

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%	42,531	\$109,011,510	\$0	\$54,505,756	\$0	\$54,505,754	50.00%
Buy-In for Individuals with Disabilities	2,183	\$23,069,309	\$0	\$10,778,485	\$3,275,210	\$9,015,613	50.00%
Adults Without Dependent Children	10,000	\$90,339,815	\$0	\$45,169,907	\$0	\$45,169,908	50.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$222,420,634	\$0	\$110,454,148	\$3,275,210	\$108,691,275	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$168,366,501	\$0	\$84,183,250	\$0	\$84,183,251	50.00%
Outpatient Hospital Rates		\$150,973,617	\$0	\$75,486,808	\$0	\$75,486,809	50.00%
Supplemental Hospital Payments (Upper Payment Limit)		\$323,024,913	\$0	\$161,512,456	\$0	\$161,512,457	50.00%
Supplemental Hospital Payments (DSH)		\$40,009,852	\$0	\$20,004,926	\$0	\$20,004,926	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$682,374,883	\$0	\$341,187,440	\$0	\$341,187,443	
Cash Fund Financing		\$0	(\$40,700,000)	\$40,700,000	\$0	\$0	
HB 09-1293 Total		\$904,795,517	(\$40,700,000)	\$492,341,588	\$3,275,210	\$449,878,718	
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%	47,351	\$124,414,821	\$0	\$31,103,705	\$0	\$93,311,116	75.00%
Buy-in for Individuals with Disabilities	5,465	\$59,620,971	\$0	\$28,185,494	\$7,992,980	\$23,442,497	50.00%
Adults Without Dependent Children	10,000	\$92,768,088	\$0	\$23,192,022	\$0	\$69,576,066	75.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$276,803,880	\$0	\$82,481,221	\$7,992,980	\$186,329,679	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$169,809,097	\$0	\$84,904,548	\$0	\$84,904,549	50.00%
Outpatient Hospital Rates		\$150,133,499	\$0	\$75,066,750	\$0	\$75,066,749	50.00%
Supplemental Hospital Payments (Upper Payment Limit)		\$334,489,350	\$0	\$167,244,675	\$0	\$167,244,675	50.00%
Supplemental Hospital Payments (DSH)		\$41,000,000	\$0	\$20,500,000	\$0	\$20,500,000	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$695,431,946	\$0	\$347,715,973	\$0	\$347,715,973	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
HB 09-1293 Total		\$972,235,826	(\$15,700,000)	\$445,897,194	\$7,992,980	\$534,045,652	

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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%	49,210	\$130,193,207	\$0	\$0	\$0	\$130,193,207	100.00%
Buy-in for Individuals with Disabilities	8,367	\$93,395,019	\$0	\$44,510,709	\$12,142,700	\$36,741,610	50.00%
Adults Without Dependent Children	10,000	\$95,303,701	\$0	\$0	\$0	\$95,303,701	100.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$318,891,927	\$0	\$44,510,709	\$12,142,700	\$262,238,518	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$169,809,097	\$0	\$84,904,548	\$0	\$84,904,549	50.00%
Outpatient Hospital Rates		\$150,133,499	\$0	\$75,066,750	\$0	\$75,066,749	50.00%
Supplemental Hospital Payments (Upper Payment Limit)		\$334,489,350	\$0	\$167,244,675	\$0	\$167,244,675	50.00%
Supplemental Hospital Payments (DSH)		\$41,000,000	\$0	\$20,500,000	\$0	\$20,500,000	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$695,431,946	\$0	\$347,715,973	\$0	\$347,715,973	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
HB 09-1293 Total		\$1,014,323,873	(\$15,700,000)	\$407,926,682	\$12,142,700	\$609,954,491	

