

**Colorado Health Care Affordability Act: Outlook FY 2009-10 to FY 2013-2014**

	FY 2009-10 Actuals	FY 2010-11 Actuals	FY 2011-12 Estimate	FY 2012-13 Request	FY 2013-14 Estimate <sup>6</sup>
<b>A. Hospital Provider Fee Cash Fund Revenue</b>					
Actual/Projected Revenue	\$340,869,957	\$441,057,840	\$564,573,522	\$599,165,601	\$544,661,844
Interest Earned	\$900,117	\$1,495,212	\$1,913,937	\$2,031,206	\$1,846,435
Previous Year's Cash Fund Balance	N/A	\$5,714,436	\$22,198,436	\$22,198,436	\$22,198,436
<b>Hospital Provider Fee Cash Funds Available</b>	<b>\$341,770,074</b>	<b>\$448,267,488</b>	<b>\$588,685,895</b>	<b>\$623,395,243</b>	<b>\$568,706,715</b>
<b>B. Hospital Provider Fee Cash Fund Expenditures</b>					
<b>(1) Executive Director's Office - Total Prior to Change Requests</b>	<b>\$1,321,599</b>	<b>\$2,607,725</b>	<b>\$9,324,555</b>	<b>\$10,590,848</b>	<b>\$12,155,903</b>
Personal Services <sup>1</sup>	\$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 <sup>2</sup>	\$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	\$657,094	\$21,576	\$21,576
<b>(1) Executive Director's Office - Total After Change Requests<sup>3</sup></b>	<b>\$1,321,599</b>	<b>\$2,607,725</b>	<b>\$9,981,649</b>	<b>\$10,612,424</b>	<b>\$12,177,479</b>
<b>(2) Medical Service Premiums - Total Prior to Change Requests</b>	<b>\$130,563,456</b>	<b>\$222,581,531</b>	<b>\$332,096,120</b>	<b>\$388,192,548</b>	<b>\$354,555,813</b>
Expansion Populations	\$1,212,200	\$34,324,731	\$62,704,864	\$118,801,292	\$85,164,557
Supplemental Payments to Hospitals	\$129,351,256	\$188,256,800	\$269,391,256	\$269,391,256	\$269,391,256
Bottom-Line Adjustments	\$0	\$0	(\$65,044)	(\$254,643)	(\$345,955)
<b>(2) Medical Services Premiums Request- Total After Change Request<sup>3</sup></b>	<b>\$130,563,456</b>	<b>\$222,581,531</b>	<b>\$332,031,076</b>	<b>\$387,937,902</b>	<b>\$354,209,857</b>
<b>(3) Medicaid Mental Health Community Programs - Total Prior to Change Requests</b>	<b>\$321,539</b>	<b>\$3,843,622</b>	<b>\$4,883,303</b>	<b>\$7,429,253</b>	<b>\$8,455,868</b>
Expansion Populations	\$321,539	\$3,843,622	\$4,883,303	\$7,429,253	\$8,455,868
Bottom-Line Adjustments	\$0	\$0	\$0	(\$43,823)	(\$54,902)
<b>(3) Mental Health Request - Total After Change Request<sup>3</sup></b>	<b>\$321,539</b>	<b>\$3,843,622</b>	<b>\$4,883,303</b>	<b>\$7,385,430</b>	<b>\$8,400,966</b>
<b>(4) Indigent Care Program - Total Prior to Change Requests<sup>4</sup></b>	<b>\$124,429,144</b>	<b>\$135,692,180</b>	<b>\$153,046,288</b>	<b>\$154,703,956</b>	<b>\$156,180,272</b>
Children's Basic Health Plan Administration and Outreach	\$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	\$144,386,945	\$143,527,766	\$143,527,766
Bottom-Line Adjustments	\$0	\$0	(\$2,468)	(\$221,413)	(\$254,030)
<b>(4) Indigent Care Program- Total After Change Request<sup>3</sup></b>	<b>\$124,429,144</b>	<b>\$135,692,180</b>	<b>\$153,043,820</b>	<b>\$154,482,543</b>	<b>\$155,926,242</b>
<b>(6) Department of Human Services Medicaid Funded Programs - Total Prior to Change Requests</b>	<b>\$19,900</b>	<b>\$0</b>	<b>\$114,591</b>	<b>\$71,485</b>	<b>\$86,715</b>
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
<b>(6) Department of Human Services Medicaid Funded Programs - Total After Change Request<sup>3</sup></b>	<b>\$19,900</b>	<b>\$0</b>	<b>\$847,611</b>	<b>\$78,505</b>	<b>\$93,735</b>
<b>C. Other Expenditures</b>	<b>\$41,400,000</b>	<b>\$61,343,993</b>	<b>\$65,700,000</b>	<b>\$40,700,000</b>	<b>\$15,700,000</b>
General Fund Relief	\$41,400,000	\$53,493,993	\$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>\$0</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>\$675,819,346</b>	<b>\$902,424,375</b>	<b>\$1,074,686,295</b>	<b>\$1,176,072,157</b>	<b>\$1,215,257,810</b>
<b>Total Change Requests: Total Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,945,770</b>	<b>(\$2,481,765)</b>	<b>(\$2,922,309)</b>
<b>Final Total Fund Hospital Provider Fee Expenditures After Change Requests</b>	<b>\$675,819,346</b>	<b>\$902,424,375</b>	<b>\$1,076,632,065</b>	<b>\$1,173,590,392</b>	<b>\$1,212,335,501</b>
<b>F. Base Hospital Provider Fee Expenditures Total Prior to Change Requests</b>	<b>\$336,055,638</b>	<b>\$426,069,051</b>	<b>\$565,164,857</b>	<b>\$601,688,090</b>	<b>\$547,134,570</b>
<b>Total Change Requests: Hospital Provider Fee Cash Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,322,602</b>	<b>(\$491,283)</b>	<b>(\$626,291)</b>

