

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 Estimate	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	\$660,973,618	\$641,937,353	\$601,987,234
	Interest Earned	\$900,117	\$1,495,212	\$816,861	\$921,812	\$895,264	\$839,548
	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	\$3,721,241	\$3,721,241
	Hospital Provider Fee Cash Funds Available	\$341,770,074	\$448,267,488	\$608,734,883	\$686,440,860	\$646,553,858	\$606,548,023
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	\$0	\$680,663	\$470,707
	(1) Executive Director's Office - Total After Bottom-Line Adjustments¹	\$1,321,599	\$2,607,725	\$6,073,833	\$10,935,433	\$12,325,075	\$12,115,119
	(2) Medical Service Premiums - Total Prior to Bottom-Line Adjustments	\$130,563,456	\$222,581,532	\$352,555,138	\$451,641,588	\$430,197,194	\$392,226,682
	Expansion Populations	\$1,212,199	\$34,324,731	\$48,544,623	\$110,454,148	\$82,481,221	\$44,510,709
	Supplemental Payments to Hospitals	\$129,351,256	\$188,256,800	\$304,010,516	\$341,187,440	\$347,715,973	\$347,715,973
	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	\$451,641,588	\$431,499,599	\$393,686,706
	(3) Medicaid Mental Health Community Programs - Total Prior to Bottom-Line Adjustments	\$321,539	\$3,843,622	\$5,736,622	\$14,819,227	\$12,342,252	\$8,588,140
	Expansion Populations	\$321,539	\$3,843,622	\$5,736,622	\$14,819,227	\$12,342,252	\$8,588,140
	Bottom-Line Adjustments	\$0	\$0	\$0	(\$25,124)	\$1,618	\$82,477
	(3) Mental Health Request - Total After Bottom-Line Adjustments¹	\$321,539	\$3,843,622	\$5,736,622	\$14,794,103	\$12,343,870	\$8,670,617
	(4) Indigent Care Program - Total Prior to Bottom-Line Adjustments²	\$124,429,144	\$135,692,180	\$153,292,367	\$164,342,735	\$170,658,313	\$172,348,580
	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	\$13,988,082	\$18,031,151	\$19,721,418
	Supplemental Payments to CICIP Providers	\$124,368,097	\$130,867,920	\$144,316,724	\$150,345,292	\$152,617,801	\$152,617,801
	Bottom-Line Adjustments	\$0	\$0	\$0	\$0	\$0	\$0
	(4) Indigent Care Program- Total After Bottom-Line Adjustments¹	\$124,429,144	\$135,692,180	\$153,292,367	\$164,342,735	\$170,658,313	\$172,348,580
	(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	\$1,340,802,404	\$1,409,645,035	\$1,464,606,106
	Total Bottom-Line Adjustments: Total Funds	\$0	\$0	\$0	(\$62,358)	\$6,085,254	\$6,449,448
	Final Total Fund Hospital Provider Fee Expenditures After Bottom-Line Adjustments	\$675,819,346	\$902,424,375	\$1,112,518,195	\$1,340,740,046	\$1,415,730,289	\$1,471,055,554
F. Base Hospital Provider Fee Expenditures - Total Prior to Bottom-Line Adjustments							
		\$336,055,638	\$426,069,052	\$584,189,452	\$682,744,743	\$640,847,931	\$600,813,574
	Total Bottom-Line Adjustments: Hospital Provider Fee Cash Funds	\$0	\$0	\$0	(\$25,124)	\$1,984,686	\$2,013,208
	Final State Share After Bottom-Line Adjustments: Hospital Provider Fee Cash Funds	\$336,055,638	\$426,069,052	\$584,189,452	\$682,719,619	\$642,832,617	\$602,826,782
G. Cash Fund Reserve Balance³							
		\$5,714,436	\$22,198,436	\$24,545,430	\$3,721,241	\$3,721,241	\$3,721,241