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		\$2,441.95	\$103,858,631	\$0	\$51,929,316	\$0	\$51,929,315
Community Based Long Term Care		\$2.45	\$104,411	\$0	\$52,206	\$0	\$52,205
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$118.70	\$5,048,468	\$0	\$2,524,234	\$0	\$2,524,234
Total	42,531	\$2,563.11	\$109,011,510	\$0	\$54,505,756	\$0	\$54,505,754
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		\$9,327.78	\$20,362,545	\$0	\$8,735,811	\$2,890,924	\$8,735,810
Community Based Long Term Care		\$298.32	\$651,236	\$0	\$279,389	\$92,458	\$279,389
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$941.16	\$2,054,562	\$0	\$1,762,870	\$291,692	\$0
Service Management		\$0.44	\$966	\$0	\$415	\$137	\$414
Total⁽¹⁾	2,183	\$10,567.71	\$23,069,309	\$0	\$10,778,485	\$3,275,210	\$9,015,613
Adults Without Dependent Children							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$8,785.93	\$87,859,292	\$0	\$43,929,646	\$0	\$43,929,646
Community Based Long Term Care		\$3.94	\$39,368	\$0	\$19,684	\$0	\$19,684
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$244.12	\$2,441,155	\$0	\$1,220,577	\$0	\$1,220,578
Total	10,000	\$9,033.98	\$90,339,815	\$0	\$45,169,907	\$0	\$45,169,908
FY 2012-13 Summary							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
	54,714	\$4,065.15	\$222,420,634	\$0	\$110,454,148	\$3,275,210	\$108,691,275

(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%							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,512.76	\$118,981,918	\$0	\$29,745,479	\$0	\$89,236,439
Community Based Long Term Care		\$2.50	\$118,475	\$0	\$29,619	\$0	\$88,856
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$112.23	\$5,314,428	\$0	\$1,328,607	\$0	\$3,985,821
Total	47,351	\$2,627.50	\$124,414,821	\$0	\$31,103,705	\$0	\$93,311,116
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		\$9,600.86	\$52,468,703	\$0	\$22,717,290	\$7,034,124	\$22,717,289
Community Based Long Term Care		\$306.30	\$1,673,912	\$0	\$724,751	\$224,410	\$724,751
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$1,002.25	\$5,477,299	\$0	\$4,742,995	\$734,304	\$0
Service Management		\$0.19	\$1,057	\$0	\$458	\$142	\$457
Total	5,465	\$10,909.60	\$59,620,971	\$0	\$28,185,494	\$7,992,980	\$23,442,497
Adults Without Dependent Children							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds ⁽²⁾
Acute Care		\$9,036.32	\$90,363,233	\$0	\$22,590,808	\$0	\$67,772,425
Community Based Long Term Care		\$4.04	\$40,420	\$0	\$10,105	\$0	\$30,315
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$236.44	\$2,364,435	\$0	\$591,109	\$0	\$1,773,326
Total	10,000	\$9,276.81	\$92,768,088	\$0	\$23,192,022	\$0	\$69,576,066
FY 2013-14 Summary							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	62,816	\$4,406.58	\$276,803,880	\$0	\$82,481,221	\$7,992,980	\$186,329,679

(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%							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,534.48	\$124,721,675	\$0	\$0	\$0	\$124,721,675
Community Based Long Term Care		\$2.53	\$124,285	\$0	\$0	\$0	\$124,285
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$108.66	\$5,347,247	\$0	\$0	\$0	\$5,347,247
Total	49,210	\$2,645.67	\$130,193,207	\$0	\$0	\$0	\$130,193,207
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund⁽²⁾	Federal Funds
Acute Care		\$9,787.74	\$81,894,058	\$0	\$35,623,325	\$10,647,409	\$35,623,324
Community Based Long Term Care		\$307.11	\$2,569,581	\$0	\$1,117,749	\$334,083	\$1,117,749
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$1,067.31	\$8,930,146	\$0	\$7,769,098	\$1,161,048	\$0
Service Management		\$0.15	\$1,234	\$0	\$537	\$160	\$537
Total⁽²⁾	8,367	\$11,162.31	\$93,395,019	\$0	\$44,510,709	\$12,142,700	\$36,741,610
Adults Without Dependent Children							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds⁽¹⁾
Acute Care		\$9,289.86	\$92,898,634	\$0	\$0	\$0	\$92,898,634
Community Based Long Term Care		\$4.05	\$40,527	\$0	\$0	\$0	\$40,527
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$236.45	\$2,364,540	\$0	\$0	\$0	\$2,364,540
Total	10,000	\$9,530.37	\$95,303,701	\$0	\$0	\$0	\$95,303,701
FY 2014-15 Summary							
	Caseload	Per Capita	Total Funds ⁽¹⁾	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	67,577	\$4,718.94	\$318,891,927	\$0	\$44,510,709	\$12,142,700	\$262,238,518

(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.