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

<b>Final State Share After Change Requests: Hospital Provider Fee Cash Funds</b>	<b>\$336,055,638</b>	<b>\$426,069,051</b>	<b>\$566,487,459</b>	<b>\$601,196,807</b>	<b>\$546,508,279</b>
<b>G. Cash Fund Reserve Balance <sup>5</sup></b>	<b>\$5,714,436</b>	<b>\$22,198,436</b>	<b>\$22,198,436</b>	<b>\$22,198,436</b>	<b>\$22,198,436</b>

**Notes for Hospital Provider Fee Cash Fund: Outlook 2007-2013**

<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 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.

<sup>3</sup> Long Bill Group totals for projected Hospital Provider Fee Cash Fund expenditures in FY 2011-12 and FY 2012-13 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.

<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 report, 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 and maintain a reserve fund using unspent Hospital Provider Fee cash funds, although this policy is subject to annual reconsideration.

<sup>6</sup> 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.

*COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; FY 2012-13 BUDGET REQUEST; COLORADO 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 Actuals</b>	<b>FY 2011-12 Estimate</b>	<b>FY 2012-13 Request</b>	<b>FY 2013-14 Estimate<sup>4</sup></b>
<b>Medicaid Parents to 100% of the Federal Poverty Level <sup>1</sup></b>						
1	Per Capita Cost <sup>2</sup>	\$748.73	\$2,284.86	\$2,810.52	\$2,844.30	\$2,915.47
2	% Change Over Prior Year	N/A	205.17%	23.01%	1.20%	3.67%
3	Caseload <sup>2</sup>	3,238	27,166	33,976	36,083	36,539
4	% Change Over Prior Year	N/A	738.97%	25.07%	6.20%	6.20%
5	<b>Total Fund Expenditures</b>	<b>\$2,424,399</b>	<b>\$68,649,463</b>	<b>\$95,490,227</b>	<b>\$102,630,877</b>	<b>\$106,528,358</b>
6	<b>Cash Fund Expenditures</b>	<b>\$1,212,200</b>	<b>\$34,324,731</b>	<b>\$47,745,114</b>	<b>\$51,315,440</b>	<b>\$26,632,090</b>
<b>Buy-In Program for Individuals with Disabilities</b>						
7	Per Capita Cost <sup>3</sup>	\$0.00	\$0.00	\$9,218.93	\$10,603.44	\$11,359.22
8	% Change Over Prior Year	N/A	N/A	N/A	15.02%	7.13%
9	Per Client Premiums Contribution: Disabled Buy-In Cash Fund	\$0.00	\$0.00	\$802.91	\$802.92	\$802.48
10	Effective Per Capita Cost	\$0.00	\$0.00	\$8,416.02	\$9,800.52	\$10,556.74
11	Caseload <sup>2</sup>	0	0	57	2,126	5,413
12	% Change Over Prior Year	N/A	N/A	N/A	3629.82%	154.61%
13	<b>Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$525,479</b>	<b>\$22,542,913</b>	<b>\$61,487,458</b>
14	<b>Cash Fund Expenditures - Hospital Provider Fee Cash Fund</b>	<b>\$0</b>	<b>\$0</b>	<b>\$239,856</b>	<b>\$10,417,952</b>	<b>\$28,571,817</b>
15	<b>Cash Fund Expenditures - Medicaid Buy-In Cash Fund</b>	<b>\$0</b>	<b>\$0</b>	<b>\$45,766</b>	<b>\$1,707,008</b>	<b>\$4,343,824</b>
<b>Adults without Dependent Children to 100% of the Federal Poverty Level</b>						
16	Medical Premiums Per Capita Cost <sup>3</sup>	\$0	\$0	\$8,832.82	\$11,413.58	\$11,984.26
17	% Change Over Prior Year	N/A	N/A	N/A	29.22%	5.00%
18	Caseload <sup>2</sup>	0	0	3,333	10,000	10,000
19	% Change Over Prior Year	N/A	N/A	N/A	200.03%	0.00%
20	<b>Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$29,439,789</b>	<b>\$114,135,800</b>	<b>\$119,842,600</b>
21	<b>Cash Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$14,719,894</b>	<b>\$57,067,900</b>	<b>\$29,960,650</b>
22	<b>Expansion Populations Total Funds Expenditures</b>	<b>\$2,424,399</b>	<b>\$68,649,463</b>	<b>\$125,455,495</b>	<b>\$239,309,590</b>	<b>\$287,858,416</b>
23	<b>Expansion Populations Hospital Provider Fee Cash Funds Expenditures</b>	<b>\$1,212,200</b>	<b>\$34,324,731</b>	<b>\$62,704,864</b>	<b>\$118,801,292</b>	<b>\$85,164,557</b>
24	<b>Supplemental Payments to Hospitals - Total Fund Expenditures</b>	<b>\$312,468,739</b>	<b>\$455,348,284</b>	<b>\$538,782,512</b>	<b>\$538,782,512</b>	<b>\$538,782,512</b>
25	<b>Supplemental Payments to Hospitals - Hospital Provider Fee Cash Fund Expenditures</b>	<b>\$129,351,256</b>	<b>\$188,256,800</b>	<b>\$269,391,256</b>	<b>\$269,391,256</b>	<b>\$269,391,256</b>
<b>Total Fund Hospital Provider Fee Expenditures (Row 22 + Row 24)</b>		<b>\$314,893,138</b>	<b>\$523,997,747</b>	<b>\$664,238,007</b>	<b>\$778,092,102</b>	<b>\$826,640,928</b>
<b>State Share: Hospital Provider Fee Cash Funds (Row 23 + Row 25)</b>		<b>\$130,563,456</b>	<b>\$222,581,531</b>	<b>\$332,096,120</b>	<b>\$388,192,548</b>	<b>\$354,555,813</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 January 2014, at which time eligibility under Medicaid for this population is mandated under federal health care reform.