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 Estimate	FY 2013-14 Request ⁴	FY 2014-15 Estimate ⁴
Medicaid Parents to 100% of the Federal Poverty Level ¹						
1 Per Capita Cost ¹	\$748.73	\$2,284.86	\$2,653.31	\$2,563.11	\$2,627.50	\$2,645.67
2 % Change Over Prior Year	N/A	205.17%	16.13%	-3.40%	2.51%	0.69%
3 Caseload ¹	3,238	27,166	35,461	42,531	47,351	49,210
4 % Change Over Prior Year	N/A	738.97%	30.53%	19.94%	11.33%	3.93%
5 Total Fund Expenditures	\$2,424,399	\$68,649,463	\$94,088,919	\$109,011,510	\$124,414,821	\$130,193,207
6 Cash Fund Expenditures	\$1,212,199	\$34,324,731	\$46,975,653	\$54,505,756	\$31,103,705	\$0
Buy-In Program for Individuals with Disabilities						
7 Per Capita Cost ²	\$0.00	\$0.00	\$8,330.90	\$10,567.71	\$10,909.60	\$11,162.31
8 % Change Over Prior Year	N/A	N/A	N/A	26.85%	3.24%	2.32%
9 Per Client Premiums Contribution: Disabled Buy-In Cash Fund	\$0.00	\$0.00	\$216.56	\$1,500.33	\$1,462.58	\$1,451.26
10 Effective Per Capita Cost	\$0.00	\$0.00	\$8,114.34	\$9,067.38	\$9,447.02	\$9,711.05
11 Caseload ¹	0	0	52	2,183	5,465	8,367
12 % Change Over Prior Year	N/A	N/A	N/A	4098.08%	150.34%	53.10%
13 Total Fund Expenditures	\$0	\$0	\$433,207	\$23,069,309	\$59,620,971	\$93,395,019
14 Cash Fund Expenditures - Hospital Provider Fee Cash Fund	\$0	\$0	\$211,064	\$10,778,485	\$28,185,494	\$44,510,709
15 Cash Fund Expenditures - Medicaid Buy-In Cash Fund ³	\$0	\$0	\$11,261	\$3,275,210	\$7,992,980	\$12,142,700
Adults without Dependent Children to 100% of the Federal Poverty Level						
16 Per Capita Cost ²	\$0.00	\$0.00	\$2,399.33	\$9,033.98	\$9,276.81	\$9,530.37
17 % Change Over Prior Year	N/A	N/A	N/A	276.52%	2.69%	2.73%
18 Caseload ¹	0	0	1,134	10,000	10,000	10,000
19 % Change Over Prior Year	N/A	N/A	N/A	781.83%	0.00%	0.00%
20 Total Fund Expenditures	\$0	\$0	\$2,720,845	\$90,339,815	\$92,768,088	\$95,303,701
21 Cash Fund Expenditures	\$0	\$0	\$1,357,906	\$45,169,907	\$23,192,022	\$0
22 Expansion Populations Total Funds Expenditures	\$2,424,399	\$68,649,463	\$97,242,971	\$222,420,634	\$276,803,880	\$318,891,927
23 Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$1,212,199	\$34,324,731	\$48,544,623	\$110,454,148	\$82,481,221	\$44,510,709
24 Supplemental Payments to Hospitals - Total Fund Expenditures	\$312,468,739	\$455,348,284	\$608,021,031	\$682,374,883	\$695,431,946	\$695,431,946
25 Supplemental Payments to Hospitals - Hospital Provider Fee Cash Fund Expenditures	\$129,351,256	\$188,256,800	\$304,010,516	\$341,187,440	\$347,715,973	\$347,715,973
Total Fund Hospital Provider Fee Expenditures (Row 22 + Row 24)	\$314,893,138	\$523,997,747	\$705,264,002	\$904,795,517	\$972,235,826	\$1,014,323,873
State Share: Hospital Provider Fee Cash Funds (Row 23 + Row 25)	\$130,563,456	\$222,581,532	\$352,555,138	\$451,641,588	\$430,197,194	\$392,226,682

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

¹ Projected caseload and per capita expenditures for the Medicaid Parents to 100% FPL population are taken from Exhibit J of the Department's FY 2013-14 November 1, 2012 R-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.

² The description of how per capita costs were developed for the Buy-In Program for Individuals with Disabilities and Adults without Dependent Children can be found in the Medical Services Premiums Narrative submitted in the Department's November 1, 2012 Budget submission.

³ 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.

⁴ FY 2013-14 and FY 2014-15 fund splits assume that the 100% federal match provided under the Affordable Care Act beginning in CY 2014 will apply to the Medicaid Parents to 100% and Adults without Dependent Children populations, though the Department is awaiting federal guidance on this issue.

