

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: FY 2015-16 BUDGET REQUEST; COLORADO HEALTH CARE AFFORDABILITY ACT UPDATE

Colorado Health Care Affordability Act: Outlook FY 2012-13 to FY 2016-17					
	FY 2012-13 Actuals	FY 2013-14 Actuals	FY 2014-15 Request ⁴	FY 2015-16 Estimate ⁴	FY 2016-17 Estimate ⁴
A. Hospital Provider Fee Cash Fund Revenue					
Actual/Projected Revenue	\$651,702,116	\$565,976,813	\$618,090,514	\$642,557,321	\$682,056,733
Interest Earned	\$914,125	\$709,429	\$774,752	\$805,420	\$854,931
Other Income	\$8,804	\$30,143	\$0	\$0	\$0
Previous Year's Cash Fund Balance	\$24,545,430	\$36,381,634	\$11,788,788	\$5,000,000	\$5,000,000
Hospital Provider Fee Cash Funds Available	\$677,170,475	\$603,098,019	\$630,654,054	\$648,362,741	\$687,911,664
B. Hospital Provider Fee Cash Fund Expenditures					
(1) Executive Director's Office - Total Prior to Bottom-Line Adjustments	\$7,807,264	\$11,097,221	\$17,221,352	\$17,221,352	\$17,221,352
(A) General Administration	\$2,249,080	\$3,364,269	\$3,466,183	\$3,466,183	\$3,466,183
(C) Information Technology Contracts and Projects	\$3,326,261	\$3,741,966	\$4,843,466	\$4,843,466	\$4,843,466
(D) Eligibility Determinations and Client Services	\$1,928,546	\$3,607,967	\$8,189,416	\$8,189,416	\$8,189,416
(E) Utilization and Quality Review Contracts	\$303,378	\$93,766	\$372,340	\$372,340	\$372,340
(F) Provider Audits and Services, Professional Audit Contracts	\$0	\$191,790	\$250,000	\$250,000	\$250,000
(H) Indirect Cost Recoveries	\$0	\$97,463	\$99,947	\$99,947	\$99,947
Bottom-Line Adjustments	\$0	\$0	\$0	(\$455,449)	(\$530,159)
(1) Executive Director's Office - Total After Bottom-Line Adjustments	\$7,807,264	\$11,097,221	\$17,221,352	\$16,765,903	\$16,691,193
(2) Medical Service Premiums - Total Prior to Bottom-Line Adjustments	\$431,948,879	\$396,442,993	\$391,081,821	\$396,359,791	\$396,351,802
Expansion Populations	\$91,878,464	\$70,417,819	\$33,755,631	\$38,129,797	\$79,778,875
Supplemental Payments to Hospitals	\$324,370,415	\$308,806,653	\$335,194,372	\$342,529,994	\$300,872,927
Continuous Eligibility	\$0	\$1,518,521	\$6,431,818	\$0	\$0
UPL Backfill	\$15,700,000	\$15,700,000	\$15,700,000	\$15,700,000	\$15,700,000
Bottom-Line Adjustments	\$0	\$0	\$37,069,803	\$59,481,783	\$101,175,216
(2) Medical Services Premiums Request- Total After Bottom-Line Adjustments	\$431,948,879	\$396,442,993	\$428,151,624	\$455,841,574	\$497,527,018
(3) Behavioral Health Community Programs - Total Prior to Bottom-Line Adjustments	\$13,487,087	\$12,353,767	\$4,489,831	\$4,478,843	\$4,478,843
Expansion Populations	\$13,487,087	\$12,124,584	\$4,489,831	\$4,478,843	\$4,478,843