<sup>2</sup>Projected caseload and per capita expenditures for the Medicaid Parents to 100% FPL population are taken from Exhibits B and C, respectively, of the Department's FY 2012-13 November 1, 2011 R-1. Caseload estimates for the Buy-In Program for Individuals with Disabilities and Adults Without Dependent Children are based on American Community Survey uninsured estimates analyzed by the Colorado Health Institute.

<sup>3</sup>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 w 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. The Adults without Dependent Children per capita also includes projected costs for Mental Health benefits.

<sup>4</sup>The FY 2013-14 fund split incorporates the 100% federal match provided under the Affordable Care Act for CY 2014.

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 Estimate	FY 2012-13 Request	FY 2013-14 Estimate <sup>2</sup>
<b>Medicaid Parents to 100% of the Federal Poverty Level</b>					
1 Per Capita Cost <sup>1</sup>	\$233.86	\$281.78	\$284.36	\$295.12	\$305.75
2 % Change Over Prior Year	N/A	20.49%	0.92%	3.78%	3.60%
3 Caseload <sup>1</sup>	3,238	27,166	33,976	36,083	36,539
4 % Change Over Prior Year	N/A	738.97%	25.07%	6.20%	1.26%
<b>5 Total Fund Expenditures</b>	<b>\$643,078</b>	<b>\$7,687,244</b>	<b>\$9,661,415</b>	<b>\$10,648,815</b>	<b>\$11,171,799</b>
<b>6 Cash Fund Expenditures</b>	<b>\$321,539</b>	<b>\$3,843,622</b>	<b>\$4,830,707</b>	<b>\$5,324,407</b>	<b>\$2,792,950</b>
<b>Buy-In Program for Individuals with Disabilities</b>					
7 Per Capita Cost <sup>1</sup>	\$0.00	\$0.00	\$1,845.49	\$1,980.10	\$2,092.34
8 % Change Over Prior Year	N/A	N/A	N/A	7.29%	5.67%
9 Caseload <sup>1</sup>	0	0	57	2,126	5,413
10 % Change Over Prior Year	N/A	N/A	N/A	3629.82%	154.61%
<b>11 Total Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$105,193</b>	<b>\$4,209,693</b>	<b>\$11,325,836</b>
<b>12 Cash Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$52,596</b>	<b>\$2,104,846</b>	<b>\$5,662,918</b>
<b>13 Expansion Populations Total Funds Expenditures</b>	<b>\$643,078</b>	<b>\$7,687,244</b>	<b>\$9,766,608</b>	<b>\$14,858,508</b>	<b>\$22,497,635</b>
<b>14 Expansion Populations Hospital Provider Fee Cash Funds Expenditures</b>	<b>\$321,539</b>	<b>\$3,843,622</b>	<b>\$4,883,303</b>	<b>\$7,429,253</b>	<b>\$8,455,868</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 above populations are taken from the Department's FY 2012-13 November 1, 2011 R-2, Exhibit JJ.