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 Estimate	FY 2013-14 Request ²	FY 2014-15 Estimate
Medicaid Parents to 100% of the Federal Poverty Level							
1	Per Capita Cost ¹	\$233.86	\$281.78	\$287.26	\$286.21	\$296.90	\$307.83
2	% Change Over Prior Year	N/A	20.49%	1.94%	-0.37%	3.74%	3.68%
3	Caseload ¹	3,238	27,166	35,461	42,531	47,351	49,210
4	% Change Over Prior Year	N/A	738.97%	30.53%	19.94%	11.33%	3.93%
5	Total Fund Expenditures	\$643,078	\$7,687,244	\$10,186,472	\$12,172,798	\$14,058,512	\$15,148,314
6	Cash Fund Expenditures	\$321,539	\$3,843,622	\$5,093,236	\$6,086,399	\$3,514,628	\$0
Buy-In Program for Individuals with Disabilities							
7	Per Capita Cost ¹	\$0.00	\$0.00	\$1,763.06	\$1,829.71	\$1,940.64	\$2,052.86
8	% Change Over Prior Year	N/A	N/A	N/A	3.78%	6.06%	5.78%
9	Caseload ¹	0	0	52	2,183	5,465	8,367
10	% Change Over Prior Year	N/A	N/A	N/A	4098.08%	150.34%	53.10%
11	Total Fund Expenditures	\$0	\$0	\$91,679	\$3,994,257	\$10,605,598	\$17,176,280
12	Cash Fund Expenditures	\$0	\$0	\$45,839	\$1,997,128	\$5,302,799	\$8,588,140
Adults without Dependent Children to 100% of the Federal Poverty Level							
13	Per Capita Cost ¹	\$0.00	\$0.00	\$1,053.87	\$1,347.14	\$1,409.93	\$1,475.33
14	% Change Over Prior Year	N/A	N/A	N/A	27.83%	4.66%	4.64%
15	Caseload ¹	0	0	1,134	10,000	10,000	10,000
16	% Change Over Prior Year	N/A	N/A	N/A	781.83%	0.00%	0.00%
17	Total Fund Expenditures	\$0	\$0	\$1,195,093	\$13,471,400	\$14,099,300	\$14,753,300
18	Cash Fund Expenditures	\$0	\$0	\$597,547	\$6,735,700	\$3,524,825	\$0
19	Expansion Populations Total Funds Expenditures	\$643,078	\$7,687,244	\$11,473,244	\$29,638,455	\$38,763,410	\$47,077,894
20	Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$321,539	\$3,843,622	\$5,736,622	\$14,819,227	\$12,342,252	\$8,588,140
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 2013-14 November 1, 2012 R-2, Exhibit JJ. ² FY 2013-14 and FY 2014-15 fund splits assume that the 100% federal match provided under the Affordable Care Act beginning in CY 2014 will apply to the Medicaid Parents to 100% and Adults without Dependent Children populations, though the Department is awaiting federal guidance on this issue.							

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 Estimate	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	15,795	18,002	19,045
4 % Change Over Prior Year	N/A	2858.09%	174.65%	42.95%	13.97%	5.79%
5 Total Fund Expenditures	\$133,498	\$9,628,000	\$20,930,793	\$33,768,446	\$42,879,504	\$46,697,544
6 Cash Fund Expenditures ²	\$46,724	\$3,369,800	\$7,325,778	\$11,973,225	\$15,263,046	\$16,694,138
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	526	593	630
10 % Change Over Prior Year	N/A	2372.73%	64.61%	17.48%	12.74%	6.24%
11 Total Fund Expenditures	\$37,219	\$4,134,349	\$4,691,931	\$5,756,733	\$7,908,871	\$8,649,371
12 Cash Fund Expenditures ²	\$13,027	\$1,447,022	\$1,642,176	\$2,014,857	\$2,768,105	\$3,027,280
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	\$39,525,179	\$50,788,375	\$55,346,915
20 Expansion Populations Cash Funds Expenditures	\$61,047	\$4,816,822	\$8,967,953	\$13,988,082	\$18,031,151	\$19,721,418
21 Safety Net Provider Payments: Supplemental Payments to Hospitals-Total Fund Expenditures	\$248,736,194	\$289,889,142	\$288,633,447	\$300,690,584	\$305,235,601	\$305,235,601
22 Safety Net Provider Payments: Supplemental Payments to Hospitals-Hospital Provider Fee Cash Fund Expenditures	\$124,368,097	\$130,867,920	\$144,316,724	\$150,345,292	\$152,617,801	\$152,617,801
Total Fund Hospital Provider Fee Expenditures (Row 19 + Row 21)	\$248,910,614	\$303,651,491	\$314,256,171	\$340,215,763	\$356,023,976	\$360,582,516
State Share: Hospital Provider Fee Cash Funds (Row 20 + Row 22)	\$124,429,144	\$135,684,742	\$153,284,677	\$164,333,374	\$170,648,952	\$172,339,219

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 November 1, 2012 FY 2013-14 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 C2 and C3 in the Department's November 1, 2012 FY 2013-14 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.