Continuous Eligibility	\$0	\$229,183	\$0	\$0	\$0
Bottom-Line Adjustments	\$0	\$0	(\$342,577)	\$470,135	\$1,219,092
(3) Behavioral Health Request - Total After Bottom-Line Adjustments	\$13,487,087	\$12,353,767	\$4,147,254	\$4,948,978	\$5,697,935
(4) Indigent Care Program - Total Prior to Bottom-Line Adjustments²	\$162,545,550	\$171,126,112	\$176,529,390	\$175,506,060	\$175,506,060
Children's Basic Health Plan Administration	\$6,837	\$2,807	\$9,361	\$9,361	\$9,361
Expansion Populations	\$12,951,002	\$16,134,927	\$23,212,555	\$22,969,431	\$22,969,431
Supplemental Payments to CICP Providers	\$149,587,712	\$154,988,378	\$153,307,474	\$152,527,268	\$152,527,268
Bottom-Line Adjustments	\$0	\$0	(\$1,861,784)	(\$10,005,625)	(\$12,816,393)
(4) Indigent Care Program- Total After Bottom-Line Adjustments	\$162,545,550	\$171,126,112	\$174,667,606	\$165,500,435	\$162,689,667
(7) Department of Human Services Medicaid Funded Programs - Total Prior to Bottom-Line Adjustments	\$0	\$289,073	\$1,466,127	\$305,760	\$305,760
DHS: Colorado Benefits Management System Projects HCPF Only	\$0	\$289,073	\$1,466,127	\$305,760	\$305,760
Bottom-Line Adjustments	\$0	\$0	\$0	\$0	\$0
(7) Department of Human Services Medicaid Funded Programs - Total After Bottom-Line Adjustments	\$0	\$289,073	\$1,466,127	\$305,760	\$305,760
C. Other Expenditures					
General Fund Relief	\$25,000,000	\$0	\$0	\$0	\$0
Other	\$61	\$63	\$90	\$90	\$90
D. Provider Refunds	\$0	\$0	\$0	\$0	\$0
E. Base Total Fund Hospital Provider Fee Expenditures - Total Prior to Bottom-Line Adjustments	\$1,253,407,828	\$1,857,411,178	\$2,554,578,197	\$2,872,127,335	\$3,090,135,993
Total Bottom-Line Adjustments: Total Funds	\$0	\$0	\$0	\$0	\$0
Final Total Fund Hospital Provider Fee Expenditures After Bottom-Line Adjustments¹	\$1,253,407,828	\$1,857,411,178	\$2,554,578,197	\$2,872,127,335	\$3,090,135,993
F. Base Hospital Provider Fee Expenditures - Total Prior to Bottom-Line Adjustments	\$640,788,841	\$591,309,230	\$625,654,053	\$643,362,740	\$682,911,663
Total Bottom-Line Adjustments: Hospital Provider Fee Cash Funds	\$0	\$0	\$0	\$0	\$0
Final State Share After Bottom-Line Adjustments: Hospital Provider Fee Cash Funds	\$640,788,841	\$591,309,230	\$625,654,053	\$643,362,740	\$682,911,663
G. Cash Fund Reserve Balance³	\$36,381,634	\$11,788,788	\$5,000,000	\$5,000,000	\$5,000,000

Notes for Hospital Provider Fee Cash Fund: Outlook FY 2012-13 to FY 2016-17

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, 2013, FY 2014-15 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 The sum of individual line items may not equal totals by Long Bill Group due to rounding.