<sup>2</sup> The FY 2013-14 fund split incorporates the 100% federal match provided under the Affordable Care Act for CY 2014.

Indigent Care Program Expansions - Rate, Caseload, and Expenditure Forecast					
	FY 2009-10 Actuals	FY 2010-11 Actuals	FY 2011-12 Estimate	FY 2012-13 Request	FY 2013-14 Estimate
<b>Children's Basic Health Plan Medical and Dental Premiums from 205-250% of the Federal Poverty Level</b>					
1 Per Capita Cost <sup>1</sup>	\$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 <sup>2</sup>	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 <b>Total Fund Expenditures</b>	<b>\$133,498</b>	<b>\$9,628,000</b>	<b>\$18,134,623</b>	<b>\$23,557,583</b>	<b>\$26,952,017</b>
6 <b>Cash Fund Expenditures</b> <sup>3</sup>	<b>\$46,724</b>	<b>\$3,369,800</b>	<b>\$6,439,985</b>	<b>\$8,360,318</b>	<b>\$9,559,552</b>
<b>Children's Basic Health Plan Prenatal Costs from 205-250% of the Federal Poverty Level</b>					
7 Per Capita Cost <sup>1</sup>	\$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 <sup>2</sup>	11	272	414	502	529
10 % Change Over Prior Year	N/A	2372.73%	52.21%	21.26%	5.38%
11 <b>Total Fund Expenditures</b>	<b>\$37,219</b>	<b>\$4,134,349</b>	<b>\$6,316,191</b>	<b>\$8,018,602</b>	<b>\$8,810,268</b>
12 <b>Cash Fund Expenditures</b> <sup>3</sup>	<b>\$13,027</b>	<b>\$1,447,022</b>	<b>\$2,210,667</b>	<b>\$2,806,511</b>	<b>\$3,083,593</b>
<b>Children's Basic Health Plan Dental Costs from 205-250% of the Federal Poverty Level</b> <sup>4</sup>					
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 <b>Total Fund Expenditures</b>	<b>\$3,703</b>	N/A	N/A	N/A	N/A
18 <b>Cash Fund Expenditures</b>	<b>\$1,296</b>	N/A	N/A	N/A	N/A
19 <b>Expansion Populations Total Fund Expenditures</b>	<b>\$174,419</b>	<b>\$13,762,349</b>	<b>\$24,450,814</b>	<b>\$31,576,185</b>	<b>\$35,762,285</b>
20 <b>Expansion Populations Cash Funds Expenditures</b>	<b>\$61,047</b>	<b>\$4,816,822</b>	<b>\$8,650,652</b>	<b>\$11,166,829</b>	<b>\$12,643,145</b>
21 <b>Safety Net Provider Payments: Supplemental Payments to Hospitals-Total Fund Expenditures</b>	<b>\$248,736,194</b>	<b>\$289,889,142</b>	<b>\$288,773,889</b>	<b>\$287,055,531</b>	<b>\$287,055,531</b>
22 <b>Safety Net Provider Payments: Supplemental Payments to Hospitals-Hospital Provider Fee Cash Fund Expenditures</b>	<b>\$124,368,097</b>	<b>\$130,867,920</b>	<b>\$144,386,945</b>	<b>\$143,527,766</b>	<b>\$143,527,766</b>
<b>Total Fund Hospital Provider Fee Expenditures (Row 19 + Row 21)</b>	<b>\$248,910,613</b>	<b>\$303,651,491</b>	<b>\$313,224,703</b>	<b>\$318,631,716</b>	<b>\$322,817,816</b>
<b>State Share: Hospital Provider Fee Cash Funds (Row 20 + Row 22)</b>	<b>\$124,429,144</b>	<b>\$135,684,742</b>	<b>\$153,037,596</b>	<b>\$154,694,595</b>	<b>\$156,170,911</b>
<b>Notes for Children's Basic Health Plan Expansion - Rate, Caseload, and Expenditure Forecast</b>					
<sup>1</sup> Per capita costs are taken from Exhibits C.2 and C.3 in the Department's November 1, 2011 FY 2012-13 R-3.					
<sup>2</sup> 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.					
<sup>3</sup> 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.					
<sup>4</sup> 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.					