205-250% of the Federal Poverty Level³						
13 Per Capita Cost	\$27.23	N/A	N/A	N/A	N/A	N/A
14 % Change Over Prior Year	N/A	N/A	N/A	N/A	N/A	N/A
15 Enrollment	136	N/A	N/A	N/A	N/A	N/A
16 % Change Over Prior Year	N/A	N/A	N/A	N/A	N/A	N/A
17 Total Fund Expenditures	\$3,704	N/A	N/A	N/A	N/A	N/A
18 Cash Fund Expenditures	\$1,296	N/A	N/A	N/A	N/A	N/A
19 Expansion Populations Total Fund Expenditures	\$174,420	\$13,762,349	\$25,622,724	\$40,680,066	\$54,104,897	\$59,084,078
20 Expansion Populations Cash Funds Expenditures	\$61,047	\$4,816,822	\$8,967,953	\$14,402,665	\$19,190,713	\$20,831,352
21 Safety Net Provider Payments: Supplemental Payments to Hospitals-Total Fund Expenditures	\$248,736,194	\$289,889,142	\$288,633,447	\$299,175,424	\$311,296,186	\$311,296,248
22 Safety Net Provider Payments: Supplemental Payments to Hospitals-Hospital Provider Fee Cash Fund Expenditures	\$124,368,097	\$130,867,920	\$144,316,724	\$149,587,712	\$155,648,093	\$155,648,124
Total Fund Hospital Provider Fee Expenditures (Row 19 + Row 21)	\$248,910,614	\$303,651,491	\$314,256,171	\$339,855,490	\$365,401,083	\$370,380,326
State Share: Hospital Provider Fee Cash Funds (Row 20 + Row 22)	\$124,429,144	\$135,684,742	\$153,284,677	\$163,990,377	\$174,838,806	\$176,479,476

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 C2 and C3 in the Department's February 15, 2013 S-3A, BA-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 C2 and C3 in the Department's February 15, 2013 S-3A, BA-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.