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Medical Services Premiums - Rate, Caseload, and Expenditure Forecast						
	FY 2012-13 Actuals	FY 2013-14 Actuals	FY 2014-15 Request ³	FY 2015-16 Estimate ³	FY 2016-17 Estimate ⁴	
MAGI Parents/Caretakers 69% to 133%						
1	Per Capita Cost ¹	\$2,583.56	\$2,399.41	\$2,413.13	\$2,343.45	\$2,219.65
2	% Change Over Prior Year	-2.63%	-7.13%	0.57%	-2.89%	-5.28%
3	Caseload ¹	41,545	47,082	64,563	70,573	76,305
4	% Change Over Prior Year	17.16%	13.33%	37.13%	9.31%	8.12%
5	Total Fund Expenditures	\$107,334,174	\$112,968,575	\$155,799,067	\$165,384,264	\$169,370,184
6	Cash Fund Expenditures	\$53,586,758	\$26,708,674	\$0	\$0	\$4,234,255
Buy-In Program for Individuals with Disabilities						
7	Per Capita Cost ¹	\$14,211.95	\$11,655.62	\$12,599.34	\$12,805.98	\$13,203.45
8	% Change Over Prior Year	70.59%	-17.99%	8.10%	1.64%	3.10%
9	Per Client Premiums Contribution: Disabled Buy-In Cash Fund	\$444.25	\$367.63	\$604.54	\$606.36	\$607.98
10	Effective Per Capita Cost	\$13,767.70	\$11,287.99	\$11,994.80	\$12,199.62	\$12,595.47
11	Caseload ¹	888	2,560	3,700	4,359	4,951
12	% Change Over Prior Year	1607.69%	188.29%	44.53%	17.81%	13.58%
13	Total Fund Expenditures	\$12,620,209	\$29,838,383	\$44,380,765	\$53,178,126	\$62,360,173
14	Cash Fund Expenditures - Hospital Provider Fee Cash Fund	\$6,110,676	\$15,129,653	\$21,854,199	\$26,051,971	\$30,550,253
15	Cash Fund Expenditures - Medicaid Buy-In Cash Fund²	\$394,496	\$941,137	\$2,236,793	\$2,643,141	\$3,010,108
MAGI Adults						
16	Per Capita Cost ¹	\$6,067.32	\$3,765.62	\$4,329.36	\$4,520.54	\$4,575.61
17	% Change Over Prior Year	152.88%	-37.94%	14.97%	20.05%	5.69%
18	Caseload ¹	10,634	87,243	222,554	254,703	285,624
19	% Change Over Prior Year	837.74%	720.42%	155.10%	14.45%	12.14%
20	Total Fund Expenditures	\$64,519,916	\$328,523,764	\$963,517,094	\$1,151,395,800	\$1,306,903,182
21	Cash Fund Expenditures	\$32,181,030	\$23,741,132	\$0	\$0	\$32,672,580
Non Newly Eligibles						
22	Total Fund Expenditures	N/A	\$4,291,652	\$13,571,308	\$13,842,735	\$14,119,589
23	Cash Fund Expenditures	N/A	\$2,145,826	\$6,682,512	\$6,781,555	\$6,917,187
MAGI Parents/Caretakers 60% to 68%						
24	Total Fund Expenditures	N/A	\$5,385,068	\$10,598,944	\$10,810,823	\$11,027,141
25	Cash Fund Expenditures	N/A	\$2,692,534	\$5,218,920	\$5,296,271	\$5,402,196
26	Expansion Populations Total Funds Expenditures	\$184,474,299	\$499,744,484	\$1,203,567,178	\$1,410,311,748	\$1,579,480,269
27	Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$91,878,464	\$86,117,819	\$49,455,631	\$53,829,797	\$95,476,471
28	Supplemental Payments to Hospitals - Total Fund Expenditures	\$648,753,212	\$617,613,306	\$757,053,890	\$820,149,821	\$820,149,821
29	Supplemental Payments to Hospitals - Hospital Provider Fee Cash Fund Expenditures	\$324,370,415	\$308,806,653	\$372,792,262	\$401,791,397	\$401,791,397
Total Fund Hospital Provider Fee Expenditures (Row 22 + Row 24)		\$833,227,510	\$1,117,357,790	\$1,960,621,068	\$2,230,461,569	\$2,399,630,090
State Share: Hospital Provider Fee Cash Funds (Row 23 + Row 25)		\$416,248,879	\$394,924,472	\$422,247,893	\$455,621,194	\$497,267,868
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 November 1, 2014 R-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.						
³ FY 2014-15 and FY 2015-16 fund splits account for the 100% federal match provided under the Affordable Care Act beginning in CY 2014 for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.						
⁴ FY 2016-17 fund splits account for the 95% federal match beginning January 1, 2017, provided under the Affordable Care Act beginning in CY 2014 for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.						

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Medicaid Behavioral Health Community Programs - Rate, Caseload, and Expenditure Forecast						
		FY 2012-13 Actuals	FY 2013-14 Actuals	FY 2014-15 Request²	FY 2015-16 Estimate²	FY 2016-17 Estimate³
MAGI Parents/Caretakers 69% to 133%						
1	Per Capita Cost ¹	\$294.10	\$215.56	\$329.30	\$349.49	\$368.85
2	% Change Over Prior Year	2.38%	-26.71%	52.77%	6.13%	5.54%
3	Caseload ¹	41,545	47,082	64,563	70,573	76,305
4	% Change Over Prior Year	17.16%	13.33%	37.13%	9.31%	8.12%
5	Total Fund Expenditures	\$12,218,226	\$10,148,824	\$21,260,596	\$24,664,558	\$28,145,099
6	Cash Fund Expenditures	\$6,109,113	\$3,212,869	\$0	\$0	\$715,099
Buy-In Program for Individuals with Disabilities						
7	Per Capita Cost ¹	\$2,052.45	\$1,955.82	\$1,779.38	\$1,828.69	\$1,855.21
8	% Change Over Prior Year	16.41%	-4.71%	-9.02%	2.77%	1.45%
9	Caseload ¹	888	2,560	3,700	4,359	4,951
10	% Change Over Prior Year	1607.69%	188.29%	44.53%	17.81%	13.58%
11	Total Fund Expenditures	\$1,822,578	\$5,006,888	\$6,583,706	\$7,971,260	\$9,185,145
12	Cash Fund Expenditures	\$911,289	\$2,505,638	\$3,289,968	\$3,957,087	\$4,555,766
MAGI Adults						
13	Per Capita Cost ¹	\$1,216.23	\$1,061.53	\$690.56	\$735.12	\$775.84
14	% Change Over Prior Year	15.41%	-8.64%	-34.95%	6.45%	5.54%
15	Caseload ¹	10,634	87,243	223,354	255,464	286,346
16	% Change Over Prior Year	837.74%	76.28%	156.01%	14.38%	12.09%
17	Total Fund Expenditures	\$12,933,371	\$92,611,488	\$154,239,338	\$187,796,696	\$222,158,681
18	Cash Fund Expenditures	\$6,466,685	\$5,634,632	\$0	\$0	\$5,606,670
Non Newly Eligibles						
19	Total Fund Expenditures	N/A	\$226,126	\$151,405	\$174,718	\$199,192
20	Cash Fund Expenditures	N/A	\$113,063	\$74,556	\$85,595	\$97,584
MAGI Parents/Caretakers 60% to 68%						
21	Total Fund Expenditures	N/A	\$1,316,764	\$1,589,632	\$1,848,602	\$2,130,615
22	Cash Fund Expenditures	N/A	\$658,382	\$782,735	\$905,630	\$1,043,788
23	Expansion Populations Total Funds Expenditures	\$26,974,175	\$109,310,090	\$183,824,677	\$222,455,834	\$261,818,732
24	Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$13,487,087	\$12,124,584	\$4,147,259	\$4,948,312	\$12,018,907
Notes for Medicaid Behavioral Health Community Programs - 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 November 1, 2014 R-2, Exhibit JJ.						
² FY 2014-15 and FY 2015-16 fund splits account for the 100% federal match provided under the Affordable Care Act beginning in CY 2014 for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.						
³ FY 2016-17 fund splits account for the 95% federal match beginning January 1, 2017, provided under the Affordable Care Act beginning in CY 2014 for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.						

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Indigent Care Program Expansions - Rate, Caseload, and Expenditure Forecast						
		FY 2012-13 Actuals	FY 2013-14 Actuals	FY 2014-15 Request	FY 2015-16 Estimate	FY 2016-17 Estimate
Children's Basic Health Plan Children's Medical and Dental Premiums from 206-260% of the Federal Poverty Level						
1	Per Capita Cost ¹	\$1,967.33	\$2,386.14	\$2,500.30	\$2,536.60	\$2,562.76
2	% Change Over Prior Year	3.85%	21.29%	4.78%	1.45%	1.03%
3	Enrollment ¹	15,575	19,043	21,804	25,438	27,650
4	% Change Over Prior Year	40.96%	22.27%	14.50%	16.67%	8.70%
5	Total Fund Expenditures	\$30,641,156	\$45,439,247	\$54,516,615	\$62,654,846	\$70,860,363
6	Cash Fund Expenditures ²	\$10,724,405	\$15,903,736	\$19,258,350	\$11,363,653	\$8,802,861
Children's Basic Health Plan Prenatal Costs from 206-260% of the Federal Poverty Level						
7	Per Capita Cost ¹	\$10,936.88	\$11,189.55	\$12,220.15	\$12,473.75	\$13,298.95
8	% Change Over Prior Year	4.37%	2.31%	9.21%	2.08%	6.62%
9	Enrollment ¹	463	502	548	631	700
10	% Change Over Prior Year	3.41%	8.42%	9.16%	15.15%	10.94%
11	Total Fund Expenditures	\$5,063,773	\$5,617,155	\$6,696,642	\$7,870,936	\$9,309,265
12	Cash Fund Expenditures ²	\$1,772,321	\$1,966,004	\$2,365,633	\$1,427,545	\$1,156,474
Children's Basic Health Plan Dental Costs from 206-260% of the Federal Poverty Level ³						
13	Per Capita Cost	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
15	Enrollment	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
17	Total Fund Expenditures	N/A	N/A	N/A	N/A	N/A
18	Cash Fund Expenditures	N/A	N/A	N/A	N/A	N/A
Recoveries Offsetting Expenditure from 206-260% of the Federal Poverty Level						
19	Total Fund Expenditures	\$0	(\$4,221,003)	(\$780,606)	\$0	\$0
20	Cash Fund Expenditures	\$0	(\$1,734,814)	(\$273,212)	\$0	\$0
21	Expansion Populations Total Fund Expenditures	\$35,704,930	\$46,835,399	\$60,432,651	\$70,525,782	\$80,169,628
22	Expansion Populations Cash Funds Expenditures	\$12,496,725	\$16,134,927	\$21,350,771	\$12,791,198	\$9,959,335
23	Safety Net Provider Payments: Supplemental Payments to Hospitals-Total Fund Expenditures	\$299,175,424	\$309,976,756	\$311,296,186	\$311,296,186	\$311,296,183
24	Safety Net Provider Payments: Supplemental Payments to Hospitals-Hospital Provider Fee Cash Fund Expenditures	\$149,587,712	\$154,988,378	\$153,307,474	\$153,307,474	\$153,307,474
Total Fund Hospital Provider Fee Expenditures (Row 19 + Row 21)		\$334,880,354	\$356,812,155	\$371,728,837	\$381,821,968	\$391,465,811
State Share: Hospital Provider Fee Cash Funds (Row 20 + Row 22)		\$162,084,437	\$171,123,305	\$174,658,245	\$166,098,672	\$163,266,809
Notes for Children's Basic Health Plan Expansion - Rate, Caseload, and Expenditure Forecast						
¹ Per capita costs and caseload are taken from Exhibit C5-Expenditure Summary in the Department's November 1, 2014 R-3.						
² Children's Basic Health Plan expenditures receive an enhanced federal match rate of 65% until October 1 2015, when the match rate changes to 88%. Enrollment fees are included in the Cash Fund Expenditures shown, but are not eligible for a federal match.						
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.						